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Mission Statement
Diabetes Health is the essential resource for people living with diabetes—both newly diagnosed and experienced—as well as the professionals who care for them. We provide balanced expert news and information on living healthfully with diabetes. Each issue includes cutting-edge editorial coverage of new products, research, treatment options, and meaningful lifestyle issues.

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In This Issue

Cover Story

18 225-Pound Weight Loss Helps Single Mom Beat Medication-induced Diabetes
- Annie Giddens had developed a hemorrhage on her optic nerve. Excess spinal fluid was building up inside her skull, causing symptoms that mimicked multiple sclerosis. It was a condition called pseudotumor cerebri that most often strikes morbidly obese women of childbearing age.

Feature

6 Prescription Overload: Why don’t some diabetes patients take their meds?
- When it comes to type 2 diabetes, faithfully taking prescribed medications has been shown to reduce hospitalizations and emergency room visits by 13 percent, according to a study published in 2012 in the journal Health Affairs.

Columns

Making a Difference
5 Letter From the Publisher
- Yes, Exercise Works for Type 2s

Ask Nadia
10 A Lot of Urinary Tract Infections

Living Well With Type 1 & Type 2

14 Living With Type 1:
- I Know Better

Research Reports

22 Collaborative Care With Pharmacists Improves Care for Type 2 Diabetes Patients
- Genetic Hyperglycemia Tied to Increased Coronary Artery Disease Risk

Business Brief

25 Slow-Release Carbohydrate Isomaltulose Offers A Low Glycemic Option

Food for Thought

23 Tomato Mozzarella Basil Salad
28 Sparkling Crème Soda

Diabetes Crossword Puzzle

29 Crossword Puzzle
- Test your knowledge to see how well you understand the articles in this magazine.

Crossword Puzzle Solution

30 A1 Chuckles

Cartoons

31 A1 Chuckles
Yes, Exercise Works for Type 2s

Here's an interesting scenario: A morbidly obese woman in her 30s develops symptoms of multiple sclerosis, which are later determined to be generated by a treatable condition called pseudotumor cerebri. The woman is put on a drug to treat her symptoms, but the drug induces type 2 diabetes.

Now she’s facing a scary double whammy: too much weight and diabetes. What can she do?

She begins to exercise heavily, learning challenging techniques that help her control her blood sugar levels and lose weight. Along the way she loses 225 lbs. Her weight loss is so dramatic that she is able to stop taking her diabetes medications.

See how she did it in “225-Pound Weight Loss Helps Single Mom Beat Medicine-Induced Diabetes” on page 18. Patient Annie Giddens’ story reinforces one of the central ideas of type 2 treatment: diet and exercise!

Pharmacists and health experts often point out that many patients cease taking or never take drugs they have been prescribed. Some of it is "pill fatigue," where keeping track of and consuming many different drugs becomes a discouraging drag. Or some drugs have unwelcome side effects like nausea. We take a good look at this phenomenon in "Prescriptions Overload: Why Don’t Some Diabetes Patients Take Their Meds?" on page 6.

Writing my column "Ask Nadia" has been a gratifying experience. The questions readers ask show the range of problems and concerns that accompany diabetes. These range from too high or too low blood sugar levels to sexual performance to false accusations of DUI (drunk-like symptoms from either hypoglycemia or hyperglycemia) to one that I discuss on page 10 of this issue: urinary tract infections. Diabetes makes the body try to purge excess blood sugar by increasing urination, which lines the urinary tract with extra glucose that is like catnip to certain organisms.

Meagan Esler, one of our type 1 correspondents, has always impressed us with her honesty about dealing with diabetes. In "I Know Better" on page 14, she describes the temptation to "know better" when it comes to where and how often she uses certain insulin injection zones of her body.

The search for extremely low-glycemic carbohydrates never ends! We profile a new slow-release carb, Isomaltulose on page 25. Expect to hear more about it in the next few months.

Don’t miss our Research Reports on page 22 and 24; short takes on studies that help us move ever closer to a cure for or remission of both type 1 and type 2 diabetes.

Have a wonderful summer.

— Nadia Al-Samarrie  Founder, Publisher, and Editor-in-Chief
Rick Bower keeps the prescription drugs he’s given up on in a shoebox beside his bed. The last time he looked, it contained 37 bottles.

His current lineup of pills he takes daily, to help control his type 2 diabetes and other health problems such as insomnia, are kept in a separate container. When he loses faith in a drug, either because it doesn’t seem to be helping or causes unwelcome side effects, then that bottle goes in his discard box.

Pills targeting problems that appear to have gone away, at least for the time being, such as the Verapamil he used to take for high blood pressure, go in the same box.

Every so often he purges expired medications, which he takes to a drug disposal drop-off site near his home. But he doesn’t throw his old drugs away, because occasionally he will have a flare-up of some condition he thinks he has medication for, and he will search the box for something that might help.

The trouble is, unless he has written on the bottle what the drug is for, such as one marked “chest pain” in black marker, then he may not find what he’s looking for.

Bower knows his doctors would disapprove of his methods.

“But by the time you get up to 15 to 20 pills a day, you forget what some of them are for,” he says.

In the morning scramble to get to work, he prioritizes those he relies on most. Pills farther down the list eventually wind up in the shoebox.

The 67-year-old Markle, Ind., man is hardly the only one who doesn’t stick with the medications his physicians prescribe. According to data from PrescribeWellness, a software company serving community
pharmacists, 12 million prescriptions for chronic medical conditions were written, filled and then abandoned in the month of January alone. Of those, 3.2 million were one-time prescriptions for new medications.

“We know from analyzing our data that every month in the United States there are approximately 200 million pills that are picked up at pharmacies and never consumed,” says Sean Power, vice chairman of PrescribeWellness. “These extra pills are either stockpiled in cabinets or flushed down the toilet. We also know that non-adherence to medications for chronic medical conditions is a $300 billion cost to the healthcare system each year.”

And that doesn’t even count those patients who never bother to pick up their prescriptions in the first place, a figure that some studies cite at up to 30 percent, depending on the medications involved.

When it comes to type 2 diabetes, faithfully taking prescribed medications has been shown to reduce hospitalizations and emergency room visits by 13 percent, according to a study published in 2012 in the journal Health Affairs.

So why don’t people take their medications as prescribed?

A lot of the things that get in their way “are completely understandable,” says Dr. Bill Polonsky, a clinical psychologist and certified diabetes educator who founded the Behavioral Diabetes Institute in San Diego. A drug regimen can be an inconvenient addition to a busy schedule filled with other priorities that might seem more pressing, especially in light of the long-term nature of the disease. Because there is no immediate, tangible benefit to taking the drug, it may be hard to balance the importance of doing so against any perceived skepticism or fears they may have.

“We know from analyzing our data that every month in the United States there are approximately 200 million pills that are picked up at pharmacies and never consumed,” says Sean Power, vice chairman of PrescribeWellness.”
“A bigger, more insidious problem is that people tend to measure how healthy they are in terms of how much medication they take,” he said. Viewed that way, their goal is always to reduce the number of meds. “But it’s not the amount of medicine you’re taking that’s the problem; it’s how high the blood sugar is.” According to Polonsky, a major indicator for how diligently people take their medication is how much they trust their doctor. At the institute, he advises doctors to treat patients respectfully to earn their trust.

“Can we take our hands off the doorknob and sit for a couple of minutes and listen to their concerns?” he asked. “The other thing is, if you’re concerned about whether a patient is taking their meds, take out a piece of paper and lay out the pros and cons for them. It may take a few minutes, but it’s worth it.”

As for patients, Polonsky says the most important thing they can do is to find a doctor they can be honest with, so they can find real solutions to their problems rather than simply telling the doctor what they think he or she wants to hear.

As for patients, Polonsky says the most important thing they can do is to find a doctor they can be honest with, so they can find real solutions to their problems rather than simply telling the doctor what they think he or she wants to hear.

Bower, the type 2 diabetes patient from Indiana, says he sometimes gets frustrated trying to coordinate the instructions and prescriptions from four or five different specialists. At one point, he wound up with duplicate prescriptions when metformin was prescribed by two different doctors to help control his blood sugar.
“What I really need is a doctor who organizes the other doctors,” he says.

Still, he thinks all of his doctors really do try their best to get a handle on his evolving list of conditions and the medications he takes for them. He tries to help by taking a cell phone photo of the pill bottles in his current daily lineup before each appointment.

“I haven’t found anything that works for neuropathy,” he says. But after trying different drugs, he continues to take the Gabapentin he was most recently prescribed because he hopes that may at least prevent it from getting worse.

He also makes a point of talking candidly with his doctors about when he’s stopped taking a drug, and why.

Metformin, for instance, gave him diarrhea, so he couldn’t bring himself to take it every day. His diabetes doctor has since recommended Tradjenta. Bower won’t know for sure if it’s doing its job until his next A1c test, but at least it doesn’t appear to be causing any problems.

He hopes this drug stays in his daily lineup, instead of going into his discard box.

“I haven’t found anything that works for neuropathy,” he says. But after trying different drugs, he continues to take the Gabapentin he was most recently prescribed because he hopes that may at least prevent it from getting worse.
Dear Nadia:

I am a type 2 who was diagnosed 10 years ago. I have a lot of urinary tract infections and they are painful. Any advice on why this keeps happening?

—Margaret

Dear Margaret:

One of the most dramatic symptoms of diabetes is the need to urinate frequently. This is because the body is trying to rid itself of excess glucose. If your diet is high in carbohydrates and sugar, it could be that your body is trying to do all it can to expunge the glucose.

One common result of excess urination is an infected urinary tract. Urine’s high glucose content becomes a good source of nutrition that allows yeast infections to thrive.

Diet, sex and new sexual partners can lead to chronic yeast infections.

COMMON YEAST INFECTION

One of most common yeast infections in type 2s is caused by candidiasis, a yeast “family” that has 20 variations. One of them, candida albicans, is a known agent in urinary tract infections. Yet despite general medical knowledge about candida albicans and how to treat it, it almost always goes undetected by healthcare providers.

One reason for that lack of detection is that most people who have candida albanicans in their system are asymptomatic. It turns out that candida is less an agent of infection and more of what is called a “commensal,” an organism that lives within another organism without giving or taking any benefit. The host,
When The Wall Street Journal quoted a major public figure who called Diabetes Health the best weapon against diabetes, what did he say?

Former Chrysler Motors President Lee Iacocca said: “Diabetes Health magazine provides the best, most unbiased information to the diabetes community. I highly recommend it.”

What makes Diabetes Health different from any other publication out there?

Diabetes Health magazine is a lifestyle publication for those living with diabetes or the people who care for them. Whether newly diagnosed or experienced with diabetes, readers are delighted and impressed by the articles written by people living with type 1 and type 2 diabetes.

Other contributors include family members who care for those with diabetes. In fact, our founder and publisher, Nadia Al-Samarrie, was not only born into a family with diabetes, but also married into one. Nadia's articles are published nationally online by many news outlets. She has also been featured on ABC, CBS, NBC, and Fox television on “America's Premiere Experts.”

Nadia was propelled at a young age into “caretaker mode,” and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded Diabetes Interview—now Diabetes Health magazine.

With Nadia’s leadership, Diabetes Health magazine was nominated for “Best in Health” by the Western Publishers Association in 2004 and 2014.

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infections can damage your kidneys if untreated.

It might be helpful to create a list of your symptoms and past treatment(s) for your infection and take it on your next visit to your healthcare provider. Be sure to ask about candida as a possible source of your recurring infections.

Your healthcare professional may prescribe an antibiotic to prevent kidney infection.

It turns out that candida is less an agent of infection and more of what is called a “commensal,” an organism that lives within another organism with giving or taking any benefit. The host, which is usually an agent of infection, offers candida a nice place to shelter and avoid attention from all but the most thorough doctors.

(Another factor, which probably doesn’t apply in your case, is being on a catheter. Catheter use can invite infection—an unfortunate side effect of multi-day or week stays at hospital or clinic.)

COMPLICATIONS FROM URINARY TRACT INFECTIONS
Chronic urinary tract infections can damage your kidneys if untreated.

Your healthcare professional may prescribe an antibiotic to prevent kidney infection.

Nadia

Disclaimer:
Nadia’s feedback on your question is in no way intended to initiate or replace your healthcare professional’s therapy or advice. Please check in with your medical team to discuss your diabetes management concerns.
Ask Nadia and receive her unique perspective on your question.

Email Nadia at asknadia@diabeteshealth.com

Nadia’s Videos can be viewed on DiabetesHealth.Com/Videos

About Nadia:

Nadia was not only born into a family with diabetes but also married into one. She was propelled at a young age into “caretaker mode,” and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded Diabetes Interview, now Diabetes Health magazine.

Nadia has received 19 nominations for her work as a diabetes advocate. She has been featured on ABC, NBC, CBS, and other major cable networks. Her publications, medical supply business, and website have been cited, recognized and published in the San Francisco Chronicle, The Wall Street Journal, Ann Landers advice column, former Chrysler chairman Lee Iacocca, Entrepreneur magazine, Houston News, Phili.com, Brand Week, Drug Topics, and many other media outlets.

Nadia was not only born into a family with diabetes but also married into one. She was propelled at a young age into “caretaker mode,” and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded Diabetes Interview, now Diabetes Health magazine.
It was nearly two decades ago. I was driving my Ford Mustang late one night when I spotted flashing red and blue lights behind me. I quickly pulled over and waited for the officer. A female police officer appeared and commented that I “must be in a big hurry to get somewhere.” She was gruff and seemed ticked off. I was shaky from my nerves (I’d never been pulled over for speeding before and the speed limit in this area was lower than I had thought). She asked for my license and I quickly handed her my wallet, which also held my badge from a neighboring police department since I was a 911 dispatcher there. I blurted out, “I know Barb,” who was a 911 dispatcher from her department that I’d met during a lunch with some officer friends. I immediately regretted saying that, using the friendship to try to weasel out of a ticket and I said, “I’m sorry. I should have said that I know better.” She handed back my wallet, playfully punched my arm and said “No problem pal, have a good night!” and left. I had been insanely lucky, but I felt guilty.

It’s funny that we decide to push the limits sometimes. I’m not sure how fast I was going, it truly didn’t seem that fast, but it was fast enough to get into trouble. I feel like I follow some of those same behaviors when it comes to my type 1 diabetes. I’ve had diabetes for a little more than those two decades now. I was living much more dangerously with my diabetes back then and I always seemed to learn my lessons the hard way.

The sporty little Mustang is long gone, now replaced by a family friendly SUV. I don’t feel like I live dangerously anymore, though with work and everything on my plate, I sometimes still make poor choices when it comes to my diabetes. I found
myself with a huge knot on the back of my hip the other day. It was my favorite spot for injecting my large, long-lasting, insulin injections and it had caught up with me. It was painful and I knew that the insulin absorption was nil to say the least. I grabbed my husband’s hand one night as we stood outside and gazed at the stars and placed it on the spot. He quickly said, “Wow, you need to rotate sites.” Of course I knew that, but I had stubbornly used the comfortable spot until it was entirely unusable.

I began rotating more and more. Soon the spot went down. I knew not to return to it too quickly for fear that it would return. I began using the side of my thigh which had been the unfortunate location of another hard lump, years earlier from overuse. The lump had been gone since I hadn’t used it in so many years, but after a few days of using my leg I developed a big painful knot. I began using my arms and other leg more. I saw glorious blood sugars from my usual shots which told me what I should have known long ago, that my old favorite insulin spot had not been absorbing well. I am getting nervous that I’m going to run out of spots to comfortably inject. I take a total of 7 – 8 injections a day and running out of good absorption real estate on my body seems more and more likely.

I’ll keep rotating and trying to play it safe. I know better than to inject in the same spot all the time, just as I know better than to break the law. And just as I felt guilty that night long ago, I feel guilty when I mess up with my diabetes. I know better.
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It wasn’t until watching an episode of “Dr. Oz” that she finally confronted the reality of her situation: Her father had died at 42 of a cerebral aneurysm caused by hypertension and atherosclerosis. At 35, her health problems were escalating, along with her weight. She couldn’t bear the thought of missing all her sons’ milestones that her dad had missed with her.

“I just laid on my bed and cried,” says Giddens, now a clinical coordinator at a hospice in Fort Wayne, Ind. “My two boys are my whole world.”

Seven years and 225 pounds later, Giddens is now 42, the same age her father was when he died. A CrossFit competitor who can deadlift 325 pounds, she’s in the best shape of her adult life.

Best of all, she’s off her meds and no longer has to worry about either diabetes or pseudotumor cerebri.

“My blood work,” she says, “is about as good as it gets.”

Giddens’ transformation started when she signed up for Weight Watchers Online in January 2010.

“I did these 10-minute dance videos,” she remembers. From there she moved on to...
zumba and “Biggest Loser” videos. She started doing yard work, losing seven pounds in one week while digging a fire pit.

Giddens lost more than 100 pounds on Weight Watchers. Though still overweight, it was enough to reverse both her diabetes and the spinal fluid buildup in her skull.

Gaining momentum, she began waking at 4 a.m. to squeeze in two-hour workouts at the YMCA before work. The former high school swimmer and tennis player hired a personal trainer. From there, she moved on to CrossFit.

“One of the first workouts I did there was called the ‘Murph,'” Giddens says. “It’s one of the most grueling workouts. But I just loved it. I knew I’d found what I’d been looking for.”

Giddens’ weight loss hasn’t been a smooth downhill trajectory. At one point, during a stressful period, she put 55 pounds back on. But she regained her momentum, and in May 2016 she accomplished something she never thought possible: Hoisting herself up to complete a pull-up at a CrossFit competition.

“We were so excited, screaming and yelling and celebrating,” that it never even occurred to her to try for more until her teammate reminded her. She wound up doing 11 reps.

These days she gets nutrition coaching from a friend who works for a company called Performance Macros.

“You can eat what you want,” she explains. “But it has to fit your macros” – target macronutrient numbers that in her case total 46 grams of fat and 175 grams each of protein and carbs per day.

“So I can have a little Snickers bar, but then I have to adjust how many grams of sesame oil I get to cook with that night.”

Gaining momentum, she began waking at 4 a.m. to squeeze in two-hour workouts at the YMCA before work. The former high school swimmer and tennis player hired a personal trainer. From there, she moved on to CrossFit.
A planner who does all her prep cooking on Sundays, Giddens’ menu doesn’t vary much during the week. She weighs all her food “down to the gram,” including the 5 grams of coconut oil she puts in her morning coffee. She puts extra gelatin in her sugar-free Jell-O to get more protein for less calories.

Currently following an intermittent fasting schedule, she doesn’t eat her first meal until 1 p.m. She then eats another small meal at 3 p.m., followed by a protein bar both before and after her 4:30 p.m. CrossFit workout. A typical dinner: 7 ounces of boneless pork loin with 100 grams each of sweet potatoes and broccoli, and 300 grams of spaghetti squash. On Sundays, she indulges in Halo Top, a low-carb, high-protein ice cream.

Giddens is still getting used to her new body. She doesn’t see what others do when she looks in the mirror.

“I don’t know how to accept compliments sometimes,” she admits. “I still feel like clothes are going to be too small when I put them on, even if I’ve worn them before.”

But she’s proud of what she’s accomplished, and loves that her sons, now in high school and college, are proud of her, too.

Though she’s reached her weight-loss goal, Giddens wants to keep getting stronger and faster, and for that there is no finish line.

“One of the things I fell in love with about CrossFit is that the focus is more about what your body can do as opposed to the aesthetic of it,” she says. “I found my people.”
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Collaborative Care with Pharmacists Improves Care for Type 2 Diabetes Patients

Those who have been diagnosed with type 2 diabetes receive better care when they are treated by a multidisciplinary collaborative care team, a study revealed. These findings were reported by the National University of Singapore, which conducted a six-month trial with patients selected from four health institutions. These patients were over 21 years old and had been diagnosed with polypharmacy, comorbidities, and uncontrolled type 2 diabetes. A total of 411 patients were placed in the study.

One group of patients served as the control team and continued their healthcare as normal. The other group received additional care from their pharmacist. In total, those receiving multidisciplinary collaborative care saw an improvement on their A1c. Pre-trial A1c averaged 8.6% with a deviation of 1.5%, while post-trial A1c averages showed 8.1% with a deviation of 1.3%. Those with higher A1c levels showed up to a 0.8% improvement. Individuals in the control group had no significant A1c changes.

These findings were published in *Journal of Clinical Pharmacy and Therapeutics* on April 27, 2017.

Genetic Hyperglycemia Tied to Increased Coronary Artery Disease Risk

Research has found that a genetic predisposition for hyperglycemia increases the risk of developing coronary artery disease. This is independent of certain coronary artery disease risk factors like type 2 diabetes.

The study was completed at the Center for Genomic Medicine at Boston’s Massachusetts General Hospital. Researchers performed a randomized analysis using data from studies on coronary artery disease and fasting glucose. It was found that a 1 mmol/L increase in fasting glucose was associated with a 43 percent increased risk for the development of coronary artery disease among patients with a genetic predisposition for hyperglycemia.

These findings were published in *Diabetes Care* on March 15, 2017.
Tomato Mozzarella Basil Salad

Nadia Al-Samarie

Here is a salad or side dish for all occasions. It's healthy and takes 10 minutes to prepare. Serves 4.

INGREDIENTS
2 raw medium tomatoes
5 oz of fresh Mozzarella
10 sprigs of fresh Basil
4 oz of Olive Oil
1/4 teaspoon of Sea Salt

DIRECTIONS
Place Mozzarella in the center of the plate. Cut tomatoes into medium slices. Blend in a processor, a quarter cup of olive oil with 10 springs of basil. Drizzle the blended olive oil and basil on the cheese and tomatoes. Lightly salt the tomatoes and cheese over the drizzled olive oil and basil. Garnish the centerpiece with basil leaves to create a beautiful salad.

TIPS
Organic ingredients enhance the flavor and texture of the salad - especially the tomatoes.

Nutritional information:
Calories 60.1; Protein 2.0g; Fat 4.8g; Carbs 2.5 g; Cholesterol 3.8 mg; Sodium 147.5 mg; Dietary Fiber .05 g
A new study completed at the Université de Sherbrooke in Quebec recently found that patients with diabetes and depression are at an increased risk for diabetes therapy non-adherence. This is especially true if they have a history of noncompliance before the depression diagnosis.

Depression is tied to low diabetes self-care, including adherence to drug treatment protocols. Researchers found that among patients with both diabetes and comorbid depression, certain groups were at a high risk for non-adherence. These included younger patients and patients who changed their initial diabetes treatment to a combination of oral drugs plus insulin.

These findings were published in the Journal of Diabetes and Its Complications on March 17, 2017.

A new study has found that people with diabetes who are also battling breast cancer could live longer if they receive metformin treatment. Metformin is a drug commonly prescribed for type 2 diabetes, but previous studies have shown it may improve health outcomes for cancer patients, especially those who are treated with insulin.

In this study, 260 people with diabetes received metformin treatment, while 186 did not. The patients who were treated with metformin had better health outcomes in regards to their cancer than the other participants. Metformin also had a positive effect on breast cancer patients that use insulin to treat their diabetes.

These findings were published in the Journal of Clinical Oncology on March 13, 2017.
Slow-Release Carbohydrate Isomaltulose Offers a Low Glycemic Option

Clay Wirestone

Carbohydrates are likely both beloved and loathed by people living with diabetes. Carbohydrates taste great, are our main source of energy and the only nutrients that directly impact our blood sugar level. The latter is a cause for concern, especially for people with diabetes, when resulting in a high and unbalanced blood sugar level.

But what if there was a carbohydrate out in the wild that is naturally derived and fully available with low glycemic benefits? We found one, and the substance’s brand name is Palatinose™. It’s known more generally as isomaltulose, and it offers a fascinating blend of benefits.

First off, it’s derived from the sugar beet. No test-tube origins here. Secondly, it actually provides the same overall energy as an equivalent amount of sugar or starch, but it’s absorbed much more slowly by the body.

How much more slowly? According to researchers, its digestion by our body’s enzymes is some four to five times slower compared to sucrose.

And as you well know, that delay makes all the difference. When it takes longer for the carbohydrates to be absorbed, blood glucose levels do not rise that much, benefiting the subsequent improved metabolism. This is especially true for Type 2 diabetics, who can experience increased insulin resistance when frequently consuming large amounts of simple, quickly digested carbohydrates.

But what if there was a carbohydrate out in the wild that is naturally derived and fully available with low glycemic benefits? We found one, and the substance’s brand name is Palatinose™.
But isomaltulose doesn’t just benefit those with Type 2 diabetes. Its slow-release effects, as shown in multiple scientific studies, can also benefit patients with Type 1 diabetes. How? It can provide a useful support while exercising, for example. That long-lasting energy release could help to stabilize blood sugar levels while exercising and thereafter, and might prevent the need for some emergency glucose tablets.

It’s important to note, of course, that just because a carbohydrate like isomaltulose offers such broad benefits, you shouldn’t double the consumption of foods containing it. The key is never to use such an aid as an excuse for binging.

WHERE CAN YOU FIND ISOMALTULOSE?
It is available in a variety of sports nutrition products. You can find it in Gatorade Prime® and Soccer Formula drinks, CR7 Drive, Now® Sports ‘Carbo Endurance Powder’ and ViSalus PRO® drink mix. It’s also part of Nth Degree low glycemic index performance drink and Chasing Rabbits®, natural energy beverage.

In terms of products aimed at diabetics, isomaltulose can be found in Glucerna® 1.2 Cal and Glucerna® 1.5 Cal, two specialized nutrition products for enhanced glycemic control.

People with diabetes who are careful about what they put in their body, have to be picky about the sources of carbohydrates consumed. Isomaltulose gives you another option.
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SPARKLING CRÈME SODA

Serves: 1

Ingredients:
8 oz. sparkling water
4 drops SweetLeaf® Liquid Stevia Vanilla Crème Sweet Drops™
2 drops SweetLeaf® Liquid Stevia Root Beer Sweet Drops™

Directions:
Simply mix all ingredients together and enjoy!

Nutritional information:
Per serving: 0 calories; 0 g protein; 0 g carbohydrates; 0 g total fat; 5 mg sodium;

Recipe courtesy of SweetLeaf.com
DIABETES HEALTH CROSSWORD PUZZLE

Test your knowledge to see how well you understand the articles in this magazine.

If you would like to sign up to receive a weekly puzzle, please email puzzle@diabeteshealth.com. In the subject area write "add me to your weekly word puzzle list." If you would like us to create a puzzle for you and our players, send your 8 words to puzzle@diabeteshealth.com and we will post your challenge online. In the subject area write "create my special word puzzle." We can all have fun posting and solving your word puzzles.

Across:
2 People living with breast cancer can benefit from taking this type 2 medication.
5 Medication used for high blood pressure.
7 Collaborative care with this healthcare team improves outcomes for people living with type 2 diabetes.
8 A genetic predisposition that increases the risk of developing coronary artery disease.

Down:
1 Most often strikes morbidly obese women of childbearing age.
2 Taking this has shown to reduce hospitalization and emergency room visits.
3 This behavior
4 A condition that makes you less likely to be less likely to take care of your diabetes.
6 Leads to medication induced type 2 diabetes.

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DIABETES HEALTH CROSSWORD SOLUTION

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If you would like us to create a puzzle for you and our players, send your 8 words to puzzle@diabeteshealth.com and we will post your challenge online. In the subject area write “create my special word puzzle.” We can all have fun posting and solving your word puzzles.
"I don't think this is what your doctor meant by lowering your carbs, honey."

"The juvenile diabetes support group put that one up."

"And then the big bear said, someone's been eating my sugar-free desserts."

"Hi, I'm Clarissa, the diabetes fairy."

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