Popular Low-Carbohydrate Diets

Lose 8-14 pounds the first week with no hunger and all you can eat of some of your favorite foods - is that enough to lure you into onto the low-carbohydrate bandwagon?

Americans are spending millions each year on unproven weight loss diets and products. Low-carbohydrate, high-protein diets like the Atkins New Diet Revolution, The Carbohydrate Addict’s Diet, Protein Power, and The South Beach Diet are some of the most popular. The questions remain: are they safe and are they effective?

The weight loss during the first week or two on a very low-carbohydrate diet is very encouraging to many dieters looking for quick weight loss. Unfortunately, the weight loss is from water loss, not fat. When you don’t have enough carbohydrates, your body begins to burn stored carbohydrates for energy, which releases a lot of water weight. When you start eating carbohydrate again, the water weight will return.

This past year the results of three new studies were published comparing the effects of an Atkins-type diet with a more traditional low-fat, low-calorie diet. Two of these studies lasted 6 months and one lasted one year. People following the Atkins-type diet for 6 months lost more weight than those following a reduced-calorie, low-fat diet. In the one-year study, however, people following the Atkins-type diet regained weight after 6 months of the study so that their weight loss at one year was similar to the low-fat group.

Evaluation of these and other low-carbohydrate studies revealed that low-carbohydrate diets do not cause more weight loss and do not improve blood glucose, insulin levels, blood pressure, or cholesterol.
more than a low-fat, low-calorie diet. In all studies, regardless of the amount of carbohydrate, protein, or fat in the diet, eating fewer calories caused the most weight loss.

No long-term studies have been done yet to evaluate the safety of low-carbohydrate diets. Concerns by many health care professionals include the long-term effects of:

- ketosis (a result of very low carbohydrate intake)
- large amounts of fat, particularly saturated fat
- large amounts of protein
- limiting fruits, vegetables, milk and grains

Some studies have suggested that ketosis causes loss of calcium in the bones, increasing the risk of osteoporosis. High fat diets have been linked to heart disease and some types of cancer. Eating large amounts of meat may have an effect on kidney function and calcium loss. We know that nutrients in fruits, vegetables, milk and whole grains protect against many diseases and we do not know the long-term effect of limiting these healthy foods.

The bottom line is that weight loss will occur when you eat less, regardless of how much carbohydrate, protein, or fat you consume. Until we have more information on the safety of very low-carbohydrate diets, we cannot recommend them, especially for people with diabetes who may be at risk for kidney disease and those who have kidney disease, or gout.

It makes sense to eat foods we know to be healthy in smaller portions, exercise regularly, and participate in a structured program such as Weight Watchers where you will get support from others. Eating less carbohydrate is an option for some people and working with a dietitian can help ensure that you get the nutrients you need to lose weight safely.

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**Low Vision Services Help Visually Impaired Remain Independent**

If problems with your vision are affecting your daily living activities, help is available. A basic rule of thumb is: If your vision loss cannot be corrected – with regular glasses, contact lenses, medicine, or surgery – and you are having trouble doing everyday tasks – like reading the mail, cooking, shopping, seeing the TV or driving – it’s time to ask for help. Low vision can lead to loss of independence if you don’t get help.

In addition to diabetes, eye diseases such as macular degeneration, cataracts, and glaucoma are the most common causes of low vision. While vision that’s lost cannot usually be restored, low vision services can help you adapt to your vision loss and
maintain a level of independence that can improve your quality of life.

Comprehensive low vision services should include an evaluation, rehabilitation training and support. Individuals with low vision usually have some useable vision that can be enhanced with magnification for reading and close-up viewing, or with telescopic devices for distance viewing, such as watching a play or sporting event. A magnifier is not a “one size fits all” device. They are powerful devices and should only be prescribed by a licensed eye care professional during a low vision evaluation.

The purpose of a low vision evaluation is to help you make the best use of your remaining vision, to match the prescribed device with the task you want to accomplish – reading, measuring and injecting insulin, checking your blood glucose, playing the piano, etc., and to determine if you need rehabilitation training. This evaluation should be done by an eye care professional that specializes in low vision.

Brenda Young of Blind and Low Vision Services of North Georgia cautions you to beware of a low vision evaluation and magnifier prescription that does not include training to use the device and an assessment for further services needed. Follow-up training with professionals is essential. Certified rehabilitation teachers provide instruction in communication, home management, kitchen safety, personal care, leisure activities, computer technology, and job skills. They will assess your ability to function independently and safely, and provide the necessary training when needed. A low vision evaluation and a magnifier or other device will not do much good if you are unable to do things like take your insulin or medication properly, cook safely, pay bills, and enjoy leisure activities.

Vision loss can be very traumatic. Low vision services also offers peer support groups where you and your family members can share your feelings, experiences and resources.

Blind and Low Vision Services of North Georgia is one of several nonprofit agencies in Georgia that provides comprehensive vision rehabilitation services. If you are having trouble seeing, be sure to see your eye doctor for a regular dilated eye exam. If your eye doctor cannot improve your vision any further, you may want to consider comprehensive low vision services. For more information or to locate a provider in
Get Ready, Get Set, Go!

The New Year is here and there’s no time like the present to start that physical activity program that you have put on the back burner, waiting for just the right time, sense of readiness, and motivation. It’s time to stop sitting around, watching TV, and letting the rest of the world go by. As the Nike slogan goes “Just Do It!”

Most people who say they don’t like to exercise have not really done it regularly or long enough to experience the benefits. Common excuses include:

- **I’m too tired.** Exercise actually gives you more energy, but you have to give it an honest try. Each time you exercise, it will become easier. The more you exercise, the more energy your body will produce to meet the demand.

- **I don’t have time.** We all make time for the things we feel are important to us. Adopting a regular exercise program is important enough for your diabetes and overall health to set aside at least 30 minutes a day.

- **I’m too old.** You’re never too old. You can improve your fitness, even in your 90s. Remember, if you don’t use it, you lose it. Many areas offer special classes for seniors.

- **I have problems with my feet, legs, etc.** There are types of exercises for people with physical limitations, including video tapes for people in wheelchairs.

Getting started on an exercise program is often the most difficult part. Once it becomes a habit, you’re on track to a healthier lifestyle. First, think of a type of activity you would enjoy and will do on a regular basis - at least 3 times a week. If you prefer companionship while you exercise or need others to keep you motivated, find someone to exercise with or join a class. If you choose swimming or water aerobics, obviously you will need regular access to a pool. It’s best to vary your routine to avoid boredom.

For example, you might find walking to be the most convenient and affordable type of exercise that you can do 3-4 times a week, but you...
might also participate in a dance or water aerobics class twice a week.

Secondly, make sure you have appropriate shoes if you’ve chosen to walk, jog, or work out in a gym. Good quality shoes will help minimize the risk of injury, protect your joints, and provide stability and cushioning.

Thirdly, start slowly. Most people who fail to continue their well-intentioned exercise efforts do too much too fast. Their overworked muscles are too sore to continue or they develop an injury and then decide that exercise is not for them. Set realistic goals. Do less than you think you can for the first couple of weeks. Then gradually add more time and effort every two weeks until you have reached the pace and frequency that you want to maintain. Record the amount you exercise every day.

Keep in mind that you’re not looking for a quick fix to fitness. Instead, think about establishing a long-term physical activity habit that will help you achieve a lifetime of good health and physical fitness. Consider ways to help keep you motivated to continue your routine. When you encounter challenging times, be flexible and try different types of activities.

The benefits of exercise for people with diabetes are undeniable. The question is not “should I exercise?” but instead “what type of exercise should I do today?”

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**Ways to Increase Physical Activity**

- Walking or hiking
- Biking
- Swimming
- Treadmill, exercise bike or other home equipment
- Dance classes
- Aerobic classes or videos
- Jogging

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Cranberry and Sweet Potato Bread

2 large eggs
3/4 cup light brown sugar, firmly packed
1/3 cup canola oil
1 cup mashed canned sweet potatoes
1 tsp. pure vanilla extract
1/2 tsp. orange extract
1 1/2 cups all-purpose flour
1/2 tsp. cinnamon
1/2 tsp. nutmeg
1/2 tsp. allspice or mace
1 tsp. baking soda
1 cup chopped dried unsweetened cranberries

1. Lightly coat a standard loaf pan (8x4- or 9x5-inch) with nonstick cooking spray. Preheat oven to 350 degrees.
2. In medium bowl, whisk eggs, sugar, sweet potatoes and extracts until well combined.
3. In large bowl, sift together flour, spices and baking soda. Make well in center of mixture and add sweet potato mixture. Mix until just moistened. (Do not over-mix or beat batter until smooth.) Lightly stir in cranberries. Transfer batter to prepared pan.
4. Bake 50 to 60 minutes, or until tester comes out clean. Begin checking bread after 30 minutes. Remove bread from oven and allow to cool 10 minutes on rack. Remove bread from pan and set back on rack to completely cool. Seal bread tightly in plastic wrap, then foil.

Serves 16.
Carbohydrate Choices: 2
Exchanges: 2 starch, 1/2 fat
Calories: 169  Carbohydrate: 28 grams  Fat: 5 grams
Sodium: 103 milligrams  Fiber: 1.5 grams  Cholesterol: 0 grams


<table>
<thead>
<tr>
<th>Menu Item</th>
<th>Exchanges</th>
<th>Carbohydrate</th>
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<tbody>
<tr>
<td>3 ounces grilled chicken breast</td>
<td>3 lean meat</td>
<td>†</td>
</tr>
<tr>
<td>1/2 cup green beans</td>
<td>1 vegetable</td>
<td>5 grams</td>
</tr>
<tr>
<td>Tossed green salad</td>
<td>free</td>
<td>†</td>
</tr>
<tr>
<td>1 Tbs. vinaigrette dressing</td>
<td>1 fat</td>
<td>†</td>
</tr>
<tr>
<td>1/2 cup orange segments with kiwi</td>
<td>1 fruit</td>
<td>15 grams</td>
</tr>
<tr>
<td>1 slice Cranberry and Sweet Potato</td>
<td>2 starch, 1/2 fat</td>
<td>28 grams</td>
</tr>
<tr>
<td>Bread</td>
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* This issue’s featured recipe  † insignificant

Note: Portions may need to be adjusted for your meal plan.
Dear Friend,

*Diabetes Life Lines* is a bi-monthly publication sent to you by your local county Extension agent.

It is written by Food and Nutrition Specialists at the University of Georgia, College of Family and Consumer Sciences. This newsletter brings you the latest information on diabetes, nutrition, the diabetic exchange system, recipes, and important events.

If you would like more information, please contact your local county Extension office.

Yours truly,

County Extension Agent

Janine Freeman, Principal Writer

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Gale A. Buchanan, Dean and Director

*Diabetes Life Lines: Your current issue enclosed*