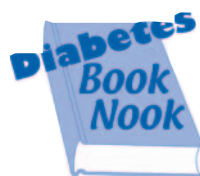


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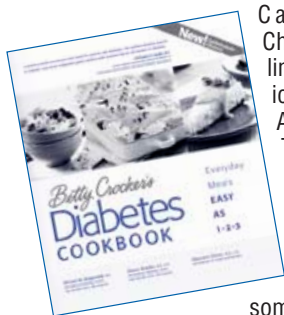
News For The Diabetes Specialist

Spring 2003 ♦ Vol. 6 No. 2



Betty Crocker's Diabetes Cookbook

The Betty Crocker Kitchens team has combined forces with the International Diabetes Center and introduced BETTY CROCKER'S DIABETES COOKBOOK, featuring the new



Carbohydrate Choices guidelines of the American Diabetes Association. This simplified Carbohydrate Choices counting method makes it easier to cook for

someone with diabetes and provides recipes the whole family will enjoy. Purchase online at www.idcpublishing.com



Staying in the loop...

Nuts Reduce Diabetes Risk

According to a National Institutes of Health study of nearly 84,000 female nurses, eating about 5 oz. of almonds or walnuts or a serving of peanut butter each week can reduce the risk of developing type 2 diabetes by 27%.

Eating between 1 and 4 oz. results in a 16% lower risk, even when other diabetes risk factors are present.

Published in the November 27, 2002 issue of the *Journal of the American Medical Association*, the results suggest that unsaturated fats found in nuts may improve the body's ability to use insulin and regulate blood glucose. The authors caution, however, that nuts should be eaten as a substitute for other foods to avoid adding calories to the diet.

-Pharmacy Times January 2003



VIP*s Deserve Good Diabetes Care

*Visually impaired Persons

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Diabetes educators are aware that there is a diabetes epidemic in the United States. Much has been written about the increased incidence of type 2 diabetes, especially in youth, and the association of diabetes and cardiac disease.

Although the prevalence of visual impairment in diabetes is five times greater than the prevalence of diabetes in children, visual impairment in diabetes rarely gets any acknowledgement in the media. Due to this lack of recognition of the needs of the visually impaired people (VIPs), those who have both diabetes and visual impairment rarely receive adequate and appropriate diabetes education and care. Research with focus groups of VIPs has shown that most health care providers are unaware of devices and materials that assist VIPs in self-management. The focus group participants identified issues, such as professional knowledge deficits and limited diabetes education opportunities in an accessible format that interfered with their diabetes knowledge and care.

The basic outline and materials for non-visual diabetes education are described in several published articles (see References). This article will focus on how to interact with VIPs and use the techniques of tactile communication to enhance learning, as well as a brief review of the other content areas.

VIPs have the same basic needs as sighted people for respect and acceptance. It is important to develop a relationship based on trust as a prelude to diabetes education. The educator may need to touch the VIP's hands to demonstrate a task, and should always ask permission to do so before acting. Each VIP educator has established an approach for teaching non-visual skills that works for them. The following is the author's approach.

Teaching Tips

A VIP should be shown, and have a choice of, all available adaptive devices that will meet their needs. It is appropriate to emphasize those devices the educator feels are best suited to their needs.

VIPs need to learn to see with their hands, to perform activities of diabetes management, as well as to read Braille. A person with diabetes who is newly visually impaired may not have received any blindness rehabilitation. The diabetes educator may be the first person to introduce them to "seeing" with their fingers. It is essential to realize that the pads, rather than the tips, of the fingers are used. The finger pad, the soft tissue distal to the first joint, is more sensitive and provides more area than does the fingertip.

While some educators prefer to have the VIP lift the device from the table at the start of the instruction, this educator prefers to place the device in the VIP's hands. This prevents any frustration due to trying to find the device before the instruction has started. Have the VIP hold the device with the non-dominant hand and place the dominant hand on the upper right hand corner of the device. Verbally direct the movement of the hand to explore the device. Describe in detail every tactile characteristic that the VIP encounters in a systematic exploration with the hand. The Accu-chek® Voicemate® Meter¹ is probably the device recognized by the largest number of educators, so it is used as an example. The diabetes educator may use this technique to instruct the VIP in the use of any talking meter or tactile device.

Teaching Example

Starting with your hand on the upper right corner of the voice unit, feel for a square with a hole in the middle. That is where the cord plugs in if you want to use the outlet instead of the battery.

Let your thumb run over the front of the unit, about an inch down. Can you feel a large hole? That is the vial reader. It will read the label on Lilly brand insulin vials to tell you which insulin you are drawing up.

Run your other fingers down the edge of the unit until you feel a wheel. It has a rough edge. When you find it, roll the wheel toward you. This turns your meter on. (You may want to have the client turn the meter off again, so that it does not interfere with the remainder of the instructions).

Continue moving your fingers toward you. You will feel a raised square box with a button inside of it. This is the repeat button. You need to push it, with the memory button, to set the clock and date. It also repeats the last voice prompt given to you when pushed.



Mark Your Calendar!

Upcoming Meetings

American Diabetes Association

63rd Scientific Sessions

◆ June 13-17, 2003
New Orleans, LA

International Diabetes Center's Pediatric Diabetes Care - Connecting the Dots

◆ June 26-27, 2003
Minneapolis, MN

This program is designed to bring all members of the pediatric diabetes care team together in order to provide consistent and optimal care for children with diabetes. Call IDC at 888.825.6315

Small Steps, Big Rewards

This new campaign, lead by the US Department of Health and Human Services, encourages Americans to find out if they are at risk for diabetes and take the small steps necessary to delay or prevent the disease and its complications. The campaign has two audiences: health care providers and the general public. Providers are encouraged to make use of the "Game Plan Tool kit" which reviews appropriate tests and diagnostic procedures and lays out a lifestyle change program you can implement to help patients with pre-diabetes prevent or delay the disease. You can find the kit at www.aadenet.org/News&Events/PublicAwareCampaign.html

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Now let your hand run over the top of the unit. The meter is already in the voice unit. You would feel a U shaped space if it was not there. Feel for the U shaped opening. The smooth glass is the screen. Move your hand toward you. There is a little ridge as you come off the screen. As you continue toward yourself, you will feel two rubber buttons. That is the last time you will touch those buttons. If you touch them while using the meter, it will turn the meter off and you will get a message that says "Meter not responding. Vial reader only."

As you reach the bottom edge of the meter, on the right side, you feel an oval shaped depression with a square hole in it. This is the where you insert the strip.

Now, run your hand up the left side of the unit. It may be easier to hold the unit in your right hand, and "see" with your left hand. You will feel a square box with a square button in it. This is the memory button. You use this to read the results stored in the memory. You also push it with the repeat button on the other side to set the clock and date. With your second or third finger on the memory button, reach around the unit with your thumb. See if you can push both buttons at the same time.

Now, continue running your fingers up the left side of the unit. Do you feel a small hole? That is where you can insert the earphones for privacy.

Continue until you feel a raised circle with a square button inside. That is the vial reader button. When you push it, instructions are given to read the insulin vial. This is also the change button for setting the time and date.

Allow your hand to travel to the top of the voice unit. You will feel a square hole on the top of the unit, which is curved on the back. This is where you insert the code chip, which calibrates the unit.

After the client has "seen" the device, teach the procedure. Use equally explicit verbal cues to walk the client through the procedure. Practice until the client is able to repeat the procedure without any verbal cues.

Insulin injection is the other major psychomotor skill for which devices are helpful. Devices range from magnifiers (which are adequate for those with minimal visual loss), to devices that draw the insulin into the syringe (sight unseen). Insulin pre-filled syringes and pens are also useful if the VIP is able to hear the clicks. The VIP requires the same type of tactile communication detailed above to adequately use these devices.

Foot Care

Foot care instruction is similar to that for sighted individuals, with inclusion of instruction of a non-visual foot exam. VIPs learn to use the balls of the fingertips and thumb to feel the foot surface for skin breaks, calluses, corns, blisters, or foreign objects in the skin. The back of the hand, which is most sensitive to temperature changes, is used to feel for hot (infected or inflamed) or cold (decreased circulation) areas. VIPs also learn to smell their stockings on removal, as an infection or fungus will often cause a foul foot odor.

Exercise

Exercise instruction is also similar to that for sighted individuals. Some forms of exercise, such as those which require bouncing or a head down position, increase pressure in the eye and are contraindicated for people who have retinopathy and some residual useable vision. These people should also learn to avoid holding their breath while exercising or performing a Valsalva maneuver, which also increase the risk of retinal bleeding. (See the References for suggestions for making preferred exercise activities safe for VIPs.)

Diabetes education with VIPs is challenging and exciting. It is a new experience for many diabetes educators, and should be seen as an opportunity to advance your skills. As more educators become comfortable with visually impaired clients, VIPs will begin to also feel like Very Important People.

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1. Accu-check® Voicemate® Meter is a registered trademark of Roche Diagnostics Corporation.

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