Diabetes In-control NOW!

Spring 2006 Volume 2, Issue 2

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Your Diabetes Clinics

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Internal Medicine
202-782-6885

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Family Health Center of Fairfax
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Rader Family Practice Center
703-696-7920

Family Health Center of Woodbridge
703-576-1364

Maryland

Kimbrough Ambulatory Care Center
301-677-8333

Letter from the Director of the Diabetes Institute

Dear Readers,

As we welcome you back to Diabetes In-control NOW!, we also welcome spring, a season that is characterized by longer, brighter, warmer days and evidence of new life everywhere. Many homemakers use the emergence of spring as an opportunity for some serious spring cleaning. Closets are de-cluttered, windows are washed, carpets and rugs are shampooed, and woe to any dust that is found lurking in a corner! Garages are cleaned out and yards are prepared for spring planting. Although the tasks associated with spring cleaning are not always relished, who doesn't enjoy the end result of orderly closets, sparkling windows, clean carpets, dust-free furniture, a garage where you can actually park the car, and a beautiful yard!

Have you ever thought of applying the principles of spring housecleaning to your health? Like homes, bodies need consistent attention and discipline to stay fit and healthy. However, once a year it may benefit us to approach our health the same way we approach spring house cleaning. Are health records organized? Are physical exams and recommended screenings scheduled and appointments kept? Are goals to lose weight, get more sleep, exercise at least 20 minutes every day, or attend a Diabetes Self Management course being met? Annual screening tests for people with diabetes include a dilated eye exam to evaluate the health of the retina (the lining of the inside of the eye that contains the rods and cones which enable you to see), a urine specimen to evaluate the status of kidney function, laboratory tests to measure the levels of 'good' and 'bad" cholesterol in the blood, and a visit to the podiatrist to identify actual or potential problems with feet. You should visit the dentist twice yearly and have a laboratory assessment of the A1C level (a blood test that measures your average blood glucose level for the previous three months) at least twice a year and more often if it has been elevated (> 7%).

Just as a homemaker might be overwhelmed with all of the tasks required to keep a home looking great and functioning properly, you may also feel overwhelmed with the daily, weekly, monthly, and annual things necessary to keep you feeling and looking your best. In Living the Sweet Life on page 2, Christine Kessler, NP shares her insight into successful diabetes self management. Comments from other individuals will assure you that you are not alone. Like one young man, you may even declare, "I don't have DIEabetes, I have LIVEabetes! "

Time management experts recommend breaking large, seemingly insurmountable jobs into small tasks. Whether it is goals you would like to achieve or tasks you need to accomplish, make a list and check it regularly. When you meet a goal or finish a task, cross it out! Before long, you will see that you are closer to your overall goal of better health and better diabetes self-management skills. Take the opportunity this spring to inject some new life into your routine. And remember, at the Diabetes Institute, Our Mission is Your Health!

Sincerely,
Robert A. Vigersky, COL, MC

Living The Sweet Life

By Christine Kessler ANP-C

"How sweet it is!" — *Jackie Gleason*

When the late, great Jackie Gleason uttered those famous words, he could have been speaking about the life he was living. It is a life now shared by over 21 million Americans and 200 million people worldwide—the "sweet life"—the diabetic life.

For diabetics, the "sweet life" seems more like a "sour life." Diabetes is an unwelcome, brutish guest that comes to visit and never leaves—a constant companion that hounds you until the end of your days. The potential health risks of diabetes, along with the constant vigilance and life style adjustments needed to control it, can drain your ability to cope with it. Many diabetics feel "on the ropes" with their disease. Diabetes control often seems unattainable or the process overwhelming and they fall into the "why bother?" trap. They stop monitoring their progress and relegate their disease to the shadows. But from the shadows, diabetes continues its relentless assault. Free from the light of vigilance, it whittles away health and vitality. Finally, this relentless stalker can no longer be ignored and is forced into the light because of the damage done. While many fall into this trap, a great number of people with diabetes thrive despite the unique challenges of diabetes. What makes the difference? It may be what they bring to their disease: perspective, attitude, tenacity and humor.

Perspective

As with anything in life, the way you look at it determines your view. Suppose you pick up a small pebble from a path upon which you are walking. Holding that pebble up close to your eyes and focusing on it intently makes it look much bigger than it really is. Once you place it back on the ground, you see it for what it truly is—just a pebble, a small bump on the path. Life's struggles, including diabetes, can be like that. Diabetes need not be all-consuming,, but one of many bumps encountered on life's remarkable journey.

Diabetes is often treated as either the bogeyman or the invisible man—something to fear or to neglect. Either response is self-defeating. Fear can lead to immobility and surrender. Neglect is a far easier response. Diabetics may find temporary comfort in denial, but (as discussed above) diabetes does not rest. It continues its assault. Acceptance of diabetes is not submission to it—it simply allows actions to control it. It is more productive to recognize diabetes as the controllable disease it really is than as an unconquerable, death-dealing monster. Changing our perspectives is not always easy, but it is essential, for our beliefs become our actions and eventually our fate. Consider the following comments about diabetes:

"Diabetes is a grumpy elephant on my back 24/7/365—Get the picture?"—James

"Diabetes makes me a freak—it's embarrassing, and I don't tell anyone I have it."—Justin

"Diabetes killed my mother—it will probably kill me. So, why bother?"—Sheree

"Diabetes is NOT who I am—it may be part of me, but it does not define me."—Marcia

"I've never liked the word "diabetic." I prefer to think of myself as "glandularly challenged."—Jack

"I don't have DIEabetes. I have LIVEabetes!"—Nathan

"I'm not just a diabetic—I'm a "sweet person."—Chris

Who do you think has the greatest chance for success?

Attitude

Attitude colors our world and can greatly affect our health. It is shaped by many factors—our innate personality, our overall perspectives on life, and our general health. Fatigue and pain can certainly impact our outlook. Mood can also take a big hit from the nagging of well-meaning friends and family who somehow turn into "food police." Still, the greatest influence on attitude is our will—it is truly a matter of choice.

Living with a chronic disease may require frequent attitude adjustments. This can be easier said than done. Many people with diabetes do not perceive it merely as a chronic disease, to many it is a chronic nuisance—taking medications, checking blood sugars and (sigh) sticking to a meal plan. All of these aspects of diabetes self management can evoke many feelings. Feelings may run especially high when food is involved. Often is heard the lament, "Don't dare come between me and my bagel!"

What can you do to keep a positive attitude? Find ways to be around positive, uplifting people—those that encourage and motivate you. If you are surrounded by the "pickle-suckers" of life, then seek encouraging words from motivational books, radio and great diabetes websites, such as diabetesmine.com or diabetes.org. Nurture your spiritual side, perhaps seeking out places of worship and meditation. If black clouds of despair and/or depression hover over you, you may need medical intervention. Tell your medical provider. There are thousands of diabetics in the Walter Reed Health Care System, and many of them have discovered just the right attitude:

"Okay, I have diabetes. I just have to row with the oars God gave me."—Dan

"I cannot allow myself to believe diabetes is an insurmountable problem when I see people overcoming it everyday."—Sal

"I may be run down, but I'm not run over."—Bruce

"I hate self-pity. Self-pity fogs up my glasses and I can't see life."—Jan

"Being worried about my diabetes is like saying God isn't big enough, and that's a sin.—Kirsten

Tenacity

You may have developed a new, healthier perspective of diabetes and are determined to guard your thoughts against discouragement or despair regarding the daily routine of diabetes self management. But how do you keep it up for the long haul? This is a life-long journey. The best place to start is with realistic goals—ones more easily attained—for encouragement. For instance, if you rarely check your sugars, determine to check them once a day at random times. Don't focus on losing 50 or more pounds, work toward a one to five pound loss over several months. And if you can't (or won't) give up french fries, reduce your "dose" by a third. Celebrate your incremental successes in creative ways. Reward yourself with a movie, a massage, a new garage tool, or jewelry.

It is easy to become discouraged when, despite your best efforts, blood sugars remain out of control. Nothing seems to work. All that pain and no gain…why bother…defeat is inevitable, isn't it? Nearly everyone living the "sweet life" will get the urge to take a "vacation" from their disease—to simply quit. If that is you, call a friend or talk with your health care provider. Let someone help "carry" you through these rough spots. It is always a good idea to

(continued on Page 6)

Introduction to Clinical Research

By Susan Fracisco, LTC MC

What is Research?

Research is defined as a systematic investigation designed to answer a specific question or develop and contribute to generalized knowledge. Research at Walter Reed Army Medical Center requires a protocol that is approved through scientific and ethical review processes.

What is a Clinical Trial?

A clinical trial is a research study comparing different types of medical care in patients. The purpose is to answer important questions about various standard therapies or how a new therapy may compare against traditional treatment methods. Properly conducted clinical trials are the fastest and safest way to find new treatments and ways to improve health. Enrolling in a clinical trial is voluntary and requires all participants to review and sign a document that is called informed consent. Informed consent is the process of learning the key facts about the study before deciding whether or not to participate. The consent form includes details about the study, such as its purpose, how long it will last, what will be done, and name of the Principal Investigator. Informed consent is not a contract and participants may withdraw from any study or trial at any time.

The Principal Investigator or PI is the individual who is in charge of the study. He or she usually has a research team that helps with different aspects of the study.

Types of Clinical Trials

There are generally three types of clinical trials. In a Phase I trial, the goals are to determine if a new drug or device can be given safely, when and how much should be given, and what are the side effects. In a Phase II trial, the goals are to continue to gather safety data but also to see if the drug or device is effective for a specific disease process. In a Phase III trial, the goal is to compare a new treatment to the "gold-standard" or the usual standard of care for a specific disease or condition. If a standard of care does not exist, then the new treatment may be compared against a placebo. A placebo is an inactive pill, liquid, or powder that does not have any effect on a particular disease or condition. Placebos are frequently used to assess the effectiveness of the experimental drug or treatment. In Phase III trials, often hundreds of patients are enrolled to allow for the detection of significant differences in the various treatments. Patients are assigned randomly (like a flip of a coin or rolling dice) and often they and their doctor will not know the treatment that they are receiving.

Minimal vs. Greater than Minimal Risk Clinical Trials

Minimal Risk Human Use studies are those studies in which the probability and magnitude of harm or discomfort anticipated in the research is not greater than that encountered in daily life or during the performance of routine physical or psychological examinations or tests. Examples of minimal risk studies include procedures that might require small amounts of blood draws from healthy individual, exercise, behavior, or voice recordings to assess hearing.

Greater than minimal risk human studies include all studies that do not fall into the category of minimal risk. Many clinical trials involve an experimental treatment that is greater than minimal risk. All studies are reviewed by an Institutional Review Board (IRB) that determines the risk levels of all studies. At WRAMC the IRB is also called the Human Use committee (HUC). All studies must be approved by the HUC before the Principal Investigator and his or her research team can begin the study. The HUC carefully examines the study protocol and the informed consent document to make sure that the benefits of a study outweigh any anticipated risks of the research.

How is Research Approved at WRAMC?

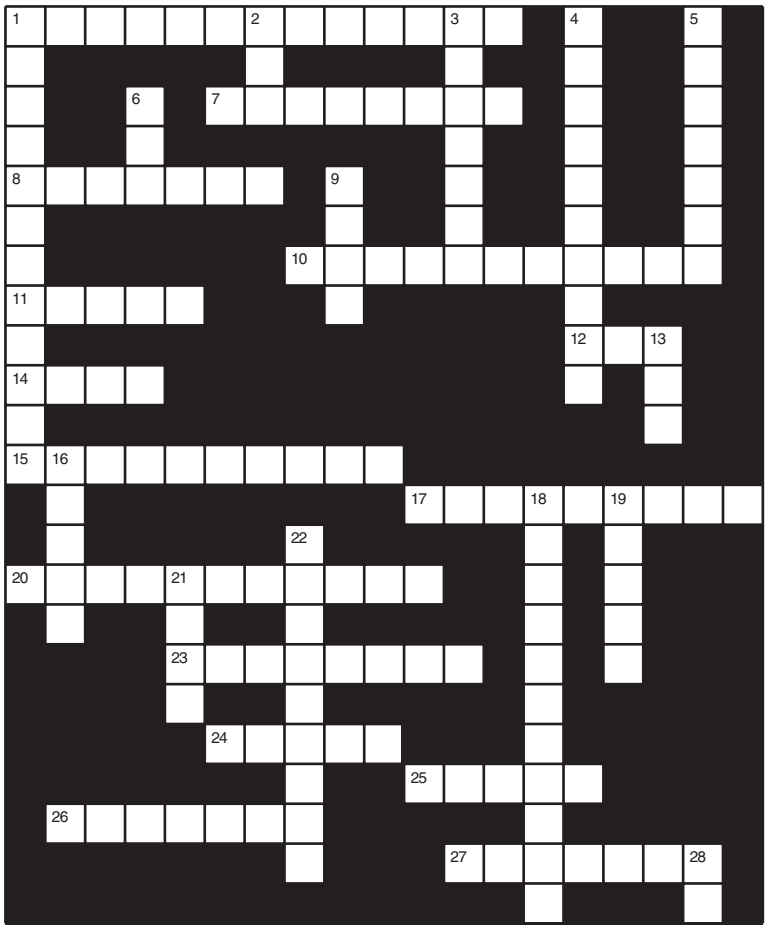
Protocols are submitted to the Research Review Service in the Department of Clinical Investigation (DCI) at WRAMC. The Department of Clinical Investigation consists of physician, scientists, statisticians, nurses, dietitians, and lay people who make sure that a clinical trial is ethical,

scientifically sound, and safe. The study protocol explains in great detail what the researchers will do in the study. The protocol is first reviewed by a DCI protocol coordinator. It is then sent to the Clinical Investigation Committee (CIC) which makes sure the study is scientifically sound and that the investigator has the correct amount of funding and/or resources to conduct the study. If the CIC determines that there is a greater than minimal risk to potential study participants, the protocol is sent to the Human Use Committee. The HUC is a diverse group of professionals including physicians, scientists, a lawyer, a chaplain, and other lay persons that determine if the protocol is designed in an ethical manner with a favorable risk benefit ratio. The risk benefit ratio means that the risks are as low as possible and are worth any potential benefits. The HUC also makes sure that the rights of study participants are protected. WRAMC, like all institutions that conduct or support research, has an IRB or HUC that adheres to federal, DoD, Army, and local regulations. The protocol may undergo significant revisions before it is formally approved by the CIC and/or the HUC. Once a protocol is approved at WRAMC, it is sent to the Army Clinical Investigation Regulatory Office in San Antonio, Texas for final review and/or approval.

More Information About Clinical Trials

http://www.wramc.amedd.army.mil/departments/dci/
http://cancer.gov/clinicaltrials
http://www.clinicaltrials.gov/

Diabetes In Control NOW! Crossword



ACROSS

1. High blood sugar levels
7. Regular activity that develops and maintains physical fitness
8. Used for immediate energy or stored in liver or muscles
10. Eye disorder that may cause blindess
11. You are allowed 60-75 g per meal
12. Good cholesterol
14. A dietitian can work with you to develop a _____ plan.
15. Loss of limb
17. Information about diabetes and its management
20. Damage to the kidneys
23. A doctor who is a diabetes specialist
24. 4 ounces of this beverage = 15 grams of carbohydrate
25. Most common form of diabetes
26. Another name for the size of a serving
27. Builds muscle, but has little effect on blood glucose

DOWN

1. Low blood sugar level
2. Opposite of diligent
3. Allows glucose to enter cell
4. Damage to the nervous system
5. Risk factor for Type 2 diabetes
6. Measures glucose control over a 3 month period
9. Check daily for cuts, sores, blisters and calluses
13. Goal for this cholesterol is < 100
16. Allows you to check your blood glucose at home
18. LDL and HDL
19. In ____ diabetes pancreas produces no insulin
21. Ethnicity, family history are ____ factors for type 2 diabetes
22. No excuse to forget your diabetes
28. Also known as a nurse practitioner

Living the Sweet Life *(continued from Page 3)*

identify someone as your accountability partner. Although this is a journey where you may frequently feel alone, there are many people who care enough to help lift you up should you fall. Sometimes, two of the most important goals are to just get up and keep moving in the right direction. Thomas Alva Edison, an inventor and diabetic, said it well, "Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time."

Others with diabetes in the Walter Reed Health Care System share their thoughts:

"I take my pills every day, with a cracker, water and a prayer."—Martha,

"I can honestly say that being a diabetic these past 50 years has forced me to take good care of myself—I think that has made me healthier than I could have been. I play golf twice a week, tennis once a month, and I can still do 10 push-ups. I can do more than that but only 10 are any good."—Richard (age 85)

Humor

It has been said that diseases can be our spiritual flat tires—deflating us and throwing us off our rhythm. The best way to pump up those tires may be with laughter. Scientifically proven to enhance the immune system and provide some pain relief, humor is the intervention of choice for some people living the sweet life. Mae West was a well known actress who had diabetes. She once boasted, "I take it out in the open and laugh at it." It can be difficult to find anything funny about diabetes and its associated challenges. If you don't feel capable of offering up a chuckle, then rent some laugh-out-loud comedies and take time out for some mirthful diversion. Try smiling when you don't feel like it and look in the mirror. The strange contortions in your face may lift the corners of your mouth for real. For now, read what some people have to say about diabetes:

"Hey, I'm doing great. Sure, I've got diabetes, but my brother, Eddie, he's got 'ugly.'"—Ephraim

"I have diabetes. White cells attacked my pancreas and my eyelids don't work anymore."—Benny

"My dad was feeling real bad. The doctor said he has a bad case of 'type 2 diarrhea.'"—Caleb

"I spent a month in Europe and now I can say "sugar-free" and "where's the bathroom," in seven languages."—May

"How many carbs are there in boogers?"—Miguel (age 6)

"What do you call a dorky Type 1 diabetic? A "hokie-pokie."—Kevin

"It's gotten so bad, that when I see high gas prices at the station, I see them as blood sugar numbers!"—Carl

Save the Date!!!

The Diabetes Institute's 2nd Annual Fall into Fitness Workshop

September 30, 2006
0830 to 1600

Walter Reed Army Medical Center

Diabetes In Control NOW! Crossword answers from page 6

ACROSS

1. Hyperglycemia
7. Exercise
8. Glucose
10. Retinopathy
11. Carbs
12. HDL
14. Meal
15. Amputation
17. Education
20. Nephropathy
23. Sugar doc
24. Juice
25. Type 2
26. Portion
27. Protein

DOWN

1. Hypoglycemia
2. Lax
3. Insulin
4. Neuropathy
5. Obesity
6. A1C
9. Feet
13. LDL
16. Meter
18. Cholesterol
19. Type 1
21. Risk
22. Vacations
28. NP

Summary

If you are living the sweet life—live it well. As with any journey, be prepared. How do you feel about diabetes? How does this affect your attitude? Your tenacity? Your sense of humor? Remember that a successful life with diabetes is, in reality, 20 percent what others (including your health care providers) can do and 80 percent what you can do. Therefore, get support when you need it. There are plenty of people and resources in the Diabetes Institute who would like to help you! After all, our mission is your health. And one day you may declare as did 11 year old, Andrew,

"I'm not a diabetic—I'm a monster-slayer, and I will conquer the evil diabeast."

Christine Kessler, our diabetes specialist at the DeWitt Family Health Center at Fort Belvoir, has been a Nurse Practitioner with the Diabetes Institute for nearly six years. An enthusiastic advocate for the "sweet people" with whom she works, Mrs. Kessler's passion is to help and encourage them on their challenging, life-long journey with diabetes. Surgeon General Kiley's recent recognition of a perfect score on all her patient satisfaction letters indicate that Mrs. Kessler's patients appreciate and reciprocate her respect and regard for them.

Although Mrs.. Kessler has held many roles during her 33 years in nursing—critical care staff nurse, manager, clinical nurse specialist, researcher, academician, nurse practitioner, author, and national speaker—she feels her most important role has been that of "Mom" to her 12 year old daughter, Kirsten.

Diabetes Classes

DeWitt Health Care Network

703.805.9329

Tuesday Evening
2nd & 4th Tuesdays every other month

Thursday Morning

Fairfax Family Health Center

703.970.4228

Wednesday
1st Wednesday of every month

Pre-diabetes Class
1st Wednesday every other month

Woodbridge Family Health Center

703.576.1372

Monday Evening
1st and 3rd Monday of each month

Tuesday Morning
1st and 3rd Tuesday of each month

Pre-diabetes Class
4th Monday of each month

Walter Reed Army Medical Center

202.782.3308

Wednesday
2nd and 3rd Wednesdays of each month

Pre-diabetes Class
1st Wednesday of each month

Kimbrough Ambulatory Care Center

Ellen Lipscomb

301.677.8412

Diabetes Studies

Diabetic Autonomic Neuropathy
202.782.3310

Inhaled Insulin
202.782.5226

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Our Mission ▶ **Your Health**

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