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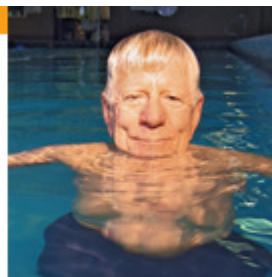
## *HealthMatters* magazine

### I Decide to Be More Active

Story by Catherine O'Neill Grace, Photos by John Hubbard



**Slow & Steady**  
Wins the Race



### **Daily, Small Changes can Make an Enormous Difference in Weight Management.**

Dr. Stuart Seale is worried. "We are looking at a tsunami of diabetes that's rolling across the country," he says. "The huge epidemic of obesity that has preceded it is just growing and growing—and this has just happened in the last 30 years. It's because our lifestyle and culture has changed."

Dr. Seale, who is co-author of *The 30-Day Diabetes Miracle* (Perigee Books, 2008, \$24.95), cites national statistics to highlight his concern. Seale, who is the medical director for the Ardmore Institute of Health, and the medical director, physician and educator for Lifestyle Center of America's Stopping Diabetes Program in Sedona, Ariz., cites figures from the National Centers for Disease Control and Prevention that indicate that by 2015, 41 percent of the U.S. population will be clinically obese. Additional research shows that among Caucasian children born in 2000, one in three will develop diabetes, and fully half of the African-American, Hispanic and Native American babies born in 2000 will be diabetic.

But these grim projections don't mean that people with diabetes should give up and head for the nearest chocolate doughnut. Change is possible, and even small investments in weight loss and exercise pay big dividends.

Ask Constance Brown-Riggs, MEd, RD, CDE, CDN, who was 2007 Diabetes Educator of the Year. Brown-Riggs, who works in Massapequa, N.Y., is the author of *Eating Soulfully and Healthfully with Diabetes* (iUniverse, 2006, \$17.95). She specializes in adapting the traditional African-American diet for people with diabetes, but she says her tips apply to anyone who is trying to maintain a healthy weight.



"I tell my clients, 'I am not here to get you into a bikini, but I am here to improve your lives and help you take control,'" says Brown-Riggs. "Research supports the fact that even a modest weight loss of 10 to 15 pounds can have significant impact on blood glucose control."

*Joseph Johnson with his team at Englewood Hospital, Mary O'Connor (left) and Janice Messick.*

Brown-Riggs offers these practical tips for the kinds of small changes that can make a big difference:

- Eat more fresh fruits and vegetables.
- Increase fiber by choosing whole-grain breads and cereals. For a healthy diet, eat at least three servings of whole-grain products per day. Brown rice, buckwheat, oatmeal, whole-wheat bread and corn bread are good sources of fiber.
- Eat more poultry and fish. Fish contain healthy oils, so choose fish frequently instead of meat—just not deep-fried!
- Remove the skin and fat from poultry and meats before cooking. Avoid high cooking temperatures or searing meat. High heat locks in the fat, while moderate cooking temperatures help to reduce the fat.
- Use low-fat cooking methods. Broil, bake, stir-fry or grill food instead of frying.
- When eating out, avoid foods described as buttery, batter-dipped, crispy, with gravy or with cheese sauce.
- Use less salt and more pepper, herbs and seasonings in your cooking.
- Slow down and chew your food. Eating slowly can actually help you eat less and lose weight.
- Eat the correct amount of food. Not weighing and measuring your food? Try the plate method: Make one-quarter of your plate starch, one quarter of your plate meat or protein, and fill the other half with vegetables.
- Practice mindful eating. Take your time. Notice the colors, textures and aroma of the food. Think about how hungry you are. Now decide how much you really need, and enjoy.

"Don't try to make these changes all at once," Brown-Riggs says, "And don't be discouraged if you can't follow all the tips all the time. Small, gradual changes work best and tend to last." She calls this approach to food "mindful eating"—and it works.

## Taking Control

At Englewood Hospital in New Jersey, diabetes educators echo Brown-Riggs' contention that small changes do matter. For example, Joseph Johnson of Bergenfield, N.J., is thriving while managing his diabetes.

"I'm going to be 70 this year," says Johnson, who retired from Con Edison after 41 years, and served in the U.S. Marine Corps as a young man. "I was diagnosed 11 years ago. I was very strict in the beginning, and then I fell off. I had to go on insulin."

Johnson's blood sugar levels fluctuated, but he gradually took control with careful eating, exercise and an insulin pump.

"I really stay away from the ice cream and cakes and stuff like that," he says. "Thank God I love swimming. That's how I keep my weight down—every morning I get up and I swim laps at the YMCA."

When Johnson was diagnosed, he weighed about 170 pounds. He is now down to 158—not a huge weight loss, but significant in terms of its impact on his blood sugar levels.

"The Marines taught me discipline," says Johnson. "The key to success is exercise and diet—get yourself to do something and it will add 10 years to your life. It's okay if you cheat once in a while—we all do. Start off small and do a little bit more every day. If it's something you like to do, whether you walk or swim or go to the gym, you'll get so that doing it is a habit."

Johnson's positive attitude has brought him a good quality of life, he says, and the chance to watch his seven grandchildren grow up.

"I don't know why I got diabetes," he says. "But I know I've got to exercise and eat right. I like living."

## Lifestyle Changes

As Johnson did when he found out he had diabetes, a newly diagnosed person has to face lifestyle changes that include adjustments in diet and activity levels.

Why does losing weight help? Seale explains the association between body weight and diabetes this way: "A condition called insulin resistance develops because the body's cells, the fat and muscle cells, become resistant to the effects of insulin. This prevents sugar from being absorbed by the cells, so the blood sugar starts to rise. Eventually, chemical messengers that are sent out to the body—specifically from the fat cells in the abdominal area—create this insulin resistance. If you want to reverse insulin resistance, your behavior must come into play. Simply put, you have to change the behaviors that led to the weight gain."

Seale know this isn't easy. "As humans, we are driven by the same motivators as other animals for survival of the species," he says. "We seek pleasure, we try to avoid pain, and we try to do every one of those things with as little energy expenditure as possible," he says.

How does this happen? Imagine a person using a drive-through window to buy a chocolate-frosted doughnut.

"You're seeking the pleasure of eating the doughnut," says Seale. "You're avoiding the pain of hunger, and you're doing it with as little energy expenditure as possible by staying in your car."

But that doughnut, and the ones after it, is a recipe for obesity. How can you rewrite that recipe?

"You could focus on the one element of those three motivators that can trump everything else, and that's pleasure—that chocolate-frosted doughnut," says Seale. "You have to switch to long-term pleasure—good health—from short-term pleasure—the doughnut. Ask yourself, what do I want to have good health for? Is it because I want to be part of my community, to see my grandkids



*Losing weight has helped Joseph Johnson, 69, manage his diabetes.*

graduate from college?"

He advises people who are working to lose weight to focus on a long-term, pleasurable motivator. Then do another little trick: Add a gap, a short period of time, between when you have a craving and when you act on it.

Joseph Johnson would agree. He traded cake and ice cream for more years attending his grandchildren's birthday parties.

## By the Numbers

When you are trying to lose weight, the numbers can feel overwhelming. But, says Dr. James Dudl, an endocrinologist and clinical lead for the Kaiser Permanente Care Management Institute in Oakland, Calif., "It doesn't have to be 100 pounds all at once. And you don't have to go to a cardboard diet."



The American Diabetes Association agrees, noting that "Type 2 diabetes can be prevented through modest lifestyle changes and losing about 5 to 7 percent of body weight."

"As a person becomes obese, insulin resistance shows itself and sugars begin to rise," Dudl explains. "They begin to rise almost proportionately with the weight gain until the person becomes diabetic, after his or her normal weight had gone to obesity."

When does overweight switch to obesity? Your body mass index will tell, as will your waist measurement. According to the American Heart Association, abdominal besity in women is defined by a waistline measure of more than 35 inches, for men a waistline of more than 40 inches. Your body mass index (BMI) is a measure of your body fat based on height and weight; the numbers apply to both adult men and women. The American Diabetes Association says that a BMI of 25 or more is considered overweight; a BMI of 30 or more is obese. If your BMI is over 25, you are at higher risk. You can go to the ADA Web site to calculate your BMI automatically. Go to [www.cdc.gov/nccdphp/dnpa/bmi](http://www.cdc.gov/nccdphp/dnpa/bmi) and fill in the blanks to get your number. Then take a deep breath and get started, taking one small step at a time.

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*Joseph Johnson (with wife Cathy) is surrounded by five of his seven grandchildren.*