

ABOUT WORLD DIABETES DAY

World Diabetes Day is the primary global awareness campaign for diabetes. It is celebrated each year on 14 November. The campaign is led by the International Diabetes Federation. In 2007, World Diabetes Day became an official United Nations world day, following the passage of the United Nations World Diabetes Day Resolution in December 2006.

World Diabetes Day is a campaign that each year features a theme chosen by the International Diabetes Federation to address issues facing the global diabetes community. In 2008, the World Diabetes Day theme is diabetes in children and adolescents.

Diabetes and children :

Diabetes is one of the most common chronic diseases to affect children. It can strike children of any age, even toddlers and babies. If not detected early enough in a child, the disease can be fatal or result in serious brain damage. Yet diabetes in a child is often completely overlooked: it is often misdiagnosed as the flu or it is not diagnosed at all.

Every parent, school teacher, school nurse, doctor and anyone involved in the care of children should be familiar with the warning signs and alert to the diabetes threat.

Know the diabetes warning signs :

- Frequent urination
- Excessive thirst
- Increased hunger
- Weight loss
- Tiredness
- Lack of interest and concentration
- Blurred vision
- Vomiting and stomach pain (often mistaken as the flu)

**In children with type 2 diabetes these symptoms may be mild or absent.*

Type 1 and type 2 diabetes.

Diabetes is a chronic, potentially debilitating and often fatal disease. It occurs as a result of problems with the production and supply of the hormone insulin in the body. The body needs insulin to use the energy stored in food. When someone has diabetes they produce no or insufficient insulin (type 1 diabetes), or their body cannot use effectively the insulin they produce (type 2 diabetes).

Type 1 diabetes is an autoimmune disease that cannot be prevented. Globally it is the most common form of diabetes in children, affecting around 500,000 children under 15. However, as a result of increasing childhood obesity and sedentary lifestyles, type 2 diabetes is also increasing fast in children and adolescents. In some countries (e.g. Japan), type 2 diabetes has become the most common form of the disease in children.

- Globally, there are close to 500,000 children under the age of 15 with type 1 diabetes.
- Every day 200 children develop type 1 diabetes.
- Every year, 70,000 children under the age of 15 develop type 1 diabetes.
- Type 1 diabetes is increasing in children at a rate of 3% each year
- Type 1 diabetes is increasing fastest in pre-school children, at rate of 5% per year.
- Finland, Sweden and Norway have the highest incidence rates for type 1 diabetes in children.
- Type 2 diabetes has been reported in children as young as eight and reports reveal that it now exists in children thought previously not to be at risk. In Native and Aboriginal communities in the United States, Canada and Australia at least one in 100 youth have diabetes. In some communities, it is one in every 25.
- Over half of children with diabetes develop complications within 15 years.
- Global studies have shown that type 2 diabetes can be prevented by enabling individuals to lose 7-10% of their body weight, and by increasing their physical activity to a modest level.

- Type 2 diabetes in children is becoming a global public health issue with potentially serious outcomes.
- Type 2 diabetes affects children in both developed and developing countries.

No Child Should Die of Diabetes :

Diabetes is a deadly disease. Each year, almost 4 million people die from diabetes-related causes. Children, particularly in countries where there is limited access to diabetes care and supplies, die young.

- Diabetic Ketoacidosis (DKA), a build-up of excess acids in the body as a result of uncontrolled diabetes, is the major cause of death in children with type 1 diabetes. With early diagnosis and access to care, the development of severe DKA should be preventable.
- Insulin was discovered more than 85 years ago. Today children in many parts of the world still die because this essential drug is not available to them.
- Children with diabetes should monitor their blood sugar regularly to help control their diabetes. This monitoring equipment is often unavailable or not affordable.
- In Zambia, a child with type 1 diabetes can expect to live an average of 11 years. In Mali, the same child can expect to live for only 30 months. In Mozambique the child is likely to die within a year.

The World Diabetes Day campaign in 2008 aims to:

- Increase the number of children supported by the IDF Life for a Child Program.
- Raise awareness of the warning signs of diabetes
- Encourage initiatives to reduce diabetic ketoacidosis and distribute materials to support these initiatives.
- Promote healthy lifestyles to help prevent type 2 diabetes in children.

World Diabetes Day :

World Diabetes Day, on the 14th November every year, has grown from humble beginnings to become a globally-celebrated event to increase awareness about diabetes. Comprising hundreds of campaigns, activities, screenings, lecture, meetings and more, World Diabetes Day is proving internationally effective in spreading the message about diabetes.

Who introduced World Diabetes Day ?

World Diabetes Day was jointly introduced by the World Health Organisation (WHO) and the International Diabetes Federation (IDF). The global diabetes awareness campaign was introduced amidst concern over an escalating diabetes epidemic.

Why is November 14th World Diabetes Day?

November 14th is a significant date in the diabetes calendar because it marks the birthday of the man who co-discovered insulin, Frederick Banting. Banting discovered insulin in 1922, alongside Charles Best. World Diabetes Day is internationally recognised and is now an official United Nations Day.

Where is World Diabetes Day celebrated?

World Diabetes Day is celebrated throughout the world. A truly global event, World Diabetes Day occurs in over 200 diabetic member associations, in over 160 different countries. Further associations, medical professionals, and individuals all over the world join together to celebrate World Diabetes Day.

How do people celebrate World Diabetes Day?

World Diabetes Day is celebrated in a vast number of ways around the globe. These include a range of activities and events, including meetings and lectures to spread public information, sporting events for adults and children, television and radio programmes, leaflet and poster campaigning, exhibitions and conferences and much, much more.

Is World Diabetes Day the same every year?

World Diabetes Day is different every year, because each year a theme is decided upon to help those most in need. For instances, 2004 saw World Diabetes Day themed Diabetes and Obesity. This year, World Diabetes Day is concerned with diabetes in children and adolescents.

World Diabetes Day 2008 @ Defence Colony A Block Club

16th November, 2008, 9AM – 12 Noon

PARTICIPATING ORGANIZATIONS :

Cardio Diabetes Research Society
Defence Colony, A-Block, Welfare Association
Dr. Gujral's Speciality Clinics
National Heart Institute
Indraprastha Diagnostics
Bharti Eye Hospital

Registration Starts from 9th Nov 2008

Contact

Mr. Balwant Negi, 41551128 / 9818419673

Mr. Sankar, 9818020014

PROGRAMME

Spot Registration : 8 am – 11am on 16th Nov '08

BP, Blood Sugar, ECG, Nerve Test : 9am to 12 Noon

Diabetes Education Lectures & Workshop : 9am to 12 Noon

FACILITIES AVAILABLE :

FREE	☛ Blood Sugar & Advice	☛ Heart Check- up & Advice
	☛ ECG	☛ Feet Nerve Testing
	☛ Eye Testing & Advice	☛ Diabetes self care Kit
	☛ Magazines	☛ Tea & Snacks
	☛ Education & awareness Lectures	

CONCESSION COUPONS :

- | | |
|---------------|----------------------------------|
| ☛ ECHO | ☛ TMT |
| ☛ HOLTER | ☛ CAROTID DOPPLER |
| ☛ ANGIOGRAPHY | ☛ LIPID PROFILE |
| ☛ HbA1c | ☛ EYE OPERATIONS & Special Tests |



Qn: What are the thumb rules for a layman to take care of his heart?

- Ans: 1. Diet-Less of carbohydrate, more of protein, less oil.
 2. Exercise - Half an hour's walk, at least five days a week; avoid lifts and avoid sitting for a longtime
 3. Quit smoking
 4. Control weight
 5. Control blood pressure and sugar

Qn: Is eating non-veg food (fish) good for the heart?

Ans: No

Qn: It's still a grave shock to hear that some apparently healthy person gets a cardiac arrest. How do we understand it in perspective?

Ans: This is called silent attack; that is why we recommend everyone past the age of 30 to undergo routine health checkups.

Qn: Are heart diseases hereditary?

Ans: Yes

Qn: What are the ways in which the heart is stressed? What practices do you suggest to de-stress?

Ans: Change your attitude towards life. Do not look for perfection in everything in life.

Qn: Is walking better than jogging or is more intensive exercise required to keep a healthy heart?

Ans: Walking is better than jogging since jogging leads to early fatigue and injury to joints.

Qn: Can people with low blood pressure suffer heart diseases?

Ans: Extremely rare

Qn: Does cholesterol accumulates right from an early age (I'm currently only 22) or do you have to worry about it only after you are above 30 years of age?

Ans: Cholesterol accumulates from childhood.

Qn: How do irregular eating habits affect the heart?

Ans: You tend to eat junk food when the habits are irregular and your body's enzyme release for digestion gets confused.

Qn: How can I control cholesterol content without using medicines?

Ans: Control diet, walk and eat walnut.

Qn: Can yoga prevent heart ailments?

Ans: Yoga helps.

Qn: Which is the best and worst food for the heart?

Ans: Fruits and vegetables are the best and the worst is oil.

Qn: Which oil is better - groundnut, sunflower, olive?

Ans: All oils are bad.

Qn: What is the routine checkup one should go through? Is there any specific test?

Ans: Routine blood test to ensure sugar, cholesterol is ok. Check BP, Treadmill test after an echo.

Qn: What are the first aid steps to be taken on a heart attack?

Ans: Help the person into a sleeping position, place an Soluble aspirin tablet under the tongue / dissolved in water and rush him to a coronary care unit since the maximum casualty takes place within the first hour.

Qn: How do you differentiate between pain caused by a heart attack and that caused due to gastric trouble?

Ans: Extremely difficult without ECG.

Qn: What is the main cause of a steep increase in heart problems amongst youngsters? I see people of about 30-40 yrs of age having heart attacks and serious heart problems.

Ans: Increased awareness has increased incidents. Also, sedentary lifestyles, smoking, junk food, lack of exercise in a country where people are genetically three times more vulnerable for heart attacks than Europeans and Americans.

Qn: Is it possible for a person to have BP outside the normal range of 120/80 and yet be perfectly healthy?

Ans: Yes.

Qn: Marriages within close relatives can lead to heart problems for the child. Is it true?

Ans: Yes, co-sanguinity leads to congenital abnormalities and you may not have a software engineer as a child.

Qn: Many of us have an irregular daily routine and many a times we have to stay late nights in office. Does this affect our heart ? What precautions would you recommend?

Ans: When you are young, nature protects you against all these irregularities. However, as you grow older, respect the biological clock.

Qn: Will taking anti-hypertensive drugs cause some other complications (short / long term)?

Ans: Yes, most drugs have some side effects. However, modern anti-hypertensive drugs are extremely safe.

Qn: Will consuming more coffee/tea lead to heart attacks?

Ans: No.

Qn: Are asthma patients more prone to heart disease?

Ans: No.

Qn: How would you define junk food?

Ans: Fried food like Kentucky, McDonalds , samosas, and even masala dosas.

Qn: You mentioned that Indians are three times more vulnerable. What is the reason for this, as Europeans and Americans also eat a lot of junk food?

Ans: Every race is vulnerable to some disease and unfortunately, Indians are vulnerable for the most expensive disease.

Qn: Does consuming bananas help reduce hypertension?

Ans: No.

Qn: Can a person help himself during a heart attack (Because we see a lot of forwarded emails on this)?

Ans: Yes. Lie down comfortably and put an aspirin tablet of any description under the tongue and ask someone to take you to the nearest coronary care unit without any delay and do not wait for the ambulance since most of the time, the ambulance does not turn up.

Qn: Do, in any way, low white blood cells and low hemoglobin count lead to heart problems?

Ans: No. But it is ideal to have normal hemoglobin level to increase your exercise capacity.

Qn: Sometimes, due to the hectic schedule we are not able to exercise. So, does walking while doing daily chores at home or climbing the stairs in the house, work as a substitute for exercise?

Ans: Certainly. Avoid sitting continuously for more than half an hour and even the act of getting out of the chair and going to another chair and sitting helps a lot.

Qn: Is there a relation between heart problems and blood sugar?

Ans: Yes. A strong relationship since diabetics are more vulnerable to heart attacks than non-diabetics.

Qn: What are the things one needs to take care of after a heart operation?

Ans: Diet, exercise, drugs on time, Control cholesterol, BP, weight.

Qn: Are people working on night shifts more vulnerable to heart disease when compared to day shift workers?

Ans: No.

Qn: What are the modern anti-hypertensive drugs?

Ans: There are hundreds of drugs and your doctor will chose the right combination for your problem, but my suggestion is to avoid the drugs and go for natural ways of controlling blood pressure by walk, diet to reduce weight and changing attitudes towards lifestyles.

Qn: Does dispirin or similar headache pills increase the risk of heart attacks?

Ans: No.

Qn: Why is the rate of heart attacks more in men than in women?

Ans: Nature protects women till the age of 45.

Qn: How can one keep the heart in a good condition?

Ans: Eat a healthy diet, avoid junk food, exercise everyday, do not smoke and, go for health checkup s if you are past the age of 30 (once in six months recommended) ...

Healthy Tips For New Year '09

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Detecting "SILENT" Heart Attacks

Six-year follow-up of 203 patients with diabetes after screening for silent myocardial ischaemia, by S. Sejjil and colleagues. *Diabet Med* 23:1186-1191, 2006.

What is the problem and what is known about it so far?

People with diabetes are more likely to develop cardiovascular disease (CVD, disease of the heart and blood vessels) than people without diabetes. Heart attack is one of the more serious outcomes of CVD. Sometimes people suffer a heart attack without the classic symptoms of chest pain and difficulty breathing. This often is called a "silent" heart attack.

Little is known about what happens to people with diabetes who have a silent heart attack.

Why did the researchers do this particular study?

The researchers wanted to find out what happens to people with diabetes who have a silent heart attack, particularly whether they are more likely to suffer another heart attack or die.

Who was studied?

The study included 203 people with diabetes who had been screened for silent heart attack. Of these people, 171 had no signs of silent heart attack, 32 had signs of silent heart attack, and 21 had signs of silent heart attack and narrowing of the coronary arteries (blood vessels supplying the heart).

How was the study done?

Researchers reviewed medical records and kept track of participants for six years.

What did the researchers find?

People who had signs of silent heart attack and narrowing of coronary arteries were much more likely to suffer another heart attack or death. They were about five times more likely to have a bad outcome than somebody with diabetes but no signs of silent heart attack.

What were the limitations of the study?

The number of heart attacks was fairly low, even among people thought to be likely to have a heart attack. Some people may have undertaken dietary or lifestyle changes that lowered the chances that they would develop CVD, which may have changed the results. The screening tests used at the beginning of the study to identify people with silent heart attack are not always reliable, so some people may have been missed.

What are the implications of the study?

People with diabetes who have suffered a silent heart attack should be followed very closely and treated aggressively by their doctors to prevent bad outcomes.

FOR MORE INFORMATION

Log on to www.diabetesheartcare.com

CARDIO DIABETES RESEARCH SOCIETY

Invites you for

Free Check Up & Education Session

On Sunday, the 16th November 2008

8.30 Am – 12 Noon at

A- Block Club, Defence Colony, New Delhi – 110024

Tobacco

deadly in any form or disguise



WHILE there is global fall in recent years in the production of both unmanufactured and manufactured tobacco, the Indian share has risen from 9.2 per cent in 1998-99 to 10.5 per cent in 2003-04. Similar trends are available for the consumption of unmanufactured tobacco with a rise of Indian share from 6.9 per cent to 7.5 per cent. Since the total cigarette consumption in India has somewhat fallen over the same period, it seems the major increase has occurred due to tobacco consumption in non-cigarette forms such as bidis and the non-smoking like zarda used as chewing products.

Interestingly, tobacco is used in India in a number of forms. Cigarettes, bidis, cigars, pipes, chillum and hookah are the common forms in this region while chhuttas, dhumti and cheroots are popular in other parts of India. The smokeless forms may vary from a paan (betel quid) with tobacco to pan masala, mawa, khaini, mishri, guddaku, gul, bazaar, dantmanjan and many more. But tobacco is an essential constituent in all these products and their effects are qualitatively similar even though there are some quantitative differences.

In the past, most investigators used cigarette smoking as the main subject of their research and reports. This was largely because most of the work had emanated from the West where tobacco was consumed almost exclusively as cigarettes (or cigars). Erroneously, an impression was created that the harm was mostly caused by cigarettes. Over the years, a large body of data has been accumulated on the harm caused by bidis as well as the non-smoking forms to prove that they are as big culprits as the cigarettes. Our own centre in Chandigarh has made significant contribution in this field.

There are tobacco products which are marketed in a disguised manner under newer and fashionable

brand labels such as “light”, flavoured”, “safer”, healthier”, “low-tar” and “filtered” forms. Any products which is required to produce the “kick” of tobacco has to contain tobacco with or without other constituents. Even products with smaller quantities of tobacco are not safe since their user is bound to consume a greater number to have the adequate “effects” desired from tobacco.

Why society at large and the medical community in particular are concerned with the increasing use of tobacco is simple and easy to understand. One, it is a major health risk and responsible for a large number of serious and disabling diseases.

Two, it is an important economic burden on the family as well as the health care infrastructure. Three, the health of non-smoking persons is also adversely affected because of passive exposure to smoke from others. It is now proven beyond doubt that the wives and children of smokers are also likely to suffer from several tobacco-related disease without ever smoking themselves.

Although most of the body organs are damaged by tobacco, the respiratory, cardiovascular and nervous systems are more frequently and adversely affected. Consequently, the three major health hazards of all forms of tobacco are the cancers, the airway obstruction and the vascular blocks.

Several types of cancers of the lung, mouth and other parts of the respiratory or digestive tract are directly caused by tobacco use and are not amenable to any curative treatment. Similarly, lung emphysema is a progressive disease leading to respiratory failure in due course of time. Vascular occlusions result in ischaemic damage to the heart, brain and other organs. All these disorders prove to be deadly in the longer run.

Coming Epidemic of Type 2 Diabetes in Young Adults...

Science Daily (July 12, 2008) - How will the epidemic of childhood obesity today affect the future health of Young? As concern about children's health grows along with their waistlines, medical experts fear that the childhood obesity epidemic could lead to large numbers of younger adults developing type 2 diabetes, causing serious and lasting health complications for future generations .



In a new article, University of Michigan C.S. Mott Children's Hospital pediatric endocrinologist Joyce Lee, M.D., M.P.H, warns that the most damaging effects of childhood obesity have yet to surface, and will likely result in an epidemic of type 2 diabetes among young adults, leading to a greater number of diabetes complications, and ultimately, lower life expectancy.

“The full impact of the childhood obesity epidemic has yet to be seen because it can take up to 10 years or longer for obese individuals to develop type 2 diabetes,” says Lee, a member of the Child Health Evaluation and Research (CHEAR) Unit at Mott. “Children who are obese today are more likely to develop type 2 diabetes as young adults.”

The longer a person has diabetes, Lee says, the more likely he or she is to develop devastating complications. Young adults with type 2 diabetes are therefore more likely to develop complications such as blindness and kidney failure during their lifetimes, and they have higher rates of diabetes complications and heart disease than older adults with type 2 diabetes.

Plus, babies born to young women with type 2 diabetes are at greater risk for obesity and type 2 diabetes, creating a vicious cycle.

“Recent studies suggest that there have been dramatic increases in type 2 diabetes among individuals in their 20s and 30s, whereas it used to be that individuals developed type 2 diabetes in their late 50s or 60s,” notes Lee, assistant professor in the Department of Pediatrics and Communicable Diseases at the U-M Medical School. “This may be the first indication of a type 2 diabetes epidemic among young adults who were obese during childhood.”

Given the delayed negative effects of childhood obesity, Lee says that there needs to be a greater overall investment in childhood obesity, to prevent development of type 2 diabetes.

“Our society heavily invests in the treatment and management of chronic diseases like type 2 diabetes for adults. But it spends very little for the prevention and treatment of childhood obesity to stave off the onset of type 2 diabetes,” says Lee.

“If there isn't a significant investment in obesity prevention and treatment during childhood within schools, communities, and the health care system, recent trends in childhood obesity will likely lead to increases in type 2 diabetes among young adults, resulting in even greater costs to society and the health care system.”

Lee notes that further studies are needed to learn more about how trends in childhood obesity will impact future rates and age at onset of type 2 diabetes.

These studies will help assess the future burden of disease and disability in the population, and to evaluate whether interventions in childhood can successfully prevent individuals from developing type 2 diabetes over their lifetimes.

Reference: Archives of Pediatric & Adolescent Medicine, July 2008, Vol. 162, No. 7.

We spend a lot of time eating what we like, picking food that taste good or appeal to us. How often have you stopped to think what is it that your body need? Have you considered what foods could be good for your body, rather than foods that you like to eat? Give it a thought. Foods that are good for your body are also good for you in the long run. We bring you Detox foods and something for you to chew!

Detox Foods You Can Do With...

How about giving your body a healthy, fresh start? Moreover, if you're thinking about lowering your weight, have you considered "eating clean"? It's a great first step to detoxing your body.

The Great Six to Detox

Green Vegetables : Tucking into crunchy, green, leafy vegetables are the best favour you can do your body! Eat them raw, juice them or throw them into a soup. The chlorophyll in green vegetables washes out environmental toxins and protects the liver.



Fruits : They are full of all the good things! Get your quota of fibre, vitamin C, nutritious fluids, and all kinds of antioxidants. Besides, nothing tastes better than fresh strawberries, a ripe mango or a perfect pear!



Garlic : Add it to sauces and soups. It helps activate liver enzymes, that filter out toxins. It has great cardio benefits as well.



Cabbage : This potent veggie helps activate the two main types of detoxifying enzymes in the liver. Shreds of cabbage in your salad, cooked cabbage or cole slaw anyone?

Green tea : Green tea is an antioxidant, and contains catechins, which helps stimulate the liver. It's a great way to get more fluids into your system during the hot months



Lemons: Lemons are perfect for any season! Fresh, citric and easily available. Loaded with Vitamin C, it is known as the "detox" vitamin. Go for fresh lemonade, squeeze it over a salad, add it to iced tea or float a slice in icy water. It converts toxins into a water soluble form, making it easy to flush them out of your system.

Cleanse your system with these detox foods and give your body a new lease of life

Microwaving

Some useful hints for
Microwave usage :

The cooking time depends on the quality of ingredients, temperature, size and shape of dishes and voltage fluctuations.



Choosing microwave cookware :

Here are a few important guidelines to keep in mind when you shop for microwaveable cooking ware.



How to buy a microwave :

The three most important features to know about, on a microwave oven are the cooking wattage, the control panel and power levels.



Vitamin D Supplementation in Infants may Protect Against Type 1 Diabetes

Infants who receive vitamin D supplementation may have a lower risk for developing type 1 diabetes later in life, according to a study published online in Archives of Disease in Childhood.

A meta-analysis of four case-control studies involving nearly 6500 infants found that those who were given vitamin D supplementation had a reduced risk for type 1 diabetes, compared with those who never received supplementation (odds ratio, 0.71). A cohort study found a similar risk reduction.

However, most of the studies didn't examine the dosage, duration, or timing of supplementation. Accordingly, the authors call for randomized, controlled trials with long follow-ups to "establish causality and the best formulation, dose, duration, and period of supplementation."

Archives of Disease in Childhood article (Free abstract; full text requires subscription)

Special Tips for Microwave :

Here are a few must knows if you want to bring out the best from your microwave.

Hints for the use of utensils in a microwave :

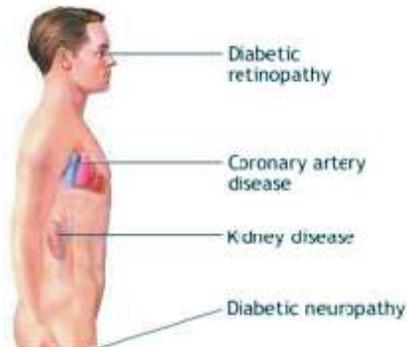
Here are a few tips which could help you get started in the art of micorwave cooking.



6 reasons you just have to get a microwave oven :

Here are some cool reasons to get a red-hot microwave! Check out the advantages - see if this works for you and get cracking.

Vikram Thukral, 21, (type1 Diabetic) has something to say Top 10 things we wish someone told us the day we were diagnosed

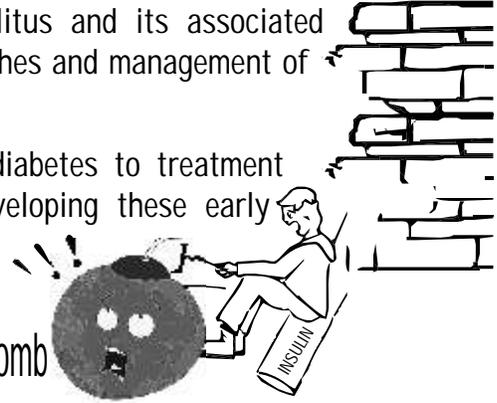


1. It's not your fault : Type 1 diabetes is an autoimmune condition. Something goes wacky and your immune system gets confused. It gets this idea in its head that the very precious islet cells in your pancreas that produce insulin are actually a virus and it turns on them and kills them. We don't know exactly why. But we do know that it has absolutely nothing to do with what you ate, where you live, who you are or whether your mum stood on her head during pregnancy. There is a genetic link but it's only one piece of the puzzle - even if your mum or dad had type 1 diabetes themselves, there's only about a 5% chance you'd have got it.
2. Sugar-free carob tastes crap : Go for chocolate in moderation and save yourself the pain!
3. You're not a freak ! Getting Type 1 (or 'juvenile') diabetes when your in your 20s, 30s, 40s or even 60s is way more common than most people (including doctors and nurses) realise. Type 1 was called juvenile diabetes for many years and got a bad name! So if someone says "ooohhhh you're old to get Type 1!" You're not alone, and they're wrong! Half of people with Type 1 diabetes are diagnosed as adults.
4. Insulin is not like taking a pill each day : You'll learn how to change the doses, sometimes every day or every hour, to cater for different things going on. But it's definitely not a case of here's your insulin doses, go home and you're alone. Pretty soon you'll start to get the hang of balancing your insulin dose with how you eat, drink and play - which changes every day of course.
5. There's this group of young adults who just happen to have diabetes called Reality Check : The website has a forum where you can post any question, read other people's experiences and really tap into what it's like to live with diabetes and what real, normal people do. Check it out at . Reality Check also runs a variety of events which are a great way to meet other groovy young things who happen to have type 1 diabetes. Subscribe to their monthly-ish email newsletter to get updates and news.
6. There is sugar-free cola : & is pretty good too. , but not for children under 12.
7. It's bloody hard work at first but not the end of the world : People with Type 1 diabetes have won gold medals (Gary Hall Jnr), played in World Cups (Rod Kafer), won Oscars (Halle Berry), sung to thousands of people (Marcia Hines) and even won Miss America competitions (Nicole Johnson). We've backpacked the farthest corners of the world, got awesome jobs, become millionaires and politicians. And then there's the rest of us normal people who go about our lives doing what we want and making diabetes fit in there.
8. It's actually impossible to keep blood sugars between 80 and 160 all the time : Really truly. Those numbers were given to you as a guide and the aim of the game is to keep them there. However, until you get yourself a new pancreas, it is just impossible to not get the odd high or low (or lots of them on a bad day.) Highs and Lows make you feel crappy enough without you feeling guilty that you've stuffed up too. A good tip is to just think of the number that pops up on your blood glucose meter (a.k.a. the blood test lottery) as a Call To Action: if it's high or low, just do what you need to fix it. But don't waste your energy thinking, 'Oh I'm bad, I'm wrong, I'm crap.' Just fix it and get on with life. (Or if you're not sure what to do, phone your diabetes doctor for some help.)
9. Research is moving ahead at an amazing pace : You'll hear a lot about 'the cure' for diabetes and while it's still a little way off, the word on the street is that research has made more progress in the last 5 years, than in the 20 before that. We're seeing it with better technology and developments all the time. So you've got good timing! Chat to someone who had diabetes in the 1950s if you want to feel better about your lot - scary glass syringes etc, not good, not good. The Cardio Diabetes Research Society (CDRS) and web site www.diabetehearcare.com is a good source of news on research developments.
10. People say really dumb stuff : You will find that everyone you meet now has an Aunt who had diabetes and either had some amazing home brewed solution to cure it, or died. Just brace yourself that people get weird when they don't know what to say. We've all had times when we want to punch a non-diabetic. It's the kind of thing you really can't totally understand unless you've got it. So start perfecting your ah-huh, ah-huh, patient nodding and fast exit.



The increasing prevalence of type 2 diabetes mellitus and its associated complications in young people mean better approaches and management of both are urgently needed.

The poor adherence of adolescents with type 2 diabetes to treatment programmes could place them at high-risk of developing these early complications



Complications of Type 2 Diabetes In Young People -- A Ticking Bomb



The reports reviewed indicate that these complications are being identified at an early age and usually at the time of diagnosis. Furthermore, studies to date suggest that early onset of type 2 diabetes in adolescents is associated with a more rapid progression of complications than type 1 diabetes.

With the rise in prevalence of type 2 diabetes mellitus in adolescents, a rise in incidence of secondary co-morbidities - including hypertension, hyperlipidaemia, nephropathy and retinopathy - is anticipated.

To date, reports of the epidemiology and natural history of secondary complications specifically in adolescents with type 2 diabetes have been scarce. Yet we must begin to understand this coming challenge.

The chronic complications associated with type 2 diabetes include hypertension, nephropathy, retinopathy, dyslipidaemia, non alcoholic fatty liver disease and neuropathy.

Psychiatric disorders can also be associated with type 2 diabetes - with one in five adolescents in a study from Philadelphia, USA, suffering from conditions such as depression, obsessive-compulsive disorder or one of a range of other neuropsychiatric diseases.

The unborn children of pregnant young women and girls diagnosed with type 2 diabetes are also at increased risk. A Canadian study of 51 girls aged 17 years and under all diagnosed with type 2 diabetes revealed only 35 live births were recorded - a pregnancy loss rate of 38%.

Acute complications such as diabetic ketoacidosis, hyperglycaemic hyperosmolar state, and malignant hypothermia like syndrome, have all been found in studies to be more prevalent in adolescents with type 2 diabetes. One study reports the deaths of seven young black African-American males (aged 13-21 years) with previously undiagnosed diabetes. Review of their records later indicated they met the criteria for hyperglycaemic hyperosmolar state.

we urgently need to develop approaches to awareness and early management of type 2 diabetes and associated abnormalities while designing long term studies to establish the value of early initiation of adjunctive treatments.

Children and young people with DIABETES

- Dr. A.K. Jhingan, Chairman CDRS



The following recommendations are for all health professionals who advise and support children and young people with diabetes and their families. They should be used in combination with other recent practice guidance, particularly the International Society for Pediatric and Adolescent Diabetes Consensus Guidelines, 2000. There is no agreed definition of what is meant by a young person in this context. Various age ranges have been used in the literature.

2.1 Diagnosis and epidemiology :

Diabetes is the most common metabolic disease in the young. Type 1 diabetes, resulting from beta-cell destruction and absolute insulin deficiency, accounts for over 90% of diabetes in young people aged less than 25 years, and is autoimmune in origin. Non-type 1 diabetes is being recognised with increasing frequency, particularly emerging molecular forms of diabetes, diabetes secondary to pancreatic disease and a rise in type 2 diabetes and other insulin resistance syndromes in the young.

2.1.1 TYPE 1 DIABETES :

12-15% of young people under the age of 15 years with diabetes mellitus have an affected first degree relative (a positive family history). Children are three times more likely to develop diabetes if their father has diabetes rather than their mother. While there are known antibody markers of prediction in high risk subjects, there is no evidence for effective methods of prevention of diabetes. Screening is currently considered unethical except in the context of a trial. There are several randomised trials in progress (e.g. ENDIT, DPT-1, DIPP) investigating different therapies for the prevention of type 1 diabetes. It is anticipated that results will be available in the next five years. Evidence level 2++

- Screening for pre-type 1 diabetes is not recommended in either the general population or in high risk children and young people.

2.1.2 CYSTIC FIBROSIS AND DIABETES :

20% of patients with cystic fibrosis will develop secondary diabetes by the age of 20, with an

incidence which increases thereafter to 80% by the of age 35. Limited data suggest that clinical symptoms deteriorate when diabetes develops in cystic fibrosis although no evidence exists that the presence of diabetes or its treatment affects long term survival. Evidence level 2+

- Patients with cystic fibrosis should be screened annually for diabetes from 10 years of age.

2.2 Initiating therapy at diagnosis :

Home-based instruction of the newly diagnosed child or young person appears to be at least as effective as inpatient instruction in terms of glycaemic control and family acceptability over a two-year period. Management in the community using a home-based education programme for patients with newly diagnosed diabetes has been shown also to be cost-effective. Evidence level 2+

- A home-based programme for initial management and education of children with diabetes and their families is an appropriate alternative to a hospital-based programme.

The evidence on the role of the intensification of therapy in the attempt to achieve as rapid as possible normoglycaemia is inconsistent. In particular, there is no evidence of a sustained effect of any specific insulin therapy on glycaemic control during the first few months after diagnosis. Therefore, no recommendation can be given for the most appropriate insulin therapy at diagnosis.

2.3 Continuing management :

There is at present no evidence for the effectiveness of any medication other than insulin in the management of type 1 diabetes in the young.

- Medications other than insulin presently have no role in the management of type 1 diabetes in young people.

2.3.1 INSULIN REGIMEN :

Conventional therapy for type 1 diabetes (twice daily insulin with support from a multidisciplinary healthcare team and regular diabetes and health monitoring) is associated with variable results.

Limited data support an improvement in glycaemic control using three rather than two injections per day. Evidence level 2+

Evidence regarding the impact of an intensive insulin regimen upon long term control is derived principally from the Diabetes Control and Complication Trial (DCCT) which also involved a comprehensive patient support element (diet and exercise plans, monthly visits to the health care team etc.). Intensive insulin therapy (four injections or more per day or pump insulin) significantly improves glycaemic control over a sustained period compared with conventional insulin therapy (two injections per day). DCCT did not include children aged less than 13 years and, due to the study design, it is impossible to separate the benefits of intensive insulin therapy from intensive support. Evidence level 1+

- Intensive insulin therapy should be delivered as part of a comprehensive support package.

While there is no evidence on the most effective form of support package, in general this refers to increased contact between patients and their families with a local multidisciplinary team of health professionals delivering specific health care strategies.

The risk of hypoglycaemia increases with intensive therapy but rapid acting insulin analogues, as part of a three or four injection regimen can reduce hypoglycaemia. Evidence level 1+, 2+

- The insulin regimen should be tailored to the individual child to achieve the best possible glycaemic control without disabling hypoglycaemia.
- Post-prandial analogue insulin may safely be used in very young children with unpredictable eating patterns.

2.3.2 DIETARY MANAGEMENT :

A regimen which includes dietary management improves glycaemic control. Limited evidence was identified concerning the optimal type of dietary therapy. There is a lack of evidence to recommend either a qualitative or quantitative approach as the most effective mode of dietary therapy. Evidence level 1+, 2+

- Dietary advice as part of a comprehensive management plan is recommended to improve glycaemic control.

- Specialist dietetic advice should be given by a dietitian with expertise in childhood diabetes, wherever possible.

2.4 Psychological interventions :

Factors contributing to an increased risk of young people with diabetes developing psychological problems include:

- avoidance coping (strategies which do not actively try to solve a difficulty faced)
- too much responsibility on the child
- family conflict
- lack of communication, both within families and with the diabetes team
- low socio-economic status
- non-traditional family structure
- poor maternal health, especially depression. Evidence level 2+

Eating disorders are more common in adolescents with diabetes compared with non-diabetic peers, and adversely affect glycaemic control. Evidence level 2++

- Regular assessment for psychological problems, especially maladaptive coping strategies and eating disorders is recommended.

Specific psychological problems (e.g. maladaptive coping strategies) linked to future glycaemic control, can be identified at diagnosis and 1-2 years later, using validated tools performed by a trained practitioner. Evidence level 2++

Psychological or educational interventions have positive effects on psychological outcomes, knowledge about diabetes and glycaemic control. Maintaining parental involvement improves glycaemic control. Evidence level 2++

Interventions which promote diabetes-specific coping skills are effective and add to the effectiveness of intensive management. Evidence level 1+

- The use of cognitive coping strategies targeted at diabetes-specific problems is recommended.
- Parental support and family communication should be encouraged, with targeted psychological treatment of family disruption and related stress factors.

2.5 Long term complications and screening :

2.5.1 Risk of Microvascular Complications :

Early abnormalities in children and adolescents (e.g. microalbuminuria, background retinopathy) predict later development of long-term microvascular complications. Evidence level 2+

Maintaining glycaemic control to as near normal as possible significantly reduces the long term risk of microvascular diseases. Poor glycaemic control (HbA1c >10%) over time in young people with diabetes increases the risk of the development of retinopathy by approximately eightfold. Evidence level 1+

■ To reduce the risk of long term microvascular complications, the target for all young people with diabetes is the optimising of glycaemic control towards a normal level.

2.5.2 Screening for Early Signs of Microvascular Disease

The literature is confusing in relation to the timing of commencing screening in young people with diabetes. Age and puberty are reported without any strict definition. For clarity and simplicity the guideline development group suggests 12 years of age in both boys and girls.

Early microvascular abnormalities may occur before puberty, which then appears to accelerate these abnormalities. Evidence level 2+

Several cohort studies demonstrate the ability to detect the following in young people with diabetes:

- o retinopathy (by ophthalmoscopy or fundal photography)

- o microalbuminuria (by albumin excretion rate (AER) or albumin/creatinine ratio (ACR))

- o hypertension. Evidence level 2+, 3

■ Young people with diabetes should receive examination of the retina annually from the age of 12 years.

■ Young people with diabetes should have their urine microalbuminuria (overnight AER or first morning ACR) tested annually from the age of 12 years.

■ Blood pressure should be measured annually in young people with diabetes from the age of 12 years.

■ Young people with diabetes who have abnormal recorded levels of microalbuminuria or hypertension should make intensive efforts to optimise glycaemic control to minimise progression to microvascular disease.

There is no evidence that routine screening for autonomic neuropathy or hyperlipidaemia are of benefit.

2.6.3 ASSOCIATED CONDITIONS :

Thyroid and coeliac disease are reported to be increased in young people with type 1 diabetes compared with non-diabetic subjects. Both thyroid and coeliac disease may occur with minimal symptoms that may be missed during routine care. Evidence level 2+

■ Young people with diabetes should be screened for thyroid and coeliac disease at onset of diabetes and at intervals throughout their lives.

EATING until FULL & Eating QUICKLY may Triple the Risk for OVERWEIGHT

October 22, 2008 — A combination of eating until full and eating quickly may increase the risk for overweight by 3-fold, according to the results of a cross-sectional survey reported in

the October 22 Online First issue of the BMJ.

"Eating quickly, gorging, and binge eating have been associated with total energy intake, and eating quickly and binge eating have been associated with satiety and insulin resistance," write Koutatsu Maruyama, from Osaka University in Osaka, Japan, and colleagues. "All these eating behaviours may lead to being overweight or obese. In addition, the positive association of eating quickly with body mass index was observed independent of total energy intake."

The goal of this study was to evaluate whether eating until full or eating quickly or combinations of these eating behaviors were linked to overweight.

From 2003 to 2006 in 2 communities in Japan, 3287 adults (1122 men, 2165 women) aged 30 to 69 years participated in surveys on cardiovascular risk. Factors surveyed included overweight status, defined as a body mass index of 25.0 kg/m² or more, and dietary habits of eating until full as measured with a lifestyle questionnaire and speed of eating as measured with a validated brief self-administered questionnaire.

More than half of the men (50.9%) and women (58.4%) surveyed self-reported eating until full. Eating quickly was self-reported by 45.6% of the men and 36.3% of the women.

Compared with the group of participants of both sexes who reported not eating until full and not eating quickly, the group who reported eating until full and eating quickly had the highest age-adjusted mean values for height, weight, body mass index, and total energy intake.

"Eating until full and eating quickly are associated with being overweight in Japanese men and women, and these eating behaviours combined may have a substantial impact on being overweight," the study authors write.

Limitations of this study include self-report of eating patterns; lack of determination of the validity for self-reporting of eating until full; evaluation of eating behaviors as simplistic dichotomous outcomes; potential confounding factors; and cross-sectional design, preventing determination of causality.

"As it is difficult to estimate these causal effects in a cross sectional study, prospective cohort and intervention studies will be needed to validate these associations between eating behaviour patterns and being overweight," the study authors conclude.

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People who eat a Mediterranean-style diet are less likely to develop new-onset diabetes, new research suggests [1]. Results from this analysis of the Seguimiento Universidad de Navarra (SUN) study — published online May 30, 2008 in *BMJ* — suggest that the benefits of a Mediterranean diet may be especially pronounced in people who are at higher risk of developing diabetes due to weight, family history, blood pressure, or other factors.

Substantial protection against diabetes can be obtained with the traditional Mediterranean diet, rich in olive oil, vegetables, fruits, nuts, cereals, legumes, and fish but relatively low in meat and dairy products

While earlier research has established a link between the Mediterranean diet and reduced risk of metabolic syndrome, only one other major study has found that adhering to such a diet may reduce the risk of developing diabetes. And this study, by Mozaffarian et al and previously reported by *heartwire*, looked specifically at survivors of recent acute heart attack. In their study published.

Hightscores for Mediterranean diet :

Among a total of 13,380 former and recent graduates enrolled between 1999 and 2007, 33 developed new-onset diabetes over 58,918 person-years of follow-up. When diabetes risk was considered in relation to adherence to Mediterranean diet, assessed by a comprehensive diet questionnaire, people who stuck closely to the diet were least likely to develop diabetes, followed by people who adhered "moderately" to the diet, as compared with people who had the lowest scores, representing low adherence. Strikingly, people with the highest scores for diet adherence were also more likely to have risk factors for diabetes, yet incidence of the disease was no higher in this group, suggesting that the diet might have a substantial potential for prevention.

Hazard ratios for developing diabetes, compared to low adherence to Mediterranean diet (score 0 - 2)

Adherence to Mediterranean diet (score)	Multivariate adjusted hazard ratio	95% CI
Moderate (3 - 6)	0.40	0.18 - 0.90
High (7 - 9)	0.17	0.04 - 0.72

EATING OUT GUIDE FOR DIABETICS!

- Dr. Vinod K. Gujral, Consultant Cardio Diabetologist, NHI.

If you are a diabetic or someone in your family is, going out to eat may seem like taboo, but it isn't! of course, no two diabetics will have the same meal plan, but essentially diabetics need to limit fat and salt, they need to limit calories and eat more fibre.

A diabetic has to watch her calories, and if you eat smart, you can eat healthy and nutritious as well. What's even better, if you know "what" you can eat, you can enjoy your evening even better!



Starters

Choose a fresh fruit or vegetable starter.

Munch on roasted papads or some almonds.

Avoid cream based soups.

Stay away from bread rolls and definitely from the butter!

Salted nuts, pickles and honey based sauces are not for you.

Have a diet coke, buttermilk or a fresh lime soda (without salt/sugar)

Select a fresh fruits / vegetable salad

Avoid creamy dressings, pickles, canned or marinated vegetables, cured meats, seasoned croutons, cheese etc

Order salad dressings on the side and use small amounts of them.

The secret is to ensure, your stomach is half-full even before you start on the main course

Salads



Meal Time

Take your pick from grilled, tandoori or roasted chicken, meat, fish, or shellfish.

Eating lots of vegetables will fill you up, but they are low on calories, so you are safe.

Go easy on the salt. Sprinkling salt on cooked food is taboo.

Avoid butter naan, parathas, casseroles, dishes with white sauce, coconut based gravies, and honey based sauces.

If you are eating at a fast food restaurant, avoid the pickled gherkins, cheese and sauces you are not sure of.

Desserts and diabetics don't go together. Don't even consider dessert unless your sugar levels are under perfect control. In which case, you can select a fresh fruit salad. Pick fruits like apple, orange, pear, papaya etc that are low on sugar. Do not opt for fruits high in sugar, like chikoo, mangoes, grapes etc.

Eating out today is inevitable: it may be a business lunch, dinner with friends, fast food joints with the kids or food from a take-away. Eating out can also be quick, easy and fun! But diabetics need to watch what they eat! When you eat out, order only what you need and want. You don't necessarily have to finish enormous portions. Learn how to make changes in your meal plan in case the restaurant doesn't have just what you want.

Deserts



A big problem thats common among diabetics ...eating - & overeating - at night !!!

- Dr. Anuradha, Nutritionist, NHI

The biggest issue is that night time is when most of us have more time to sit down for a big meal. Then we turn on the TV and continue to nosh.

If this describes you , you are not ALONE. Clinical experience suggests that most overweight people with diabetes eat more calories at night than any other time of day.

A big shot of calories at night is exactly the opposite of what you really need. At night your metabolism winds down as your body prepares for sleep. In terms of physiology, this is when your body needs calories the least, so those you take in are more likely to be stored as fat.

Whats more, gorging on food late in the day makes your body work hard at digestion, hindering the quiet process of tissue repair and muscle building that takes place during sleep - which is extremely important if you are following your exercise programme. Eating late a night can also make you toss and turn in bed, disrupting your sleep and making your blood control even harder.

Last but not least, eating in the wee hours may contribute to high blood sugar when you wake up in the morning.

So does all this mean you have to nosh on your fingernails and nothing else while you watch TV in the evening?

Here are a couple of things that will help you out.

1. If you are genuinely hungry, its fine to have a small low Glycemic Index snack, like a pear, an apple, a bowl of papaya, or chana. but be sure you are not just shoveling in food out of habit or because you are bored.
2. If you do happen to eat a little too much in the evening, take one cup low fat milk, at night. Remember it is up to you to make decisions today that will reflect your health tomorrow.