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CCM NEWSLETTER

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Controlling Diabetes: A Lifelong Quest Part 1

I have often heard this question: “Doctor, I’m off all my diabetes medications and my sugars are controlled by my new lifestyle changes. Does this mean I no longer have Diabetes?”

You don’t know how badly I want to congratulate you and say “Yes! You beat diabetes! Don’t ever worry about it again!”

BUT- I can’t. It’s simply NOT TRUE. Unfortunately, once you have diabetes, in a sense you will always have diabetes. Once you have diabetes, your body is insulin resistant. This means that your body doesn’t really know how to use insulin properly (you can’t handle all those carbs!), thereby leaving you at risk for high blood sugar whenever you are not controlling it with medications, diet or other lifestyle changes. Additionally, you may still be at risk from complications from past high sugar levels. While it may be reasonable to change your diagnosis from diabetes to history of diabetes or diet-controlled diabetes, it is still important to keep some record of it in your medical chart so future physicians will know to continue the diabetes specific monitoring.

Over the past few months we have reviewed the history of diabetes; what it is, how it’s diagnosed; the complications and diabetes care checklist. Let’s start to review some of the treatment options. I won’t focus too much time on the medicines. There are way too many to list and can get pretty

complicated in how they work. I want to focus mainly on the things a patient with diabetes can do WITHOUT a doctor's prescription to help control their diabetes.

Dietary Changes

This is by far the MOST DIFFICULT change to make in ANYONE'S life. When you get the pre-diabetes or diabetes diagnosis you have to fundamentally change your relationship with food. So much of our culture and entertainment is tied together with food and eating. Additionally, humans have used food as a way to deal with emotion- which in turn, has led to negative consequences. The good news is that we are intelligent human beings and can use the power of psychology to help us make these crucial lifestyle changes.

Cutting back on Carbohydrates

Let's talk about those carbs. When you eat or drink something with carbohydrates, your body breaks those carbs down into sugar for your body to use. When you have diabetes, your body can't really process all that sugar- so it ends up building up in your blood. This is why carb control is very important for diabetics.

There are three types of carbohydrates in your diet:

- 1.) Sugar
- 2.) Starch
- 3.) Fiber

On the nutrition label you will see "Total Carbohydrates"- this includes all 3 types.

Not all carbs are bad, but let's review the 3 types, because there is a difference.

The Good- Fiber

Think of words like “whole and unprocessed”. These foods contain the least sugar & starch and the most fiber. Therefore, they have the least impact on your sugar levels. Fill HALF your plate up with these types of foods. If you aren't used to a lot of fiber in your diet- start slowly and allow your body to adjust to the increased fiber intake. Sudden increase in fiber can lead to gas and bloating. Make sure to drink plenty of water to help move that fiber along.

Foods that have at least 2.5 grams of fiber per serving are labeled “Good Source”.

Foods that have at least 5 grams of fiber per serving are labeled “Excellent Source”.

Examples: Broccoli, lettuce, cucumbers, tomatoes, green beans

The Okay- Starch

These carbs are “minimally processed”. These foods should make up a quarter of your plate. Look for foods that say “whole grain” and NOT “enriched”.

Examples: Fruits (apples, blueberries, cantaloupe), Whole Intact Grain (brown rice, whole wheat bread, oatmeal), and starchy vegetables (corn, sweet potatoes, beans, pumpkin, green peas).

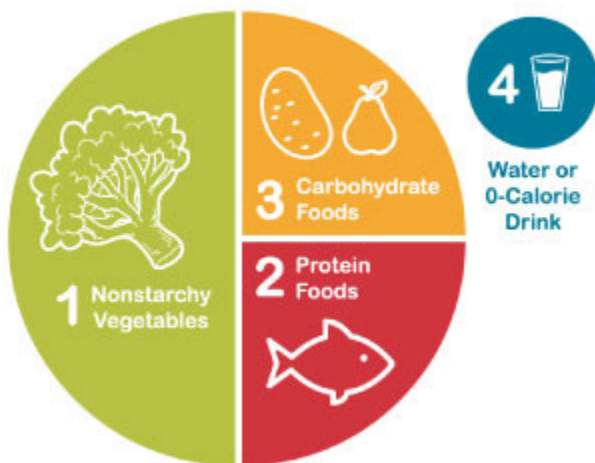
The Ugly- Sugar

These delicious devils are refined, highly processed carbohydrates with added sugar. Eat these foods sparingly and not every day. What is added sugar? Well it can include things like: table sugar, dextrose, fructose, corn syrup, honey, beet sugar, agave or turbinado.

Examples: Sugary drinks (soda, sweet tea, juice), refined grains (white bread, white rice, sugary cereal), sweets and snack foods (anything in a package in the middle of the grocery store).

Now that you know the carbohydrate characters, it's time to put what you know into practice.

I referenced the Plate Method when introducing the types of carbohydrates. This is a really simple and effective way of looking at carbohydrates and monitoring how much of each type to eat.



You can see that the “Good” and “Okay” starches are represented on the plate. Now- keep in mind- this isn’t a platter- it’s a normal sized dinner plate. Think 9 inches in diameter. Maybe use a salad or dessert plate if your dinner plates are larger than 9 inches. Fill half your plate with the non-starchy vegetables and fill a quarter of your plate with minimally processed carbs. The last quarter of your plate should be filled with lean protein- like fish or chicken.

Make note of the drink recommendation. While water is preferred, the US Food and Drug Administration has reviewed several sugar substitutes and has either approved or recognized them as safe for the public, including those with diabetes. While the fact that you are not “drinking your

calories” could possibly lead to improved sugar control and weight control, it is important to add that there is NO clear evidence to support the claim that will improve weight and metabolic health in the LONG RUN.

The Plate Method may be good for meals that have separate food types, however there may be times when you enjoy meals that have a combination of food types.

Tacos are a good example of this combination meal. We have starch, protein, vegetables, and possibly dairy all rolled into one yummy handheld treat. In this case, think about your meal like this:

Tortilla: choose corn or whole wheat over a flour tortilla

Meat: choose the chicken, lean beef, pork, or fish instead of the carne asada or ground beef

Toppings: add your vegetables or salsa, top with a little cheese and skip the sour cream

Also- this would be a good time to incorporate the concept portion control- instead of 2 or 3 tacos.

Eat one taco and have a small portion of pinto or black beans instead of the refried beans.

Try to get into the habit of logging your food- at least for the first 3 months. The food tracking apps have really widened their database and now you can pretty much find any type of food from the grocery store or restaurant. It will be hard to remember to log your food at first, but you can set reminders through the app. Many of these apps will allow you to use the basic version for free. Honestly- the basic version is all you really need.

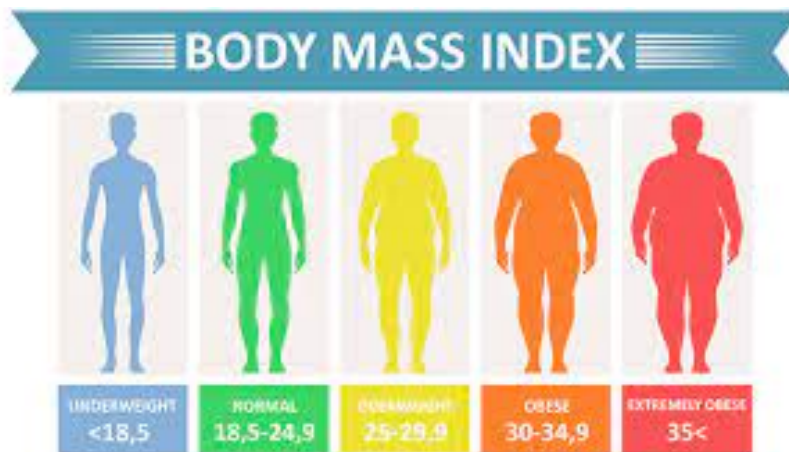
Most of these food tracking apps will also help you track your weight. They may make suggestions on how many calories you should consume in a day to achieve your goal weight.

Spoiler alert: this will require you to get on that scale.

I get it- it's not fun to step on that scale especially when you risk potential disappointment that will affect the rest of your day. However, metrics are important to progress. Bite the bullet- pick a metric (weight, waist circumference, Ha1c, etc.) and track it as you make your lifestyle changes. It will motivate you to continue on your path or to get back on the straight and narrow.

Achieving and maintaining a healthy BMI is key in diabetes management.

BMI stands for *body mass index* and it measures your body fat based on your height and weight.



A healthy BMI is <25%. If your BMI is above that- set a goal to lose 7% of your current weight. Start with some of the concepts discussed in this newsletter and make an appointment with your physician to discuss other ways to help with your weight loss goals.

Next month, we will discuss how physical activity and medications play a role in your journey to control Diabetes.

Dear Patient,

We have reviewed your most recent clinic visit. In keeping with the theme of this month's newsletter, we noted your most recent BMI. Your most current BMI is _____. This places you in the _____ category. We recommend you to maintain your BMI/ work to improve your BMI.

If you need to improve your BMI, we suggest that you set a goal to lose 7% of your current weight, which would be _____ pounds. Let us know how we can help you achieve your goal and work towards a healthier you!

Jorge Duchicela, M.D.