



Diabetes and Osteoporosis: A Surprising Link

Most women lose some bone density as they age, but women with diabetes face even greater risk. New research shows both type 1 and type 2 diabetes can weaken bones, leading to osteoporosis, though researchers don't know exactly why.

A fracture is often the first sign of osteoporosis, a condition in which bones become thin and fragile. Not only are older diabetic women more vulnerable to this condition, they are also likelier to fall—and likelier to break bones than other women, according to recent research. Falls often may be due to vision and balance problems that can accom-

pany diabetes.

Take these steps to build healthy bones:

- Eat a diet rich in calcium. Sources include low-fat dairy products; dark green, leafy vegetables; and calcium-fortified foods. Also important is vitamin D, because it aids calcium absorption. Food sources include egg yolks, liver, oily fish, and vitamin D-fortified foods.
- Exercise to make bones stronger. Weight-bearing exercises like walking, jogging, stair climbing, and dancing are best.
- Avoid smoking and limit alcohol to one drink a day. ●

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BROCCOLI FRITTATA

- ½ c. nonfat cottage cheese
- ½ tsp. dried dill
- 2 c. fat-free egg substitute
- 2 c. frozen chopped broccoli
- 1 tsp. olive oil
- 2 tsp. margarine
- 1 large onion, diced

1. Mix cottage cheese and egg substitute; set aside.
2. Sauté onions in oil over medium heat for five minutes. Add broccoli and dill; sauté for five minutes. Set vegetables aside.
3. Wipe out pan. Add 1 teaspoon of margarine.
4. Add half of the vegetable mixture, and then add half of the egg substitute mixture; lift and rotate pan so that eggs are evenly distributed.
5. Turn heat to low, cover, and cook until top is set.
6. Invert onto a serving plate and cut into wedges.
7. Repeat with remaining 1 teaspoon of margarine, vegetable mixture, and egg mixture.

YIELD: 4 servings

PER SERVING:

Calories: 150, Total fat: 3 g,
Saturated fat: 0 g,
Cholesterol: 0 mg,
Sodium: 390 mg,
Total carbohydrate: 12 g,
Dietary fiber: 3 g,
Sugars: 6 g, Protein: 19 g

DIABETIC EXCHANGE:

Fruit: 0, Vegetables: 1,
Meat: 2, Milk: 0, Fat: 1,
Carbs: 0, Other: 0

Source: Centers for Disease
Control and Prevention



Preparing for a Doctor's Visit When You Have Diabetes

Living well with diabetes is within reach, especially when you have your primary care physician (PCP) available to help. Your PCP can best help you if you're fully prepared for each visit and make the most of your time together.

Before Your Visit

- Gather glucose readings. Be sure to take your blood sugar, or glucose, monitor and/or written records of blood glucose readings.
- Write down your questions and concerns and take them to your doctor. Common questions you might want to ask your PCP include:
 - How often should I check my blood glucose?
 - What is my target range for blood glucose readings, blood pressure, and cholesterol?
 - Should I make any adjustments to my lifestyle (food, exercise, medications) to improve my blood glucose control?

During Your Visit

The doctor should check your eyes, mouth, heart, and feet. Complications

from diabetes often occur in these areas.

Make sure you are told your blood pressure reading and that you understand what the number means. If it is above 130/80, discuss it with your doctor during the visit.

Every three to six months, you will need a blood test called hemoglobin A1c. This common test measures your average blood glucose reading for the past two to three months. If the reading is not on target, your doctor may suggest changes in your medication, diet, or physical activity.

Preventive Care

Preventing complications is part of managing your diabetes. You should discuss with your doctor and schedule the following at least once each year:

- A blood test for cholesterol
- Tests for kidney function, which include a microalbumin test (urine) and a serum creatinine test (blood) to estimate your glomerular filtration rate (GFR).
- A dilated eye exam performed by an eye doctor
- A flu shot ●

Effective Heart-Saving Options for Heart Failure

A diagnosis of heart failure can make a person feel overwhelmed and hopeless. Nearly 5 million Americans have heart failure, and scientists have been studying treatment options for years. Now, thanks to several medical advances, heart failure patients can have new hope for a better quality of life.

Nonsurgical Options

Heart failure is a chronic disease in which the heart loses its ability to pump efficiently. Medications can improve your quality of life and prevent hospital visits. Some of these medications include:

- ACE inhibitors and angiotensin receptor blockers, which expand blood vessels and lower blood pressure so your heart does not have to work as hard
- Diuretics, which reduce fluid buildup in the body
- Beta-blockers, which help the heart pump more effectively
- Blood thinners, which reduce the risk of blood clots

Staying active and limiting daily sodium intake to 2 grams (2000 mg) or less can help control some of the symptoms of heart failure. Also, talk to your doctor about how much fluid you should be drinking every day.

Surgical Strategies

In addition to drug therapy and diet and exercise changes, doctors may also recommend heart surgery, including:

- An implanted pacemaker or defibrillator
- Procedures that can replace heart valves or remove weakened heart tissue
- Coronary artery bypass
- A heart transplant ●

HEALTH TIP

Prevention is best! Start taking care of your heart by making healthy lifestyle choices now.



NEW GUIDE MAY HELP LOWER BLOOD PRESSURE

The National Heart, Lung, and Blood Institute has a working plan to cut your blood pressure. It's called DASH, or Dietary Approaches to Stop Hypertension. Try these DASH diet or exercise tips today:

- Shrink your hamburger from 6 ounces to 3 ounces

and eat it with ½ cup each of carrots and spinach to save about 200 calories.

- Before eating, rinse sodium off canned foods such as beans.
- Reward yourself for sticking to exercising. Buy a new outfit, CD, or book—not food!

Living Well... and Lowering Your Stroke Risk



Stroke is the third leading cause of death in women. Each year, nearly 40,000 more women than men die from stroke.

Unfortunately, many women aren't savvy about stroke prevention. According to a survey of about 1,000 women by the American Heart Association (AHA), only about one-third said they were very well-informed or well-informed about stroke.

Experts are actively seeking new and better ways to inform women about—and help prevent—stroke. They offer these suggestions to lower your stroke risk:

- Exercise regularly.
- Eat a healthy diet.
- Don't smoke.

- If you have diabetes, keep your blood sugar under control. Women who have diabetes have about the same risk of dying from a stroke as women who've already had a stroke. This finding is based on a study of 27,000 women published in the journal *Stroke*.

- Manage your blood pressure and cholesterol.

- Maintain a healthy weight.

- Check in with your doctor. Only 38% of women in the AHA study had discussed cardiovascular disease with their physicians. In addition to healthy habits, your doctor may recommend aspirin or other medicine to reduce your risk. ●

IN THE NEXT ISSUE:
Recognizing Stroke
Symptoms and
Taking Action

HEALTH TIP

Walking 2.5 hours a week may cut your risk for stroke and other cardiovascular events by 30%.

WHEN STROKE CAUSES SWALLOWING PROBLEMS

Suffering a stroke may be a hard pill to swallow—perhaps literally. Strokes can weaken or damage the muscles involved with swallowing. As a result, stroke survivors could have difficulty swallowing, a condition known as dysphagia.

Dysphagia can be serious. The condition can hinder people from getting enough nutrients to stay healthy. It can also lead

to infection.

Fortunately, there are many ways to treat the condition. Therapy to learn new swallowing techniques may be prescribed. Exercises to strengthen weak facial muscles and improve coordination may also help. Some people benefit from a change in diet and eating techniques.

Although treatment is often

helpful, prevention is always better. It is never too late to take steps to avoid a stroke by making good lifestyle choices. Take your blood pressure medication as prescribed every day. Don't forget to stay physically active and make healthy food choices.

Thanks to our reader, Mr. HBD, for suggesting this important topic.



Deborah Zimmerman, MD
ForeSee Health Medical Director

Q&A: Ask Dr. Debbie

I get confused about good and bad cholesterol. What do I need to look for and talk to my doctor about?

Talk about a love-hate relationship. Your body needs cholesterol to make essential hormones, cell membranes, and brain and nerve tissues. Your liver already makes all the cholesterol your body needs. To move this fat through your bloodstream, your body turns cholesterol into “good” high-density lipoproteins (HDLs), and “bad” low-density lipoproteins (LDLs). HDLs get rid of excess cholesterol, while LDLs promote fatty buildup in your arteries.

High blood levels of cholesterol can clog blood vessels and cause heart disease, the number one cause of death in the U.S.

Heredity and age influence your cholesterol levels. But physical activity counts, too. So does diet. Here’s how to lower your total cholesterol and LDL levels, and raise your HDL levels:

- Compare labels to choose foods with less cholesterol and saturated fat. Saturated fat is even worse than dietary cholesterol in raising blood cholesterol levels. Less than 10% of your daily calories should come from saturated fat.

- Your diet should consist mainly of fruits, vegetables, beans, and whole grains. Choose lean cuts of meat

with the fat trimmed. You need monounsaturated fats, such as olive oil, canola oil, avocados, and nuts in your diet. Be careful because fats have more calories than other foods.

- Choose a tub margarine with liquid vegetable oil as the first ingredient in place of butter or stick margarine. High levels of trans-fatty acids in hydrogenated oils found in stick margarine, baked goods, fried foods, and snack foods lower HDL levels.

- Maintain a healthy weight. Excess weight can increase LDL levels and lower HDLs.

- Exercise for at least 30 minutes on most days of the week. A recent study

showed that exercising longer boosted HDL levels more than did exercising harder.

Get your HDL, LDL, and triglycerides levels tested at least annually or more often if needed to reach goals. For people with diabetes, the recommended levels are LDL < 100 mg, HDL > 50 mg, and triglycerides < 150 mg. Diabetic patients with diagnosed cardiovascular disease should aim for an LDL of less than 70 mg. If your results are not within these ranges, ask your doctor if cholesterol-lowering medications are right for you. ●



FITNESS FOCUS

Stretch Out and Reach for Better Health

Are your muscles stiff? Are you less limber than you once were? Experts say that stretching can reduce muscle stiffness and increase flexibility in joints. It can also help you relax mentally and physically, and may help prevent injury.

Stretching the Right Way

- Stretch three times a week for 10 to 20 minutes.
- Hold each stretch for 15 to 30 seconds.
- Stretch far enough to feel a slight pull, but not until it hurts.
- Avoid bouncing stretches.

Building a Stretching Routine

Follow these guidelines to stretch the major muscle groups:

- Neck: Turn head from side to side. Stretch ear to shoulder.
- Lower back: Lie on back and slowly pull both knees toward chest.
- Front thighs: Stand and face a wall 1 foot away with right hand on the wall. Reach back with left hand and pull right foot toward buttocks. Repeat with left foot and right hand.
- Back thighs: Lie on back with both knees bent. Bend right knee toward chest, grab behind right knee with both hands, and straighten leg with foot flexed. Repeat with left leg.

Reducing the Risk of GERD



If you live with asthma or diabetes, you know that proper disease management is important to overall health. Did you know that it may also help prevent frequent heartburn, called gastroesophageal reflux disease (GERD)?

GERD occurs when acid in the stomach flows backward up the esophagus, causing burning in the chest or a sour taste in the mouth. People with chronic illness like diabetes and asthma are more prone to the problem.

Although GERD can make you feel lousy, there are more important reasons to prevent it. Some chronic conditions, like asthma and chronic obstructive pulmonary disease (COPD), can actually worsen with GERD. It can also complicate treatment by mimicking symptoms of other problems. For example, GERD can cause severe chest pain, similar to a heart attack. If not controlled, GERD can lead to serious problems like esophageal cancer.

Help prevent GERD by carefully managing your condition. If you experience heartburn, talk to your doctor. GERD is

often treated with medication, but lifestyle changes can also help reduce symptoms. Try to:

- Elevate the head of your bed 6 to 10 inches.
- Eat smaller meals...don't overfill your stomach.
- Avoid food and drink that can trigger GERD, such as chocolate, citrus, spicy and fried foods, tomatoes, coffee, and carbonated beverages.
- Avoid alcohol.
- If you smoke, try to quit.

Thanks to our reader, Mr. HBD, for suggesting this important topic.●

HEALTH TIP

Don't hesitate to call your doctor if your condition changes.

We want to hear from you! What topics would you like to see in *For Your Health*? Please e-mail info@foreseehealth.com, or write us at ForeSee Health ATTN: Newsletter Department 14528 S. Outer Forty Road, Suite 300, Chesterfield, Missouri 63017.



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