SPECIAL SECTION
PAGE 49

SNOW DAY SOUPS AND STEWS

Diabetes SELF-MANAGEMENT

TAKE CONTROL

Commit to be Fit
Exercise 101: What's right for you

COUNTDOWN TO CAMP
Why it could be the Best Decision for Kids with Type 1

NEW
Diabetes Q&A: Expert advice

ADA Guidelines
Test Your Knowledge

TAKE 5
Your anytime, anywhere exercise break

Moroccan Lentil & Vegetable Soup
PAGE 80

MEET SEAN WALSH
Army Veteran, Type 1 Diabetic, competitive athlete
Page 102

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THE GOAL: to empower readers to both take control and stay in control of their weight.

Dear Readers,

IT SEEMS EVERYWHERE we turn these days, we are bombarded by both the need to lose weight and the myriad diets and miracle products hitting the market. Through pre-wedding and post-baby diets, the one thing I've learned is that what works best is slow and steady weight loss through healthy eating, portion control and moderation, combined with a realistic exercise routine.

Currently, 35% of U.S. adults—that's 78.6 million Americans—are considered obese, having a Body Mass Index greater than 30, according to the Centers for Disease Control and Prevention. And 69% of U.S. adults are considered overweight. According to the Robert Wood Foundation, 42% of U.S. adults are projected to have obesity by 2030. Obesity-related conditions include heart disease, stroke, Type 2 diabetes and certain cancers—some of the leading causes of preventable death.

Another peek into the future: Approximately 17% of children and adolescents ages 2-19—that's 12.7 million kids—have obesity. Obese adolescents are more likely to have prediabetes, in which blood glucose levels indicate a high risk for developing diabetes.

The single best predictor of Type 2 diabetes is weight—almost 90% of people living with Type 2 diabetes are overweight or have obesity, according to the Obesity Society.

But what we don't see everywhere we turn are the resources necessary for staying the course, maintaining our progress and managing our weight on our own. Take those pesky New Year's resolutions we make to lose weight, for example: Countless advertisements will tell you that you just have to stick with your resolution for 21 days for it to become an ingrained habit. But research shows this magic number simply is a myth. According to University College London, the average number of days it takes to form a new habit: 66.

Now, meet *Weight Self-Management*, a special section inside this issue of *Diabetes Self-Management*. Those struggling with weight management find that making a lifestyle change is more challenging than ever—hectic schedules, stress, the availability of convenience foods and a lack of time to cook and exercise keep many of us from slowing down long enough to focus on our health. This special section looks at both the day-to-day and long-term aspects of achieving and maintaining a healthy weight, with the goal of empowering readers to both take control and stay in control.

Features on how to launch a lifestyle change and eat healthy without spending a fortune, plus a five-minute exercise routine you can do anytime, anywhere, can help you form new, healthy habits. Add to those our cover features in this Fitness Issue—an Exercise 101 for working out with diabetes and, once you find the right exercise regimen, a guide to finding the best workout facility for your needs—and you'll be well on your way to controlling both your diabetes and your weight.

I wish all of you a happy, and healthy, New Year!

Rick Gomolka/A Montage 4 U

Yours truly,

Cheryl

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Diabetes Self-Management, January/February 2016, Volume 33, Number 1. **Diabetes Self-Management** (ISSN 0741-6253) (USPS 003-865) is published bimonthly by Madavor Media, LLC, 25 Braintree Hill Office Park, Suite 404 Braintree, MA 02184. Periodicals postage paid at Boston, MA and at additional mailing offices. Copyright © 2016 Madavor Media, LLC. U.S. subscriptions $29.94 per year. Postmaster: Please send changes of address to **Diabetes Self-Management**, P.O. Box 8507, Big Sandy, TX 75755-8507. For customer service or subscription information, please call (855) 367-4813.
Advertising Sales: Madavor Media, LLC (800) 437-5828.

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FEBRUARY 2016

Contents

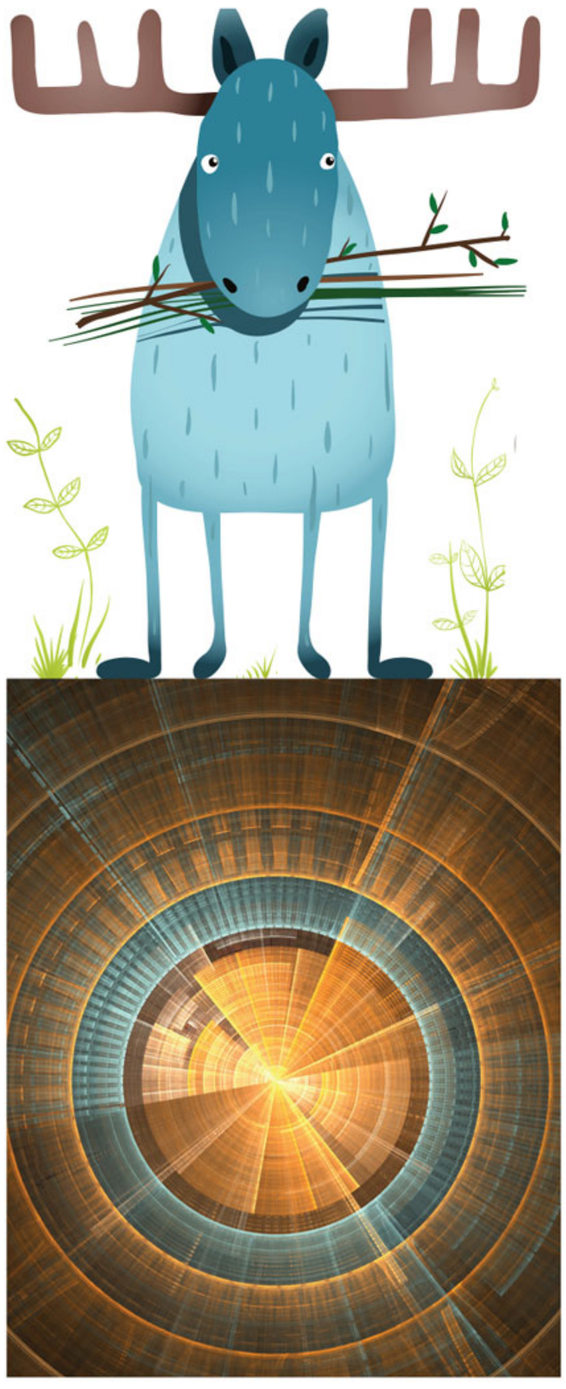
20 Exercise 101
Set the right goals to reap the benefits of getting fit
By Laura Hieronymus, DNP, MSEd, RN, MLDE, BC-ADM, CDE, FAADE
And Nancy Garth, BSN, RN, CLNC, FCN, LDE

24 The Right Fit
Choose the best workout facility for you
By Kurt Ullman

28 Countdown to Camp
Summer fun, with a side of independence
By Dorothy Foltz-Gray

36 The New ADA Guidelines
Test your knowledge of what's new in diabetes care
By Frieda Wiley, PharmD, CGP, RPh

44 PCOS
The often undetected condition that can lead to diabetes
By Nicola Davies, PhD



65 Diabetic Cooking
WINTER WARMTH

DEPARTMENTS

3 **Editor's Letter**

9 **News & Notes**
10 Resources
12 Quiz
17 Diabetes Q&A
18 Definitions

97 **Supermarket Smarts**
Tortilla chips

102 **Getting to Know You**
Sean Walsh

NEW
104 **Product Spotlight**

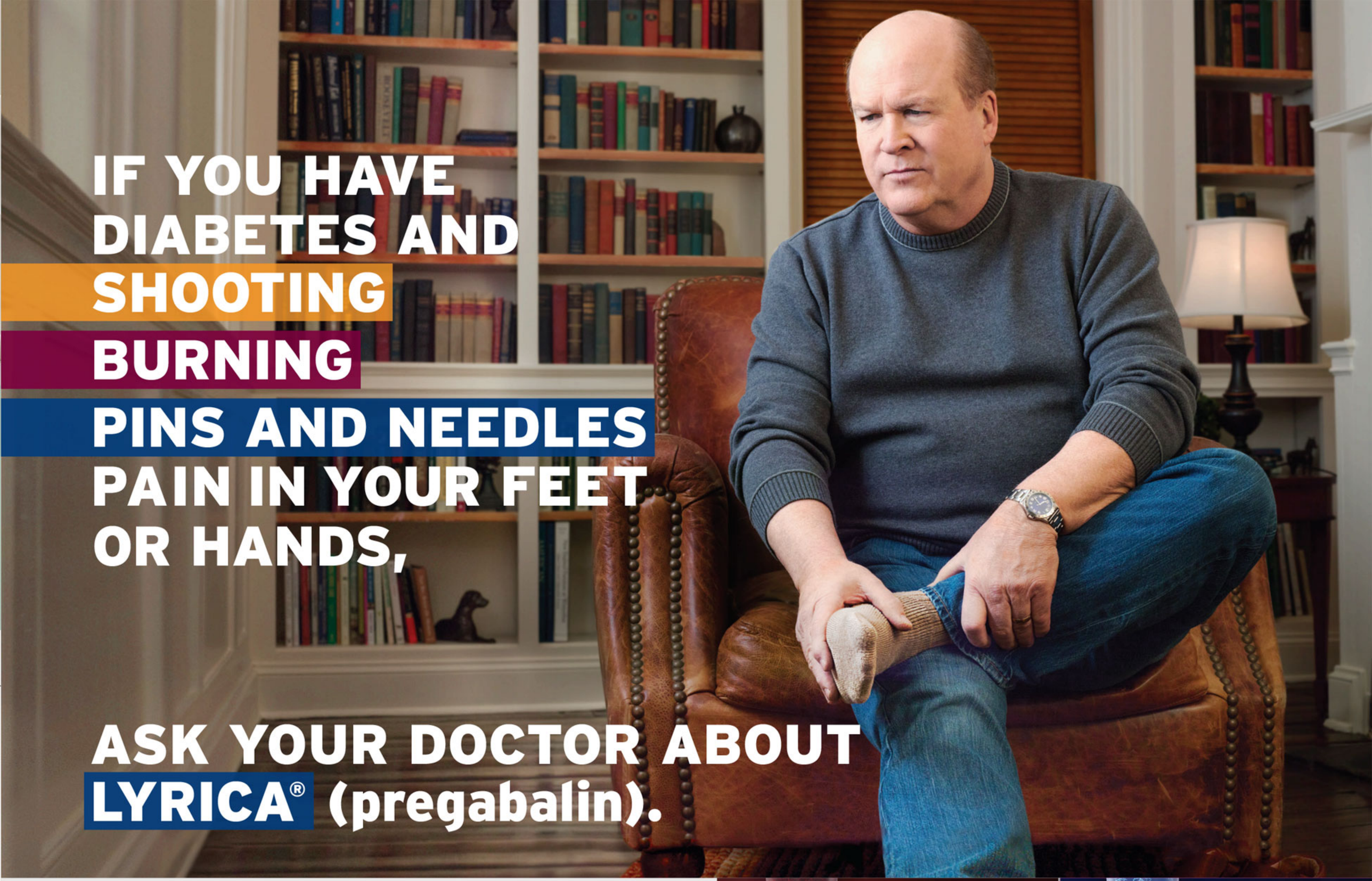
➡NEW SPECIAL SECTION

WEIGHT SELF-MANAGEMENT PAGE 49

50 Ready, Set, Go!
Launch a successful lifestyle-changing food program
By Joanne Broder

56 Eating Well on a Budget
Buying healthy food doesn't have to cost a fortune
By Amy Campbell, MS, RD, LDN, CDE

62 Take 5
Your anytime, anywhere 5-minute exercise break
By Laurel Dierking, M.Ed., NFPT, 200-YTT



FOR SOME PATIENTS, LYRICA CAN PROVIDE SIGNIFICANT RELIEF FROM DIABETIC NERVE PAIN.*

*Individual results may vary.

Prescription LYRICA is not for everyone. Tell your doctor right away about any serious allergic reaction that causes swelling of the face, mouth, lips, gums, tongue, throat, or neck or any trouble breathing, rash, hives or blisters. LYRICA may cause suicidal thoughts or actions in a very small number of people. Patients, family members or caregivers should call the doctor right away if they notice suicidal thoughts or actions, thoughts of self harm, or any unusual changes in mood or behavior. These changes may include new or worsening depression, anxiety, restlessness, trouble sleeping, panic attacks, anger, irritability, agitation, aggression, dangerous impulses or violence, or extreme increases in activity or talking. If you have suicidal thoughts or actions, do not stop LYRICA without first talking to your doctor. LYRICA may cause swelling of your hands, legs and feet. Some of the most common side effects of LYRICA are dizziness and sleepiness. Do not drive or work with machines until you know how LYRICA affects you. Other common side effects are blurry vision, weight gain, trouble concentrating, dry mouth, and feeling "high." Also, tell your doctor right away about muscle pain along with feeling sick and feverish, or any changes in your eyesight including blurry vision or any skin sores if you have diabetes. You may have a higher chance of swelling, hives or gaining weight if you are also taking certain diabetes or high blood pressure medicines. Do not drink alcohol while taking LYRICA. You may have more dizziness and sleepiness if you take LYRICA with alcohol, narcotic pain medicines, or medicines for anxiety. If you have had a drug or alcohol problem, you may be more likely to misuse LYRICA. Tell your doctor if you are planning to father a child. Talk with your doctor before you stop taking LYRICA or any other prescription medication.

Please see Important Risk Information for LYRICA on the following page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

Ask your doctor about LYRICA and visit **LYRICA.com** or call **1-888-9-LYRICA (1-888-959-7422).**

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IT'S SPECIFIC TREATMENT FOR DIABETIC NERVE PAIN

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IMPORTANT FACTS

LYRICA® PREGABALIN Ⓒ capsules

(**LEER**-i-kah)

IMPORTANT SAFETY INFORMATION ABOUT LYRICA

LYRICA may cause serious, even life threatening, allergic reactions.
Stop taking LYRICA and call your doctor right away if you have any signs of a serious allergic reaction:
- Swelling of your face, mouth, lips, gums, tongue, throat or neck
- Have any trouble breathing
- Rash, hives (raised bumps) or blisters

Like other antiepileptic drugs, LYRICA may cause suicidal thoughts or actions in a very small number of people, about 1 in 500.
Call your doctor right away if you have any symptoms, especially if they are new, worse or worry you, including:
- suicidal thoughts or actions
- new or worse depression
- new or worse anxiety
- feeling agitated or restless
- panic attacks
- trouble sleeping
- new or worse irritability
- acting aggressive, being angry, or violent
- acting on dangerous impulses
- an extreme increase in activity and talking
- other unusual changes in behavior or mood

If you have suicidal thoughts or actions, do not stop LYRICA without first talking to your doctor.

LYRICA may cause swelling of your hands, legs and feet.
This swelling can be a serious problem with people with heart problems.

LYRICA may cause dizziness or sleepiness.
Do not drive a car, work with machines, or do other dangerous things until you know how LYRICA affects you. Ask your doctor when it is okay to do these things.

ABOUT LYRICA

LYRICA is a prescription medicine used in adults 18 years and older to treat:
- Pain from damaged nerves that happens with diabetes or that follows healing of shingles, or spinal cord injury
- Partial seizures when taken together with other seizure medicines
- Fibromyalgia (pain all over your body)

Who should NOT take LYRICA:
- Anyone who is allergic to anything in LYRICA

BEFORE STARTING LYRICA

Tell your doctor about all your medical conditions, including if you:
- Have had depression, mood problems or suicidal thoughts or behavior
- Have or had kidney problems or dialysis
- Have heart problems, including heart failure
- Have a bleeding problem or a low blood platelet count
- Have abused prescription medicines, street drugs or alcohol in the past
- Have ever had swelling of your face, mouth, tongue, lips, gums, neck, or throat (angioedema)
- Plan to father a child. It is not known if problems seen in animal studies can happen in humans.
- Are pregnant, plan to become pregnant or are breastfeeding. It is not known if LYRICA will harm your unborn baby. You and your doctor should decide whether you should take LYRICA or breast-feed, but you should not do both.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal supplements. LYRICA and other medicines may affect each other causing side effects. Especially tell your doctor if you take:

BEFORE STARTING LYRICA, continued

- Angiotensin converting enzyme (ACE) inhibitors. You may have a higher chance for swelling and hives.
- Avandia® (rosiglitazone)*, Avandamet® (rosiglitazone and metformin)* or Actos® (pioglitazone)** for diabetes. You may have a higher chance of weight gain or swelling of your hands or feet.
- Narcotic pain medicines (such as oxycodone), tranquilizers or medicines for anxiety (such as lorazepam). You may have a higher chance for dizziness and sleepiness.
- Any medicines that make you sleepy.

POSSIBLE SIDE EFFECTS OF LYRICA

LYRICA may cause serious side effects, including:
- See "Important Safety Information About LYRICA."
- Muscle problems, pain, soreness or weakness along with feeling sick and fever
- Eyesight problems including blurry vision
- Weight gain. Weight gain may affect control of diabetes and can be serious for people with heart problems.
- Feeling "high"

If you have any of these symptoms, tell your doctor right away.

The most common side effects of LYRICA are:
- Dizziness
- Blurry vision
- Weight gain
- Sleepiness
- Trouble concentrating
- Swelling of hands and feet
- Dry mouth

If you have diabetes, you should pay extra attention to your skin while taking LYRICA.

HOW TO TAKE LYRICA

Do:
- Take LYRICA exactly as your doctor tells you. Your doctor will tell you how much to take and when to take it. Take LYRICA at the same times each day.
- Take LYRICA with or without food.

Don't:
- Drive a car or use machines if you feel dizzy or sleepy while taking LYRICA.
- Drink alcohol or use other medicines that make you sleepy while taking LYRICA.
- Change the dose or stop LYRICA suddenly.
  If you stop taking LYRICA suddenly, you may have headaches, nausea, diarrhea, trouble sleeping, increased sweating, or you may feel anxious. If you have epilepsy, you may have seizures more often.
- Start any new medicines without first talking to your doctor.

NEED MORE INFORMATION?

- Ask your doctor or pharmacist. This is only a brief summary of important information.
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Insulin Therapy Breakthrough

Diabetes Research Institute Foundation president and CEO Joshua Rednik (left) and DRI Drs. Camillo Ricordi and Rodolfo Alejandro with BioHub trial patient Wendy Peacock, who is now free of insulin injections. (PR Newswire)

The development nearly a century ago of insulin injections for people with diabetes has saved countless lives. But the ultimate goal for diabetes researchers is to restore the body's ability to make its own insulin and thus eliminate the need for injections. Therefore, the recent announcement by scientists at the Diabetes Research Institute (DRI) of the University of Miami comes as truly exciting news. The first person to receive a transplant in the DRI's new clinical trial has become free of the need to inject insulin.

The patient, a Texas woman named Wendy Peacock, is now producing her own insulin more than a quarter century after she was first diagnosed with Type 1 diabetes as a teenager. She was chosen for the experiment because she was one of those unusual individuals who has what is known as severe hypoglycemia unawareness, which is the inability to sense that one's blood sugar is dropping to a dangerously low level. Hypoglycemia unawareness can lead to disorientation, unconsciousness, convulsions and even death.

The dramatic breakthrough came as part of a DRI project aimed at developing what the researchers call the DRI BioHub. This is a kind of mini-organ planned to mimic the pancreas and restore insulin production in diabetes patients. The first phase of this project involved a new method of transplanting insulin-producing cells. The transplant used what the scientists called a "biodegradable scaffold" that was implanted on the surface of the omentum, which is a sheet of protective tissue that hangs down from the stomach and covers the abdominal organs. The researchers implanted donor islet cells (cells that produce insulin) into the scaffold. By adhering to the omentum, the scaffold held the islet cells in place (eventually, blood vessels will form to support the transplanted islets). Islet transplantation has been in development for some time, but so far islet cells have been infused only into the liver. The liver, however, is not an ideal site for transplantation, especially because an inflammatory reaction often occurs; the DRI scientists are expecting superior results from using the omentum instead of the liver.

As you might expect, the success of this first trial has made the researchers eager to press on with their investigations. According to Camillo Ricordi, M.D., director of the DRI, "This can be the beginning of a new era in islet transplantation." And as for Wendy Peacock? "I'm still processing the fact that I'm not taking insulin anymore."

Lowering Health-care Costs

AS THE NUMBER of people with diabetes in the U.S. rises, so do its costs. The most recent figures from 2012 report nationwide spending on diabetes had reached a record high of $245 billion. Of that, $176 billion went to costs including medications and emergency care. In 2010, almost 10% of all emergency room visits in the U.S. were people with diabetes-related problems. Emergency care for people with diabetes usually involves complications from the disease—nerve damage, kidney issues, eye trouble and circulatory problems. These issues are of special concern to employers, because every year, some 80% of people newly diagnosed with diabetes are under age 65 and in the workforce, according to Nashville-based TrueLifeCare, a health and wellness program for employers to help employees with diabetes management.

Recently, TrueLifeCare achieved significant success in lowering emergency room visits and the length of hospital stays for employees with diabetes at a manufacturing company in northern Alabama. The key to the TrueLifeCare plan was assigning each employee to a personal health coach—a person trained in diabetes care and in methods of instilling motivation. Each member scheduled a meeting with the coach at a convenient time, and appointment reminders were sent by text and email. The health coach's

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→Continued on page 18

Screening without Needles

No one knows how many people have diabetes and are unaware of it, but in the U.S., the Centers for Disease Control (CDC) estimates nearly 28% of people with diabetes are undiagnosed—that's about 8 million people. One reason for the gap is that screening a patient for diabetes involves drawing blood with a needle, and an awful lot of people would just as soon avoid the procedure. To make the procedure even more unpleasant, the patient is required to go without food for hours before the test.

So it's exciting news that a Canadian medical device company has developed a device that screens for prediabetes and Type 2 diabetes without the need for needles, blood, pain or fasting. The Winnipeg-based company Miraculins has developed the Scout DS device. The Scout DS is about the size and shape of an inkjet printer and has a small vertical screen at its edge. On the screen, a technician enters information about the person being tested. The patient then lays an arm on the device's arm rest, which extends from the fingertips to the elbow. The machine employs proprietary technology that utilizes light to detect and measure specific biomarkers associated with prediabetes and Type 2 diabetes. In as little as 80 seconds, a numerical diabetes score is displayed on the screen. If a patient's score is elevated, the patient is advised to see his/her doctor for a follow-up evaluation. Before coming on the market, the Scout DS was tested on more than 15,000 people in various countries. It has been approved for marketing in Canada and the European Union; it still is considered an investigational device in the U.S.

The manufacturer expects the device will be used in doctor's offices and clinics, but also hopes it will find a place in pharmacies and other stores where blood pressure testing machines often can be found. Miraculins said it also might be of value in workplaces, where employees can be offered quick screenings.

DIABETES RESOURCES

Will You Be My Valentine?

DATING CAN BE A THRILLING, yet unnerving experience. It's complicated enough, but when you live with diabetes, it can be downright overwhelming. When do you reveal your condition? Should you date only people who also have diabetes? How do you handle rejection? While there are so many questions and feelings to deal with, they shouldn't get in the way of dating.

Whether you're thinking about getting back into the dating scene or have a special someone in mind for Valentine's Day, consider making the most of your next date. For additional advice, humor and support about dating, follow #diabeticdating on Twitter.

What's your type?: No, not whether you're Type 1 or Type 2, but whether you should date only someone else with diabetes. It's a personal preference, for sure, but some people dress to impress when they go to the endocrinology office because they never know who they're going to meet. If you decide to date only people within the diabetes community, you're in luck: There's an online dating service that caters to people who have diabetes. The service, called DiabeticDate.com, connects like-minded people who are interested in dating or friendship.

When is the right time?: Is the first date too soon to reveal your diabetes? Is the fourth date too late? The first date is all about getting to know someone and figuring out if the person is someone you want to get to know better. Revealing early is a good approach, but there's no need to talk about it the first time you meet someone. If you make a connection with someone and the relationship shows long-term potential, it's probably time to talk about your diabetes.

Don't talk only about diabetes: When you're ready to discuss diabetes, don't expect the other person to understand everything. He or she may know someone with diabetes, but may not completely understand it. While it's fine to share stories about the ups and downs of diabetes, don't get too serious, especially the first time you talk about it. It's just as important to chat about your interests and hobbies outside of diabetes.

Handling rejection: There's nothing fun about rejection, and it's even less entertaining when it might be because of your diabetes. It's easy to obsess over what you might have done differently or blame being rejected on diabetes. It can be difficult to try again, but keep dating and putting yourself out there. You never know what might happen.

Paul Wynn, a writer based in Garrison, N.Y., has covered healthcare trends for the past 20 years.

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EVER WONDER WHAT IT'S LIKE TO SLEEP IN SPACE?

We've all had nights when we just can't lie down in bed and sleep.

Whether it's from heartburn, cardiac problems, hip or backaches—could be a variety of reasons. Those are the nights we'd give anything for a comfortable chair to sleep in, one that reclines to exactly the right degree, raises feet and legs to precisely the desired level, supports the head and shoulders properly, operates easily even in the dead of night, and sends a hopeful sleeper right off to dreamland.

Our Perfect Sleep Chair® is just the chair to do it all. It's a chair, true—the finest of lift chairs— but this chair is so much more! It's designed to provide total comfort and relaxation not found in other chairs. It can't be beat for comfortable, long-term sitting, TV viewing, relaxed reclining and—yes!—peaceful sleep. Our chair's recline technology allows you to pause the chair in an infinite number of positions, including the Trendelenburg position and the zero gravity position where your body experiences a minimum of internal and external stresses. You'll love the other benefits, too: It helps with correct spinal alignment, promotes back pressure relief, and encourages better posture to prevent back and muscle pain.

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DIABETES QUIZ

How much do you know about diabetes and YOUR LIVER?

You may have heard some people refer to the liver as the "waste basket" of the body because it collects and processes so many substances that are vital for our bodies to function properly. But did you know that your liver does much more than break down and filter unwanted substances? The liver filters our blood, helps make special proteins that protect us from infection and produces proteins that help our blood clot, to name just a few. It also plays a crucial role in managing blood sugar. Take this quiz to see how much you know about how your liver helps control your blood sugar.

1.What substance does the liver produce for energy when your body runs low on glucose?
A. Protein
B. Fat
C. Muscle Tissue
D. Ketones
E. Hydrogen Peroxide

2. Which of the following are known causes of liver disease?
Autoimmune diseases
Prescription medications
Herbal supplements

A. 1 only
B. 1 and 2 only
C. 3 only
D. 2 and 3 only
E. All of the above

3. Where does diabetes rank in causing liver disease compared to other diseases and conditions?
A. Second
B. Third
C. Fourth
D. Fifth
E. Sixth

4. What kind of liver disease rarely has any signs or symptoms and is found in the majority of people with diabetes?
A. Cirrhosis of the liver
B. Liver fibrosis
C. Fatty liver disease
D. Liver failure

5. Only diabetics who are overweight have a fatty liver.
TRUE FALSE

SEE PAGE 14 FOR ANSWERS

A Powerful Partnership

We all know Google as a pioneering giant in the field of internet search technology. But did you know Google has a "Life Sciences" division? The aim of this entity is to combine biotechnology with health care. Some of the projects Google Life Sciences has launched include a "smart spoon" or "Liftware," which counteracts tremors experienced by people with illnesses such as Parkinson's disease, and a "nanoparticle" pill that will be able to identify cancers and heart attacks.

Google recently announced its first major target: to develop new ways to treat and manage diabetes, both Type 1 and Type 2. To enhance its efforts, Google Life Sciences has partnered with French pharmaceutical company Sanofi, which has long been a leader in diabetes research and care. Sanofi has used an approach that combines drugs, medical devices and technology.

One of the first Google projects in diabetes care is the design of contact lenses that can monitor blood sugar levels through the analysis of tears. Google has said one of the main problems for diabetes patients is sudden fluctuations in blood sugar. Therefore, one goal will be to use technology to provide physicians and patients with better information to help lessen or prevent these fluctuations. Other projects envisioned by Google and Sanofi so far are less specific, but Google has said utilizing technology could make it much easier for a physician to know when a patient's blood sugar has been high for several days. That same technology then could provide the patient with specific information on diet or insulin dosage.

According to a joint press release, the two companies intend to combine expertise "from the fields of biology, chemistry, physics, medicine, electrical engineering and computer science." Anticipated breakthroughs probably are years away, but the hope is that the new partnership will shorten the time it takes to make them available.

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ANSWERS

1.D. Ketones. Made from fatty acids in a process known as ketogenesis, the body uses ketone bodies as a source of energy when it doesn't have enough glucose to use as fuel. Contrary to popular belief, ketones are found not only in people who have diabetes. In fact, ketones circulate in the body at any given time but tend to be higher when a person is exercising for sustained periods of time and when fasting. However, ketone levels elevate in diabetes when the body fails to produce enough insulin or there is not enough insulin available to increase glucose levels in the body.

2.E. All of the above. Certain autoimmune diseases such as Wilson's disease (in which the body hangs on to excess copper and stores it) can damage the liver and eventually cause cirrhosis of the liver. Many medications can cause liver disease, too. While acetaminophen (Tylenol) has dominated the headlines for its potential risk to liver health in recent years, other drugs such as amiodarone (Cordarone, Nexterone and Pacerone), glucocorticoids and the cancer drug tamoxifen all can damage the liver. Other factors and conditions that may cause liver disease include alcoholism, chronic illnesses and even HIV.

3.C. A 2006 study showed cirrhosis of the liver is the fourth leading cause of death in people who have diabetes. A more recent study that followed patients over a 20-year period from 1980 to 2000 showed people who have nonalcoholic fatty liver disease were more likely to die than their counterparts who did not have liver disease. And unfortunately, liver disease seems to be on a slow but steady rise, as now an estimated one-third of all Americans have some form of fatty liver disease.

4. C. Estimates are that 98% of people with diabetes have some form of fatty liver disease.

5. False. People with diabetes who are at a normal body weight also can have a fatty liver. While it may be difficult to determine whether someone has a fatty liver based on physical appearance, people who are overweight may be more likely to have a fatty liver. Estimates for the percentage of overweight people with nonalcoholic fatty liver disease (NAFLD) range from 54% to as high as 74%. Additionally, according to an article in Clinical Diabetes, the type of diabetes you have also may affect the health of your liver: People who have Type 1 diabetes with controlled hyperglycemia are much less likely to have a fatty liver. However, Type 2 diabetes was associated with a 70% relation (correlation to liver disease). More factors such as genetics and fat consumption determine whether someone will develop a fatty liver. For example, certain people may carry special genetic variations called single nucleotide polymorphisms (SNPs) that make them more prone to a fatty liver.
Eating lots of fat also can play a role in developing a fatty liver, but it's not just a diet high in fat—the kind of fat you consume is important, too. Not all fats are created equal. Some cause inflammation: Some polyunsaturated fats in red meat and soybean oil contain certain omega-6 fatty acids and are more likely to cause inflammation that results in liver disease and other abnormalities.

Frieda Wiley, PharmD, CGP, RPh, is a freelance medical writer and consultant pharmacist based in the Piney Woods of East Texas.

Type 2 Diabetes at Age Three?

TYPE 2 DIABETES used to be called "adult-onset diabetes" because the majority of people with Type 2 developed it after age 40. But Type 2 no longer is referred to as adult-onset because it now is showing up in younger people—even in children.

Recently, doctors in Texas came across a little girl whom they believe is the youngest person ever diagnosed with Type 2 diabetes. She had been taken to a pediatric clinic because she was greatly overweight. At three years old, she weighed 77 pounds. The physicians found that although she seemed healthy, she produced an excessive amount of urine, which often is an indicator of diabetes. She also showed symptoms of acute thirst, another common sign of diabetes. A blood test showed high levels of blood sugar (glucose). Another test, the HbA1C, which shows the average level of blood sugar (glucose) over the previous three months, also put her in the Type 2 diabetes range. The physicians evaluated the parents' nutritional habits as poor and began educating them about lifestyle modification. The girl was started on a liquid form of Metformin, a medication that helps control the amount of sugar in the blood. She gradually lost 20% of her body weight, and the Metformin was discontinued. Eventually, her blood sugar levels returned to the normal range.

The future for this little girl looks encouraging, but the physicians considered her case a pretty frightening warning. Michael Yafi, M.D., said, "It's scary; the problem is pediatric obesity," adding that just the fact that Metformin now has to be manufactured in a liquid form to be given to children is alarming. The case puts both parents and doctors on notice that for overweight children, it might be necessary to test blood sugar levels.

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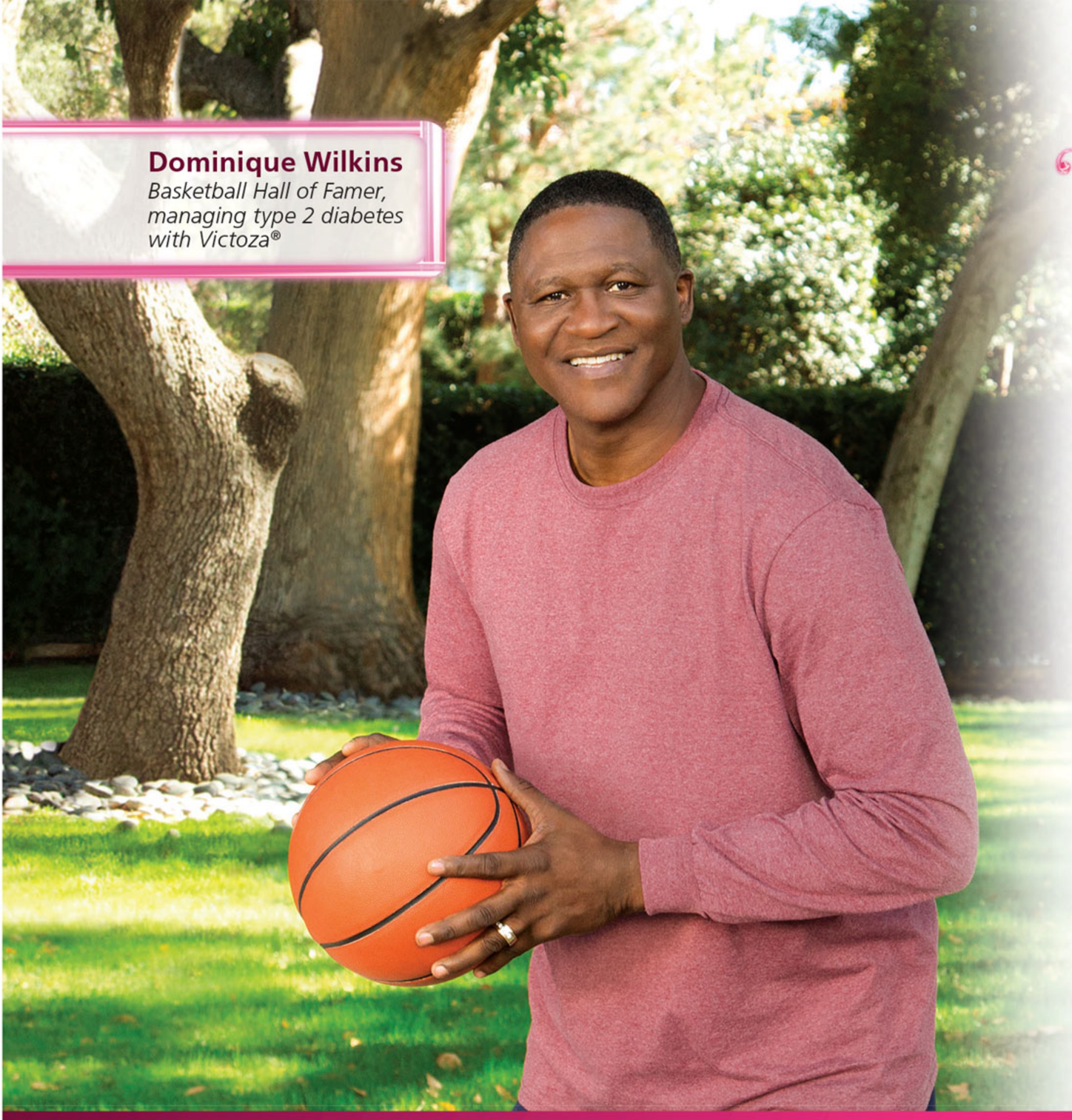
Joseph Gustaitis is a freelance writer and editor based in the Chicago area.



Dominique Wilkins
Basketball Hall of Famer, managing type 2 diabetes with Victoza®

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What is Victoza®?

Victoza® is an injectable prescription medicine that may improve blood sugar (glucose) in adults with type 2 diabetes, and should be used along with diet and exercise.

- Victoza® is not recommended as the first choice of medicine for treating diabetes.
- It is not known if Victoza® can be used in people who have had pancreatitis.
- Victoza® is not a substitute for insulin and is not for use in people with type 1 diabetes or people with diabetic ketoacidosis.
- It is not known if Victoza® can be used with mealtime insulin.
- It is not known if Victoza® is safe and effective for use in children.

What is the most important information I should know about Victoza®?

Victoza® may cause serious side effects, including:

- **Possible thyroid tumors, including cancer.** Tell your health care provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, Victoza® and medicines that work like Victoza® caused thyroid tumors, including thyroid cancer. It is not known if Victoza® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

Who should not use Victoza®?

Do not use Victoza® if:

- you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
- you are allergic to liraglutide or any of the ingredients in Victoza®.

What should I tell my health care provider before using Victoza®?

Before using Victoza®, tell your health care provider if you:

- have or have had problems with your pancreas, kidneys, or liver.
- have any other medical conditions or severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
- are pregnant or breastfeeding or plan to become pregnant or breastfeed.

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, herbal supplements, and other medicines to treat diabetes, including insulin or sulfonylureas.

How should I use Victoza®?

- **Do not** mix insulin and Victoza® together in the same injection.
- You may give an injection of Victoza® and insulin in the same body area (such as your stomach area), but not right next to each other.
- **Do not share your Victoza® pen with other people, even if the needle has been changed.** You may give other people a serious infection, or get a serious infection from them.

What are the possible side effects of Victoza®?

Victoza® may cause serious side effects, including:

- **inflammation of your pancreas (pancreatitis).** Stop using Victoza® and call your health care provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.
- **low blood sugar (hypoglycemia).** Your risk for getting low blood sugar may be higher if you use Victoza® with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin. **Signs and symptoms of low blood sugar may include:** dizziness or lightheadedness, blurred vision, anxiety, irritability or mood changes, sweating, slurred speech, hunger, confusion or drowsiness, shakiness, weakness, headache, fast heartbeat, and feeling jittery.
- **kidney problems (kidney failure).** In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems to get worse.
- **serious allergic reactions**. Stop using Victoza® and get medical help right away if you have any symptoms of a serious allergic reaction including itching, rash, or difficulty breathing.

The most common side effects of Victoza® may include headache, nausea, diarrhea, vomiting, and anti-liraglutide antibodies in your blood.

Please see Brief Summary of Important Patient Information on next page.

[c] Maximum savings of $100 per prescription up to 24 months. Additional restrictions may apply. Novo Nordisk reserves the right to modify or cancel these offerings at any time.

Victoza® is a prescription medication.
If you need assistance with prescription drug costs, help may be available.
Visit pparx.org or call 1-888-4PPA-NOW.

You are encouraged to report negative side effects of prescription drugs to the FDA.
Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

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0315-00026166-1 May 2015

VICTOZA®
liraglutide (rDNA origin) injection

Brief Summary of Information about VICTOZA® (liraglutide [rDNA origin] injection)

VICTOZA®
liraglutide (rDNA origin) injection

Rx Only

This information is not comprehensive. How to get more information:

- Talk to your health care provider or pharmacist
- Visit www.novo-pi.com/victoza.pdf to obtain the FDA-approved product labeling
- Call 1-877-484-2869

What is the most important information I should know about Victoza®?

Victoza® may cause serious side effects, including:

- **Possible thyroid tumors, including cancer.** Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, Victoza® and medicines that work like Victoza® caused thyroid tumors, including thyroid cancer. It is not known if Victoza® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.
- Do not use Victoza® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

What is Victoza®?

Victoza® is an injectable prescription medicine that may improve blood sugar (glucose) in adults with type 2 diabetes mellitus, and should be used along with diet and exercise.

- Victoza® is not recommended as the first choice of medicine for treating diabetes.
- It is not known if Victoza® can be used in people who have had pancreatitis.
- Victoza® is not a substitute for insulin and is not for use in people with type 1 diabetes or people with diabetic ketoacidosis.
- It is not known if Victoza® can be used with mealtime insulin.
- It is not known if Victoza® is safe and effective for use in children.

Who should not use Victoza®?

Do not use Victoza® if:

- you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
- you are allergic to liraglutide or any of the ingredients in Victoza®.

What should I tell my healthcare provider before using Victoza®?

Before using Victoza®, tell your healthcare provider if you:

- have or have had problems with your pancreas, kidneys, or liver
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food
- have any other medical conditions
- are pregnant or plan to become pregnant. It is not known if Victoza® will harm your unborn baby. Tell your healthcare provider if you become pregnant while using Victoza®.
- are breastfeeding or plan to breastfeed. It is not known if Victoza® passes into your breast milk. You should not use Victoza® while breastfeeding without first talking with your healthcare provider.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Victoza® may affect the way some medicines work and some medicines may affect the way Victoza® works.

Before using Victoza®, talk to your healthcare provider about low blood sugar and how to manage it. Tell your healthcare provider if you are taking other medicines to treat diabetes, including insulin or sulfonylureas.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I use Victoza®?

- **Do not share your Victoza® pen with other people, even if the needle has been changed.** You may give other people a serious infection, or get a serious infection from them.

Your dose of Victoza® and other diabetes medicines may need to change because of:

- change in level of physical activity or exercise, weight gain or loss, increased stress, illness, change in diet, or because of other medicines you take.

What are the possible side effects of Victoza®?

Victoza® may cause serious side effects, including:

- **See "What is the most important information I should know about Victoza®?"**
- **inflammation of your pancreas (pancreatitis).** Stop using Victoza® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.
- **low blood sugar (hypoglycemia).** Your risk for getting low blood sugar may be higher if you use Victoza® with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin.

  Signs and symptoms of low blood sugar may include:

  - dizziness or light-headedness
  - slurred speech
  - weakness
  - blurred vision
  - hunger
  - headache
  - anxiety, irritability, or mood changes
  - confusion or drowsiness
  - fast heartbeat
  - sweating
  - shakiness
  - feeling jittery
- **kidney problems (kidney failure).** In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems to get worse.
- **serious allergic reactions.** Stop using Victoza® and get medical help right away, if you have any symptoms of a serious allergic reaction including itching, rash, or difficulty breathing.

The most common side effects of Victoza® may include headache, nausea, diarrhea, vomiting, anti-liraglutide antibodies in your blood.

Talk to your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of Victoza®.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

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Revised: March 2015

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Q I am confused as to what a Type 2 diabetic is allowed to have for carbohydrate grams per day. My husband was told by his doctor that he should not have more than 30 grams, yet a large percentage of recipes in *Diabetes Self-Management* have more than that. Can you please clarify?

A This is a great question. If your husband was advised to follow a very low carb diet, most of the recipes in a typical cookbook will indeed be too high. Ultra-low-carbohydrate diets typically allow up to 50g of total carb per day. Check with his doctor; perhaps he meant to say 30g of carb per meal. That's a more common recommendation.

When you received your diabetes education, did you work with a registered dietitian (RD) who also is a certified diabetes educator (CDE)? If so, she/he should have discussed your husband's typical diet, taking into account your husband's current weight, health risks and past medical history (such as heart disease/cholesterol levels and blood pressure), exercise or activity levels and current medications. All of these should be assessed before issuing diet recommendations.

Because carbohydrates are the nutrient in food that affects blood sugar the most, it is understandable to focus on this when diagnosed with diabetes. However, it also is important to consider the effect of different carbohydrates on blood glucose levels. You'll find that refined/processed forms of carbohydrate (white bread, breakfast cereal, etc.) raise blood glucose very rapidly. However, vegetables (which tend to be low in calories and carbohydrates and high in fiber and valuable vitamins) have a lesser impact on blood sugar while offering many health benefits. And some carbohydrate-rich foods such as beans and whole-grain pasta digest so slowly that their impact on blood sugar is less noticeable.

To determine how much carbohydrate, protein and fat are appropriate for your husband, it would be best to sit down with someone who specializes in nutrition and meal planning for people with diabetes. An RD/CDE can come up with a plan that fits your husband's lifestyle and aids with long-term control of his diabetes.

Our Expert

Gary Scheiner MS, CDE, is owner and clinical director of Integrated Diabetes Services (www.integrateddiabetes.com, 610-642-6055), a private practice specializing in intensive insulin therapy for children and adults. He and his team of Certified Diabetes Educators work with clients throughout the world via phone and internet. Gary has lived with Type 1 diabetes for 30 years and was named Diabetes Educator of the Year in 2014 by the American Association of Diabetes Educators. He has written six books, including *Think Like A Pancreas*, and is a regular contributor to *Diabetes Self-Management*.

Q My sister is 18 and has Type 1 diabetes and just started her first job in a retail store. She has worked a few four-hour shifts and finds that her blood sugar is constantly dropping. When she tries to take a break in the middle of her shift to eat something, her manager tells her she is not entitled to a break during a four-hour shift, or that she will need to make up the time so other employees don't think she is receiving "special treatment." Her manager says there are other employees who take insulin and never need to take a break, so she should be able to do the same. Isn't that unfair? Doesn't diabetes differ from person to person? My sister takes premixed insulin twice a day and checks her blood several times a day. I can see her losing her job over this!

A You obviously care a great deal about your sister! You're absolutely right—diabetes does vary from person to person, and if she doesn't straighten this out, she probably will lose her job over it (if she doesn't quit first).

Like many jobs, working retail involves a fair amount of standing, moving and both physical and mental work. That all burns extra sugar, as would any exercise. Unless she is able to snack on a regular basis during her work shift (sipping on a beverage containing sugar, for example), she probably will need to reduce the insulin that is active while she is working. This can be challenging when using pre-mixed insulin, since it contains both rapid-acting and long-acting insulin. Reducing one means that both must be reduced, and this can cause her blood sugar to run too high before or after her work shift.

Most people with Type 1 diabetes benefit from using a multiple-daily-injection program consisting of a single

Continued on page 18

➜Have a question about diabetes? Send it to Gary Scheiner MS, CDE, at gary@integrateddiabetes.com.

Diabetes [definitions]

ANGIOGENESIS

THE FORMATION of new blood vessels. Angiogenesis plays an important role in the growth and spread of some types of cancer, as well as the progression of the eye diseases age-related macular degeneration (AMD) and diabetic macular edema. In AMD, the macula—the small spot near the center of the retina responsible for sharp central vision—is damaged. In diabetic macular edema, abnormal new blood vessels form that leak fluid into the macula, causing it to swell and blur vision.

Fortunately, scientists have identified the growth factors responsible for angiogenesis, and a number of medications called angiogenesis inhibitors now are available. These include bevacizumab (Avastin), ranibuzimab (Lucentis), sorafenib (Nexavar) and everolimus (Afinitor). Various angiogenesis inhibitors have been used to treat a variety of cancer types. Ranibizumab (Lucentis) has been used to treat AMD, successfully stabilizing or improving vision in most patients. Although not approved for this use, bevacizumab also is used to treat AMD, with results similar to those of ranibizumab. Other angiogenesis inhibitors used to treat AMD include pagaptanib (Macugen) and aflibercept (Eylea). Ranibizumab, bevacizumab and aflibercept all have been used to treat diabetic macular edema. They appear to reduce fluid leakage and growth of new blood vessels and improve vision. Therapies that promote angiogenesis also may be used clinically someday to treat chronic wounds (such as diabetic ulcers), peripheral arterial disease and ischemic heart disease by increasing circulation.

Scientists have identified the growth factors responsible for angiogenesis, and a number of medications called angiogenesis inhibitors now are available.

NEUROPATHY

NERVE DISEASE, such as that caused by diabetes. Roughly 60% to 70% of people with diabetes have some form of neuropathy. Diabetic neuropathy may be caused by a number of factors, including high blood glucose levels, damage to the blood vessels that carry oxygen and nutrients to the nerves and autoimmune disease that causes inflammation of the nerves.

People with diabetic neuropathy may have no symptoms. Those with peripheral neuropathy may experience pain, tingling or numbness in the hands, arms, feet and legs. Focal neuropathy may result in weakness or pain in specific muscles or areas of the body. Autonomic neuropathy may affect virtually every organ system in the body, including the digestive tract, bladder, heart and sex organs, causing such disparate symptoms as indigestion, nausea or vomiting; diarrhea or constipation; dizziness when standing up (due to plummeting blood pressure); urinary problems; and erectile dysfunction.

The first line of therapy is keeping blood glucose levels in the normal range to prevent further nerve damage. Neuropathic pain may be treated with a variety of medications, including antidepressants, anticonvulsants and opioids. Topical medications such as capsaicin creams or lidocaine patches also may help. Treating autonomic neuropathy involves treating its specific symptoms with lifestyle measures and medications.

→OUR EXPERT Continued from page 17

dose of long-acting (basal) insulin and doses of rapid-acting insulin before each meal and snack. This approach allows for easy adjustment of the mealtime insulin based on one's activity level following the meal. An insulin pump would take things one step further by allowing your sister to temporarily reduce her basal insulin during her work shift. These are options she should bring up with her health-care team as soon as possible.

Separately, laws exist to protect workers with disabilities, and diabetes is considered a disability. For example, your sister has the right to check her blood sugar at work and self-treat any hypoglycemic events. Your local ADA and JDRF offices should have resources to help ensure that your sister's employer is compliant with the law. However, before plunging into a potentially nasty legal battle, I would recommend your sister look for ways to manage her diabetes independently while she works. These types of challenges are going to come up repeatedly, and it is best to have the tools and skills to handle them before problems arise.

→HEALTH CARE COSTS Continued from page 9

job was to provide one-on-one motivation, help and support. Employees had no co-pays for test supplies and were given free menus, recipes, meal plans and educational tips. Both blood sugar and blood pressure were measured by mobile monitors.

The program lasted two years. During the first year, the average numbers of emergency room visits by employees with diabetes and employees without diabetes were slightly above the national average. During the second year, however, the rate of emergency room visits for those on the plan with diabetes dropped 22%. The program also lowered the number of hospital stays more than 30%. In other words, the plan resulted in healthier employees and lower health-care costs.

While not everyone with diabetes is able to find a personal health-care coach, the success of the TrueLifeCare program could inspire other corporations to target rising health-care costs by providing employees with diabetes a structured and monitored program offering education and motivation.

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EXERCISE 101

Commit to it

FIND THE RIGHT TYPE, FREQUENCY AND GOALS TO REAP THE NUMEROUS HEALTH BENEFITS OF EXERCISE

By Laura Hieronymus, DNP, MSEd, RN, MLDE, BC-ADM, CDE, FAADE
and
Nancy Garth, BSN, RN, CLNC, FCN, LDE

Exercise is by far the best medicine for promoting physical, emotional and mental health. In fact, it is no secret that physical activity is an essential component for a healthy lifestyle. However, knowing is not doing—less than 5% of adults in the U.S. participate in 30 minutes of physical activity each day, and only one in three achieve the recommended amount of physical activity each week.

When you have diabetes, healthful eating, diabetes medicine and monitoring your blood glucose are essential components of your diabetes management. But only physical activity provides a host of benefits for your quality of life, including better blood glucose control, decreased body fat and improvement in overall health. Individuals who exercise regularly report increased self-esteem, reduced stress and enhanced clarity of thought. In addition, routine physical activity also improves your self-efficacy—confidence in your ability to change and control your behavior.

Type and Frequency of Exercise

Experts recommend all adults, including those with diabetes, should spend at least 150 minutes in moderate-intensity aerobic activity a week (such as brisk walking) or 75 minutes in vigorous-intensity aerobic activity a week (such as taking an aerobics class), or a combination of the two. Muscle strengthening activities such as weight-lifting that target all major muscle groups are recommended at least twice weekly. If you are over age 65 or have a disability, the same guidelines apply; but if you are unable to exercise that amount, focus on being as physically active as possible.

While current physical activity guidelines for adults are focused on increasing moderate-to-vigorous activity levels, data suggest limiting sedentary time is important as well. If your day requires continuous amounts of sedentary activity, such as sitting (working at a desk or riding in a car), take breaks so that you are not sitting for more than 90 minutes at a time. In other words: Stand up and move!

Diabetes Health Benefits

The bottom line is that exercise lowers blood glucose. Normally, muscles burn glucose for energy and absorb glucose from the blood during and after exercise. However, in most people with Type 2 diabetes, the muscle, fat and liver cells don't respond normally due to insulin resistance. This results in the need for more insulin than normal to allow glucose to enter the body cells. Exercise improves the body's ability to use insulin, which over time may allow some with Type 2 diabetes to reduce the number of blood glucose-lowering medicines they need.

Keep in mind that if you have Type 1 or Type 2 diabetes and are performing resistance exercises, which build muscle mass, your body may continue to burn glucose between periods of exercise. Data also show regular physical activity not only can help you lose weight but also can help keep the weight off for months and even years. Furthermore, regular physical activity can help you better control your blood pressure and your lipids (blood fat levels) by increasing your "good" (HDL) cholesterol and decreasing your "bad" (LDL) cholesterol and triglycerides. And as you probably are aware, keeping all these numbers in check is important to help prevent or delay the long-term complications of diabetes, such as retinopathy (eye disease), neuropathy (nerve damage) and nephropathy (kidney disease).

Safe Exercise

Pre-exercise evaluation. Before increasing your level of physical activity or starting a formal exercise plan, it is important to discuss any plans to exercise with your health-care provider. When you have diabetes, your health-care provider may want to run certain medical tests before you start exercising, especially if you have been sedentary or have any diabetes-related complications. These complications or any other medical conditions you may have may dictate what types of exercise are better for you than others. In some cases, your health-care provider may refer you to an exercise specialist such as a physical therapist or exercise physiologist to develop a plan that is right for you.

Flexibility. Stretching after a few minutes of

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light activity or even at the end of your workout is preferable to stretching at the very beginning of your exercise session. This keeps your muscles and joints limber and lowers your risk for injury. Stretch the major muscles and joints you typically use when you are active. Hold each stretch for about 30 seconds until you feel mild tension; feeling pain means you've stretched too far. Avoid bouncing while you stretch; it can cause small tears in the muscle that will make you less flexible. Repeat each stretch three or four times.

Hyperglycemia. When you have Type 1 diabetes, you should be aware that exercise is not recommended if you have hyperglycemia (high blood glucose levels) **and** ketosis (ketones in your urine or blood). If you have hyperglycemia and ketosis, exercise potentially can worsen these conditions; therefore, you should wait to exercise until you feel well and have no ketones in your urine or blood.

Hypoglycemia. If you take insulin (Type 1 or Type 2 diabetes) and/or secretagogues (Type 2 diabetes), you are at higher risk for hypoglycemia (low blood glucose). To be on the safe side, check your blood glucose prior to exercise, and if it is less than 100 mg/dL, eat a carbohydrate snack. Anytime you set out to exercise, be sure to carry a portable form of carbohydrate with you, such as glucose tablets, glucose gel or hard candy. Let others who exercise with you know your usual symptoms of hypoglycemia so they can recognize it and assist you in treating hypoglycemia promptly.

If at any time you experience pain, dizziness, weakness, shortness of breath or any other physical discomfort, it is important to stop exercising and direct your attention to resolving the issue.

Commit to be Fit

Knowing all this is great, but the key to improving your fitness is taking action. In other words, you have to commit to be fit. Get started by figuring out your "baseline" level of activity, or what you are doing now. Then work toward increasing your activity level week by week. For example, if you walk an average of two miles a day (between 2,000 and 2,500 steps), begin increasing your steps each week until you reach your goal. Studies show adults who track their activity may be more successful in increasing activity levels and have greater improvements in physical activity over time. One study in Australia reported adults who had been given pedometers to measure their physical activity increased their walking by nearly 50%. Those who wore pedometers walked 50 minutes per week versus 28 minutes a week for those without pedometers.

Be S-M-A-R-T

Set realistic goals for exercise and physical activity to obtain the outcome you and your health-care provider have determined is right for you. One goal-setting method is SMART—**S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**iming. An example of setting a goal for exercise that includes all of the SMART elements: "I will walk 5,000 steps at least five days per week for two weeks."

SPECIFIC: 5,000 steps (specific); at least five days per week (specific); for two weeks (specific).

MEASURABLE: 5,000 steps each day at least five days per week for two weeks (measurable). You can measure your progress at the end of two weeks.

ACHIEVABLE: 5,000 steps at least five of seven days (achievable). While you may strive to walk every day, setting a goal of five days a week allows you to miss a day and still meet your goal.

REALISTIC: 5,000 steps, let's say, is your baseline number (realistic). From there, you can begin to gradually increase your steps.

TIMING: 5,000 steps at least five days per week for two weeks (timing). Two weeks is your deadline. In two weeks, you can reassess your progress and perhaps modify your SMART goal to add steps.

If you are not exercising at all, you may need to build up to the recommended 150 minutes per week. Keep in mind that if you overdo it to start, you may be too tired and sore to keep up your physical activity. One way to start slowly is to begin with 10 minutes of physical activity per day at least five days per week; then increase it to 20 minutes, and so on. If you find it hard to add an extra 30 minutes a day to increase your physical activity efforts, try doing 10

Physical Activity Tips

These tips from diabetes educators may be helpful as you strive to improve your exercise and physical activity level.

- Build up slowly while striving to reach 30 minutes of exercise and physical activity at least five days a week.
- Include muscle strengthening activities in your exercise plan at least twice a week.
- Limit sedentary time: Break up extended amounts of time sitting by standing up and moving around.
- Warm up and cool down by stretching muscles and joints you typically use during physical activity.
- Keep portable carbohydrate sources handy if you are at risk for hypoglycemia (low blood glucose).
- Commit to be fit—determine your baseline levels of physical activity and then work toward increasing your efforts.
- Set SMART exercise and physical activity goals that are Specific, Measurable, Achievable, Realistic and Timed with a deadline or due date.
- Talk to family members about ways to incorporate more physical activity into the time you spend together.
- Discuss with your diabetes educator any barriers you face and together develop solutions to stay physically active.
- Congratulate yourself for the effort you make and each goal you attain.

The Health Benefits of Exercise

Regular exercise and physical activity are essential components of health that can prevent chronic illness such as heart disease, cancer and stroke—leading causes of death. If you have diabetes, keep in mind that routine exercise and physical activity can produce positive short- and long-term health benefits, such as:

- improvement in blood glucose, blood pressure and blood fat levels;
- ability to lose and/or control weight;
- strengthening of muscles;
- reduction in body fat;
- stronger bones;
- conditioning of heart and lungs;
- building strength and endurance;
- improvement in sleep;
- lower risk of depression;
- increase in energy and self-esteem;
- stress relief; and
- increased longevity.

Adapted from: President's Council on Fitness, Sports, and Nutrition (2015). The Impact of Physical Activity on Your Health. Retrieved from: http://www.fitness.gov/be-active/why-is-it-important/

minutes three times a day. Setting a SMART goal may help keep you on track.

Family Benefits

If you have Type 2 diabetes, be aware your blood relatives are at risk for developing the disease. Usually those at risk for Type 2 diabetes first develop a condition called prediabetes, in which blood glucose levels are higher than normal, yet not high enough for a Type 2 diagnosis. For those with prediabetes, regular physical activity (150 minutes per week at least five days per week), along with a modest weight loss of 7% of total body weight, has been shown to prevent or delay development of Type 2 diabetes. You and your family will benefit from added exercise and physical activity.

So perhaps take heed from the wisdom of Dr. Seuss:

"You have brains in your head.
You have feet in your shoes.
You can steer yourself in any direction you choose.
You're on your own.
And you know what you know.
You are the guy who'll decide where to go."

Inevitably, change in exercise and physical activity habits starts with you—so if you're ready, let's do it! ◻

Laura Hieronymus is a doctor of nursing practice and master licensed diabetes educator. She is affiliated with the Barnstable Brown Kentucky Diabetes & Obesity Center and the College of Nursing at the University of Kentucky. **Nancy Garth** is a baccalaureate-prepared registered nurse, licensed diabetes educator and diabetes prevention lifestyle coach at the Polk-Dalton Clinic at the University of Kentucky. Both are from Lexington, Kentucky.

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BY KURT ULLMAN

THE Right Fit

Choose the Best Workout Facility for Your Exercise Needs

Exercise

is an important part of diabetes management to help blood sugar control, assist with weight loss and improve overall quality of life. But figuring out how and where to exercise can be a daunting task, given the multitude of gyms and fitness centers in most communities.

Choosing the right exercise routine and facility is a personal decision. How long and how intense your workout should be will be driven in part by what you want to accomplish, how well your diabetes is controlled and your general health.

"There are two kinds of exercise: aerobic and resistance," said Guillermo E. Umpierrez, M.D., C.D.E., professor of medicine at Emory University in Atlanta. "Both are useful in maintaining glucose control and weight loss. Combining one or both with diet is essential."

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Before You Start

Experts suggest anyone considering embarking on an exercise plan check with his or her family physician to see if he or she is healthy enough to proceed and whether there are any specific exercises that should be avoided for medical reasons.

"For many years, we thought it was important that everyone with diabetes see a cardiologist for a major work up before starting to go to the gym or walk," said Umpierrez. "There have since been several studies that show the only thing we gain from these kinds of screening tests is finding the need for more tests that cost more money with no beneficial effect."

However, Gary A. Trager, M.D., founder and director at the Center for Diabetes and Endocrinology in Huntington, New York, disagrees, at least for patients middle aged or older.

"If my patients in this age range haven't had a cardiac stress test in the last year or two, I send them to see a cardiologist," he said. "This is needed to assess any potential heart risks and to help set a basis for the maximum heart rate they can safely reach. That's very important, because if we know of any medical risks, we can define what the patient can safely tolerate."

Both physicians agree certain symptoms should trigger a visit to a health-care provider, whether you are a veteran exerciser or just starting out. These include:

- shortness of breath;
- pain in your chest or arms, especially if it stops when you rest; and
- trouble walking more than a block or two before leg pain increases.

Some other symptoms of heart problems can mimic signs of low blood sugar. These include a cold sweat, nausea or lightheadedness. Checking your glucose should help your doctor decide which is causing the problem and what to do about it.

Moderate Exercise Goes a Long Way

For the majority of people, aerobic exercises such as walking briskly, biking or swimming is all they need to reach their goals. Some people might look at the vast number of options available at a gym or fitness center and become frustrated. For others, it may be too easy to find excuses for not exercising at home, making the extra motivation of the money spent or the people you see at the gym necessary to get you going.

Gains can be seen with as little as 30 minutes of exercise five to six times a week, which can be broken into two or more sessions if needed. What's important is to make sure you complete the total suggested number of minutes.

For example, you can walk for 30 minutes at a pace at which you can carry on a conversation without becoming breathless. If you prefer, you could swim for about the same amount of time, with the added advantage of less stress on your legs.

Others may want to go beyond what is needed to lose or maintain weight to more strenuous exercises such as weight lifting or stair climbing. The key is to find a program that meets your personal and medical needs so you will stick with it.

KNOW THE DIFFERENCES

These are some of the people you may encounter while exercising for pain management.

- **PHYSICAL THERAPISTS** provide physical therapy, ordered by a physician, to rehabilitate the body after injury or disease. To become a physical therapist, you must first graduate from a physical therapy college program with either a master's or doctoral degree. All states require licensing of physical therapists. To obtain a license, a candidate must pass the National Physical Therapy Exam, administered by the Federation of State Boards of Physical Therapy.

- **EXERCISE PHYSIOLOGISTS** provide highly skilled measurements of physiological systems to identify inefficiencies that can be reversed to enhance functional capacity. They are required to have at least a bachelor's degree, and many have advanced degrees. Currently, many states have additional licensing requirements.

- **ATHLETIC TRAINERS** are certified by the Board of Certification for the Athletic Trainer (BCAT). They are required to have at least a bachelor's degree from an accredited athletic trainer program and pass a test administered by BCAT. Roughly 70% of certified athletic trainers hold master's degrees. Athletic trainers currently are licensed in 49 states, with California being the only holdout.

- **STRENGTH AND CONDITIONING SPECIALISTS** generally are required to have at least a bachelor's degree or chiropractic medicine degree. Upon completion, candidates can take the Certified Strength and Conditioning Specialist exam, but there are no state licensure requirements to practice.

- **PERSONAL TRAINERS** work with individuals or groups in various work settings to help them achieve their strength and fitness goals. They are not required to have a degree or certification. No states have licensing requirements at this time.

Selecting a Gym

If you decide to join a fitness center, other important parameters must be considered. One is whether it would be best for you to join a facility that has a program specifically geared to those with diabetes.

"Some gyms have specialized exercise programs specifically for those with diabetes," said Maggie Powers, Ph.D., R.D., and C.D.E., a clinical dietician at the International Diabetes Center at Park Nicollet in Minneapolis. "They are an excellent way to get comfortable with an exercise program and learn how your body reacts. You also get the chance to work with and learn from other people in your same situation."

As you progress, your needs may change. For example, you may want to start off at a place with programs that address your diabetes. As you become more experienced and comfortable in your program and your body's reaction to it, you may decide to switch to a traditional gym that better fits your needs.

Another variable is the gym's location. For some people, a gym all the way across town may make it inconvenient to exercise, and they may exercise less often. On the other hand, a gym located along your route to work or other places you frequent may help you fit exercising into your schedule.

Similarly, check out the hours of operation. Some gyms are open all day, every day, while others may be closed on weekends. A good location with lousy hours is not helpful.

Experts suggest exercising at as close to the same time each day as possible. This consistency means other considerations, such as fluctuations in medications or normal changes in glucose utilization, don't confuse your situation.

Look at the ambiance of the fitness center you are considering. For some people interested only in losing weight, a glitzy club where singles meet may not be the best fit. For others, that may be an added attraction.

How clean is the facility? Make sure towels are available for wiping off the equipment. Check the shower facilities to ensure they are properly maintained.

Assess the amount and types of equipment available. Not only should the specific machines you need to achieve your workout goals be on site, but also there must be enough of them available to avoid having to wait in line.

Costs and Contracts

Membership cost is another primary consideration. Many gyms have sign-up fees that can be waived during promotions, so ask if there are any upcoming specials.

- Ask about payment schedules and contract obligations.
- Are you required to pay monthly, or is it cheaper to pay by the quarter or year?
- Are there cancellation penalties?
- What is the grace period during which you can cancel and receive a full refund?
- Does the membership automatically renew and, if so, who do you notify? When is the last date to cancel?
- Does the gym offer a free trial membership and provide an initial assessment at no cost or any free sessions with a trainer?
- Are there any hidden costs in the contract?
- Does the staff ensure you know how to safely use the equipment and train you before you use a new machine?

When considering the cost, check with your employer, because many now help pay for membership at a specific gym or provide access to a fitness center on the premises. More health insurers now also offer to subsidize gym memberships. While these may not be at your first choice facility, the cost savings may provide an incentive to start an exercise program.

Another important consideration is the staff. They should be readily available to answer questions in a supportive and courteous manner. Ask about staff certification and if they will teach you how to use the machines and work with you on safely adding to your routine as you progress.

Mostly on Your Own

However, it also is important to remember that, outside of some specialty programs for diabetes management, very few staff members at your local gym will have any training on the concerns of patients with glucose issues.

"Essentially, the person with diabetes is on his own to handle his illness before, during and after the session," said Trager. "You have to have a good idea of where your blood sugars are running, the medications you are on and the consequences of these medications. If something happens, you most likely will have to treat it on your own, so make sure you have a source of glucose nearby should you need it."

Because of this, both Trager and Powers strongly suggest people with diabetes have a MedicAlert or similar bracelet or necklace so staff members know to call 911. This should be on your person and not in the locker room.

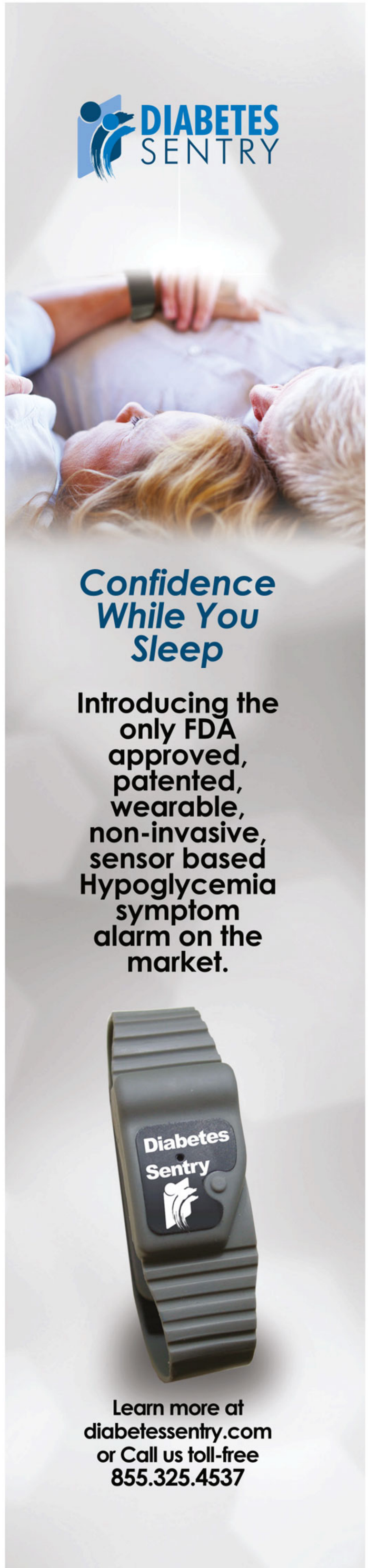
But should you tell anyone at the gym you are diabetic? While some may not want to call attention to themselves, experts suggest you let a staff member know.

"Somebody should know about your potential to have low blood sugar," said Powers. "That is challenging for some people who don't want to call attention to their diabetes. But it is an important safety issue that somebody knows there is a potential for low blood sugars."

Those with diabetes who are thinking about starting an exercise program should follow these basic guidelines.

"First, define your risk factors and, from that, know your limitations and stay within them," said Trager. "Unless you know that someone around you knows how to check blood sugar and what to do next, you have to understand that you are on your own." □

Kurt Ullman, R.N., is an Indiana-based medical writer whose career spans 30 years.



COUNTDOWN TO CAMP

DIABETES OVERNIGHT CAMPS OFFER SUMMER FUN, WITH A SIDE OF INDEPENDENCE

By Dorothy Foltz-Gray

1

2

1 Hodia campers agree: "We don't get homesick at camp, we get campsick at home!"

2 James, a camper at Camp Hodia in Idaho, shows off his matching sunglasses and pump.

3 At Camp Tanager in Iowa, campers agree: "We've got each other's backs." According to Camp Director Donald Pirrie, it's a simple yet powerful statement that defines a common culture at diabetes camps across the country. Steeped in tradition and packed with learning opportunities, camp provides a home away from home where kids and teens can unite with lifelong friends to share both the highs and lows of living with diabetes.

Keri Walsh was eight years old when she first went to Camp Hodia, a diabetes overnight camp in Boise, Idaho. Diagnosed with Type 1 diabetes at age 4, she had spent previous summers at a day camp run by a diabetes clinic. But overnight camp was a big new step.

"I was a little scared because I knew I would be spending a week away from my parents," said Walsh, now 15. "But as the week went on, I opened up and fell in love with it. The staff taught me how to test my blood sugar and count carbohydrates—and at the same time I was being a normal kid doing all the activities that other kids without diabetes do."

Walsh, who lives in Meridian, Idaho, just outside of Boise, has returned to Camp Hodia every summer, and her enthusiasm has not diminished. "You realize that so many other kids are dealing with what you are every day. You learn how to manage diabetes better and you make new friends, and it's great going out in the woods and being in nature. Sometimes, I don't want to leave."

While it's hard to argue with such praise, and as appealing as such a place sounds, the idea of sending your child away for up to two weeks also can be scary. For most of your child's life, you've probably been within minutes of attending to his/her care. But you also know that for many children, loneliness accompanies diabetes. Meeting other kids with diabetes could help your child feel less alone—and help him learn that he, too, can participate in every kind of fun that other kids can, both indoors and outside.

But every answer leads to more questions: How do I know my child will be safe and her diabetes kept under control? How do I choose the right camp? Below are answers to common questions about diabetes summer camps. You could be offering your child one of the best experiences of her life.

How do I find a camp?

The Diabetes Education & Camping Association (DECA), headquartered in Florence, Alabama, lists 199 member camps on its website, www.diabetescamps.org.

"If a camp is on our website that means it has joined our association, which cares about being on top of the best practices in diabetes," said Shelley Yeager, DECA's program development specialist. DECA does not accredit camps; that's done by the American Camp Association

Keri Walsh, a Hodia camper, on carnival night with Camp Hodia founder Don Scott.

[ACA], an important credential to check as well, said Yeager. ACA has general safety standards apart from diabetes.

The American Diabetes Association also lists camps on its website, www.diabetes.org.

Yeager suggests looking at camps geared toward your child's interests.

Investigate several camps—and several types of camps, such as family camp that parents can attend with their child, a weekend camp, a week-long camp and an age-specific camp.

"For instance, if you have a 13-year-old, will she be more comfortable with kids who are 12 to 16, or with those who are 8 to 18?" said Yeager. "Some kids like to take care of and mentor younger kids. You have to sit down and talk with your child about his preferences."

How do I know if my child is ready for camp?

One helpful measure is to talk with your child's doctor and school nurse. "Lots of times, kids are recommended to us by medical providers or school nurses," said Lisa Gier, executive director of the Idaho Diabetes Youth Programs, which operate five Hodia camps in the state. "If the school nurse thinks a child is ready, she may suggest the family go to a camp gathering to meet other families." Some bigger camp organizations also offer family camps, a good introduction to camp with Mom and Dad still nearby. There also are day camps, which can give kids an introduction to camp without staying overnight.

Some camps, such as Idaho's Hodia camps, host community events throughout the year, encouraging families with kids of all ages to come well before they might be ready to consider camp. "We want to help families feel comfortable and get the feel of the program," said Gier.

Most camps have open houses in early spring at which families can meet returning staff and campers either on site or at a pediatric clinic that serves the camp. Such meetings allow you to gauge the reaction of your child and discuss how he/she feels about going to camp.

Once you've narrowed your choices, schedule visits with your child to the camps you're considering. "It's hard for children to go to a place they've never seen with kids they don't know," said Yeager. "It's important for you and your child to meet the staff and other children so your child can see that the other kids aren't weird, but children just like him."

After registering for a camp session, a staff member will call you to discuss any concerns you or your child might have and answer questions. "We ask about homesickness, and we ask parents for their ideas," said Gier. "We want to know what you hope for and feel about the week to help determine if our camp is the right fit for your child."

Most camps are for kids ages 8 to 16, said Yeager, although some accept younger children. Others offer weekend programs for parents and toddlers. "Those are immensely helpful for parents, who really can be alone and struggle with child-care issues," she said. "Those usually have a nurse or physician who can go over technical issues of caring for a toddler with diabetes."

Is the camp following the current medical guidelines set forth by the American Diabetes Association (ADA)?

"The camp may be accredited by the American Camping Association," said emergency room physician Alan Bean, MD, Camp Hodia Teen and Kids Camp director, who started attending Camp Hodia at age eight. "But the American Diabetes Association is a medical body that has nothing to do with camp accreditation, so you need to ask if the camp is following ADA guidelines." You can find the ADA guidelines online at www.diabetes.org.

What medical supervision will my child have?

All camps have physicians who review each child's blood glucose readings every day and write adjustments to each one's care. A nurse manages each group of campers based on the physician's orders for that day, discussing any changes with the child. Physicians also have clinic hours during which they can see children who aren't feeling well. "And all staff and the health-care team carry blood glucose meters, strips and supplies for low blood sugar," said Yeager, "like juice boxes, glucose tablets and granola bars."

What is the staff's training in and experience with diabetes?

Most, if not all, staff either have diabetes or have a close family member with diabetes. "One third of campers age out to become staff," said Yeager, noting that staff members are volunteers. "And the staff return rate is higher than two thirds. Most were campers or are friends or family of campers."

What is the staff to camper ratio?

According to Yeager, typically there is one staff member for every three campers. "In a cabin of eight children, there would

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usually be two adults who understand diabetes very well and one medical staff member such as a nurse or medical student," she said.

How is my child's diabetes managed over the course of a camp day?

Camps vary, but generally each day begins with blood sugar testing in the cabin and a discussion of the readings with the cabin's medical expert, said Bean. At each camp meal, the carbohydrate content of the foods is presented through visual displays: for example, one half cup of hash browns has 23 grams of carbohydrates. Each child then decides—in consultation with his/her cabin's medical expert—how many carbohydrates to eat and how much insulin to take before the meal. "We're there to encourage the campers to stay within their carbohydrate budget so they won't overeat just because it looks good," said Bean.

After each meal, each child and a nurse review what that child has eaten to make sure the insulin dose is correct. If the kids are headed for a hike or to the beach, they take box lunches. "If a kid's blood sugar gets low or he gets tired, we can have an on-the-spot training about what to do," said Bean. "The campers can problem-solve on their own and correct their dosing. We're there to support them and help correct them if their assessment is off."

At dinner and again at bedtime, the campers repeat their blood sugar testing. At around 2 a.m., medical staff test any children who had a blood sugar reading under 100 before bed to make sure their blood sugar has not dropped further.

What are campers' typical problems and how are they handled?

"The number one problem is low blood glucose because the kids are so active," said Yeager. "But camps are so good at taking care of that; we're used to it."

Each child checks his/her blood sugar first thing in the morning, at meals, during activities and before bed. Staff always have glucose tablets and snacks on hand.

Another possible problem is homesickness, said Yeager: "Usually, it manifests on day two and is gone by day five, if it's going to happen. I've probably sent six kids home in 20 years."

Often, the yearning is reversed, said Gier: "Lots of kids say, 'We don't get homesick at camp. We get campsick at home.' Camp provides the fuel that propels them the rest of the year."

To minimize the possibility of homesickness, Yeager suggests parents go with their children to camp open houses and include them in discussions and decisions about camp. Once your child is at camp, send words of love but don't talk about how much fun his siblings are having and how much Fido misses his playmate. "And don't call your homesick child," said Yeager. "That makes the homesickness worse."

What do camps typically offer?

Camp activities vary depending on location and season, and the ages of the campers. "If the camp is on a lake, there's swimming and boating. If it's in the mountains, there's hiking and climbing," said Yeager. "You can pick almost any activities, from wilderness camps to ski camps. Diabetes camps probably offer anything your child wants, but they know how to tuck diabetes into the activities so your child is safe."

Camp is not one long class on diabetes, either. "One of the greatest misunderstandings is that diabetes camps are weirdly different from regular summer camps and not fun," she said.

Still, the camps do hold some educational sessions and also seize on impromptu learning opportunities. For instance, at Camp Hodia, after dinner kids gather for a one-hour session addressing diabetes questions the campers leave in a box throughout the day. "The campers might say what works for them," said Bean. "Their responses help kids know that

Hodia camper Katherine (left) gets some pampering from Britni, a staff member (right), at the foot care station at the Hodia Kids Camp carnival.

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Kids participating in camp activities at one of the five Hodia camps in Idaho, run by the Idaho Diabetes Youth Programs and based on kids' ages and interests.

there's science to diabetes care, but also trial and error."

Another evening activity might be a quiz bowl with diabetes-related questions, said Bean. "The judges are medical staff, who explain why a certain answer may not be quite correct."

At Hodia's camp for the younger children, one of the evening activities is a carnival, which includes both typical carnival games and booths and others specific to diabetes, said Gier. "One of the most popular is the foot care station. Staff members give campers foot checks and talk about the importance of caring for their feet, plus the kids get a little pampering, which is fun—a foot rub, a pedicure. It's a neat teachable moment."

"At Hodia camps we try to balance a lot of education for the kids in the form of teachable moments," said Gier. "We try to take advantage of those on-the-spot opportunities."

What is the cost of camp and is there a waiting list?

Prices vary depending on the camp and the length of the sessions (from a weekend to two weeks). Many offer scholarships or suggest fundraising ideas to parents.

"We've never turned a child away because of inability to pay," said Gier. She suggests calling the specific camp you are considering to ask about financial options.

Also, not every state has diabetes-specific camps, so in some parts of the country it can be harder to get a spot. According to Yeager, the majority of diabetes camps in the U.S. fill up quickly and have waiting lists. "It's important for parents and children to research camps, discuss going to camp with their health-care providers and make decisions early in the year," she said. "It's very important to engage health-care providers in the discussion."

January and February are key months for researching and registering for summer camps, she added, as many camps already have their forms and materials available and returning campers often register early.

What are the benefits of camp?

At camp, your child will be, perhaps for the first time, just like all the other kids.

"I realized that there were so many other kids who were dealing with the same thing I was, and that we could all do activities together, and no one would ask me about my diabetes," said camper Keri Walsh.

Walsh also loves the lasting friendships she's made: "If my [camp] friend is having a bad day, she can call me. We're just best friends who also have diabetes."

Diabetes camp offers children a safe route to independence, learning to handle diabetes with medical experts as an ever-present safety net. And campers learn that kids with diabetes can do anything other kids do—from white water rafting to horseback riding—as long as they manage their diabetes.

Your child also will see adults with Type 1 diabetes leading active, successful lives—adults who become role models, said Gier. "Your children see that when they grow up, they can become whatever they want to be. Your children can see life in a more optimistic way and know they are not bound by this chronic illness. Life with diabetes is so hard, and for this small time at camp, your child can feel like its burden is just the norm."

Or, as campers at Camp Tanager in Iowa agree, "We've got each other's backs." Said camp director Donald Pirrie, "it's a simple, yet powerful statement that defines a common culture at diabetes camps across the country. Steeped in tradition and packed with learning opportunities, camp provides a home away from home where kids and teens can unite with lifelong friends to share both the highs and lows of living with diabetes." □

Dorothy Foltz-Gray is a North Carolina-based freelance health, food and business writer. Her memoir, With And Without Her, won the 2013 American Society for Journalists and Authors award for memoir.

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New ADA Guidelines: How Much Do You Know?

Test Your Knowledge of the Latest Advice on Diabetes Care

SOMETIMES it seems as if science and medicine change as often as the weather. One day, you read something's good for you, and the next day, you hear too much of that "good thing" suddenly now is a "bad thing." Unfortunately, diabetes is no exception to this trend. Change can be good, but sometimes updates can be confusing and hard to keep up with—especially when the experts don't always agree.

In 2015, the American Diabetes Association (ADA) issued its *Standards of Medical Care in Diabetes*, an update of care guidelines issued annually. While they are intended for diabetes educators and health-care providers, the guidelines include important care information for everyone living with diabetes. What's changed and what's stayed the same? Find out by taking this quiz, and learn all you need to know about the new ADA guidelines.

By Frieda Wiley, PharmD, CGP, RPh

1 Health-care providers are required to follow the ADA guidelines.

TRUE FALSE

Take our QUIZ

2 What is the purpose of the ADA guidelines?

I. To help medical researchers learn more about diabetes
II. To teach people who have diabetes about the condition
III. To ensure that all patients with diabetes receive the same treatment
IV. To provide information about best practices that are believed to provide the best possible outcome for a person who has diabetes

a. Any one of the above
b. Any two of the above
c. Any three of the above
d. None of the above
e. All of the above

3 Research has shown that a certain race or ethnicity is at greater risk for having diabetes at a lower body mass index (BMI) than others. For which race or ethnic group was the BMI cutoff lowered?

a. White
b. Black
c. Latino/Hispanic
d. Asian
e. Pacific Islander or Native American

4 According to the new guidelines, all people—whether or not they have diabetes — should break up their sitting periods if they plan to sit for more than how many minutes?

a. 30 minutes
b. 50 minutes
c. 60 minutes
d. 90 minutes
e. 100 minutes

5 Which of the following is now considered the target range for your blood sugar before you eat?

a. 60-130 mg/ dL
b. 70-130 mg/dL
c. 80-130 mg/dL
d. 90-130 mg/ dL
e. 80-120 mg/ dL

6 When it comes to measuring blood pressure, people who have both diabetes and high blood pressure should now aim for a diastolic blood pressure of

a. 75 mm Hg
b. 80 mm Hg
c. 85 mm Hg
d. 90 mm Hg

7 Which of the following is a risk factor for diabetes or prediabetes in adults who have no symptoms of the condition? *More than one answer may apply.*

1. Having a parent or sibling with the condition
2. Having macular degeneration
3. Being overweight
4. Being of a certain race (Latino/Hispanic, Black/African American, Asian, Pacific Islander)
5. Having PCOS
6. Having pelvic inflammatory disease
7. Darkening of skin on the neck, armpits, buttocks, and nipples
8. Having low LDL
9. Having heart disease

a. Any one of the above
b. Any three of the above
c. Any four of the above
d. Any six of the above
e. All of the above

8 What is the rating system for the recommendations on which the guidelines are based?
More than one answer may apply.

a. Expert opinions

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QUIZ

b. Individual patient data
c. Clinical studies
d. Age
e. How long a patient has had diabetes

9 Based on the guidelines, which of the following might be the single most important factor your doctor, physician's assistant or nurse practitioner takes into account when determining how to best manage your diabetes?

a. Diseases you may already have
b. Age
c. Education
d. Your personal opinion and values
e. Your socioeconomic background

10 What is the new goal A1C for children and adolescents?

a. <5.5%
b. <6.0%
c. <6.5%
d. <7.0%
e. <7.5%

11 Which of the following could be reasons your doctor might refer you to another health care professional if you have been diagnosed with diabetes or pre-diabetes? *More than one answer may apply.*

a. Concerns with vision or visual changes
b. Allergic reaction to medication
c. Mental health concerns
d. Desire to have a child
e. Chronic infections

12 Aside from diseases of the heart, kidneys and eyes, which of the following are less-obvious health risks associated with diabetes? *More than one answer may apply.*

I. Osteoporosis and bone fractures
II. Alzheimer's disease or other forms of dementia
III. Blood clotting problems
IV. Hearing problems

a. Any one of the above
b. Any two of the above
c. Any three of the above
d. None of the above
e. All of the above

13 Which of the following is a new section added to the guidelines?

a. Treatment or management of diabetes
b. Cardiovascular disease and risk management
c. Diabetes in older adults
d. Management of diabetes in pregnancy
e. Diabetes in children and adolescents

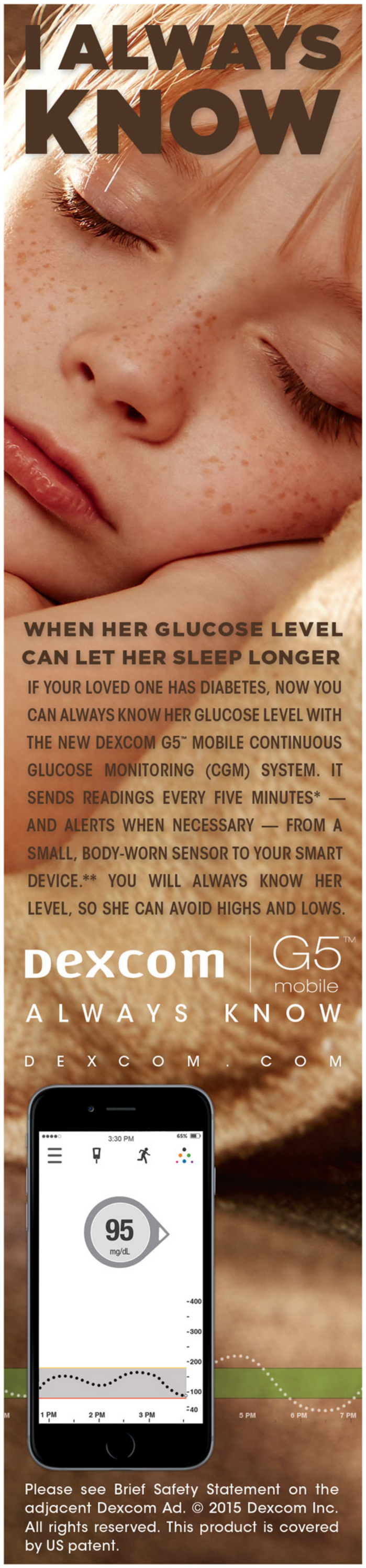
14 True/False: According to the new guidelines, health-care providers should also take into account the patient's financial status when determining course of treatment.

TRUE FALSE

15 The recommendations for foot care were updated to

a. Ensure that people who have problems with their feet have their feet checked at every doctor's visit.
b. Ensure that all people who have diabetes have their feet checked at every visit.
c. Ensure that all people who have diabetes have their feet checked at least once a year
d. Ensure that all people who have diabetes have their feet checked every six months.

Answers on page 42



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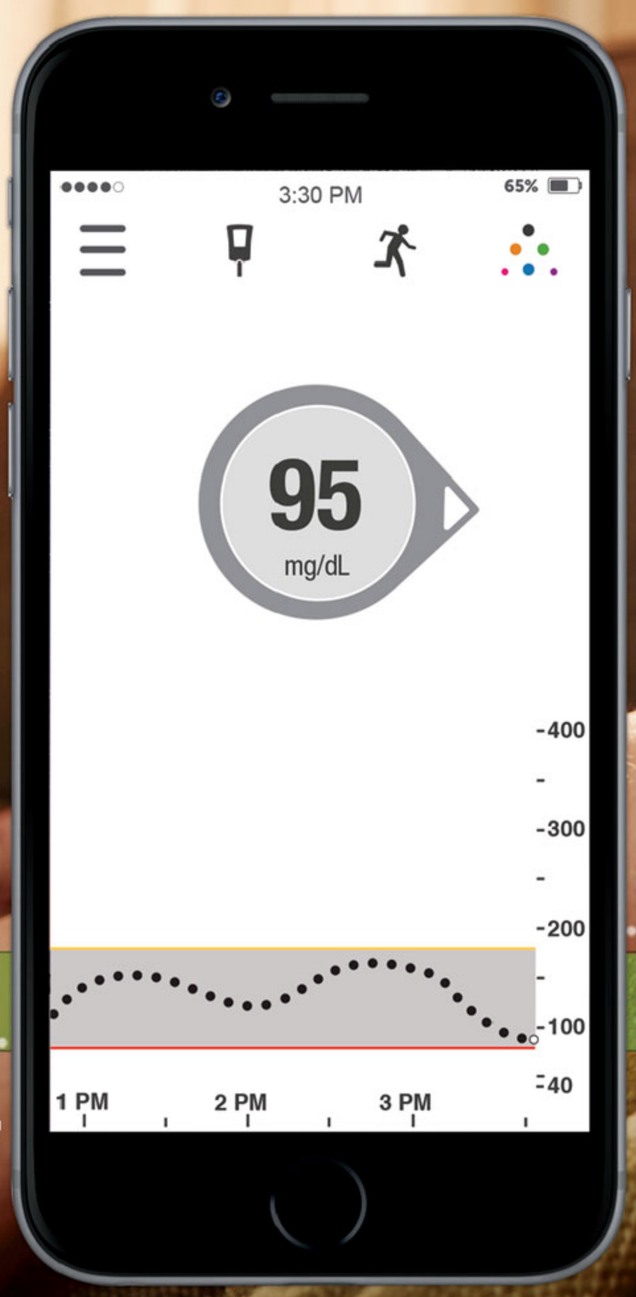

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Answers

1 False: Every patient is different, and doctors and other medical professionals have to make decisions in the best interest of each individual patient. Recognizing these facts, the authors stress that the guidelines "are not intended to preclude clinical judgment and must be applied in the context of excellent clinical care, with adjustments for individual preferences, comorbidities, and other patient factors." In other words, while the guidelines provide guidance based on the appropriate treatment for the majority of patients, they recognize the needs of each patient may be different and encourage each health-care team to provide individualized care.

2 C. Three of the above (I, II and IV). The ADA guidelines are a compilation of recommendations. Numerous medical professionals and researchers compiled their studies and knowledge to establish best practices based on recent research. The purpose is to provide all interested parties—including scientists, doctors, nurses, pharmacists, researchers, insurance providers (payors) and patients—with the elements of diabetes care, general treatment goals and tools to evaluate quality of care. While it primarily is a reference for medical professionals, it can be used by anyone with an active interest in diabetes.

3 D. According to the guidelines, the most recent data indicate people of Asian American descent run greater risk of becoming diabetic than people of other races at lower BMI of 23 kg/m^2. This is 2 kg/m^2 lower than the cutoff of 25 kg/m^2 for people of other races and ethnicities.

4 D. The "Standards of Care" encourage people to split their periods of sitting down into small intervals—especially if they are sitting for more than 90 minutes at a time. If you know you'll be sitting for a long time, getting up and move around—even five minutes of movement can help improve circulation and focus. Studies show a sedentary lifestyle increases risk for building fatty tissue around your mid-section, which has been shown to increase your risk for heart disease. According to the Mayo Clinic, people who are not physically active or don't get enough physical activity are more likely to have high triglycerides and abnormalities in insulin function.

5 B. The previous ADA guidelines recommended patients' fasting blood sugar range between 80 mg/dL—130 mg/dL. The new guidelines have increased the range, so a fasting blood sugar ranging between 70—130 mg/dL is now considered to be ideal.

6 D. 90 mm Hg. According to the new guidelines, the goal diastolic reading for people are both diabetic and hypertensive is now 90 mm Hg instead of 80 mm Hg.

7 D. The ADA guidelines recommend anyone who has a parent, sibling or child with diabetes get tested. It also urges anyone who is overweight (with a BMI of 25kg/m^2 or greater or 23 kg/m^2 or greater for Asian Americans) be tested—especially if age 45 or older. Other risks include being of African American, Latino, Native American, Asian American or Pacific Islander descent and being a woman with polycystic ovarian syndrome (PCOS), developing diabetes and/or high blood pressure during pregnancy and giving birth to a baby weighing over nine pounds.

Known as acanthosis nigricans, darkening of the skin on the neck, underarms and buttocks, usually also is a sign of insulin resistance. While there is no mention of LDL in the guidelines, the ADA recommends people with very low HDL levels (35mg/d) and/or triglyceride level (250mg/dL) get tested. If you are 45 or older and overweight and your tests come back normal, you still should be tested for diabetes at least every three years, depending on if you already have prediabetes or are at increased risk.

8 A and C. The guidelines have a rating system of four categories: A, B, C and E (there is no D rating). Ratings of A, B and C all are based on clinical trials, with A-rated recommendations having the strongest evidence supported by well-designed trials. Recommendations rated E are based on opinions of professionals considered to be experts in diabetes. Also, the guidelines say while B and C ratings are lower due to lack of evidence, that does not mean recommendations with these ratings are any less important.

9 D. Your personal values. While your age, education and other health conditions undoubtedly all play a role in helping determine your course of treatment, the guidelines repeatedly encourage medical professionals to make their patients' personal desires their top priority.

10 E <7.5%. Based on new research, the guidelines recommend a new goal A1C of children and adolescents of <7.5%. Still, the ADA stresses the importance of customizing management of diabetes to the individual patient, even for those who have not yet reached adulthood.

11 A, C and D. If you have diabetes, you probably already see a specialist to check your vision or visit a dietician to help plan your meals. However, your doctor may guide you to a specialist if you are a woman of childbearing age who has diabetes and wants to have children. Sometimes, diabetes can affect your mood and ability to think clearly, and your doctor also may connect you with someone who specializes in mental health. Your doctor may want you to see a dentist, since diabetes can affect oral health.

12 C (I, II and IV). Practically every cell in your body uses insulin and, consequently, having diabetes can affect many different organs and tissues throughout the body. In addition to heart, kidney and eye conditions, diabetes also increases the risk of bone breaks because of osteoporosis. The guidelines say people with Type I diabetes are more prone to developing osteoporosis, while people with Type 2 diabetes are more likely to break their hips. Diabetes also can affect hearing, and some studies have shown patients are more likely to suffer from diseases affecting cognition such as vascular dementia and Alzheimer's disease. It also has been found to affect testosterone levels in men.

13 D. The guidelines now include a section about pregnancy that addresses management of diabetes in women who already have Type 1 or Type 2 diabetes, as well as women who develop diabetes during pregnancy, or gestational diabetes. This section offers recommendations for pre-pregnancy counseling, medications, goals for blood glucose and monitoring. The chapter on treating diabetes has been updated to include the new drug class SGLT2 inhibitors, such as canagliflozin (Invokana). Metformin remains the first line pharmacological treatment for patients able to take it.

14 TRUE. While a patient's finances and insurance coverage undoubtedly can affect his/her ability to pay for certain medications and take more expensive medications regularly, the guidelines seek to lessen the impact of financial burden on the patient. The document outlines three objectives established by the National Diabetes Education Program (NDEP), one of which seeks to remove financial barriers and decrease patients' out-of-pocket costs for diabetes education, eye exams, self-monitoring and medications. The guidelines also encourage health-care providers to play a variety of roles that engage the patient and improve outcomes.

15 A. The guidelines strongly recommend "all patients with [feet that lack feeling], foot deformities or a history of foot ulcers have their feet examined at every visit." Patients also should perform self-checks on their feet between visits. To date, no medication has been shown to provide 100% relief of foot pain related to diabetes, according to the ADA, so the earlier a foot abnormality is detected, the better.

Frieda Wiley, PharmD, CGP, RPh, is a freelance medical writer and consultant pharmacist based in the Piney Woods of East Texas.

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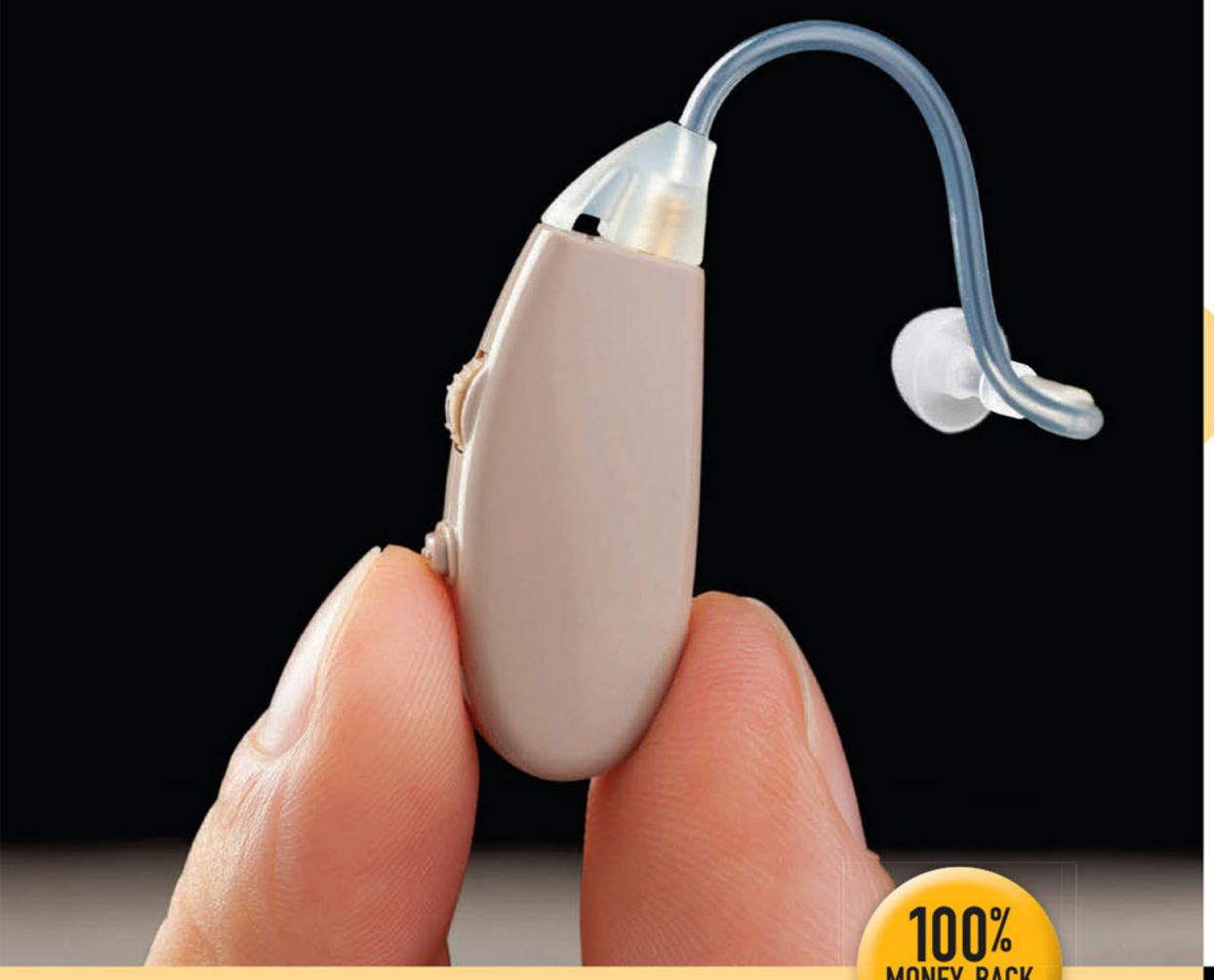

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PCOS: Polycystic Ovarian Syndrome

The often undetected condition can lead to diabetes

BY NICOLA DAVIES, PH.D

Polycystic Ovarian Syndrome (PCOS) affects 5% to 10% of women of reproductive age and is the most common cause of female infertility, according to the American Diabetes Association.

But, not as commonly known is that up to 50% of women with PCOS will become either diabetic or pre-diabetic before they reach the age of 40, according to the U.S. Department of Health and Human Services (HHS), because of related elevated insulin levels.

What is PCOS and why does it increase diabetes risk?

PCOS, also known as Stein-Leventhal syndrome, is an endocrine disorder that affects how a woman's ovaries work. The three main features of the condition are: cysts developing in the ovaries, ovaries not regularly releasing eggs and high levels of "male hormones" in the body.

Hyperandrogenism, or an excess of male hormones, disrupts the normal process of ovulation. While women with hyperandrogenism might still menstruate, ovulation does not take place due to the higher than normal presence of male hormones such as testosterone. Instead of ovulating, little follicles bunch together outside of the ovary, forming cysts that look like beads; these are not tumors and do not need surgical removal.

Dr. Mark Trolice, director of the Fertility Center of Assisted Reproduction and Endocrinology in Winter Park, Fla., wrote in an article titled *Defining Pre-diabetes in Polycystic Ovarian Syndrome* that between 30% and 40% of women diagnosed with PCOS are pre-diabetic and 12.5% have Type 2 diabetes mellitus. The U.S. Department of Health and Human Services (HHS) estimates 50% of women with PCOS will become either diabetic or pre-diabetic before they reach age 40. The stress put on the beta-cells in the pancreas—which store and release insulin—by hyperandrogenism exhausts them, and insulin resistance results. Consequently, the body produces insufficient insulin to regulate blood glucose levels.

Dr. Evanthia Diamanti-Kandarakis, Endocrine Section First Department of Medicine, Medical School University of Athens, Greece, says women with PCOS may have beta cells already prone to dysfunction, but insulin resistance extends their demand for insulin secretion, thereby aggravating the problem. Both insulin resistance and beta-cell malfunction can be factors leading to Type 2 diabetes.

Who is at risk of PCOS?

The Office of Women's Health of HHS estimates between 5% and 10% of women of reproductive age have PCOS. Symptoms usually start in adolescence, but they may go undetected until a woman begins trying to start a family and experiences difficulty conceiving.

"Both genes and the environment contribute to PCOS," said Diamanti-Kandarakis. "Obesity, exacerbated by poor dietary choices and physical inactivity, worsens PCOS in susceptible individuals." Although environmental causes such as commonly used chemicals and food additives are being investigated, researchers have found no conclusive evidence linking these factors to the disease.

THIS METABOLIC DISORDER IS SO HARD TO DIAGNOSE BECAUSE IT MANIFESTS DIFFERENTLY IN DIFFERENT PEOPLE

Adolescents and young women who have irregular menstrual cycles, don't ovulate, are inclined to have an excess of facial or body hair (indicating excess male hormones) or are overweight may be at risk. Being overweight, either according to body mass index (BMI) or waist circumference, is a risk factor—but not all overweight women will suffer from PCOS. And it doesn't mean that if you experience any of these symptoms, PCOS is inevitable. Indeed, this metabolic disorder is so hard to diagnose because it manifests differently in different people. For example, while one woman with PCOS might present with excessive hair growth, another might experience alopecia (hair loss).

According to Diamanti-Kandarakis, "To date, no gene has been identified that causes or contributes substantially to the development of PCOS." In other words, although PCOS is a genetic disorder, the exact culprit is still to be established. However, it has been

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found that approximately 40% to 50% of women with PCOS will find that either their mothers or their sisters have the same problem.

What do health professionals look for?

If you are suffering from symptoms of PCOS, generally you will see a gynecologist, but you also could be referred to an endocrinologist. You will be asked to give details about your menstrual cycle, noting anything out of the ordinary. A pelvic examination may be undertaken to determine whether there are cysts on the ovaries. The condition of the ovaries and the endometrium (uterus lining) also might be assessed with an ultrasound device.

If PCOS is suspected, hormone levels will be checked through blood tests. Since PCOS and diabetes often go hand in hand, blood glucose levels will be checked for insulin resistance. Furthermore, because Type 2 diabetes puts a person at a higher risk for cardiovascular disease, cholesterol and triglyceride levels will be monitored. Triglycerides are blood lipids that help transfer blood glucose and fat from the adipose tissue to and from the liver. Cholesterol and triglyceride levels assist health professionals in determining the health of the heart. Having taken all factors into consideration, your specialist then will advise on medication.

Treatments always are administered in conjunction with a diet plan designed to keep blood glucose levels under control, and your doctor will check all possible risk factors before advising on medication. Patients on Flutamide and Metformin have found these medications help control fat in the abdominal region, as well as exert a positive effect on the menstrual cycle. Several studies on the effectiveness of the two medications have been completed because they commonly are prescribed for the condition.

How can PCOS be managed?

Since there is not yet a cure for PCOS, the only way to live with it is through medication and lifestyle changes. Most women will want to lower their risk of diabetes and heart disease, and some will need specific treatment if pregnancy is their goal. A doctor will prescribe a medication suitable for you, but be aware that it may vary from a medication provided to someone else with PCOS because people react differently.

One step you can take to manage PCOS is to swap some high Glycemic Index (GI) foods for low GI ones. The GI is a measure of how fast your blood glucose rises after eating certain foods. You want to make sure it remains relatively stable, so low GI foods are best. Researcher Allison Hodge conducted a study, "Glycemic Index and Dietary Fiber and the Risk of Type 2," that showed a diet comprised of low GI foods was better than eliminating carbs in preventing diabetes. (diabetes. http://www.ncbi.nlm.nih.gov/pubmed/15505008)

You may need help determining GI rankings of various food items; there are many charts available to help with this, including a number of free apps available to download and test until you find one that suits you. My Glycemic Index &

Tasha's story

Last year, Tasha, her family and friends decided to look deeper into the reason behind the 25-year old's constant weight gain and emotional behavior. "I knew something needed to be done, as I could see myself going further and further down the road to diabetes and heart disease," she said.

Following her research and on the advice of many friends, she went to a gynecologist to have her reproductive organs and hormones checked. The result: Tasha had polycystic ovarian syndrome.

"I was shocked to receive this news from the gynecologist and very emotional at first," she said. "No woman wants to find out that her ovaries are malfunctioning. The only thing that made me feel better is that PCOS is so common among women—I wasn't alone." Tasha is in a committed relationship and would like to have children within the next five years, so the diagnosis made her very worried about possible issues with pregnancy.

Tasha knows what she must do going forward. "It's simple. I need to eat a low GI, controlled insulin diet and have a cardiovascular-filled exercise routine."

"I knew in that moment that all the popular diets and fad diets were not my solution," she said. "I went straight to a nutritionist and asked her to evaluate my situation and write a diet specifically for me. I also started training with a personal trainer to help me gain fitness and discipline." In addition, Tasha takes Glucophage, a generic of Metformin, which stabilizes her hormones and insulin levels. She understands that she must make a lifetime commitment to healthy eating and exercise if she wants to avoid becoming diabetic and overweight. Fortunately, she comes from a family that loves deep sea diving, hiking and are all committed to various sports, which gives her a strong support base. Her partner is also quite health conscious and supportive. Tasha has begun to slowly lose weight. Her message to any woman who has PCOS or thinks she might have it: Have patience.

"Our bodies need to be completely reprogrammed and our hormone levels corrected," she said. "It's going to take a long time and it's not for the faint-hearted; however, it is extremely vital that you lead a healthy and balanced lifestyle. This is extremely important to avoid infertility, heart disease and diabetes."

Samantha's battle with PCOS

Samantha is a 35-year-old married woman who has battled symptoms since she was a teenager but was not diagnosed until after the birth of her first child at age 29.

"I always had irregular and heavy menstrual cycles, although no gynecologist ever did further testing when I told them," she said. "I was at my ideal weight when I conceived my first child, but gained weight during my pregnancy and had borderline high blood pressure and blood sugar levels in my final trimester."

After the birth of her son, Samantha said she battled to lose weight. When she was trying to have a second child, her ovaries were checked and found to be polycystic. "My new gynecologist immediately sent me for a full panel of blood tests and I was found to be pre-diabetic, with high levels of testosterone," she said. She was prescribed Metformin and put on a low glycemic index (GI) diet. The GI number is assigned to foods containing carbohydrates depending on how much they elevate blood sugar levels. The lower the number, the better the food.

"My doctor warned me that if I didn't manage my diet and weight, I would be at risk of developing Type 2 diabetes," said Samantha. "I lost weight more easily with Metformin, but still battled to conceive." Once pregnant with her second child, she was taken off Metformin. She has since been prescribed birth control pills to regulate her cycles but still struggles to lose weight, despite watching her diet and avoiding sugars and refined carbohydrates.

Load Diet Aid, for example, is a free app that will calculate the GI per portion of the food you are planning to cook. This way you keep both your weight and glucose levels under control.

Dietitians generally advise people with PCOS to eat plenty of fruit and vegetables, lean meat and low-fat dairy products, and to cut down on sugary drinks and sweets as well as high-fat food. It's not easy to control the binge eating and food cravings often associated with PCOS, but with support from your doctor, a dietician and friends and family, it is achievable. You could even find support groups online to meet people who have succeeded in self-managing PCOS or who could use some encouragement to change their lifestyles.

If you are trying to conceive, ask your doctor about a folic acid supplement and keep exercising. Generally, health professionals say the key to a healthy pregnancy is remaining active and fit.

There is Hope

If you suspect you either have PCOS or might be at risk, your first course of action should be to obtain a referral to a gynecologist or endocrinologist. Don't be disheartened; PCOS is a condition you can manage and with which you can live a healthy life free from other conditions associated with it, including diabetes and cardiovascular disease. The real problem is when PCOS is not diagnosed soon enough to make the necessary lifestyle changes. So always seek medical input at the first signs—it could prevent you from developing other health conditions in the future.

Nicola Davies is a health psychologist, counselor and freelance writer who provides one-to-one self-management consultancy to people living with chronic conditions. You can follow her on Twitter (@healthpsychuk) or sign up for her free blog at http://healthpsychologyconsultancy.wordpress.com.

Low GI vs. High GI Foods

LOW GI FOODS EAT PLENTY

Oatmeal
(including oat bran and muesli)
Pasta
Sweet potato
Peas
Butter beans
Most fruits
(including apples, bananas, blueberries, oranges, plums, strawberries)
Carrots
Lentils

HIGH GI FOODS EAT SPARING

White bread
(including bagels)
Cornflakes
Bran flakes
White rice
Pretzels
Popcorn
Potatoes
(including Russet potatoes)

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READY, SET, go!

Launch a Successful Lifestyle-changing Food Program

By Joanna Broder

EIGHT YEARS ago on the day after Thanksgiving, Wayne Vandenlangenberg did not feel well but went to work anyway. He was used to fighting off both colds and pneumonia, so he figured he would simply stop by the clinic for medicine after work.

But when you weigh 674 pounds, nothing is ever simple. Vandenlangenberg does not remember being rushed to the hospital or that, once there, his oxygen level was only 39%. Doctors induced him into a coma for 11 days, during which time he "physically died," he said, and he received a "visit" from his late grandmother, who sat on his bed, held his hand and told him she wasn't ready for him and that he needed to go back and finish something. He awoke from his coma before she finished her sentence.

Eventually, after 64 days in the hospital—nearly half of that time in intensive care—doctors sent Vandenlangenberg back home to Neenah, Wisconsin, about 30 minutes outside of Green Bay, in a wheelchair. Medical staff provided no dietary instructions or weight-loss advice.

At that time, Vandenlangenberg was consuming about 13,000 calories a day, including sometimes as many as 30 cans of soda a day. He could scarf down two or three double whoppers from Burger King in one sitting before heading off to his next favorite fast food restaurant. Upon being released from the hospital, he had heart disease and water retention. "I don't think they [his doctors] expected me to go any further in life," he said.

For the next six months, he sat at home by a window, depressed, watching the world go by. Then he saw a TV commercial for LA Weight Loss. He worked up the courage to join under the care of his doctors. In five months, Vandenlangenberg lost 100 pounds. When that weight-loss center closed, he joined others.

Vandenlangenberg finally found a long-lasting support system when he joined TOPS Club Inc. (Take off Pounds Sensibly), a network of weight-loss support groups across the country. While TOPS does not offer or endorse a particular diet plan, members meet and weigh in each week.

As Vandenlangenberg began shedding pounds, people took notice and paid attention to him, he said. His self-esteem rose and helped to keep him going. He also figured out how to eat in moderation.

While he did have setbacks, after five years, Vandenlangenberg—who works as a cook and bartender at Appleton International Airport—reached his goal weight of 210 pounds. He has maintained that weight for three years.

The biggest barrier to his massive weight loss, he confessed, were feelings of worthlessness, which he has carried since childhood. "I had to learn to find myself and love myself," he said.

Whether you want to lose 20 pounds or 200, you will need to make a lifestyle change to achieve your weight-loss goal. You probably already know at least some of those necessary changes: cutting back on caloric drinks including soda, fruit juice, sports drinks and maybe even milk; being mindful of portion size; increasing your fruit, vegetable and fiber-rich food intake; and eliminating processed foods, including processed meats. You also may be familiar with the need to eat enough dairy foods, some proteins and fats and to ensure a mix of all foods in your diet.

Get Real

But here is one of the most important nuggets: It is crucial to set realistic expectations. Amy Fischl, a registered dietitian at The University of Chicago Medical Center, stressed if a person with diabetes who weighs 220 pounds wants to lose 70 pounds, for example, that probably is unrealistic. Also, if someone hopes to lose a large amount of weight quickly—three weeks before a wedding, for instance—that probably won't happen either.

"People want to see success, and if they don't see success, they will stop," Fischl said.

That's why it is important not to set yourself up for failure. Fischl suggests looking at weight loss in five-pound increments. If you lose five pounds, then set another small goal. Also, be realistic about how quickly you can lose the weight.

Losing weight is really hard, she said. "People need to understand that they have to put a lot of effort in." And keeping weight off also is hard. According to the National Weight Control Registry, an investigation into people who have maintained long-term weight loss, those who have lost weight successfully and kept it off have some commonalities, Fischl said, including not taking "holidays" from calorie reduction, completing food logs and measuring what they eat either daily or every couple of weeks. If you don't take losing weight seriously, she said, you are not going to successfully lose it and keep it off.

While Vandenlangenberg lost over 450 pounds, it took him years and drastic lifestyle changes to get there. Today, he eats 1,500 calories per day (down from 13,000), and he exercises regularly. Before, he used food as a crutch to dull painful feelings, but that is no longer the case. He also no longer has red meat in his diet and has limited carbohydrates. He drinks only sugar-free sodas now, and generally only one per day. To keep his hands busy (and away from bringing food to his mouth), he enjoys crafts such as crocheting. He is in touch with his caloric intake—enough to know that if he saves calories on his afternoon snack he can use them to eat a more calorie-rich dinner, he said—but that was not always the case.

Weight loss as drastic as Vandenlangenberg's is not typical, said Fischl, but it is possible.

Keep a Food Log

Many people starting a lifestyle-changing food program want someone else to tell them what to eat. They want a meal plan. But a nutritionist cannot provide a meal plan without first knowing how a person currently eats and exercises, Fischl said.

That is why it is important to keep a food log, she said. Write down everything you eat for a couple of days without passing any judgment on yourself. Be sure to measure what you eat with measuring cups or spoons. Then consider making an appointment with a registered dietitian and bring your food log with you. This way, the dietitian can help develop a healthy, individualized food plan just for you based on your current habits.

The dietitian may look at your eating patterns and suggest a small change, such as cutting out caloric beverages. Just that one change could have a beneficial impact on one's weight and blood sugar levels, Fischl said.

Whether or not you see a dietitian, a food log still can be helpful. Sometimes just seeing on paper how much you have been eating can lead to behavior change.

What's Your Portion?

Many people do not realize that as we age, we do not require as many calories as we did 10 years ago, Fischl said.

Also, there are no "bad" foods, she said, only oversized portions.

Many studies have shown that cutting out certain foods does not lead to weight loss. Instead, the goal should be to reduce your overall caloric intake, said Fischl.

Yet, the problem often is that many people have no concept of portions. Many household drinking glasses, for example, hold 12 to 16 ounces of fluid. People may think they are drinking a cup of milk when, in fact, with a 16-ounce glass they are consuming two cups.

Measuring cups are key. If you measure your food at least some of the time, you will become accustomed to what a cup of rice or milk looks like, and you will gain a better understanding of what you are actually eating compared to an actual serving size.

Read the nutrition facts labels on your food packaging to learn more about serving sizes—standardized amounts from the U.S. Department of Agriculture (USDA). The discrepancy lies in the difference between a serving size and a portion size, the latter being what people usually eat. For example, a person may eat an entire bag of chips when the serving size is 15 chips and have no idea how much more he or she has eaten than is recommended.

Conquering Your Barriers to Success

Launching a successful lifestyle-changing food program is difficult, not to mention the additional, unexpected barriers you may face along the way. Use these strategies to overcome them.

ARE YOU REALLY READY?

Knowing whether you are truly ready to make such a change can be tricky.

Only people who have determined what they want to do and why can make lasting change, experts say. Only people who truly want to make a difference in their lives and are really ready should start a lifestyle-changing food program, said Barb Cady, president of TOPS Club, Inc. (Take off Pounds Sensibly), a nonprofit network of weight-loss support groups. Cady lost 80 pounds after she joined decades ago when she was having difficulty conceiving.

Every person's body is very individual, echoed Susan Ojanen, a certified, integrative nutrition coach and owner of smallstepswellness.com, based in Bristol, Tennessee. Perhaps a person has food sensitivities or negative eating patterns that were entrenched in childhood and are hard to kick.

Hiring a certified health coach can help pinpoint your internal obstacles and clarify your goals, said Ojanen. "Not being able to lose weight might not have anything to do with food," she said, explaining there might be stressors in a person's life causing them to eat emotionally.

Often, Ojanen finds fear is what is keeping clients from implementing change. Once the cause is revealed, the client and coach can work through it together.

FALLING OFF THE WAGON

One of the biggest barriers to weight loss is not losing it quickly enough, said Amy Fischl, a dietitian at the University of Chicago Medical System. That is why it is so important to set a small, realistic weight-loss goal and, once you achieve it, set another.

"Everybody is going to fall off the wagon, but what happens when you fall off the wagon is you say, 'I'm done,'" said Fischl. "It's really important that even if you fall, you brush yourself off and start all over again." There will be peaks and valleys.

In addition to setting a short-term weight-loss goal, people can set small lifestyle-change goals as well. For example, you could set a goal to eliminate processed foods. Instead of eating a granola bar for a snack, try a thick smoothie and a piece of dark chocolate, said Ojanen. Instead of applesauce, eat a whole apple. Do this step for a week, and if you are comfortable with it add a new step, she said.

Another tip: Think about what methods have worked for you in

If you have diabetes, you also need to learn how to recognize what types of carbohydrates you are eating throughout the day. People with Type 2 diabetes must make sure they don't eat too many carbohydrates so after-meal sugar doesn't rise too high, Fischl said. Once people understand what the carbohydrates are in their diet, they can create balance. They may learn to say, for example, "I want to have seven different carbs at lunch, but that can't happen so what can I cut out?" she said.

Give yourself 20 to 25 minutes to savor your food—it takes your brain 15 to 20 minutes to realize you are full.

Make a Clean Sweep

Now that you've determined how you will lose weight, you need to ensure your kitchen is ready for success. To help make your lifestyle change stick, first eliminate any unhealthy foods that may tempt you, such as desserts, chips, ice cream and other processed foods.

Everyone has trigger foods, Fischl said. Identify yours and take them off counter tops and out of the fridge and freezer. A recent study, *Slim by Design: Kitchen Counter Correlates of Obesity* from researchers at Cornell University, found having food items on the countertops leads to weight gain.

Susan Ojanen, a certified integrative nutrition coach and owner of Small Steps Wellness (smallstepswellness.com), based in Bristol, Tennessee, offered a number of recommendations and tips for readying your kitchen.

Toss canola and vegetable oils (seed oils) and stick with extra virgin olive oil or coconut oil.

Toss bottled salad dressings, white breads and processed meats, including lunch meats with nitrates.

Replace peanut butter—which is loaded with sugar, she said—with almond butter.

Stock your kitchen with raw nuts, quinoa and tons of fresh fruits and vegetables.

Stock your refrigerator with ingredients for healthy dinner options and have recipes ready. That way, when you come home from a busy day at work and have limited time to cook, you have healthy options and don't opt to go out to dinner instead.

Cook double or triple the usual amount and freeze the

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the past and try to work them into your current plan. Perhaps when you ate healthily in the past, substituting green tea for coffee helped with weight loss. If something worked, try it again, Ojanen said. Troubleshoot the things that didn't work and try to come up with new solutions. For example, if when you last tried to change your eating patterns you felt sabotaged by work lunch meetings at which you had no control over the food, perhaps this time try to order your meals in advance, said Ojanen.

BUSY LIFESTYLE

As a society, we do not do a good job of eating healthily, said Fischl. People have too much going on to remember to plan their meals ahead of time.

That is where reminders come in. Fischl's regular patients tell her they eat healthily right after their visits, but after a month or two, they start to slip. Find ways to create weekly or monthly reminders to keep healthy eating at the top of your mind. While Wayne Vandenlangenberg was working to lose hundreds of pounds, he carried a picture of himself at a heavy weight as a reminder to follow his food program, because he never wanted to look like that again.

SABOTEURS

Not everyone will be on board with your new plan for healthy eating and a healthy lifestyle. Believe it or not, some of the biggest saboteurs are mothers, Fischl said. "They may say, 'You have to eat!' or 'What's wrong with you?' or 'Food is life,'" she said. Friends also may encourage you to eat unhealthily and not be supportive. To get the people in your life on board, Fischl suggested making everyone in your life understand your goals and asking them to help you stay away from trigger foods.

You also may sabotage yourself. That was the case for Vandenlangenberg, who at one point weighed over 600 pounds. As a child, he was bullied at school, and his father was verbally abusive, and as a result, he took comfort in food. He hid food in sandwich bags under a tree in the yard or in the garage. As an adult, he ate away sad feelings. "I felt good when I was doing it. I felt like it was overpowering, it was stronger than my marriage," he said.

Vandenlangenberg grew up eating a large amount of carbohydrates and not many vegetables. Through the course of losing weight, he learned about healthier patterns. In addition to giving up red meat, consuming few carbohydrates and eating a lot of produce, he hikes and explores zoos with his wife Laurie. At one point, the pull toward food was stronger than that toward Laurie—until the moment came when he realized he might die or lose her, and he couldn't bear to let that happen.

His advice: Don't give up. Everybody has the power. "There is no situation that can't be solved," he said, and it doesn't have to be solved with food. "Just sit back and analyze the situation.

"I'm not a miracle worker," said Vandenlangenberg. "I'm just a normal person who fought back."

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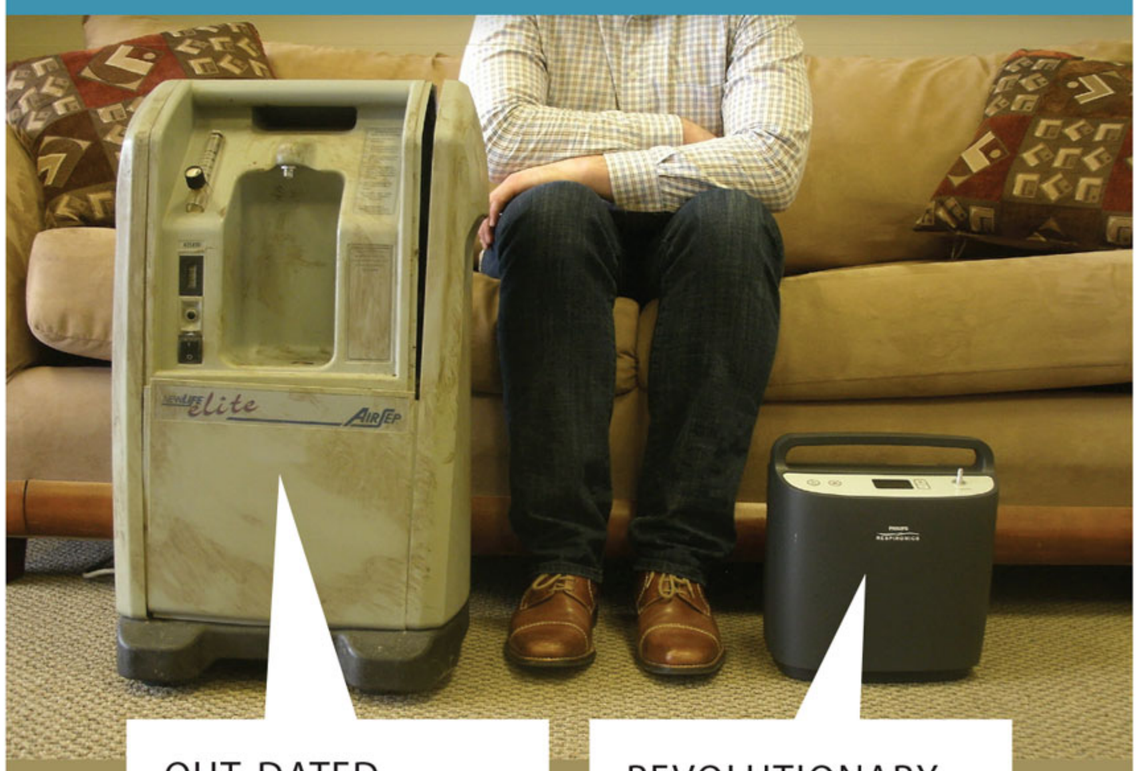

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"Spices are what's going to make people want to eat food," agreed Fischl, who favors real garlic or garlic powder and also keeps bay leaves, black and cayenne pepper, Mrs. Dash, ginger, rosemary, thyme and vanilla on hand in her kitchen. She advises people to experiment with spices to see which ones they like best.

To maximize your new program's success, make sure you have the necessary kitchen gadgets—measuring cups, measuring spoons and a scale. Keep measuring cups and spoons front and center when you are preparing food so they are easy to find. Food processors are not necessary, but they make it easy to incorporate more vegetables into your recipes, said Fischl. Having good, sharp knives is important, said Ojanen, as is a blender for making healthy smoothies.

Instead of using serving platters or bowls on the dining room table, serve yourself directly from the pot or pan and use measuring cups and scales to dish out your portion, Fischl said, adding that having all parts of the meal on the table makes it more likely you will overeat.

Slow Down

Make sure to relax and enjoy your meals. Avoid watching television while eating. Give yourself 20 to 25 minutes to savor your food—it takes your brain 15 to 20 minutes to realize you are full, another reason eating more slowly will result in eating less.

You can even turn a meal into an event by lighting candles and putting on music. When eating, Fischl suggests, put your fork down between bites, which forces you to eat more slowly.

A Little Help From Your Friends

Having a support network is key to maintaining a successful lifestyle changing food program.

"We're not islands," Fischl said. "And again, the only way we are going to maintain a very difficult path is if we have cheerleaders, people who are going to egg us on."

For Vandenlangenberg, TOPS Club became that support network for his 450-plus pound weight loss. Members meet weekly, and activities include singing upbeat songs to support one another and regularly celebrating one another's successes. At first, he said, he thought the TOPS people were crazy, but eventually they became his second family.

"Knowing you have to face that scale every Wednesday night kind of keeps you in line," said Vandenlangenberg, "and that's what I needed... I learned that I was more important than the food." □

Joanna Broder is a freelance health and science journalist based in Maryland.

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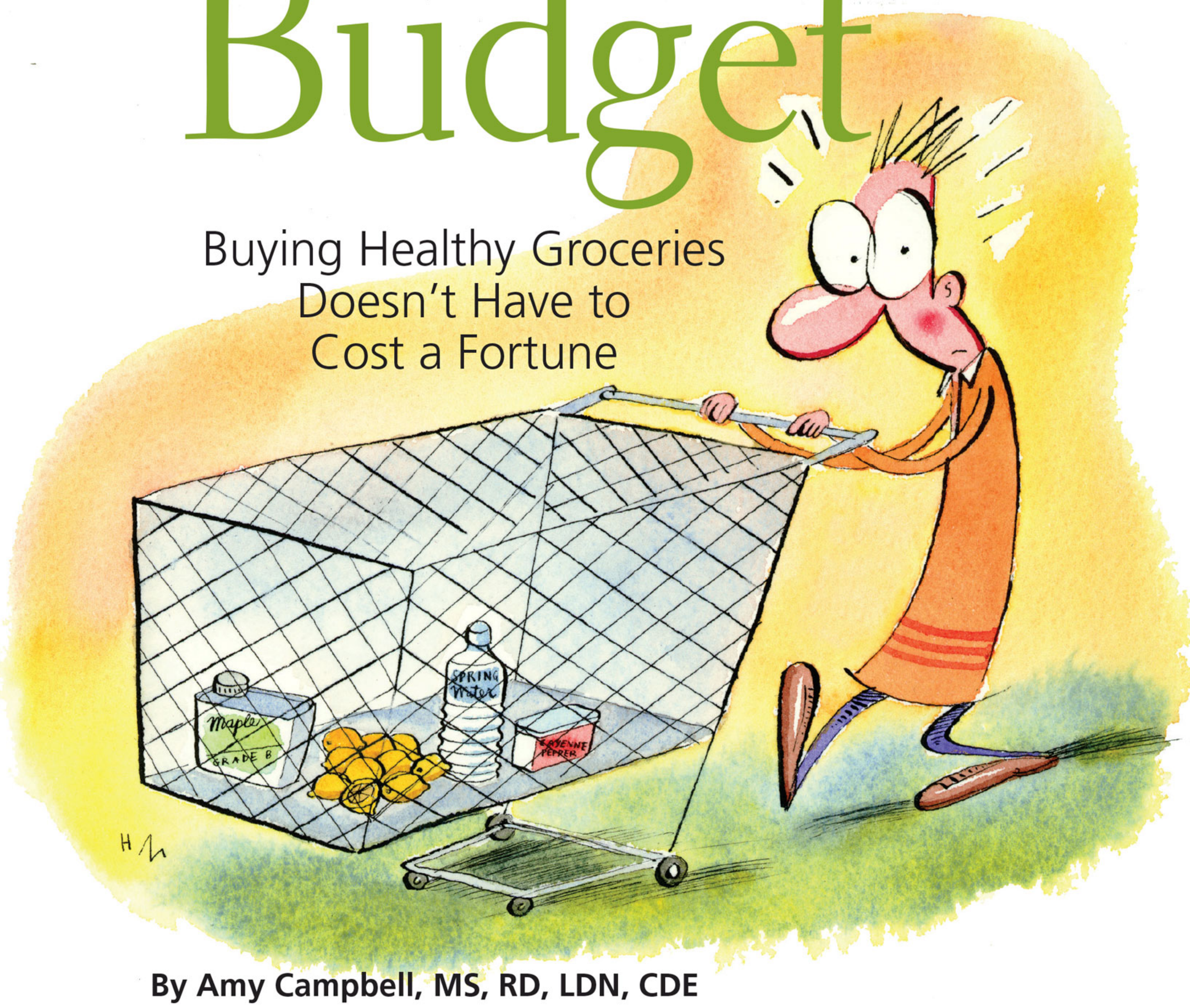
**American Diabetes Association: Standards of Medical Care in Diabetes – 2012 (Position Statement). Diabetes Care 35 (suppl.1): S11-S63.

Eating Well on a Budget

Buying Healthy Groceries Doesn't Have to Cost a Fortune



Hal Mayforth

By Amy Campbell, MS, RD, LDN, CDE

Does it feel like you spend more and more on food? Food prices are—and have been—on the rise. According to the U.S. Department of Agriculture (USDA), the cost of fresh vegetables increased almost 5% in 2013, and prices keep climbing. The overall cost of food rose almost 3% from February 2014 to February 2015.

This steady upward creep of food prices may leave you thinking that eating healthfully is just too expensive. But think again: You and your family can eat nutritious foods without breaking the bank. Here's how.

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Plan your meals.

Perhaps you follow a meal plan to help manage your weight. People who have diabetes often use a meal plan for blood sugar control. But meal planning goes beyond helping you reach your health goals: Meal planning is a way to help you stick to a food budget while ensuring you eat enough good-for-you foods.

Tip: Get into the habit of planning out your meals for the week. This isn't always easy to do, especially if you never know what your schedule will be like from one day to the next. But spending some time, say, on a Sunday thinking about the week ahead and deciding what your meals and snacks will be can help you rein in food costs.

Tip: Prepare double the amount of a meal so you have leftovers for lunch or dinner another day during the week.

Tip: Curious about what your food budget should look like? Check out Iowa State University Extension and Outreach's calculator to give you a ballpark food budget: http://www.extension.iastate.edu/foodsavings/page/what-you-should-spend.

Make a list.

How many times have you popped into the grocery store to pick up a few items, only to come out with an empty wallet and foods you had no intention of buying? Shopping for food without a game plan can lead to all sorts of impulse buying. And supermarkets know this. They use plenty of tactics to get you to buy more, ranging from end-of-aisle specials to free samples to candy bars at every checkout line. And if you're hungry when you enter the store, chances are you'll end up leaving with at least one less-than-healthy food item in your bag (those cupcakes that looked good at the bakery counter).

Tip: We all could learn a thing or two from Santa, who famously makes his list and checks it twice. Make your own list of the foods you'll need for the week (based on your meal plan, of course!) and stick to it. Doing so will help ensure you buy what you need and will keep you honest—you won't buy what's not on your list.

Tip: Go grocery shopping after you've eaten a meal or snack to reduce the temptation to toss high-calorie treats into your cart.

Tip: If you don't want to be bothered with a paper list, no worries: There's an app for that! Grocery list apps for smartphones include GroceryIQ, Fooducate and Out of Milk. And most smartphones have a Notes or Memo feature that allows you to create and save a list, which you can update as needed.

Skip the convenience.

Washing, peeling and chopping vegetables and fruits takes time and effort. It seems so much easier to buy bags of prewashed salad greens or tubs of cut-up carrots and chunks of fruit, doesn't it? Remember that convenience comes at a cost—about three times the cost, in fact. You're paying a pretty penny for someone else to do the prep work for you. Skip the bags

and tubs of pre-washed and cut produce and instead buy whole fruits and veggies.

Tip: If you're worried that head of lettuce will end up languishing in the fridge, get into the habit of prepping your produce when you get home from the store. You'll be amazed at how little time it takes, and you may be more amazed that you actually end up eating more produce as well.

Rethink organic.

Not all that long ago, organic foods were a mainstay only of health foods stores and higher-end supermarkets. Today, organic foods are found in almost every grocery store. There has been a lot of hype about organic foods over the past few years, and you might be feeling guilty if you're not dolling out more dollars for these higher-priced items. The term "organic" means agricultural products—including produce, grains, dairy products and meat—are produced by methods that conserve water, decrease pollution and enhance soil quality.

While organic foods are less likely to contain pesticide residues compared to conventional foods, according to the National Research Council, the amount of pesticide residue that lingers on foods is very unlikely to pose a health risk. As long as you wash your fruits and vegetables well, most chemicals will be removed. In addition, there's very little evidence to support that organically produced foods are more nutritious than conventionally produced foods. (Organic cookies, by the way, are no healthier or lower in calories than regular cookies!).

And according to *Consumer Reports*, organic foods cost about 47% more, on average, than conventional foods.

Tip: If you're feeling torn between eating organically and keeping food costs under control, check out the Environmental Working Group's annual list of the "Dirty Dozen" fruits and vegetables likely to have the highest amount of pesticide residues. This year, the list includes apples, peaches, nectarines, spinach and potatoes. Next, review the "Clean Fifteen," the fruits and vegetables least likely to contain pesticides. The 2015 list includes avocados, sweet corn, pineapple, cabbage and cantaloupe. For both lists, visit http://www.ewg.org/foodnews/summary.php.

Tip: You also can find an organic bargain at certain supermarkets, depending on where you live. For example, Trader Joe's, Aldi, Walmart, farmers' markets and warehouse clubs such as Costco, BJ's and Sam's Club generally sell organic products at lower prices than those at regular supermarkets.

Best buys at warehouse clubs.

Speaking of warehouse clubs, shopping at these stores can seem appealing because of the bulk discounts they often provide. However, very few people leave these stores without spending what can amount to a small fortune. While buying paper towels and toilet paper in bulk may save you some money, not everything is a bargain at these stores. When it comes to food, one of the mistakes often made is buying

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References: [1] Lipid- and glucose- lowering efficacy of plantago psyllium in type 2 diabetes. Journal of Diabetes and Complications. 1998; (12): 273-278. [2] Effects of high performance inulin supplementation on glycemic control and antioxidant status in women with type 2 diabetes. Diabetes Metabolism Journal. 013 Apr; 37(2): 140-48 †As part of a healthy diet.

*These statements have not been evaluated by the FDA. This product is not intended to diagnose, treat, cure, or prevent any disease.

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perishable food: Unless you're feeding a family of 12, that bag of oranges or avocados likely will go bad before you can eat them all.

Tip: Planning your meals and snacks for the week can help you determine how much food you'll need and if it's worthwhile to buy perishables in bulk. If you end up throwing out food you've purchased at a warehouse store because you can't eat it all before it expires or goes bad, warehouse shopping may not be the best option for purchasing your perishables.

Tip: Ask a neighbor, relative or friend to pitch in with you and split the food.

Tip: Healthy foods worth purchasing at warehouse stores include peanut butter (which has a shelf-life of a year), lean meat (as long as you have the freezer space), seafood, almond milk and olive oil. You're less likely to save money on cereal, canned food, granola bars and coffee. Stick to your local grocery store for many of these items.

Pay a visit to the dollar store.

Before you turn up your nose at setting foot into your local dollar store, consider this: You can find some healthy bargains here! Many people shop at dollar stores for cleaning supplies or paper goods. But who would have thought you could whip up a nutritious meal from dollar store foods?

Tip: The types of foods sold in dollar stores can vary by store. Here's a sampling of what you might find: salsa, canned tuna and beans, dried beans, peanut butter, nuts and seeds, oatmeal, brown rice, dried and canned fruit, frozen vegetables, eggs, milk, coffee and tea. These foods are staples and are the basis for any healthful eating plan.

Shop smartly.

Sure, reading a Nutrition Facts label is important if you're counting calories or carbs. But savvy shoppers do more than check out the grams of saturated fat. Along with making sure a food item is nutritionally sound, it pays (literally) to read the shelf tag, too. Located on the shelf below the product, the tag gives the unit price of a food item, or the cost of one unit, such as one ounce.

Tip: Compare the unit prices of similar items, such as different brands of soup or yogurt. Choose the brand with the lowest unit price.

Say cheese, please.

Cheese can be high in calories and fat, especially saturated fat. But nutritionally speaking, it does have its merits. For example, cheese is an excellent source of protein. It also contains conjugated linoleic acid (CLA), a type of fat that actually may help reduce body fat deposits and help fight cancer and heart disease. In addition, some studies show people who eat cheese are less likely to gain weight than those

who don't. All in all, cheese, in moderation, can be part of a healthy eating plan.

Tip: Whether you like your cheese shredded or grated, it pays to buy cheese in bulk and shred or grate it yourself rather than paying for the convenience of buying it pre-shredded/grated. But if you find a good price at a warehouse club or big box store, buy the shredded/grated version and freeze what you don't use.

Spice it up.

Seasonings are a fantastic way to add flavor to foods without calories, fat or carbs. And if you're watching your sodium (salt) intake, what better way to jazz up your meals? Unfortunately, many herbs and spices can cost a small fortune.

Tip: Some of the best deals on spices can be found at your neighborhood dollar store and ethnic grocery stores, as well as at warehouse stores that sell spices in bulk. Shy away from pricey spice blends such as pumpkin pie spice or meat rubs. You can easily make your own blends for a fraction of the cost in just a few minutes and then store the mixture in an airtight container.

Grow your own herbs.

Like spices, herbs are a mainstay for anyone who is health conscious. Fresh herbs impart a bright, fresh flavor to any dish. But fresh herbs at the supermarket are not cheap. And chances are you only need a sprig or two, yet you're forced to buy much more than you really need.

Tip: Consider growing your own herbs. For the cost of what you'd pay for a bundle of parsley at the grocery store, you can buy an entire plant and reap its benefits all year long. Herbs, of course, grow well outdoors, but even in winter, you can enjoy an indoor herb garden. All you need is a sunny spot. If you don't have a green thumb, choose herbs that are fairly easy to grow such as parsley, mint, rosemary and chive.

The bottom line:

Healthy eating does cost more than eating less-than-healthy, about $1.50 more per day. But don't let this reality stop you from seeking out nutritional bargains, even if it means doing your homework and branching out to stores at which you usually don't shop. Your health is worth every penny! ◻

Amy Campbell, MS, RD, LDN, CDE, is director of clinical education content development and training at Good Measures. She has developed and conducted training sessions for various disease and case management programs and presents nationally on nutrition and diabetes. She is the author of *Staying Healthy with Diabetes: Nutrition and Meal Planning*, and has co-authored several books, including *The Joslin Guide to Diabetes* and *Eat Carbs, Lose Weight* with fitness expert Denise Austin. Read her weekly blog at www.diabetesselfmanagement.com/blog/Amy_Campbell

Take 5

Core Activity

By Laurel Dierking, M.Ed., NFPT, 200-YTT

Are you looking to enhance your balance or stability, ease back pain or improve your posture? You can improve all these things just by strengthening your core muscles.

The core is the domain that controls our equilibrium and center of gravity in all daily movements. The balance of strength and flexibility within the core muscles can mean the difference between a long and a short recovery from a back injury, having or preventing a fall, or maintaining a bad versus a healthy posture.

Which muscles does the core actually consist of? In the most literal sense, the core includes the deepest, most intrinsic muscles surrounding the spine.

1. **The four layers of abs**
   - rectus abdominis
   - external obliques
   - internal obliques
   - transverse
   - abdominis
2. **Hip flexors**
3. **Spine extensors**
4. **Hip adductors (inner thigh muscles)**
5. **Hip abductors (outer thigh/hip muscles)**
6. **Glute muscles**
7. **Multifidus (a series of muscles that connect and support the spine).**

Laurel Dierking MEd, NFPT, 200-YTT is a health and fitness professional and yoga instructor at JKFITNESS in San Antonio, Texas. She is passionate about cultivating awareness of body, mind and spirit through holistic health practices as she strives to guide individuals on a path to self-awareness, long-term functional fitness and weight-loss management.

Many people assume the core is just another name for abs. But as you can see, many more muscles are involved in the core than just the transverse abdominis (the six-pack portion). The simplest way to improve your strength and engage your core muscles is to sit or stand tall. Improving your postural awareness is perhaps the most natural and easy way to elongate and activate your core muscles.

The most challenging aspect of maintaining good posture is discipline and awareness of your body's positioning frequently and consistently. Correcting poor postural habits takes time and initially can feel uncomfortable due to weak back and core muscles. The benefits, however, are immediate and include a more slim appearance, a feeling of confidence, a lengthening and decompressing of the spine and improved lung capacity, which by itself has countless benefits. Fortunately, there are other ways to strengthen your core while you practice the mindful habit of correcting your posture.

Strength training is a long-proven method of improving balance, stability and posture. Although you may not have access to a gym or a certified personal trainer, there are exercises and activities you can do on your own to improve your core strength. While crunches have long been a popular method of achieving a flat stomach, recent research has shown that exercises such as planks, side planks and reverse planks activate 100% of the core (as opposed to the 64% activation from crunches). Planks can be done anywhere, at any time. Modifications allow planks to be done safely and correctly. In just five minutes, you can practice your planks at home, in the office or wherever you are. Here's how.

PLANKS

Perform a plank by placing your entire palm on a stable surface, such as a desktop or against a wall. Walk your feet back so that your body is in a straight line from your heels all the way to the top of your head. It is important that your wrists are directly in line with your shoulders so that your joints are stacked on top of each other. This prevents strain and injury over time.

Hold the plank position in your best variation, with good form, for 30 seconds to 1 minute. Rest for 15 seconds and perform the plank again. Repeat this 3 (for moderate intensity) to 5 times. Breathe steady, long and slow full breaths throughout the duration of your plank.

Standard Plank—Hard Level

Modify (reduce the intensity of) a full plank by bringing your forearms (photo 2), or your knees (photo 3) to the floor. Your elbows should be directly under your shoulders. Press your entire forearm onto the floor. Maintain the same body alignment.

Plank Variation—Hard Level

TIP: If your lower back is dipped down below your waist, modify the plank by dropping your knees straight down (photo 3) so you can support the lower back.

Modified Plank—Moderate Level

You can further modify the exercise by lifting up to an incline (photos 4 and 5), either by placing your hands on your desk or against a wall. Slightly elevating your upper body decreases the workload and reduces tension on sensitive areas such as wrists, shoulders and elbows.

Modified Plank—Moderate Level

Modified Plank—Moderate Level

Increase the intensity of your plank by lifting into a full plank, moving to a lower surface or lifting one leg or arm (photo 6). You can increase the intensity of any plank variation by lifting one leg straight up and back (photo 6). This causes your core to further activate by compensating for the uneven weight distribution. Lifting one leg also is a great way to strengthen your glutes and lower back. Keep your stomach pulled in tightly.

Plank Variation—Hard Level

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TOUCHDOWN!
Game Day Snacks
PAGE 70

Soups, Stews & Chilis
PAGE 78

Healthy Eating Reboot
PAGE 84

SHARE THE LOVE
Cooking for Two
PAGE 90

SUPERMARKET SMARTS
Which chip should you dip?
PAGE 97

RECIPE INDEX

GAME DAY

71 Spicy Baked Sweet Potato Chips

71 Sweet & Spicy Whole Grain Snack Mix

75 Buffalo Meatballs with Tangy Blue Cheese Sauce

75 Pepperoni Pizza Dip

76 Whole Wheat Flatbreads with Tomato-Avocado Salsa

76 Chunky Joes

77 Bell Pepper Nachos

77 Bite-You-Back Roasted Edamame

SOUPS & STEWS

79 Retro Beef and Veggie Soup

79 Chicken and Sweet Potato Chili

80 Moroccan Lentil & Vegetable Soup

80 Potato, Leek and Corn Chowder

81 Country Bean Soup

81 Miso Soup with Tofu

82 Turkey Chili

82 New England Clam Chowder

83 Ravioli Minestrone

83 Beef and Beet Borscht

HEALTHY EATING

85 Chicken and Apple Spring Greens with Poppy Seeds

85 Salmon with Brown Rice and Veggies

86 Roasted Chili Turkey Breast with Cilantro-Lime Rice

86 Roasted Butternut Squash and Sweet Onion

87 Orange Twisted Quinoa Waldorf Salad

87 Turkey Spinach Patties with Roasted Butternut Squash and Sweet Onion

88 Chicken and Couscous Salad

88 Lemon-Poached Halibut with Carrots

89 Chicken with White Beans and Spinach

89 Tofu, Vegetable and Curry Stir-Fry

COOKING FOR TWO

91 White Bean and Chicken Ragoût

91 Sassy Chicken & Peppers

92 Lemon-Asparagus Chicken with Dill

92 Carolyn's Mandarin Salmon Salad

93 Sautéed Tilapia with Lemon Rice

93 Vegetable Pitas

94 Szechuan Pork Stir-Fry over Spinach

94 Veggie-Beef Hash

95 Apple Pancake Sandwiches

95 Banana Mocha French Toast

96 Bolognese Sauce & Penne Pasta

96 Green Chile Chilaquiles For 2

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How Well Did You Sleep Last Night?

Did you toss and turn all night? Did you wake up with a sore neck, head ache, or was your arm asleep? Do you feel like you need a nap even though you slept for eight hours? Just like you, I would wake up in the morning with all of those problems and I couldn't figure out why. Like many people who have trouble getting a good night's sleep, my lack of sleep was affecting the quality of my life. I wanted to do something about my sleep problems, but nothing that I tried worked.

The Pillow Was the Problem

I bought every pillow on the market that promised to give me a better night's sleep. No matter how many pillows I used, I couldn't find one that worked and finally I decided to invent one myself. I began asking everyone I knew what qualities they'd like to see in their "perfect pillow", and got many responses: "I'd like a pillow that never goes flat", "I'd like my pillow to stay cool" and "I'd like a pillow that adjusts to me regardless of my sleep position." After hearing everyone had the same problems that I did, I spent the next two years of my life inventing MyPillow.

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Flash forward ten years and MyPillow, Mike Lindell's revolutionary pillow design, has helped 5 million people improve the quality of their sleep. MyPillow has received thousands of testimonials about the relief MyPillow has brought to people who suffered from migraines, snoring, fibromyalgia, neck pain and many other common issues.

Lindell has been featured on numerous talk shows, including *Fox Business News* and *Imus in the Morning*. Lindell and MyPillow have also appeared in feature stories in *The New York Times* and the *Minneapolis Star Tribune*. MyPillow has received the coveted "Q Star Award" for Product Concept of the Year from QVC, and has been selected as the Official Pillow of the National Sleep Foundation.

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- Jacqueline H.

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ABOUT THE RECIPES

For the Way You Live

The recipes in this publication were specially selected for people with diabetes. All are based on the principles of sound nutrition as outlined in the dietary guidelines developed by the U.S. Dept. of Agriculture and the U.S. Dept. of Health and Human Services, making them perfect for the entire family.

Diabetic Cooking recipes are not intended as a medically therapeutic program nor as a substitute for medically approved meal plans for individuals with diabetes. Instead, they contain various amounts of calories, fat, protein, cholesterol, sodium, fiber, and carbohydrate that will fit easily into an individualized meal plan designed by you and your certified diabetes educator, registered dietitian, or physician.

Each person's dietary needs are different. There is no single food plan that works for everyone. That's why we have included a nutritional analysis with each recipe. Then, no matter what your dietary goals are, you have the information you need to choose the recipes that are right for you.

A Word About Sugar

In 1994, the American Diabetes Association lifted its absolute ban on sugar from its recommended dietary guidelines. Under these guidelines, you can exchange 1 tablespoon sugar for a slice of bread, for example, because each is considered a starch exchange. The guidelines for sugar are based on scientific studies that show carbohydrate in the form of sugars does not raise blood sugar levels more rapidly than other types of carbohydrate-containing foods. What is important is the total amount of carbohydrate eaten, not the source.

However, sweets and other foods high in sugar may also be high in fat and low in nutrients. So the better choice between an apple and a doughnut is still an easy one to make. Sugar can be eaten in modest amounts as part of a balanced diet, whether or not the person has diabetes. When figured into your meal plan, a small amount of sugar enhances a food's flavor and texture without being harmful.

If you have any questions or concerns about the use of sugar, consult your certified diabetes educator, registered dietitian, or physician for more information.

Nutritional Analysis

The nutritional analysis that appears with each recipe was calculated by an independent nutrition consulting firm. Every effort has been made by the editors to check the accuracy of these numbers. However, because numerous variables account for a wide range of values for certain foods, nutritional analyses should be considered approximate.

The analysis of each recipe includes all ingredients listed for a recipe except ingredients labeled as "optional" or "for garnish." When a range is offered, the first amount listed is used in the calculation. If an ingredient is listed with an option, the first item is used in the calculation. Foods shown on the same plate in a photograph and foods listed as "serve with" suggestions at the end of a recipe are not included in the recipe analysis unless they're listed in the ingredient list. In recipes calling for rice or noodles, the analyses are based on rice or noodles prepared without added fat or salt, unless otherwise stated.

Understanding Our Symbols

Like everyone, you're busy – and we kept that in mind when we selected recipes for this issue. Many of the recipes in *Diabetic Cooking* can be prepared in 30 minutes or less. Others require short preparation times followed by long cooking times.

We've also included symbols to help you more easily find those recipes especially low in fat, sodium, and carbohydrates, and high in fiber.

LOW-FAT RECIPE
Contains 3 grams or fewer of fat per serving

LOW-SODIUM RECIPE
Contains 140 milligrams or fewer of sodium per serving

LOW-CARBOHYDRATE RECIPE
Contains 15 grams or fewer of carbohydrate per serving

HIGH-FIBER RECIPE
Contains 5 grams or more of fiber per serving

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GAME DAY

Touchdown!

ONCE the bright lights and bustle of the holiday season are over, the dark, cold days of January and February can seem a little lackluster. Thankfully, there's football. No matter if you're a longtime fan or you just tune in for the last big game of the season, you'll definitely need some game day fare to fuel your fandom. This collection of football-friendly snacks will give you all the energy you need to cheer your team to victory.

Spicy Baked Sweet Potato Chips

MAKES 4 SERVINGS

Nutrients per Serving:
Calories 102, Total Fat 5g, Saturated Fat 1g, Protein 1g, Carbohydrates 14g, Cholesterol 0mg, Dietary Fiber 2g, Sodium 181mg

Dietary Exchange: 1 Bread/Starch, 1 Fat

- 1 teaspoon granulated sugar
- ½ teaspoon smoked paprika
- ¼ teaspoon salt
- ¼ teaspoon ground red pepper
- 2 medium sweet potatoes
- 4 teaspoons vegetable oil

1. Preheat oven to 400°F. Spray baking sheet with nonstick cooking spray. Combine sugar, paprika, salt and ground red pepper in small bowl; set aside.

2. Cut sweet potatoes crosswise into very thin slices, about 1/16 inch thick. Place on prepared baking sheet. Drizzle with oil; toss to coat. Arrange in single layer.

3. Bake 10 minutes. Turn chips over; sprinkle with seasoning mix. Bake 10 to 15 minutes or until chips are lightly browned and crisp, stirring frequently. Spread on paper towels to cool completely.

Sweet & Spicy Whole Grain Snack Mix

MAKES 10 SERVINGS
Serving Size: ½ cup snack mix

Nutrients per Serving:
Calories 127, Total Fat 3g, Saturated Fat 1g, Protein 4g, Carbohydrates 24g, Cholesterol 0mg, Dietary Fiber 3g, Sodium 216mg

Dietary Exchange: 1½ Bread/Starch, ½ Fat

- 1 egg white
- ¼ cup sugar substitute
- 1 tablespoon soy sauce
- ¼ teaspoon ground red pepper
- 2 cups spoon-size shredded wheat cereal
- 2 cups wheat cereal squares
- 2 cups unsalted mini-pretzel twists
- ¼ cup dry-roasted unsalted peanuts

1. Preheat oven to 300° F. Coat large nonstick baking pan with nonstick cooking spray; set aside.

2. Place egg white in large bowl and whisk until foamy. Whisk in sugar substitute, soy sauce and red pepper.

3. Combine cereals, pretzels and peanuts in medium bowl. Add to egg white mixture; toss to coat. Spread in even layer on prepared pan; bake 30 minutes, stirring every 10 minutes, until crispy. Cool completely on pan on wire rack. Store in airtight container for up to 1 week.

Take Note! This recipe was tested with sucralose-based sugar substitute.

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GAME DAY

Buffalo Chicken Meatballs with Tangy Blue Cheese Sauce

MAKES 8 SERVINGS

Nutrients per Serving:
Calories 114, Total Fat 5g,Saturated Fat 2g, Protein 15g, Carbohydrates 2g, Cholesterol 63mg, Dietary Fiber 0g, Sodium 156mg

Dietary Exchange: 2 Meat

- Tangy Blue Cheese Sauce (recipe follows)
- 1 egg
- 4 teaspoons hot sauce, divided
- 1 pound ground chicken breast
- 2 tablespoons bread crumbs
- 2 teaspoons vegetable oil
- Additional hot sauce (optional)

1. Prepare Tangy Blue Cheese Sauce.

2. Whisk egg and 2 teaspoons hot sauce in medium bowl until smooth and well blended. Add chicken and bread crumbs; mix well. Cover and refrigerate 10 minutes.

3. Preheat oven to 400°F. Line baking sheet with parchment paper.

4. Using wet hands, shape 1 tablespoon chicken mixture into ball and place on prepared baking sheet; repeat with remaining chicken mixture. Combine oil and remaining 2 teaspoons hot sauce in small bowl; brush meatballs evenly with oil mixture.

5. Bake 12 minutes or until cooked through. Toss with additional hot sauce, if desired. Serve with Tangy Blue Cheese Sauce for dipping.

Tangy Blue Cheese Sauce

MAKES ABOUT 1 CUP

- ½ cup plain nonfat Greek yogurt
- ¼ cup crumbled blue cheese
- 2 tablespoons finely chopped celery
- 1 tablespoon low-fat mayonnaise

Stir yogurt, cheese, celery and mayonnaise in small bowl until well blended. Refrigerate 30 minutes before serving.

Pepperoni Pizza Dip

YIELD: MAKES 12 SERVINGS
Serving Size: 2 tablespoons dip

Nutrients per Serving:
Calories 76, Total Fat 4g, Saturated Fat 2g, Protein 5g, Carbohydrates 4g, Cholesterol 20mg, Dietary Fiber 1g, Sodium 244mg

Dietary Exchange: 1 Fat, 1 Meat

- 8 ounces fat-free cream cheese
- ½ cup fat-free sour cream
- 1 teaspoon dried oregano
- ⅛ teaspoon garlic powder
- ⅛ teaspoon ground red pepper
- ½ cup tomato pizza sauce
- ½ cup chopped turkey pepperoni
- ½ cup chopped red onion
- ½ cup chopped green bell pepper
- ½ cup (2 ounces) shredded low-fat mozzarella cheese
- Red bell pepper strips, broccoli florets and toasted pita chips (optional)

1. Preheat oven to 350°F. In a large bowl, beat cream cheese, sour cream, oregano, garlic powder, and ground red pepper until smooth. Spread in a 9-inch pie pan. Spread pizza sauce over top.

2. Sprinkle with pepperoni, onion, and green bell pepper. Bake 10 minutes. Remove from oven and top with cheese. Bake 5 minutes more or until cheese is melted and dip is heated through.

3. Serve with red bell pepper strips, broccoli and toasted pita chips, if desired.

GAME DAY

Whole Wheat Flatbreads with Tomato-Avocado Salsa

MAKES 8 SERVINGS (1 flatbread with 2 tablespoons salsa per serving)

Tomato-Avocado Salsa

1½ cups plum tomatoes, seeded and finely chopped

1 avocado, cut into ¼-inch cubes

¼ cup red onion, finely chopped

1 to 2 tablespoons finely chopped jalapeño pepper

1 tablespoon lemon juice

2 tablespoons cilantro, finely chopped

¼ teaspoon salt

Whole Wheat Flatbreads

2 cups white whole wheat flour or 1 ¾ cups whole wheat flour and ¼ cup white flour

¼ teaspoon salt

⅞ to 1 cup water

½ cup all-purpose flour for rolling

2 tablespoons melted butter (optional)

1. Combine salsa ingredients in medium bowl. Cover and let chill.

2. To make flatbreads, mix white whole wheat flour and salt in medium bowl. Make a well in center of flour. Add water gradually while mixing dough. (The amount of water needed may vary slightly. Dough should ultimately be soft and easy to roll into a ball.) Knead dough 1 to 2 minutes until smooth and elastic. Cover and let sit at least 10 minutes.

3. Preheat oven to broil. Lightly spray baking sheets with cooking spray. Place ½ cup all-purpose flour for rolling in shallow container.

4. Divide dough into 8 balls. Press to flatten. Roll each flat ball in flour. Then roll each flat ball into ¼-inch-thick oval.

5. Place 3 to 4 flatbreads on baking sheet. Broil 2 to 3 minutes (the flatbreads will puff) about 5 to 6 inches from heat source until top is light brown. Turn over and broil 1 to 2 minutes until light brown. If desired, lightly brush tops of flatbreads with butter to keep them moist. Serve immediately or place in airtight container to serve later. Just before serving, top with salsa.

Take Note! Jalapeño peppers can sting and irritate the skin, so wear rubber gloves when handling peppers and do not touch your eyes.

Chunky Joes

MAKES 6 SERVINGS

Nutrients per Serving: Calories 251, Total Fat 5g, Saturated Fat 1g, Protein 19g, Carbohydrates 32g, Cholesterol 39mg, Dietary Fiber 4g, Sodium 505mg

Dietary Exchange: 2 Bread/Starch, 1 Vegetable, 2 Meat

1 pound 95% lean ground beef

1½ cups finely chopped green bell pepper

1 (14½-ounce) can stewed tomatoes

¼ cup water

2 tablespoons tomato paste

1 tablespoon chili powder

1 tablespoon Worcestershire sauce

1 packet sugar substitute

1 teaspoon ground cumin, divided

6 hamburger buns, warmed

1. Lightly coat 12-inch skillet with nonstick cooking spray. Heat over high heat until hot. Add beef; cook and stir 3 minutes or until no longer pink. Drain on paper towels; set aside. Wipe out skillet with paper towels.

2. Coat skillet with cooking spray; heat over medium-high heat until hot. Add beef and bell pepper; cook and stir 4 minutes or until bell pepper is just tender. Add tomatoes, water, tomato paste, chili powder, Worcestershire sauce, sugar substitute and ½ teaspoon cumin. Bring to a boil. Reduce heat and simmer, covered, 20 minutes or until thickened.

3. Remove from heat and stir in remaining ½ teaspoon cumin. If thicker consistency is desired, cook 5 minutes longer, uncovered, stirring frequently.

4. Spoon ½ cup mixture onto each bun. Serve.

Bell Pepper Nachos

MAKES 8 SERVINGS

Nutrients per Serving:
Calories 100, Total Fat 3g, Saturated Fat 1g, Protein 6g, Carbohydrates 14g, Cholesterol 14mg, Dietary Fiber 1g, Sodium 165mg

Dietary Exchange: 1 Bread/Starch, ½ Meat

- 1 green bell pepper
- 1 yellow or red bell pepper
- 2 Italian plum tomatoes, seeded and finely chopped
- ⅓ cup finely chopped onion
- 1 teaspoon chili powder
- ½ teaspoon ground cumin
- 1½ cups cooked white rice
- ½ cup (2 ounces) shredded reduced-fat Monterey Jack cheese
- ¼ cup chopped fresh cilantro
- 2 teaspoons jalapeño pepper sauce *or* ¼ teaspoon hot pepper sauce
- ½ cup (2 ounces) shredded reduced-fat sharp Cheddar cheese

---

1. Spray baking sheets with cooking spray. Cut bell peppers into bite-size triangles; set aside.

2. Spray large skillet with cooking spray. Add tomatoes, onion, chili powder and cumin; cook and stir over medium heat 3 minutes or until onion is tender. Remove from heat. Stir in rice, Monterey Jack cheese, cilantro and jalapeño pepper sauce.

3. Top each pepper triangle with about 2 tablespoons rice mixture; sprinkle with Cheddar cheese. Place on prepared baking sheets; cover and refrigerate 1 hour or up to 8 hours.

4. Preheat broiler. Broil nachos 6 to 8 inches from heat source 3 to 4 minutes or until cheese is bubbly and rice is heated through.

Bite-You-Back Roasted Edamame

MAKES 4 TO 6 SERVINGS

Nutrients per Serving:
Calories 78, Total Fat 4g, Saturated Fat 1g, Protein 4g, Carbohydrates 7g, Cholesterol 0mg, Dietary Fiber 1g, Sodium 7mg

Dietary Exchange: ½ Bread/Starch, 1 Meat

- 2 teaspoons vegetable oil
- 2 teaspoons honey
- ¼ teaspoon wasabi powder
- 1 package (10 ounces) shelled edamame, thawed if frozen
- Kosher salt (optional)

---

1. Preheat oven to 375°F.

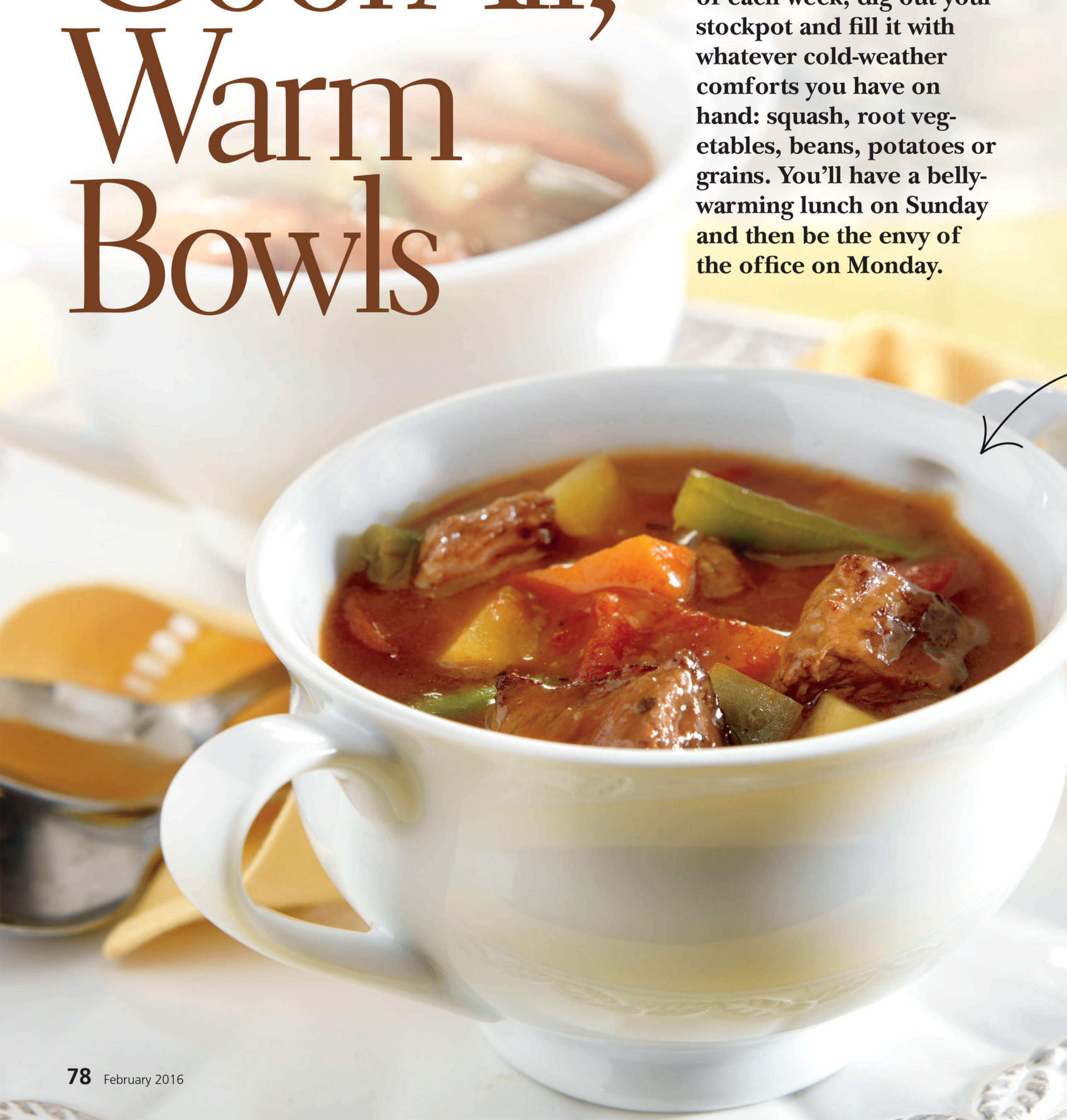
2. Combine oil, honey and wasabi powder in large bowl; mix well. Add edamame; toss to coat. Spread on baking sheet in single layer.

3. Bake 12 to 15 minutes or until golden brown, stirring once. Immediately transfer from baking sheet to large bowl; sprinkle generously with salt, if desired. Cool completely before serving. Store in airtight container.

Take Note! Wasabi powder can be found in the Asian section of most supermarkets and in Asian specialty markets.

Cool Air, Warm Bowls

STRUGGLING with work-day lunches now that salad season is over? Consider Soup Sundays. At the end of each week, dig out your stockpot and fill it with whatever cold-weather comforts you have on hand: squash, root vegetables, beans, potatoes or grains. You'll have a belly-warming lunch on Sunday and then be the envy of the office on Monday.



Retro Beef and Veggie Soup Stew

MAKES 4 SERVINGS

Nutrients per Serving:
Calories 265, Total Fat 7g, Saturated Fat 2g, Protein 23g, Carbohydrates 28g, Cholesterol 31mg, Dietary Fiber 5g, Sodium 589mg

Dietary Exchange: 2 Bread/Starch, 2 Meat

- 3 teaspoons olive oil, divided
- ¾ pound beef top sirloin steak, cut into bite-size pieces
- 2 medium carrots, quartered lengthwise and cut into 2-inch pieces
- 1 medium green bell pepper, coarsely chopped
- 6 ounces green beans, cut into 2-inch pieces
- 1 can (about 14 ounces) Italian-style stewed tomatoes
- 1 cup beef broth
- 8 ounces new potatoes, cut into bite-size pieces
- 3 teaspoons instant coffee granules, divided
- 2 tablespoons all-purpose flour
- ¾ teaspoon salt
- ¼ teaspoon black pepper

1. Heat 1 teaspoon oil in Dutch oven over medium-high heat. Brown beef 1 to 2 minutes; transfer to plate.

2. Add remaining 2 teaspoons oil, carrots, bell pepper and green beans to Dutch oven. Cook and stir 4 minutes or until edges begin to brown. Add tomatoes, broth, potatoes and 1 teaspoon coffee granules; bring to a boil. Reduce heat. Add beef; cover and simmer 20 minutes or until potatoes are tender.

3. Stir in flour, salt, black pepper and remaining 2 teaspoons coffee granules. Cook, uncovered, 10 to 15 minutes or until thickened.

Chicken and Sweet Potato Chili

MAKES 4 SERVINGS

Nutrients per Serving:
Calories 258, Total Fat 1g,Saturated Fat 1g, Protein 27g, Carbohydrates 34g, Cholesterol 49mg, Dietary Fiber 7g, Sodium 496mg

Dietary Exchange: 2 Bread/Starch, 2 Meat

- 1 to 2 sweet potatoes, peeled and cut into ½-inch chunks
- 2 teaspoons canola oil
- 1 cup chopped onion
- ¾ pound boneless skinless chicken breasts or chicken tenders, cut into ¾-inch chunks
- 3 cloves garlic, minced
- 2 teaspoons chili powder
- 1 can (14½ ounces) diced fire-roasted tomatoes, undrained
- 1 can (16 ounces) no-salt-added kidney beans or pinto beans, drained
- ½ cup chipotle or jalapeño salsa

1. Place sweet potatoes in large saucepan and add enough water to cover. Bring to a boil. Reduce heat; simmer 5 minutes or until almost tender. Drain sweet potatoes; set aside. Heat oil in large saucepan over medium heat. Add onion; cook and stir 5 minutes.

2. Add chicken, garlic and chili powder; cook 3 minutes, stirring frequently. Add tomatoes, beans, salsa and sweet potatoes; bring to a boil over high heat. Reduce heat; simmer uncovered 10 minutes or until chicken is cooked through.

Take Note!

Sweet potatoes are the star of this chili and they're nutritional superstars, too. One sweet potato provides about two and a half times the recommended daily allowance for healthy adults of vitamin A, plus fiber, potassium and vitamin C. Note that it's easiest to cut the chicken into chunks while the breasts are still partially frozen. If yours are completely thawed, you can place the meat in the freezer for about 20 minutes to make it easier to slice.

Moroccan Lentil & Vegetable Soup

MAKES 6 SERVINGS

Nutrients per Serving:
Calories 131, Total Fat 3g, Saturated Fat 1g, Protein 8g, Carbohydrates 20g, Cholesterol 0mg, Dietary Fiber 2g, Sodium 264mg

Dietary Exchange: 1 Bread/Starch, ½ Fat, 1 Vegetable

- 1 tablespoon olive oil
- 1 cup chopped onion
- 4 cloves garlic, minced
- ½ cup dried lentils, rinsed and sorted
- 1½ teaspoons ground coriander
- 1½ teaspoons ground cumin
- ½ teaspoon ground cinnamon
- ½ teaspoon black pepper
- 1 container (32 ounces) low-sodium vegetable broth
- ½ cup chopped celery
- ½ cup chopped sun-dried tomatoes (not packed in oil)
- 1 yellow squash, chopped
- ½ cup chopped green bell pepper
- 1 cup chopped plum tomatoes
- ½ cup chopped fresh Italian parsley
- ¼ cup chopped fresh cilantro or basil

1. Heat oil in medium saucepan over medium-high heat. Add onion and garlic; cook and stir 4 minutes or until onion is tender. Stir in lentils, coriander, cumin, cinnamon and black pepper; cook 2 minutes. Add broth, celery and sun-dried tomatoes; bring to a boil. Reduce heat to medium-low; cover and simmer 25 minutes.

2. Stir in squash and bell pepper; cover and cook 10 minutes or until lentils are tender.

3. Top with plum tomatoes, parsley and cilantro just before serving.

Take Note!
Many soups, including this one, taste even better the next day after the flavors have had time to blend. Cover and refrigerate the soup overnight, reserving the plum tomatoes, parsley and cilantro until ready to serve.

Potato, Leek and Corn Chowder

MAKES 4 SERVINGS

Nutrients per Serving:
Calories 188, Total Fat 4g, Saturated Fat 0g, Protein 6g, Carbohydrates 32g, Cholesterol 8mg, Dietary Fiber 4g, Sodium 498mg

Dietary Exchange: 1 Bread/Starch, 1 Fat

- 1 tablespoon canola oil
- 2 large leeks, white and light green parts only, thinly sliced (about 1¼ cups)
- 3 cups vegetable broth
- 8 ounces unpeeled red potatoes, cut into ½-inch chunks
- 1 cup thinly sliced carrots
- 1 cup frozen corn
- ¾ cup fat-free half-and-half
- ¼ teaspoon salt (optional)
- Black pepper

1. Heat oil in large saucepan over medium heat. Add leeks; cook and stir 5 minutes. Add broth, potatoes and carrots; bring to a boil over high heat. Reduce heat; cover and simmer 20 to 25 minutes or until vegetables are tender. Stir in corn and half-and-half; heat through.

2. Ladle into shallow bowls; season with salt, if desired, and pepper.

Country Bean Soup

MAKES 6 SERVINGS

Nutrients per Serving:
Calories 230, Total Fat 7g, Saturated Fat 4g, Protein 15g, Carbohydrates 27g, Cholesterol 27mg, Dietary Fiber 1g, Sodium 420mg

Dietary Exchange: 1½ Bread/Starch, 1 Fat, 1 Meat, ½ Milk

- 1¼ cups dried navy beans or lima beans, rinsed and sorted
- 2½ cups water
- ¼ pound ham or salt pork, chopped
- ¼ cup chopped onion
- ½ teaspoon dried oregano
- ¼ teaspoon salt
- ¼ teaspoon ground ginger
- ¼ teaspoon dried sage
- ¼ teaspoon black pepper
- 2 cups milk
- 2 tablespoons butter

1. Place beans in large saucepan; add water to cover. Bring to a boil over medium-high heat. Reduce heat to medium-low; simmer 2 minutes. Remove from heat; cover and let stand 1 hour.

2. Drain beans and return to saucepan. Stir in water, ham, onion, oregano, salt, ginger, sage and pepper. Bring to a boil. Reduce heat to medium-low; cover and simmer 2 hours or until beans are tender. (If necessary, add more water to keep beans covered during cooking.) Stir in milk and butter; cook, stirring, until heated through.

Miso Soup with Tofu

MAKES 4 SERVINGS

Nutrients per Serving:
Calories 86, Total Fat 2g, Saturated Fat 0g, Protein 7g, Carbohydrates 9g, Cholesterol 0mg, Dietary Fiber 2g, Sodium 729mg

Dietary Exchange: ½ Bread/Starch, 1 Meat

- 4 cups water
- 1 tablespoon shredded nori or wakame seaweed
- 8 ounces firm tofu
- 3 green onions, finely chopped
- ¼ cup white miso
- 2 teaspoons soy sauce

1. Bring water to a simmer in medium saucepan. Add nori; simmer 6 minutes.

2. Meanwhile, press tofu between paper towels to remove excess water. Cut into ½-inch cubes.

3. Reduce heat to low. Add tofu, green onions, miso and soy sauce; cook and stir until miso is dissolved and soup is heated through. (Do not boil.)

Turkey Chili

MAKES 4 SERVINGS

Nutrients per Serving:
Calories 361, Total Fat 12g, Saturated Fat 4g, Protein 28g, Carbohydrates 39g, Cholesterol 96mg, Dietary Fiber 11g, Sodium 1048mg

Dietary Exchange: 2½ Bread/Starch, ½ Fat, 3 Meat

- 1 pound extra-lean ground turkey breast
- 1 cup chopped onion
- 1 cup chopped green bell pepper
- 3 cloves garlic, minced
- 3 cans (about 14 ounces each) diced tomatoes, undrained
- ½ cup water
- 1 tablespoon chili powder
- 1 teaspoon ground cinnamon
- 1 teaspoon ground cumin
- ½ teaspoon paprika
- ½ teaspoon dried oregano
- ½ teaspoon black pepper
- ¼ teaspoon salt
- 1 can (about 15 ounces) pinto beans, rinsed and drained

1. Spray large skillet with nonstick cooking spray. Cook turkey, onion, bell pepper and garlic over medium-high heat about 5 minutes or until turkey begins to brown, stirring frequently and breaking up turkey with back of spoon.

2. Stir in tomatoes; cook 5 minutes. Add water, chili powder, cinnamon, cumin, paprika, oregano, black pepper and salt; mix well. Stir in beans.

3. Bring to a boil; reduce heat to medium-low. Simmer about 30 minutes or until chili thickens.

New England Clam Chowder

MAKES 2 SERVINGS

Nutrients per Serving:
Calories 204, Total Fat 4g, Saturated Fat 1g, Protein 14g, Carbohydrates 30g, Cholesterol 47mg, Dietary Fiber 1g, Sodium 205mg

Dietary Exchange: 1 Bread/Starch, 1 Meat, 1 Milk

- 1 can (5 ounces) whole baby clams, undrained
- 1 baking potato, peeled and coarsely chopped
- ¼ cup finely chopped onion
- ⅔ cup evaporated skim milk
- ¼ teaspoon white pepper
- ¼ teaspoon dried thyme
- 1 tablespoon reduced-fat margarine

1. Drain clams, reserving juice. Add enough water to reserved juice to measure ⅔ cup. Combine clam juice mixture, potato and onion in large saucepan. Bring to a boil over high heat; reduce heat and simmer 8 minutes or until potato is tender.

2. Add milk, pepper and thyme to saucepan. Increase heat to medium-high. Cook and stir 2 minutes. Add margarine. Cook 5 minutes or until soup thickens, stirring occasionally.

3. Add clams; cook and stir 5 minutes or until clams are firm.

Ravioli Minestrone

MAKES 8 SERVINGS

Nutrients per Serving:
Calories 213, Total Fat 6g, Saturated Fat 3g, Protein 8g, Carbohydrates 33g, Cholesterol 19mg, Dietary Fiber 6g, Sodium 516mg

Dietary Exchange: 2 Bread/Starch, ½ Fat, 1 Meat

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1 package (7 ounces) refrigerated 3-cheese ravioli or 1 package (9 ounces) reduced-fat 4-cheese ravioli

2 teaspoons olive oil

2 carrots, chopped

1 medium onion, chopped

1 stalk celery, chopped

2 cloves garlic, minced

6 cups water

1 can (about 15 ounces) chickpeas, rinsed and drained

1 can (about 14 ounces) diced tomatoes

3 tablespoons tomato paste

1 teaspoon dried basil

1 teaspoon dried oregano

¾ teaspoon salt

¾ teaspoon black pepper

1 medium zucchini, cut in half lengthwise and sliced (about 2 cups)

1 package (10 ounces) baby spinach1.

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1. Cook ravioli according to package directions. Drain; keep warm.

2. Meanwhile, heat oil in Dutch oven over medium-high heat. Add carrots, onion, celery and garlic; cook, stirring occasionally, about 5 minutes or until vegetables are softened.

3. Stir in water, chickpeas, tomatoes, tomato paste, basil, oregano, salt and pepper. Bring to a boil; reduce heat and simmer 15 minutes or until vegetables are tender. Add zucchini; cook 5 minutes. Stir in spinach; cook 2 minutes or just until spinach is wilted. Stir in ravioli.

Beef and Beet Borscht

MAKES 4 (1¼-CUP) SERVINGS

Nutrients per Serving:
Calories 151, Total Fat 3g, Saturated Fat 2g, Protein 11g, Carbohydrates 19g, Cholesterol 20mg, Dietary Fiber 3g, Sodium 902mg

Dietary Exchange: 3 Bread/Starch, 1 Meat

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2 cans (15 ounces each) julienned beets

1 cup buttermilk

⅛ teaspoon black pepper

⅛ teaspoon ground cloves

1 cup low-sodium beef broth

4 ounces thinly sliced deli roast beef, cut into short thin strips

¼ cup light sour cream

Chopped parsley for garnish, optional

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1. Drain beets, reserving 1 cup liquid. Place half of beets into food processor; process until finely chopped. Add buttermilk, pepper and cloves; process until smooth. Transfer to medium bowl.

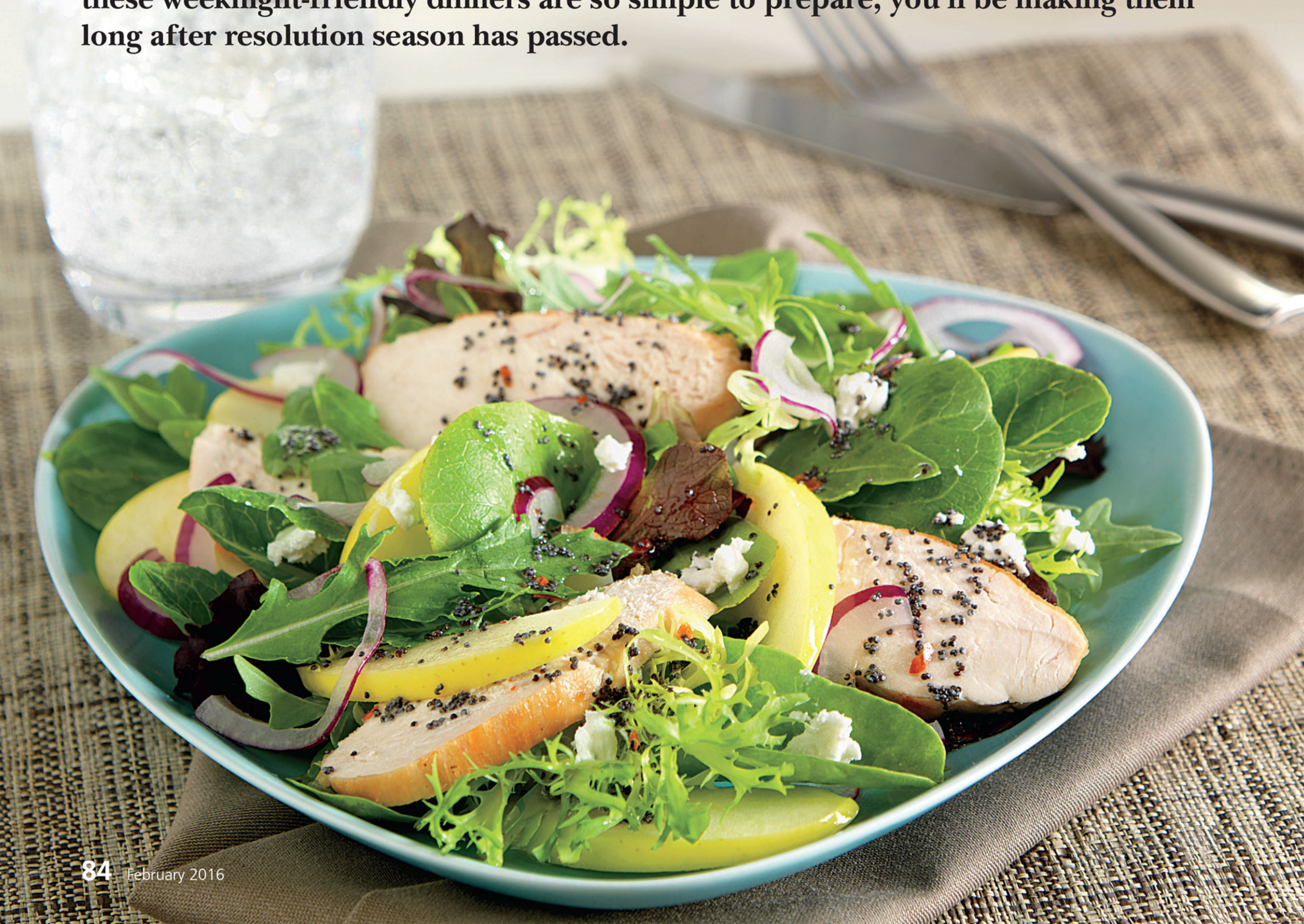
2. Stir in remaining beets, broth, roast beef, remaining beets and reserved beet liquid. Cover; chill at least 2 hours or up to 24 hours. Ladle into bowls; top evenly with sour cream and sprinkle with parsley, if desired.

Take Note!
To reduce the sodium content, look for no-salt-added beets.

HEALTHY EATING

Resolution Ready

NO MATTER how vigilant you are with your diet, it can be hard to resist a little festive holiday excess. But by the time January rolls around, both our minds and our stomachs are ready for a good, old-fashioned healthy reboot. Get your eating habits back on track with this collection of delicious-yet-wholesome meals. Best of all, these weeknight-friendly dinners are so simple to prepare, you'll be making them long after resolution season has passed.



Chicken and Apple Spring Greens with Poppy Seeds

YIELD: MAKES 4 SERVINGS

Nutrients per Serving:
Calories 224, Total Fat 10g,Saturated Fat 1g, Protein 26g, Carbohydrates 8g, Cholesterol 43mg, Dietary Fiber 2g, Sodium 206mg

Dietary Exchange: 2 Fat, 1 Fruit, 1 Vegetable, 3 Meat

- 1 package (5 ounces) spring salad greens
- 12 ounces cooked chicken strips
- 1 large Golden Delicious apple, thinly sliced
- ⅓ cup thinly sliced red onion
- 1 ounce crumbled goat cheese (optional)
- ¼ cup cider vinegar
- 2 tablespoons sugar substitute
- 2 tablespoons canola oil
- ½ teaspoon poppy seeds
- ¼ teaspoon salt
- ⅛ teaspoon red pepper flakes

1. Arrange equal amounts greens, chicken, apple and onion on four plates. Sprinkle with cheese, if desired.

2. Combine vinegar, sugar substitute, oil, poppy seeds, salt and pepper flakes in small jar with tight-fitting lid; shake well. Drizzle dressing over salads.

Salmon with Brown Rice and Vegetables

MAKES 4 SERVINGS (ABOUT 1 CUP PER SERVING)

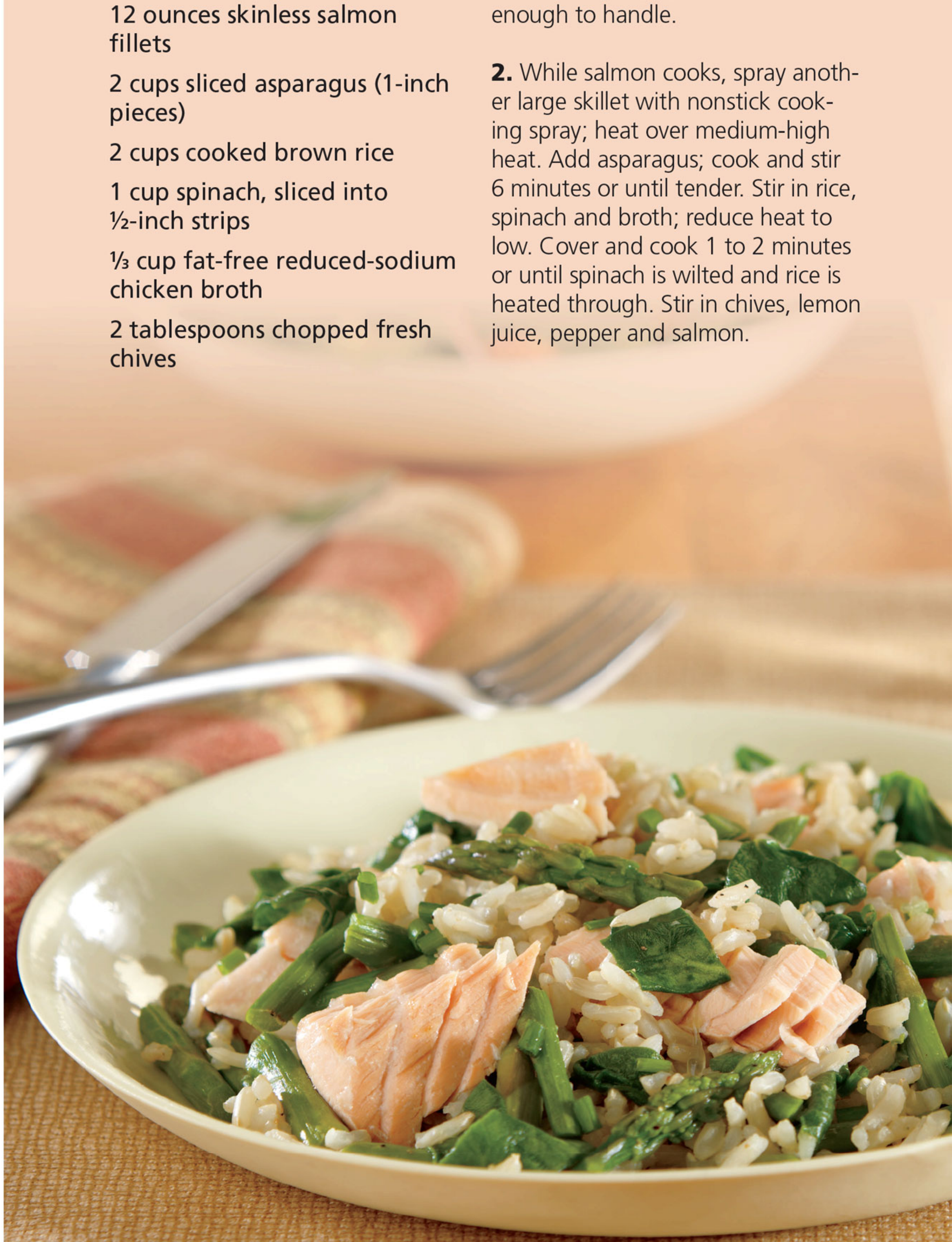
Nutrients per Serving:
Calories 251, Total Fat 6g, Saturated Fat 1g, Protein 22g, Carbohydrates 26g, Cholesterol 47mg, Dietary Fiber 4g, Sodium 62mg

Dietary Exchange: 1½ Bread/Starch, 1 Vegetable, 2 Meat

- 2 cups water
- 12 ounces skinless salmon fillets
- 2 cups sliced asparagus (1-inch pieces)
- 2 cups cooked brown rice
- 1 cup spinach, sliced into ½-inch strips
- ⅓ cup fat-free reduced-sodium chicken broth
- 2 tablespoons chopped fresh chives
- 2 tablespoons lemon juice
- ⅛ teaspoon black pepper

1. Bring water to a boil in large skillet over high heat. Add salmon; reduce heat to medium-low. Cover and simmer 10 minutes or until salmon begins to flake when tested with fork. Remove salmon from skillet; cut into large pieces when cool enough to handle.

2. While salmon cooks, spray another large skillet with nonstick cooking spray; heat over medium-high heat. Add asparagus; cook and stir 6 minutes or until tender. Stir in rice, spinach and broth; reduce heat to low. Cover and cook 1 to 2 minutes or until spinach is wilted and rice is heated through. Stir in chives, lemon juice, pepper and salmon.



HEALTHY EATING

Roasted Chili Turkey Breast with Cilantro-Lime Rice

CARB

MAKES 12 SERVINGS (3 OUNCES TURKEY PLUS ½ CUP RICE MIXTURE)

Nutrients per Serving:
Calories 218, Total Fat 7g, Saturated Fat 1g, Protein 26g, Carbohydrates 12g, Cholesterol 77mg, Dietary Fiber 2g, Sodium 303mg

Dietary Exchange: 1 Bread/Starch, 3 Meat

- 1½ tablespoons chili powder
- 2 teaspoons dried oregano
- 1½ teaspoons ground cumin
- ½ teaspoon red pepper flakes
- ½ teaspoon salt
- ½ teaspoon black pepper
- 1 bone-in turkey breast with skin (5 pounds)
- 2 medium red bell peppers, chopped
- 2½ cups water
- 1½ cups quick-cooking brown rice
- ½ teaspoon ground turmeric (optional)
- 1 cup chopped green onions
- ½ cup chopped fresh cilantro
- 3 tablespoons olive oil
- 2 to 3 tablespoons lime juice
- 1 tablespoon grated lime peel
- ¾ teaspoon salt

1. Preheat oven to 325°F. Spray roasting pan and rack with nonstick cooking spray. Combine chili powder, oregano, cumin, pepper flakes, salt and black pepper in small bowl.

2. Separate turkey skin from meat by gently sliding fingers under skin. Spread spice mixture evenly over meat; cover with skin. (If skin tears, use toothpick to hold skin together.) Place turkey breast skin side up on prepared rack in roasting pan.

3. Roast 1 hour and 30 minutes or until meat thermometer reaches 165°F. Remove from oven. Cover loosely with foil; let stand 10 to 15 minutes. Remove and discard skin, if desired.

4. Combine bell peppers, water, rice and turmeric, if desired, in large saucepan. Bring to a boil. Reduce heat; cover and simmer 10 minutes or until liquid has evaporated. Remove from heat; stir in green onions, cilantro, oil, lime juice, lime peel and salt. Serve rice with turkey.

Roasted Butternut Squash and Sweet Onion

- 4 cups bite-size peeled butternut squash chunks
- 1 sweet onion (about ¾ pound) peeled and cut into 12 wedges
- 1 tablespoon extra virgin olive oil
- 1 teaspoon dried sage
- ⅛ teaspoon black pepper
- ¼ teaspoon salt

1. Preheat oven to 425°F. Spray jelly-roll pan with nonstick cooking spray.

2. Combine squash, onion, oil, sage and pepper in large bowl. Spread vegetables in prepared pan. Bake 25 minutes or until browned and tender, stirring once. Sprinkle with salt.

Orange Twisted Quinoa Waldorf Salad

MAKES 4 SERVINGS (ABOUT 1 CUP PER SERVING)

Nutrients per Serving:
Calories 208, Total Fat 6g, Saturated Fat 1g, Protein 7g, Carbohydrates 32g, Cholesterol 0mg, Dietary Fiber 8g, Sodium 172mg

Dietary Exchange: 1 Bread/Starch, 1 Fat, 1 Fruit

½ cup uncooked quinoa

½ cup quartered seedless grapes, green or purple or a combination of both

1 small apple, chopped

1 stalk celery, chopped (about ⅓ cup)

¼ cup chopped walnuts, toasted

¼ cup plain nonfat Greek yogurt

2 tablespoons orange juice

1½ teaspoons honey

¼ teaspoon salt

Dash black pepper

1 cup canned mandarin oranges, drained

Fresh mint leaves (optional)

---

1. Place quinoa in fine-mesh strainer; rinse well under cold running water. Bring 1 cup water to a boil in small saucepan; stir in quinoa. Reduce heat to low; cover and simmer 10 to 15 minutes or until quinoa is tender and water is absorbed.

2. Place quinoa in large bowl. Stir in grapes, apple, celery and walnuts.

3. Whisk yogurt, orange juice, honey, salt and pepper in small bowl. Add to quinoa mixture; mix well. Add orange sections and toss gently. Garnish with mint.

Turkey Spinach Patties with Roasted Butternut Squash and Sweet Onion

MAKES 4 SERVINGS

Nutrients per Serving:
Calories 275, Total Fat 3g, Saturated Fat 0g, Protein 32g, Carbohydrates 25g, Cholesterol 55mg, Dietary Fiber 4g, Sodium 337mg

Dietary Exchange: 1 Bread/Starch, 1 Vegetable, 3 Meat

Roasted Butternut Squash and Sweet Onion (see page 84)

1 pound extra lean ground turkey breast

1 package (10 ounces) frozen chopped spinach, thawed and squeezed dry

½ teaspoon Italian seasoning

¼ teaspoon salt

⅛ teaspoon black pepper

½ cup no-salt-added tomato sauce, heated

2 cups cooked quinoa

---

1. Prepare Roasted Butternut Squash and Sweet Onion.

2. Combine turkey, spinach, Italian seasoning, salt and pepper in large bowl. Shape into 4 (3½-inch) patties.

3. Spray large skillet with nonstick cooking spray; heat over medium heat. Add patties; cook 3 minutes on each side or until browned. Reduce heat to low; cover and cook 1 minute or until cooked through. Serve with tomato sauce, quinoa and Roasted Butternut Squash and Sweet Onion.

Take Note! To make 2 cups cooked quinoa, place ½ cup uncooked quinoa in fine-mesh strainer; rinse well under cold running water. Bring 1 cup water to a boil in small saucepan; stir in quinoa. Reduce heat to low; cover and simmer 10 to 15 minutes or until quinoa is tender and water is absorbed.

Chicken and Couscous Salad

MAKES 6 SERVINGS

Nutrients per Serving: Calories 348, Total Fat 8g, Saturated Fat 1g, Protein 27g, Carbohydrates 43g, Cholesterol 58mg, Dietary Fiber 9g, Sodium 85mg

Dietary Exchange: 1½ Bread/Starch, ½ Fruit, 2½ Vegetable, 2½ Meat

- 1 can (about 14 ounces) fat-free reduced-sodium chicken broth
- ½ teaspoon ground cinnamon
- ¼ teaspoon ground nutmeg
- ¼ teaspoon curry powder
- 1 cup uncooked couscous
- 1½ pounds boneless skinless chicken breasts, cooked and cut into ½-inch pieces
- 2 cups fresh pineapple chunks
- 2 cups diced seedless cucumber
- 2 cups diced red bell peppers
- 2 cups diced yellow bell peppers
- 1 cup sliced celery
- ½ cup sliced green onions
- 3 tablespoons water
- 3 tablespoons cider vinegar
- 2 tablespoons vegetable oil
- 1 tablespoon fresh mint leaves, plus additional for garnish
- Lettuce leaves (optional)

1. Combine broth, cinnamon, nutmeg and curry powder in large nonstick saucepan; bring to a boil over high heat. Stir in couscous; remove from heat. Let stand, covered, 5 minutes. Fluff couscous with fork; cool to room temperature.

2. Add chicken, pineapple, cucumber, bell peppers, celery and green onions to couscous; gently toss.

3. Whisk water, vinegar, oil and 1 tablespoon mint in small bowl until well blended. Pour over couscous mixture; gently toss to coat. Serve over lettuce, if desired. Garnish with additional mint.

HEALTHY EATING

Lemon-Poached Halibut with Carrots

CARB

MAKES 4 SERVINGS

Nutrients per Serving: Calories 224, Total Fat 4g, Saturated Fat 1g, Protein 36g, Carbohydrates 8g, Cholesterol 55mg, Dietary Fiber 2g, Sodium 338mg

Dietary Exchange: 1½ Vegetable, 4 Meat

- 3 medium carrots, cut into matchstick-size pieces
- ¾ cup water
- ¼ cup dry white wine
- 2 tablespoons lemon juice
- 1 teaspoon dried rosemary
- 1 teaspoon dried marjoram leaves
- 1 teaspoon chicken or fish bouillon granules
- ¼ teaspoon black pepper
- 4 fresh or frozen halibut fillets or steaks, cut 1-inch thick (about 1½ pounds)
- ½ cup sliced green onions
- Lemon slices (optional)

1. Combine carrots, water, wine, lemon juice, rosemary, marjoram, bouillon granules and pepper in large skillet; bring to a boil over high heat. Carefully place fish and onions in skillet. Return just to a boil. Reduce heat to medium-low. Cover; simmer 8 to 10 minutes or until fish flakes when tested with fork.

2. Carefully transfer fish to serving platter with slotted spatula. Spoon vegetables over fish. Garnish with lemon slices.

Chicken with White Beans and Spinach

MAKES 6 SERVINGS

Nutrients per Serving:
Calories 344, Total Fat 5g, Saturated Fat 1g, Protein 28g, Carbohydrates 49g, Cholesterol 34mg, Dietary Fiber 3g, Sodium 765mg

Dietary Exchange: 2½ Bread/Starch, 2 Vegetable, 2 Meat

¾ pound boneless skinless chicken breasts, cut in ¾-inch pieces

¼ teaspoon salt

¼ teaspoon black pepper

1 tablespoon olive oil

3 cups thinly sliced onion

4 cloves garlic, minced

2 cans (19 ounces each) white beans, such as Great Northern or cannellini, rinsed and drained

1 small dried hot pepper, crumbled *or* ¼ teaspoon red pepper flakes

¾ cup water

1 package (10 ounces) fresh spinach, washed and torn

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1. Preheat oven to 425°F. Spray shallow 2-quart casserole dish with nonstick cooking spray; set aside.

2. Sprinkle chicken with salt and pepper. Heat oil in nonstick skillet over medium heat. Add chicken; cook without stirring 2 minutes or until golden. Turn chicken; cook 2 minutes. Add onion; cook and stir until onion is crisp-tender, about 5 minutes. Add garlic and cook 1 minute.

3. Stir in beans, hot pepper and ¾ cup water. Cook, stirring constantly, about 3 minutes. Transfer to prepared casserole dish. Cover; bake 10 minutes.

4. Meanwhile, place spinach in pot of boiling water; cook 30 seconds or until spinach turns bright green. Remove from water with slotted spoon; drain.

5. Add spinach to bean mixture; stir gently. Cover; bake 15 minutes.

Tofu, Vegetable and Curry Stir-Fry

MAKES 4 SERVINGS

Nutrients per Serving:
Calories 167, Total Fat 8g, Saturated Fat 2g, Protein 12g, Carbohydrates 16g, Cholesterol 0mg, Dietary Fiber 5g, Sodium 159mg

Dietary Exchange: 1 Fat, 4 Vegetable, 1 Meat

---

1 package (about 14 ounces) extra-firm reduced-fat tofu, cut into ¾-inch cubes

¾ cup reduced-fat coconut milk

2 tablespoons fresh lime juice

1 tablespoon curry powder

2 teaspoons dark sesame oil, divided

4 cups broccoli florets (1½ inch pieces)

2 medium red bell peppers, cut into short, thin strips

1 medium red onion, cut into thin wedges

¼ teaspoon salt

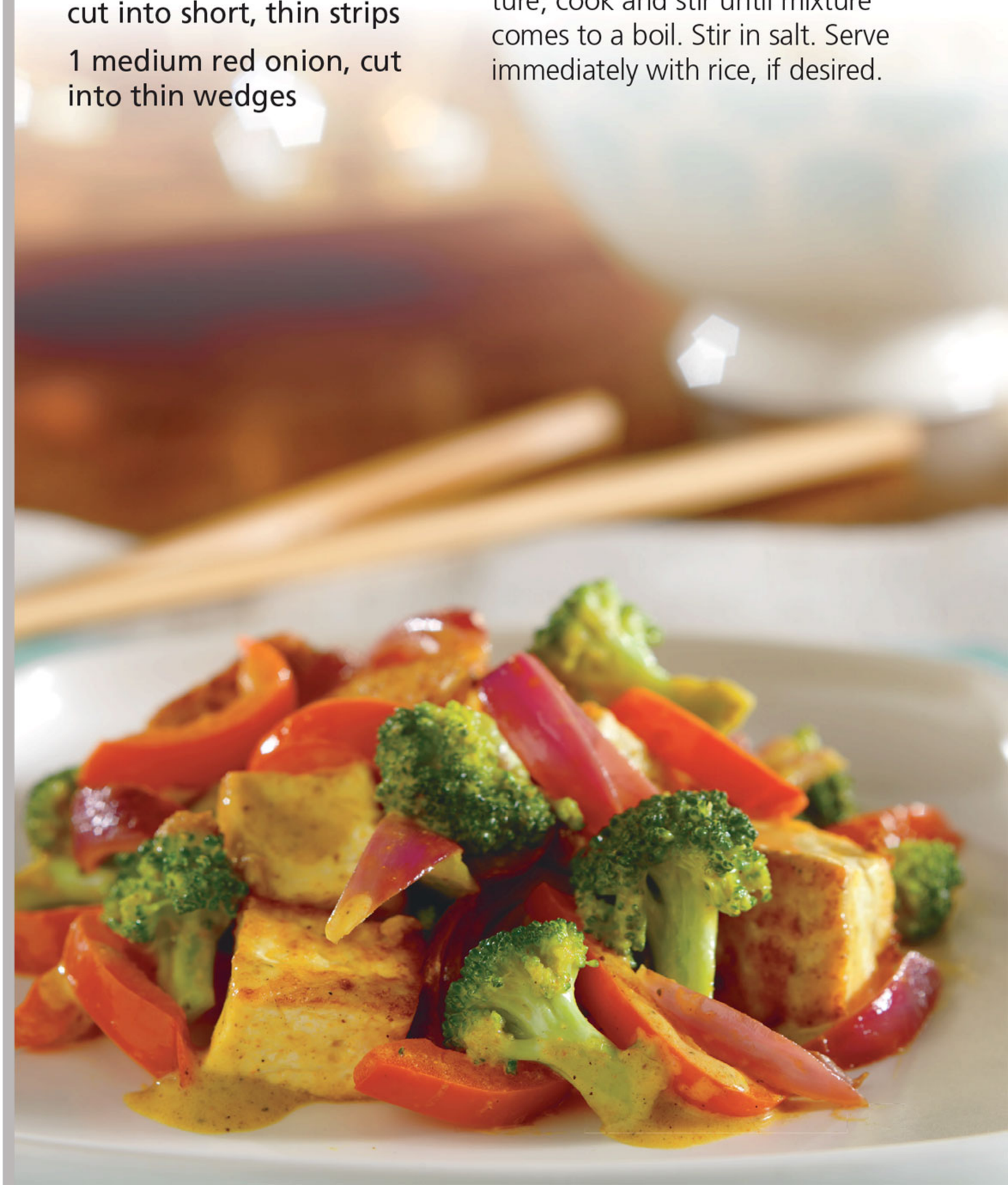
Hot cooked brown rice (optional)

---

1. Press tofu cubes between layers of paper towels to remove excess moisture. Combine coconut milk, lime juice and curry powder in medium bowl.

2. Heat 1 teaspoon oil in large nonstick skillet over medium heat. Add tofu; cook 10 minutes or until lightly browned on all sides, turning cubes often. Transfer to plate and set aside.

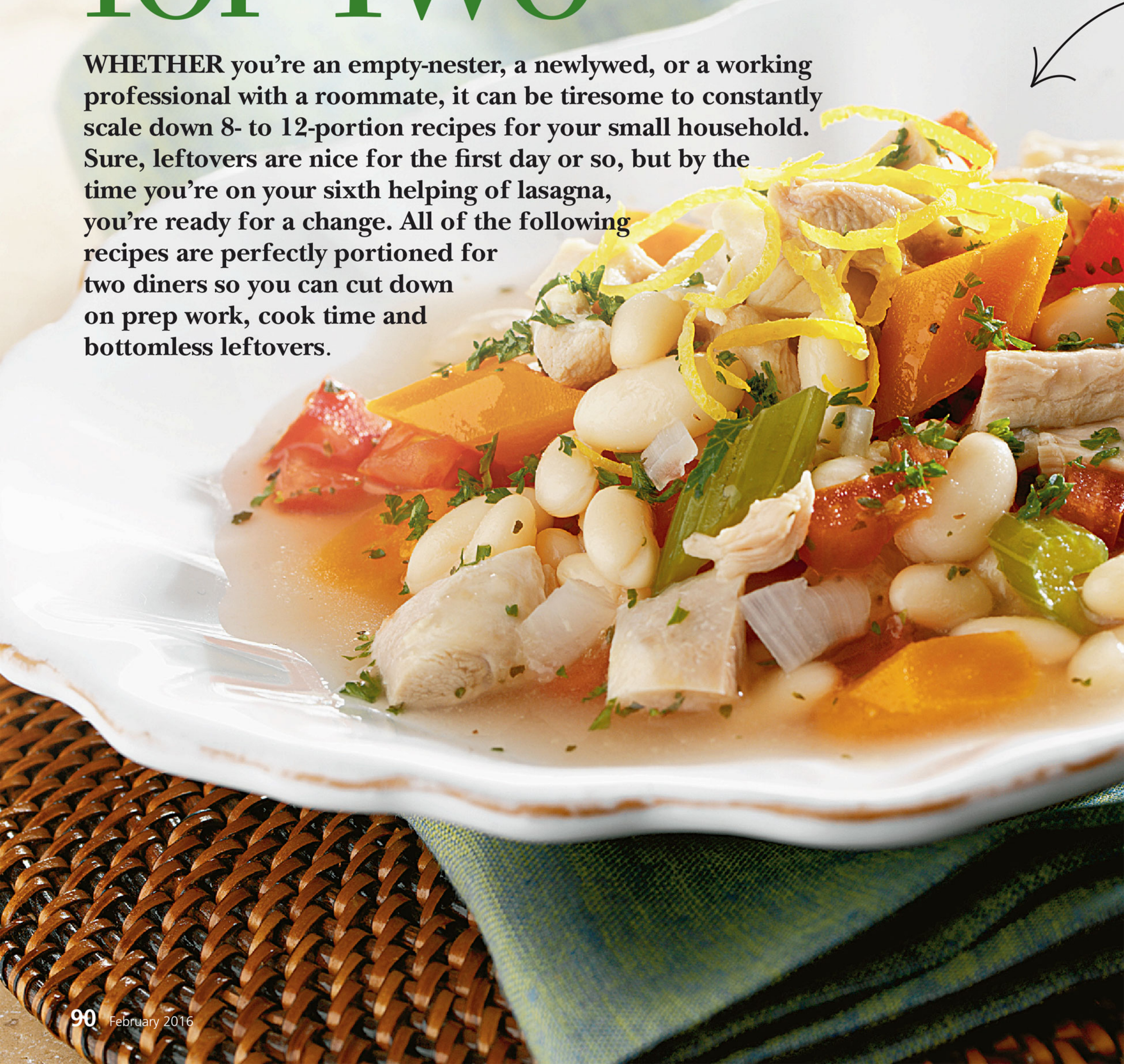
3. Add remaining 1 teaspoon oil to skillet; increase heat to high. Add broccoli, bell pepper and onion; stir-fry about 5 minutes or until vegetables are crisp-tender. Stir in tofu and coconut milk mixture; cook and stir until mixture comes to a boil. Stir in salt. Serve immediately with rice, if desired.



DATE NIGHT

Cooking for Two

WHETHER you're an empty-nester, a newlywed, or a working professional with a roommate, it can be tiresome to constantly scale down 8- to 12-portion recipes for your small household. Sure, leftovers are nice for the first day or so, but by the time you're on your sixth helping of lasagna, you're ready for a change. All of the following recipes are perfectly portioned for two diners so you can cut down on prep work, cook time and bottomless leftovers.



White Bean and Chicken Ragoût

MAKES 2 SERVINGS

Nutrients per Serving:
Calories 283, Total Fat 6g, Saturated Fat 1g, Protein 24g, Carbohydrates 36g, Cholesterol 57mg, Dietary Fiber 10g, Sodium 715mg

Dietary Exchange: 2 Bread/Starch, 3 Meat

- 2 boneless skinless chicken thighs
- 2 small carrots, cut into ½-inch pieces
- 2 medium celery stalks, cut into ½-inch pieces
- ¼ medium onion, chopped
- 1 bay leaf
- 1 sprig fresh parsley
- 1 clove garlic
- 1 sprig fresh thyme
- 3 black peppercorns
- 1 cup cooked cannellini beans
- 1 plum tomato, chopped
- 1 teaspoon herbes de Provence
- ½ teaspoon salt
- ⅛ teaspoon black pepper
- 1 teaspoon extra virgin olive oil
- 1 tablespoon chopped fresh parsley
- Grated peel of 1 lemon

1. Place chicken in medium saucepan; add water to cover. Add carrots, celery, onion, bay leaf, parsley, garlic, thyme and peppercorns. Bring to a boil over high heat; reduce heat to low. Simmer 15 to 20 minutes or until vegetables are tender.

2. Remove chicken from saucepan; let cool 5 minutes.

3. Drain vegetables; reserve broth. Remove and discard bay leaf, parsley, garlic, thyme and peppercorns.

4. Cut chicken into bite-size pieces when cool enough to handle. Return chicken and vegetables to saucepan. Stir in beans, tomato, herbes de Provence, salt, black pepper and 1 cup reserved broth. Simmer 5 minutes.

5. Divide ragoût between two bowls; drizzle with oil. Sprinkle with chopped parsley and lemon peel.

Sassy Chicken & Peppers

MAKES 2 SERVINGS

Nutrients per Serving:
Calories 224, Total Fat 8g, Saturated Fat 1g, Protein 27g, Carbohydrates 11g, Cholesterol 69mg, Dietary Fiber 3g, Sodium 813mg

Dietary Exchange: 2 Vegetable, 3 Meat

- 2 teaspoons Mexican seasoning
- 2 boneless skinless chicken breasts (about ¼ pound each)
- 2 teaspoons vegetable oil
- 1 small red onion, sliced
- ½ medium red bell pepper, cut into thin strips
- ½ medium yellow or green bell pepper, cut into thin strips
- ¼ cup chunky salsa or chipotle salsa
- 1 tablespoon lime juice
- Lime wedges (optional)

1. Sprinkle seasoning over both sides of chicken; set aside.

2. Heat oil in large nonstick skillet over medium heat. Add onion; cook 3 minutes, stirring occasionally.

3. Add bell peppers; cook 3 minutes, stirring occasionally. Stir salsa and lime juice into vegetables.

4. Push vegetables to edge of skillet. Add chicken to skillet. Cook 5 minutes; turn. Continue to cook 4 minutes or until chicken is no longer pink in center and vegetables are tender.

5. Transfer chicken to serving plates; top with vegetable mixture. Garnish with lime wedges.

Take Note! If Mexican seasoning is not available, substitute 1 teaspoon chili powder, ½ teaspoon ground cumin, ½ teaspoon salt and ⅛ teaspoon ground red peppe

DATE NIGHT

Carolyn's Mandarin Salmon Salad

MAKES 2 SERVINGS

Nutrients per Serving:
Calories 331, Total Fat 16g, Saturated Fat 4g, Protein 25g, Carbohydrates 18g, Cholesterol 56mg, Dietary Fiber 4g, Sodium 543mg

Dietary Exchange: 1 Fat, 1 Fruit, 1 Vegetable, 3 Meat

- 1 skinless salmon fillet (8 ounces)
- ¼ teaspoon salt (optional)
- ¼ teaspoon black pepper
- 4 cups spring greens salad mix
- 1 can (8 ounces) mandarin oranges, drained and rinsed
- 2 tablespoons coarsely chopped walnuts
- 1 tablespoon Dijon mustard
- 1 tablespoon balsamic vinegar

1. Season salmon with salt, if desired, and pepper. Broil or grill fish 4 minutes per side or until firm and flakes when tested with fork.

2. Divide greens between two serving plates. Cut fillet in half and place one piece on each plate; top with orange segments and walnuts.

3. Combine mustard and vinegar in small bowl. Drizzle evenly over each salad.

Lemon-Asparagus Chicken with Dill

CARB

MAKES 2 SERVINGS

- ½ cup uncooked rice
- 1 teaspoon chicken bouillon granules
- ½ cup water
- 1 cup asparagus, cut in 2-inch pieces
- Nonstick cooking spray
- 6 ounces boneless skinless chicken breasts, cut into bite-size pieces
- 1 tablespoon lemon juice
- 2 teaspoons olive oil
- 1 tablespoon chopped dill *or* 1½ teaspoons dried dill weed
- ⅛ teaspoon salt
- 2 tablespoons finely chopped fresh parsley

1. Prepare rice according to package directions, adding bouillon granules to rice cooking water.

2. Meanwhile, place ½ cup water in 12-inch nonstick skillet; bring to a boil. Add asparagus; return to a boil. Reduce heat and simmer, covered, 3 minutes or until crisp-tender. Drain; set aside. Wipe out skillet with paper towel.

3. Coat now-empty skillet with cooking spray. Heat over medium-high heat until hot. Add chicken; cook and stir 3 minutes or until no longer pink in center. Remove from heat; add asparagus. Cover and keep warm.

4. Combine lemon juice, oil, dill and salt in small bowl.

5. Add rice, lemon juice mixture and parsley to chicken mixture; stir until blended.

Take Note! You can substitute ½ cup thawed frozen peas for the asparagus. Omit water and add peas to the chicken in step 3 once the chicken is cooked.

Sautéed Tilapia with Lemon Rice

MAKES 2 SERVINGS

Nutrients per Serving:
Calories 292, Total Fat 6g, Saturated Fat 2g, Protein 27g, Carbohydrates 32g, Cholesterol 64mg, Dietary Fiber 1g, Sodium 449mg

Dietary Exchange: 2 Bread/Starch, 2 Meat

- ⅔ cup water
- ⅓ cup basmati rice
- 2 teaspoons grated lemon peel
- 2 tilapia fillets (7 to 8 ounces total)
- ¼ teaspoon salt
- 2 tablespoons all-purpose flour
- ¼ teaspoon salt-free lemon-pepper seasoning
- 1 teaspoon canola oil
- ¾ cup reduced-sodium chicken broth
- ¼ cup lemon juice
- 1 teaspoon reduced-fat margarine
- 1 teaspoon lemon juice
- 2 tablespoons sliced green onion

1. In small saucepan combine water, rice and lemon peel. Bring to a boil. Reduce heat, cover and simmer, 15 minutes. Remove from heat. Let stand, covered, 5 minutes or until rice is tender and liquid is absorbed.

2. Meanwhile, rinse fish and pat dry with paper towels. In shallow dish combine salt, flour and lemon-pepper seasoning. Dip fish fillets in flour mixture, shaking off excess mixture.

3. Coat large nonstick skillet with nonstick cooking spray. Heat over medium-high heat. Add fish; cook 3 minutes or until fish is browned on one side. Flip fish and add oil to skillet. Cook 2 to 5 minutes more or until fish is browned and flakes easily with fork. Remove fish from skillet and loosely cover with foil.

4. Stir broth and ¼ cup lemon juice into drippings in skillet. Bring to a boil. Boil, uncovered, about 5 minutes or until mixture is reduced to ¼ cup. Remove from heat. Stir in margarine until melted.

5. Stir 1 teaspoon lemon juice into hot rice. Spoon onto serving plates. Top with warm fish. Drizzle with broth mixture. Sprinkle with onion. Serve immediately.

Vegetable Pitas

MAKES 2 SERVINGS

Nutrients per Serving:
Calories 133, Total Fat 3g, Saturated Fat 1g, Protein 7g, Carbohydrates 24g, Cholesterol 3mg, Dietary Fiber 5g, Sodium 334mg

Dietary Exchange: 1 Bread/Starch, ½ Fat, 1½ Vegetable

- 1 round whole wheat pita bread
- 2 Boston lettuce or red leaf lettuce leaves
- 1½ cups chopped assorted vegetables (broccoli florets, julienned carrots, red and yellow bell peppers, sliced mushrooms)
- 2 tablespoons crumbled reduced-fat feta cheese
- 1 tablespoon plus 1½ teaspoons reduced-fat, reduced-sodium balsamic or raspberry vinaigrette dressing

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Cut pita bread crosswise in half. Open pockets. Line with lettuce leaves. Combine vegetables, cheese and dressing in medium bowl. Mix well. Spoon into pita halves.

DATE NIGHT

Szechuan Pork Stir-Fry over Spinach

MAKES 2 SERVINGS
SERVING SIZE: 2 CUPS STIR-FRY

Nutrients per Serving:
Calories 270, Total Fat 10g, Saturated Fat 2g, Protein 31g, Carbohydrates 13g, Cholesterol 73mg, Dietary Fiber 3g, Sodium 971mg

Dietary Exchange: 2 Vegetable, 4 Meat

- 2 teaspoons dark sesame oil, divided
- ¾ cup matchstick carrots
- ½ pound pork tenderloin, cut into thin strips
- 3 cloves garlic, minced
- 2 teaspoons minced fresh ginger
- ¼ teaspoon red pepper flakes
- 1 tablespoon reduced-sodium soy sauce
- 1 tablespoon mirin* or dry sherry
- 2 teaspoons cornstarch
- 8 ounces baby spinach
- 2 teaspoons sesame seeds, toasted**

1. Heat 1 teaspoon oil in large nonstick skillet over medium-high heat. Add carrots; stir-fry 3 minutes. Add pork, garlic, ginger and red pepper flakes; stir-fry 3 minutes or until pork is barely pink in center.

2. Whisk soy sauce, mirin and cornstarch in small bowl until well blended. Pour into skillet; stir-fry 1 minute or until thickened.

3. Heat remaining 1 teaspoon oil in medium saucepan over medium-high heat. Add spinach; cover and cook 1 minute or until spinach is barely wilted.

4. Arrange spinach on two serving plates. Top evenly with pork mixture; sprinkle evenly with sesame seeds.

Take Note! Mirin, a sweet wine made from rice, is an essential flavoring in Japanese cuisine. Look for it in Asian markets and the Asian or gourmet section of some supermarkets. To toast the sesame seeds, spread them in a small skillet. Shake skillet over medium-low heat about 3 minutes or until the seeds begin to pop and turn golden.

Veggie-Beef Hash

MAKES 2 SERVINGS

Nutrients per Serving:
Calories 297, Total Fat 9g, Saturated Fat 2g, Protein 22g, Carbohydrates 33g, Cholesterol 29mg, Dietary Fiber 5g, Sodium 378mg

Dietary Exchange: 2 Bread/Starch, 1 Fat, 2 Meat

- 4 ounces cooked roast beef, trimmed, finely chopped
- 1½ cups frozen seasoning blend*
- 1 cup shredded potatoes
- ½ cup shredded carrots
- 1 egg white *or* 2 tablespoons liquid egg white
- ½ teaspoon dried rosemary
- ½ teaspoon black pepper
- ½ cup reduced-sodium salsa (optional)

1. Combine beef, seasoning blend, potatoes, carrots, egg white, rosemary and black pepper in large bowl.

2. Lightly spray large nonstick skillet with nonstick cooking spray; heat over medium-high heat. Add beef mixture; flatten with spatula. Cook 4 minutes or until browned on bottom, pressing down on cake several times. Turn and cook 4 minutes or until lightly browned and heated through. Serve with salsa, if desired.

Take Note! Frozen seasoning blend is a combination of finely chopped onion, celery, green and red bell peppers and parsley flakes. Fresh sliced bell peppers and onion can be substituted.

Apple Pancake Sandwiches

MAKES 2 SERVINGS

Nutrients per Serving:
Calories 233, Total Fat 4g, Saturated Fat 1g, Protein 11g, Carbohydrates 37g, Cholesterol 1mg, Dietary Fiber 3g, Sodium 655mg

Dietary Exchange: 2 Bread/Starch, 1 Fat, ½ Fruit

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2 small Granny Smith apples, peeled, cored and chopped (about 1 cup)

⅓ cup cholesterol-free egg substitute

2 tablespoons imitation bacon bits

½ teaspoon sugar substitute

¼ teaspoon ground cinnamon

4 frozen pancakes

4 teaspoons sugar-free maple syrup

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1. Combine apples, egg substitute, bacon bits, sugar substitute and cinnamon in small bowl.

2. Place 2 frozen pancakes on microwavable dish and top each evenly with apple mixture. Microwave on HIGH 3 minutes.

3. Drizzle with maple syrup; top with remaining pancakes. Microwave on HIGH 2 minutes.

4. Serve warm or let cool slightly.

Take Note! To reduce sodium and increase fiber, make your own pancakes from a multigrain pancake mix. Make them ahead of time and freeze them between layers of plastic wrap.

Walden Farms®

RECIPE AND NUTRITION INFO PROVIDED BY WALDEN FARMS

Banana Mocha French Toast

Nutrients per Serving:
Calories 215, Total Fat 7g, Saturated Fat 3g, Protein 14g, Carbohydrates 38g, Cholesterol 187mg, Dietary Fiber 5g, Sodium 287mg

2 eggs

1 cup Walden Farms Calorie Free Mocha Coffee Creamer

4 slices bread

1 medium banana, sliced into chunks

½ Cup Walden Farms Calorie Free Pancake Syrup

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1. Spray nonstick frying pan with nonstick cooking spray.

2. Whisk together eggs & Walden Farms Calorie Free Mocha Coffee Creamer* in a bowl and pour into small shallow baking dish. Dip & soak bread in mixture.

3. Heat nonstick pan over medium heat. Brown bread until golden on both sides.

4. Quickly warm sliced banana chunks in pan after French toast has been removed, if desired.

5. Top with banana chunks and Walden Calorie Free Pancake Syrup.

Take Note! You may also enjoy flavoring your French Toast with Walden Farms Calorie Free Original, Sweet Cream, Hazelnut or French Vanilla Coffee Creamer.

DATE NIGHT

Bolognese Sauce & Penne Pasta

MAKES 2 SERVINGS

Nutrients per Serving:
Calories 292, Total Fat 5g, Saturated Fat 2g, Protein 21g, Carbohydrates 40g, Cholesterol 45mg, Dietary Fiber 4g, Sodium 734mg

Dietary Exchange: 2 Bread/Starch, 1 Vegetable, 2 Meat

½ pound 95% lean ground beef
⅓ cup chopped onion
1 clove garlic, minced
1 can (8 ounces) tomato sauce
⅓ cup chopped carrot
¼ cup water
2 tablespoons red wine
1 teaspoon Italian seasoning
1 ½ cups hot cooked penne pasta
Chopped fresh parsley

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1. Brown beef, onion and garlic in medium saucepan over medium-high heat 6 to 8 minutes, stirring to break up meat. Drain fat.

2. Add tomato sauce, carrot, water, wine and Italian seasoning; bring to a boil. Reduce heat; simmer 15 minutes.

3. Serve sauce over pasta. Sprinkle with parsley.

Green Chile Chilaquiles For 2

MAKES 2 SERVINGS

Nutrients per Serving:
Calories 170, Total Fat 6g, Saturated Fat 0g, Protein 11g, Carbohydrates 19g, Cholesterol 0mg, Dietary Fiber 2g, Sodium 434mg

Dietary Exchange: 1½ Bread/Starch, 1 Meat

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2 teaspoons canola oil
½ cup chopped sweet onion
5 large egg whites
1 can (14.5 ounces) chopped mild green chiles, undrained
2 corn tortillas
2 teaspoons chipotle pepper sauce
2 tablespoons chopped fresh cilantro

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1. Heat oil in large nonstick skillet over medium heat. Add onion; cook and stir 6 to 7 minutes or until beginning to brown.

2. Meanwhile, beat egg whites lightly with a fork in medium bowl. Stir in green chiles. Cut tortillas in half. Stack halves and cut crosswise into ½-inch-thick slices; stir into egg mixture.

3. Add mixture to skillet; cook, stirring occasionally, until eggs are softly set. Serve with chipotle pepper sauce and cilantro.

Take Note!
Chilaquiles are a traditional Mexican casserole-type dish made with corn tortillas, salsa or hot pepper sauce, and eggs. The dish is typically served for breakfast or lunch, but can be eaten at any time.

SUPERMARKET SMARTS

Tortilla Chips

By Lea Ann Holzmeister, RD, CDE

Tortilla chips are the chip of choice for dipping salsa, chile con queso and guacamole. Made from corn tortillas cut into wedges and then fried or baked, tortilla chips are nudging out regular potato chips as the most popular dipping chip.

Tortilla chips come in many different sizes and shapes including rounds, triangles, rectangular strips and "scoops." Usually made from yellow corn, they also can be made from white, blue or red corn. They also are available in multigrain, black bean, sweet potato and even pumpkin varieties.

Tortilla chips often are seasoned with herbs and spices such as cheese flavor, salsa, lime and chili. It's even possible to find guacamole flavored tortilla chips from Garden of Eatin' Organic. Tostitos Artisan varieties include Baked Three Cheese Queso, Grilled Red Pepper & Tomato and Roasted Garlic and Black Bean.

Corn is the staple ingredient, and ground corn (masa harina) is the corn ingredient used in tortilla chips. Masa harina is made by soaking dent corn in alkaline water to loosen the shell and remove the bran. As a result, the kernels swell to twice their original size and are then dried and ground. The ground corn is mixed with vegetable oil, salt and water and rolled into tortillas.

This edition of Supermarket Smarts focuses on tortilla chips available in most supermarkets. To compare brands, read the Nutrition Facts panels and ingredient listings.

It's no secret that tortilla chips have a "high calorie, high fat, high sodium" reputation, with over 45% of most chips' calories coming from fat. They generally contain fewer calories and fat than potato chips, but not by much. A one-ounce serving of potato chips contains 150 calories and 10 grams of fat; the same size serving of tortilla chips contains 140 calories and 7 grams of fat. But the thought of giving up tortilla chips because of their sketchy nutrition profile can be overwhelming, even to the most disciplined eater. There is something about the salty crispness of a tortilla chip dipped into salsa or guacamole that makes it irresistible.

Most brands now use unsaturated vegetable oils, so the finished products no longer contain trans fat, and most contain very little saturated fat. The saturated fat content of tortilla chips ranges from zero to two grams per one-ounce serving. The American Diabetes Association recommends people with diabetes limit saturated fat intake to less than 7% of calorie intake, and trans fat should be minimized. For a person on a 1,500-calorie per day meal plan in which 7% of calories come from saturated fat, that would mean consuming less than 12 grams of saturated fat per day. For those consuming a two- to three-ounce serving of tortilla

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chips, saturated fat intake can add up. For example, On the Border brand tortilla chips contain 1.5 to two grams of saturated fat per one-ounce serving. A two- to three-ounce serving would contain three to six grams of saturated fat, almost 50% of the daily intake for someone on a 1,500-calorie plan.

The fat content of regular tortilla chips is 7 to 8 grams of fat per serving, or 45% to 50% of calories from fat. They are high in fat and also high in calories. Regular tortilla chips contain 140 to 150 calories per one-ounce serving, which contains about 7 to 10 chips, depending on the chip size. For most of us, 7 to 10 chips are just enough to get happy hour started! A more typical serving is 2 to 3 ounces (15 to 20 chips), or 280 to 420 calories. And this does not include the calories in the salsa or dip!

BAKED OR REDUCED FAT VERSIONS OF TORTILLA CHIPS MAY CONTAIN HIGHER AMOUNTS OF CARBOHYDRATE AND SODIUM TO COMPENSATE FOR THE FLAVOR LOST WHEN FAT IS REMOVED.

But tortilla chip manufacturers have answered the call from consumers who want their chips but want to eat healthy, too. Baked tortilla chips, as well as reduced fat chips, are available from several brand-name manufacturers. Trader Joe's Baked Salted Blue Corn Tortilla Chips have just 110 calories and two grams of fat in a one-ounce serving, providing 21% fewer calories and 29% fewer calories from fat. Snyder's of Hanover Reduced Fat Tortilla Chip varieties contain 5 grams of fat per one-ounce serving, but their calorie count remains at 130 to 140 per serving. When describing fat content as reduced, the food must have at least 25% less of these nutrients than the "regular" version.

Keep in mind that baked or reduced varieties are not necessarily lower in sodium and may contain more carbohydrate than their regular versions (which keeps the calorie content similar to that of regular tortilla chips). Garden of Eatin' Organic Baked Yellow Corn Tortilla Chips contain 21 grams of carbohydrate per one-ounce serving, compared to 16 to 18 grams found in most tortilla chips, which is equal to one carbohydrate serving. Tortilla chip brands containing 21 grams of carbohydrate per one-ounce serving would count as 1½ carbohydrate servings.

Tortilla chips can be made from yellow corn, white corn, flour, whole wheat or blue cornmeal. In some cases, sweet potatoes, black beans, pumpkin, oats, wheat bran and flaxseed also are ingredients. These ingredients, as well as the processing methods, will affect the fiber content of the chips. The fiber content ranges from one to three grams per serving. Brands containing wheat bran, whole wheat, black beans and flaxseed will contain closer to 2 to 3 grams of fiber per serving. Trader Joe's Multigrain Tortilla Chips contain corn, wheat and steel cut oats and contains three grams of dietary fiber per one-ounce serving.

There are a number of health benefits of fiber, including GI regularity and health, lower cardiovascular risk and decreased risk of diabetes. Read the Nutrition Facts panels on food labels and choose tortilla chips with 2 to 3 grams of fiber per serving, which can add additional fiber to your diet, particularly if you eat 2 to 3 ounces.

There's no denying that tortilla chips can be high in sodium. Regular tortilla chips contain about 120 milligrams of sodium per serving, but the range of sodium content can be wide, from 50 milligrams per one-ounce serving of Trader Joe's White Corn Tortilla Chips to 290 milligrams per one-ounce serving of Jacked Doritos. Tostitos varieties all contain similar sodium content, 90 to 130 milligrams per serving.

The American Diabetes Association recommends people with diabetes

reduce their sodium intake to 2,300 milligrams (or less) per day to lower blood pressure and reduce risk of cardiovascular disease. Therefore, a one-ounce serving of tortilla chips can provide up to 12% of daily recommended sodium intake. Some chip manufacturers offer an alternative, including Trader Joe's Unsalted Organic White Corn Tortilla Chips, which contain zero milligrams of sodium. Some brands, such as Mission, are generally lower in sodium, containing 90 to 120 milligrams of sodium per serving in all varieties.

So which tortilla chips should you turn to for your favorite dipping needs? By comparison shopping, you will find the product that suits your nutrition needs and your taste buds.

When eating tortilla chips (and other high-fat snack chips), know your nutrition goals and your target intake of calories, carbohydrate, fat and sodium. Decide what is more important—eating a larger portion of the reduced fat version or eating a smaller amount of the full fat version. Some people choose to give up other foods (such as dressing on their salad or jam on their toast) so they can have their chips. Start by looking for the lower calorie, lower fat and lower salt versions of your favorite brand. Then compare the amount in your typical portion of a lower calorie version to a full calorie/fat/salt version.

Start comparing by finding the serving size on the Nutrition Facts panel. Serving sizes of tortilla chips are, for the most part, uniform across product lines—at one ounce—to enable you to compare the nutrient profiles of baked versus fried tortilla chips. Keeping track of your portion size is just as important when a food is baked or reduced fat. Many times when we know a food is low in fat or calories, we tend to eat more of it.

Remember, baked or reduced fat versions of tortilla chips may contain higher amounts of carbohydrate and sodium to compensate for the flavor lost when fat is removed. Pay attention to the amount of calories in a serving of baked or reduced fat tortilla chips—fat free is not synonymous with low calorie.

To keep portion sizes small when eating tortilla chips, eat large amounts of salsa, which is low in calories and fat. A two-tablespoon serving of most brands of salsa contains 10 calories or less and 2 to 3 grams of carbohydrate. Salsa would count as a "free food" in a diabetes meal plan.

Choose healthy, crunchy "chip stand-ins" to eat along with your tortilla chips. These include fresh crudités such as broccoli, cauliflower, baby carrots, celery, zucchini, cherry or grape tomatoes, cucumber, pea pods, jicama and bell peppers. Munching on vegetables will help limit your tortilla chip serving. Munching on vegetables along with your tortilla chips will help you limit your tortilla chip serving.

Correction: In the November-December 2015 Supermarket Smarts column, which featured coffee creamers, the table incorrectly listed the sugar content for International Delight French Vanilla, Fat Free, which contains 5 grams of sugar per one tablespoon serving.

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TORTILLA CHIPS

	SERVING	CALORIES	FAT (g)	FAT CALORIES	SATURATED FAT (g)	TRANS FAT (g)	CHOLESTEROL (mg)	SODIUM (mg)	CARBOHYDRATE (g)	SUGAR (g)	FIBER (g)	PROTEIN (g)
Doritos												
Nacho Cheese	1 oz	140	8	70	1	0	0	210	16	0	1	2
Salsa Verde	1 oz	140	7	70	1	0	0	210	19	1	1	2
Spicy Nacho	1 oz	140	8	70	1	0	0	190	16	0	1	2
Spicy Sweet Chili	1 oz	140	7	70	1	0	0	270	18	<1	1	2
Taco Flavor	1 oz	140	8	70	1	0	0	170	16	0	1	2
Toasted Corn	1 oz	140	7	60	1	0	0	120	18	0	1	2
Cool Ranch	1 oz	150	8	70	1	0	0	180	18	<1	2	2
Jacked	1 oz	130	7	60	1	0	0	290	17	0	1	2
Garden of Eatin' Organic												
Blue Corn	1 oz	140	7	60	0.5	0	0	60	18	0	2	2
Blue Corn Unsalted	1 oz	140	7	60	0.5	0	0	10	18	0	2	2
Red Corn	1 oz	140	7	60	1	0	0	70	18	0	1	2
White Corn	1 oz	140	6	50	0.5	0	0	70	19	0	2	2
Yellow Corn	1 oz	140	7	60	0.5	0	0	70	18	0	2	2
Baked Blue Corn with Flaxseed	1 oz	120	3	30	1	0	0	120	20	0	3	3
Baked Yellow Corn	1 oz	120	2	20	0	0	0	120	21	0	3	3
Popped Multigrain with Sea Salt	1 oz	110	3	30	0	0	0	280	19	1	3	2
Nacho	1 oz	140	6	50	0.5	0	0	140	18	<1	2	2
Chili and Lime White Corn	1 oz	140	7	60	1	0	0	125	18	1	2	2
Salsa Reds	1 oz	140	7	60	1	0	0	170	18	0	3	2
Pico De Gallo	1 oz	140	7	60	0.5	0	0	150	18	0	3	2
Guacamole	1 oz	140	6	50	0.5	0	0	170	19	<1	2	2
Black Bean Chili	1 oz	140	7	60	0.5	0	0	130	17	0	4	3
Multigrain Blues w/Sea Salt	1 oz	130	7	60	0.5	0	0	110	16	1	2	2
Mission												
White Corn Strips	1 oz	140	6	60	1.5	0	0	90	19	0	1	2
Yellow Corn Rounds	1 oz	140	6	60	1.5	0	0	90	19	0	1	2
White Corn Triangles	1 oz	140	6	60	1.5	0	0	90	19	0	1	2
Organic Blue Corn	1 oz	150	8	70	1	0	0	100	17	0	2	2
Organic White Corn	1 oz	130	5	50	0.5	0	0	120	19	0	2	2
Organic Multigrain	1 oz	140	7	60	1	0	0	90	18	0	2	2
On The Border												
Blue Corn	1 oz	140	7	60	1.5	0	0	80	18	0	1	2
Café Style	1 oz	140	7	60	2	0	0	110	18	2	0	2
Cantina Thins	1 oz	150	8	70	1.5	0	0	120	17	0	0	2
Tortilla Rounds	1 oz	140	7	60	1.5	0	0	115	18	0	2	2
Organic Que Pasa												
Blue Corn	1 oz	140	6	60	0.5	0	0	50	19	0	2	2
White Corn	1 oz	140	7	60	0.5	0	0	50	18	0	2	2
Santitas												
White Corn	1 oz	140	8	50	1	0	0	115	19	0	2	2

	SERVING	CALORIES	FAT (g)	FAT CALORIES	SATURATED FAT (g)	TRANS FAT (g)	CHOLESTEROL (mg)	SODIUM (mg)	CARBOHYDRATE (g)	SUGAR (g)	FIBER (g)	PROTEIN (g)
Yellow Corn	1 oz	140	8	50	1	0	0	110	19	0	2	2
Yellow Corn, Lightly Seasoned	1 oz	130	7	60	1	0	0	150	17	0	1	2
Simple Truth Organic												
Blue Corn	1 oz	140	6	60	0.5	0	0	100	18	0	1	2
Yellow Corn	1 oz	140	6	60	0.5	0	0	75	18	0	1	2
White Corn	1 oz	140	6	60	0.5	0	0	75	18	0	1	2
Synder's of Hanover												
Yellow Corn, Reduced Fat	1 oz	140	5	45	0	0	0	135	21	0	2	2
White Corn, Reduced Fat	1 oz	130	5	45	0	0	0	110	21	0	2	2
Restaurant Style, Reduced Fat	1 oz	130	5	45	0	0	0	120	20	0	4	2
Whole Grain, Reduced Fat	1 oz	130	5	45	0	0	0	170	19	1	2	2
Tostitos												
Original Restaurant Style	1 oz	140	7	60	1	0	0	115	19	0	1	2
Rolls	1 oz	150	8	70	1	0	0	115	18	0	1	2
Fajita Scoops	1 oz	130	7	60	1	0	0	130	17	0	1	2
Scoops	1 oz	140	7	60	1	0	0	120	19	0	1	2
Oven Baked Scoops	1 oz	120	3	25	0.5	0	0	140	22	0	2	2
Artisan Baked Three Cheese Queso	1 oz	150	8	70	1	0	0	120	18	<1	2	2
Artisan Grilled Red Pepper & Tomato Salsa	1 oz	150	8	70	1	0	0	120	18	0	1	2
Artisan Roasted Garlic & Black Bean	1 oz	140	7	60	1	0	0	90	18	0	2	2
Bite Size	1 oz	140	7	70	1	0	0	110	18	0	1	2
Cantina Thin and Crispy	1 oz	150	8	70	1	0	0	110	18	0	2	2
Cantina Traditional	1 oz	150	8	70	1	0	0	110	18	0	1	2
Crispy Rounds	1 oz	140	7	70	1	0	0	120	18	0	1	2
Hint of Lime	1 oz	150	7	70	1	0	0	125	18	<1	1	2
Multigrain Scoops	1 oz	140	7	60	1	0	0	110	17	<1	2	2
Multigrain	1 oz	150	7	70	1	0	0	110	19	<1	2	2
Trader Joe's												
Pumpkin	1 oz	140	8	70	1	0	0	150	16	0	2	2
Organic Yellow Corn Rounds	1 oz	140	7	60	0.5	0	0	80	16	0	2	2
Sweet Potato	1 oz	130	6	60	0.5	0	0	95	17	2	2	1
Quinoa & Black Bean Infused	1 oz	140	7	60	1	0	0	50	18	2	2	0
Organic Stone Ground Blue Corn w/Sprouted Amaranth, Quinoa & Chia Seeds	1 oz	130	9	60	1.5	0	0	40	17	0	2	3
Nacho Cheese	1 oz	140	8	70	1	0	0	240	14	1	1	2
Unsalted Organic White Corn	1 oz	140	7	60	0.5	0	0	0	15	0	2	2
Salted White Corn	1 oz	120	4.5	45	0.5	0	0	50	21	0	2	2
Salted Yellow Corn	1 oz	130	4.5	40	0.5	0	0	50	20	0	2	2
Organic Blue Corn	1 oz	140	8	70	0.5	0	0	120	15	0	3	2
Restaurant Style White Corn	1 oz	140	6	50	0.5	0	0	110	19	0	1	2
Organic Reduced Guilt White Corn	1 oz	120	4	35	0	0	0	120	19	0	1	2
Baked Salted Blue Corn	1 oz	110	2	15	0	0	0	160	22	0	2	3
Multigrain (Corn, Wheat, Steel Cut Oats)	1 oz	140	6	50	0.5	0	0	140	19	<1	3	2
Organic White Corn	1 oz	140	7	60	0.5	0	0	80	15	0	2	2
Veggie & Flaxseed	1 oz	130	6	60	1	0	0	50	17	0	3	2

Sean Walsh

Sean Walsh is a U.S. Army veteran and a senior consultant for Deloitte Consulting LLP's Federal Government Services practice. He also is a Type 1 diabetic, a diagnosis that came following an overseas mission while serving with the U.S. Special Operations Command (SOCOM). Last summer, Walsh joined 250 wounded, ill and/or injured service members and veterans participating in the 2015 Department of Defense Warrior Games. Athletes competed in eight adaptive sports: archery, cycling, field, shooting, sitting volleyball, swimming, track and wheelchair basketball.

DSM: How did your diagnosis come about? What were your initial concerns?

SW: I was stationed in Hawaii in 2011, and after returning from a mission to South Asia I started to exhibit classic symptoms of Type 1 diabetes. I had recently committed to becoming much more serious about my triathlon training, so I initially attributed my weight loss and fatigue to my new, intense exercise program. But after a few weeks, I knew something was seriously wrong. I tried to do a 10K race in Hawaii and was barely able to make it back. I sat in my car for at least two hours before I was able to go home.

When my unit returned to North Carolina a few weeks later, our battalion doctor was essentially able to diagnosis me on the spot. My A1C was 13.1, so I spent the night in the ICU. However, the next day I met with the endocrinologist and the diabetes educator and I began to learn how to manage my diabetes. While we still don't know what causes Type 1 diabetes—it likely is a combination of genetic and environmental factors—my endocrinology team feels environmental factors played more heavily in my case.

I think my initial reaction, like many adults who are diagnosed with Type 1, was almost a sense of relief that I knew what was wrong and why I was feeling so terrible. However, I also knew there was a really good chance that I would have to leave the military. My first thoughts were, "What am I going to do now?" At 29, I had been in the military since I was 18 when I entered West Point, and I had planned on making it a career. My diagnosis put that in question, so I immediately had to begin to make alternative plans.

I was fortunate to be assigned to U.S. Special Operations Command (SOCOM) at the time, and I knew that I would be well taken care of. The SOCOM Care Coalition does a phenomenal job taking care of our Special Operations personnel both during the time they are wounded, injured or become ill and, just as importantly, in the months and years afterward during their recovery and transition to the future. I knew there were a lot of great opportunities out there, so the attitude that my wife and I had was, "Okay, let's deal with this, get healthy, and then let's go find the next adventure."

The military has a formal process to review situations in which a service member is wounded, injured or ill to decide whether he or she is able stay in the military. While I waited for this process to go through, I continued to train with my unit as I did before my diagnosis. I was quickly able to get on an insulin pump, and when I was able to show that my diabetes was well managed, I did all the same training as my teammates. I parachuted out of airplanes and conducted advanced marksmanship training all with my insulin pump (very securely) attached.

However, the ultimate decision of the medical board was that I had to leave the military and, in August 2012, I took off my uniform, drove to Washington, D.C., and started graduate school the next day.

DSM: How has having diabetes affected and/or changed your approach to exercise and fitness? Has it limited what you can do in any way (i.e., duration, intensity)?

SW: I think the biggest impact is that it has forced me to be more conscientious about my training. If I'm going on a long ride or run I always take extra food with me, and I'm always careful to test my blood sugar before, during and after exercise. I also always make sure someone knows where I'm going to be in case I get into trouble out on the road. I sometimes also use a fitness app to broadcast my location. However, these are probably smart things every runner or cyclist should do to exercise safely!

You also have to get very in tune with your body. When you are working as hard as possible in a race or training and it really starts to hurt, you have to be self-aware enough to determine if it's hard because you are racing at your limit or your blood sugar needs correction. That comes from practice and careful monitoring.

I've also been fortunate enough to work with a great coach who understands the unique needs of diabetic athletes. I've worked with Marion Summerer since I was diagnosed, and her coaching and knowledge have been essential to helping me stay healthy and become the best athlete and triathlete I can. I'm racing better now, almost four years after my diagnosis, than I ever did before.

DSM: How important has it been for you to stay active? What, if any, effect has your physical fitness had on your diabetes?

SW: Staying active has been incredibly important to me for two reasons. First, exercise is a really powerful way to help to manage your diabetes. Second, fitness and racing are my way of showing the world that I'm not going to let this disease keep me down.

DSM: In the Warrior Games, you competed in cycling, track and swimming; do you require adaptive sports or is your participation more to support fellow service members and veterans?

SW: At the Warrior Games, I competed in the 6.0 or "open" category against other veterans and service members with conditions that are serious but don't significantly affect their performance in the way that a permanent injury might. That might include other chronic diseases, or perhaps they are using sport to help overcome the challenges of post-traumatic stress. It's actually one of the largest categories in terms of participation. We've also clearly seen that diabetics are able to compete at the highest level of sport, in the NFL, NASCAR or pro cycling, so for me it's less about the adaptive nature of the competition and more about representing U.S. Special Operations and supporting my teammates.

As the smallest service, SOCOM has struggled in previous Warrior Games to post a high medal count, but 2015 was our best year so far, and we were able to beat out one of the larger services. Without a doubt, the biggest thrill was being a part of SOCOM's success and contributing five medals to our total.

Also, my company, Deloitte, is a big supporter and sponsor of the Warrior Games. Every day, I was able to race and train in front of all of my incredible colleagues who had volunteered more than a week of their time to help make the Warrior Games a success. It was really amazing.

DSM: What advice would you give to adults diagnosed with Type 1 diabetes?

SW: My biggest advice is to stay optimistic. We are making advances every day in diabetes care, on both the management side and the therapeutic side. I would also encourage everyone to try and have a positive outlook. Being diagnosed with Type 1 diabetes is a life-changing event without a doubt, but a lot depends on whether that change is positive or negative. If you are proactive and own your disease, there are very few things you can't accomplish. ◻

--Cheryl Rosenfeld

Standout Imagery

Tartoos

These "injection management grid" temporary tattoos act as a tracking device for your injection regions.

If your diabetes management routine requires frequent insulin injections, it's critical to rotate your daily injection sites to prevent lipohypertrophy, or lumps of fatty tissue under the skin caused by repeated injections in the same spot. These fatty lumps aren't just unsightly: They can impede the absorption of your insulin.

The American Diabetes Association currently recommends rotating injection sites in the same region of the body since insulin is absorbed at different rates depending on where it is injected. (Insulin in the abdomen is absorbed much faster than in the thigh, for example.) The National Institute of Health advises choosing a new injection location at least one inch away from a recent injection spot.

But if you're giving yourself multiple injections on a daily basis, how are you supposed to remember *exactly* where you injected yourself two days ago, yesterday or even earlier that morning?

Enter Tartoos, a new product from Facet Technologies aimed at managing daily injection sites. These "injection management grid" temporary tattoos act as a tracking device for your injection regions. Each injection "dot" is spaced one inch apart from the others on the grid. When you clean your injection site for the day using an antiseptic wipe, the designated tattoo "dot" is removed from your skin. When all 20 dots are removed, simply apply a new Tartoo sheet and begin again in the same pattern.

Tartoos (a shortened version of "targeted tattoos") are particularly ideal for children or diabetes patients with multiple caregivers, since by using them there's never a question about where the last injection was given. They're also useful for newly diagnosed patients to get a sense of proper insulin rotation.

"After examining the high rate of lipohypertrophy among diabetic patients and often hearing the question, 'How do I keep track of where I injected last?' in patient education sessions, Visual Medical decided to embark on providing a solution to an unmet patient need," said Visual Medical CEO Rachael Jacques.

Jacques said the product is used equally by both Type 1 and Type 2 diabetes patients and is used throughout the country to instruct patients on proper injection site rotation. □

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Cheesy Potato Skins

MAKES 8 SERVINGS

Nutrients per Serving:
Calories 90, Total Fat 2g, Saturated Fat 1g, Protein 5g, Carbohydrates 14g, Cholesterol 5mg, Dietary Fiber 2g, Sodium 215mg

Dietary Exchange: 1 Bread/Starch, ½ Meat

- 2 tablespoons grated Parmesan cheese
- 3 cloves garlic, finely chopped
- 2 teaspoons dried rosemary
- ½ teaspoon salt
- ¼ teaspoon black pepper
- 4 baked potatoes
- 2 egg whites, lightly beaten
- ½ cup (2 ounces) shredded part-skim mozzarella cheese
- Salsa (optional)

1. Preheat oven to 400°F. Combine Parmesan cheese, garlic, rosemary, salt and pepper in small bowl; mix well.

2. Cut potatoes lengthwise in half. Remove and discard potato interior, leaving ¼-inch-thick shells. Cut each potato half lengthwise into 2 wedges. Place on baking sheet.

3. Brush potato wedges with egg whites; sprinkle with Parmesan cheese mixture. Bake 20 minutes.

4. Sprinkle with mozzarella cheese. Bake 2 minutes or until cheese is melted. Serve with salsa, if desired.

Digital Bonus

Vegetable-Chicken Noodle Soup

MAKES 6 SERVINGS

Nutrients per Serving:
Calories 98, Total Fat 2g, Saturated Fat 1g, Protein 10g, Carbohydrates 12g, Cholesterol 18mg, Dietary Fiber 1g, Sodium 73mg

Dietary Exchange: ½ Bread/Starch, ½ Vegetable, 1 Meat

---

1 cup chopped celery

½ cup thinly sliced leek (white part only)

½ cup chopped carrot

½ cup chopped turnip

6 cups fat-free reduced-sodium chicken broth, divided

1 tablespoon minced fresh parsley

1½ teaspoons fresh thyme *or* ½ teaspoon dried thyme

1 teaspoon minced fresh rosemary leaves *or* ¼ teaspoon dried rosemary

1 teaspoon balsamic vinegar

¼ teaspoon black pepper

2 ounces uncooked yolk-free wide noodles

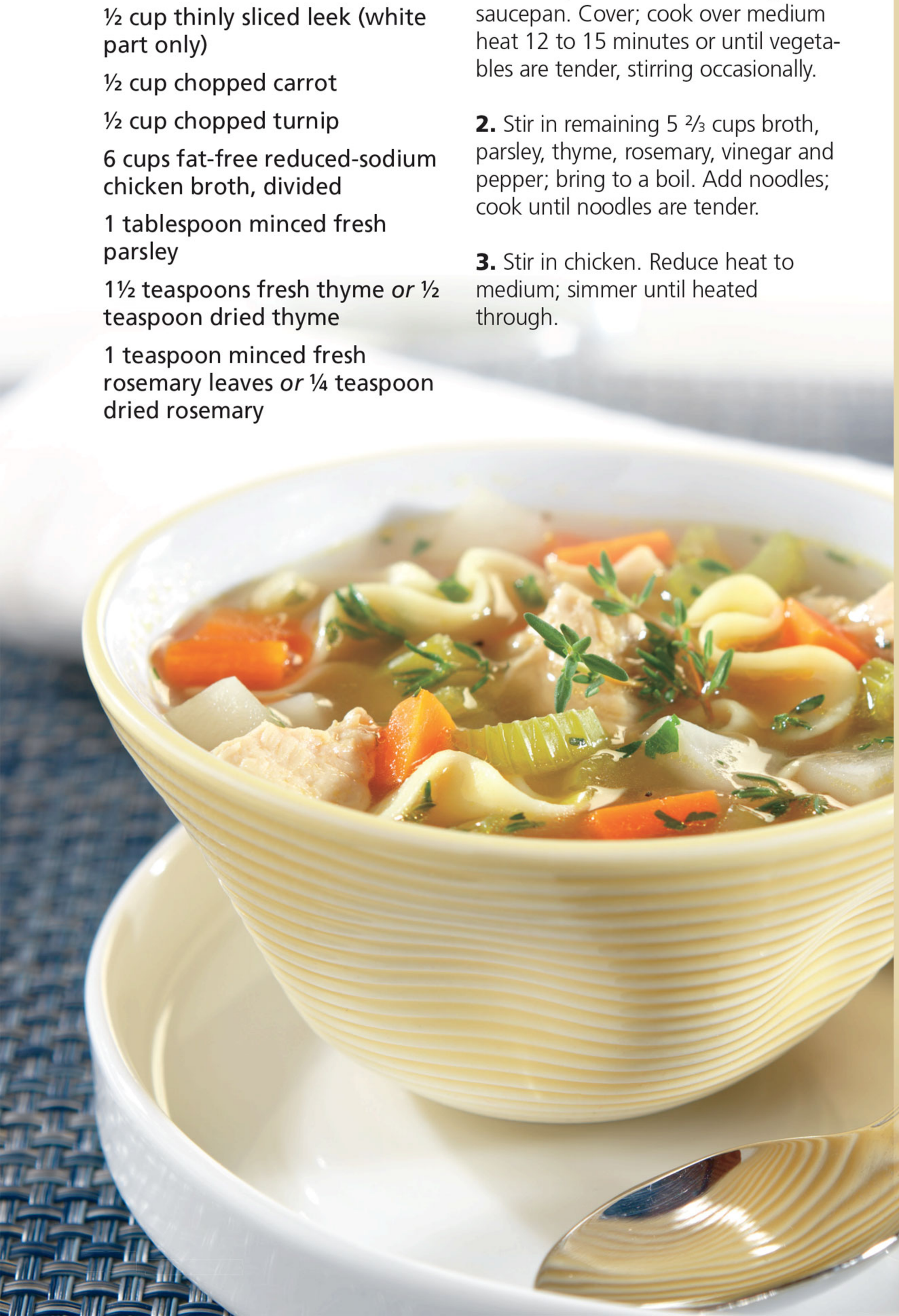
1 cup boneless skinless chicken breast, cooked and diced

---

1. Combine celery, leek, carrot, turnip and ⅓ cup chicken broth in large saucepan. Cover; cook over medium heat 12 to 15 minutes or until vegetables are tender, stirring occasionally.

2. Stir in remaining 5 ⅔ cups broth, parsley, thyme, rosemary, vinegar and pepper; bring to a boil. Add noodles; cook until noodles are tender.

3. Stir in chicken. Reduce heat to medium; simmer until heated through.



Barley Lentil Soup

YIELD: MAKES 8 SERVINGS
SERVING SIZE: 1¼ CUPS SOUP

Nutrients per Serving:
Calories 130, Total Fat 1g, Saturated Fat 0g, Protein 5g, Carbohydrates 26g, Cholesterol 0mg, Dietary Fiber 7g, Sodium 189mg

Dietary Exchange: 2 Bread/Starch

Nonstick cooking spray

1 cup sliced onion (or frozen chopped onions, thawed)

1 teaspoon minced garlic

3 cups water

3 cups fat-free vegetable broth

2 cups frozen vegetable blend (soup vegetables including carrots and celery), thawed

1 can salt-free stewed diced tomatoes

1 cup lentils

⅔ cup pearled barley

1 teaspoon dried oregano

1 teaspoon dried basil

1 bay leaf

½ teaspoon dried thyme

⅛ teaspoon black pepper

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1. Coat large saucepan or Dutch oven with cooking spray; heat over medium-high heat. Cook and stir onions and garlic 2 minutes or until golden brown.

2. Add remaining ingredients; bring to boil. Reduce heat, simmer; stirring occasionally, 50 minutes or until barley is tender. Remove and discard bay leaf.