

# Diabetes Awareness

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## Expectant mothers and diabetes: know your risks

Pregnancy is considered high-risk when the baby, the mother or both are likely to experience complications, which in some cases are related to health conditions that already exist, such as diabetes or high blood pressure.

Expectant mothers can also develop conditions during the pregnancy, such as gestational diabetes.

"Diabetes and pregnancy can lead to a number of problems," said Dr. James Beeson with SouthCrest Perinatal Specialists. "If it's poorly controlled and the blood sugars are too high, it can lead to birth defects."

Some of the more common defects include complications with the heart as well as an abnormal spine and central nervous system.

Diabetics should carefully think and plan before conceiving.

"We would like for pregnancy to be a planned event," Dr. Beeson said. "If they (pregnant women with diabetes) have problems already, those can become worst with pregnancy."

He said it's a good idea for diabetic pregnant women to have eye and kidney checks. Vision can change, and problems with the kidneys can become significantly worse. Patients with bad kidneys have a tendency to deliver early.

Another change that can potentially cause problems is changes with hormones, which can have some physiological changes requiring a change in medicine.

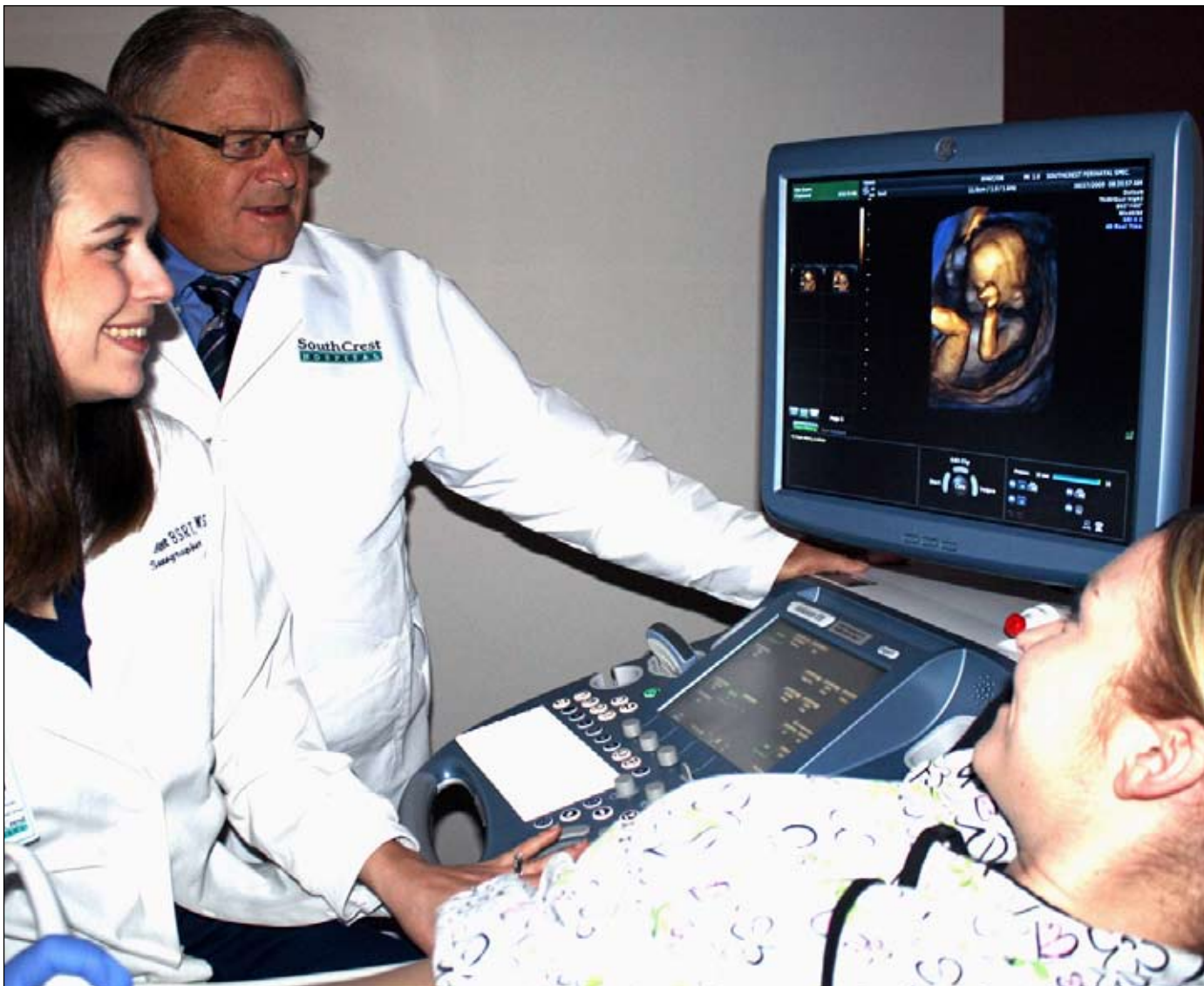
For some women, the changes can result in a need for an increase of insulin dosage, said Dr. Beeson, who is a maternal-fetal medicine physician.

He and other authorities in the field think all women should be tested for diabetes regardless if it's the first or fifth pregnancy to help identify gestational diabetes or complications from the existing illness.



**Sarah Houghton, a registered and licensed dietitian as well as a certified diabetes educator, is the outpatient dietitian and diabetes educator for the SouthCrest Diabetes Center. She encourages pregnant women to take control of their diet and teaches people with diabetes how to eat.**

"Diabetics can expect visits to the doctor every two weeks in pregnancy and weekly after 32 weeks," Beeson said. One risk for expecting diabetics is excess growth of the baby. If a patient has high blood sugar, the extra glucose can



**Courtney Mercer, registered diagnostic medical sonographer, left and Dr. James Beeson with SouthCrest Perinatal Specialists check on the the development of an expectant mother's unborn child. Routine checks are crucial to the health of mom and baby especially mothers who are diagnosed with diabetes or run the risk of developing gestational diabetes.**

be transferred to the baby. This triggers the baby's pancreas to produce more insulin, which leads to macrosomia or the growth of larger babies, Beeson explained. A larger than normal baby makes vaginal delivery difficult and could put the baby and mother at risk of injury during birth.

Ree Kaplan, program coordinator for the SouthCrest Diabetes Center, can't stress enough the importance of prevention.

"We want to educate the mother with gestational diabetes that she is at a 60 to 70 percent risk of converting to type 2 diabetes if she does not start an exercise program, lose weight and eat a healthy diet," said Kaplan, who is also a registered nurse and certified diabetes educator. "Thirty minutes of exercise five to six times per week can drop your blood sugar 50 to 100 points in a 24-hour period. Also with the gestational and type 2 mother, the importance of keeping their children healthy and active is critical due to the genetic predisposition."

Helping expectant mothers monitor their food and exer-

cise is huge when it comes to their health and the health of the baby.

Sarah Houghton, outpatient dietitian and diabetes educator for the SouthCrest Diabetes Center, tries to help pregnant women take control of their diet and shed some light on the myth that "they are now eating for two."

"I teach people how to eat," said Houghton, who is a registered and licensed dietitian.

Though the list of complications seems long, all are preventable.

"There are three laws for pregnant women to follow to help prevent the complications associated with diabetes," Beeson said. "The first is good glucose control, the second is good glucose control and the third, good glucose control. These women need to take control and understand the disease rather than the disease controlling them."

Story by Paul Tackett, Special Sections Editor



## Pedicure pointers for prettier, healthier feet

(NAPS) — An at-home pedicure can be an economical way to pamper yourself.

A survey conducted by the American Podiatric Medical Association found that 73 percent of women groom their feet once a month and 41 percent of women moisturize. However, the survey also found that women tend to have more problems with their feet than men.

"Grooming your feet should be done frequently, as it promotes good foot hygiene and overall foot health," said Dr. Ronald Jensen, APMA president. "If you have diabetes or poor circulation in your feet, consult with an APMA podiatrist to recommend a customized pedicure that you can follow for optimal foot health."

Here are a few pointers on achieving a proper, pampering, at-home pedicure:

• If you are giving yourself both a pedicure and manicure, be sure to use

separate tools from those used for the manicure. This will help ensure that you don't transfer fungus and bacteria.

• Begin by soaking your feet in warm water. Stimulate circulation by massaging one foot at a time.

• Never use a razor to remove dead skin from the bottom of your feet. When eliminating skin build-up such as calluses, use a pumice stone, foot file or exfoliating scrub.

• When trimming nails, use a toenail clipper with a straight edge. Don't round the edges of your toenails. This type of shape increases your chance of developing painful, ingrown toenails.

• To smooth nail edges, use an emery board. File lightly in one direction only.

• To clean your nails, gently run a wooden or rubber manicure stick under your nails. Don't use sharp tools that could puncture your skin and leave it

vulnerable to infection.

• Keep feet moisturized but don't leave moisturizer between toes. This can lead to the development of athlete's foot.

• Apply polish only if you have healthy nails. While it looks pretty, nail polish locks out moisture and keeps nails from breathing.

• If you have diabetes or poor circulation in your feet, consult a podiatrist so he or she can recommend a customized pedicure that both you and your salon can follow for optimal health.

• On the eve of your special event, gently wrap cellophane around each foot to help lock in moisture. By morning, your feet will be soft and smooth.

Happy, healthy feet start with a pedicure or a trip to a podiatrist if you are experiencing any type of pain.

## Breaking the cycle between diabetes, weight gain

(NAPS) — When it comes to treating the weight gain associated with type 2 diabetes, there may be a communication gap between physicians and patients.

Almost all physicians say they tell overweight patients to lose weight, but just over half of patients with type 2 diabetes say the discussion is taking place, according to a survey by the Behavioral Diabetes Institute.

According to the survey, eight in 10 physicians say they discuss weight issues with their patients, yet only half as many patients — four in 10 — report having that discussion. This is a dangerous precedent, as more than 7 percent of the U.S. population has type 2 diabetes and more than 60 million Americans are obese.

"Every day, more evidence is found linking type 2 diabetes and weight gain, and the communications disconnect between physicians and patients can make weight loss efforts even more difficult and frustrating than they already are," said William Polonsky, founder and chief executive officer of the Behavioral Diabetes Institute.

Doctors agree that a vicious cycle exists between type 2 diabetes and weight gain. Many of the most commonly used diabetes medications can cause weight gain, but excess weight can interfere with successful treatment of the disease. This makes the survey results even more troubling.

Physicians understand the potential for weight gain associated with many diabetes medications and report communicating this critical fact to their patients. However, only 34 percent of diabetes patients polled claimed to have any knowledge that their diabetes medication could cause weight gain.

While talking about weight can be a tough conversation, it can be worthwhile to bring up the subject with your health care professional. Losing even a few pounds may help manage diabetes more successfully and reduce the risk of heart disease and lower blood pressure and cholesterol.

For more information about behavioral strategies for successful weight loss and diabetes management, visit the Behavioral Diabetes Institute Web site at [www.behavioraldiabetes.org](http://www.behavioraldiabetes.org).