Raising HDL-Cholesterol

HDL-cholesterol is the “healthy” cholesterol that lowers risk for heart disease and stroke. It works by carrying cholesterol to the liver so it can be removed from the body.

For men, HDL cholesterol should be over 40 and for women it should be over 50. For every point that your HDL cholesterol goes up, risk of death from heart attack or stroke goes down about six percent.

What can you do to raise your HDL cholesterol if it is low? First, get more active. Frequent, vigorous exercise increases HDL by three to nine percent. Unfortunately walking may not raise HDL-cholesterol as well as some other exercise. Instead, try swimming, biking, dancing or other brisk activity for at least 30 minutes five or more days per week.

Men who have high triglycerides (blood fats) and who have large waists improve their HDL levels the most with regular exercise.

Next, if you smoke, stop. After people quit smoking, HDL cholesterol tends to go up, especially in women.

Third, lose weight if you are overweight. Oddly, your HDL levels may drop while you are losing weight, but once you stay at the lower weight for a while, your HDL will go up. Weight loss of about one pound per week is safest.

Fourth, drink alcohol moderately. That means about one drink per day for women or two drinks per day for men. One drink equals a 12-ounce light beer, 5 ounces of wine or an ounce and a half of liquor. However if you don’t drink, don’t start. There is too much risk of alcohol abuse.

Fifth, choose foods higher in unsaturated fats. Good choices are nuts, cold-water fish like salmon, sardines and tuna, and canola, soy and flaxseed oils. Just be aware that higher fat foods are higher in calories so eat small portions. Also choose more whole grains, vegetables and fruits. Limit refined foods like white bread and salty or sugary snacks that may raise your blood glucose and lower your HDL cholesterol.
If these changes are not enough, or you have other risk factors for cardiovascular disease, your doctor may recommend a medicine to increase your HDL levels. Extended release niacin works well, but it can raise blood glucose and cause other side effects. Another option is gemfibrozil or the statin drugs. Your medical team will decide which is best for you. Sometimes these drugs are also used together. But remember, the drugs will work better if you also adopt those recommended lifestyle changes.

Don’t Let Your Age Keep You From Getting Fit!

How often have you used your age as an excuse for not getting active? Research from Tufts University has shown that even people in their 90’s can get more fit if they do the right physical activity. Physical activity is not only good for controlling diabetes, but for preventing it. In fact, in the Diabetes Prevention Trial, physical activity helped reduce risk for getting diabetes 71% in those over the age of 60, but only 58% in younger people. So as we get older, physical activity is even better at keeping us healthy.

For those with and without diabetes, mild to moderate exercise is enough to control blood glucose. But the positive effects only last for about three days so regular activity is important. That means aiming for 30 minutes per day, five or more days a week. If you are not sure how hard to workout, take the talk test. If you can sing while you are exercising, you need to work harder. If you can talk, without being too out of breath, you are just about right.

If you have not been active lately, check with your doctor before starting. If you have any heart problems, the doctor will want to do a stress test to be sure exercise is safe for you. Also if you have any diabetic complications, the doctor may suggest certain activities over others. For example, if you have lost feeling in your feet, swimming or biking may be better for you than walking or dancing.

Start slowly. Do 10 minutes or less at first and build up. Even if you can do 30 minutes total, it is fine to break it up into shorter 10-minute sessions throughout the day.

Ask your doctor or pharmacist about whether you are on any medicine that might increase your risk for low blood glucose (sugar) while exercising. If so, monitor your blood glucose before and after the activity to be sure it is in the safe range. Discuss
how you should take your medicine to lower your risk for low blood glucose. Sometimes cutting the dose or exercising at a certain time of day will help.

To prevent boredom, do a variety of activities. Also find an exercise partner so the session will be more fun. Set a weekly goal and reward yourself when you meet it. Just be sure the reward is not food. Instead buy a new pedometer, purchase new athletic shoes, see a movie or get a massage.

Listen to your body. A little muscle soreness is OK, but real pain in the joints or muscles is not. If you have pain, talk to your health care provider. Don’t try to tough it out if the pain is affecting your sleep or your ability to move well.

Also check your feet after every workout. If you see any red spots, bruises, wounds or blisters, report them to your medical team if they do not clear up in 24 hours. If the foot problem is severe, call immediately.

If you backslide after a few weeks, start again. Any new habit takes time to become a part of your life. If you have skipped a few sessions, ask yourself what got in the way. You may need a new activity, a more convenient place to exercise, a new exercise partner or to not push yourself so hard. With each renewed effort, your chances of success increase. Doing nothing, or giving up, is not the solution.

Intensive Therapy Has Long Term Effects

In 1993, the Diabetes Control and Complications Trial (DCCT) reported that intensive control of Type 1 diabetes reduced the risk for retinopathy (diabetic eye disease) by 76%, nephropathy (diabetic kidney disease) by 50% and neuropathy (diabetic nerve disease) by 60%. This confirmed that better control reduced risk for diabetic complications.

However, since the people studied were only followed for about six and a half years and were relatively young, the study could not prove that tight control also reduced cardiovascular disease risk. So the researchers followed these same people for another 11 years.

Now with this extra data, the researchers have reported in the New England Journal of Medicine that tight control does reduce risk for any cardiovascular disease event by 42% and specifically cuts risk for non-fatal heart attack, stroke and death from cardiovascular disease by 57%.

This held true even though the A1Cs of these individuals increased
over time from an average of 7.4 percent during the DCCT to an average 8.0 percent after 11 years of the follow-up study. Meaning that even if tight control occurs for only a few years, it has long-term benefits.

How did these people get tight control during the DCCT? They took three or more insulin injections a day or used an insulin pump. They also checked their blood glucose at least four times a day and adjusted their insulin doses based on these readings. Their blood glucose goals were 70-120 mg/dl before meals and less than 180 after meals. This is very tight control and there was more hypoglycemia (low blood sugar) with the intense treatment. But the effort paid off with less risk for serious diabetes complications even after the DCCT ended.

What does this mean for you? **Any improvement in diabetes control is worth the effort.** Talk to your medical team about how you can lower your A1C values if they are higher than you want. You may not be able to do the type of therapy used in the DCCT, but you probably can make small changes like taking insulin more often or revising your meal plan or being more physically active.

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### What is Getting In Your Way?

Is your diabetes control less than ideal? Do you plan to improve your self-care and then your motivation quickly disappears? You are not alone. Most people dealing with a chronic disease struggle to make changes. Diabetes treatment is often complex and different than how you want to live.

Think about what is going on. Usually there is some barrier that is getting in your way. If you figure it out, you may be able to work through it with your medical team. Ask yourself the following questions:

1) **Is my therapy too complicated?** If you take several medicines at different times of the day, you may need to simplify your regimen. Sometimes a combination pill or a pre-mixed insulin will work better for you. Ask your doctor and pharmacist to recommend a new way to take your medicine. Be sure to review all your medicines, not just your diabetes ones. Sometimes we no longer need a medicine or we can take less of it if the original condition has improved. But don’t change anything without talking to your medical team first! Also visit the dietitian to review your meal plan...
to learn if there is an easier way to select your food.

2) **Is my diabetes care too expensive?** Many people cannot afford the medicines and food recommended. Honestly explain your situation to your medical team. You may be able to try less expensive drugs or you may qualify from free or reduced cost drugs. If food costs are high, the dietitian may recommend less expensive choices or she may refer you to organizations that can help you get food. You may also qualify for programs that will cover your medical costs or the doctor may write a special letter to your insurance company so your diabetes supplies or other medical needs will be covered.

3) **Do you feel comfortable with your medical team?** Let’s face it – you are more likely to do what they suggest if they explain it well, consider your needs and take time to answer your questions. If you are not really happy with how you are treated, talk to your medical team about your concerns. If things don’t improve, think about making an appointment somewhere else.

4) **Are you depressed?**

Depression saps our energy. You don’t want to eat right or exercise and you sure don’t feel like pricking your finger. Talk to your doctor about this.

The doctor may prescribe some medicine to relieve the depression and/or refer you to a psychologist or social worker for help. Don’t worry - the medicine will not make you feel “out of it.” You will just feel more like you did before you got depressed.

5) **Finally, do you have the support of your friends and family to take care of yourself?** Write down how they can support you better. Then find a calm, stress-free time to talk with them about how they can help you stick to your goals. Quite often they just don’t know how to help. If you don’t try to change too much too fast, you may be surprised how well they adjust. If things do not improve, see a psychologist or social worker to figure out how to talk to them better.

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Ian C. Herskowitz, MD, CDE, FACE, Medical College of Georgia
Recipe Corner

Tuscan Vegetable Soup

1 teaspoon olive oil
2 cups sliced fresh mushrooms
2 cups low-sodium V-8® juice
9 ounce package frozen Birdseye® Tuscan vegetables in herbed tomato sauce
1 15½ -ounce can black beans
1 cup cooked instant brown rice
¼ teaspoon dried basil leaves
¼ teaspoon dried oregano
5 ounces shredded low fat cheese
5 tablespoons fat free plain yogurt

1. Saute the mushrooms in the oil in a hot 10-inch skillet, stirring constantly, for about 1 minute.
2. Add the V-8 juice and bring to a boil. Add the Tuscan vegetables and stir to separate. Cover and lower heat to cook for about 5 minutes.
3. Pour the canned beans into a colander. Rinse with cold water for 1 minute. Add the beans and rice to the vegetable soup mixture. Cook for two minutes.
4. Just before serving, stir in the herbs. Can be refrigerated or frozen for later use.
5. If desired, top each serving with one-ounce of shredded reduced fat cheddar cheese and a tablespoon of plain fat free yogurt just before serving. Makes 5 1-cup servings

Nutrition Analysis without toppings:
Calories: 188 Carbohydrates: 30 grams Protein: 7 grams Fat: 5 grams
Cholesterol: 0 milligrams Sodium: 116 milligrams Fiber: 8 grams
Exchanges: 1 starch, 3 vegetables, 1 fat

With toppings:
Calories: 286 Carbohydrates: 32 grams Protein: 15 grams Fat: 11 grams
Cholesterol: 20 milligrams Sodium: 368 milligrams Fiber: 8 grams
Exchanges: 1 starch, 3 vegetables, 1 medium-fat meat, 1 fat

Mention of specific product names does not imply endorsement of those products by the University of Georgia Cooperative Extension.

Sample Menu

<table>
<thead>
<tr>
<th>Menu Item</th>
<th>Amount</th>
<th>Exchanges</th>
<th>Carbohydrates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuscan Vegetable Soup with Toppings*</td>
<td>1 cup</td>
<td>1 starch, 3 vegetables, 1 medium-fat meat, 1 fat</td>
<td>32 grams</td>
</tr>
<tr>
<td>Whole grain crackers</td>
<td>6</td>
<td>1 starch</td>
<td>15 grams</td>
</tr>
<tr>
<td>Cole slaw</td>
<td>½ cup</td>
<td>1 vegetable, 1 fat</td>
<td>5 grams</td>
</tr>
<tr>
<td>Frozen yogurt</td>
<td>½ cup</td>
<td>1 other carbohydrate</td>
<td>15 grams</td>
</tr>
<tr>
<td>Non-fat milk</td>
<td>1 cup</td>
<td>1 milk</td>
<td>12 grams</td>
</tr>
</tbody>
</table>

* This month’s featured recipe

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

Connie Crawley, Principal Writer

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Scott Angle, Dean and Director

*Diabetes Life Lines: Your current issue enclosed*