

NEWSLETTER



Monthly Diabetes Educator

A forum for diabetes educators, dietitians and other health care professionals with interest in diabetes.

Aims:

To provide, facilitate and promote education for prevention and management of diabetes and its complications.

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Lahore

The World Diabetes Month – A period of awareness activities

November is the Diabetes Awareness Month! World Diabetes Day is celebrated globally to raise awareness on both Type 1 and Type 2 diabetes. The theme for World Diabetes Day and World Diabetes Month 2018 and 2019 is "The Family and Diabetes". The primary aim of the campaign is to raise awareness of the impact that diabetes has on the family. It also promotes the role of the family in the management, care and prevention of diabetes.

The diabetes awareness month is a great opportunity to educate the people about a condition that affects tens of millions of people, including those who may not realize that they are at risk or have already developed diabetes.

BIDE has always been on the forefront to make efforts for increasing awareness on diabetes. NADEP has also been contributing tremendously in the awareness campaign. The two organizations jointly organized a number of awareness activities during the world diabetes month.

An awareness session was conducted at Rangers Training Center in Karachi. The "30 days and 30 messages" was very successful social media campaign on Facebook in which 30 health care professionals conveyed 30 messages on care and management of diabetes. Karachi center organized a number of activities on healthy living with

diabetes at various places including the Pharmevo head office, SSGC head office and Hotel Ramada.

A public awareness program was conducted on diabetes at the Essa Laboratory, Karachi.

Moreover, many awareness activities were also conducted in other cities. The Islamabad office organized public awareness programs at Army Medical College and Educator's School, Islamabad and a diabetes awareness walk at Pakistan Institute of Medical Sciences, Islamabad.

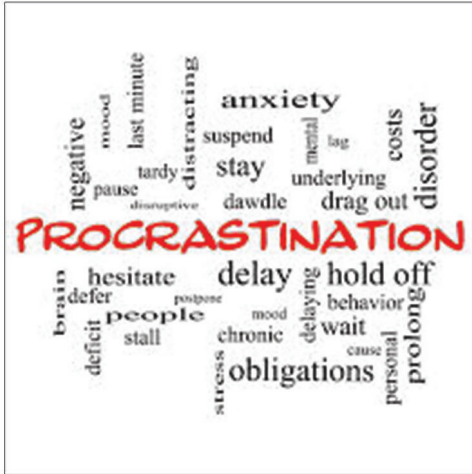
Peshawar office arranged a public awareness cum social program and awareness walk for children with type 1 diabetes at Lady Reading Hospital, Peshawar. A free diabetes screening camp was arranged at Farooq Hospital, Lahore.



Peshawar

6 Reasons You're Procrastinating on Your Health Goals – and How to Stop

Anna Medaris Miller | Staff Writer - US News



Delaying change is human; beating it takes science-backed strategies, not willpower.

"I'll stop procrastinating ... later."

For three years, Patrick Wallace thought about taking a break from booze. But for three years, the happy hour invitations kept coming; the laughs at his jokes at the bar kept him going; and the comfort of the work-drink-work routine kept him from considering his idea seriously. Then, three months ago, he finally committed to it. "It's surprisingly been an exceptional experience for me," says Wallace, a 41-year-old public relations professional in Austin, Texas, who's lost 20 pounds and taken up long-distance swimming. Inspired to finally make a healthy change you've been putting off? Here's what psychologists say might be holding you back – and how to change:

1. You're on your own.

For Wallace, the difference between three years of thinking about a healthy change and the past three months of actually making that change was a conversation with his husband, who committed to quit drinking indefinitely with him. "It's been immeasurably helpful to have someone on your side," says Wallace, whose colleagues are also supportive and buy him sparkling waters at happy hour. Indeed, experts say, social support is a key factor in successful behavior change. Don't have a spouse or pal with the same goal? Look to the internet: Research shows that even joining an anonymous network online encourages people to stick to a fitness routine more than receiving motivational messages.

2. You're in denial.

You know smoking kills, but maybe if you quit by age 40, you'll be OK. You know your weight raises your risk for heart disease, but your overweight dad is still alive. You know your soda habit isn't good, but there are worse vices. You know you should make a change, but you just don't. To beat your passivity, talk to someone trained in motivational interviewing, a technique that can bring to light without judgment what you need to make a change, suggests Jodi Prochaska, associate professor of medicine at Stanford University. "If you're hearing, 'Here's someone who cares, who can help me explore it,' [you] can own it," she says.



3. You live in the moment.

Would you rather eat that cookie now or hypothetically avoid diabetes later? Would you rather watch TV now or theoretically be fitter in a decade? If you're human, you want immediate gratification. "You sit and talk to people about what they love about life, and it's not lower cholesterol levels," says Jonathan Ross, the American Council on Exercise's senior consultant for personal training. Fortunately, healthy actions can make you feel good now (hello runner's high!) – but the key is tuning into how. Ask yourself: "What would it take for me to feel better tomorrow than I do today?" Ross suggests. "If I feel better tomorrow, then I'm probably going to continue."



4. It's a habit.

For kids, the last school bell signals it's time to catch the bus or change for soccer practice. For Wallace, the last email of the day used to mean it was time to blow off steam with colleagues over cocktails. "Now a soda water with lime does the trick – and with a lot less calories and cash," he says.

Wallace's strategy illustrates what experts recommend: "Identify one habit that would be considered 'bad' and ask, 'How do I develop a new one?'" says Ross, who's also an ACE-certified behavior change specialist based in Maryland. For example, try frozen fruit instead of ice cream or a walk instead of social media scrolling after dinner.

5. You don't actually want to make the change.

If you equate getting healthy with savoring less chocolate and cramming down more broccoli, of course you're procrastinating. But if you equate it with being able to run around with your kids or being more productive at work, you may get moving. "The key is to figure out how we can take an action that we want people to do more of and turn it into things that are connected to what they care about," Ross says. One of his clients, for instance, put a picture of his family on his exercise machine to connect to his goal: He wanted to ride roller coasters with his son; a previous summer, he was too heavy.

6. You don't think you can do it.

Maybe you've tried to quit smoking before and failed, or you're afraid your intention of cooking on weekdays won't jibe with your erratic work schedule. In psychological terms, you're low on self-efficacy, or the belief that you can accomplish a specific task, Prochaska explains. The solution? Choose a task you know you can accomplish (say, delaying the next cigarette by just 10 minutes or cooking just once a week), and build from there. All the while, coach yourself with kindness, not criticism, says Piers Steel, an industrial-organizational psychologist at the University of Calgary who studies procrastination. "Love yourself, love your future self, forgive yourself," he says. "Recognize that you're wonderfully imperfect."

Metabolic syndrome more likely in teens who snack while watching TV

Phil Neuffer

NEW ORLEANS — Adolescents who spend more time in front of screens are at higher odds of developing metabolic syndrome than those who spend less time engaged in such activities, and this association is enhanced substantially when combined with snacking, according to findings presented at the Endocrine Society Annual Meeting.

"These [screen] habits are frequently associated with other harmful habits, such as distracted eating, drinking soda, eating junk food or eating excessively. These

habits we know are associated with obesity,” Beatriz Schaan, PhD, of the Universidade Federal do Rio Grande do Sul in Porto Alegre, Brazil, said during a press conference. “Eating unhealthy snacks in front of screens is a habit that is probably harmful, but the relationship between this and obesity is well-known, but not with metabolic syndrome.”

Using data from the Study of Cardiovascular Risks in Adolescents in Brazil, Schaan and colleagues performed logistic regression analysis to find potential associations between screen time and metabolic syndrome, with snacking also considered. A total of 33,900 adolescents aged 12 to 17 years (mean age, 14.6 years; 59.4% girls) were asked to report how often they spent time watching TV, using the computer or playing video games, broken down by daily measures of 2 hours or fewer, 3 to 5 hours and 6 hours or more. Participants also self-reported whether they snacked at any point during these activities. Snacking while watching TV was reported by 85.1% of the study population, and snacking while playing video games or using the computer was reported by 64%.

The researchers found that the odds for metabolic syndrome were higher for participants who spent 6 or more hours using a screen (OR = 1.71; 95% CI, 1.04-2.79) compared with participants who reported spending 2 hours or fewer using screens. However, the odds were particularly high for participants who reported snacking while watching TV (OR = 2.68; 95% CI, 1.68-4.11) and using the computer/playing video games (OR = 2.05; 95% CI, 1.24-3.38). Increased odds for metabolic syndrome were also seen in the group that reported screen time of 3 to 5 hours per day and snacking, both when watching TV (OR = 1.96; 95% CI, 1.37-2.8) and playing video games/using the computer (OR = 1.77; 95% CI, 1.15-2.72).

“Strategies to assess and address metabolic syndrome in the pediatric population should aim at limiting unhealthy snacks while in front of screens,” Schaan said. “We have studies in the literature with multiple interventions in schools, parents, with families considering education and other healthy habits to educate parents and children and schools, and the results are not so good. It’s possible it will not result in anything. It’s possible we have to have actions that are more widespread like laws and environment changes.”

Has Nutrition Really Changed Over the Past 40 Years?

A look back in time at the history of dietary recommendations.

Toby Amidor, Contributor US News and World Reports

IT SEEMS LIKE EVERY other week another study comes out for or against the same food. It tends to happen with foods such as milk, eggs, beef and bacon, in particular. Think back to the news reports and cover of Time magazine. Although it may feel like food and nutrition in this country is fast-paced and always changing, looking at the overall picture from the beginning of when dietary recommendations were made offers a different picture.

My philosophy: It's tough to understand where we are in the world of nutrition if we don't know where we have been. This also helps us look forward to where we want to be. If you're unfamiliar with the almost half century history of dietary recommendations, this will give you an eye-opening look into when they began and how the guidelines have evolved over time. With the 2020-25 dietary guidelines committee just announced, it will also help us understand where the newest guidelines may be headed, too.

Where Dietary Guidelines Began

In 1977, the first recommendations for diet were put forth in the McGovern report. This 131-page report included seven dietary goals:

Goal 1: To avoid being overweight, consume only as many calories as is expended; if overweight, decrease energy intake and increase energy expenditure.

Goal 2: Increase the consumption of complex carbohydrates and "naturally occurring" sugars.

Goal 3: Reduce the consumption of refined and other processed sugars to account for about 10% of energy intake.

Goal 4: Reduce overall fat consumption.

Goal 5: Reduce saturated fat to account for 10% of total energy intake.

Goal 6: Reduce cholesterol consumption.

Goal 7: Limit intake of sodium by reducing salt intake to 5 grams per day.

The report stressed increasing consumption of fruits, vegetables and whole grains, while reducing intake of refined and processed sugars, foods high in total fat and animal fat, eggs, butterfat and high cholesterol foods, as well as foods high in salt. It also

recommended choosing low-fat and nonfat milk and dairy products.

The Birth of the Dietary Guidelines for Americans

In 1980, the dietary guidelines for Americans were born. The guidelines have been released every five years since, published jointly by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. Through 2015-20, the DGAs are meant for everyone age 2 years and older; however, the 2020-25 DGAs will cover ages 0 to 2 years, too.

The dietary guidelines process is somewhat lengthy. First, a dietary guideline advisory committee consisting of nationally recognized health and nutrition experts is selected. The 2020 DGA chair is Barbara Schneeman, an emeritus professor of nutrition at the University of California, Davis, and the vice chair is Dr. Ronald Kleinman, physician-in-chief at MassGeneral Hospital for Children and the Charles Wilder Professor of Pediatrics at Harvard Medical School. Although there are typically 14 members on the committee, the 2020 DGAs have 20 members from around the country. The committee reviews the research and authors a rather lengthy committee report that's released to the public and reviewed by the government. Soon after, there is a comment period where written comments are accepted, and oral comments are heard by the HHS and USDA. And then, finally, the long-awaited dietary guidelines are released to the public.

The 2015-20 dietary guidelines were rather similar to the 1977 McGovern report recommending certain nutrients and foods to cut back on and others to increase. The five guidelines of the 2015-20 DGAs include:

1. Follow a healthy eating pattern across the lifespan.

2. Focus on variety, nutrient-dense food and the amount of food being consumed.

3. Limit calories from added sugars and saturated fats, and reduce sodium.

4. Shift to healthier food and beverage choices.

5. Support a healthy eating pattern for all.

In the latest DGAs, the consumption of fruits, vegetables and whole grains (and overall, plant-based foods) is encouraged, as is the consumption of low-fat and nonfat milk and dairy. The over-consumption of nutrients, including added sugar, sodium and saturated fat, is highlighted and recommended to be decreased in the diet. The amount of added sugar and saturated fat was recommended to be no more than 10% of total calories – the same as in the 1977 McGovern report.

WORLD DIABETES DAY ACTIVITIES IN DIFFERENT CITIES OF PAKISTAN:



Lahore



Karachi



Islamabad



Karachi



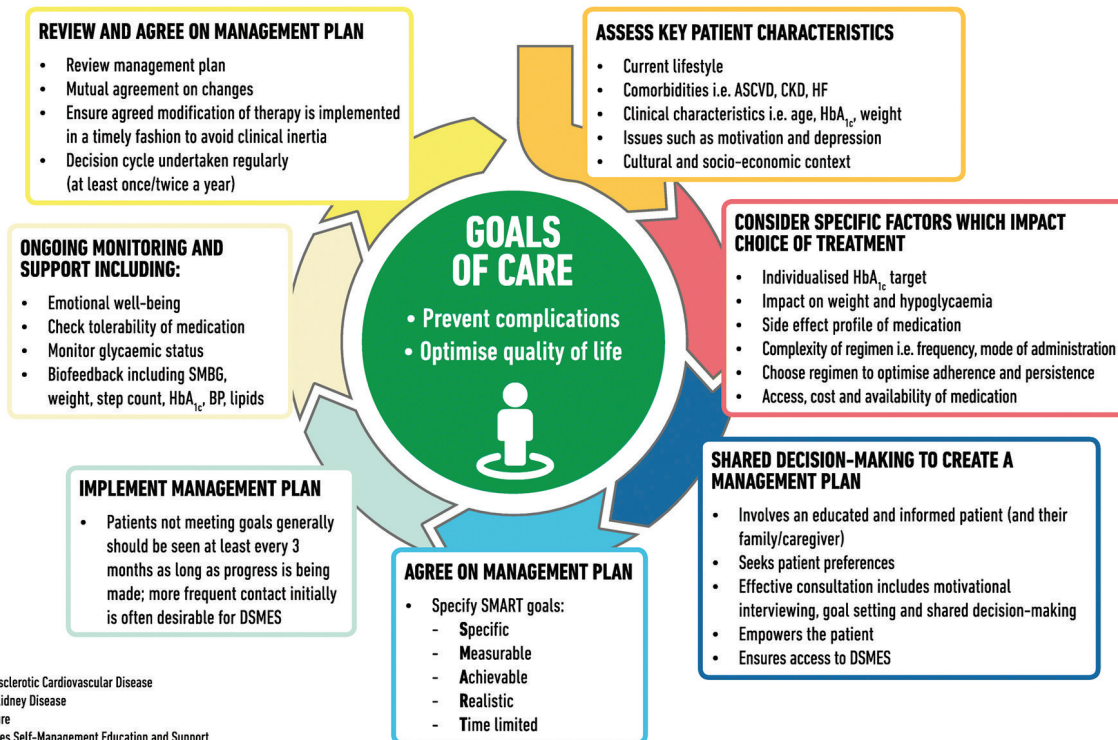
Karachi



Peshawar

Information Corner

DECISION CYCLE FOR PATIENT-CENTRED GLYCAEMIC MANAGEMENT IN TYPE 2 DIABETES



ASCVD = Atherosclerotic Cardiovascular Disease
 CKD = Chronic Kidney Disease
 HF = Heart Failure
 DSMES = Diabetes Self-Management Education and Support
 SMBG = Self-Monitored Blood Glucose

