

PATIENTS NEWS



April 2015

Join Our Mailing List

Recipe and Quiz



Edamame and Pasta Salad with Feta

Ingredients

4 ounces uncooked whole-grain penne or rotini pasta
8 ounces fresh or frozen shelled edamame
1 1/2 cups sweet grape tomatoes, quartered
16 pitted Kalamata olives, coarsely chopped
2 tablespoons chopped fresh basil leaves, or 2 teaspoons dried basil leaves
1/2 teaspoon dried rosemary leaves, crumbled (optional)
1 medium garlic clove, minced
1/8 teaspoon dried red pepper flakes (optional)
1 medium lemon, halved, optional
2 ounces crumbled reduced-fat feta

Instructions

Cook the pasta according to the package directions, omitting any salt or fats and adding the edamame during the last two minutes of cooking time.

In a small bowl, combine the tomatoes, olives, basil, rosemary (optional), garlic, and pepper flakes. Toss to blend and set aside.

Drain the pasta and edamame in a colander; place on a serving platter or pasta bowl; squeeze lemon over all; top with feta; and mound the tomato mixture in the center.

Greetings!

The PATIENTS Program is here to empower people just like you to be more proactive about your health. We do this by getting out into the community so we can listen to your questions and concerns; and, in the process of listening, we've learned that there are five conditions that have been particularly devastating to our neighbors in West Baltimore: HIV/AIDS, high blood pressure (hypertension), cancer, mental health, and diabetes.

In each issue of PATIENTS newsletter, we will highlight these conditions. You'll meet people who are living with these diseases. You'll also get some health and wellness tips, which includes an easy, inexpensive recipe. A large part of education means shining a light on the common stereotypes and misconceptions around these conditions, which is why we're sharing the medically proven facts.

In this issue, we address diabetes, one of the leading causes of death in our country, and a growing concern within minority communities. I hope that you'll come away with a clearer sense of how you can manage your own diabetes, or serve as a model of healthy living to your friends and family.

To get more health information from The PATIENTS Program, look out for the next issue of our newsletter and "like" our page on Facebook: <https://www.facebook.com/PATIENTSProgram>

Sincerely,

C. Daniel Mullins, PhD
PATIENTS Program Director
Chair, Department of Pharmaceutical Health Services Research
University of Maryland School of Pharmacy

Diabetes: One Family's Story

Diabetes, unfortunately, can be a family affair - though it shouldn't have to be. The PATIENTS Program spoke with one family that has been seriously impacted by diabetes for generations: grandmother (**Paulette**) who is 72 years of age; her daughter (**Sarah**) who is 49 years of age; and Sarah's son (**Zion**) who is 22 years of age. Paulette and Sarah have suffered grave health issues because they haven't managed their conditions; Zion, however, has hope for a brighter future. Their stories show how attitude, and a willingness to change, can make all the difference in terms of one's lasting health and wellness.

Paulette's diabetes has been out of control, even though she takes insulin. To date she has had both legs amputated and two fingers on her left hand.

PATIENTS: How old were you when you were first diagnosed with diabetes?

P: I was 53 years old. I made an appointment with my doctor because I had been feeling bad for a while.

PATIENTS: What kind of symptoms did you have?

Exchanges/Choices: 2 Starch, 1 Lean Meat, 1 Fat



The Real Deal About Diabetes: A Quiz

Q: True or False: A low-carb diet is the best diet for people with type 2 diabetes.

A: False

There is no best diet for diabetes. You need a weight loss plan that is healthy, realistic, and that you can commit to for lasting change.

Q: True or False: If you have type 2 diabetes, you will always have to take medicine.

A: False

Many people can keep good blood sugar levels without medicine. The key is to lose any extra weight, exercise regularly, watch your meal portions, and spread the carbohydrates you eat throughout the day. If you're already taking diabetes medication, you may be able to work with your doctor to cut back or even stop taking it if you lose weight or become more active.

Q: True or False: If you take care of yourself, you may still have to take insulin.

A: True

You may eventually have to take insulin even if you've done a good job controlling your blood glucose for a long time with diet and exercise.

Q: True or False: Your fingertip is the only place you can check your blood sugar.

A: False

It's OK to use your forearm, thigh, or even the fleshy part of your hand with some blood glucose meters. But it's still best to test blood from your fingertip, especially when you feel low blood sugars coming on, after meals or taking insulin, when you're exercising, or when you're sick or stressed.

Q: What should your target A1C be?

P: I was going to the bathroom a lot and I was thirsty all of the time. Then I woke up one day and couldn't see.

PATIENTS: Why did you wait so long before calling your doctor?

P: Because I knew that he was going to tell me something bad.

PATIENTS: Were you scared when you were told that you have diabetes?

P: I wasn't scared of the diagnosis, but I was scared to think about having to stick needles into my body everyday.

PATIENTS: When you were first diagnosed were you given any instructions as to your diet or exercise?

P: The nurse went over what I should eat and that I had to start exercising. She set up an appointment for me to see a nutritionist.

PATIENTS: Did you do anything that she suggested?

P: No

PATIENTS: Did you go see the nutritionist?

P: No

PATIENTS: Why?

P: [Everyone in my family] ends up with diabetes, so why bother?

PATIENTS: Do you take your medication the way the doctor prescribed?

P: For the most part I do ... Sometimes I will take an extra dose because I eat something that I know I am not supposed to eat.

PATIENTS: Is that what the doctor told you to do?

P: No. Look we all have to die from something. I am not going to deprive myself at this point.

Sarah's diabetes is currently out of control. She was diagnosed with diabetic neuropathy, and is currently receiving dialysis three days per week due to end-stage renal failure.

PATIENTS: How old were you when you were first diagnosed with diabetes?

S: I was 39. I went in for a physical for a job and they immediately admitted me into the hospital.

PATIENTS: Did you have any symptoms before then?

S: I did, but I kind of ignored them I thought that I could get it under control myself.

PATIENTS: How were you going to do that?

S: I would start exercising like crazy and eating a bunch of salads.

PATIENTS: Are you taking your medication the way that your doctor prescribed?

S: Yes

PATIENTS: Are you staying away from the foods that you shouldn't eat and exercising?

S: No to both ... I like what I like

PATIENTS: Are you concerned about the message that you are sending to your son?

S: No, we all have to eventually make our own decisions.

Zion's diabetes is currently under control through diet and exercise.

PATIENTS: When were you first diagnosed with diabetes?

Z: I was 15 years old. I weighed 317lbs; I ate everything that my grandma and ma put in front of me. Any money that I had went to junk food and food that wasn't good for me, usually fried.

PATIENTS: What is your current weight?

Z: 156lbs. [He is 5'10" tall]

PATIENTS: Were you scared when the doctor told you that you had diabetes?

Z: Yes. I love my ma and grandma but I don't want to end up like them.

PATIENTS: How did you lose the weight?

Z: After I was diagnosed, I saw a nutritionist once a month to learn about portion control of food and what I should be eating and how to cook the food that I was eating. I also started going to the gym at least five days a week. [It took me] almost three years [to lose the weight].

PATIENTS: How did your mother and grandmother feel when you began to change your eating habits and exercising?

Z: My mom was really happy and she supported me a lot. My grandmother told me that she didn't see the point.

PATIENTS: How do you feel now that you have been able to turn things around?

Z: I feel very proud; even though I will always have diabetes, I know how to control it. When I get married and have children I am going to make sure that they know just because something runs in the family doesn't mean that it has to happen to you.

The Need-to-Know Info about the A1C Test

The A1C test is a blood test that provides information about a person's

A: Below 7%

The A1C test tells you how much extra glucose has been in your bloodstream over the past few months. For most people with diabetes, 7% or less is a good goal, especially during the first few years after diagnosis. A higher A1C means complications are more likely.



average levels of blood glucose, also called sugar, over the past three months. The A1C test is sometimes called the hemoglobin A1C, HBA1c, or glycohemoglobin test. The A1C test is the primary test used for diabetes management and diabetes research.

The term "blood sugar" refers to the concentration of glucose, a simple sugar, that is found in a set volume of blood. The concentration of glucose in our blood changes continually throughout the day. It can even vary significantly from minute to minute. When you eat, it can rise dramatically. When you exercise it will often drop.

About PATIENTS

Launched in September 2013, The PATIENTS Program aims to build the necessary infrastructure to empower patients to propose questions about their health care concerns and actively participate in studies to answer them. Funded through a grant from the Agency for Healthcare Research and Quality (grant # R24 HS22135), the program contributes to the University System of Maryland's "MPowering the State" initiative by combining the expertise of leading researchers from the University of Maryland, Baltimore and the University of Maryland, College Park through innovative partnerships with patient communities and health care systems. Together, we work to ensure that patients, health care providers, and other partners are actively engaged in research. To learn more about us, check out our [website](#).

The blood sugar measures that doctors are most interested in are fasting glucose and post-meal glucose, which are sometimes tested with an Oral Glucose Tolerance Test, and the A1C.

A Silent Killer: Diabetes Among African Americans



How prevalent is diabetes among the African American population?

diabetes

- * African Americans are 1.7 times as likely to develop diabetes as whites, and the prevalence of diabetes among African Americans has quadrupled during the past 30 years
- * About 2.3 million Blacks aged 20 and older have diabetes
- * African Americans with diabetes are more likely than non-Hispanic whites to develop diabetes and to experience greater disability from diabetes-related complications such as amputations, adult blindness, kidney failure, and increased risk of heart disease and stroke
- * Death rates for African Americans with diabetes are 27 percent higher than for whites.