

**KITCHEN CREATIONS FACULTY NEWSLETTER # 10**  
**September 2004**

**Greetings to our esteemed Kitchen Creations faculty:** As the new Department of Health contract manager responsible for the funding of Kitchen Creations, I can tell you I feel I have been given a wonderful gift. Usually a new project involves building and working out bugs and dealing with dilemmas. Kitchen Creations is running so smoothly, I am not sure why Eileen Douglass was willing to hand it over. Each of you has contributed to the success of the program and my challenge will be to find a distinct contribution to ensure its continued success.

Just to get acquainted...I have been a registered dietitian for – hold on to your chairs – 40 years this month. My varied career has included: hospital food service director, clinical dietitian and clinical nutrition manager, consulting dietitian, nursing school faculty, and several years in public health including maternal and child health, cardiovascular disease and diabetes. Recent interests have included support for the formation of the New Mexico Coalition to Promote Physical Activity and Nutrition, administering funding and training for the Coordinated Approach to Child Health (CATCH, a P/A and Nutrition intervention for 3<sup>rd</sup> through 5<sup>th</sup> grades) and serving as State Coordinator for the 5 A Day for Better Health promotion for fruits and vegetables. For 5 years, I managed the New Mexico Diabetes Library Project, and I am also working on ways we can support a safer environment in schools for our children with diabetes.

I am looking forward to working on a program that supports good nutrition for people with diabetes AND for their families. Prevention *is* the best medicine! **Carol S. Marr, R.D., L.D., 505-841-5864, [carolma@doh.state.nm.us](mailto:carolma@doh.state.nm.us)**

A Reminder – Any of you who need a new supply of the [directories](#) for the **New Mexico Diabetes Library Project** can request them at [carolma@doh.state.nm.us](mailto:carolma@doh.state.nm.us). You will receive an update of new libraries and added titles since the printing of the directory. Remember to provide the number you need and your shipping address.

***In the business of helping people understand health issues, CHANGE*** may be the greatest obstacle. The knowledge changes, the guidelines or rules change and the public considers all the change at best confusing; at worst a conspiracy of the government, the pharmaceutical industry or the medical providers. Consider the present media coverage and concern over the coming Dietary Guidelines for Americans 2005 and the planned configuration of a new Food Guide Pyramid.

Remember when **the risk levels for body mass index** were changed. The media loudly proclaimed the news, “Yesterday you were normal, today you are FAT.” The determination of increased risk and a classification of overweight dropped from a BMI of 27 to 25. The current classification is as follows:

- ② Underweight = <18.5
- ② Normal weight = 18.5-24.9
- ② Overweight = 25-29.9
- ② Obesity = BMI of 30 or greater

**From the Diabetes Control and Complications Trial (DCCT)**, the lesson learned was that tighter control really did make a difference in the outcomes for people with diabetes. There is a **direct relationship between blood glucose level and the risk of complications.**

**A1c is a ‘look back’ measurement of blood glucose over the past 2 to 4 months**, sort of a video compared to the snapshot that a fingerstick provides. Recommendations for treatment goals vary slightly, American Diabetes Association - <7.0, while International Diabetes Foundation and the American Association of Clinical Endocrinologists recommend a target of

<6.5. The A1c is not recommended for the diagnosis of diabetes, but remains **the test of choice for monitoring the effectiveness of blood glucose control over the past 2 – 3 months.**

**The Diabetes Prevention Program (DPP)** provided the very valuable insight that **lifestyle changes regarding weight management through diet and physical activity really could delay the onset of diabetes and change the impact it has on lives.** Not only were intensive lifestyle interventions more effective than the drug, metformin (also found effective), they were more cost effective.

**Pre-diabetes is the state that occurs when blood glucose levels are higher than normal but not yet high enough for a diagnosis of diabetes.** Considering the outcomes of the DPP and looking to prevention of diabetes and reduced risk of diabetic complications, **criteria are needed to identify those individuals at risk of diabetes.** As reported in Diabetes Care, November 2003, an International Expert Committee reexamined the classification and diagnostic criteria for diabetes and reported “Under the new definition, the cutpoint for normal fasting blood glucose levels was dropped from 110 mg.dl to 100 mg.dl, meaning that a value of 100 mg.dl or above would lead to a diagnosis of **impaired fasting glucose (IFG)**, which is included in the term **pre-diabetes**. Studies show that many people who fall in the pre-diabetic range will go on to develop diabetes within 10 years.”

STAGE	TEST	
	Fasting Plasma Glucose (FPG)	Oral Glucose Tolerance Test (OGTT)
<b>Diabetes</b>	FPG $\geq$ 126 mg/dl	Two-hour plasma glucose (2-h PG) $\geq$ 200 mg/dl
<b>Pre-diabetes</b>		
Impaired Fasting Glucose (IFG)	100 – 125 mg/dl	----
Impaired Glucose Tolerance (IGT)	----	140 – 199 mg/dl

The Expert Committee on the Diagnosis and Classification of Diabetes Mellitus: “Follow-up Report on the Diagnosis of Diabetes Mellitus.” *Diabetes Care*, Volume 26, Number 11, November 2003.

**In 2003, the guidance for blood pressure was changed to reflect new information about risk...**the higher the blood pressure, the greater is the chance of heart attack, heart failure, stroke, and kidney disease. The 7<sup>th</sup> Rept. of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7) classified blood pressure as follows:

	Systolic	Diastolic
Normal	<120	and <80
Prehypertension	120 – 139	or 80 - 89
Stage 1 HTN	140 – 159	or 90 - 99
Stage 2 HTN	$\geq$ 160	or $\geq$ 100

<http://www.nhlbi.nih.gov/guidelines/hypertension/incipintro.htm>

The ADA Clinical Practice Guidelines, 2004 state a target blood pressure **goal of 130/80 is reasonable in patients with diabetes** if it can be safely achieved. American Diabetes Association: Clinical Practice Recommendations 2004, *Diabetes Care*, Volume 27, Supplement 1, January 2004.

**Finally, the newest ‘kid on the block’, cholesterol** – in an announcement released July 12, 2004, the National Institutes of Health, National Heart, Lung and Blood Institute (NHLBI) endorsed the report of the National Cholesterol Education Program’s (NCEP) clinical practice guidelines on cholesterol management. The guidelines advise physicians to consider **more intensive options** including **setting lower treatment goals for LDL cholesterol and initiating cholesterol-lowering drug therapy at lower LDL thresholds.**

A concise version would be that the Update encourages a **therapeutic goal of <100 mg dl LDL cholesterol (70 mg dl for those at Very High Risk) and drug therapy begin at 100 – 129 mg dl, rather than the ATP III recommendation of 130 mg dl.** The intensity of therapy should be sufficient to achieve at least a 30 – 40% reduction in LDL.

The new guidelines are based on a review of 5 major clinical trials of statin therapy conducted since the 2001 release of the NCEP’s cholesterol guidelines known as the Adult Treatment Panel (ATP) III Report.

“The recent trials add to the evidence that when it comes to LDL (bad) cholesterol, lower is better for persons with high risk for heart attack,” said NHLBI Acting Director Barbara Alving, M.D. “These trials show a direct relationship between lower LDL cholesterol levels and reduced risk for major coronary events.

**Therapeutic lifestyle changes (TLC)** – intensive use of nutrition, physical activity, and weight control – were given strong support for cholesterol management.

**“Lifestyle changes continue to be an essential part of controlling cholesterol.** TLC has the potential to reduce cardiovascular risk through several mechanisms beyond LDL lowering,” said Scott Grundy, M.D., director of the Center for Human Nutrition at the University of Texas Southwestern Medical Center at Dallas and chair of the NCEP working group that developed the update report.

The Update recommends that, in addition to patients with LDL above goal, **any person at high- or moderately high-risk who has lifestyle-related risk factors is a candidate for TLC regardless of LDL level.**

A copy of the update and information on the ATP III guidelines can be found on line at <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>. A 10-year heart attack risk calculator can be found at <http://hin.nhlbi.nih.gov/atp3iii/calculator.asp?usertype=prof>.

**Next issue:** Look for some comments based on the July 2004 Barbara Davis Center for Childhood Diabetes “Management of Diabetes in Youth” conference.

Carol Marr, RD, LD  
Diabetes Prevention and Control Program

## 5 A Day

Originally the 5 A Day program was a partnership between the National Cancer Institute and the Produce for Better Health Foundation. The partnership has now expanded to include the U.S. Department of Agriculture, the Centers for Disease Control and Prevention, the American Cancer Society, the United Fruit and Vegetable Association, the National Alliance for Nutrition and Activity, the Directors of Health Promotion and Education and the American Heart Association. Each state has a 5 A Day Coordinator. Linda Cryer RD, LD, CDE is New Mexico’s 5 A Day Coordinator. She can be reached

at 841-4554 or [linda.cryer@doh.state.nm.us](mailto:linda.cryer@doh.state.nm.us) Her office is at 625 Silver Ave, SW, Suite 330, Albuquerque 87102.

Increasing fruits and vegetables in the diet has health benefits; it may reduce the risk of some types of cancer and other chronic diseases.

- ② Studies have shown that people who eat 5 to 9 servings of fruits and vegetables a day may lower their risk for heart disease by 20 to 40%.
- ② Eating a diet rich in fruits and vegetables can lower the rate cancer by 30%.
- ② Diets rich in vegetables and fruit have been shown to reduce blood pressure in people with high blood pressure. Potassium in fruits and vegetables is probably the reason for the reduction in blood pressure.
- ② Studies have shown an association between increased fruit and vegetable intake and a decreased risk for stroke. The lowest risks were observed with a high consumption of cruciferous vegetables (broccoli, cabbage, cauliflower), green leafy vegetables, citrus fruits and vitamin C rich vegetables and fruits.
- ② **Fruits and vegetables may help control and prevent the development of type 2 diabetes.**
- ② **Studies have shown that replacing high calorie, high fat foods with fruits and vegetables can help prevent and treat obesity. The significant water and fiber content in fruits and vegetables aids weight control by giving a feeling of fullness, which reduces the total calories eaten in a meal.**
- ② Diverticulosis may be worsened by a lack of fiber in the diet. Many fruits and vegetables provide insoluble fiber that helps reduce the risk of diverticulosis.
- ② Diets poor in folic acid during pregnancy are associated with a higher rate of neural tube birth defects (spina bifida). Dark green leafy vegetables, oranges, orange juice, fortified grain products and dried beans contain folate. **Folic acid supplementation is also recommended for women of childbearing age.**
- ② One study has shown a strong correlation between potassium and magnesium and bone density. This suggests that fruits and vegetables may play a role in bone health due to their content of these two nutrients.

“The Health Benefits of Fruits and Vegetables” can be downloaded from

[http://www.5aday.com/content/research/health\\_benefits.html](http://www.5aday.com/content/research/health_benefits.html)

Also there is a hand out for consumers called “Leading the Way to Better Health”.

To check out what hand outs are available go to [www.5aday.com](http://www.5aday.com) and click on “catalog”.

For vegetable and fruit recipes go to:

[http://www.aboutproduce.com/recipes/recipe\\_search.asp](http://www.aboutproduce.com/recipes/recipe_search.asp)

The Centers for Disease Control and Prevention (CDC) has information on 5 A Day.

There are recipes, 5 A Day tips, 5 A Day links and much more. Go to

<http://www.cdc.gov/nccdphp/5Aday>

The National Cancer Institute has a 5 A Day website. It has easy tips to increase the intake of vegetables and fruit, recipes and resources. Go to [www.5aday.gov](http://www.5aday.gov)

Produce for Better Health Foundation is funded by the produce industry and by the sales of 5 A Day materials they sell. Their website has information about September, National 5 A Day month, educational tools and recipes, 5 A Day the Color Way, a summary of low carbohydrate diet plans and other information. <http://www.5aday.com>

Dole has a 5 A Day website. It has information for kids, teachers, school food service personnel and parents. Each month there is an Activity Sheet for kids. The Home Economists who work with ICAN may find useful information for children's programs at this site. Go to [www.dole5aday.com](http://www.dole5aday.com)

American Frozen Food Institute has a website with a kid's section, recipes and menus. It emphasizes the possibilities of frozen foods to add variety to fruit and vegetable intake. <http://www.healthyfood.org>

Some 5 A Day materials recommend 5 to 9 servings of vegetables a day. The Produce for Better Health Foundation recommended to the 2005 Dietary Guidelines Advisory Committee of USDA that "consumers increase their intake of fruits and vegetables to 5 to 13 servings daily". My personal opinion is that we need to help most people increase their fruit and vegetable intake to 5 servings a day, before we start recommending further increases. We also need to encourage variety. If people are eating only a few fruits and vegetables, they are missing out on needed nutrients.

Karen Halderson, MPH, RD, LD, CDE  
Extension Diabetes Coordinator

#### Websites, etc.

"The Truth About Low-Carb Foods" is an article from Consumer Reports June 2004 issue. It states 'Low-carb' labels are meaningless and goes on to explain why. This is a good article to give to clients.

This summer Time Magazine had two issues that were nutrition related. The May 3, 2004 issue was Low Carb Nation and the June 7, 2004 issue was Overcoming Obesity.

<http://www.canolainfo.org/pdf/dietfat.pdf> This is a comparison chart of dietary fats that you can print in color from your computer.

[http://www.fcs.uga.edu/extension/diabetes/diabetes\\_pubs.php](http://www.fcs.uga.edu/extension/diabetes/diabetes_pubs.php)

University of Georgia Cooperative Extension has publications and power points on diabetes including Diabetes Life Lines Newsletters in both English and Spanish. Other topics include Eating Guidelines for Diabetes, Physical Activity and Diabetes and recipes from the Rite Bite Cooking School.

Arthritis Self-Management magazine

In the last issue of Diabetes Self-Management there was a post card for an introductory copy of Arthritis Self-Management. I can't find a web site, but the address is:  
P.O. Box 56052, Boulder, CO 80323-6052

[www.DiabetesSelfManagement.com](http://www.DiabetesSelfManagement.com)

This magazine has useful articles and recipes in every issue. In the July/August 2004 issue there are articles "Fast-Food Salads", "Sensational Spuds" and "A Taste of the Mediterranean" all written by RD's.

<http://www.betterdiabetescare.nih.gov/>

This website is from the National Diabetes Education Program (NDEP). Look on the right hand side for the icon of a fork, knife and plate. It's for Dietitians, Certified Diabetes Educators, nurses and others who help patients manage their diabetes.

<http://diabetesatwork.org>

This site is hosted by National Business Group on Health in collaboration with the National Diabetes Education Program. It includes Lesson Plans that are in both English and Spanish. It also has fact sheets.

<http://hin.nhlbi.nih.gov/cholmonth/>

Order a 2004 National Cholesterol Education Month Kit from this link. Some of the items the kit contains are simple steps to reduce the risk of heart disease and heart healthy recipes.

[www.dce.org](http://www.dce.org)

The Diabetes Care and Education Practice Group of the American Dietetics Association has several handouts that can be downloaded as PDF files. Go to the link above, click on "publications", then on "Patient Education Slicks". Several topics are listed. The newest one is Carbohydrate Counting: Focus on Consistency

New Mexico Healthcare Takes on Diabetes has a CDROM "Diabetes Resource Compendium 2004". It contains handouts on A1c, Cholesterol, Eye, Feet, Hypertension, Kidney, a cover letter and New Mexico Diabetes Practice Guidelines. I have 3 copies that I can mail. Or contact Charm Lindblad at [Clind48535@aol.com](mailto:Clind48535@aol.com) and she will mail one to you.

Geriatrics, a journal directed to about 77,000 primary care physicians, in issues April through July includes a number of articles related to diabetes. Each issue has a CME article: April, Diabetes in older adults; May, The psychosocial aspects of diabetes care; June, Implementing evidence-based diabetes care in geriatric populations; and July, Diabetes prevention, a GAMEPLAN for success. The electronic version is at <http://www.geri.com/geriatrics/>

KH and CM