

## **Kitchen Creations Faculty Newsletter #14**

February 2006

### **Family Meals Matter!**

A recent edition of Lancaster County, Nebraska's Cooperative Extension electronic newsletter, Food Reflections, is titled "**Family Meals Nourish Body and Soul**". Research supports the idea that emotionally healthy families spend time together and one way is by eating meals together on a routine basis. Behavioral aspects of family dining help 'tweens' and teens build protection in their lives from bad choices. A survey of 500 teens indicated that 90% said they enjoy eating dinner with their families, 47% enjoy family meals "very much".

Family dining helps build good social skills in a comfortable setting. Family members using and teaching appropriate table manners prepare children for public participation in meals. The family meal is also a place for children to learn good conversational skills. Slow the pace and encourage conversation. Enjoy mealtime as a time to reconnect and share.

#### **Tips for creating a positive mealtime atmosphere...**

Turn off the television and radio. Turn off the phone ringer. Concentrate on conversation!

Keep conversation positive and supportive. Avoid criticism and unpleasant topics.

**TIME is an issue for most families** – The American Dietetic Association suggests including all family members in food preparation. The time spent together will probably be doubled.

Use preparation time and mealtime to teach and encourage good habits like hand washing, and basic food safety and cooking skills.

2 and 3 year olds can help gather and measure ingredients and clean vegetables. Our 2-year-old LOVES breaking eggs and is pretty good at it, too.

4 and 5 year olds can use tools like scissors and whisks and practice math skills while measuring.

Teens often ease the time crunch by shopping; making menus and starting preparation before the family all arrive home.

**But, what does family dining do for NUTRITION, you might ask.** Recent studies demonstrate that children 9 – 14 years of age had better quality diets when they ate with their families. Dinner with the family meant children were more likely to eat the five or more recommended servings of fruits and vegetables. They were less likely to eat fried foods and drink soda. Family meals also meant better intake of vitamins and minerals, including calcium, iron, and fiber, and lowered intake of saturated and trans fats. Nutrition researchers believe the early experience of family meals establishes nutritional patterns that set the tone for habits continued during adult life.

Families working to improve their nutrition habits can find it much easier to control portion size and to follow the guidance of My Pyramid when eating at home. Finding whole grains and a variety of fruits and vegetables is often hard in restaurants. Low fat dairy products are seldom available. The temptation to eat more fried foods and high fat items can be defeating.

Planning menus for simplicity and working together will pay large benefits in family health and satisfaction. Few families will eat all meals at home, but more home cooking is a good move!

Carol Marr, RD, LD  
Diabetes Prevention and Control Program

### FDA Approves Inhaled Insulin

The FDA approved an inhaled form of insulin. The new insulin will be sold by Pfizer Inc. under the brand name Exubera. Patients who have used inhalers told researchers they prefer them to needles. Studies show that inhaled insulin works and appears to be safe with short-term use. Inhaled insulin causes minor declines in how much air the lungs can hold. The FDA recommended that smokers and people with some types of lung disease, including asthma avoid using inhaled insulin. Exubera is approved only for people 18 years and older. Pfizer said inhaled insulin won't be available in most pharmacies until June or July.

The duration of action of inhaled insulin is about 6 hours; it is comparable to regular insulin. The most common side effects were hypoglycemia, cough and bitter taste. Pfizer has committed to conduct further safety studies and will monitor whether problems arise with widespread use. About only 10% of the insulin is absorbed, so the question is what happens to the other 90% that is not absorbed.

Exubera is packaged in individual dose packs of either 1 or 3 mg of insulin in a powder form. One mg of inhaled insulin is the equivalent of 2 to 3 units of injected insulin. Inhaling three 1 mg dose packs causes a higher insulin exposure than inhaling one 3 mg dose pack. Another question is whether people on large doses of insulin will be able to use inhaled insulin.

On the Diabetes In Control Web page, Dr. Richard K Bernstein has mixed opinions about inhaled insulin. He thinks it will not benefit people with type 1 diabetes, because it will not allow them to get precise control. He says that if a person has a cold or the flu or congestion, that will affect the absorption. He says inhaled insulin might be of benefit for people with type 2 diabetes who are making a lot of their own insulin and just need a small amount of insulin for meal time blood sugars.

Information on inhaled insulin is available at <http://www.dlife.com/inhaledinsulin>  
Click on Expert Q &A for the pros and cons of inhaled insulin. This web page also has other information for people with diabetes. DLife is a television show for people with diabetes.

Another source of information on inhaled insulin is [www.diabetesincontrol.com](http://www.diabetesincontrol.com)  
Look in the archives for Issue 297 January 31, 2006.

### U.S. Teens are at Risk for Heart Disease and Diabetes

Researchers have found that about one in three teens are physically unfit and already have many of the risk factors for heart disease. The connection between low fitness and heart disease suggests there will be an increase in illnesses and death from chronic diseases and is a sign of the obesity epidemic.

Strenuous treadmill tests on 3,100 teens from 12 to 19 years old showed that 34 % were in bad physical shape. Some of the teens were not able to participate in the treadmill test because they were at risk of a heart attack during the test.

If these results are projected onto the entire U.S. population, there may be as many as 7.5 million teens in bad physical shape and at risk for chronic diseases such as heart disease and diabetes.

This is from JAMA 2005 Dec.21;294(23):2981-8

Note: This article has information about low fitness levels in adolescents and adults. I summarized the information about adolescents. KH

### Two Million Teens in the U.S. Have Pre-Diabetes

Researchers from the Centers for Disease Control and Prevention and the National Institutes of Health examined the prevalence of impaired fasting glucose, also called pre-diabetes, in teens. For the study researchers used American Diabetes Association criteria that defines impaired fasting glucose or pre-diabetes as blood sugar levels of at least 100 mg/dl. A fasting blood sugar level above 125 is considered diabetes.

The study was based on data from 915 teens who participated in the 1999-2000 national health survey. Researchers plan to examine whether rates of impaired fasting glucose have increased since then.

One in 14 of adolescent boys and girls in the national representative sample had impaired fasting glucose. The rate was higher in boys than girls (10% vs. 4%). Among overweight teens, one in 6 had impaired fasting glucose. Rates varied in different ethnic groups. 13% of Mexican Americans, 4.2 % of non-hispanic blacks, and 7% in non-hispanic

whites had impaired fasting glucose. Average levels of LDL cholesterol (bad cholesterol) and triglycerides were higher in the teens with impaired fasting glucose.

There were 7% of the teens in the study in the pre-diabetes range, this translated to about 2 million teens in the U.S. About 16% of the teens studied were obese, which is about the same as recent national estimates.

At the Children's Hospital in Los Angeles about 25% of the children treated for diabetes have type 2 diabetes. Ten years ago 4% of the children with diabetes had type 2.

This information is from PEDIARICS Vol. 116 No. 5 November 2005, pp.1122-1126

Web Sites, etc.

Obesity Online [www.obesityonline.org](http://www.obesityonline.org)

This site has a slide library; you can use a ready to go slide presentation or choose slides to add to your presentation.

Shaping America's Youth [www.shapingamericayouth.com](http://www.shapingamericayouth.com)

Has survey results on child obesity related programs, publications and resources, and news and events.

Children and Diabetes [www.cdc.gov/diabetes/projects/diab\\_child.htm](http://www.cdc.gov/diabetes/projects/diab_child.htm)

Reference Documents on Type 2 Diabetes in Children from the CDC Diabetes Program

Food Time Line [www.foodtimeline.org](http://www.foodtimeline.org)

This is the history of food on a timeline; a list of when foods and recipes appeared throughout time. Remember Watergate salad?

Just Say Yes to Fruits and Vegetables [www.jsyfruitveggies.org](http://www.jsyfruitveggies.org)

This is a project in New York State that provides nutrition education programs for food stamp populations in community settings. They have a van that is used to deliver information on fruits and vegetables in communities. On the home page click on "Fruit Zone" and "Vegetable Zone". There are recipes and food safety tips and a link to Monthly Nutritional News (a monthly newsletter). Also click on "Resources" and then on "Additional Nutrition Education Information". It has links to several nutrition related websites.

Diabetes Education Society [www.diabetesedu.org](http://www.diabetesedu.org)

The Diabetes Education Society offers continuing education by either seminar or home study. There are two continuing education topics: "Treating the Diabetes Epidemic" and "Diabetes and Pregnancy". They also have teaching guides (hand outs). Some are free and others can be purchased.

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