



HEALTHY WOMAN

News from the Office of Women's Health

Illinois Department of Public Health • Rod R. Blagojevich, Governor • Eric E. Whitaker, M.D., M.P.H., Director

Diabetes Edition

Fall 2003

FIGHTING DIABETES

An Overview

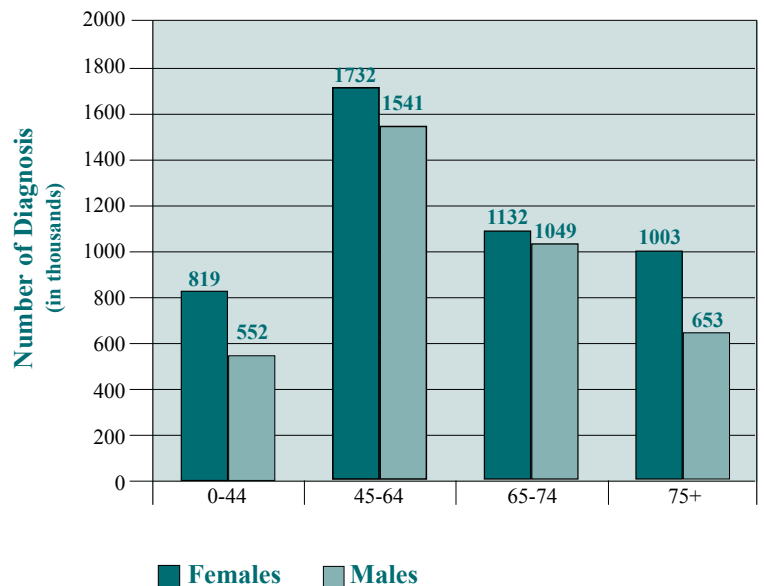
Diabetes is a serious disease in which blood glucose (blood sugar) levels are above normal. There are two types of diabetes: Type 1 (insulin dependent diabetes), which develops most often in children and young adults and type 2 (adult onset diabetes), which usually occurs after age 45, but is increasingly being found in children. Diabetes can lead to problems such as heart disease, stroke, vision loss, kidney disease and nerve damage resulting in limb amputations.

About 17 million people (6.2 percent of the population) in the United States have diabetes¹, though approximately one-third of them do not know they have it. Between 1958 and 1993, the number of persons diagnosed with the disease increased fivefold. In Illinois, 883,892 (6.7 percent) of adults have been diagnosed with the disease². The direct and indirect costs were estimated to be \$132 billion in the United States in 2002³. In Illinois, the cost was \$7.3 billion in 1997 (an increase of \$3 billion since 1992)⁴.

A Women's Issue

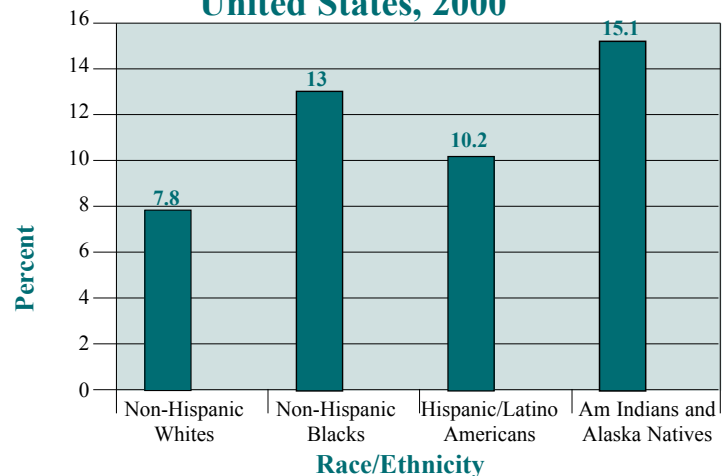
Diabetes occurs disproportionately in women with 8.9 percent of all women over age 20 having diabetes.⁵ In every age category, a greater number of women have diabetes than men. (See Figure 1 on right). Minority women are most affected by diabetes. The prevalence of diabetes is at least two to four times higher among black, Hispanic, American Indian and Asian/Pacific Islander women than among white women. (See Figure 2). Age and weight also play a role, with people aged 65 years and older accounting for almost 40 percent of those with diabetes⁶, while 80 percent of those with type 2 diabetes are overweight.⁷ Due to the increasing lifespan of women and the rapid growth of minority populations, the number of women in the United States at high risk for diabetes and its complications is increasing rapidly. In addition, women are growing more obese and less physically active, which increases their risk for type 2 diabetes.

Fig. 1 Number of Persons Diagnosed with Diabetes United States, 1996



Source: U.S. Centers for Disease Control and Prevention, *Chronic Disease and Their Risk Factors, 1999*.

Fig. 2 Prevalence of Diabetes by Race/Ethnicity in People 20 Years or Older, United States, 2000



Source: 1997-1999 National Health Interview Survey and 1988-1994 National Health and Nutrition Examination Survey estimates projected to year 2000. 1998 outpatient database of the Indian Health Service.

Diabetes and Pregnancy

Both pre-existing and gestational diabetes can cause problems when a developing fetus is exposed to elevated glucose levels.

If pre-existing diabetes is not controlled, the baby may be exposed to high glucose levels throughout the pregnancy, including the first two or three weeks when the baby's organs are developing and are very vulnerable to high blood glucose levels.⁸ Illinois infants born with birth defects are more likely to have diabetic mothers than other Illinois infants, according to the Illinois Department of Public Health Adverse Pregnancy Outcome Reporting System (APORS).

Gestational diabetes is defined as the presence of carbohydrate intolerance of varying degrees of severity with onset or first recognition during pregnancy that subsides after the birth of the baby.⁹ Approximately 2 percent to 5 percent of all pregnancies resulting in live births are complicated by gestational diabetes.¹⁰ Though gestational diabetes impacts fewer developmental processes than pre-existing diabetes, since it usually occurs a bit later in the pregnancy, women with gestational diabetes still face a higher risk of complications during pregnancy than other women, including a higher risk of miscarriage and premature delivery.¹¹

Though gestational diabetes often goes away after the birth, many women who have had gestational diabetes will develop diabetes later in life. In some studies, nearly 40 percent of women with a history of gestational diabetes developed type 2 diabetes later in life, especially those who required insulin during pregnancy or were overweight.¹² Like type 2 diabetes, gestational diabetes occurs more often in African Americans, Hispanic Americans and Native Americans. Women most likely to develop gestational diabetes mellitus are those who are older; have high pregnancy weight, high body mass index or weight gain in young adulthood; have high parity or a history of a previous adverse pregnancy; or have pre-existing hypertension or a family history of diabetes.¹³

All women considered to be in the moderate to high-risk category should be tested for gestational diabetes.

This category includes women who

- are older than 25
- are overweight
- have a family history of diabetes
- are members of a high-risk racial/ethnic group

Causes of Diabetes

Most of the food we eat is turned into glucose (sugar) for our bodies to use for energy to keep us alive and functioning. The pancreas, an organ near the stomach, makes a hormone called insulin to help glucose enter our cells so that they can function properly. When a person has diabetes, the body either doesn't make enough insulin or is unable to use its own insulin as it should, which causes sugar to build up in the blood. When there is too much sugar in the blood, it begins to affect many of the organs of the body.

Type 1 diabetes (juvenile diabetes) accounts for 5 percent to 10 percent of all diagnosed cases of diabetes and often occurs early in life. The cause of type 1 diabetes is still being studied, but appears to follow an exposure to an "environmental trigger," such as an unidentified virus that stimulates an autoimmune attack against the beta cells of the pancreas in some genetically predisposed people.¹⁴ Beta cells, which are the cells that produce insulin, are destroyed and the pancreas is no longer able to produce insulin. People with type 1 diabetes need to take insulin daily to survive.

Type 2 diabetes (diabetes mellitus) accounts for 90 percent to 95 percent of diagnosed cases of diabetes and has very different causes. Those with diabetes mellitus still produce insulin, but the cells of the body do not recognize that the insulin is present or do not utilize the insulin properly. Genetic predisposition, obesity, hypertension, high levels of blood lipids, low birth weight and stress all seem to play a role in the occurrence of type 2 diabetes, though they may vary a bit from individual to individual.

Other rare types of diabetes result from specific genetic syndromes, surgery, drugs, malnutrition, infections and other illnesses. Such types of diabetes are estimated to account for 1 percent to 2 percent of all diagnosed diabetes cases.

Risk Factors

The following women have a greater risk of developing type 2 diabetes:

- Those with a family history of diabetes (parents or siblings with diabetes).
- Individuals who are obese (20 percent or more over ideal body weight).
- Members of certain racial or ethnic groups including African American, Asian American, Native American, Pacific Islander and Hispanic/Latino.

Risk Factors (continued)

- Those who are 45 years of age and older.
- Individuals previously identified as having impaired glucose tolerance.
- Individuals with hypertension (blood pressure of 140/90 or higher).
- Individuals who have excessive levels of fat in their blood (hyperlipidemia indicated by a triglyceride level of 250 or higher).
- Women who have a history of gestational diabetes during pregnancy or who have delivered babies weighing more than 9 pounds.
- Women who lead a sedentary lifestyle, exercising fewer than three times a week.

Symptoms

Not all people with diabetes have symptoms early on or the symptoms may be so mild that they are not noticed. However, one or more of the following symptoms may be present and if so a physician should be consulted for further testing and diagnosis.

- Frequent urination
- Excessive thirst
- Unexplained weight loss
- Extreme hunger
- Sudden vision changes
- Tingling or numbness in hands or feet
- Fatigue
- Very dry skin
- Sores that are slow to heal
- More infections than usual

Diagnosis

Anyone who is 45 years of age or older should be tested for diabetes and those who are younger than age 45, overweight and have one or more risk factors also should consider being tested. The preferred test for diagnosing diabetes is the fasting plasma glucose test, but a positive diagnosis for any of the three tests below, followed by a second positive test on a different day constitutes a positive diagnosis of diabetes.¹⁵

- Random plasma glucose value any time of the day of 200 mg/dL or more, along with the presence of diabetes symptoms.
- A plasma glucose value of 126 mg/dL or more, after a person has fasted for eight hours.

- An oral glucose tolerance test (OGTT) with a plasma glucose value of 200 mg/dL or more taken two hours after a person has consumed a drink containing 75 g of glucose dissolved in water. This test, when taken in a doctor's office or lab, measures plasma glucose at timed intervals over a three-hour period.

The OGTT is the test used to diagnose gestational diabetes. Since glucose levels are normally lower during pregnancy, the threshold values for diagnosis for gestational diabetes are lower. A screening level of 140 mg/dL or more one hour following a 50g glucose drink should be followed up with further testing.¹⁶ Using the O'Sullivan criteria, a pregnant woman is considered to have diabetes if she has two or more of the following numbers after a 100g glucose drink: a fasting plasma glucose level of 95 mg/dL, a one-hour level of 180 mg/dL, a two hour level of 155 mg/dL, or a three-hour level of 140 mg/dL.

Pre-Diabetes

Before people develop type 2 diabetes, they usually have "pre-diabetes," a condition in which blood glucose levels are higher than normal, but not yet high enough to be diagnosed as diabetes. There are about 16 million people ages 40 to 74 in the United States with pre-diabetes.¹⁷ People with this condition are more likely to develop diabetes within 10 years and are more prone to heart attack and stroke. A person with pre-diabetes can prevent or delay the onset of diabetes if she makes some modest lifestyle changes.

Prevention

Once individuals have diabetes they cannot be cured, although studies have shown that type 2 diabetes can be prevented through a healthy diet and regular exercise. The most important of these studies was the U.S. Department of Health and Human Services, National Institutes of Health (NIH) nationwide study of 3,234 people with impaired glucose tolerance or pre-diabetes.¹⁸ The study showed that those who engaged in physical activity of 30 minutes per day, usually walking or other moderate exercise, lost 5 percent to 7 percent of their body weight (an average of 10 pounds to 15 pounds) and reduced their risk of getting diabetes by 58 percent. Treatment with the drug metformin was also studied and was shown to reduce the risk of type 2 diabetes by 31 percent. The lifestyle intervention worked well regardless of gender and racial/ethnic differences. It also was especially effective for those older than age 65.

Diabetes Management

Anyone who has been diagnosed with diabetes needs to carefully manage their disease so that she does not develop the complications associated with diabetes. A study conducted by the National Institute of Diabetes and Digestive and Kidney Diseases showed that those who already have diabetes can slow the onset of eye, kidney and nerve complications by keeping blood sugar levels as close to normal as possible through healthy eating, exercise and regular testing of blood sugar.

For more information, contact:

American Association of Diabetes Educators

100 W. Monroe, 4th Floor
Chicago, IL 60603
1-800-338-3633 for names of diabetes educators
312-424-2426 to order publications
www.aadenet.org

American Diabetes Association

1701 N. Beauregard Street
Alexandria, VA 22311
Phone: 1-800-342-2383
www.diabetes.org

Illinois Diabetes Control and Prevention Program

Illinois Department of Human Services
535 W. Jefferson
Springfield, IL 62702
217-782-2166

National Diabetes Education Program (NDEP)

1-800-438-5383
www.ndep.nih.gov

National Institute of Diabetes and Digestive and Kidney Diseases

1 Information Way
Bethesda, MD 20892
1-800-438-5383
www.niddk.nih.gov

Address Corrections

If the address label on this newsletter is incorrect, please send it back to us with corrections.

If you know others who would like to be added to our mailing list, please let us know.

Just call the Health-Line at 1-888-522-1282.

Sources

- ¹National Diabetes Fact Sheet, Centers for Disease Control, May, 2003 at www.cdc.gov/diabetes/pubs/estimates.htm.
- ² Women's Health Status in Illinois 2002, Illinois Department of Public Health, 2003.
- ³ Economic Costs of Diabetes in the U.S. in 2002, *Diabetes Care* 26: 917-932, American Diabetes Association, 2003.
- ⁴ Women's Health Status in Illinois 2002, Illinois Department of Public Health, 2003.
- ⁵ National Diabetes Fact Sheet, Centers for Disease Control, May, 2003 at www.cdc.gov/diabetes/pubs/estimates.htm.
- ⁶ From www.cdc.gov/diabetes/statistics/prev/national/fig1.htm.
- ⁷ Bernstein, R.K., Revised and Updated Diabetes Solution: A Completed Guide to Achieving Normal Blood Sugars, Little Brown and Company, September, 2003.
- ⁸ The Relationship Between Maternal Diabetes and Birth Defects, Health and Hazardous Substances Registry Newsletter, Illinois Department of Public Health, Spring 2002.
- ⁹ Adapted from Metzger BE, Coustan DR, the Organizing Committee. Summary and Recommendations of the Fourth International Workshop-Conference on Gestational Diabetes Mellitus. *Diabetes Care* 1998;21 (Suppl 2): B161- B167.
- ¹⁰ Beckles, Gloria L.A. and Thompson-Reid, Patricia E., editors. *Diabetes & Women's Health Across the Life Stages: A Public Health Perspective*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, 2001.
- ¹¹ The Relationship Between Maternal Diabetes and Birth Defects, Health and Hazardous Substances Registry Newsletter, Illinois Department of Public Health, Spring 2002.
- ¹² National Diabetes Fact Sheet - Frequently Asked Questions, Centers for Disease Control, May, 2003 at www.cdc.gov/diabetes/faqs.htm and *Diabetes Mellitus*, MedicineNet, Inc., 2002.
- ¹³ *ibid*, Beckles, Gloria L.A. and Thompson-Reid, Patricia E., editors. *Diabetes & Women's Health Across the Life Stages: A Public Health Perspective*.
- ¹⁴ National Diabetes Fact Sheet-Frequently Asked Questions, Centers for Disease Control at www.cdc.gov/diabetes/faqs.htm and Type 1 Diabetes Symptoms, Diagnosis and Treatments, Endocrine Web and the Norman Endocrine Surgery Clinic at www.endocrineweb.com/diabetes/1diabetes.html, *Diabetes Mellitus*, MedicineNet, Inc. at www.medicinenet.com/diabetes_mellitus/page2.htm.
- ¹⁵ Testing recommendations taken from Diabetes Diagnosis, NIH Publication No. 00-4642, 2000. National Diabetes Information Clearinghouse of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).
- ¹⁶ Agency for Healthcare Administration Diabetes Medical Practice Guidelines.
- ¹⁷ Press Release: HHS Launches First National Diabetes Prevention Campaign, "Small Steps, Big Rewards" Aims at Stemming Rapid Rise in Diabetes Across U.S., November 20, 2002.
- ¹⁸ Diet and Exercise Dramatically Delay Type 2 Diabetes: Diabetes Medication Metformin Also Effective, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at www.niddk.nih.gov/welcome/releases/8_8_01.htm.
- ¹⁹ National Diabetes Fact Sheet-Frequently Asked Questions, Centers for Disease Control at www.cdc.gov/diabetes/faqs.htm.

Growing Prevalence of Children with Diabetes

Until recently, type 2 diabetes was very uncommon in children, and accounted for only 1 percent to 2 percent of all childhood diabetes cases, while type 1 diabetes accounted for the vast majority of cases in children. Recent reports, however, indicate that 8 percent to 45 percent of children with newly diagnosed diabetes have type 2 diabetes or occasionally other rare forms of diabetes rather than type 1 diabetes. The variation in reported percentages is due to racial and ethnic differences.

The increase of obesity and decrease of exercise among children is one explanation for the rise in children with type 2 diabetes. In addition, family history of the disease, low-birth weight and being of certain racial or ethnic groups (African-American, Hispanic, Native American) also have been associated with type 2 diabetes in children. Since the peak age for presentation of childhood type 2 diabetes is at puberty, it is also thought that growth hormone, which also increases at this time, may have some effect on insulin resistance.

The U.S. Centers for Disease Control and Prevention (CDC) predicts that the prevalence of type 2 diabetes will continue to grow and become a burden that will be difficult for the health care system to handle. During the 63rd Annual Scientific Sessions of the American Diabetes Association held in June 2003, Dr. Narayan, M.D., chief of the CDC's diabetes epidemiology section gave a grim report on future estimates of children born in the United States who will develop diabetes in their lifetime. Following are some of his key points.

- By the year 2050, it is estimated that 39 percent of now healthy 2 ½ to 3 year old girls and 33 percent of boys are likely to develop diabetes; for Hispanic children, it is closer to one in two with 53 percent of girls and about 45 percent of boys; and for African-American girls and boys, about 49 percent and 40 percent respectively will develop diabetes.
- According to the current trend, a conservative estimate of 40 million or more children in the United States will have diagnosed diabetes in 2050, which is more than double the current number.
- If the current trends are not reversed, the cost of diabetes will cause society to consume enormous resources, many more Americans will be taking potent medications with many side effects for most of their lives and children diagnosed with the disease will face emotional and behavioral challenges in having to readjust many aspects of their lives to control their diabetes.

To prevent childhood type 2 diabetes, families, physicians, educators and schools need to begin to work together on the following strategies to promote healthy lifestyles:

- Feed children healthy foods and make good nutrition a norm for meals and snacks served. Family support is key both for prevention of the disease and diabetes management for children who have diabetes.
- Encourage children to get regular physical activity through physical education, sports programs and other leisure time activities.
- Make healthy foods more available for school meals and in vending machines, and limit foods high in fat, sugar and sodium.
- Provide role models for healthy eating (i.e. teachers, parents, other adults, celebrities, older children or fictional characters).
- Conduct nutrition education through health or gym classes, or at youth organizations and give food preparation demonstrations with tasters as part of the class. Involve parents in nutrition education through homework.
- Provide healthy cues through posters. A poster competition may be held giving a prize to the child who comes up with the best poster. It can then be hung at the school or youth organization.
- Conduct discussions on healthy eating and exercise whereby youth identify reasons to adopt healthy lifestyle practices or have them discuss media influences on eating patterns.
- Help youth to set goals for change by identifying barriers, assessing strategies for change and monitoring their success.

Sources:

1. *Type 2 Diabetes in Children and Adolescents*, Diabetes Care, Volume 23, Number 3, American Diabetes Association, March 2000.
2. Laino, Charlene, *One in Three Kids Will Develop Diabetes*, WebMD Medical News, June, 16, 2003, <http://webcenter.health.webmd.netscape.com/content/article/66/79851.htm>
3. *American Diabetes Association 63rd Scientific Sessions*, New Orleans, June 13-17, 2003; K.M. Venkat Narayan, MD, chief of the diabetes epidemiology section, CDC; Judith Fradkin, MD, director of diabetes, endocrinology and metabolic diseases, NIDDK.
4. *Diabetes in Children Set to Soar*, Associated Press, June 15, 2003.
5. *Diabetes in Children and Adolescents*, National Diabetes Education Program, February 2002.
6. *Guidelines for School Health Programs to Promote Lifelong Healthy Eating*, U.S. Centers for Disease Control and Prevention, Appendix to MMWR June 14, 1996 Report/45(RR-9);34-41.

LEGISLATION AFFECTING ILLINOIS WOMEN - 2003 UPDATE

The table below gives an update of some recent legislation that has passed regarding women's health issues.

PUBLIC ACT (AGENCY)	EFFECTIVE DATE	LEGISLATION
93-0006 (Illinois Department of Labor)	01-01-04	EQUAL PAY ACT - Creates the Equal Pay Act of 2003 to provide that no employer may discriminate between employees on the basis of sex by paying wages solely on the basis of the employee's gender.
93-0008 (Criminal Code)	05-28-03	EPHEDRA SALE BAN - Prohibits the sale of any dietary supplement containing any quantity of ephedra or ephedrine alkaloids.
93-0084 (Illinois Department of Human Services)	01-01-04	DHS-FOLIC ACID-PUBLIC EDUCATION - Requires the Illinois Department of Human Services, in consultation with the Illinois Department of Public Health, to conduct a public information campaign to educate women about the benefits of consuming folic acid before and during pregnancy to improve their chances of having a healthy baby and to increase, consumption of folic acid by women of child-bearing age.
93-0088 (School Code)	07-02-03	SCH CD-SEX ED-ABANDONED NEWBORN - Requires sex education materials and instruction to advise pupils of the provisions of the Abandoned Newborn Infant Protection Act.
93-0102 (Illinois Department of Insurance)	01-01-04	INS COVER CONTRACEPTIVES - Requires insurance plans that already cover prescription drugs and devices to also cover all FDA approved prescription contraceptive drugs and devices and outpatient contraceptive services.
93-0143 (Illinois Department of Public Health- Health Care Regulation)	01-01-04	HEALTH-NEWBORN-UMBILICAL BLOOD - Provides that all licensed hospitals shall offer a pregnant patient the ability to donate, to a publicly accessible certified cord blood bank, if this can be done at no expense to the patient or hospital for collection or storage.
93-0235 (Criminal Code)	07-22-03	PAROLE & RELEASE VICTIM STATEMENT - Requires the Prisoner Review Board to establish a toll-free number that may be accessed by the victim of a violent crime to present information for consideration by the board at the parole hearing or at a proceeding determining release or revocation of release.
93-0236 (Criminal Code)	01-01-04	CIVIL NO CONTACT ORDER - Creates an order of protection for victims who don't have a relationship with the offender.
93-0299 (Illinois Department on Aging)	01-01-04	ELDER ABUSE - Prohibits someone convicted of abuse, neglect or financial exploitation of a person 60 years of age or older (or person with disability) from inheriting from that person's estate. The probation is waived if there is evidence that the victim reaffirmed a desire to do this transfer of property to the convicted abuser.
93-0300 (Illinois Department on Aging)	01-01-04	ELDER ABUSE - Adds paramedics and EMT's to the list of professionals required by law to report suspected elder abuse.

PUBLIC ACT (AGENCY)	EFFECTIVE DATE	LEGISLATION
93-0342 (Department of Public Aid)	07-24-03	DHS-PUBLIC AID-VIOLENCE VICTIM - Adds categories of non-citizens who are eligible for public aid if they meet other standards of eligibility and who have been battered or subjected to extreme cruelty by a U.S. citizen or Legal Permanent Resident.
93-0356 (Criminal Code)	07-24-03	CRIMINAL CODE-LIMITATIONS - Amends the Abused and Neglected Child Reporting Act to extend criminal and civil statutes of limitations in cases of childhood sexual abuse.
93-0389 (Criminal Code)	07-25-03	CRIMINAL CODE-SEXUAL ASSAULT - Clarifies a person's right to withdraw consent to sexual activity at any time during the course of sexual activity.
93-0392 (Criminal Code, and Illinois Department of Public Health)	07-25-03	HYPODERMIC NEEDLE & SYRINGES - Authorizes a person who is at least 18 years of age to purchase up to 20 sterile hypodermic syringes or needles at a pharmacy without a prescription. Provides that the Illinois Department of Public Health must develop educational materials regarding safer injection, HIV prevention, syringe disposal, and drug treatment and make copies of those materials available to pharmacists.
93-0416 (Civil Courts)	01-01-04	GENDER VIOLENCE ACT - Provides that any person who has been subjected to gender-related violence may bring a civil action for damages against the person who committed the act.
93-0419 (Criminal Code)	01-01-04	FAMILY MEMBER SENTENCING - Removes the option of probation for family members convicted of criminal sexual assault.
93-0536 (Illinois Department of Public Aid)	08-18-03	MEDICAID-PRE & PERINATAL CARE - The Illinois Department of Public Aid may provide reimbursement under this article for all prenatal and perinatal health care services that are provided for the purpose of preventing low birth weight infants, reducing need for neonatal intensive care, hospital services and promoting perinatal health.
93-0564 (Illinois Department of Public Health)	01-01-04	LANGUAGE ASSISTANCE - Makes the provisions of the Language Assistance Act mandatory rather than discretionary. Provides for administration and enforcement by the Illinois Department of Public Health, which shall develop a complaint system.
93-0566 (Illinois Department of Public Health)	08-20-03	PRENATAL CARE PROVIDERS-HIV - Provides that every health care professional who provides health care services to a pregnant woman shall provide HIV counseling and offer HIV testing, if not already provided during the woman's pregnancy.
93-0591 (Department of Labor)	08-25-03	DOMESTIC VIOLENCE-EMPLOYEE LEAVE - Provides that an employee who is a victim of domestic or sexual violence, or who has a family or household member who is a victim of domestic or sexual violence whose interests are not adverse to the employee, may take unpaid leave from work to address domestic or sexual violence.

Things you Can Do to Prevent Diabetes

- Get Regular Exercise**
 - Make time each day to do sustained aerobic activity. Slowly work your way to at least 30 minutes or more per day.
 - Do some strength training by lifting weights three times a week. Start with light weight and slowly increase.
 - Make exercise enjoyable by taking walks on the beach, going on a bike ride, exercising with other people or doing recreational things that involve physical activity, etc.
- Eat a low fat/high fiber diet**, which includes whole grains, lots of vegetables, fruit and less heavy, fatty junk foods.
- Get rid of high fat/high calorie snack food.** Do not keep these in the house. Instead, keep healthy snacks such as yogurt, vegetables, fruit, nuts or pudding on hand to replace unhealthy snacks.
- Eat only at one place**, preferably the table.
- Serve your food from the kitchen**, and put it on a smaller plate. Leave serving containers in the kitchen so that you are less apt to take second helpings.
- Eat slowly.** Eat well- prepared, well- seasoned food and take time to enjoy.
- Eat five or six small meals per day.** Be a grazer- not a binger- to help keep your blood glucose level constant rather than fluctuating throughout the day. This will keep your energy level up throughout the day and prevent you from overeating at any one meal.
- Drink lots of water**, which is good for your cells and also can help prevent hunger.
- Stay active.** Walk or do some other mild activity after two of your meals.
- Go to the store only after you have eaten**, not when you feel hungry.
- Avoid tempting situations**, ones where you lose control.
- Give yourself rewards** for following your weight management program. Do something nice for yourself at the end of each week as a reward.
- Carry some reminder cards with you.** Keep them in places such as the refrigerator to remind yourself to keep with the program.
- Make a contract** with someone you respect about your weight control behavior, not about your weight. If your behavior is right, the weight will come off.
- Keep a record of your food intake and minutes of physical activity.** Look at the patterns and decide where you can make the next positive change. One positive change at a time is better than no change at all.
- Make a strong decision to get serious.** Remember, **YOU ARE WORTH THE EFFORT!**

(Adapted from: Overweight and Obesity Fact Sheet, National Center for Health Promotion and Disease Prevention, Veterans Health Administration).

Controlling Your Diabetes

Anyone who has been diagnosed with diabetes needs to carefully manage their disease so that she does not develop the complications associated with diabetes. A study conducted by the National Institute of Diabetes and Digestive and Kidney Diseases showed that those who already have diabetes can slow the onset of eye, kidney and nerve complications by keeping blood sugar levels as close to normal as possible. Some suggestions are as follows:

- ❑ **Eat Healthy Food.** People with diabetes do not need special foods. Foods on your diabetes meal plan are good for everyone in the family. Try to eat foods that are low in fat, salt and sugar, but high in fiber, such as beans, fruits and vegetables, and grains. If you use insulin, be sure to take it before you eat, eat at about the same time and do not skip meals.
- ❑ **Exercise regularly.** Exercise is good for your diabetes. Walking, swimming, dancing, riding a bicycle, playing baseball and bowling are all examples of good ways to exercise. Try to exercise regularly, at least three times a week for about 30 to 40 minutes each time. If you have not exercised in a while, begin slowly and gradually increase intensity and duration. Before beginning any exercise program, be sure to check with your physician.
- ❑ **Take your diabetes medicine.** Insulin and diabetes pills are the two kinds of medicines used to lower blood sugar. If you take insulin, your physician will tell you what kind of insulin to use, how much and when to give yourself a shot. Your physician or diabetes educator will show you how and where to give yourself a shot. Always use your own needles and never share them with anyone else. If you take diabetes pills, ask your physician when to take the pills. Remember, these pills do not lower blood sugar all by themselves. You will still have to follow your diet and exercise to lower your blood sugar. If you do not use insulin or take diabetes pills, follow your physician's advice about eating and getting enough exercise.
- ❑ **Test your blood sugar.** Ask your physician how often and when you should test your blood sugar. To test your blood, you need a small needle called a lancet, special blood testing strips and a glucose monitor (a special electronic device used to test for blood sugar). Your physician or a nurse can show you how to test your blood and give you information on glucose monitors.
- ❑ **Two other tests can also help you keep track of your blood sugar.** You may need a urine test when you are ill or if your blood sugar is above 240 before eating. This test will tell you if you have ketones in your urine. Ketones are present when there is not enough insulin in your blood; they can make you very sick. Call your physician immediately if you find ketones in your urine. The hemoglobin A1c test shows what your average blood sugar was for the past three months. Ask your physician for this test every six months.
- ❑ **Keep regular appointments with your doctors.** It is important for those with diabetes to keep their regular appointments with their endocrinologist to monitor their disease, ophthalmologist for eye examinations, podiatrist for routine foot care, and dietician and diabetes educator to help develop the skills of day-to-day management.

Representative Mendoza helps promote Illinois Breast and Cervical Cancer Program

Illinois State Representative Susana Mendoza from Chicago's 1st Representative District recently assisted the Office of Women's Health in a public awareness campaign targeting women who may be eligible for benefits offered through the Illinois Breast and Cervical Cancer Program (IBCCP). Women between the ages of 35 and 64 who do not have health insurance may qualify for free screenings. Representative Mendoza (second from left) is pictured with IBCCP nurse Kathy Finch (far left) and two other women during an enrollment event targeting Hispanic women in Chicago. Women interested in knowing more about the program should contact the Women's Health-Line at 1-888-522-1282.



Healthy Woman newsletter is published quarterly by the ILLINOIS DEPARTMENT OF PUBLIC HEALTH. Story ideas, suggestions and comments are welcome and should be forwarded to Lisa Keeler, editor, Illinois Department of Public Health, Office of Women's Health, 535 W. Jefferson St., Springfield, IL 62761; or call 217-524-6088.

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