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# Diabetes Life Lines



A newsletter from your County Extension Office  
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## Saving Money at the Checkout

Many people believe that healthy eating is expensive. Spending a little time planning your meals may help you spend less money at the grocery store. Here are some tips that may help:

- **Look at the specials in the newspaper.** Every week grocery stores feature discounts on different foods. One week it may be chicken and the next week it may be potatoes. If you plan your meals for the week based on what is on sale, you may be surprised by how much money you save over time. Just saving \$5 per week adds up to \$260 per year. Also buy a little more than you need if it is a good price so you can make low cost meals the rest of the

month. Just be sure that you buy the amount you can really use before it will spoil or that you can store safely for later use.

- **Plan at least 5-7 meals for the week ahead.** That may sound hard, but most people fix the same meals over and over. If you take a few minutes to plan your meals for several days, you will find you save time and money in the long run. Do this while you are waiting for something like during TV commercials or before an appointment. With practice, planning meals will become easier to do.
- **Make a shopping list.** Have a pad of paper and pencil in the kitchen so you can keep a running list of things you need. Then complete it after you plan your meals. Arrange it is by sections of the store so you will spend the minimal amount of time shopping. The more time you are in the store, the more money you will spend and the more likely you will be to make impulse buys like high fat snack foods. If you want a template for a shopping list to fill in, go to <http://www.vertex42.com/ExcelTemplates/grocery-list.html>

- **Use coupons.** Deciding to use a coupon depends on three things: 1) is it for a food you really want; 2) is it going to make a brand name product less expensive than a comparable store brand; and 3) is it for a food that fits your healthy eating plan? If you can say “yes” to these three questions, then certainly use the coupon. If you can’t say yes, then it’s not a bargain. If your store has “shoppers’ cards,” use them when you check out to get additional savings. These cards track your favorite purchases and your store may send you a special coupon book based on what you typically buy.
- **Look for the healthy bargains on the bottom or top shelves.** Often the foods that are lower in cost or that are less processed are on the top or bottom shelves at the store. The higher priced brand names are right at eye level so you will be more likely to choose them. You will also find the less processed foods more often on the outer aisles of the store. Spend more time there and less time in the inner aisles to save money and your waist line.
- **Enjoy “planned-overs.”** Planned-overs are not leftovers. Instead they are extra food that

you prepare either to incorporate into other dishes like steamed broccoli to be added to a salad or omelet tomorrow or some extra servings of a recipe that can be refrigerated or frozen for later use. Planned-overs can really save you time and money if you think creatively. Nothing is better on a busy day than a quick meal that can be taken from the freezer and popped into the microwave or oven after you get home. If the meal is low in fat and calories as well, it can save you from that fast food or deli meal that you might have picked up instead.

- **Be a lone wolf when you shop.** If your family members clamor for high cost, low nutrition foods at the store, leave them at home! Some families are great at working together to find the best bargains in the store, but those families are rare. You may leave the store faster and with more money if you go alone.



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## Switching to Insulin

If you have Type 2 diabetes long enough, eventually you will probably need to take insulin. Over time the pancreas produces less insulin even if you have taken good care of yourself. Many people delay starting insulin too long and sacrifice blood glucose control. Elevated blood glucose increases your risk for all the diabetic complications so waiting too long is unwise.

Often people with Type 2 diabetes will begin with one injection of long-acting insulin at bedtime. This helps blood glucose control throughout the day. At this point, you will continue to take your other diabetes drugs. Eventually though, you may find this is not enough to control your blood glucose. Then your doctor may suggest taking more injections.

One option may be taking two injections a day of pre-mixed insulin. Pre-mixed insulin combines a rapid-acting insulin that helps to control the blood glucose immediately after a meal and an intermediate-acting insulin that lasts longer to provide control between meals.

Another option is to continue the long acting insulin and to add injections of rapid-acting or short-acting insulin with each meal. The rapid-acting insulin is usually injected

about 15 minutes before the first bite is taken, while the short-acting is typically taken 30 minutes before the meal.

Insulin taken with each meal allows you to have more flexibility about the time you eat than the pre-mixed insulin does. Mealtime insulin goes to work only when you take it so you can vary when you eat. In contrast, the pre-mixed insulin peaks at a specific time so you need to eat a set amount of carbohydrates at a set time to prevent hypoglycemia (low blood glucose).

With mealtime insulin, your doctor and dietitian will work with you to determine how many grams of carbohydrate will be covered by one unit of insulin. Then you can adjust your dosage based on the amount of carbs you want to eat. However, even with more flexibility, you still need to choose a well-balanced meal plan

to maintain your health.

However, pre-mixed insulin may be the best choice for people who do not or cannot inject four or more times a day. This insulin is easier to use and does not require you to carry around your syringes and vials or insulin pens as much.

To decide if an insulin regimen is working for you, check your blood glucose before and after meals and keep the results in a log book. Although most meters have electronic



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memories, seeing the results on paper makes it easier to see patterns in your control. Also keep food and physical activity records along with the blood glucose results and medication doses so you can tell if a particular food or exercise changes your insulin needs.

Don't be afraid of injections. The needles are very thin and have coatings on them to make them nearly painless. Most people find them more comfortable than lancets used for blood glucose monitoring.

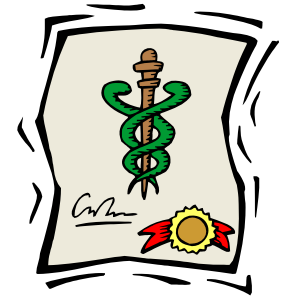
## How Health Care Reform Will Affect Diabetes Treatment

The new health care reform bill that became law in March will have a big impact on insurance coverage for people with diabetes. According to an article in the *American Diabetes Association Professional Section Quarterly*, when the bill is finally totally in effect, insurance companies will no longer be able to drop someone because they have been diagnosed with diabetes or limit their coverage. Here are some highlights of the bill:

Happening in 2010:

- If you are currently uninsured, you will be able to buy insurance from a high risk insurance pool until 2014. After that date, you will be able to buy insurance from any health

insurance company because discrimination for pre-existing conditions will be banned.



- If you have a child with diabetes, he or she cannot be excluded or dropped from your health insurance because of diabetes after September 23, 2010. Also any of your children will be able to remain on your health plan until age 26 if needed.
- After September 23, there will be no lifetime limit on benefits covered.
- Some preventive services will have no co-pays or deductibles.

Happening in 2011:

- If you are on Medicare, the current gap in coverage (called the Donut Hole) for Medicare is reduced by \$500 and there will be a 50% discount for brand name drugs that must be purchased when you are in that Donut Hole. By 2020, that discount will be 75% for brand name drugs and generics will also be included.

Happening in 2014:

- Health insurance companies will no longer be able to charge

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you a higher rate because you have diabetes.

- There will no longer be yearly limits on benefits.
- Even small group plans or individual plans will have to offer you a minimum set of health benefits to cover preventive and wellness services and chronic disease management.
- If you are under age 65, you may become eligible for Medicaid if your income is less than 133% of the poverty level. Even if you are still not Medicaid eligible, tax credits will be available to help you buy health insurance if your income is less than 400% of the poverty level.

## Using Pramlintide

When your pancreas no longer produces enough insulin, it also quits making enough of another hormone called amylin. While insulin regulates blood glucose levels, amylin controls appetite, how fast your stomach empties and the release of glucagon, a hormone that increases blood glucose levels after meals. We cannot just inject or take amylin like insulin because it does not absorb into the body well, but there is an analog of amylin called pramlintide that you can take.

You may be interested in trying pramlintide (brand name Symlin®) if you are not getting good diabetes control despite injecting insulin several times a day. Normally pramlintide is injected 15 minutes before meals or snacks that contain at least 250 calories or 30 grams of carbohydrate. Doses for people with Type 1 diabetes range from 15-60 micrograms per meal or 60-120 micrograms for people with Type 2. Users often see not only a drop in their A<sub>1</sub>C, but also a slight drop in body weight after six months. This may be due to the fact that people eat less and feel more full after meals.

To prevent hypoglycemia (low blood glucose), your health care provider may recommend that you decrease your mealtime insulin by up to 50% when you start pramlintide. If you are on an insulin pump, your doctor may not reduce your mealtime insulin as much if you use an extended bolus.

You will need to check your blood glucose more often before and after meals in order to figure out the best doses of insulin and pramlintide for you. If you are on rapid acting insulin like lispro and begin to have



hypoglycemia between meals once you start pramlintide, you may find that taking this insulin 15 minutes after a meal works better than taking it 15 minutes before.

The only other major side effect of taking pramlintide is nausea. People with Type 1 diabetes seem to have this problem more often than those with Type 2 diabetes. Fortunately if you start with a low dose and increase it every 3-7 days until you get to the right dose, you may find you have no nausea or that it is mild and eventually disappears. To control nausea, avoid high fat foods, don't lie down after meals and stop eating when you start to feel full. If you have severe nausea, contact your health care provider.

Pramlintide comes in a vial or a pen. Never mix it in the same syringe with insulin if you are using a vial. Also inject pramlintide in the abdomen or thigh at least two inches away from where you inject your insulin.

Since pramlintide affects how quickly your stomach empties, take any oral medicines at least one hour before or two hours after you inject pramlintide.

If you miss a dose of pramlintide, just wait until your next meal to take your next dose. Never double your dose to make up for one you skipped.

## **Walk Georgia Starts September 5**

The next session of the on-line fitness program, Walk Georgia **begins on Sunday, September 5 and ends on Saturday, October 30.**

**You must register by Wednesday, September 8 to participate.** You can register as an individual or as a member of a four person team.

You will log your daily minutes of physical activity which will be converted to miles. For each 15 miles, you will be able to go to your own personal map on-line and select three counties in Georgia to "visit."

To participate, go to **[www.walkgeorgia.org](http://www.walkgeorgia.org)**



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## Recipe Corner

### A Harvest of Quinoa Soup

*Quinoa (keen-wa) is a seed that is used like a grain. If its package does not say it is pre-soaked and rinsed, soak it for 15 minutes in water and drain it through a coffee filter or cheesecloth in a colander. This removes a bitter flavor. Then prepare the recipe as described. Quinoa is very versatile and can be substituted in most recipes where you would use rice, couscous or pasta. Prepare this soup the day before to enhance its flavor without salt.*

1 tablespoon olive oil	1 quart reduced or low sodium beef broth
¼ cup pre-soaked and rinsed quinoa	½ cup canned diced low sodium tomatoes
½ cup carrot, diced	1/2cup cabbage, chopped
¼ cup celery, diced	1 teaspoon Mrs. DASH (any flavor)
2 tablespoons sweet onion, chopped	¼ teaspoon white or black pepper
¼ cup red or yellow bell pepper, diced	Dash of hot sauce if desired
2 cloves garlic, minced	

- 1) Heat a non-stick Dutch oven over moderately high heat. When hot, add the oil.
- 2) Sauté the quinoa, carrot, celery, onion, bell pepper and garlic in oil until golden brown.
- 3) Add broth, tomatoes and cabbage and bring to a boil. Simmer 30 minutes or until vegetables are tender.
- 4) Add the seasonings and serve immediately or refrigerate for up to 24 hours.

#### **4 servings**

Nutritional Analysis with low sodium broth:

Calories: 101    Carbohydrate: 12 grams    Protein: 4 grams    Fat: 4 grams  
Saturated fat: 0.5 grams    Cholesterol: 0 milligrams    Sodium: 104 milligrams  
Fiber: 2 grams

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# The University of Georgia

## Cooperative Extension

College of Agricultural and Environmental Sciences / Athens, Georgia 30602-4356

Dear Friend,

*Diabetes Life Lines* is a bi-monthly publication sent to you by your local county Extension agent.

It is written by Food and Nutrition Specialists at the University of Georgia, College of Family and Consumer Sciences. This newsletter brings you the latest information on diabetes, nutrition, the diabetic exchange system, recipes, and important events.

If you would like more information, please contact your local county Extension office.

Yours truly,

County Extension Agent

Connie Crawley, Principal Writer

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Scott Angle, Dean and Director

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