How to Get Confident In Your Ability to Be Active

People who are confident about their ability to be active, exercise more. This confidence is called self-efficacy. Four things promote self-efficacy:

1. Past success at being active;
2. Seeing others like yourself that are physically active;
3. Being convinced that being active will be good for you;
4. Having more positive, and fewer negative, effects from being active.

To promote success, set a modest goal for getting more active. Your medical team may be able to help.

More On Byetta

A few months ago, the Food and Drug Administration approved Byetta (Exenatide) as a new diabetes drug for those with Type 2 diabetes. This is a unique drug that helps the body make more of its own insulin. Doctors use it when diabetes pills begin to no longer control blood glucose levels. Byetta is a protein so it must be injected twice a day. Like insulin, you cannot take it as a pill since the stomach would digest the protein.

A daily injection of Lantus is also often used when diabetes pills no longer keep diabetes in good control. A new study in Europe has shown that Byetta is just as good as the long-acting insulin glargine (Lantus) in lowering A1C values. However, neither drug was perfect.

The good news about Byetta was that it controlled blood glucose values after meals better than Lantus. It also caused an average weight loss of about five pounds. The bad news is...
that it caused nausea, vomiting and diarrhea more often than Lantus did. In fact, about 6.5 percent of the people on Byetta dropped out of the study due to these symptoms. However, it did not appear that all the weight loss was due to the stomach problems.

In contrast, Lantus controlled fasting blood glucose levels better than Byetta and rarely caused any stomach upset. However, those on Lantus did gain an average of about four pounds. So those with Type 2 diabetes now have two more options when diabetes pills no longer work as well. Depending on your needs, you may be able to use Byetta or Lantus to improve your diabetes control.

Pregnancy and Type 2 Diabetes

In the past, women rarely developed Type 2 diabetes before the age of 40. Now many young women, even teenagers, are getting Type 2. These women are still able, and often want, to have a child. For that reason, counseling before a woman with Type 2 conceives a baby is very important. Even with birth control available, two-thirds of pregnancies are unplanned. For girls with Type 1 or Type 2, diabetes counseling about pregnancy and birth control should begin at puberty.

Ideally a woman with Type 2 will work with her medical team to get in excellent diabetes control before she gets pregnant. That means getting her A1C as close to a “normal” range as possible. Until then, she needs to use reliable birth control all the time. High blood glucose values can cause miscarriages or other problems for the mom and baby during pregnancy or at delivery.

Also most doctors will not want the pregnant woman to be on diabetes pills. That may mean switching to insulin before she gets pregnant or as soon as she knows she is pregnant. Once a woman is pregnant, diabetes management will become more intense. She will need a meal plan to provide enough calories for the baby to grow without the mom gaining too much weight. A registered dietitian can provide a meal plan that meets the pregnant woman’s special needs.

Many of these women are already overweight, so gaining 15 pounds during the pregnancy may be sufficient instead of the typical 25-35 pounds. She also needs to eat enough so that ketones do not appear in the urine. Ketones are formed when the mother doesn’t eat enough and fat is broken down too quickly for energy. This may affect the baby’s brain development. Therefore she may
test for ketones every morning and whenever she is sick.

Physical activity is also good during pregnancy. It helps with weight control, improves sleep, relieves stress and reduces some of the discomfort of pregnancy. Most women can walk or do water exercises easily. The medical team can suggest activities that are best for each person. Again becoming more active before getting pregnant is another good idea.

The mom will need to check her blood glucose often. Normal blood glucose values are lower during pregnancy, even in those without diabetes. The goals during pregnancy are:

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<td>Fasting</td>
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<td>One hour after eating</td>
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<td>Two hours after eating</td>
<td>120-130</td>
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<td>During the night while sleeping</td>
<td>70-138</td>
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If insulin is taken, doses usually increase a great deal during the pregnancy. This can be disturbing, but insulin needs decrease rapidly after delivery. Women who were on diabetes pills before pregnancy generally go back on them after pregnancy. However diabetes pills are not recommended during breastfeeding. They can pass into the breast milk and affect the baby.

Breastfeeding is best for both mom and baby. It helps lower blood glucose, and if it is done long enough, can help with weight loss. Certainly the baby is healthier and most breastfeeding moms say they feel closer to their infants.

Pregnancy is a special time for every woman. Women with Type 2 diabetes can have healthy pregnancies if they plan ahead and work closely with their medical teams before, during and after their pregnancies.

### Ways to Enjoy Breakfast While Cutting Calories

The next few issues of this newsletter will feature a series of articles about how to choose foods at each meal to lower your calorie intake. This month we focus on Breakfast.

Many people skip breakfast because they are not hungry in the morning or because they want to lose weight. Research has shown that overweight people are more likely to skip breakfast than leaner people. So skipping breakfast does not seem to help with weight control. Often people overeat at night because they have not eaten enough during the day or they like to snack while watching TV. By
overeating the night before, they really are not hungry for breakfast the next morning.

Breakfast is an important meal. It can provide many important nutrients and may help you to eat less later in the day. Eating also raises your metabolism so you burn more calories. Of course if you choose poorly, breakfast can be full of saturated fat, trans fat, cholesterol and sugar.

First, choose low fat or non-fat milk. You can drink it straight or pour it on whole grain cereal. For flavor, add a little sugar-free chocolate powder to jazz it up. If you don’t like milk, substitute some sugar-free, non-fat yogurt or some soymilk fortified with calcium and Vitamin D.

Next, add fresh fruit. One portion is the size of your fist. Vary your choice each day. Many people can eat fruit, even if they can’t stomach much else, in the morning. If you drink juice, keep it to four ounces.

Choose whole grains more often, but watch the amount you eat. Slices of bread, bagels and muffins are often so large that they really equal 2-4 servings of starch. One serving weighs one ounce. You may need to cut the bagel or muffin in half and save or share part to keep your portion the right size. Spread your bread with a small amount of light margarine, low sugar fruit spread or light cream cheese. Luckily whole grains are so flavorful that they don’t need much added to them.

Protein foods can keep you from getting hungry before lunch. Good choices are peanut butter, egg substitute, reduced fat cheese or even low fat or fat-free cottage cheese. Whole eggs are fine, but you may want to eat one only 2-3 times a week since the yolk is rich in cholesterol.

To make a quick mini-omelet, mix ¼ cup mixed vegetables and a little grated reduced fat cheese with ½ cup low cholesterol egg substitute in a small bowl coated with non-stick spray. Microwave it for about four minutes on Medium. Stir at least once during cooking.

If you must eat breakfast meat, choose Canadian bacon or turkey sausage. Both are lower in fat, but they are salty.

Use artificial sweetener in your coffee, tea and cereal. It’s an easy way to cut down on carbohydrate and calories.

As you can see, breakfast can be a nutritious, fast meal to start your day. Plan several menus and begin to eat less at night so you will look forward to “breaking the fast” each morning.
Broccoli Sesame Salad

1 bunch of broccoli   2 tablespoons sesame oil
¼ cup rice wine vinegar  4 tablespoons sesame seeds, toasted
¼ cup light soy sauce

1. Wash broccoli, discarding leaves and toughest part of stem. Break off florets and cut remaining stems into 2-inch pieces.
2. Place broccoli into microwave-safe casserole dish. Microwave on high for approximately 4 minutes.
3. Whisk together soy sauce, vinegar, and sesame oil. Stir in 3 tablespoons of sesame seeds.
4. When broccoli is done, pour dressing over it, stirring gently to coat. Sprinkle with remaining tablespoon of sesame seeds. Serve warm or at room temperature.

8 servings.

Nutrient analysis per serving:
76 calories   Carbohydrates: 4 grams   Protein: 3 grams   Fat: 6 grams
Fiber: 2 grams   Cholesterol: 0 milligrams   Sodium: 300 milligrams

Diabetic Exchanges: 1 vegetable   1 fat

Suggested Menu

Menu Item          Exchanges              Carbohydrate
Broiled Catfish    3 ounces    3 very lean meats    0 grams
Baked Sweet Potato 1 small    1 starch    15 grams
Broccoli Sesame Salad*  1 serving    1 vegetable, 1 fat    4 grams
Biscuit            1 small    1 starch, 1 fat    15 grams
Margarine          1 teaspoon    1 fat    0 grams
Skim Milk          8 ounces    1 milk    12 grams

*This month’s feature recipe.
Note: Portions may need to be adjusted for your meal plan.

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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

Connie Crawley, Principal Writer

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Scott Angle, Dean and Director

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*Diabetes Life Lines: Your current issue enclosed*