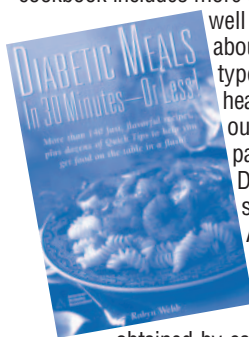




Being Healthy Rocks! -IDC Publishing
The International Diabetes Center offers a hands-on, educational tool for children and teens who have type 2 diabetes or who are at risk. Also helps children learn life-long behaviors for good health. Purchase online at www.idcpublishing.com

Free Cookbook for Patients with Diabetes

Diabetic Meals in 30 Minutes or Less by Robyn Webb is available free of charge. The cookbook includes more than 140 recipes as well as information about the link between type 2 diabetes and heart disease. It is an outgrowth of a campaign called "Take Diabetes to Heart" spearheaded by the AADE and the Association of Black Cardiologists. The cookbook can be obtained by calling 800-307-7113 or by visiting www.takediabetestoheart.com



Staying in the loop... Low Birth Weight Associated with Risk for Diabetes

A study published in the September 2002 issue of the *Journal of Clinical Endocrinology & Metabolism* shows that babies born weighing less than 5.5 pounds (2.5 kilograms) have a more difficult time processing glucose than infants born at normal weight. The study's lead author reports low-birth-weight babies who become obese adults have one of the highest risks of developing type 2 diabetes. Dietary intake for low-birth-weight children should not be in a form that leads to excessive weight gain in the form of fat. -Pharmacy Times November 2002



National Cholesterol Education Program-ATP III- Dietary Recommendations- What Educators Should Know

Cecilia Hennig, RD,LD,CDE
Diabetes Nutrition Educator



For more than a decade, clinical guidelines for the identification and treatment of adults with hypercholesterolemia have come from expert panels convened by the National Cholesterol Education Program (NCEP). In May 2001, The Third Report of the NCEP's Expert Panel on Detection, Evaluation and Treatment of High Cholesterol in Adults (ATPIII) was released incorporating new evidence-based data that has emerged since the previous reports. The report highlights three key features; focus, modifications, and support. The guidelines provide further evidence of the importance of medical nutrition therapy in the treatment of cardiovascular disease.

Summary of ATPIII Key Features:

Focus on Multiple Risk Factors-

- Classifies diabetes mellitus (DM) as equivalent in risk to having coronary heart disease (CHD).
- Provides a new point scale based on the Framingham Heart Study to predict probability of having a CHD event in the next 10 years, identifying certain persons with multiple (2+) risk factors for more intense therapy.
- Identifies persons with metabolic syndrome (multiple metabolic risk factors) as candidates for more intensified therapeutic lifestyle changes.

Modifications of Lipid and Lipoprotein Classification

- Identifies optimal LDL cholesterol as < 100 mg/dL.
- Raises categorical low HDL cholesterol to <40 mg/dL.
- Identifies normal triglyceride value as <150 mg/dL.

Support for Implementation

- Recommends a complete lipoprotein profile as the preferred test for initial screening.
- Presents strategies for promoting adherence to both drug therapies and therapeutic lifestyle changes.
- Encourages the use of plant stanols/sterols and soluble fiber as therapeutic dietary options to enhance lowering of LDL cholesterol.

The Therapeutic Lifestyle Changes diet (TLC)^{**} is a practical tool which emerged to replace the Step I and Step II diets for treatment of adults with hyperlipidemia. Table 1 summarizes key nutrient suggestions.

Table 1.

Nutrient Composition of the TLC Diet	
Nutrient	Recommended Intake
Saturated Fat*	Less than 7 % total calories
Polyunsaturated Fat	Up to 10% total calories
Monounsaturated Fat	Up to 20% total calories
Total Fat	25-35% total calories
Carbohydrate**	50-60% total calories
Fiber	20-30 g/day
Protein	Approximately 15% total calories
Cholesterol	Less than 200 mg/day
Total Calories(energy)***	Balance energy intake and expenditure to maintain desirable body weight/prevent weight gain

*trans fatty acids are another LDL raising fat that should be kept at a low intake.

**carbohydrate should be derived predominantly from foods rich in complex carbohydrates including grains, especially whole grains, fruits and vegetables.

***daily energy expenditure should include at least moderate physical activity (contributing approximately 200 Kcal/day).

Taken from the Third Report of the National Cholesterol Education Program, May, 2001.



Mark Your Calendar!
Upcoming Meetings

American Diabetes Association
63rd Scientific Sessions
◆ June 13-17, 2003
New Orleans, LA

**International Diabetes Center's
Team Management of Diabetes**
◆ April 7-9, 2003
Minneapolis, MN

This program is a stimulating blend of learning and hands-on experience offered in an environment of open communication and professional collaboration. Lectures and course electives are designed to meet the specific needs of health professionals who care for people with diabetes. Call IDC at 888.825.6315

**Correction from
DiabeteSource Vol. 5 No. 4**

Page two: Alkaline phosphatase (SGPT) is a test to measure the function of the liver. Sentence should have read: Alkaline transaminane (SGPT) is a test to measure the function of the liver.



Share your Story

Share your GLUTOSE 15™ story with us
on-line at: www.paddocklabs.com
or mail to:

Paddock Laboratories
Attn. DiabeteSource™
3940 Quebec Ave. N.
Minneapolis, MN 55427

We would love to share your success stories with other educators. Sharing is caring and caring saves lives.



DiabeteSource Authors Wanted:
Submit items of interest for upcoming issues to:
Paddock Laboratories, Inc.
Fax: (763) 546-4842 *or* e-mail:
diabetesource@paddocklabs.com

DiabeteSource is a trademark of:



3940 Quebec Avenue North ◆ Minneapolis, MN 55427
Phone: (800) 328-5113 ◆ www.paddocklabs.com

Key additional features of the TLC diet include:

- Total fat intake 25%-35% with emphasis on increasing monounsaturated fats in the diet and limiting saturated and trans fatty acids.
- Adding 2 grams of plant stanols/sterols into diet to enhance LDL lowering efforts.
- Increase (viscous) soluble fiber to 10-25 grams per day.
- Weight reduction and increased physical activity.

To help our patients incorporate the TLC diet, educators can provide the following tips for better food choices.

Limit fat and saturated fat in the diet.

Limit meat to 5 ounces per day with seafood and white meat poultry as preferred animal sources of protein while limiting portions of lean red meat in the diet.

Use fresh ground, skinless turkey breast or chicken breast in recipes that call for ground beef.

Dry beans, peas and low fat tofu are excellent meat substitutes which are low in saturated fat and cholesterol.

When selecting cheeses- choose those labeled fat free, reduced fat or low fat. Best choices are those with 3 grams or less of fat per ounce.

Limit intake of trans-fats in diet.

Trans-fats raise blood cholesterol more than other unsaturated fats. Usually the harder the margarine the higher the amount of trans-fats that are present.

Select liquid margarine or soft tub margarine made with unsaturated liquid vegetable oils (canola, olive, peanut, safflower, sunflower and soybean oils) as the first ingredient on the label.

Total Fat intake range 25-35% of total calories

Choose light or reduced fat versions of salad dressings and mayonnaise

Teach patients that all fats are not created equal. Though the total fat intake is more liberal, emphasize usage of monounsaturated fats in the diet. Stress olive and canola as the preferred oils.

Incorporate olives, nuts and avocado into the diet in moderate amounts with goal to keep overall fat intake to the suggested level.

TLC Diet Implementation

When initiating patient's on the TLC diet, emphasize decreasing saturated fat and cholesterol and encourage moderate physical activity.

In 6 weeks, LDL response to the diet should be determined. If not satisfactory, other therapeutic nutrition options such as adding 2-3 grams of plant stanols/sterols and increasing soluble fiber can be incorporated. Dietary saturated fat and cholesterol reduction should also be reinforced. Once maximum response to diet therapy is determined, the emphasis shifts to the management of metabolic syndrome and associated lipid risk factors. At this time, weight management and physical activity efforts are intensified and drug treatment may be added.

The ATPIII report offers well-referenced, evidence-based guidance for the health professional. As diabetes educators, it is our responsibility to educate and promote cardiovascular risk reduction to our patients. The complete report is available on the National Heart Lung and Blood Institute's website at www.nhlbi.nih.gov

Resources:

1. Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol In Adults (Adult Treatment Panel III) Executive Summary. National Heart, Lung, and Blood Institute, National Institutes of Health - NIH Publication No.01-2670, May 2001.
2. Therapeutic Lifestyle Change Diet (TLC) Daily Food Guide - <http://www.nhlbi.nih.gov/chd/Tip-sheets/daily.htm>

GLUTOSE 15™

ONE TUBE • ONE TWIST • ONE 15 GRAM DOSE