Tips for a Healthy Supper

Often supper is the largest meal of the day. In our May issue, the article about choosing Lunch suggested that you might want to switch your biggest meal to noon. That way you have more time to burn off the calories. Plus if you tend to get heartburn, you will not go to bed with a stomach that is too full. Many people also snore less if they do not eat a large meal at night.

A light meal for supper might be a salad with sliced chicken or turkey breast, fish or a small amount of nuts instead of meat or cheese. Top with a low calorie dressing or olive oil mixed with flavored vinegar. Sprinkle on a packet of artificial sweetener if the taste is too acidic. Another option is a soup or stew made with broth and lots of vegetables and just a little meat, fish or poultry. You may want a small salad on the side.

If supper must be your largest meal, choose poultry or fish more often than meat. Keep your portion to the size of a deck of cards or less. Have at least two non-starchy vegetables like broccoli or carrots and then fill a fourth of the plate with a starch like a small baked sweet potato or small serving of corn on the cob. If you want bread, choose whole grain most of the time. Add small amounts of soft tub margarine to your bread and vegetables if desired.

For dessert, choose fresh fruit or a ½ cup of frozen yogurt, sherbet or sugar-free pudding. You may also enjoy sliced fruit layered with artificially sweetened yogurt.

Drink low fat or non-fat milk if your meal plan allows or water or diet drink. If you prefer tea or coffee, sweetened them with artificial sweetener.

If you eat a smaller supper, you may need a snack before bed. A good option is whole grain cereal with non-fat milk or artificially sweetened yogurt, 4-6 whole grain crackers with a tablespoon of peanut butter, or a piece of fruit with a slice of low fat cheese. Which snack works for you will depend on your blood glucose readings before bed and when you
wake up in the morning. If a snack makes your blood glucose too high or you start to gain weight, you may want to skip it.

Do You Want to Quit?

Smoking is bad, especially if you have diabetes. The Georgia Department of Human Resources has a “Quit Line” that can help you stop. The number for the Quit Line is 1-877-270-STOP (1-877-270-7867). You can call them any day from 8 am to midnight to talk to a counselor. This service is available in English and Spanish and TTY service is available for the hearing impaired.

The counselor will send you a Quit Kit and call you back several times to offer support. You will also be referred to a local support group or class to help you stop smoking.

The National Institute for Health recommends that you have a plan of action to stop smoking:

1. Get ready to quit by choosing a target date. Mark the date on the calendar and tell others close to you that you are quitting that day. Get their support and plan how you will reward yourself for each week you stay smoke-free. You may want to quit on a weekend when you have less stress.

2. Survive Day One. Have specific plans for how you will get through the first day. Throw out the ashtrays, the matches and lighters and all the other things that you need to smoke. Then have plans that are enjoyable to distract you so you will be less likely to smoke. Maybe go to a movie or visit a museum where smoking is not allowed.

3. Figure out what makes you smoke. Everyone has smoking triggers. It may be coffee in the morning, sitting in front of the TV, or driving to work.

4. Find new habits. Instead of doing those things that trigger smoking, try more healthy behaviors like exercising or carpooling with someone who doesn’t smoke.

5. Keep busy. Schedule new activities at times you are more likely to smoke. Walk after meals if you tend to light up then. Join a ball team or go to an evening class to get out of the house.

6. Know what to expect. When you stop smoking, you may have headaches, irritability, tiredness, constipation and trouble concentrating. Just know that these are signs you are recovering from smoking. Most symptoms disappear within a month. Warn your friends and family so they will know this is normal and temporary.
7. **Ask for help.** That is where the Quit Line can help. Also talk to your medical team about using nicotine gum or a nicotine patch for a short time to help you stop.

---

**Drugs to Treat High Cholesterol and Triglycerides**

Heart disease and stroke are more common if you have diabetes. What can you do about this? First, work with your doctor to control your blood glucose and lower your cholesterol, triglycerides and blood pressure. To do this you may need to lose weight, eat less salt, take blood pressure medicine, get more active and choose fewer foods that contain saturated and trans fats. Then if that isn’t enough, you may need to take medicine to control your cholesterol and triglycerides (both called blood lipids).

Some medicines that lower the LDL or bad cholesterol are called statin drugs. Several studies of people with diabetes have shown that statin drugs can lower LDL-cholesterol 18-55 percent. They can also increase the good cholesterol called HDL-cholesterol up to 15 percent and lower triglycerides from seven to 30 percent. In some studies, these drugs not only improve lipid levels, but they cut the number of deaths from heart disease and stroke. Some doctors believe that every adult with diabetes should take a statin whether they have bad lipid levels or not.

Other drugs like fibrates and niacin may also help improve lipids. Some people benefit from taking one of these drugs along with a statin. Even taking metformin or pioglitazone to control your diabetes may lower high triglycerides.

Of course these drugs can have side effects. If you take them, report any unusual symptoms like muscle pain or high blood glucose to your doctor right away.

---

**Kidney Disease: Common, Serious and Costly**

Diabetes and high blood pressure cause more than 70% of the cases of end stage kidney disease in Georgia. End stage kidney disease or renal disease (ESRD) occurs when the kidneys can no longer filter out waste from our bodies. Usually this happens because uncontrolled diabetes and high blood pressure have damaged the blood vessels to the kidneys.

Georgia has a higher rate of ESRD than the national average. Men are 1.3 times more likely to develop it than women and African Americans are over four times more likely than
whites to get it. In 2002, 14,600 patients in Georgia had ESRD and the estimated cost of treatment was about $905 million.

Oddly ESRD is not evenly distributed throughout Georgia. It is more likely in the Southwest and Mid-eastern parts of the state and less common in the northern parts. Kidney Disease has five stages and only the final stage requires kidney dialysis or kidney transplant. If you control your diabetes and high blood pressure, you can often slow down how fast the disease gets worse. Monitor your blood glucose frequently to control your diabetes and check your blood pressure often even if you have not had blood pressure problems before. Also have regular kidney function tests done by your medical team.

Weight control, being physically active, drinking very little alcohol and taking medication for your diabetes and high blood pressure will help to control diabetes and high blood pressure. Salt restriction and getting plenty of vegetables and fruits and adequate amounts of whole grains, beans and peas, and fat-free or reduced-fat dairy foods and small amounts of nuts can help lower blood pressure.

Special blood pressure medicines called ACE inhibitors and angiotensin receptor blockers (ARBs) can slow down kidney disease or prevent it entirely. A doctor may suggest you take one of them even if you do not have high blood pressure.

Clearly kidney disease is serious, but you can make choices to prevent it or at least delay it as long as possible.

**Kidney Disease is the leading cause of death and medical expenditure in Georgia and the U.S.**

- Kidney Disease in Georgia 2005 Report

---

Contributor:
Connie Crawley, MS, RD, LD, Extension Nutrition and Health Specialist, Writer and Editor

Editorial Board:
Jenny Grimm, RN, MSN, CDE, Medical College of Georgia
Ian C. Herskowitz, MD, CDE, FACE, Medical College of Georgia
Recipe Corner

Dinner Salad in a Flash

Salad greens and broccoli slaw mix are available in your grocery store produce section in convenient plastic bags. They don’t even need to be washed before serving. Add other vegetables like diced tomatoes or raw cauliflower for variety. Although the fat in the salad is a little high, it is mainly unsaturated and there is no dietary cholesterol. If sodium is a problem, omit the blue cheese dressing and use a little olive oil instead. This is a great source of fiber.

Salad:
1 1/2 cups “Spring Mix” salad greens 2 tablespoons chopped pecans
1 cup broccoli slaw mix 2 tablespoons raisins
½ cup diced red or green bell pepper

Toss greens with broccoli slaw. Top with bell pepper, pecans and raisins.

Salad Dressing:
2 tablespoons reduced fat blue cheese dressing
2 tablespoons balsamic vinegar (more or less as desired)
1 packet artificial sweetener

Mix dressing ingredients together and pour over salad just before serving.

1 serving

Nutritional Information:

Calories: 301  Carbohydrate: 36 grams  Protein: 14 grams  Fat: 14 grams
Cholesterol: less than 1 milligram  Sodium: 682 milligrams  Fiber: 13 grams

Exchanges: 2 vegetables, 1 medium fat meats, 1 fruit and 1 fat (less carbohydrate-containing exchanges since so high in fiber)

Suggested Menu

<table>
<thead>
<tr>
<th>Menu Item</th>
<th>Exchanges</th>
<th>Carbohydrate Grams</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Dinner Salad in a Flash*</td>
<td>2 vegetables, 1 fruit, 1 fat</td>
<td>23 grams</td>
</tr>
<tr>
<td></td>
<td>2 medium fat meats</td>
<td></td>
</tr>
<tr>
<td>6 Low Fat Whole Grain Crackers</td>
<td>1 starch, 1/2 fat</td>
<td>15 grams</td>
</tr>
<tr>
<td>Ice Tea</td>
<td>Free</td>
<td>0 grams</td>
</tr>
<tr>
<td>Artificial Sweetener</td>
<td>Free</td>
<td>&lt;1 gram</td>
</tr>
</tbody>
</table>

*This month’s featured recipe.
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

The University of Georgia and Ft. Valley State College, the U.S. Department of Agriculture and counties of the state cooperating. The Cooperative Extension Service offers educational programs, assistance and materials to all people without regard to race, color, national origin, sex or disability. An equal opportunity/affirmative action organization committed to a diverse workforce.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, The University of Georgia College of Agricultural and Environmental Sciences and the U.S. Department of Agriculture cooperating.

Scott Angle, Dean and Director

*Diabetes Life Lines: Your current issue enclosed*