Should You See a Dietitian?

Eating right is important, especially if you have diabetes. Good food choices can help you stay healthy by keeping your blood sugar in check. But what exactly should you eat? How much and when?

This can be a mystery when you’re new to diabetes. But a dietitian can help you figure it out.

Dietitians are nutrition experts who’ve completed special training and passed a national exam. They can be a licensed or registered dietitian. Some double as certified diabetes educators, so they can teach you specific aspects of diabetes care, like checking your blood sugar.

Your doctor may want you to see a dietitian, or you might ask to be referred to one. You can get nutritional advice from your doctor and other members of your diabetes care team, too. This may not be a covered benefit, please check with member services about coverage.

**HOW A DIETITIAN CAN HELP**

If you choose to see a dietitian, you’ll likely meet with them regularly to create and maintain a food plan that’s best for you. A dietitian can:

- Teach you how the foods you eat affect your blood sugar and your health.
- Help put together a diabetes meal plan that includes many of your favorite foods.
- Answer your questions about diabetes and nutrition.

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And healthy eating doesn’t just help you control your blood sugar. A dietitian can also help you learn about eating right for cholesterol, blood pressure, and weight control.

A dietitian can help you in other ways, too. For example, balancing food with medications, reading food labels correctly, making a sick-day eating plan, and choosing diabetes-friendly foods while dining out.

Even people who’ve had diabetes for a while can benefit from a visit with a dietitian, according to the American Diabetes Association (ADA). If you decide to see a dietitian, make sure he or she has training and experience in diabetes, the ADA says.

Additional source: Academy of Nutrition and Dietetics

What’s Your Action Plan?

Maintaining a healthy weight and getting regular exercise are key to managing diabetes. They can help you control your blood sugar levels and you may even be able to reduce the amount of medication you need.

But losing weight can be a challenge. One way to get started is to think in terms of actions rather than pounds. For example, instead of vowing to lose 10 pounds, make a plan to walk five days a week.

Scheduled walking is an excellent goal, because physical activity helps burn calories and build muscle. These steps can also help:

> Eat more vegetables, fruits, and whole grains.
> Avoid fatty and sugary foods—for example, replace regular soda with water or set a limit of one smoothie per day.
> Don’t skip meals, especially breakfast.
> When you eat out, aim to take some of your meal home—restaurant portions are usually very large.
> Break the connection between boredom and eating. Try taking a walk instead.
> If you can’t resist a treat, have just one small serving.

The rewards of losing weight add up quickly. Losing just 5 to 10% of your starting weight can improve your health. And you don’t have to do it all at once. Working on two or three goals at a time can keep you moving toward a healthy weight.

Sources: American Diabetes Association; National Institutes of Health
Beans: An Affordable, Healthy Option

HEALTHFUL, INEXPENSIVE, VERSATILE

If beans aren’t a regular part of your diet, you might want to add them into it. Healthwise, the little old bean has much to offer.

Along with other legumes, beans are packed with nutrients that can help control diabetes, lower cholesterol, and reduce the risk of heart disease. They are a good source of protein, fiber, B vitamins, iron, and other minerals.

Beans also cost less per serving than meat. Serve them as a main dish or add them to salads, stews, soups, casseroles, snack dips and spreads.

The versatile bean family includes kidney, pinto, lima, black beans, mung beans, chickpeas, soybeans, and many more. You can buy them dried, canned, frozen, or fresh.

To reduce cooking time, soak dried beans for at least four hours or overnight in a pot filled with room-temperature water. If you use canned beans, be sure to rinse and drain them first to reduce the amount of salt.

Not used to eating beans? Introduce them into your diet gradually. Drink plenty of liquids to aid digestion. And to avoid gas, try an over-the-counter digestive aid.

Sources: Academy of Nutrition and Dietetics; American Diabetes Association

Have You Asked About Aspirin?

People with diabetes have an increased risk for heart attacks, because their blood cells tend to clump together more easily—leading to blood clots and blocked blood vessels. A daily aspirin may prevent that clumping. But for some people, taking aspirin can cause side effects, such as pain, nausea, vomiting, or internal bleeding. Ask your doctor whether aspirin is the right choice for you.

Source: American Diabetes Association
Protect Yourself Against the Flu

Besides sparing you fever, body aches, and days stuck on bed rest, avoiding the flu virus is the best way to prevent severe illness, especially when you’re already dealing with diabetes. Flu can lead to serious problems, such as pneumonia, that may require hospitalization. Two experts from the Centers for Disease Control and Prevention, Pamela Allweiss, MD, MPH, and Lisa Grohskopf, MD, MPH, share flu-fighting tips:

GET A SHOT AND FUGGEDABOUTIT!

“Get a flu shot—that’s the best defense against the flu,” Allweiss says of the vaccine that people 6 months and older (especially those with any type of diabetes and no matter how well controlled) should receive once yearly. The shot, unlike the nasal mist, contains inactivated virus particles, making it the recommended option for people with health conditions such as diabetes and for pregnant women. Those groups are among those given priority when vaccine supplies are scarce.

TIME IT RIGHT

The best time for the shot is early in flu season, which typically starts in October, peaks in January or February, and can extend into May.

BETTER LATE THAN NEVER

Ideally, you’d time the shot for two weeks before the virus circulates in your community. “That gives your immune system time to recognize the virus particles and make antibodies” to fight the virus, Grohskopf says. But getting the shot even after the beginning of flu season is better than going without it.

SIDE EFFECTS

The vaccine isn’t perfect—some people who get the shot still get the flu. “We know the flu shot can’t cause the flu,” Grohskopf says. You may have soreness or redness at the injection site and, rarely, tiredness, minor muscle aches, or an elevated temperature for a few days after the shot.

THE USUAL SUSPECTS

Regular hand washing, sneezing into a tissue or the crook of your elbow, avoiding crowds, and keeping up a plan of healthful eating, exercise, and medication are other ways to evade the virus—and avoid spreading it.

ALREADY ILL?

For flu relief, especially for young children, seniors, and people with heart disease or other complications, contact your doctor as soon as symptoms such as fever, cough, and body aches occur. “Antivirals are most effective within the first 48 hours of contracting the virus,” Allweiss says. The CDC suggests that providers begin prescription antivirals right away in high-risk people when flu is suspected—don’t wait for a flu test.

SICK DAY PLAN

Check with your provider about general sick day guidelines for dosing your medications, fueling your body with food, and drinking enough water.
Your Checklist for Good Health

Within the last year, have you:

✓ Had your A1C tested at least twice?
✓ Had a dilated eye exam?
✓ Had a foot exam?
✓ Had a test to check your kidneys?

If you haven’t had any of the tests or exams above, make an appointment with your healthcare provider today to stay up to date.

EYE CARE

There are steps you can take to avoid eye problems.

First and most important, keep your blood sugar levels under tight control. In the Diabetes Control and Complications Trial, people on standard diabetes treatment got retinopathy four times as often as people who kept their blood sugar levels close to normal. In people who already had retinopathy, the condition progressed only half as often in the tight-control group.

These impressive results show that you have a lot of control over what happens to your eyes. Also, high blood sugar levels may make your vision temporarily blurry.

Second, bring high blood pressure under control. High blood pressure can make eye problems worse.

Third, quit smoking.

Fourth, we generally recommend that you see your eye care professional at least once a year for a dilated eye exam. Having your primary care provider look at your eyes is not enough. Nor is having your eyeglass prescription tested by an optician. Only optometrists and ophthalmologists can detect the signs of retinopathy, and only ophthalmologists can treat this condition.

Fifth, see your eye care professional if:

> your vision becomes blurry
> you have trouble reading signs or books
> you see double
> one or both of your eyes hurt
> your eyes get red and stay that way
> you feel pressure in your eye
> you see spots or floaters
> straight lines do not look straight
> you can’t see things at the side as you used to

You only get one set of eyes; make sure you take the time to care for them.

Source: American Diabetes Association
Testosterone Alert

Low testosterone affects twice as many men with type 2 diabetes as men without the disease—and it can cause a lot of problems. Symptoms include erectile dysfunction, decreased interest in sex, reduced muscle mass, depression, and fatigue. If you have any of these symptoms, talk to your doctor.

Source: American Diabetes Association

Tests to Keep You in Control

Diabetes isn’t just about numbers, but numbers can show if you’re on track and making progress, need to improve, or need to tweak therapies. In addition to regular glucose testing at home, here are three lab tests people with diabetes should have:

**A1C**

*What it’s for:* Measures average blood sugar over the previous two or three months, giving a big-picture snapshot of glucose control.

*How it’s done:* Blood sample, no fasting needed.

*How often:* Two to four times a year.

*Goal:* Usually below 7%; personal goal may be different.

**LDL**

*What it’s for:* Tests for bad cholesterol, which clogs the heart and blood vessels.

*How it’s done:* Blood sample, usually after a 12-hour fast.

*How often:* At least once a year.

*Goal:* Under 100 is optimal.

**MICROALBUMIN**

*What it’s for:* Looks for traces of the protein albumin, an early sign of kidney damage or problems.

*How it’s done:* Urine sample.

*How often:* Once a year for people with diabetes.

*Goal:* If kidneys are leaking albumin, treatment can start or be adjusted.

Sources: American Association for Clinical Chemistry; National Diabetes Education Program
Chicken and Wild Rice Soup

INGREDIENTS

2 tbsp. margarine (trans-fat-free)  
1 medium onion, diced  
2 carrots, diced  
2 celery stalks, diced  
1 cup white mushrooms, diced  
44 oz fat-free, reduced sodium chicken broth  
1 cup water  
¼ tsp. dried thyme  
¼ tsp. black pepper  
¼ tsp. salt (optional)  
1 tbsp. cornstarch  
1 tbsp. cold water  
1 cup wild rice (uncooked)  
2 cups cooked and diced chicken

This recipe serves 9

INSTRUCTIONS

1. Melt the margarine in a large soup pot over medium-high heat. Add the onion and sauté for 3 minutes or until clear. Add the carrots, celery, and mushrooms, and sauté for 5 minutes.

2. Add the chicken broth, water, thyme, black pepper, and salt.

3. In a small cup, mix together the cornstarch and 1 tbsp. cold water. Add the mixture to the soup.

4. Bring to a boil and stir in the rice.

5. Reduce heat, cover, and simmer for 45 minutes. Add the cooked chicken and stir well.

Source: diabetesfoodhub.org

NUTRITION FACTS

Serving Size: 1 cup

Calories: 130
Carbohydrates: 15 g
Protein: 14 g
Fat: 2 g
Saturated Fat: 0.5 g

Sugars: 2 g
Dietary fiber: 2 g
Cholesterol: 25 mg
Sodium: 400 mg
Potassium: 360 mg
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