



SOUTH CENTRAL PENNSYLVANIA HEALTH CARE QUALITY UNIT

IT'S YOUR HEALTH FALL 2011



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www.theadvocacyalliance.org

TREATING TYPE II DIABETES

As Type II Diabetes continues to occur in epidemic proportions, treatment options continue to expand. In Type II Diabetes insulin resistance occurs first. Also known as metabolic syndrome, this includes hypertension, increased body fat around the waist and abnormal cholesterol levels. The body's cells have a diminished response to insulin and the pancreas increases production. As a result, high levels of insulin are present in the blood stream. Over time high blood sugars occur as the insulin levels cannot compensate for the high sugars. Numerous medications slow the progression of Type II Diabetes, however they are not without side effects.



Sulfonylureas are a class of drugs that stimulate the pancreas to produce more insulin. An example is metformin. The American Diabetes Association recommends starting patients with insulin resistance on metformin, along with an exercise and diet plan. Fat around cells increases insulin resistance, therefore a loss of 5 or 10 pounds may be beneficial. Metformin stops the liver from releasing stored sugars and morning blood sugars should be lower. Metformin improves the effectiveness of insulin and has been shown to lower blood pressure, decrease cholesterol levels, and reduce heart attacks. It is also used for polycystic ovary syndrome and has potential for cancer treatment. Large doses of this medication over time may lower Vitamin B12 levels. Kidney function, including creatinine and estimated filtration rate, should be monitored when individuals are taking this medication. Sulfonylureas can lead to beta cell failure due to the stimulation of the pancreas. They cannot be taken by individuals allergic to sulfa. Metformin is a generic for Glucophage. Glucotrol, which is taken on an empty stomach and Glucotrol XL, which should be taken with the first meal of the day, are additional examples of a sulfonylurea.

Thiazolidinediones also improve the effectiveness of insulin by increasing the sensitivity of cells to insulin. These medications can cause fluid retention and weight gain. Actos has a modest effect on lowering blood sugar but has been shown to cause bone fractures. Avandia has been shown to increase risk of heart attack and stroke but may be used if it is effective and other treatments have failed. A consent form is required for use of Avandia.

Meglitinides are oral medications that work quickly to lower blood sugar by increasing insulin production. They may cause hypoglycemia and weight gain. Prandin is an example of this category of drugs.

There are injectable non-insulin medications that are now available with a variety of effects. Byetta is a medication that helps to slow food absorption in the intestines. It preserves the action of glucagon-like peptides by inhibiting the enzyme that breaks down peptides. Byetta allows insulin to work more effectively in the body and lowers blood sugar after a meal by increasing the release of insulin. It causes weight loss by providing a feeling of satiety. Byetta is available in a pre-measured pen and is

taken twice daily. Side effects include pancreatitis and severe abdominal pain, extending to the back. Onglyza is another example of this category of medications. It is an oral medication that is taken once daily without regard to food intake. Adverse reactions include upper respiratory tract infections, urinary tract infections, and headache.

Symlyn is a medication that lowers blood sugar by slowing the progression of food from the stomach to the intestine, reducing the production of glycogen by the liver, and providing a feeling of satiety, thus reducing the amount of food that one eats. It can provide significant weight loss in overweight individuals. It comes in a pen and is administered by injection along with insulin; therefore it may also be given to individuals with Type I Diabetes. Stomach upsets may occur with this medication, including pain, nausea and vomiting. Hives, difficult breathing and seizures are among potential side effects as well. This medication should not be taken if the individual is not eating a meal.

Laboratory testing for Hemoglobin A1C is now standardized and the American Diabetes Association is recommending that results be used for diagnosis. Sugar sticks to the red blood cells in the body. Cells live for approximately three months, therefore this blood test is a good indication of blood sugar control.



It is important to remember that Type II Diabetes is a progressive disease. High blood sugars affect all the organs of the body and ultimately can cause major damage. Efforts to control blood sugars by maintaining a normal weight through exercise and a proper diet should be encouraged along with prescribed medication.

Virginia Kuhns, Diabetic Nurse educator, Pinnacle Health

Resources: www.mayoclinic.com; www.drugs.com; www.medscape.com.



Trauma and Developmental Disabilities

Everyone faces a traumatic experience at one point or another in their lives. Whether this trauma is experienced through the loss of a beloved pet, an abusive parent or caregiver, or by way of the ever-present childhood bullying most people have experienced, it exists and becomes engrained in our make-up. Every fiber of who we are, from the way that we react to stimuli, to the way that we see those in the world around us, our traumatic experiences become a proverbial pair of glasses through which we see the world...as well as how we face it.

For those with a Developmental Disability (DD), this trauma is all too prevalent and impactful. While those of "normal" intelligence may be able to voice their emotional frustrations and pain in association to these events, most often, those in the DD population are either not able to do so or have tried to do so in their own way and these expressions become the misperceptions so commonly held by caregivers, staff, and medical professionals.

According to the National Child Traumatic Stress Network (NCTSN) people with Developmental Disabilities tend to be less prone to critical thinking which could also result in greater ease in manipulation by perpetrators/abusers (NCTSN, 2003). Imagine for a moment that you are being beaten, neglected, or emotionally abused...but that although the pain and sadness you feel is real, you cannot express it to anyone or stop it from reoccurring...this is often the case for those in DD population.

Due to the barriers that exist in cognitive abilities and communication, treatment for trauma in those with a developmental disability can be difficult at best. Most often, a clear life history is unknown, and the trauma is assumed to have taken place based upon “behaviors” exhibited. Behaviors are, in their basic form, a communication tool; a way of expressing an emotion or desire when other forms of communication are either unable to be used or believed to be useless. It is the responsibility of the caregivers to interpret these behaviors in order to offer the best treatment and outcome possible. The trauma becomes a part of the person, so in order to understand the person, the trauma must be understood. By changing the way that caregivers ask *why* a person is engaging in a specific behavior to deciphering the reason that person *needed* to engage in that behavior, a better understanding can be achieved. In addition, much work needs to be done in order to improve upon the education these individuals and their caregivers regarding healthy relationships, and to identify and guard against all types of abusive relationships, which tend to be seen more often due to the desire to feel as though they are part of the world around them.

“It’s unrealistic to expect that you can bleach the trauma out of your mind. What treatment can help you do is learn how to cope with the experience, with the memories and to live in the present.”

— Lisa Lewis

Some individuals are exposed to isolated episodes of trauma related to an accident, a natural tragedy, or physical/sexual assault; while others are exposed to omnipresent stressors. The focus on the traumatic experiences those in the DD population have faced has been increasing in recent years. This is due in response to the introduction of the trauma informed care model. According to The National Center for Trauma-Informed Care (NCTIC), trauma-informed care is “an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives” (NCTIC, 2011). Gaining knowledge of what has occurred, and the way that it manifested in a person’s life allows for an increase in awareness, as well as stronger treatment and behavior support plans.

References

Charlton, M. & Tallant, B. (2003). *National Child Traumatic Stress Network*. Trauma Treatment with Clients who have Dual Diagnoses: Developmental Disabilities and Mental Illness. Retrieved July 13, 2011 from http://www.nctsn.org/nctsn_assets/pdfs/reports/trauma_treatment_dual%20diagnoses_charlton.pdf

National Center for Trauma-Informed Care. (2011). Retrieved July 13, 2011 from <http://www.samhsa.gov/nctic/>



Check out these websites mentioned in this edition of “It’s Your Health”.

http://www.nctsn.org/nctsn_assets/pdfs/reports/trauma_treatment_dual%20diagnoses_charlton.pdf

<http://www.samhsa.gov/nctic/>

<http://www.health.gov/paguidelines/default.aspx>

<http://www.choosemyplate.gov/downloads/MyPlate/DG2010Brochure.pdf>

<http://www.choosemyplate.gov/>

<http://www.choosemyplate.gov/downloads/MyPlate/SelectedMessages.pdf>

http://atsudentalclinic.com/kcom/preceptors/professional_development/pdfs/burnout.pdf

<http://www.mayoclinic.com/health/burnout/WL00062/METHOD=print>

http://www.helpguide.org/mental/burnout_signs_symptoms.htm

http://stress.about.com/od/selfknowledgeselftests/a/burnout_quiz.htm

New Dietary Guidelines Released by USDA in 2011

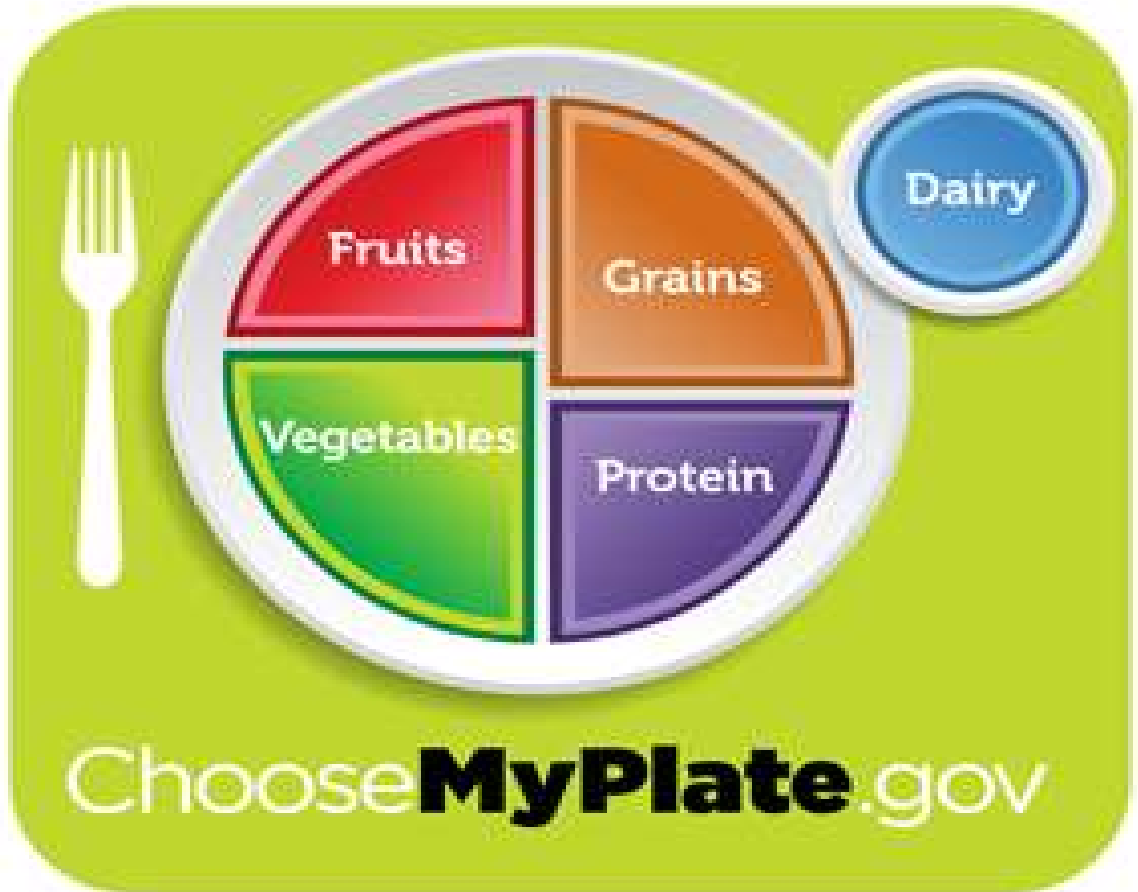
The **2010 Dietary Guidelines for Americans** is the federal government's science-based nutritional guidance to promote health, reduce the risk of chronic diseases, and reduce the prevalence of overweight and obesity through improved nutrition and physical activity.

This plus the MY PLATE (instead of the food pyramid) offers easy to understand choices at a time when more than one-third of children and more than two-thirds of adults in the United States are overweight or obese.

MY PLATE REPLACES THE FOOD PYRAMID

Suggestions for using MY PLATE:

- Laminate a copy and use as a place mat or post on the refrigerator as a reminder of healthy food choices among the five food groups.
- Use MY PLATE to create menus and menu choices for consumers.
- Visualize MY PLATE as being a 9 inch or smaller plate.
- Use the interactive web site to learn more about food choices.



<http://www.choosemyplate.gov/>

INCREASE VEGETABLES AND FRUIT

- These foods provide vitamins A,C and K, potassium, dietary fiber, folate and magnesium.
- Eating at least 2 ½ cups of vegetable and fruits a day may reduce the risk of heart attacks, strokes, and some cancers.
- Choose a colorful variety to fill ½ your plate.

WHOLE GRAINS

- Include the entire seed that is made up of bran, germ and endosperm.
- Examples are whole wheat, popcorn, brown or wild rice, rolled oats and quinoa.
- Refined grains lose fiber, vitamins and minerals during processing that enriching cannot fully replace.
- Choose products which are 100% whole grain or that list whole grains near the beginning of the ingredient list.

Recommended **dietary fiber intake is 14 grams per 1,000 calories consumed.

WHAT YOU SHOULD TRY TO DO:

- Make half your plate fruits and vegetables.
- Enjoy your food, but eat less.
- Drink water instead of sugary drinks
- Make at least half your grains whole grains.
- Avoid oversized portions.
- Compare sodium in foods like soup, bread, and frozen meals – and choose the foods with lower numbers.
- Switch to fat-free or low-fat (1%) milk.

PROTEINS

- **Choose a Variety of PROTEINS...** and eat more seafood!
- Include seafood, lean meat and poultry, eggs, beans, soy products and unsalted nuts and seeds.

HOW MUCH SODIUM DO WE NEED?

Limit to 1500 mg sodium/day:

- Over 50 years old
- African Americans
- High blood pressure
- Diabetes
- Kidney Disease

Less than 2300 mg sodium/day:

- Most people 2 years & older

This dietary advice includes *Be Active Your Way*, the **2008 Physical Activity Guidelines for Americans** which can be found at:



<http://www.health.gov/paguidelines/default.aspx>.

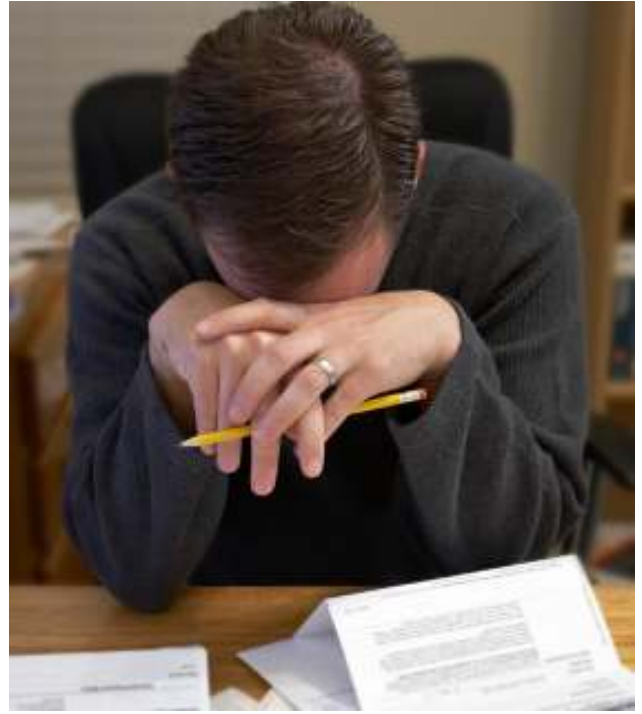
<http://www.choosemyplate.gov/downloads/MyPlate/DG2010Brochure.pdf>

<http://www.choosemyplate.gov/>

<http://www.choosemyplate.gov/downloads/MyPlate/SelectedMessages.pdf>

JOB BURNOUT AND STRESS MANAGEMENT

The Mayo Clinic describes job burnout as, “a special type of job stress – a state of physical, emotional or mental exhaustion combined with doubts about your competency and the value of your work”.



Burnout can lead to:

- Cynical attitudes
- Poor self care practices



Other contributors:

- Technology
- More time spent on administrative drudgery
- Multitasking
- Busy home lives make it difficult to find relief outside of the workplace
- Economic stagnation-salaries VS purchasing power

Outcomes:

- Poor quality work
- Low morale
- Absenteeism
- Turnover
- Health issues
- Depression
- Family problems

Why Does Burnout Occur?

- We feel overloaded.
- We lack control over what we do.
- We are not adequately rewarded for our work.
- We're experiencing a breakdown in community.
- We aren't treated fairly.
- We're dealing with conflicting values.

What to do about burnout?



Prevention

- Start each day with a relaxing ritual
- Adopt healthy eating, exercise, sleep habits
- Set boundaries
- Take a break from technology - ***DAILY***
- Nourish your creative side

- Learn to manage stress
- Ask for help

Recovery

- Slow down
- Get support
- Reevaluate goals and priorities
- Reflect often



Take the Quiz

Go online and take the **Job Burnout Quiz**.

To take the quiz log onto http://stress.about.com/od/selfknowledgeselftests/a/burnout_quiz.htm and click on the "**Take Quiz**" hyperlink.

Resources

For more information and resources on stress management techniques, you can check out the following:

http://atsudentalclinic.com/kcom/preceptors/professional_development/pdfs/burnout.pdf

<http://www.mayoclinic.com/health/burnout/WL00062/METHOD=print>

<http://www.helpguide.org/mental/>

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IDEAS FOR OUR NEWSLETTER?

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