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Back to the Basics: Complications of Diabetes

Diabetes can cause many complications, particularly if it is poorly controlled. Controlling your blood glucose and your blood pressure helps to reduce risk for many of these problems. If you have any of these symptoms, see your doctor right away because early treatment usually is more effective.

• **Eyes.** Diabetes puts people at higher risk for retinopathy, which damages your retina and can lead to blindness. Glaucoma, or increased pressure in the eye, and cataracts can also develop. The early stages of these conditions often have no symptoms. Have a yearly dilated eye exam so these problems will be detected and treated before permanent vision loss occurs.

• **Feet.** Never go barefoot even in your house. Nerve damage due to diabetes (neuropathy) decreases your ability to feel pain, heat, and cold in your feet. If you do not feel a foot injury, it can worsen and become infected. Check your feet daily for blisters, wounds, bruises or red spots.

Call your doctor right away if any of these injuries look severe or if a minor one does not improve in 24 hours.

• **Skin.** People with diabetes are more likely to suffer skin problems such as bacterial and fungal infections, itching, and blisters. Check your skin often and keep it clean and dry.

• **Heart Disease.** People with diabetes are at very high risk for heart disease. To lower your risk, control your blood glucose, blood pressure and cholesterol levels.

• **High Blood Pressure.** Sixty-seven percent of adults with diabetes have high blood pressure. An ideal blood pressure is under 120/80. Blood pressure can be controlled by eating a diet low in salt and high in fruits and vegetables. Regular exercise also helps. Since people with diabetes are more at risk for heart disease, stroke and kidney disease, a doctor will prescribe blood pressure medicine when your blood pressure reaches 140/80.

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• **Mental Health.** It is normal for people to feel angry, worried, and depressed about diabetes. Some people don’t want even to admit they have the disease. If you feel sad often and it doesn’t go away after two weeks, you may be depressed. If you are not coping well, talk with your doctor. You may also feel better after talking with other people you trust or joining a diabetic support group.

• **Hearing Loss.** Hearing loss is twice as common in people with diabetes as it is in those who do not have diabetes. If you notice you are not hearing as well, have your hearing checked.

• **Gastroparesis.** Gastroparesis or nerve damage to the stomach causes digestion to slow or even stop. This makes blood glucose hard to manage. Symptoms include heartburn, nausea, vomiting, weight loss, feeling full quickly, bloating, poor appetite, and stomach spasms. Blood glucose control, medicine and changes in diet can help.

• **Peripheral Artery Disease (PAD)** - Diabetes increases risk for PAD, which occurs when blood vessels in the legs get blocked. This reduces blood flow to your legs and feet. Symptoms can be leg pain, numbness or tingling in the legs, or slow healing of wounds on the feet or legs.

**Revised Guidelines for the Treatment of Hypertension**

In January, the American Diabetes Association (ADA) released new guidelines for controlling high blood pressure (hypertension). Before this year, the ADA recommended that people with diabetes be given blood pressure medicine if their blood pressures were 130/80 or higher. Now ADA states that high blood pressure medicine is usually not needed until a blood pressure is 140/80 or higher.

Why the change? Because recent research found that giving blood pressure medicines at a lower level did not make a big difference in reducing heart attack or stroke. Also these blood pressure medicines can have some unwanted side effects.

Even though ADA made this change, they still say that some people may benefit from treatment with high blood pressure medicines at a lower blood pressure. This will need to be decided for each person with his/her health care provider.

We do know that the ideal blood pressure is under 120/80. If you have a blood pressure above that, but below 140/80, you should still make lifestyle changes to improve your blood pressure. What are these lifestyle changes that may help?

- Lose weight if you are overweight.
- Do not smoke.
- Drink no more than 1-2 drinks of alcohol per day.
- Be physically active for at least 30 minutes most days of the week.
- Add less salt to your food. Also eat fewer processed foods and restaurant foods to reduce your sodium intake.

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Adapt the D.A.S.H. diet –
  ✓ Eat at least 8 servings of vegetables and fruits per day.
  ✓ Consume 3 servings of milk or yogurt per day.
  ✓ Eat mainly whole grains.
  ✓ Have cooked dried beans and peas and small amounts of nuts several times per week.
  ✓ Reduce meat, fish and poultry portions to 3 ounces or less per meal.

Hard of Hearing?

As we get older, we often notice our hearing starts to change. This can really affect how well you communicate with your health care provider. You may miss important information about how to care for yourself and your diabetes. Here are some ways you may be able to improve your understanding during medical visits:

- Get rid of background noise. Ask for the door to the room to be closed or for any background music or computer sounds to be turned down.

- Sit directly in front of the person speaking to you. Often as our hearing changes, we begin to need to see a speaker’s lips to understand the words as they are said.

- Ask for the speaker to look up at you while speaking and to keep hands or papers away from his/her mouth.

- Ask the person to rephrase a message with different words if you cannot understand. Having someone talk louder does not always help. It actually can distort the sound.

- Request that all verbal instructions also be in writing so you can refer to them later.

- If you have a hearing aid, be sure it has been cleaned and adjusted properly and has a working battery before you go for your visit.

- Tell your health care provider if you also cannot see well. In that case, taking someone along to hear and get the instructions with you can be a big help. You may also benefit from written instructions in a larger type.

Should You Join the Mediterranean Diet Club?

In the 1950s, Dr. Ancel Keys began promoting the traditional foods consumed in the Mediterranean countries for the prevention of heart disease. Research has shown that the Mediterranean Diet is not only good for reducing heart disease risk, but also for controlling weight and diabetes.

What do people on the Mediterranean Diet eat?

- At every meal, plenty of vegetables and fruit for dessert;
- Mainly whole grains like whole wheat, oats, brown rice, corn, barley and rye;
- Olive oil as the primary fat for cooking food and on bread and salads;
- Fresh herbs and spices instead of a lot of salt;
- Yogurt and cheese in moderate amounts, but little fluid milk;
- Water as the main beverage with small amounts of wine (5 ounces) once a day for women and up to twice a day for men;
- Fish and shell fish consumed several times a week;
- Moderate intakes of poultry and eggs and very little red meat;

Not only is the food important, but the lifestyle that goes along with the food matters.

Portions are not large. People also take time to eat together with family and friends. In other words, they dine instead of just eating as fast as they can. This promotes a feeling of satisfaction with less food, since it may take nearly 20 minutes for your body to know your stomach is full.

Scientists believe that the diet works by reducing inflammation in the body and decreasing oxidative stress. They think it is the blend of the many nutrients in the whole, minimally processed foods working together that makes the difference – not just a single nutrient.

Also the people in Southern Europe that Dr. Keys studied were physically active throughout their day. This probably is also important for getting the full effect of the eating plan.

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Roasted Vegetable Salad

Non-stick cooking spray
2 medium beets, cut into wedges
2 medium carrots, cut into 2-inch pieces
1 teaspoon olive oil
4 cups spring mix greens
½ cup Vidalia onion, sliced thinly
¼ cup golden raisins
¼ cup chopped pecans

Salad Dressing:
3 tablespoons balsamic vinegar
2 tablespoons olive oil
1/8 teaspoon red pepper flakes
1 clove garlic, minced
¼ teaspoon Mrs. DASH
¼ teaspoon black pepper
1 packet sugar substitute

1. Preheat oven to 425 degrees. Line a baking sheet with foil and spray with cooking spray.
2. Arrange beets and carrot pieces in a single layer on the baking sheet. Drizzle with 1 teaspoon of olive oil and stir carefully to coat.
3. Bake 10 minutes. Stir and then cook an additional 10 minutes or until tender. Let cool 10 minutes and remove the peeling from the beets.
4. Microwave the sliced onion in a small bowl for 30 seconds.
5. Combine salad dressing ingredients in small jar with a lid and shake well.
6. Arrange the salad greens on 4 plates. Evenly top the greens with the beets, carrots, onions, raisins and pecans.
7. Immediately before serving, sprinkle on the dressing.

4 servings

Nutrition Analysis:

Calories: 208 Carbohydrate: 22 grams Protein: 3 grams
Total Fat: 13 grams Saturated Fat: 1.5 grams Cholesterol: 0 milligrams
Sodium: 64 milligrams Dietary Fiber: 4 grams

Exchanges: 1 starch, 1 vegetable, 2 fats
Dear Friend,

_Diabetes Life Lines_ is a bi-monthly publication sent to you by your local county Extension agent.

It is written by an Extension Nutrition and Health Specialist and other health professionals from the University of Georgia. This newsletter brings you the latest information on diabetes self-management, healthy recipes and news about important diabetes-related events.

If you would like more information, please contact your local county Extension Office.

Yours truly,

County Extension Agent

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