

Take charge of your health today. Be informed. Be involved.

Diabetes management

This monthly series is a partnership of the New Pittsburgh Courier, Community PARTners (a core service of the University of Pittsburgh's Clinical and Translational Science Institute—CTSI), the Urban League of Greater Pittsburgh and the UPMC Center for Engagement and Inclusion. All articles can be accessed online at the New Pittsburgh Courier website. These pages will provide you with valuable information on health topics that may affect you, your family or friends and connect you to local health initiatives and resources.

This month, the "Take Charge of Your Health Today" page focuses on the importance of eating healthy, staying active and risk planning—three important goals for good diabetic management for people living with diabetes. Marcus A. Poindexter, LSW, HSV, and Esther L. Bush, president and CEO of the Urban League, discussed this important topic.

MAP: Good morning, Ms. Bush. It's such a pleasure to sit down with you again to discuss the importance of good diabetic man-



ESTHER BUSH

agement, which is a process to restore the normal functions of the metabolism (breakdown of the food we eat). Thanks to better treatment, people with diabetes are now liv-

ing longer and have a better quality of life than ever before. This is because of excellent self-care behaviors, such as eating healthy, staying active and risk planning (coping) to maintain the goal of good diabetic management. For people living with diabetes, however, making healthy choices can be extremely difficult. What suggestions can you provide to keep our people and their loved ones healthy?

EB: Marcus, staying healthy is critical for good diabetic management. Something that I have always encouraged everyone to do is to take your medications exactly as they are directed. Not taking your medications correctly can lower the level of glucose (sugar) and cause the insulin in your body to go up. That can be extremely dangerous and can result in needing immediate medical attention. I would also encourage people to talk to their doctor about their medications if they are causing you to feel sick. He or she may be able to help you deal with the side effects so that you can feel better. Don't just stop taking your medicines. That can be dangerous.

MAP: What an excellent point, Ms. Bush. Eating right is also an important part of controlling your diabetes, too. Eating smaller portions and eating fewer high-fat foods, like fried foods, whole milk and dairy products, can help control your diabetes. However, if you are anything like me, cutting down on

eating sweets can be detrimental to my mental health and the health and well-being of others! What can you offer to those who find themselves in a similar pickle?

EB: Marcus, I think we all can relate to your situation. Coping for some can mean having a couple of cookies every day or just a few times a month. Eating right doesn't necessarily mean that you have to do away with the foods you enjoy. It just simply means that you have to eat fewer of these high-in-sugar foods at one time. Developing a meal plan and making a menu can cut down on overeating the high-fat foods. I would also suggest meeting with other diabetics and talking with them about how they handle stress. Ignoring stress is impossible. However, developing a support group of people who can help you during hard times may help in making stress more manageable.

MAP: I agree, Ms. Bush. I know this topic is one that can be difficult to discuss, but it's important to figure out how we can keep maintain good diabetic management for our community. I just want to thank everyone for continuing to read these pages each month. These health pages help all of us to stay informed about health topics important to our communities.

If anyone has questions about the information on this page, e-mail PARTners@hs.pitt.edu.

African Americans have 50 percent higher risk of developing diabetes

Are you one of the millions of Americans who has diabetes or knows someone who does? Chances are high that you do. According to a 2014 report from the U.S. Centers for Disease Control and Prevention, more than 29 million Americans have diabetes—but one in four doesn't know it. More than one in three adults has higher-than-normal blood sugar levels. Researchers are

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TREVOR ORCHARD, MBBCh, MMEDSci

working hard to understand why so many people have diabetes and what can be done to prevent it.

Diabetes is a disease marked by too-high blood glucose (sugar) levels. The food we eat turns into sugar. Our bodies use that sugar for energy. The pancreas produces a hormone called insulin. Insulin unlocks glucose from cells in our bodies. Diabetes is caused when the pancreas either does not make enough insulin or when the body can't use the insulin that is made. Not having enough insulin causes glucose to build up in the blood. Having too much glucose in the blood can lead to health problems. The health risks associated with diabetes can be severe. They include heart disease, blindness, kidney failure, stroke and loss of toes, feet or legs.

There are different kinds of diabetes—type 1 and type 2. People with type 1 diabetes don't make any insulin and usually show symptoms of diabetes when they're young. There is no way to prevent type 1 diabetes.



Researchers think that type 1 diabetes may be triggered by something that goes wrong in the body's autoimmune system (the way a body defends itself from illnesses). Type 2 diabetes occurs when the body cannot use insulin properly. In the past, type 2 diabetes was usually diagnosed in people in their 50s and up. Now, health care providers are finding younger people being diagnosed with type 2 diabetes.

Janice Zgibor, RPh, MPH, PhD, associate professor of epidemiology at the University of Pittsburgh's Graduate School of Public Health (Pitt Public Health), offers some hope. She says that a lot of good diabetes research has been and is being done. She and other researchers are working to get that information into the hands of health

care providers and patients for better disease management. Dr. Zgibor has focused recent research on primary care offices in the area. She found that quicker and more intense diabetes treatment can be effective in controlling the disease.

"A diabetes diagnosis is overwhelming," she says. "People with the disease must manage it themselves on a daily basis. Our research has shown that it's more effective to treat diabetes more aggressively after diagnosis rather than taking a wait-and-see approach. It seems easier for patients to find help and support when we have diabetes educators in primary care offices. Otherwise, people usually go to hospital settings for diabetes education. Sometimes that extra step can be a burden and doesn't happen."

Dr. Zgibor encourages people with diabetes to be as informed as possible. "The more you know about the disease, the better you can take care of yourself."

But most researchers and health care providers would give this advice: Do what you can to prevent getting diabetes in the first place.

Trevor Orchard, MBBCh, MMEDSci, professor of epidemiology at Pitt Public Health, leads research on diabetes prevention. He says, "We've had some encouraging data as to how effective interventions are in preventing diabetes in the African American population in particular. African Americans do have a higher risk of developing diabetes. That risk is about 50 percent higher than in other populations. The challenge is making diabetes prevention programs more accessible so that as many people as possible can benefit from them."

"The most dramatic way to prevent diabetes is lifestyle interventions," says Dr. Orchard. "My colleagues at Pitt's Diabetes Prevention Support Center and I recommend an activity level of 150 minutes of exercise per week—the equivalent of brisk walking—and loss of about 7 percent of body weight. That combination reduces

the risk of diabetes by 58 percent."

Dr. Orchard also recommends that everyone know the diabetes ABCs:

1. A1C testing—Diabetes can be diagnosed with this test. It measures what percentage of your hemoglobin — a protein in red blood cells that carries oxygen — is coated with sugar.

2. Blood pressure—A lower blood pressure helps reduce the risk of heart disease.

3. Cholesterol levels—Ask a health care provider what your level should be and how you can work toward it.

As with any disease, Drs. Zgibor and Orchard recommend that people speak with their health care providers if they are worried about diabetes or getting the treatment that's best for them.



HALLE BERRY lapsed into a diabetic coma when she was filming TV show *The Living Dolls* in 1989. She lives with the disease today. (AP Photo/File)



TOM HANKS thinks dramatic gain and loss of weight for his acting roles may have contributed to his Type 2 diabetes. (Jon Furniss/AP)

CTSI Research Participant Registry

The Research Participant Registry is a database made up of people who have volunteered to consider participation in research studies for themselves or their children. Its goal is to bring medical research advances quickly and more directly to those who can benefit from them. Although the registry is a joint effort between the University of Pittsburgh and UPMC, neither you nor your child need be a patient in the UPMC health care system to sign up for the registry. When you sign yourself or your children up for the registry, you will begin to receive a periodic newsletter. It describes research findings, details of the research process and a list of research studies that you may consider joining or allowing your child to join. Participation is voluntary and confidential. Participants can take themselves or their children off from the registry at any time. There are many research studies in the registry. If you are interested in current diabetes research studies, you can view the full list at www.researchregistry.pitt.edu/endocrine.shtml.

Research Participant Registry

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