The U.S. Food and Drug Administration today approved Onglyza (saxagliptin), a once-daily tablet to treat Type 2 diabetes in adults. The medication is intended to be used with diet and exercise to control high blood sugar levels.

The hormone insulin keeps blood sugar (glucose) levels within a narrow range in people who don’t have diabetes. People with Type 2 diabetes are either resistant to insulin or do not produce enough insulin to maintain normal blood sugar levels.

Onglyza is in a class of drugs known as dipeptidyl peptidase-4 (DPP-4) inhibitors which stimulate the pancreas to make more insulin after eating a meal.

“Keeping blood sugar levels in adequate control is essential to the good health of the 24 million people in the United States with Type 2 diabetes,” said Mary Parks, M.D., director of the Division of Metabolism and Endocrinology Products in the FDA’s Center for Drug Evaluation and Research. “High blood sugar levels can cause blurry vision and excessive urination and eventually result in such serious conditions as kidney and eye disease.”

The most common side effects observed with Onglyza are upper respiratory tract infection, urinary tract infection, and headache. Other side effects include allergic-like reactions such as rash and hives.

Approval of Onglyza was primarily based on the results of eight clinical trials. The application seeking FDA approval was submitted before December 2008 when the agency recommended that manufacturers of new diabetes drugs carefully design and evaluate their clinical trials for cardiovascular safety. Although Onglyza was not associated with an increased risk for cardiovascular events in patients who were mainly at low risk for these events, the FDA is requiring a postmarket study that will specifically evaluate cardiovascular safety in a higher risk population.

Onglyza is manufactured by Bristol-Myers Squibb Co. of Princeton, N.J., and marketed by Bristol-Myers and AstraZeneca Pharmaceuticals LP, of Wilmington, Del.
Annual Flu Shot!

Have Diabetes? A Flu Shot Could Save Your Life!

Do you need a pneumonia shot, too?

Did YOU Know That...

- For people with diabetes, the flu can mean longer illness, hospitalization, or even DEATH.
- In the United States, 36,000 people die each year from the flu.
- Data indicates that only 1/2 of Kentuckians who have diabetes get the recommended flu shot and/or pneumonia shot.
- You cannot catch the flu from taking the flu shot.

Contact YOUR Health Care Provider or Local Health Department for Date, Time, and Place of FLU and or PNEUMONIA Vaccine Administration!

Ways YOU Can Prevent The Flu...

- Get a flu shot every year!
- Avoid close contact with people who are sick.
- Stay home when you’re sick to prevent others from catching your illness.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Wash your hands often to help protect you from germs.
- Avoid touching your eyes, nose or mouth when you or others are sick. Germs are easily spread by touching contaminated objects and then touching the eyes, nose, or mouth.
- Practice other good health habits. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat healthy food.

YOUR Diabetes Flu Vaccine Guide **

- People with diabetes (6 months old or older) should receive a yearly flu shot beginning in September or October.
- Children with diabetes under the age of 9 who get the flu shot for the first time should get 2 doses at least 28 days apart.
- People with diabetes SHOULD receive a flu shot (inactivated) and SHOULD NOT receive flu mist or intranasal (live) flu vaccine.

YOUR Diabetes Pneumonia Vaccine Guide **

- People with diabetes (age 2 or more) should receive a pneumonia shot (PPV 23).
- A one time revaccination for pneumonia may be recommended for people older than 65.

** NOTE: IF you have egg allergies or have had other allergic reactions — check with your physician before having a flu or pneumonia vaccine.
Support Your Local Diabetes Coalitions

The Daviess & Henderson County Diabetes Coalitions help bring you this newsletter. The coalitions exist solely on donations. If you would like to send a donation, make your check payable to either the Daviess County Diabetes Coalition or the Henderson County Diabetes Coalition and mail to PO Box 309 — Owensboro, KY 42302-0309. If you would like to give of your time and talents please contact Mary Tim Griffin at 270-852-5454, Mary.Griffin@ky.gov or Mary Ann Correll at 270-852-5475, Mary.Correll@ky.gov.

Patient Assistance Programs

DID YOU KNOW?

The Daviess County Diabetes Coalition and the Henderson County Diabetes Coalition both have patient assistance programs. The services include prescription assistance and assistance in applying for PhRMA programs. For assistance or more information contact:

Daviess County
Sheila Horn
270-852-2927

Henderson County
Meredith Griggs
270-826-3951

Control Your ABC’s

You don't need to be a Superhero to manage your DIABETES.

You need to control your ABCs.
Lower your risk of a heart attack or stroke by controlling the ABCs of diabetes: A1C, Blood pressure, and Cholesterol.
Talk to your health care provider today.

www.ndep.nih.gov 1-800-438-5383

A message from the National Diabetes Education Program, sponsored by the National Institutes of Health and the Center for Disease Control and Prevention.

Diabetes Comprehensive Class Schedules

HealthPark
Owensboro, KY
Weekly Classes
Call for an Appointment
270-688-4804

Ohio County Hospital
Monthly Classes
Morning & Evening Classes
Call to Register
Brenda Freels 270-298-5426

Methodist Hospital—Henderson
Every Tuesday, Wednesday and Thursday
(1:00-3:00 pm)
Call Education and Research Department
270-827-7114

Union County Methodist Hospital
Assessment 2nd Tuesday of the Month
Classes 3rd Tuesday and Wednesday of the Month
Call Methodist Hospital — Henderson for times
270-827-7114

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Kid’s Korner

School & Diabetes
Taking Care of Diabetes at School

Most of the things you need to take care of your diabetes at home, you'll also need to have at school. It's easy to forget things in the rush to get ready in the morning, so you could try packing your diabetes stuff, like medication, testing supplies, lunch, snacks, water, and your medical identification necklace or bracelet, the night before school. It's helpful to keep a copy of your diabetes management plan with you all the time — like in your purse, backpack, locker, or car — so you have it for easy reference. If you run into any diabetes problems at school or you start having symptoms of hypoglycemia or hyperglycemia, do what your plan says you should do, like have a snack or check your blood glucose levels. *(Some teachers don't allow you to eat in class, so be sure your teacher knows what's going on.)*

Another part of taking care of diabetes at school is knowing who can help you if you have a question or health emergency. If the school nurse isn't in, is there someone else who can help? Should you call your doctor or your parent? Which kinds of problems can wait until after school and which ones should you handle right away? Talk these things over with your parent, doctor, and someone from school. Write down what you should do and who you should go to and keep this information with your management plan. Knowing what to do can help you feel more confident if you do have a problem at school.

Kids’ Health

Reviewed by: Steven Dowshen, MD

Diabetes Word Find

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Words to Find

- Insulin
- Type one
- Pancreas
- Glucose
- Pen
- Pump
- Meter
- Strips
- Sharps
- Carbohydrate
- Hypo
- Ketones
- Sick days
- ID

Hey Kids! Check out this website for fun health games!

http://www.bam.gov/sub_yourbody/yourbody_energyequation.html
Eating Out When You Have Diabetes
Some Quick Tips

Try these tips when you're dining out:

**Get answers.** Sometimes, the menu doesn't really tell you what's in a dish or how it's prepared (for example, whether it's baked or fried). Go ahead and ask. The person taking your order should know the answers or be able to find them out for you.

**Make changes.** To get a well-balanced meal, ask if you can substitute certain ingredients or side orders (for example, you could ask for salad instead of fries). Don't feel weird about it — people ask for changes all the time. In some restaurants, you can ask the cook to prepare something in a different way. You might ask to have your chicken broiled instead of fried, for example.

**Watch the sides.** Avoid foods with sauces or gravy, and ask for low-fat salad dressings on the side.

**Pick your own portion.** Portions can be very big at restaurants. Feel free to eat only part of your order and take the rest home. You can also split your order with a parent or friend.

**Stay on your plan.** You'll feel your best and be your healthiest if you stick with your meal plan wherever you are — home, restaurant, or even the school cafeteria. If you're having trouble with this, ask a parent for help.

**What Should I Bring With Me?**
When you go out to eat, you should bring the things you take with you everywhere, like testing supplies, snacks, and medications. Another helpful tool is a little book that lists the calories, fats, and carbohydrates in certain foods (you can get this from your doctor or dietitian). You can slip this book in your bag or pocket and test how well you can choose from the menu yourself. If you use things like artificial sweeteners or fat-free spreads, feel free to bring them along, too.

If you take insulin (say: in-suh-lin), there's no need to stay home if you have to eat later than usual — in most cases, you can just make a few adjustments to your medicine schedule. Once you know how to eat healthy, you can do it almost anywhere. Now, the only question is, do you want the chicken taco salad, the lobster tail, or . . . mmm . . . pizza!

Kids’ Health
Reviewed by: Steven Dowshen, MD

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Tips for Teens with Diabetes
Be Active!

Physical activity is good for everyone. Being active is really important if you have diabetes. Check out these ideas on how to be more active.

Get moving! Find great activity tips ➔

http://www.ndep.nih.gov/media/Youth_Tips_Active.pdf
Diabetes & Kidney Disease

Submitted By: Jana McElroy, RN, BSN, CDE
Diabetes Educator
St. Elizabeth Medical Center

Diabetes and Kidney Disease (Nephropathy)

The kidneys are 2 bean shaped organs, each about the size of a fist. They are great trash collectors with millions of tiny blood vessels that clean the blood of waste products that come from the normal breakdown of muscle activity and food we eat. Poorly controlled diabetes can damage the kidneys so they cannot filter out these waste products. This results in kidney disease or nephropathy.

Blood carries waste products to the kidneys where healthy blood vessels with very tiny holes will filter them out into the urine. Useful substances such as protein and red blood cells will stay in the blood because they are too big to squeeze through the holes. However, over time, high levels of blood sugar make the kidneys work extra hard to filter the blood which causes them to leak and lose useful protein in the urine.

Microalbuminuria occurs when there are small amounts of protein in the urine and, if caught early, may be treated to prevent the disease from getting worse. But, if the disease is caught later and there are large particles of protein (macroalbuminuria), end-stage renal disease (kidney failure) usually follows. When this happens, a kidney transplant or dialysis (blood filtered by a machine) is needed.

Symptoms of kidney disease are often not present until almost all kidney function is gone. The symptoms may include fluid retention (buildup of fluid in the body), loss of sleep, poor appetite, upset stomach, weakness and difficulty concentrating.

Diabetes is the most common cause of kidney failure although not everyone with diabetes develops kidney disease. Kidney disease can be prevented or delayed by controlling blood pressure and keeping blood sugar in the target range set by the person with diabetes and the health care provider. Blood pressure can be managed by losing weight, eating less salt, exercising regularly and avoiding alcohol and smoking. If these fail then blood pressure medications may be needed. Other changes in diet and/or medications may also be recommended by the health care provider for both blood sugar and blood pressure control.

Good care makes the difference. It is essential that people with diabetes take an active role in the management of their diabetes and get screened for kidney disease and other complications. The person with diabetes is the most important person on the diabetes management team, not the doctor, nurse or dietitian. Follow this checklist for kidney health:

- Get an A1c at least twice a year (a good target is less than 7% for most people with diabetes)
- Get your blood pressure checked at each visit (keep it below 130/80)
- Discuss blood pressure and blood sugar medications with your health care provider
- Ask your health care provider to check your urine for protein, and your blood for waste products at least once a year
- Monitor blood sugar (American Diabetes Association’s target range is 70-130 [fasting] and less than180 [after meals])
- Attend a diabetes self-management education class or see a dietitian or diabetes educator to learn about managing your diabetes

Reference:
www.nkdep.nih.gov
www.diabetes.niddk.nih.gov

Puzzle Answer

S A N T E Y
G O L D M A R E
S Y N A L O N Y
G T H A I N D A
S I N A R O I
R E O T E I N H
S E M A I T N
I N T A C E S
O N A W O A N
T E S T I N A
N I A L T E S
C O L O R S
Local Coalition’s Fundraisers

Daviess County Diabetes Coalition
Charity Golf Scramble
Friday, September 18, 2009
Panther Creek Golf Course
Registration opens: 7:30 AM
Shotgun start: 8:30 AM
Foursome = $200.00
GOLF FEES INCLUDE:
GREEN FEES, CART, LUNCH, SOFT DRINK,
GOODY BAG, ENTRY FOR
“CLOSEST TO PIN, LONGEST DRIVE, &
LONGEST PUTT”.
For more information or to register, please call DCDC at 270-852-5454 OR
carman.allison@ky.gov.

Henderson County Diabetes Coalition
Fundraiser
Saturday, October 17, 2009
Holy Name School
Dinner & Program
Emceed by Bob Parks
AND FEATURING COMEDIAN BOBBY BRIDGES
Social Hour  5:00 PM
Dinner       6:00 PM
Entertainment 7:00 PM
There will also be a Silent Auction.
For more information contact
Mary Ann Correll at 270-852-5475 OR mary.correll@ky.gov.

For every dollar you give to change the future of diabetes, the V8 Brand is donating a dollar too. Double your donation and double what you do to change the future of diabetes.

Will match donations up to $100,000 during November.
Nicotine May Help Spur "Prediabetes"

Toxin ups cortisol levels, encourages insulin resistance, study finds

The nicotine in cigarette smoke may promote insulin resistance and lead to a condition known as prediabetes, new research shows. The finding, outlined at the Endocrine Society's annual meeting in Washington, D.C., could explain why smokers are at higher risk for diabetes. The same team of researchers was able to partially reverse nicotine's effect on insulin in mice by giving the rodents the nicotine-blunting drug mecamylamine.

In a society news release, study author Dr. Theodore Friedman, chief of the division of endocrinology, metabolism and molecular medicine at Charles R. Drew University of Medicine and Science in Los Angeles, noted that smokers tend to face a higher diabetes risk, even though "smoking causes weight loss, which should protect against heart disease."

But prior studies have shown smokers to be more insulin-resistant, which leads to higher blood-sugar levels. Some studies had suggested that the key factor at work was nicotine's effect on the stress hormone cortisol, since, as Friedman said, "cortisol excess is known to induce insulin resistance."

In their study, the team gave adult mice twice-daily injections of nicotine for 14 days. The mice displayed higher levels of cortisol in the blood. They also ate less and lost weight compared to mice that did not receive the shots but nonetheless developed insulin resistance and prediabetes.

Treating the mice with the nicotine-agonist drug mecamylamine blocked this process somewhat, the researchers noted.

"Our results suggest that reducing tissue glucocorticoid levels or decreasing insulin resistance may reduce the heart disease seen in smokers," said Friedman. "We anticipate that in the future there will be drugs to specifically block the effect of nicotine on glucocorticoids [such as cortisol] and insulin resistance."

SOURCE: The Endocrine Society, news release, June 11, 2009

HealthDay

Tobacco Prevention & Control Resources

KY Quitline 1-800-Quit Now
Cooper Clayton Information 270-683-2560
Tobacco Control Coalition for the Green River District 270-852-5486

Kentucky’s Tobacco Quit Line 800-734-8669
800-QUIT NOW

Tobacco Control Coalition For the Green River District
Study finds strong association in postmenopausal women

Postmenopausal women with elevated insulin levels may be at higher risk of developing breast cancer, a new study says.

Researchers at Albert Einstein College of Medicine of Yeshiva University in New York City found a strong association between elevated insulin levels in the blood and increased risk of breast cancer. Their findings were published online in the *International Journal of Cancer*.

"Up to now, only a few studies have directly investigated whether insulin levels are associated with breast cancer risk," said Geoffrey Kabat, the lead author and senior epidemiologist in the department of epidemiology and population health at Einstein. "Our study involved analyzing repeated measurements of insulin taken over several years -- which provides a more accurate picture of the possible association between insulin levels and breast cancer risk."

Kabat's team examined data on 5,450 women who took part in the Women's Health Initiative, a large study that looked at how various factors influence women's health. The researchers found that women with insulin levels in the highest third were twice as likely to develop breast cancer as women in the bottom third. The team also discovered that the link between elevated insulin levels and breast cancer was stronger for thin women than for obese women, who tend to have higher insulin levels.

"This finding is potentially important because it indicates that, in postmenopausal women, insulin may be a risk factor for breast cancer that is independent of obesity," Kabat said in the news release.

The study is ongoing, but Kabat recommended that postmenopausal women try to keep insulin at normal levels through weight loss, regular exercise and other methods.

*SOURCE: Albert Einstein College of Medicine of Yeshiva University, news release, July 2009 — HealthDay*
10 Misconceptions about Diabetes

1. Diabetes is not a killer disease – False!
   In fact, diabetes is a global killer, rivalling HIV/AIDS in its deadly reach. The disease kills some 3.8 million people a year. Every 10 seconds a person dies from diabetes-related causes.

2. Diabetes only affects rich countries – False!
   Diabetes hits all populations, regardless of income. It is becoming increasingly common. More than 240 million people worldwide now have diabetes. This will grow to more than 380 million by 2025. In many countries in Asia, the Middle East, Oceania and the Caribbean, diabetes affects 12-20% of the population. In 2025, 80% of all cases of diabetes will be in low- and middle-income countries.

3. Diabetes is heavily funded globally – False!
   Official Overseas Development Aid to the health sector in 2002 reached USD 2.9 billion, of which a mere 0.1% went to fund ALL non-communicable chronic diseases (NCDs). Most of the USD 2.9 billion went to support HIV/AIDS. Despite diabetes having a deadly global impact comparable to HIV/AIDS, it had to share the tiny 0.1% of the total NCD funding.

   In addition, the World Bank gave USD 4.2 billion in loans for health, population and nutrition between 1997 and 2002. Only 2.6% of the USD 4.2 billion went to chronic diseases.

4. Diabetes care is not costly – False!
   Diabetes care is costly and has the potential to cripple any healthcare system. The economic opportunities that the United Nations wants to create for developing countries through the Millennium Development Goals will be greatly undermined by the economic impact of diabetes in low- and middle-income countries.

5. Diabetes only affects old people – False!
   In reality, diabetes affects all age groups. Currently, an estimated 246 million people between the ages of 20 and 79 will have diabetes. In developing countries diabetes affects at least 80 million people between ages 40-59.

6. Diabetes predominantly affects men – False!
   In fact, diabetes is rising in both men and women, and affects slightly more women than men. It is also increasing dramatically among youth and threatening to decimate indigenous populations.

7. Diabetes is the result of unhealthy “lifestyles” – False!
   The reality is that the poor and children have limited choices when it comes to living conditions, diet and education.

8. Diabetes cannot be prevented – False!
   While it is true that type 1 diabetes is not preventable, up to 80% of type 2 diabetes is preventable by a healthy diet, increasing physical activity and promoting a healthy lifestyle.

9. Diabetes prevention is too expensive – False!
   Many inexpensive and cost-effective interventions exist. Proven strategies for improving the living environment, changing diet and increasing physical activity can reverse the pandemic.

10. We all have to die of something – True but. . .
    Death is of course inevitable but it does not need to be slow, painful or premature. Diabetes causes 3.8 million deaths globally. With awareness, prevention and appropriate care, many of these deaths can be prevented.

References

www.worlddiabetesday.org
Vegetable Lover's Chicken Soup

Number of Servings: 2  
Serving Size: 2 Cups

Ingredients

<table>
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<th>Name</th>
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<td>Extra-Virgin Olive Oil</td>
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<tr>
<td>Bite-size chicken chunk</td>
<td>8 ozs.</td>
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<tr>
<td>Zucchini, finely chopped</td>
<td>1 small</td>
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<tr>
<td>Shallot, finely chopped</td>
<td>1 large</td>
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<tr>
<td>Italian Seasoning Blend</td>
<td>1/2 tsp</td>
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<tr>
<td>Salt</td>
<td>1/8 tsp</td>
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<tr>
<td>Plum tomatoes, chopped</td>
<td>2</td>
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<tr>
<td>Reduced-sodium chicken broth</td>
<td>1-14oz can</td>
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<tr>
<td>Orzo or other tiny pasta</td>
<td>1/4 cup</td>
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<tr>
<td>Baby spinach, packed</td>
<td>1 1/2 cups</td>
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Preparation Instructions

1. Heat oil in a large saucepan over medium-high heat. Add chicken and cook, stirring occasionally, until browned, 3 to 4 minutes. Transfer to a plate.
2. Add zucchini, shallot, Italian seasoning and salt, cook, stirring often, until vegetables are slightly softened, 2 to 3 minutes. Add tomatoes, broth and orzo; increase heat to high and bring to boil, stirring occasionally. Reduce heat to a simmer and cook until pasta is tender, about 8 minutes, or according to package directions. Stir in spinach, the cook chicken and any accumulated juices or from the chicken; cook, stirring, until the chicken is heated through, about 2 minutes.

Nutrition Information

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<th>Calories From Fat</th>
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Baked Pear Dessert

Number of Servings: 2  
Serving Size: 1 pear half with 1/4 cup ice cream

Ingredients

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<tr>
<td>Unsweetened Apple Cider or Apple Juice</td>
<td>1/3 cup divided</td>
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<tr>
<td>Dried Cranberries or Raisins</td>
<td>2 Tbsp</td>
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<tr>
<td>Toasted Almonds (sliced)</td>
<td>1 Tbsp</td>
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<tr>
<td>Ground Cinnamon</td>
<td>1/8 tsp</td>
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<tr>
<td>Unpeeled Pear (about 6 ounces), (cut in half lengthwise and cored)</td>
<td>1 Medium</td>
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<tr>
<td>Vanilla Ice Cream or Frozen Yogurt</td>
<td>1/2 cup (low-fat sugar-free ice cream or frozen yogurt)</td>
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Preparation Instructions

1. Preheat oven to 350°F. Combine 1 teaspoon cider, cranberries, almonds and cinnamon in small bowl.
2. Place pear halves, cut sides up, in small baking dish. Evenly mound almond mixture on top of pear halves. Pour remaining cider into dish. Cover with foil.
3. Bake pear halves 35 to 40 minutes or until pears are soft, spooning cider in dish over pears once or twice during baking. Serve warm with ice cream.

Nutrition Information

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<td>Monosaturated Fat</td>
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Exchanges Per Serving: 1 fruit 1/2 fat

This recipe is provided by EatingWell Magazine, December 2006

This recipe is provided by Diabetic Cooking.
Walk Away A Winner — How to get started

If you're not used to being active, start with 10 minutes each day and build as your energy increases. When you begin, find a comfortable pace and try to add about three to five minutes to your walking time each week. A good goal is to shoot for is to walk 30 to 45 minutes, five days a week.

These quick tips will put an extra spring in your step.

- Stretch for 5-10 minutes before and after every walk.
- Keep a good posture. Gaze forward, not down at the ground, with your chin level and head up.
- Stay hydrated by drinking 8 ounces of water before you begin your walk.
- Wear shoes designed for walking for greater comfort and injury prevention.
- Your walks don't have to be long and strenuous to be beneficial. A walk to the store or through the mall counts too.