

Going FORWARD

רועים מתוקים
אדר תשס"ד



Friends with Diabetes
March '04

Taking Responsibility FOR diabetes management

GETTING YOUR CHILD TO PLAY AN ACTIVE ROLE IN HER DIABETES CARE

No child can, or should be expected to, manage his diabetes solo. Yet educating and empowering children to eventually "own" their diabetes is an important part of learning the life skills of diabetes care. For a parent, knowing when and how to hand over the treatment reigns can be a difficult task.

Exactly how much responsibility your child can take for his diabetes management depends on his age and personality. All children mature at different rates, and parental attitudes towards diabetes care will also have an impact on how ready and willing they are to assume responsibility. In addition, some very young children may develop the fine motor skills necessary to test glucose levels or inject insulin either earlier or later than their peers. You know your child best, so use that knowledge to gradually introduce her to self-management at an appropriate age. Following are some broad guidelines for the level of self-care children may be ready to handle at different ages:

Birth to age two

Children age two and younger do not have the mental or physical capacity to inject or test themselves. However, you can start to prepare

continued on back...

ForeWord

With Purim approaching and excitement in the air, we wish once again to reach out to our dear friends. Although time did not allow for the publication of another complete booklet, we compiled these select articles which we hope you will enjoy. While working on this project, we were heartened just envisioning your smiles as you peruse these pages!

Our previous issues received some criticism that the strong emphasis on carbohydrate counting made much of the information irrelevant to those with type 2 diabetes. We tried to address the complaint in this flier through our article on the prevention of diabetes, which obviously applies only to those with type 2. (It is clear to everyone that type 1 diabetes is not preventable at all.)

However, I would like to emphasize that carb counting really isn't only for type 1's; it is equally important for type 1.5, type 2, type 3, pre diabetes, impaired glucose tolerance, gestational diabetes, PCOS... As a matter of fact, carb counting isn't limited as a tool in diabetes control and is just as important for weight loss, controlling high blood pressure, and maintaining normal levels of cholesterol and triglycerides.

We would like to take this opportunity to offer a very sincere public mazel tov to all those who celebrated happy stages in their lives- e.g. engagements, marriages, bar mitzvahs, or the birth of children. Although we stopped publishing mazel tov wishes for specific members of our group, our personal joy and inspiration remain unmatched as we b'h merit to witness these simchas, feeling literally like members of the family. On one memorable Shabbos we celebrated the birth of four "grandchildren"- babies born to individuals with diabetes whom we have known and assisted since adolescence or even childhood.

At many of these happy occasions, and most prominently at the successful conclusion of a shidduch involving one of 'our' young adults, we are overtaken by the obvious divine intervention. The remarkable yad Hashem often reminds me of my mother's exclamation at my own engagement, "If only I would have known how smoothly and beautifully this shidduch would come about... I could have saved myself so much worry and aggravation all these years!"

May the story of Purim serve as another gentle reminder that while our Father's guidance may be veiled, it is always, always present.

Wishing you a happy Purim and many happy occasions always,

Rabbi Hirsch Meisels

Jewish Friends With Diabetes
www.FriendsWithDiabetes.org • www.KosherLowCarb.org

P.S. Please refer to the Purim section of our winter issue 5763, for many interesting articles on Purim-related topics (including the use of alcohol on Purim, tips for parents, and much more).

A special thanks to Joel Etra & C. Lederich for their help with the editing.

The following is based mostly on medical research - and on some common sense.

You are an insulin pump candidate if...

Your diabetes control has been excellent¹

Well, who is a more perfect candidate?

Your control hasn't been as good as you would hope it to be²

The pump will help you get better results, which will in turn supply the motivation for even more success. Studies show that during a single year of pump therapy, medical costs due to diabetes-related illness (and including pump initiation) decreased from \$29330 to \$12762 per patient.

Your child is a toddler or pre-schooler with diabetes³

It's not easy running after a toddler to give an injection or to force food that must be eaten due to rigid regimens and insulin peaks. Studies conducted on this age group have shown a decline in both HbA1c levels and the amount of hypoglycemic episodes. The frequency of parental contact with health personnel also declined by more than 80%. Significant improvements in quality of life and high levels of satisfaction were reported with pump therapy.

You are a boy or girl of any age⁴

Everyone can find a place in their clothing to wear/hide the pump.

You are an adolescent⁵

Hormones, social issues and peer stress can all cause dramatic changes in blood sugars. With the pump, they can all be gracefully handled. Pumps have not only been shown to decrease hospitalizations due to DKA, but they also have a positive impact on psychosocial issues for this age-group.

You are an adult

Life is just too hectic to be tied down to injections, and it's difficult to deal with the inconsistencies of various insulins.

You are looking for tighter control

Only with the pump can you administer insulin in tenths or twentieths [or, with the new Animas pump, fortieths] of a unit. Tight control is much easier to achieve.

You are a mother of a family ka"h

If cooking and caring for your children leaves you exhausted and with no extra time, then the pump is the ideal solution. Want to sample a new recipe? A press on the pump and you are ready to eat!

are you a **PUMP** *candidate?*



You have a tough working schedule

You want to control your diabetes instead of letting diabetes control you.

You have had diabetes for many years

You're probably ready for a positive change!

You are newly diagnosed with diabetes⁶

Why learn diabetes the hard way at all? Play it right from the beginning.

You are an older person

(who finds it difficult to fiddle around with syringes.)

In short: who isn't a pump candidate? Someone who is not using insulin! (This is also not 100% true. Many type 2 diabetics could also benefit from switching to insulin and the pump.)⁷

A word of advice to those who are still apprehensive about pumping: Just try it. You can always go back to shots - but you won't want to. The single, most frequently heard comment from new pumpers is:

"Why didn't I do it sooner?"



¹ Endocr Pract. 2000 Sep-Oct;6(5):357-60

² Diabetes Res Clin Pract. 1995 Mar;27(3):199-204

³ J Pediatr 2002;141:490-5

⁴ J Pediatr. 2003 Dec;143(6):796-801

⁵ CLINICAL DIABETES VOL. 18 NO. 4 Fall 2000

⁶ Results of a study by our friends Dr. Noel K. Maclaren and his attending Physician Dr. Svetlana Ten and Dr. Henry Anhalt head of pediatric endocrinology at the Infants and Children's

Hospital at Maimonides Hospital in Brooklyn, N.Y.

⁷ Continuous Subcutaneous Insulin Infusion and Multiple Daily Injection Therapy Are Equally Effective in Type 2 Diabetes Diabetes Care 26(9):2598-2603, 2003

About a year ago, Brazilians were concerned that too many people had stopped drinking coffee so they invested in studies to discover the healthy effects of coffee addiction. Although I was laughing at the time I read this information, I was recently shocked at a newly emerged study suggesting that coffee prevents type 2 diabetes! I subsequently read that the orange juice industry is conducting research of its own... Who knows what will be discovered?!

We have compiled some more of the interesting recent blitzes. Bear in mind that all are real studies published in real medical journals and covered in the popular news media. You can find more details on any study that interests you using the references cited. These interesting findings may be for real, of course, but in a way they sound just too good to be true. So read them with a dose of humor and plenty of Purim spirit!

- *SWEET DREAMS!*¹

Getting a good night's sleep is important in controlling diabetes.

Can you believe it? Just lazing around a bit more in bed can be to your benefit! Whoever said you have to exercise and sweat in order to reap the benefits of good health? The real subject of this study is that it is important to keep breathing all night... I'll bet that comes as a surprise to you!!

- *BECOME A COFFE ADDICT*²

Men who drank more than six eight-ounce cups of caffeinated coffee per day lowered their risk of type 2 diabetes by about half, and women reduced their risk by nearly 30%.

After your good night's sleep, wake up to a fresh brewed non-decaffeinated coffee. When the cup is empty, don't hesitate to fill up another one, if you don't mind the heartburn. (Use artificial sweetener in the coffee for now, just until the sugar industry funds new studies to discover that sugar consumption will also prevent diabetes.) This may, however, interfere with getting a good night's sleep (see above).

- *GO FOR THE CINNAMON DANISH*³

Patients with Diabetes and Pre-Diabetes may benefit from the regular inclusion of cinnamon in their daily diet to prevent and control elevated glucose and blood lipid levels.

So stop eating the chocolate danish and choose cinnamon instead. Don't worry about the carbs in the cake, as the cinnamon may cancel it out! ☺ You could also sprinkle cinnamon on other baked goods for the same results.

- *WHO SAYS YOU CAN'T HAVE PURIM ALL YEAR?*⁴

Drinking moderate amounts of wine, beer or hard alcohol is associated with better blood glucose control among healthy adults, particularly women, study findings indicate.

This may not be the latest on this issue, as they change their mind every day. If you ever come across a study concluding that alcohol is not good for your health, don't despair! Just wait a while and you'll see a contradicting study. As the gemarah states, even Mordechai and Haman argued about this subject!

- *EAT CALORIE DENSE, FAT LOADED NUTS*⁵

New data presented at the 62nd Scientific Sessions of the American Diabetes



Association suggest that eating nuts helps prevent the development of diabetes.

So go a little nutty! It's good fat and protein, too! Hold the 'rozhinkes' (raisins) and pass the 'mandlen' (almonds)!

- *LAUGHTER IS THE BEST MEDICINE*⁶

Laughter Cuts Blood Sugar in Diabetics. A study shows that diabetics may be better able to process the sugar they consume during meals if they order a side of laughter with their food.

Did reading this make you laugh? Good for you! You just delayed diabetes onset by another bit. The truth is, we all know that it takes more muscles to frown than to smile, but maybe a good belly laugh provides even more exercise and more calories burned. I would also suggest that sharing a smile with a friend might prevent your friend from developing diabetes. Prove me wrong!

- *HOLD YOUR CHILDREN (THE HEAVIER THEY ARE THE BETTER)*⁷

Resistance Training Improves Glucose Disposal in Type 2 Diabetes: Research suggests that regularly lifting heavy weights helps prevent type 2 diabetes.

This appears to be the only instance where being overweight has a benefit! No, no, not for the child, but for the parent who regularly lifts him/her. Of course we are not suggesting that children be overweight, but you can continue to lift them even when they are teenagers (Children are never too old to be held)!

- *FILL UP ON YOUR FAVORITE FISH*⁸

Increased Fish Consumption Lowers Heart Disease Risk for Diabetic Women.

Get the carp from the bathtub and start chopping. This is the perfect excuse to eat lox, smoked whitefish, herring...never mind all

that extra sodium, it's good for you (and low-carb, too!).

- *EAT DAIRY PRODUCTS*⁹

Dairy products found to reduce diabetes risk: Research published in the Journal of the American Medical Association suggests that consuming dairy products reduces the risk of adult-onset diabetes.

Pizza, ice cream, milkshakes, chocolate...all dairy! Need we say more?

And finally, the one we've all been waiting for and secretly all hoped would be true...

- *CHOCOLATE IS GOOD FOR YOU!*¹⁰

Chocolate contains flavonoids that can help maintain a healthy heart and good circulation and reduce blood clotting-which can cause strokes and heart attack.

Who would have thought it? Eat chocolate and get healthy.



¹Am J Respir Crit Care Med 2004;169:156-162.

²Ann Intern Med 2004;140:1-8

³Diabetes Care. 2003;26:3215-3218

⁴Eur J Clin Nutr 2002;56:882-890

⁵ADA Annual Meeting: Abstracts 1644-P, 569-P. June 16-17, 2002

⁶Diabetes Care 2003;26:1651-1652

⁷Diabetes Care. 2003;26:2977-2982

⁸Circulation 1 April 2003

⁹AMA March 2002

¹⁰American Journal of Clinical Nutrition, 2001;74:596-602

them for future responsibility by establishing routines and a sense of normalcy to the process. Explain what you're doing - matter-of-factly - as you perform tests or injections so that they become second nature to your child. Let them do the same with a favorite doll or stuffed animal and a doctor's kit.

Ages two to four

Although toddlers and preschoolers are still too young to take significant responsibility for diabetes management, they can start taking some ownership of their treatment by choosing blood test and injection sites. Younger children may need you to provide the choices for them (lest they end up selecting their knee or elbow). They can also "help out" by unzipping the glucose monitor case and reading the numbers off the meter display.

Ages five to seven

At some point your child will be able to prick her own finger and perform her blood sugar testing, although she may still need reminders about when to check. Having a "child-friendly" glucose monitor (e.g., small sample size, alternate site testing, easy operation) will help her adapt to the process more readily.

Help your child keep her own blood glucose log to practice tracking her levels. You should still maintain a separate logbook at this point while she gets accustomed to the process and develops her math and numbers skills. It also remains your responsibility to interpret the numbers to the best of your ability, and act on highs and lows.

Ages eight to twelve

Children in this age group are generally capable of testing their own blood sugars, logging results, and administering injections. Parents should oversee the dose, and possibly the drawing up of the insulin. They should also verify that testing and injections have been done, since it's easy for kids to forget or lose track of time. Again, parents should continue to ask for and interpret blood sugar readings.

Ages thirteen & up

Part of surviving adolescence and developing a sense of self is to break away from parental restrictions. Teens need to achieve some degree of control over their life responsibilities and experience the consequences of their chosen actions. Diabetes care is no exception. As tough as it may be for you, teens need to know that they are in control of their own diabetes care. They should be encouraged to develop a more proactive relationship with their diabetes team, and should have one-on-one time (sans parents) with their primary care provider during office visits. Peer support groups and diabetes camps for teens can be an invaluable source of self-confidence and acceptance for your child during this critical transition.

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Low-Carb Hamantaschen

SUBMITTED BY
Nancy Pascal

INGREDIENTS

- 5 eggs
- 1 Tbs. baking powder
- 1 tsp. almond extract
- 6-8 cups almond flour
- 1 3/4 cups Splenda
- 1 tsp. vanilla
- 1 1/2 cups oil
- 1/2 cup oat flour (optional)

Beat eggs, Splenda, and baking powder until thick (about 5 minutes at high speed). Add cinnamon, vanilla, and almond extract, and mix well. While batter is mixing, slowly pour in oil to create a thick, mayonnaise-like mixture. Gradually add almond flour to form a stiff, but workable, dough. Adding 1/2 cup of oat flour will raise the carb content of the hamantaschen, but will also insure that they are a mezonos.

You can experiment with different methods of shaping the dough. My daughter likes to roll it out and cut circle shapes, while I find it more convenient to form a log of dough and just cut off circles, squashing them down in the center for the filling. Which ever way you choose, don't forget to place some filling in the center of each circle, bring up the three sides to form a triangle, and place on a greased baking sheet. Bake at 350 for 20-22 minutes. Avoid overbaking.

FILLINGS:

The filling adds substantially to both the taste and the overall carbohydrate content of the finished pastry. Low carb jam works well and tastes delicious. Sugar free chocolate chips are very good when hot, but not as delightful when cold, so you can try placing the hamantaschen in the microwave for a few seconds before eating. Here is an alternate recipe for you to try:

RASPBERRY FILLING

1 bag frozen raspberries Juice of one lemon 1/2 cup Splenda
Place everything in a saucepan and cook until most of the liquid is gone.
About 5 minutes.

