

No.2/June 2012

**MEDIA
PLANET**

CONQUERING DIABETES



3
TIPS

TAKE A PROACTIVE APPROACH TO HEALTH

Food Network's **Chef Aaron McCargo Jr.** shares how healthy eating and cooking leads the way to wellness

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CHALLENGES



Advocacy and education are important first steps on the road to overcoming the burgeoning health crisis known as diabetes.

Building a healthy future

The mission of the American Diabetes Association is to prevent and cure diabetes and to improve the lives of all people affected by the disease. Our vision is to help create a life free of diabetes and all its burdens. But we can't do it alone. We need YOU. You as a person with diabetes, you as a caregiver to someone with diabetes and you as a healthcare professional, treating patients with diabetes.

At the American Diabetes Association, we work each and every day with that vision in mind. We are the only organization committed to helping children and adults with all types of diabetes, as well as those at risk. Through the tireless efforts of thousands of volunteers and staff across the country, we dedicate ourselves to improving the lives of all those affected by diabetes, and to one day finding a cure.

But there is much work to be done. This burgeoning health crisis costs our nation more than \$200 billion each year. Every 17 seconds, someone is diagnosed with diabetes, a disease that kills more Americans each year than breast cancer and AIDS com-

bined. Current estimates project that as many as 1 in 3 American adults will have diabetes by 2050. Right here in Miami-Dade County, more than 182,000 residents have diabetes. That is not a future we are willing to accept. To truly change the trajectory of this disease it will take the bold commitment of a strong, passionate network of patients, families, healthcare providers, organizations and communities united behind a single goal, to STOP DIABETES®.

Help us change the future of diabetes—whether you have type 1, type 2, prediabetes or gestational—by becoming proactive with your health and your family's health. If you are a healthcare professional, encourage your patients to make healthier choices in their everyday lives. Should you have type 2 diabetes, visit our website www.diabetes.org or call 1.800.DIABETES (342.2383), to enroll in the ADA's free Living with Type 2 Diabetes Program. A program that provides enrollees with five informational packets, three free copies of our Diabetes Forecast magazine, delicious and healthy recipes, a monthly e-newsletter and tools to help you manage your diabetes. For those living



Flavia Llizo
Executive Director, Miami-Dade and Monroe counties American Diabetes Association

"We know what we need to do. We know where we want to go. It is time to set a bold course toward a new future. Together, we are ready to move forward. Together, we can STOP DIABETES."

with type 1, visit our webpage for more information, including tools for parents and children, our Safe at School program and even Planet D, a place to explore more about diabetes, discover new things, and connect with new friends. While on our website, become a diabetes advocate and help protect the rights of those with diabetes, or sign up for our StepOut Walk to Stop Diabetes at www.diabetes.org/stepoutmiami as a friends and family team, a corporate team or a Red Strider. Peruse the site for local programs including our Por Tu Familia and Live Empowered program and learn more about how the ADA is reaching the Hispanic and African American Communities.

There are many ways to take action. Get involved—stay in control of your diabetes. Help us build a future where life is free of diabetes and all of its burdens. We know what we need to do. We know where we want to go. It is time to set a bold course toward a new future. Together, we are ready to move forward. Together, we can STOP DIABETES®.

FLAVIA LLIZO

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How nephrology nurses can help stem the tide of diabetes

Diabetes now affects over 25 million Americans and Latinos are almost twice as likely to have Type 2 diabetes as non-Hispanic whites.

What many people do not know is that diabetes can lead to kidney failure: almost half of the patients on dialysis are there because of the complications of diabetes. Finding out early that you may have diabetes, and taking action to control its side effects can prevent or delay the need for dialysis.

How do you find out if you have diabetes? You can ask your doctor or a public health clinic to check: a blood test will check your sugar level, and a sample of

urine can be checked for protein, which is wasted into the urine when your kidneys are damaged. If you have diabetes, get involved and learn more about this disease and what you can do to protect your health. Nurses who work with people with kidney problems (nephrology nurses) are great resources to help you understand the effects of diabetes on your whole body, including your kidneys. Nephrology nurses work in clinics and physician offices. Nephrology nurses will take time to talk with you about any problems you may be having, help you understand the effects of diabetes, and will suggest actions you can take to improve your health. For exam-



Glenda Payne, MS, RN, CNN
ANNA President

ple, adopting a healthier lifestyle (stopping smoking, maintaining a healthy weight, exercising regularly) will aid in controlling your diabetes and help prevent complications. Following a diet low in sugar and starch will help to keep your blood sugar under control. Nurses know these are not always easy instructions to follow, and will help you develop a plan to put these healthier life choices in action.

The best way to protect your kidneys and delay or prevent damage to them is to control your blood sugar and to control your blood pressure. High blood pressure is the second leading cause of kidney damage, and having diabetes and high blood pressure makes kidney damage more likely. Stopping smoking, losing weight, and regular exercise will help lower your blood pressure, plus your nurse or doctor may suggest taking a medicine to lower your blood pressure. Learn all you can, and ask your nurse to help you work healthy lifestyle changes into your routines.

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WE RECOMMEND



Lorena Drago, MS, RD, CDN, CDE
Spokesperson for the AADE.

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Important considerations for a healthy diet p. 4
Discussing important tips and tricks for a proactive lifestyle

Advice from a dialysis pioneer p. 6
Imperative advice for living victoriously on dialysis

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INSPIRATION



QUESTIONNAIRE



Maritza Aguayo, Pharm D.
Director of
Pharmacy Services
Navarro Health
Services

What are the most important considerations for parents when creating a healthier diet for themselves and their children?

Healthy eating is all about balance, it is important that parents know how to balance fat and protein intake. According to the Dietary Guidelines for Americans, children 1 to 3 years old should consume 45-65 percent of carbohydrates, 5-20 percent proteins, and 30-40 percent fat. While adults consider 19 years old and older are suggested 45-65 % carbohydrates, 10-35 percent protein, and 20-35 percent fat. As per their guidelines a healthy eating plan emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.

How can daily exercise enhance the quality of life for individuals and families that may be dealing with diabetes?

Exercise is very important in managing diabetes since it can help control your weight and blood sugar level. Exercise can also help manage diabetes by improving your body's use of insulin, burning excess body fat, improving muscle strength, and lowering blood pressure. The American Diabetes Association recommends being active throughout the day by taking the stairs instead of the elevator, parking as far as possible, stretching while watching TV, or walking down every aisle of the grocery store.

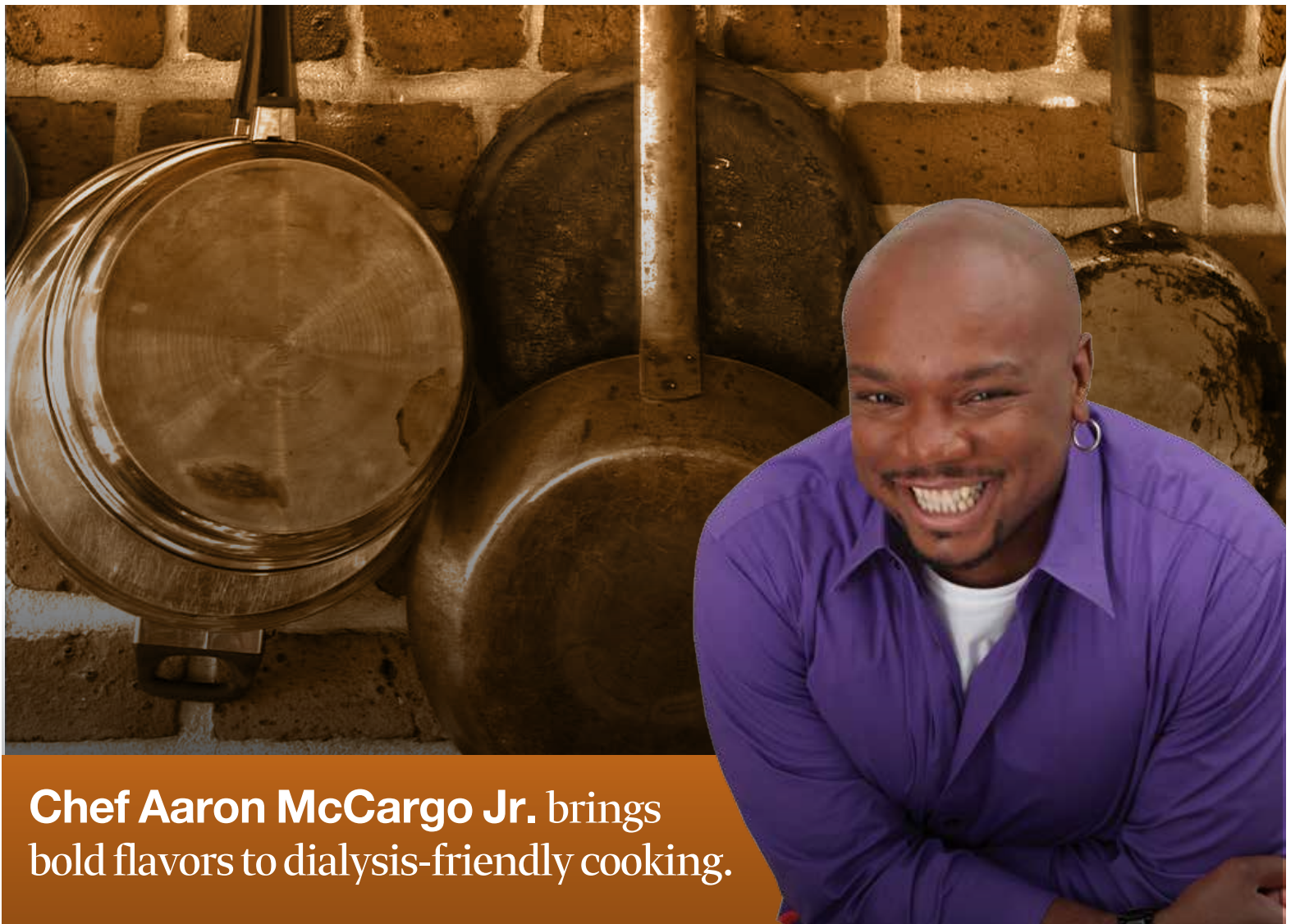
What snacks should parents consider for their children to ensure a healthier and more active lifestyle?

Some snacks that can ensure children a healthier and more active lifestyle can range from low fat yogurt, small apple, mixed fruits, nuts, cut-up veggies, low-fat string cheese.

Why is it important for people to be more proactive in terms of screening?

Prevention is the key, if we encourage patients to be more positive to screening many conditions can be detected early. It is also recommended people be aware of the implication of family history and life style. Having a family history of a certain condition like coronary heart disease, cancer, and diabetes puts patients at risk for developing that condition, therefore screening is vital to everyone.

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Chef Aaron McCargo Jr. brings bold flavors to dialysis-friendly cooking.

Bringing flavor to a healthy life

Chef Aaron McCargo, Jr. beat out the competition in Season Four of The Next Food Network Star and went on to become the host of the popular "Big Daddy's House" using his signature style of bold and flavorful, down-to-earth cooking to become a culinary celebrity.

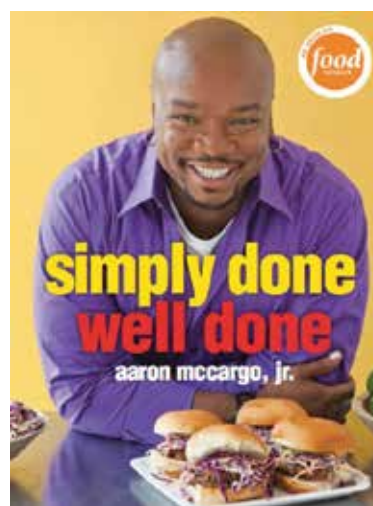
Now he's taking on a different sort of challenge teaching Americans that great taste and healthy cooking can go hand in hand.

McCargo recently partnered with Fresenius Medical Care North America to release a series of recipes aimed at the growing number of Americans who suffer from chronic kidney disease, many of whom also have diabetes.

The goal of the recipes is to demonstrate that dialysis-friendly cooking cannot only be simple to prepare, but also be genuinely tasty for the whole family.

"When people are on dialysis, they are constantly hearing all about what they can't have, not what they can have. I'm hoping to teach them that they can still have flavor and enjoyment in the kitchen, that they can enjoy the experience of eating and still be healthy."

McCargo's secret weapon? Not surprisingly, the chef who has made his mark emphasizing bold



"I'm hoping to teach them that they can still have flavor and enjoyment in the kitchen, that they can enjoy the experience of eating and still be healthy."

LEFT: *Simply Done, Well Done* by Aaron McCargo Jr., Wiley Publishing.
Photo: Photography © Lucy Schaeffer

flavors thinks that fresh herbs and well-chosen spices are the key to making great food that's good for you.

"There's so much flavor in fresh

herbs like rosemary, oregano, and basil. I also like to use things like zest of lemon and lime and fresh red pepper flakes. There are so many ways to bring flavor to food

TIPS

Top diabetes superfoods to include in your diet

- **Beans:** Whether you prefer kidney, pinto, navy or black beans, you can't find better nutrition than that provided by beans.
- **Dark Green Leafy Vegetables:** Spinach, collards, kale – these powerhouse foods are so low in calories and carbohydrates, you can't eat too much.
- **Citrus Fruit:** Grapefruit,

oranges, lemons and limes. Pick your favorites and get part of your daily dose of soluble fiber and vitamin C.

- **Sweet Potatoes:** A starchy vegetable packed full of vitamin A and fiber. Try in place of regular potatoes for a lower GI alternative.

- **Berries:** Which are your favorites: blueberries, strawberries or another variety? Regardless, they are all packed with antioxidants, vitamins and fiber.

Source: ADA

without using tons of salt," says McCargo.

As he does with all his cooking, McCargo encourages making healthy eating for those on dialysis a fun, family affair. All of his recipes are designed to be simple, gadget-free cooking adventures that taste great for everyone.

"Get the family in the kitchen. You don't have to be alone. You don't have to feel overburdened, to think this is what I have to do to survive. You can look at it a different way. With recipes like these, you don't have to make something different from everyone else in the family. You can make the same meal and everyone will enjoy it," says McCargo.

Or, put more simply, in terms any home chef could relate to: "Don't stress. Add more flavor to your repertoire."

Chef McCargo will be making appearances on behalf of Fresenius Medical Care nationwide throughout 2012 to talk about his "Flavor of Bold" cuisine for the dialysis diet. His show "Big Daddy's House" airs on Food Network, his cookbook "Simply Done, Well Done" is on shelves at your local bookstore and his signature line of spices can be found at your local supermarket.

RICHARD SHARP
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Chef Aaron McCargo Jr. recipe: Chicken tacos

Ingredients:

- ¾ pound ground chicken
- 2 tablespoons unsalted butter
- 1 teaspoon chili powder
- 1 teaspoon cumin
- 1 teaspoon smoked paprika
- 1 tablespoon chopped fresh garlic
- 1 package of 8 taco shells*
- ½ cup Mexican blend natural shredded cheese**
- ¼ cup chopped fresh cilantro leaves
- 2 tablespoons chopped fresh scallions

Preparation:

1. Brown the ground chicken in butter on medium heat along with the seasonings.
2. Fill 2 taco shells for each person with meat mixture, cilantro, scallions and cheese. MEASURING the cheese is the key! It should be 1/8 cup per 2 tacos.

Serves 4; 1 serving = 1/2 cup chicken mixture, two taco shells



CHICKEN TACO.

Optional serving suggestions: Ingredients can also be served in a lettuce wrap, pressed between a flour tortilla to make a quesadilla, or tossed with spaghetti or rice.

Nutrient analysis: Chicken mixture

Calories	270 calories
Trans Fat	0 grams
Protein	19 grams
Cholesterol	85 milligrams

Carbohydrate	2 grams
Potassium	264 milligrams
Total Fat	20 grams
Phosphorus	82 milligrams
Saturated Fat	7 grams
Sodium	146 milligrams

Nutrient Analysis: 2 Taco Shells

Calories	122 calories
Trans Fat	0 grams
Protein	2 grams
Cholesterol	0 milligrams
Carbohydrate	16 grams
Potassium	46 milligrams
Total Fat	6 grams
Phosphorus	64 milligrams
Saturated Fat	.8 grams
Sodium	4 milligrams

Shopping tips:

* Read the labels! Some brands have as much as 170mg sodium for 2 shells; others have 0-5mg
** Natural cheese has less sodium and phosphorus than processed cheese

Please see IMPORTANT SAFETY INFORMATION on this page, and Brief Summary of FULL PRESCRIBING INFORMATION below.

Brief Summary: Consult full package insert for complete Prescribing Information.

INDICATIONS AND USAGE: Phoslyra® (calcium acetate oral solution 667 mg per 5 mL) is a phosphate binder indicated to reduce serum phosphorus in patients with end stage renal disease (ESRD). Management of elevated serum phosphorus levels usually includes all of the following: reduction in dietary intake of phosphate, removal of phosphate by dialysis, and inhibition of intestinal phosphate absorption with phosphate binders.

DOSAGE AND ADMINISTRATION: The recommended initial dose of Phoslyra for the adult dialysis patient is 10 mL with each meal. Increase the dose gradually to lower serum phosphorus levels to the target range, as long as hypercalcemia does not develop. Titrate the dose every 2 to 3 weeks until an acceptable serum phosphorus level is reached. Most patients require 15–20 mL with each meal.

CONTRAINDICATIONS: Patients with hypercalcemia.

WARNINGS AND PRECAUTIONS:

Hypercalcemia. Patients with end stage renal disease may develop hypercalcemia when treated with calcium, including calcium acetate (Phoslyra). Avoid the concurrent use of calcium supplements, including calcium-based nonprescription antacids, with Phoslyra. An overdose of Phoslyra may lead to progressive hypercalcemia, which may require emergency measures. Therefore, early in the treatment phase during the dosage adjustment period, monitor serum calcium levels twice weekly. Should hypercalcemia develop, reduce the Phoslyra dosage or discontinue the treatment, depending on the severity of hypercalcemia. More severe hypercalcemia (Ca >12 mg/dL) is associated with confusion, delirium, stupor and coma. Severe hypercalcemia can be treated by acute hemodialysis and discontinuing Phoslyra therapy. Mild hypercalcemia (10.5 to 11.9 mg/dL) may be asymptomatic or manifest as constipation, anorexia, nausea, and vomiting. Mild hypercalcemia is usually controlled by reducing the Phoslyra dose or temporarily discontinuing therapy. Decreasing or discontinuing Vitamin D therapy is recommended as well.

Chronic hypercalcemia may lead to vascular calcification and other soft-tissue calcification. Radiographic evaluation of suspected anatomical regions may be helpful in early detection of soft tissue calcification. The long-term effect of Phoslyra on the progression of vascular or soft tissue calcification has not been determined. Hypercalcemia (>11 mg/dL) was reported in 16% of patients in a 3-month study of a solid dose formulation of calcium acetate; all cases resolved upon lowering the dose or discontinuing treatment.

Maintain the serum calcium-phosphorus product (Ca x P) below 55 mg/dL².

Concomitant Use with Medications. Hypercalcemia may aggravate digitalis toxicity. Phoslyra contains maltitol (1 g per 5 mL) and may induce a laxative effect, especially if taken with other products containing maltitol.

ADVERSE REACTIONS: No clinical trials have been performed with Phoslyra in the intended population. Because the dose and active ingredients of Phoslyra are equivalent to that of the calcium acetate gelpcaps or tablets, the scope of the adverse reactions is anticipated to be similar.

Hypercalcemia is discussed elsewhere [see Warnings and Precautions].

Clinical Trial Experience. Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In clinical studies, calcium acetate has been generally well tolerated.

The solid dose formulation of calcium acetate was studied in a 3-month, open-label, non-randomized study of 98 enrolled ESRD hemodialysis patients and in a two week double-blind, placebo-controlled, cross-over study with 69 enrolled ESRD hemodialysis patients. Adverse reactions (>2% on treatment) from these trials are presented in Table 1.

Table 1: Adverse Reactions in Patients with End-Stage Renal Disease Undergoing Hemodialysis

Preferred Term	Total adverse reactions reported for calcium acetate n=167	3-mo, open-label study of calcium acetate n=98	Double-blind, placebo-controlled, cross-over study of calcium acetate n=69	
			Calcium acetate	Placebo
	n (%)	n (%)	n (%)	n (%)
Nausea	6 (3.6)	6 (6.1)	0 (0.0)	0 (0.0)
Vomiting	4 (2.4)	4 (4.1)	0 (0.0)	0 (0.0)
Hypercalcemia	21 (12.6)	16 (16.3)	5 (7.2)	0 (0.0)

Calcium acetate oral solution was studied in a randomized, controlled, 3-arm, open label, cross-over, single-dose study comparing calcium acetate oral solution to a solid formulation in healthy volunteers on a controlled diet. Of the observed drug-related adverse reactions, diarrhea (5/38, 13.2%) was more common with the oral solution.

Postmarketing Experience. The following additional adverse reactions have been identified during post-approval of calcium acetate: dizziness, edema, and weakness.

DRUG INTERACTIONS: The drug interaction profile of Phoslyra is characterized by the potential of calcium to bind to drugs with anionic functions (e.g., carboxyl, carbonyl, and hydroxyl groups). Phoslyra may decrease the bioavailability of tetracyclines or fluoroquinolones via this mechanism.

There are no empirical data on avoiding drug interactions between calcium acetate or Phoslyra and most concomitant drugs. When administering an oral medication with Phoslyra where a reduction in the bioavailability of that medication would have a clinically significant effect on its safety or efficacy, administer the drug one hour before or three hours after Phoslyra or calcium acetate. Monitor blood levels of the concomitant drugs that have a narrow therapeutic range. Patients taking anti-arrhythmic medications for the control of arrhythmias and anti-seizure medications for the control of seizure disorders were excluded from the clinical trials with all forms of calcium acetate.

Ciprofloxacin. In a study of 15 healthy subjects, a co-administered single dose of 4 calcium acetate tablets (approximately 2.7 g) decreased the bioavailability of ciprofloxacin by approximately 50%.

USE IN SPECIFIC POPULATIONS

Pregnancy: Category C. Phoslyra contains calcium acetate. Animal reproduction studies have not been conducted with Phoslyra, and there are no adequate and well controlled studies of Phoslyra use in pregnant women. Patients with end stage renal disease may develop hypercalcemia with calcium acetate treatment [see Warnings and Precautions]. Maintenance of normal serum calcium levels is important for maternal and fetal well being. Hypercalcemia during pregnancy may increase the risk for maternal and neonatal complications such as stillbirth, preterm delivery, and neonatal hypocalcemia and hypoparathyroidism. Phoslyra treatment, as recommended, is not expected to harm a fetus if maternal calcium levels are properly monitored during and following treatment.

Labor and Delivery. The effects of Phoslyra on labor and delivery are unknown.

Nursing Mothers. Phoslyra contains calcium acetate and is excreted in human milk. Human milk feeding by a mother receiving Phoslyra is not expected to harm an infant, provided maternal serum calcium levels are appropriately monitored.

Pediatric Use. Safety and effectiveness of Phoslyra in pediatric patients have not been established.

Geriatric Use. Clinical studies of calcium acetate did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

OVERDOSAGE: Administration of Phoslyra in excess of the appropriate daily dosage may result in hypercalcemia [see Warnings and Precautions].

HOW SUPPLIED/STORAGE AND HANDLING: Phoslyra for oral administration is a clear solution containing 667 mg calcium acetate per 5 mL. Phoslyra is supplied in a 473 mL (16 oz) amber-colored, multiple-dose bottle, packaged with a marked dosing cup. Store at 25°C (77°F); excursions permitted to 15–30°C (59–86°F) [see USP Controlled Room Temperature]. The shelf life is 24 months.

PATIENT COUNSELING INFORMATION: Inform patients to take Phoslyra with meals, adhere to their prescribed diets, and avoid the use of calcium supplements including nonprescription antacids. Inform patients about the symptoms of hypercalcemia [see Warnings and Precautions and Adverse Reactions].

Advise patients who are taking an oral medication where a reduction in the bioavailability of that medication would have a clinically significant effect on its safety or efficacy to take the drug one hour before or three hours after Phoslyra.

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INDICATION:

Phoslyra® (calcium acetate oral solution, 667 mg per 5 mL) is a phosphate binder (PB) indicated for the reduction of serum phosphorus in patients with end stage renal disease (ESRD). Phoslyra is administered orally with food.

IMPORTANT SAFETY INFORMATION:

- **Phoslyra is contraindicated in patients with hypercalcemia.**
- **Patients should have serum calcium levels closely monitored and their dose of Phoslyra adjusted or terminated to bring levels to normal.** No other calcium supplements should be given concurrently with Phoslyra.
- Phoslyra may decrease the bioavailability of tetracyclines or fluoroquinolones.
- There are no empirical data on avoiding drug interactions between calcium acetate or Phoslyra and most concomitant drugs. When administering an oral medication with Phoslyra where a reduction in the bioavailability of that medication would have a clinically significant effect on its safety or efficacy, administer the drug 1 hour before or 3 hours after Phoslyra or calcium acetate. Monitor blood levels of the concomitant drugs that have a narrow therapeutic range.
- The most common (>10%) adverse reactions experienced with Phoslyra are hypercalcemia, nausea, and diarrhea.
- Phoslyra may cause diarrhea with nutritional supplements that contain maltitol.

For additional important safety information, please see brief Prescribing Information on this page.

For more information on Phoslyra, please contact Fresenius Medical Care NA at 800-323-5188. Manufactured for and distributed by: Fresenius Medical Care NA, Waltham, MA 02451

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INSPIRATION

Question: What is the most important thing a person should know about living with dialysis?

Answer: Take a proactive approach to knowledge of your treatment and your diet ensures a life without limits.

TIP

1

UNDERSTAND
YOUR
TREATMENT

Advice from a dialysis pioneer: Take control of your own treatment

Forty two years ago, a young Bill Litchfield stepped up with a group of fellow dialysis patients before Congress and successfully argued that no patient should be denied life-saving dialysis treatments.

At the time, Litchfield had developed end stage renal disease (ESRD) as a result of a post-strep kidney infection known as nephritis that he contracted as a six-year-old child during WWII, when penicillin was not readily available to civilians. By the age of 27, he had already experienced kidney failure and was literally being kept alive by dialysis.

"Dialysis was not readily available in 1967, when my kidneys failed. Luckily I applied to and was accepted into a program at the University of Texas Medical Branch at Galveston, where I was one of the first people to be able to use home dialysis as part of a grant program."

While the initial dialysis treatments were far more elaborate and unwieldy than modern treatments, and done overnight in lengthy 8-12 hour increments, the same fundamental concepts of dialysis keep him alive today.

Litchfield emphasizes that in order to have a long



"There are three things I attribute to my longevity on dialysis: good doctors, discipline and tenacity, and the grace of God."

Bill Litchfield

and fulfilling life on dialysis, patients must take a disciplined and informed approach to their own treatment.

"There are three things that I attribute to my longevity on dialysis," says Litchfield, "good doctors, discipline and tenacity, and the grace of God. As one of my doctors, told me 'yes, but not necessarily in that order.'"

Litchfield believes that by following some simple set of steps to approach their treatment in a disciplined manner, dialysis patients can have a positive impact on their own results.

"The number one thing the patient is responsible for is to get himself there on time every time for the full treatment," says Litchfield.

"When you're in the unit, get your full treatment time. Often, I see patients who cut their treatments short, and that's when you hurt yourself."

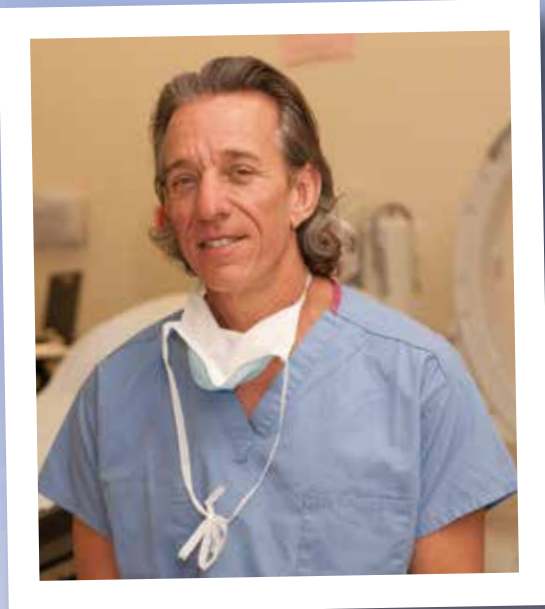
He also emphasizes the importance of taking the proper medications as prescribed.

"When you're outside of the treatment unit, take your prescribed medication on time every time. If there's a problem paying for them, speak with a social worker. There are abundant programs available to help. You just have to know where to dig for them," says Litchfield.

Finally, Litchfield thinks following the dialysis-friendly diet recommended to them by their physician is crucial.

"Study the dietary restrictions," urges Litchfield. "Learn what the blood tests mean and how it correlates to your own dietary regimen. If you observe those rules and make them a part of your life, it can be really beneficial to your treatment," says Litchfield.

RICHARD SHARP
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Dr. Sanford Altman

Medical Director and Interventionalist at Open Access Lifeline

A pioneer interventionalist and expert on dialysis access, Dr. Sanford Altman has been performing dialysis access procedures since 1994, logging well over 20,000 procedures throughout his career.

Dr. Altman strives to provide the best quality care to his patients, something he has done in the tri-county area for over two decades.



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INSPIRATION



4

TIPS FOR A HEALTHY ACCESS

Dr. Sanford Altman
Medical Director, Open Access Lifeline

The key to living well on dialysis begins with making sure your access is well maintained. After all, your access is your lifeline! Paying attention to your access and treating problems as they occur will ensure it lasts longer and functions better. Here are four ways to keep your access healthy and functioning properly:

Good hygiene

1 Keep the skin over your access clean. Practice good access hygiene to remove bacteria and lower your risk of infection.

Know your access

2 Look, listen and feel your access everyday. You are the one living with your access, putting you in the best position to notice any changes. Early identification allows for timely treatment before changes can become more serious or complicated.

Clean catheter

3 If you use a catheter for dialysis, always keep your catheter dry and intact. Wear a protective, waterproof covering over your catheter anytime you shower or bathe.

Be proactive

4 Take an active role in your dialysis treatments. Speak up and always notify your kidney doctor and/or dialysis caregivers if you detect any changes in your access. It could make all the difference in the health of your access.

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NEWS



QUESTIONNAIRE



Dr. Robert J. Snyder, DPM, MSc, CWS,
President, AAWC

What is a chronic wound?

Historically, a chronic wound is one that has been present for an extended period of time (ie: 2-4-weeks). However, patients with underlying diseases such as diabetes can have an imbalance in wound biochemistry immediately after injury to the skin, thus precipitating “stalled” wound healing.

How is it generally treated?

After a complete history and physical examination, a multidisciplinary treatment plan consisting of optimizing vascularity, treating any infection/increased bacterial burden present, and removing pressure from the wound (e.g.: total contact cast, offloading boot, etc) remains pivotal to a successful outcome.

How can they be prevented?

Prevention consists of vigilance in monitoring and controlling blood sugars (including HbA1c), daily inspection of feet and shoe gear, proper foot wear, and ongoing surveillance by a podiatrist and diabetologist/internist.

What are some lifestyle changes to adapt in order to live healthy with diabetes?

Diet and exercise are central to controlling/forestalling complications of the disease.

TIPS

Key points for pressure ulcer prevention

- Change position often in bed and at least 3 times each hour when sitting
- Avoid sliding or dragging in and out of the chair or bed. Ask your health care team for tips on how to move and transfer safely
- Ask your health care team about special cushions and beds. They may help to protect you from skin injury if you sit or lie still for long periods
- Keep the skin clean, dry and healthy
- Use barrier ointment to protect skin from urine or other body waste
- Use cream or lotion to protect dry skin
- Inspect and protect fragile skin every day
- Be sure to eat a healthy, balanced diet and drink enough fluids. Ask your health care team for advice
- KEEP MOVING. Shift your weight, walk, sit up and stand up.

Source: <http://aawconline.org/wp-content/uploads/2012/04/Take-the-Pressure-Off.pdf>



TIP

2

BE PROACTIVE

Expanding prevalence of diabetes in hispanic culture

A spokesperson for the American Association of Diabetes Educators, Lorena Drago, MS, RD, CDN, CDE, is a registered dietitian, consultant and certified diabetes educator. Lorena specializes in the multicultural aspects of diabetes self-management education and is an expert in developing culturally and ethnically-oriented nutrition and diabetes education materials.



“Diabetes education provides people with diabetes the skills and knowledge they need to successfully learn how to self-manage their disease.”

Lorena Drago, MS, RD, CDN, CDE
Spokesperson, American Association of Diabetes Educators

was the second largest consumer of sweetened beverages in the world.

What are good substitutes for those items?

People could substitute flour tortillas for those made with corn or whole wheat, and substitute

brown rice for white rice. Either way, the size of the tortilla and amount of rice matters. Select moderate portions.

Additionally, people could drink water, tea or unsweetened homemade fresh waters (aguas frescas) in place of sugar-sweetened beverages.

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Healthy eating

■ Making healthy food choices, understanding portion sizes and learning the best times to eat are central to managing diabetes.

Being active

■ Regular activity is important for overall fitness, weight management and blood glucose control.

Monitoring

■ Daily self-monitoring of blood glucose provides people with diabetes the information they need to assess how food, physical activity and medications affect their blood glucose levels.

Taking medication

■ Effective drug therapy in combination with healthy lifestyle choices, can lower blood glucose levels, reduce the risk for diabetes complications and produce other clinical benefits.

Problem solving

■ A person with diabetes must keep their problem-solving skills sharp.

Reducing risks

■ Effective risk reduction behaviors reduce diabetes complications and maximize health and quality of life.

Healthy coping

■ Health status and quality of life are affected by psychological and social factors.

With respect to exercise and general lifestyle, what are some good tips for people to avoid diabetes?

Thirty minutes of physical activity has proven to be beneficial for the prevention of diabetes. Dancing and walking are two favorite and simple exercises that can be done without additional equipment. When it comes to a healthy diet, I teach patients to look at the quality and quantity of food.

Once someone is diagnosed with diabetes, what should they think about and what do they need to do?

They should get support from family, friends and a healthcare team. In particular, they should consult a diabetes educator to teach them how to self-manage their condition.

What is diabetes education and how does it work? How can someone find a diabetes educator?

Diabetes education provides people with diabetes the skills and knowledge they need to successfully learn how to self-manage their disease. It's provided by diabetes educators who are nurses, pharmacists and dietitians, among others, who specialize helping people with diabetes become experts in their own care.

editorial@mediaplanet.com

A positive approach to wellness

Tackling diabetes with knowledge and awareness are the first steps to success

Type 2 diabetes is the most common form of diabetes and it's commonly found among African Americans, Latinos, Native Americans, Native Hawaiians and other Pacific Islanders, as well as the elderly, according to a report published by Dr. George A.W. Smith, president of the Florida Academy of Family Physicians.

Symptoms of diabetes include being thirsty often, urinating frequently and unexplained weight loss despite eating regularly or even excessively.

Testing

In his report Smith states that open communication with the team of physicians is the best way to avoid complications of diabetes such as heart attack, stroke, high blood pressure, kidney failure, blindness, nerve damage and amputations.

Upon initial diagnosis of diabetes, patients are expected to complete a physical examination and discuss their medical history with their primary care provider. Lab work is done and includes tests for fast blood glucose, hemoglobin A1C, cholesterol profile, kidney function, thyroid function and urinalysis.

Smith writes in his report that

patients should not hesitate to ask their physicians plenty of questions about their lab results, as it is imperative they know and understand what their goals are.

For example, for the A1C test, which shows how well the diabetes has been controlled over three months, the American Diabetes Association recommends a level of under seven percent.

At every doctor's visit, patients should expect to have their vital signs, including blood pressure and weight, checked.

Other annual screenings a diabetes patient should complete include dilated retinal eye exams and oral screenings by a dentist.

Exercise is key

A diabetes patient should also form a relationship with a nutritionist and dietitian.

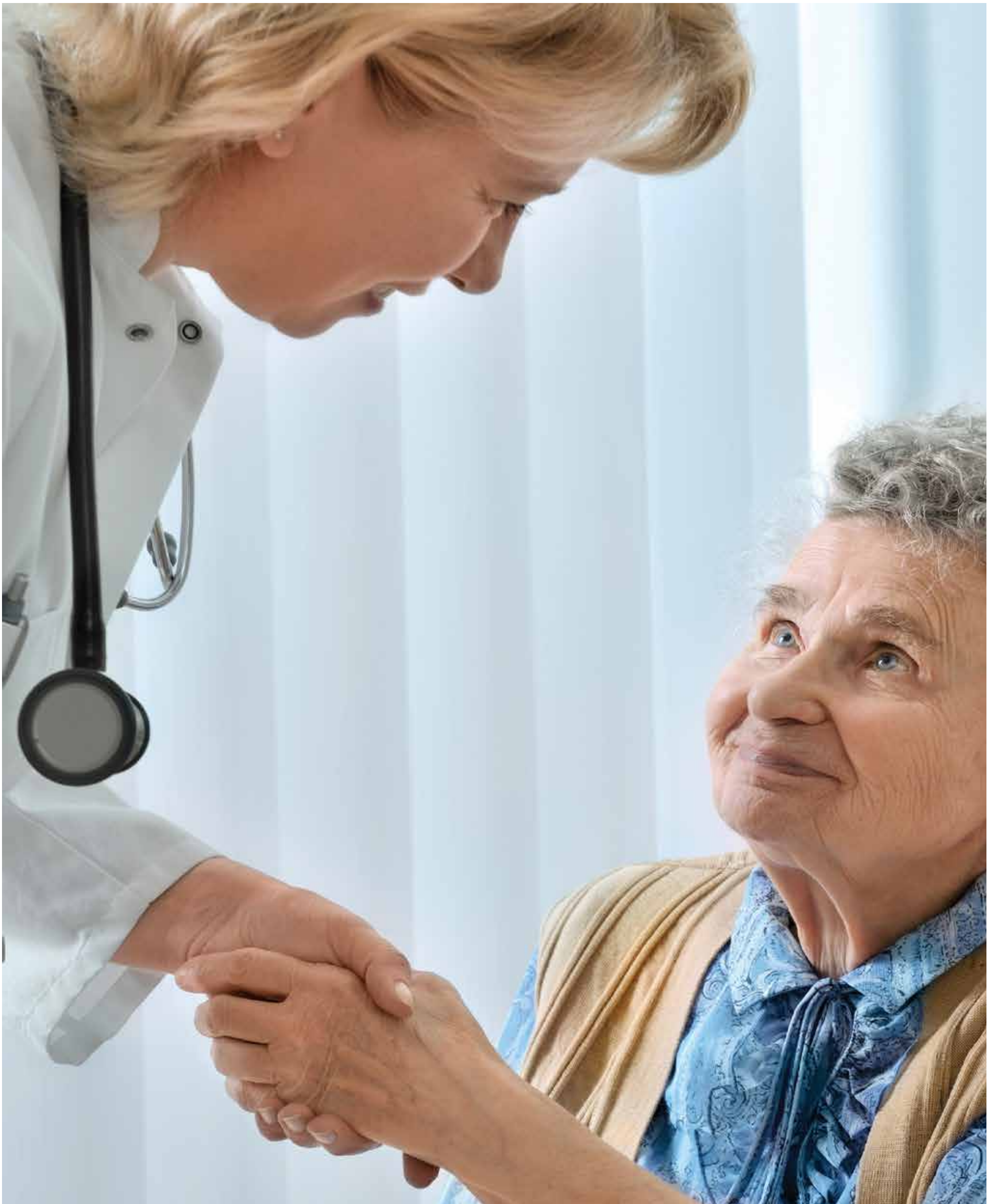
Diabetes patients have to modify their lifestyles to include meal planning, weight loss and exercise.

According to Lorena Drago, spokesperson for the American Association of Diabetes Educators, 30 minutes of physical activity has proven to be beneficial.

She recommends walking and dancing as both are simple and don't require additional equipment.

MARY ANN GEORGANTOPOULOS
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INSPIRATION



Monitoring your emotional health

Question: Key diabetic readings are limited to A1C, blood pressure and cholesterol, right?

Answer: Patients who neglect their emotional health may miss a key factor in successful maintenance.

✦ While much of diabetic maintenance comes down to numbers—glucose, carbohydrates and blood pressure—another associated challenge is harder to define: emotional health.

“Depression can commonly accompany any chronic disease, and diabetes is no exception,” said Dr. Susan Guzman, director of clinical services at The Behavioral Diabetes Institute, who actively seeks to incorporate depression screenings as part of ongoing diabetes care.

Depression can creep in at any stage of diabetes from a natural grieving or anger at diagnosis, to burnout during maintenance or frustration at complications such as lower-limb problems. Guzman said that the key is identifying associated depression early so it can be treated and not interfere with diabetes control.

Signs of accompanying depression

Depression can also make it difficult for patients to stay on track with their self-care.

“I had one patient tell me his ‘give-a-damn’ was broken, which is a great way to put it,” she said. “You get to the point where you don’t care about counting carbs or other management.”

Friends and family members of diabetic patients should look for trademark symptoms of depression such as a sudden lack of interest in favorite activities, loss of concentration, lack of appetite or binge eating, decreased energy or thoughts of dying.

Guzman recommends two questions when assessing possible depression. Ask patients if they’ve been sad or down and if they’ve lost interest in once enjoyable parts of their lives. These questions often serve as a gateway to emotional health conversations. Those concerned about depression should immediately share concerns with their medical team.

Overcoming the overwhelming

While Guzman noted that there are many reasons a diabetic patient can get off track with their management, there is one great reward: living with well-managed diabetes.

“People often hear about the downside of the disease,” Guzman said, noting patients remember diabetes increases their chances for blindness, amputation or other complications. “Well-managed diabetes is the greatest cause of nothing. There’s no need to suffer when you can manage the disease.”

Guzman said that the trick to overcoming overwhelming feelings of change with a diabetic lifestyle is picking behaviors that really matter to tackle first, such as taking medications as prescribed and keeping track of all vital readings such as the A1C blood sugar readings, blood pressure and cholesterol.

“The job of diabetes is really big,” Guzman said, stressing that others must acknowledge struggles with encouragement.

Another important lifestyle change Guzman strongly encourages is exercise, claiming it not only helps with the physical aspects of diabetic care but also plays a part in warding off depression.

Meal-planning is often the hardest change. While it’s certainly important, patients can’t look at management as an all-or-nothing situation. Even if meal-planning has slipped it doesn’t mean you

should give up on progress you’ve made in other areas.

Guzman stresses that another point in managing lifestyle and expectations is learning what doctors mean when they call diabetes a progressive disease. Many often view this as a fatalistic term, when in actuality it means the disease may change over time, requiring an adjustment in strategies. When patients recognize this early on, acceptance is much easier.

Positive thinking after complications

Even those who have faced advanced complications such as lower-limb issues or those who have struggled with management for a while must realize it’s not too late to start preventing further issues.

Guzman said that it’s natural to feel upset at the onset of neuropathy, optical issues or limb loss, but even events such as these don’t mean the battle is lost. Patients can still take control of their diabetes at that point and prevent further complications.

“Many think diabetes means, ‘I’m doomed,’” Guzman said. “The thing you must remember is that this is not your grandmother’s diabetes. It may be genetically, but it’s not the same in regard to treatment and management. You can live with diabetes. It’s never hopeless.”

NEWS

TIP

3

KNOW YOUR
OPTIONS

Staying on top of diabetes with research and new technologies makes life easier

Question: What type of adjustments do diabetics need to make in their everyday lives?

Answer: Not many. Being proactive, and with the help of some new technologies, helps diabetics make living simpler.

Having diabetes or being on dialysis does not mean life has to stop. There are many ways diabetics don't have to live life sitting on the sidelines.

With some research, a diabetes patient can make life a lot easier by understanding his individual needs.

Change from within

While researching what to do when diagnosed with diabetes can result in overwhelming information, it is important to start simple and take one step at a time.

Before embarking on any major life-altering changes, patients should be ready and willing to commit to them. For the changes to be effective, they must be important to the patients.

The American Diabetes Association recommends setting simple, realistic goals in order to maintain them.

For each goal, ADA recommends considering a few key factors. First, patients should think about how long it will take to reach a goal. Keeping the goal short makes it easier to maintain. Second, how often will a patient work



PHOTO: ISTOCKPHOTO.COM

toward the goal and how easy is the goal to maintain on a regular daily basis? ADA recommends keeping all goals realistic and specific, while only setting one to three goals at a time in order for them to be achievable.

Be proactive

An effective way to combat diabetes and live a normal life is to be proactive.

Experts say exercise is necessary for diabetes patients to enact change. Going one step further, diabetics can measure their blood glucose in response to a workout. Measuring blood glucose levels before and after physical activity can indicate the benefits of working out.

Aerobic exercise increases insulin sensitivity and decreases body fat. The biggest benefit of physical exercise is restoring the body's muscles ability to store glucose.

According to Lorena Drago, spokesperson for the American Association of Diabetes Educators, 30 minutes of physical activity, such as walking or jogging, has proven to be beneficial.

Another way to stay on top of diabetes is by keeping track of progress. Diabetics may find it motivating to write down notes about the physical activity done each day and how the activity affects them.

When exercising, it is important for patients to plan ahead and have plenty

of water and snacks with them during the activity. Stay hydrated before, during and after the activity is essential.

Wearing a medical identification bracelet or necklace is another proactive decision for diabetics to protect themselves in case of an emergency.

Brain Mehafeff, a diabetic for 20 years, took being proactive to another level.

Mehaffey, a dialysis patient himself, offers diabetics a solution to safely carrying around insulin, even during long travel and extensive heat.

He now distributes Frio Bags, which were created in the United Kingdom, in the United States.

Frio Bags help keep insulin at a safe, cool temperature so users can keep it in their cars and makes for travel-friendly storage.

Let technology help

A number of products have been released to aid the day-to-day life of diabetics.

With the advancement of technology, living with diabetes has become much easier.

From blood glucose monitors, to insulin pumps and syringes, an array of products exist to help with everyday activities.

Today, science has evolved to the point where appliances for people of all ages exist, many of which can hook

up to gadgets such as smartphones and video game consoles.

A new blood glucose meter hooks up to a Nintendo DS and helps monitor and maintain target blood glucose levels. Parents can use a device like this to teach their children about diabetes and help them understand the importance of keeping track of blood glucose levels from a young age.

For adult users, we recommend doing some research online and checking out various applications for your smartphones. A number of programs have been created to help monitor diabetes. In addition, there are a number of apps created to help track physical activity so smartphones are good organization tools.

Since new products are introduced to the market regularly, diabetics should keep an eye out on websites like Diabetes Forecast (forecast.diabetes.org) for up-to-date news on new technologies that can enhance day-to-day lives.

With will and determination, in addition to understanding personal lifestyle and researching new products in the market, diabetes patients no longer have to miss out on life's adventures.

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Hope for a cure

Millions affected by diabetes dream of the day when they no longer need to take insulin injections, test their blood sugar levels or face the fear of crippling complications. The discovery of a biological cure—restoring natural insulin production to normalize blood sugar levels—would free patients from the daily demands of this disease.

Parents like Jenn and Jared Tacher of Pembroke Pines, FL, whose 3-year-old son, Jace, was diagnosed with type 1 diabetes just over a year ago, believe that one day their son will be free from the burdens of this disease.

"I just look into my son's eyes and I see a story of hope" says Jenn Tacher. "I definitely, definitely have a reason to believe in a cure for diabetes. There is hope; there's definitely so much work being done to help those who suffer."

Karla Edge, 50, of Pensacola, FL, is one such patient who has been living insulin-free for more than six years after receiving an islet transplant. Diagnosed with type 1 at age 6, Edge is now living her dream and has a reason to believe in a cure.

"All they have to do is hear my story. I no longer have erratic blood sugars, and I have a second chance at life," she said. "I wish everyone with type 1 could have this. The Diabetes Research Institute saved my life."

Islet transplantation is a procedure where healthy islets are separated from a donor pancreas then transplanted into patients with diabetes. The transplanted islets replace the recipient's own insulin-producing islet cells that are required to normalize blood sugars—cells that have already been destroyed because of the onset of diabetes. Instead of major surgery, the procedure, which is still experimental, is performed in a radiology suite under local anesthesia.



Jace tacher, 3, was diagnosed with type 1 diabetes a year ago. PHOTO: DIABETES RESEARCH INSTITUTE FOUNDATION

Edge's story, together with those of dozens of other islet transplant recipients, is a testament to the progress being made toward a cure.

"The only sure way to not find a cure is to abandon the search for a cure," says Dr. Camillo Ricordi, Scientific Director at the Diabetes Research Institute. "This doesn't mean we're promising that there will be a cure tomorrow or next year or in two years."

In fact, the pace at which research is moving forward has never before offered such promise, says Dr. Ricordi, thanks to a worldwide network of researchers who have been united to focus on curing diabetes.

"It's really bringing the collaborative spirit and the search for a cure to the global level, bridging

expertise and disciplines, where one advancement in diabetes can help other autoimmune diseases and vice versa," explains Dr. Ricordi, who created the worldwide Diabetes Research Institute Federation global network in 2006 and, more recently, the Cure Focus Research Alliance (Cure FoR All), which expands into other diseases.

Tomorrow isn't soon enough to cure the millions of children and adults living with diabetes worldwide. With the necessary support, we will be able to realize our goal much sooner. For more information, visit www.DiabetesResearch.org.

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PANEL OF EXPERTS

	<p>Luigi Meneghini, M.D., M.B.A. Associate Professor of Clinical Medicine and the Director of the Eleanor and Joseph Kosow Diabetes Treatment Center at the Diabetes Research Institute, University of Miami Miller School of Medicine</p>	<p>Venu Kolli, PharmD, MBA, CDE Certified Diabetic Educator</p>	<p>Kim Fleming PharmD, CGP, CDE Walgreens Market Program Coordinator</p>
<p>Question 1: What is a diabetes diet?</p>	<p>There is no such thing as a “diabetic diet”. Individuals with diabetes, like any other health conscious person, should maintain a healthy diet, low in saturated fats and sodium, high in fiber, with abundant servings of vegetables (preferable) and fruit. People with diabetes have to also be careful about the carbohydrate content of their diet, so as not to overwhelm their pancreas’s ability to manage glucose coming in from the digestive track, or if they are injecting insulin, to properly match insulin dose to planned food intake. Properly managing dietary intake can ensure glycemic control and prevention of complications.</p>	<p>A diabetes diet—medically known as medical nutrition therapy (MNT) for diabetes—simply translates into eating a variety of nutritious foods in moderate amounts and sticking to regular mealtimes.</p>	<p>There really isn’t such a thing as a “diabetic diet”. People with diabetes should maintain a balanced diet, to include recommended proportions of all the main food groups. I refer all patients to a registered dietician to ensure that they are consuming a balanced diet. There aren’t really any food groups to avoid in diabetes; everything can be eaten in moderation...even chocolate cake! I recommend that patients monitor their intake of carbohydrates, since carbohydrates, as opposed to protein and fat, turn into sugar and directly affect their blood glucose levels. Every patient will have different carbohydrate goals, dependent on their weight, age, and other co-morbidities.</p>
<p>Question 2: Can I get rid of diabetes?</p>	<p>The answer is slightly different for patients with type 1 and type 2 diabetes. In obese patients with type 2 diabetes, substantial reduction in caloric intake and weight loss can normalize glucose levels by decreasing the body’s resistance to insulin, such as what happens following bariatric surgery. A program of consistent physical activity and healthy diet can help improve blood glucose control in most patients and normalize blood glucose without the need for medication in a few.</p>	<p>You can’t get rid of type 1 but you can treat it. There are currently over 23 million people living with diabetes in the U.S.A. The bad news is that you may not even know you have it as the symptoms are few. The good news is that you can get rid of Type 2 diabetes by following a proper exercise and nutrition plan. Simply losing ten pounds by adhering to a healthy food and exercise program will allow people who are at risk of getting diabetes to reduce their chances of actually developing the disease by 58 percent, according to one prominent medical journal. Exercise such as walking, strength training, and aerobics are recommended.</p>	<p>Diabetes is a progressive disease that will not go away. Except for some rare circumstances where diabetes may have been drug-induced, patients begin to develop Type 2 Diabetes years before they receive a diagnosis. With awareness and proper treatment, patients can learn to control their diabetes and prevent serious complications, such as heart disease and blindness. However, controlled diabetes does not equate to a cure. Diabetes will continue to worsen, despite the best care, and all patients will likely need drug therapy in addition to lifestyle modifications such as diet and exercise, possibly even insulin.</p>
<p>Question 3: Who can I trust when seeking information on medications and care; and is it even important that I regimentally take my prescribed medications?</p>	<p>Your physician and health care teams (educators and dietitians) are often your first source of reliable information. A number of professional web sites such as the American Diabetes Association, the American Association of Diabetes Educators and the NIDDK can also provide dependable information. The Diabetes Research Institute at the University of Miami, for example, provides a number of diabetes education and nutrition programs that range from the very basic survival skills for the patient with diabetes, to sophisticated insulin management techniques, that optimize the use of insulin analogs, insulin pumps, and continuous glucose sensor technology.</p>	<p>Your Health Care professionals like your local Pharmacist has more information on medications and care. You can also get quality drug information from US-government provided sites like Medline plus. It is very important for a diabetic patient to take prescribed medications regimentally even if you are sick. It’s very important to keep your blood glucose levels under control all the time and one way is to keep taking the medications. This is so important so that you do not develop long term complications and to keep your A1C under control.</p>	<p>Unfortunately, there is a plethora of information related to diabetes available, especially on the Internet. It is sometimes difficult to discern fact from rumor, and many of us fall into the trap of asking those we trust around us, such as friends and family, rather than relying on our healthcare team. Your team should consist of several healthcare providers, including, but not limited to your physician, diabetes educator, pharmacist, dietician, podiatrist, and dentist. If you search the Internet, rely only on trusted sources, such as the ADA or the AADE. Trust your healthcare team and the treatment they prescribe. Your adherence to your regimen is the best thing you can do to fight against diabetes.</p>

Diabetes education tailored to your needs

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My Diabetes Workshops, created in conjunction with Joslin Diabetes Center, help people understand the condition, its potential complications and how best to manage it.* Classes are taught by Walgreens pharmacists, who are certified in diabetes care.

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