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14 New Flu Drug Could Be a Game Changer
Nadia Al-Samarrie 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’s leadership has spanned 25 years, establishing the magazine as a preeminent consumer and professional resource. With our profound Web presence, Diabetes Health leads the way with an informative blend of content and technology, delivering Nadia’s enduring vision to investigate, inform, and inspire.

Nobody knows exactly how many people died from the Spanish Flu 100 years ago right near the end of World War 1 (1918). Estimates range from 50 million to 100 million deaths worldwide. Whatever the final body count was, the pandemic was easily the deadliest in human history.

Today we are fortunate that humanity’s medical expertise has advanced to the point where we can both anticipate and shield ourselves against most influenzas. But that ability shouldn’t make us complacent—especially people with diabetes.

That’s why this issue has a special 16-page pullout section on how people with diabetes can deal with the threat of flu, and why it’s important that they should. One of the best aspects of this topic is that flu vaccines are cheap and easy to get. Most healthcare insurance covers the cost of flu shots as a routine matter.

Flu isn’t the only health concern when it comes to diabetes. Our cover story, "Dental Care Deserves More Than a Brush-Off" on page 6, focuses on how diabetes can dramatically affect dental health and what clear steps you can take to lessen that threat.

On a more personal note, our interview with Bill Remak is inspirational. Along with his type 2 diabetes, Bill has squared off against a host of other dangerous medical conditions and has dealt with them with a powerful, innate optimism. See "Diabetes Advocate Rises Above Challenges of Chronic Disease" on page 9.

It’s never too early to begin preparing for the holidays that round out the end of the year—all of them occasions for falling off the dietary wagon. Add to that having to deal with intemperate weather across most of the US and you’re looking at a pretty tense season. Fortunately there some simple steps diabetic patients can take to counter cold and temptation, and we present them in "Weather and Lifestyle Tips for the Holidays" on page 26.

In my "Ask Nadia" column, I respond to a type 1 woman who seems to have the worst of two worlds: A 9.9% A1c, indicative of high blood sugars, yet frequent low blood sugars at night. What to do, on page 21.

There are many different approaches to managing diabetes, including spiritual. In "The Three-Pronged Approach to Health," page 15, guest type 2 writer Claire Lynch describes a spirit-focused management routine that has produced some very beneficial effects for her.

We probably could call these times "The Low-Carb Era." So we offer two low-carb-oriented articles, "Low-Carb Vegan Diet Offers Benefits" on page 25 and "Low-Carb Presto Noodle with Mushrooms and Cashews" on page 29. Eat, bubelahs!

— Nadia Al-Samarrie Founder, Publisher, and Editor-in-Chief
Unfortunately, dental treatment and vision care are rarely included in basic health insurance plans. I don’t know how insurance companies concluded that the eyes and the teeth are not parts of the body, but they managed it somehow. If you have diabetes, however, it’s especially important to realize that contrary to the rationalizations of insurance executives, both your eyes and your teeth require attention and care.

Most people with diabetes are aware of the importance of managing their diabetes to prevent vision problems. What many don’t realize, however, is that diabetes affects dental health. Both the American Diabetes Association and the America Dental Association tell us that people with diabetes are at higher risk for gum disease and other dental problems than people who don’t have diabetes.

**WHY ARE PEOPLE WITH DIABETES MORE AT RISK?**

People with diabetes are at higher risk for gum disease and dental problems because high blood glucose can make it difficult for the body to fight infection. High blood glucose is related to inflammation and dry mouth, which lead to gum problems, and it also increases dental caries (cavities) and tooth decay.

**WHAT IS PERIODONTAL DISEASE?**

Periodontal disease is the fancy name for gum disease. ("Perio" means “around,” and "dental" means “tooth.”) It starts as an infection of the tissues that support your teeth, which include your gums and the bone supporting your teeth, and it can eventually affect every tooth in your mouth. Inflammation is also involved, a process that at first helps you heal but just makes things worse if it goes on long-term.
THE TWO STAGES OF PERIODONTAL DISEASE: GINGIVITIS AND PERIODONTITIS

- Gingivitis is an inflammation of the gum tissue that occurs when an accumulation of dental plaque (a film of bacteria on teeth) reaches the margins where the gum tissue and the teeth meet. With proper care, gingivitis is reversible, but without proper care, it leads to periodontitis.

- Periodontitis is the advanced form of periodontal disease. Plaque spreads to the deeper tissues, forming “pockets” where the gums are not tight around the teeth. More bacteria can harden the plaque, creating tartar that can seat in these areas and leading to bone loss. Periodontal disease is treatable, but not reversible.

HOW DO I KNOW IF I HAVE GUM DISEASE?
Some people have symptoms, but many people don’t. If you have symptoms, you may notice that:

- Your gums bleed easily when you brush your teeth
- Your teeth are loose
- Your gums are receding, exposing more of your teeth and making them look longer
- You have a bad taste in your mouth
- You have halitosis (bad breath)

Because gum disease is often silent and symptom-free, however, it’s important to visit your dental health professionals at least twice a year (more often if recommended specifically to you). They can provide

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Take care of life. While we help take care of you.

The American Diabetes Association® states that diabetes can affect pretty much every body part. Discover products that can help people with diabetes take care of their bodies.

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Now that you’re aware of the diabetes and dental connection, you’ll be sure to add oral and dental care to your diabetes to-do list. When it comes to diabetes complications, putting your knowledge to work leads to prevention.

the treatment you need and teach you how to care for your teeth and oral health.

HOW IS GUM DISEASE TREATED?
Treatment for gum disease depends on the stage of the disease. If you have advanced gum disease, your dental care professional may recommend surgical cleaning, antibiotics, or other treatments. In any case, you will need to visit your dental care professional regularly for professional cleanings and check-ups. Along with these visits, here are some things you can do at home:

- Brush your teeth for two minutes at least once a day. Use a paste accepted by the American Dental Association, one that has fluoride and an anti-gingival/antibacterial ingredient to help prevent gingivitis. Look for the ingredient “triclosan,” which has antibacterial and anti-inflammatory properties.
- Use interdental devices such as floss and/or proxy brushes (brushes that reach between your teeth) at least daily to clean between your teeth.
- Brush or scrape your tongue at least once a day.
- Keep your blood glucose numbers as close to normal as possible. If your blood glucose is high, find the reason and treat it.
- If you are taking medications that cause your mouth to be dry, drink water, suck on ice, and chew sugar-free gum sweetened with xylitol.

PREVENTION IS THE GOAL
Now that you’re aware of the diabetes and dental connection, you’ll be sure to add oral and dental care to your diabetes to-do list. When it comes to diabetes complications, putting your knowledge to work leads to prevention.
Most people with chronic conditions like type 2 diabetes are up to three times more likely to suffer from depression.

It’s a good thing Bill Remak isn’t like most people.

Diabetes is just one of at least half a dozen diagnoses that Remak, one of the nation’s leading healthcare advocates, has received over the last 25 years. He’s also had to contend with hepatitis C, liver cancer, two liver transplants, chronic kidney disease, metabolic syndrome, and osteoarthritis.

Through it all, he’s retained a relentless sense of purpose-driven optimism.

“I don’t look at what I have,” says Remak, who is a leader, founder or active member of more than half a dozen healthcare organizations and foundations. “I look at all the bullets I dodged.”

When he was hospitalized with an inflamed liver in the late 1960s, back before anyone had coined the term hepatitis C, Remak, then 14, didn’t really understand what was wrong with him.

Doctors told him he had “chronic persistent hepatitis.” They couldn’t say what might lie ahead. But he got better, and for the next 25 years or so, lived “a fairly normal life.”

He earned degrees in medical technology and public health, joined the world of academia as well as the U.S. Coast Guard Auxiliary, married and had four children.

Around 1990, though, Remak began struggling with fatigue. It was only then, thanks to a recently developed diagnostic test, that he learned he had contracted hepatitis C as a teenager, possibly from an infected needle used during a routine medical procedure.

“D “…
was disrupting his immune system and his body’s ability to process insulin.

It wasn’t long before he received another diagnosis: type 2 diabetes.

With his medical background, Remak understood what was happening inside his body. He didn’t see any value in worrying about his problems, even as they multiplied over the years, choosing instead to focus on what could be done about them.

“The way I see it, if I lost sleep every time my car developed a problem, I would be a nervous wreck all the time. You have to rise above that,” Remak says. “I didn’t throw a lot of drama or anxiety into it. What good would that do? It would just stress me out.”

Stress, he knew, would only intensify his symptoms. Instead, Remak channeled his frustration into research and advocacy.

All these years later, thanks in part to his own lobbying efforts as chairman of both the California Hepatitis C Task Force and the International Association of Hepatitis Task Forces, Remak’s core disease – the one that ultimately led to nearly all his other health problems – has been cured.

The development of both a vaccine and a drug, Harvoni, that can cure most cases is an accomplishment that Remak ranks right up there with the eradication of polio. It’s an incredible feeling, he admits, to not only have been “a driver in that process,” but to finally be free of a disease that afflicted him for nearly 50 years.

But Remak’s work isn’t done. He continues to advocate for people with diabetes and other diseases in his role as director of the California Chronic Care Coalition, an ambassador for the Americans for Cures Foundation, as well as serving as a member of the Diabetes Health advisory board.

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Remak's health care over the last 25 years has totaled well more than $5 million. “I probably could call myself the $6 million man,” he says.

But Remak likes to think that all the work he’s done “made the investment worthwhile. It’s been my way of giving back.”

Now 65, he not only continues to put in 12-15-hour work days, but considers himself in fairly good condition, considering everything he’s been through. Using the analogy of a used car, Remak muses that his body “has held up its value,” requiring only “low to medium maintenance.” In his case, that amounts to half an hour twice a day to take about a dozen pills and monitor his glucose and blood pressure.

Remake encourages diabetes patients to build a support network they can call on for help when needed. Above all else, he says, they should avoid falling into the trap of believing what society says about type 2 diabetes being “a moral failure on the part of the patient.”

“If any diabetic thinks for one second that they have this because of a moral failure,” he says, “have them call me and I’ll be the first to them that’s bull----.”

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All told, Remak estimates that his health care over the last 25 years has totaled well more than $5 million. “I probably could call myself the $6 million man,” he says.
Sometimes I Worry That I Am Just Not That Great at Managing Diabetes

Meagan Esler

I watch all these friends with diabetes who totally own their diabetes. They appear to master it. They have gadgets and gizmos, and they know how to use them. Their lines on their blood sugar graphs look amazingly flat and steady. I'm not sure if they do master it, or they are just posting a series of good days. I feel like a bit of a failure as I test every few hours and watch the maddening roller coaster ride that would make up my graph lines.

After 21 years of this, why the heck am I so bad at diabetes?

I want to say, “Alright already; I’m just not good at this constant taking care of myself thing. Sorry diabetes, you’ll just have to move along (if only!).” Maybe it is burnout. Maybe it’s the holiday season when it comes upon us and the retail world of craziness that I work in that contributes to the overwhelming pressure. To be fair, my A1c is not horrible. It’s been much worse over the years, but it’s never quite where I want it to be. It’s never as flawless as so many others in the diabetes online community seem to share.

Sure, I make it look easy. A friend with diabetes recently said to me, “I’m sure you don’t have this problem,” as he remarked about his difficulties, but the truth is I think that many of us struggle with diabetes. We aren’t alone, despite those flawless looking social media posts. It’s probably because it is...
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As autumn and then the holiday season approach, I realize there are several things I can do to help my cause and keep me from being so harsh on myself:

1. I need to test like a maniac. I need to love the click of the lancet and to use the number to correct my blood sugar levels, not to beat myself up and feel more stressed.

2. I need to keep exercising and not skip days as my retail management job gets insane this time of year.

3. I need to watch my portions of holiday food, even though it is delicious and only comes once a year. I don’t want to wake up in January with the 20 lbs I lost this year, back on my midsection.

4. I need to make that endo appointment that I’ve been putting off. I need to make a lot of appointments. I just need to space them out a little. I think I’ll take a few vacation days to do them, so I’m not as stressed and overwhelmed with work and appointments on my days off.

5. I need to give myself some credit. Seriously, I need a dry-erase board where I can write down something good I’ve done each day or week to remind myself how hard I work.

I hope you are all doing well this part of the year. I hope you see gorgeously flat lines on your CGM graphs. I am truly thrilled for those of you who do so well with managing your diabetes. I know that you have bad days, too. Maybe you just don’t always share them. I know deep down that diabetes isn’t easy for any of us. I just wish I were better at it.
As someone who is dealing with Type 2 diabetes, one thing that I try to keep on top of is my physical, mental and spiritual condition. I have found that when I am in good shape physically, mentally and spiritually, my blood sugar levels are pretty good.

If I go off, e.g., if someone cuts me off on the road for no good reason and I get angry, that’s not good for me in terms of maintaining a stable blood sugar level.

If I am standing on line in a store and someone goes ahead of me, and I am indignant because they weren’t polite enough to ask if they could jump the line, I am the person paying the price with my blood sugar levels going all over the place because I am the one who is angry.

I have learned to get over things that aren’t that important in the scheme of things. The truth is that tomorrow or the next day I will forget all about it.

If I am upset about something and I keep thinking about it over and over without seeing a good solution – if worrying about it and no amount of talking about it seems to help – having a dark cloud hanging over my head is not good for maintaining good blood sugar levels.

I don’t want to feel any remorse or recriminations. If I feel bad about something, I try to deal with it right away.

If I am off spiritually, if I am not in touch with the God of my understanding, then that’s not good for my overall health – including my diabetes.

So often I read about and hear about diabetes in purely physical terms. If I lower my A1c, I’ll be okay. If I try this medication, I’ll be fine. If I add exercise to my daily routine, it will help enormously. I will watch my diet and eat nutritious foods. All
of that may be true, but I find that a three-pronged approach works the best for me and many people.

It’s like a three-legged stool. When all three legs are stable, the stool is stable. If one leg is off balance or two legs of the stool are off, the stool doesn’t stand straight. My best bet is to correct the situation if something is off.

The concept of the three-legged stool is also used in theology. For example, the Catholic faith stands on a “three-legged stool” of Scripture, Sacred Tradition, and the teaching authority of the Magisterium which is the Pope and bishops. (medium.com)

The three-legged stool as a vivid visual analogy is often used in various 12-step programs. E.g., some people say that “Recovery is a three-legged stool: principles, fellowship, and Higher Power. If one of the legs is broken, the stool falls.”

That’s a good example but in terms of managing my diabetes, balance and success depend on having all three areas – the physical, the mental, and the spiritual – in good shape.

Spiritually, if I hurt someone with my actions or my words, if I engaged in “a little gossip” about someone then felt terrible about it later, do I ask for God’s forgiveness? Am I sorry? Do I center myself and get right with God? I can pray about these things; I can meditate and try to clear my mind as I vow not to make the same mistake. I want to be at peace and have good relationships with people.

The concept of the three-legged stool is not new. In business, many people refer to it as Decision Rights, Incentives and Measurements. To give a short summary, Decision Rights means who is entitled to make what decisions?

Incentives mean what does a decision maker get for making a good decision? Measurement means how do you know if the person made the right decision? (thebusinessofgood.org)
COVER STORY

4 Why it's important for people with diabetes to get a flu shot

• If you’re wondering whether to bother getting a flu shot this year, consider this: Among people with diabetes, influenza is considered a factor in 10,000 to 30,000 deaths annually.

FEATURE

7 What to do If You Think You Have The Flu

• It’s important to be aware of the symptoms of influenza and what they can include.
**Feature**

10 Immunization Schedule

- Per our resident pharmacist on staff and director for our immunization business there isn’t a “best” time for flu shots. It takes about two weeks to take effect. For extra safety, it’s a good idea for the people you live with or spend a lot of time around to get a flu shot, too.

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**Feature**

14 New flu drug could be a game changer

- A new influenza drug appears to have the potential to be a game-changer – a single-dose medication that works faster than anything else on the market.
WHY IT'S IMPORTANT FOR PEOPLE WITH DIABETES TO GET A FLU SHOT

Tanya Caylor

If you’re wondering whether to bother getting a flu shot this year, consider this: Among people with diabetes, influenza is considered a factor in 10,000 to 30,000 deaths annually.

A bad case of the flu can not only lead to dehydration, but can cause secondary infections in the ears, sinuses and lungs, resulting in viral or bacterial pneumonia. Flu-related complications can be dangerous for anyone. But they pose extra risks for people with chronic medical conditions such as diabetes, asthma, and congestive heart failure.

Though numbers vary from year to year, an annual average of 200,000 flu-related hospitalizations and 36,000 deaths occur in the United States alone. On a global scale, the flu is responsible for the deaths of half a million people each year.

People with diabetes make up a disproportionately large number of those affected. They are six times more likely to be hospitalized with flu complications than the population at large. Deaths among people with diabetes rise 5 to 15 percent during flu epidemics, according to the Centers for Disease Control. Each year, between 10,000 and 30,000 deaths among people with diabetes are associated with influenza and pneumonia.

WHY INFLUENZA IS ESPECIALLY DANGEROUS FOR PEOPLE WITH DIABETES

Flu symptoms such as fatigue can make it harder to perceive both high and low blood-glucose episodes. Some medicines, antibiotics and steroids used to treat illness can also raise blood-glucose levels.

“A lot of times people will think that because they aren’t eating, their blood sugar isn’t going to go up,” said Kris
Bischoff, certified diabetes educator and registered dietitian at Adams Memorial Hospital in Decatur, Ind. “What people don’t understand is that when you’re sick, your body has that fight-or-flight response.” Because your body can’t run away from the germs that are causing the infection, it dumps sugar into your bloodstream to help prepare for battle.

“For some people,” she explains, “a higher blood sugar reading is the first sign that they’re getting sick or getting an infection.”

Diabetes can compromise the body’s immune system, making it less effective at fighting viral infections such as the flu. This puts people with diabetes at greater risk of developing secondary infections such as pneumonia. And pneumonia is nothing to take lightly; according to the CDC, about 5 percent of cases involving adults who develop pneumonia result in death.

People with type 1 diabetes who get influenza may be more prone to dangerous levels of ketones. This can cause diabetic ketoacidosis (DKA), which can result in coma or even death.

THE HIDDEN BENEFITS OF GETTING A FLU SHOT FOR PEOPLE WITH TYPE 2 DIABETES
The best way to protect yourself against influenza and the complications that can arise is to get a flu shot. Not only does the vaccine protect against some of the viruses that can cause influenza, but a recent study has suggested that people with type 2 diabetes who receive flu vaccinations may have a reduced risk of cardiovascular disease.

The study, published in July 2016 in The Canadian Medical Association Journal, sought to examine the effectiveness of influenza vaccination in preventing diabetes can compromise the body’s immune system, making it less effective at fighting viral infections such as the flu. This puts people with diabetes at greater risk of developing secondary infections such as pneumonia.
hospital admissions for cardiovascular and respiratory conditions. The research subjects were 124,503 British adults with type 2 diabetes who were studied over a seven-year period, from 2003 to 2010. About two-thirds of the people in the study had received influenza vaccinations.

Even after controlling for variables such as age, sex, smoking, medications and body mass index, the researchers found that having received a flu shot was associated with a 30 percent reduction in flu-season hospital admissions for stroke. Hospital admissions for heart failure were down 22 percent, hospitalizations for heart attack were down 19 percent and hospitalizations for pneumonia or influenza were down 15 percent among people with type 2 diabetes who had received a flu shot.

Most significant of all: The death rate among those who received a flu shot was 24 percent lower than in those who had not been vaccinated, the researchers said.

ASK YOUR DOCTOR OR PHARMACIST WHICH TYPE OF FLU SHOT IS BEST FOR YOU

According to the U.S. Centers for Disease Control, a higher-dosage influenza vaccine such as Fluzone High Dose can help stimulate a stronger immune response and may be beneficial to people over age 65. A study published in the New England Journal of Medicine indicated that the high-dose vaccine was 24.2% more effective in preventing flu in adults 65 years of age and older compared with a standard-dose vaccine.

People who take statin drugs, which are frequently prescribed to people with diabetes to help lower cholesterol levels, may also benefit from the higher-dose flu vaccine. Because recent studies indicate that statins may affect the body’s response to the flu, “patients taking statins may want to consider getting the high-dose influenza vaccine, which results in higher antibody levels and greater protection against the flu,” according to John Ross, a professor of medicine at Harvard Medical School, in a 2015 post on the Harvard Health Blog.
BE AWARE OF FLU SYMPTOMS
It’s important to be aware of the symptoms of influenza. According to the Centers For Disease Control, they can include:
• Fever (Note, however, that it is possible to be infected with the flu virus and experience respiratory problems without having a fever.)
• Cough
• Sore throat
• Runny or stuffy nose
• Body aches
• Headache
• Chills
• Fatigue
• Some people may also have vomiting and diarrhea.

GET TESTED
There are now several Rapid influenza diagnostic tests (RIDTs) that are commercially available, meaning getting tested can be as simple as going to your local pharmacy. In the case of Becton Dickinson’s VeritorTM System, the pharmacist simply swabs your nose and the results come back in fewer than 11 minutes. Talk with your pharmacist about what tests are available at your local drug store.

Consult your doctor
Your physician may want to start an antiviral medication to reduce the risk of complications from influenza. These drugs can also reduce the duration of illness by a day or so, but they are most effective when they are started within 48 hours after symptoms begin.

There are now several Rapid influenza diagnostic tests (RIDTs) that are commercially available, meaning getting tested can be as simple as going to your local pharmacy.

There are three FDA-approved influenza antiviral drugs recommended by the CDC for use during the 2018-19 flu season. The brand names for these drugs are Tamiflu (generic name
which can affect blood glucose levels. Reading the label isn’t enough, Bischoff says, because it’s not always possible to recognize which ingredients are which. You’re always better off asking the pharmacist to help you find products that are safe for people with diabetes.

**Monitor fluid and food intake.** You may not feel like eating if you don’t feel well, but for people with diabetes it’s especially important to stay hydrated and to try to get at least a few carbs into your system on a regular basis, according to the CDC.

There may soon be a new flu drug available in early 2019 that is even more effective and requires only one dose.

**ASK YOUR PHARMACIST BEFORE TAKING ANY OVER-THE-COUNTER MEDICATIONS**

Some OTC medicines, such as cough syrups, contain sugar, which can affect blood glucose levels. Reading the label isn’t enough, Bischoff says, because it’s not always possible to recognize which ingredients are which. You’re always better off asking the pharmacist to help you find products that are safe for people with diabetes.

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Food kit recommendations include saltine crackers, graham crackers, and single-serve cups of fruit, applesauce, Jell-O and soup. Beverages to keep on hand beside your food kit: Single-serve juice boxes, 7-Up or ginger ale, Kool-Aid, lemonade, Gatorade or Powerade. And in the freezer, always try to keep a supply of popsicles.

CHECK YOUR BLOOD SUGAR REGULARLY
You may not want to bother if you don’t feel well, “but it can get out of control fast,” Bischoff says.

IF YOU HAVE TYPE 1 DIABETES, MONITOR YOUR KETONES
If they get too high you could develop diabetic ketoacidosis (DKA), which can lead to coma or even death.

STEP ON THE SCALE TO HELP DETECT DEHYDRATION
Unexplained weight loss can be a sign that blood glucose is too high and your body is attempting to flush it out. “Remember that two cups of fluids equals one pound,” says Bischoff. “So if you’re suddenly down a couple of pounds, you can figure you’re short on fluids.”

KNOW WHEN TO SEEK MEDICAL ATTENTION
People with diabetes who are too sick to eat or keep food down for more than six hours should call the doctor or go to the emergency room, the CDC advises. The same goes for those who are having trouble breathing or who have severe diarrhea, show signs of confusion or excessive sleepiness, lose five pounds or more, have a temperature over 101 degrees, or have a blood glucose level lower than 60 mg/dL or over 300 mg/dL.

Certified diabetes educator Kris Bischoff at Adams Memorial Hospital in Decatur, Ind., advises people with diabetes to pack a food kit for sick days, “almost like a lunch box that you could keep up on the shelf.” When you’re sick, you probably won’t feel like going out to buy special supplies.
WHEN’S THE BEST TIME TO GET A FLU SHOT?
Per our resident pharmacist on staff and director for our immunization business there isn’t a “best” time for flu shots. It takes about two weeks to take effect. For extra safety, it’s a good idea for the people you live with or spend a lot of time around to get a flu shot, too. You are much less likely to get the flu if the people around you don’t have it.

WHY YOU SHOULD ALSO GET A PNEUMONIA SHOT
People with diabetes are about three times as likely to die from flu or pneumonia than the population at large. Yet according to the American Diabetes Association, only one-third of people with diabetes make the effort to get a pneumonia shot. What most people don’t realize is that one out of every 20 adults who get pneumonia die. When you consider that sobering statistic, getting a shot seems much more worthwhile.

A pneumonia shot is recommended for anyone with diabetes age 2 or older. You can get one any time of the year. If it’s been more than five years since your last pneumonia shot and you are over 65 years of age, you should get revaccinated.

A pneumonia shot can also protect you from other infections caused by the same bacteria, such as bacteremia (a blood infection) and meningitis (an infection of the covering of the brain). About 10,000 people die each year from these bacterial infections. But a pneumonia shot is considered to be about 60 percent effective in preventing the most serious pneumonias, as well as meningitis and bacteremia.
WHICH TYPE OF PNEUMONIA SHOT DO YOU NEED?

There are two types of pneumonia vaccines. Your doctor or your pharmacist can recommend which is best for you, but here are the general guidelines:

PCV13
The pneumococcal conjugate vaccine (PCV13, also known as Prevnar 13) protects against 13 types of pneumococcal bacteria. According to the CDC, before this vaccine was developed there were about 700 cases of meningitis, 13,000 blood infections, and 200 deaths from pneumococcal disease each year among children younger than 5 years old. These numbers have since dropped off considerably, but could again become a threat if children aren’t vaccinated with PCV13.

PCV13 is recommended for use in infants and young children. Certain older children may also need a dose of PCV13.

PCV13 is recommended for all adults 65 years or older.

PPSV23
The pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax) protects against 23 types of pneumococcal bacteria.

One dose of PCV13 is also recommended for adults 19 years or older with conditions that weaken the immune system, such as HIV infection, organ transplantation, leukemia, lymphoma, and severe kidney disease. If you have one of these conditions, talk to your doctor.

PPSV23 is recommended for all adults 65 years or older and for those 2 years or older who are at high risk for disease. According to the CDC, this includes people with chronic illnesses such as diabetes, alcoholism and kidney disease, as well as those with immune-weakening conditions such as HIV or cancer.
PPSV23 is also recommended for adults 19 through 64 years old who smoke cigarettes or who have asthma.

RECOMMENDATIONS FOR ADULTS WITH NO PREVIOUS PNEUMOCOCCAL VACCINATIONS

The Advisory Committee on Immunization Practices (ACIP) recommends that all adults 65 years of age or older receive a dose of PCV13 followed by a dose of PPSV23 at least one year later. PCV13 and PPSV23 should not be administered on the same day.

The advisory committee also recommends that adults 19 years of age or older with immunocompromising conditions who have not previously received either PCV13 or PPSV23 should receive a dose of PCV13 first followed by a dose of PPSV23 at least 8 weeks later.

A second PPSV23 dose is recommended five years after the first PPSV23 dose for persons aged 19 through 64 years with immunocompromising conditions.

Those who received one or more doses of PPSV23 before age 65 should receive one final dose of the vaccine at age 65 years or older if at least five years have elapsed since their previous PPSV23 dose.

RECOMMENDATIONS FOR ADULTS WITH PREVIOUS PPSV23 VACCINATIONS

Adults 65 years of age or older who have not previously received PCV13 and who have previously received one or more doses of PPSV23 should receive a dose of PCV13. The dose of PCV13 should be given at least one year after receipt of the most recent PPSV23 dose.

Adults 19 years of age or older with immunocompromising conditions who have previously received one or more
doses of PPSV23 should be given a dose of PCV13 one or more years after the last PPSV23 dose was received. For those who require additional doses of PPSV23, the first such dose should be given no sooner than eight weeks after PCV13 and at least five years since the most recent dose of PPSV23.

HOW MANY DOSES OF PPSV23 CAN AN ADULT GET IN A LIFETIME?
Some adults may be recommended to receive up to three doses of PPSV23 in a lifetime. Two doses of PPSV23, given five years apart, are recommended for adults younger than age 65 with immunocompromising conditions. People in this category should then receive a third dose of PPSV23 at or after age 65, as long as it has been at least five years since the previous dose.

HOW MANY DOSES OF PCV13 CAN AN ADULT GET IN A LIFETIME?
All adults are recommended to receive one dose of PCV13 in a lifetime. If they received a dose of PCV13 prior to turning 65 years of age (due to a medical indication), they are not recommended an additional dose of PCV13.

WHAT ELSE YOU CAN DO TO PREVENT SEASONAL FLU AND OTHER COMMUNICABLE DISEASES:
Cover your nose and mouth with a tissue when you cough or sneeze. Make sure you then throw the tissue in the trash.

Wash your hands frequently with soap and water, especially after sneezing or coughing. Alcohol-based hand cleaners are also effective.

Prevent the spread of germs by avoiding touching your eyes, nose, or mouth. Stay as far away from people who are ill as possible.

If you get sick, stay home from work or school and limit contact with others to keep from infecting them.

Some adults may be recommended to receive up to three doses of PPSV23 in a lifetime. Two doses of PPSV23, given five years apart, are recommended for adults younger than age 65 with immunocompromising conditions.
A new influenza drug appears to have the potential to be a game-changer: a single-dose medication that works faster than anything else on the market.

A study released in July showed that the drug, baloxavir marboxil, met safety and efficacy standards among people at high risk of flu complications, which includes people over age 65 as well as people with diabetes and other chronic conditions.

The Food and Drug Administration said in June it would give the drug a priority review, with a decision expected by December 24. If approved, it could become available during the 2018-19 flu season, according to Genentech, which is developing the drug in the United States for Roche Pharmaceuticals.

“Baloxavir marboxil is the first antiviral to show a clinically meaningful benefit in people who are most susceptible to complications from the flu, including older people and those living with certain medical conditions,” said Sandra Horning, Roche chief medical officer and head of global product development, in a news release. Horning added that the company is looking forward “to discussing next steps since there are no current antiviral medicines approved to specifically treat this high-risk population.”

Baloxavir marboxil has already been licensed in Japan, where it is sold by Shionogi & Co. under the brand name Xofluza. Roche bought most of the global rights to the drug, with Shionogi retaining the rights in Japan and Taiwan. In Japan, the drug sells for the U.S. equivalent of
Inhibitors (NAIs). They keep the neuraminidase enzyme from budding from the virus’ host cell. Common side effects include nausea and vomiting. Another class of flu drugs, known as adamantane drugs (amantadine and rimantadine) are not widely used or recommended because flu viruses can quickly develop resistance to them.

The development of not only a new flu drug but a new class of flu drug – the first in nearly 20 years, Roche’s Horning notes – provides an edge in the constant battle to stay ahead of flu viruses developing resistance to the current drugs on the market.

A single-dose drug is obviously much more appealing to take than one that must be taken multiple times a day for several days. Tamiflu, the best known drug in the U.S. market, is given as two pills a day for five days. It has never gained much traction because it doesn’t substantially reduce the amount of time people are sick with the flu.

Baloxavir marboxil is an endonuclease inhibitor, which means that it can block the work of the endonuclease protein within the flu virus that is essential for replicating copies of the virus.

Other flu drugs such as Tamiflu, Relenza and RapiVab are known as neuraminidase inhibitors (NAIs). They keep the neuraminidase enzyme from budding from the virus’ host cell. Common side effects include nausea and vomiting. Another class of flu drugs, known as adamantane drugs (amantadine and rimantadine) are not widely used or recommended because flu viruses can quickly develop resistance to them.

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In studies, the drug shaved more than a day off the usual cycle of flu symptoms and nearly a day off the the duration of fever. It also substantially cut the length of “viral shedding” – when the virus is coughed and sneezed into the air, potentially infecting others.

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Back when I was in college in the 1970s, I read the book titled, “Be Here Now.” A classmate friend of mine recommended it because she thought that I was under way, too much stress. Or to put it more accurately, that I wasn’t handling stress well. The book focuses on spirituality, yoga, and meditation by the yogi and spiritual teacher Ram Dass.

Dass was born Richard Alpert in Boston, Mass., in 1931. A former academic and clinical psychologist, Dass made a trip to India in 1967 as part of his spiritual quest. He was introduced to mindful breathing exercises, hatha yoga, and Eastern philosophy and Dass incorporates much of what he learned into this book.

I liked reading the book then and found it to be a good stress reducer. These days I say, “Be here now” when I find myself starting to get upset, but I have modified it a bit. I like to say to myself, “Be calm now.” When I center myself, I can steady any ruffled nerves. I can get back on track whether it’s physically, mentally or spiritually.

I’ve been practicing that a lot during these past nine years that I’ve been a diabetic and when I can say “Be calm now” and mean it, my blood sugar level seems to balance itself.

I’m not saying that’s a cure-all because there are times when medical intervention is necessary, but I am saying that I use “Be calm now” as a tool, as one of many tools, in the management of my diabetes.

I like having calm, serene days, so I use whatever tools are available to me. I’ll skip the anger and the angst and set my sights on being patient and tranquil. On being more laid back and tranquil. It’s definitely worth it.

Using the three-pronged approach to health...
I have learned a lot about the disease of diabetes over the past few years. The question is, “Do I apply the knowledge I have as I manage my diabetes on a daily basis?” or do I want to rest on my laurels? Am I continuing to learn about diabetes as the months and the years go on?

These past few years I have had to relearn many things. I had to undo much of what I knew. I had to reprogram my thinking when it came to sugar and carbohydrates, and I had to learn a very different way of life.

When I was a young child a bowl of freshly cooked oatmeal was put in front of me that was topped off with sugar and milk. As a child, my family chose many different boxes of cereal that, looking back on it now, most of them had a high sugar count.

When my brothers and sisters and I returned from school each day, we usually had a snack to hold us over until dinnertime. I would reach for something that tasted good, but I can tell you that it wasn’t a green, leafy salad.

When my family and I had cups of tea on cold winter days on Long Island where I grew up, we automatically added at least a teaspoon of sugar. Sometimes we had lumps of sugar in the house, and we tossed in two pieces and stirred the tea in the cup without thinking twice about it.

Hot summer evenings were great for having some banana splits, or malted milkshakes with friends, and as a teenager and young adult I never stopped to think about the amount of sugar in each one.
Does your diabetes self-management continue to be a concern? Do you feel staying up with the latest therapies and medical devices is a daunting task? Are you held back by the cost of diabetes and would like some financial help with your medication and medical supplies?

If you don’t have time to add another book to your reading list, no worries, Sugar Happy will be your personal guide that can be referenced by topic only, allowing you to thumb through the sections that are most important to you today.

There is a lot of information out there and the tools that you can use to help you stay on track keep changing.

- Let go of your diabetes fears and diagnosis- everyone has them
- Want an easy read that helps you let go of feeling overwhelmed and burned out?
- Do you have the desire to achieve good blood sugar levels? It’s a formula
- Why medical devices and your medications are important and critical in helping you meet your blood sugar targets. It’s not a guessing game.
- Sugar Happy will demystify all these issues and more by giving you the tools to stay on track in delaying or preventing diabetes complications.
If we went out to a diner or pancake house, I never thought about using the sugar-free syrup. Even if I thought about that the fact is that a plate of pancakes dripping with butter and syrup is one of the worst things a person with diabetes can have in terms of blood sugar spikes.

I never questioned it because I didn’t know any better. But now I do. I know how dangerous sugar is for diabetics and I don’t want to play around with that. It’s a fine balancing act because I don’t want my blood sugar levels to go too high or too low.

Today I am vigilant about reading labels in the supermarket and examining the sugar content. Yes, I am one of those people who stands in the aisle of the supermarket reading the nutrition labels on the back of the jars and reading them line by line.

I consider myself to be hypervigilant because I know what I am looking for and I know how important it is. With the education I have now, I can consistently make some good choices.

I am determined to get it right because I don’t want to experience the wild swings in blood sugar levels that are out of control. I want to choose wisely for myself and to be helpful to my friends and relatives who also are diabetic.

In talking with friends and relatives whom I know are diabetic I try to be supportive of them, their diet and how they are managing. I ask them how things are going and if they want to talk, they do. I try to be supportive without being too inquisitive.

How each one of us manages our diabetes is a very personal thing. The main thing is that I am there for them and they are supportive of me in various ways.

It works. After all, we are in this together! So remember, be calm now!
Ask Nadia: Type 1 With a 9.9% A1c and Frequent Low Blood Sugars at Night

Dear Nadia:
I have type 1 diabetes and take Actrapid three times daily and Lantus at bedtime. At night, I have low blood sugars, but it drops during the day, and my blood sugars are normal. What is even more confusing is that my A1c is 9.9. What is your opinion on what I can do?

— Amna

Dear Amna:
It must be incredibly frustrating to experience low blood sugar and have a high A1c.

Your question is complicated. The high and low blood sugars can be a result of many variables.

The good news is there are solutions, and with your healthcare professional team, you can find a balance in reaching your desired A1c and blood sugar range. Call your health team or schedule a visit so they can isolate the variables and sort this out for you.

ACTRAPID INSULIN
Actrapid is short-acting insulin. It is distributed in Australia and the UK, and manufactured by the Danish company Novo Nordisk.

In the US, Humulin and Novolin are examples of long-acting insulins. The fast-acting insulins in common use are Afrezza, Apidra, Humalog, and NovoLog. In the US fast-acting insulins begin to work in 15 to 30 minutes—close in performance to Actrapid, which starts taking effect within 30 minutes.

LOW BLOOD SUGAR AT NIGHT
If you are experiencing low blood sugar at night, this could be due to several reasons:

MEDICATION
Your nighttime medication may need adjusting. If you are taking two different types of insulin, short and long-acting, it could be that the onset of the two insulins combined need adjusting. Call your healthcare professional and be specific about what time you are taking each medication, when you are eating, how many units of the short-acting insulin and the long-acting basal insulin you are dosing.

EXERCISE
If you are exercising or exerting yourself more than usual, this can reduce your insulin requirements. My former husband, a type 1, experienced low blood sugar for two days after he started a new regimen. Once he made the connection between the exercise and his dosing, he was able to achieve the right balance.

DIET
Are you eating less or skipping meals and still taking the same insulin dose? Dosing the same amount of insulin and skipping
meals can also be a possible reason you are experiencing a nighttime low blood sugar.

ALCOHOL
Consuming alcohol while taking insulin can cause a hypoglycemic episode. It takes the liver two hours to metabolize one alcoholic drink. Too much insulin, in this case, may create hypoglycemia.

FALSE HYPOGLYCEMIA
You did not mention if you tested your blood sugar when you felt you were experiencing the hypoglycemia symptoms. My mother, a type 2, had an A1c of 10. She thought she had hypoglycemia frequently but it turned out when her blood sugars were closer to the normal range, she felt as if she was having low blood sugar. Why? Because she was so used to having her blood sugars hovering around 240 mg/dl that a normal blood sugar range gave her the false perception that she was having a hypoglycemic episode.

You need to test your blood sugar to insure you are in fact experiencing hypoglycemia. In the U.S., a reading below 70 mg/dL is considered a low blood sugar that may require treating.

TREATMENT FOR LOW BLOOD SUGAR
People with diabetes who take insulin generally will have their blood glucose meter on their nightstand or in their drawer with a snack or glucose tabs handy should they need it in the middle of the night. Discuss this with your healthcare professional and ask them how many carbs you need to consume to bring up your blood sugar. This may vary depending on manufacture; glucose tabs in the U.S. have four grams of carbohydrate per tablet. They are chewable and dissolve in your mouth quickly, and are available in a range of fruit flavors.

Also, discuss having a snack with your healthcare professional before you turn in for the evening.

YOUR HIGH A1C
A 9.9% A1c is an average blood glucose reading in the neighborhood of 212 to 240 mg/dL. I want to applaud you for wanting to reach your target range.

The treatment for high blood sugar is the opposite of treating a low blood sugar. Eating less and if you can going out for walks is what your healthcare professional may recommend. Eliminating a snack may also help in bringing down blood sugars.

STRESS
Celebrations, holiday parties, working long hours, and managing your daily life can all be stressful. Just stop and think of all the things you must manage daily and or weekly: getting to work on time; buying groceries; making meals; paying bills; raising children; taking care of animals; family time—the list goes on and on. I don’t know about you, but I feel stressed just reading all that needs to be done. Add diabetes self-management to all your daily tasks and the stress beast may start looming behind you.

You can also experience good stress such as being excited about an event or completing something that was a goal can also raise your blood sugar. In jubilant times, your body may release adrenaline and cortisol hormones. What happens? They raise your blood sugar and blood pressure.
MEDICATION
Some medications will raise your blood sugar.

In 2009, US Veterans Affairs conducted a study of 345,417 patients with and without diabetes to see if taking cholesterol-lowering medication increased their fasting plasma glucose. After a two-year period, the VA concluded that there was an increase in high blood sugars for both groups.

Prescribed steroids as an anti-inflammatory for arthritis and asthma can raise your blood sugar. Also: blood pressure medication like diuretics used for hypertension; depression medications; antipsychotics; and anti-rejection drugs for people that have organ transplants. For women, if they use birth control, this can also cause fluctuating blood sugars.

Work with your healthcare professional to refine your insulin dose. Once they help you isolate the reason(s) for the high blood sugar from the low, taking into account medication, diet, exercise, and stress, an adjusted dosage can help minimize the hypoglycemia and hyperglycemia.

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.

AskNadia (ranked #1 by Google), named “Best Diabetes Blog” for 2017 by Healthline and one of the top 50 Diabetes Influencers “That is A Must Follow” by BenfoComplete has received 24 nominations for her work in the diabetes segment. Nadia’s efforts have made her stand out as a pioneer and leading patient advocate in the diabetes community. She produces and hosts a patient and healthcare professional diabetes podcasts in addition to her Diabetes Health TV show.

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Researchers have discovered that newer antihyperglycemic drugs with a reduced risk of causing hypoglycemia might also benefit heart health among patients with type 2 diabetes. Studies have determined that these agents could reduce major adverse cardiovascular event risk.

This study involved a review of 10 control trials, including 92,400 people with type 2 diabetes. The analysis was done to compare the efficiency and safety of newer antihyperglycemic drugs with lowered hypoglycemia risk. Findings included a significantly lower risk of major adverse cardiovascular events. Additionally, there were 0.42% lower mean A1c levels among participants who received antihyperglycemic medications.

These findings were published in *Diabetes, Obesity, and Metabolism* on May 2, 2018.

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A new study has found that the long-term use of metformin may decrease the risk for colorectal cancer among men with diabetes. This cohort study involved data from adult participants at least 40 years of age. To qualify, participants also had to have a primary diagnosis of diabetes, take a minimum of one diabetes-related medication, have a minimum of two outpatient diabetes visits, and have a lab record of abnormal A1c tests.

After evaluating data from over 47,000 individuals, researchers found that increasing duration of metformin use was associated with reduced colorectal cancer risks among men. This same association was not detected in women.

These findings were published in *Cancer Epidemiology, Biomarkers & Prevention* on May 1, 2018.
According to researchers, adult-onset diabetes can actually be grouped into five types of disease rather than simply type 1 and 2 classifications. One group corresponded to type 1 diabetes, while the other four represent type 2 diabetes subtypes. The four type two diabetes clusters include:

- Highly insulin-resistant people at significantly heightened risk of diabetic nephropathy
- Young insulin-deficient people with poor metabolic control
- Young individuals with obesity-related diabetes
- Older individuals with mild metabolic changes

Researchers also found that when examining these five types of diabetes, treatment often failed to correspond to the patient’s actual needs. This could be the first step to create personalized diabetes medicine in the future.

These findings were published in *Lancet Diabetes & Endocrinology* on March 1, 2018.

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According to a new study, continuous glucose monitoring is connected to reduced type and number of episodes of hypoglycemia among individuals with type 1 diabetes. This 69-week clinical trial involved 161 participants with type 1 diabetes, and each was treated with multiple daily injections of insulin. From this cohort, some participants used continuous glucose monitoring, while others engaged in self-measurement.

Researchers found that the continuous glucose monitoring group had an increased confidence in their ability to avoid serious hypoglycemia-related problems compared to the self-measurement group. They also spent less time with both nocturnal and daytime hypoglycemia, and they felt better able to manage their hypoglycemia in social situations.

These findings were published in *Diabetes Technology & Therapeutics* on April 1, 2018.
WEATHER AND LIFESTYLE TIPS FOR THE HOLIDAYS

Diabetes Health Staff

As the winter holidays approach, with their cold weather and abundant food temptations, Minnesota-based UnitedHealth Group published 10 simple tips people with diabetes and prediabetes should follow to help stay healthy.

The tips were developed by the Diabetes Prevention and Control Alliance, a partnership between UnitedHealth Group, YMCA of the USA, and select retail pharmacies.

“Dr. Vojta advises people living with diabetes or prediabetes to talk to their doctors to find out if these suggestions and information are right for them.

1. **KEEP YOURSELF AND YOUR GEAR WARM:**
   Dress appropriately for the cold weather, which means wearing layers and keeping your head and extremities covered. Also, be sure to keep your blood glucose meter, medications, and other diabetes supplies insulated and well-protected.

2. **AVOID WINTER WEIGHT GAIN:**
   Many tempting, traditional holiday foods are loaded with carbohydrates, which can cause blood sugar levels to spike. The cold also can discourage people from exercising or participating in outdoor sports, all of which can contribute to significant weight gain. Watch your caloric intake, look for holiday treats that are lighter in sugar and carbohydrates, and make sure to keep exercising during the winter months (even if that means doing seated stretching exercises at your desk, taking the stairs instead of the elevator, making regular laps around the office, school or mall, etc.)

3. **DON’T GET COLD FEET:**
   It is important for people with diabetes – and especially people with neuropathy – to keep their toes covered and warm in the cold weather. Avoid hot water bottles or
4. GET VACCINATED:
Studies have shown that people with diabetes are three times more likely to die from influenza or pneumonia, and five times more likely to be hospitalized due to flu complications. So be sure to get vaccinated at the very start of the cold and flu season.

5. WASH YOUR HANDS:
Another good way to avoid getting colds or respiratory viruses over the holidays is to wash your hands regularly with hot water and soap and/or an antibacterial product.

6. EAT THOUGHTFULLY AND BE MERRY, BUT WATCH THE ALCOHOL:
Alcoholic beverages dilate blood vessels and accelerate the loss of body heat. Alcohol can also mask the signs of low blood sugar, which can be dangerous for people with diabetes. So be mindful of alcohol intake, especially at office holiday parties and family gatherings.

7. SEEK COUNSELING IF YOU’RE FEELING BLUE:
Several studies suggest a correlation between diabetes and depression, with rates of depression increasing as diabetes complications worsen. Depression also is known to spike each year around holiday time. If you’re feeling low, sluggish, devoid of energy, or sad, do not be afraid to reach out for help.

8. CHECK IN ON THE ELDERLY:
Seniors are even more susceptible to the effects of the cold due to a reduced ability to control body temperature and a decrease of subcutaneous fat. If you know an elderly person who lives alone and suffers from diabetes and/or other chronic illnesses, give that person the best seasonal gift of all – check in on him or her regularly during the holidays.

9. STAY HYDRATED:
Alternating exposure to outdoor cold weather with indoor heating systems is a recipe for dehydration, which can raise blood glucose levels and cause dry skin and eyes. Drink lots of water and liberally apply alcohol-free moisturizing lotion throughout the winter months.

10. STRIVE FOR A STRESS-FREE SEASON:
Stress has been shown to affect blood sugar levels, so try to make your holiday season a little less hectic. That can mean making sure you’re not overextending yourself and keeping your social schedule and shopping lists manageable.
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:
7 A medical device that reduces the number of episodes of hypoglycemia among individuals with type 1 diabetes
8 This medication may decrease the risk for colorectal cancer among men with diabetes

Down:
1 Flu drug that works faster and is considered a game changer
2 Medication that prevents your body from rejecting an oregon transplant
3 Most people with chronic conditions like type 2 diabetes are up to three times more likely to suffer from this disease
4 Dental term for gum disease
5 People with diabetes are 5 times less likely to get hospitalized when taking this vaccination
6 An inoculation that is recommended for anyone with diabetes age 2 or older

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LOW CARB
PESTO ZOODLES WITH MUSHROOMS AND CASHEWS

Healthy Laura (www.healthylaura.com)

Serves 2 people       Time in Total: 15-20 minutes

Ingredients:
For Rocket Pesto:
- 3 handfuls fresh rocket leaves
- 1 handful fresh basil leaves
- 1 clove of minced garlic
- pinch of sea salt
- pinch of freshly grounded black pepper
- 2 handfuls of cashew nuts
- 2 tbsp parmesan cheese (optional, you can leave this out when you would like to make it vegan and paleo. Use an extra handful of cashews, when you don’t use parmesan cheese)
- about 5-6 tbsp of extra virgin olive oil

For Zoodles:
- ½ tsp coconut butter
- 1 minced garlic
- 250 g sliced mushrooms
- 2 zucchinis
- 3-4 tbsp coconut or cashew milk
- For seasoning: salt & pepper

For Serving: fresh basil and handful of cashews (+ 1/4 tsp oregano and dry basil mix)

Instructions:
1. Firstly, make the pesto. Place all the pesto ingredients into the food processor and blend on high until it will turn into a paste. Add some extra olive oil when it’s too thick.
2. Make your zoodles. While the pesto is blending, spiralize the zucchini. If you don’t have special spiralizer, then just use your vegetable peeler and make zucchini tagliatelle.
4. When the mushrooms are almost golden lower the temperature.
5. Add zoodles with coconut milk and let it simmer for 3-5 minutes (you might need to cut the zoodles shorter when they are too long). Season with salt (not too much, pesto will have enough salt already).
6. While the “pasta” is cooking, roast the cashews with basil and oregano in another pan until golden (use the hot oven or a clean pan on a stove).
7. When the zoodles are tender, then add your pesto to zoodles. Mix well.
8. Serve right away with toasted cashews and fresh basil. Enjoy!

About the author:
Healthy Laura (Laura Kuklase)
Bio: Laura is a simple law student, who in her free time hides herself in the kitchen, where she goes creative and tries to develop new recipes. It’s important for her that the ingredients should be as less processed as possible. She always looks for natural ingredients or grows the ingredients by herself. She posts her new recipe creations in her blog called Healthy Laura and she tries to use as many superfoods as possible.

Website: www.healthylaura.com
Instagram: https://www.instagram.com/healthylauracom/
Pinterest: https://www.pinterest.com/healthylauracom/
Facebook: https://www.facebook.com/healthylauracom/
Twitter: https://twitter.com/HealthyLauraCom
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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.

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Low-carb, Vegan Diet Offers Benefits

Clay Wirestone

The public perception of low-carbohydrate diets often involve mounds of bacon, piles of steaks and rivers of cheese. After all, when the Atkins Diet swept the country more than a decade ago, that was one of the ways people described it to their friends — and one of the ways that critics tried to define it.

But the low-carb approach to food doesn’t have to look that way. Indeed, a variant on the Atkins Diet, called Eco-Atkins, has racked up impressive results in a recent study. It requires participants to eat fewer carbohydrates than most diets, and it’s vegan.

St. Michael’s Hospital in Toronto conducted a study where participants tried to consume 43 percent of their calories from fat, 31 percent of their calories from protein and only 26 percent of their calories from carbs. That fat came mostly from vegetable sources. Those included a lot of vegetable oil, along with avocados, nuts, and soy.

The results were striking and positive. Over a six-month period, study participants lost four pounds more than subjects in the comparison group that ate a high-carb, low-fat diet. They also saw a 10 percent drop in their cholesterol levels.

Scientists behind the study say they expect it to be easily duplicated in everyday life, said the director of the clinical nutrition and risk modification center at the Canadian hospital. “We could expect similar results in the real world because study participants selected their own diets and were able to adjust to their needs and preferences,” said Dr. David Jenkins.

Ultimately, one of the reasons people resist low-carbohydrate diets are the perception that they’re somehow unhealthy. Those mounds of bacon have lodged themselves in the popular imagination. More recently, modern diets have embraced many of the tenets of low-carb eating without specifying themselves as such (the Paleo diet, for example).

The Eco-Atkins approach takes another step in redefining what these diets mean, and how healthy they can be. For people with diabetes, who can reap real benefits from such an approach, more options can only be a good thing.

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