

# HELPSMANAGE YOUR DIABETES



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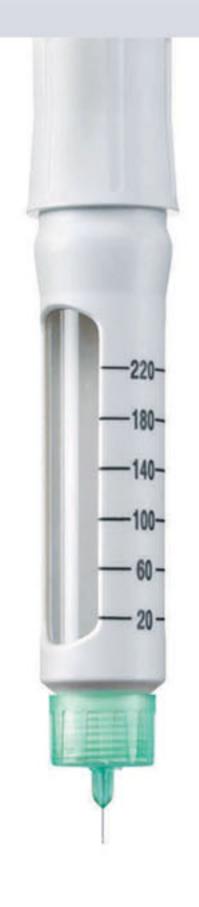
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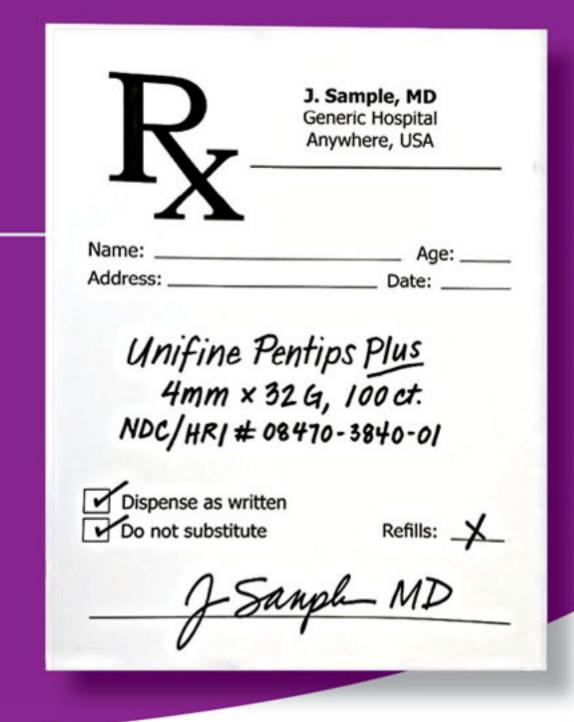
Unifine Pentips Plus

# Make the switch to the <u>only</u> pen needle with a built-in remover.

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Even if you are disciplined about checking your blood sugar, you may want help staying on a regular schedule or getting more exercise. Or you may be in need of a new best friend. Find out if a dog might be a good option for you.

# Dear Readers,

A DOG'S NOSE IS REMARKABLY ACCURATE—it is said a dog's sense of smell is 1,000 times more sensitive than a human's. According to the National Institute for Diabetic Alert Dogs, a dog has more than 225 million scent receptors in its nose (humans have 5 million), and one eighth of a dog's brain is comprised of the olfactory bulb. So dogs can be trained to recognize a distinct scent.

My husband and I have had dogs for the past 23 years. We've had a variety of extremely smart terriers: one who would alert us as soon as our infant daughter awoke from her nap; one who stayed with me after I sprained an ankle on a trail run; one who insisted on accompanying our children to the swing set and sat between them and the woods beyond the fence, protecting them from would-be predators. And I've met countless service dogs helping their owners in a variety of capacities. But I never knew that dogs could help people with diabetes.

When a person with diabetes has hypoglycemia or hyperglycemia, his/her body releases chemicals that have a distinct odor undetectable by humans. But these scents can be detected by specially trained dogs, according to Diabetic Alert Dogs of America. Diabetic Alert Dogs (DADs) can prevent serious occurrences of both low and high blood sugar and, in some case, save their owners' lives.

Learn all about DADs in this issue of *Diabetes Self-Management (Dogs for Diabetes*, page 20). Even if you are disciplined about checking your blood sugar, you may want help staying on a regular schedule or getting more exercise. Or you may be in need of a new best friend. Find out if a dog might be a good option for you.

Also in this issue, we examine the past year's FDA approvals for diabetes medicines (*Coming Soon to a Pharmacy Near You*, page 76), and look at how some new holistic practices could complement your medical treatment (*Finding the Mind-Body Connection*, page 80).

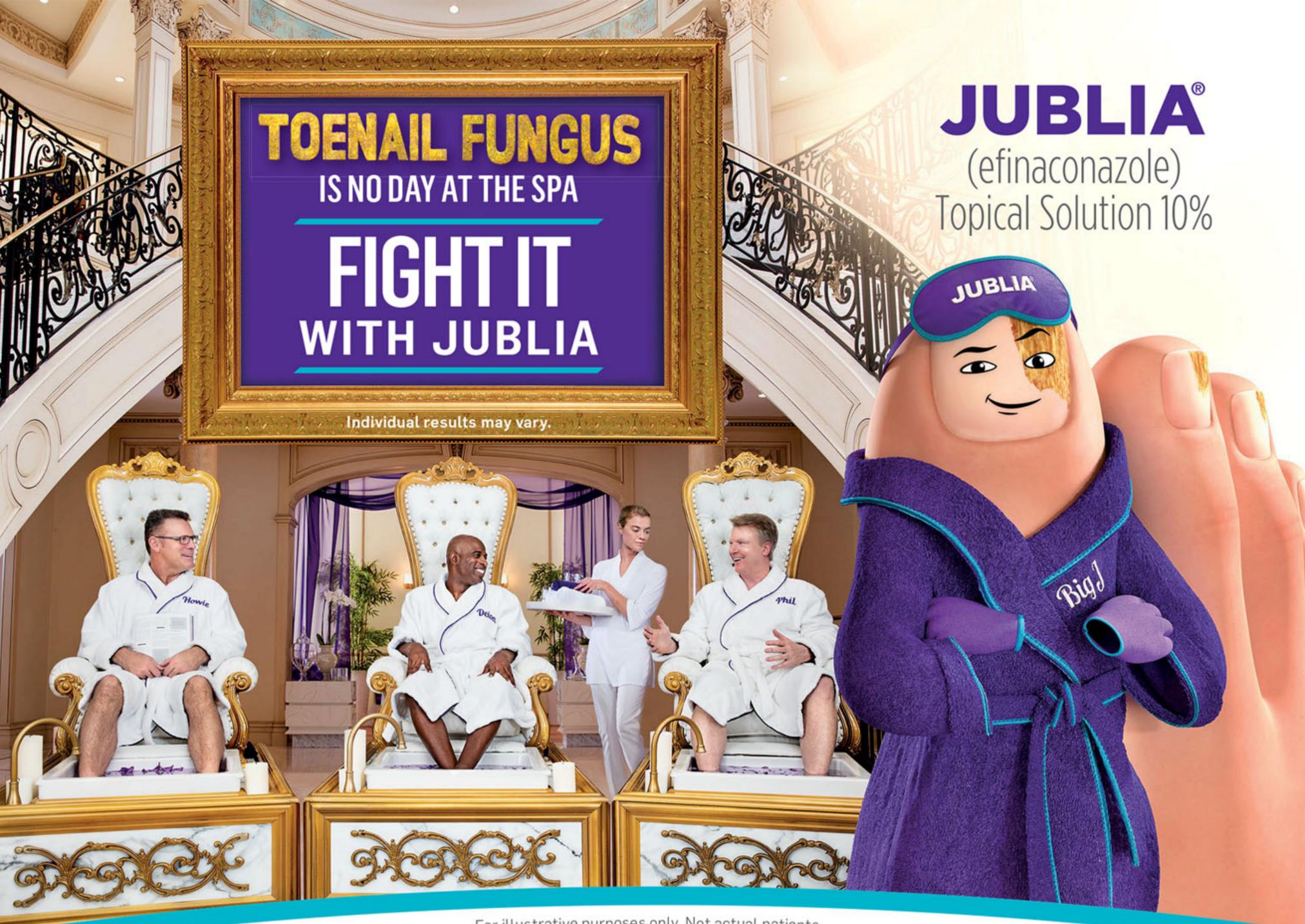
And did you know that 84% of *Diabetes Self-Management* readers use glucose meters, and 62% use sugar substitutes? Learn more of what fellow readers told us in our recent *Type Us* survey (page 84).

If you already own a dog, get outside and enjoy the spring! If you don't, join a friend who has a dog and see what you're missing!

Yours truly,

Cheryl A. Rosenfeld Editorial Director, Wellness





For illustrative purposes only. Not actual patients.

# JUBLIA is an FDA-approved prescription topical solution used to treat toenail fungus (onychomycosis)

JUBLIA is specifically formulated to reach the site of onychomycosis and fight the fungus that can live beneath the toenail—allowing some patients to have clearer toenails grow back. Don't hide toenail fungus. Fight it with JUBLIA.



Ask your doctor if JUBLIA is right for you and visit **JubliaRx.com** 

#### Indication

JUBLIA (efinaconazole) Topical Solution, 10% is a prescription medicine used to treat fungal infections of the toenails.

#### Important Safety Information

- JUBLIA is for use on nails and surrounding skin only.
   Do not use JUBLIA in your mouth, eyes, or vagina. Use it exactly as instructed by your doctor.
- It is not known whether JUBLIA is effective in children.
- Before you use JUBLIA, tell your doctor about all your medical conditions, including if you are or plan to become pregnant, are breastfeeding, or plan to breastfeed, because it is not known whether JUBLIA can harm an unborn fetus or nursing infant.
- Tell your doctor about all medications you are taking, and whether you have any other nail infections.

- JUBLIA is flammable. Avoid heat and flame while applying JUBLIA to your toenail.
- JUBLIA may cause irritation at the treated site. The most common side effects include: ingrown toenail, redness, itching, swelling, burning or stinging, blisters, and pain. Tell your doctor about any side effects that bother you or do not go away.

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.

Please see Patient Information for JUBLIA on next page.



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#### PATIENT INFORMATION

#### JUBLIA (joo-blee-uh)

(efinaconazole) Topical Solution, 10%

This Patient Information does not include all the information needed to use JUBLIA safely and effectively. Please see full Prescribing Information.

Important information: JUBLIA is for use on toenails and surrounding skin only. Do not use JUBLIA in your mouth, eyes, or vagina.

#### What is JUBLIA?

JUBLIA is a prescription medicine used to treat fungal infections of the toenails. It is not known if JUBLIA is safe and effective in children.

# What should I tell my healthcare provider before using JUBLIA?

Before you use JUBLIA, tell your healthcare provider about all your medical conditions, including if you:

- are pregnant or plan to become pregnant. It is not known if JUBLIA can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if JUBLIA passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

#### How should I use JUBLIA?

See the "Instructions for Use" at the end of this Patient Information leaflet for detailed information about the right way to use JUBLIA.

- Use JUBLIA exactly as your healthcare provider tells you to use it. Apply JUBLIA to your affected toenails 1 time each day. Wait for at least 10 minutes after showering, bathing, or washing before applying JUBLIA. JUBLIA is used for 48 weeks.
- It is not known if the use of nail polish or other cosmetic nail products (such as gel nails or acrylic nails) will affect how JUBLIA works.

#### What should I avoid while using JUBLIA?

 JUBLIA is flammable. Avoid heat and flame while applying JUBLIA to your toenail.

# What are the possible side effects of JUBLIA?

JUBLIA may cause irritation at the treated site. The most common side effects include: ingrown toenail, redness, itching, swelling, burning or stinging, blisters, and pain. Tell your healthcare provider if you have any side effects that bother you or that does not go away.

These are not all the possible side effects of JUBLIA.

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

#### How should I store JUBLIA?

- Store JUBLIA at room temperature, between 68°F to 77°F (20°C to 25°C). Do not freeze JUBLIA.
- Keep the bottle tightly closed and store in an upright position.
- · JUBLIA is flammable. Keep away from heat and flame.

Keep JUBLIA and all medicines out of the reach of children.

# General information about the safe and effective use of JUBLIA

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. You can ask your pharmacist or healthcare provider for information about JUBLIA that is written for health professionals. Do not use JUBLIA for a condition for which it was not prescribed. Do not give JUBLIA to other people, even if they have the same condition you have. It may harm them.

#### What are the ingredients in JUBLIA?

Active ingredients: efinaconazole

**Inactive ingredients**: alcohol, anhydrous citric acid, butylated hydroxytoluene, C12-15 alkyl lactate, cyclomethicone, diisopropyl adipate, disodium edetate, and purified water.

Manufactured for: Valeant Pharmaceuticals North America LLC, Bridgewater, NJ 08807 USA

Manufactured by: Kaken Pharmaceutical Co. Ltd, Shizuoka, Japan. Product of Japan

For more information, call 1-800-321-4576.

This Patient Information has been approved by the U.S. Food and Drug Administration.



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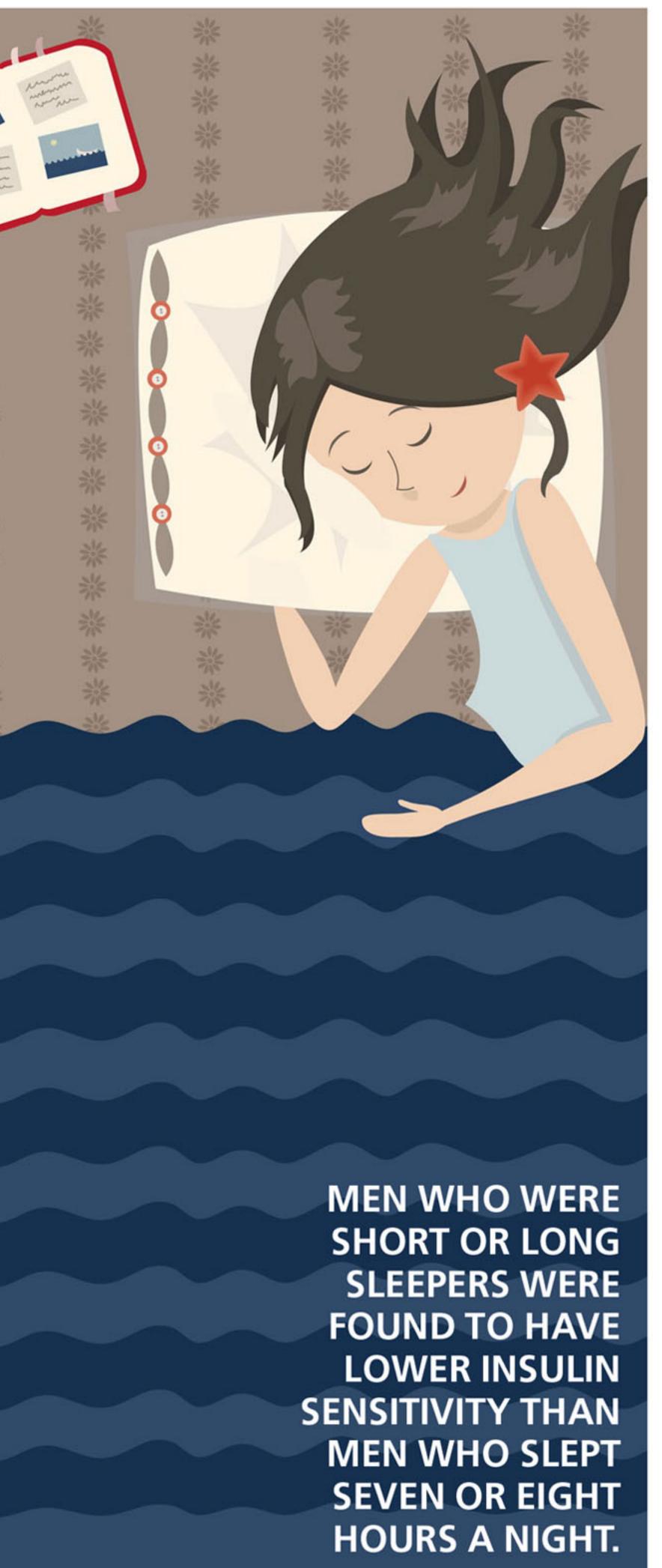
# **SLEEP DURATION** AND INSULIN **SENSITIVITY**

iabetes researchers use the term "insulin sensitivity" to describe how sensitive a person's body is to the effects of insulin. Different people have different insulin sensitivities. A person with high insulin sensitivity requires less insulin to lower blood glucose levels than a person with low insulin sensitivity. A person with low insulin sensitivity needs larger amounts of insulin, and if the pancreas isn't producing enough, that person might need insulin injections.

Recently, researchers in the Netherlands published a study investigating a possible relationship between how long a person sleeps and his/her insulin sensitivity. They collected data on 788 healthy adults—57% of them women—who were participating in a large study being conducted by the European Group for the Study of Insulin Resistance (EGIR). The researchers measured the participants' sleep and physical activity and tested them for insulin sensitivity and beta cell function (beta cells in the pancreas produce and release insulin).

They found that men who are short or long sleepers have lower insulin sensitivity than men who sleep seven or eight hours a night—the average for the study subjects. However, they found no relationship between how long women slept and their insulin sensitivity. For beta cell function, the researchers discovered that for men, short sleep leads to lower beta cell function. In women, however, short and long sleep duration were associated with better beta-cell function.

Why should men who are short or long sleepers have lower insulin sensitivity? Femke Rutters, Ph.D., the senior researcher on the study, said, "This could be due to the amount of deep sleep. Women, in general, are more effective about getting more deep sleep in a short amount of time." Finding the actual cause and effect, she added, will require further study.





# Diabetes [definitions]

#### BARIATRIC SURGERY

An umbrella term for various surgeries geared toward weight loss. They alter the digestive system in ways that limit a person's capacity to eat, decrease the absorption of nutrients or both. According to the National Institutes of Health (NIH), the four most commonly used forms of bariatric surgery in the U.S. are the adjustable gastric band (AGB), Roux-En-Y gastric bypass (RYGB), bilopancreatic diversion with duodenal switch (BPD-DS) and vertical sleeve gastrectomy (VSG). In ABG, food intake is reduced by placing a small band around the top of the stomach to shrink the opening from the esophagus to the stomach. RYGB involves creating a small pouch by stapling off a portion of the stomach and sending food directly from there to the small intestine, thus bypassing a portion of the GI track and limiting the amount of food it absorbs. BPD-DS has three features—removing much of the stomach so the patient feels fuller after eating, rerouting food around part of the small intestine to limit absorption and altering the effects of bile and other digestive juices on digestion and absorption. VSG involves removal of most of the stomach, decreasing food intake and the amount of food digested. Bariatric surgery is warranted in extremely obese patients and obese patients with weight-related health problems such as Type 2 diabetes, heart disease, acid reflux, high blood pressure and severe sleep apnea. It is generally performed only after attempts to lose weight through healthy eating and exercise fail.

#### MECHANISM OF ACTION

The biochemical interactions through which a drug exerts its therapeutic effect. Diabetes is treated with many types of drugs that work in different ways. Injected insulin is used when the body no longer makes enough insulin and may be used to treat either Type 1 or Type 2 diabetes. Sulfonylureas (including chlorpropamide, glipizide, glyburide and glimepiride) stimulate the beta cells of the pancreas to release more insulin. Metformin decreases the amount of glucose produced by the liver and makes muscle tissue more sensitive to insulin. Meglitinides (repaglinide and nateglinide) make beta cells release more insulin. Thiazolidinediones (rosiglitazone and pioglitazone) help insulin work more efficiently in fat and muscle tissue and make the liver

produce more glucose. DPP-4 inhibitors (such as sitagliptin, saxagliptin, linagliptin and alogliptin) prevent the breakdown of GLP-1, a naturally occurring substance that lowers blood glucose levels only when they are elevated. SGLT2 inhibitors (canagliflozin and dapagliflozin) block the kidneys' reabsorption of glucose, allowing it to be passed in the urine. Alpha-glucosidase inhibitors (acarbose and miglitol) block the breakdown of starches and some sugars in the intestine. The bile acid sequestrant colesevelam, traditionally used to lower cholesterol, also reduces blood glucose levels through mechanisms that are not completely understood. Because they work in different ways, different types of drugs (such as metformin and a sulfonylurea) often can be used together for a more powerful effect. If the diabetes drug you're taking isn't working well, talk with your doctor. Often, more effective alternatives are available.

#### NORDIC DIET

A healthy diet designed in 2004 by researchers in Iceland, Sweden, Finland and Norway to include locally produced food items. It is the Northern European answer to the popular Mediterreanean Diet, which emphasizes olive oil, vegetables, fruits, nuts and fish and has been shown to reduce the risk of heart attack and stroke. Since many foods in the Mediterranean Diet are hard to find further north, the Nordic Diet incorporates such locally found food items as herring, canola oil and bilberries.

To test the potential health benefits of the Nordic Diet, researchers randomly assigned 96 people with metabolic syndrome (a precursor to Type 2 diabetes) to follow the "healthy" Nordic diet and another 70 to follow a control diet. The healthy diet emphasized berries (such as bilberries, strawberries and currants), canola oil, whole grains and three fish meals a week and discouraged the use of sugar. The control diet, which contained the same number of calories, favored butter over canola oil, contained fewer berries and vegetables and did not restrict consumption of red meat, white bread or sugar. At the end of the 18-24-week study period, the healthy diet group had a significantly improved bad cholesterol-good cholesterol ratio and lower levels of an inflammatory marker called IL-1 RA. Researchers suggest these changes could lower the risk of developing Type 2 diabetes by 20% to 40%.

Robert S. Dinsmoor, a medical writer and editor based in Massachusetts, is a contributing editor of Diabetes Self-Management.

**Q** I have had Type 1 diabetes since 1972. For years, my endocrinologist has recommended I get a Medic-Alert bracelet. I have tried, but jewelry in general tends to agitate me. As an alternative, I thought about getting a tattoo on my wrist where a bracelet would be. But my doctor said paramedics "wouldn't be looking for a tattoo." So I am unidentified as a diabetic. Are there any other options?

A It's good that you're looking for solutions. Medical identification now is more important than ever, not only for health reasons (having something that can speak for you if you can't speak for yourself) but also for legal reasons (there have been a number of cases in which people were arrested and charged with being "under the influence" when they actually were hypoglycemic).

A medical ID card, displayed prominently above your usual ID in your wallet or purse, is a good idea for just about everyone. Make sure it is easily noticeable and includes pertinent information about your health (type of diabetes, medications, allergies, primary doctor's information, emergency contact).

Medical IDs have come a long way in 25 years. The Medic Alert Foundation continues to maintain a database of health information for its members, linked to the ID number on the emblem. The styles have improved and the variety of designs is almost endless. Multiple companies have developed medical IDs that have leather bands (rather than chain links), connectors for attaching the emblem to shoes, backpacks, purses or handbags, as well as some with a true "bling-like" appearance for those who like jewelry.

Whether your tastes are casual or extravagant, the important thing is that you have some form of medical identification with you at all times. Nobody plans to have a blood sugar in range!



## 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.

serious low blood sugar incident or be involved in an accident, but by planning ahead, you can receive prompt and proper treatment.

Q I find that when I'm outside in warm weather for long periods, my blood sugar winds up higher than usual. Has my blood sugar really gone up, or is my meter inaccurate?

A Most meters function pretty well up to 100° Fahrenheit (and some even higher). Typically, a meter will display an error message when the temperature is too high to provide a reading. When this occurs, take the meter into a cool place and insert a strip every five or 10 minutes until the meter cools down and resumes normal function.

If a meter generates a higher-than-expected reading on a hot day, your blood sugar probably has gone up. But remember, a blood sugar reading actually is a *concentration* measurement: milligrams of glucose per deciliter of blood. If you become dehydrated, your blood volume will shrink, resulting in a higher blood sugar concentration. To make matters worse, the body responds to dehydration by producing stress hormones, which cause the liver to dump extra sugar into the bloodstream. More sugar coupled with less blood volume equals a sharp

rise in the blood sugar concentration.

Exposure to heat and humidity for several hours easily can lead to dehydration. So can saunas/steam rooms/ whirlpools, high-intensity exercise, illness/infection, diarrhea/vomiting and—you guessed it—high blood sugar. It is important for everyone with diabetes to be vigilant about drinking plenty of water or other caloriefree, caffeine-free beverages throughout the day. A good rule of thumb for most adults is to drink eight cups of liquid per day. For those who are larger, highly active or spend a great deal of time in hot or humid places, fluid needs will be greater. So drink up...and keep your



## DIABETES QUIZ

# How Much Do You Know about Monitoring Your **DIABETIC NEPHROPATHY?**

Diabetes is a serious disease that can affect many important organs in the body. It is crucial to understand how it affects your kidneys. Despite increased treatment options, many people with diabetes find themselves at risk for diabetic nephropathy, or kidney damage. Take this quiz to see how much you know about diabetic nephropathy.

- 1. How can kidney disease affect the body?
- It can cause softening of the bones and low red blood cell count.
- It can cause high blood pressure.
- III. It can cause irregular heartbeat.
- I only
- I & II only
- III only
- **|| & ||**
- All of the above
- 2. Kidney disease resulting from diabetes accounts for what percentage of kidney failure in the United States?
- 10%
- 27%
- 44%
- 50%
- 65%
- 3. Keeping your blood sugar under control will prevent diabetes from damaging your kidneys.
- TRUE FALSE

- 4. Aside from medication and keeping blood glucose under control, which of the following is an option a doctor might consider to help preserve kidney health in a person with diabetes?
- A. Exercise
- Meditation
- Surgery
- Dietary changes
- 5. Which of the following are examples of new markers (chemicals produced by the body that are analyzed during routine laboratory tests) that scientists are studying to help doctors identify diabetic kidney disease? (Select all that apply.)
- A. NGAL
- Troponin
- NAC
- NAG
- Glucoronidase

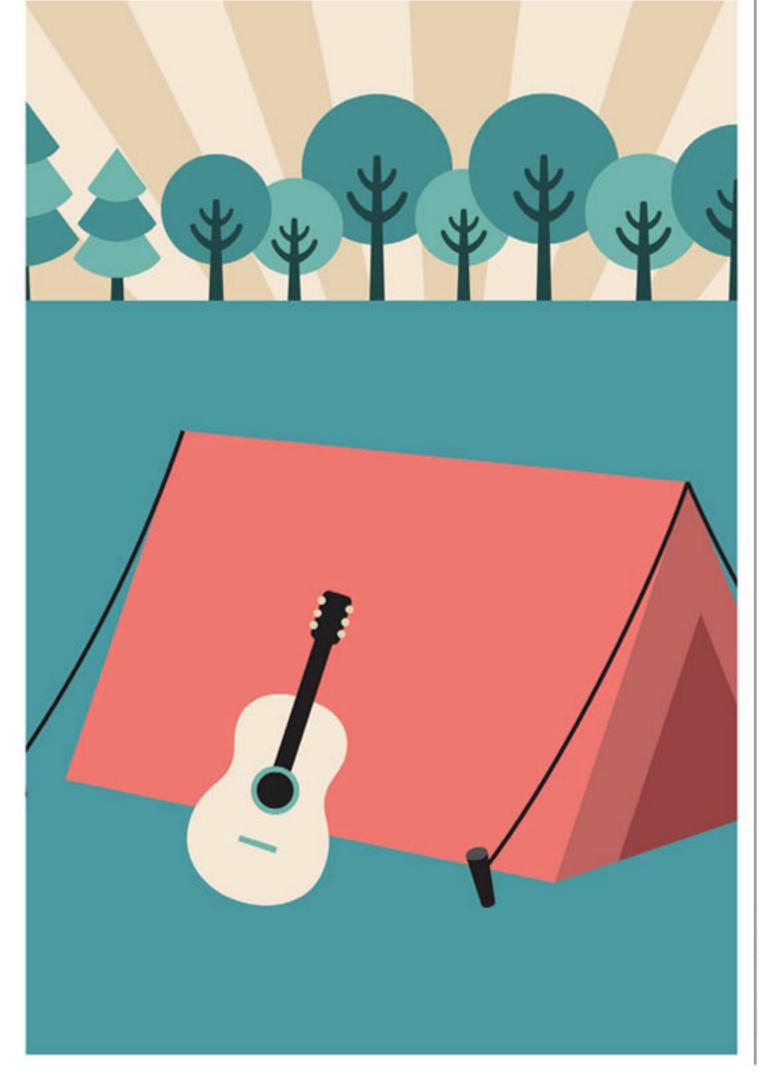
SEE PAGE 12 FOR ANSWERS

# Diabetes Summer Camp for Kids

here are so many kinds of summer camps for children with special needs or interests—music, sports, autism, epilepsy, weight loss, and so on—that it should come as no surprise that there are also summer camps for kids with Type 1 diabetes. Actually, there are quite a few in North America, many operated by the American Diabetes Association. But an important question for a parent to ask is—do they help?

To find out, the American Diabetes Association and Lilly Diabetes (the division of Eli Lilly that specializes in diabetes research and care) conducted a three-year online survey about diabetes summer camps. The survey, conducted between 2013 and 2015, was designed to study the effect of camp activities on the campers, including diabetes knowledge, management behaviors, confidence and emotional well-being. Online surveys were administered to a representative subset of camp caregivers. The surveys were anonymous and volun-

→Continued on page 12



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#### **ANSWERS**

1.B, I & II. The kidneys are probably most commonly known for their role in helping to filter the blood and maintain healthy levels of minerals, including sodium, potassium and chloride. The kidneys also regulate concentrations of one of the body's natural buffers, phosphate. Phosphate is important in maintaining the body's pH by making sure the blood does not become too acidic. These precious organs also are involved in processing two key hormones—erythropoietin and vitamin D. The kidneys secrete erythropoietin to stimulate the production of red blood cells, and they also help convert vitamin D the body absorbs through the skin from the sun into a form of vitamin D the body can use.

Finally, your kidneys play a major role in controlling blood pressure by making an enzyme called renin, which helps regulate the volume of fluid in the body. Because of their involvement in many important bodily functions, any damage to your kidneys can result in a cascade of other disorders, including softening of the bones, anemia, vitamin D deficiency, water retention and high blood pressure.

2.C. According to the NIH's National Institute of Diabetes and Digestive and Kidney Diseases, diabetes remains the number one cause of kidney failure, causing nearly half of all new cases (44%). High blood pressure comes in second at 27%—which still is important because many people with diabetes also find controlling their blood pressure to be a challenge.

There are five stages of kidney disease, and kidney failure is the final and most severe stage. Kidney failure is defined as a kidney filtering less than 15 milliliters of fluid per minute. This value is called the glomerular filtration rate, or GFR. The lower the GFR number, the less efficiently your kidneys are working. People whose kidneys have a GFR below 15 milliliters per minute must receive renal replacement therapy, which could be either a kidney transplant or some form of dialysis. However, having a GFR above 15 doesn't always mean your kidneys are healthy. In fact, an estimated GFR that falls below 60 milliliters per minute can be a sign of kidney disease.

3. False. While actively maintaining diabetes control through proper diabetes management, good exercise habits, taking your medication correctly and following whatever other advice your doctor has given you all can help you to feel your best, it still is possible to develop kidney disease even when your blood sugar is controlled adequately. However, diabetes that goes uncontrolled for a long time is more likely to cause greater damage and/or lead to earlier kidney damage than if your blood sugar were adequately controlled. Also, other risk

factors—such as high blood pressure and genetics—can make you more susceptible to kidney disease. Finally, race and ethnicity can contribute to the problem because kidney failure tends to occur more frequently in members of the African American, Native American and Latino communities. Researchers still are unsure why that is the case.

4. D. If you have diabetes, you probably already know that altering your intake of carbohydrates, fats and other substances can affect your blood sugar readings as well as your A1C. To date, doctors still rely on the A1C to determine how well your blood sugar has been controlled within the last three months and the potential risk of damage to organs such as your heart, kidneys and eyes. However, doctors also may look at other lab values when assessing kidney damage, such as estimated GFR (eGFR). An eGFR of less than 60 ml/ min may indicate kidney disease. Additionally, finding protein in the urine—even in small amounts—can signal trouble with your kidneys. In certain situations, some doctors may choose to restrict the amount of protein you consume to help manage your condition. But remember, everyone is different, so protein restriction may not be appropriate for some people. Your doctor will let you know if this is a good option for you.

5. A & D. Currently, doctors review A1C values to see how well your blood sugar has been controlled long-term and to assess the potential damage caused by advanced glycation end-products (AGE), or substances that collect in places such as the heart and blood vessels of the kidneys and cause permanent damage to these organs. To assess kidney function, your doctor may look at a variety of lab results, including GFR and serum albumin.

However, scientists currently are studying several new markers that can give more information about the health of kidneys in people with diabetes. One is neutrophil gelatinase-associated lipocalin (NGAL), a protein the body produces in response to decreased blood flow or trauma to the kidneys. Another chemical currently under investigation is the enzyme N-acetylo-  $\beta\text{-}\ \delta\text{-}\text{glucosinaminidase}$ (NAG). Scientists have found a relationship between increased activity of this enzyme in the urine and albuminuria and uncontrolled diabetes, the length of time a person has had diabetes and other biological activities.

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

#### →DIABETES SUMMER CAMP FOR KIDS Continued from page 10

tary. The number of caregivers queried was 6,586; 1,724 pre-camp surveys and 1,075 post-camp surveys were collected.

The researchers concluded that after attending a diabetes camp, the number of children with a clear understanding of diabetes management increased 11%. The number of campers who were able

to manage diabetes-related problems increased 10%. Children who went to camp also reported greater confidence and lower diabetes-related stress. The results were even better among newly diagnosed children—19% of them reported an increased ability to manage problems related to diabetes.

According to Jane Chiang, M.D., senior vice president, medical and community affairs at the American Diabetes Association, "The survey results show what we have known all along—our camps can have a positive impact on the children with Type 1 diabetes who attend them."



# An Okay for a Copycat

s people with diabetes know, insulin is a hormone produced in the pancreas that controls the amount of sugar, or glucose, in the blood. Not enough insulin can mean diabetes.

But although insulin is a naturally occurring hormone, scientists have figured out how to create a long-acting, man-made version of human insulin—insulin glargine (pronounced glar-geen). Insulin glargine not only replaces natural insulin, but it also moves sugar into body tissues and prevents the liver from producing extra sugar. Insulin glargine is delivered by daily injection and is used for adults and children with Type 1 diabetes and adults with Type 2.

Insulin glargine was developed by pharmaceutical company Sanofi. It entered the market around 2000, and its patent expired in 2015, which has enabled other drug companies to investigate developing their own types of insulin glargine.

Now the U.S. Food and Drug Administration (FDA) has approved the first "copycat" version of insulin glargine—a product from Eli Lilly called Basaglar in the U.S. and Abasaglar in Europe. A patent infringement dispute arose between Sanofi and Lilly, but in September 2015, the two companies reached a settlement in which Sanofi granted Lilly a royaltybearing license.

Basaglar is injected by using what Lilly calls the Basaglar KwikPen, a device that contains a premeasured dose of the medication. In Europe, Basaglar is being classified as a "biosimilar," while the FDA has termed it a "follow-on product." According to Lilly, Basaglar will be available in the U.S. Dec. 15, 2016.

Will this make a difference to the user of insulin glargine? It could. According to news reports, Lilly has said its product will be cheaper.

# **Asian Americans and Diabetes**

ype 2 diabetes is one of those conditions, like hypertension, that often has no symptoms in its early stages. That's why testing is so important. If the disease can be detected early, it can be treated to lower the prospects of developing unpleasant symptoms later on.

Researchers are now learning that in the United States, some groups are more often undiagnosed than others. A report recently published in the Journal of the American Medical Association (JAMA) revealed that more than half of Asian Americans with Type 2 diabetes are undiagnosed—the highest proportion of all ethnic and racial groups surveyed.

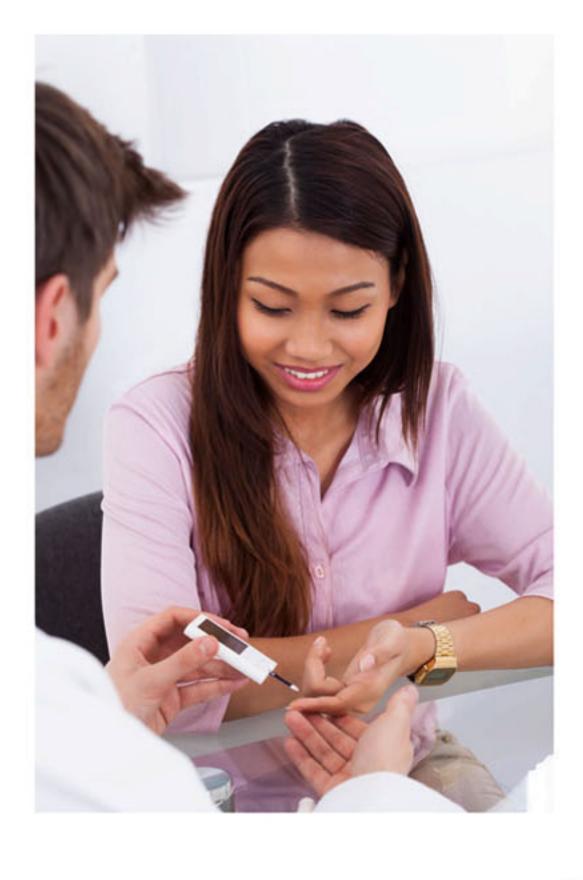
The researchers used data that had just been made available from the National Health and Nutrition Examination Survey (NHANES), a project of the Centers for Disease Control (CDC). Because they assessed an especially large number of Asian Americans, the investigators were able to identify a problem that previously had not been well studied.

An especially noteworthy finding had to do with the subjects' body mass index, or BMI. The BMI is a measurement calculated by dividing a person's weight in kilograms by the square of that person's height in meters. It's considered the best way to measure overweight and obesity. A BMI between 25.0 and 29.9 is considered overweight; a BMI over 30 is considered obese. Interestingly, they discovered Asian Americans often develop diabetes at a lower BMI than other groups. The average BMI for Asian Americans surveyed was below 25, while for the general U.S. population it was just under 29. In other words, most Asian Americans are not overweight, and so they might believe they are unlikely to

develop diabetes. For this reason, the researchers advised that Asian Americans get tested for diabetes beginning at a BMI of 23—lower than the threshold recommended for the general population. However, Andy Menke, Ph.D., a lead author of the study, pointed out that the Asian American population is diverse and we don't yet have information on the differences within that population.

The survey also found 21% of Asian Americans had diabetes. The proportion of Hispanic Americans with diabetes was nearly 23%, but slightly less than half were undiagnosed. About 20% of non-Hispanic black adults had diabetes, also higher than the general population, but only about 37% were undiagnosed.

The overall conclusion was that all people who are overweight, no matter their race or ethnicity, should be tested for diabetes, but it might be necessary to strengthen education efforts among Asian Americans since many outwardly might not appear to be candidates for Type 2 diabetes.





#### WHAT IS INVOKANA® (canagliflozin)?

INVOKANA® is a prescription medicine used along with diet and exercise to lower blood sugar in adults with type 2 diabetes. INVOKANA® is not for people with type 1 diabetes or with diabetic ketoacidosis (increased ketones in blood or urine). It is not known if INVOKANA® is safe and effective in children under 18 years of age.

#### **IMPORTANT SAFETY INFORMATION**

INVOKANA® can cause important side effects, including:

- **Dehydration** (the loss of body water and salt), which may cause you to feel dizzy, faint, lightheaded, or weak, especially when you stand up (orthostatic hypotension). You may be at higher risk of dehydration if you have low blood pressure, take medicines to lower your blood pressure (including diuretics [water pills]), are on a low sodium (salt) diet, have kidney problems, or are 65 years of age or older
- Vaginal yeast infection. Women who take INVOKANA® may get vaginal yeast infections. Symptoms include: vaginal odor, white or yellowish vaginal discharge (discharge may be lumpy or look like cottage cheese), or vaginal itching
- Yeast infection of the penis (balanitis or balanoposthitis). Men who take INVOKANA® may get a yeast infection of the skin around the penis. Symptoms include: redness, itching, or swelling of the penis; rash of the penis; foul-smelling discharge from the penis; or pain in the skin around penis

Talk to your doctor about what to do if you get symptoms of a yeast infection of the vagina or penis.

#### Do not take INVOKANA® if you:

- are allergic to canagliflozin or any of the ingredients in INVOKANA®. Symptoms of allergic reaction may include: rash; raised red patches on your skin (hives); or swelling of the face, lips, tongue, and throat that may cause difficulty in breathing or swallowing
- · have severe kidney problems or are on dialysis

**Before you take INVOKANA®, tell your doctor if you** have kidney problems; liver problems; pancreas problems; are on a low sodium (salt) diet; are going to have surgery; are eating less due to illness, surgery, or a very low calorie diet; ever had an allergic reaction to INVOKANA®; drink alcohol very often (or drink a lot of alcohol in short-term); or have other medical conditions.

**Tell your doctor if you are or plan to become pregnant, are breastfeeding, or plan to breastfeed.** It is not known if INVOKANA® will harm your unborn baby. It is also not known if INVOKANA® passes into your breast milk.

**Tell your doctor about all the medicines you take**, including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your doctor if you take diuretics (water pills), rifampin (used to treat or prevent tuberculosis), phenytoin or phenobarbital (used to control seizures), ritonavir (Norvir®, Kaletra® – used to treat HIV infection), or digoxin (Lanoxin® – used to treat heart problems).

# many people have found they can **love their numbers**—including someone you may recognize

#### Type 2 diabetes can affect anyone—even James Earl Jones.

Watch Mr. Jones talk about his amazing life and work, type 2 diabetes, and how

he loved his numbers with INVOKANA®

Watch Mr. Jones' story at INVOKANA.com/Jones



#### Possible Side Effects of INVOKANA®

INVOKANA® may cause serious side effects, including:

- Ketoacidosis (increased ketones in your blood or urine) can happen with INVOKANA®, even if your blood sugar is less than 250 mg/dL. Stop taking INVOKANA® and call your doctor right away if you get any of the following symptoms: nausea, vomiting, stomach-area pain, tiredness, or trouble breathing
- Kidney problems, a high amount of potassium in your blood (hyperkalemia), or low blood sugar (hypoglycemia). If you take INVOKANA® with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin, your risk of getting low blood sugar is higher. The dose of your sulfonylurea medicine or insulin may need to be lowered while you take INVOKANA®
- Serious Urinary Tract Infections: may lead to hospitalization and have happened in people taking INVOKANA®. Tell your doctor if you have signs or symptoms of a urinary tract infection such as: burning feeling while urinating, need to urinate often or right away, pain in the lower part of your stomach (pelvis), or blood in the urine. Some people may also have high fever, back pain, nausea, or vomiting

Signs and symptoms of low blood sugar may include: headache, drowsiness, weakness, dizziness, confusion, irritability, hunger, fast heartbeat, sweating, shaking, or feeling jittery.

**Serious allergic reaction.** If you have any symptoms of a serious allergic reaction, stop taking INVOKANA® and call your doctor right away or go to the nearest hospital emergency room.

**Broken Bones (fractures):** Bone fractures have been seen in patients taking INVOKANA®. Talk to your doctor about factors that may increase your risk of bone fracture.

The most common side effects of INVOKANA® include: vaginal yeast infections and yeast infections of the penis; urinary tract infection; or changes in urination, including urgent need to urinate more often, in larger amounts, or at night.

Tell your doctor if you have any side effect that bothers you or that does not go away. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to Janssen Scientific Affairs, LLC at 1-800-526-7736.

#### Please see Medication Guide on the next page.

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imagine loving your numbers

#### Medication Guide INVOKANA® (in-vo-KAHN-uh) (canagliflozin) Tablets

# What is the most important information I should know about INVOKANA?

INVOKANA can cause important side effects, including:

 Dehydration. INVOKANA can cause some people to have dehydration (the loss of body water and salt). Dehydration may cause you to feel dizzy, faint, lightheaded, or weak, especially when you stand up (orthostatic hypotension).

You may be at higher risk of dehydration if you:

- have low blood pressure
- take medicines to lower your blood pressure, including diuretics (water pill)
- o are on a low sodium (salt) diet
- have kidney problems
- o are 65 years of age or older
- Vaginal yeast infection. Women who take INVOKANA may get vaginal yeast infections. Symptoms of a vaginal yeast infection include:
  - vaginal odor
  - white or yellowish vaginal discharge (discharge may be lumpy or look like cottage cheese)
  - vaginal itching
- Yeast infection of the penis (balanitis or balanoposthitis).
   Men who take INVOKANA may get a yeast infection of the skin around the penis. Certain men who are not circumcised may have swelling of the penis that makes it difficult to pull back the skin around the tip of the penis. Other symptoms of yeast infection of the penis include:
  - o redness, itching, or swelling of the penis
  - foul smelling discharge from the penis
  - o rash of the penis
  - pain in the skin around penis

Talk to your doctor about what to do if you get symptoms of a yeast infection of the vagina or penis. Your doctor may suggest you use an over-the-counter antifungal medicine. Talk to your doctor right away if you use an over-the-counter antifungal medication and your symptoms do not go away.

#### What is INVOKANA?

- INVOKANA is a prescription medicine used along with diet and exercise to lower blood sugar in adults with type 2 diabetes.
- INVOKANA is not for people with type 1 diabetes.
- INVOKANA is not for people with diabetic ketoacidosis (increased ketones in blood or urine).
- It is not known if INVOKANA is safe and effective in children under 18 years of age.

# Who should not take INVOKANA? Do not take INVOKANA if you:

- are allergic to canagliflozin or any of the ingredients in INVOKANA. See the end of this Medication Guide for a list of ingredients in INVOKANA. Symptoms of allergic reaction to INVOKANA may include:
  - o rash
  - raised red patches on your skin (hives)
  - swelling of the face, lips, tongue, and throat that may cause difficulty in breathing or swallowing
- · have severe kidney problems or are on dialysis.

#### What should I tell my doctor before taking INVOKANA?

Before you take INVOKANA, tell your doctor if you:

- have kidney problems.
- have liver problems.
- have a history of urinary tract infections or problems with urination.
- are on a low sodium (salt) diet. Your doctor may change your diet or your dose of INVOKANA.
- are going to have surgery.
- are eating less due to illness, surgery, or a change in your diet.
- have or have had problems with your pancreas, including pancreatitis or surgery on your pancreas.
- drink alcohol very often, or drink a lot of alcohol in the short-term ("binge" drinking).
- have ever had an allergic reaction to INVOKANA.
- have other medical conditions.
- are pregnant or plan to become pregnant. It is not known
  if INVOKANA will harm your unborn baby. If you are
  pregnant, talk with your doctor about the best way to
  control your blood sugar while you are pregnant.
- are breastfeeding or plan to breastfeed. It is not known if INVOKANA passes into your breast milk. Talk with your doctor about the best way to feed your baby if you are taking INVOKANA.

# Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

INVOKANA may affect the way other medicines work, and other medicines may affect how INVOKANA works. Especially tell your doctor if you take:

- diuretics (water pills)
- phenytoin or phenobarbital (used to control seizures)
- digoxin (Lanoxin®)\* (used to treat heart problems)
- rifampin (used to treat or prevent tuberculosis)
- ritonavir (Norvir®, Kaletra®)\* (used to treat HIV infection)

Ask your doctor or pharmacist for a list of these medicines if you are not sure if your medicine is listed above.

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

#### How should I take INVOKANA?

- Take INVOKANA by mouth 1 time each day exactly as your doctor tells you to take it.
- Your doctor will tell you how much INVOKANA to take and when to take it. Your doctor may change your dose if needed.
- It is best to take INVOKANA before the first meal of the day.
- Your doctor may tell you to take INVOKANA along with other diabetes medicines. Low blood sugar can happen more often when INVOKANA is taken with certain other diabetes medicines. See "What are the possible side effects of INVOKANA?"
- If you miss a dose, take it as soon as you remember. If it is almost time for your next dose, skip the missed dose and take the medicine at the next regularly scheduled time. Do not take two doses of INVOKANA at the same time. Talk to your doctor if you have questions about a missed dose.
- If you take too much INVOKANA, call your doctor or go to the nearest hospital emergency room right away.

- When your body is under some types of stress, such as fever, trauma (such as a car accident), infection, or surgery, the amount of diabetes medicine you need may change. Tell your doctor right away if you have any of these conditions and follow your doctor's instructions.
- Stay on your prescribed diet and exercise program while taking INVOKANA.
- · Check your blood sugar as your doctor tells you to.
- INVOKANA will cause your urine to test positive for glucose.
- Your doctor may do certain blood tests before you start INVOKANA and during treatment as needed. Your doctor may change your dose of INVOKANA based on the results of your blood tests.
- Your doctor will check your diabetes with regular blood tests, including your blood sugar levels and your hemoglobin A1C.

# What are the possible side effects of INVOKANA? INVOKANA may cause serious side effects including:

See "What is the most important information I should know about INVOKANA?"

- ketoacidosis (increased ketones in your blood or urine).
  Ketoacidosis has happened in people who have type
  1 diabetes or type 2 diabetes, during treatment with
  INVOKANA. Ketoacidosis can be life-threatening and may
  need to be treated in a hospital. Ketoacidosis can happen
  with INVOKANA even if your blood sugar is less than 250
  mg/dL. Stop taking INVOKANA and call your doctor right
  away if you get any of the following symptoms:
  - o nausea
- o tiredness
- vomiting
- o trouble breathing
- stomach-area (abdominal pain)

If you get any of these symptoms during treatment with INVOKANA, if possible, check for ketones in your urine, even if your blood sugar is less than 250 mg/dL.

- · kidney problems
- a high amount of potassium in your blood (hyperkalemia)
- serious urinary tract infections. Serious urinary tract
  infections that may lead to hospitalization have happened
  in people who are taking INVOKANA. Tell your doctor
  if you have any signs or symptoms of a urinary tract
  infection such as a burning feeling when passing urine, a
  need to urinate often, the need to urinate right away, pain
  in the lower part of your stomach (pelvis), or blood in the
  urine. Sometimes people may also have a fever, back pain,
  nausea, or vomiting.
- low blood sugar (hypoglycemia). If you take INVOKANA
  with another medicine that can cause low blood sugar,
  such as a sulfonylurea or insulin, your risk of getting
  low blood sugar is higher. The dose of your sulfonylurea
  medicine or insulin may need to be lowered while you take
  INVOKANA.

Signs and symptoms of low blood sugar may include:

- headache
- fast heartbeat
- irritability
- o confusion
- drowsiness
- sweating
- hunger
- dizziness
- weakness
- o shaking or feeling jittery
- serious allergic reaction. If you have any symptoms
  of a serious allergic reaction, stop taking INVOKANA
  and call your doctor right away or go to the nearest
  hospital emergency room. See "Who should not take
  INVOKANA?". Your doctor may give you a medicine for
  your allergic reaction and prescribe a different medicine
  for your diabetes.

 broken bones (fractures). Bone fractures have been seen in patients taking INVOKANA. Talk to your doctor about factors that may increase your risk of bone fracture.

The most common side effects of INVOKANA include:

- vaginal yeast infections and yeast infections of the penis (See "What is the most important information I should know about INVOKANA?")
- changes in urination, including urgent need to urinate more often, in larger amounts, or at night

Tell your doctor if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of INVOKANA. For more information, ask your doctor or pharmacist.

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

You may also report side effects to Janssen Pharmaceuticals, Inc. at 1-800-526-7736.

#### How should I store INVOKANA?

- Store INVOKANA at room temperature between 68°F to 77°F (20°C to 25°C).
- Keep INVOKANA and all medicines out of the reach of children.

# General information about the safe and effective use of INVOKANA.

Medicines are sometimes prescribed for purposes other than those listed in the Medication Guide. Do not use INVOKANA for a condition for which it was not prescribed. Do not give INVOKANA to other people, even if they have the same symptoms you have. It may harm them.

This Medication Guide summarizes the most important information about INVOKANA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about INVOKANA that is written for healthcare professionals.

For more information about INVOKANA, call 1-800-526-7736 or visit our website at www.invokana.com.

#### What are the ingredients of INVOKANA?

Active ingredient: canagliflozin

Inactive ingredients: croscarmellose sodium, hydroxypropyl cellulose, lactose anhydrous, magnesium stearate, and microcrystalline cellulose. In addition, the tablet coating contains iron oxide yellow E172 (100 mg tablet only), macrogol/PEG, polyvinyl alcohol, talc, and titanium dioxide.

\* The brands listed are trademarks of their respective owners and are not trademarks of Janssen Pharmaceuticals, Inc.

Active ingredient made in Belgium. Manufactured for: Janssen Pharmaceuticals, Inc., Titusville, NJ 08560. Manufactured by: Janssen Ortho, LLC, Gurabo, PR 00778. Licensed from Mitsubishi Tanabe Pharma Corporation. © 2013 Janssen Pharmaceuticals, Inc.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

Revised DEC/2015

044383-151208





# **Halting Type 1 Diabetes**

**RESEARCHERS NOW BELIEVE** that Type 1 diabetes is what's known as an autoimmune disease. This means people with Type 1 have an overactive immune system that attacks and destroys the cells in the pancreas that produce insulin, the hormone that regulates the amount of glucose, or sugar, in the blood. Without those cells (islet cells), the body is unable to regulate blood sugar, which can rise to dangerously harmful levels.

So it stands to reason that diabetes researchers have been looking for ways to keep the body's immune system from destroying the insulin-producing islet cells. And they actually have been able to transplant islet cells into diabetes patients. The problem, however, has been that patients have to take immunosuppressant drugs to keep their immune systems from destroying the transplanted cells.

Now, a group of researchers led by scientists at the Massachusetts Institute of Technology (MIT) and Boston Children's Hospital have demonstrated that encapsulated human islet cells transplanted into mice can halt Type 1 diabetes for up to six months without the need for immunosuppressant drugs. To encapsulate the human pancreatic islet cells, the researchers developed a material known as an alginate, which is derived from brown algae. It had been used in islet cell transplantation before, but immunosuppressant drugs always had been necessary. This time, the researchers looked at almost 800 alginate derivatives before selecting one called triazole-thiomorpholine dioxide (TMTD).

The scientists acquired human islet cells that had been generated from human stem cells and encapsulated them in TMTD. They then transplanted the encapsulated cells into mice. Immediately after transplantation, the cells began producing insulin, and they kept blood sugar levels within a healthy range for 174 days, the length of the study. According to the researchers, in terms relative to the human life span, 174 days in mice are equal to decades in a human.

The scientists cautioned that a lot more testing must be done to ensure the transplanted cells do not become cancerous, which is a possibility. Also, if the procedure became successful in treating humans on a widespread basis, scientists would have to find a way to grow billions of islet cells for transplantation. Nevertheless, according to Daniel Anderson, Ph. D., the lead author of the study, "We are excited by these results and are working hard to advance this technology to the clinic."

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



#### DIABETES RESOURCES

# Eyeing early signs of diabetes

Did you know the first signs of diabetes often can be detected through the eyes? Early symptoms of diabetes sometimes include vision problems. High levels of blood sugar draw fluid from light-sensitive tissues, including the lenses of the eyes, and this can impair your ability to see correctly.

When diabetes is left untreated, new blood vessels form in the retina—the back of the eye—and damage the existing blood vessels. For most people, these early changes do not cause vision problems. However, if these changes go undetected, they can lead to diabetic retinopathy and diabetic macular edema, which could lead to vision loss and, ultimately, blindness. A significant majority of diabetes-related vision loss can be avoided through routine eye exams that can identify the early signs and lead to timely treatment options.

#### Diabetic retinopathy

The symptoms of diabetic retinopathy may not be obvious at first, but as the condition advances, there are some tell-tale signs. Through a dilated eye exam, eye doctors can detect any signs of blood in the retina. According to Mayo Clinic (www.mayoclinic.org), additional signs of diabetic retinopathy include small black dots, spots or lines floating in your eyes (floaters); blurred vision; fluctuating vision; impaired color vision; dark or empty areas in your vision; and general vision loss. Laser treatment, surgery and medications are the most common ways to treat diabetic retinopathy.

#### Diabetic macular edema

A consequence of diabetic retinopathy, diabetic macular edema is swelling and accumulation of leaking fluid in an area of the retina called the macula, which is near the center of the retina and is responsible for the clearest vision. The symptoms are similar to diabetic retinopathy and include blurry vision, floating spots, and double vision. Diabetic macular edema usually is associated with those who have had diabetes for a while or have severe high blood pressure or fluid retention. Primary treatment includes laser procedures to reduce fluid leakage and swelling of the macula.

#### **Preventing vision loss**

Identifying the signs of diabetes-related vision problems is key to preventing any further damage. A yearly dilated eye exam is recommended and can be done by an optometrist in about 20 to 30 minutes.

In addition to an annual eye exam, the National Institutes of Health (NIH) recommends five ways to protect your vision from diabetes:

- · take your medications;
- · maintain a healthy weight;
- · add physical activity to your daily routine;
- control your blood sugar, blood pressure and cholesterol; and
- quit smoking.

**Paul Wynn,** a writer based in Garrison, N.Y., has covered health-care trends for the past 20 years.



#### ± NEWS FROM **DIABETESSELFMANAGEMENT.COM** ±

# Type 2 Diabetes Linked to Tendon Pain

#### By Diane Fennell

Pain often is a partner of diabetes, with studies indicating that anywhere from 20% to 60% of people with diabetes live with chronic pain. And while pain from conditions such as diabetic neuropathy (nerve damage) or peripheral arterial disease often are the culprit, new research from Australia shows that people with Type 2 diabetes are more than three times as likely as those without diabetes to have tendon pain.

Physical activity is an important part of controlling blood sugar levels, but musculoskeletal pain can interfere with a person's ability and willingness to stick with an exercise program. In fact, according to some estimates, as many as 50% of people with diabetes stop exercising due to this type of pain.

Because chronically high blood sugar can increase the risk of developing tendinopathy (painful and inflamed tendons), researchers from several universities in Australia conducted a meta-analysis (analysis of data from several clinical trials) to investigate the potential association between tendon pain and Type 2 diabetes. They focused on 31 studies, 26 of which concentrated on people with diabetes and 5 of which centered on people with diagnosed tendinopathy.

When they combined and reexamined the data, the researchers found that people with Type 2 diabetes were 3.67 times more likely to have tendinopathy than those without diabetes, and those with tendinopathy were 1.3 times more likely to have Type 2 diabetes. Those with diabetes also were more likely to have thickened

tendinopathy. Those who had tendinopathy and diabetes generally had been diagnosed with diabetes for longer than those who had diabetes but no tendon problems, which may suggest that "the risk of tendinopathy increases with the number of years that you've had diabetes," according to the researchers.

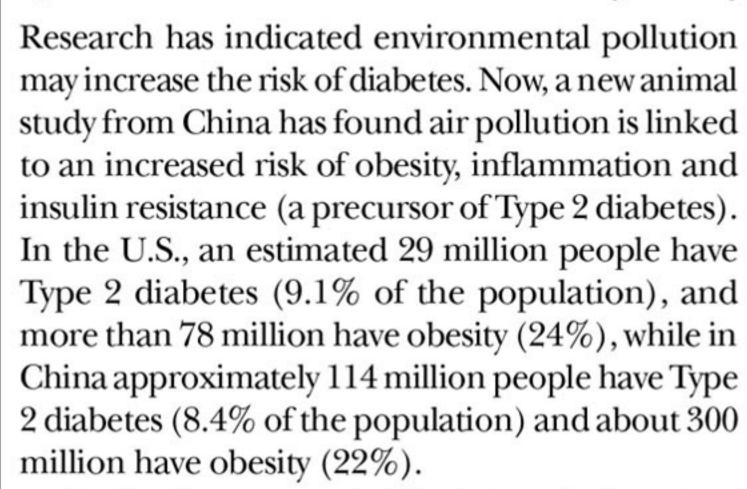
Factors such as high blood sugar levels, increased cholesterol, excess body fat and statin use may be linked to the increased rates of tendinopathy seen in people with diabetes, the study authors noted.

Those with diabetes should not see this study as a reason to stop being physically active, but rather should ease into an exercise program, noted Martin Levy, M.D., who was not involved in the study. "People sometimes launch themselves too aggressively into exercise programs and hurt themselves... Any exercise that you take on, you should do it in a progressive manner. Start off gently and then increase in a rational way, and constantly observe the results of your exercise to determine if in fact you are having any problems from the exercise program you are on."

While further research is needed to determine exactly how many people with diabetes are affected by tendon pain and why the association exists, this study "provides strong evidence" that there is a link between the two conditions—a fact that "should be taken into consideration" when health-care providers discuss exercise regimens with their patients, according to one medical professional.

## Air Pollution Linked to Higher Risk of Obesity

#### By Diane Fennell

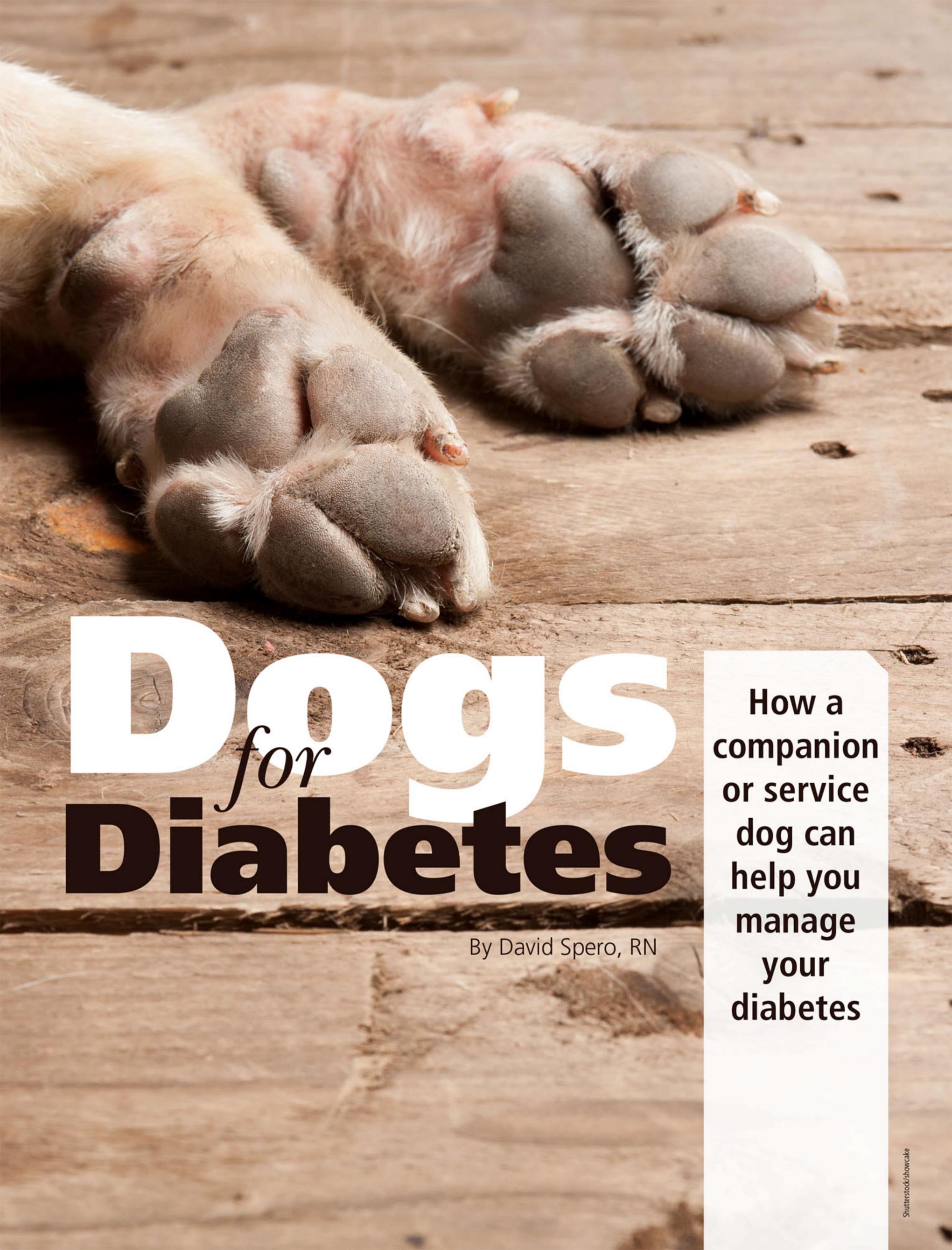


Studies have suggested that air pollution plays a role in diet-associated weight gain, inflammation and insulin resistance, but no evidence had existed showing a direct link between air pollution and increases in weight not caused by diet. To determine the effects of breathing polluted air on weight and various other health measures, scientists from Duke University and Peking University placed pregnant rats and their offspring in one of two types of chambers, either exposed to the polluted city air of Beijing or cleaned by an air filter that removed most of the pollutants.

At the end of 19 days, the rats living in the polluted air had heavier lungs and livers and showed signs of inflammation, as well as 50% higher LDL ("bad") cholesterol, 46% higher triglycerides (a type of blood fat), 97% higher total cholesterol and increased insulin resistance. And although both sets of rats were fed the same diet, those exposed to the polluted air were heavier at the end of their pregnancies. The offspring that lived in the air pollution were heavier at the end of eight weeks despite the same diets, with pollution-exposed male rats 18% heavier and pollution-exposed female rats 10% heavier than their counterparts living in filtered compartments.

"Since chronic inflammation is recognized as a factor contributing to obesity and since metabolic diseases such as diabetes and obesity are closely related, our findings provide clear evidence that chronic exposure to air pollution increases the risk for developing obesity," said senior author Junfeng "Jim" Zhang, Ph.D. "If translated and verified in humans, these findings will support the urgent need to reduce air pollution, giving the growing burden of obesity."

He said further studies are needed to evaluate whether humans have a similar response to pollution.



**BOB MCEVOY HAS LIVED** with Type 2 diabetes for 15 years and has struggled with managing it. Then he adopted a new personal trainer, a golden retriever named Mindy.

"Mindy gets me out of bed in the morning and out of the house after dinner," he said. "She walks me around the block. I used to forget my meds sometimes, but now I remember by her meal times. She's got me on her schedule." His A1c, the measure of average glucose level, has dropped from 8.3 to 6.8 since Mindy came into his life.

Dogs may not be for everyone, but for many, they can make life with diabetes easier. Whether a family pet or a specially trained Diabetic Alert Dog (DAD), your dog can promote exercise, provide emotional support, get you on a healthy schedule, reduce your stress level and bring you social contact. DADs even can monitor your blood sugar and alert you to highs and lows.

**Alerting you to hypoglycemia.** For people using insulin or sulfonylureas, hypoglycemia (low blood sugar) can be a major problem. Dogs often can prevent hypoglycemia, and some also can warn you of hyperglycemia (when your levels are too high).

Donna Smith\* lives in a retirement complex in Southern California. She rescued a sick puppy named Lucy from a kennel about four years ago, and they have become close friends. "Several times, Lucy has woken me up from a deep sleep," said Smith. "She kept after me until I tested and found my blood sugar was below 60." Lucy trained herself to recognize hypoglycemia. Other dogs are trained to do much more.

Dogs recognize high and low blood sugars by smell. Their sense of smell is thousands of times better than that of humans. Training involves exposing a dog to specimens of sweat or saliva from a person when his/her sugar is low. The dog learns to react by alerting the person by nudging with his nose, batting with a paw or using another behavior the owner recognizes. The same training can be done for detecting highs.

DADs can detect the smell of low or high blood sugar hundreds of feet away and sometimes through closed doors. DADs don't take the place of glucose testing, but they will reliably remind you to test and get help if you are unable to test. If the person with diabetes is incapacitated, the dog will alert others to help.

According to Dogs 4 Diabetics (D4D), "Clients will develop increased confidence in their insulin therapy, due to the ability of the dogs to warn them of an impending low blood sugar." The potential benefits of a DAD include avoiding severe hypoglycemic episodes, improved A1C, increased exercise, increased socialization and lessening of depression.

Several companies and agencies train DADs. Some, like D4D, train dogs only to detect lows. Others, such as CARES (Canine Assistance, Rehabilitation, Education and Services), train dogs to alert for both lows and highs. Raising and training a DAD can cost up to \$20,000, but donations cover the cost. People who receive the dogs must show a history of hypoglycemia, pay about \$150 and commit to caring for the dog. The waiting list for an alert dog at a nonprofit such as CARES or D4D often is two years or longer.

# Is a dog for you?

Here are some resources for choosing, and training, the right dog for you.

- The Humane Association's questions to ask: http://www.americanhumane.org/animals/ adoption-pet-care/is-a-dog-right-for-you.html
- O Choosing a dog: http://www.humanesociety.org/animals/dogs/tips/choosing\_dog.html
- O Preparing for a dog: www.petfinder.com
- Right Dog for You, by Daniel Tortora
   (Touchstone, 1983). This highly-rated guide can help find a dog that matches your life.
- How to Raise the Perfect Dog, by TV's "Dog Whisperer" Cesar Millan (Three Rivers Press, 2009).
- O Dog Training for Dummies, by John Volhard (Wiley, 2010).
- Dog training slideshow: http://dogs.about. com/od/dogtraining/ss/Dog-Training-101-Essential-Steps-To-Train-Your-Dog.htm

Here are some of the many Diabetes Alert Dogs (DADs) providers.

- O CARES—Canine Assistance, Rehabilitation, Education and Services www.caresks.com/ 800-498-1077 E-Mail: cares.ks@sbcglobal.net. This group provides DADs at a low cost, but there is a long waiting list.
- Dogs 4 Diabetics https://dogs4diabetics.com/ 925-246-5785. This group is supported by donations, but it has a long waiting list.
- O Diabetic Alert Dogs of America http://www.diabeticalertdogsofamerica.com/ Facebook/DiabeticAlertDogsOfAmerica/ (800) 975-5177. This group provides dogs and training in 40-hour blocks and provides some financial support.
- www.Diabeticalertdog.com supports all aspects of DAD ownership.
- www.Diabeticalertdoguniversity.com/ holds training workshops around the country for people who want to train their own DADs.
- Diabetes Alert Dog Alliance www.diabetesalertdogalliance.org can connect you with qualified trainers in your area.
- Training Your Diabetic Alert Dog, by Rita Martinez and Susan Barns (2013).



Other agencies have shorter waiting lists but may charge more, and there are many for-profit companies that train and sell DADs. You also can find a trainer online or train your own dog. The Diabetes Alert Dog Alliance (DADA) can connect you with trainers in your area. Diabetic Alert Dog University holds training workshops around the country for people who want to train their own DADs. Other companies, such as Diabetic Alert Dogs: The Borderland Way, are regional. You can bring your dog to them for training.

Dog trainers caution that not all dogs are suitable, so be sure to check if your workshop includes attendance with your dog or is for your information only. You can begin training a puppy at any age, but it will not be

a reliable DAD until it is at least a year old.

Not all trainers are reliable, either. "DADA was put together because there were a lot of trainers taking advantage of people, charging \$25,000 but not training well," said Becky Causey, owner of Causey Labradors And Training in West Virginia and part of DADA. "Some dogs could alert but not go out in public; others could handle public access but not alert. DADA checks trainers to make sure the dogs will reliably help their owners."

Books and videotapes also can teach you how to train a DAD. Most dogs easily learn to recognize smells. The hard part for them is learning to stay on task in public around other people, animals and smells. According to the book, Training Your Diabetes Alert Dog, training takes at least 12 to 18 months.

Exercise. Dogs can help in many ways besides acting as furry glucose monitors. "My dogs support my health through their need to be walked or taken out, which encourages my own exercise," said Linda Ramirez, 60, of San Francisco, who has Type 2 diabetes. Exercise reduces insulin resistance and lowers blood sugar. Walking a dog after eating will lower the high glucose that often comes after a meal.

Ramirez says her dogs, a Chihuahua/beagle mix named Leo and a Dutch hunting dog named Cara, are the right size and temperament for her and her disabled husband. "You do not want to end up with a dog that is too large to handle," she said, "or that needs to go for hour-long runs every day if you cannot handle that."

A healthy dog, especially a younger one, wants to do



Linda Ramirez, 60, of San Francisco, who has Type 2 diabetes, says her Chihuahua/beagle mix Leo and Dutch hunting dog Cara are just the right size and temperament for her and her disabled husband.

more than walk—games such as Frisbee, ball or fetch with a stick all count as exercise and fun.

**Social Contact.** One of the bonuses to dog walking is meeting people. Some may stop to pet your dog or admire him. Social contact is good, and you never know where it will lead. My friend Jimmy Sullivan,\* who has prediabetes, met his girlfriend when she stopped to admire his dog.

In many communities, dog people get together on evenings or weekends for their dogs to play and the humans to visit. These groups of people often become good friends. You can look for dog walking groups on Meetup.com, Craig's List, Nextdoor.com or at a local pet store.

For socializing, you want a friendly dog, not one who barks or growls at everyone or chases everything. You may have to train your dog to correct any antisocial behaviors.

On schedule. Dogs don't have to sense blood sugar to help with diabetes management. We know how important it is to stay on an eating, exercising, sleeping, monitoring and medication schedule. Dogs are like furry alarm clocks. You have to walk them, feed them and put them to bed, so you can structure your own care around theirs.

"Cara and Leo are very wedded to their routines," said Ramirez. "For example, they do not like it when we stay up late, so that encourages us to stick to regular sleep patterns."

**Emotional support.** "Cara follows me everywhere. She is attuned to my moods," said Ramirez. "Both dogs are very































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

Serving Suggestion

loving and attentive. They are true family members. They know if I am unhappy or upset, and they come close to comfort me." Dogs often help their owners feel better when they are stressed or sad.

**Petting.** According to Web MD, studies show petting an animal reduces blood pressure, an effect that often lasts for hours. Petting a dog also has been found to improve depression symptoms and help in coping with anxiety, grief and stress.

Studies cited by Web MD report improved mood, lower cholesterol, better survival after heart attacks, less depression, fewer strokes and higher self-reported quality

of life among pet owners. Service dogs can carry diabetes supplies in their packs, so you'll always be prepared.



If you've never owned a dog, consider it carefully before jumping in. Owning a dog isn't like buying a new glucose monitor or starting a new medication. It's more like adopting a child. It involves developing a close relationship that comes with responsibilities. A dog will change your life, probably for the better, but will require some effort.

The website Petfinder.com advises: "Selecting the family dog should be a well-researched and carefully soul-searched activity. Are you and your family willing to make a 10-15-year commitment to this sentient being, in sickness and in health?"

Like any family member, a dog needs your time and attention. "Dogs cannot be left alone all day in most cases," said Ramirez. "They need human companionship." Basically, you have to be there for them as they are there for you. And diabetes alert dogs need even more attention.

Another consideration is cost. Dog care can be expensive. According to Petfinder, you need to consider the cost of food, grooming, chew toys, outerwear and other supplies (bowls, beds, brushes, shampoos, flea products, odor neutralizers for accidents, baby gates, leashes, collars, heartworm prevention, etc.).

In addition, there are veterinary bills, a major consideration. Some communities have low-cost or free vet services, but they don't cover everything. Pet care could cost thousands of dollars; you might want to consider purchasing veterinary insurance.

Veterinarians sometimes charge significantly more than humans would pay for the same drug. You often can switch a pet's prescription to a major retailer to save money. According to the blog Fight Canine Cancer, one pet owner



lowered the cost of her pet's anti-cancer drugs by about 78% by switching the prescription to a retailer at which pets can be included as family members.

Take the time to find a dog that is the right size and personality for you. Rescue dogs usually cost less and can be wonderful. According to the Humane Society, you can learn about dogs by volunteering at a shelter or an SPCA. You'll see how you get along with dogs; many people become more confident and excited about owning a dog after volunteering.

You may worry a dog will not fit in with other human or pet family members. Well trained dogs usually do. Smith said her dog Lucy gets along fine with her cat.

Make sure your whole family is on board. Visit with the dog you've chosen as a family to evaluate how he/she might fit in to your household.

Owning a dog is a big decision and can be a life-changing one. Whether or not your dog senses glucose changes, he or she can help with your diabetes management and more. Ramirez said, "I believe dogs add immensely to one's life. They are not judgmental. They love you for yourself. They only want to be loved in return—and fed on time."

\* Names and personal information of some patients interviewed in this article have been changed to protect their privacy.

David Spero has been a nurse for 40 years and has lived with multiple sclerosis (MS) for 35 years. He has written for Diabetes Self-Management for eight years, and has written award-winning books and magazine articles and two long-running blogs on healthy living and eating. His new series, The Inn by the Healing Path: Stories on the Road to Wellness, explores the spiritual side of health.



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<sup>a</sup>Victoza<sup>®</sup> has been shown to keep A1C down in a 2-year medical study. Individual results may vary.

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#### INDICATIONS AND USAGE

#### 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.

#### IMPORTANT SAFETY INFORMATION

#### 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.

<sup>b</sup>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.





#### Brief Summary of Information about 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<sup>®</sup> is not recommended as the first choice of medicine for treating diabetes.
- It is not known if Victoza<sup>®</sup> 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<sup>®</sup> can be used with mealtime insulin.
- It is not known if Victoza<sup>®</sup> 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
- blurred vision
- anxiety, irritability, or mood changes
- sweating

slurred speech

0315-00025908-1

- hunger
- confusion or drowsiness
- shakiness

- weakness headache
- fast heartbeat

- 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.



4/2015

# Elle & her Coach

Elle Shaheen, 17, is a student, singer, dancer and actor. She also has Type 1 diabetes. Since being diagnosed at age 8, she and her mother, Stefany Shaheen, have tried many tactics to get control of the disease. Elle participated in an artificial pancreas study and in an experimental drug study. She was an early user of continuous glucose monitors (CGMs) and insulin pumps. But her biggest breakthrough came after adopting a Diabetes Alert Dog (DAD.)

Stefany Shaheen had worried constantly about her Elle (pronounced Ellie), waking her up in the middle of the night to test her blood sugar since often it dropped too low while Elle was sleeping. Stefany frequently raced to school or to wherever Elle was to rescue her when her levels were too low because staff members were not always helpful. Stefany's frequent reminders to her daughter to check her sugar levels felt like nagging to Elle and had strained their relationship.

When Elle was 14, the nonprofit CARES (Canine Assistance, Rehabilitation, Education and Services) gave her a diabetes alert dog (DAD), a Labrador retriever named Coach.

Based in Kansas, CARES teaches prison inmates how to train service dogs for conditions including diabetes. This system gives inmates direction and emotional support. It also enables CARES to keep the cost affordable to families of children with Type 1.

Elle flew with her father from New England to Kansas in a snowstorm to pick up Coach and learn how to work with him. The very first night, Coach alerted them (Elle's blood sugar was in the 60s) and since has alerted them of both highs and lows at all times of day—at home, school or play.

At first, Stefany was very skeptical of Coach's glucose sensing abilities. "How can this dog do what medical technology can't do?" she asked repeatedly. But gradually she was won over.

The family's life has changed dramatically. Stefany no longer has to wake up Elle for testing during the night; Coach will wake her up if needed. If Elle is unresponsive, Coach will alert someone else to help her. Elle tests her blood sugar levels and corrects with glucose drops for a low reading or, sometimes, insulin for a high reading.

A DAD doesn't take the place of fingersticks or a CGM. When Coach alerts her, Elle responds by checking her meter. "Coach often is ahead of the CGM, and sometimes ahead of the meter," in sensing a low or a high, said Stefany.

Coach has detected lows and alerted people even when Elle was two floors below him or taking a shower in a locked bathroom. His her highs," said Stefany. "But Coach makes it very difficult for her to ignore high blood sugars now." As a result, she tests more often, and her A1c has come down substantially.

Routines are important for

discipline required to help Coach be successful is helpful to Elle, because he gets her out of bed in the morning and helps keep things on track," said Stefany. "She tests way more often now because it has become more routine."

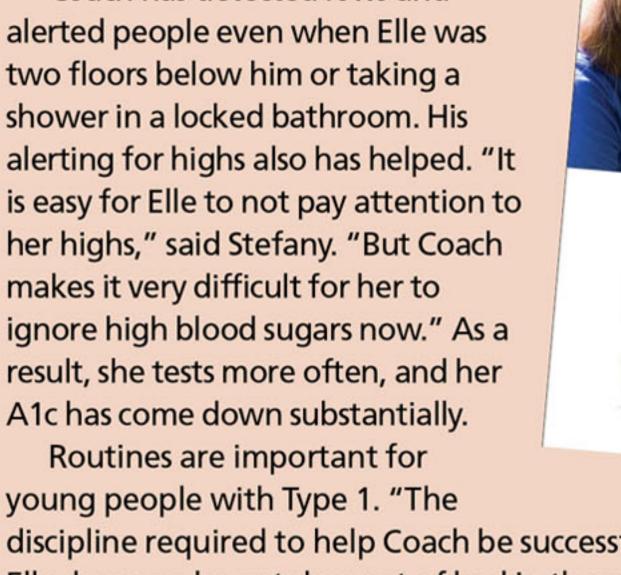
is book is much more than a heart-surving story about a stamphast girl and has amount day. It's a book about never giving up hope," - MICHAEL J. FOX

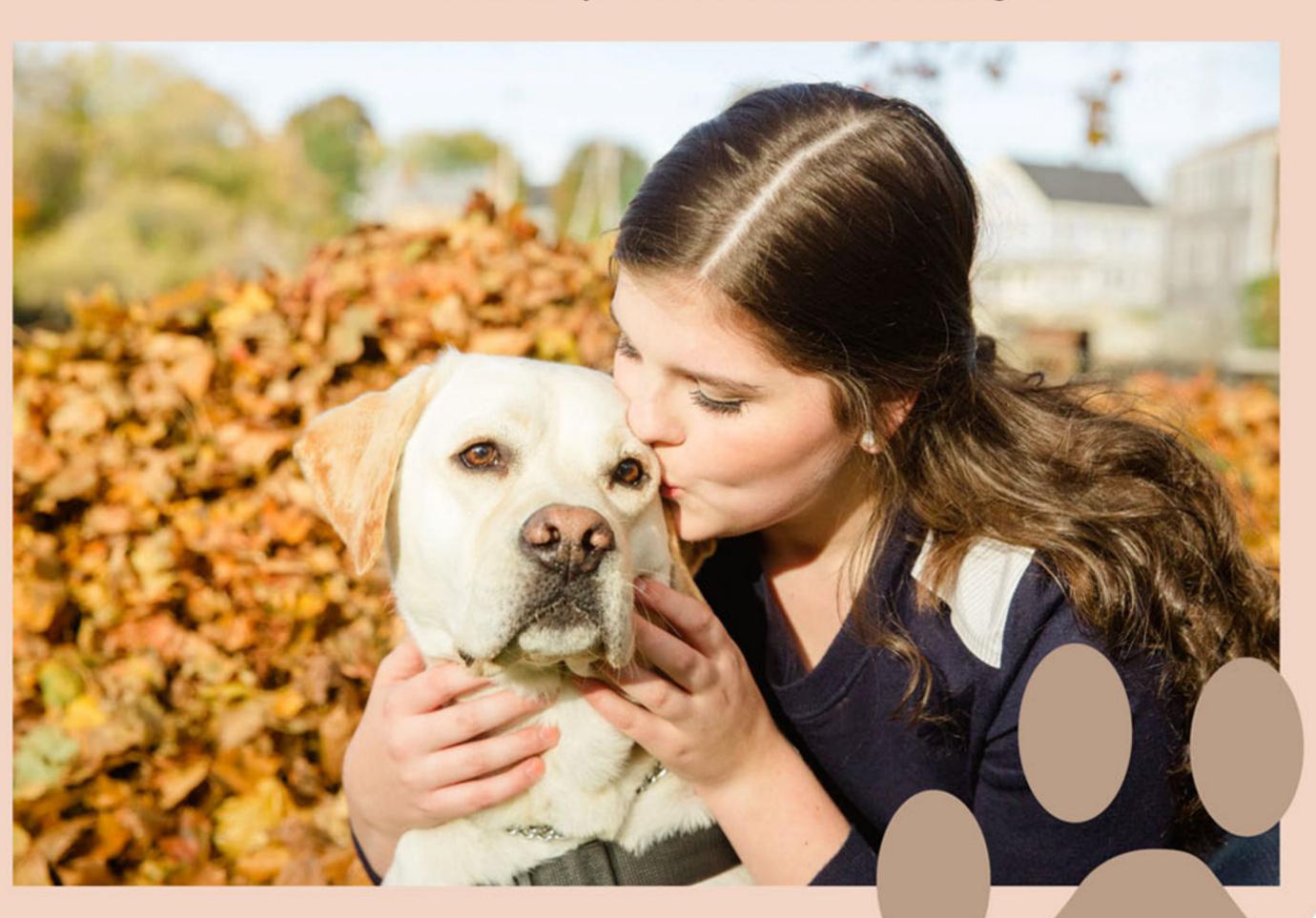
with Mark Dagostino

Stefany has written the book, Elle and Coach, to show how a trained diabetes alert dog has changed both her life and Elle's. She said she wanted to "share the difference dogs like Coach can make for people living with chronic medical conditions. It is our hope that organizations like CARES will benefit by having the opportunity to expand the work they do with correctional facilities."

"It is a big commitment to have a working dog," said Stefany. "Coach was trained to work and he has a hard time if he is separated from Elle. This means Elle and Coach are together almost all of the time."

"Coach is a most wonderful addition to our family," she said. "Elle has two younger sisters and a younger brother, and they love him and he protects them. At bedtime, he often makes the rounds with me to tuck everyone in and then always settles in with Elle for the night."





# of Patient Portals

SECURE WEBSITES CAN PROVIDE ACCESS TO HEALTH

RECORDS, SUPPORT DIABETES SELF-MANAGEMENT

By Laura Hieronymus, DNP, MLDE, BC-ADM, CDE, John Fowlkes, M.D., and Ann Hays, M.D.

FOR THE PAST DECADE, health-care systems—including hospitals, provider's offices and specialty clinics—have implemented the use of electronic, internet-based software to document patients' health records in a secure manner. Additionally, the federal government has had a hand in regulating these electronic health records (EHRs). More recently, incentives for patient portals have been put in place to ensure consumers have electronic access to their protected health information (PHI). A patient portal is a secure website that allows people to retrieve their PHI anytime, anywhere with an internet connection.

#### What is PHI?

First, be aware that your health information is protected under the Health Information Portability and Accountability Act (HIPAA). PHI is any information that is collected about your health status, health care you receive, or any payment for health care by a covered entity (or a business associate of a covered entity), and can be linked to a specific individual. The term applies to individuals or organizations that transfer any PHI in an electronic format for which the U.S. Department of Health and Human Services (HHS) has adopted a standard. Covered entities include three categories 1) health-care providers; 2) health plans; and 3) health-care clearinghouses.

Health-care providers include physicians, physician assistants, nurse practitioners, psychologists and dentists, as well as organizations such as pharmacies, nursing homes, hospitals and clinics. Health plans such as third-party insurance companies, health maintenance organizations (HMOs) and work/company plans also are covered entities. According to HHS, health-care clearinghouses—defined as public or private entities that process or facilitate nonstandard data elements of health information into standard data elements-also are covered entities. Examples include company billing services, community health information systems and value-added networks that work with health-care communication systems. It is important to note that if any of these covered entities must consult with a business associate to carry out health-care practices, a business associate agreement must be in place that requires the business associate to comply with all HIPAA standards.

#### **The Patient Portal**

A patient portal is an internet-based system in which one can view his or her PHI. While components of patient portals may vary, a key feature is that the information is secure and protected. Physician practices are highly encouraged to promote portal access and use for their patients. Experts suggest learning about the usefulness of the patient portal will allow you to participate more fully in your health care. However, in one recent survey, 64%

of Americans reported they do not currently use a patient portal, and 35% said they were not aware a patient portal was available to them. Furthermore, 57% said they would be more interested and proactive regarding their health if online electronic access to their records was available.

Here are four common questions patients ask about patient portals.

How do I find out if I have access to a patient portal? Ask. Have a conversation with your health-care provider to learn

IN A RECENT SURVEY, 57% OF AMERICANS SAID THEY WOULD BE MORE PROACTIVE REGARDING THEIR HEALTH IF ONLINE ACCESS TO THEIR RECORDS WAS AVAILABLE. what portal resources are available to you. Also, before your next appointment, make a list of questions to help you discover more about your patient portal options.

Are patient portals safe and secure? Yes. So that your information is protected, portals should be hosted, secure connections. For privacy purposes, you should use an encrypted user name and password to access your information.

What will I see when I use the patient portal? Most portals allow patients to see information from recent visits with their health-care providers, a current list of medications and immunizations.

Your data should indicate any allergies to medicines and foods and a record of any allergy testing. Lab results can help you track your progress, make informed heath decisions with your providers and give you information about how your treatment plan is working. In some cases, your portal may allow you to register prior to an appointment or complete other necessary forms for your health-care provider visit ahead of time. You also may be able to set up appointment reminders, request prescription refills, pay bills and schedule appointments.



Can I send a message to my health-care provider if I need something? Maybe. Some portals allow a secure exchange of information in an email format between a health-care provider and a patient. Check with your provider to determine if your portal has this option.

If your provider offers a patient portal, obtain detailed instructions on how to set it up. The office may be able to help you set up your portal account. You will need to create a secure user name to ensure only you have access to your health information. Also ask if any services are available in case you have trouble accessing your portal. It is important to share what type of technology you will use to access the portal to determine if it is compatible. Patient portals are not designed for urgent health-care needs. You should call your provider's office if your healthcare issue is time sensitive.

#### Diabetes Self-Management

If you live with diabetes, you know that at least 90% of your care involves self-management. Managing diabetes takes time, energy, skill, problemsolving, routine diabetes care provider visits and more to stay healthy. Patient portals have been touted as a way to support self-management for chronic diseases such as diabetes. Promoting disease-state awareness, knowledge and self-efficacy may result in improved self-care behaviors and lines of communication between you and your providers. In fact, one study found 56% of patients who supplemented their face-to-face diabetes education visits using patient portals achieved hemoglobin A1c levels of less than or equal to 7%, compared to 32% of those who did not supplement their training using portal resources.

While the portal doesn't replace your health-care provider, it may be a go-to place for supplemental information to help you make decisions about your care. Additionally, you should have access to your lab work—such as your hemoglobin A1c—so you can track how you are doing over time. Your diabetes educators may add goals

# TIDS for Using a **Patient Portal**

Evidence has linked portal use to better diabetes outcomes such as improvement in risk factors and blood glucose control. Check your patient portal options to see what is available to you. These tips may be helpful as you navigate your patient portal.

- Do your research. Find out what features to expect.
- Ask questions. Be sure to obtain the information you need.
- → Make sure you are comfortable with the portal site, ease of use and security.
- Encrypt or code your data to keep it secure.
- Do not share your passwords with anyone unless there is a need for someone to be involved in your health care.
- → Determine which of your providers are in the network so you know what you can expect to find on your portal.
- Consider the source of information. You should not be asked to purchase items or be exposed to advertising.
- → If you've used a mobile device to access the portal, be sure all personal information is deleted from it before you dispose of it.

you have set and your progress toward meeting these goals. He or she also may add information such as handouts and articles to further your knowledge about diabetes. For example, if you are healthy and suddenly get a stomach virus, you might not be able to find the "sick day guidelines" provided by your diabetes educators. Through the patient portal, you might have access to those guidelines.

If you receive your diabetes care in an academic health-care setting, your patient portal may include information about research studies that may interest you.

The majority of people with diabetes have more than one health-care provider. One benefit of having all your providers in the same system is that your patient portal becomes a central location for all your healthcare records. Your providers can coordinate your visits to assist with efficiency of care. For example, if you have both a primary care provider and an endocrinologist, one may take the lead in ordering certain lab tests both can view, thus avoiding duplication of testing. If your ophthalmology services are in the same system, results of your routine eye exams also would be available to your diabetes care team.

Make the most of your patient portal. Take advantage of its features. Health care is no simple matter, and when you add diabetes and its many self-care tasks to the mix, a patient portal that is available 24/7 may prove beneficial. As technology continues to improve, patient portals will continue to evolve. Stay ahead of the curve and give your patient portal a try. You may find it helps you manage both your diabetes and your overall health.

Laura Hieronymus is a doctor of nursing practice and master licensed diabetes educator. She is associate director of the Barnstable Brown Diabetes Center. John Fowlkes, M.D., is director of the Barnstable Brown Diabetes Center. Ann Hays, M.D., is medical director for University Health Services. All are at University of Kentucky HealthCare in Lexington, Ky.



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

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).



IT'S SPECIFIC TREATMENT FOR DIABETIC NERVE PAIN

have a higher chance of swelling, hives or gaining weight if

# IMPORTANT FACTS



(**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-thecounter 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
- Trouble concentrating
- Blurry vision
   Swelling of hands and feet
  - Dry mouth
- Weight gain Sleepiness

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.
- Go to www.lyrica.com or call 1-866-459-7422 (1-866-4LYRICA).

Need help paying for your Pfizer medicines? Pfizer RxPathways™ is here to help. One program—a range of prescription assistance services





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#### "Scared to Death"

Before he became an advocate for diabetes education and awareness, Mattocks was no stranger to the spotlight. He's the nephew of the late reggae singer Bob Marley and had a short but successful career as an actor, earning an Emmy nomination for the title role in the film *The Summer* of Ben Tyler.

Inspired by his struggle to create affordable yet nutritious meals for his son, the single dad became known as The Poor Chef, specializing in easy, healthy meals on a dime. He became a regular on national media outlets and penned his first cookbook, Eat Cheap But Eat Well.

Then, in 2011, he was diagnosed with Type 2 diabetes at age 38. Mattocks' entire world view changed.

"I was scared to death," he confesses. Frustrated, he left the doctor's office with more questions than answers. "I had to Google, 'What can I eat? What can I drink?"

But as Mattocks learned more about his condition, he was shocked at just how little the general population knew about it.

In an attempt to spread awareness, he decided to chronicle his own quest for answers about the disease. What began as a short film imagined for local television bloomed into a full-length feature documentary, The Diabetic You. The film took three years to shoot, and Mattocks says he's still tinkering with it, planning to add footage from a recent Bahrain conference on diabetes at which he was a guest speaker. The film is projected to be released in late 2016.

The documentary was just the beginning. Since his diagnosis, he's been a TEDx speaker, developed several diabetes cookbooks and was named a dLife Champion in 2015 and a Diabetes Federation Blue Circle Champion in 2014. He's created the Charles Bar, a low-glycemic chocolate snack bar designed to be a wholesome snack option for diabetics.

And a new show, scheduled to air throughout the Caribbean and

# Advice for the **Newly Diagnosed**

Charles Mattocks tells those newly diagnosed with Type 2 diabetes to reach out, search, study, investigate and seek people who know this disease. Knowledge is power.

- Start by doing as much research as you can, gathering as much information as you can. Don't just accept your prescribed medication and think all is well and nothing else is required of you.
- Talk to people who have diabetes and are doing well.
- Talk to a professional such as a diabetes educator who can give you more time than a primary care physician, who often is short on time and may not be able to explain everything you need to know in depth.



North America, takes Mattocks into the homes and kitchens of sports and entertainment stars in the Caribbean. Based in Jamaica and filmed on different islands, Conversations in the Kitchen interviews these individuals as they prepare healthy meals.

He also co-wrote a children's book, Diabetes and Healthy Eating, designed to be "a book that kids can relate to and understand."

"At 38, I had no idea about diabetes," Mattocks says. "When we're young, we never think anything is going to happen to us. We never think we're going to get sick."

Mattocks speaks in schools and believes students should have a minimum of one 30-40 minute presentation on diabetes and healthy eating a year. "They need this. Bad," he says.

#### **Reaching the Masses**

Going to schools isn't the only way Mattocks is getting his message out. In 2013, he launched a national RV diabetes testing tour in partnership with pharmaceutical company Shire. The RV bus was staffed with diabetes educators and medical professionals who offered free blood tests, foot checks and information on living with the disease. Mattocks also gave cooking demonstrations and shared healthy recipes.

Being on the tour and helping educate people with Type 2 diabetes, Mattocks saw firsthand just how little people understood about a condition some had lived with for years. But he was frustrated at how his message was limited to just the hundreds of people who came to each stop on the tour. He needed a way to reach the masses. And where do you reach people? "In front of their TVs," he says.

Thus was inspired Reversed, the first reality show about people with diabetes. Mattocks invited seven contestants living with diabetes to his home and locked them in—sans phones, sans snacks—with doctors, nutritionists, personal trainers and therapists determined to help the contestants reverse their unhealthy habits. With any luck, viewers will be inspired to change their habits too. (The show has not yet been

picked up by a network, but Mattocks is actively looking for a buyer.)

From cookbooks to documentaries to boots-on-the-ground outreach, Mattocks is trying his hardest to educate people with diabetes about their condition. And there's still work to be done, he says.

He's currently wrapping up a short documentary on Complex Regional Pain Syndrome (CRPS), and after that, it's back to work on a national diabetes campaign, possibly with another RV tour.

"I still think the RV or the bus is something that needs to be out there, so I'd love to get that back out on the road," he says.

Before I let Mattocks return to his world of constant emails and phone calls with the team he relies on to keep all his projects in line and on schedule, I ask him if there's anything he wants

to tell our readers, the ones living with the same condition he's fighting for. He thinks for a moment, and then he says, with the deep-seated conviction and fire of a revolutionary:

"I want to say that food is a drug. It can be used for good and for bad. I think that people really need to understand that....You have only one body, and you really need to almost look at everything that goes into your mouth and understand what it can do to you. And is it worth it? Food needs to be taken really seriously, because it can help you or harm you."

He promises to send mindful, healthy recipes. Then I hear a car door opening, and he's off again, planning his next move.

Or movement.

Nicki Porter is Food Editor for *Diabetes* Self-Management.

# **Charles Mattocks' Top Three Tips for Healthy Cooking**



# Portion control is key.

"In America, we like everything supersized, and if it's not falling off the plate, we don't feel like we got enough. So portion control is key."



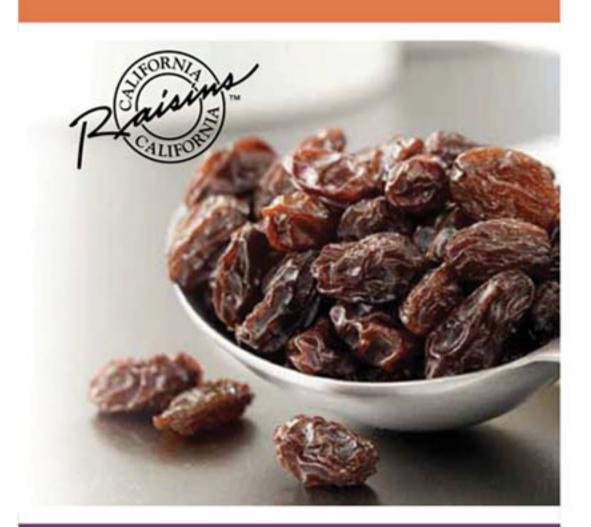
# Eat those fruits and vegetables.

"I like to say, 'Eat what God gave us: Vegetables, fruits and water.' [Find] ways to make those creative without making them bad."



# Investigate new spices and herbs.

"Most people only have a few dishes in their library. So they don't go outside of the box as far as creating new things. Investigate other cultures and the way they cook—whether it's trying to create a good Indian meal one day, or maybe creating a good Jamaican meal or a good Greek meal. [Open] up your library of seasonings and spices so healthy foods taste better and you can give variety to what you're making. Because if you don't have variety, then eventually you'll go back to what you know. Because that's what you know, and it tastes good."



# **Positive Impact** on Diabetic Nutrition

A 12-week study among 51 individuals with T2DM found that regular consumption of raisins as compared to a variety of snack crackers – positively impacted both glucose levels and systolic blood pressure.

The research, published in *The* Physician and Sportsmedicine journal, revealed study participants who consumed one ounce of raisins three times a day for the duration of the study – as compared to a group that ate a comparable amount of snack crackers- were shown to have:

23% reduction in post-meal glucose levels

19% reduction in fasting glucose

A significant reduction (8.7mmHg) in systolic blood pressure

"Raisins are excellent food choices for most individuals, including those with Type 2 diabetes mellitus (T2DM)," said James W. Anderson, MD. Professor of Medicine and Clinical Nutrition, Emeritus, University of Kentucky.

Research found at LoveYourRaisins.com

# Avocado Summer Soup

**MAKES 8 SERVINGS** 

**Nutrients per Serving:** 

Calories 125, Total Fat 9g, Saturated Fat 1.5g, Protein 4g, Carbohydrates 9g, Cholesterol 5mg, Dietary Fiber 3g, Sodium 50mg

Dietary Exchanges: 1/2 carbohydrate, 1 fat

- 1 small onion, finely chopped
- 1 garlic clove, minced
- 1 tablespoon canola oil
- 2 large ripe Haas avocados
- ¼ cup lime juice
- 2 tablespoon sherry
- 1 (14-oz) can low-sodium chicken stock (or 1½ cups homemade chicken broth)
- ½ teaspoon hot pepper sauce
- 2 tablespoon chopped fresh cilantro
- 2 cups low-fat milk
- Dash kosher salt
- 1. Sauté the onion and garlic in the oil until soft and fragrant. Set aside.
- 2. Peel and chop the avocado. Purée in a blender or food processor with the onion and garlic mixture, the lime juice and the sherry.
- **3.** Add chicken broth and hot sauce. Process until blended. Pour into a large serving bowl and add the chopped cilantro and milk. (Use more or less to achieve desired consistency.)
- 4. Add salt to taste and chill for 2 to 3 hours before serving.
- **5.** Garnish with more chopped cilantro.

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Bountiful Harvest Vegetable Salad

**MAKES 6 SERVINGS** 

#### **Nutrients per Serving:**

Calories 145, Total Fat 9g, Saturated Fat .8g, Protein 3g, Cholesterol 0mg, Dietary Fiber 4g, Sodium 45mg

Dietary Exchange: 2 vegetable, 2 fat

- 1 tablespoon hazelnut or olive oil
- 1 small onion, finely chopped
- 1 clove garlic, finely chopped
- 34 cup malt vinegar
- 1 tablespoon brown sugar
- 1 cup chopped parsnips
- 1 cup chopped turnips
- ½ cup parsley and cilantro leaves
- 3 cups baby salad greens
- ½ cup toasted walnut pieces
- 1 cup chopped radish
- Salt and pepper to taste
- **1.** Heat oil in a large skillet over medium heat. Add onions and cook until golden brown, 5-7 minutes. Add garlic and cook for 30 seconds more. Stir in vinegar and sugar and bring just to a simmer. Remove from heat and keep dressing warm.
- 2. Bring a large pot of salted water to a boil. Add parsnips and turnips and simmer until vegetables are just tender, 8-10 minutes. Drain well.
- 3. Arrange parsley, cilantro and salad greens on a platter and top with hot vegetables. Garnish with walnuts and radish. Drizzle with warm dressing, and serve immediately.



# Fiesta Fish Tacos

**MAKES 4 SERVINGS** 

### **Nutrients per Serving:**

Calories 260, Total Fat 6g, Saturated Fat 1.4g, Protein 26g, Carbohydrates 27g, Cholesterol 50mg, Dietary Fiber 4g

Dietary Exchange: 1 starch, 1/2 fruit, 1 vegetable, 3 lean meat

Juice of ½ lime

- 2 cloves garlic, minced
- 1 tablespoon olive oil
- 1 pound tilapia fillets
- ½ cup chopped green bell pepper
- ½ cup chopped red bell pepper
- 1 tablespoon minced cilantro
- 1 cup cherry or grape tomatoes
- 4 (6-inch) whole-wheat tortillas
- 2 cups shredded lettuce
- 1 cup cubed mango
- Black pepper, to taste
- **1.** Mix lime juice, garlic and olive oil in a glass bowl.
- 2. Add tilapia and marinate in refrigerator for one hour.
- 3. Place tilapia in a glass baking dish surrounded by green and red bell peppers, minced cilantro and tomatoes.
- **4.** Bake at 350°F for 10 minutes or until fish flakes easily.
- **5.** Divide fish and veggies into four servings and place on each of the warmed tortillas.
- **6.** Top with lettuce, cubed mango and a sprinkling of black pepper.







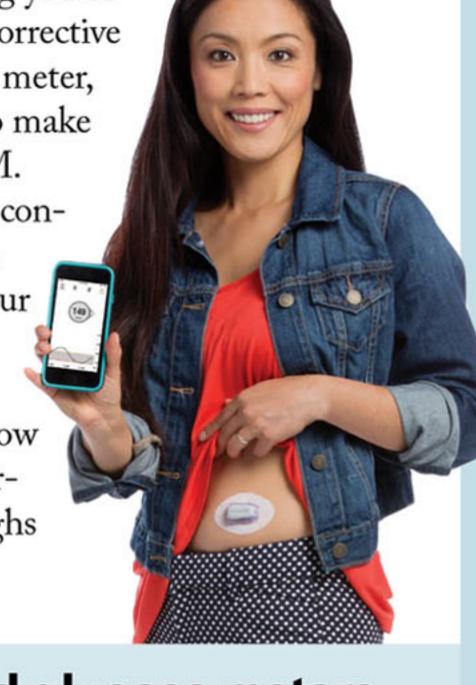
# A NEW SOLUTION to Help Manage Diabetes

MANAGING DIABETES CAN BE TOUGH, but new technologies available to consumers are making it easier. One such technology is Continuous Glucose Monitoring, or "CGM" for short.

A CGM is a small, wearable device that tracks your glucose throughout the day and night, notifying you of highs and lows, so you can take preventive or corrective action. CGM does not replace a blood glucose meter, which provides values you should always use to make treatment decisions and to calibrate your CGM.

The FDA-approved CGM system provides continuous, real-time glucose readings throughout the day and night, as well as information on your glucose trends to help you better understand and, ultimately, manage your diabetes<sup>1</sup>.

CGM also alerts you if you fall above or below a certain glucose threshold, providing you information that may help to prevent dangerous highs or lows before they happen.



# How CGM differs from blood glucose meters

Blood glucose meters, considered the traditional method of measuring glucose, provide only a single glucose reading at a point in time, when a user chooses to test. In contrast, CGM provides detailed information on speed and direction of glucose, via a trend graph and glucose direction arrow, to help you anticipate approaching highs and lows. CGM also offers customizable alerts to warn of out-of-range glucose levels during distracted times such as while playing, sleeping or exercising.

# **How Do I Get a CGM?**

Dexcom CGM is available by prescription only. Talk to your doctor to see if the Dexcom G5 Mobile is right for you. You also can visit www.dexcom.com to learn more.

#### **BRIEF SAFETY STATEMENT G5**

The Dexcom G5 Mobile Continuous Glucose Monitoring System is a glucose monitoring system indicated for detecting trends and tracking patterns in persons (age 2 years and older) with diabetes. CONTRAINDICATIONS Remove the System before MRI, CT scan, or diathermy treatment. The device is MR Unsafe. Do not bring any portion of the System into the MR environment. Taking acetaminophen while wearing the sensor may falsely raise your sensor glucose readings. WARN-ING Do not use the System for treatment decisions. The System does not replace a blood glucose meter. The System is not approved for use in pregnant women, persons on dialysis or critically ill persons. If a sensor breaks and no portion of it is visible above the skin, do not attempt to remove it. Seek professional medical help if you have infection or inflammation. Report broken sensors to Dexcom Technical Support. Sensor placement is not approved for sites other than under the skin of the belly (ages 2 years and older) or upper buttocks (ages 2-17 years). Your smart device's internal settings override your app settings. Accessory devices (like a smart watch) might override your smart device's alert and notification settings. The Share feature must be turned "On" with an active internet connection to communicate glucose information to a Follower. The Follower must download and install the Dexcom Follow App onto a separate smart device with an active internet connection to receive data. Contact Dexcom Toll Free at 877-339-2664 or HYPERLINK "http:// www.dexcom.com" www.dexcom.com for detailed indications for use and safety information.

# How CGM technology works

The Dexcom G5® Mobile CGM System consists of three parts<sup>2</sup>:

- a glucose sensor- a tiny, waterproof wire that measures glucose levels just under the skin;
- a transmitter, which fits onto the sensor pod and sends data wirelessly to a receiver; and
- a small receiver, about the size of a cell phone, that can fit into a pocket or purse and that displays the glucose information. It can be programmed to alert you when glucose is too high or too low, even during sleep. A smart device also can be used to track glucose.

The Dexcom G5® Mobile CGM System is the world's first CGM on the phone. Via a compatible smart device³, users can see their glucose readings right from their cell phones—and receive alerts when glucose levels run too high or too low. The G5 Mobile Transmitter houses Bluetooth technology to communicate directly with a user's mobile device. It also can send data to the Dexcom receiver that comes with the system. Both will display your glucose trends in vivid colors to easily show when it's high, low or within range.

With readings every five minutes on your phone<sup>3</sup>, the G5 provides users greater flexibility during the day. It also gives parents peace of mind and the ability to monitor their children's glucose levels from afar. Dexcom is the only CGM approved for children as young as two years old. In addition, the Dexcom Share feature allows the user to share CGM data with up to five followers—from parents, siblings, spouses and grandparents to caregivers and friends—providing a circle of support to help the user manage his/her diabetes.



<sup>&</sup>lt;sup>1</sup> The Juvenile Diabetes Research Foundation Continuous Glucose Monitoring Study Group. Sustained Benefit of Continuous Glucose Monitoring on A1C, Glucose Profiles, and Hypoglycemia in Adults With Type 1 Diabetes. *Diabetes Care Journal* 32:2047–2049, 2009.

<sup>&</sup>lt;sup>2</sup> Dexcom G5 Mobile CGM System User Guide, 2015.

<sup>3</sup> For a list of compatible devices, visit www.dexcom.com/compatibility



# Diabetic Cooking State of the Cooking of the Cookin

More Than
10 YEARS
TRUSTED and
APPROVED
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Dietitians

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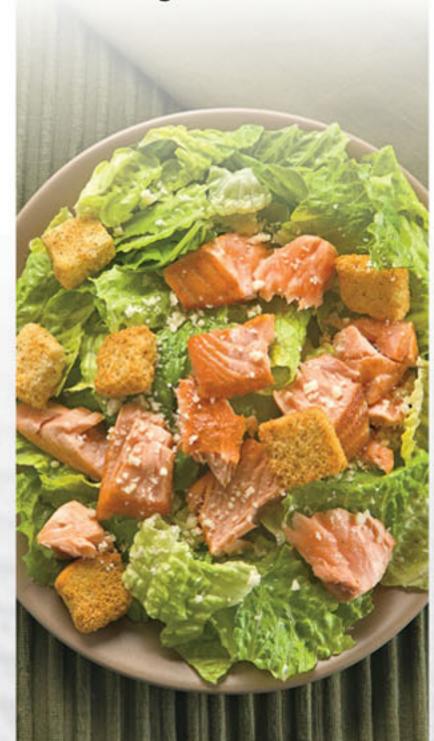
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# For the Way You Live

he 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

# **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

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.

GET GRILLING

# TURN UP THE HEAT

WHEN THE WEATHER WARMS, we've got one thing on our minds: Spending as much time outdoors as humanly possible. So why spend time in the kitchen when you could spend it outdoors over an open fire? Grilling is a straightforward, ultrafast cooking method that doesn't require a lot of fat or complicated ingredients to make a delicious plate of food. The smoke and flames take all the pressure off the chef, producing charred, smoky meats and crisp-tender vegetables that taste best when eaten outdoors. So go on. Play with fire. It's too pretty outside to stay indoors.



# Grilled Halibut with Cherry Tomato Relish



**MAKES 4 SERVINGS** 

#### **Nutrients per Serving:**

Calories 215, Total Fat 5g, Saturated Fat 1g, Protein 28g, Carbohydrates 4g, Cholesterol 54mg, Dietary Fiber 1g, Sodium 185mg

Dietary Exchange: 1 Vegetable, 4 Meat

- 2 cloves garlic, minced
- 3 tablespoons lemon juice, divided
- 2 teaspoons grated lemon peel, divided
- 2 teaspoons olive oil, divided
- ¼ teaspoon salt, divided
- ¼ teaspoon black pepper, divided
- 4 halibut fillets (about 6 ounces each)
- 2 cups cherry tomatoes, quartered
- 2 tablespoons chopped fresh parsley
- **1.** Combine garlic, 2 tablespoons lemon juice, 1 teaspoon lemon peel, 1 teaspoon oil, 1/8 teaspoon salt and 1/8 teaspoon pepper in large resealable food storage bag. Add halibut; seal bag and refrigerate 1 hour.
- 2. Combine tomatoes, parsley, remaining 1 tablespoon lemon juice, 1 teaspoon lemon peel, 1 teaspoon oil, 1/8 teaspoon salt and 1/8 teaspoon pepper in medium bowl; set aside.
- 3. Spray grill rack with nonstick cooking spray. Prepare grill for direct cooking.
- **4.** Remove halibut from bag; discard marinade. Place halibut on prepared grill rack; grill 3 to 5 minutes on each side or until fish begins to flake when tested with fork. Serve with relish.



# Grilled Scallops and Vegetables with Cilantro Sauce

**MAKES 4 SERVINGS** 

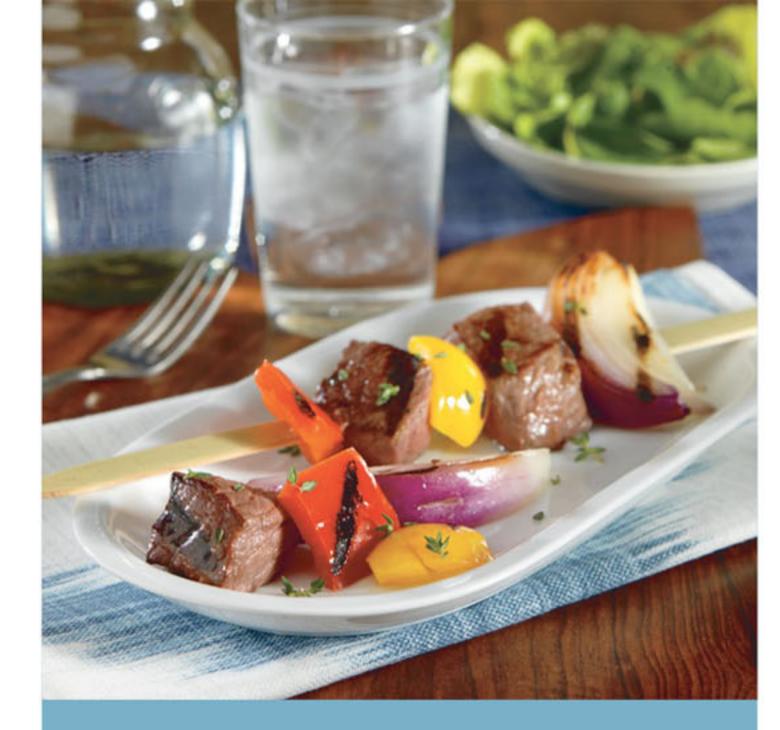
#### **Nutrients per Serving:**

Calories 194, Total Fat 7g, Saturated Fat 1g, Protein 23g, Carbohydrates 11g, Cholesterol 36mg, Dietary Fiber 3g, Sodium 644mg

Dietary Exchange: 2 Vegetable, 3 Meat

- 1 teaspoon hot chili oil
- 1 teaspoon dark sesame oil
- 1 green onion, chopped
- 1 tablespoon finely chopped fresh ginger
- 1 cup fat-free reducedsodium chicken broth
- 1 cup chopped fresh cilantro
- 1 pound raw or thawed frozen sea scallops
- 2 medium zucchini, cut into ½-inch slices
- 2 medium yellow squash, cut into ½-inch slices
- 1 medium yellow onion, cut into wedges
- 8 large mushrooms

- **1.** Spray grill rack with nonstick cooking spray. Preheat grill to medium-high heat. Heat chili oil and sesame oil in small saucepan over medium-low heat. Add green onion; cook about 15 seconds or just until fragrant. Add ginger; cook 1 minute.
- 2. Add chicken broth; bring mixture to a boil. Cook until liquid is reduced by half. Cool slightly. Place mixture in blender or food processor with cilantro; blend until smooth. Set aside.
- **3.** Thread scallops and vegetables onto 4 (12-inch) skewers. (If using wooden skewers, soak in water 25 to 30 minutes before using to prevent skewers from burning.) Grill about 8 minutes per side or until scallops turn opaque. Serve hot with cilantro sauce. Garnish as desired.



# Garlic Grilled Beef Brochettes

MAKES 4 SERVINGS (1 SKEWER PER SERVING)

# **Nutrients per Serving:**

Calories 252, Total Fat 12g, Saturated Fat 3g, Protein 27g, Carbohydrates 8g, Cholesterol 85mg, Dietary Fiber 1g, Sodium 313mg

**Dietary Exchange:** ½ Fat, 2 Vegetable, 3 Meat

1/₃ cup light Caesar salad dressing

3 cloves garlic, minced

1 pound beef tenderloin tips or steaks, cut into 1½-inch chunks

1 small red onion (or ½ medium), cut into ½-inch-thick wedges

1 large red or yellow bell pepper (or ½ of each), cut into 1-inch chunks

2 tablespoons chopped fresh thyme or rosemary

- **1.** Heat grill to medium-high heat. Combine dressing and garlic in a shallow dish. Add tenderloin, onion and bell pepper; toss to coat well and let stand 20 minutes.
- **2.** Alternately thread meat and vegetables onto 4 long metal skewers. Brush any remaining marinade from dish over meat and vegetables.
- **3.** Grill skewers on covered grill 5 minutes on each side. (Tenderloin will be pink in center and vegetables will be crisp-tender.) Top with thyme.



# Blackened Caribbean Shrimp

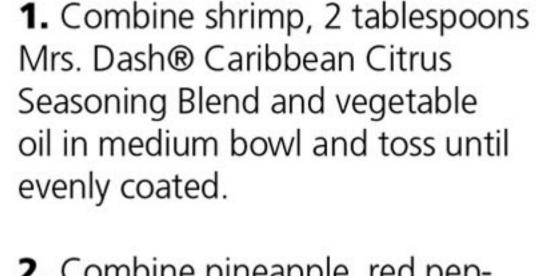
**MAKES 4 SERVINGS** 

# **Nutrients per Serving:**

Calories 210, Total Fat 8g, Saturated Fat 1g, Protein 24g, Carbohydrates 13g, Cholesterol 185mg, Dietary Fiber 2g, Sodium 135mg

- 1 pound extra-large shrimp, peeled and deveined
- 2 tablespoons plus 1 teaspoon Mrs. Dash® Caribbean Citrus Seasoning Blend
- 2 tablespoons vegetable oil
- 2 cups diced pineapple
- ½ cup diced red bell pepper
- ¼ cup diced red onion

- 2. Combine pineapple, red pepper, red onion and remaining Mrs. Dash in medium bowl.
- **3.** Thread shrimp on skewers. Grill or broil shrimp 6 minutes, turning once, or until shrimp turn pink. Serve shrimp over pineapple salsa and garnish with chopped green onions, if desired.







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# Grilled Pork Tenderloin with Tomato-Mango Salsa

**MAKES 6 SERVINGS** 

# **Nutrients per Serving:**

Calories 222, Total Fat 4g, Saturated Fat 1g, Protein 25g, Carbohydrates 21g, Cholesterol 66mg, Dietary Fiber 1g, Sodium 444mg

**Dietary Exchange:** ½ Fruit, 2 Vegetable, 3 Meat

- 2 pork tenderloins (about ¾ pound each)
- ⅓ cup reduced-sodium teriyaki sauce
- 2 medium tomatoes, seeded and diced
- 1 cup diced, peeled and pitted mango
- ½ cup minced yellow or green bell pepper

- ¼ cup hot jalapeño jelly, melted
- 2 tablespoons white wine vinegar
- **1.** Rub pork tenderloins all over with teriyaki sauce; let stand 5 minutes.
- 2. Combine tomatoes, mango, bell pepper, jelly and vinegar in medium bowl; mix well. Set aside.
- **3.** Grill pork, covered, over medium-hot coals 20 to 25 minutes or until meat thermometer inserted in thickest part registers 160°F, turning once. Slice and serve with salsa.





# Asparagus and Onions



**MAKES 6 SERVINGS** 

#### **Nutrients per Serving:**

Calories 255, Total Fat 8g, Saturated Fat 1g, Protein 35g, Carbohydrates 8g, Cholesterol 86mg, Dietary Fiber 2g, Sodium 483mg

Dietary Exchange: 1 Vegetable, 4 Meat

- ½ teaspoon paprika
- 6 salmon fillets (6 to 8 ounces each)
- ⅓ cup bottled honey-Dijon marinade or barbecue sauce
- 1 bunch (about 1 pound) fresh asparagus spears, ends trimmed
- 1 large red or sweet onion, cut into 1/4-inch slices
- 1 tablespoon olive oil Salt and black pepper

- **1.** Prepare grill for direct cooking. Sprinkle paprika over salmon fillets. Brush marinade over salmon; let stand at room temperature 15 minutes.
- 2. Brush asparagus and onion slices with olive oil; season to taste with salt and pepper.
- **3.** Place salmon, skin side down, in center of grill rack. Place asparagus and onion slices around salmon. Grill, covered, 5 minutes. Turn salmon and vegetables. Grill 5 to 6 minutes more or until salmon flakes when tested with fork and vegetables are crisptender. Separate onion slices into rings; serve over asparagus.

# Grilled Banana Splits



MAKES 2 SERVINGS

**Nutrients per Serving:** 

Calories 198, Total Fat 5g, Saturated Fat 1g, Protein 5g, Carbohydrates 33g, Cholesterol 3mg, Dietary Fiber 2g, Sodium 59mg

Dietary Exchange: 1 Bread/ Starch, 1 Fat, 1½ Fruit

- 1 large ripe firm banana
- ½ teaspoon melted butter
- 2 tablespoons fat-free reduced-sugar chocolate syrup
- ½ teaspoon orange liqueur (optional)
- ²/₃ cup sugar-free vanilla ice cream
- 2 tablespoons sliced almonds, toasted
- 1. Spray grill rack with nonstick cooking spray. Prepare grill for direct cooking.

- 2. Cut unpeeled banana lengthwise; brush melted butter over cut sides. Grill banana halves, cut side down, over medium-hot coals 2 minutes or until lightly browned; turn. Grill 2 minutes or until tender.
- **3.** Combine syrup and liqueur, if desired, in small bowl.
- 4. Cut bananas in half crosswise; carefully remove peel. Place 2 pieces banana in each bowl; top with ⅓ cup ice cream, 1 tablespoon chocolate syrup and 1 tablespoon almonds; serve immediately.

## **Take Note!**

To toast almonds, spread them in single layer on a baking sheet. Bake in a preheated 350°F oven for 8 to 10 minutes or until golden brown, stirring frequently.





# Thai Grilled 👪 🖺 Chicken



**MAKES 4 SERVINGS** 

**Nutrients per Serving:** 

Calories 140, Total Fat 1g, Saturated Fat 1g, Protein 22g, Carbohydrates 10g, Cholesterol 53mg, Dietary Fiber 1g, Sodium 349mg

**Dietary Exchange:** 1 Fruit, 3 Meat

- 4 boneless skinless chicken breasts (about 1¼ pounds)
- ¼ cup low-sodium soy sauce
- 2 teaspoons minced garlic
- ½ teaspoon red pepper flakes
- 2 tablespoons honey
- 1 tablespoon fresh lime juice
- 1. Prepare grill for direct cooking over medium heat. Place chicken in shallow baking dish.

Combine soy sauce, garlic and pepper flakes in small bowl. Pour over chicken, turning to coat. Let stand 10 minutes.

- 2. Meanwhile, combine honey and lime juice in small bowl; blend well. Set aside.
- **3.** Place chicken on grill; brush with marinade. Discard remaining marinade. Grill, covered, 5 minutes. Brush both sides of chicken with honey mixture. Grill 5 minutes more or until chicken is no longer pink in center.

#### Take Note!

Serve with steamed white rice, Asian vegetables and a fresh fruit salad, if desired.

# Fajita-Seasoned & Grilled Chicken

**MAKES 2 SERVINGS** 

## **Nutrients per Serving:**

Calories 176, Total Fat 8g, Saturated Fat 1g, Protein 19g, Carbohydrates 8g, Cholesterol 43mg, Dietary Fiber 2g, Sodium 186mg

**Dietary Exchange:** ½ Fat, 1½ Vegetable, 2½ Meat

- 2 boneless skinless chicken breasts (about 4 ounces each)
- 1 bunch green onions, ends trimmed
- 1 tablespoon olive oil
- 2 teaspoons fajita seasoning mix
- 1. Prepare grill for direct cooking.
- 2. Brush chicken and green onions with oil. Sprinkle both sides of chicken breasts with seasoning mix. Grill chicken and onions 6 to 8 minutes or until chicken is no longer pink in center.
- 3. Serve chicken with onions.





# Walden Farms

# Walden Farms Grilled Finger Lickin' Ribs & Coleslaw

**MAKES 4 SERVINGS** 

# Nutrients per Serving (3 ribs, 1 cup coleslaw):

Calories 300, Total Fat 32g, Saturated Fat 12g, Protein 31g, Carbohydrates 3g, Cholesterol 126mg, Dietary Fiber 1g, Sodium 707mg

- 1 rack Baby Back Ribs (approximately 12 ribs)
- 1 bottle Walden Farms Sugar Free BBQ Sauce
- 1 (14-ounce) bag shredded coleslaw mix
- 1 bottle Walden Farms Sugar Free Coleslaw Dressing

Sliced apples and/or raisins, if desired

Salt and black pepper

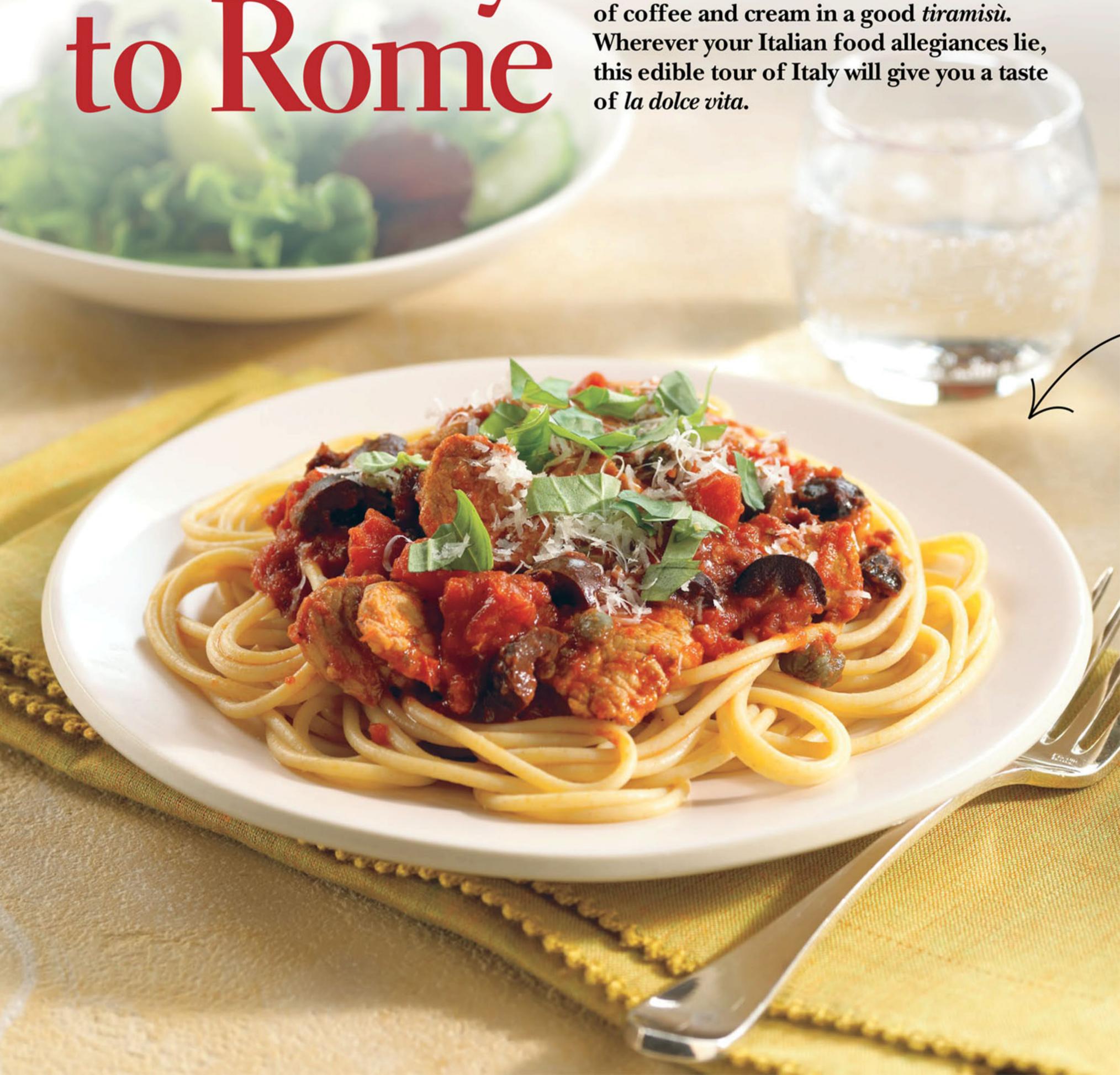
- **1.** Rinse ribs and dry completely with paper towels.
- **2.** Remove membrane from back of ribs.

- 3. Thirty minutes before grilling, brush both sides with ½ cup of any Walden Farms Sugar Free BBQ Sauce: Original BBQ, Honey BBQ, Thick & Spicy BBQ or Hickory Smoked BBQ.
- **4.** Grill 1¼ to 1½ hours over indirect medium heat, turning ribs occasionally and brushing with ½ cup Walden Farms Sugar Free BBQ Sauce until done. (When finished cooking, the meat should pull away easily from the bone.)
- **5.** Separate and serve ribs with additional ½ Cup Walden Farms Sugar Free BBQ Sauce for dipping.
- 6. While ribs are cooking, toss together shredded coleslaw mix with 1 cup Walden Farms Sugar Free Coleslaw Dressing in mixing bowl. Add more dressing and apples and/or raisins, if desired. Season with salt and pepper to taste. Serve with ribs.



# From Tuscany to Rome

on the American culinary landscape as the food of Italy. Even if you didn't grow up saucing your pasta in "gravy" or bolognese, you probably have your own Italian-inspired favorites. Perhaps the spicy, vibrant puttanesca, the refreshing caprese or the hearty chicken cacciatore. Or perhaps it's the bittersweet combination of coffee and cream in a good tiramisù. Wherever your Italian food allegiances lie, this edible tour of Italy will give you a taste of la dolce vita.



# Easy Pork Puttanesca

MAKES 4 SERVINGS

## **Nutrients per Serving:**

Calories 303, Total Fat 5g, Saturated Fat 1g, Protein 22g, Carbohydrates 45g, Cholesterol 38mg, Dietary Fiber 3g, Sodium 742mg

**Dietary Exchange:** 3 Bread/Starch, 2 Meat

6 ounces uncooked whole wheat spaghetti

½ pound pork tenderloin, cut into bite-size pieces

¼ teaspoon black pepper

1 jar (24 ounces) tomato-basil pasta sauce

½ cup (2 ounces) pitted and coarsely chopped kalamata olives

1 tablespoon capers, drained (optional)

¼ teaspoon fennel seeds, crushed

1/8 teaspoon red pepper flakes

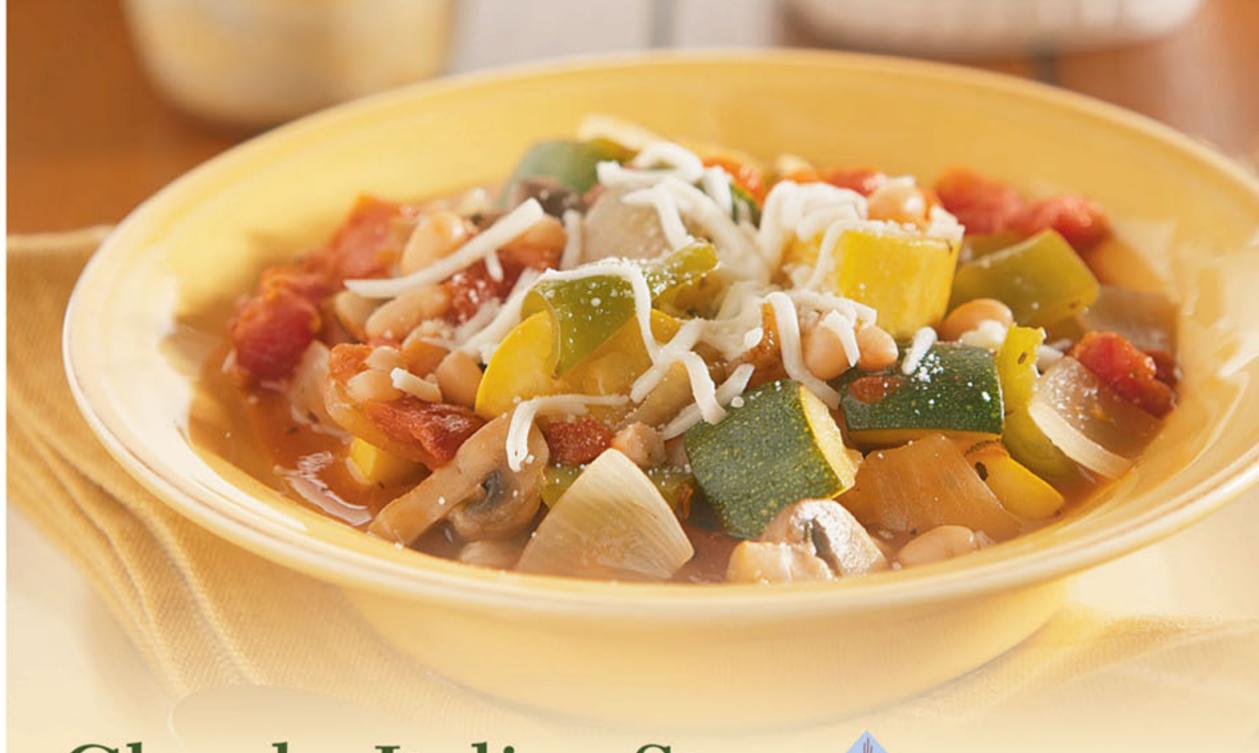
1/4 cup grated Parmesan cheese

2 tablespoons chopped fresh basil

- 1. Cook spaghetti according to package directions. Drain and keep warm.
- 2. Spray large nonstick skillet with nonstick cooking spray; heat over medium-high heat. Add pork; sprinkle with black pepper. Cook and stir 2 to 3 minutes or until lightly browned.
- **3.** Stir in pasta sauce; olives; capers, if desired; fennel seeds and red pepper flakes. Bring to a boil. Reduce heat; simmer, uncovered, about 2 minutes or until pork is cooked through.
- **4.** Arrange spaghetti on serving plates. Top with pork mixture. Sprinkle with Parmesan cheese and basil.

#### Take Note!

Buy 1 pound pork tenderloin and freeze the remaining ½ pound for another use.



# Chunky Italian Stew with White Beans

**MAKES 4 SERVINGS** 

# **Nutrients per Serving:**

Calories 265, Total Fat 6g, Saturated Fat 3g, Protein 17g, Carbohydrates 38g, Cholesterol 15mg, Dietary Fiber 9g, Sodium 208mg

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

- 1 teaspoon olive oil
- 2 green bell peppers, cut into 34-inch pieces (about 10 ounces total)
- 1 yellow squash, cut into 34-inch pieces
- 1 zucchini, cut into ¾-inch pieces
- 1 onion, cut into ¾-inch pieces
- 4 ounces mushrooms, quartered (about 1 cup)
- 1 can (about 15 ounces) reduced-sodium navy beans, rinsed and drained
- 1 can (about 14 ounces) reduced-sodium diced tomatoes
- 1 teaspoon dried oregano
- ½ teaspoon sugar
- ½ teaspoon Italian seasoning
- 1/4 teaspoon red pepper flakes (optional)
- 34 cup (3 ounces) shredded part-skim mozzarella cheese;

# 1 tablespoon grated Parmesan cheese

- 1. Heat oil in Dutch oven or large saucepan over medium-high heat. Add bell peppers, squash, zucchini, onion and mushrooms. Cook and stir 8 minutes or until onion is translucent. Stir in beans, tomatoes, oregano, sugar, Italian seasoning and red pepper flakes, if desired. Reduce heat; cover and simmer 15 minutes or until vegetables are tender, stirring once.
- 2. Top with cheeses just before serving.

#### **Take Note!**

To freeze this stew, let it cool completely. Portion out 1½ cups of stew in 1-quart resealable freezer food storage bags. Release excess air from the bags and seal. Freeze bags flat for easier storage and faster thawing. To thaw, place the bag in refrigerator overnight. Alternatively, place the bag on microwave-safe plate. Open the bag and cook on HIGH 1 minute. (It will still be partially frozen at this point.) Place the stew in a soup bowl. Cook on HIGH 3 minutes or until hot. Top with cheeses and serve.

# Spinach and Mushroom Risotto

**MAKES 8 SERVINGS** 

**Nutrients per Serving:** 

Calories 219, Total Fat 5g, Saturated Fat 1g, Protein 8g, Carbohydrates 37g, Cholesterol 2mg, Dietary Fiber 3g, Sodium 250mg

Dietary Exchange:

1½ Bread/Starch, 1 Fat, 2 Vegetable

½ pound mushrooms, sliced

2 teaspoons dried basil

2 teaspoons minced garlic

1/4 teaspoon black pepper

1 can (about 14 ounces) fat-free reducedsodium chicken broth

1<sup>2</sup>/<sub>3</sub> cups water

1½ cups uncooked arborio rice

1 can (about 10¾ ounces) reduced-fat reduced-sodium condensed cream of mushroom soup, undiluted

3 cups packed stemmed spinach, chopped

6 tablespoons chopped walnuts, toasted

¼ cup grated Parmesan cheese

**1.** Coat 3-quart saucepan with olive oil cooking spray. Cook and stir mushrooms, basil, garlic and pepper over high heat 3 to 4 minutes or until mushrooms are tender.

2. Add broth, water, rice and soup; cook and stir until well blended and mixture begins to boil. Reduce heat to low. Cover; simmer gently 12 minutes, stirring twice during cooking, or until rice is just tender but still firm.

**3.** Stir in spinach; cover and let stand 5 to 7 minutes or until spinach is wilted.

**4.** Sprinkle with walnuts and cheese before serving.





# Italian Crouton Salad

**MAKES 6 SERVINGS** 

Nutrients per Serving:

Calories 160, Total Fat 5g, Saturated Fat 1g, Protein 6g, Carbohydrates 25g, Cholesterol 2mg, Dietary Fiber 2g, Sodium 234mg

Dietary Exchange:

1 Bread/Starch, 1 Fat, 1½ Vegetable

6 ounces French or Italian bread

¼ cup plain fat-free yogurt

¼ cup red wine vinegar

4 teaspoons olive oil

1 tablespoon water

3 cloves garlic, minced

6 medium plum tomatoes, sliced (about 3¾ to 4 cups)

½ medium red onion, thinly sliced

3 tablespoons sliced fresh basil

2 tablespoons finely chopped fresh parsley

12 leaves red leaf lettuce or 4 cups prepared Italian salad mix

2 tablespoons grated Parmesan cheese

1. Preheat broiler. To prepare croutons, cut bread into ¾-inch cubes. Place in single layer on baking sheet. Broil 4 inches from heat 3 minutes or until bread is golden, stirring every 30 seconds to 1 minute. Place croutons in large bowl.

2. Whisk together yogurt, vinegar, oil, water and garlic in small bowl until blended; set aside. Add tomatoes, onion, basil and parsley to croutons; stir to combine. Pour yogurt mixture over crouton mixture; toss to coat. Cover; refrigerate 30 minutes or up to 1 day. (Croutons will be softer the following day.)

**3.** To serve, place lettuce on 6 plates. Evenly divide crouton mixture over lettuce. Sprinkle with cheese.

# Easy Chicken Cacciatore

MAKES 6 SERVINGS

#### **Nutrients per Serving:**

Calories 233, Total Fat 6g, Saturated Fat 2g, Protein 31g, Carbohydrates 14g, Cholesterol 70mg, Dietary Fiber 3g, Sodium 352mg

Dietary Exchange: 2 Vegetable, 3½ Meat

- ¼ cup all-purpose flour
- 6 (5- to 6-ounce) bone-in chicken breasts, skin removed
- 1 tablespoon plus 1 teaspoon olive oil, divided
- 1 large green bell pepper, cut into short strips
- 1 medium onion, cut in half lengthwise and sliced crosswise
- 1 package (6 ounces) sliced button mushrooms
- 2 cloves garlic, minced
- 2 cans (about 14 ounces each) no-salt-added diced tomatoes, undrained
- 1½ teaspoons Italian seasoning
- ½ teaspoon salt
- 6 tablespoons shredded part-skim mozzarella cheese



- **1.** Place flour in large resealable food storage bag. Add chicken, 2 pieces at a time; shake to coat chicken.
- 2. Heat 1 tablespoon oil in large skillet over medium-high heat. Brown chicken on both sides; remove from pan.
- **3.** Add remaining 1 teaspoon oil to same skillet. Add bell pepper, onion and mushrooms; cook and stir 3 to 4 minutes until mushrooms are lightly browned. Add garlic; cook and stir 30 seconds. Add tomatoes with juice, seasoning and salt; bring to a boil.

Return chicken to skillet. Reduce heat; cover and simmer 23 to 25 minutes or until chicken is no longer pink in center.

**4.** Serve chicken with sauce; top each serving with 1 tablespoon cheese. Serve with pasta, if desired.

#### **Take Note!**

If 5- to 6-ounce breasts are not available, cut 3 large (10- to 12-ounce) breasts in half. Four-ounce boneless skinless chicken breasts may be substituted for bone-in breasts. If using boneless breasts, simmer for about 18 minutes in step 3.

# Quick Turkey Bolognese



MAKES 6 SERVINGS

# **Nutrients per Serving:**

Calories 330, Total Fat 11g, Saturated Fat 3g, Protein 23g, Carbohydrates 37g, Cholesterol 75mg, Dietary Fiber 5g, Sodium 380mg

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

- 1 teaspoon extra virgin olive oil
- 1 small onion, chopped
- 1 carrot, peeled and finely chopped
- 2 celery stalks, finely chopped
- 2 cloves garlic, minced
- 1 pound lean ground turkey

²/₃ cup white wine

1½ cups vodka sauce

2 tablespoons water

8 ounces cooked whole wheat thin spaghetti

1/4 cup shredded Parmesan cheese

Heat oil in large skillet over medium heat. Add onion, carrot and celery; cook and stir 4 minutes. Add garlic and turkey; break up meat with spoon and cook until no longer pink, about 4 minutes. Add wine and cook until evaporated, about 6 minutes. Add sauce and water; stir to combine. Serve over warm pasta and top with Parmesan cheese.



# Strawberry Tiramisù

MAKES 6 SERVINGS

#### **Nutrients per Serving:**

Calories 205, Total Fat 6g, Saturated Fat 3g, Protein 9g, Carbohydrates 24g, Cholesterol 45mg, Dietary Fiber 1g, Sodium 290mg

**Dietary Exchange:** 1 Bread/Starch, 1 Fat, ½ Fruit, 1 Meat

- 4 ounces reduced-fat cream cheese
- 4 ounces fat-free cream cheese
- ⅓ cup reduced-fat ricotta cheese
- ¼ cup reduced-fat sour cream
- ⅓ cup sugar substitute\*
- 34 cup reduced-fat whipped topping
- 2 cups fresh sliced strawberries, divided
- ½ cup reduced-sugar or sugar-free strawberry jam
- 12 ladyfingers, split in half
- **1.** In medium mixing bowl, beat cream cheeses, ricotta, sour

cream and sugar substitute with electric mixer until creamy. Fold in whipped topping. Set aside.

- **2.** Place 1¼ cups strawberries and jam into food processor. Process 30 seconds or until roughly puréed (small pieces of strawberry should remain).
- **3.** Line bottom of 1½-quart rectangular baking dish with half of ladyfingers. Evenly pour half (about ½ cup) of strawberry purée over ladyfingers and spread to coat. Spoon half of cream cheese mixture (about 1 cup) evenly over strawberry purée and gently smooth. Repeat with remaining ladyfingers, strawberry purée and cream cheese mixture.
- **4.** Top tiramisu with remaining sliced strawberries; cover and refrigerate at least 2 hours before serving.

# **Take Note!**

\*This recipe was tested using sucralose-based sugar substitute.



# Better Baking Mix

MAKES 8 CUPS BAKING MIX

2¼ cups unbleached allpurpose flour

21/4 cups whole wheat flour

21/4 cups oat flour

1¼ cups nonfat dry milk

3 tablespoons baking powder

1½ teaspoons salt

1 teaspoon baking soda

Combine all ingredients in 1-gallon resealable plastic food storage bag. Stir mixture with wire whisk to blend. Seal bag and shake upside down to mix ingredients in corners. Alternatively, mix ingredients together in a large mixing bowl with a wire whisk and spoon into an 8-cup container with a tight-fitting lid. Seal container. Label and date contents. Store in freezer. Use within 6 months.

#### **Take Note!**

Oat flour is available in many supermarkets, natural foods stores and online. It can easily be made at home by pulsing old-fashioned oats in a blender or food processor until a flourlike consistency is reached.

Freezing is suggested for the baking mix because whole wheat and oat flours are made with whole grains, meaning they still contain the bran, the germ and the endosperm of the grain. Whole grains contain more beneficial fats and fiber than refined grains and should be frozen for longer shelf life.

For best results, spoon flours and milk powder into measuring cups and level with the edge of a straight spatula. This helps aerate and lighten the flour mixture. For easy cleanup, spoon flour into measuring cups over a sheet of waxed paper. The flour left over from leveling can be poured back into the flour sack using the waxed paper as a funnel.



# Fast Focaccia

MAKES 8 SERVINGS SERVING SIZE: 1 PIECE FOCACCIA

#### **Nutrients per Serving:**

Calories 209, Total Fat 4g, Saturated Fat 1g, Protein 9g, Carbohydrates 36g, Cholesterol 3mg, Dietary Fiber 4g, Sodium 603mg

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

3¾ cups Better Baking Mix (see previous recipe)

3 teaspoons Italian seasoning, divided

1 package (¼ ounce) active dry yeast (21/4 teaspoons)

1½ cups lukewarm water, plus 2 to 4 tablespoons if needed

1 tablespoon extra-virgin olive oil

1/4 cup shredded Parmesan cheese

- **1.** Lightly spray 13X9-inch baking pan with nonstick cooking spray. Set aside.
- 2. Combine baking mix, 1½ teaspoons Italian seasoning mix and yeast in large mixing bowl. Make a well in the center of the mixture and add water. Stir mixture 100 strokes with large

wooden spoon, or until a soft, sticky dough forms, adding warm water by the tablespoon, if needed. Alternatively, process mixture in bowl of food processor using dough blade until mixture comes together and forms a soft ball on the blade.

- **3.** Place dough in prepared pan. Drizzle oil over dough. Using your hands, gently and evenly spread and pull dough to sides and corners of pan. Cover pan with plastic wrap or a damp tea towel. Allow to rise in a warm place until it doubles in size, about 60 minutes.
- **4.** Preheat oven to 400°F. Remove plastic wrap from pan. Poke your fingertips or the tip of a wooden spoon handle into the dough, creating dimples in the dough. Sprinkle dimpled dough with cheese and remaining 11/2 teaspoons seasoning.
- **5.** Bake for 20 to 25 minutes, or until bottom and top are golden brown, and bread sounds hollow when tapped. Remove from oven. Remove from pan and cool on wire rack. To serve, place on cutting board and cut into 8 squares.

# Caprese Salad



**MAKES 4 SERVINGS** 

#### **Nutrients per Serving:**

Calories 73, Total Fat 5g, Saturated Fat 2g, Protein 4g, Carbohydrates 9g, Cholesterol 9mg, Dietary Fiber 1g, Sodium 165mg

**Dietary Exchange:** ½ Fat, 1 Vegetable, ½ Meat

3 medium tomatoes (3/4 pound total), cut into 8 slices

2 (1-ounce) slices part-skim mozzarella cheese, each cut into strips (24 strips total)

1/4 teaspoon salt

Pinch black pepper

2 teaspoons extra-virgin olive oil

1/4 cup thinly sliced fresh basil leaves

Arrange tomatoes and cheese alternately on plate; overlapping slightly. Sprinkle with salt and pepper and drizzle with oil. Scatter basil on top.

#### Take Note!

Caprese is a simple salad from the Italian region of Campania, traditionally including sliced fresh mozzarella cheese, plum tomatoes and basil. It's seasoned with salt, black pepper and olive oil.

#### **Take Note!**

A typical Italian seasoning contains dehydrated onion, garlic, basil, lemon peel, paprika, fennel seed, oregano, black pepper, ginger, thyme and lemon oil. You can make a simple mixture at home by combining equal parts dehydrated garlic, dried basil and dried parsley.

Split Fast Focaccia squares in half horizontally with a serrated bread knife and use the halves to make Italian-style sandwiches. Or omit the Parmesan cheese and use the dough as a base for homemade pizza.



# Lighten Up

WHEN SUMMER FINALLY ARRIVES, we've got a lot on our minds: Hitting the beach. Going sailing. Picnicking. Hiking. Gardening. Reading a good book in the summer sunshine. Heavy, slow-cooked meals simply don't fit into our schedules. These seasonal salads are easy, fast meals that won't weigh you down, leaving you more time to do the things you love.



# Mediterranean Shrimp 3 and Bean Salad

MAKES 4 SERVINGS (1 CUP PER SERVING)

## **Nutrients per Serving:**

Calories 181, Total Fat 5g, Saturated Fat 1g, Protein 20g, Carbohydrates 13g, Cholesterol 149mg, Dietary Fiber 1g, Sodium 717mg

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

- 10 ounces large cooked shrimp, cut into bite-size pieces
- 1½ cups grape or cherry tomatoes, halved
- 1 large shallot, minced
- ¾ cup canned no-salt-added chickpeas
- 1/4 cup shredded fresh basil
- ¼ teaspoon paprika
- 1/4 teaspoon salt (optional)

- 1/4 teaspoon black pepper
- 1/8 teaspoon dried oregano
- 3 tablespoons low-sodium tomato or vegetable juice
- 1 tablespoon white wine vinegar
- 1 tablespoon olive oil

Combine shrimp, tomatoes, shallot, chickpeas and basil in large bowl. Stir together paprika, salt, if desired, pepper and oregano in small bowl. Gradually stir in tomato juice. Stir in vinegar and oil. Pour over shrimp mixture; toss gently to coat.

# Spicy Corn, Avocado and Tomato Salad

**MAKES 6 SERVINGS** 

- 2 tablespoons olive oil
- 1 tablespoon lime juice
- 1 clove garlic, minced
- ½ teaspoon salt
- ¼ teaspoon black pepper
- 2 cups cooked corn kernels, cooled
- 1 pint grape tomatoes, halved
- 1 avocado, cut into ½-inch cubes
- 2 green onions, thinly sliced
- 1 jalapeño pepper, seeded and finely chopped
- ¼ cup chopped cilantro

- **1.** In small bowl combine oil, lime juice, garlic, salt and pepper; whisk until well combined. Set aside.
- **2.** In large bowl add remaining ingredients; add dressing and toss well to combine. Refrigerate until ready to serve.

#### **Take Note!**

Jalapeño peppers can sting and irritate the eyes, so wear rubber gloves and do not touch your eyes. Ripe avocados should be stored in the refrigerator. Depending on how ripe they are, they will last for 5 to 7 days. Unripe avocados can be left at room temperature until they soften, which can take as little as a day or as long as 9 days.



# Berry Spinach Salad

**MAKES 4 SERVINGS** 

#### **Nutrients per Serving:**

Calories 85, Total Fat 1g, Saturated Fat 1g, Protein 3g, Carbohydrates 16g, Cholesterol 3mg, Dietary Fiber 4g, Sodium 200mg

**Dietary Exchange:** 1 Fruit, 1 Vegetable

- 6 cups fresh baby spinach
- 2 cups sliced fresh strawberries
- 2 tablespoons chopped red onion
- ⅓ cup fat-free raspberry vinaigrette
- 1/4 teaspoon black pepper
- ¼ cup crumbled reduced-fat feta cheese
- **1.** Combine spinach, strawberries and red onion in large bowl.
- **2.** Whisk together vinaigrette and pepper in small bowl. Drizzle over salad; toss to coat. Arrange evenly on 4 serving plates. Sprinkle evenly with cheese.

# Grape Tomato Salad With White Beans and Cucumber

**MAKES 4 SERVINGS** 

#### **Nutrients per Serving:**

Calories 119, Total Fat 4g, Saturated Fat 1g, Protein 5g, Carbohydrates 17g, Cholesterol 0mg, Dietary Fiber 4g, Sodium 291mg

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

- 1 cup canned Great Northern beans, rinsed and drained
- 1 cup grape tomato halves
- 1 cup ½-inch diced cucumber
- 2 tablespoons finely diced red onion
- 1 tablespoon finely chopped fresh cilantro
- 1 tablespoon extravirgin olive oil

- 1 tablespoon lime juice
- 1/4 teaspoon salt 1/8 teaspoon black pepper
- **1.** Combine beans, tomatoes, cucumber, onion and cilantro in large bowl.
- 2. Whisk oil, lime juice, salt and pepper in small bowl. Pour over salad and mix gently.

#### Take Note!

Always be sure to rinse and drain canned beans. Rinsing and draining can eliminate up to 40% of the sodium in canned beans.





# Summer Szechuan Tofu Salad

**MAKES 4 SERVINGS** 

# **Nutrients per Serving:**

Calories 223, Total Fat 12g, Saturated Fat 2g, Protein 14g, Carbohydrates 18g, Cholesterol Omg, Dietary Fiber 5g, Sodium 655mg

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

- ¼ cup reducedsodium soy sauce
- 1 tablespoon canola or peanut oil
- 1 tablespoon dark sesame oil
- 1 teaspoon minced fresh ginger
- ½ teaspoon hot pepper sauce or more to taste
- 1 package extra-firm tofu
- 4 cups baby spinach leaves
- 4 cups sliced napa cabbage or romaine lettuce leaves
- 2 cups diagonally halved fresh sugar snap peas or snow peas

- 1 cup matchstick-size carrots
- 1 cup fresh bean sprouts
- ¼ cup dry-roasted peanuts or toasted slivered almonds
- Chopped cilantro or green onions (optional)
- 1. Combine soy sauce, canola oil, sesame oil, ginger and hot pepper sauce in small bowl. Drain tofu and place between 2 paper towels. Press lightly to drain excess water from tofu. Cut tofu into 1-inch cubes. Place in shallow dish. Drizzle 2 tablespoons soy sauce mixture over tofu cubes. Set aside.
- 2. Combine spinach, cabbage, sugar snap peas, carrots and bean sprouts in large bowl. Add remaining soy sauce mixture. Toss well. Transfer to plates. Top with tofu mixture, peanuts and cilantro, if desired.

# Charred Corn Salad

MAKES 6 SERVINGS

#### **Nutrients per Serving:**

Calories 217, Total Fat 10g, Saturated Fat 1g, Protein 5g, Carbohydrates 29g, Cholesterol Omg, Dietary Fiber 3g, Sodium 301mg

**Dietary Exchange:** 2 Diabetic Carb Count, 2 Bread/Starch, 2 Fat

- 3 tablespoons fresh lime juice
- ½ teaspoon salt
- ¼ cup extra virgin olive oil
- 4 to 6 ears corn, husked (enough to make 3 to 4 cups kernels)
- <sup>2</sup>/<sub>3</sub> cup canned black beans, rinsed and drained
- ½ cup chopped fresh cilantro
- 2 teaspoons minced seeded chipotle pepper (1 canned chipotle pepper in adobo sauce or 1 dried chipotle pepper, reconstituted in boiling water)

- **1.** Whisk lime juice and salt in small bowl. Gradually whisk in oil. Set aside.
- 2. Heat large skillet over mediumhigh heat. Cook corn in single layer 15 to 17 minutes or until browned and tender, turning frequently. Transfer to plate to cool slightly. Slice kernels off ears and place in medium bowl.
- **3.** Microwave beans in small microwavable bowl on HIGH 1 minute or until heated through. Add beans, cilantro and chipotle to corn; mix well. Pour lime juice mixture over corn mixture; toss to combine.

#### Take Note!

Chipotle peppers can sting and irritate the skin, so wear rubber gloves when handling peppers and do not touch your eyes. Chipotle peppers in adobo sauce are available canned in the Mexican food section of most supermarkets. Since only a small amount is needed for this dish, spoon leftovers into a covered plastic container



# Macaroni Salad with Summer Vegetables

**MAKES 2 SERVINGS** 

#### **Nutrients per Serving:**

Calories 264, Total Fat 8g, Saturated Fat 1g, Protein 10g, Carbohydrates 45g, Cholesterol 1mg, Dietary Fiber 7g, Sodium 291mg

**Dietary Exchange:** 3 Bread/Starch, 1 Fat

- ½ cup (2 ounces) uncooked whole grain macaroni
- 1 cup bite-size green bean pieces
- 1 cup halved grape tomatoes
- ½ cup corn
- 2 tablespoons chopped walnuts
- 1/4 cup low-fat mayonnaise
- ¼ cup plain nonfat yogurt
- 1 tablespoon chopped fresh dill
- 1/4 teaspoon salt (optional)
- 1/8 teaspoon black pepper
- 1. Cook pasta according to package directions, omitting any salt or fat. Rinse under cold running water until cool; drain well.
- 2. Fit steamer basket in medium saucepan; add water to depth that doesn't touch steamer. Bring to a boil. Add green beans; cover and steam 6 minutes or until tender. Rinse under cold running water until cool. Combine pasta, green beans, tomatoes, corn and walnuts in large bowl.
- 3. Whisk mayonnaise, yogurt, dill, salt, if desired, and pepper in small bowl. Add to salad; stir until well blended.

SUMMER SALADS

# Chicken and Ginger Spinach Salad

**MAKES 4 SERVINGS** 

## **Nutrients per Serving:**

Calories 240, Total Fat 11g, Saturated Fat 1g, Protein 22g, Carbohydrates 16g, Cholesterol 46mg, Dietary Fiber 4g, Sodium 224mg

Dietary Exchange: 1 Fat, ½ Fruit, 2 Vegetable, 2 Meat

⅓ cup fresh orange juice

- 1 tablespoon grated ginger
- 3 tablespoons cider vinegar
- 3 tablespoons pourable sugar substitute\*
- 1½ tablespoons canola oil
- 1/4 teaspoon red pepper flakes
- ¼ teaspoon salt
- 2 cups water
- 3 ounces fresh snow peas or sugar snap peas
- 6 ounces baby spinach (about 6 cups)
- 2 ounces sliced red onion (2-inch strips)
- 1 package (8½ ounces) diced cooked chicken breast (about 13/4 cups)

2 cups whole strawberries, quartered

¼ cup (1 ounce) pistachios or slivered almonds, toasted\*

- **1.** Combine orange juice, ginger, vinegar, sugar substitute, canola oil, red pepper flakes and salt in small jar. Secure with lid and shake until well blended.
- 2. Bring water to a boil in large saucepan. Add peas; boil 30 seconds. Drain and immediately rinse under cold water to stop cooking.
- **3.** To serve, arrange spinach on four plates. Top with onion, chicken, strawberries and snow peas. Sprinkle with pistachios. Shake dressing; serve with salad.

## Take Note!

This recipe was tested using sucralose-based sugar substitute. To toast the pistachios, spread in a single layer in a heavy skillet. Cook over medium heat 1 to 2 minutes or until the nuts are lightly browned, stirring frequently.



# Roasted Bell Pepper Salad



MAKES 4 (3/4-CUP) SERVINGS

#### **Nutrients per Serving:**

Calories 155, Total Fat 11g, Saturated Fat 3g, Protein 5g, Carbohydrates 13g, Cholesterol 10mg, Dietary Fiber 3g, Sodium 490mg

**Dietary Exchange:** 2 Fat, 2 Vegetable

- 2 red bell peppers
- 2 yellow bell peppers
- 2 tablespoons extra virgin olive oil
- 2 tablespoons balsamic vinegar
- 1 clove garlic, forced through garlic press or minced
- ½ teaspoon salt
- ¼ teaspoon black pepper
- 4 cups (2 ounces) packed arugula, watercress sprigs or mixed spring salad greens
- ½ cup julienned or chopped fresh basil
- ½ cup (2 ounces) crumbled feta or goat cheese
- 1. Preheat broiler. Stand peppers stem side up on cutting board. Cut down each side of pepper, forming 4 slabs and one bottom. Discard stems and seeds. Line 15X10-inch jelly roll pan or broiler pan with heavy-duty foil. Place pepper slabs and bottoms skin side up on pan. Broil 3 inches from heat source 12 to 15 minutes or until skin is evenly charred and blackened. Remove from broiler. Wrap in foil from pan. Let stand 10 minutes to steam.
- 2. Meanwhile, combine oil, vinegar, garlic, salt and pepper. Mix well. Peel peppers over foil to catch any juices. Discard skins. Tear peppers into thick strips. Pour juices from foil into dressing. Arrange arugula on 4 serving plates. Arrange peppers attractively over arugula. Top with basil and cheese. Drizzle dressing over salads.

# Salmon Caesar Salad



MAKES 1 SERVING

#### **Nutrients per Serving:**

Calories 263, Total Fat 11g, Saturated Fat 2g, Protein 26g, Carbohydrates 12g, Cholesterol 63mg, Dietary Fiber 3g, Sodium 344mg

Dietary Exchange: 1/2 Bread/ Starch, 1 Fat, 1 Vegetable, 3 Meat

- 1 skinless salmon fillet (4 ounces)
- 3 cups chopped romaine lettuce
- 1 tablespoon light creamy Caesar salad dressing
- 6 fat-free croutons
- 1 teaspoon grated Parmesan cheese

- 1. Spray small skillet with nonstick cooking spray; heat over medium heat. Add salmon; cook 4 minutes per side or until salmon flakes easily when tested with fork. When cool enough to handle, cut into bite-size pieces.
- 2. Meanwhile, combine lettuce and dressing in medium bowl; toss to coat evenly.
- 3. Arrange lettuce on plate. Top with salmon, croutons and cheese.





# Arugula Salad with Sun-Dried Tomato Vinaigrette



**MAKES 4 SERVINGS** 

#### **Nutrients per Serving:**

Calories 114, Total Fat 9g, Saturated Fat 2g, Protein 4g, Carbohydrates 6g, Cholesterol 6mg, Dietary Fiber 1g, Sodium 274mg

Dietary Exchange: 2 Fat, 1 Vegetable

- 1/4 cup sundried tomatoes (not packed in oil)
- 2 tablespoons olive oil
- 1 tablespoon balsamic vinegar
- 1/4 teaspoon salt
- 1/4 teaspoon black pepper
- 1 package (5 ounces) baby arugula
- 1 cup halved grape tomatoes
- 1/4 cup shaved Parmesan cheese

¼ cup pine nuts, toasted (optional)

- 1. Combine sun-dried tomatoes, oil, vinegar, salt and pepper in blender or food processor; blend until smooth.
- 2. Combine arugula and grape tomatoes in large bowl. Add dressing; toss to coat. Top with cheese and pine nuts, if desired.

#### Take Note!

To toast pine nuts, spread them in a single layer in a heavy skillet. Cook over medium heat 1 to 2 minutes or until the nuts are lightly browned, stirring frequently.



# Rise & Shine

THERE'S SOMETHING about this time of year that makes a big, festive, special-occasion brunch seem particularly appropriate. Maybe it's that the temperatures are getting warmer, the fresh flowers are in bloom, the spring rains have abated and green vegetables are finally starting to appear in local markets. But we believe brunch is too good, too satisfying, too fun to be reserved for special occasions. Maybe the fact that it's a lazy Sunday morning is cause enough for celebration. Whatever the occasion, raise your coffee cups high in this fond salute to the best meal of the weekend.



# Vanilla Multigrain Waffles

YIELD: MAKES 4 WAFFLES SERVING SIZE: 1 WAFFLE

# **Nutrients per Serving:**

Calories 212, Total Fat 6g, Saturated Fat 1g, Protein 7g, Carbohydrates 32g, Cholesterol 49mg, Dietary Fiber 2g, Sodium 509mg

Dietary Exchange: 2 Bread/Starch, 1 Fat

1 cup low-fat buttermilk

1/4 cup steel cut oats

⅓ cup all-purpose flour

⅓ cup whole wheat flour

1 teaspoon baking powder

½ teaspoon baking soda

¼ teaspoon salt

1 egg

2 tablespoons packed brown sugar

1 tablespoon vegetable oil

1 teaspoon vanilla

Sugar-free maple syrup (optional)

- 1. Combine buttermilk and oats in large bowl; let stand 10 minutes. Spray waffle iron with nonstick cooking spray; preheat according to manufacturer's directions.
- **2.** Combine flours, baking powder, baking soda and salt in medium bowl; mix well.
- **3.** Whisk egg, brown sugar, oil and vanilla in small bowl until smooth and well blended. Stir into oat mixture. Add flour mixture; stir until smooth and well blended.
- **4.** Pour <sup>2</sup>/<sub>3</sub> cup batter into waffle iron; cook until steam stops escaping from around edges and waffle is golden brown, about 5 minutes. Repeat with remaining batter. Serve with syrup, if desired.



MAKES 16 SERVINGS

(1 SLICE PER SERVING)

## **Nutrients per Serving:**

Calories 124, Total Fat 1g, Saturated Fat 1g, Protein 5g, Carbohydrates 24g, Cholesterol 27mg, Dietary Fiber 2g, Sodium 260mg

**Dietary Exchange:** 1½ Bread/Starch

1 cup chopped pitted dates

1 cup water

1 cup whole wheat flour

1 cup all-purpose flour

2 tablespoons granulated sugar

1 teaspoon baking powder

½ teaspoon baking soda

½ teaspoon salt

½ plus ½ teaspoon ground cinnamon, divided

1/4 teaspoon plus dash ground cloves, divided

2 eggs

1 cup shredded zucchini, pressed dry with paper towels

1 package (8 ounces) fat-free cream cheese

¼ cup powdered sugar 1 tablespoon vanilla

- 1. Preheat oven to 350°F. Spray 8X4-inch loaf pan with nonstick cooking spray.
- 2. Combine dates and water in small saucepan; bring to a boil over medium-high heat. Remove from heat; let stand 15 minutes.
- 3. Combine flours, granulated sugar, baking powder, baking soda, salt, ½ teaspoon cinnamon and 1/4 teaspoon cloves in large bowl. Beat eggs in medium bowl; stir in date mixture and zucchini. Stir egg mixture into flour mixture just until moistened. Pour into prepared pan.
- 4. Bake 30 to 35 minutes or until toothpick inserted into center comes out clean. Cool 5 minutes. Remove to wire rack; cool completely.
- **5.** Meanwhile, prepare cream cheese spread. Beat cream cheese, powdered sugar, vanilla, 1/8 teaspoon cinnamon and dash cloves in small bowl until smooth and well blended. Cover and refrigerate until ready to use.
- 6. Cut bread into 16 slices. Serve with cream cheese spread.

# Brunch Strata V



**MAKES 6 SERVINGS** 

## **Nutrients per Serving:**

Calories 155, Total Fat 2g, Saturated Fat 1g, Protein 15g, Carbohydrates 20g, Cholesterol 8mg, Dietary Fiber 3g, Sodium 642mg

Dietary Exchange: 1½ Bread/Starch, 2 Meat

2 cups cholesterol-free egg substitute

1 can (10¾ ounces) condensed reducedfat cream of celery soup, undiluted

1 cup fat-free (skim) milk

1 can (4 ounces) sliced mushrooms, drained (optional)

1/4 cup sliced green onions

1 teaspoon dry mustard

½ teaspoon salt (optional)

¼ teaspoon black pepper

6 slices reduced-fat white bread, cut into 1-inch cubes

4 links precooked reduced-fat breakfast sausage, thinly sliced

- 1. Preheat oven to 350°F. Spray 2-quart baking dish with nonstick cooking spray; set aside.
- 2. Combine egg substitute, soup, milk, mushrooms, if desired, green onions, mustard, salt, if desired, and pepper in medium bowl; mix well.
- 3. Combine bread cubes, sausage and soup mixture in prepared baking dish; toss to coat.
- 4. Bake 35 to 40 minutes or until set. Garnish as desired.





# Breakfast Pizza Margherita

**MAKES 6 SERVINGS** 

# **Nutrients per Serving:**

Calories 311, Total Fat 9g, Saturated Fat 2g, Protein 21g, Carbohydrates 35g, Cholesterol 11mg, Dietary Fiber 2g, Sodium 675mg

Dietary Exchange: 2 Bread/ Starch, 1½ Fat, ½ Vegetable, 2 Meat

- 1 (12-inch) prepared pizza crust
- 3 slices 95% fat-free turkey bacon
- 2 cups cholesterol-free egg substitute
- ½ cup fat-free (skim) milk
- 1½ tablespoons chopped fresh basil, divided
- 1/8 teaspoon black pepper
- 2 plum tomatoes, thinly sliced

½ cup (2 ounces) shredded reduced-fat mozzarella cheese

1/4 cup (1 ounce) shredded reduced-fat Cheddar cheese

- 1. Preheat oven to 450°F. Place crust on 12-inch pizza pan. Bake 6 to 8 minutes or until heated through.
- 2. Meanwhile, coat large skillet with nonstick cooking spray. Cook bacon over medium-high heat until crisp. Transfer from skillet to paper towels; let cool. Crumble bacon.
- **3.** Combine egg substitute, milk, 1/2 tablespoon basil and pepper in medium bowl. Coat same skillet with cooking spray. Add egg substitute mixture. Cook over medium heat until mixture begins to set around edges. Gently stir eggs, allowing uncooked portions to flow underneath. Repeat stirring of egg mixture every 1 to 2 minutes or until eggs are just set. Remove from heat.
- **4.** Arrange tomato slices on warmed bread shell. Spoon scrambled eggs over tomatoes. Sprinkle with bacon. Top with cheeses. Bake 1 minute or until cheese is melted. Sprinkle with remaining 1 tablespoon basil. Cut into 6 wedges. Serve immediately.

# Egg and Bacon Brunch Wraps

**MAKES 4 SERVINGS** 

#### **Nutrients per Serving:**

Calories 195, Total Fat 5g, Saturated Fat 1g, Protein 15g, Carbohydrates 20g, Cholesterol 11mg, Dietary Fiber 3g, Sodium 699mg

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

1 cup cholesterol-free egg substitute

1/4 cup shredded Parmesan cheese

2 slices Canadian bacon, diced

½ teaspoon hot red pepper sauce

1/4 teaspoon black pepper

4 (7-inch) red chile tortillas or whole wheat tortillas

1 cup baby spinach leaves

- 1. Preheat oven to 325°F. Combine egg substitute, cheese, bacon, red pepper sauce and pepper in bowl. Pour into 9-inch glass baking dish sprayed with nonstick cooking spray. Bake 15 minutes, or until egg substitute is set. Remove from oven.
- 2. Place tortillas in oven 1 minute or until soft and pliable. Cut egg substitute into quarters. Place 1 wedge in center of each tortilla. Top with ¼ cup spinach leaves. Fold bottom of tortilla to center; fold sides to center to enclose filling and serve immediately.

#### Take Note!

Canadian bacon comes from the loin of the pig. It is much more meaty and has less fat than traditional bacon. As a result, it tastes more like ham in flavor. In order to reduce the sodium in this recipe, try meatless bacon, which is usually made with soy products.





# Breakfast Burgers



MAKES 4 SERVINGS

#### **Nutrients per Serving:**

Calories 300, Total Fat 6g, Saturated Fat 2g, Protein 31g, Carbohydrates 30g, Cholesterol 30mg, Dietary Fiber 5g, Sodium 576mg

Dietary Exchange: 2 Bread/Starch, 3 Meat

34 pound extra-lean ground turkey

½ cup minced red bell pepper

½ cup minced green bell pepper

2 teaspoons dried onion flakes

1 teaspoon dried parsley flakes

½ teaspoon black pepper

Nonstick cooking spray

4 whole wheat English muffins

4 large spinach leaves

4 slices soy cheese

- 1. Mix turkey, bell peppers, onion flakes, parsley and black pepper in large bowl. Shape mixture into 4 patties; spray with cooking spray.
- 2. Cook patties in large nonstick skillet over medium heat 7 minutes or until lightly browned on bottom. Turn and cook 7 minutes more. Add 2 tablespoons water; cover and cook 3 minutes or until cooked through (165°F).
- 3. Toast English muffins. Place 1 spinach leaf, 1 turkey burger and 1 slice cheese on each muffin half; top with remaining muffin half.

# Breakfast Quesadillas

**MAKES 4 SERVINGS** (2 QUESADILLAS PER SERVING)

### **Nutrients per Serving:**

Calories 246, Total Fat 10g, Saturated Fat 3g, Protein 15g, Carbohydrates 25g, Cholesterol 19mg, Dietary Fiber 3g, Sodium 490mg

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

- 1 cup cholesterol-free egg substitute
- 2 tablespoons fat-free (skim) milk
- 1 can (4 ounces) chopped mild green chiles
- 8 soft corn tortillas
- 2 ounces shredded reducedfat sharp Cheddar cheese
- ¼ cup chopped fresh cilantro
- 1 ounce turkey pepperoni slices, quartered

- 4 teaspoons canola oil, divided
- **1.** Whisk egg substitute and milk in small bowl. Spray large skillet with nonstick cooking spray and heat over medium heat. Cook eggs until set, lifting edges to allow uncooked portion to flow underneath. Remove from skillet. Wipe out skillet with paper towel.
- 2. Spread 1 tablespoon chiles on half of each tortilla. Top each with eggs, 1 tablespoon cheese and 1½ teaspoons cilantro; sprinkle evenly with pepperoni. Fold tortillas in half.
- **3.** Heat 2 teaspoons oil in skillet. Cook quesadillas in two batches 3 minutes per side or until cheese is melted, using remaining 2 teaspoons oil in second batch.





# Easy Brunch Frittata





**MAKES 6 SERVINGS** 

## **Nutrients per Serving:**

Calories 102, Total Fat 2g, Saturated Fat 1g, Protein 9g, Carbohydrates 11g, Cholesterol 7mg, Dietary Fiber 1g, Sodium 627mg

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

- 1 cup broccoli, chopped
- 2½ cups (12 ounces) thawed frozen hash brown potatoes with onions and peppers (O'Brien style), pressed dry
- 1½ cups cholesterol-free egg substitute
- 2 tablespoons reduced-fat (2%) milk
- 34 teaspoon salt
- ¼ teaspoon black pepper

½ cup (2 ounces) shredded reduced-fat Cheddar cheese

Sour cream (optional)

- 1. Preheat oven to 450°F.
- 2. Spray medium ovenproof skillet with nonstick cooking spray; heat over medium heat. Add broccoli; cook and stir 2 minutes. Add potatoes; cook and stir 5 minutes.
- **3.** Whisk egg substitute, milk, salt and pepper in small bowl until smooth and well blended. Pour egg mixture over potato mixture; cook 5 minutes or until edge is set (center will still be wet).
- **4.** Bake 6 minutes or until center is set. Sprinkle with cheese; let stand 2 to 3 minutes or until cheese is melted. Cut into 6 wedges. Serve with sour cream, if desired.
- **5.** To serve, cut into 6 wedges; top each wedge with sour cream, if desired.

# Breakfast Comfort In A Cup



MAKES 4 SERVINGS

#### **Nutrients per Serving:**

Calories 130, Total Fat 4g, Saturated Fat 2g, Protein 13g, Carbohydrates 12g, Cholesterol 16mg, Dietary Fiber 3g, Sodium 550mg

Dietary Exchange: ½ Bread/Starch, 2 Meat

4 teaspoons trans-fat-free margarine, divided

4 slices reduced-calorie whole wheat bread, toasted

3 ounces 96% fat-free diced ham

1 cup cholesterol-free egg substitute

¼ cup (1 ounce) reduced-fat sharp Cheddar cheese, grated

¼ teaspoon black pepper

1/8 teaspoon salt (optional)

- 1. Spread 1 teaspoon margarine on each bread slice and cut into ½-inch cubes.
- 2. Meanwhile, spray large skillet with nonstick cooking spray and heat over medium heat. Add ham and cook 3 minutes or until beginning to lightly brown, stirring occasionally. Add egg substitute, tilt skillet to coat bottom and stir occasionally until almost set. Fold in toast cubes, cheese, pepper and salt, if desired.
- **3.** Spoon equal amounts in each of 4 cups, bowls or travel mugs.

#### Take Note!

This low-carb breakfast will keep you going throughout the morning. You can even eat it on-the-go! For a variation, you may substitute turkey breakfast for the ham.





# Quick Breakfast Blintzes

MAKES 4 SERVINGS (2 BLINTZES PER SERVING)

#### **Nutrients per Serving:**

Calories 231, Total Fat 6g, Saturated Fat 3g, Protein 10g, Carbohydrates 34g, Cholesterol 35mg, Dietary Fiber 4g, Sodium 183mg

**Dietary Exchange:** 2 Bread/Starch, ½ Fat, ½ Fruit, ½ Meat

1 teaspoon unsalted butter

1/4 teaspoon ground cinnamon, plus extra for garnish (optional)

1/4 teaspoon ground nutmeg

2 ripe but firm Bartlett pears, peeled and cut into 1/2-inch cubes

1 teaspoon vanilla

1½ cups reduced-fat ricotta cheese

8 (8-inch) packaged thin crêpes

3 teaspoons powdered sugar, divided

- 1. Melt butter in 10-inch nonstick skillet over medium heat. Stir cinnamon and nutmeg into butter. Add pears; cook and stir 3 to 4 minutes or until warmed and tender.
- 2. Add vanilla to ricotta cheese; stir well to lighten. Place crêpes on sheet of waxed paper sprinkled with 1 teaspoon powdered sugar. Spoon ricotta cheese mixture down center of crêpes. Spoon pears over cheese; roll up and place on microwave-safe serving plates.
- 3. Microwave each serving separately on HIGH 20 to 30 seconds or until warm.
- 4. Place powdered sugar in fine mesh strainer; shake over crêpes. Sprinkle with cinnamon, if desired.

By Lea Ann Holzmeister, RD, CDE

icking a pasta sauce used to be easy. The well-known favorites-marinara, Alfredo, mushroom and meat sauces—are still around, but now you can find eggplant, artichoke, Gorgonzola and butternut squash sauce on supermarket shelves. But the pasta sauce that looks the tastiest isn't always the best one for your nutrition goals. And you can't assume the jar with the steeper price and the fancy Italian label is the one to buy. Many pasta sauces are low in calories and fat and a good source of vitamins, but others can contain a lot of saturated fat and sodium. Some pasta sauces top 700 milligrams of sodium per serving, which is 30% of the recommended daily intake of sodium. To make it even more confusing, pasta sauce serving sizes vary from 1/4 cup to ½ cup. It's best to check nutrition labels before draping your pasta with sauce.

The types of pasta sauces in the market are as plentiful as the types of dry pasta. Pasta sauces can be tomato-based, creambased, cheese-based or oil-based. Ingredients used to flavor sauces include meat, seafood, cheese, vegetables, vinegar, oil, wine, vodka and herbs. These sauces are commonly served over pasta but also are used as sauces for poultry and fish dishes.

Two tomato-based pasta sauces are marinara and Bolognese. Marinara is a highly seasoned sauce made from tomatoes, garlic, oregano and sometimes onions. Marinara sauce is served over pasta or meat or on pizza. Bolognese sauce originated in Bologna, Italy, and typically includes two types of meat (beef, pork, veal or chicken), milk and vegetables such as onions, celery and carrots. These ingredients are combined with seasonings and herbs to create a distinctively flavored sauce.

Two cream-based pasta sauces are Alfredo and vodka. Alfredo was invented in the 1920s in Rome. It often is served over fettuccine to create the dish fettuccine Alfredo. Alfredo sauce is made with butter, cream, Parmesan cheese, black pepper, garlic and occasionally nutmeg. Vodka sauce is a combination of a tomato-based sauce and a cream-based sauce. It is made with olive oil, tomatoes, cream, vodka, onions and garlic.

Arrabiata sauce is a spicier tomato-based sauce flavored with red chili that may include meat (bacon) and vegetables. This sauce is used on pasta, meats, poultry, seafood and other foods such as pizza. Puttanesca sauce is a very spicy and strong sauce made with olives, garlic, dried chili peppers, capers and anchovies.



Pesto is a popular oil-based sauce that originated in Genoa. Pesto contains fresh basil, olive oil, garlic, pine nuts and Parmesan cheese. Most pasta sauces are served heated, but heating pesto makes the basil taste bitter. Pesto frequently is tossed with pasta or served with sliced beef, tomatoes or boiled potatoes.

Pairing your pasta with the perfect sauce will create the tastiest pasta dinner. In general, the lighter the sauce, the more noticeable the flavor of the pasta will be. Consider the shape and size of the pasta noodle when selecting the sauce. Light tomato sauces are better companions to thin pasta than shaped or tubular pasta. For pastas such as ziti, gnocchetti, macaroni, manicotti, penne and rigatoni, select thick, chunky tomato sauces, pesto, sauces with herbs, cheese sauces and meat sauces. For long strand pastas such as spaghetti, angel hair and vermicelli, use light tomato- or cream-based sauces. For ribbon pasta such as fettuccini and linguine and for farfalle (bow ties), select meat, thick tomato or cream-based sauces.

Prepared pasta sauce can be purchased in cans, jars or pouches in the refrigerator case or on grocery shelves. To find the pasta sauce that suits your meal plan and menu, read the Nutrition Facts panel as well as the ingredient listing.

The serving size listed on most pasta sauces is ½ cup, while most cream-based sauces and pesto sauces list a ¼ cup serving size. But keep in mind that some brands list smaller serving sizes. Pesto and cream-based sauces usually are thicker and richer tasting, so a smaller serving size makes sense. But don't assume the serving size on the label is your serving size. The typical restaurant serving of pasta with sauce is over three cups, so it's unlikely that ¼ cup or ½ cup of sauce will be served with an entree. A cup of pasta plus ½ cup of sauce are more typical. Measure your serving of sauce and compare with the

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Nutrition Facts panel to determine the nutrient content in your serving.

A tomato and vegetable-based pasta sauce generally is low in fat, containing 0-3 grams of fat and 0-1 grams of saturated fat per ½ cup serving. However, some tomato-based sauces contain higher amounts of fat, 3-9 grams per ½-cup serving. For example, Rao's Homemade Marinara Sauce contains 7 grams of fat per ½-cup serving.

Alfredo sauce and vodka sauce are made with cream, butter and cheese and therefore contain higher amounts

of calories, fat and saturated fat. The fat content of Alfredo sauce and vodka sauce is 6-12 grams of fat per 1/4-cup serving. The saturated fat content of Alfredo sauce is 1.5-7 grams per serving, which derives from the high fat content of cream. For those eating a ½-cup serving size, double these numbers, and your saturated fat intake from the Alfredo sauce would be your daily maximum intake. Some manufacturers offer a reduced fat Alfredo or cheese sauce. For example, Prego's Light Homestyle Alfredo contains 50 calories, 3.5 grams of fat and 2 grams of saturated fat in a ¼ cup serving.

Pesto sauce is high in fat and calories; some contain 220-270 calories in ¼ cup. The fat content ranges from 21-26 grams to 2-5 grams of saturated fat per 1/4 cup

serving. But the fat comes largely from heart-healthy oils and nuts. For those following a 1,500-calorie diabetes meal plan, the fat in pesto sauce would supply approximately 50% of their fat intake for the day. Reduced fat pesto sauce is available. For example, Buitoni's Reduced Fat Pesto with Basil contains 17 grams of fat per 1/4-cup serving, which is still a significant amount of fat.

The American Diabetes Association recommends that people with diabetes reduce their sodium intake to 2,300 milligrams (or less) per day to control blood pressure. Prepared pasta sauces typically are high in sodium. Many brands contain 400-600 milligrams of sodium per 1/2-cup serving, while others such as Bertolli's Italian Vodka Sauce contains 700 milligrams of sodium per serving. If your portion of pasta and sauce is double the label serving size, your sodium intake could be 800-1,400 milligrams in the sauce alone, one-third of your daily limit.

Food manufacturers are adding less salt and increasing the selection of lower-sodium sauces made with fresh ingredients such as whole tomatoes (rather than puree), fresh onions, basil and garlic. These sauces contain lower levels of sodium, 200-350 milligrams per serving. For example, Dell'Amore Sweet Basil and Garlic Sauce and Dell'Amore Original contain just 220-250 milligrams per 1/2-cup serving. The downside of this new generation of tastier, naturally lower sodium sauces is their premium prices, which sometimes can be three to four times the cost of a different product.

No added salt and low sodium pasta sauces are available but may have less flavor than sauces made with fresh ingredients and seasonings. Pasta sauces labeled "no added salt" have no salt added during processing. Sauces labeled "low sodium" contain 140 milligrams or less sodium per serving. For example, Trader Joe's No Added Salt Organic Marinara contains just 35 milligrams of sodium per ½-cup serving. The Silver Palate Low Sodium Marinara contains 115 milligrams of sodium for a ½-cup serving.

> Tomato-based pasta sauces contain 6-15 grams of carbohydrate per 1/2-cup serving. Half a cup of tomato-based sauce typically contains about a teaspoon (4 or 5 grams) of naturally occurring sugar. Most brands that add sugar typically add about a teaspoon (4 to 5 grams of carbohydrate) per serving.

> Pasta sauces containing 6-10 grams of carbohydrate per serving count as half a carbohydrate serving in a diabetes meal plan. Pasta sauces with 11-15 grams of carbohydrate per serving count as one carbohydrate serving. Pasta sauces with a higher fat content such as pesto and Alfredo sauce contain only 2-4 grams of carbohydrate per 1/4 cup serving.

> The average protein content of pasta sauce is 1-2 grams per serving. Exceptions are sauces containing meat or cheese. For

example, Buitoni's Reduced Fat Pesto with Basil contains 7 grams of protein per 1/4 cup, and Trader Joe's Three Cheese Sauce and Newman's Own Five Cheese sauce each contain 4 grams of protein per ½-cup serving.



**FOOD MANUFACTURERS ARE ADDING LESS SALT** AND INCREASING THE **SELECTION OF LOWER-**SODIUM SAUCES MADE WITH FRESH INGREDIENTS.

# Picking the best sauce

Keep your nutrition goals in mind when choosing a pasta sauce. Know your portion size and read the Nutrition Facts panels to pick a sauce low in sodium and saturated fat. Avoid drenching your pasta with too much sauce. This not only adds extra calories, fat and sodium to your meal, but also will hide the flavor of the pasta. Rich, flavored pasta sauce goes a long way.

Try selecting pasta sauces with less than 400 milligrams of sodium and less than two grams of saturated fat per serving. Brands with 300 milligrams of sodium or less per serving are worth a try. For special occasions when a splurge of Alfredo or pesto sauce is in order, keep portion sizes small.

Try jazzing up your sauce with sautéed garlic, mushrooms or tomatoes in a little olive oil or fresh basil or Italian parsley and lean meats. For an added kick, sprinkle crushed red pepper on your pasta sauce. Add cooked vegetables to pasta sauce or mix cooked vegetables with your pasta to cut the amount of both sauce and pasta eaten. To make pesto go further and reduce calories and fat, mix it with a tablespoon or two of the pasta cooking water before tossing it into the pasta.

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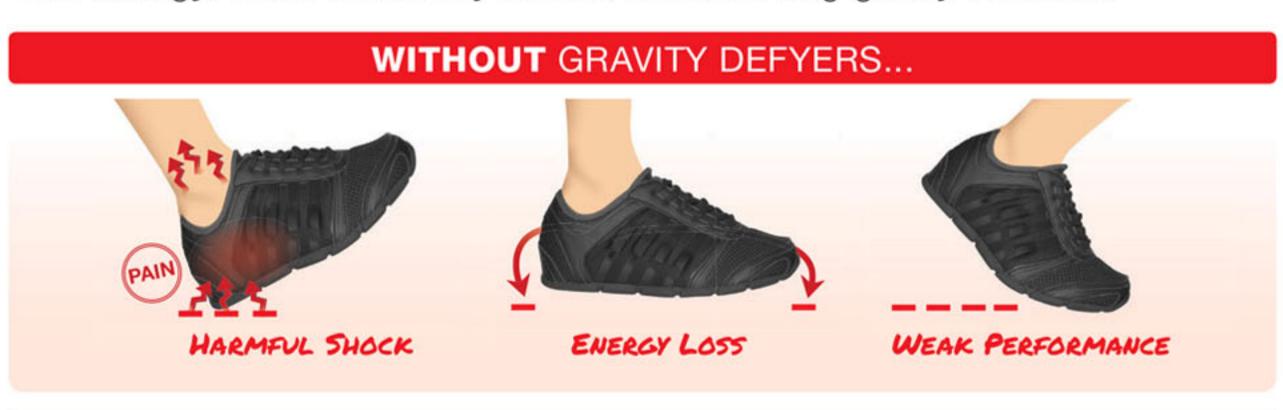
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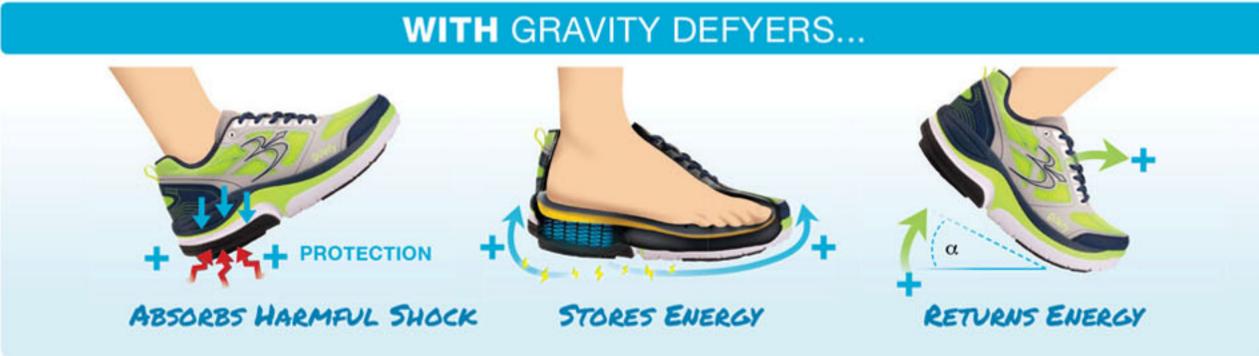
	SERVING		CALORIES	FAT (9)	FATCAL	ORIES	RATED F	AT (9) FAT (9) CHOLES	SODIUM	M (mg) CARBOI	HYDRATI	FIBER (9)
Barilla												
Marinara	1/2 cup	70	1	5	0	0	0	400	15	9	3	2
Tomato & Basil	1/2 cup	70	1	10	0	0	0	410	14	9	3	2
Creamy Alfredo	1/2 cup	70	6	50	1.5	0	15	370	4	1	0	1
Meat Sauce	1/2 cup	70	1	10	0	0	0	550	12	9	3	2
Three Cheese	1/2 cup	70	1	10	0	0	0	400	12	8	2	2
Traditional Pesto	1/2 cup	220	21	190	2.5	0	5	600	4	0	1	3
Bacon and Cheese	1/2 cup	70	1.5	15	0	0	0	480	12	8	1	2
Bertolli												
Alfredo	1/4 cup	110	10	90	5	0	40	410	2	<1	0	2
Reduced Fat Alfredo	1/4 cup	50	4	35	2	0	15	320	1	<1	0	1
Marinara	1/2 cup	80	2	20	0	0	0	500	14	12	1	3
Mushroom Alfredo	1/4 cup	80	7	60	3	0	30	380	2	<1	0	2
Olive Oil & Garlic	1/2 cup	70	2	20	0	0	0	460	13	12	3	3
Portobello Mushroom	1/2 cup	80	2.5	25	0	0	0	450	12	11	1	2
Arrabbiata	1/2 cup	60	1.5	15	0	0	0	450	11	4	2	1
Italian Vodka	1/2 cup	150	9	80	4.5	0	25	700	11	8	2	3
Riserva Adiago Cheese & Artichoke	1/2 cup	110	6	50	2	0	<5	460	10	6	2	3
Buitoni (refrigerated)												
Alfredo Sauce	1/4 cup	140	12	110	7	0	30	350	4	2	0	4
Light Alfredo Sauce	1/4 cup	90	6	50	4	0	20	350	4	1	0	4
Marinara	1/2 cup	70	3	25	0	0	0	560	10	6	2	1
Pesto w/Basil	1/4 cup	270	26	230	5	0	15	380	4	4	2	6
Reduced Fat Pesto w/Basil	1/4 cup	230	17	150	3	0	10	500	8	6	2	7
Classico												
Creamy Alfredo	1/4 cup	60	4.5	40	2.5	0	35	370	3	1	0	2
Four Cheese	1/2 cup	60	1	10	0	0	0	490	10	6	2	2
Spicy Red Pepper	1/2 cup	50	1.5	15	0	0	0	310	8	4	2	2
Traditional Basil Pesto	1/4 cup	240	24	220	4.5	0	<5	590	5	0	<1	3
Tomato & Basil	1/2 cup	60	2	15	0	0	0	430	9	6	2	2
Vodka Sauce	1/2 cup	90	4.5	40	1.5	0	10	440	9	6	2	2
Dell'Amore							-					ay (n
Original	1/2 cup	80	4	35	0	0	0	250	10	6	2	2
Sweet Basil & Garlic	1/2 cup	80	4.5	40	0.5	0	0	220	8	5	2	2
Newman's Own												
Five Cheese	1/2 cup	80	2	20	1	0	5	460	11	6	3	4
Italian Sausage & Peppers	1/2 cup	90	3.5	30	1	0	5	550	11	7	2	4
Marinara Sauce	1/2 cup	70	1	10	0	0	0	460	12	7	3	3
Sockarooni	1/2 cup	70	1	10	0	0	0	460	12	7	3	3
Vodka Sauce	1/2 cup	120	5	45	1.5	0	5	440	13	8	2	5
Alfredo Sauce	1/4 cup	90	8	70	4.5	0	40	410	3	1	0	1
Prego		************			Cherryana and	Market Market Control		V		***************************************		
Heart Smart Mushroom Italian	1/2 cup	70	1.5	15	0	0	0	360	13	9	2	2
		45	-	0	0	-	0	410	11	7	3	(a) (b)



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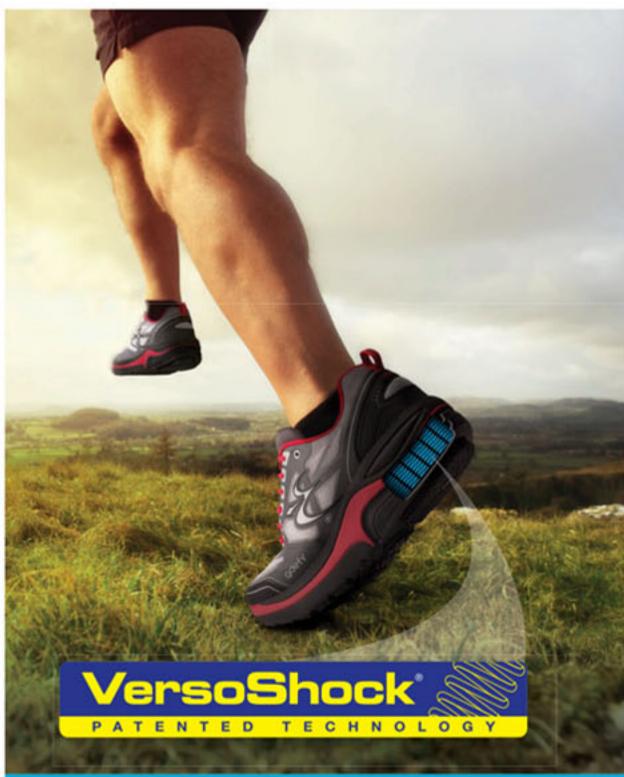
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	SERVING		CALORIES FAT (9)		FAT CALORIES FAT (9) STEROUM (MG) CARBOHYDRA (9) PROTE							FIBER (9) PROTEIN
Marinara	1/2 cup	80	3	30	0.5	0	0	480	10	7	3	2
Mini Meatball	1/2 cup	100	3	30	1	0	10	480	13	10	3	4
Fresh Mushroom & Garlic	1/2 cup	70	1.5	15	0	0	0	480	13	11	3	2
Artisan Three Cheese	1/4 cup	70	6	50	3	0	25	310	3	1	1	0
Traditional Italian	1/2 cup	70	1.5	15	0	0	0	480	13	10	3	2
Homestyle Alfredo	1/4 cup	80	7	60	3.5	0	25	390	3	1	0	1
Light Homestyle Alfredo	1/4 cup	50	3.5	30	2	0	20	340	3	1	0	1
Pesto Marinara	1/2 cup	90	3.5	30	1	0	5	480	12	8	3	3
Creamy Vodka	1/2 cup	140	7	60	3	0	15	480	15	10	3	3
Ragu												
Classic Cheesy Alfredo	1/4 cup	90	8	70	2.5	0	20	330	2	<1	0	1
Chunky Sundried Tomato & Sweet Basil	1/2 cup	90	2.5	25	0	0	0	460	15	10	2	2
Old World Style Meat	1/2 cup	80	2.5	25	0.5	0	0	480	10	6	2	2
Old World Style Mushroom	1/2 cup	70	2	20	0	0	0	460	11	7	2	2
Old World Style Traditional	1/2 cup	80	2	20	0	0	0	480	13	8	2	2
Six Cheese	1/2 cup	90	2.5	25	1	0	<5	480	14	9	2	3
Super Chunky Mushroom	1/2 cup	90	2	20	0	0	0	470	16	11	2	2
Light Parmesan Alfredo	1/4 cup	60	4	35	2.5	0	20	320	2	0	0	2
Rao's Homemade												
Arrabbiata Sauce	1/2 cup	80	7	60	1	0	0	340	4	3	1	1
Four Cheese	1/2 cup	70	6	50	1	0	5	460	4	4	1	2
Marinara	1/2 cup	80	7	60	1	0	0	340	4	3	1	1
Puttanesca	1/2 cup	80	6	50	1	0	0	250	4	3	1	2
Roasted Eggplant	1/2 cup	70	5	45	0.5	0	0	400	4	3	1	1
Tomato & Basil	1/2 cup	70	5	45	0.5	0	0	340	4	3	1	1
The Silver Palate							141					
San Marzano Marinara	1/2 cup	50	3.5	30	0	0	0	360	6	3	1	1
Low Sodium Marinara	1/2 cup	70	3.5	30	0	0	0	115	7	5	2	2
San Marzano Vodka Elegante Pasta Sauce	1/2 cup	160	11	100	3.5	0	15	400	9	6	1	5
Fra Diavolo Arribiata-Hot & Spicy	1/2 cup	70	3.5	30	0.5	0	0	360	8	5	2	2
Trader Joe's												
Alfredo	1/4 cup	80	7	60	4.5	0	35	280	3	1	0	2
Bolognese Sauce	1/2 cup	80	4.5	40	1	0	5	480	8	5	2	3
Arrabiata Sauce	1/2 cup	70	3.5	30	0.5	0	0	400	8	5	1	1
Organic Marinara No Added Salt	1/2 cup	60	0	0	0	0	0	35	12	6	2	2
Tomato Basil Marinara	1/2 cup	90	5	45	1	0	0	580	11	6	3	2
Rustico Pasta Sauce	1/2 cup	45	1.5	15	0	0	0	480	6	3	2	1
Traditional Marinara	1/2 cup	30	0.5	5	0	0	0	580	6	3	1	1
Three Cheese	1/2 cup	80	5	45	1.5	0	5	500	6	3	1	4
Vodka Sauce	1/2 cup	90	4	35	1	0	<5	600	12	8	2	3
Puttanesca Sauce	1/2 cup	120	9	80	1.5	0	<5	350	8	2	2	2
Creamy Tomato Basil	1/2 cup	120	8	70	3.5	0	15	460	9	5	1	3

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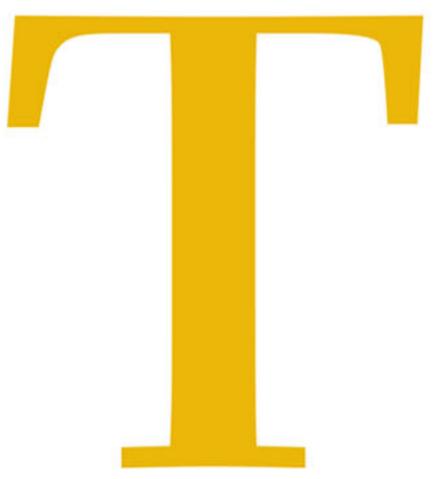
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## TO A PHARMACY NEAR YOU

The latest FDAapproved medications for treating diabetes and its complications

By Wil Dubois, BS, AAS, PWD, CPT, TPT



he industry trade lobbying and group Pharmaceutical Research and Manufacturers of America (PhRMA) said in a recent report that its member companies are developing more

than 180 new medicines for Type 1 and Type 2 diabetes and their comorbities.

But even PhRMA admits that most will never see a pharmacy shelf.

It estimates that for every 5,000 to 10,000 compounds in the pipeline, only one is approved by the U.S. Food and Drug Administration (FDA). Still, despite those odds, in the last six years, eight

new classes of diabetes medications have joined doctors' armamentariums to treat people with diabetes. And some of the most recently approved medications could be game-changers for the marketplace and for people's lives and pocketbooks.

#### **Newest FDA Approvals for Treating Diabetes**

Possibly the biggest potential gamechanger in the diabetes medication marketplace in many years was the December 2015 FDA final approval of Eli Lilly's Basaglar, the pharmaceutical giant's first-ever long-lasting basal insulin. But Basaglar is hardly new. In

fact, there's a good chance you've used it before under another name: Lantus.

Basaglar is the first FDA approval of what most consumers would regard as a "generic" insulin. But the FDA does not consider Basaglar a generic because generic medications are by definition identical copies of already approved products, and it's not possible to make identical copies of complex molecules such as insulin. Instead, when making an insulin knock-off, the best that can be achieved is a medication that is highly similar, not identical, to the original. In most countries, this kind of medication is called a biosimilar. But due to the unique semantics of FDA regulations, the biosimilar label is reserved for copycats of medications licensed under the Public Health Service Act, which Lantus is not, leaving Basaglar to be identified as a follow-on biologic, or follow-on for short.

While the difference between follow-on and biosimilar is semantic, the actual difference between a generic and a biosimilar is worth understanding and has an important bearing on regulatory approval. Generics need to show only bioequivalence, with no need for clinical data because the clinical safety and effectiveness of the compound already have been established with the original product's approval, and the generic is a duplicate product. In short, a generic must only prove it is a good copy. Follow-ons, however, can rely partly on the original product's safety data, but also must provide data showing that the follow-on is safe and efficacious because it is impossible to create an identical biological product. In the case of Basaglar, the makers submitted data from two clinical trials involving over 1,200 patients—one trial in Type 1s and one trial in Type 2s.

A generic must only prove it is a good copy. A follow-on, however, also must provide data showing that it is safe and efficacious, because it is impossible to create an identical biological product.

Basaglar received tentative FDA approval in summer 2014, and Lantus' U.S. patent protection expired in February 2016, but you won't see Basaglar at a pharmacy near you until the end of this year. That's because competitor Sanofi alleged infringement of its patents, triggering a rarely exercised provision of the Hatch-Waxman Act (the law governing the approval of generics) that required the FDA to put a 30-month hold on the market entrance of Basaglar.

Under the law, filing the suit effectively delayed FDA approval.

The suit revolved around Sanofi's SoloStar pen, not the insulin itself, and last September, Sanofi and Lilly reached a settlement in which Lilly will pay royalties to Sanofi in exchange for a patent license on the pen. Lilly also agreed to not market Basaglar until December 2016.

In the meantime, Sanofi is marketing its own concentrated version of Lantus, sold under the brand name **Toujeo**, approved in February 2015. Toujeo in essence is distilled Lantus. Both drugs carry the same scientific designation of insulin glargine (as does Basaglar), but Toujeo is more concentrated, requiring less volume to accomplish the same glucose-lowering effect.

In September, insulin giant and competitor Novo Nordisk received a pair of FDA approvals for a whole new basal insulin molecule called degludec, sold in the U.S. under the trade name Tresiba.

# A Look at the FDA Approval Process

Pharmaceutical companies say the cost of taking one drug through the U.S. Food and Drug Administration (FDA) development and approval process, including costs associated with medicines that fail, is \$1.2 billion.

The regulatory process starts with an investigational new drug application (IND). This is filed with the FDA once a pharmaceutical company or sponsor completes pre-clinical testing, often animal studies, on a new compound. Compounds sometimes come out of the academic research sphere and are sold or licensed to a drug company for development.

Following the IND, three phases of clinical trials begin. Phase I trials are run on small groups of healthy adult volunteers, generally between 20 and 80 people, strictly to test safety and "tolerability." Initial work is conducted to determine dosing and ferret out side effects.

Next come larger Phase II trials, typically encompassing 100 to 300 volunteers and used to evaluate effectiveness, further fine-tune dosing and determine short-term safety.

The final Phase III trials are conducted with large, more diverse groups of volunteers, often many thousands of people in multiple sites around the world. These trials are designed to generate statistical evidence for both the safety and effectiveness of the drug.

At any one time, as many as 200 active clinical trials in various phases are testing diabetes medications in the U.S.

At the completion of all clinical trials, the sponsor files either a new drug application (NDA) or a biologic license application (BLA) with the FDA for approval. Applications include the data from all clinical studies and can encompass 100,000 pages. The FDA then reviews all the data and approves or rejects the new medication. In some cases, the FDA mandates an additional trial, called a Phase IV trial, to evaluate long-term effects.

The total time commitment can be as much as 15 years.

Following approval, the FDA's job is not done, since it also is responsible for post-market surveillance. Changes in labeling often occur once a medication is on the market. And in rare cases, medications are removed from the market after approval.

Tresiba is the first of the ultra-long-acting insulins with a 20-hour half-life and a duration of action up to 42 hours—that allows users to be more flexible in their dosing times. Tresiba was approved in Japan in 2012 and in Europe in 2013. Novo had high hopes for an FDA approval in 2013, and had trained its sales force for a product launch in anticipation. Instead, in February 2013, the FDA rejected Tresiba pending

Recent FDA
approvals
include two new
medications for
retinopathy, one
for foot ulcers and
a possible gamechanging new class
of cholesterollowering drugs.

cardiovascular outcomes trials, basically requiring the Danish pharmaceutical giant to prove the new insulin did not increase the risk of heart attack. Almost three years later, with that proof in, Tresiba was approved, along with Ryzodeg 70/30, a mix insulin combining Tresiba with the company's existing fast-acting Novolog insulin.

But it hasn't been just insulin that has recently been approved. Two new pills joined the congested marketplace (about 40 different FDA-approved oral medications to treat diabetes currently are available), both from a partnership of Eli Lilly and Boehringer Ingelheim.

Glyxambi has the distinction of being the first polypill to combine a DDP-4 inhibitor (Tradjenta) with a SGLT2 inhibitor (Jardiance) to attack high blood sugars from two angles. While neither drug is new, this is the first time they've been combined into a polypill. The DDP-4 component helps maintain the body's native GLP-1 hormone response, in return limiting postprandial glucose spikes, while the SGLT2 inhibitor changes glucose absorption by the kidneys, allowing excess glucose to be excreted. Shortly after approval of Glyxambi, the FDA revised the labeling of the entire SGLT2 class over concerns of ketoacidosis and serious urinary tract infections.

Lilly/Ingelheim also successfully combined SGLT2 with traditional metformin to create the polypill **Synjardy**, which received FDA approval in summer 2015 and is the third combo of the two medications approved, joining the previously approved Invokamet from J&J and AstraZenca's Xigduo.

#### **FDA Approvals for Diabetes Complications**

Recent FDA approvals include two new medications for retinopathy, one for foot ulcers and a possible game-changing new class of cholesterol-lowering drugs.

Last summer, within a month of each other, the FDA approved two medications that offer a whole new approach to treating cholesterol called PCSK9 inhibitors. PCSK9 inactivates the LDL transport receptors on the liver that normally suck LDL cholesterol into the liver for processing, so the new class of medicines restores the liver's ability to remove LDL from the bloodstream, with striking effects. Clinical trials of the first-in-class medication

approved, **Praluent** (alirocumab injection), from Sanofi and Regeneron, showed LDL reductions of 36% to 59%. Biologics like insulin and GLP-1 meds, PCSK9s are injectable medications. Praluent is injected subcutaneously every two weeks.

Within a month after the Praluent approval, the FDA approved a second PSK9 from Amgen called **Repatha** (evolocumab injection). Both medications, for now, target the most desperately tenacious cholesterol such as familial hypercholesterolemia, and both can cost up to \$14,000 per year.

Early in 2015, the FDA granted approval to a pair of medications for treating retinopathy. In February, it approved Genentech/Roche's **Lucentis** (ranibizumab injection), granting it an expanded indication for treatment of retinopathy in patients who already have macular edema. The approval was designated as a breakthrough therapy under the agency's priority review program. Previously, the drug had been approved for macular edema, macular edema secondary to retinal vein occasions and wet age-related macular edema. Injected by a physician directly into the eye once a month, Lucentis is an anti-vascular endothelial growth factor (VEGF) drug, designed to block the growth in the eye.

Also under priority review and carrying a breakthrough designation is an expansion of the indication for the use of Regeneron's **Eylea** (aflibercept injection), another anti-VEGF medication for the treatment of diabetic retinopathy in patients with diabetic macular edema.

In early January 2016, the FDA granted approval to Inegra Life Sciences to use its Intergra Omnigraft Regeneration Matrix for the treatment of diabetic foot ulcers. The product, first approved for the treatment of severe burns in 1996, now is indicated for diabetic ulcers that have not healed in six weeks and do not involve exposure of joint capsule, tendon or bone.

The product is described by the manufacturer as a "temporary epidermal substitute layer," in essence, fake skin. It controls fluid loss, serves as a bacterial shield and allows normal healing to progress. It usually is worn for three weeks.

#### Summary

Recent FDA approvals introduce both cheaper insulin in the form of a biosimilar and lipid-lowering agents with prices that rival the cost of cancer drugs. They also give us brand new ways to lower blood glucose and repair the damage done when glucose control fails. Hundreds more are in the pipeline, of which one or two per year will win marketing approval from the FDA.  $\square$ 

**Wil Dubois** is a diabetes treatment specialist with the Pecos Valley Medical Center in New Mexico, a rural non-profit clinic. He has type 1 diabetes and is a health columnist and author who has published over two hundred seventy five articles and four award-winning diabetes books.



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References: <sup>1</sup> Lipid- and glucose- lowering efficacy of plantago psyllium in type 2 diabetes. Journal of Diabetes and Complications. 1998; (12): 273-278. <sup>2</sup> 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. ++Diets low in saturated fat and cholesterol that include 7 grams of soluble fiber per day from psyllium husk as in Konsyl may reduce the risk of heart disease by lowering cholesterol. One adult dose of Konsyl has 3 grams of this soluble fiber.

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



INTEGRATIVE MEDICINE, HOLISTIC PRACTICES CAN COMPLEMENT YOUR DIABETES TREATMENT

By JoAnn Stevelos



he Western diet—or the "typical American diet"—is filled with processed grains, added sugar, meat, dairy and salt. A recent study from the Centers for Disease Control and Prevention (CDC) reported 30% of U.S. adults

drink sugar-sweetened beverages such as soda or lemonade each day. The Western diet is contributing to an increasing number of people developing Type 2 diabetes. However, there are other choices, and many people are turning away from processed foods and toward eating plantbased diets and drinking more water.

What if you could make a few small changes in your lifestyle that connected your mind and your body to help manage your diabetes? What does it mean to connect your mind and body? How does it work? Using conventional medical treatments and following a healthy lifestyle can help control Type 2 diabetes. But adding integrative medicine systems, holistic practices such as yoga and supplements to your diet can complement your diabetes treatment, help improve your health and increase your general sense of well-being.

#### Ayurveda

The U.S. medicine system generally works by treating symptoms we feel in our bodies. In the Ayurvedic medicine system, a 3,000-year-old Indian system, people are treated by helping the body and the mind become balanced, as opposed to a list of symptoms to be cured. In Ayurveda, human beings, like the universe, are made up of each of the five elements: air, space, fire, water and earth. These elements, in their biological form, are known as Doshas: Vata, Pitta and Kapha. You can take a simple quiz to learn your dosha at https://store.chopra.com/dosha-quiz.

Because everyone has all of the elements in their bodies, everyone has each of the doshas as well. Each person is thought to be born with his/ her own balance of these doshas. Keeping healthy depends on whether our doshas are balanced or unbalanced. In Ayurveda, diabetes is called Prameha. According to Ayurveda, some causes of diabetes are an unhealthy diet that irritates the Kapha dosha, sitting more than moving, getting too much sleep and not taking time to manage stress.

In the Ayurveda system, there are guidelines for what types of foods help keep the body in balance, depending on your dosha. For example, eat fresh foods in season and eat more soups during the colder months, which is the Vata Season, and eat fresh greens and fruits during the summer months, which is the Pitta season. There are six tastes you should try to include in each meal: sweet, sour, salty, bitter, pungent and astringent. Once you know your dosha, you can eat foods that help keep your dosha in balance. If you are a Vata dosha, you would eat foods that are sweet, sour or salty. Pittas would eat foods that are sweet, bitter or astringent; Kaphas would eat foods that are bitter, pungent, or astringent. People with Type 2 diabetes have imbalances in their Kapha dosha. To balance the Kapha dosha, meals that are plant-based with lots of spices will satisfy your hunger and help maintain your glycemic levels.

Ayurvedic practitioner Sheila Patel, M.D., uses an integrative approach to treating diabetes. She practices integrative medicine as medical director of the Chopra Center in Carlsbad, Calif., which was founded in 1996 by Deepak Chopra, M.D., and David Simon, M.D. "Bookend your day with deep breaths, try five minutes of deep breathing in the morning to center yourself for the day and try five minutes of deep breaths at night to de-stress and relax into sleep," she said. "Be sure to eat more of your calories during lunch rather than dinner, as digestion is strongest in the middle of the day." Studies have shown that people are able to maintain a healthier weight, important in diabetes, if they consume their largest meal of the day before 3 p.m.

Patel uses her western medicine training along with Ayurveda to treat the whole person, not just his or her symptoms of Type 2 diabetes. "An integrative approach to total well-being through self-awareness, the practice of yoga and meditation are the consciousness-based teachings of Ayurveda which, along with modern western medicine interventions, lets me use all the knowledge available to help my patients."

Patel said Ayurveda can help you make small shifts in thinking, eating and physical activity levels that can help you manage Type 2 diabetes. In addition to deep breathing in the morning and evening, little shifts in your thinking and diet can help. For example, be mindful of why you are reaching for that sugary drink. Is it out of habit? Is it because you are thirsty? Added sugar is associated with obesity, Type 2 diabetes and heart disease. If it is a habit, take a few deep

Practicing yoga may benefit adults with Type 2 diabetes helping to improve glycemic control, lipid levels and body composition.

breaths and do something different, such as swapping the sugary drink for ginger tea. If the reason is thirst, drink water, preferably warm, since warmth helps correct the imbalances of the Kapha dosha.

"An Ayurvedic diet is similar to the low glycemic diet for people with diabetes, which includes limiting foods high in sugar and simple carbohydrates; eating smaller portions throughout the day; eating a variety of whole-grain foods, complex carbohydrates and vegetables every day; eating fewer unhealthy fats and oils; and using less salt," said Patel. "Vegetables should cover one half of your plate with Kapha-balancing foods such as lentils, chickpeas, spinach and leafy greens. And use fragrant spices such as cinnamon, ginger and turmeric." These spices are being studied by the National Institutes of Health Center for Alternative Medicine (CAM) to learn if they are effective for helping keep blood sugar levels manageable and for the anti-inflammatory properties that help reduce stress, and are part of the Ayurvedic diet.

#### Yoga

The Ayurvedic system also includes practicing yoga, which is helpful in controlling blood sugar. Yoga improves blood circulation in your body, particularly in the arms and legs, where diabetic patients need careful monitoring.

A recent study published in the Journal of Diabetes Research shows practicing yoga may benefit adults with Type 2 diabetes. The researchers reviewed 33 studies and learned that yoga may help improve glycemic control, lipid levels and body composition. Some studies showed connecting movement with breath also may lower oxidative stress and blood pressure; enhance pulmonary and autonomic function, mood, sleep and quality of life; and reduce medication use in adults with Type 2 diabetes.

A regular yoga practice can help reduce the level of sugar in the blood and lower blood pressure. It also can help regulate weight, which is key to Type 2 diabetes management. Also, stress increases the secretion of glucagon, a hormone responsible for increasing blood glucose levels in the body. When you practice yoga, deep breathing and meditation, you become calmer, which helps to manage your stress. This lessens the secretion of glucagon, thus helping to keep your blood glucose levels stable. When you connect healthy eating with breathing and movement, you integrate the body and mind to bring a sense of stability and balance to the whole person.

#### Other Supplements

According to the National Institutes of Health National Center for Complementary and Integrative Health (NCCIH), "Overall, there is not enough scientific evidence to show that any dietary supplement can help manage or prevent Type 2 diabetes." And CAM says you should be very careful when using dietary supplements because there could be a link to kidney disease. This link is important, because diabetes is the leading cause of kidney disease and kidney failure. Here is a closer look at a few of the supplements studied for diabetes management.

Alpha-Lipoic Acid (ALA). This is an artificial version of lipoic acid, a naturally occurring compound made in the body and by plants. It is an antioxidant that helps stop the damage caused by free radicals. In 2011, a clinical trial of 467 participants with Type 2 diabetes found supplements of 600 milligrams of alpha-lipoic acid daily did not prevent diabetic macular edema, an eye condition that blurs vision. Another study showed Alphalipoic acid did not affect the body's response to insulin in people with Type 2 diabetes. There is a safety concern to be aware of as well: High doses of alpha-lipoic acid supplements can cause stomach problems.

*Chromium.* Chromium is found in nearly every food group. The top sources are broccoli, barley, oats, green beans, tomatoes, romaine lettuce and black pepper. However, the amount of chro-

> mium in foods is small—one to two micrograms or less. Researchers are not sure what level of chromium we need. In 2001, the U.S. dietary guidelines for daily chromium were lowered from 50 to 200 µg for an adult to 35 µg for an adult male and 25 µg for an adult female. Recently, the European Food Safety Authority removed chromium from the list of nutrients and essential elements because a study showed the intake of chromium (III) has no

#### RESOURCES

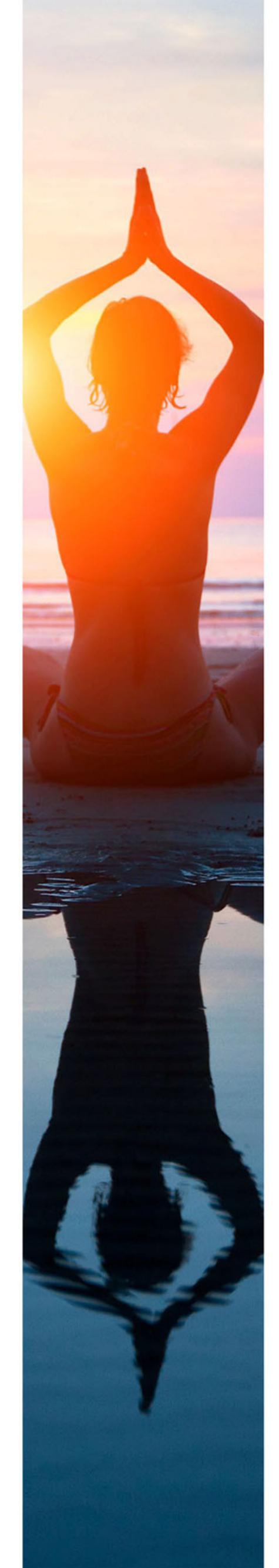
- If you have diabetes and are thinking about using a dietary supplement, visit NCCIH's web page at nccih. nih.gov/health/supplements.
- To learn more about dietary supplements, watch this video produced by the FDA: Diabetes Products—Don't Fall for False Promises at https://www.youtube.com/ watch?v=nhXOeNXAMas.

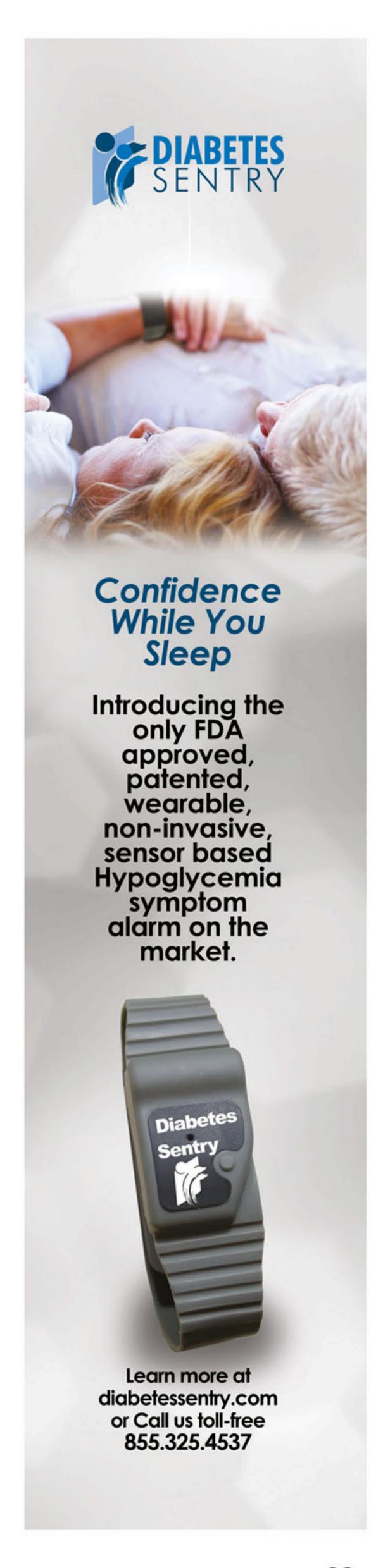
beneficial effect on healthy people. What is the link to diabetes? Chromium is an essential trace mineral. If you have too little chromium in your diet, your body can't use glucose efficiently. However, studies have found no benefits of chromium supplements for controlling diabetes or reducing the risk of developing it. What research has shown, though, is that chromium supplements in large doses may cause kidney damage, muscular problems and stomach problems.

Herbal Supplements. Although the Ayurveda system encourages the use of spices and herbs to help maintain a healthy body, there is limited evidence showing herbal supplements can help control diabetes or its complications. However, herbs and spices in general can make plant-based foods and grains more palatable and help you feel more satisfied, which helps people with Type 2 diabetes stick to a healthier diet. Numerous studies of cinnamon have been conducted to learn if it can help control glucose levels in Type 2 diabetes. But research has shown there are more risks than benefits to including cinnamon as a supplement in your diet. European researchers tested samples of a common cinnamon found at grocery stores and learned that it contained coumarin, a sweet-smelling plant that can act as an anticoagulant. Eating coumarin can worsen liver disease. It also is very risky for people who are taking blood thinners, since the interaction of coumarin and blood thinners can increase the likelihood of bleeding.

A word of caution about dietary supplements: The U.S. Food and Drug Administration (FDA) is working to remove from the market illegal dietary supplements that claim to manage, cure or prevent diabetes. It has sent 15 companies warnings that their products violate federal law. The FDA is advising people to seek proper care for diabetes and to consult with a doctor before taking any dietary supplements. FDA Commissioner Margaret A. Hamburg, M.D., has said that consumers who buy those products that claim to be treatments are putting themselves at risk and possibly are not seeking necessary medical attention, which could affect their diabetes management.

**JoAnn Stevelos**, MS MPH, is a public health professional and health writer. She is director of research and evaluation for the Alliance for a Healthier Generation Healthy Schools Program. This article does not necessarily reflect the views of the Alliance for a Healthier Generation.





# READER INSIGHTS

#### **TOPICS OF INTEREST**



67% DIABETIC OOKING



67% DIABETES Q&A





38% SUPERMARKET SMARTS



37% WEIGHT SELF-**MANAGEMENT** 



34%
COVER FEATURE **ARTICLES** 



30% **RESOURCES COLUMN** 



30% PRODUCT SPOTLIGHT



18% **DEFINITIONS COLUMN** 



17% QUIZ

Whether you have been diagnosed with diabetes or care for another with the condition, as readers and members of the diabetes community you responded to our recent call for feedback, taking our Diabetes Self-**Management** Type Us Reader Survey. We know the journey through life with diabetes is unique to each person—whether Type 1, Type 2 or pre-diabetes—so we asked, and you answered, how you manage your



personal journey.

#### PRODUCTS USED IN THE **LAST 12 MONTHS**

**84%** Glucose meters

**62%** Sugar substitutes

**52%** Sugar-free foods

44% Skin cream

38% Insulin injectable

32% Eye drops

**20%** Dietary shakes/supplements

13% Laxatives

12% Insulin pump

#### WHERE YOU MOST FREQUENTLY OBTAIN DIABETES SUPPLIES/MEDICATIONS

**36%** Chain drug store

27% Online pharmacy

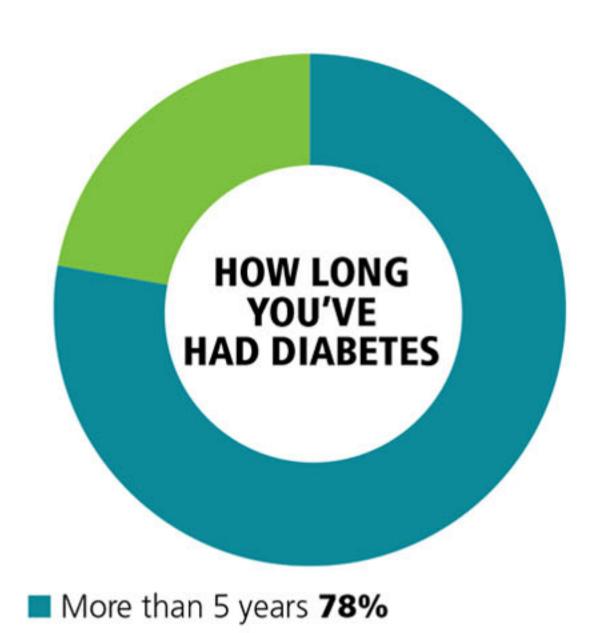
**18%** Local drug store

17% Mass retailer

2% Warehouse club



- Have Type 2 diabetes **72%**
- Have Type 1 diabetes **16%**
- Diagnosed as pre-diabetic 5%
- Care for another with diabetes 4%
- None **2%**
- Care for a child with Type 1 diabetes 1%



#### **HOW YOU TREAT AND CONTROL YOUR DIABETES**



Less than 5 years 22%

**ORAL MEDICATION 64%** 



**REGULAR EXERCISE 45%** 



INSULIN **47%** 



33%

#### **COMMENTS:**

"Outstanding source of information for any level of motivation—from the highly motivated, information-seeking patient to the recipe hunter, there is something for every diabetic."

"DSM helps to keep me informed and encourages me to manage my diabetes."

"It's just the right balance of new research, popular medicines, food and recipes."

"DSM is an excellent guide to healthy living even with diabetes. I have recommended it to many friends."

"The magazine is visually appealing—I very much appreciate recipes and photos of food that I can enjoy!"

"Loads of interesting and helpful, dependable advice/instruction on self-management."

"I just found out I am diabetic, and I was looking for resources. Luckily, your magazine came up. I look forward to reading DSM for advice and tips."

"DSM gives me the option of choosing articles and information on a wide spectrum of topics that are more specific to Type 2."

"I've found a lot of new products for Type 1 diabetics that I didn't know were out there. I really love this magazine."

"DSM is not afraid to address alternative views on diabetes care."

"Well balanced, professional, provides excellent information in a variety of ways."

"I learned about the GRADE study through my subscription to the magazine and was accepted into it, for which I am grateful."

"DSM is one of the best sources of information about diabetes. I like the fact that it covers a wide variety of subjects... DSM helped me share with my doctor the pain I was having because it was something I couldn't explain myself."

"Very informative. What more can I say!"



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promotes back pressure relief, and encourages better posture to prevent back and muscle pain.

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OU GINGERLY STEP UP ONTO THE SCALE and see it again, the same exact number that has been plaguing you for the last several weeks despite your continued efforts to lose weight.

It's the dreaded weight-loss plateau, and although it can occur at anytime, research suggests it typically occurs around the six- to ninemonth mark of the weight-loss journey. It's frustrating, and this type of weight stability is perhaps one of the most difficult parts of the process to overcome.

Yet the unchanging number on the scale doesn't have to derail your plans to reach goal weight. Developing a solid plan to jump-start the weight loss process includes being able to differentiate fact from fiction when it comes to handling stagnant periods.

To help you get back on track and move that dial on the scale from stuck to success, here are the facts behind some of the most common myths about weight-loss plateaus.

#### Myth#1: A weight-loss plateau means weight loss is over.

The weight-loss plateau does not mean all hope is lost, but it is a warning flag that some old habits may have slipped back into your routine that aren't helping you reach your goals. In fact, a study published in the American Journal of Clinical Nutrition found most weight-loss plateaus occur due to a lack of dietary adherence. Re-examining your daily

habits by keeping a food and physical activity journal will provide insight and accountability to your current routine. It also may be a good time to seek additional support and expertise from a registered dietitian or your diabetes educator.

"The key to maneuvering a weightloss plateau is to change up your exercise and eating routine," advised Toby Smithson, MS, RDN, CDE, founder of DiabetesEveryDay.com and author

of Diabetes Meal Planning and Nutrition for Dummies. Behavioral changes are needed for a change in weight. Change also can help shake up a monotonous routine. "A change in routine also breaks boredom with your weight-loss plan and gives you more momentum to continue your journey," she said.

It is important to remain flexible and open to new behavioral strategies to help you stay on track with healthy lifestyle choices. Remember, it is a change in lifestyle and not a diet that will ultimately result in long-term success.

#### Myth #2: Weight Loss is All **About Calories In Versus Calo**ries Out.

The energy balance equation—energy in versus energy out—has been used for decades, and while it seems easy, the mantra of eat less and lose more is not so simple. The National Institutes of Health Working Group Report on Innovative Research to Improve Weight Loss suggests the interaction of biology,

# Adding a Weight-loss Medication to Your Healthy Lifestyle Plan

Losing and maintaining weight are challenging.

Although lifestyle changes always are a necessary part of the process, many people wonder if and when they should consider a doctor-prescribed weight-loss medication for additional assistance.

Currently, five weight-loss medications (or combinations) are approved by the U.S. Food and Drug Administration (FDA) for long-term use. These medications are approved for individuals whose Body Mass Index (BMI) is greater than 27 kg/m2 and who have one or more obesity-related complications, including high blood pressure, Type 2 diabetes or abnormal cholesterol. They also are approved for those whose BMI is greater than 30 kg/m2 without complications who are motivated to lose weight.

The decision to add a weight-loss prescription medication to your lifestyle change plan is made with your health-care provider, who will address the pros and cons of each drug and assess whether it is appropriate based on your health history and current prescription medications, including those for blood glucose management. Expected weight loss from these medications varies slightly but on average, according to information published by the drug manufacturers, individuals can expect a 5% to 10% loss in body weight.

According to FDA guidelines, all weight-loss medications are classified as category X and are contraindicated for women who are pregnant or may become pregnant.

MEDICATION GENERIC DRUG NAME/PROPRIETARY NAMES	HOW IT WORKS
Orlistat Alli®, GlaxoSmithKline Xenical®, Roche Laboratories	Orlistat is a lipase inhibitor. It works to prevent about 30% of the fat you eat from being absorbed into the intestines. The unabsorbed fat is eliminated in the stool.  Common Side Effects: Oily stools, loose stools, need for urgent bowel movements, pain or discomfort in the rectum, stomach pain, headache and anxiety
Lorcaserin Belviq®, Arena Pharmaceuticals	Lorcaserin is a serotonin receptor agonist. It targets a hunger receptor in the brain that aids in satiety, or the feeling of fullness. It helps individuals feel full while eating less food.  Common Side Effects for Individuals with Diabetes: Hypoglycemia (low blood sugar), back pain, cough, headaches and fatigue
Phenteramine/Topiramate ER  Qsymia®, Vivus	A combination medication that works in two different ways to help reduce hunger and improve satiety, although the specific mechanism of action is still unknown.  Common Side Effects: Paraesthesia (tingling or pricking sensation), dizziness, dysgeusia (distorted sense of taste), insomnia, constipation and dry mouth
Naltrexone/Bupropion Contrave®, Takeda Pharmaceuticals	A combination medication that helps decrease appetite and works to curb hunger and food cravings. The exact mechanism of action is still unknown.  Common Side Effects: Nausea, constipation, headache, vomiting, dizziness, insomnia, dry mouth and diarrhea
Liraglutide Saxenda®, Novo Nordisk	Liraglutide is an incretin mimetic that slows the emptying of the stomach, aiding in satiety and decreasing appetite.  Common Side Effects: Nausea, diarrhea, constipation, hypoglycemia, vomiting, headache, decreased appetite, upset stomach, tiredness, dizziness, stomach pain and changes in enzyme (lipase) levels in the blood

environment and behavior is at the crux of weight regain challenges. The lapse in healthy behaviors, however, may be the primary driving force behind stalls in the weight-loss process.

A study published in the New England Journal of Medicine suggests that with a decrease in caloric intake, the body also sees changes occur in the neuroendocrine system that may contribute to hormonal changes that increase hunger and decrease feelings of fullness.

How do we counter the physiological changes that may thwart weight loss and weight-loss maintenance efforts? It truly is the commitment to behavioral changes—meal plan changes, physical activity and a continued focus on the benefits of weight loss for health and well-being—that drives success.

Results from the Look AHEAD study, which examined long-term health consequences of weight loss in overweight and obese individuals with Type 2 diabetes, found those who successfully maintained weight loss over an eightyear period tended to adopt several key behaviors, including reduced calorie intake, self-monitoring of weight and high levels of physical activity. It is that commitment to key behavioral changes that benefits individuals during both weight loss and weight-loss maintenance phases.

#### Myth #3: Adding a little exercise will help with weight loss.

We know regular physical activity has benefits. It is "free medicine for the body," improving cardiovascular health and lowering blood glucose levels, blood pressure and low-density lipoprotein cholesterol levels while helping us manage stress and boost mood. Yet simply incorporating 30 minutes of physical activity may not cut it when it comes to losing weight. Regular physical activity also plays a role in weight loss and weight maintenance, but the amount recommended per week may surprise you.

The American Diabetes Association Standards of Care 2016 guidelines suggest 200-300 minutes per week of physical activity for individuals with Type 2 diabetes aiming to lose weight. The American College of Sports Medicine

(ACSM) has similar high activity guidelines, recommending more than 250 minutes per week for clinically significant weight loss.

And exercise shouldn't stop once the desired weight loss is achieved. ACSM recommends dedicating at least 150-250 minutes or more of physical activity per week to prevent weight regain. A commitment to enough regular physical activity is an important part of the process, which means finding physical activity you enjoy is key. Consider how you like to be physically active and schedule it into your calendar as you would other appointments.

#### Myth #4: You need to follow a special diet to lose weight.

When it comes to the best meal plan for losing weight, the 2013 Guidelines for the Management of Overweight and Obesity in Adults published in the Journal of the American College of Cardiology suggest there actually isn't one. A variety of approaches can work, as long as there is a decrease in total calories consumed. In fact, the best meal plan for losing weight and keeping it off is the one you will stick with, since the focus is on sustainable changes and not on a "diet" you would start and then stop.

"To be successful with weight loss and keep as many pounds off as possible, one needs to commit to permanently changing eating habits, food choices and level of physical activity," said Hope Warshaw, MMSc, RD, CDE, the 2016 president of the American Association of Diabetes Educators and author of Diabetes Meal Planning Made Easy. Warshaw acknowledges that losing weight and keeping those pounds off is challenging. "It is tough work. It takes fortitude and perseverance in our food-focused world. But where there's a will, there's a way! Any amount of weight you can lose and keep off is beneficial for your health, glucose, lipid and blood pressure control."

#### Myth #5: If a weight-loss goal is not met by a certain deadline, you've failed.

You may have heard your diabetes educator or dietitian suggest aiming for healthy weight loss of one to two pounds

per week. Although this guidance provides a starting point, you shouldn't expect to lose the same exact amount of weight each week of the weight-loss journey. Variance is to be expected, so instead of setting a hard deadline for reaching your weight-loss goal, assess where you are in your journey in improving not only your weight status but also your lifestyle. Flexibility and acceptance are two important traits to help you adjust your expectations of how quickly you will lose weight.

"It's important to take a long-term view of the weight-loss process and embrace an attitude for both the weight loss and the weight-control process that you're in it for the long haul," said Warshaw. It also is critical to remember that even small amounts of weight loss, 5% to 7% of baseline weight, have been shown to produce clinically significant improvements in overall health and glycemic management for individuals with prediabetes and Type 2 diabetes. Each small, healthy behavior change and improvement in weight should be celebrated.

The weight-loss journey is long. Losing weight is only the beginning maintaining the lifestyle change is lifelong. A re-commitment to sustainable meal planning and physical activity and reaching out for support from a registered dietitian when you hit a weight-loss plateau are key to not only overcoming stalled progress but also increasing the likelihood you will be able to maintain your weight loss. Flexibility, acceptance, fortitude, persistence and grit are traits to embrace when changing your lifestyle. Remember, the climb may be long, but by taking one step at a time, you can succeed in attaining a healthier weight, and a healthier life.

Alison Massey is a registered dietitian and < certified diabetes educator in Baltimore, Md. She blogs about healthy living and diabetes at www.thesimpleingredient.com



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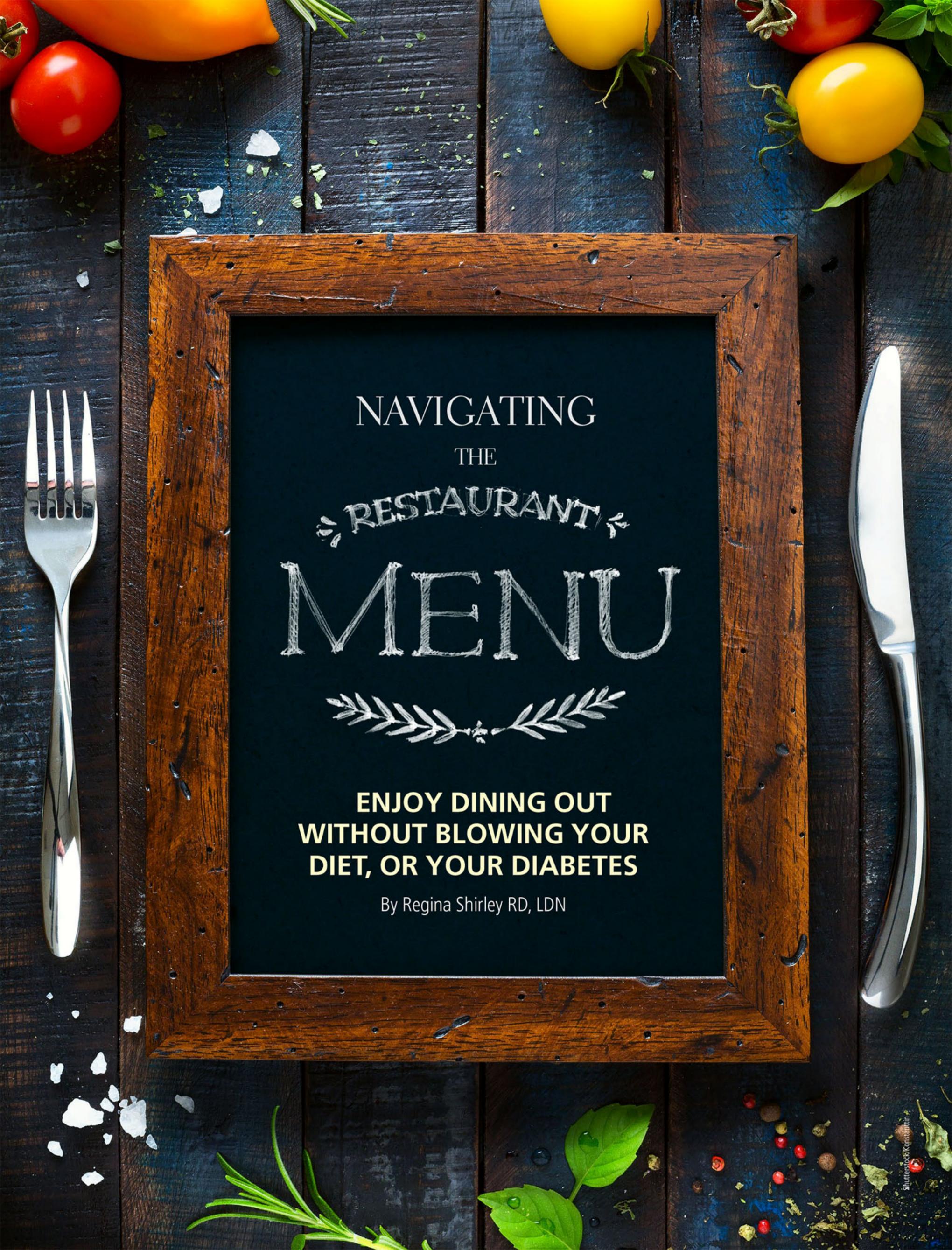
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WHEN YOU ENTER the warm environment of a familiar restaurant and inhale the aromas of garlic, fresh baked bread, brick oven-fired pizza or broiling steak, it can be easy to lose control of any boundaries you recently have attached to your diet.

If you live with diabetes, it can be difficult enough to look forward to dining out. Add to that a weight-loss goal, and you may feel like you have forgotten how to order a meal—many menu options and limited nutritional information can be both overwhelming and confusing.

Consider the lack of control you have when dining out. Whether you or another family member does the food prep in your house, you choose your portion size and can substitute healthier ingredients for some of the richer foods called for in recipes. But at a restaurant, the lack of control over what you are eating can be overwhelming. Nevertheless, dining out, whether at a casual restaurant, a drive-through or an upscale bistro, need not be complicated.

Here are some tips and tricks for navigating restaurant menus to help you feel more in control of your diabetes and nutrition plan. Remember, everybody with diabetes is different. Choose the tools most appropriate for your budget, lifestyle and environment. Don't change too many things at once. For example, pick three strategies from this article that you feel you can successfully execute that are in line with your dining out, or take-out, preferences.

Choose your meal based on blood glucose control first and diet and other health concerns second. If you are trying to lose weight, have high blood pressure and live with diabetes, you may not know where to begin. First, choose a few meals you enjoy and know won't have a huge effect on your blood sugar. Second, from among those meals, decide which fits your diet or medical needs (i.e., low sodium or no red meat) and then make your choice. Taste is important—don't sacrifice flavor just because you have dietary restrictions.

Plan Ahead: Choosing Where to Eat. What time of day is it? What type of restaurant is it? Are you in a rush or relaxing? Are you dining alone? Look online ahead of time at your most frequented drive-throughs and casual restaurants and make a short list of the best options at each. Then, when ordering in a hurry, you already will know your options and will be less likely to make an unhealthy, impulsive choice.

If you are dining with friends or family or for a special occasion, don't deprive yourself. Allow a bit more room for enjoyment. Stick to your goals, but give yourself a little room for forgiveness—whether for a slice of cheesecake or a warm roll before the meal.

Buffets and Cafeterias. These situations can be challenging, whether at the lodge after a long day of skiing or at the buffet of a huge work conference. The first rule of thumb: Keep your portions small. While it might be tempting to put a little of everything on your plate, certain foods should be avoided altogether. For example, stay away from most vegetables, except for salad. They usually are loaded with butter, cheese and seasonings, and often they are so overcooked any nutritional value is gone. Pasta salads filled with fresh veggies are a better option. Carbohydrate estimating usually is the most difficult for these types of meals.

Finding Nutrition Facts. By December 2016, all restaurants with at least 20 locations will be federally mandated to have full nutrition analysis available to customers, either on the menu, online or in a readily available print format. Ask at your favorite eatery about its nutrition facts if you cannot find them. Many smaller, local

#### **Realistic Strategies**

Make three changes at a time, and give yourself one to two weeks to fully implement them before reflecting on your level of success.

- Choose your meal online ahead of time and stick to it.
- Ask for a to-go box as soon as your meal comes.
- Drink a full glass of water before eating your meal.
- Say no to the bread basket.
- Split a dessert with a friend only once per week (regardless of how many times you eat out).
- Check your blood glucose before your meal comes and two hours after eating (particularly if you dine out regularly).
- Keep a journal of how you rate your hunger level (on a scale of 1-10) before you eat and reflect on previous entries.
- Dine with a friend who shares your goals and split entrees.

#### **Menu Substitutions**

- Instead of a loaded baked potato, order low-fat sour cream on the side and add a touch of butter. Eat the skin for extra fiber.
- If vegetables come sautéed or fried, request that they be boiled or roasted with minimal butter and salt. Bring your own shaker of garlic powder and onion powder to add flavor without adding sodium.
- Stay away from pastas with cream sauces (pink, vodka, alfredo); choose marinara instead.
- Ask for dressing on the side, particularly thick dressings such as ranch or thousand island, which can weigh down a salad when poured on top.
- Always ask about the ingredients of a marinade or sauce. Many have hidden sugars that are important to account for.

restaurants also are opting to provide nutritional information.

You can find a great deal of information on a restaurant's website. Most have some nutritional information and usually are transparent about allergens in their menu items. We now are seeing a trend toward restaurant owners and chefs doing more regarding nutritional information, which in turn is helping restaurants create appealing, tasty and healthy options, because the demand is so high. Check menus online before choosing a restaurant, or call ahead.

Blood Glucose and Medication Plan**ning.** The best way to describe why it is so important to keep your blood sugars in range before and after meals is through the lock and key analogy. When we take insulin (which is an appetite stimulant), our body cells are unlocked and are better able to uptake the energy from the food we eat to be metabolized properly. If our blood sugars are high or out of control, then we enter the vicious cycle of high blood sugar equals more insulin equals hunger equals high blood sugars.

Keep track of your numbers before you eat and two hours after. Try to analyze how your insulin dose or timing may have affected your meal, as well as the accuracy of carb counting. If you are on an insulin pump, you have the advantage of utilizing one of the advanced settings that accounts for fat absorption and blood glucose delay.

Not All Salads are Created Equal. Anyone new to dieting may have some misconceptions about salads. More restaurants are loading their salads with calorie-heavy toppings such as glazed almonds, corn, tortilla strips or fried chicken. Order the dressing on the side, and stick with an olive oilbased vinaigrette. Stay away from most fat-free dressings because they often are filled with sodium and preservatives. Also, most Asian salad dressings include honey or brown sugar. Stick with lettuce and a lean protein with lots of fresh vegetables. By reducing the amount of sugar and other starches in your salad, you also reduce the total carb count.

# Tips for Dining Out with Food Allergies

- Look at the restaurant's menu online. Choose some options ahead of time, and call ahead to see if your needs can be accommodated.
- Carry a laminated card that lists all ingredients you may be allergic to so the wait staff can share it with the chef/cook.
- It is the restaurant's responsibility to keep track of any changes in manufacturers or ingredients; if your favorite meal suddenly seems a bit different, make sure to ask your server about the changes.
- Ask specific questions regarding hidden allergens in marinades, sauces, seasonings, garnishes and dressings.



#### Low-carb, Low-calorie **Alcohol Options**

- From lowest to highest calories, 1.5 ounces of hard alcohol contains about 96 calories, 5 ounces of wine has about 115 calories and a 12-ounce light beer contains about 103 calories. While it seems wine may be the poorest choice of the three, keep in mind that people often drink beer more quickly and sip wine slowly. Beer also is a bit higher in carbs than wine (6g vs. 4g). And a 1.5ounce pour of your favorite vodka or gin can become high in calories when juice or soda is added.
- Light beer is lower in carbs (and alcohol content) than craft beer. If you love craft beer, drink a small amount.
- Alcoholic beverages mixed with juice or regular soda/tonic can affect both your blood sugar and your diet. Use diet soda or diet tonic, or ask the bartender to use freshly squeezed lime juice or agave nectar instead of simple syrup or juice.
- Be cautious of sweetened liquors (desert liquors, rums and flavored vodkas).

#### Interpreting Healthy Menu Options.

The list of under-500-calorie meals may seem enticing, but choosing from that list could mean consuming more than a quarter of your total daily calories on a meal you may not even enjoy and that could be high in saturated fat and sodium. The words "light," "natural" and "lean" are universal terms and are not regulated. Something natural may be local and farm fresh, but that doesn't mean it's best for your diet or your blood sugars. Lean meat could be prepared pan seared in oil or with a sugary marinade.

Food Allergies. Celiac disease is very real, but many gluten-free meals can be high in fat and complex carbohydrates. Many resources are available to help those with food allergies.

The U.S. Food and Drug Administration (FDA) has mandated restaurants and food manufacturers to make consumers aware when a product contains one or more of the "Big 8" allergens. More than 90% of allergic reactions to food result from one of these ingredients: eggs, milk, wheat, peanuts, tree nuts, soy, fish and shellfish.

Regina M. Shirley, RD, LDN, has lived with Type 1 diabetes for 25 years. She owns My Menu Match, a nutrition consulting service for both restaurants and consumers, and is the creator of www.ServingUpDiabetes. com. She helps others with diabetes enjoy a healthy lifestyle.

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

pending long hours sitting at a computer can severely diminish leg strength, joint support, good posture and blood circulation throughout the lower extremities.

Sitting for long periods of time weakens muscles and inhibits blood flow to the body, causing a wide range of adverse health effects, including numbness, muscle cramps and throbbing or stinging pain. Not only does sitting all day cause the leg and postural muscles to atrophy (weaken), but it also drastically increases the risk of developing obesity, heart disease, high cholesterol, herniated discs, poor posture, slowed metabolism and joint pain or discomfort. These conditions are due mainly to a disruption of metabolic functions, which lead to worsened vascular health.

Although we feel compelled to remain seated and not lose focus on the task at hand, getting up from your desk and walking around for two to five minutes every hour can help to restore your energy, mental focus and body awareness, re-lengthen the hip flexors and redirect blood flow.

The most important principles of a squat are stacking your joints (ankles under knees), maintaining good posture (not slouching your back—especially the lower back) and keeping your weight on the heels of your feet.

> This commitment to get up and move every hour will serve even more aspects of the body and mind in a very short amount of time.

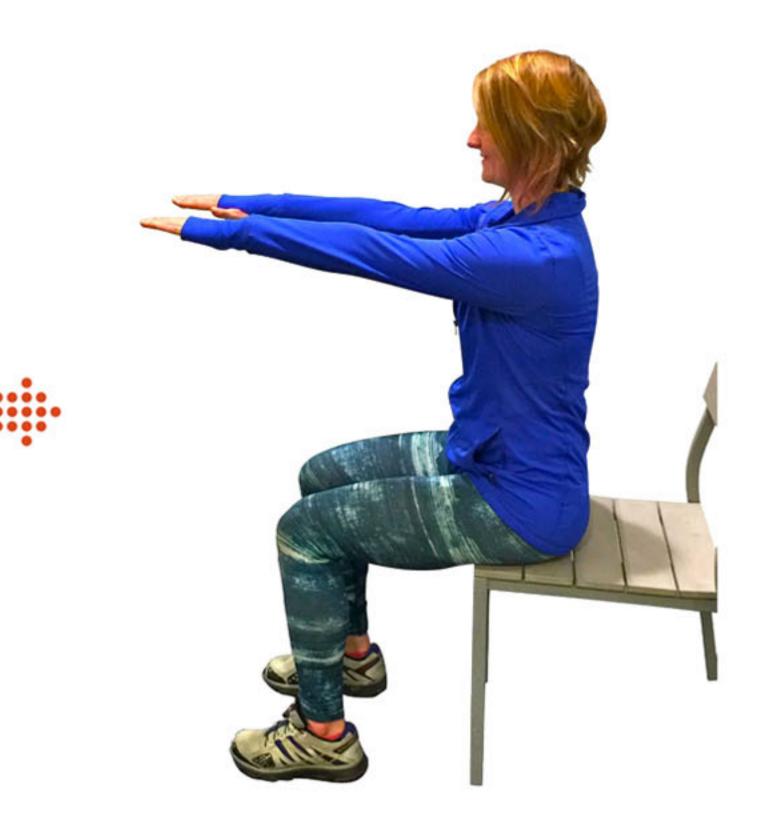
> According to research from the Sax Institute's 45 and Up Study (the largest continuous study of healthy aging in the Southern Hemisphere), adults who sat for more than 11 hours a day had a 40% increased risk of dying in the next three years compared to those who sat only four hours a day, regardless of weight and health status (Stamatakis, 2015).

> No matter how physically active you are outside of your stationary day job, sitting for any prolonged duration of time still can lead to a decline in overall health. Fortunately, when you decided to commit to two to five minutes of movement every hour, you do more for yourself than simply reclaiming your focus.

> Those few minutes can be spent walking around the office, getting a drink of water, walking up a flight of stairs or performing a few simple exercises at your desk. For example, the infamous squat is a beneficial exercise that will slightly increase your heart rate, improve blood circulation and strengthen the legs, glutes and core—which, when performed properly, will improve knee stability and reduce strain and pain in the joints. Complete from 10 to 20 repetitions of squats each hour at your desk.

> 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.

Begin seated at the edge of your chair with your ankles directly below your knees. Sit up tall with a long spine and pull the pit of your stomach up and in, tightening your core and supporting your low back.



Without pressing your hands into your legs, press your weight into your heels and come to a standing position. Keeping the weight in the heels of your feet, keep your chest lifted and reach your hips back to slowly squat back into your chair with control.



For a more challenging exercise, perform the squat without the support of the chair. An air squat requires much more balance and stability. Bring yourself down to 90 degrees (or higher if you feel your lower back begin to round) and press back to standing.



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#### GETTING TO KNOW YOU

## Julie Hayes

Parents of a child with Type 1 diabetes are all too familiar with the reality of checking their child's breathing and blood glucose levels in the middle of the night and then trying to fall back asleep until the next check. For Julie and Melvin Hayes, that reality is four-fold: Four of their five children, all now teenagers, have Type 1 diabetes.

Their youngest, 14-year-old twins, were the first to be diagnosed—Ashley at age 3 and Emily at age 4. About five years later, Melanie, now 16, was diagnosed at age 11, followed by McGuire, now 17, at age 14. Only oldest sister Aubrey, 19, is diabetes free.

**DSM:** Neither you nor your husband has diabetes. How rare is it that four of your five children would be diagnosed with Type 1? How have your doctors/diabetes team explained this?

JH: We've been given no explanation for this. No one knows why diabetes occurs. No one in our immediate families has diabetes. My husband's side does have some autoimmune disorders. That's how we explain it, that it's all relatable, having a precondition for the body to attack itself. It's along the lines of thyroid disorders which my husband and both of his parents have dealt with for most of their adult lives.

I don't know how rare it is. We go to a premier juvenile diabetes center in Colorado. They have large families with six or more children, but the most they've seen with diabetes is three kids in the same family.

We never focus on why. It is what it is. We just have to live with it. Initially, we thought it was a twin thing, since identical twins are produced when the egg splits. They have the same DNA. So when Ashley was diagnosed, we knew that more than likely it would affect Emily. But the other two kids were real shockers. We thought it would just be the twins.

DSM: Has any explanation been provided as to why your oldest is diabetes free? Do you worry she will be diagnosed as an adult?

JH: I do worry that Aubrey could develop it. I have asked her if she wants to be tested to see if she has the antibody. She prefers to not know and live every day she can without it why know it's there and worry about it every day? She's made an adult decision not to have that testing done. But if she were to develop it, she would be prepared.





Ashley Hayes (#8) and Emily Hayes (#9) racing.

DSM: How have the challenges of caring for and monitoring four kids with diabetes changed as they have grown into teens?

JH: It's definitely one of the most difficult things I've had to do—things like letting your child drive. I am able to deal with it by knowing that they have only a limited amount of time in my home to learn how to deal with diabetes on their own. It's the most important thing I have to teach them while they're home. We also teach them to get good grades in school, but you can live a full life without getting the best grades in school. You cannot live a full life without learning how to manage your diabetes.

My son used to ask why his sisters would give me a hard time when I went to test their blood sugar. Now he is the most difficult to deal with regarding his diabetes. Teenagers forget what they said before they were teens!

I walk a fine line between teaching, helping, supporting, watching—and not being too annoying. At any point, they

can just say 'I'm done.' It's a real balancing act.

Regarding college, I think the girls will be easier because they have each other. I imagine they will go to school together. My son will be the next to go as he graduates next year. It's a little scary, but I'm preparing. It's hard to let go when your child doesn't have something that can hurt him. Ultimately, it is their life, and we have to let them live it. I hope I've given them the tools to live it.

**DSM:** How has technology helped you more easily monitor your kids' glucose levels while fostering their need for independence (and letting you get some sleep)?

JH: Ashley and Emily don't remember their lives without diabetes. Even though they still sometimes forget and mess up their numbers, diabetes is ingrained in their being. It's a part of who they are.

Mac and Melanie are different. It's very hard; they lived half their lives without diabetes.

I used to ask them each day how their levels were and then download the data once a month and see for myself. That's where Dexcom has really helped me. They all use Dexcom Continuous Glucose Monitoring (CGM) sensors, with Bluetooth to their iPhones, which then send the data to my iPhone. My phone has a dashboard with all four of my kids' blood sugar numbers at all times. So I can remind them if they're low, or high, or to change the sensor, etc. Of course, it's harder to deal with them when they need your help than when they do not, because the high readings affect their moods.

At night, it has been really amazing. I don't have to walk around and poke four people's fingers two times a night anymore. They get to sleep. And some nights I get to sleep all the way through. The low alert is a softer alarm that wakes me up. We keep juice all over the house. But if the high alarm goes off-I fly out of bed.

**DSM:** Your twin daughters are BMX racers. (Melvin was a professional BMX racer—Bubba Blaze Hayes in Texas in his teens and 20s.) How do you ensure they maintain their levels while competing in such an "adrenaline rush" sport?

JH: Life before the Dexcom sensor was very different. The girls tested every two hours before a race, then five minutes before entering staging. But they could be in staging for 20 minutes or for an hour or two. That always scared me. I made a pact with them that if they ever felt low, they wouldn't race. No race is that important. And I always stood outside the staging area with juice. The sensor has really

helped with that. As long as their phones are within 20 feet of them, I can get their data.

You don't want to tell them they can't do a sport—you want them to do what they want and be active and healthy.

In general, they eat really well before racing. Usually, racing will deplete carbs, so afterward, they will be low. Right before a race, it's hard to manage because of the adrenaline and the excitement.

One example of letting them go: The twins had traveled to Oklahoma for a BMX race, and I stayed home in Colorado. They had eaten at Noodles & Company for dinner, with lots of carbs. We talked afterward, and they were fine. But after they went to sleep, Emily's numbers began creeping up. I was able to see it on my phone. I called and woke up one of

the team dads and had him wake her up to make an adjustment. The next day, she won the race. You can't operate at peak performance if your blood sugar is high all night. I felt bad, guilty, waking up the team dad, but thankful I was able to monitor her and see it.

#### **DSM:** What advice would you give parents of a newly diagnosed Type 1 child?

JH: There's a fine line between hindering and helping your kids. When you hear that diagnosis, it is the scariest thing in the world. But anyone can do this, and do well. There is a ton of technology to help, and we are thankful for Dexcom CGM. Diabetes always will be a part of your life, but it won't stop you from doing anything you want to accomplish.

-Cheryl Rosenfeld



The Hayes family (L-R): Julie, Ashley, McGuire, Melanie, Aubrey, Emily and Melvin.

# PRODUCT SPOTLIGHT

# Zero-calorie coffee creamers

THESE
FLAVORED
CREAMERS
ALSO ARE FREE
OF SUGAR, FAT
AND CARBS



FOR MANY OF US, coffee is the defining line between reasonable, rational thinking and pure chaos.

And as long as you're enjoying it in moderation, there's nothing wrong with starting your day with a hot cup of joe.

But if you can't stomach the thought of a cup of strong, black coffee, coffee creamers may be a staple in your household. Unfortunately, many store-bought creamers contain hefty amounts of sugar and saturated fat. Though you may be adding creamer a tablespoon or two at a time, it quickly adds up when you've had more than one cup.

Walden Farms' line of calorie-free coffee creamers was designed to be a solution to this dilemma.

"No choices existed for our customers who wanted a healthier delicious coffee creamer," says Richard Zinn, vice president of sales and marketing at Walden Farms. "We knew we could help save hundreds of calories per day for coffee drinkers who use coffee creamers."

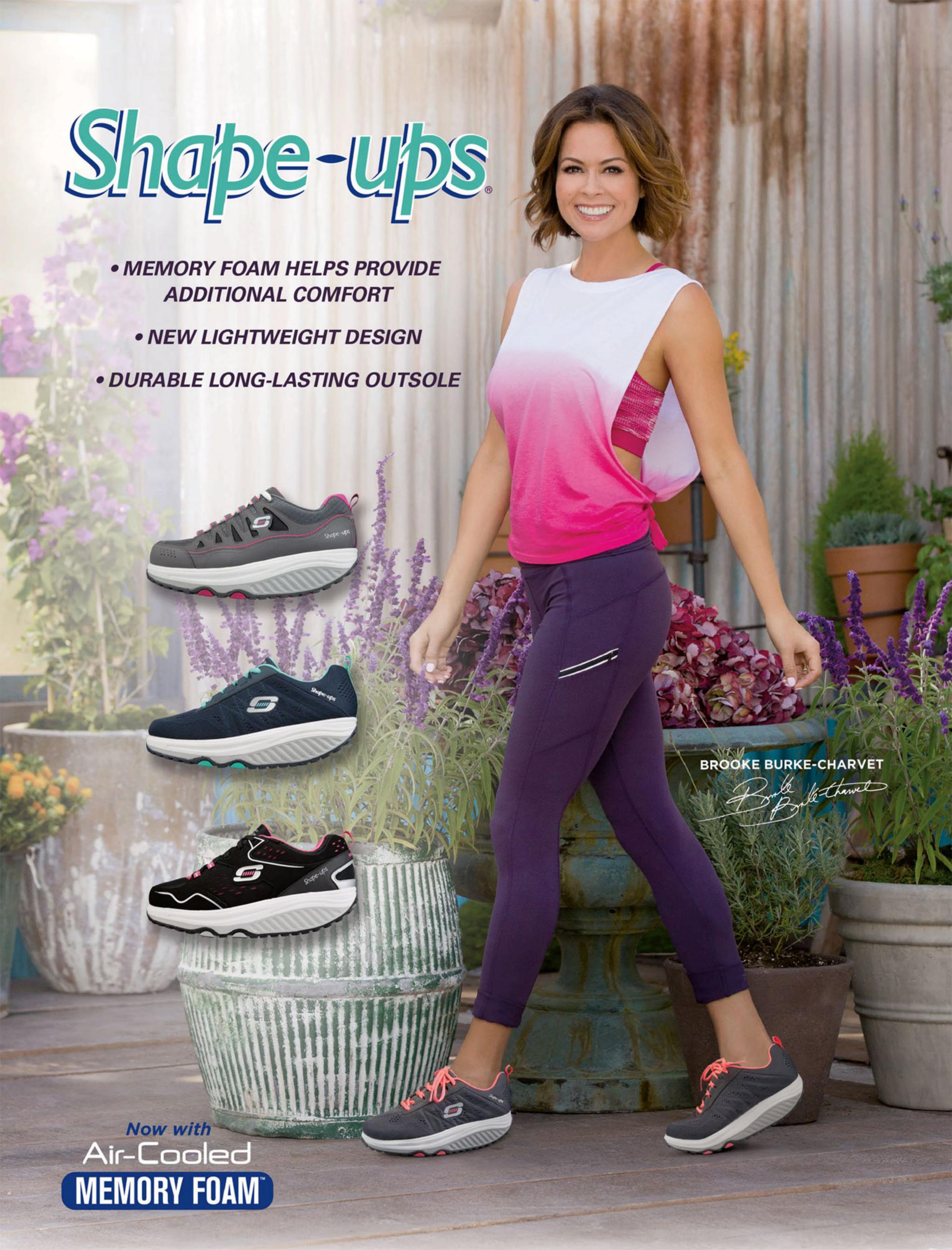
Recently named the #1 healthiest coffee creamer on the market by MSN's The Daily Meal, Walden Farms' creamers are free of calories, carbs, sugar and fat. Fortunately for those with dietary restrictions, the creamers are also dairy free, gluten free and vegan.

"Since we introduced Walden Farms
Coffee Creamers a little more than a year
ago, they have become one of our greatest successes," says Zinn. The company
plans to keep adding flavors to meet consumer demand. Current flavors include
French Vanilla, Hazelnut, Mocha, Sweet
Cream, Original and Caramel.

Walden Farms specializes in creating calorie-free foods, such as salad dressings, sauces, syrups, spreads and more. For more information, visit waldenfarms.com.

-Nicki Porter





SUGAR FREE

# Walden Farms

# COOLIT WITH ZERO CARBS!

Try the World's First and Only Calorie, Carb & Sugar Free Coffee Creamer



#### No Carbs, No Fat, No Calories, No Gluten, No Dairy, No Sugars of Any Kind! Great Taste, Calorie, Carb & Sugar Free. How does Walden Farms do it? **Rich Natural Flavors...**

All Walden Farms NEW Calorie, Carb & Sugar Free Coffee Creamers taste incredibly delicious made with Natural Sweet Cream flavor combined with select, rich natural flavors including Pure Vanilla, Aromatic Hazelnut and Real Chocolate from Premium Natural Cocoa Beans.

Morning, noon and night flavor your favorite cup of coffee or iced coffee "The Walden Way."

Great in coffee, tea, smoothies, french toast, recipes and so much more.

Use all the Walden Farms you want, it's Calorie, Carb & Sugar Free!

#### Switch to Walden Farms & Save Hundreds of Calories Every Day "The Walden Way"

Visit waldenfarms.com/dmj16 for FREE Walden Farms Coffee Creamer with Order

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