

DiabetesSource™

News For The Diabetes Specialist

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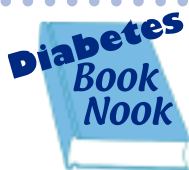


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Diabetes: An Emotional Journey

by Renea Jo Zosel



This book offers guidance to parents who have children with diabetes. The book helps parents deal with the emotional turmoil of having a child with this disease. It goes into detail regarding the initial shock of the diagnosis and the anguish when they can't make it go away.

Available online at: www.amazon.com

28 Days to Diabetes Control!

by Lance Porter

This book is the ideal motivator to change your life in a positive way. It offers helpful information about diabetes, medications, blood glucose monitoring, and other central diabetes topics. Also, the author offers a 28-day program that includes exercise, healthy eating, and general diabetes management.

If you are a person looking for information to help you make some changes, this book is a great start.

Available online at: www.amazon.com

Helping Children and Adolescents Make Healthy Food Choices

By: Terri McGee, MS, RD, LDN, CDE
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Whether diagnosed with type 1 or type 2 diabetes, food choices will affect blood glucose levels. Making healthy food choices will help keep glucose levels in their target range. However, many young people do not understand the importance of proper nutrition. For those with diabetes, this 'nutritional negligence' may cause poor glycemic control.

Although total nutrient needs are greater during childhood than at any other stage of life, children and adolescents have been consuming high calorie foods more frequently in recent years. Good nutrition is essential for normal growth and development for children. However, younger people frequently show little regard for nutrition and weight control.

Most of us know that unhealthy food choices can lead to health problems such as obesity, diabetes, cancer, strokes and osteoporosis-related hip fractures. The occurrence of these ailments might be prevented if dietary choices improve. For children and adolescents already diagnosed with diabetes, non-nutritious choices can lead to disproportionate weight gains, increased insulin resistance and poor blood glucose control.

Interventions need to teach parents, care-givers and children to alter unhealthy eating habits and address key issues pertinent to youth. Two prominent issues for children and adolescents in their decision making process are convenience and taste. Teens often demonstrate a lack of knowledge or concern regarding nutrition and a lack of ability to recognize appropriate portion sizes. Addressing these issues and offering alternatives can help prevent health problems and decrease the risk of diabetes-related complications.

Nutrition and Portion Size

Convenience is a driving force in food selection. Children desire items that are easy to find, can be taken with them, and can be obtained at a drive-through or delivered. Current lifestyles cause adolescents to feel rushed and leave little time for food preparation or family meals. Parents should suggest convenient ways to eat healthy foods and encourage consumption of nutrient-dense choices.

Research shows that when young people feel hungry, they eat foods that require minimal to no preparation time and provide satiety. Thus, offering items that are higher in fiber to help them meet the recommended Dietary Guidelines for Americans 2005 goal of 14 grams of fiber per 1000 calories consumed would be a viable solution. Fiber is typically lacking in their daily diet and these foods tend to be lower in fat content.

Fiber is typically in the skin and seeds of fruits and vegetables. Berries such as strawberries and blueberries or potatoes with the skin are good sources of fiber. Apples provide fiber if the skin is eaten but applesauce or apple juice provide little or no fiber. A fresh fruit salad and low fat yogurt as a topping could be a quick and healthy snack idea. Cooking fruits and vegetables will decrease the fiber so offer them raw more frequently.

Whole grain breads, brown rice and whole wheat pastas add fiber to meals and snacks. Some white breads now contain fiber and may be good for those who refuse to eat darker breads such as wheat or pumpernickel. The American Diabetes Association promotes fiber consumption and notes that studies of patients with type 1 diabetes suggest that fiber has a positive effect on glycemic control.

Fast foods are particularly popular with adolescents. The number of meals consumed at fast food restaurants increased by 200% between 1977 and 1996. The ease of dining outside the home has increased the availability of foods lower in fiber, higher in total and saturated fat and lower in calcium. The main problems with the most popular selections are their high fat and caloric content.



Mark Your Calendar!

Upcoming Meetings

American Association of Diabetes Educators

- ◆ 33rd Annual AADE Convention
August 9-12, 2006
Los Angeles, CA
www.aadenet.org



The WebMaster

Website Options For Inquiring Minds

www.childrenwithdiabetes.com

The online community for kids, families and adults with diabetes

<http://www.eatright.org/>

American Dietetic Association
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Staying in the loop...

New MED EZ Medication Timer

Cynthia Mik, RN, CDE and a Diabete-Source® author has invented MED EZ medication timer. MED EZ is a pre-programmed keychain timer which will remind patients to take their medications and vitamins for up to five times a day. It is easy to use, pre-programmed, lightweight and on a keychain so it can be taken anywhere!



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Food Choices

Not all selections offered at fast food establishments contribute to adverse dietary habits. Many references are now in print or online to help determine the nutrient content of restaurant foods. Table 1 lists alternative food and beverage choices. Encourage moderation of items that are not as healthy. Remember that many toppings can add undesirable amounts of fat and calories. Consider vinegar-based or light dressings versus creamy varieties, mustard versus mayonnaise, salsa versus sour cream or try the item plain to see if it tastes better!

Table 1

Healthier Food Choices

- Side salad
- Broth-based soup
- Grilled chicken salad
- Thin crust cheese pizza
- Charbroiled hamburger
- Grilled chicken sandwich
- Ham and cheese hoagie
- Baked potato
- Corn Cob
- Small ice cream cone
- Skim or low fat milk
- Unsweetened iced tea

Less Healthy Choices

- Cole slaw
- Creamed soup
- Taco salad
- Stuffed-crust pizza with meat toppings
- Double cheeseburger
- Breaded chicken fillet sandwich
- Meatball hoagie with cheese
- French fries
- Potato salad
- Caramel sundae
- Milkshake
- Soda pop

Stressing the pleasurable taste of healthy foods instead of only the nutritional benefits may encourage children to eat them. Fresh fruits and vegetables are sweet and crunchy, not just a source of vitamins and fiber. Toppings like low fat dressing, unsweetened peanut butter or Parmesan cheese can be added to also encourage intake. Fresh fruits and vegetables can be put in salads, omelets, taco shells or pitas for variety and require little preparation.

Children and adolescents are not anxious about their health and thus, are unconcerned with nutrition. Eating habits are created during childhood and follow into adolescence. Practitioners need to help parents and youth adjust their focus regarding nutrition. Some topics to address include: portion control, avoiding labels on food such as "good" or "bad", promoting whole grains, encouraging dairy products, stressing variety with food and restaurant selections. For example, having a diet soda will not raise blood glucose levels but does not provide vitamins and minerals as milk would.

Children and adolescents seem to lack the ability to recognize appropriate portion sizes for their needs. Trends toward "biggie-sizing" menu items and prepackaged foods may steer youth toward larger portions. Visit the National Heart, Lung and Blood Institute's website www.nhlbi.nih.gov and use the *Portion Distortion* segment to illustrate how portions have increased. Children can take a quiz to see the impact. My Pyramid, revised in April of 2005, shows daily portion goals totaling 2,000-calories. This level is the dietary reference intake range for 9-13 year olds who are not overweight. This goal could be used to show children the daily portions that would be appropriate.

Helping our youth to make healthier food choices will benefit everyone. Children and adolescents can control as well as prevent diabetes by making informed decisions and healthy food choices.

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