



Licking Memorial Health Systems

1320 West Main Street
Newark, OH 43055

Please take a few minutes to read this month's report on **Diabetes Care**. You'll soon discover why

Licking Memorial Hospital is measurably different ... for your health!

Visit us at www.LMHealth.org

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Quality Report Card Licking Memorial Health Systems

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Health Tips - Diabetes-friendly Fast Food

For people with diabetes, eating the right foods to control blood sugar levels is a daily challenge. Fortunately, even most fast-food restaurants now offer healthy options. Here are some tips to help patients with diabetes eat on-the-go:

- Skip the mayonnaise and the cheese on sandwiches, or at least pick only one.
- Think "Happy," not "Super." Kid's meal portions are usually the right size for adults.
- Choose apple slices, side salads or carrots instead of fries. If you must have fries, order a small size and share them with a friend.
- Fish and chicken sandwiches are good choices, but only if they are grilled, not fried.
- Cut back on salad dressings and toppings. They can add many extra calories.

Diabetes Care – How do we compare?

At Licking Memorial Health Systems (LMHS), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your health care choices.

Check out
our Quality
Report Cards online
at www.LMHealth.org.

- 1** Much of the care diabetes patients receive takes place in the outpatient or physician office setting. The physician offices of Licking Memorial Health Professionals (LMHP) measure the most critical indicators for diabetes.

	LMHP 2006	LMHP 2007	National ⁽¹⁾
LMHP diabetes patients receiving eye exam	73%	68%	60%
LMHP diabetes patients having HbA1c test	90%	91%	80%
LMHP diabetes patients having lipid profile	94%	93%	80%
LMHP diabetes patients having microalbuminuria test	87%	90%	80%
LMHP diabetes patients having foot exam	90%	90%	80%

- 2** While having the testing done is important, the test results (or outcomes) indicate how well the physician, in collaboration with the patient, is managing the diabetes. The hemoglobin A1c (HbA1c) test is a simple lab test that shows the average amount of sugar (also called glucose) that has been in a person's blood over an extended period of time.

	LMHP 2006	LMHP 2007	Goal ⁽¹⁾
LMHP diabetes patients with HbA1c less than or equal to 7%	56%	58%	40%

- 3** People with diabetes are at high risk for heart disease. Elevated LDL (“bad”) cholesterol is an important test for telling whether someone has unhealthy fat levels which increases the risk for heart disease, a very serious complication of diabetes.

	LMHP 2006	LMHP 2007	Goal ⁽¹⁾
LMHP diabetes patients with LDL less than or equal to 100 mg/dL	60%	63%	36%

- 4** The Community Case Management (CCM) program at Licking Memorial Hospital (LMH) provides services to people in the community with diabetes. The American Diabetes Association recommends a person with diabetes have a blood test called a hemoglobin A1c (HbA1c) at least every six months to monitor glucose levels. The two most frequent reasons a person with diabetes may not get an HbA1c are that the test is not ordered or that he/she did not go to the laboratory for the test.

	LMH 2006	LMH 2007	National ⁽¹⁾
CCM diabetes patients who obtained an HbA1c	84%	87%	80%

- 5** Licking Memorial Hospital offers special classes and services for people with diabetes. Certified diabetic educators, registered nurses, dietitians and pharmacists teach classes and help participants set and meet personal goals.

	LMH 2006	LMH 2007	Goal
% Goals met by diabetic education graduates – within six weeks	99%	96%	greater than 75%
% Goals met by diabetic education graduates – within six months	96%	92%	greater than 80%

Patient Story – Lois Kilokowski

As a retired diabetes educator, Lois Kilokowski realizes she probably knows more about diabetes management than the average person. She stresses that education, exercise and a healthy diet are a diabetes patient's best tools to feeling better and avoiding complications. At 76 years of age, Lois also follows those guidelines since she has had diabetes herself for the past 38 years.



Lois Kilokowski is careful to control her blood sugar so she can enjoy her retirement years with her husband, Edward.

Diabetes is a condition in which the body does not produce enough insulin, or cannot use it properly, to break down ingested carbohydrates, starches and other food. This results in a high blood glucose (sugar) level in the body that can damage many of the body's internal organs over time.

The treatment for diabetes depends upon the severity of the disease. For mild diabetes, the disease can be controlled through a disciplined routine that includes a healthy diet and regular exercise. Those with mild diabetes may be able to gain control of their blood glucose levels with oral medications. Those with more advanced diabetes will require administration of insulin or a combination of oral medications and insulin.

Lois has seen many advances in diabetes care since 1970 when she first found out she had the disease. At that time, she was employed as a registered nurse and had two young children at home. "It was a learning experience for me when I was first diagnosed," she said. "There were no meters to check your blood sugar; you had to use a dipstick to test your urine. Then when the first glucometers came out, they had to be calibrated every time you used them. The diet was different back then. Vegetables were divided into categories, and it worked on the exchange system. Today, we count carbohydrates."

As a nurse, Lois has seen first-hand how devastating the complications from diabetes can become. Uncontrolled blood sugar levels can contribute to heart disease, stroke, kidney disease, blindness, nerve damage, digestive problems, foot problems, skin problems and depression. Under the care of Internal Medicine Physician Gerald R. Ehram, M.D., Lois self-injects four times each day – a dose of fast-acting Novolog before breakfast, lunch and dinner, and a dose of long-acting Lantus at bedtime. "I have gotten along so well on that regimen. I have the flexibility to adjust the Novolog if I think I am going to

have a larger meal than usual, or to cut back if I do not eat as much."

Lois carefully follows Dr. Ehram's advice to have her hemoglobin A1c levels checked several times a year. This test estimates the average blood sugar over a two- to three-month period. The American Diabetes Association recommends that the target hemoglobin A1c level be less than 7 percent. Lois' hemoglobin A1c results are consistently near 6 percent. "I always 'toed the line' because I did not want to get into all the complications that can develop," Lois said. "So far, I have been very fortunate."

Even though she has avoided most serious complications, Lois still has faced some health challenges. Before she began using her current combination of Novolog and Lantus, she would sometimes experience very low blood sugar levels and even passed out a few times. One of those episodes resulted in a serious automobile accident. "I blacked out as I was driving and crashed into the back of a truck," Lois explained. She was hospitalized with her injuries and has since given up driving. She also has developed some macular degeneration which affects her eyesight, but she is still able to enjoy solving crossword puzzles.

Even though she is retired as a professional diabetes educator, Lois still eagerly shares her knowledge with other diabetes patients, encouraging them to be proactive about their health. "It is overwhelming when you are first diagnosed," she said. "But a lot of people know a family member or friend with diabetes, so there are lots of people who know what you are going through." Lois' main point of advice is to become educated about the disease. "If your doctor does not send you to a dietitian and diabetes education classes, ask and insist to be sent," she stressed.

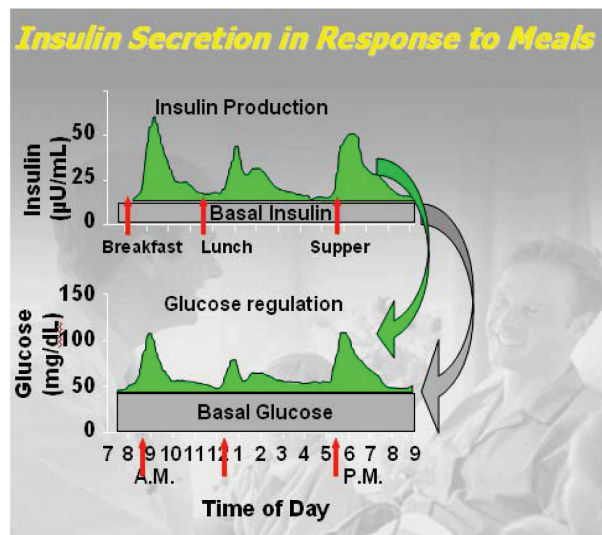
Licking Memorial Hospital offers nutritional counseling with a dietitian and Diabetes Self-Management Classes that are available to those who have a physician's referral. For more information, call (740) 348-4910. In addition, more information about diabetes and LMH's diabetes services is available online at www.LMHealth.org by clicking on "Hospital Services."

Newer Insulins Provide More Natural Treatment for Insulin-Requiring Diabetic Patients

by Gerald R. Ehram, M.D.

When treating chronic diseases, physicians strive to duplicate the natural or non-disease state. Treating diabetes mellitus is no exception. We have known for a long time how the body handles carbohydrates (sugars) and how the pancreas produces insulin. Despite having insulin available for treatment since approximately 1923, the medical community had not been able to closely duplicate the natural insulin production of the pancreas. However, with advancements in technology, insulins are now being manufactured that are able to more closely mimic the pancreas' normal insulin production.

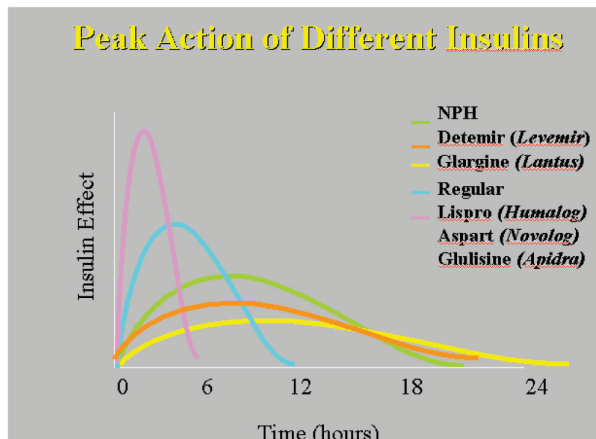
Normally the pancreas produces a continuous baseline (basal) amount of insulin that controls the blood glucose (sugar) when a patient is not eating. In response to a carbohydrate meal, the pancreas produces an additional amount of insulin (bolus) that allows the carbohydrates ingested to be utilized (see graph #1) by the body and returns the blood sugar back to baseline.



Graph #1

Older insulins (such as NPH® and Lente®) could not provide a basal rate of insulin. This changed with the introduction of new long-acting or basal insulins (Lantus® and Levemir®). One injection provides a steady level of insulin over a 24-hour period that closely mimics the pancreas' natural basal rate. With the development of rapid-acting insulins (NovoLog®, Humalog®, and Apidra®) we can now mimic the bolus pancreatic insulin production associated with meals. Hence the terminology “basal-bolus” or “basal-nutritional” is often used to describe this combination therapy.

Long-acting insulin is administered once a day. Rapid-acting insulin is administered only with (or immediately after) a meal, whatever time that may be. This allows diabetic patients a more flexible, normal lifestyle. The “old” regimens required frequent regular meals.



Graph #2

All of the new insulins are available in “pen” administration devices. These devices look much like a fountain pen and are easily carried in a pocket or purse. They do not need refrigeration. The patient merely turns a dial to select the amount of insulin needed, attaches a short needle and administers the insulin. The convenience of the pen device further contributes to a more normal lifestyle for diabetic patients. The newer insulins provide an opportunity for better glucose control, less risk of hypoglycemia (low blood sugar) and a more natural life style for diabetic patients.

This new basal-bolus program does require a patient's effort and understanding. When a meal is eaten, normally the body determines how much carbohydrate is consumed. A message is sent to the pancreas where just enough insulin is released to take care of the consumed carbohydrate. Because the pancreas is not working correctly in diabetes, the patients have to estimate the amount of carbohydrate they are consuming in a meal (carbohydrate counting). They then have to calculate and administer the correct amount of insulin needed for the carbohydrate consumed.

As you can imagine, education is extremely important for diabetic patients to adapt to this program. Licking Memorial Hospital has an excellent American Diabetes Association-certified educational program for diabetic patients. This program includes instruction by dietitians regarding carbohydrate counting and diabetic meal planning, along with several sessions with diabetic case managers, several of whom are certified diabetic educators. If you are a diabetic who requires insulin and are interested in learning more about the basal-bolus regimen, feel free to contact our Case Management Department at (740) 348-4910.

Gerald R. Ehram, M.D. is an internal medicine physician at Licking Memorial Internal Medicine.