



diabetes nz
rotorua branch

SEPTEMBER 2019

Diabetes News *Rotorua*



ROTORUA COMMUNITY DIABETES CENTRE

17 Marguerita Street, Rotorua

OPEN Mon-Fri 9:30am - 2pm

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Diabetes News Rotorua

The Official Newsletter from Diabetes NZ Rotorua Branch

Diabetes NZ Rotorua Branch

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PATRON:

Dr. Nic Crook

Diabetes NZ Rotorua Branch - *We're here for you and your whānau*

We support the interests of people and families with diabetes living in and around Rotorua. We are a Branch of Diabetes New Zealand.

Our main aims are to:

- Provide information and support
- Lobby for better diabetes care
- Increase public awareness of diabetes
- Raise funds for local, regional and national diabetes causes

Check out our website: www.diabetesnzrotorua.org.nz

E-mail us: info@diabetesnzrotorua.org.nz

Write to us at: **PO Box 12053, Rotorua 3045**

Visit us at: **Rotorua Community Diabetes Centre**, 17 Marguerita St, Fenton Park, Rotorua

Open WEEKDAYS 9:30am - 2pm; Ph 07 343 9950

Disclaimer: Articles published in this newsletter are intended to interest and inform. They are not to be interpreted as medical advice to any reader. Articles published are the opinion of the author and not necessarily that of Diabetes New Zealand or Diabetes New Zealand Rotorua Branch.

SUPERMARKET TOURS

Making good choices when buying food is an important part of planning your healthy diet.

But there are so many products on the supermarket shelves these days, it can be difficult to know where to start!

To complement our label reading workshops we have started running supermarket tours on a regular basis.

The next tours will be held on
September 6th and October 4th: Meet at 10am Countdown,
Fenton Street.

Contact Karen at the office to find out more, and/or register your interest.

Ph (07) 343 9950 or Email
karen@diabetesnzrotorua.org.nz



TREAT YOUR LOW BLOOD SUGARS QUICKLY & EFFICIENTLY

Dextro Tablets: Orange, Lemon, Tropical, or Blackcurrant flavour.
\$2 per stick



We are now selling Hypo-Fit sachets too - these come in either orange or tropical flavour. This gel is often used by the paramedics.

They are good if the person is not willing or able to chew on a glucose tablet, and a great option to have on stand-by.

Each sachet has 13.4g carbs in a rapidly absorbable form.

Available individually: \$2 each
Box of 12 Sachets: \$20

Join us for Morning Tea
Every Thursday Morning
10am - 12noon

Our core service is to provide
INFORMATION and SUPPORT

What better way to receive
this than over a cuppa?

ALL WELCOME!



WEDNESDAY WALKS

Join Hilary and Friends every Wednesday morning for a walk at a forgiving pace. Meet at 17 Marguerita St from 9.15a to leave 9.30am. Tea/Coffee at the Centre afterwards.

MAMAKU SUPPORT GROUP

Next meeting Wednesday 12th September 9.30 am - 11 am
at Progress Mamaku Community Hub,

Chair Chat

But wait it's free!

Usually when someone offers you something for nothing you look for a catch – there must be one somewhere, otherwise how can this be

However, membership of Diabetes NZ Rotorua Branch is free, it costs nothing to belong.

Membership means you will receive our newsletter, this one, absolutely free as well.

There is no catch.

You will also get an invitation to any function we organise including the Wednesday Walks and the Thursday Morning Teas and a few other items such as Supermarket tours etc.

On the other hand, we won't mind if you choose to make a donation to Branch Operations and any figure over \$5 gives you the option of claiming a 33% portion of the donation back when you submit a tax return, using our receipt.

We also accept donations of household goods, tea, coffee etc or other preparations, cleaners, dishwashing liquids etc, all the things we need to keep the branch running smoothly, and which we would otherwise have to purchase from branch funds.

Its YOUR branch, its costs nothing to belong and you get the support and education to ease the burden on yourself and family in coping with your diabetes.

Please let all your friends know that membership is free, and unrestricted.

Derek Lang
Chair
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21st Sep FUNDRAISER

Bunnings BBQ - Volunteers needed!

We are also accepting gratefully donations of tomato sauce, mustard, bread, onions, serviettes, and of course, sausages.

Cooking Workshops

Yvonne Rogers is back with us doing cooking workshops on **the last Thursday morning of each month.**

Last week she made a yummy seafood chowder (below)

Contact the office if you'd like a copy of the recipe.



This month Yvonne will be making a "Keto Curry". That's a low carb curry, as opposed to curried ketones :-)

CROSSWORD FIND

S	G	O	D	D	N	A	S	T	A	C	K	S
C	Y	N	A	P	P	L	E	I	X	O	I	A
N	E	Y	Y	D	L	R	O	W	D	S	B	D
P	L	T	H	B	A	1	C	I	E	T	E	I
R	S	F	S	T	M	K	X	R	N	X	2	A
O	R	I	U	Q	A	O	A	H	T	V	M	B
T	A	F	E	Y	W	P	P	R	S	A	G	E
E	P	O	C	S	O	R	O	H	T	F	S	T
I	U	Z	F	R	E	S	O	R	C	U	S	E
N	O	W	T	D	E	M	X	D	U	P	W	S
V	T	S	T	E	V	I	A	P	P	E	L	U
E	A	N	I	M	R	O	F	T	E	M	N	Q
G	A	S	T	R	O	O	H	N	O	L	O	L

A common complication of diabetes (11)

It's raining like (4,3,4)

November 14th (5,8,3)

A measure of your blood glucose control over many weeks (4)

Guidance from astrology? (9)

First line of treatment for people diagnosed with Type 2 Diabetes (9)

Delayed stomach emptying (13)

They say you need to eat two of these to keep the doctor away (5)

Another word for glucose (8)

A natural sweetener (6)

How many weeks in a year (5,3)

You should have lots of this for breakfast! (7)

Table Sugar (7)

Two kinds of Herbs (7 and 4)

Feature Article

TUMMY TROUBLES?

If you have had diabetes for a while, you may have noticed that your digestive system isn't working quite like it used to. The connection isn't obvious, but diabetes can damage the nervous system in ways that show up in the form of stomach or bowel problems. It's sometimes referred to as diabetic gastroparesis.

Gastroparesis?

In gastroparesis, also called **delayed gastric emptying**, the stomach takes too long to empty its contents. Here's how it works...

The autonomic nervous system—the part of the nervous system that “automatically” regulates our internal organs while we go about our lives—controls the movement of food through the digestive tract. Normally, the vagus nerve, which controls the muscles of the stomach, tells the muscles to contract after a meal or snack to break up food and move it along to the small intestine. But if the vagus nerve is damaged, the muscles of the stomach don't work normally, and the movement of food slows down, sometimes even grinding to a halt.

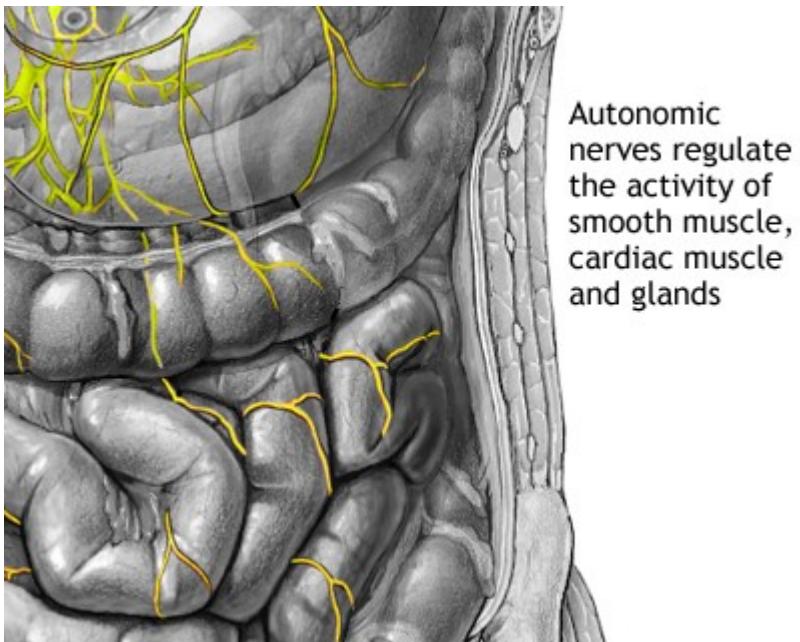
Diabetes is the most common known cause of gastroparesis. Type 1 and type 2 diabetes can damage the vagus nerve if blood glucose levels stay high for too long. How? High blood glucose causes chemical changes in nerves and damages the blood vessels that bring them much-needed oxygen and nutrients. While there's no cure for gastroparesis, treatment can help manage the condition.

What Are The Signs Of Gastroparesis?

Signs and symptoms may be mild or severe and can include:

- heartburn
- nausea
- vomiting of undigested food
- an early feeling of fullness when eating
- weight loss
- abdominal bloating
- erratic blood glucose levels
- lack of appetite
- acid reflux
- spasms of the stomach wall
- erratic bowel movements

Symptoms might be worse after eating greasy or rich foods or large quantities of high-fiber foods (such as raw fruits and veg) or drinking carbonated drinks or high-fat beverages. In some people, symptoms occur frequently; in others, they happen only occasionally. They may also vary in intensity over time.



Autonomic nerves regulate the activity of smooth muscle, cardiac muscle and glands

Complications Of Gastroparesis

Food in the stomach can harden and cause nausea, vomiting, and obstruction.

Gastroparesis can also cause malnutrition due to poor absorption of nutrients. Persistent vomiting due to extreme gastroparesis can cause severe dehydration. When gastroparesis leads to severe nausea, vomiting, and dehydration, IV fluids may be needed.

The condition can make diabetes worse by making it harder to control blood glucose levels. What happens is this: When food that has been delayed in the stomach finally enters the small intestine and is absorbed, blood glucose rises. Since stomach emptying is unpredictable, the rise in blood glucose is, too.

How Is Gastroparesis Diagnosed?

A doctor may use one or more of the following tests to confirm a diagnosis of gastroparesis:

- **Upper endoscopy.** After giving you a sedative, the doctor passes a long, thin tube called an endoscope through the mouth and guides it down the esophagus into the stomach. Through the endoscope, the doctor can look at the lining of the stomach to check for any abnormalities.
- **Upper GI series.** After fasting for 8 hours, you will drink a chalky liquid called barium, which coats the inside of the stomach, making signs of gastroparesis show up more clearly on x rays. Gastroparesis is likely if the x ray shows food in the stomach after fasting. NOTE: If you have diabetes, your doctor should give you special instructions about fasting.
- **Ultrasound.** To rule out gallbladder disease or pancreatitis as a source of the problem, you may have an ultrasound test, which uses a device to bounce sound waves off the gallbladder and pancreas in order to create an image of them. (Same as used to create an image of an unborn baby during pregnancy)
- **Gastric emptying scintigraphy.** This test, performed in a radiology center or hospital, involves eating a bland meal (such as eggs or an egg substitute) that contains a small, harmless amount of radioactive material. An external camera scans the abdomen to show where the radioactive material is located. The radiologist can then measure the rate of gastric emptying at one, two, three and four hours after the meal. If more than ten percent of the meal is still in the stomach at four hours, gastroparesis is confirmed. In this test, available at specialized outpatient centers, you swallow a small electronic device in capsule form. As it moves through the digestive tract, it sends information to a cell-phone-sized receiver worn around your waist or neck. The information provides a detailed record of how quickly food travels through each part of the digestive tract.
- **Gastric emptying breath test.** This test is yet another way for a health care provider to see how fast the stomach empties. You eat a meal that includes Spirulina (a nutritional supplement) enriched with a type of carbon that can be measured in the breath. Breath samples are taken over a period of several hours to measure the amount of carbon-13 in the breath.

Next month we'll look at the various treatment options for Diabetic Gastroparesis

What to eat for Breakfast?



While some cereals may be the breakfast of champions, a UBC professor suggests people with Type 2 Diabetes (T2D) should be reaching for something else.

Associate Professor Jonathan Little, who teaches in UBC Okanagan's School of Health and Exercise Sciences, published a study recently demonstrating that a high-fat, low-carb breakfast (LCBF) can help those with T2D control blood sugar levels throughout the day.

"The large blood sugar spike that follows breakfast is due to the combination of pronounced insulin resistance in the morning in people with T2D and because typical Western breakfast foods -- cereal, oatmeal, toast and fruit -- are high in carbohydrates," says Little.

Breakfast, he says, is consistently the "problem" meal that leads to the largest blood sugar spikes for people with T2D. His research shows that by eating a low-carb and high-fat meal first thing in the morning is a simple way to prevent this large spike, improve glycemic control throughout the day, and perhaps also reduce other diabetes complications.

Study participants, with well-controlled T2D, completed two experimental feeding days. On one day, they ate an omelette for breakfast and on another day, they ate oatmeal and some fruit. An identical lunch and dinner were provided on both days. A continuous glucose monitor -- a small device that attaches to your abdomen and measures glucose every five minutes -- was used to measure blood sugar spikes across the entire day. Participants also reported ratings of hunger, fullness and a desire to eat something sweet or savoury.

Little's study determined that consuming a very low-carbohydrate high-fat breakfast completely prevented the blood sugar spike after breakfast and this had enough of an effect to lower overall glucose exposure and improve the stability of glucose readings for the next 24 hours.

"We expected that limiting carbohydrates to less than 10 per cent at breakfast would help prevent the spike after this meal," he says. "But we were a bit surprised that this had enough of an effect and that the overall glucose control and stability were improved. We know that large swings in blood sugar are damaging to our blood vessels, eyes, and kidneys.

The inclusion of a very low-carbohydrate high-fat breakfast meal in T2D patients may be a practical and easy way to target the large morning glucose spike and reduce associated complications."

He does note that there was no difference in blood sugar levels in both groups later in the day, suggesting that the effect for reducing overall post-meal glucose spikes can be attributed to the breakfast responses with no evidence that a low-carb breakfast worsened glucose responses to lunch or dinner.

"The results of our study suggest potential benefits of altering macronutrient distribution throughout the day so that carbohydrates are restricted at breakfast with a balanced lunch and dinner rather than consuming an even distribution and moderate amount of carbohydrates throughout the day."

As another interesting aspect of the research, participants noted that pre-meal hunger and their cravings for sweet foods later in the day tended to be lower if they ate the low-carb breakfast. Little suggests this change in diet maybe a healthy step for anybody, even those who are not living with diabetes.



Little's study was published earlier this year in the *American Journal of Clinical Nutrition*.

METFORMIN

Why is metformin usually the first line of treatment in people diagnosed with Type 2 diabetes?

Across the world Metformin is the most popular drug prescribed to people with Type 2 diabetes, and it's widely considered to be the best drug to give people when they are first diagnosed.

Metformin reduces insulin resistance, and reduces the amount of glucose that the liver dumps into the bloodstream.

Interestingly, if you get bogged down in the medical literature it still seems to be debated exactly **how** metformin works. But I think the '**why it should be prescribed**' has now been sussed, as far as blood glucose levels are concerned anyway.

The first reason is that it has good efficacy. This means it works effectively to produce the desired effect.

The second reason I can see is that it is not a hugely expensive drug.

(The price that individuals may pay when it comes to digestive troubles is something that we'll come to!)

The third thing in its favour is that it doesn't promote weight gain.

Another commonly cited pro for metformin is that it supposedly doesn't cause hypoglycaemia. Which may be technically true, but personally I don't think it's fair to say that people who are taking metformin only do not experience hypoglycaemia. However the hypoglycaemia that may be encountered is probably mild, compared to those who experience it who are taking other tablets and/or insulin.

Numerous other benefits have also been described, especially in relation to our cardiovascular health - that relates to our heart and circulation - which is often adversely affected by having diabetes.

And then there are many conflicting reports associating metformin with varying degrees of cancer risk, and more recently, with how our brains work as we get older.....

How to take Metformin

- * Always take metformin with food – during a meal or just after a snack.
- * Take metformin at the same times each day.
- * Do not skip meals while taking metformin.
- * Limit or avoid alcohol while taking metformin. It affects the control of your blood glucose and increases your chance of side effects.
- * If you forget to take your dose, take it (with food) as soon as you remember. But, if it is nearly time for your next dose, just take the next dose at the right time. Do not take double the dose.
- * If your tablets look different to your last supply, check with your doctor or pharmacist for advice.

Side Effects of Metformin

Gastrointestinal side effects of metformin are common (especially diarrhea), and especially when the tablet is first started.

General advice is to start on a very low dose and increase it gradually while your body gets used to it.

Other special warnings that come with metformin include a rare risk of Lactic acidosis which is a medical emergency requiring immediate hospital treatment.

People with kidney or liver problems are at an increased risk of this.

If you are taking metformin then be sure that your kidney and liver functions are being tested regularly!

Metformin is not a wonder drug for everyone. **If you have any concerns about taking metformin then talk to your doctor or nurse** - their job is to help you find the right treatment for YOU.

FreeStyle Libre Flash Glucose Monitoring System

is now available in New Zealand.



YOU CAN DO IT WITHOUT LANCETS[†]



For more information freephone 0800 106 100
or order online at www.freestylelibre.co.nz

[†]Scanning the sensor to obtain glucose values does not require lancets. The FreeStyle Libre Flash Glucose Monitoring System Sensor is only intended to be used by patients (aged 18 years and older) with insulin dependent diabetes mellitus. Health care professionals and consumers should be aware about the limitations of available scientific evidence for use of this device in any other groups of patients who require diabetes management.

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**FREE Support
Membership**

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(and a bit of a no-brainer really)

More members means that we have greater power to lobby the Ministry of Health and PHARMAC for better health care services and medicines for people with diabetes.

Opt in to receive our monthly newsletter by post or by email and stay up-to-date with the latest news and information for people with diabetes or pre-diabetes.

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