



# Living Well with Diabetes Newsletter

SEPTEMBER 2019

## Fall in Love with Fall Produce!

By: Jessica Cook, Director of Education MS, RD, LD, CDE

Fall is almost here and foodies out there that means enjoying all the delicious fall produce that will be available. Changing your diet to include seasonal produce can not only make healthy eating more exciting, but can add new recipes to your repertoire as well as increase your intake of different vitamins and minerals. Not to mention produce in the fall is so yummy and can help give us in South Florida a better Fall experience.

Here are a few produce items in season in the Fall:

- Swiss Chard
- Kale
- Sweet Potatoes
- Butternut Squash
- Acorn Squash
- Pumpkin
- Apples
- Parsnips
- Pears
- Spinach
- Carrots
- Brussel Sprouts
- Cabbage
- Beets
- Mushrooms
- Cranberries



### EASY BRUSSEL SPROUT SALAD: RECIPE FROM DELISH.COM

Making a Brussels sprouts salad sounds intimidating, but it doesn't actually require much prep. Tossed with a combo of toasted almonds, shaved Parmesan, and pomegranate seeds, it's the best side for any get-together, most especially an easy, but fancy dinner.

**SERVES: 6**  
**PREP TIME: 25 MINS**

## INGREDIENTS

- 3 tbsp. extra-virgin olive oil
- 5 tbsp. lemon juice
- 1/4 c. freshly chopped parsley
- 1/2 tsp. sea salt
  
- 1 tsp. Freshly ground black pepper
- 2 lb. Brussels sprouts, halved and thinly sliced (about 8 cups)
- 1/2 c. chopped toasted almonds
- 1/2 c. pomegranate seeds
  
- Shaved Parmesan, for serving

## DIRECTIONS

1. In a medium bowl, whisk olive oil, lemon juice, parsley, 1/2 teaspoon salt, and 1 teaspoon pepper until combined.
2. Add Brussels sprouts and toss until completely coated.
3. Let sit, tossing occasionally, for at least 20 minutes and up to 4 hours before serving.
4. Fold in almonds and pomegranate seeds and garnish with shaved Parmesan before serving!

To learn more about diabetes, diet, health and weight loss call 561-659-6336 ext 8012 to schedule an appointment with a certified diabetes educator or registered dietitian today. Please enjoy our September 2019 Living Well with Diabetes Newsletter!

## **Diabetes Management: From Viewpoint of an Informal Caregiver**

By: Geetanjali Kale M.D.

Diabetes is a chronic and burdensome disease. Sometimes, patients with diabetes have other co-morbidities and they are unable to take care of their disease entirely by themselves. As patients with diabetes age, they may have declining vision or cognitive function. Sometimes a recent cardiovascular event or amputation prompts them to rely exceedingly on non-formal caregivers and family members. Patients have to rely on others to be taken to and from their appointments. Patients may need help picking up prescriptions at the pharmacy, grocery shopping or cooking. Often, caregivers find themselves in this unanticipated and overwhelming role. Informal care giving refers to unanticipated, unpaid care and can include all or only part of caring tasks required by the patient. Consequently, as the disease progresses, higher care giving

demands may contribute to an increase in the informal caregiver's stress levels. These demands can take a toll on patients as well as caregivers health.

From the point of view of care giving, first step is to acknowledge yourself in this challenging position. Second, is to try to obtain as much support as possible. Mobilizing friends and family members to do small objective tasks such as grocery shopping, pharmacy visits etc. can take off some of the burden. Looking into opportunities for hired care giving through insurance companies and Medicare can help as well. Accompanying the patient to doctor's visits and involving your physician in realities of managing the patient is always in the best interest of the loved ones being cared for. A lot of our patients take complicated regimens, use multiple daily injections of insulin and occasionally use complicated technology such insulin pumps and sensors. It is important to discuss the practicalities and difficulties of carrying out desired regimens at the time of doctor visit, especially if the patient is completely dependent on caregivers for these regimens. For example, patients with dementia and cognitive decline cannot recognize symptoms of hypoglycemia. Under these circumstances continuous glucose monitoring can be helpful, however we always need to consider issues such as cost and caregiver burden.

Patients sometimes rely on caregivers for skin and foot checks to rule out signs of infections and basic hygiene such as bathing. Sometimes, it does not help, when certain personalities or point of views of the patient conflict with that of caregivers. For example, a loved one is opposed to the idea of insulin use, but caregivers see it as beneficial and necessary. Conflict resolution under these circumstances can be challenging, however patient autonomy should always be valued. Bringing up these challenges during doctor visits will help all members to come up with medical plans that are in best interest of the patient. Clinical studies have shown worsening blood pressure and depression in caregivers of patients with chronic illnesses, so it is important for caregivers to take time for them and take care of their health as well. Finally, being a caregiver to a patient with diabetes is a challenging, yet a rewarding job. Patients with diabetes who have access to informal caregiver tend to have better medication adherence, better blood glucose control and better overall outcomes.

## **GlycoMark: What's Your Number**

By: Monika Lambertson MS, RD, LD, CDE

Most people who have diabetes are familiar with the blood test called hemoglobin A1c. This test measures a person's average blood glucose over the previous two to three months. For many adults with diabetes, the American Diabetes Association recommends aiming for an A1c of 7% or less, which is equal to an average blood glucose of 154. One of the limitations of A1c is that it is simply an average and does not detect blood

sugar variability. For example, two people with similar A1c test results may have vastly different blood sugar patterns - one person may have fairly stable blood sugars, while the other may have post meal spikes followed by lows. Despite this, it is quite possible that their average blood sugar is the same.

Enter the GlycoMark test.

GlycoMark is a valuable tool on its own and can be used in conjunction with A1c to provide a clearer picture of recent blood sugar control. GlycoMark is a blood test specific to detecting hyperglycemia within the last two weeks. The test works by measuring a glucose-like sugar called 1,5-AG in the blood. When blood sugar rises above 180mg/dl (called the renal threshold), the kidneys start to remove excess blood sugar in the urine; this makes the level of 1,5-AG in the blood decrease. A GlycoMark test result of 10-31 is considered normal and suggests more stable blood sugar levels. A result below 10 indicates blood sugar spikes above 180. Moreover, the lower the number, the higher the blood sugar spikes. For example, a GlycoMark of 7 corresponds to average blood sugar peaks of 196, while a GlycoMark of 3 equals average peaks of 248. GlycoMark helps to reveal hyperglycemic excursions that are not evident when considering A1c results alone. Low GlycoMark results have a strong, independent correlation with higher rates of diabetes-related complications.

In summary, when used in conjunction with A1c, GlycoMark can enhance the detection of hyperglycemia and help better guide and monitor the effectiveness of treatment strategies. It can also be used to confirm that treatment strategies are working and blood sugars are well controlled. Certain medications and medical conditions may affect test results. If you have questions about what your GlycoMark test result means, please consult your endocrinologist.

If you need help reducing blood sugar variability, contact our office to make an appointment with one of our Registered Dietitians or Certified Diabetes Educators, or schedule to attend one of our many education workshops. Call 561-659-6336 ext 8012.

# Do You Need Help Meal Planning for Weight Loss?



## Then come to our Healthy Meal Planning Classes! At 3 Convenient Locations!

### 1. West Palm Beach Location:

Temple Israel

1901 N. Flagler Drive

West Palm Beach FL, 33401

**Tuesday October 15<sup>th</sup> 10am-12pm**

Parking is located on Pine Street behind the Temple. Please buzz in to alert staff for diabetes refresher class. Classroom is located in the Program Room.

### 2. Boynton Beach Location:

6056 W. Boynton Beach Blvd. Suite 245

Boynton Beach, FL 33473

**Thursday September 19<sup>th</sup> 10am-12pm**

### 3. Jupiter Location:

Well tower Building 550 Heritage Drive, Suite 150

Jupiter, FL 33458

**Wednesday November 13<sup>th</sup> 5:30-7:30pm**

**Will provide Healthy Snacks!**

**\*\*May bring one guest!**

**Palm Beach  
Diabetes and  
Endocrine  
Specialists**

**1515 N. Flagler  
Drive, Suite 430  
West Palm Beach,  
FL 33401**

**561-659-6336**

*jcook@pbdes.com*

If interested attending this program please contact our scheduling department at (561) 659-6336 Extension 8001 today!

At Healthy Living with Diabetes we want to ensure that you are satisfied with all services received. We also would like your input on educational workshops that you would like us to offer, information you would like to read about in Healthy Living with Diabetes Monthly or feedback on any workshop that you may have attended. You can contact the director of education personally by email [jcook@PBDES.COM](mailto:jcook@PBDES.COM) or leave a message at (561) 659-6336 ext. 8012. We would love to hear from you!

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