

Warning signs

The most common symptoms

Seasonal guide

Your tips for holiday health

The diabetic foot

Taking the right steps for treatment

**MEDIA
PLANET**

November 2011

UNITED FOR DIABETES

3

STEPS

TO TAKE CONTROL
OF DIABETES

JOINING THE CAUSE

Sports commentator and former NFL player and coach **Herm Edwards** talks about his wife Lia and what he learned after she was diagnosed with type 1 diabetes

PHOTO: MARK GAIER

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CHALLENGES

World Diabetes Day provides us all with the opportunity to **draw global attention** to this deadly and costly disease.



Keeping diabetes high on the agenda

The diabetes community is coming to the end of a month long celebration of diabetes awareness this November.

The month was full of highlights, such as the official UN World Diabetes Day on November 14, and full of reminders, in the form of new diabetes statistics. This devastating disease continues on a relentless upwards trajectory.

Diabetes is at a crisis point

One adult in ten in the US now has diabetes. In 2011, diabetes caused 180,000 deaths, meaning that the US has one of the highest mortality rates in the world. It is an outrage that this should be the case in a developed country.

With the potential to affect 552 million people around the world by 2030, diabetes is not only a health crisis; it is a global soci-

etal catastrophe. Governments are struggling to meet the cost of diabetes care. Costs to employers and national economies are escalating and every day low-income families are being driven into poverty by loss of earnings due to diabetes and the lifelong costs of health.

Ready to act

This month provides us all with the opportunity to draw global attention to this deadly and costly disease and the effects it can have.

Despite the grim situation we now find ourselves in, I am reassured to note that in the face of this epidemic, we have signs from governments throughout the world that they are ready to act on diabetes.

On September 19-20, world leaders met in New York for the first-ever UN High level Meeting on NCDs, including diabetes. 193 Heads of Government and State were present to sign



Professor Jean Claude Mbanya
President, International Diabetes Federation

FACTS

- **366 million people** now live with diabetes
- **183 million people** with diabetes are undiagnosed
- **Diabetes** kills one person every seven seconds
- **The number** of people with type 2 diabetes is increasing in every country
- **World Diabetes Day** is celebrated every year on November 14, it is a campaign led by the International Diabetes Federation
- **The Blue Circle** is the international symbol of diabetes

a Political Declaration, which acknowledged, using strong and unequivocal language, the global burden and threat posed by diabetes and other NCDs.

World leaders have recognized the magnitude and impact these diseases and the urgent need for action. They now need to factor NCDs, including diabetes, into their longer term health planning alongside other pressing health challenges.

Global chain of action

I hope this month's activity will carry forward the momentum from New York and spark a global chain of action that will surge forward into 2012.

Together, we can raise awareness of one of the deadliest epidemics of the 21st century.

It is time we stopped sleepwalking into a sick future. Let's act on diabetes now.

PROFESSOR JEAN CLAUDE MBANYA

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WE RECOMMEND



Lower limb care
Jeffrey Frenchman, DPM, works with veterans and keeps a positive outlook.

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"Working in a VA facility with all the veterans, every story they've told me is 'we leave no man behind.' So the motto that I've actually started to adopt is, 'I don't leave any wound behind.'"

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BANANA BREAD

- 4 very ripe, medium to large bananas
- 4 packets SweetLeaf Stevia® Sweetener
- 1 Tbsp. lemon juice
- 2 cups flour
- 1/2 tsp. baking soda
- 1 tsp. baking powder
- 1/4 tsp. salt
- 1/3 cup oil
- 1 large egg
- 3/4 cup milk
- 1 tsp. vanilla extract
- 1/2 cup chopped walnuts (optional)

Preheat the oven to 350°F and oil a medium-sized loaf pan. Mash the bananas in a small bowl. Mix the stevia and lemon juice into the mashed bananas. Set aside. Combine the flour, baking soda, baking powder, and salt together in a bowl. Beat the oil and egg together in a separate mixing bowl until creamy. Beat in the buttermilk and the vanilla. Stir the mashed bananas into the liquid mixture. Fold the dry ingredients into the wet ingredients, stirring as little as possible. Mix in the walnuts just before the flour is completely blended. Place into the loaf pan. Bake for 50 minutes to 1 hour until a toothpick or fork stuck in the middle comes out clean. Turn out the loaf and cool on a rack. Makes 1 large loaf (about 10 slices).

Nutrition Facts (without walnuts): Amount per serving: Calories 210, Calories from Fat 80, Total Fat 9g (14% DV), Saturated Fat 1g (5% DV), Trans Fat 0g, Cholesterol 25mg (8% DV), Sodium 55mg (2% DV), Total Carbohydrate 31g (10% DV), Dietary Fiber 2g (8% DV), Sugars 7g, Protein 4g, Vitamin A (0% DV), Vitamin C (6% DV), Calcium (4% DV), Iron (8% DV). Percent Daily Values (DV) are based on a 2,000 calorie diet.)

Serving Size: 1. **Servings Per Dish:** 10.

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INSPIRATION



QUESTION & ANSWER

Primary care physicians should make immediate referrals to wound care specialists when a diabetic wound is discovered, much in the manner they would refer to a cancer specialist if a female patient discovered a lump on her breast, or a male patient was suspicious for prostate cancer.



Damien M. Dauphinée, DPM, FACFAS, FAENS, FCCWS
Medical Director, Center for Wound Healing and Hyperbaric Medicine, North Texas Hospital

■ What technologies do specialists offer that are different from primary care physicians?

! Wound care specialists have advanced training in debridement (surgical removal of infected or dead tissue), access to laboratory grown skin substitutes, negative pressure wound dressings, and highly specialized silver dressings which control bacterial growth. Many specialists also have access to hyperbaric oxygen chambers, which are a powerful adjunct for the wound care professional.



Desmond Bell, DPM, CWS
Executive Director and Co-Founder, the "Save A Leg, Save A Life" Foundation

■ When should individuals with a wound see a specialist?

! Patients with diabetes are at increased risk for ampu-

tation. They should immediately seek the services of a wound specialist at the earliest discovery of an open sore. It has been established that if a wound is not showing signs of healing at four weeks, the odds of successful healing decrease significantly.



Lee C. Rogers, DPM
Co-director of the Amputation Prevention Center at Valley Presbyterian Hospital in Los Angeles, CA

■ What questions should patients ask primary care physicians?

! Wounds are complex and require specialized diagnostics and treatments. The consequence of an untreated or under-treated wound could mean infection and amputation. It is imperative that one see a wound specialist as soon as possible. My recommendation would be to immediately ask for a physician-to-physician referral or to self-refer to a wound healing center.

STEP

2

KNOW THE
WARNING SIGNS

INSPIRING HEROES. Jeffrey Frenchman, DPM, director of limb preservation at the Atlanta VA Medical Center works with U.S. veterans to ensure no wound is left behind.

PHOTO: ADVANCED BIOHEALING, INC.

No wound left behind

Like many Americans, U.S. veterans face a growing number of diabetes-related lower-limb complications.

A majority of those currently treated for this type of wound management are World War II and Vietnam War veterans. While a high prevalence of long-term smoking habits makes these groups susceptible to difficulties, doctors often find one of the greatest challenges lies in overcoming the grit-your-teeth-and-bear-it attitudes.

"They come in with their arms folded, staring at you and saying, 'What are you going to do for me? I've already seen five or ten different doctors. They've tried everything they can ... the only option is to take my foot off.'" **Jeffrey Frenchman, DPM**, director of limb preservation at the Atlanta VA Medical Center said. "To me, that's an unacceptable parameter to work around."

Ready to fight

According to Frenchman, patients often hold fatalistic views about wound care or feel they created an unavoidable outcome of limb loss by diet, smoking or failure to notice wounds quickly. The best way to approach the care and possibility for closing wounds often draws on veterans' strong team mentality. Frenchman believes in an involved approach—ranging from at-home care to dermagraft solutions—and avoidance of the blame-game for saving limbs.

"I tell my veterans, 'In this room they don't have to be the tough guy—no one's going to sit and reprimand you, no one's going to chastise you,'" Frenchman said. Frenchman also finds talking about improvement percentages rather than a measurement promotes a joint path to success. Understanding the percentage at which a wound has closed not only allows a sense of achievement, but also shows the work remaining ahead to the goal.

Victory and achievement

While he may not give out medals, certificates are issued to commemorate the closing of a wound—or the end of a battle.

"Some of them will tell me they put it on their refrigerator like a little kid going to their mom and dad showing them a piece of schoolwork," Frenchman said. "It actually makes them want to continue. They don't want to have a reoccurrence of the wound. They're more likely to come in more frequently to be seen or follow the recommended follow-up protocol."

In the end, Frenchman said it's often the battle-mentality that motivates these heroes.

"Working in a VA facility with all the veterans, every story they've told me is 'we leave no man behind.' So the motto that I've actually started to adopt is, 'I don't leave any wound behind.'"

WENDY TAYLOR

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Now I understand.

I didn't think my diabetic foot sore was serious.
But when I couldn't even feel the pain,
I knew something was wrong.
Today, I learned it isn't too late.



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INSPIRATION

DON'T MISS!

Hope for a cure

Millions affected by diabetes dream of the day when they no longer need to take insulin injections, test their blood sugar levels or face the fear of crippling complications. The discovery of a biological cure—restoring natural insulin production to normalize blood sugar levels—would free patients from the daily demands of this disease.

Parents like **Jenn and Jared Tacher** of Pembroke Pines, FL, whose three-year-old son, **Jace**, was diagnosed with type 1 diabetes just over a year ago, believe that one day their son will be free from the burdens of this disease.

"I just look into my son's eyes and I see a story of hope," says Jenn Tacher. "I definitely, definitely have a reason to believe in a cure for diabetes. There is hope; there's definitely so much work being done to help those who suffer."

Living insulin-free

Karla Edge, 50, of Pensacola, FL, is one such patient who has been living insulin-free for more than six years after receiving an islet transplant. Diagnosed with type 1 at age six, Edge is now living her dream and has a reason to believe in a cure.

"All they have to do is hear my story. I no longer have the problems, I don't have erratic blood sugars, and I have a second chance at life," she said. "I wish everyone with type 1 could have this."

Islet transplantation is a procedure where healthy islets are separated from a donor pancreas then transplanted into patients with diabetes. The transplanted islets replace the recipient's own insulin-producing islet cells that are required to normalize blood sugars—cells that have already been destroyed because of the



Jace Tacher, 3, was diagnosed with type 1 diabetes a year ago.
PHOTO: DIABETES RESEARCH INSTITUTE FOUNDATION

onset of diabetes. Instead of major surgery, the procedure, which is still experimental, is performed in a radiology suite under local anesthesia.

Signs of progress

Edge's story, together with those of dozens of other islet transplant recipients, is a testament to the progress being made toward a cure.

"The only sure way to not find a cure is to abandon the search for a cure," says **Dr. Camillo Ricordi**, Scientific Director at the Diabetes Research Institute. "This doesn't mean we're promising that there will be a cure tomorrow or next year or in two years."

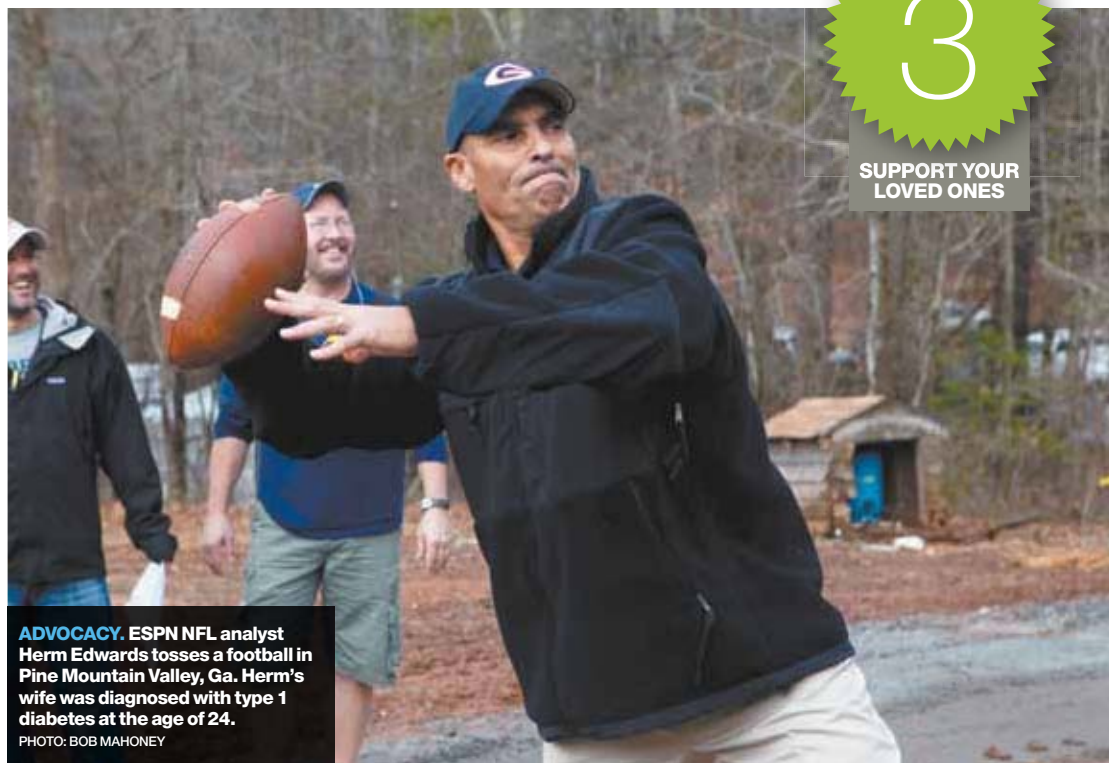
In fact, the pace at which research is moving forward has never before offered such promise, says Dr. Ricordi.

"It's really bringing the collaborative spirit and the search for a cure to the global level, bridging expertise and disciplines, where one advancement in diabetes can help other autoimmune diseases and vice versa," explains Dr. Ricordi.

Tomorrow isn't soon enough to cure the millions of children and adults living with diabetes worldwide. With the necessary support, we will be able to realize our goal much sooner.

NELLY NITRAM

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ADVOCACY. ESPN NFL analyst **Herm Edwards** tosses a football in Pine Mountain Valley, Ga. Herm's wife was diagnosed with type 1 diabetes at the age of 24.
PHOTO: BOB MAHONEY

STEP

3

SUPPORT YOUR
LOVED ONES

Coach gets a lesson

Sports commentator and former NFL player and coach Herm Edwards talks about his wife Lia and what he learned after she was diagnosed with type 1 diabetes.

Why are you playing such an active role as a diabetes advocate even though you do not personally suffer from type 1 or type 2 diabetes?

■ My wife Lia wasn't diagnosed with diabetes until she was 24 years old. She was a woman who was very athletic, just going about her way in life thinking everything was fine.

We were at football camp when it hit her. We just thought she was hot. I told her to drink a lot of water, and then she passed out. We had to rush her to the hospital. When we got to the hospital they started running tests and they told her she couldn't leave. In the morning, they told her that she had type 1 diabetes.

What were your initial concerns when you discovered your wife had type 1 diabetes?

■ At that point in time, the thing that was really concerning was that my wife was scared to death of needles. The doctor told her she needed to prick herself every

day. She looked at me and I looked at her and I turned to the doctor and said, "Oh no, this is not good!" I actually had to prick myself with the needle first to show her that it was ok because she was so scared.

When Lia found out that she had diabetes, what happened? How did she feel?

■ Well, she was in shock. She was wondering, "How could this happen to me?" I'm in good shape, I don't drink. It's just one of those things that happen and you can't figure it out. Once she got a hold of it, she made sure she was going to fight it. Diabetes wasn't going to win. Diabetes wasn't going to prevent her from doing the things she wanted to do.

What can you do if you are not someone who suffers from diabetes?

■ You need to learn more and educate yourself. We all try to live a life of convenience, and people who suffer from diabetes are living with an inconvenience. Until we find a cure for this disease, they will continue to be held captive.

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INSIGHT

Highlighting the heroes of diabetes

Nearly 26 million Americans from children to adults have diabetes, and up to 79 million more are at risk for type 2 diabetes.

Recent estimates project that as many as one in three American adults will have diabetes in 2050 unless we take steps to Stop Diabetes®.

Diabetes is a serious epidemic facing not only our nation, but the world. It is the leading cause of blindness, kidney disease and amputations, plus it doubles your risk

“Diabetes is a serious epidemic facing not only our nation, but the world.”



Elizabeth Mayer-Davis, MSPH, PhD, RD
President, Health Care & Education
American Diabetes Association

of heart attack and stroke. But knowing the signs and symptoms of diabetes, both type 1 and type 2, can help with early detection and treatment. Type 2 diabetes and many diabetes complications can be prevented or delayed with lifestyle intervention.

November is American Dia-

betes Month®, a time to rally individuals, communities and families to Join the MillionsSM in the movement to Stop Diabetes.

Make the pledge

American Diabetes Month activities will document how the disease affects the lives of millions of Americans and will recognize individuals who are furthering the organization's movement to Stop Diabetes. The Facebook-based effort also asks people to “Raise their Hand to Stop Diabetes” by making a personal pledge to take action against this deadly disease.

For the past 35 years, the American Diabetes Association

has used the month of November to highlight the devastating impact of diabetes on individuals, communities and the nation as a whole. This year, the Association will spotlight individuals who are making valuable contributions in the fight to Stop Diabetes. From outspoken advocates and community leaders to medical professionals and celebrities who battle this disease every day, the stories of triumph and perseverance culminate on Facebook, where anyone can join the cause.

Now is the time to act.

ELIZABETH MAYER-DAVIS,
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↓ FACTS

The cost of diabetes

The American Diabetes Association estimates that the total national cost of diagnosed diabetes in the U.S. is \$174 billion.

■ Direct medical costs reach \$116 billion, and the average medical expenditure among people with diabetes is 2.3 times higher than those without the disease.

■ Further published studies suggest that when additional costs for gestational diabetes, prediabetes, and undiagnosed diabetes are included, the total diabetes-related costs in the U.S. could exceed \$218 billion.

■ The cost of caring for someone with diabetes is \$1 out of every \$5 in total healthcare costs.

SOURCE: The American Diabetes Association

In the next 24 hours, diabetes will claim the lives of 200 Americans.

That's 1,400 friends, neighbors,
co-workers or family members
every week.

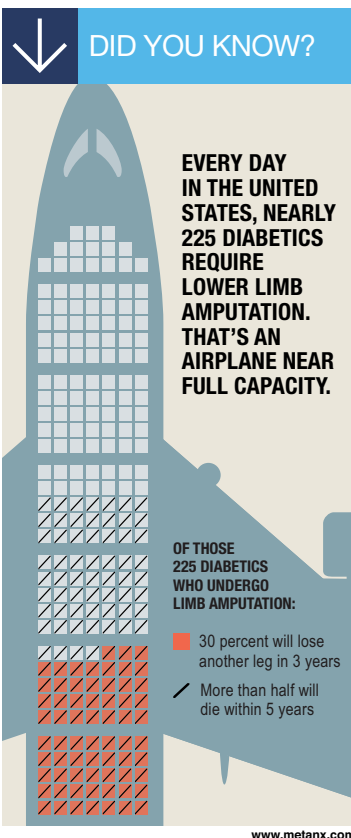


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NEWS



Early signals from the diabetic foot

Has your doctor removed your shoes and socks?

Foot problems are the greatest burden of all chronic complications among diabetes patients. Diabetic Peripheral Neuropathy (DPN), also known as nerve damage, is the primary factor leading to diabetic foot ulcerations where one in six diabetes patients will require an amputation. Additionally, DPN limits mobility, impairs sleep, and seriously affects overall quality of life. DPN is a progressive disease and damage actually starts well before the person notices any loss of feeling or pain.

DPN is the most common diabetes complication, estimated to affect almost 90 percent of all diabetes patients. Unfortunately,

while virtually all primary care physicians work to manage their diabetes patient's blood glucose levels, fewer than half take the time to remove their patient's shoes and socks and inspect the diabetic foot.

Look for signs and symptoms

Signs and symptoms can include dryness of skin (no sweating), numbness, prickling, tingling, aching-burning-lancinating pain, and unusual sensitivity when feet are touched. Many patients struggle with severe symptoms at night. Only about one-third of diabetes patients experience significant pain symptoms—without pain, a future foot injury may go unnoticed and become seriously infected.

Professor **Rayaz Malik** of Royal University in Manchester, England,

“DPN is the most common diabetes complication, estimated to affect almost 90 percent of all diabetes patients.”

explains the progression of the diabetic foot: “The primary factors appear to be damaged nerve fibers and diseased blood vessels. Hyperglycemia is directly involved, causing oxidative stress, loss of cell function and—ultimately—nerve death.

“Diabetic neuropathy poses significant difficulty in diabetes patient management because current medications cannot alter the natural progression of the disease. The ideal therapy should prevent the progressive loss of nerve fibers,

improve symptoms and have no side effects.”

Certain therapies are under study that may have significant potential such as alpha-lipoic acid (an antioxidant) and Metanx® (a prescription medical food for the dietary management of endothelial dysfunction in DN patients).

“It is imperative that we find an effective means to alter the progression of diabetic neuropathy rather than merely mask the pain symptoms with palliative drugs,” says **Andrew Boulton**, M.D., Professor of Medicine, Universities of Manchester and Miami.

Diabetic patients will stand for nothing less.

NELLY NITRAM

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NEWS

A customized approach to weight management

Individual weight-loss intervention shows benefits for diabetic patients.

The premise seems straight out of a reality show pitch: follow a group of type 2 diabetes patients on a weight-loss journey based on lifestyle change that includes one-on-one contact for nutrition, physical activities and meal replacements consultations.

It may not include the dramatic stories or giant scales, but it's part of an on-going National Institutes of Health study called Look AHEAD, which has been following patients

for ten years. Mid-point results for the study showed positive results for a more personal approach. The study concludes in 2012 and tracks the often-neglected need for continued progress in weight-loss approaches.

Look AHEAD focuses on the influence of long-term weight loss on existing diabetic patients and reductions on associated risks of heart and blood-vessel disease. Participants ages 55 to 75 diagnosed with type 2 diabetes worked with staff at 16 centers around the country. Half received intensive personal meetings on diet

and physical activity. Meetings took place weekly for the first six months, three times a month for the remainder of the year and once a month for the next three years. The contrasting group participated in three group support meetings each year. While these gatherings provided broad information regarding the importance of nutrition and exercise, they did not include individual weigh-ins or personalized goal discussions.

Significant improvements

Those participating in frequent individual care showed significant improvements in weight—with an average loss of eight percent, fitness, glycemic control, blood pressure, HDL-C and triglycerides in contrast to those participating in the group

meetings. After adjusting for medication use, the two groups' LDL-C changes did not show a significant difference.

While the battle of weight-loss maintenance continues, the long-term nature of this study focuses on this challenge. Whereas participants regained approximately 25 percent of weight lost between the first and second years and 20 percent between the second and third years, the encouraging news falls between years three and four, which showed only an eight percent regain. These figures point to a gradual regain reduction when coupled with intensive, individual weight-loss interaction and lifestyle change.

WENDY TAYLOR

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TIPS

Your healthy holiday plate

Vegetables

■ Fill ½ of your plate with vegetables, such as carrots and green beans. Avoid casseroles or dishes that have heavy creams, sauces, butter or crusts.

Grains

■ Fill ¼ of your plate with starches such as mashed or baked potatoes, rice pilaf, or sweet potatoes. Skip the bread or rolls.

Protein

■ Fill ¼ of your plate with lean meat (approx. 3-4oz). Avoid dark meat, and remove the skin from meat before eating.

SOURCE: THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS

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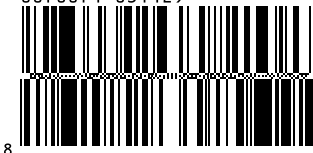
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NEWS



TIPS

Your holiday survival guide

People with diabetes should not feel deprived during the holidays. It is possible to enjoy the holidays, eat the traditional foods, and keep blood sugar levels stable by employing a balanced approach to the traditional holiday meals.

Below are tips on how to enjoy holiday meals in a healthy way.

→ Don't skip meals or snacks earlier in the day to "save" calories and carbs for the meal later on. If you skip meals, it may be harder to manage your blood sugar.

→ Limit the number of grains (starches) on your plate. It might be tempting to have some mashed potatoes, sweet potato casserole, and stuffing--however, limit them to ¼ of your plate.

→ Choose raw fruits and vegetables. Avoid vegetables in creams, gravies, and butter.

→ Have a dessert, but take a small portion, eat slowly, and enjoy the taste.

→ After your meal, take a walk with family and friends. Exercise will also get you moving, keep you focused on your goals, and give you a welcome break from being surrounded by treats. Exercise is also a great way to lower blood sugar levels.

SOURCE: THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS



FELINE FRIENDS. Elizabeth J. Colleran, DVM, AAEP President 2011 Chico Hospital for Cats tending to patients. It is important to monitor any abnormal behaviors in your feline and discuss them with your veterinarian. PHOTO: DR. ELIZABETH COLLERAN

Your cat can be diagnosed with diabetes too

November is National Diabetes Awareness Month, which is meant to promote diabetes awareness and understanding. Cats are no exception!

With the increasing diagnosis of diabetes in cats, it is important that pet owners understand the signs and symptoms of diabetes, which left untreated can significantly reduce the lifespan and quality of life for cats.

If your cat does not currently have diabetes, it is still important to understand the signs of disease and to also make sure that your cat receives annual veterinary wellness visits and preventative care. More frequent examinations are recommended for seniors and those with medical or behavioral conditions. Regular wellness visits can help diagnose diabetes and other illnesses in the early stages. Early detection is the key to good treatment and positive outcomes.

If diabetes is suspected, your veterinarian will run tests to determine the glucose (blood sugar) levels in the blood and urine in order to make a diagnosis of diabetes mellitus. A cat's blood sugar can rise when the cat is stressed, which for many is elevated just by getting into the carrier and going to the veterinary practice. Your veterinarian can determine whether elevated glucose is truly diabetes or not.

Some cats will let you test at home with a glucometer, so be

sure to keep a log regarding feeding schedules, insulin administration and glucose levels found. Testing at home can be stressful to many cats and owners, so be sure to discuss all options with your veterinarian. Exercise and diet are very important as well. Optimal dietary management for diabetic cats is a high protein and low carbohydrate diet. In some cats, weight loss and diet alone can resolve diabetes. Obese cats will have to lose weight in order to achieve good regulation

and should not lose more than two percent of their weight per week.

Work with your veterinarian

Each cat needs a different treatment plan that may be adjusted as time goes on. Work with your veterinarian to develop a treatment plan that will help keep blood sugar levels at an appropriate range throughout the day. It is important to attend regular veterinary visits so you and the healthcare team can actively participate in your cat's treatment plan. You should also talk to your veterinarian about any changes in behavior, as well as concerns or questions you have along the way. Feline diabetes can be managed. It will require a commitment by you to actively engage in assuring a quality of life for your beloved cat.

FACTS

We all love our pets and must understand that diabetes prevention and management are critical for optimal quality of life. Some signs of feline diabetes include:

Early symptoms

- Increased eating
- Reduced grooming
- Excessive drinking and urination
- Weight loss

Later symptoms

- Decreased eating
- Vomiting
- Dehydration
- Weakness/Lethargy
- Ultimately coma/death will occur if untreated

SOURCE: American Association of Feline Practitioners (AAFP)

ELIZABETH J. COLLERAN, DVM
editorial@mediaplanet.com

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Boehringer
Ingelheim

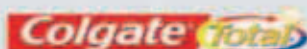
Something to Smile About

The American Diabetes Association's National Strategic Partners

In the movement to STOP Diabetes®, the success of our mission, to prevent and cure diabetes and to improve the lives of all people affected by diabetes depends on millions of individuals, families, communities and corporations collectively working together.

We are pleased that corporate America has joined the millions in the movement to Stop Diabetes® by rallying employees to participate in our signature events, helping us increase awareness about the seriousness of diabetes and providing much-needed funds for research, education, outreach and advocacy.

The American Diabetes Association proudly recognizes our 2011 National Strategic Partners, whose commitment to stopping diabetes gives us hope that one day we will put an end to this disease. Now that's something to smile about!



To learn more about our National Strategic Partners visit diabetes.org/nsp.



American Diabetes Association

