

Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

A Message from Kentucky Diabetes Partners

KENTUCKIAN DEBORAH FILLMAN BECOMES PRESIDENT OF THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS (AADE) 2010

AACE

American Association of Clinical Endocrinologists
Ohio River Regional Chapter

ADA

American Diabetes Association

DECA

Diabetes Educators Cincinnati Area

GLADE

Greater Louisville Association of Diabetes Educators

JDRF

Juvenile Diabetes Research Foundation International

KADE

Kentucky Association of Diabetes Educators

KEC

Kentuckiana Endocrine Club

KDN

Kentucky Diabetes Network, Inc.

KDPCP

Kentucky Diabetes Prevention and Control Program

TRADE

Tri-State Association of Diabetes Educators



Debbie Fillman (left) kicks off her year as President of AADE by addressing Kentucky diabetes educators in Louisville on January 30th at the "AADE on Location" event

NOTE: AADE is an association of more than 12,000 multi-disciplinary health care professionals (RN's, RD's, Pharmacists and others) who are dedicated to promoting the expertise of the diabetes educator, ensuring the delivery of quality diabetes self-management training to the patient and contributing to the future direction of the profession.

Kentucky has four AADE chapters: Diabetes Educators of the Cincinnati Area (DECA); Greater Louisville Association of Diabetes Educators (GLADE); Kentucky Association of Diabetes Educators (KADE); Tri State Association of Diabetes Educators (TRADE).



Debbie Fillman (above) opens a gold charm from Kentucky diabetes educators in recognition of her accomplishment as the first EVER Kentuckian to be President of the American Association of Diabetes Educators (AADE) (Lana Vukovljak, AADE CEO, in background)



Diabetes educators listen to the presentation, "Effective Patient Communication: An Essential Skill for Today's Diabetes Educator" presented by Sue Cornell, PharmD, BS, CDE, at the "AADE on Location" event held January 30th at the Crowne Plaza Hotel in Louisville

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DIABETES DAY AT THE CAPITOL

FEBRUARY 2, 2010 — LARGEST ATTENDANCE EVER



Greg Lawther, former KY Diabetes Network (KDN) President and current Chair of KDN's Advocacy Workgroup, addresses the largest crowd ever to attend Diabetes Day at the Capitol with approximately 140 attendees



Kentucky Lieutenant Governor, Daniel Mongiardo, gives Diabetes Day at the Capitol attendees legislative tips when visiting legislators



Henderson Community College Nursing Professors Dianne Siewert (back row, far right) and Marlena Buchanan (front row, middle) traveled to Frankfort with 12 students to meet with legislators to discuss needs of people with diabetes

Submitted by: Greg Lawther, KDN Advocacy Workgroup Chair

Thanks to all of you who were able to attend the 2010 Diabetes Day at the Capitol in February. Below is a quick update of some of the issues.

- Preserve funding appropriated in the past for the state's diabetes prevention and control programs and the KY Diabetes Research Board. Deliberations on the state budget are still ongoing, so it is not too late to talk to your legislators (call them at 1-502-564-8100) about this or other diabetes issues.
- House Bill 52, <http://www.lrc.ky.gov/record/10RS/HB52/bill.doc>, regarding improving physical activity of children in schools. This bill is still sitting in the House Education Committee. If you know members of the House leadership, <http://www.lrc.ky.gov/house/hselead.htm>, or members of the Education Committee, [http://www.lrc.ky.gov/committee/standing/Ed\(H\)/members.htm](http://www.lrc.ky.gov/committee/standing/Ed(H)/members.htm), contact them about your support for the bill.
- House Bill 246, <http://www.lrc.ky.gov/record/10RS/HB246.htm>, and Senate Bill 86, <http://www.lrc.ky.gov/record/10RS/SB86.htm>, regarding menu labeling — would require chain restaurants that have 20 or more stores nationwide to list calorie information on menus and also have more detailed nutrition information available at cash registers for customers who request it. HB 246 got a hearing in the House Health and Welfare Committee on February 4th but was not voted on by the Committee. SB 86 is still sitting in the Senate Agriculture Committee. Although it is unlikely the bill will be voted on this session we still need to promote it.



Representatives Addia Wuchner (left) from Boone County and Kelly Flood (right) from Fayette County address the diabetes audience regarding the physical activity and menu labeling bills respectively



Diabetes Day at the Capitol attendees listen to presenters in preparation for visits with legislators

UPDATE ON MENU LABELING IN KENTUCKY

DON'T STOP UNTIL THE HANDWRITING IS ON THE WALL

Submitted by: Anita Courtney, Public Health Consultant / The Partnership for a Fit KY

Two bills dealing with menu labeling — HB 246 and SB 86 — were proposed in the 2010 Kentucky legislature. Both bills would require chain restaurants that have 20 or more stores nationwide to list calorie information on menus and require that more detailed nutrition information would be made available at cash registers for customers who request it.

This is the third year the bill was introduced. Representative Kelly Flood and Tonya Chang of the American Heart Association gave a well-reasoned presentation for menu labeling to the House Health and Welfare Committee that generated extensive discussion among committee members. The opposition took notice and had to publicly state their position for the first time. Though the bill was discussed, it was not brought to a vote. The Senate bill was assigned to the Agriculture Committee and at this time has not received a hearing.

Menu labeling got a lot of “ink and air” in the KY press. Nine TV cameras and 130 people filled the room as Senator Denise Harper-Angel and Representative Kelly Flood introduced the bills. We know of 11 TV reports, 3 radio shows and 10 articles that ran in KY on menu labeling during this session. This type of education is crucial for getting legislation passed. Good old-fashioned persistence is also key. The School Nutrition Bill took four years to pass — sticking with it made all the difference.

Here's What You Can Do to Help Put Calories on the Menu in Kentucky:

- Join the **Kentucky Menu Labeling** Facebook group to stay up-to-date.
- Contact your legislators and tell them to support menu labeling: HB 246 and SB 86. It takes just a minute to call 800-372-7181 and leave a message for your legislator. If you're unsure about who represents you, visit www.votesmart.org.
- Write a letter to the editor of your local paper. Contact Anita Courtney for talking points anitac@qx.net.
- Use the menu labeling Power Point at www.fitky.org to speak in your community regarding menu labeling.



Senator Denise Harper Angel (Louisville) and Representative Kelly Flood (Lexington), sponsors of Kentucky's menu labeling legislation, speak at the press conference and rally held at the Capitol on January 13th



Senator Harper Angel (behind podium) speaks at the Menu Labeling press conference while Greg Lawther, KDN Advocacy Chair (4th from left) looks on

The Latest in Menu Labeling

Since the KY menu labeling bills were proposed — new research and events have occurred that strengthen the case for menu labeling:

- The American Beverage Association has agreed to put calories on the front of their packages, fountains and vending machines as a part of **Let's Move**, First Lady Michelle Obama's childhood obesity initiative.
- A study in the journal **Pediatrics** found that parents ordered 20% fewer calories for their children when calories were on the menu. <http://news.medill.northwestern.edu/chicago/news.aspx?id=155408&print=1>
- A study in the **American Journal of Public Health** found that when diners were given calorie information on menus *along with the recommended calorie levels for adults*, not only did they order fewer calories, they ate less later in the day as well. This may mean adding the slogan “Most adults need 2000 calories a day” could increase the effect of menu labeling. http://www.valeruddcenter.org/resources/upload/docs/what/policy/ImpactMenuLabeling_AJPH_12.09.pdf
- A study from Stanford University showed that menu labeling did not lower sales at Starbucks. <http://www.gsb.stanford.edu/news/StarbucksCaloriePostingStudy.pdf>

DR. POHL'S COLUMN

DIABESITY: A CHANCE TO CUE IS A CHANCE TO CURE



Submitted by: Stephen Pohl, MD, Endocrinologist, Lexington, KY, KDN, ADA, and ACE member

Does bariatric surgery cure diabetes?

Stephen L. Pohl, MD
slpohl@insightbb.com

This question appears almost daily on internet diabetes news sites. Not

long ago we were picking up the pieces from jejunoileal bypass for obesity, and surgical treatment of obesity was dead. The renaissance of bariatric surgery, total disrepute to purported cure for diabetes in three decades is among the most striking in modern medicine. Equally striking, however, is the amount of misinformation and prejudice that one hears in most discussions of the topic. I have one major message in this column. If you are interested in bariatric surgery, find someone who knows what he or she is talking about.

In the spirit of following my own advice, I asked Dr. Derek Weiss and Angie Ketron, BS, RN to give me an update on bariatric surgery. Dr. Weiss is a surgeon with Bluegrass Bariatric Surgical Associates. Ms. Ketron is the Program Coordinator for the Central Baptist Hospital Weight Loss Surgery Center. I also checked out their web site, www.cbhweightloss.com, attended one of their free informational seminars, and observed Dr. Weiss performing several procedures. Here then is a summary of what I know about bariatric surgery based on my visit to Central Baptist, experience with about fifty of my patients, and perusal of the recent literature.

There are currently two types of bariatric procedures: gastric bypass and gastric size restriction.

Gastric bypass limits the amount of food that can be ingested and causes malabsorption of ingested nutrients. Gastric restriction includes adjustable gastric banding and a new procedure, the gastric sleeve. The latter involves removing part of the stomach so that it is smaller and looks like a sleeve. Dr. Weiss can perform all of these procedures using minimally invasive,

laparoscopic techniques resulting in major reduction of complications and minimizing time lost from work. Gastric banding is an outpatient or overnight procedure. The sleeve and bypass require one or two days of hospitalization.

There are significant differences among the procedures. In general, gastric bypass, compared to the banding, produces more rapid weight loss and resolution of comorbid conditions — at the price of more extensive surgery with greater risk of complications. In addition, the band can be removed in the event of an adverse experience whereas bypass is difficult to undo. As noted, the sleeve is new and may prove to be the best compromise of safety and efficacy. The decision as to which procedure to employ can be made only by the patient in consultation with his or her surgeon.

Success of bariatric surgery is impressive. About 25% of patients fail to lose weight usually because of failure to comply with the required post op nutritional recommendations. Of the remaining 75%, virtually all meet the National Weight Control Registry criteria for success, i.e. weight loss of 30 lbs or more maintained for at least one year. At five years, the average patient has lost 67% of excess body weight.

Complications of bariatric surgery are infrequent and comparable to any elective surgery. Wound infection or respiratory problems occur in 1 – 2 %. Band slippage and gastrointestinal leakage occur occasionally. Dr. Weiss reports that over 96% of the cases done by Bluegrass Bariatric Surgical Associates have had no major complications. They have had two deaths following bariatric surgery in over 4000 patients.

The cost of bariatric surgery at Central Baptist ranges from about \$16,000 to \$22,000 depending on the procedure. Bypass is more expensive than banding. Medicare and many private insurance companies now pay for bariatric surgery when coverage criteria is met. Bariatric surgery produces dramatic resolution of obesity related conditions such as diabetes, hypertension, dyslipidemia, cardiovascular disease, arthritis, sleep apnea, GERD, and stress incontinence. I can state from extensive experience that the effects of bariatric surgery on type 2 diabetes are spectacular. At least 80% of successful patients have normal blood sugars on no medication or insulin.

DR. POHL'S COLUMN

(CONTINUED)

The remaining 20% have marked improvement but may require small amounts of medication. Following bypass surgery, patients usually go home on no insulin or other diabetes medications. Gastric banding patients are usually able to stop medication after losing some weight. The mechanisms by which bariatric surgery produces dramatic improvement of diabetes are not known. The energy balance model that I presented in the Third Quarter 2009 issue of this newsletter provides a framework for understanding what happens.

The American Diabetes Association Clinical Practice Recommendations now state that “Bariatric surgery should be considered for adults with BMI > 35 kg/m² and type 2 diabetes, especially if the diabetes or associated comorbidities are difficult to control with lifestyle and pharmacologic therapy.”

We all have many patients who have proven themselves refractory to medical management of obesity and its many comorbidities. Yet only about 1% of persons for whom surgery would be appropriate have a bariatric procedure each year. This represents gross underutilization of a safe and effective approach to management of a very serious health problem.

I believe that every patient who might benefit from bariatric surgery has a right to know about the availability of the surgical option. Furthermore, we have an obligation to enable such patients to access high quality surgical care and obtain the information required to make an informed decision to proceed or not. It is NOT our responsibility as diabetes care providers to decide whether any patient should have elective surgery. That decision can only be made by the patient and his or her surgeon.

About ten years ago I recommended gastric bypass to a few of my long standing patients who were obese and in poor diabetes control despite everything I knew how to do. A few months later these patients began coming back with major weight loss and excellent blood sugars on no medications. After that most gratifying experience, I began discussing surgery with many of my patients, encouraging them to attend informational seminars and

programs. I encourage all diabetes care providers to incorporate that simple routine into daily practice.

Finding a reputable center for bariatric surgery is now very easy. Simply point your internet browser to www.surgicalreview.org and click on **Locate a Bariatric Surgery Center of Excellence**. Currently there are seven such centers in Kentucky. A designated center meets rigorous standards of safety and quality. Medicare pays only for bariatric surgery performed at Centers of Excellence; other insurers are likely to follow suit. We should advise our patients to exercise extreme caution in considering bariatric surgery at any site other than a Center of Excellence. It is also important to find a center that will freely share its success and complications data.

Bariatric Surgery Centers of Excellence are required to have a program coordinator. Go to www.cbhweightloss.com for contact information. I am sure that program coordinators at the other centers will be as equally responsive as Central Baptist.

Finally, there is the issue of when in the natural history of type 2 diabetes to introduce the possibility of surgery.

I favor introducing the subject early rather than waiting for failure of medical therapy. Patients should have ample time to learn and weigh the risks and benefits before making a decision. Also, some patients may want to have surgery for obesity even if their diabetes is in satisfactory control.

Does bariatric surgery cure diabetes?

I think this is a semantic issue that will never be resolved to everyone's satisfaction. Personally, I prefer to say that it induces a remission of type 2 diabetes. Semantics aside, bariatric surgery is currently the most effective treatment method for obesity and comorbid conditions. We all hope for prevention of obesity and risk free obesity treatment methods.

Until these dreams come true, more of our patients should have bariatric surgery.

DIABETES CAMPERSHIPS NEEDED FOR KY KIDS WITH DIABETES

Submitted by: Mechelle Coble RD, LD, CDE, KY Diabetes Prevention and Control Program, Lincoln Trail District Health Department, KDN, GLADE, ADA Member

On behalf of the American Diabetes Association (ADA) of Southwest Ohio and Kentucky, we request your support of our KY summer camp for children with diabetes – Camp Hendon.



Children with Diabetes Enjoying Camp Hendon

Children with diabetes face a lifetime of finger pricks to check blood sugar levels, injections to replace the insulin their bodies cannot make or process, and a greatly increased risk for complications that include heart disease, stroke, kidney disease, blindness, amputation, and even early death.

For over 40 years, Camp Hendon has changed the lives of thousands of Kentucky's children with diabetes by empowering them to independently manage their disease in a traditional summer camp environment with others just like them. Children enjoy swimming, canoeing, arts and crafts, ropes courses, and much more in a fun, safe, and educational environment. Diabetes education is incorporated into the daily activities as campers learn how to best manage their disease, while doing anything and everything a child without diabetes can do.

In 2010, Kentucky's diabetes camp has the ability to host over 75 campers. The cost to send one child to Camp Hendon is approximately \$750.00 (includes the cost of food, lodging, and camp programming). The time and expertise of camp medical personnel and all of the diabetes management supplies required for campers medical treatment are provided through the generosity of partners of the ADA.



Consider contacting businesses or diabetes groups in your area to ask them to provide a campership of \$750 to support a child with diabetes attending KY's Camp Hendon. Contact mcheller.coble@ky.gov or call 1-800-280-1601 X 1007.

DIABETES ALERT DAY MARCH 23, 2010

The National Diabetes Education Program (NDEP) Promotes "Family Risk Message" During Diabetes Alert Day Activities

In observance of American Diabetes Alert Day, Tuesday, March, 23, 2010, the National Diabetes Education Program (NDEP) is encouraging Americans to think about their family history of diabetes when it comes to their risk for developing type 2 diabetes.

Leveraging findings from the NDEP's Survey of the Public's Knowledge, Attitudes, and Practices Related to Diabetes (<http://www.yourdiabetesinfo.org/resources/ResourceDetail.aspx?ResId=786>), the NDEP will be conducting media outreach throughout the month of March to provide consumer media with important information about risk factors for type 2 diabetes, reinforcing the diabetes prevention messages that are at the core of the *Small Steps. Big Rewards* Campaign: (<http://ndep.nih.gov/partners-community-organization/campaigns/SmallStepsBigRewards.aspx>). As you provide activities for Diabetes Alert Day, think about using NDEP materials to help educate the public about the risk of having diabetes and not knowing it.



American Diabetes Association.

StepOut™

Walk to Fight Diabetes

TOGETHER
WE CAN
STOP
DIABETES.
ONE STEP
AT A TIME.

Save the Date
Saturday, May 22, 2010
Keeneland Race Course

Registration 7:30 - 8:30 a.m.
Welcome 8:45 a.m.
Walk Kick Off 9:00 a.m.

Enjoy refreshments, vendors, children's area, entertainment and more . . .

EVERY DOLLAR you raise will help us



RETHINKING SMOKING CESSATION COUNSELING PROGRAM AND TOOLS A GREAT HELP!



Rebecca Barr, RN,
CDE, HealthPark
Diabetes Educator

*Submitted by: Rebecca Barr, RN, CDE,
Owensboro Medical Health System (OMHS),
HealthPark, Owensboro, KY, TRADE member*

“Add one more topic to discuss in my diabetes education session?” “I’m not an expert on smoking cessation — how can I discuss this with my patient?” “I don’t have the time to go into a lengthy discussion about smoking cessation.”

These were all of my thoughts about bringing up the subject of quitting smoking with my patients during my diabetes education session with them. I always knew of the added dangers of cigarette smoking with diabetes. I witnessed the damages daily when I met with patients in the hospital and when I counseled patients in my office. To be honest, I never thought I had the time or enough information to say much about quitting smoking — except that the person needed to quit because it worsened the diabetes and caused atherosclerosis.

I then had the privilege to attend a valuable program on Treating Tobacco Use and Dependence in Patients with Diabetes, presented by Celeste Worth, at a meeting for local diabetes educators. My thinking was changed from that day forward. So much thorough information on the addiction and dangers of tobacco use — including second hand smoke — was presented. I was introduced to the free Kentucky Quit Line which I never knew existed.

Now I understood that I didn’t have to be an expert on smoking cessation because the patient can dial the quit line number and talk to the quit specialist. Samples of patient handouts were distributed and all were concise, easy to read, and free for me to give my patients. I obtained the handouts and began my journey to be a better supporter of smoking cessation with my patients.

Sometimes patients aren’t interested in quitting — and then we don’t talk about it any further. However, I now leave the smoking cessation handouts and wallet card in the diabetes book that they take home. I want to assure that they will have the resources available to them when they are ready to quit.

This March, the same smoking cessation program I was able to attend last July, will be included in a free continuing education offering at OMHS (see p. 13 of this newsletter for more information). Other nurses, dietitians, and pharmacists will now have the same opportunity to learn as I did the importance of approaching the subject of smoking cessation with all patients. They will also be introduced to available resources to pass on to each patient.

Last week I had the opportunity to discuss these smoking cessation resources with a physician in Ohio County, Kentucky and show him the handouts that I now give patients. He also was impressed with the program so I am sending him handouts to use in his daily practice with his patients.

As we spread the news of this valuable program, my hope is to help those addicted to tobacco be successful in quitting smoking. This will reduce the numbers of persons addicted to tobacco, and ultimately improve the health of our family, friends, neighbors, and communities.



DON'T MISS THIS!



Kentucky is one of the nation’s leading states in the number of people with diabetes who smoke!

Special tobacco continuing education programs and tools designed specifically for Kentucky’s diabetes educators have been developed.

Free Webinar Now Available
(convenient access on your own computer)

**Approved for 2.4 Contact Hours for Nursing
Dietitian Hours Pending**

**Registration: <https://ky.train.org>
Course ID: 1018633**

For Information: Contact Linda.Leber@ky.gov



KENTUCKY AWARDED \$2 MILLION FOR E-HEALTH

Taken from Kentucky.gov 2-15-10 News Release

Kentucky has been awarded funding to expand and build a statewide health information exchange, receiving nearly \$10 million in American Recovery and Reinvestment Act (ARRA) funding to enhance the state's health information technology efforts. The funding will be administered by the Governor's Office of Electronic Health Information Technology and will bolster initiatives to build a state health information exchange.

Health and Human Services (HHS) Secretary Kathleen Sebelius and Labor Secretary Hilda Solis announced the award to Kentucky as part of nearly \$1 billion in ARRA funds awarded across the country.

"This is a tremendous award for the state of Kentucky in terms of advancing our efforts to build a statewide health information exchange," said Governor Steve Beshear. "The funding is a great economic opportunity for Kentucky and will result in many high-tech jobs for our state."

"We believe Kentucky is poised to be a leader in the effort to advance electronic health information technology," said Kentucky Cabinet for Health and Family Services Secretary Janie Miller. "The funding will help Kentucky improve coordination of care, deliver health care more efficiently, and improve patient health outcomes."

This award will allow Kentucky to expand the Kentucky Health Information Exchange (KHIE), which is being funded by a Medicaid transformation grant. Plans call for the KHIE to be piloted this spring by six hospitals and one clinic.

This assistance at the state and regional level will facilitate health care providers' efforts to adopt and use electronic health records (EHRs) in a meaningful manner that has the potential to improve the quality and efficiency of health care for all Americans.

"Health information technology can make our health care system more efficient and improve the quality of care we all receive," said Secretary of Health and Human Services Kathleen Sebelius. "These grant awards, the first of their kind, will help develop our electronic infrastructure and give doctors and other health care providers the support they need as they adopt this powerful technology."



HHS SECRETARY AND SURGEON GENERAL JOIN FIRST LADY TO COMBAT OVERWEIGHT AND OBESITY

Taken from HHS.gov 1-28-10 News Release

First Lady, Michelle Obama, announced the launch of a major initiative on childhood obesity and has asked the U.S. Department of Health and Human Services (HHS) to play a key role. HHS recently released *The Surgeon General's Vision for a Healthy and Fit Nation*. In her first release to the nation, Dr. Benjamin highlights the alarming trend of overweight and obese Americans, and asks them to join her in a grassroots effort to commit to changes that promote the health and wellness of our families and communities.



Surgeon General VADM
Regina M. Benjamin,
MD, MBA

"The surge in obesity in this country is nothing short of a public health crisis that is threatening our children, our families, and our future," said First Lady Michelle Obama. "In fact, the health consequences are so severe that medical experts have warned that our children could be on track to live shorter lives than their parents."

The recommendations in *The Surgeon General's Vision for a Healthy and Fit Nation* include:

Improving our Communities - Neighborhoods and communities should become actively involved in creating healthier environments. The availability of supermarkets, outdoor recreational facilities and the limitation of advertisements of less healthy foods and beverages are all examples of ways to create a healthier living environment.

Healthy Choices and Healthy Home Environments - Change starts with the individual choices Americans make each day for themselves, their families and those around them. Reducing the consumption of sodas and juices with added sugars; eating more fruits, vegetables and whole grains; limiting television time; and being more physically active help us achieve and maintain a healthy lifestyle.

Creating Healthy Child Care Settings - It is estimated that more than 12 million children ages 0-6 receive some form of child care on a regular basis from someone other than their parents. Parents should talk with their child care providers about changes to promote their children's health.

Creating Healthy Schools - To help students develop life-long health habits, schools should provide appealing healthy food options including fresh fruit and vegetables, whole grains, water and low-fat beverages. School systems should also require nutrition standards and daily physical education for students.

Creating Healthy Work Sites - Employers can implement wellness programs that promote healthy eating in cafeterias, encourage physical activity through group classes and create incentives for employees to participate.

Mobilizing Medical Communities - Medical care providers must make it a priority to teach their patients about the importance of good health. Doctors and other health care providers are often the most trusted source of health information and are powerful role models for healthy lifestyle habits.

To view *the Surgeon General's Vision for a Healthy and Fit Nation*, visit www.surgeongeneral.gov



**Vasti Broadstone, MD,
Endocrinologist**

THE NEW KID ON THE BLOCK! VICTOZA FAST FACTS

Submitted by: Vasti Broadstone, MD, Medical Director, Joslin Diabetes Center, Affiliate at Floyd Memorial Hospital, New Albany, IN

On January 26, Victoza (yes , that is the name chosen...) was approved by the FDA. It's a Novo Nordisk product.

Liraglutide, the new GLP-1 analog , is a once a day injection , indicated for the treatment of type 2 diabetes and as an adjunct to diet and exercise. It comes in a pen and can be taken independent of meals.

The recommended starting dose is 0.6 mg, (to minimize gastrointestinal side effects). After 1 week, the dose is then titrated to 1.2 mg . It should be increased to 1.8 mg if glycemic control is not achieved.

Each pen delivers all 3 doses and can be kept at room temperature for 30 days after the first dose. Liraglutide was extensively studied. The phase III clinical trials, known as LEAD (The Liraglutide Effect and Action in Diabetes) showed a ~ 1.5% A1C reduction when added to metformin or TZD's or glimepiride. There was a dose related weight loss of ~ 6 lb.

The main side effect of Liraglutide is nausea and vomiting (5%). It does not cause hypoglycemia when given as monotherapy. There were cases of pancreatitis during the clinical studies.

It's not approved in children or pregnancy.

The main reason for the delay in approval from the FDA was the development of thyroid C- cell tumors in rats (at very high doses). No cases were found in human subjects. However, Victoza is contraindicated in patients with personal or family history of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome type 2 (MEA 2). Patients with history of thyroid nodules should be referred to an endocrinologist for further evaluation.

The next new drug on the horizon is Taspoglutide, a once-weekly injectable GLP 1 analog by Roche, currently undergoing phase III clinical trials. And, of course, once-weekly Byetta.

For more information, go to:

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm198543.htm>

FREE H1N1 VACCINE ENCOURAGE YOUR PATIENTS TO GET VACCINE

Submitted by: Janie Cambron, RS, BS, MPH, Regional Epidemiologist / Preparedness Supervisor / Public Information Officer, Green River District Health Department, Owensboro, KY

To date, there have been more than 57 million Americans who contracted H1N1, according to estimates from the CDC. Worldwide, more than 212 countries have reported laboratory confirmed cases of H1N1, including at least 15,921 deaths! Pediatric deaths have been high, with the total number of deaths reaching 274. Just last week there were 2 more pediatric deaths reported.

In Kentucky, there have been 39 deaths from H1N1, with 33 out of the 39 having "underlying medical conditions". This means that 6 otherwise healthy individuals lost their lives due to H1N1.

Why take that chance? Get your vaccination and protect yourself today! Also encourage your patients who have diabetes to get their vaccine. Ample supply of H1N1 vaccine is available at your local health department for FREE!



**Janie Cambron, RS, BS, MPH
Endocrinologist**

IT'S NOT TOO LATE!

NUTRISYSTEM D COMMERCIAL NOW BEING REVISED



Joan Geohegan, RN

Submitted by: Joan Geohegan, RN, Kentucky Diabetes Prevention and Control Program, Northern KY District Health Department, KDN, DECA member

It was Superbowl Sunday. The commercials were entertaining, but one comment in one commercial made me take notice. It was during a Nutrisystem commercial that stated:

“A study published in the journal of [sic] Postgraduate Medicine in September 2009 has proven that the Nutrisystem D diet program is more effective in helping control type 2 diabetes in obese patients than standard diabetes education.”

I was astounded! In the advertisement, it also stated that the American Diabetes Association (ADA) supported this claim! However, at that time, I doubted I had heard what I had heard. Then the next day my co-worker, Jan Lazarus, RD, LD, said she heard the same thing and she was incredulous as well.

Jan and I then researched the Nutrisystem website, as well as looking at the Money Mailer coupon insert for Nutrisystem. There, in writing, was the same claim!

Our concerns were shared with our state staff of the KY Diabetes Prevention and Control Program to determine the next step. The ADA was then contacted, and, on January 22, 2010, the ADA issued a position statement regarding this topic. Below is an excerpt from that position statement.

Nutrisystem is currently running a television advertisement that features the Association's movement to Stop Diabetessm. The ad includes language that may create a negative perception about diabetes education. The Association erroneously approved this specific language due to a procedural lapse. However, we have confirmed that Nutrisystem will be making changes to this language as soon as possible.

We all recognize the necessity of quality diabetes education to help our clients achieve the best control of their diabetes as possible. Being alert to inaccurate claims is only one way in which we, as diabetes educators, can support our clients. We questioned the study which had 69 subjects (not a large enough N- number to qualify the study as valid) and the sponsor of the study was Nutrisystem.

Working together with the ADA and companies such as Nutrisystem — we CAN improve the outcomes for people with diabetes. It is important, however, to bring incidents such as this to the attention of those who can address it.

AMENDMENT CHANGES FOR KY SCHOOL HEALTH SERVICES

704 KAR 4:020 Section 4 (g) — Beginning with the 2010-2011 school year, proof that all unlicensed school personnel who have accepted delegation to perform medication administration in school must have completed a training course provided by the Kentucky Department of Education. This course shall be developed in consultation with the Kentucky Board of Nursing to ensure compliance with 201 KAR 20:400.

All licensed health professionals (RN's, ARNP's and Physicians) who may train unlicensed school personnel according to KRS 156.502 must attend one of the "Train the Trainer" programs.

Registration is available on TRAIN (<https://ky.train.org/DesktopShell.aspx>) except for the KPHA or KSNA meetings. Continuing Education (CEU's) for the training will be provided.

Training Schedule

- March 16, 2010: Kentucky School Nurse Association (KSNA) Spring Conference, Lexington, KY
- March 29, 2010: Kentucky Public Health Association (KPHA) Conference, Louisville, KY
- April 26, 2010: Frankfort, KY Department for Public Health (DPH) (ITV) TRAIN Course Number 1020986
- June 24, 2010: London, KY, Laurel County Health Department TRAIN Course Number 1021014
- July 12, 2010: Frankfort, KY, DPH (ITV) TRAIN Course Number 1020987
- July 28, 2010: Paducah, KY, W. KY Technical Career and Technical College TRAIN Course Number 1021015

For information contact: Sandi Clark (502) 564-2154 ext 3862 or sandik.clark@ky.gov

Summary of Revisions for the 2010 Clinical Practice Recommendations

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The 2010 Clinical Practice Recommendations supplement is now available. The position statements in the supplement are updated yearly. Position statements not included in the supplement will be updated as necessary and republished when updated. A list of position statements not included in this supplement appears on p. S100. For the complete document, go to: http://care.diabetesjournals.org/content/33/Supplement_1.

Additions to the *Standards of Medical Care in Diabetes*

- A section on cystic fibrosis-related diabetes has been added.

Revisions to the *Standards of Medical Care in Diabetes*

In addition to many small changes related to new evidence since the previous version, the following sections have undergone major changes.

- The section “Diagnosis of diabetes” has been revised to include the use of A1C to diagnose diabetes, with a cut point of $\geq 6.5\%$.
- The section previously titled “Diagnosis of pre-diabetes” has been renamed “Categories of increased risk for diabetes.” In addition to impaired fasting glucose and impaired glucose tolerance, an A1C range of 5.7-6.4% has been included as a category of increased risk for future diabetes.
- The section “Detection and diagnosis of GDM” has been revised to discuss potential future changes in the diagnosis based on international consensus.
- The section “Diabetes self-management education” has been extensively revised to reflect new evidence.
- The section “Antiplatelet agents” has been extensively revised to reflect recent trials questioning the benefit of aspirin for primary cardiovascular disease prevention in moderate – or low risk patients. The recommendation has changed to consider aspirin therapy as a primary prevention strategy in those with diabetes at increased cardiovascular risk (10 year risk $>10\%$). This includes men >50 years of age or women >60 years of age with at least one additional major risk factor.
- The section “Retinopathy screening and treatment” has been updated to include a recommendation on use of fundus photography as a screening strategy.
- The section “Diabetes care in the hospital” has been extensively revised to reflect new evidence calling into question very tight glycemic control goals in critically ill patients.
- The section “Strategies for improving diabetes care” has been extensively revised to reflect newer evidence.

DO YOU WANT TO HEAR ABOUT THE PROPOSED KY DIABETES EDUCATOR STATE LICENSURE LAW?

On February 25, 2010 the American Association of Diabetes Educators (AADE) held a conference call with Kentucky members regarding the initiative aimed at passing legislation in the state of Kentucky which will require a license to practice diabetes education or use the title “diabetes educator”.

This legislation is KY House Bill 490.

THE AUDIO FROM THIS CONFERENCE CALL IS NOW AVAILABLE ON THE AADE WEBSITE AS WELL AS A “FREQUENTLY ASKED QUESTIONS” DOCUMENT.

PLEASE FOLLOW THE LINK BELOW TO LISTEN TO THE AUDIO.

<http://www.diabeteseducator.org/PolicyAdvocacy/StateLegislativeInitiative.html>

**DIABETES IN
CHILDREN, TEENS,
AND YOUNG ADULTS**

**26TH ANNUAL
TRADE WORKSHOP**

Applied to Meet Certified Diabetes Educator
Requirements for Recertification

May 6, 2010
7:30 AM – 4:45 PM

Southern Indiana Career and
Technical Center
(Evansville, IN)

The Kentucky Diabetes Prevention & Control Program,
in partnership with TRADE, recognizes this program
as a professional diabetes update.



Tri-State Association of Diabetes Educators
An affiliate of the American Association of Diabetes Educators (AADE)

Southern Indiana
Career and
Technical Center
1901 Lynch Road
Evansville, IN 47711

Will Provide 6-7
hours of Continuing
Education for RD's,
RN's, RPh's, and
CDE's

For information or a
brochure, please
contact Mary Ann
Correll at 270-686-
7747 X 3078 or
mary.correll@ky.gov

Owensboro
Medical Health
System
Conference Center
811 E. Parrish
Avenue
Owensboro, KY
42303

Applied to meet
Certified Diabetes
Educator
Requirements for
Recertification

Register by calling
(270) 688-4908

**DIABETES CARE IN
THE HOSPITAL
SETTING**

Applied to meet Certified Diabetes Educator
Requirements for Recertification!

March 24, 2010
7:30 AM – 4:15 PM

Owensboro Medical Health System
Conference Center
811 E. Parrish Avenue
Owensboro, KY 42303

FREE Offering



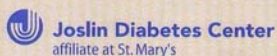
Educational Offerings



Diabetes Symposium 2010
The ART of Diabetes Care

Assessing Reducing Risk Teaching

Monday, March 29, 2010
8:00 a.m. to 4:30 p.m.
St. Mary's Medical Center
Manor Auditorium



St. Mary's Medical
Center
Manor Auditorium
3700 Washington
Avenue
Evansville, IN 47750

Monday,
March 29, 2010
8:00 am to 4:30 pm

For additional
information, please
contact
Debbie Davidson at
812-485-5607

KENTUCKY STATEWIDE DIABETES SYMPOSIUM NOVEMBER 19, 2010

WATCH THIS NEWSLETTER FOR
INFORMATION!



NATIONAL DIABETES MEETINGS SCHEDULED

**2010 American Association of Diabetes Educators
37th Annual Meeting and Exhibition
August 4-7 2010 San Antonio, TX**

**2010 WEBINAR Schedule (1-2:30 pm EST)
To Register: www.diabeteseducator.org**

- April 7** Challenging Case Studies: Puberty, Teens, and Diabetes
- April 14** Promise for Type 1 Diabetes: Islet Cell Research
- May 5** Gestational Diabetes: Successful Pregnancies
- June 2** Behavior Change and Motivational Interviewing: Application to Practice
- July 14** Mindful Medication: Staying Current with Diabetes Management
- September 15** Innovation and Accreditation: Implementing Quality Standards
- October 13** Depression and Stress: A Distressing Duo
- November 3** Exploring the Real Reasons for Overeating
- December 1** Being Active Having Diabetes: Keeping Your Patients Moving

DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Susan Roszel, corresponding secretary at sroszel@fuse.net or Jana McElroy at jmcelroy@stelizabeth.com or call 859-344-2496. Meetings are held in Cincinnati at Good Samaritan Conference Center unless otherwise noted.

- **Registration 5:30 PM**
- **Speaker 6 PM**
- **1 Contact Hour**
- **Fee for attendees who are not members of National AADE**

**March 15, 2010
April 12, 2010
September 20, 2010
October 18, 2010
November 15, 2010**

GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the second Tuesday every other month. Registration required. For meeting schedule or to register, please contact Stacy Koch at stacy.koch@nortonhealthcare.org.

Date: Tuesday, March 9th
Time: 5:30pm
 6:30pm Educational Talk
Location: Ruth Chris Steakhouse
 6100 Dutchmans Lane
 Louisville, KY
Speaker: Hisham Alrefai, MD
Subject: Treatment Strategies for Adults with Type 2 Diabetes to Improve Glycemic Control with Onglyza

Please RSVP to jeanette.lindell@ccsmed.com by March 1st.

**2010 Meeting Dates (meetings at 5:30 pm
and program at 6:30 pm)**

**May 11, 2010
July 13, 2010
September 14, 2010
November 9, 2010**

ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact: Dr. Vasti Broadstone, Phone: 812-949-5700
E-mail: joslin@FMHHS.com.

**Annual Meeting — July 30-31 2010
Embassy Suites, Downtown Indianapolis
Details / Registration www.aace.com**

KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, go to <http://kadenet.org/> or contact:

Dana Graves
Phone: 859- 313-1282
E-mail: gravesdb@sjhlex.org
Or Diane Ballard DianeBallard@alltel.net

Spring Symposium April 16, 2010

Details: go to <http://kadenet.org/>

KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

2010 KDN Meeting Dates:

Meeting times are 10:00 am—3:00 pm EST
“First-timers” should arrive by 9:30 am

March 12, 2010
History Center - Frankfort

June 4, 2010
Location TBA

September 17, 2010
Location TBA

November 5, 2010
Location TBA

TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN/Southeastern IL, meets quarterly from 10–2 pm CST with complimentary lunch and continuing education. To register, call (270) 686-7747 ext. 3019 or email Mary Tim Griffin at mary.griffin@ky.gov.

26th Annual TRADE Workshop

Date: May 6, 2010
Time: 7:30am-4:45pm
Location: Southern Indiana
Career & Technical Center
1901 Lynch Road
Evansville IN
Topic: Diabetes in Children, Teens and Young Adults

Will provide 6-7 hours of Continuing Education for RD's, RN's, RPh's, and CDE's.

For information, please contact Mary Ann Correll at (270) 686-7747 X 3078 or mary.correll@ky.gov

OTHER TRADE MEETINGS SCHEDULED

All Programs Offer 2 Free Contact Hours

Date: July 15, 2010
Time: 10am — 2pm
Location: Murray, KY
Topics: TBA
Speakers: TBA

Date: October 21, 2010
Time: 10am — 2pm
Location: Methodist Hospital, Henderson, KY
Topics: Diabetes Educators and Physicians
Working Together to Benefit Patients;
What's New in Diabetes Drugs
Speakers: Zouhair Bibi, MD, Endocrinologist
Justin Greubel, PharmD





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TRADE
 Tri-State Association
 of Diabetes Educators

AN OFFICIAL CHAPTER OF THE
 American Association
 of Diabetes Educators




KDN
 KENTUCKY DIABETES NETWORK, INC.

www.kentuckydiabetes.net

KENTUCKY ASSOCIATION
 of DIABETES EDUCATORS



Bluegrass / Eastern Chapter
 A Chapter of AADE

www.kadenet.org



www.louisvillediabesity.org



Kentucky
 UNBROKEN SPIRIT

<http://chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm>



Juvenile Diabetes Research Foundation International

dedicated to finding a cure

www.jdrf.org/chapters/KY/Kentuckiana
 1-866-485-9397



Diabetes Educators Cincinnati Area

AN OFFICIAL CHAPTER OF THE
 American Association
 of Diabetes Educators




American Association of Clinical Endocrinologists
 Ohio River Regional Chapter

www.aace.com

Kentuckiana Endocrine Club
joslin@fmhhs.com

NOTE: Editor reserves the right to edit for space, clarity, and accuracy.