A Podiatrist May Prevent Foot Amputation

No one wants a foot or leg amputated, but 60 percent of amputations not caused by an accident are due to diabetic ulcers. This is sad, because regular foot care by a podiatrist (foot doctor) could reduce amputations 45-85 percent in those with diabetes. The key is getting treatment right away once a wound appears.

If an ulcer is diagnosed when it is not too deep, often the podiatrist will only need to clean the wound well and give you a special cream to apply to promote healing. You may also reduce pressure to the wound with a special shoe, brace or boot.

If the wound is deeper or more severe, the podiatrist may have to do a skin graft or apply substitute skin to promote healing. If the ulcer is very serious or not healing well, vacuum assisted closure or hyperbaric oxygen therapy may be needed.

You may not have heard of these last two treatments. Vacuum assisted closure (VAC) uses special wound dressings and a machine to reduce the air pressure in the wound. This helps to remove excess fluid and bacteria in the wound that can damage tissue and cause infection. Blood flow also increases to promote healing.

Another treatment used for serious ulcers is hyperbaric (hi-per-bare-ic) oxygen treatment. With this treatment the person lies in a special chamber while the oxygen pressure inside is increased. This promotes better blood flow to the wound and reduces the growth of bacteria.

Clearly treating a wound or ulcer early is the cheapest and easiest method. Unfortunately many people end up in the hospital and have their foot amputated without being referred to a podiatrist. Even very serious ulcers can sometimes be treated by a podiatrist, so always ask to see a podiatrist before agreeing to an amputation.
Gestational Diabetes

For years only Type 1 and Type 2 diabetes got much attention. Then in the late 1970’s and ‘80’s, more doctors began testing pregnant women for gestational diabetes. Many health care providers were surprised by how many women had the disease. Now we know gestational diabetes is the most common complication of pregnancy, occurring in about 7% of all pregnancies.

For years many women were never diagnosed. This may have lead to a number of miscarriages and large babies that were hard to deliver. Many women who had gestational diabetes also were not warned that they were at higher risk for getting Type 2 diabetes as they got older.

Now we know that gestational diabetes is common and many women are being diagnosed and treated. Fortunately, gestational diabetes can often be managed with carbohydrate and calorie control and regular physical activity alone. There are some women who do need diabetes medicine to lower their blood glucose values, but not as many as those who have the other two types of diabetes. And if they do need medicine, they may be able to use the diabetes pills, metformin or glyburide, instead of only using insulin.

Most women will be told to check their blood glucose fasting and then after each meal. They will work closely with their medical team to correct any readings that are out of range since high or low blood glucose levels are not good for the baby.

Often women who have gestational diabetes will have their labor induced before the 40th week of their pregnancy. Sometimes doctors do this because they think that this will protect the baby, but there is no clear evidence that this is true. Also no studies have proven that an elective Caesarian section is better for the mom and baby than a normal delivery. These are decisions each woman will have to make with her medical team.

As we said, having gestational diabetes increases a woman’s risk for getting Type 2 diabetes. In fact, 60 percent will get Type 2 within 10 years. However, this is not inevitable.

The Diabetes Prevention Program showed that people at risk for diabetes that lost seven percent of their current non-pregnant weight and exercised 150 minutes per week, could lower their risk for diabetes by 58 percent. Since many of these women are pretty young, getting more active and changing their food habits after delivery may be very possible.
The Agency for Healthcare Research and Quality lists the following factors that make a woman more likely to get Type 2 after having gestational diabetes:

- **Higher pre-pregnancy Body Mass Index or BMI.** The BMI shows whether a woman’s weight is in proportion to her height. A higher number indicates she is more likely to be overweight or obese. A woman is overweight if her BMI is over 25, and she is obese, if it is over 30.

- **A greater weight gain during pregnancy.** A woman who is normal weight usually is told to gain around 25 pounds. An overweight woman may be told to gain about 15 pounds. An underweight woman may need to gain more than 25 pounds.

- **Greater waist measurement after pregnancy.** For good health, health experts say that a woman’s waist should be less than 35 inches. A woman may not be there right after delivery, but she should be getting there within a few weeks or months.

- **Diagnosis of gestational diabetes earlier in pregnancy.** Most women are not screened for gestational diabetes until about the 26th week of their pregnancy. However, some women have so many risk factors that the doctor will screen earlier and may find gestational diabetes long before that 26th week.

- **Higher fasting blood glucose levels during pregnancy.** As we said, healthy eating and exercise usually keeps blood glucose levels down, but some women just seem to be more insulin resistant or their bodies just produce less insulin. (Insulin resistance means that your body doesn’t use the insulin you make well.) This makes it more likely that they will get Type 2.

- **Higher readings on the oral glucose tolerance test (OGTT) used to diagnose gestational diabetes.** Before and during the OGTT, the
blood glucose is checked several times. If the values are much higher than normal, that again shows more problems either with insulin resistance or insulin production.

**Weight Control and Physical Activity**

Recently the American College of Sports Medicine updated their guidelines on the amount of physical activity needed to prevent weight gain, promote weight loss and to maintain weight loss. New research is showing that more physical activity may be better when it comes to weight control.

Even though 150 minutes a week of moderately intense physical activity may be enough to improve health in overweight people, it seems to not be enough to result in much weight loss. One hundred fifty minutes is about 30 minutes per day 5 days a week. For someone to really see significant weight loss, it appears that more than 250 minutes per week may be needed. In other words, over 50 minutes per day 5 days a week or over 40 minutes every day. Even then exercise alone is rarely enough to result in much weight loss without eating fewer calories as well.

After weight loss, physical activity becomes even more important. Research indicates that to keep weight off, about 60 minutes per day of activity equal to walking 4 miles per hour is needed. This may be why many people regain lost pounds unless they become devoted to regular exercise.

Unfortunately resistance exercise like lifting weights or using weight training machines seems to have minimum effect on weight loss without aerobic activity and calorie restriction. However, resistance training does preserve muscle mass and even build muscle during weight loss, so it is important.

Now that spring is around the corner, it’s time to get more active. Of course, during March and April, Walk Georgia, Extension’s on-line fitness program, is occurring. If you register by Friday, March 5, you will be able to virtually walk across Georgia by entering the minutes of activity you do each day. These minutes are then converted into miles and you can “visit” many counties and learn interesting facts about each one.

You will also be able to see how your efforts compare to other people in your
county and the state. You can sign up as an individual or as part of a four-member team. Just go to www.walkgeorgia.org to register.

If you don’t want to join Walk Georgia or it is too late to register, you can still motivate yourself. Many people benefit from wearing a pedometer and working up to 10,000 steps per day. You can also do other physical activities like biking, swimming, dancing, playing sports, and doing yoga or pilates. All movement counts in burning those extra calories. Even standing uses more calories than sitting, so make an effort to sit less and do more.

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American Diabetes Association EXPO ATLANTA
Saturday, March 27, 2010
9 a.m. – 4 p.m.
Georgia World Congress Center - Building B
For a $4 Parking Coupon & FREE Registration, visit www.diabetes.org/EXPOATLANTA or for more information call 1-888-DIABETES (1-888-342-2383) x 3166

- Free Health Screenings
- Ask the Experts
- Interactive Kids Corner
- Healthy Cooking & Exercise Demos
- Product Demos & Free Samples
- Exciting Workshops
**Seasoned Barley Pilaf**

3 cups chicken stock or canned low-sodium broth  
1 cup pearled barley  
1 tablespoon canola oil  
3 scallions, chopped  
1 celery stalk, chopped  
1/4 pound mushrooms, sliced  
1/2 teaspoon salt  
1/4 teaspoon pepper

1. In a medium saucepan, boil the chicken stock. Carefully add the barley. Reduce the heat to a simmer, cover and cook until tender, about 30-50 minutes. Drain and place in a large bowl.

2. In a medium skillet, over medium heat, warm the oil. Add the chopped scallions and celery and cook until the celery is translucent but still tender-crisp, 5 to 6 minutes. Add the mushrooms, salt and pepper. Cook about 5 minutes, until the vegetables are soft and most of the water that will cook out of the mushrooms has evaporated.

3. Stir the cooked vegetables into the barley. Mix well. Serve immediately.

*Makes 4 servings.*

**Nutrient Analysis:**

236 calories Carbohydrate: 36 grams Protein 11 grams  
Fat: 6 grams Dietary fiber: 9 grams Cholesterol: 0 milligrams  
Sodium: 890 milligrams (if omit added salt - 600 milligrams; if omit salt and use low sodium broth – 302 milligrams)

Exchanges: 1 ½ starches 1 non-starchy vegetable 1 fat
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