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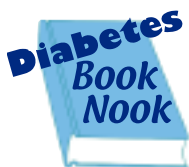


**&
NEW IMPROVED
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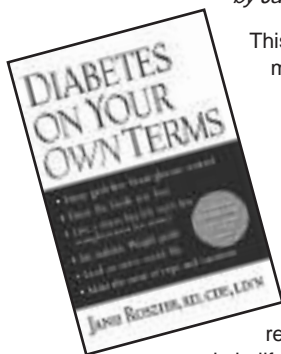
Grape glutose 15™

Thank you educators for visiting Paddock at the AADE Convention in Los Angeles, CA!



Diabetes on Your Own Terms

by Janis Roszler



This book shows that managing diabetes does not have to mean deprivation. Includes inspirational real-life stories of diabetics that have overcome obstacles. Roszler helps her readers set realistic goals in life, and encourages diabetics to not let the disease get them down!

Available online at:
www.amazon.com

Life Stages in Women with Diabetes

By: Melanie Perry MS, RD, LD, CDE
Frankfort, Kentucky



Menopause and the years leading up to it may present special challenges to women with diabetes. How these hormonal changes affect blood sugar will vary depending on each individual. Many women will experience variable blood sugars. Both high and low blood sugars may be less predictable. The hormonal changes and blood sugar variations can contribute to menopausal symptoms of mood swings, fatigue and hot flashes.

Perimenopause is the stage when a woman's body gradually produces less estrogen and progesterone. This reduction in hormone production usually begins in the woman's late 30s or 40s and lasts until menopause, the point when a woman has not had a menstrual period for at least 12 months. The average length of perimenopause is four years, but may last a few months or continue for 10 years or longer. Perimenopause ends the first year after a woman has gone through menopause.

Signs and Symptoms of Perimenopause

- **Menstrual irregularities.** The time span between periods may be shorter or longer, lighter or heavier periods, or may be skipped altogether.
- **Hot flashes.** It is estimated that 75-85% of women experience hot flashes. Intensity, duration and frequency vary with each woman.
- **Sleep problems.** Trouble sleeping is often due to hot flashes or night sweats.
- **Mood changes.** Changes in hormone fluctuations may be responsible for mood swings; irritability, anxiety, tension, feelings of sadness, aggressiveness and lack of motivation.
- **Weight gain.** A slowing metabolism and lower levels of estrogen cause an increase in fat stored around the abdomen and upper body and decrease lean muscle mass.
- **Memory and concentration.** Difficulty concentrating and minor memory problems are often a normal part of menopause. It is not clearly understood why memory changes occur.
- **Bone loss.** As estrogen levels decline, bone loss may occur more quickly increasing the risk for osteoporosis.
- **Changing cholesterol levels.** Declining estrogen levels may lead to changes in cholesterol levels, including an increase in low-density lipoprotein (LDL) cholesterol increasing the risk of heart disease.

In addition to these symptoms, the combination of menopause and diabetes can produce similar symptoms that can get confusing. A woman may mistake menopausal symptoms of hot flashes, moodiness and memory problems with symptoms of hypoglycemia. If she assumes these symptoms are low blood sugar and doesn't check, she could inadvertently eat to treat the low and consume too many calories causing hyperglycemia.

Hormone fluctuations can cause stronger and more frequent hypoglycemia, especially at night. Sleep can be further compromised since it is already disrupted by night sweats and hot flashes. Continued sleep deprivation can cause swings in blood sugar and make control more difficult.

The combination of menopause and diabetes can also affect a woman's sexual health. Problems may include:

- **Vaginal dryness.** When estrogen declines, vaginal tissues may lose lubrication and elasticity, making intercourse painful. Also, when there is decreased blood flow to the vagina, it causes the lining to become thin and dry.
- **Bacterial and yeast infections.** Hyperglycemia causes increased levels of glucose in vaginal mucus and vaginal secretions which makes them less acidic and protective. This increases a woman's susceptibility to infections.
- **Urinary urgency, leakage and infections.** Lack of estrogen causes the muscles responsible for bladder control to weaken, resulting in urinary urgency and leakage. A drop in estrogen also affects the lining of the bladder causing it to thin and increases susceptibility to infections. The combination of hyperglycemia and reduced estrogen levels may increase a woman's susceptibility to urinary tract infections (UTIs).

Managing Diabetes and Menopause

Measure Blood Sugar More Frequently

Women may need to check blood sugar levels three to four times a day and occasionally during the night. Recording blood sugar results and menopausal symptoms can help the primary care provider evaluate and make necessary adjustments in treatment.





Mark Your Calendar!

November is American Diabetes Month!

Take a step to help beat diabetes

Visit <http://walk.diabetes.org> to find a "Walk for Diabetes" near you!



The WebMaster

Website Options For Inquiring Minds

<http://www.eatright.org>

American Dietetic Association
Your link to nutrition and health

<http://www.niams.nih.gov/bone>

National Institutes of Health
Your link to osteoporosis



Staying in the loop...

How Much Calcium Do You Need?

Women, and postmenopausal women in particular, have a higher risk of osteoporosis than men.

Recommended amounts of calcium per day:

Birth to 6 months.....	210 mg
6 months to a year.....	270 mg
1-3 years.....	500 mg
4-8 years.....	800 mg
9-18 years.....	1300 mg
19-50 years.....	1000 mg
51 years or older.....	1200 mg
Pregnant or Lactating Women Younger than 18 Years.....	1300 mg
Pregnant or Lactating Women 19-50 years.....	1000 mg

Diabetes Forecast
September 2006



DiabetesSource Authors Wanted:

Submit items of interest for upcoming issues to:
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Adjustment in Diabetes Medications

If blood sugar levels increase, the primary care provider may need to increase or change medications. This is especially likely if there is weight gain or a reduction in physical activity. Conversely, if blood sugar decreases, there may be a need to decrease medications.

Adding Lipid Lowering Medications

The American College of Physicians recommends that most people with diabetes take a lipid-lowering medication to reduce the risk of cardiovascular disease. This can be important if a woman has reached menopause which is associated with increased risk of cardiovascular disease.

Help with Menopausal Symptoms

Antibiotics can be prescribed for UTIs. If a woman has vaginal dryness or uncomfortable sexual intercourse, she can try over-the-counter vaginal lubricants or check with her primary care provider to get a prescription for medications to help restore vaginal moisture.

Additional treatments to help with symptoms of perimenopause may include antidepressant medications.

Nutrition and Lifestyle Changes

It is important to maintain a balanced diet including whole grains, leafy vegetables and nuts to help keep the body healthy and to help relieve hot flashes. Studies show that soy reduces hot flashes, reduces insulin resistance and improves glycemic control in some postmenopausal women with type 2 diabetes while reducing cardiovascular risk by lowering LDL cholesterol. Current research suggests it is better to eat whole foods containing soy than to take supplements containing isoflavones.

Avoid smoking, caffeine, alcohol and spicy foods as these can trigger hot flashes. Smoking is also linked to serious health conditions such as heart disease, stroke and cancer.

Get Adequate Calcium and Vitamin D

Adequate calcium (1200 to 1500 mg/day) and vitamin D (400IU/day) can help reduce bone loss. A daily multivitamin and mineral supplement will provide vitamin D and other bone-protecting nutrients. Low-fat dairy products are excellent sources of calcium. Calcium supplements or bone building medications may also be recommended for menopausal and postmenopausal women to ensure bone health.

Drink 6-8 Glasses of Water a Day

Drinking water is recommended for older women since the thirst sensation declines with age. Water, other nonalcoholic/decaffeinated beverages, and fresh fruit can help provide adequate fluid intake. Drinking a cold beverage can help alleviate the symptoms of hot flashes.

Increase Fiber Intake

Fiber may need to be increased during menopause to prevent constipation. This can be accomplished by following the *Dietary Guidelines for Americans*, which recommends six servings of whole grains and cereals, three to five servings of vegetables and two to four servings of fruit per day.

Dietary Supplements

Evidence is mixed regarding the effectiveness of dietary supplements for relieving menopausal symptoms. Limited research suggests some women have benefited from dietary supplements like flax seed, black cohosh, soy, red clover, evening primrose or vitamin E. It is important to consider herbal supplements with caution. Women need to review with their primary care provider all supplements they are taking since they can have harmful side effects and may interact with medications.

Nutrition intervention should focus on limiting weight gain as well as ensuring the quality of the diet, enhancing the woman's overall health and well-being.

Physical Activity

Scientific investigations have shown physical activity including aerobic and strength training prevent bone loss and help reduce many menopausal symptoms including increased body fat, abdominal fat storage, hot flashes, fatigue and sleep problems. Aerobic exercise strengthens the heart and reduces cardiovascular risk. Thirty minutes of daily aerobic exercise and two to three times a week of flexibility and strength training is recommended.

Relaxation

Some find relief through relaxation exercises, meditation, stress-reduction techniques, rhythmic breathing or yoga. These can help with hot flashes and mood swings as well as sleep disturbances.

In summary, managing the combination of diabetes and menopause can be challenging. Working with a diabetes medical team to provide education, treatment with close monitoring and getting adequate nutrition, can help ease the transition through menopause.

Resources:

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glucose 15™

ONE TUBE • ONE TWIST • ONE 15 GRAM DOSE