What are Group Visits?
*A New Idea for Managing Your Diabetes*

Group visits are a new way of treating and managing diabetes. How does it work? A group of 6-9 people come to the clinic or doctor’s office at the same time, and meet as a group for about 60-90 minutes. The visit will include group education, shared problem-solving, and if needed, an individual session with a health care provider once the joint visit is over. The group discusses different topics such as foot care, ways to lower your A1c or how to prepare your favorite dish in a healthier way. During the sharing time, patients get to know each other and can offer advice on what has and has not worked for them. Sometimes a nutritious snack is provided along with a recipe so it can be prepared at home.

Depending on how the program is set-up, the patient may be asked to come to the doctor’s office for some routine lab work and an evaluation a week or two prior to the group visit. By doing this ahead of time, the healthcare provider will be better able to assess and treat the patients when they come for the group visit.

The idea behind group visits is to promote better diabetes control and management. Research has shown that people who attend group visits feel as if they are more involved in their own care. This leads to better disease management and their lab values improve. They have lower A1c and cholesterol values, they take better care of their feet, and are more likely to have regular eye exams. They seem to feel more accountable for their own care, and are proud to play a role in the care of others.

Health care providers also feel more successful after group visits. They use their time better because they communicate more effectively with their patients. They also like the change of pace from their daily routines and believe they are providing higher quality care.
More doctors’ offices are trying these group visits. If you like this idea, tell your healthcare provider. They may find the idea worthwhile. So, do not be surprised if next time you see your doctor they ask you about joining one of these groups!

Will Cutting Out the Salt Really Help Your Hypertension?

If you have both hypertension and diabetes, cutting down on the salt you eat will help control your blood pressure. To help lower your blood pressure, try to eat less than 2,300 milligrams (mg) of sodium per day. If you can eat less than 1,200 mg, that is even better! Look at the nutrition label on packaged foods, and read the amount of sodium per serving. You can add up these numbers to see how much sodium you are consuming each day.

To lower your sodium intake:

1. **Flavor your food with herbs and spices.** Use only a couple of herbs and/or spices for each food. Add them at the end when making soups or stews. Add them at the beginning when making salad dressings or marinades. Be sure to check ingredient lists to see if the spices contain sodium. There are salt-free blends available at your grocery store.

2. **Do not add salt to your meals.** This includes adding salt at the table and while cooking. Instead, use lemon juice or a salt substitute if your doctor says it is OK. Salt substitutes often contain potassium and too much potassium can harm you if you have kidney problems. In some recipes, only half the salt listed is needed to keep the flavor.

3. **Taste your food first.** The food may taste fine without adding anything extra. Enjoy its natural flavor! Some spray butters have very low amounts of sodium but can greatly improve the flavor of foods, like vegetables, pasta, and even waffles!

4. **Eat low-sodium meats.** Bacon, sausage, and deli meats such as ham have lots of sodium added to them. Instead, buy fresh or frozen chicken or turkey, and cook them at home. You can slice or chop the leftovers to make sandwiches or salads.
5. **Check food labels for sodium content.** Look for amounts less than 400 mg of sodium for 1 serving of a single food and less than 800 mg of sodium if the food is a frozen dinner.

6. **Cook more at home.** Eating out at any restaurant means you are eating meals packed with sodium. Cook foods more often at home where you have control over the amount of sodium you are getting.

7. **Limit condiments.** Condiments such as soy sauce, ketchup, Worcestershire sauce, etc., add sodium. Try to use as little as possible when adding them to your meal. At the store, buy the reduced and low-sodium versions of sauces and condiments that are available.

8. **Eat fresh.** Avoid pre-packaged and processed foods as much as possible. Chips, crackers, snacks, soups, deli meats, and canned goods are full of sodium. Buy low-sodium versions when available. Make your own soups from dried beans, fresh or frozen vegetables, and low-sodium or homemade broths with no added salt.

9. **Rinse canned vegetables with water.** This can help wash some of the sodium off. It is still better to buy fresh or frozen vegetables without added salt or sauce if you can. However, washing canned vegetables with water for 1 minute and cooking them in fresh water instead of the liquid from the can removes about half the sodium. Also, rinsing tuna fish in a colander for 1 minute with water removes three quarters of the sodium.

10. **Follow the DASH diet if your doctor or dietitian approve.** This diet is the only diet proven to lower blood pressure. It limits sodium and adds foods full of calcium, magnesium, and potassium which help lower your blood pressure. The diet includes 5-9 servings of fruits and vegetables and 2-4 servings of low-fat dairy products. It also promotes whole grains, nuts and cooked dried beans and peas. Check out this website for DASH diet recipes: [http://dashdiet.org/](http://dashdiet.org/)
**Medicines That Lower Your Glucose Variability**

“More medicine?” you think. Well, yes, this article tells you about more diabetes medicines. But, these newer drugs can improve your glucose control and lower your risk of getting diabetic complications. So, by taking a few more medicines now may mean fewer doctor visits and health bills in the future!

This table lists medicines that can lower your glucose variability. In other works, they keep your blood glucose levels more constant throughout the day. You and your health care provider can decide which ones you need.

<table>
<thead>
<tr>
<th>Medication (listed by class)</th>
<th>Brand Name</th>
<th>How Taken</th>
<th>How It Lowers Blood Glucose</th>
<th>Possible Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meglitinides:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Repaglinide</td>
<td>Prandin®</td>
<td>Tablet (pill)</td>
<td>Increases insulin release after meals</td>
<td>Hypoglycemia (low blood glucose), headache</td>
</tr>
<tr>
<td>Nateglinide</td>
<td>Starlix®</td>
<td>Tablet</td>
<td>(Works same as above)</td>
<td>(Same as above)</td>
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<tr>
<td>Alpha-glucosidase inhibitors:</td>
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<tr>
<td>Miglitol</td>
<td>Glyset®</td>
<td>Tablet</td>
<td>Limits absorption of some carbohydrates after meals</td>
<td>Gas, abdominal pain, diarrhea</td>
</tr>
<tr>
<td>Acarbose</td>
<td>Precose®</td>
<td>Tablet</td>
<td>(Works same as above)</td>
<td>(Same as above)</td>
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<tr>
<td>Incretin mimetics:</td>
<td></td>
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<tr>
<td>Exenatide</td>
<td>Byetta®</td>
<td>Injectable</td>
<td>Increases insulin release, slows stomach emptying, reduces food intake &amp; lowers glucagon levels</td>
<td>Nausea, vomiting</td>
</tr>
<tr>
<td>Medication (listed by class)</td>
<td>Brand Name</td>
<td>How Taken</td>
<td>How It Lowers Blood Glucose</td>
<td>Possible Side Effects</td>
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<td>Amylin analog:</td>
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<tr>
<td>Pramlintide</td>
<td>Symlin®</td>
<td>Injectable</td>
<td>Slows how fast stomach empties after a meal to slow glucose absorption</td>
<td>Nausea, vomiting, hypoglycemia</td>
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<tr>
<td>DPP-IV inhibitors:</td>
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<td></td>
<td></td>
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<tr>
<td>Sitagliptin</td>
<td>Januvia®</td>
<td>Tablet</td>
<td>Increases insulin release from pancreas and lowers glucagon release</td>
<td>Minimal side effects: headache, diarrhea</td>
</tr>
<tr>
<td>Sulfonylureas</td>
<td>Amaryl Diabinese DiaBeta Micronase Glynase Glucotrol Glucotrol XL</td>
<td>Pills</td>
<td>Increases insulin release from pancreas</td>
<td>Hypoglycemia, weight gain, skin reactions</td>
</tr>
<tr>
<td>Insulin:</td>
<td></td>
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<tr>
<td>Rapid or short acting</td>
<td></td>
<td>Injectable</td>
<td>Lowers blood glucose after meals</td>
<td>Weight gain, hypoglycemia, loss or addition of fatty tissue under skin</td>
</tr>
<tr>
<td>Intermediate or Long acting</td>
<td></td>
<td>Injectable</td>
<td>Controls glucose levels between meals and overnight</td>
<td>(Same as above)</td>
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<tr>
<td>Thiazolidinediones:</td>
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<td></td>
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<tr>
<td>Pioglitazone</td>
<td>Actos®</td>
<td>Tablet</td>
<td>Decreases glucose made in the liver &amp; reduces insulin resistance</td>
<td>Edema (water retention), weight gain, swelling of macula in back of eye</td>
</tr>
<tr>
<td>Medication (listed by class)</td>
<td>Brand Name</td>
<td>How Taken</td>
<td>How It Lowers Blood Glucose</td>
<td>Possible Side Effects</td>
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<tr>
<td>Rosiglitazone</td>
<td>Avandia®</td>
<td>Tablet</td>
<td>(Works same as above)</td>
<td>(Same as above) Also, increased risk for heart disease</td>
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<td>Biguanides:</td>
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<tr>
<td>Metformin</td>
<td>Glucophage® XR® &amp; Glumetza®</td>
<td>Tablet</td>
<td>Decreases glucose made in the liver and reduces insulin resistance</td>
<td>Nausea, vomiting, diarrhea, metallic taste, lactic acidosis (rare)</td>
</tr>
</tbody>
</table>

Discuss your glucose variability with your health care provider to see if you would benefit from taking one of these drugs. They can lower glucose variability and have lowered A1C levels anywhere from 0.4-2%. Some of these drugs are expensive, while others are more affordable. You and your health care provider should work together to decide which medicine will help you most and fit your budget.

To avoid side effects from these drugs:

- **Follow the dosing directions.** Some medicines need to be taken with food, while others should be taken between meals. Ask your health care provider or pharmacist to fully explain the directions and safety precautions for *every* medicine you take.
- **Tell your health care provider about every medicine you take even those that are not prescription drugs.** Then you will be less likely to take medications that are dangerous when combined. Sometimes you can solve this problem by taking different medicines at different times and not all at once.
- **If you use insulin, tell your health care provider if you have low sugars more often than usual.** When taking some of these medicines, your insulin needs may be less. Make sure your dose is correct!

So, if despite all your efforts, you and your doctor agree your blood glucose is not well-controlled, consider trying one of these medicines. If you already take one of
these drugs and are having side effects, tell your doctor. Together you may be able to find the right medicine that helps you feel good and provides the control you want.

**Defeat Diabetes Day**  
**Athens Regional Medical Center**  
**1199 Prince Avenue**  
**Athens, GA**  
**Saturday, March 14, 2009**  
**8:00 am-12:30 pm**

A free community event for people with type 1 or type 2 diabetes, their families or anyone interested in learning more about diabetes self-management. The program consists of cooking demonstrations, vendor exhibits, health screens and educational workshops. Defeat Diabetes Day will be held on the campus of Athens Regional Medical Center in Athens, GA in the Medical Services Building (parking is free for this event). To register and/or request a brochure, please call 706-475-5617.

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**Recipe Corner**

**Hot ‘n Spicy Seasoning**

*Here is a low sodium herb seasoning mix that can add zest to meat, poultry, fish, casseroles, soups, stews and cooked vegetables. It is spicy, so use it lightly until you know how much is enough for your taste buds.*

- ¼ cup paprika
- 1 teaspoon black pepper
- 2 tablespoons dried oregano, crushed
- 1 teaspoon garlic powder
- 2 teaspoons chili powder
- ½ teaspoon dry mustard
- ½ teaspoon red (cayenne) pepper

1. Mix together all ingredients.
2. Store in airtight container.

Free food – no calories, fat, protein, carbs, sodium or fiber.
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