Neuropathy is a “family” of disorders involving the nerves in our body. We have nerves everywhere. What those nerves do and where they are located, determines the kind of neuropathy that might develop. The four most common types of neuropathy are:

1. Peripheral neuropathy – usually numbness and/or pain in the hands, fingers, feet, toes and legs.
2. Proximal neuropathy – pain in the thighs, hips, and buttocks which can lead to weakness.
3. Focal neuropathy – sudden weakness and/or pain in one nerve or part of the body.
4. Autonomic neuropathy – affects the nerves that work in our body involuntarily, like the nerves in our stomach, sexual organs, colon or bowels, and heart.

Last issue, we looked at peripheral neuropathy – one of the most painful of the neuropathies and very common. This issue, we will look at the autonomic neuropathies, then try to go over the others in future issues.

Autonomic neuropathy affects the nerves in the center of the body – these nerves control the heart, blood pressure, digestion, breathing, blood sugar control, urination sexual response and vision. These nerves work “automatically” so we often don’t realize that some of the symptoms we have may be related to neuropathy at all. Remember, the symptoms of autonomic neuropathy may be very different, depending on the part of the body that is affected. Let’s look at the various areas that might be affected, why it may occur and what we can do about it. With all of the neuropathies, getting your blood sugars under control is the most important thing you can do.

Low Blood Sugar Unawareness:

- Be sure that people you are close to: spouse, family and work friends, know you have diabetes and can’t always tell when you are low. Tell them signs and symptoms to look for—slowed speech, lack of attention, unstable movements or what ever your symptoms are.
- Test your blood sugar before activity, driving or operating machinery, bedtime, and any other time you feel you may be at risk.
- Talk to your health care provider about new tools that may be available to help you.

Heart and Blood Vessels:

- These are both part of the cardiovascular system; they both control blood throughout the body. When the nerves in the heart system are damaged, you may have problems controlling your heart rate (beat) and your blood pressure level.
- Ask your health care provider if they can do your blood pressure sitting, then standing, to see if your blood pressure drops. If so, take care when going from sitting to standing or making quick movements of the head due to dizziness or fainting.
- Take care with strenuous activity, as your heart rate may not rise and fall with the activity, making you at higher risk of injuries.
**Diabetes Complications Cont.**

- Sleeping with the head of the bed elevated may help, as well as wearing support stocking.
- Some medication may help, as well as adding salt to the diet – make sure to consult with your medical professional before changing your diet or medication.

**Stomach and Bowels – the digestive system:**

The most common symptom of nerve damage to the digestive system is constipation. However, if there is nerve damage to the colon, it may also cause severe diarrhea, especially at night. When the stomach nerves are involved, you may have problems with nausea, bloating, vomiting and loss of appetite, which is caused from your foods not moving through the stomach fast enough. This is called gastroparesis or “paralysis of the stomach.” Nerve damage to the esophagus may make swallowing difficult. All of these problems can lead to poor nutrition, weight loss and difficult to control blood sugars because of the way the food is digested.

**What can you do?**

- There are several medications that may help with diarrhea or other bowel problems – antibiotics, and several others. Ask your medical professional.
- To help with mild gastroparesis – symptoms like indigestion, bloating, nausea or vomiting, try eating small, frequent meals, avoiding fats and fiber. If more severe, there are several medications used – erythromycin and metoclopramide, that may help food move through the stomach faster.

**Urinary and Sexual Problems:**

The nerves that control urination can affect the way our bladder empties. This may cause urine to stay in the bladder too long and cause an infection or UTI. This may also have a more difficult time controlling your urine, either leaking or not being able to tell when the bladder is full.

Sexual problems may occur in men and women with diabetes. In men, they may be unable to have an erection. Women may have trouble with dryness or lubrication, arousal and orgasm. These problems are likely to happen gradually and usually do not affect the person’s desire to have sex.

**What can I do?**

- Urinary tract infections need your medical providers’ attention – probably an antibiotic, lots of fluids, etc.
- For difficulty in controlling your urine, you may need to try to go to the bathroom regularly, on a schedule, so as to make sure your bladder doesn’t get too full.
- For male sexual problems, you should talk to your doctor. There are medications that may treat the problem, as well as mechanical devises that can help with erection and blood flow to the penis.
- For women with sexual problems, some lubricants may work when vaginal dryness is the problem. For more severe problems, like arousal and orgasm, you may need to talk to a specialist, a gynecologist.

**Sweat Glands:**

The nervous system controls our body temperature. When these nerves are affected, the body cannot regulate the body temperature and extreme sweating may occur at night or when eating.

**What can I do?**

- When extreme sweating is a problem, try to avoid foods that may make sweating worse – hot beverages, soups, alcohol, etc.
- Plan ahead – have extra night clothes or a change of clothing available when you know sweating may be a problem.

**New research is being done all the time – continue to read and hope for future help and cures.**

---

**Peach Crumble**

**Number of Servings:** 8

**Ingredients**

<table>
<thead>
<tr>
<th>Name</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripe Peaches (peeled, pitted and sliced)</td>
<td>8</td>
</tr>
<tr>
<td>Juice from Lemon</td>
<td>1</td>
</tr>
<tr>
<td>Cinnamon, ground</td>
<td>1/3 tsp</td>
</tr>
<tr>
<td>Nutmeg, ground</td>
<td>1/4 tsp</td>
</tr>
<tr>
<td>Whole-Wheat (whole-meal) Flour</td>
<td>1/2 Cup</td>
</tr>
<tr>
<td>Dark Brown Sugar (packed)</td>
<td>1/4 Cup</td>
</tr>
<tr>
<td>Trans-Free Margarine</td>
<td>2 Tbls</td>
</tr>
<tr>
<td>Quick Cooking Oats</td>
<td>1/4 Cup</td>
</tr>
</tbody>
</table>

**Preparation Instructions**

1. Preheat the oven to 375 F. Lightly coat a 9-inch food is digested.

2. Blend ripes in a blender or food processor until almost smooth.

3. Pour into a greased baking dish and bake at 350 F for 1 hour.

4. Let cool before serving.

---

**Nutrition Information**

<table>
<thead>
<tr>
<th>Calories</th>
<th>Total Fat</th>
<th>Sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>140</td>
<td>40 mg</td>
<td>40 mg</td>
</tr>
</tbody>
</table>

---

**Product Review: How Do Cereals Stack Up for People with Diabetes?**

**Cereal Chart**

<table>
<thead>
<tr>
<th>Cereal</th>
<th>Serving</th>
<th>Calorie</th>
<th>Fat</th>
<th>Fiber</th>
<th>Protein</th>
<th>Carbs</th>
<th>Sugar</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% Bran</td>
<td>1 cup</td>
<td>177.5</td>
<td>3.5g</td>
<td>19.5g</td>
<td>8.5g</td>
<td>45g</td>
<td></td>
</tr>
<tr>
<td>All-Bran Bran Mels (K)</td>
<td>1 cup</td>
<td>246.5</td>
<td>2g</td>
<td>36g</td>
<td>8.5g</td>
<td>72g</td>
<td>8g</td>
</tr>
<tr>
<td>All-Bran Complete (K)</td>
<td>1/4 cup</td>
<td>90</td>
<td>0.6g</td>
<td>5g</td>
<td>3g</td>
<td>24g</td>
<td>5g</td>
</tr>
<tr>
<td>All-Bran Original (K)</td>
<td>1/4 cup</td>
<td>90</td>
<td>1g</td>
<td>10g</td>
<td>4g</td>
<td>23g</td>
<td>6g</td>
</tr>
<tr>
<td>Bran Cereal (K)</td>
<td>1 cup</td>
<td>156.5</td>
<td>1.5g</td>
<td>8g</td>
<td>5g</td>
<td>39g</td>
<td>10g</td>
</tr>
<tr>
<td>Cheerios</td>
<td>1 cup</td>
<td>110</td>
<td>2g</td>
<td>3g</td>
<td>20g</td>
<td>1g</td>
<td></td>
</tr>
<tr>
<td>Cracklin Oat Bran (K)</td>
<td>1 cup</td>
<td>300</td>
<td>9g</td>
<td>8.5g</td>
<td>6g</td>
<td>53g</td>
<td>15g</td>
</tr>
<tr>
<td>F Factor Cereal (FFACTOR FOODS, INC.)</td>
<td>1/4 cup</td>
<td>70</td>
<td>1g</td>
<td>18g</td>
<td>4g</td>
<td>27g</td>
<td>4g</td>
</tr>
<tr>
<td>Fiber One (G)</td>
<td>1 cup</td>
<td>123</td>
<td>1.5g</td>
<td>28.5g</td>
<td>5.5g</td>
<td>49g</td>
<td>0g</td>
</tr>
<tr>
<td>Frosted Mini Wheats</td>
<td>24 biscuits</td>
<td>200</td>
<td>1g</td>
<td>6g</td>
<td>6g</td>
<td>45g</td>
<td>12g</td>
</tr>
<tr>
<td>GoLean</td>
<td>1 cup</td>
<td>140</td>
<td>1g</td>
<td>10g</td>
<td>13g</td>
<td>30g</td>
<td>6g</td>
</tr>
<tr>
<td>Grape-Nuts</td>
<td>1 cup</td>
<td>369</td>
<td>0.5g</td>
<td>11g</td>
<td>13g</td>
<td>80g</td>
<td>5g</td>
</tr>
<tr>
<td>Multi Grain Cheerios (G)</td>
<td>1 cup</td>
<td>110</td>
<td>1g</td>
<td>3g</td>
<td>2g</td>
<td>22g</td>
<td>6g</td>
</tr>
<tr>
<td>Raisin Bran (P)</td>
<td>1 cup</td>
<td>178</td>
<td>4.5g</td>
<td>7.5g</td>
<td>4.5g</td>
<td>45g</td>
<td>6g</td>
</tr>
<tr>
<td>Raisin Bran Crunch (G)</td>
<td>1 cup</td>
<td>190</td>
<td>1g</td>
<td>4g</td>
<td>3g</td>
<td>45g</td>
<td>20g</td>
</tr>
<tr>
<td>Shredded Wheat</td>
<td>1 cup</td>
<td>200</td>
<td>1g</td>
<td>6g</td>
<td>5g</td>
<td>48g</td>
<td>0g</td>
</tr>
<tr>
<td>Smart Start (K)</td>
<td>1.25 cup</td>
<td>250</td>
<td>3g</td>
<td>5g</td>
<td>7g</td>
<td>46g</td>
<td>17g</td>
</tr>
<tr>
<td>Total (G)</td>
<td>1/4 cup</td>
<td>100</td>
<td>3g</td>
<td>6g</td>
<td>2g</td>
<td>23g</td>
<td>5g</td>
</tr>
<tr>
<td>Wheat Cereal (G)</td>
<td>1/4 cup</td>
<td>100</td>
<td>1g</td>
<td>5g</td>
<td>5g</td>
<td>36g</td>
<td>5g</td>
</tr>
</tbody>
</table>
When we talk about "good foods for diabetes" usually we are talking about "good foods for everyone!" Many people know that a healthy diet, one high in fiber, high in whole foods, like fresh fruits, vegetable and whole grains, as well as lean, low fat meat and dairy and fat choices that are in moderation and monounsaturated, polyunsaturated and low in trans fats are good for all of us to eat. However, most of us know that for people with diabetes, care has to be taken to be more aware of the carbohydrate foods they eat- the amount, type and timing of these foods during the day. A staple of a healthy diet is cereal, so we decided to take a look at what makes a cereal healthy to use.

When looking at carbohydrate foods, like cereals, when you have diabetes, there are some important things to consider:

1. **Fiber** – there are many cereals that have fiber in them, but often the amount of fiber is very low. A good number of fiber to look for in a serving of cereal is: 5 grams/serving or more. Or another way to look at a label, try to have 3 or greater grams of fiber per 100 calories of the cereal.

2. **Fat** – most cereals don’t have fat, but if they have nuts or seeds, then the amount of fat may be higher; however, this type of fat it usually a "good" fat, like monounsaturated, or polyunsaturated. There are a few exceptions, but look at the type of fat and try to make sure it is either polyunsaturated or monounsaturated.

3. **Calories** – This is where cereals can really differ – the more ingredients, the higher the calories usually. As mentioned above, nuts and seeds add fat, which is higher in calories (fat has 9 calories/gram, but protein and carbohydrate are only 4 calories/gram.) Sugar also adds a lot of calories to many cereals, so levels of sugar in cereal should be minimal, under 7 gm/serving if possible.

Below is a list of cereals taken from multiple sources (USDA, dlife.com). For those of you that like charts, we have assembled a chart with nutrition information of many healthy, high fiber cereals. The Serving size, calories, fiber, fat, protein, and carb sugar are highlighted. Remember, a serving on a label may be different than the portion you use – make sure you understand the portion you use actually and what it provides you with. Many people try to limit their carbs to 45-60 grams per meal or 2-4 servings of carbohydrate foods per meal.

For those who like a “Choose this, Not this” list, we have included our "Better" and "Worse" list of cereals – no numbers, just names of cereals you might want to use or avoid based on calories, lack of fiber, sugar or fat content.

**THE BEST CEREALS TO USE:**

The criteria to choose these as the best cereals were:

1. No trans fats at all
2. No saturated fats
3. Little or no sugar
4. High in fiber
5. Whole Grain

- Cheerios, Fiber One, Total, Wheat Chex (GENERAL MILLS)
- Shredded Wheat, Grape Nuts (POST CEREALS)
- Go LEAN Cereals (KASHI)
- All Bran (KELLOGG’S)
- FFFactor Cereals (FFFACTOR FOODS, INC.)

**THE WORST CEREALS TO USE:**

The criteria used to choose these cereals were:

1. Had trans fats.
2. Sugar content over 10 grams/serving. (fruit was not counted in this sugar)

- Franken Berry, Trix, Basic 4, Cocoa Puffs, Count Chocula, Reese’s Puffs, Cookie Crisp, Golden Grahams, Lucky Charms (General Mills).
- Oreo O’s, Waffle Crisp, Cocoa Pebbles, Fruity Pebbles (post).

There you have it – the low down on cereals – maybe this will make the trip down the cereal aisle a little less stressful...
But I hate to exercise — What can I do?

You do not have to play a sport or go to a gym. There are a lot of things you can do to be more active:

- Do sit-ups or jump rope while watching TV.
- Lift light weights to strengthen your muscles.
- Jog around the block or walk fast around a mall a few times.
- Help your mom or dad carry groceries, clean the house, cut grass, do garden work, rake leaves, or shovel snow.
- Take the stairs instead of the elevator.
- Take your dog for a walk.
- Ride your bike instead of driving or getting a ride from your parents or a friend.

Make a list of things you like to do to be physically active. Hang it in your room as a reminder. Keep track of your progress.

Exercise is FUN! • Track your Move it Minutes:

If your blood sugar is:

- Lower than 100 mg/dL – Eat a small snack such as fruit or crackers, before you begin your workout. Eat about 15 grams of carbohydrate foods for every 30 minutes of activity you do.
- Between 100 and 300 – This should be a safe range for exercise, but learn how you react to exercise to see if you will need to make any adjustments.
- 300 mg/dL (16.7 mmol/L) or higher. Your blood sugar may be too high to exercise safely, putting you at risk of ketoacidosis. Postpone your workout until your blood sugar drops to a safer range.

Submitted by: Nancy Walker, RD, LD, CDE

Diabetes and exercise can pose unique challenges. Always, remember to track your blood sugar before, during and after exercise. Your records will reveal how your body responds to exercise — and help you prevent severe lows and highs.

Talk to your doctor about starting an exercise program - discuss which activities you want to try, time of day you want to do the exercise, as well as the potential impact of increasing your exercise and how that may effect your medication needs. Medication adjustments may be needed.

If you’re taking insulin or medications that can cause low blood sugar (hypoglycemia), test your blood sugar 30 minutes before exercising and again immediately before exercising. This will help you know if your blood sugar level is stable, rising or falling and if it’s safe to exercise. Consider these general guidelines.

**If your blood sugar is:**

**Lower than 100 mg/dL** - Eat a small snack such as fruit or crackers, before you begin your workout. Eat about 15 grams of carbohydrate foods for every 30 minutes of activity you do.

**Between 100 and 300** – This should be a safe range for exercise, but learn how you react to exercise to see if you will need to make any adjustments.

**300 mg/dL (16.7 mmol/L) or higher.** Your blood sugar may be too high to exercise safely, putting you at risk of ketoacidosis. Postpone your workout until your blood sugar drops to a safer range.

**Exercise and Diabetes: Information for Testing**

**MAKE CHECKS PAYABLE TO:**

DCDC • P.O. BOX 309 • OWENSBO, KY 42302-0309

For questions or information contact:

Carman Allison at carman.allison@grdhd.org

**GOLF FEE INCLUDES:**

- BREAKFAST • LUNCH • GREEN FEES • CART
- GOODY BAG • ENTRY IN CONTEST FOR CLOSEST TO PIN LONGEST DRIVE • STRAIGHTEST DRIVE
- LONGEST PUTT • 2 MULLIGANS/1SKIRT (per player)

**FULL REFUND DEADLINE AUGUST 20th**

**Tickets available at:**

Mayo Photographic 826-3252
T & T Drug Store 827-3503
UK Extension Office 826-8378

All monies raised are utilized in Henderson County for Diabetes Emergency Patient Assistance. All donations are tax deductible. The HCDC’s TAX ID # is 31-1536401.

**Dinner & Comedy for Diabetes**

Featuring Comedians: Bobdigga & Bob Park

Saturday, May 12, 2012

Holy Name School Cafeteria

Social Event Starts at 5:00 pm — Dinner 6:30 pm — Show 7:30 pm

Dinner by: Holy Name Men’s Club

Tickets $25.00 per person OR $200.00 per Table of 8

**Dinner Charity Golf Scramble!**

Daviess County Diabetes Coalition

**2012 Charity Golf Scramble**

Friday, September 14th, 2012 (Rain Date 9-17-12)

Ben Hawes Golf Course

400 Booth Field Road • Owensboro, KY

STOP The DIABETES Epidemic!

**PLAY IN SCRAMBLE: FOURSOME = $200**

(Includes 2 Mulligan’s & 1 Skirt per player)

**TEAM NAME:**

**NAME / ADDRESS PHONE / E-MAIL**

Player 1

Player 2

Player 3

Player 4

**NAME / ADDRESS PHONE / E-MAIL**

Player 1

Player 2

Player 3

Player 4

**Check-in Opens: 7:30 AM • Shotgun Start: 8:30 AM**
Welcome to this new column in your diabetes newsletter. Your Medicine Cabinet will contain information about diabetes related drugs and how they impact your health. This article will cover new treatments for type 2 diabetes. Keep in mind that newer does not necessarily mean better and that some of the older medications are still valuable; basically the oldies are still goodies.

Within the last few years, we have seen the development of a couple new classes of drugs in the fight against type 2 diabetes. As we all know, insulin helps prevent sugar from building up in the blood. Type 2 diabetics have a hard time making and using insulin leading to high sugar levels. These high sugar levels over time can lead to serious medical problems. Generally speaking, medicine used to treat the disease addresses this problem in some way.

One new class of drugs, the DPP-4 inhibitors, works by blocking the DPP-4 enzyme, which causes a release of hormones that assist insulin in controlling blood sugar levels. There are three medications in this class that have been approved in the United States: Januvia™ (sitagliptin), Tradjenta™ (linagliptin) and Onglyza™ (saxagliptin). All three of these medications are usually prescribed to be taken by mouth once a day with or without food. The most common side effects include upper respiratory infection, stuffy or runny nose and sore throat, and headache. At the risk of sounding like a commercial, a rare but serious side effect that people need to be aware of is pancreatitis. Call your doctor right away if you have pain in your stomach area that is severe and will not go away. These medications may be taken by themselves or in combination with other agents to treat diabetes.

GLP-1 agonists are another new class of medications. These are actually medications that are injected under the skin (subcutaneously) although they are not insulin. Instead, they help stimulate the pancreas to produce more insulin after eating. There are three GLP-1 agonists: Bydureon™ (exanatide extended-release), Byetta™ (exenatide), and Victoza™ (liraglutide). Bydureon™ is the newest in this class to be approved and it is injected once a week. Victoza™ is dosed once a day at any time of day, with or without meals and Byetta™ is injected twice daily, within 60 minutes prior to morning and evening meals. The common side effects of these three medications are headache, nausea, and diarrhea. Nausea is common when you first start using these medications but usually decreases over time in most people. A side effect that could potentially be good (for once!) is that small weight loss is associated with this group of medications. Again, a rare but serious side effect is potentially pancreatitis.

In addition to the new class of medications mentioned above, there have been new combo medications that have been approved. For instance, Kombiglyze XR™ is a combination of Onglyza™ (saxagliptin) and metformin ER. I’m not going to go over each one but just know that these offer the advantage of taking fewer pills ...

For more information call 270-852-5454

Sponsored by:

Henderson County Diabetes Coalition

Free
Fun activities for the kids led by the Boy Scouts of America.
Parent networking and fun activities.

Day Camp for Kid’s with Diabetes

Diabetes Adventure Camp

Saturday, June 2, 2012
9:00 AM - 4:00 PM
For Children with Diabetes ages 5 - 15 years old and their parents/guardians

St. Margaret Chapel
685 Watson Lane
Henderson, KY

Area Camps for Kid’s with Diabetes

Kentucky Camp

Kentucky Diabetes Camp for Children, Inc. Presents
CAMP HENDON
at Camp Loucon in Leitchfield, KY.

July 1-6, 2012
Ages: 8-17
Approximate Cost: $400

Contact:
Michelle Coble
Kentucky Diabetes Camp for Children, Inc.
Email: mchrist@ky.gov
Phone: (270) 769-1601 Ext. 1007

www.CampHendon.com

Indiana Camp

CAMP JOHN WARVEL
at Camp YMCA near North Webster in Kosciusko County, IN
ADA Indiana Area Affiliate

June 15-20, 2012
(Ages 10-14)
Total Cost: $750
Cost includes a non-refundable deposit of $50. Financial assistance is available.

Contact:
Carol Dixon
cdw@diabetes.org
(574) 969-0362 Ext. 6792
1-800-DIABETES
(1-800-342-2383)


Tennessee Camp

CAMP SUGAR FALLS
(Day Camp) at Camp Widjiwagan in Antioch, TN
ADA Affiliate Tennessee Area

June 25-29, 2012
Ages: 6-12
Time: 8:00 AM – 4 PM
Total Cost: $85
Cost includes a non-refundable deposit of $25. Financial assistance is available.

Contact:
Savitrri Matthews
matthews@diabetes.org
(615) 298-3066 ext. 3328
1-800-DIABETES
(1-800-342-2383)


City of Owensboro, Mayoral Proclamation declares March 27th American Diabetes Association Alert Day.

DCDC Member, Robin Cooper obtained the proclamation and presented it to DCDC President, Nancy Walker.
If you want to take a step to avoid diabetes or lower your risk of associated diseases if you have diabetes, consider the following tips to become one of the millions who have become a healthier non-tobacco user:

- **Choose a quitting strategy:** using a nicotine patch, cold turkey, gradually quitting, etc.
- **Decide upon a quit date and tell people in your life**.
- **Write down reasons you decided to quit and look at them every day.**
- **Trash all tobacco products, lighters, ashtrays, etc.**
- **Get help! Ask for support of those you love. Maybe you can even find a quitting partner.**

Following these steps and seeking advice and support can help you to move further away from being included in the group at higher risk for developing diabetes. But did you know it can also increase your risk for associated diseases, like kidney and heart disease, for those who have diabetes and are continuing to use tobacco.

Does Smoking Make You Sweeter?

Submitted by: Cabrina Buckman

It is no surprise that smoking is not a healthy activity, but did you know it can also increase your risk for diabetes? Diabetes affects 25.8 million people of all ages and 8.3 percent of the U.S. population, according to the National Diabetes Information Clearinghouse. (Centers, 2011.) It also reports that 7.0 million people have diabetes, but remain undiagnosed. If you use tobacco, you have a higher risk of being included in that group.

Diabetes is caused by an increase in the amount of glucose, or sugar, in your bloodstream. Normally, a hormone called insulin acts as a gatekeeper to allow glucose into your cells to be used for energy. In type 2 diabetes, the insulin either not working properly (resistance) or your pancreas is producing little or no insulin. Either way, this means that glucose is not being admitted into your cells and remains in your bloodstream, thus raising your blood glucose levels. This can have some very detrimental consequences. Having increased blood sugar can affect many parts of your body, including your kidneys, heart, and nerves, sometimes causing blindness or amputations. Tobacco use has been shown to increase the risk for type 2 diabetes in the general population and increase the risk for associated diseases, like kidney and heart disease, for those who have diabetes and are continuing to use tobacco.

If you want to take a step to avoid diabetes or lower your risk of associated diseases if you have diabetes, consider the following tips to become one of the millions who have become a healthier non-tobacco user:

- Choose a quitting strategy: using a nicotine patch, cold turkey, gradually quitting, etc.
- Decide upon a quit date and tell people in your life that will support your choice.
- Write down reasons you decided to quit and look at them every day.
- Trash all tobacco products, lighters, ashtrays, etc.
- Get help! Ask for support of those you love. Maybe you can even find a quitting partner.

Following these steps and seeking advice and support can help you to move further away from being included in the group at higher risk for developing type 2 diabetes. Everyone can afford to be sweeter sometimes. Rather than raising your blood sugar level by using tobacco, you may want to try the less literal approach of surprising someone with flowers.