

Diabetes *Views*

My Story: Finding a Support Group

Anne, one of our Diabetes Self-Management Education (DSME) support group participants, shares her story about how a support group has helped her learn to better manage her Diabetes. Anne has also contributed to the DSME's online blog.

Given her family history, Anne knew there was always a chance she would develop Diabetes and had already been preparing herself for that possibility. After her diagnosis, her doctor mentioned the support group held every month at the MGH Diabetes Center. Feeling the need to talk to other people who understand what it's like to have Diabetes, and lacking a support group in her hometown, the decision to attend was easy.

Something she noticed very quickly was several of her fellow group members were angry about having Diabetes, a feeling Anne didn't share and couldn't really understand. Fearing a cancer diagnosis, learning she had Diabetes came as a relief—at least with Diabetes there was something she can do about it. The way she looks at it, Diabetes keeps you on top of your health; now that she's getting older, Anne knows she it's especially important to pay attention to managing her Diabetes.

Nevertheless, Anne insists that the group is made up of a great bunch of helpful, supportive people. If you're feeling down or having a bad day, she says, they have a way of bringing you up and helping you feel better. She's developed strong friendships with several members and they get together on occasion outside of group meetings.



But what she enjoys most about the support groups is that every session is an opportunity to learn something new. Sometimes it's a new brand of pasta a fellow group member found, a new dessert recipe or a way to feel motivated to exercise. Other times, it's the way foods break down into glucose, the need to test her blood more often or the amount of sugar in fruit and yogurt. One thing she was especially amazed to learn was how quickly exercise can lower blood glucose levels.

Although it's been several years since her diagnosis, Anne feels she hasn't yet scratched the surface of what she can learn, especially with regards to her diet. She rarely if ever misses a session, and hopes to continue to learn more about living well with Diabetes. More than anything, Anne considers herself blessed to be at MGH.

We'd love to hear from you

Do you have a story about your experience with Diabetes you'd like to share for a future issue of *Diabetes Views* or on the [DSME blog](#)? E-mail diabetesviews@partners.org

Depression

By Christina Psaros, Ph.D.

Depression is a serious health problem. People with Diabetes are about twice as likely to be depressed than someone who doesn't have diabetes. Everyone feels sadness at some point. Clinical depression, however, is more than just feeling sad. People who are depressed may feel sad, and they may lose interest or find it hard to enjoy things they used to (like hobbies or other fun activities). They may also notice changes in their sleeping and eating—some people may eat or sleep more than usual, while others may not be hungry or have trouble sleeping.

Depression can also make people feel as if they do not have energy to do things, like managing their Diabetes. People with depression might also have a hard time making decisions or concentrating, and feel badly about themselves. When depression is at its most serious, people may think about harming themselves, or even consider suicide.

Depression alone is a major health problem, but it is even more serious for people with Diabetes. Research shows that people with Diabetes and depression find it harder to do things to manage their Diabetes (checking their blood sugar, exercising, making healthier meal choices, etc) than people without depression. Also, some of the symptoms of uncontrolled Diabetes, like feeling tired or difficulty concentrating, are also symptoms of depression. It is sometimes difficult to tell whether feeling bad is caused by depression, Diabetes, or both. So, people



with Diabetes may not know that they are depressed, and their doctors might not know it either. For this reason, it's very important to talk to your doctor about how you feel, and tell them if you think you might be depressed.

The good news is that depression is highly treatable, with medication, therapy, or both. Some researchers at MGH are doing a study to see if a form of counseling called cognitive behavioral therapy (CBT) can help adults with Diabetes and depression. If you think you may have depression, talk to your health care provider. They can help manage your symptoms, or put you in touch with someone who can. If you would like to learn more about research studies for adults with depression and Diabetes, call 617-726-7458.



May is Healthy Vision Month

If you haven't already, now is a good time to schedule an eye exam. The American Diabetes Association (ADA) recommends seeing your eye care professional for a dilated eye exam at least once a year to check for signs of retinopathy and other eye complications. Even if your Diabetes is well managed, you can still benefit from regular eye exams; in many cases, early detection can lead to more effective treatment. For more information about eye health, visit: massgeneral.org/diabetes or cdc.gov/diabetes/pubs/tcyd.



Ask the Nutritionist

By *Melanie Pearsall, RD, CDE*
Nutritionist at MGH Revere

I have Diabetes but was also recently diagnosed with high cholesterol. My doctor said I should decrease my saturated fat intake. What is saturated fat and how can I decrease it?

Saturated fat, the type of fat responsible for raising blood cholesterol levels, is found primarily in animal based foods. So, the fat marbled in beef, in chicken skin and in dairy foods like milk and cheese is saturated (eggs also contain saturated fat in the yolk, but much less than most people believe). Foods that have been prepared with animal products, like pastries and custards, can also be high in saturated fat.

It's important to choose animal products that are lower in fat, like 1% milk, and to remove the fat whenever you can (such as removing the skin from the chicken and trimming beef and pork well). Nutrition labels also contain information about the product's saturated fat

content. A good rule of thumb is to keep the saturated fat content in packaged foods to less than 10% per serving.

To help you remember where saturated fat comes from, use this tip: If it came from an animal with 2 or 4 legs, the fat in the product may be highly saturated and should be modified. If the food came from fish or plants, the fat is most likely unsaturated and may have heart health benefits (olive oil, omega 3's). Remember, though that all fats are equally high in calories.

To submit questions to an MGH nutritionist, email diabetesviews@partners.org

Here is a dish that would be perfect to enjoy al fresco, as part of a light dinner or as leftovers for lunch. It also uses seasonal produce.

Pasta Puttanesca

2 tablespoons capers
1 tablespoon garlic, minced
2 tablespoons olive oil, extra virgin
1 can (2.6oz) sardines, packed in water (tuna can be substituted)
1 teaspoon red pepper flakes
¼ cup fresh basil (if fresh is not available, 1.5 tablespoons dried basil can be substituted)
1-14.5 oz can tomatoes, diced or pureed
2 tablespoons kalamata olives, chopped
½ pound whole wheat pasta, dried linguine
3 tablespoons parmesan cheese
10 Asparagus spears, chopped in 1 inch pieces, woody ends removed
½ cup green peas
Dash of black pepper

Boil water for the pasta. In the meantime, roughly chop kalamata olives. Hold asparagus at bottom third of stalk and bend until asparagus naturally snaps, discard ends. Set asparagus aside. Mince garlic and add to sauté pan with olive oil. Cook for approximately 1 minute. Add can of tomatoes, capers, sardines, black pepper, red pepper flakes and olives to sauté pan. When water in pot comes to a rolling boil, add pasta. Add asparagus and green peas to pasta sauce. Reduce sauce to a simmer, if starting to bubble. When pasta is done drain water from pasta. Add pasta and basil to sauté pan, coat with sauce. Add Parmesan cheese before serving.

Yield: Approximately 5 (1-1/2 cup servings)

Nutrition Information per Serving:

Calories: 322
Protein: 15 g
Sodium: 618mg
Carbohydrate: 44 g Fiber: 7 g
Fat: 11.5 g
Sat Fat: 2.75 g