

# Diabetes Partners in Action Coalition

## In the news

### Tobacco Use IS a Chronic Disease

By Elaine Lyon, Tobacco Program, Michigan Department of Community Health

Tobacco use is often more harmful and deadly for people with diabetes. Smokers with diabetes are **11 times** more likely to have a heart attack or stroke than people who don't have diabetes and don't smoke. Tobacco use inhibits the body's ability to use insulin, making it more difficult to regulate diabetes; reduces circulation, causing more amputations of feet and legs; and weakens the heart and eyes.

Tobacco dependence is a chronic disease, just like diabetes. Long-term in nature and often characterized by periods of relapse and remission, treatment for tobacco use requires ongoing care. Research shows that quitters are most successful when using a combination of therapies, including nicotine replacement, counseling, self help materials, and a strong support network of family and friends.

The Michigan Department of Community Health (MDCH) Tobacco Quitline, 1-(800) QUIT-NOW, currently provides free telephone counseling and referral to Michigan Medicaid, Medicare and uninsured residents. Other resources available to help people quit using tobacco include free web based training for clinicians and healthcare professionals titled *Implementing Effective Tobacco Dependence Treatment, Interventions and Systems in Michigan*. These training programs, as well as brochures, the Michigan Smoker's Quit Kit, and other information for those who wish to quit, can all be found by visiting the Tobacco Section website at: [www.michigan.gov/tobacco](http://www.michigan.gov/tobacco)

### Helping Children with Diabetes Succeed

By Mike Steigmeyer and Art Franke, National Kidney Foundation of Michigan and Denise Pentescu, Juvenile Diabetes Research Foundation

The term "adult onset diabetes" has often been interchangeable with type 2 diabetes because of the disease's tendency to be diagnosed later in life. This trend is changing, however, as poor nutrition and sedentary lifestyles in children have contributed to a rise in type 2 diabetes among youth in the United States.

**About 186,300 people younger than 20 years in the United States have diabetes (type 1 or type 2) (cdc.gov).** The increase in the prevalence of type 2 diabetes in children and young adults is cause for concern and is expected to rise even more because of the increasing prevalence of childhood obesity. One in three children born in the year 2000 is expected to develop type 2 diabetes at some point during their life.

Type 1 or juvenile diabetes generally affects children and adults under the age of 30 and represents 5% to 10% of individuals with diabetes. Type 1 diabetes is an autoimmune disease in which a person's pancreas stops producing insulin, a hormone that enables people to get energy from food. Type 1 diabetes is incurable and lasts a lifetime.

Persons with Type 1 diabetes must take numerous injections of insulin daily or continually infuse insulin through a pump just to survive. Taking insulin does not cure any type of diabetes nor does it prevent the possibility of potentially devastating effects: kidney failure, blindness, nerve damage, amputation, heart attack, stroke, and pregnancy complications.

The good news is that major research advances have been made in diabetes management and control for both Type 1 and Type 2 diabetes during the past decade. Several landmark research studies have proven conclusively that aggressive treatment to lower blood glucose (sugar) levels can help prevent or delay diabetes-related complications affecting the eyes, kidneys, nerves and cardiovascular system. In addition, advances in medical research and technology have produced an array of treatment and management tools that have made it easier for people with diabetes to check their blood glucose levels and control them.

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For young people with diabetes, these advances mean a brighter and healthier future. Blood glucose levels that are well managed have the potential to help young people not only to stave off the long-term complications of diabetes, but also to feel happier and healthier and to be more productive at school and at play.

Accordingly, students with diabetes need a supportive environment to help them take care of their diabetes throughout the school day and at school-sponsored activities.

A guide entitled: "Helping the Student with Diabetes Succeed: A Guide for School Personnel" is available from the National Diabetes Education Program (NDEP) at [http://ndep.nih.gov/media/Youth\\_NDEPSchoolGuide.pdf](http://ndep.nih.gov/media/Youth_NDEPSchoolGuide.pdf). JDRF also has a *School Advisory Toolkit*, a guide that offers collaborative methods for educators and parents to ensure that every child enjoys the best possible school experience. You can download an electronic version at [www.jdrf.org/satrequest](http://www.jdrf.org/satrequest) and also request a hardcopy to be sent.

We hope that DPAC members will take advantage of this important health information by sharing these guides with school staff, parents and students, and by using it to ensure that all students with diabetes are educated in a medically safe environment with the same access to educational opportunities as their peers.

**In the Resource section that follows on page 3, please see the description of the MODE School Project.**

## Update Your Flu Patient Education

*By Jean Chickering, Diabetes Unit, MDCH*

Diabetes (especially with blood sugars above the goal range) can weaken the immune system and make the person more vulnerable to severe cases of the flu. After getting the flu, blood sugar often increases, making it even harder for the body to fight infection.

**Please make sure that your patients with diabetes are educated on the following points:** (From [www.cdc.gov](http://www.cdc.gov).)

- If you get sick, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- Be sure to continue taking your diabetes pills or insulin. Don't stop taking them even if you can't eat. Your health care provider may even advise you to take more insulin during sickness.
- Test your blood glucose every four hours, and keep track of the results.
- Drink extra (calorie-free) liquids, and try to eat as you normally would. If you can't, try to have soft foods and liquids containing the equivalent amount of carbohydrates that you usually consume.
- Weigh yourself everyday. Losing weight without trying is a sign of high blood glucose.
- Check your temperature every morning and evening. A fever may be a sign of infection.

**Call your health care provider or go to an emergency room if any of the following happens to you:**

- You feel too sick to eat normally and are unable to keep down food for more than 6 hours.
- You're having severe diarrhea.
- You lose 5 pounds or more.
- Your temperature is over 101 degrees F.
- Your blood glucose is lower than 60 mg/dL or remains over 300 mg/dL.
- You have moderate or large amounts of ketones in your urine.
- You're having trouble breathing.
- You feel sleepy or can't think clearly.

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Healthcare providers are strongly encouraged to use the MDCH and CDC as their primary sources for the latest influenza information:

- 1) [www.michigan.gov/flu](http://www.michigan.gov/flu)
- 2) [www.CDC.gov/flu](http://www.CDC.gov/flu)
- 3) [www.Flu.gov](http://www.Flu.gov)

### *Save the Dates:*

DPAC Board Conference Call: Thursday, January 7<sup>th</sup>, 2010; 8:30-9:30am; Call-in Instructions to follow;

DPAC Full Membership Meeting: April 29<sup>th</sup>, 2010; Kellogg Center

## **MODE School Project**

*By Denise Pentescu, JDRF*

The *MODE School Project* was launched in early November to K-8 public school administrators throughout Michigan. The collective best practice resources of MODE (MI Organization of Diabetes Educators), JDRF (Juvenile Diabetes Research Foundation), and the ADA (American Diabetes Association) are now available. These include printed materials, downloadable presentations via CD ROM, and other key items to best educate and inform school staff and parents in the community on how to care for a child with diabetes in the school setting. This comprehensive resource package is available through the organizations' websites. In addition, school in-service programs conducted by a CDE (Certified Diabetes Educator) can be obtained on an as-needed basis by request to any of organizations mentioned.

### ***Preventing and Treating Diabetes: Health Insurance Reform and Diabetes in America***

Please see this link for an important report that Secretary Sebelius has released on health insurance reform and diabetes in America: <http://www.healthreform.gov>

The report outlines the ways health reform will lower costs and improve access to quality health care services for Americans with diabetes.

