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RECIPES

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## SELF-MANAGEMENT

# YOUR *Holiday* MEAL SURVIVAL GUIDE

**DIY GIFTS**  
FOR A HEALTHIER  
HOLIDAY SEASON

**SKY HIGH**  
DIABETIC  
KETOACIDOSIS  
ON MT. EVEREST

**DO'S AND DON'TS**  
OF DEALING WITH  
**CRITICISM**

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SECTION  
INSIDE**



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**Holiday parties and impromptu gatherings can throw off even the most disciplined eater.**

## Dear Readers,

THE HOLIDAY SEASON—a joyful time of counting one's blessings—also can be a mixed blessing. Hectic schedules of planning, shopping, cooking and entertaining can leave little time for exercise. Parties and impromptu gatherings can throw off even the most disciplined eater. Add to that the mounds of junk food all over the office—from Halloween candy to Christmas cookies to treats arriving daily—and everywhere you turn, there's another threat to the best of intentions.

All that can wreak havoc on anyone's routine, but for those with diabetes, it can be particularly dangerous. For example, according to CalorieKing.com,  $\frac{1}{8}$  of a 9-inch homemade pumpkin pie has 316 calories, with almost 41 grams of carbs, and a typical gingerbread man cookie can contain 200 calories and 29 grams of carbs. You have to really love eggnog to indulge: An 8-ounce cup can have 344 calories and 34.5 grams of carbs. And if you celebrate Chanukah, just one medium potato latke (pancake), about  $3\frac{1}{2}$  inches across—according to fatsecret.com—contains about 100 calories and 10 grams of carbs. And that's before the sour cream and applesauce!

In this issue of *Diabetes Self-Management*, you'll find advice, strategies and recipes to help keep you on track—or not too far off—throughout the holiday season. You'll learn strategies for approaching holiday buffets and parties (page 72), how to make holiday gifts of health (page 76), ways to manage holiday stress (page 14) and how to deal with criticism from family and friends (page 30)—plus a holiday feast menu (page 80) and recipes for holiday roasts and sides, quick lunches and low-carb desserts to take you through the season (Diabetic Cooking, page 39).

But the most important advice in this issue: If you do veer off track, and we all do during the holidays, forgive yourself and start anew. One day of indulgence won't break all the good habits you've developed and practiced all year.

And if you've enjoyed our *Weight Self-Management* section this year, be sure to look for our special, standalone issue of *Weight Self-Management* magazine for the new year, available on newsstands in late December.

A very happy—and healthy—holiday season to all.

Yours truly,



Cheryl A. Rosenfeld  
Editorial Director, Wellness





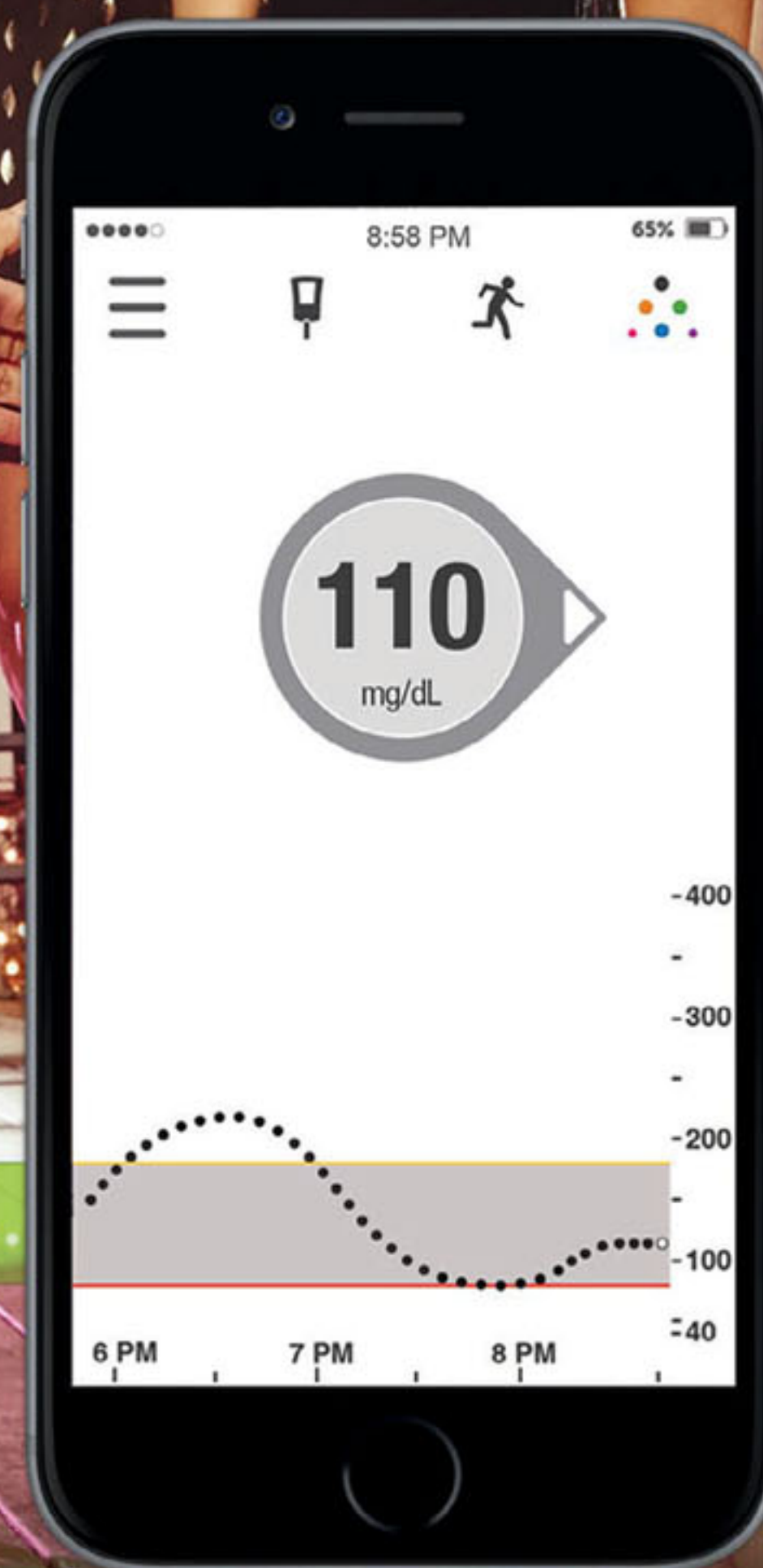
# I ALWAYS KNOW

WHEN MY GLUCOSE LEVEL IS READY FOR MY BEST MOVES

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## Prediabetes and Nerve Damage

**W**hen a person's blood sugar is higher than normal, but not high enough to be classified as Type 2 diabetes, that person is said to have prediabetes. Prediabetes is viewed as a warning sign that you could develop Type 2 if you don't make some lifestyle changes.

But a new study from the Johns Hopkins University School of Medicine indicates prediabetes might be more damaging to motor nerves than once believed. The study also suggests the conventional view of how nerves deteriorate might need to be revised.

their late 60s; just over half were male.

At the beginning of the study, the researchers took skin samples from the ankle, the lower thigh and the upper thigh. Three years later, they took the same samples again. As expected, the skin samples taken at the beginning of the study from people with diabetes showed nerve damage, but the researchers were surprised to also find nerve damage in those who had prediabetes. And the people with prediabetes continued to lose nerve fiber density over the course of the study. That was the

first surprise. Michael Polydefkis, M.D., one of the researchers, said, "I expected that people with diabetes would do worse, but I didn't really expect people with prediabetes to experience a similar rate of degradation of their small nerve fibers."

The second surprise was that the participants with small fiber neuropathy exhibited deterioration over the entire length of their nerves, not just at the nerve ends as the researchers had expected.

The researchers cautioned that the study involved only a small number of people and that factors other than diabetes might have

contributed to their nerve damage, such as high blood pressure, high cholesterol and smoking. Follow-up research will be needed to verify the study's findings.

Nevertheless, the research underscores the need to take prediabetes seriously. Said Polydefkis, "I liken small fiber neuropathy to the canary in the coal mine. It signals the beginning of nerve deterioration that with time involves other types of nerve fibers and becomes more apparent and dramatically affects people's quality of life. The results of this new study add urgency to the need for more screening of those with the condition and faster intervention." ■



The study, which was conducted over a three-year period, assessed 62 participants; 52 of them had small fiber neuropathy, a disorder that affects the small nerves that terminate at the skin's surface. People with this condition commonly experience tingling sensations that begin in the feet and then travel upward. The remaining 10 participants were healthy controls.

Of the 52 participants with small fiber neuropathy, 13 had prediabetes and 14 had Type 2 diabetes. The remaining 25 had normal blood sugar levels, and the cause of their small fiber neuropathy was unknown. The volunteers ranged in age from their mid-40s to



## DIABETES QUIZ

## How Much Do You Know about Managing Holiday Eating?

For most people, the holiday season is filled with friends, family, fun and, of course, food. The endless array of elaborate once-a-year entrees, delectable desserts and eggnog can be difficult to avoid—and can wreak havoc on your eating regimen, particularly if you have diabetes. But there's hope. Take this quiz to see how much you know about how to have your holiday cake—and eat it, too.

**1. How can getting enough sleep help you control eating habits during the holiday season? More than one answer may apply.**

- A.** It helps your taste buds respond to excess sugar.
- B.** It helps keep you from over-eating.
- C.** It keeps your body from going to into crisis mode and mimicking symptoms of insulin resistance.
- D.** It makes you more irritable, so you eat less.

**2. Which of the following is a great way to enjoy some of your favorite desserts when you have diabetes?**

- A.** Bring a prepackaged snack

- B.** Skip the meal and opt only for the dessert
- C.** Allow yourself small portions of your favorite holiday desserts
- D.** Limit the dessert to the size of a deck of cards

**3. What effect does alcohol have on blood sugar? More than one answer may apply.**

- A.** It raises blood sugar.
- B.** It has no effect on blood sugar.
- C.** It causes blood sugar to drop.
- D.** It interferes with some diabetes medications.

**3. What are some easy ways to fit exercise into your holiday festivities? More than one answer may apply.**

- A.** Dance at a holiday party or dance club

- B.** Schedule exercise into your days off during the holiday season
- C.** Go for a walk with family and friends after a holiday meal
- D.** Start a new family tradition such as a holiday race or flag football game
- E.** None of the above
- F.** All of the above

**4. So, despite careful planning, you still ate a little too much pumpkin pie. How can you get back on track?**

- A.** Skip the next meal or two
- B.** Focus on socializing and other holiday festivities
- C.** Take a laxative
- D.** Eat some negative-calorie foods such as celery

SEE PAGE 12 FOR **ANSWERS**

## REVERSING PREDIABETES WITH WEIGHT LOSS

**PREDIABETES** is a condition in which a person's blood sugar level is higher than normal but not high enough to be considered actual diabetes. Yet despite what the word might suggest, developing diabetes is not inevitable for people who have prediabetes. A prediabetes diagnosis should serve as a wake-up call. If a person does nothing, according to Mayo Clinic, he or she likely will develop diabetes within 10 years.

A new study has delivered some encouraging information—adults who lose weight and decrease their waist size within one year of a prediabetes diagnosis are twice as likely to return to normal glucose tolerance as people with prediabetes who do not.

Scientists with the Diabetes Research Center at the University of Leicester in Great Britain analyzed data collected from 817 adults (mean age 60) who had been diagnosed with either impaired fasting glucose or impaired glucose tolerance (both are measures indicating a higher-than-normal blood sugar level). The patients were screened for Type 2 diabetes every year for five years (or until they were diagnosed with diabetes). After one year, 54% of the patients had returned to normal glucose tolerance. About 40% still had impaired glucose regulation, and about 6% had developed Type 2 diabetes.

In determining why some patients

were successful in reversing their prediabetes, the researchers discovered the patients who lost 3% of their body weight in one year (for a 150-pound person, that's about 4½ pounds) were significantly more likely to regress to normal glucose tolerance than those who either didn't lose weight or gained weight. They also found a similar effect in those who decreased their waistlines by more than 1¼ inches).

According to Danielle Bodicoat, Ph.D., a researcher on the study, "This study emphasizes the importance of encouraging people with raised glucose levels to make healthy lifestyle choices that will increase their chances of returning to normal glucose levels." ■



# Diabetes [definitions]

## BRONZE DIABETES

A potentially reversible form of diabetes caused by abnormally high levels of iron in the blood. One out of every 200 to 300 people has a disorder called hemochromatosis, in which the body is unable to adequately excrete enough of the iron it takes in, causing iron to build up in the body's tissues such as the liver, heart and pancreas. Depending on which organs are affected, hemochromatosis may cause cirrhosis, cardiac arrhythmias (irregular heartbeats), weakness of the heart muscle, erectile dysfunction or diabetes.

Iron overload is believed to cause diabetes by decreasing the ability of the pancreas to make and secrete insulin, increasing insulin resistance in the body's tissues and disrupting glucose regulation by the liver. In some patients, the accumulation of iron causes the skin to turn dark gray or bronze, giving "bronze diabetes" its name.

Health-care providers treat hemochromatosis with frequent phlebotomy, or drawing of the blood, which removes the excess iron. Depending on the severity of the iron overload, the patient may undergo phlebotomy once or twice a week for a period of several months to a year or more. Afterward, the patient may need maintenance phlebotomy treatment every few months. Treating hemochromatosis before any organs are damaged can prevent many of its complications, including diabetes.

## MODEL PREDICTIVE CONTROL

A system for controlling closed-loop insulin delivery, an experimental approach to managing blood glucose levels in which an insulin pump automatically adjusts its rate of insulin infusion based on the results of continuous glucose monitoring.

For such a system to work, it must accurately predict future glucose levels. One hurdle to prediction is that current continuous glucose monitors, which measure glucose levels in the interstitial fluid under the skin, offer only a delayed glimpse of glucose levels in the blood. Second, once insulin is infused from the pump, it still takes time to act on blood glucose levels.

Third, it is very difficult to predict exactly what effect meals will have on blood glucose levels. These challenges must be addressed in the design of a system to control closed-loop insulin delivery.

Model predictive control (MPC), first used to operate chemical plants and oil refineries in the 1980s, may be able to predict future blood glucose levels and make adjustments accordingly, successfully compensating for delays in glucose sensing and insulin action and unpredictable blood glucose peaks following meals. Closed-loop insulin delivery continues to be tested and refined, and researchers hope to move it gradually beyond hospital research settings and into patients' everyday lives.

## SGLT2 INHIBITORS

A new class of drugs for treating Type 2 diabetes. The SGLT2 inhibitors, which include canagliflozin, dapagliflozin and empagliflozin, work by a different mechanism than older diabetes drugs. They act on the kidneys, which filter glucose from the bloodstream and deposit it into the urine for excretion. Specifically, SGLT2 inhibitors block the action of one of the body chemicals called sodium glucose transporters, namely SGLT2, which normally promotes reabsorption of glucose from the kidney back into the bloodstream. Inhibiting the reabsorption of glucose reduces glucose levels in the blood.

There are a number of possible advantages to drugs that work this way. Because they don't affect the action of insulin, they shouldn't increase the risk of hypoglycemia (low blood sugar). By increasing the loss of calories from glucose in the urine, they might aid in weight loss, and their diuretic effect also may help reduce blood pressure.

In May 2015, the U.S. Food and Drug Administration (FDA) issued a warning that using SGLT2 inhibitors could lead to ketoacidosis, a serious condition in which the body produces abnormally high levels of blood acids called ketones and throws the blood chemistry out of balance. Individuals taking SGLT2 inhibitors should seek medical attention immediately if they have symptoms of ketoacidosis, such as difficulty breathing, nausea, vomiting, abdominal pain, confusion or unusual fatigue or sleepiness. ■

**Robert S. Dinsmoor**, a medical writer and editor based in Massachusetts, is a contributing editor of *Diabetes Self-Management*.

# Early, late menopause can increase Type 2 risk

**M**enopause can cause changes, including increased body fat, a larger appetite, lower estrogen levels and higher blood sugar. Now, an important new study has reported that women who begin menopause before age 46 or after age 55 have an increased risk of developing Type 2 diabetes.

The study, conducted by researchers at the Kaiser Permanente Center for Health Research, included more than 124,000 women who were part of the Women's Health Initiative, a large national trial created in 1991 by the U.S. National Institutes of Health to develop strategies to improve the health of older women.

According to the North American Menopause Society, the average age of menopause (a woman's final menstrual period) is 51. The study found women who experience menopause before age 46 were 25% more likely to develop Type 2 diabetes than women who had their final menstrual period between ages 46 and 55. This finding was consistent with earlier reports that linked early menopause to an increased risk of diabetes. This study, however, is the first to show that later menopause also puts women at higher risk. It found women who have experience menopause after age 55 had a 12% higher risk of developing Type 2.

Obviously, a woman can't choose when to go through menopause. But the study could motivate women to make beneficial health choices. According to Erin LeBlanc, M.D., head researcher, "Our study suggests the optimal window for menopause and diabetes risk is between the ages of 46 and 55. Women who start menopause before or after that window should be aware that they are at higher risk and should be especially vigilant about reducing obesity, eating a healthy diet and exercising. These lifestyle changes will help to reduce their risk for Type 2 diabetes." ■

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## ANSWERS

**1. B & C.** The Centers for Disease Control recommends people who have diabetes aim for at least seven to eight hours of sleep a night. But this can be especially hard during the holidays, when people tend to stay out and go to bed later. Lack of sleep hurts your energy level and makes you more prone to overeating and craving salty, fatty foods to keep your energy level up. According to the National Institutes of Diabetes and Digestive and Kidney Diseases, numerous studies have shown inadequate sleep also can lead to insulin resistance and Type 2 diabetes.

**2. C.** Skipping meals is never a good idea because it often causes blood sugar levels to plummet. And denying yourself your favorite foods that come around only once a year may make you more likely to succumb to cravings and then overeat. The good news is that, with a little planning, you really can have your cake and eat it, too. The CDC recommends filling your plate

with a variety of foods, leaving room for smaller portions of your holiday favorites. If you plan to eat a piece of pie, pass on the potatoes and carb-loaded side dishes, but be sure to include the treat in your meal plan. Check out the American Diabetes Association's "Create Your Plate" interactive tool to help you plan your holiday meals at <http://www.diabetes.org/food-and-fitness/food/planning-meals/create-your-plate/>.

**3. C & D.** Alcohol can interfere with your diabetes medications and make it more difficult to control your blood sugar. Also, drinking alcohol on an empty stomach can cause your blood sugar to plummet. While doctors generally recommend patients avoid drinking, the abundance of alcohol during the holidays can be tempting. If you do decide to drink, the CDC recommends limiting how much you drink and drinking only with a meal to help counter the alcohol's blood sugar-lowering effects.

**4. F,** all of the above. Exercise always is important, but it becomes especially important during the holidays, when people tend to eat more, higher calorie food. Not only does staying active help control your blood sugar and improve your circulation, but it also relieves stress. The CDC and ADA recommend staying active during the holiday season.

**5. B.** Everyone veers off track once in a while, despite best efforts. If you go a bit overboard, don't beat yourself up about it. Instead, distract yourself from eating by focusing on family, friends and holiday happenings. In addition, the ADA recommends adding in extra exercise, checking your blood sugar and returning to your old eating habits the next day. ■

**Frieda Wiley**, PharmD, CGP, RPh is a medical writer and consultant pharmacist based in the Piney Woods of East Texas.

## CAN ALOE VERA HELP TREAT PREDIABETES AND TYPE 2?

**A**loe vera is a tropical plant that has been adapted for cosmetic and medicinal use. You've probably seen aloe vera products in drug stores and health food stores. While there has not been much evidence of its efficacy in treating medical conditions, a recent study published in the *Journal of Clinical Pharmacy and Therapeutics* suggests it might be of some value in diabetes.

The researchers, from Thailand, did an online search of several bibliographic databases and identified eight trials that had looked at the effects of aloe vera on people with either prediabetes or Type 2 diabetes. The total number of patients in the trials was 470. One trial had been conducted in the U.S.; the rest had been conducted in Asia (one in South Korea, one in China, one in India and four in Iran). The aloe vera preparations used in the trials included raw crushed aloe leaves, aloe vera juice, aloe vera gel powder and aloe vera extract.

The researchers' analysis of the eight trials found for people with prediabetes, aloe vera significantly improved fasting plasma glucose (FPG—a measure of blood sugar taken after a patient has fasted for at least eight hours). Aloe vera also improved FPG in people with Type 2 diabetes, but the effect was only marginal. The researchers also studied the effect of aloe vera on HbA1c, or glycated hemoglobin. An HbA1c test enables doctors to assess a patient's average blood sugar levels over a period of weeks or months. The researchers found patients with Type 2 experienced a reduction in HbA1c after taking aloe vera

supplements. (No such effect was found in people with prediabetes.)

The results were encouraging, but the researchers are not ready to recommend people with prediabetes or Type 2 rush out and stock up on aloe vera. They warned the results from the eight trials varied quite a bit. They also said the evidence was limited and of poor quality. Still, they hope larger, well-designed studies using standardized aloe vera preparations might better quantify the possible benefits of aloe vera for people with prediabetes and Type 2 diabetes. ■



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**Q: I am 44 and have Type 2 diabetes. I like to go to the gym regularly (cardio and weights). Is there any benefit to taking a supplement like whey protein for muscle strengthening?**

**A:** Kudos to you! Regular exercise is one of the best ways to improve your insulin's action and keep your blood sugars in control.

Protein is an important nutrient that plays a number of different roles in the body, including regenerating cells, building and repairing muscles, creating enzymes to carry out the body's chemical reactions and producing energy. The average person needs about 0.4 grams of protein per pound of body weight per day to meet basic needs. Those who do recreational exercise need about 0.5 to 0.7 grams per pound a day, and for strength training the need increases to 0.6-0.8 grams per pound a day. Consuming more than these amounts usually is a waste of money and may lead to unwanted weight gain.

Whey, which comes from cow's milk, essentially is the liquid that remains after the curd has been strained from milk separation. It is digested and absorbed very efficiently and serves as a rich source of essential amino acids (the building blocks for protein).

Whey protein is a very good source of naturally occurring branched chain amino acids, important for those who have active lifestyles. The body requires more amino acids during and after exercise to repair the tissue that was "worked." Muscles are fatigued after a workout, and branched chain amino acids should be consumed about one hour after finishing a workout. A 2009 study at McMaster University in Ontario, Canada, found people who consumed whey after a workout had nine times greater muscle repair and growth than those who ate casein-based and soy-based protein.

Whey protein powder most commonly is sought by those who are doing strength or endurance exercise. Two common types of whey protein powder mix are isolate and concentrate. Isolate is the purest form (containing 90% or more protein) and has little to no fat, lactose or cholesterol. Concentrate has between 29% and 89% protein.



### Our Expert

Gary Scheiner MS, CDE, is owner and clinical director of Integrated Diabetes Services ([www.integrateddiabetes.com](http://www.integrateddiabetes.com), 610-642-6055), a private practice specializing in intensive insulin therapy for children and adults. He and his team of Certified Diabetes Educators work with clients throughout the world via phone and internet. Gary has lived with Type 1 diabetes for 30 years and was named Diabetes Educator of the Year in 2014 by the American Association of Diabetes Educators. He has written six books, including *Think Like A Pancreas*.

The lower the protein amount, the higher the fat and lactose.

You could save money and consume amino acids, and a bit more complete nutrition, by eating a tuna sandwich or making your own shake with milk, yogurt and fruit. If you eat chicken, eggs, lean beef, fish or turkey, you'll get a high-quality, unprocessed source of protein with other beneficial nutrients. But if you're in a hurry, whey protein could be a good option.

**Q: I have blood drawn every year for general lab work, plus three more times for my A1c. After many years of problem-free blood draws, the last several lab visits have resulted in vein swelling and pain that lasts several weeks—on both arms and with different lab technicians. I can put up with it once a year, but every three months is tough. Any suggestions?**

**A:** Your situation is pretty unique; most blood draws are relatively painless. Given that the A1c is important for assessing your diabetes management and should be performed every three months for most insulin users, here are some other options.

Many clinics, diabetes centers and endocrinology practices have Point-Of-Care (POC) A1c machines—including the DCA Vantage, DCA 2000 and Axis-Affinion—which are calibrated to match the results produced by sophisticated lab equipment. Best of all, they require only a drop of blood from a fingerstick. If your health-care provider doesn't have a POC A1c machine, he or she may be able to refer you to a practice that does, just for the A1c.

There also are A1c kits you can order/purchase online and mail in to obtain your results. These also require only a fingerstick blood sample. However, the results tend to underestimate lab values by 0.3% to 0.6%.

If your A1c results haven't changed much in recent years, your health-care provider might be willing to reduce the frequency of the tests. Assuming you check your blood sugar regularly (or use a CGM), you could estimate your A1c by taking your average glucose for the past one to three months and plugging it into this formula to approximate your A1c:  $(\text{Average BG} + 46.7) \div 28.7$ . This result should provide a close approximation. ■



## DIABETES RESOURCES

## Lowering Holiday Stress

All types of stress occasionally pop up, but holiday stress is the gift that keeps on giving year after year.

“It’s the most wonderful time of the year” can easily morph into “It’s the most stressful time of the year,” with shopping, wrapping and party planning. Stress is a major trigger for a multitude of health problems, especially for those living with diabetes.

With extra stress, hormones surge and cause a release of stored energy in the form of glucose. Insulin may not be there to let the extra glucose into the cells, so it stores up in the blood, causing rising blood sugar levels. People with diabetes who experience holiday stress also might be eating more and exercising less and might be so time crunched that they forget to check their glucose levels.

Reducing your stress during the holidays is not always easy, but experts recommend that to find the fun in your holidays, don’t lose sight of your health and daily diabetes management. Here are several common ways to reduce stress.

**Manage your time:** It’s important to prioritize your activities and plan ahead as much as possible so everything is not left for the last minute, which can be a major source of stress. Decide on a weekly—or even daily—schedule to manage your holiday to-do list.

**Eat healthy:** It’s not easy to avoid all the holiday cookies and desserts, but try to avoid processed foods and stick to whole grains, vegetables and fresh fruits. Talk to your doctor or dietician about how to follow a healthy meal plan despite all the holiday temptations.

**Practice relaxation:** Deep breathing and meditation are good ways to calm yourself during busy and stressful moments. Deep breaths help your brain send oxygen to your muscles, making them relax.

**Get some sleep:** If you’re finding it hard to fall asleep, stick to a routine with a regular bedtime and wake time to better manage stress. Create a sleep-conducive environment that is dark and noise free. Avoid watching TV or using a computer in your bedroom, as these activities can hinder your ability to fall asleep.

**Set limits:** You don’t have to attend every party, cook everything from scratch or buy everyone a present. Say yes to things that will be fun and let go of your expectations to do everything perfectly. Do what you’re able to do without causing unnecessary stress in your life.

Paul Wynn, a writer based in Garrison, N.Y., has covered health-care trends for the past 20 years.

## DIABETES AND FINANCIAL STRESS

As anyone with diabetes can tell you, dealing with the condition can be a challenge—from testing and medications to dietary restrictions and doctor visits. Now, a new study published in the journal *Medical Care* has found many people with diabetes face an additional challenge—financial stress.

The researchers from the University of Michigan School of Public Health used data on 35,000 adults from the National Health Interview Survey, a federal initiative that has been collecting information on the health of the U.S. population for nearly 60 years. Of that 35,000, about 11% were identified as having diabetes. The researchers further determined that 14% of those with diabetes faced what health experts call cost-related nonadherence (CRN), defined as the inability to follow a physician’s instructions because the patient can’t afford the cost of doing so.

The researchers also determined nearly one out of four patients with diabetes had to deal with food insecurity. Food insecurity doesn’t necessarily mean going without food; it describes a situation in which people can’t afford the kinds of foods that enable them to maintain their best health. The financial stress these patients faced, the report said, often required them to do without the foods and medications they needed. Sometimes they were faced with the predicament of choosing between food and medicine.

The researchers said while the Affordable Care Act had improved access to health care for people with diabetes, gaps in coverage persist, and the cost-sharing associated with some plans can be high. One difficulty is that people with diabetes often also deal with associated health problems such as obesity, high blood pressure and eye conditions.

Often, people in low-income communities have conversations about cost challenges with their health-care providers because their providers are aware of these issues and dealing with them is part of their mission. But in other health-care settings, the researchers said, physicians sometimes are unfamiliar with their patients’ financial difficulties and don’t always know how to give the best advice.

Minal Patel, Ph.D., co-author of the study, suggested several ways to address the problem, including better physician training and better screening and counseling of patients. It also would be helpful if patients planned to discuss how to address affordable health-care options during their medical appointments.

Joseph Gustaitis is a freelance writer and editor based in the Chicago area.





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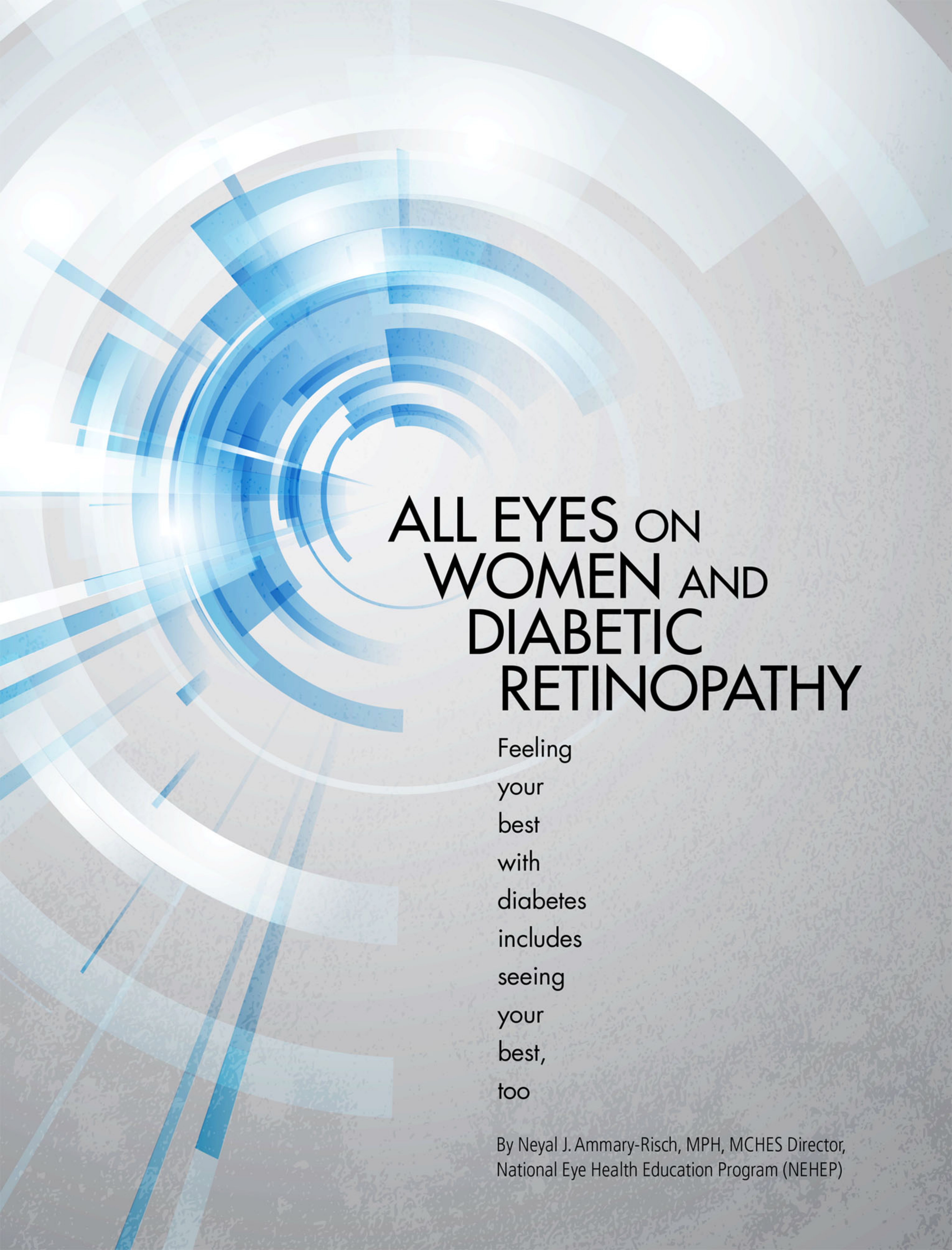
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# ALL EYES ON WOMEN AND DIABETIC RETINOPATHY

Feeling  
your  
best  
with  
diabetes  
includes  
seeing  
your  
best,  
too

By Neyal J. Ammary-Risch, MPH, MCHES Director,  
National Eye Health Education Program (NEHEP)



**A**s a woman, you do a lot to make smart health choices, from balancing your work and personal life to maintaining a healthy diet and getting regular exercise to allowing enough time for rest and sleep.

And while you know it's important to visit your doctor regularly to help you stay healthy and feel your best, you might not realize that feeling your best includes seeing your best, too. If you have diabetes, taking care of your vision is especially important. Getting an annual comprehensive dilated eye exam is one of the best choices you can make to help protect your eyesight.

If you have diabetes, you are at risk for vision loss and blindness from diabetic eye disease. The longer you have diabetes, the more likely you will get diabetic eye disease—a group of eye problems that includes: diabetic retinopathy, which damages blood vessels in the retina (the light-sensitive layer at the back of the eyeball); cataract, a clouding of the lens of the eye; and glaucoma, an increase in fluid pressure inside the eye that can damage the optic nerve and cause vision loss.

Diabetic retinopathy is the most common form of diabetic eye disease and is a leading cause of blindness in American adults. Up to 45% of people with diabetes have some degree of diabetic retinopathy. In some, retinal blood vessels may swell and leak fluid. In others, abnormal new blood vessels grow on the surface of the retina. Left untreated, it may result in vision loss or blindness. Diabetic retinopathy may develop or become worse in women who have diabetes during pregnancy. This includes both women who have had diabetes before pregnancy and those who develop gestational diabetes during pregnancy.

According to the Centers for Disease Control and Prevention (CDC), half of women who develop gestational diabetes will develop Type 2 diabetes later in life, even when the gestational diabetes goes away after the baby is born. The CDC advises women who have had gestational diabetes in the past have their blood sugar checked every one to three years.

### Early diagnosis can prevent vision loss

Diabetic eye disease often has no symptoms in its early stages. Most people do not have vision problems until the disease reaches an advanced stage. There is no pain, and vision may not change until the disease becomes severe. To help prevent vision loss and blindness, you should have a comprehensive dilated eye exam at least once a year if you have diabetes. Women with diabetes who become pregnant should have a comprehensive dilated eye exam as soon as possible. Additional exams during pregnancy may be needed.

During a comprehensive dilated eye exam, an eye care professional places drops in your eyes to dilate, or widen, the pupil to allow more light to enter the eye—the same

way an open door lets more light into a dark room. This process enables the eye care professional to get a good look at the back of the eyes and examine them for any signs of damage or disease. Your eye care professional is the only one who can determine if your eyes are healthy and if you're seeing your best.

Early diagnosis, timely treatment, and appropriate follow-up care can prevent or delay severe vision loss in more than 95% of patients with diabetic eye disease. And now, new and better treatments are available.

Unfortunately, many people with diabetes do not get the annual comprehensive dilated eye exam that eye health professionals recommend. On average, only about half of people with Type 2 diabetes receive an annual exam. People often wait until they notice changes in their vision before seeking treatment. Many are diagnosed when it is too late for treatment to be effective. And vision that is lost often cannot be restored.

### Stay on TRACK

As a woman with diabetes, you can take steps to manage your condition and prevent or delay diabetic eye disease, especially diabetic retinopathy. Keep your eye health on TRACK.

Take your medications as directed by your doctor. Ask your doctor or pharmacist when and how often you should take your medications and whether to take them with food. Also ask what you should do if you ever forget to take a dose.

Reach and maintain a healthy weight. Work with a dietitian to design a meal plan that helps you maintain healthy blood glucose levels, lowers your risk of complications and includes foods you like to eat.

Add physical activity to your daily routine. Exercise should be part of any plan to help control diabetes. Exercise can help you lower blood glucose levels, lose weight and maintain weight loss. Talk to your doctor to create an exercise plan that will be safe for you.

Control your A1C, blood pressure and cholesterol. By keeping your blood glucose level as close to normal as possible, you can help prevent diabetes-related eye problems. Keeping your cholesterol and blood pressure levels in a healthy range lowers your risk of heart disease, stroke and other complications.

Kick the smoking habit. Smoking is as bad for your eyes as it is for the rest of your body and has been linked to certain eye diseases. People who quit smoking will experience immediate health benefits and, over time, lower their risk of heart disease, stroke, lung disease and cancer. ■

**Neyal J. Ammary-Risch, MPH, MCHES**, is director of the National Eye Institute's (NEI) National Eye Health Education Program (NEHEP), which has resources on diabetic eye disease. Learn more about comprehensive dilated eye exams and get tips for finding an eye health professional, talking to your doctor, financial aid for eye care and more at [www.nei.nih.gov/diabetes](http://www.nei.nih.gov/diabetes).





# QW

## How I Survived a Mysterious Battle with Diabetic Ketoacidosis on Mt. Everest

By Daniel Phillips

It's early morning in Los Angeles, and I'm sitting in the waiting room of the Marina Del Rey hospital. Few people are around, and it's relatively peaceful, but there's still an air of tension. Maybe it's the particular shade of pastel pink on the walls. Or the ticking of the wall-mounted clock. Maybe it's because I've always hated hospitals and count myself lucky to have mostly avoided

them until now. More likely, it's the gathering realization of how truly crappy I feel as I sit here waiting, worried and confused.

A nurse appears from behind a parted door and gestures for me to follow her. "Okay, Mr. Phillips, we're ready for you now." I nod as I attempt to get up from my chair, using my arms to clumsily prop myself up to a standing position. This





# HIGHER

Sunset at the top of the world.

is a must at this point because my thighs have been burning inexplicably for days, the usual briskness of my walking pace reduced to a pathetic shuffle. As I try to make the short distance to the door, my left leg gives out like a limp noodle, sending me nearly to the floor and in the process knocking over a full display of informative brochures on the waiting room table. Something is seriously wrong, and

it's just become clear that I may need more than a casual sit-down with a general practitioner. Before I can even grasp what's happening, I'm being rushed to the unknown world of the ICU in a wheelchair, my face planted in my hands, trying in vain to hold back tears and wondering what it means when I overhear someone nervously shout out that my blood glucose level was in the 600s.

Photo by Cody Birdwell





Friends and guides at base camp (author is in front).



Back in Kathmandu, post-trek.

## Two Weeks Earlier

Just two weeks prior, I was standing at the fabled base camp of Mt. Everest, looking out across an impossibly vast expanse of glacial ice punctuated by tiny yellow tents. Triumphant posing for photos with my friends and our Nepali guides, we hugged and cheered ourselves for our achievement and tethered traditional Tibetan prayer flags to piles of stacked rocks. We'd just made it to the bottom of the top of the world. At that moment, I felt like anyone else might feel after days of grueling hiking at a high altitude—an equal mix of elation and exhaustion. Few feelings come close to the emotional high that comes from pushing one's body and mind to extremes and coming out the other side unscathed. What I didn't realize at that moment is that I wouldn't make it out unscathed. Or at least my pancreas wouldn't.

What is less understood about climbing to base camp is that the trek down the mountain can be just as challenging as the trek up. This realization hit us almost immediately the next day as we began the tedious journey winding back through the same small villages we'd lodged in just a few days earlier. After nine days playing cards, eating unseasoned tomato soup and warming our

unshowered bodies by yak dung ovens, we were eager to get back down to civilization and decided to pick up the pace. I'd spent most of the preceding days feeling energized, often hiking out in front of our group and quietly flattering myself for the months of preparation and endurance training I'd racked up swimming and jogging stairs.

But as my hiking companions began to shake off the effects of altitude and feel stronger upon decent, my stamina began to fade. It was on a particularly grueling and rainy day hike between the villages of Gorak Shep and Dingboche that I started to feel that something was off. Trailing about a half mile behind my group, I began to feel waves of nausea, light headedness and extreme exhaustion. It was like one of those strange dreams in which every movement exists in a frustrating state of slow motion. Of course, these symptoms were easily explained away by the fact that we were still relatively high up (above 10,000 feet) and contending with all the rigors of the Nepali wilderness.

It wasn't until later that I would understand that the fatigue and foggy I was experiencing on the mountain in those final days were not the result of normal hikers' strain, altitude or poorly purified water, but were the early stages of

diabetic ketoacidosis (DKA). To anyone living with diabetes, this fancy medical term describes a condition well understood as a worst nightmare scenario—the point at which one's body, starved of its natural ability to process glucose, begins essentially to eat itself alive.

## Back to Civilization

During the last four days of downhill slogging before we reached the final village of Lukla and another two days to reach the relative comfort of Kathmandu, we'd all been loudly contemplating the many food-related cravings we would indulge when we reached the city. Now it was finally time to dig in. For some of us, this meant pizza, beer and burgers. For others, it was realizing dreams of fresh salad. I indulged in all of the above, but my cravings also took on a strange turn as I developed an unholy appetite for all things sweet, cold and liquid. Cola floats with vanilla ice cream were a particular favorite and became a staple food group for many days. Of course, this was perhaps the worst possible combination I could have chosen, especially since I no longer could rely on the miles of daily trekking to burn off some of the excess sugar now accumulating in my blood. One of the symptoms of DKA is that it severely dehydrates you as you lose fluid through excessive urination. For those who don't realize what is happening, it can become a vicious cycle—feeling dehydrated and depleted, seeking out sugary drinks to satisfy the thirst, which sends the blood sugar higher, making you even thirstier for sugary drinks. Inevitably, as my blood sugar skyrocketed, my situation began to worsen.

## Symptoms of Diabetic Ketoacidosis

While traveling, it's important to be able to spot the signs of diabetic ketoacidosis (DKA). According to the Mayo Clinic, these include:

- Excessive thirst
- Frequent urination
- Nausea and vomiting
- Abdominal pain
- Weakness or fatigue
- Shortness of breath
- Fruity-scented breath
- Confusion



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# Environmental Triggers

Recent studies show about one fifth of Caucasians are genetically susceptible to Type 1 diabetes, but only about 10% of this group actually will progress to the stage of clinical disease. The reasons some cases become full blown and others remain latent are only beginning to be understood, but it's clear that the process can be activated and accelerated by a range of environmental factors.

According to the American Diabetes Association, medical researcher Mikael Knip observed that "progression to clinical diabetes requires the combination of genetic disease susceptibility, a critically timed trigger, and high subsequent exposure to a driving antigen." Usually this process already has taken place in early childhood, which is why Type 1 often is referred to as "juvenile diabetes." Although early onset is more common, some cases don't emerge until later in life.

For those who remain undiagnosed into adulthood, prolonged travel to a foreign region or moving from a low-incidence to a high-incidence region can increase the likelihood of the disease to emerge. Exposure to a new range of novel viruses and/or bacteria, combined with extreme physical stress, can cause the body's natural immune response to "misfire" in a way that selectively attacks its own insulin-producing pancreatic cells.

Although exposure to some new antigens is largely unavoidable during travel, it's important to employ the common sense precautions of any international traveler to developing countries:

- Ensure consistent water purification (through boiling or purification tablets)
- Observe food preparation methods (no raw salads, only visibly well cooked foods)
- Avoid unpasteurized dairy products
- Use mosquito repellent clothing or topical solutions (both day and night).

Somewhere between obsessive trips to the local store to stock up on soda, I finally had a chance to take a proper shower and shave the pathetic excuse for a beard I'd been sporting. Over the course of our trek, it had grown in patchy blotches but with a definite volume that was almost passable as real facial hair. Yet shaving it now only revealed what it had been hiding—a gaunt and skeletal version of my face that stared back at me in the mirror like a stranger. Upon closer inspection, the rest of my body seemed equally foreign, as I realized with some concern that I'd lost a significant amount of weight—over 30 pounds in just three weeks. Further rationalizing this transformation as yet another result of the extreme physical duress we'd just been through, I tried to move on without alarm and enjoy what was left of our final days in the city.

## Heading Home

The 20-plus hours of plane travel from Kathmandu to Los Angeles found me frantically headed back and forth between the bathroom to pee and the flight attendant's cabin to beg for yet another glass of water or juice to combat my extreme and insatiable thirst. It also was at this point that my limbs began to throb with unrelenting pain, and the disorienting "brain fog" that had begun days earlier now washed over me with a renewed intensity. I still had no clue what was happening to me, and I grew increasingly worried about what I might have contracted. Malaria? Swine flu? My thoughts veered between strange and panicked scenarios as I decided that I probably needed to see a doctor as soon as we landed. By the time we arrived in LA, I felt like a frail and crumbling shell of my former self. I could barely walk, and my thirst only worsened. The DKA that had begun to set in on the mountain was now full blown and, if left untreated, could easily have sent me into a diabetic coma, or worse.

The day after we landed, I was admitted to the hospital, where I was immediately diagnosed with Type 1 diabetes. Although I spent three days in the ICU, I was lucky enough to be surrounded by loving and supportive friends and family and a great team of dietitians and specialists who helped me begin the slow (and at times scary and awkward) transition to a life of insulin injections, finger sticks and carb counting.

When I asked my doctors and endocrinologists why this happened to me, they said the specific causes for the emergence of this form of diabetes are inherently hard to pin down, but that my case seemed to reinforce the adage that "Genetics loads the gun, but environment pulls the trigger." My personal combination of environmental triggers and antigens could have stemmed from any number of factors and sources I was exposed to throughout the course of my six weeks of travel. Were they novel bacteria within a slice of yak cheese or virally delivered through the bite from a pesky mosquito? Were they floating in a glass of morning tea or inhaled in a grain of dust? Could any of this have been avoided?

I just marked the two-year anniversary of my diagnosis, and it's become a normalized and well managed part of my daily existence. But it's only now that I have been able to write the story of how I mysteriously developed it. My story parallels those of others who have developed Type 1 diabetes later in life after traveling throughout remote areas the of the world.

But becoming diabetic (despite the initial hiccup) hasn't slowed me down or made me any more fearful of travel. In the past two years, I've lugged my portable cooler full of insulin pens with me for extended travel through Italy, Morocco and Hungary, and currently I am preparing for a year in India. I am fortunate to have traveled throughout places such as Nepal, whose beautiful people, rich cultural heritage and stunning landscapes have enriched my life in ways that are immeasurable. The friends I met and the trails we traced among cities and mountains form a movable feast that I continue to revisit in daydreams, without a tinge of regret. This is why we travel,



A mountain trail with the striking Kangtega peak in the distance.



knowing full well that we embrace the allure of the unknown, and the inevitable shocks to our system, to emerge better versions of ourselves on the other side.

Whether we're already living with a medical condition such as diabetes, or are worried one might someday emerge,

fear tends to shut us off from the possibilities of new experiences. I'm glad I didn't—and still don't—let that happen. With base camp behind me, it's this spirit that will continue to push my future adventures—unlike my blood sugar—to new peaks and valleys. ■

**Daniel Phillips** is an itinerant designer, educator and writer currently based in Bangalore, India. He was diagnosed with T1 Diabetes in 2014. You can check out more of his prose about diabetes at @pancreaticpoet on Twitter or on Instagram @pancreaticpoetry.




# The Dos and Don'ts of Dealing with Criticism

By Nicola Davies, Ph.D.







**A**nyone who has been diagnosed with Type 2 diabetes knows the flurry of concern the diagnosis raises among family members, friends and colleagues. You might even find yourself being criticized for “bringing it on yourself” or not living a healthy enough lifestyle to manage your condition.

Much of this criticism stems from a lack of understanding or the person’s fear for your health. Nevertheless, even when the intentions are good, criticism hurts.

And during the holiday season, with drinks flowing, party foods tempting you at every turn and relatives who don’t see your everyday tight glucose control, it can seem as if everyone is watching every bite you take—and commenting on it. Successfully dealing with this criticism requires a carefully planned response.

## Letting Go Versus Reacting

People often criticize from a point of ignorance. Although their criticism might be out of concern for your well-being, clumsy efforts can end up being more hurtful than helpful. If the criticism comes from someone who you are unlikely to see again, it can be easier to shrug off a careless remark. Often, these people realize their comments were ill-phrased and inappropriate right after they speak. Try not to take it too personally.

However, don’t be as quick to ignore criticism that comes from those who love you and mean you well. Look more deeply into their comments to identify the underlying message, because it will be coming from a place of love. Just because they have been clumsy in their delivery of the message doesn’t mean there isn’t something you can take from it. Once you understand the key message, paraphrase it back to them to illustrate a more considerate way to express their concerns.

Most importantly, it should not be dismissed if it comes from knowledgeable experts or those who also live with Type 2. There are people around you from whom you can learn a great deal and who want to share their knowledge with you—take that opportunity.

## The **DOS** and **DON'TS**

Unfortunately, you won’t be able to avoid criticism unless you decide to give up on social interactions altogether, which is not the best idea because living with diabetes and associated conditions on your own can be tough. There will be times you will need support.

Criticism isn’t something you can avoid, so you might as well prepare yourself for it. Here are some dos and don’ts for dealing with criticism.

→ **DO** listen carefully if the person making the comment also has diabetes; there may be some good tips to be gained if the person has been living with the condition longer than you and has developed coping strategies. The same applies if the comment comes from a knowledgeable person such as a dietician or psychologist or someone else you respect. Listen and then comment, “That was so interesting, I’ll mention it to my doctor the next time I see him.” Taking this approach allows the person to feel his/her comments have been taken into consideration. After all, most people mean well, even if they don’t always have the best delivery.

→ **DO** get out of conversations that don’t do you any good. Many people are ignorant of what it is like to have diabetes and will come up with some weird and wonderful “facts” and “cures.” It is difficult not to react angrily when you feel personally attacked, but if you let yourself become emotionally involved, you will end up in an argument. Instead, make an excuse and leave the conversation. If someone keeps talking about your condition, try switching the subject by saying something like, “Conversa-



tions about health can be so boring. What do you think about ...?” Then mention a trending topic or an interesting news item. This way, you deflect the attention away from yourself and offer the person a way out of his/her blunder.

→ **DO** read up on diabetes so you know how to respond to unfounded criticism. You will need to monitor your blood glucose levels and know the potentially dangerous effects of uncontrolled sugars attaching to your hemoglobin, including the damage they can cause to your kidneys, heart, eyesight and blood circulation. Doing your research means if insensitive people come up to you with horror stories, you can counter them with up-to-date information from reputable organizations such as the American Diabetes Association. You might even be able to cite validated studies by researchers, which will make you sound more authoritative.

→ **DO** choose carefully who to respond to. If a trusted family member is concerned about the medication you are taking, you might explain that the rigorous clinical trials conducted have made health-care professionals very aware of possible side effects. Consequently, before administering a treatment or medication, your health-care professional took into account your full history.

→ **DO** explain the apps you use to monitor blood glucose levels and remind you to take medication. If your immediate family members, close friends or colleagues really want to help you, you might want to enlist their help in monitoring your medication adherence. This way, they may feel they are doing something constructive to help you. As Omri Shor, CEO and co-founder of the Medisafe app, explains, a Medisafe user can assign “Medfriends” who receive notifications when the user misses a dose. If users forget to take their medication because they are caught up in a meeting at work, for example, friends or family members will be alerted and can remind them to take it.

→ **DO** show close family members or special friends how your blood glucose levels are tracked, if they are interested. Educating people can prevent criticism of your choices. It also shows you are in control of your condition and they don’t need to pass judgment.

→ **DO** turn the tables on those who make comments about your level of fitness and exercise by showing them how you monitor your blood pressure. By sharing this information, you might even help people who are undiagnosed to become aware of their own conditions. People usually are fascinated by technological advances.

→ **DO** learn about TrueLifeCare (TLC). If someone at work comments on whether your “condition” will affect your work performance, you can mention TLC, a program employers can provide as a no-cost benefit to employees with diabetes or prediabetes. If your employer is concerned, suggest he/she contact TLC, which then provides “personal contact to each person in the health plan with diagnosed diabetes, inviting the individual to participate,” said Tom Milam, TLC’s CEO.

→ **DO** meditate. Meditation is an excellent tool to help create a shield against unconstructive criticism. It also is a great means of controlling your emotions and reactions. By looking inwardly, you have the opportunity to inspect what hurts you the most about other people’s comments. Is it their lack of knowledge? Maybe you are blaming yourself, too? If so, assess whether such feelings of guilt or self-blame are beneficial to your health and your life. Use meditation to access whatever it is that makes you feel uncomfortable and root it out.

→ **DON’T** let others criticize what you eat. If you have decided to eat dessert and are prepared to forgo other options—an alcoholic or sugary beverage, for example—then go ahead with your plan. Explain that you have thought your choice through and then ask what they are choosing for dessert and why. This should shift the conversation away from you. Don’t be afraid to do a little self-analysis if a particular food choice has been criticized. The important thing is that you are in control of your choices.

→ **DON’T** allow people to pressure you at social gatherings with remarks like, “Just a little more pudding—it won’t hurt,” or “One more drink?” Jokingly ask them if they would like to be responsible for taking your unconscious self to the ER when you have a hypoglycemic incident. This gets your point across quickly, but in a way that won’t spark an argument.

→ **DON’T** get drawn into an argument about why you have diabetes by comments from uninformed people. If your diabetes has a genetic component, you can answer people who criticize your food choices by explaining that someone who has a close

family member with diabetes is more likely to have it, too. Many people think if they are overweight, they definitely will develop diabetes. The truth is, there are overweight people who don’t have diabetes and thin people who do. Even though health-care professionals tend to look at the diabetes epidemic broadly, each case is unique.

→ **DON’T** let diabetes define you, and don’t turn yourself into a victim. Yes, you do have diabetes, but you also are much more than that. If you have other, more interesting things on your mind, avoid bringing up the topic of diabetes altogether at social gatherings. Don’t criticize yourself, especially in front of people with whom you aren’t close. Instead of talking about your diabetes with your work colleagues, for example, discuss what is bothering you only with those you trust.

**REMEMBER**—the most important trick in dealing with criticism is to surround yourself with positive people who uplift and support you. Stay away from scaremongers; they won’t help you in your self-management endeavors. ■

**Nicola Davies** is a health psychologist, counselor and freelance writer who provides one-to-one self-management consultancy to people living with chronic conditions. You can follow her on Twitter (@healthpsychuk) or sign up for her free blog at <http://healthpsychologyconsultancy.wordpress.com>.

**Don’t let diabetes  
define you, and  
don’t turn yourself  
into a victim.  
Yes, you do have  
diabetes, but you  
also are much  
more than that.**



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- Heel Pain
- Back/Knee Pain
- Bunions
- Heel Spurs
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Nicole S.

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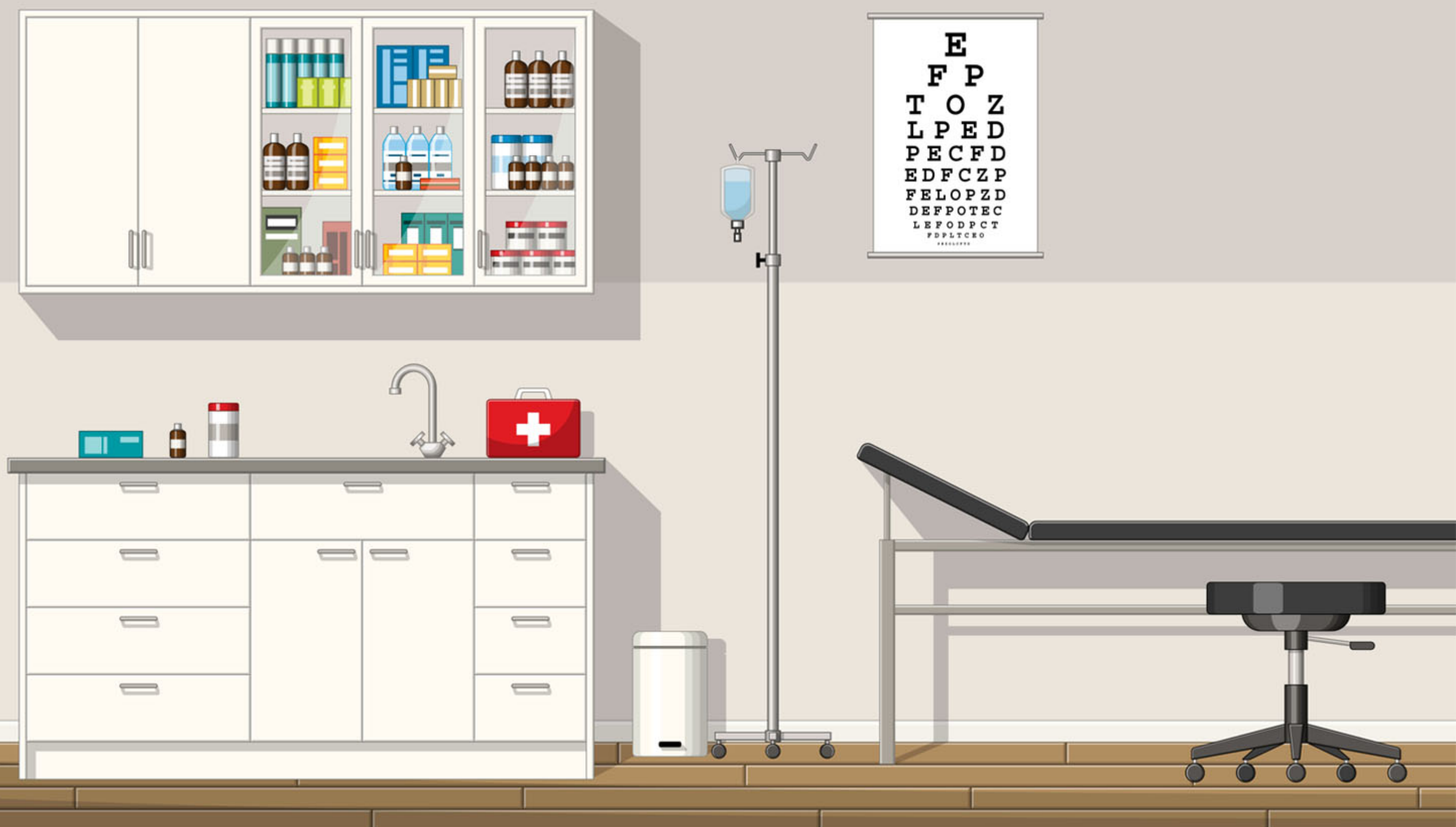
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# GET TESTED! IT'S EASY!

## The who, what, where and why of diabetes testing

By Nicola Davies, Ph.D.

**E**veryone knows that Type 2 diabetes is a serious, long-term health condition that impairs bodily function, threatens quality of life and can lead to other complications. And almost everyone knows that its incidence and prevalence are on the rise globally.

So why aren't people routinely being tested for diabetes?

According to the Centers for Disease Control (CDC), through 2014, 21 million people had been diagnosed with diabetes in the U.S. alone. And the American Diabetes Association (ADA) reports 1.4 million Americans are diagnosed each year. These numbers are expected to increase, because

- More of the population is aging;
- More people are eating unhealthy diets; and
- Physical inactivity is on the rise.

The World Health Organization (WHO) has called diabetes a hidden global pandemic because, although it isn't infectious or communicable, the number of people diagnosed with the condition is growing annually. It can lead to blindness, limb amputation, cardiovascular disease

and stroke. It overburdens health-care systems and reduces quality of life for patients and their families.

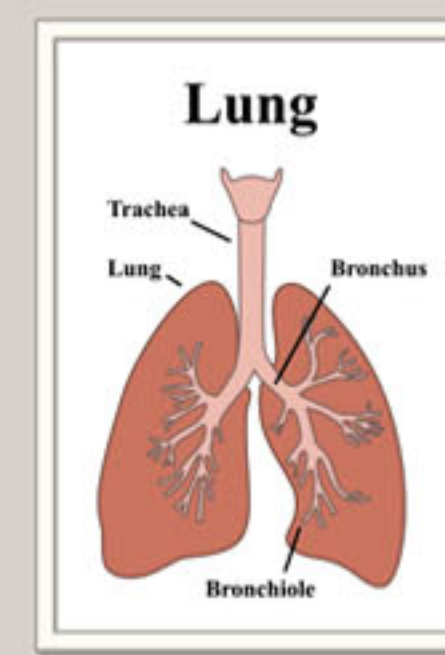
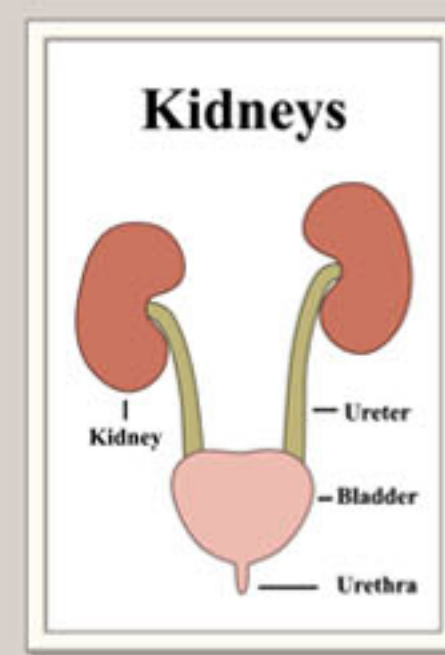
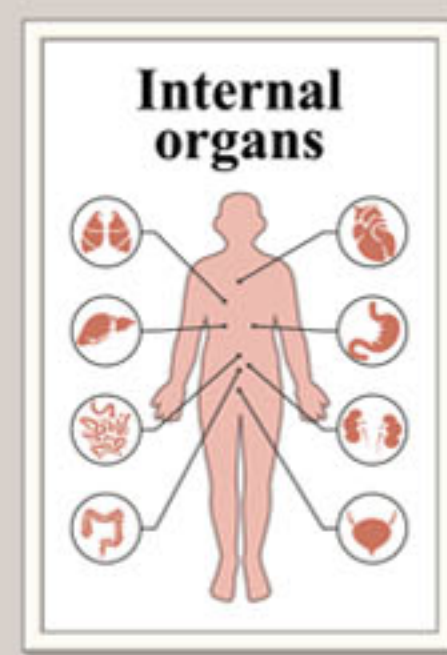
Given the increasing diagnoses, and the growing awareness of Type 2, it is imperative everyone knows the risk factors and the who, what, where and why of getting tested for diabetes. By learning how you can help friends and loved ones determine their risk of diabetes, you could save a life.

### Who is at risk?

Common risk factors for developing Type 2 diabetes include

- Being over age 40;
- Having obesity or excess weight;
- Having a waistline larger than 31.5 inches (80 cm) in women and 37 inches (94 cm) in men;
- Being of South Asian descent or ethnicity;
- Living with a mental health problem, cardiovascular disease, gestational diabetes or polycystic ovarian syndrome (PCOS); and
- Having immediate family members who have been diagnosed with diabetes.





According to Ben NgJen Min, M.D., an endocrinologist practicing in Singapore, “A blood glucose test usually is indicated for people who possess the risk factors or clinically present with any of the symptoms.” Indeed, when risk factors are present, testing is recommended, and if you are diagnosed with diabetes or pre-diabetes, you can be treated to forestall development of any complications.

### What tests are available?

According to Mayo Clinic, four tests commonly are used to determine the presence of Type 2 diabetes. Which one your doctor chooses will depend on your age, health and other factors specific to you.

**Glycated hemoglobin (A1C) test.** This is the most commonly used blood test for diagnosing diabetes. It shows your average blood sugar level for the past two to three months, measuring the percentage of blood sugar attached to hemoglobin, the oxygen-carrying protein in red blood cells. An A1C level of 6.5% or higher on two separate tests indicates diabetes. Results between 5.7% and 6.4% are considered prediabetes.

**Random blood sugar test.** A blood sample is taken at a random time. A level of 200 mg/dL (milligrams per deciliter) or 11.1 mmol/L (millimoles per liter) or higher suggests diabetes, particularly if other symptoms such as frequent urination and extreme thirst are present.

**Fasting blood sugar test.** A blood sample is taken after an eight-to-10-hour fast. A fasting blood sugar level of 126 mg/dL or 7 mmol/L or higher on two separate tests indicates

diabetes. A level between 100 and 125 mg/dL, or 5.6 and 6.9 mmol/L, is considered prediabetes.

**Oral glucose tolerance test.** After fasting for eight to 10 hours, your fasting blood sugar level is measured. After drinking a sugary/glucose liquid, your blood sugar levels are tested periodically over the next two hours. A blood sugar level of 200 mg/dL, or 11.1 mmol/L, or higher after two hours may indicate diabetes. A reading between 140 and 199 mg/dL, or 7.8 mmol/L and 11.0 mmol/L, indicates prediabetes.

### Why are people tested only when they clinically present risk factors or symptoms?

“Testing for diabetes can be invasive and time-consuming, especially when fasting time is included,” said NgJen Min. “Many people don’t like going for a blood test.” For example, for an oral glucose tolerance test, the patient must go to a lab after fasting for eight to 10 hours. While there, a blood sample is taken to establish a baseline reading. The patient then drinks 75g of bottled oral glucose and then must wait two more hours for blood to be drawn again. The patient then needs to wait another two hours for a third blood draw for a diagnosis to be made.

Fortunately, it is possible to have a simple finger prick blood test. It’s not accurate enough to be used for full diagnosis, but it can indicate whether further testing is warranted. You don’t even have to go to your doctor’s office for this test. Many pharmacies offer free screenings that take just a few minutes.

Evidence suggests that even when people realize they



are at risk of developing diabetes, they seldom alter their lifestyle accordingly. This indicates that many people don't take diabetes seriously—until they are diagnosed with Type 2 or prediabetes.

However, some people fail to get tested simply because they are afraid of the result. "When patients are first diagnosed with diabetes, they often become upset, cry and are distressed or afraid for the future," said Ng Jen Min. "Some patients diagnosed with Type 2 diabetes feel helpless and unable to envision living a full life when they are insulin-dependent."

### Where can people get tested?

According to the ADA, as of 2012, 8.1 million Americans had undiagnosed diabetes, and 86 million had prediabetes. In response, many large retail pharmacies now offer free diabetes screening services, including a risk-assessment questionnaire, finger prick test and consultation. Depending on the results, further testing may be recommended.

Find out about free diabetes screenings in your area and share the information with friends and relatives. It's much easier to say, "Wow! I wish I'd known about this! Why don't you give it a try?," than to list risk factors and tell loved ones you think they should be tested. Trained personnel will be able to better inform and counsel those at risk of developing diabetes without offending them. They also will be able to refer them for further testing if needed.



## Signs that it's time to get tested

**I**f your feet are prone to cracks, it could be the uncontrolled blood sugars in your system causing nerve damage, resulting in dry skin. It is important to check your feet regularly and maintain foot health by using moisturizing creams and increasing levels of exercise. Lack of circulation in people with diabetes can cause cracks in the feet to become infected.

Foot ulcers that don't heal are a typical sign of diabetes, since the restriction of blood supply does not allow adequate healing to take place. Untreated, the flesh can become gangrenous and, ultimately, could require amputation of the foot. Fortunately, good foot care and a healthy lifestyle involving exercise and a controlled diet to regulate blood glucose levels can prevent this.

Tingling in the lower legs can be from uncontrolled blood sugar causing nerve damage (neuropathy), resulting in numbness in the feet and lower limbs. You also might have difficulty with balance and experience cramps. There are other possible causes for these symptoms, so a test is necessary to rule out diabetes before proceeding with any treatment.

Women who have polycystic ovarian syndrome (PCOS) are at a greater risk of developing diabetes and cardiovascular disease.

Changes in vision. Have your eyes examined if you experience any changes in vision. Diabetic retinopathy can develop as a result of diabetes from constriction of blood vessels. Diabetes also increases the risk of cataracts and glaucoma.

Online screening is another option. The ADA has an online diabetes screening self-assessment consisting of seven quick questions. Another way to raise awareness among friends and loved ones is to send an email reminding them of the dangers and prevalence of diabetes and asking them to be tested. Tell them you are there to help if they have any questions or concerns. After that, it's up to them to take action.

### How can those with diabetes help?

As someone with diabetes, you have a heightened awareness of the inconveniences and risks associated with the condition. You might be able to identify people with diabetes risk factors. But it's difficult to tell people their unhealthy diet, excess weight and lack of activity may be placing them at risk. They could easily take this well-meant advice as personal criticism. Prediabetes often is symptom-free—and yet at this stage, steps can be taken to prevent development of full-blown Type 2 diabetes.

Testing can ensure people with diabetes and prediabetes get treatment but, ultimately, the choice is up to them. Other strategies you could implement to promote the health of friends and family members include:

- Starting a healthy eating challenge and make it fun to participate. For example, challenge your friends to report how much sugar and junk food they consume—the person who eats the most junk food has to cook a healthy dinner for the group
- Getting a group of friends to commit to taking regular walks or runs together.
- Finding a place where your colleagues can buy healthy lunches and snacks instead of junk food. Encourage them to commit to a no junk food policy.

The sooner people are tested and made aware of diabetes or prediabetes, the sooner they can take action. However, since many health-care providers don't routinely recommend diabetes testing, it is up to individuals to request it. One way to motivate another to request a diabetes test is to share your personal story and what your risk factors were. This can make the person realize he or she might be at risk without directly making the suggestion.

It is far better to know if you have prediabetes or have developed Type 2 diabetes so you can take action. It often is a lifestyle condition, although it can be hereditary, and with careful monitoring, you can lead a much healthier life through weight control, exercise and maintaining blood sugar levels. There is no reason to put off diabetes testing.

So what are you waiting for? ■

**Nicola Davies** is a health psychologist, counselor and freelance writer who provides one-to-one self-management consultancy to people living with chronic conditions. You can follow her on Twitter (@healthpsychuk) or sign up for her free blog at <http://healthpsychologyconsultancy.wordpress.com>.



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**HEARTY  
HOLIDAY  
SUPPERS**

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With the right serving size,  
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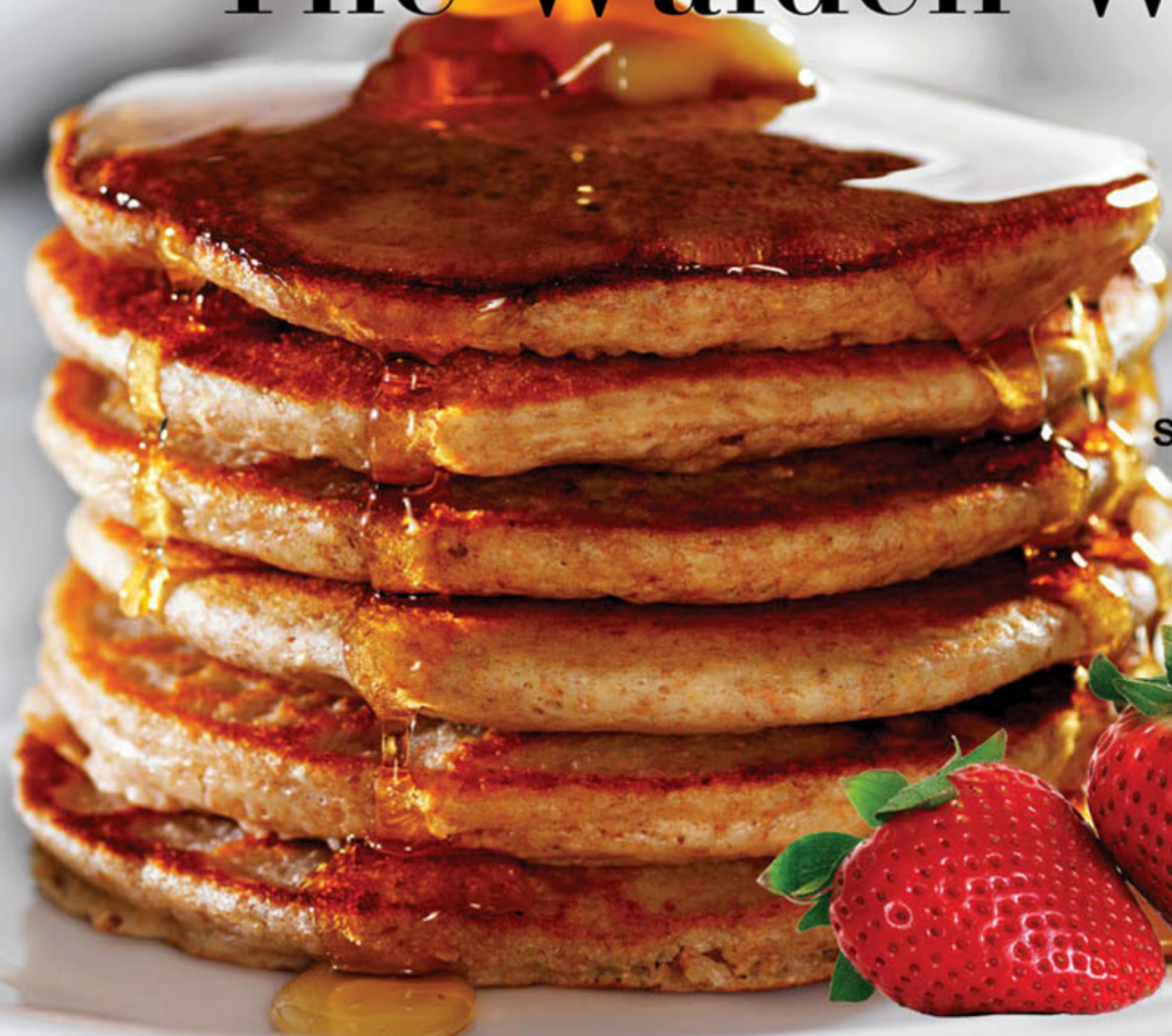






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# For the Way You Live

**T**he recipes in this publication are based on the principles of sound nutrition as outlined in the dietary guidelines developed by the U.S. Dept. of Agriculture and the U.S. Dept. of Health and Human Services.

*Diabetic Cooking* recipes are not intended as a medically therapeutic program nor as a substitute for medically approved meal plans for individuals with diabetes. Instead, they contain various amounts of calories, fat, protein, cholesterol, sodium, fiber, and carbohydrate that will fit easily into an individualized meal plan designed by you and your certified diabetes educator, registered dietitian, or physician.

Each person's dietary needs are different. That's why we have included a nutritional analysis with each recipe.

## A Word About Sugar

In 1994, the American Diabetes Association lifted its absolute ban on sugar from its recommended dietary guidelines. Under these guidelines, you can exchange 1 tablespoon sugar for a slice of bread, for example, because each is considered a starch exchange. The guidelines for sugar are based on scientific studies that show carbohydrate in the form of sugars does not raise blood sugar levels more rapidly than other types of carbohydrate-containing foods. What is important is the total amount of carbohydrate eaten, not the source.

However, sweets and other foods high in sugar may also be high in fat and low in nutrients. Sugar can be eaten in modest amounts as part of a balanced diet, whether or not the person has diabetes. When figured into your meal plan, a small amount of sugar enhances a food's flavor and texture without being harmful.

## Understanding Our Symbols

Like everyone, you're busy – and we kept that in mind when we selected recipes for this issue. Many of the recipes in *Diabetic Cooking* can be prepared in 30 minutes or less. Others require short preparation times followed by long cooking times.

We've also included symbols to help you more easily find those recipes especially low in fat, sodium, and carbohydrates, and high in fiber.



### LOW-FAT RECIPE

Contains 3 grams or fewer of fat per serving



### LOW-SODIUM RECIPE

Contains 140 milligrams or fewer of sodium per serving



### LOW-CARBOHYDRATE RECIPE

Contains 15 grams or fewer of carbohydrate per serving



### HIGH-FIBER RECIPE

Contains 5 grams or more of fiber per serving

## Nutritional Analysis

The nutritional analysis that appears with each recipe was calculated by an independent nutrition consulting firm. Every effort has been made by the editors to check the accuracy of these numbers. However, because numerous variables account for a wide range of values for certain foods, nutritional analyses should be considered approximate.

The analysis of each recipe includes all ingredients listed for a recipe except ingredients labeled as "optional" or "for garnish." When a range is offered, the first amount listed is used in the calculation. If an ingredient is listed with an option, the first item is used in the calculation. Foods shown on the same plate in a photograph and foods listed as "serve with" suggestions at the end of a recipe are not included in the recipe analysis unless they're listed in the ingredients.

**CLARIFICATION:** In the July/August *Diabetic Cooking* section, two recipes were published without the nutritional information per serving. Here is the omitted information:

The recipe for Warm Oatmeal Apricot Ginger Cookies (page 57), which makes 24 cookies, contains the following nutrients per 2-cookie serving: Calories 170, Total Fat 4g, Saturated Fat: 0g, Protein 3g, Carbohydrates 31g, Cholesterol 0mg, Dietary fiber 3g, Sodium 140mg.

Pasta e Fagioli with Bacon (page 64), which makes four servings, contains the following nutrients per one 1½-cup serving: Calories 220, Total Fat 3.5g, Saturated Fat 1g, Protein 13g, Carbohydrates 36g, Cholesterol 10mg, Dietary Fiber 8g, Sodium 810mg.

Chicken, Mushroom and Asiago Cheese Pizza (page 68), which makes 6 servings, contains the following nutrients per 1/6 of the pizza: Calories 280, Total Fat 11g, Saturated Fat 5g, Protein 23g, Carbohydrates 27g, Cholesterol 60mg, Dietary Fiber 5g, Sodium 520mg.





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# Diabetic Cooking

## YOUR SHOPPING LIST

All the Ingredients for the Recipes in this Issue

We're making it easier for you to stay on track! As you find recipes you'd like to try, simply check off the ingredients on this list, clip it out and take it along on your next grocery trip.

### BAKED GOODS/BREAD PRODUCTS

- ☐ Cinnamon or cinnamon-raisin bread
- ☐ Italian or French bread
- ☐ Soft sourdough bread
- ☐ Whole wheat pita

### BAKING PRODUCTS

- ☐ Angel food cake mix
- ☐ Baking powder
- ☐ Brown sugar
- ☐ Corn starch
- ☐ Fat-free, sugar-free banana cream instant pudding/pie mix
- ☐ Fat-free, sugar-free vanilla instant pudding/pie mix
- ☐ Flour
- ☐ Graham cracker crumbs
- ☐ Powdered sugar
- ☐ Sugar
- ☐ Sugar substitute

### CANNED FOODS

- ☐ Black beans
- ☐ Fat-free reduced-sodium chicken broth
- ☐ Fat-free reduced-sodium vegetable broth
- ☐ Great Northern beans
- ☐ Mexican-style stewed tomatoes
- ☐ Reduced-sodium beef broth
- ☐ Evaporated skimmed milk

### CHEESE

- ☐ Fat-free cream cheese
- ☐ Shredded reduced-fat cheddar

### CONDIMENTS

- ☐ Apple cider vinegar
- ☐ Apple jelly
- ☐ Apricot preserves
- ☐ Balsamic vinegar
- ☐ Canola oil
- ☐ Cider vinegar
- ☐ Cranberry chutney
- ☐ Cranberry sauce—whole berry
- ☐ Honey
- ☐ Lemon juice
- ☐ Lime juice
- ☐ Low-sodium soy sauce
- ☐ Maple syrup
- ☐ Mustard ☐ Dijon ☐ Horseradish
- ☐ Nonstick cooking spray
- ☐ Olive oil ☐ Extra virgin olive oil
- ☐ Reduced-fat ranch dressing
- ☐ Rice vinegar
- ☐ Sesame oil
- ☐ Sriracha or hot chili sauce
- ☐ Vegetable oil

### DAIRY/FRIDGE

- ☐ Unsalted butter
- ☐ Low-fat buttermilk
- ☐ Eggs
- ☐ Cholesterol-free egg substitute
- ☐ Margarine ☐ Reduced-fat margarine

### DAIRY/FRIDGE continued

- ☐ Milk ☐ 1% ☐ 2% ☐ Skim
- ☐ Fat-free sour cream
- ☐ Light sour cream
- ☐ Plain nonfat Greek yogurt
- ☐ Plain low-fat Greek yogurt
- ☐ Orange juice
- ☐ Vegetable oil and yogurt spread
- ☐ Whipping cream
- ☐ Fat-free whipped topping

### FROZEN

- ☐ Frozen corn
- ☐ Frozen pitted dark cherries
- ☐ Frozen shelled edamame
- ☐ Frozen limeade concentrate
- ☐ Frozen cooked winter squash
- ☐ No-sugar-added vanilla ice cream

### FRUIT

- ☐ Apples
- ☐ Granny Smith apples
- ☐ Bananas
- ☐ Blood orange/zest
- ☐ Cantaloupe
- ☐ Coconut, flakes
- ☐ Cranberries
- ☐ Dried cranberries
- ☐ Currants
- ☐ Halos mandarins
- ☐ Honeydew
- ☐ Lemons/peel
- ☐ Limes/peel
- ☐ Oranges/peel
- ☐ Pineapple
- ☐ Dried plums
- ☐ Raisins
- ☐ Strawberries

### MEAT

- ☐ Beef brisket, small flat-cut boneless
- ☐ Beef loin tri-tip roast
- ☐ Boneless, skinless chicken breasts
- ☐ Chicken breast tenders
- ☐ Chicken, whole
- ☐ Ham, 30% less sodium, smoked, fully cooked, bone-in spiral-cut ham half
- ☐ Pork loin, boneless
- ☐ Pork tenderloin
- ☐ Turkey breast, boneless
- ☐ Turkey breast, bone-in, half
- ☐ Turkey, whole

### VEGETABLES

- ☐ Brussels sprouts
- ☐ Carrots
- ☐ Baby carrots
- ☐ Shredded carrots
- ☐ Cauliflower
- ☐ Celery
- ☐ Cucumber
- ☐ Eggplant
- ☐ Lettuce, spring greens

### VEGETABLES continued

- ☐ Onions ☐ Green ☐ Red ☐ Sweet
- ☐ Parsnips
- ☐ Bell peppers, red, green, yellow
- ☐ Poblano peppers
- ☐ Potatoes ☐ Red ☐ Sweet
- ☐ Spinach, stemmed
- ☐ Tomato

### SNACKS/NUTS

- ☐ Almonds, slivered
- ☐ Chocolate wafer cookies
- ☐ Peanuts, chopped
- ☐ Pecans chopped/pecan chips
- ☐ Peppermint candies, sugar-free

### SPICES & HERBS

- ☐ Allspice
- ☐ Almond extract
- ☐ Black pepper
- ☐ Chili powder
- ☐ Chili powder seasoning mix, Texas style
- ☐ Cinnamon
- ☐ Cinnamon sticks
- ☐ Cloves, whole
- ☐ Cumin
- ☐ Curry powder
- ☐ Garlic ☐ Cloves ☐ Powder ☐ Salt
- ☐ Ginger ☐ Fresh ☐ Ground
- ☐ Marjoram leaves, dried
- ☐ Mint ☐ Fresh ☐ Dried
- ☐ Nutmeg
- ☐ Oregano, dried or fresh
- ☐ Paprika
- ☐ Parsley, fresh
- ☐ Peppermint extract
- ☐ Poultry seasoning
- ☐ Pumpkin pie spice
- ☐ Red food coloring
- ☐ Red pepper ☐ Flakes ☐ Ground
- ☐ Rosemary ☐ Dried ☐ Fresh
- ☐ Sage, fresh or dried
- ☐ Salt
- ☐ Tarragon, fresh or dried
- ☐ Thyme, dried
- ☐ Vanilla

### MISC. GROCERIES

- ☐ Apple juice or cider
- ☐ Bread crumbs, whole grain
- ☐ Brown rice pad thai noodles
- ☐ Cornbread stuffing mix
- ☐ Couscous, uncooked
- ☐ Cran-raspberry or cran-apple low-cal juice cocktail
- ☐ Mixed-oil packed or brine cured olives (not canned)—green pimento-stuffed, Kalamata or Nicoise
- ☐ Oats, quick-cooking
- ☐ Peanut butter, creamy
- ☐ Quinoa
- ☐ Rum or brandy
- ☐ White wine, dry



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# Easy Seasonal Suppers

THE HOLIDAYS ARE HERE, and with them comes a plethora of decadent dinners and holiday meals to prepare. But don't let that dampen your holiday spirits! These recipes will cover you from appetizer to main course, making sure your holiday meals go off without a hitch. Leave the stress of holiday planning behind and follow these easy recipes for a table filled not only with your nearest and dearest, but also with delicious meals to satisfy them. Spend less time in the kitchen and more time enjoying the season!





# Roast Turkey with Cranberry Stuffing

MAKES 20 SERVINGS



## Nutrients per Serving:

Calories 220, Total Fat 6g Saturated Fat 2g, Protein 28g, Carbohydrates 12g, Cholesterol 68mg, Dietary Fiber 1g, Sodium 223mg

**Dietary Exchange:** 1 Bread/Starch, 3 Meat

- 1 loaf (12 ounces) Italian or French bread, cut into ½-inch cubes
- 2 tablespoons margarine
- 1½ cups chopped onions
- 1½ cups chopped celery
- 2 teaspoons poultry seasoning
- 1 teaspoon dried thyme
- ½ teaspoon dried rosemary
- ¼ teaspoon salt
- ¼ teaspoon black pepper
- 1 cup coarsely chopped fresh cranberries
- 1 tablespoon sugar
- ¾ cup fat-free reduced-sodium chicken broth
- 1 whole turkey (about 8 to 10 pounds), thawed if frozen

1. Preheat oven to 375°F. Arrange bread on 2 (15x10-inch) jelly roll pans. Bake 12 minutes or until lightly toasted. Reduce oven temperature to 350°F.
2. Melt margarine in large saucepan over medium heat. Add onions and celery; cook and stir 8 minutes or until vegetables are tender.
3. Remove pan from heat; stir in bread cubes, poultry seasoning, thyme, rosemary, salt and pepper. Combine cranberries and sugar in small bowl; mix well. Stir into saucepan. Gently stir broth into saucepan.
4. Spray roasting pan and rack with nonstick cooking spray. Remove giblets from turkey. Rinse turkey and cavity with cold water; pat dry with paper towels. Fill turkey cavity loosely with stuffing; place any remaining stuffing in casserole sprayed with nonstick cooking spray. Cover and refrigerate until baking time.
5. Place turkey, breast side up, on rack in prepared roasting pan. Bake 3 hours or until thermometer inserted in thickest part of thigh reaches 180°F. Transfer turkey to cutting board; loosely tent with foil.
6. Increase oven temperature to 375°F. Place covered casserole of stuffing in oven. Bake casserole, covered, 25 to 30 minutes or until heated through.
7. Remove and discard turkey skin. Slice turkey and serve with cranberry stuffing.



## Sweet Potato Biscuits

MAKES 12 ROLLS (1 ROLL PER SERVING)

## Nutrients per Serving:

Calories 145, Total Fat 5g Saturated Fat 3g, Protein 2g, Carbohydrates 23g, Cholesterol 13mg, Dietary Fiber 1g, Sodium 239mg

**Dietary Exchange:** 1½ Bread/Starch, 1 Fat

- 1½ cups all-purpose flour, plus additional for work surface
- 2 tablespoons packed dark brown sugar
- 1 tablespoon baking powder
- ½ teaspoon salt
- ½ teaspoon ground cinnamon
- ⅛ teaspoon ground nutmeg
- 5 tablespoons unsalted butter, cut into pieces
- 1 cold puréed cooked sweet potato (about 1 large sweet potato)
- ½ cup low-fat buttermilk
- 2 tablespoons honey

1. Preheat oven to 450°F. Spray baking sheet with nonstick cooking spray.
2. Combine 1½ cups flour, brown sugar, baking powder, salt, cinnamon and nutmeg in medium bowl; mix well. Cut in butter with pastry blender or two knives until coarse crumbs form. Stir in sweet potato and buttermilk until combined.
3. Transfer dough to floured work surface. Using floured hands, knead dough five times or until no longer sticky, adding additional flour if necessary. Pat dough into ¼-inch thick disc. Cut out dough with 2½-inch round cutter. Reroll scraps and cut out additional pieces. Place 1 inch apart on baking sheet sprayed with nonstick cooking spray. Refrigerate 20 minutes.
4. Preheat oven to 450°F. Bake 12 to 14 minutes or until biscuits are light golden brown and puffed. Immediately brush tops evenly with honey. Remove to wire racks; cool 5 minutes. Serve warm.



HEARTY  
HOLIDAY  
FARE

## Garlic Mashed Cauliflower

MAKES 4 SERVINGS



**Nutrients per Serving:**

Calories 140, Total Fat 7g  
Saturated Fat 2g, Protein 7g,  
Carbohydrates 14g, Cholesterol  
0mg, Dietary Fiber 5g, Sodium  
260mg

**Dietary Exchange:** 1 Fat,  
2 Vegetable, 1 Meat

1 large head  
cauliflower (about  
2 pounds), cut into  
1½-inch florets  
1½ tablespoons olive  
oil  
4 cloves garlic,  
unpeeled  
1 tablespoon  
vegetable-oil-and-  
yogurt spread  
3 tablespoons plain  
low-fat Greek yogurt  
⅔ cup fat-free (skim)  
milk, warmed  
¼ teaspoon salt

**1.** Preheat oven to 450°F.  
Place cauliflower and garlic  
on rimmed baking sheet.  
Drizzle with oil; toss to  
coat. Spread in single layer.

**2.** Bake 20 to 25 min-  
utes or until cauliflower is  
golden brown and tender,  
tossing halfway through  
baking time.

**3.** When garlic is cool  
enough to handle; peel and  
press into food processor or  
blender. Add cauliflower, yo-  
gurt spread, Greek yogurt,  
milk and salt; process until  
smooth and well blended.

**Take note!** For a smoother  
texture, add more milk  
until desired consistency is  
reached.

## Sweet Potato Casserole with Sweet Oat and Coconut Topping

MAKES 8 SERVINGS (½ CUP PER SERVING)



**Nutrients per Serving:**

Calories 204, Total Fat 8g Saturated Fat 2g,  
Protein 3g, Carbohydrates 32g, Cholesterol 0mg,  
Dietary Fiber 4g, Sodium 120mg

**Dietary Exchange:** 2 Bread/Starch, 1 Fat

6 cups water  
1¾ pounds sweet potatoes, peeled  
and cut into 1-inch cubes  
½ cup pourable sugar substitute\*  
2 teaspoons ground cinnamon  
½ teaspoon ground nutmeg  
⅛ teaspoon salt (optional)  
¼ cup cholesterol-free egg  
substitute  
¼ cup reduced-fat margarine  
2 teaspoons vanilla  
¼ cup quick-cooking oats  
⅓ cup flaked coconut  
1½ ounces pecan chips (about  
⅓ cup total)  
3 tablespoons maple syrup

**1.** Preheat oven to 325°F. In large sauce-  
pan bring water to a boil over high heat.  
Add potatoes, return to a boil, then reduce  
heat, cover and simmer 18 to 20 minutes  
or until very tender when pierced with fork.  
Drain in colander, shaking off excess liquid.

**2.** Meanwhile, in small bowl combine top-  
ping ingredients, except syrup. Set aside.

**3.** Place potatoes in large bowl. Using  
an electric mixer on medium-high speed,  
beat until smooth. Add sugar substitute,  
cinnamon, nutmeg, salt, if desired, egg  
substitute, margarine and vanilla. Beat on  
medium speed until smooth.

**4.** Coat 9-inch glass deep-dish pie pan with  
cooking spray. Spoon potato mixture into  
pan. Sprinkle oat mixture evenly over all.  
Bake 35 minutes or until lightly browned.

**5.** To serve, drizzle syrup evenly over all.

**Take note!** \*This recipe was tested using  
sucralose-based sugar substitute.



# Roasted Parsnips, Carrots and Red Onion

MAKES 4 SERVINGS (ABOUT ¾ CUP PER SERVING)



## Nutrients per Serving:

Calories 107, Total Fat 3g Saturated Fat 0g, Protein 2g, Carbohydrates 21g, Cholesterol 0mg, Dietary Fiber 5g, Sodium 197mg

**Dietary Exchange:** 1 Bread/Starch, ½ Fat, 1 Vegetable

- 2 carrots (9 ounces), cut into 2-inch-long pieces
- 2 parsnips (9 ounces), cut into 2-inch-long pieces
- ¾ cup vertically sliced red onion (¼-inch slices)
- 1 tablespoon balsamic vinegar
- 2 teaspoons extra virgin olive oil
- ¼ teaspoon salt
- ⅛ teaspoon black pepper

**1.** Preheat oven to 425°F. Line large baking sheet with foil or spray with nonstick cooking spray.

**2.** Combine carrots, parsnips, onion, vinegar, oil, salt and pepper in large bowl; toss to coat. Spread in single layer on prepared baking sheet.

**3.** Roast 25 minutes or until vegetables are tender, stirring occasionally.

**Take note!** Parsnips are a pale white root vegetable similar to the carrot in shape. The parsnip, however, is broader at the top and has a smoother skin. The longer it stays in the ground, the sweeter it becomes. Choose parsnips that are firm, unblemished, and small or medium in size (about 8 inches long). Rinse and scrub parsnips with a vegetable brush to remove embedded soil. Peel parsnips with a swivel-bladed vegetable peeler or paring knife. Trim off ends and discard. For even cooking, parsnips are best chopped, cubed, sliced or cut into strips before cooking.



# Glazed Holiday Ham

MAKES 24 SERVINGS  
(3 OUNCES PER SERVING)



## Nutrients per Serving:

Calories 200, Total Fat 9g Saturated Fat 3g, Protein 25g, Carbohydrates 3g, Cholesterol 65mg, Dietary Fiber 0g, Sodium 1103mg

**Dietary Exchange:** 3 Meat

- 1 (6- to 7-pound) 30%-less-sodium, smoked, fully cooked, bone-in, spiral-cut ham half
- ½ cup cranberry chutney\* or raspberry or apricot preserves
- 2 tablespoons horseradish mustard or Dijon-style mustard

**1.** Preheat oven to 350°F.

**2.** Place ham on rack of broiler pan. Cover with foil. Bake 1½ to 2 hours or until internal temperature reaches 120°F.

**3.** Combine chutney and mustard in small bowl. Mix well. Remove ham from oven. Discard foil. Spread chutney mixture evenly over surface of ham. Return to oven. Bake uncovered 30 minutes or until internal temperature reaches 140°F.

**4.** Let stand 5 minutes before slicing.

**Take note!** \*Look for cranberry chutney in the condiment section of your supermarket.

Leftovers keep up to 1 week in the refrigerator.





## Brussels Sprouts with Lemon Crumbs

MAKES 4 SERVINGS (ABOUT  $\frac{3}{4}$  CUP PER SERVING)



### Nutrients per Serving:

Calories 86, Total Fat 3g Saturated Fat 1g, Protein 4g, Carbohydrates 14g, Cholesterol 5mg, Dietary Fiber 4g, Sodium 234mg

**Dietary Exchange:** 1 Bread/Starch,  $\frac{1}{2}$  Fat

- 1 pound Brussels sprouts, trimmed and halved lengthwise
- 2 teaspoons butter
- $\frac{1}{4}$  cup soft whole grain bread crumbs, toasted
- 1 teaspoon grated lemon peel
- 1 teaspoon sugar
- $\frac{1}{4}$  teaspoon salt
- $\frac{1}{8}$  teaspoon black pepper

**1.** Steam Brussels sprouts in steamer basket over boiling water 7 minutes or until tender.

**2.** Meanwhile, melt butter in small skillet over medium heat. Add bread crumbs and lemon peel; mix to combine.

**3.** Heat large skillet coated with nonstick cooking spray over medium heat. Add Brussels sprouts; sprinkle with sugar, salt and pepper; cook, turning sprouts as they brown, 5 minutes or until lightly browned. Transfer to serving plates; sprinkle with bread crumbs.

## HEARTY HOLIDAY FARE

## Holiday Brisket

MAKES 8 SERVINGS (3 OUNCES BRISKET, 1 CUP VEGETABLES AND 1 TABLESPOON GRAVY PER SERVING)

### Nutrients per Serving:

Calories 250, Total Fat 6g Saturated Fat 2g, Protein 27g, Carbohydrates 23g, Cholesterol 76mg, Dietary Fiber 4g, Sodium 455mg

**Dietary Exchange:** 1 Bread/Starch, 1 Vegetable, 3 Meat

- 2 medium onions, thinly sliced
- 1 small flat-cut boneless beef brisket (2 pounds), well trimmed
- 1 cup reduced-sodium beef or chicken broth
- 2 teaspoons dried thyme
- 2 teaspoons paprika
- 2 teaspoons garlic salt
- 1 teaspoon black pepper
- $1\frac{1}{2}$  pounds unpeeled red potatoes, cut into 1-inch pieces
- 1 pound baby carrots
- 1 tablespoon cornstarch
- 1 tablespoon cold water
- 2 to 3 tablespoons chopped fresh parsley

**1.** Preheat oven to 350°F. Arrange onion rings in roasting pan. Place brisket over onions. Drizzle broth over brisket. Combine thyme, paprika, garlic

salt and pepper in small bowl; sprinkle half of mixture over brisket. Turn brisket over; sprinkle with remaining mixture. Roast, covered, 2 hours and 25 minutes.

**2.** Remove brisket from oven; arrange potatoes and carrots around brisket in pan juices. Roast, covered, 45 minutes to 1 hour or until brisket is fork-tender and vegetables are tender.

**3.** Transfer brisket to cutting board; tent loosely with foil and let stand 15 minutes.

**4.** Transfer vegetables to serving bowl using slotted spoon; cover and keep warm. Pour pan juices into medium saucepan; spoon off and discard any fat. Stir water into cornstarch in small bowl until smooth. Stir into pan juices; simmer about 5 minutes or until thickened.

**5.** Carve brisket crosswise into thin slices; serve with vegetables and gravy.





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# A Roast to Good Health!

**NOTHING SAYS** it's the holidays quite like a hearty, succulent roast. Gather everyone around the table with one of these irresistible recipes, sure to fill your home with savory aromas and seasonal cheer. Whether you are an advanced cook or this is your first go at preparing a holiday meal, a roast is an easy and delicious way to please all your guests. The combination of this slow roasting method of cooking accompanied by diverse seasonings will create a tender and flavorful meal you'll be dreaming about all winter long.





# Pork Roast with Dijon Tarragon Glaze

MAKE 6 SERVINGS



## Nutrients per Serving:

Calories 170, Total Fat 6g Saturated Fat 2g, Protein 25g, Carbohydrates 2g, Cholesterol 73mg, Dietary Fiber 1g, Sodium 189mg

**Dietary Exchange:** ½ Fat, 3 Meat

- 2 tablespoons Dijon mustard
- 1 teaspoon minced tarragon
- 2 tablespoons lemon juice
- ⅓ cup reduced-sodium chicken or vegetable broth
- 1½-pound boneless pork loin, visible fat removed
- ½ teaspoon freshly ground black pepper
- 1 teaspoon ground paprika

1. Preheat oven to 350°F. For glaze, combine mustard, tarragon, lemon juice and broth in small bowl; set aside.
2. Line roasting pan with foil. Place pork on rack in prepared pan. Sprinkle roast with pepper and paprika. Bake 15 minutes. Remove roast from oven. Spoon glaze evenly over roast; bake 20 minutes. Baste roast with pan drippings. Bake 20 to 30 minutes or until internal temperature reaches 160°F.
3. Remove roast from oven; let stand 15 minutes before slicing.



# Rosemary Roast Pork Tenderloin and Vegetables

MAKES 6 SERVINGS



## Nutrients per Serving:

Calories 218, Total Fat 6g Saturated Fat 2g, Protein 25g, Carbohydrates 14g, Cholesterol 73mg, Dietary Fiber 3g, Sodium 202mg

**Dietary Exchange:** 1 Bread/Starch, 3 Meat

- ¼ cup reduced-sodium chicken broth
- 1 tablespoon olive or vegetable oil
- 3 large parsnips, peeled and cut diagonally into ½-inch slices
- 2 cups baby carrots
- 1 red bell pepper, cut into ¾-inch pieces
- 1 medium sweet or yellow onion, cut into wedges
- 2 small pork tenderloins (12 ounces each)
- 2 tablespoons Dijon or spicy Dijon mustard
- 2 teaspoons dried rosemary
- ¾ teaspoon salt (optional)
- ½ teaspoon black pepper

1. Preheat oven to 400°F. Spray large shallow roasting pan or jelly-roll pan with nonstick cooking spray.
2. Combine broth and oil in small bowl. Combine parsnips, carrots and 3 tablespoons broth mixture in prepared pan; toss to coat. Roast vegetables 10 minutes.
3. Add bell pepper, onion and remaining broth mixture to pan; toss to coat. Push vegetables to edges of pan. Place pork in center of pan; spread with mustard. Sprinkle pork and vegetables with rosemary, salt, if desired, and black pepper.
4. Roast 25 to 30 minutes or until vegetables are tender and internal temperature of pork reaches 155°F. Transfer pork to cutting board; tent with foil and let stand 5 minutes. Cut pork crosswise into ½-inch slices; serve with vegetables and any juices from pan.

# Orange 'n' Onion Roast Chicken

MAKES 6 SERVINGS

## Nutrients per Serving:

Calories 367, Total Fat 14g Saturated Fat 4g, Protein 36g, Carbohydrates 19g, Cholesterol 106mg, Dietary Fiber 2g, Sodium 260mg

**Dietary Exchange:** ½ Fat, 1 Fruit, 3 Meat

- 1 whole chicken (about 4 pounds)
- ½ teaspoon salt
- ¼ teaspoon black pepper
- 2 oranges, peeled
- 1 onion, thinly sliced
- ½ cup dry white wine
- ½ cup orange juice
- 2 tablespoons grated fresh ginger
- ¼ cup apple jelly, melted

1. Preheat oven to 350°F. Sprinkle chicken with salt and pepper. Separate oranges into segments. Place half of segments in chicken cavity. Place onion in small shallow roasting pan or 8-inch square baking dish. Arrange remaining orange segments over onion. Drizzle with wine. Place chicken, breast side down, on top of onion mixture. Combine orange juice and ginger in cup; brush over chicken. Roast 30 minutes.
2. Turn chicken breast side up and brush with melted jelly. Roast 1 hour or until thermometer inserted into thickest part of thigh registers 165°F. Baste with pan juices every 20 minutes. (If chicken begins to brown too much, tent with foil.) Transfer chicken to cutting board; tent with foil. Let stand 10 minutes before carving.







## Seared Pork Roast with Currant Cherry Salsa

MAKES 8 SERVINGS (3 OUNCES COOKED PORK, ABOUT 1 TABLE-  
SPOON DRIPPINGS AND 3 TABLESPOONS SALSA PER SERVING)



### Nutrients per Serving:

Calories 217, Total Fat 9g  
Saturated Fat 3g, Protein  
23g, Carbohydrates 10g,  
Cholesterol 72mg, Dietary  
Fiber 1g, Sodium 300mg

**Dietary Exchange:** 1 Fruit,  
3 Meat

- 1½ teaspoons chili powder
- ¾ teaspoon salt
- ½ teaspoon garlic powder
- ½ teaspoon paprika
- ¼ teaspoon ground allspice
- 1 boneless pork loin roast (2 pounds)
- Nonstick cooking spray
- ½ cup water
- 1 pound bag frozen pitted dark cherries, thawed, drained and halved
- ¼ cup currants or dark raisins
- 1 teaspoon balsamic vinegar
- 1 teaspoon grated orange peel
- ⅛ to ¼ teaspoon red pepper flakes

**1.** Combine chili powder, salt, garlic powder, paprika and allspice in small bowl. Coat roast evenly with spice mixture, pressing spices into roast.

**2.** Spray large skillet with cooking spray; heat over medium-high heat. Brown roast on all sides. Place in 4-quart slow cooker.

**3.** Pour water into skillet, stirring to scrape up browned bits. Pour into slow cooker around roast. Cover; cook on LOW 6 to 8 hours or until pork reaches 160°F. (For tenderness, do not cook on HIGH.)

**4.** Remove roast from slow cooker. Tent with foil; keep warm. Strain juices from slow cooker; discard solids. Pour juice into small saucepan; keep warm over low heat.

**5.** Turn slow cooker to HIGH. Add cherries, currants, vinegar, orange peel and red pepper flakes. Cover; cook 30 minutes. Slice pork and spoon warm juices over meat. Serve with salsa.

**Take note!** To thicken the salsa, mix 1 teaspoon cornstarch with 1 tablespoon water. Stir into the cherry mixture. Cook, uncovered, on HIGH until thickened.



## Sweet Spiced Tarragon Roast Turkey Breast

MAKES 6 SERVINGS (ABOUT 3½ OUNCES TURKEY PER SERVING)



**Nutrients per Serving:** Calories 330, Total Fat 13g, Saturated Fat 3g, Protein 48g, Carbohydrates 3g, Cholesterol 125mg, Dietary Fiber 0g, Sodium 730mg.

- 2 tablespoons canola or corn oil
- 2 teaspoons grated orange peel
- 1½ teaspoons dried tarragon
- 1 teaspoon ground cumin
- ½ teaspoon ground allspice
- ½ teaspoon ground cinnamon
- ½ teaspoon ground ginger
- ½ teaspoon salt
- ½ teaspoon black pepper
- ¼ teaspoon ground red pepper
- 1 (2½-pound) turkey breast half (with bone in), thawed

**1.** Preheat oven to 400°F. In small bowl, whisk together all ingredients except turkey. Loosen skin from turkey and gently place tarragon mixture under skin.

**2.** Place turkey, skin side up, on broiler pan coated with cooking spray. Bake 1 hour and 15 minutes or until meat reaches 180°F. Let stand 15 minutes. Remove skin, leaving tarragon mixture on turkey. Discard skin. Cut turkey into thin slices.





# Protect your heart. Protect your *passion*.

"I am still young and have everything to live for—my children, my foster children, salon clients I've had for over 30 years. Before my procedure, my options were limited. My doctor and the support of the Impella 2.5™ heart pump gave me the chance to protect all my passions for living life.

When I found out my heart was failing, my doctor told me about the Protected PCI™ procedure with Impella 2.5. He said it was less-invasive than open-heart surgery. He explained that when the Impella 2.5 is used during a heart procedure such as stenting or angioplasty, it temporarily assists in the pumping of your heart to help maintain stable heart function. I was able to return to my salon shortly after and live a normal life."

*Vickie Nemes*

Actual Protected PCI™ Patient

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#### How is the Impella 2.5™ Device Used?

The Impella 2.5™ is the World's Smallest Heart Pump and is intended for temporary (less than six hours) use to maintain stable heart function. The Impella 2.5™ can potentially lower certain risks in patients with severe coronary artery disease and diminished (but stable) heart function who are undergoing a percutaneous coronary intervention (PCI) such as an angioplasty or stenting, but are not candidates for surgery, as determined by a team of doctors that includes a heart surgeon. Please see Important Risk Information for the Impella 2.5™ on a following page.





# Spicy Potatoes with Tri-Tip Roast

MAKES 8 SERVINGS

## Nutrients per Serving:

Calories 281, Total Fat 7g Saturated Fat 2g, Protein 26g, Carbohydrates 28g, Cholesterol 47mg, Dietary Fiber 4g, Sodium 224mg

**Dietary Exchange:** 2 Bread/Starch, 3 Meat

- 4 teaspoons chili powder
- 2 teaspoons dried oregano ½ teaspoon salt
- 3 pounds unpeeled round red potatoes (about 9 potatoes)
- 3 tablespoons lime juice, divided
- 1 tablespoon olive oil
- 1 boneless lean beef loin tri-tip roast (about 1¾ pounds)

**1.** Preheat oven to 455°F. For seasoning mix, combine chili powder, oregano and salt in small bowl; set aside. Lightly coat 13x9-inch baking dish with nonstick cooking spray; set aside.

**2.** Cut potatoes into 1½- to 2-inch pieces. Toss potatoes with 2 tablespoons lime juice, olive oil and 1 tablespoon seasoning mix. Spread in single layer in prepared baking dish.

**3.** Brush beef roast with remaining 1 tablespoon lime juice. Rub with remaining spice mixture. Place beef roast on rack in roasting pan. Roast 10 minutes.

**4.** Place potatoes beside or below roast in oven. Continue roasting 40 to 50 minutes or until thermometer inserted into center of roast registers 150°F. Remove roast and potatoes from oven. Cover both loosely with foil. Let roast stand 10 minutes before carving. (Temperature of meat will rise about 10° during standing.)

**5.** Thinly slice roast across grain. Serve with potatoes.

## Important Risk Information for the Impella 2.5™ Device

**Protected PCI™ is not right for everyone.**

**You should NOT be treated with the Impella 2.5™ if your doctor determines you have certain pre-existing conditions, such as:**

- Severe narrowing of your heart valves
- Clots in your blood vessels
- Replacement heart valve or
- Certain deficiencies in your heart valve.

**Many of the risks related to the Impella 2.5™ device are the same as those with the procedure being completed and the placement of any pump used to help the heart. Risks related to use of the Impella 2.5 can include certain allergic reactions to medications, infections, blood clots, injury to heart tissue, valves or blood vessels, bleeding, low blood pressure, low platelet count and/or damage to red blood cells. Some of these conditions could be life threatening.**

**To learn more about additional risk information associated with the use of the Impella 2.5, speak with your doctor and visit [www.protectedpci.com/patient/isi.com](http://www.protectedpci.com/patient/isi.com)**

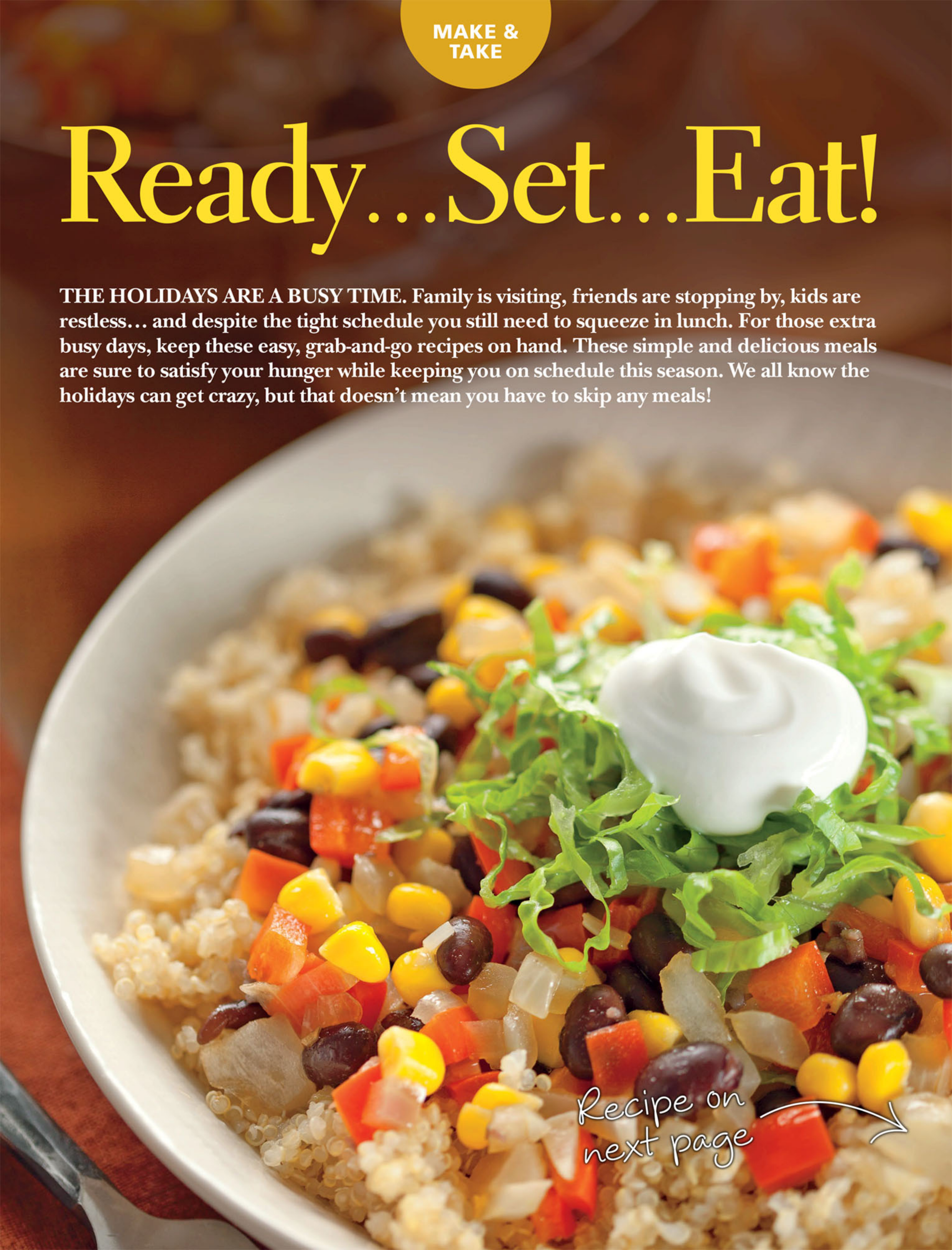


MAKE &  
TAKE

# Ready...Set...Eat!

THE HOLIDAYS ARE A BUSY TIME. Family is visiting, friends are stopping by, kids are restless... and despite the tight schedule you still need to squeeze in lunch. For those extra busy days, keep these easy, grab-and-go recipes on hand. These simple and delicious meals are sure to satisfy your hunger while keeping you on schedule this season. We all know the holidays can get crazy, but that doesn't mean you have to skip any meals!

Recipe on  
next page





# Quinoa Burrito Bowls

MAKES 4 SERVINGS



## Nutrients per Serving:

Calories 258, Total Fat 7g Saturated Fat 1g, Protein 9g, Carbohydrates 42g, Cholesterol 4mg, Dietary Fiber 6g, Sodium 136mg

**Dietary Exchange:** 3 Bread/Starch, 1 Fat

- 1 cup uncooked quinoa
- 2 cups water
- 2 tablespoons fresh lime juice, divided
- ¼ cup light sour cream
- 2 teaspoons vegetable oil
- 1 small onion, diced
- 1 red bell pepper, diced
- 1 clove garlic, minced
- ½ cup canned black beans, rinsed and drained
- ½ cup thawed frozen corn
- Shredded lettuce
- Lime wedges (optional)

**1.** Place quinoa in fine-mesh strainer; rinse well under cold running water. Bring 2 cups water to a boil in small saucepan; stir in quinoa. Reduce heat to low; cover and simmer 10 to 15 minutes or until quinoa is tender and water is absorbed. Stir in 1 tablespoon lime juice. Cover and keep warm. Combine sour cream and remaining 1 tablespoon lime juice; set aside.

**2.** Meanwhile, heat oil in large skillet over medium heat. Add onion and bell pepper; cook and stir 5 minutes or until softened. Add garlic; cook 1 minute. Add black beans and corn; cook 3 to 5 minutes or until heated through.

**3.** Divide quinoa among 4 serving bowls; top with black bean mixture, lettuce and sour cream mixture. Garnish with lime wedges.

MAKE & TAKE

# White Cheddar, Spinach and Tomato Grilled Cheese Sandwiches

MAKES 4 SERVINGS (1 SANDWICH PER SERVING)

## Nutrients per Serving:

Calories 273, Total Fat 11g Saturated Fat 4g, Protein 13g, Carbohydrates 30g, Cholesterol 30mg, Dietary Fiber 2g, Sodium 518mg

**Dietary Exchange:** 2 Bread/Starch, ½ Fat, 2 Meat

- 2 teaspoons Dijon mustard (optional)
- 8 slices soft sourdough bread
- 1 cup (4 ounces) shredded reduced-fat white Cheddar cheese,\* divided
- 1 medium tomato, cut into 8 thin slices
- 2 cups baby spinach leaves, divided

**1.** Spread thin layer of mustard, if desired, on 4 bread slices. Top each bread slice with ¼ cup cheese, 2 tomato slices and cup spinach. Top with remaining bread slices.

**2.** Coat large skillet with non-stick cooking spray and heat over medium heat. Cook sandwiches 3 minutes on one side. Turn and cover with lid and cook an additional 3 minutes or until bread is golden brown.

**Take note!** \*If unavailable, you may substitute with reduced-fat Monterey Jack cheese or reduced-fat Cheddar cheese.

**Note:** This recipe is a delicious variation of a traditional grilled cheese sandwich. The spinach adds healthy nutrients while enhancing the overall flavor.



# Mediterranean Sandwiches

MAKES 6 SERVINGS (1 SANDWICH PER SERVING)

## Nutrients per Serving:

Calories 242, Total Fat 6g Saturated Fat 1g, Protein 23g, Carbohydrates 24g, Cholesterol 50mg, Dietary Fiber 2g, Sodium 353mg

**Dietary Exchange:** 1½ Bread/Starch, 2½ Meat

- 1¼ pounds chicken tenders, cut crosswise in half
- 1 large tomato, cut into bite-size pieces
- ½ small cucumber, halved lengthwise, seeded and sliced
- ½ cup sweet onion slices (about 1 small)
- 2 tablespoons cider vinegar
- 1 tablespoon olive or canola oil
- 3 teaspoons minced fresh oregano leaves or ½ teaspoon dried oregano
- 2 teaspoons minced fresh mint leaves or ¼ teaspoon dried mint
- ¼ teaspoon salt
- 6 (6-inch) whole wheat pita bread rounds, cut in half crosswise
- 12 lettuce leaves (optional)

**1.** Spray large nonstick skillet with cooking spray; heat over medium heat. Add chicken; cook and stir 7 to 10 minutes or until browned and cooked through. Let stand 5 to 10 minutes to cool slightly.

**2.** Combine chicken, tomato, cucumber and onion in medium bowl. Add vinegar, oil, oregano, mint and salt; toss to coat.

**3.** Place 1 lettuce leaf in each pita bread half, if desired. Divide chicken mixture evenly among pita bread halves.





# Enjoy a Sweet *Sugar-Free* Holiday

The American Heart Association recommends no more than 24 grams/100 calories of added sugar for women and 36 grams/150 calories for men daily\*



## Frozen Hot Chocolate

A LOW-SUGAR TWIST ON A FALL FAVORITE!

83 CALORIES PER SERVING

- 1 cup instant dry milk
- 2 tsp. SugarLeaf®
- 4 Tbsp. cocoa, unsweetened
- 1 cup milk
- 6 drops SweetLeaf® Liquid Stevia Chocolate Sweet Drops™
- 3 cups ice
- Whipped cream (optional)



Stir dry milk, SugarLeaf®, and unsweetened cocoa in a small bowl until completely mixed. Add ingredients to blender in the following order: milk, Chocolate Sweet Drops™, dry mix. Blend for 5 seconds.

Add ice and blend for 30 seconds until smooth. Pour into a short glass. If desired, top with whipped cream. Serves 4.

### NUTRITION FACTS PER 1 SERVING:

Calories 83, Total Fat 3g, Cholesterol 10mg, Sodium 59mg, Total Carbohydrate 11g, Dietary Fiber 2g, Protein 5g (does not include optional topping)



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\*Source: American Heart Association website, July 2016.

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## Black and White Chili

MAKES 6 SERVINGS



### Nutrients per Serving:

Calories 260, Total Fat 2g Saturated Fat 1g, Protein 27g, Carbohydrates 34g, Cholesterol 44mg, Dietary Fiber 8g, Sodium 403mg

**Dietary Exchange:** 2 Bread/Starch, ½ Vegetable, 2 Meat

Nonstick cooking spray

1 pound chicken tenders, cut into ¾-inch pieces

1 cup coarsely chopped onion  
1 can (about 15 ounces) Great Northern beans, rinsed and drained

1 can (about 15 ounces) black beans, rinsed and drained

1 can (about 14 ounces)

Mexican-style stewed tomatoes, undrained

2 tablespoons Texas-style chili powder seasoning mix

**1.** Spray large saucepan with cooking spray; heat over medium heat. Add chicken and onion; cook and stir over medium-high heat 5 to 8 minutes or until chicken is browned.

**2.** Stir beans, tomatoes with juice and seasoning mix into saucepan; bring to a boil. Reduce heat to low; simmer, uncovered, 10 minutes.

**Take note!** For a change of pace, this delicious chili is excellent served over cooked rice or pasta.

## MAKE & TAKE

## Chicken Salad Pitas

MAKES 4 SERVINGS (1 SANDWICH PER SERVING)



### Nutrients per Serving:

Calories 325, Total Fat 4g Saturated Fat 1g, Protein 29g, Carbohydrates 44g, Cholesterol 54mg, Dietary Fiber 6g, Sodium 561mg

**Dietary Exchange:** 3 Bread/Starch, 3 Meat

4 cups torn mixed spring greens  
2 cups (about ½ pound)  
chopped cooked chicken breast

½ cup chopped green bell pepper or poblano pepper  
½ cup reduced-fat ranch salad dressing  
4 whole wheat pita bread rounds, halved crosswise  
Black pepper (optional)

**1.** Toss greens, chicken, bell pepper and salad dressing in large bowl. Microwave pita halves on HIGH 12 to 15 seconds.

**2.** Fill each warmed pita half with equal amount of salad mixture. Sprinkle with black pepper, if desired.

## Cold Peanut Noodle and Edamame Salad

MAKES 4 SERVINGS

### Nutrients per Serving:

Calories 239, Total Fat 10g Saturated Fat 1g, Protein 6g, Carbohydrates 32g, Cholesterol 0mg, Dietary Fiber 1g, Sodium 556mg

**Dietary Exchange:** 1½ Bread/Starch, 2 Fat, 1 Vegetable

½ (8-ounce) package brown rice pad thai noodles\*

3 tablespoons low-sodium soy sauce

2 tablespoons toasted sesame oil

2 tablespoons unseasoned rice vinegar

1 tablespoon sugar

1 tablespoon finely grated fresh ginger

1 tablespoon creamy peanut butter

1 tablespoon sriracha\*\* or hot chili sauce

2 teaspoons minced garlic

½ cup thawed frozen shelled edamame

¼ cup shredded carrots

¼ cup sliced green onions

Chopped peanuts (optional)

**1.** Prepare noodles according to package directions for pasta. Rinse under cold water; drain. Cut noodles into 3-inch lengths. Place in large bowl; set aside.

**2.** Whisk soy sauce, oil, vinegar, sugar, ginger, peanut butter, sriracha and garlic in small bowl until smooth and well blended.

**3.** Gently toss noodles with dressing. Stir in edamame and carrots. Cover and refrigerate at least 30 minutes to allow flavors to develop.

**4.** Divide salad evenly among 4 bowls. Top with green onions and peanuts, if desired.

**Take note!** \*Brown rice pad thai noodles can be found in the Asian section of the supermarket. Four ounces whole wheat spaghetti may be substituted, if desired.

\*\*Sriracha is a Thai hot sauce that can be found in the ethnic section of major supermarkets or in Asian specialty markets.





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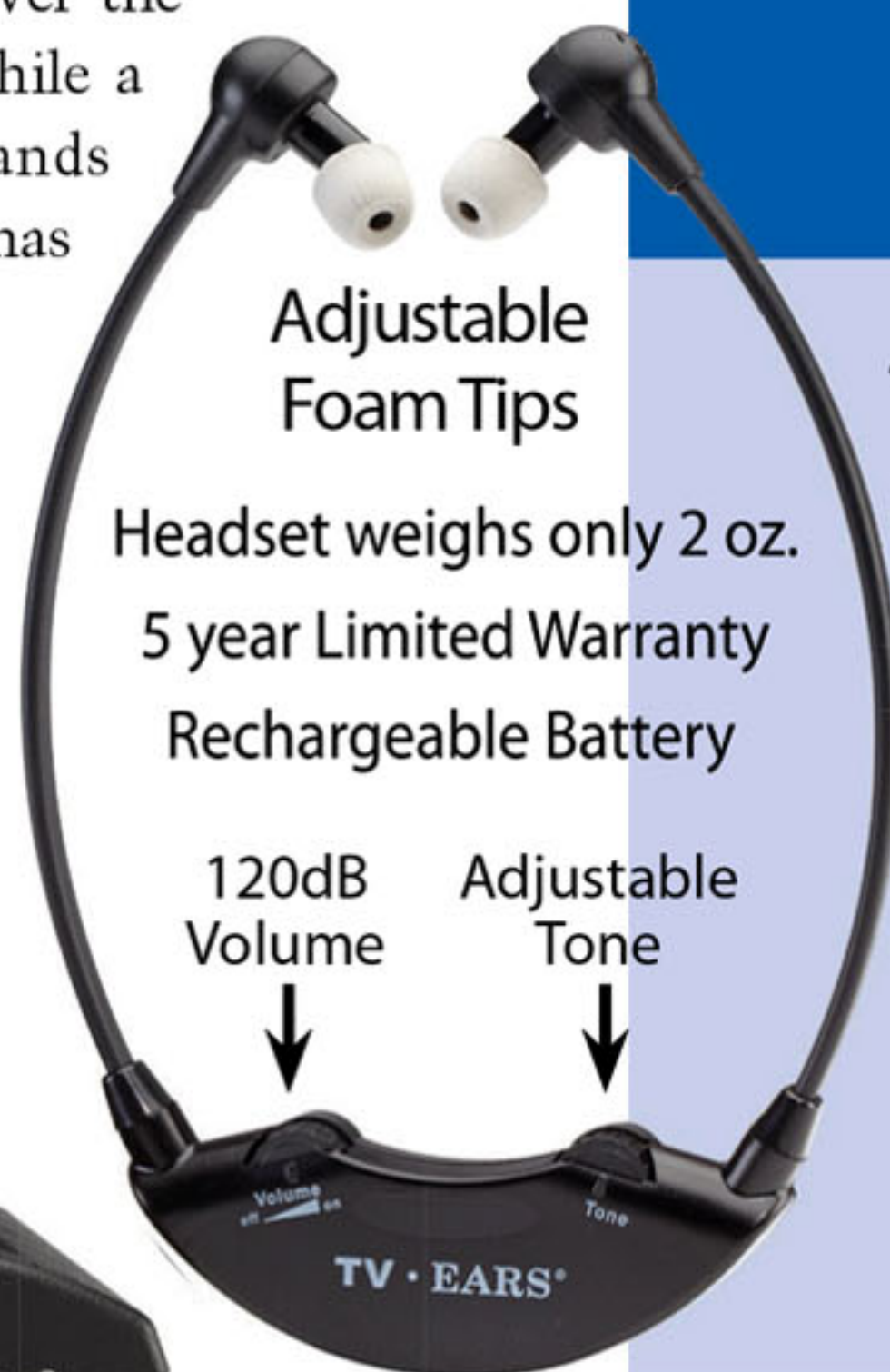
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# Low Carb, Big Flavor

**WITH AN ABUNDANCE** of delicious desserts surrounding you throughout the holiday season, it can be difficult to keep weight-loss goals on track. Never fear! There are plenty of low-carb desserts that are not only healthy, but also packed with delicious flavor. From sumptuous sorbets to creamy puddings, there is no shortage of irresistible options to satisfy your sweet tooth this holiday season. Enjoying yourself no longer means paying for it later—instead, indulge in all the sensational treats this season has to offer the healthy way!



# Chocolate Peanut Butter Ice Cream Sandwiches

MAKES 4 SERVINGS



## Nutrients per Serving:

Calories 129, Total Fat 7g Saturated Fat 3g, Protein 4g, Carbohydrates 15g, Cholesterol 4mg, Dietary Fiber 1g, Sodium 124mg

## Dietary Exchange:

1 Bread/Starch, 1 Fat

- 2 tablespoons creamy peanut butter
- 8 chocolate wafer cookies
- $\frac{2}{3}$  cup no-sugar-added vanilla ice cream, softened

1. Spread peanut butter evenly over flat sides of all cookies.
2. Spoon ice cream over peanut butter on 4 cookies. Top with remaining 4 cookies, peanut butter sides down. Press down lightly to force ice cream to edges of sandwiches.
3. Wrap each sandwich tightly in foil. Freeze at least 2 hours or up to 5 days.

# Banana Pudding Squares

MAKES 18 SERVINGS (1 SQUARE PER SERVING)

## Nutrients per Serving:

Calories 112, Total Fat 4g Saturated Fat 2g, Protein 4g, Carbohydrates 15g, Cholesterol 2mg, Dietary Fiber 1g, Sodium 292mg

## Dietary Exchange: 1 Bread/Starch, $\frac{1}{2}$ Fat

- 1 cup graham cracker crumbs
- 2 tablespoons margarine, melted
- 1 package (8 ounces) fat-free cream cheese, softened
- 3 cups fat-free (skim) milk
- 2 packages (4-serving size) fat-free sugar-free banana cream instant pudding and pie filling mix
- 1 container (8 ounces) reduced-fat whipped topping, divided
- 2 medium bananas

1. Line 13x9-inch pan with foil; spray with nonstick cooking spray.
2. Stir graham cracker crumbs and margarine in small bowl until well blended. Press mixture into prepared pan.
3. Beat cream cheese in large bowl with electric mixer at low speed until smooth. Add milk and pudding mix; beat at high speed 2 minutes or until smooth and creamy. Fold half of whipped topping into pudding until well blended. Reserve half of pudding mixture. Spread remaining pudding mixture over crust.
4. Peel bananas; cut into  $\frac{1}{4}$ -inch slices. Arrange bananas evenly over pudding layer. Spoon reserved pudding mixture over bananas. Spread remaining whipped topping evenly over pudding mixture.
5. Loosely cover with plastic wrap and refrigerate 2 hours or up to 8 hours.



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## Fruit Kabobs with Mint-Cream Dressing

MAKES 4 SERVINGS  
(1 KABOB PER SERVING)



### Nutrients per Serving:

Calories 136, Total Fat 11g Saturated Fat 3g, Protein 2g, Carbohydrates 9g, Cholesterol 31mg, Dietary Fiber 1g, Sodium 26mg

**Dietary Exchange:** 2 Fat, ½ Fruit

- ½ cup sour cream
- 1 tablespoon powdered sugar
- ¼ cup whipping cream, whipped (see Note)
- 1 tablespoon minced fresh mint or ¼ teaspoon mint extract
- 1 cup (about 12 pieces) cantaloupe, cut in ½-inch dice
- 12 strawberries

**1.** Stir together sour cream and powdered sugar. Fold in whipped cream and mint. Divide evenly among 4 small serving bowls and set aside.

**2.** Alternately thread 3 pieces cantaloupe and 3 strawberries on each of 4 skewers. Serve with mint-cream dressing for dipping.

**Take note!** If desired, substitute ½ cup fat-free sweetened whipped topping for the whipping cream; omit powdered sugar.

## WHOLESONE DESSERTS



## Speedy Pineapple-Lime Sorbet

MAKES 8 SERVINGS  
SERVING SIZE: ½ CUP SORBET



### Nutrients per Serving:

Calories 56, Total Fat 1g Saturated Fat 1g, Protein 1g, Carbohydrates 15g, Cholesterol 0mg, Dietary Fiber 1g, Sodium 1mg

**Dietary Exchange:** 1 Fruit

- 1 ripe pineapple, cut into cubes (about 4 cups)
- ⅓ cup frozen limeade concentrate
- 1 to 2 tablespoons fresh lime juice
- 1 teaspoon grated lime peel

**1.** Arrange pineapple in single layer on large baking sheet; freeze at least 1 hour or until very firm.\*

**2.** Combine frozen pineapple, limeade concentrate, lime juice and lime peel in food processor or blender; process until smooth and fluffy. If mixture doesn't become smooth and fluffy, let stand 30 minutes to soften slightly; repeat processing. Serve immediately.

**Take note!** \*Pineapple can be frozen up to 1 month in resealable freezer food storage bags.

This dessert is best if served immediately, but it can be made ahead, stored in the freezer and then softened several minutes before being served.

## Bread Pudding Snacks

MAKES 12 SERVINGS



### Nutrients per Serving:

Calories 72, Total Fat 2g Saturated Fat 1g, Protein 2g, Carbohydrates 12g, Cholesterol 2mg, Dietary Fiber 0g, Sodium 93mg

**Dietary Exchange:** 1 Bread/Starch

- 1¼ cups reduced-fat (2%) milk
- ½ cup cholesterol-free egg substitute
- ⅓ cup sugar
- 1 teaspoon vanilla
- ⅛ teaspoon salt
- ⅛ teaspoon ground nutmeg (optional)
- 4 cups ½-inch cinnamon or cinnamon-raisin bread cubes (about 6 bread slices)
- 1 tablespoon margarine or butter, melted

**1.** Preheat oven to 350°F. Line 12 medium-size muffin cups with paper baking cups.

**2.** Combine milk, egg substitute, sugar, vanilla, salt and nutmeg, if desired, in medium bowl; mix well. Add bread; mix until well moistened. Let stand at room temperature 15 minutes.

**3.** Spoon bread mixture evenly into prepared cups; drizzle evenly with margarine.

**4.** Bake 30 to 35 minutes or until snacks are puffed and golden brown. Remove to wire rack to cool completely.

**Take note!** Snacks will puff up in the oven and fall slightly upon cooling.







## Angelic Macaroons

MAKES 40 COOKIES (1 COOKIE PER SERVING)



### Nutrients per Serving:

Calories 94, Total Fat 4g Saturated Fat 3g, Protein 2g, Carbohydrates 14g, Cholesterol 0mg, Dietary Fiber 1g, Sodium 86mg

**Dietary Exchange:** 1 Diabetic Carb Count, 1 Bread/Starch

1 package (about 16 ounces)  
angel food cake mix  
½ cup cold water  
1 teaspoon almond extract  
1 package (14 ounces)  
sweetened flaked coconut,  
divided  
½ cup slivered almonds, coarsely  
chopped

**1.** Preheat oven to 325°F. Line cookie sheets with parchment paper.

**2.** Beat cake mix, water and almond extract in large bowl with electric mixer at medium speed until well blended. Add half of coconut; beat until blended. Add remaining coconut and almonds; beat until well blended. Drop dough by tablespoonfuls 2 inches apart onto prepared cookie sheets.

**3.** Bake 22 to 25 minutes or until golden brown. Cool on cookie sheets 3 minutes. Remove to wire racks; cool completely.

## Buttery Almond Cookies

MAKES ABOUT 3½ DOZEN COOKIES  
(1 COOKIE PER SERVING)



### Nutrients per Serving:

Calories 68, Total Fat 4g Saturated Fat 2g, Protein 1g, Carbohydrates 7g, Cholesterol 13mg, Dietary Fiber 1g, Sodium 35mg

**Dietary Exchange:** ½ Bread/Starch, 1 Fat

1¼ cups all-purpose flour  
½ teaspoon baking powder  
⅛ teaspoon salt  
10 tablespoons butter, softened  
¾ cup sugar  
1 egg  
1 teaspoon vanilla  
¾ cup slivered almonds, finely chopped  
½ cup slivered almonds (optional)

**1.** Preheat oven to 350°F. Grease cookie sheets. Combine flour, baking powder and salt in small bowl.

**2.** Beat butter in large bowl with electric mixer at medium speed until smooth. Gradually beat in sugar until blended. Increase speed to high; beat until light and fluffy. Beat in egg and vanilla. Gradually stir in flour mixture until blended. Stir in chopped almonds.

**3.** Drop rounded teaspoonfuls of dough 2 inches apart on prepared cookie sheets. Press several slivered almonds into dough of each cookie, if desired.

**4.** Bake 12 minutes or until edges are golden brown. Cool on cookie sheets 5 minutes. Remove to wire racks; cool completely. Store in airtight container.



## Honeydew Melon Sorbet

MAKES 8 SERVINGS



### Nutrients per Serving:

Calories 46, Total Fat 0g Saturated Fat 0g, Protein 1g, Carbohydrates 14g, Cholesterol 0mg, Dietary Fiber 1g, Sodium 23mg

**Dietary Exchange:** 1 Fruit

⅔ cup water  
⅔ cup sugar  
substitute\*  
4 teaspoons lemon  
juice  
1 honeydew melon

**1.** Combine water, sugar substitute and lemon juice in small saucepan; bring to a boil over medium-high heat. Boil 1 minute. Set aside 15 minutes to cool to room temperature.

**2.** Remove rind and seeds from melon. Cut melon into pieces. Place melon in food processor or blender; process until smooth. Add sugar substitute mixture; process until combined. Pour into 8-inch square baking pan.

**3.** Freeze at least 4 hours or overnight. Let stand at room temperature 15 minutes to soften slightly before serving. Scoop into dessert dishes.

**Take note!** \*This recipe was tested using sucralose-based sugar substitute





# Salad Dressings

By Lea Ann Holzmeister, RD, CDE

**S**alad dressings have moved beyond the run of the mill varieties such as Italian, French, thousand island and blue cheese. Supermarket shelves now are lined with interesting flavors such as mango habanero, pear gorgonzola and sriracha lime. Many are dynamite combinations of fruit-flavored or wine vinegars, tangy citrus juices and fresh herbs.

These delicious dressings come in varying fat and calorie levels, from zero fat to over 20 grams in just a two-tablespoon serving. And many salad lovers pour much more than that on their salads.

But when moderate portion sizes are used, salad dressing can be a good source of heart-healthy unsaturated oil.

Full fat (regular) salad dressing typically lists oil as the first ingredient on the Nutrition Facts panel and contains, on average, 10-20 grams of fat and 100-180 calories per two-tablespoon serving. Pouring one serving from a salad dressing bottle onto your salad is rare—it is likely at least twice this amount comes pouring out.

For someone on a 1,500-calorie eating plan, typically about 30% of total calories comes from fat. A two-tablespoon serving of regular salad dressing could make up almost 40% of fat intake for the whole day.

Portioning salad dressing into a small bowl for dipping will ensure your serving size needs are not overlooked. For each bite, dip your fork into the dressing and then spear some salad. You get the flavor of the dressing without coating the entire salad. Or, to keep portion sizes small, try tossing (and retossing) one to two teaspoons of dressing for each cup of salad.

Almost all the fat in dressing comes from heart-healthy fats such as unsaturated vegetable oils—sometimes monounsaturated (such as canola, olive or sunflower) and sometimes polyunsaturated (such as soybean). This keeps the saturated fat content at one or two grams per serving. Generally, oil and vinegar dressings such as vinaigrette or Italian have less fat and saturated fat per serving than creamy varieties or those containing cheese. Salad dressings made with cheese will contain more saturated fat; for example, Marie's Chunky Blue Cheese salad dressing contains 3.5 grams of saturated fat per serving.

But your salad dressing choices no longer are limited to regular full fat varieties. Fat-free, reduced fat or light versions are available from almost every food manufacturer. Reduced-fat and light dressings have less than half the fat (or one-third fewer calories) than their full-fat counterparts. Typical reduced-fat or light varieties have one to eight grams of fat per serving. Low-fat salad dressings have three grams of fat or less per serving. Fat-free salad dressings have one-half gram of

fat or less per serving. However, fat free does not necessarily mean calorie free. Some fat-free salad dressings are very low in calories, while others are not. For example, Bernstein's Fat Free Cheese and Garlic Italian contains 10 calories in one serving, while Dorothy Lynch's Fat Free Dressing contains 55 calories per serving.

Vegetable oil is 100% fat and contains nine calories in every gram. Therefore, the majority of the calories in salad dressing are from oil. However, dressings contain calories from carbohydrate sources such as sugar, corn syrup, high fructose corn syrup, starch and thickeners. Most regular dressing contains one to five grams of carbohydrate, with the exception of flavors such as French, honey dijon, Russian and catalina, which can contain close to 10 grams of carbohydrate per serving.

Reduced fat, light or fat-free varieties often contain added carbohydrate sources as well and may contain more carbohydrate than regular dressing. For example, Kraft Lite Ranch contains seven grams of carbohydrate per serving, while Kraft Classic Ranch contains two grams of carbohydrate per serving.

While most major brands of salad dressing contain about 300 milligrams of sodium per two-tablespoon serving, the sodium content can vary from 60 mg to over 500 mg per serving. Generally, vinaigrette varieties such as Maple Grove Farms of Vermont Fat Free Balsamic Vinaigrette (which contains 120 mg of sodium per serving) are lower sodium choices. If possible, choose salad dressings that use vinegar and herbs for zest rather than added sodium and that have less than 150 mg of sodium per serving.

When it comes to selecting a salad dressing, it's a matter of checking Nutrition Facts panels for nutrient content and ingredients. Supermarkets now offer delicious dressings lower in calories, fat and sodium. For example, Lite House Light Ranch has 60 calories and five grams of fat, while regular Lite House Ranch contains 120 calories and 12 grams of fat. Both varieties are low in carbohydrate, with two grams per serving.

Therefore, your nutrition goals will determine the salad dressing that best fits your needs. Try several dressings to find a few you enjoy.

To count salad dressing in a diabetes meal plan using food exchanges, count one fat exchange for every five grams of fat listed on the Nutrition Facts panel. For example, Wishbone Raspberry Hazelnut Vinaigrette contains five grams of fat in a two-tablespoon serving. One serving would count as one fat exchange. In general, one tablespoon of regular salad dressing or two tablespoons of reduced-fat salad dressing count as one fat exchange, but check the Nutrition Facts to be sure. ▣



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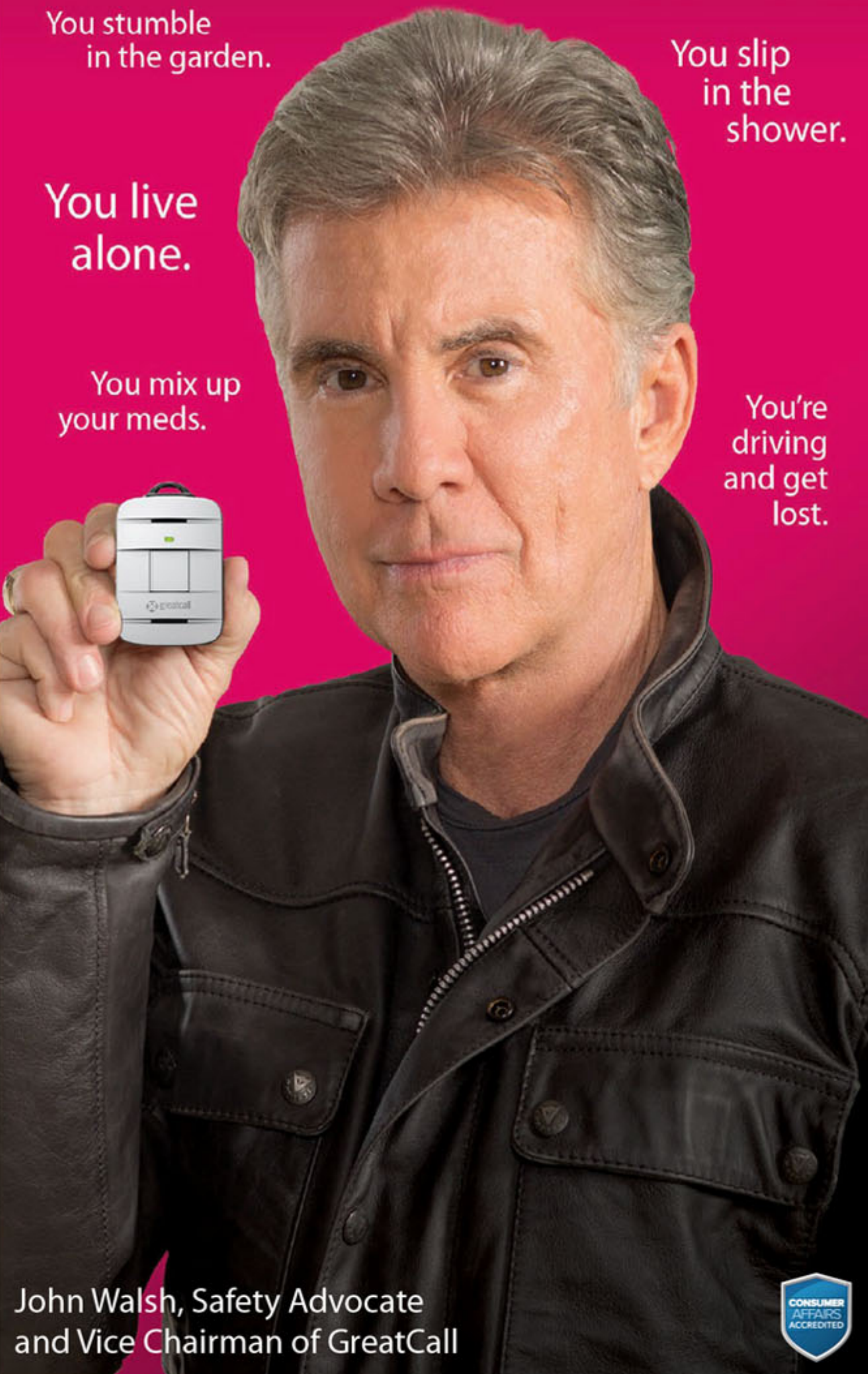
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# SALAD DRESSING

	SERVING	CALORIES	FAT (g)	FAT CALORIES	SATURATED FAT (g)	TRANS FAT (g)	CHOLESTEROL (mg)	SODIUM (mg)	TOTAL CARBOHYDRATE (g)	SUGAR (g)	FIBER (g)	PROTEIN (g)
<b>BERNSTEIN'S</b>												
RESTAURANT RECIPE ITALIAN	2 TBSP	120	12	110	1	0	5	360	1	0	0	1
LIGHT FANTASTICO CHEESE	2 TBSP	25	1.5	15	0.5	0	5	370	3	1	0	1
BALSAMIC ITALIAN	2 TBSP	110	11	100	0.5	0	0	270	2	1	0	0
CREAMY CAESAR	2 TBSP	120	13	115	1	0	15	200	1	0	0	0
HERB GARDEN FRENCH	2 TBSP	130	12	110	1	0	0	260	6	3	0	0
LIGHT FANTASTIC PARMESAN GARLIC RANCH	2 TBSP	50	2.5	25	0.5	0	5	330	6	2	0	1
FAT FREE CHEESE & GARLIC ITALIAN	2 TBSP	10	0	0	0	0	0	380	2	1	0	0
<b>DOROTHY LYNCH</b>												
FAT FREE DRESSING	2 TBSP	55	0	0	0	0	0	180	12	10	2	0
HOMESTYLE DRESSING	2 TBSP	100	7	60	1	0	0	160	11	8	1	0
<b>HIDDEN VALLEY</b>												
ORIGINAL RANCH	2 TBSP	140	14	130	2.5	0	10	260	2	1	0	1
GREEK YOGURT CUCUMBER DILL	2 TBSP	60	5	45	1	0	0	240	3	2	0	1
FIESTA SALSA RANCH LIGHT	2 TBSP	60	5	50	1	0	0	240	3	1	0	0
POMEGRANATE VINAIGRETTE	2 TBSP	60	6	50	0	0	0	100	3	2	0	0
AVOCADO RANCH	2 TBSP	90	9	80	1.5	0	15	240	2	1	0	0
ORIGINAL HOMESTYLE	2 TBSP	140	14	120	2.5	0	10	260	2	1	0	0
BUTTERMILK RANCH LIGHT	2 TBSP	70	5	45	1	0	5	310	3	2	0	1
<b>KEN'S STEAK HOUSE</b>												
BUTTERMILK RANCH	2 TBSP	180	20	180	3	0	5	260	1	1	0	0
COUNTRY FRENCH	2 TBSP	150	12	100	1.5	0	0	220	10	9	0	0
RANCH	2 TBSP	80	7	70	1	0	5	310	3	2	0	0
GREEK W/IMPORTED OLIVE OIL	2 TBSP	100	11	90	1.5	0	0	270	1	1	0	0
LIGHT CAESAR	2 TBSP	80	7	60	1.5	0	10	320	2	1	<1	1
LIGHT OLIVE OIL & VINEGAR	2 TBSP	50	4	35	0.5	0	0	240	3	3	0	0
<b>KRAFT</b>												
CATALINA	2 TBSP	90	6	50	1	0	0	340	9	8	0	0
CLASSIC CAESAR	2 TBSP	110	12	100	2	0	10	320	2	1	0	0
CLASSIC RANCH	2 TBSP	110	11	100	1.5	0	10	260	2	1	0	0
ROKA BLUE CHEESE	2 TBSP	120	12	110	2	0	0	250	1	<1	0	0
THOUSAND ISLAND W/BACON	2 TBSP	100	8	70	1	0	0	190	6	6	0	0
BUTTERMILK RANCH	2 TBSP	120	12	110	2	0	10	290	2	1	0	0
ZESTY ITALIAN	2 TBSP	60	4.5	40	0.5	0	0	300	3	2	0	0
FAT FREE CATALINA	2 TBSP	50	0	0	0	0	0	350	11	7	0	0
LITE RANCH	2 TBSP	70	4.5	40	0.5	0	10	350	7	1	0	0
LITE BALSAMIC VINAIGRETTE	2 TBSP	25	1	10	0	0	0	210	4	4	0	0
LITE ASIAN TOASTED SESAME	2 TBSP	45	1.5	15	0	0	10	260	7	6	0	<1
LITE RASPBERRY VINAIGRETTE	2 TBSP	30	1	10	0	0	0	240	5	5	0	0
<b>LITEHOUSE</b>												
CHUNKY BLUE CHEESE	2 TBSP	150	16	140	1.5	0	15	220	1	1	0	1
LITE RANCH	2 TBSP	60	5	50	0	0	10	210	3	2	0	1
ORIGINAL BLEU CHEESE	2 TBSP	150	16	140	1.5	0	15	230	1	1	0	1
RANCH	2 TBSP	120	12	110	1	0	10	200	2	2	0	0
SRIRACHA LIME	2 TBSP	20	0	0	0	0	0	200	5	5	0	0
BALSAMIC VINAIGRETTE	2 TBSP	100	10	80	0	0	0	160	4	3	0	0
MANGO HABANERO	2 TBSP	25	0	0	0	0	0	170	6	5	0	0
PARMESAN CAESAR	2 TBSP	100	10	90	1	0	5	220	3	1	0	1
SESAME GINGER	2 TBSP	40	0	5	0	0	0	270	9	8	0	0
PEAR GORGONZOLA VINAIGRETTE	2 TBSP	50	2.5	25	0	0	0	240	7	6	0	0
POPPYSEED	2 TBSP	60	4	35	0	0	10	220	6	6	0	0
<b>MAPLE GROVE FARMS OF VERMONT</b>												
HONEY MUSTARD	2 TBSP	100	8	70	0.5	0	0	260	8	7	0	<1
FAT FREE BALSAMIC VINAIGRETTE	2 TBSP	15	0	0	0	0	0	120	3	2	0	0
FAT FREE CRANBERRY BALSAMIC VINAIGRETTE	2 TBSP	35	0	0	0	0	0	220	8	7	0	0
FAT FREE HONEY DIJON	2 TBSP	40	0	0	0	0	0	210	10	9	1	0
LITE HONEY MUSTARD	2 TBSP	70	4	35	0	0	0	260	8	7	0	0
LITE CAESAR	2 TBSP	50	4.5	40	0	0	0	260	4	3	0	0
<b>MARIE'S</b>												
BALSAMIC VINAIGRETTE	2 TBSP	45	4.5	40	0.5	0	0	220	2	2	0	0
CAESAR	2 TBSP	170	19	170	3.5	0	15	160	1	0	0	1
CHUNKY BLUE CHEESE	2 TBSP	160	17	150	3.5	0	15	170	1	0	0	1
CREAMY RANCH	2 TBSP	180	19	170	3	0	15	170	1	1	0	0





# SALAD DRESSING

	SERVING	CALORIES	FAT (g)	FAT CALORIES	SATURATED FAT (g)	TRANS FAT (g)	CHOLESTEROL (mg)	SODIUM (mg)	TOTAL CARBOHYDRATE (g)	SUGAR (g)	FIBER (g)	PROTEIN (g)
<b>MARIE'S</b>												
LITE CREAMY RANCH	2 TBSP	70	6	60	1	0	5	220	6	0	1	
YOGURT PARMESAN CAESAR	2 TBSP	60	5	45	0	0	10	200	2	1	0	1
BASIL PESO VINAIGRETTE	2 TBSP	110	11	100	2	0	0	190	2	1	0	1
RASPBERRY VINAIGRETTE	2 TBSP	50	3	30	0	0	0	100	7	6	0	0
BLUE CHEESE VINAIGRETTE	2 TBSP	120	11	100	2.5	0	5	190	4	4	0	1
THOUSAND ISLAND	2 TBSP	150	15	140	2.5	0	10	200	3	3	0	0
<b>NEWMAN'S OWN</b>												
BALSAMIC VINAIGRETTE	2 TBSP	90	9	80	1	0	0	280	3	1	0	0
CAESAR	2 TBSP	150	16	140	2.5	0	5	340	1	1	0	1
OLIVE OIL & VINEGAR	2 TBSP	150	16	150	2.5	0	0	150	1	1	0	0
RANCH	2 TBSP	150	16	140	2.5	0	10	290	2	1	0	0
LITE BALSAMIC VINAIGRETTE	2 TBSP	45	4	35	0.5	0	0	310	2	2	0	0
LITE CAESAR	2 TBSP	70	6	50	1	0	5	380	3	2	0	1
LITE SUN DRIED TOMATO VINAIGRETTE	2 TBSP	60	4	40	0.5	0	0	380	5	3	0	0
HONEY DIJON MUSTARD	2 TBSP	140	13	120	2	0	0	160	6	6	0	0
CRANBERRY WALNUT	2 TBSP	70	4.5	40	0.5	0	0	230	9	8	0	0
<b>TRADER JOE'S</b>												
BALSAMIC VINAIGRETTE	2 TBSP	80	6	60	0	0	0	60	5	5	0	0
RASPBERRY VINAIGRETTE	2 TBSP	40	3	25	0	0	0	60	4	4	0	0
FAT FREE BALSAMIC VINAIGRETTE	2 TBSP	25	0	0	0	0	0	170	6	5	0	0
ORGANIC SRIRACHA RANCH	2 TBSP	80	8	70	1	0	5	270	3	2	0	0
ROMANO CAESAR	2 TBSP	180	20	180	1.5	0	1	150	<1	0	0	<1
GODDESS	2 TBSP	120	12	110	1	0	0	350	2	0	0	1
TUSCAN ITALIAN	2 TBSP	100	10	90	0.5	0	0	240	3	2	0	0
SESAME SOY GINGER VINAIGRETTE	2 TBSP	35	0	0	0	0	0	230	9	8	0	0
ORGANIC RED WINE & OLIVE OIL VINAIGRETTE	2 TBSP	130	15	130	2	0	0	190	0	0	0	0
<b>WALDEN FARMS</b>												
SESAME GINGER	2 TBSP	0	0	0	0	0	0	260	0	0	0	0
CHIPOTLE RANCH	2 TBSP	0	0	0	0	0	0	260	0	0	0	0
THOUSAND RANCH	2 TBSP	0	0	0	0	0	0	290	0	0	0	0
BUTTERMILK RANCH	2 TBSP	0	0	0	0	0	0	230	0	0	0	0
BLUE CHEESE	2 TBSP	0	0	0	0	0	0	240	0	0	0	0
CAESAR	2 TBSP	0	0	0	0	0	0	260	0	0	0	0
HONEY DIJON	2 TBSP	0	0	0	0	0	0	270	0	0	0	0
FRENCH	2 TBSP	0	0	0	0	0	0	180	0	0	0	0
CREAM BACON	2 TBSP	0	0	0	0	0	0	160	0	0	0	0
ITALIAN	2 TBSP	0	0	0	0	0	0	250	0	0	0	0
PEAR & WHITE BALSAMIC VINAIGRETTE	2 TBSP	0	0	0	0	0	0	260	0	0	0	0
HONEY BALSAMIC VINAIGRETTE	2 TBSP	0	0	0	0	0	0	260	0	0	0	0
SUPER FRUITS BALSAMIC VINAIGRETTE	2 TBSP	0	0	0	0	0	0	260	0	0	0	0
RASPBERRY VINAIGRETTE	2 TBSP	0	0	0	0	0	0	250	0	0	0	0
BALSAMIC VINAIGRETTE	2 TBSP	0	0	0	0	0	0	260	0	0	0	0
ITALIAN SUN DRIED TOMATO	2 TBSP	0	0	0	0	0	0	250	0	0	0	0
ZESTY ITALIAN	2 TBSP	0	0	0	0	0	0	260	0	0	0	0
CREAMY ITALIAN	2 TBSP	0	0	0	0	0	0	225	0	0	0	0
JERSEY SWEET ONION	2 TBSP	0	0	0	0	0	0	240	0	0	0	0
RUSSIAN	2 TBSP	0	0	0	0	0	0	190	0	0	0	0
ASIAN	2 TBSP	0	0	0	0	0	0	290	0	0	0	0
<b>WISH BONE</b>												
RASPBERRY HAZELNUT VINAIGRETTE	2 TBSP	80	5	45	1	0	0	260	8	5	0	0
CHUNKY BLUE CHEESE	2 TBSP	150	14	140	2.5	0	5	240	1	<1	0	0
ITALIAN	2 TBSP	80	7	60	1	0	0	340	4	4	0	0
OLIVE OIL VINAIGRETTE	2 TBSP	60	5	45	0.5	0	0	250	4	3	0	0
RANCH	2 TBSP	130	13	120	2	0	0	230	2	1	0	0
RUSSIAN	2 TBSP	110	6	50	1	0	0	340	14	6	0	0
THOUSAND ISLAND	2 TBSP	130	12	110	2	0	10	290	5	4	0	<1
CREAMY ITALIAN	2 TBSP	110	10	90	1.5	0	0	240	4	2	0	<1
<b>WISH BONE FAT FREE</b>												
ITALIAN	2 TBSP	15	0	0	0	0	0	340	3	2	0	0
RANCH	2 TBSP	30	0	0	0	0	0	270	6	2	0	0
WESTERN	2 TBSP	50	0	0	0	0	0	280	12	11	0	0





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# THE HOLIDAY MEAL SURVIVAL GUIDE

## Strategies for making your holidays happier—and healthier

By Laura Hieronymus, DNP, RN, MLDE, BC-ADM, CDE  
and Sheri Setser-Legg, MS, RD, LD, CDE

**A**mericans savor the winter holidays—but not necessarily in a good way. Statistics show the top three gatherings in the U.S. in terms of food consumption are Thanksgiving, Super Bowl Sunday and Christmas. And the average adult consumes about 3,000 calories in one Thanksgiving or Christmas dinner, which easily can mean more than 4,500 calories for the day when you factor in any additional holiday indulgence. This translates to about 2-2.5 times what an average adult needs for daily energy—giving a new meaning to the word “stuffed.” All three events occur between late November and early February, so take some time now to prepare; these occasions are right around the corner.

The following strategies may be helpful, not only to make your holidays healthier—but perhaps happier as well.

### Chart Your Course

When you hear the word “courses” relative to a meal, you might think of fine dining or extravagant meals. However, most of us actually consume our meals in courses, which are basically several food items served and eaten in the same sitting. For example, a five-course meal usually includes soup, salad, appetizer, entrée and dessert. You might not eat

this way routinely, but many holiday meals include multiple courses, spanning many hours and many calories.

First, think through the upcoming meal and then pick and choose the courses you like most. No one says you have to eat them all. A polite “No, thank you” always is appropriate. When your options are in front of you, try to make healthful choices.

**SOUP.** For many, this course easily can be a meal on its own. To cut down on calories, a broth-based soup typically is a better choice than a cream-based soup. Some broths are high in sodium, so if you are watching your salt intake, you will want to beware. Skip the soup altogether if you want to use your calories during a different course.

**SALAD.** All salads are not equal. Salads with non-starchy vegetables such as leafy greens, celery, peppers and radishes generally are your healthiest option. Dressing on the side can help you minimize calories and yet still savor the flavor. Try to avoid items such as meats, eggs and croutons, particularly if the salad is just a start to your meal.

**APPETIZER.** If you go for the appetizer, avoid grazing. Eating snacks straight from the bowl often leads to overeating. You can lose count quickly if you aren’t paying attention,







especially if you are socializing while eating. Instead, measure out a portion by placing it in a cup or small plate. Use those raw vegetables for dipping instead of higher calorie chips or crackers. Be cognizant of calorie-loaded items such as cheeses, meats and creamy dishes; try to avoid or at least minimize these items.

**ENTRÉE.** Described as the main part of a meal, the entrée usually is the food around which the meal is centered. When you choose an entrée, think about an option that suggests a healthier overall meal choice. For example, a lean slice of roast beef might pair very well with roasted vegetables. Using non-starchy vegetables can give you more volume for the calorie count. Also, lean toward baked, broiled or grilled meat to avoid unnecessary calories. Keep in mind a portion of protein is three to four ounces, about the size of a deck of cards.

**DESSERT.** When it comes to healthy eating, it is no surprise dessert is not listed as a food group. That's because most desserts offer very little nutritional value and often are high in unhealthy fats, added sugar and calories. Therefore, try to keep portions small and keep count of the carbohydrate, especially when you have diabetes. You may want to consider fruit with a low-fat whipped topping as a lower calorie dessert option; however, be sure to keep your carbohydrate content in check.

## Portion Patrol

Family-style meals can lead to overeating. If you are the holiday host, consider serving up individual plates to your

guests. Start by determining which plate size to use. The typical diameter of a dinner plate that was nine inches in the 1960s increased to 11 inches by 2000. Drinking glasses have grown in size, too. Whether you are serving others or are the guest, consider using a smaller size plate and, unless you are drinking water or sugar-free drinks, opt for a six-to-eight-ounce glass to minimize beverage calories.

Think through the servings you place on your plate by using the U.S. Department of Agriculture's (USDA) MyPlate, a visual tool that serves as a reminder to help with healthful eating. The MyPlate method is fairly simple. Divide a nine-inch plate into four sections and cover one side with fruits and non-starchy vegetables. If you are counting your carbohydrate intake, you will want to make sure your fruit is equal to the number of servings appropriate for you. The remaining half of the plate is divided in two, with one section for protein, ideally a lean meat, and the other for a serving of whole grain or starch (both of which contain carbohydrate).

If you are heading to a holiday party, consider these tips to help you size up portions.

- Plan ahead, inquire about the menu at the party and decide what and how much you are going to eat before you get there.
- Ask the hostess if you may bring a dish—something you enjoy that provides a healthy choice.
- Before leaving for the party, have a healthy snack, such as raw vegetables and a glass of water, so you're not hungry when you arrive.
- Stay away from foods that tempt you to overeat.
- Remove extra fat or skin from meat to minimize the calories.
- To lessen your chance of overindulging, chew slowly and enjoy the food's flavor.

Many restaurants' menus now are available online, along with the individual items' nutrition facts. You also can search certain apps or websites (such as [calorieking.com](http://calorieking.com)) to help you determine nutrient content (carbohydrate, fat and calories) and potentially make better food choices while enjoying the festivities.

## Avoid Buffet Binge

If your holiday gathering has a buffet and you just can't skip it altogether, strategize to avoid overeating. Take an inventory of the items on the buffet before starting to fill your plate, to help you make good choices. Again, choose a smaller plate instead of a regular dinner plate. Try to add items to your plate in order of healthiness, saving the least healthy items for last when there is less room left. Ideally, put an amount of food equal to one serving on your plate.

To minimize the possibility of going back for seconds, sit as far away from the buffet as possible. Another strategy is to sit with your back to the buffet. Data suggest that just being aware of food will trigger the thought of eating, even

## Make Your Plate Work for You

Everything you eat and drink matters. The USDA recommends using its MyPlate reminder tool, which uses a 9-inch plate to help you focus on a healthful variety and amount of nutritious foods. The model encourages you to start with small changes to build a healthier eating style. Choosing foods and beverages with less saturated fat, sodium and added sugars can help you achieve this goal. The various colors on the plate give you a visual sense of how to balance meals.

The American Diabetes Association (ADA) offers an interactive tool on its website called "Create Your Plate." The tool puts additional emphasis on an effective way to manage your blood glucose levels and lose weight. To help manage your carbohydrate intake, your plate is filled with more non-starchy vegetables and smaller portions of starchy foods. For more information, visit: <http://www.diabetes.org/food-and-fitness/food/planning-meals/create-your-plate/>





if you aren't hungry. If the eating area is small, park yourself closer to the healthy foods. That way, if you do reach out for more, you will be closer to the healthier options. Stick close to friends and family who make better food choices so you will be in favorable company.

### Adult Beverages

Holiday celebrations often include alcoholic beverages. If you drink, do so in moderation, generally considered no more than two drinks per day for men and one drink per day for women. If you enjoy having an adult beverage during a holiday party, do your homework ahead of time. Keep in mind that a "standard" drink in the U.S. contains roughly 14 grams of pure alcohol. That equals 12 ounces of regular beer, 5 ounces of wine or 1.5 ounces of distilled spirits. Be aware of the type of drinks that will be served. Consider some lighter options such as:

- Light beer (around 4% alcohol content);
- Wine or a wine spritzer (half wine/half club soda; add ice and garnish with lime);
- One ounce of spirits with splash of light cranberry juice (or a calorie-free mixer); or
- Champagne (with a twist of orange peel).

Try to avoid specialty drinks, which might be flowing freely at holiday gatherings. Such drinks, which can be loaded with calories, include egg nog (300-plus calories), white Russians (4.5 ounces contain 170-plus calories), and Christmas ale (12 ounces contain 7.5% alcohol and 200 calories). Pay attention to the portions served and track your alcohol intake. Avoid drinking on an empty stomach; if you become less attentive, you likely will relax your focus on your overall calorie intake of food.

### Conclusion

If you are celebrating and things don't go as planned, forgive yourself. Tomorrow is another day. Take a moment to reflect and plan what you might do differently at the next event. Keep in mind you can always counterbalance an extra holiday indulgence by staying active. Walk an extra mile after you eat, play games or put the dance floor to good use. So, whatever winter holidays you enjoy...be safe and stay healthy! ▣

**Laura Hieronymus** is a doctor of nursing practice and master licensed diabetes educator. She is associate director of education and quality services at the Barnstable Brown Diabetes Center at the University of Kentucky in Lexington. **Sheri Setser-Legg** is a registered dietitian and certified diabetes educator at the adult endocrinology clinic at the Barnstable Brown Diabetes Center.

## 2016 Holiday Gift Guide

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# DIY Gift Giving

## DO IT YOURSELF FOR A HEALTHIER HOLIDAY SEASON

By Alison Massey MS, RD, CDE, LDN

**A**hhh, the holidays! The smell of pine trees and home-made cookies, the twinkling lights and time spent with family and friends. Oh—and the long lines, limited parking spots at the mall and last-minute dashes to the grocery store to pick up something for the neighbor's holiday party.

What is intended as a season of celebration often can become one of the most stressful times of the year. Hectic schedules and harried meals to keep up with holiday celebrations can lead to lapses in healthy behaviors and poor diabetes self-management. And all the cookies, cakes, candy and other gifts of food can create the temptation for overindulgence.

This year, create a healthier holiday season for you and your family and friends by making your own delicious and nutritious food gifts to share and implementing mindful eating practices to savor but not overindulge when it comes to holiday treats.

Focus on truly enjoying the season by sharing good cheer and spreading messages of good health to those you love.

When you have diabetes, the holiday baked goods and cookie exchanges can be very tempting. However, temptation doesn't have to trump good intentions to stay on track with healthy eating and weight management efforts when there are healthier ways to spread holiday cheer and still enjoy time spent in the kitchen.

Erin Palinski-Wade RD, CDE, author of *Belly Fat Diet for Dummies*, suggests swapping the typical cookie platter for an edible holiday wreath filled with Wonderful Halos® mandarin oranges. Other sweet-but-better-for-you homemade gift ideas include making your favorite homemade granola or muesli, dried fruit and nuts.

Homemade all-fruit jam or sugar-free jam also make nice



### MAKING THE SUPER SWAP

When it comes to D.I.Y. holiday food gifts, consider these simple swaps to give your friends and family gifts—both delicious and nutritious—to promote a healthy lifestyle.

#### Instead of Giving This...

Cookie Platter  
Chocolate Candy  
Candied Nuts  
Mason Jar Cookie Mix  
Bottle of Wine  
Specialty BBQ Sauce  
Popcorn Tin  
Meat & Cheese Basket  
Chocolate Covered Pretzels  
Syrup or Fudge Sauce

#### Try this D.I.Y. Super Swap

Fresh Fruit Basket or Fruit 'Wreath'  
Sugar-Free Hot Chocolate Mix  
Spiced Nuts  
Mason Jar Layered Bean Soup Mix  
Homemade Herbal Tea  
Spice or Dry-Rub  
Marinated Olives  
Marinara Sauce and Favorite Italian Recipe  
Sweet & Crunchy Trail Mix  
Herb Infused Vinegars & Oils



gifts, especially when given with a fancy teaspoon to help control portions. A hot chocolate kit that includes homemade, sugar-free hot chocolate mix in a ribbon-tied mason jar—along with cinnamon, ginger and cardamom to stir in and cacao nibs for topping—is a festive yet simple gift idea. Create a light libations gift basket for your favorite party hostess that includes sugar-free cocktail mixes, seltzer water, diet tonic water, fresh fruit and herbs and recipes for lighter cocktails. A custom coffee gift basket with your favorite sugar-free coffee syrups, local ground coffee and holiday mug is nice for the caffeine fiend in your life. Homemade herbals teas with tea crackers, a tea towel and tea strainer is great for those who prefer to warm up with less or no caffeine during the winter months.

If you are considering savory food gifts that are lower in carbohydrates, Abbey Sharp, RD, and blogger at Abbey's Kitchen, recommends orange-spiced olives or spiced nuts. "I find that these are the gifts people really appreciate because it saves them from needing to make something quick to munch on when the in-laws or other guests unexpectedly come over," said Sharp.

Also, consider gift items that friends and family can use to flavor their foods when cooking. A homemade dry spice or rub mixture in a pretty jar for flavoring vegetables, fish, poultry or beef is perfect for those who love to cook.

Kara Lydon, RD, LDN, RYT, author of *Nourish Your Namaste* and *The Foodie Dietitian Blog*, suggests making herb-infused vinegars and oils that can be used to make salad dressings. Lydon also recommends making mason jar soup kits by layering beans, grains and spices to provide loved ones with a healthy meal during the cold winter months. A low-sodium homemade tomato sauce along with a recipe for your favorite low-carb Italian meal is another thoughtful way to provide someone the start of a simple, nutritious meal.

To give a friend or family member newly diagnosed with diabetes even more ideas for healthy meals they can make easily, consider creating a recipe book with your favorite healthy recipes. This can be done online through vendors that allow you to design and create a book of your recipes, photos and any other healthy living tips you want to include for a truly personalized resource guide.

## Handling Holiday Eating

Creating D.I.Y. holiday gifts and making better-for-you swaps are two strategies to alleviate some of the holiday eating temptations. Learning to manage stress eating, however, can be challenging, especially around the holidays. In fact, in 2015, the American Psychological Association found more than one in four Americans reported overeating or eating unhealthy foods to help manage stress. Learning to manage stress eating and cultivating mindful eating practices are tools that can help you enjoy your food all year long.

Mindful eating practices focus on developing more awareness around internal (or emotional) and external (or environmental) triggers that affect food behaviors. One study published in the *Journal of the Academy of Nutrition and Dietetics* found training in mindful eating helped individuals

## TOP 10 TIPS ON HOW TO USE MINDFUL EATING PRACTICES

- 1 FOCUS ON FAMILY.** "Shift your mindset to focus on catching up with your out-of-town family and friends you haven't seen in ages," said Lydon. "Focus on sharing love. Focus on quality conversation. Focus on being present. The best gift you can give your family and friends is being 100% present with them. By shifting this focus, your mind won't wander to the dessert table. And neither will you."
- 2 WATCH WHERE YOU SIT OR STAND** at holiday gatherings. "Standing within arms' reach of the mini quiche makes it easy to mindlessly snack on the canapes—even when you're not hungry," said Sharp. "Find a quiet corner away from the buffet, from where you'll have to make a conscious trip if you're hungry enough to eat."
- 3 ADD COLOR, NOT CANDY, TO YOUR HOLIDAY DÉCOR.** "A fruit bowl filled with red and green apples, pomegranates and mandarin oranges can provide a beautiful display, with fewer calories and more fiber [than candy]," suggested Palinski-Wade. "Since fruit needs to be eaten more slowly than popping a piece of candy in your mouth, it also can help encourage mindful eating."
- 4 SLOW DOWN FOR SATIETY.** "When you slow down your eating, you're able to [better] tune into feelings of satiety and fullness when they actually occur, preventing the all too common holiday food coma," said Lydon.
- 5 LOOK FOR A SMALLER PLATE.** "Studies show that seeing white space on a plate can feel psychologically unsatisfying, so we tend to not feel that we've had 'enough' until the plate is completely full," said Sharp. "Use this optical illusion to your advantage by picking up the smallest cocktail plate and filling that."
- 6 CLEAN UP THE KITCHEN WITH SUPER SWAPS.** "During the holiday season, treats often are left out at the office, home and holiday parties," said Palinski-Wade. "To be more mindful, swap them for healthier options that help you slow down when eating. I love swapping chocolate candies for a bowl of in-shell pistachios. Opening the shell means they may take longer to eat, and the leftover shells serve as a reminder of how much you have actually consumed."
- 7 SIP SMART.** "Pace yourself with the booze, which can easily add up, and stretch out each cocktail by taking at least two sips of water between each sip of alcohol," advised Sharp.
- 8 RATE YOUR PLATE.** "Before you place any food on your plate, survey the foods offered and rank each choice on a scale of one to 10, with 10 being your favorite foods," suggested Palinski-Wade. "Then, only place the 9s and 10s on your plate and skip the rest—why waste carbohydrates or calories on foods you don't really love?"
- 9 DON'T DENY YOURSELF YOUR FAVORITES.** "Try serving yourself small portions of all your favorite decadent foods to start, and then fill the rest of your plate with leaner options," said Sharp. "If you find yourself still pining for more after the first round, then allow yourself another three-bite portion without judgment or guilt."
- 10 REMEMBER: IT'S JUST ONE DAY.** "If you overindulge, don't beat yourself up," said Lydon. "Be kind to yourself. And be mindful to return to your regular healthy eating habits and exercise routine the next day."



with Type 2 diabetes improve food choices and A1c levels as well as achieve modest weight loss. You can incorporate mindful eating principles into your routine this holiday season by being fully present, tuning into your senses and finding enjoyment in food.

Registered dietitians Lydon, Sharp and Palinski-Wade shared their top 10 tips on how to use mindful eating practices to enjoy the holidays to the fullest without wreaking havoc on good intentions to manage your weight and blood glucose.

Creating a healthy holiday season during which you

feel your best and can share healthy living with loved ones doesn't need to be difficult. Alleviate gift-giving stress by making simple, healthy presents for family and friends and use mindful eating principles to enjoy festive foods without going overboard. Focus on embracing this special time of year, and enjoy the true meaning of the season. ■

**Alison Massey** is a registered dietitian and certified diabetes educator in Baltimore. She blogs about healthy living and diabetes at [www.thesimpleingredient.com](http://www.thesimpleingredient.com).

## Simple (and delicious) Gifts of Health

### GIFT IDEAS FROM THE EXPERTS



#### ABBEY SHARP'S WARM BLOOD ORANGE AND ROSEMARY OLIVES

*Inspired by Food & Wine's Warm Olives with Rosemary, Garlic & Lemon*

**MAKES: 4 CUPS, 12-14 SERVINGS**

##### Ingredients:

- 1/3 cup of extra virgin olive oil
- 2 large garlic cloves, minced
- 3 large strips of zest + 1 tbsp finely grated zest from a blood orange
- 1 whole sprig of rosemary + 1 tbsp rosemary, finely minced
- 4 cups of mixed-oil packed or brine cured olives (I use pimento-stuffed green olives, Kalamata, and Nicoise). (For best results, don't use canned olives.)

##### Instructions:

1. In a small sauce pan, heat the olive oil with the garlic, strips of zest and whole rosemary sprig over medium heat until the garlic and rosemary become very fragrant and begin to caramelize, about 5 minutes.
2. Fold the olives into the oil, along with the fine zest and minced rosemary. Toss to coat and transfer straight to a serving dish. Enjoy warm with cheese, bread and preserves.



#### ERIN PALINSKI-WADE'S EDIBLE HOLIDAY WREATH

##### Supplies:

- One long, thin cellophane bag
- Wonderful Halos® mandarins
- Holiday ribbon
- Gift tag

##### Directions:

1. Fill the cellophane bag with Wonderful Halo® mandarins, stacking one on top of the other.
2. Bend the bag to make the top and bottom ends meet, creating a large circular 'wreath.'
3. Secure the wreath with a large, colorful holiday ribbon.
4. Attach gift tag.

*Erin works with Wonderful Halos® to help consumers make healthier snack choices.*



#### KARA LYDON'S DIY HERB INFUSED VINEGARS

##### Ingredients:

- Dried herb of choice (I recommend lemon balm or sage)
- Apple cider vinegar
- Vinegar bottles for storing

##### Instructions:

1. Fill each bottle halfway with dried herbs.
2. Fill the remainder of each bottle with apple cider vinegar.
3. Store for 2-4 weeks in a dark, cool place. Give each bottle a quick shake daily.
4. Strain vinegar. Store in the refrigerator.

**Note:** Try other types of vinegar such as red wine vinegar.





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84  
CALORIES  
PER SERVING

# 7-RECIPE HOLIDAY FEAST!

As much as we all love a holiday ham, which can be low in calories, the high sodium content (up to 1,000 calories per serving!) convinced us to opt for a healthier pork roast, below, stuffed with apples and cranberries and ringing in at just 80 mg of sodium per serving. This 7-recipe holiday dinner—complete with cider and two desserts—totals just 700 calories. So go ahead, have another helping of your favorite dish!

## EASY-AS-PIE HOLIDAY SOUP

**MAKES 6 (1½-CUP) SERVINGS**



### Nutrients per Serving:

Calories 84, Total Fat 2g Saturated Fat 1g, Protein 5g, Carbohydrates 15g, Cholesterol 2mg, Dietary Fiber 1g, Sodium 160mg

**Dietary Exchange:** 1 Bread/Starch, ½ Milk

1 teaspoon canola oil  
½ cup diced onion (½ medium onion)  
1 cup peeled, diced apple (1 medium apple)  
¾ to 1 teaspoon pumpkin pie spice

¼ teaspoon salt  
¼ teaspoon black pepper  
½ cup fat-free, reduced-sodium chicken broth  
1 box (12 ounces) frozen, cooked winter squash, thawed (see Tips)  
1 cup fat-free evaporated milk  
4 tablespoons fat-free sour cream (optional)  
Pumpkin pie spice (optional)

**1.** Heat oil in large saucepan over medium-low heat. Add onion. Cook and stir 3 minutes or until onion is translucent. Do not brown. Add apple, spice, salt and pepper. Cook and stir 1 minute to coat apples. Add broth. Simmer, uncovered, 8 to 10 minutes or until apples are tender and most stock has evaporated.

**2.** Add thawed squash and milk to apple mixture. Simmer, uncovered, 6 to 8 minutes or until flavors are blended and soup is hot. Ladle into bowls. Garnish with sour cream and pumpkin pie spice, if desired.

**Tips:** To easily thaw frozen box of squash, place in microwavable container. Cover. Microwave on HIGH 3 minutes. Stir. Microwave 1 minute more if needed to thaw completely.

**Cook's note:** For added flavor, cook 1 clove garlic, minced, and 1 tablespoon minced, peeled, fresh ginger with the onion. Or add ¼ to ½ teaspoon mild curry powder with the pumpkin pie spice.

## MULLED CRANBERRY CIDER

**MAKES 8 (1-CUP) SERVINGS**



### Nutrients per Serving:

Calories 32, Total Fat 1g Saturated Fat 1g, Protein 1g, Carbohydrates 8g, Cholesterol 0mg, Dietary Fiber 1g, Sodium 60mg

**Dietary Exchange:** ½ Fruit

8 cups (½ gallon) low-calorie cran-raspberry or cran-apple juice cocktail  
3 cinnamon sticks  
10 whole cloves  
1 cup rum or brandy (optional)

Pour juice cocktail into slow cooker. Tie cinnamon sticks and cloves in cheesecloth. Add spice bundle to slow cooker. Cover and cook on HIGH 2 hours or on LOW 4 hours or until hot. (May be kept warm on LOW up to 3 hours.) Discard cheesecloth bag. If desired, stir in rum or brandy just before serving in mugs. Garnish with additional cinnamon sticks, if desired.

32  
CALORIES  
PER CUP



## APPLE-CRANBERRY STUFFED PORK ROAST

**MAKES 8 SERVINGS**

**Serving Size:** 1/8 of total recipe



### Nutrients per Serving:

Calories 240, Total Fat 8g  
Saturated Fat 3g, Protein 25g,  
Carbohydrates 17g, Cholesterol  
70mg, Dietary Fiber 1g, Sodium  
80mg

**Dietary Exchange:** 1 Fat,  
1/2 Fruit, 3 Meat

1 boneless pork loin (about  
2 pounds)  
1 cup coarsely chopped dried  
cranberries  
1/2 cup apple juice or cider  
1 tablespoon unsalted butter  
1 Granny Smith apple, peeled,  
cored and coarsely chopped  
1/2 cup finely chopped onion  
2 to 3 tablespoons water  
(optional)  
1/4 teaspoon ground cinnamon  
1/4 teaspoon dried thyme  
1/4 teaspoon black pepper  
1 tablespoon vegetable oil  
1/2 cup reduced-sodium chicken  
broth  
Fresh thyme (optional)

**1.** Place pork roast in freezer  
30 minutes. Meanwhile, com-  
bine cranberries and apple juice  
in small bowl; set aside.

**2.** Melt butter in large skillet  
over medium heat. Add apple;  
cook and stir 3 minutes. Add  
onion; cook 5 minutes or  
until tender, stirring occasion-  
ally. Add water, if desired, to  
moisten mixture.

**3.** Drain cranberries, reserving  
juice. Stir cranberries into apple

mixture; season with cinnamon,  
dried thyme and pepper. Remove  
to medium bowl; set aside to  
cool slightly. Reserve 1/2 cup of  
fruit mixture.

**4.** Preheat oven to 350°F. Place  
pork roast, fat side up, on cutting  
board. Insert knife horizontally  
into roast 1/2 inch from bottom,  
at long side of roast. Make  
long cut along bottom of roast,  
stopping 1/2 inch before opposite  
side of roast (do not cut all the  
way through). Open up roast;  
continue to cut through thicker  
half of roast to within 1/2 inch  
from bottom. Repeat until roast  
is an even 1/2-inch thickness all  
over when laid out.\*

**5.** Spread stuffing onto roast,  
leaving 1/2-inch border around  
edges. Starting with short side of  
roast, roll up tightly. Secure with  
kitchen twine at 1-inch intervals.

**6.** Heat oil in same skillet over  
medium heat. Brown roast on  
all sides, about 5 minutes. Place  
in roasting pan.

**7.** Roast 50 to 60 minutes or  
until internal temperature reaches  
140°F. Transfer to cutting board  
and let stand 5 minutes. (Internal  
temperature will continue to rise  
5°F to 10°F during stand time.)

**8.** Meanwhile, combine reserved  
apple juice and broth in same  
skillet; cook over high heat until  
reduced by half. Stir into roasting  
pan, scraping up brown bits. Stir  
in reserved 1/2 cup fruit mixture.

**9.** Slice roast crosswise into  
8 (3/4-inch-wide) slices, removing  
twine as roast is cut. Serve with  
sauce. Garnish with fresh thyme.



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References: <sup>1</sup> Lipid- and glucose- lowering efficacy of plantago psyllium in type 2 diabetes. Journal of Diabetes and Complications. 1998; (12): 273-278. <sup>2</sup> Effects of high performance inulin supplementation on glycemic control and antioxidant status in women with type 2 diabetes. Diabetes Metabolism Journal. 013 Apr; 37(2): 140-48 †As part of a healthy diet. \*\*\*Diets low in saturated fat and cholesterol that include 7 grams of soluble fiber per day from psyllium husk as in Konsyl may reduce the risk of heart disease by lowering cholesterol. One adult dose of Konsyl has 3 grams of this soluble fiber.

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**183**  
CALORIES  
PER SERVING

## CANDIED SWEET POTATOES

**MAKES 6 SERVINGS**

**Serving Size:** about ½ cup potatoes



### Nutrients per Serving:

Calories 183, Total Fat 10g Saturated Fat 1g, Protein 2g, Carbohydrates 21g, Cholesterol 35mg, Dietary Fiber 1g, Sodium 129mg

**Dietary Exchange:** 1½ Bread/Starch, 2 Fat

3 medium sweet potatoes (1½ to 2 pounds), peeled and sliced into rounds  
10 packets sugar substitute  
½ cup water  
¼ cup (½ stick) margarine  
1 tablespoon vanilla  
1 teaspoon nutmeg

Place potatoes in large saucepan. Sprinkle with sugar substitute. Add water, margarine, vanilla and nutmeg. Bring to a boil. Reduce heat; cook, covered, 20 to 25 minutes or until potatoes are tender and cooking liquid becomes syrupy.

**Tip:** Watch the pot so the potatoes don't burn.

## CRANBERRY-ORANGE BREAD PUDDING

**MAKES 9 SERVINGS**



### Nutrients per Serving:

Calories 67, Total Fat 1g Saturated Fat 1g, Protein 4g, Carbohydrates 11g, Cholesterol 2mg, Dietary Fiber 1g, Sodium 190mg

**Dietary Exchange:** 1 Bread/Starch

2 cups (4 slices) cubed cinnamon bread ¼ cup dried cranberries  
2 cups low-fat (1%) milk  
½ cup cholesterol-free egg substitute  
1 package (4-serving size) vanilla fat-free sugar-free pudding and pie filling mix\* 1 teaspoon grated orange peel  
1 teaspoon vanilla  
½ teaspoon ground cinnamon

1. Preheat oven to 325°F. Spray 9 (4-ounce) custard cups with nonstick cooking spray.
2. Divide bread cubes evenly among custard cups; bake 10 minutes. Sprinkle evenly with cranberries.
3. Combine remaining ingredients in medium bowl. Pour into custard cups over cranberries. Let stand 5 to 10 minutes.
4. Bake 25 to 30 minutes or until centers are almost set. Let stand 10 minutes before serving.

**Note:** \*Do not use instant pudding and pie filling mix.



**67**  
CALORIES  
PER SERVING

## CHUTNEY GLAZED CARROTS

**MAKES 4 SERVINGS**

**Serving Size:** ½ cup



### Nutrients per Serving:

Calories 88, Total Fat 5g Saturated Fat 1g, Protein 1g, Carbohydrates 11g, Cholesterol 5mg, Dietary Fiber 2g, Sodium 151mg

**Dietary Exchange:** ½ Bread/Starch, 1 Fat

2 cups chopped carrots (1½-inch pieces)  
3 tablespoons cranberry or mango chutney  
1 tablespoon Dijon mustard  
2 teaspoons butter  
2 tablespoons chopped pecans, toasted\*

**Note:** To toast pecans, spread in single layer in heavy skillet. Cook over medium heat 2 minutes or until nuts are lightly browned, stirring frequently.

1. Place carrots in medium saucepan; cover with water. Bring to a boil over high heat. Reduce heat to medium-low; simmer 6 to 8 minutes or until carrots are tender.
2. Drain carrots; return to saucepan. Add chutney, mustard and butter; cook and stir over medium heat 2 minutes or until carrots are glazed. Top with pecans just before serving.



**88**  
CALORIES  
PER SERVING



## PINK PEPPERMINT MERINGUES

**MAKES ABOUT 6 DOZEN MERINGUES**

**Serving Size: 1 meringue**



### Nutrients per Serving:

Calories 6, Total Fat 1g  
Saturated Fat 0g, Protein  
1g, Carbohydrates 2g,  
Cholesterol 0mg, Dietary  
Fiber 0g, Sodium 3mg

### Dietary Exchange: Free

3 egg whites  
1/8 teaspoon peppermint  
extract  
5 drops red food coloring  
1/2 cup superfine sugar\*  
6 sugar-free peppermint  
candies, finely crushed

**Note:** \*Or use 1/2 cup  
granulated sugar processed in  
food processor 1 minute until  
very fine.

**1.** Preheat oven to 200°F.  
Line cookie sheets with parch-  
ment paper.

**2.** Beat egg whites in medium  
bowl with electric mixer at me-  
dium-high speed 45 seconds or  
until foamy. Beat in peppermint  
extract and food coloring. Add  
sugar, 1 tablespoon at a time,  
while mixer is running. Beat  
until egg whites are stiff and  
glossy.

**3.** Drop meringue by tea-  
spoonfuls into 1-inch mounds  
on prepared cookie sheets;  
sprinkle evenly with crushed  
candies.

**4.** Bake 2 hours or until  
meringues are dry when tapped.  
Transfer parchment paper with  
meringues to wire racks to cool  
completely.



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## Seated Leg Extensions and Wall Squats

By Laurel Dierking, M.Ed., NFPT, 200-YTT

**S**itting for hours on end in front of your computer can lead to poor posture, lower energy levels, varicose veins, poor blood circulation, weakened muscles and swelling in the lower extremities. Thankfully, there are some discreet ways to increase blood flow, raise energy and build muscle, all while at your desk or in your office.

Whether or not you are an avid exerciser, it can take a while to reverse the adverse effects of sitting for extended periods of time. It is important to take standing breaks periodically throughout the work day. Walking around the room, taking the stairs, walking down the hall and back can work wonders not only for your blood flow and energy levels, but also for your sharpness, efficiency and productivity.

It's also easy to lose muscle mass as a result of a sedentary lifestyle. Incorporating strength movements into your daily routine at work can help you maintain, or even build, lean muscles. Lean muscle mass does more for your body than just create a nice shapely figure. Muscle mass has a direct influence on the speed of our metabolism, as well as our energy levels. A body with a larger amount of lean muscle mass takes more calories to sustain than a body with a larger amount of fat mass. Because lean muscle requires more "energy" to sustain it, your metabolism must work harder and faster to do so.

Seated leg extensions at your desk and standing wall squats are great ways to strengthen your legs, improve your circulation and create energy in the body, all while discreetly sitting behind your desk or standing against your office wall. ■

**Laurel Dierking** MEd, NFPT, 200-YTT is a health and fitness professional and yoga instructor at JKFITNESS in San Antonio, Texas. She is passionate about cultivating awareness of body, mind and spirit through holistic health practices as she strives to guide individuals on a path to self-awareness, long-term functional fitness and weight-loss management.



Seated leg extensions: Simply adjust your posture to be upright and long. Tighten your abdominal muscles and keep them tight throughout the exercise. Keep your left foot firmly pressed on the floor and flex the toes of the right foot upwards.



Take the right heel and press it outward, away from your body, until your leg is fully extended forward. Flex and tighten your right thigh (quadricep) and hold for an inhale and an exhale. Mindfully bring the leg back down to the floor, just briefly. Repeat for 15 repetitions on the right leg, then switch for 15 repetitions on the left leg. To increase the workload of this exercise, when your leg is extended forward, continue to lift the leg until the back of your thigh (hamstring) comes off the chair.



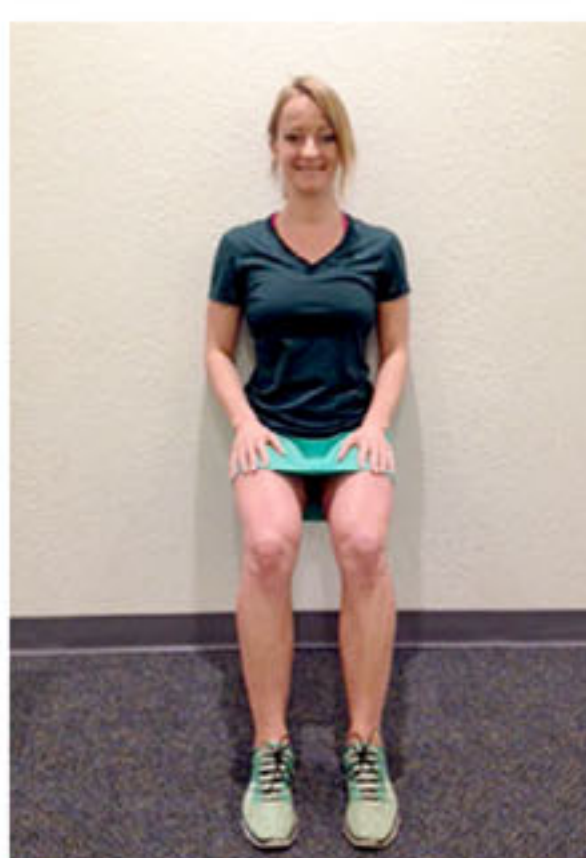
Standing wall squat: Because sitting for extended periods of time also can shorten the hip flexor muscles, causing tightness of the quadriceps and leading to knee and lower back pain, a progression for the seated leg exercise is a standing wall squat.



With your back against a wall and your feet spread slightly wider than hip width in front of you, slide your back down the wall until your thighs are parallel with the floor, or as low as possible for you. Check that your knees are not extending past your toes when you squat, as this can cause tension and unnecessary strain on the joints.



Keep your upper back pressed against the wall. You can hold this position for 30 seconds, or you can slide down the wall into your squat and press yourself back up the wall until your legs are straight for 10-15 repetitions. Keeping your back against the wall creates friction and tension, leading to strengthening the lower extremities. Repeat either (or both) movements three times.



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# GETTING TO KNOW YOU

## RaeLynn

From finishing third on *The Voice* in 2012 to seeing her second single “God Made Girls” go gold in 2014, garnering two CMT Music Award nominations, touring with Miranda Lambert and Rascal Flatts and releasing her new single “Love Triangle” in July, country singer RaeLynn moves at a hectic pace. But despite her busy lifestyle, RaeLynn, 22, takes time to manage her Type 1 diabetes, which she has done since her diagnosis at age 12, the same age at which she discovered her love of country music.

This past summer, she joined Novo Nordisk’s Patient Ambassador Education Program, taking part in community and educational events around the country on behalf of Novo Nordisk.

Having just wrapped up a two-month U.S. tour with her *Voice* coach and mentor Blake Shelton, RaeLynn spoke to *Diabetes Self-Management* about her passion for both country music and helping others with diabetes.

**DSM:** You were diagnosed at age 12, the same year you discovered a love for country music. Coincidence, or are they somehow intertwined?

**R:** I grew up with music always a part of my life. Everyone in my family can sing. When I was diagnosed at 12, for sure it was kind of a scary thing. When you are told you have to take a shot every day, you think the world has ended. But I was taught that it was totally manageable, that I could handle it and still live out my dreams.

My parents wanted me to be able to take care of myself. I went to nutrition classes—the biggest adjustment was going from eating sugar to eating sugar free.

If there ever is a right time, now is the time to have diabetes. There are so many recipes, ways to manage it, apps to track food, etc., it’s absolutely incredible.

**DSM:** How did your diagnosis change—or not change—your lifestyle?

**R:** For sure it changed my perspective. At 12, I was seeking approval from my friends. I was nervous. I always felt my diabetes was a bother to people. If we went to the movies and I was feeling low, I was nervous to tell my friends I needed to grab a candy bar.

When dating, I was always nervous about taking shots in front of a date—I didn’t want them to think I wasn’t cute.

**DSM:** Currently, how do you manage your diabetes?

**R:** I use the NovoLog® FlexPen®, take long-acting and fast-acting insulin in the morning and NovoLog® during the day. You have to work with your doctor to find whatever works for you; every patient has her/his own way of managing diabetes.

**DSM:** How do you manage your diabetes while on tour and when performing on stage?

**R:** When I’m performing, I generally get up 5:45 a.m., check my sugar and make sure everything is OK, and take my long-acting insulin, even if it’s too early to be hungry. I work out for at least 30 minutes; it makes me feel good. On the road, I check my sugar more often. Before I go on stage,





I always check it. And I always have OJ and water on stage if I need it. I've never had a problem performing. When I come off stage, I always check my sugar again.

I've known Blake [Shelton] for years, he's like family to me. If anybody makes sure I check my sugar, it's Blake.

**DSM: Tell me about the launch of The Raelynn Diabetes Foundation.**

**R:** We are planning a big launch. The main reason I wanted to start this foundation is that while I was fortunate enough to be able to pay for medical care, take classes and learn about diabetes, some kids don't have those advantages and opportunities. I want to be able to bless a child by paying for a pump or insulin or covering doctor bills. I want to be able to have an impact on kids, or grownups, with diabetes—to offer help to anyone who needs it. I can't wait to see this take off.

**DSM: Let's talk a bit about your advocacy work with Novo Nordisk. What motivated you to get involved as a patient ambassador?**

**R:** Novo Nordisk was looking for somebody in my field, young and on the road, with a different lifestyle than the other ambassadors. We clicked instantly—I love everyone at the company; they are amaz-

ing people doing incredible things. To be able to talk about my experience is just second nature for me—it's something I'm passionate about. I'm thankful they reached out to me and that I can stand up and be a voice for Type 1 diabetes.

**DSM: Novo Nordisk and JDRF have a new six-book series designed to guide children and their caregivers through the different ages and stages of life with Type 1 (see box). You helped launch the series in July at the Children with Diabetes Friends for Life conference in Orlando. How was that experience?**

**R:** I signed autographs at the Novo Nordisk booth and gave out these books. The reason I love these books is that each is geared to a different age group—written in a playful manner for young children, talking about taking shots in front of friends for elementary school ages, dealing with dating for teens. I think these books are genius.

This whole conference is absolutely



incredible. People come from all over the world. I didn't know about this conference as a kid; if I had, I definitely would have come. When you meet someone with Type 1 diabetes, you immediately have so much in common, and you become friends for life. Connecting with other kids with Type 1 diabetes is so special.

**DSM: What's next for you?**

**R:** I released my single "Love Triangle" in July, which I wrote at 18. It's about something I went through as a child of divorce. So I'll be going to a lot of radio stations this year, focusing on that.

As a patient ambassador for Novo Nordisk, it's my goal to connect children, teens and young adults who have Type 1 diabetes with the resources they need to get through these important years. I want to show them that you can still achieve big things with diabetes. Diabetes shouldn't hinder them from following their dreams. I am living proof. □

—Cheryl A. Rosenfeld

## My Life, My Diabetes, My Way

Novo Nordisk and JDRF have launched a book series designed to guide children and their caregivers through the different ages and stages of life with Type 1 diabetes. The six-part series, titled *My Life, My Diabetes, My Way*, includes booklets for small children (ages 2-6), tweens (ages 7-11), teens (ages 12-16) and young adults (ages 17-24), as well as a book for caregivers and a general diabetes informational book. The series is available to download for free at [t1support.cornerstones4care.com](http://t1support.cornerstones4care.com), and hard copies are available

in both pediatric and adult endocrinologist offices throughout the U.S.

In July, Raelynn joined Novo Nordisk and JDRF to launch the books at the Children with Diabetes Friends for Life conference in Orlando, distributing books to conference attendees. "Growing up is tough," said Raelynn, "but a Type 1 diabetes diagnosis can make things even harder. Young people learning to manage their disease often feel overwhelmed and sometimes discouraged from dreaming big."





# PRODUCT SPOTLIGHT

## Hanky Pancreas

**F**inding the perfect—and useful—gifts for loved ones living with diabetes during the holidays can be tough. You want to be sensitive to their condition but also let them know they have your complete support.

Jessica Floeh, a designer and person living with Type 1 diabetes, came up with the perfect solution when she founded Hanky Pancreas—a line of fashion products for wearable diabetes technologies. Her merchandise currently includes versatile scarves (\$42) and decorative accents (\$23) to help hide insulin pumps and monitors.

The idea for the products came after Floeh was diagnosed with Type 1 diabetes as a child, she said.

“I’ve always had a creative drive—and my first memories are from the hospital during my diagnosis with Type 1 diabetes. Very early in my life I knew I wanted to work with people living with or affected by diabetes—but I wasn’t exactly sure how to.”

Floeh created the first prototypes in 2009 after researching with a group of women living with Type 1 diabetes. She realized many women have a harder time “wearing” tubed insulin pumps, particularly with dresses. Since pockets are not necessarily in all women’s clothing, many women store their insulin pumps in their bras. This can be uncomfortable physically, as well as socially, in terms of accessing the devices in public.

“Transforming a medical device into a fashion accessory is a powerful thing,” she said. “I’ve had my

heart warmed by testimonies from various Hanky Pancreas wearers letting me know what a difference it has made in their lives—and how there is nothing else like it.”

Floeh plans to continue and evolve the product line as the technology used to manage diabetes evolves. Her goal is to continue to use these products as a vehicle to drive the conversation about redesigning medical devices and to create more positive dialogue surrounding the topic.

“People like the ability to be discrete or conversational about their diabetes, and my products help with both,” said Floeh. “I like thinking about conversations wearers may have. Perhaps they start with a stranger saying, ‘Hey, I like your scarf!’ and the wearer may end with a simple ‘Thanks!’ Or maybe she says, ‘Thanks! It actually holds my insulin pump!’ I think having both options is super cool and positive, and important.”

Currently, Hanky Pancreas products are available only by order online. Visit [www.hankypancreas.com](http://www.hankypancreas.com). ■

—Julia Aparicio



**TOP:** The Hanky Wrap, a versatile wrap with a special sewn-in pocket to hold an insulin pump, worn here as a scarf (\$42). **MIDDLE:** The Hanky Wrap, worn here as a waist wrap (\$42). **RIGHT:** The Hoop ‘n’ Bolus, a simple band that wraps around your device to transform it into a floral accessory (\$23).