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WEIGHING IN NEWSLETTER

Are you a non compliant diabetic patient?

The Weigh Station takes care of a lot of patients with type I, and type II diabetes. In fact, we see an average of about 6 to 8 new diabetic patients per month. I've never met a person with diabetes who doesn't want to live a long and healthy life. Unfortunately, most of the patients we see with diabetes don't have perfect glucose control, and they don't always follow what their doctors have taught them to do. Instead they make decisions on their own. So they're labeled "noncompliant."

Once the patient has been labeled as "non compliant" in the medical record, anyone who reads the note may develop a preconceived notion that the person is a "bad patient". This is a very typical situation among physicians and healthcare professionals in the community, and it's difficult for the patient to change or reverse. It also causes difficulty in the patient-physician relationship, which for long-term success in diabetes is important. So the question is, why are so many patients with diabetes labeled non compliant? Some of those reasons are financial, some are due to physical barriers, and some of it is the doctors themselves don't take the best care of those people.

The non compliant labels also come from information that emerges from extensive databases that come from the pharmaceutical records and individuals with type II to type I diabetes whose pharmacy shop collects data.

So let's discuss diabetes: Type I diabetes is rare, it only affects about one in every 6000 patients. The disease occurs when the beta cells in the pancreas that produces insulin are destroyed by the body's immune system. This results in the patient having an insulin deficiency. When the lack of insulin wrecks havoc on your metabolism, the cells are unable to take up glucose (sugar) from your blood leading to the "starvation in the face of plenty" since the blood sugar is so high, resulting in weight loss, tissue damage, dehydration, diabetes ketoacidosis which is not the same as ketosis. Ketoacidosis is a different kind of ketosis that we will talk about later. Type I diabetics are treated with insulin injections that provide insulin for the body because in most cases the person's body can't make its own (although some insulin-dependent diabetics do make a small amount of insulin).

One of the biggest concerns when taking care of type I diabetics in the ketogenic diet is diabetic ketoacidosis (DKA) because of the dangers of DKA. It sounds ludicrous to recommend that a patient with type I diabetes pursue a diet that is designed to increase keto production, however, truth be told, a low carbohydrate ketogenic diet actually reduces the amount of insulin the person needs.

We've heard many case reports of type I diabetics utilizing this approach under the supervision of physicians and as long as the diet is followed, there are no complaints or complications.

I had the privilege of hearing Dr. Richard Bernstein who is an elderly gentleman now probably in his mid-80s. He is a type I diabetic and correctly uses low carbohydrate diet with type I diabetics. Dr. Eric Westman at Duke University found that patients with type I diabetes and the application of the ketogenic diet led to decreased dependence on insulin as well as improvement in gastrointestinal problems, leg discomfort, throat infections, yeast infections, joint pain and recurrent headaches.

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Now let's talk about people with type II diabetes. In contrast to type I, type II is the most common disease with approximately 180 million people worldwide who are affected. Just like type I comes from insulin, individuals with type II diabetes are still able to secrete insulin from the pancreas, but its signaling ability to the pancreas is flawed. It will not allow glucose (sugar) to enter the cell. This is known as insulin resistance and is one of the major hallmarks of type II diabetes. Individuals with type II should aim to improve their insulin resistance. We work with patients especially those with insulin resistance to change the way they eat so that their insulin resistance will go down. The person who is insulin sensitive might need only a small amount of insulin to move certain amounts of glucose into the cell, however, someone whose insulin resistance will require a lot of insulin to move the volume of glucose into the cell. Insulin resistant cells do not respond efficiently to the insulin signals that take up glucose. The beta cells in the pancreas secrete more and more insulin to compensate for insulin resistance in the management of blood sugar levels. If a little insulin doesn't work maybe an abundant amount will allow glucose to enter the cell. Over time this taxing response to the body can make the pancreas dysfunction. Insulin's beta-producing cells exhaust their ability to produce and release appropriate amounts of insulin to maintain healthy blood levels resulting in high blood sugars.

Now, remember we wrote about this before in some of our previous newsletters, the core of insulin resistance is like the elderly man who has a hearing impairment or a kid who has a friend blasting music in his headphones every day throughout their high school years. Over time their hearing will become progressively worse, and eventually, they won't be able to hear.

Genetics can play a big part in type II diabetes, the addictive nature of sugar leads to frequent consumption of foods that are high in carbohydrates. This leads to a gradual continuous amplification of insulin's output over time and eventually the beta cell dysfunction leads to changes where the body converts food energy. The process does not function optimally with a high dietary carbohydrate intake.

Getting back to the "noncompliant" patients who don't follow what physicians ask them to do end up costing the medical system tons of money by treating those patients who have high rates of complications, hospitalizations and permanent disability.

Sometimes I think living with type II diabetes is tougher than living with type I. The condition requires major lifestyle changes over the long term and with being overweight and having hypertension hyperlipidemia and other problems, it's quite difficult.

Type II diabetic patients usually have a poly-pharmacy condition that they require a truckload of medications to keep their medical conditions under control. However, if they would just follow what we teach them at The Weigh Station most of their medications could be done away with. We have seen it with multiple patients over the years.

So whether or not you have type I diabetes or type II the answer to improving your diabetic control is to follow a regimented diet that is low in carbohydrates which in turn will help you with weight loss.

At the Weigh Station weight loss in our diabetic patients tends to be a little slower than individual suffering just obesity alone. The next time you come to The Weigh Station for your visit, let us know what foods you're eating so we can help you. Sometimes patients don't realize that the choices they are making are slowing their progress.

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We want you to have good control over your diabetes, and we want you to have good control over your weight. Obedience is a very important Biblical principle ... By following the program parameters and making a point to be obedient in your food choices, you will be sure to see success!

Blessing,

Chuck Shaffer MD

Red Cabbage Salad Recipe Makes 8 servings

Ingredients:

- 1 Small Head of Red Cabbage
- 1/4 C roasted almonds
- 1 Tbsp Dijon mustard
- 2 Tbsp Minced shallots
- 1/4 C white wine vinegar
- Squeeze of lemon juice
- 3/4 C extra virgin olive oil
- Salt and pepper to taste

Shallot vinaigrette:

- Mix mustard, shallots, lemon juice and vinegar.
- Add oil. Shake in jar to blend
- Add dressing to cabbage.

Directions:

Trim cabbage and shred with a knife. Toss cabbage with vinaigrette (see above instructions). Season with salt and pepper and toss again. Add almonds just before serving.

Curb the Crave:

Recently I have been hearing patients report cravings due to hunger, boredom and stress. Despite the fact that they come in weekly, they are just having a hard time sticking to the program like they should.

Thankfully there are tools out there that can help you overcome your cravings. First let me say that it is important to understand why you are craving to begin with, this will determine how you can beat the craving.

Hunger: If you skip meals or eat lean proteins and veggies all day long, chances are you will feel hungry. The best counter strike against this type of craving is to make sure you are eating fat. Fat will shut down cravings and make you feel full longer. Cook with olive oil or coconut oil, add avocado and full fat dressings to salads and snack on nuts (just watch your portions). You will be shocked at how well fats work to keep you full and focused!

Boredom: Old habits are hard to kick and becoming a couch potato is all too easy after a long day at work. Take advantage of the cooler temps and go for a walk. Distracting yourself for as little as ten minutes will normally take care of any cravings you may have that are related to boredom. Even putting in a load of laundry or unloading the dishes can offer enough of a distraction to keep your cravings at bay.

Stress: Instead of reaching for a tub of rainbow ice cream, color a rainbow instead! Coloring offers a slew of mental benefits. Reducing anxiety and possibly blood pressure are just some of the potential health benefits found. It can also help you focus. A study from 2005 showed reduced anxiety levels when subjects colored mandalas, round frames with geometric patterns inside. Coloring also allows us to switch off our brains from stressful thoughts and focus only on the moment, helping to alleviate free-floating anxiety.

Other strategies to "Curb the Crave" include simple methods that you can easily implement in your daily routine:

- Eat Breakfast (within 2 hours of waking), Hungry or Not!
- Don't Drink Your Meals (the brain does not registrar liquid calories as calories)
- Beware of Stealth Sugars (Read your labels!!! Anything ending in -ose should raise a red flag)
- Retrain Your Taste Buds (Sugars dumb down your taste buds)
- Computer-track Your Craves (You may pick up on trends as to why you are craving certain things)
- Accountability is key- don't miss your weekly visits
- Partake in Exercise! Walk, walk, walk!!!