

DIABETES FACTS

A global problem

DIABETES IS a condition in which the body is unable to regulate the amount of sugar in the blood. Normally, the sugar levels are regulated by several hormones, the main one being insulin which is produced by the pancreas.

In persons suffering from diabetes, the body (i) may not produce enough insulin (ii) is unable to utilise insulin effectively or (iii) may be compromised by other existing conditions, for example, obesity.

Diabetes is a condition of growing concern in developed and developing countries alike, particularly the non-insulin dependent Type 2 variety. The condition continues to receive much attention for research and grants in an effort to stem the climbing incidence of this condition. Educating societies as a whole, and persons at risk in particular, is a large part of the public health thrust in stemming and managing this condition.

FACTS ABOUT DIABETES

Jamaica: An article relating facts about diabetes, states: "Diabetes and other chronic diseases account for more than 50 per cent of deaths in the country. It is one of the top five reasons for hospital visits in Jamaica."

The United States: "Approximately 11.4 per cent of all African Americans aged 20 years or

older have diabetes. Approximately 700,000 Hispanic Americans have diabetes and don't know it."

According to Diabetes UK, "What makes diabetes so serious is that the condition can affect other parts of the body. By the time diagnosis is made, many people have already started to develop complications of diabetes - namely blindness, kidney failure, heart disease, stroke and nerve damage which can lead to amputations."

"Of the 16 million Americans with diabetes, 25 per cent will develop foot problems related to the disease. Diabetic foot conditions develop from a combination of causes, including poor circulation and neuropathy."

THE REHAB PLUS APPROACH TO DIABETIC FOOT PROBLEMS

1. Education - using dialogue, educational booklets and current literature to inform and instruct clients.

2. Gait analysis - for the purpose of determining the components of a person's walking pattern which may need correction, as well as to acquire information for making custom foot supports.

3. Instructions for proper foot care:

- Inspect feet daily. Look for blisters, cuts, bruises or skin discoloration.
- Do not cut your toenails if you are unable to

manage safely. Ask your doctor or health care professional where you can get this done.

- Keep feet dry.
- Support arches if flat-footed or high-arched.
- Do not walk barefooted.
- Wear socks made especially for persons with diabetes.

4. Instructions regarding proper footwear include:

- Wear comfortable but supportive shoes with a flexible sole. Do not try to "break them in".
- Shoes should be comfortable from the start.
- Avoid leather-soled shoes unless they can be supplemented with shock-absorbing in-soles.
- Avoid shoes with rough inside seams.
- Fit shoes with half inch of space from the longest toe to the tip of the shoes. Be sure toes can move around comfortably within the shoes.
- Have your feet measured for good-fitting shoes. (The widest part of the shoe should correspond with the widest part of the foot.)
- Inspect shoes daily. Check for small sharp objects for example tacks, or pins before putting them on. If you do not see them, you may not feel them!
- 5. Provision of prescriptive supports:**
- Foot orthoses (supports) for flat or high-arched feet. These may be custom-made or cus-

tomised, and may include fillers for amputated digits.

- Appropriate footwear.
- Walking casts.

At Rehab Plus, persons affected by diabetes are often seen when they are already suffering from the complications of diabetes, namely amputations, Charcot foot and ulcers. With ongoing research in Jamaica, the work of the Diabetes Association of Jamaica and public health programmes, it is hoped that the incidence of this largely lifestyle-related disease (Type 2 Diabetes), will decrease, and future generations will be better equipped to employ preventative measures which will lessen its incidence significantly.

References:

- http://www.jamaicans.com/articles/0304_diabetes.htm. Article. D. Patterson, MPH
- http://www.phc-online.com/diabetic_foot_problems.htm
- <http://www.diabetes.org.uk/join/index.html>

• Contributed by Rehab Plus, Technical Department



RICARDO MAKYN/Staff Photographer

From left, Ron Raab President Insulin for Life with Frederick O.Oladeinde Post Doctoral research Fellow Public Health Programme Morgan State University and Dr. Adeyemi Maxwell of Trinidad and Tobago at the University of the West Indies Mona Diabetes Outreach Project Conference at the Jamaica Conference Centre on Friday, March 4, 2005.

Caring for your feet

SINCE THE feet must carry us for a lifetime, life would be happier if you maintain and develop strong, healthy feet.

They are one of the most vulnerable parts of the body, yet most people neglect them. For the majority, it is not

too serious but for the diabetics and those suffering from poor circulation there can be serious consequences.

Not all foot pains are caused by corns and calluses. The human foot consists of 26 bones held together by ligaments, supported by muscles,

blood vessels and nerves. As a result of our daily movement, feet are subjected to considerable strain and injury.

Persons suffering from diabetes

Please see **FOOT CARE, 16**

Disease prevention

Rosalee Brown
Contributor

DIABETES IS one of the leading non-communicable diseases affecting our population.

Type 2 diabetes affects mostly adults and is now even affecting the adolescent population. This disease is increasing at epidemic proportions, especially in developing countries. It is estimated that 333 million people will be affected globally by 2025 if it continues at its current trend, an increase from five to 6.3 per cent of the world's population.

Diabetes is associated with many complications, which include kidney failure, blindness, heart failure, stroke and amputation.

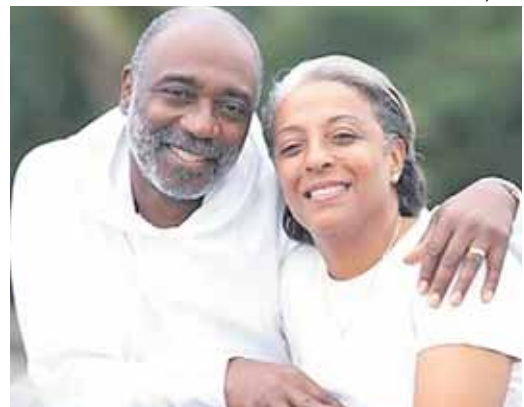
Amputation of the lower limbs is common in Jamaica. This year, World Diabetes Day, celebrated Monday, November 14, has as its theme, 'Put feet first, prevent amputation'. Even with diabetes diagnosis, prevention is still vital, that is, prevention of organ damage with tight daily management of the disease.

Diabetes risk factors

OBESITY

This is a body mass index (BMI) of 30 or more. The risk is increased when the fat is mostly in the upper body and abdomen. This central obe-

Please see **PREVENT, 16**



PREVENT

Continued from 15

sity can also be measured by using waist measurements. A waist that is equal to or greater than 35 and 40 for women and men respectively, is an indication of central obesity. This belly fat is one of the factors which affects the action of insulin called insulin resistance. This happens when cells in organs (such as the liver) and in muscle and fat, become less sensitive to the action of insulin.

Insulin is important in making the absorption of blood glucose possible. The insulin resistance creates a vicious cycle and more and more insulin is produced to make glucose absorption possible. This leads to excess insulin and the eventual destruction of the insulin producing cells of the pancreas. This further leads to a build-up of blood glucose and eventually a diabetes diagnosis. But even before diagnosis, other damage is ensuing, caused by central obesity.

INACTIVITY

This can lead to increased fat storage and obesity. Inactivity also reduces the transport of glucose to the cells to be used for fuel by reducing specific transporters which facilitates this passage.

PREVENTION

The diabetes prevention programme (DPP) launched by the National Institute of Diabetes and Digestive and Kidney Diseases in 1996, published results in 2001 which showed that Type 2 diabetes could be prevented in males and females from different ethnic groups, including African Americans, and for persons over 60 years old. These persons had impaired glucose tolerance, which is when results of the oral glucose tolerance test shows glucose higher than normal, but not at the level for diagnosis of diabetes.

The study placed one group of persons on an intensive lifestyle treatment of diet and exercise, another group on medication and another group got a placebo for medication and information on diet and exercise. The group on intensive lifestyle treatment reduced the risk of diabetes by 58 per cent and the group on medication by 31 per cent.

The intensive treatment included a low-fat diet and exercising for 150 minutes per week to lose seven per cent of body weight. The results were so overwhelming that the study was stopped a year early because it proved beyond a shadow of a doubt that lifestyle changes can prevent Type 2 diabetes in males and females of all ages.

TIPS

- Eat less to prevent weight increase and to promote weight loss.
 - Increase vegetables in the diet, they are lower in calories and promote health.
 - Use less fats and oils.
 - Use less sugar.
 - Eat less starchy foods, especially those which are processed.
 - Get more active, doing ordinary daily activities along with enjoyable high-energy activities such as dance, power walks, a sport, and so on.
- You can do it!

• **Rosalee Brown** is a registered dietician/nutritionist who operates **Integrated Nutrition and Health Services**; e-mail: yourhealth@gleanerjm.com.



RICARDO MAKYN/Staff Photographer

At left, Carlos Cordova, senior sales representative of Abbott Diabetes Care, takes blood from Karlene Smith-Brown to be tested for the disease while Maritza Santiago, District Manager, Abbott Pharmaceuticals and Tricia Dennis look on at the Abbott booth at the University of the West Indies Mona Diabetes Outreach Project Conference at the Jamaica Conference Centre on Friday, March 4, 2005.

FOOT CARE

Continued from 15

must be especially careful with their feet; the same rules apply to the aged due to the poor circulation that accompanies age. Infection of the feet can be extremely serious, especially for persons with diabetic conditions. Absolute care can add years to your life.

Listen carefully to the advice of your chiropodist/podiatrist, do not attempt (d.i.y) 'do it yourself' attitude for the care of corns and calluses, ingrown toenails and other manifestations. Every year thousands of people have toes, feet and even legs amputated because of poor circulation and diabetes-related foot problem, some of which could have been prevented by seeking professional advice and maintaining proper foot care.

Common problems like corns and calluses are thickening of the skin. It is the reaction of the body to pressure and friction and appears anywhere the skin rubs against bone, footwear or the ground. Callus is generally a symptom of an underlying problem such as bony deformity, a style of walking or poor fitting footwear. They can be a source of infection, which may go undetected because of the hard skin covering, and should be treated as soon as possible to avoid serious problems.

There are more sweat glands per inch on our feet than anywhere else in the body. They secrete constantly and not just in response to heat or exercise as elsewhere in the body.

BROMIDROSIS: The condition in which the feet produce an offensive odour. Regular washing and drying properly between the toes followed by application of medicated powder can help in many cases. However, the powder should be applied in the mornings and wash off at nights as it can encourage the growth of germs if left for too long. If between the toes becomes moist, alcohol can be used at nights.

ANHIDROSIS: the condition in which the output of the sweat glands is reduced or absent. The skin is consequently dry, thin, parchment-like and flaky. The

use of creams containing urea is quiet effective in treating anhidrotic skin.

HYPERHIDROSIS is the excessive secretion of fluid from the sweat glands. The skin is flaccid and without tone, or bleached white appearance. It affects either sex and often starts in childhood and adolescence. Good, daily hygiene, if washing and drying the feet properly and exposing the feet to fresh air whenever possible can be beneficial.

Toenails should be cut to the shape of the end of the toes and no shorter. Use a file to smooth any sharp corners or rough edges. You may find they are easier to cut after a bath. If necessary, always get professional help to cut down the sides, cutting of the tissue surrounding the nails could cause serious and dangerous infection, especially for persons with dia-

betes as their eyesight could also be affected by their condition.

Athlete's foot is a skin disease cause by a fungus. This fungus most commonly attacks the feet where it thrives best because of the warm, dark and sometimes moist environment it finds inside the shoe, socks or pantyhose. Once the skin is infected, it can be passed to someone else, often within the family. It is important to practise good foot hygiene.

It is frequently said that prevention is better than cure, and this is very true. Here are some basic rules necessary to maintain foot care and hygiene:

- Keep your feet clean - wash daily using soap and water.
- Avoid using HOT water.
- Dry your feet thoroughly, paying special attention to between the toes.
- If your feet are dry, apply an emollient (moisturising cream) daily.
- Keep your toenails trimmed
- Avoid, if possible, athlete's foot infection.
- Don't wear other people's shoes.
- Avoid walking barefooted.
- Do no attempt to cut corns, callused or ingrown nails, nor allow the pedicurist to do the same.
- Avoid bruises, burns, cuts and cracks. If any of these injuries occur, seek professional advice immediately.
- Seek immediate professional care for any ulcer or sore on the foot or leg.
- Avoid the use of commercial corn pastes, paints, or plasters. They contain acids and can be dangerous, especially to the diabetic foot.

Diabetes can reduce the circulation and sensation in the feet, awareness of any changes in temperature, pain and touch maybe lost. This may mean you can hurt your feet without realising how serious it is.



Rajah Seasonings announce 'less salt' healthy variant



Rajah, a leading supplier of seasonings and spices for Caribbean households, has launched an evolutionary 'less salt' variant of its popular, authentic seasonings in a new 'Sprinkle Pot' format.

Consumers are becoming increasingly concerned with health related issues, such as the fact that diabetes is three to four times more common in people of African Caribbean and Asian origin* and increasing numbers of people are suffering from high blood pressure. These issues have prompted Rajah to launch the new less salt range, which delivers 30% less salt than Rajah's standard seasonings.

Rajah Marketing Executive,



Jerk chicken breasts made with Rajah spices

Lynda McAinsh, said: "The new less salt Sprinkle Pots meet consumer demand for healthier options, without compromising on the quality of the authentic spices. Because of our loyal customer base, we will continue to supply regular seasonings alongside the new less salt range also in the new Sprinkle Pot format. Following product trials, the design concept has proved hugely successful due to the ease of serving and storage."

Enhanced with a new brand design, the innovative packaging offers added convenience, with an easy seal lid that maintains freshness for longer. The need to decant from sachets and the use of clips to keep sachets closed is no longer necessary. Life is made even easier with a double-sided lid, with sprinkle or pour options, providing more control for your cooking – especially with the BBQ season just round the corner!

SERVING SUGGESTIONS

■ **The Perfect Lamb Marinade** - Mix 2 tbs of Rajah lesssalt All-purpose Seasoning with 4 tbs oil and 6 tbs of red wine to make a delicious marinade for any lamb dish.

■ **Jerk Chicken Breast** - Mix 4 tbs of Rajah less salt Jerk Seasoning with 3tbs olive oil, 1 tbs lemon juice and 2 tbs light soy sauce to make a delicious Jamaican Jerk marinade.

■ **Succulent Grilled Shrimp** - Brush shrimp with some oil and sprinkle on Rajah less salt Fish Seasoning for simple grilled shrimp.
The new range of 360g Sprinkle

Pots is available in the following varieties in both 'less salt' and 'Standard': All-Purpose; Chicken; Fish; and Jerk seasonings. Look out for both ranges in ethnic wholesalers and grocery stores.

In a shake use less salt with Rajah seasonings.

You have a reputation for fine cooking and to make that dish really sizzle with flavour, Rajah selects the finest spices from around the world. Ground to perfection, they are blended into seasonings that infuse perfectly with your favourite ingredients.

To make it easier, Rajah seasonings are now available in a range of 'sprinkle' pots and with a new Rajah lesssalt option.

This gives you everything you expect from Rajah seasonings but with 30% less salt.

So whatever your choice of seasonings you can always rely on Rajah to raise the flavour.



RAJAH BAG THE FINEST SPICES

