

DIABETES IN CONTROL.com Newsletter

The Newsletter for Professionals in Diabetes Care

August 1, 2007 - Issue #375

Top Diabetes Stories:

FDA To Ask If Avandia Should Stay In The Market*

<http://www.diabetesincontrol.com/results.php?storyarticle=5009>

Both Diabetes TZD Drugs 'Pose Heart Risk' *

<http://www.diabetesincontrol.com/results.php?storyarticle=5008>

Taking Statins May Increase Cancer Risk*

<http://www.diabetesincontrol.com/results.php?storyarticle=5007>

Obesity And Skinny are Socially Transmitted Diseases(STD)*

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Even Diet Soft Drinks Are Associated With An Increased Risk of Heart Disease*

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Patient Compliance Improves Through 'Motivational Interviewing'

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AMA: Reducing Sodium In Processed Foods Can Reduce the US CVD Burden*

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High Nonfasting Triglyceride Levels Associated With Increased Risk for Cardiovascular Events*

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Healthy Lifestyle in Middle Age Reduces Mortality and CVD Later in Life*

<http://www.diabetesincontrol.com/results.php?storyarticle=4995>

From the editor's desk

Dr. Sheri Colberg, author of *The 7 Step Diabetes Fitness Plan: Living Well and Being Fit with Diabetes*, has the more help with your patients who need exercise. Exercising with Complications: Eyes and Kidneys This is a good one to print out add to your handouts.

<http://www.diabetesincontrol.com/results.php?storyarticle=5010>

AADE conference in St. Louis is here, stop by our booth #707 and say hello.

You can pick up some samples and enter to win an iPod. Present Diabetes will be with us to introduce you to our Online Community for Diabetes Professionals to Learn, Share and Collaborate with colleagues around the world.

Richard K. Bernstein, M.D., F.A.C.E., F.A.C.N., C.W.S, says, Don't Permit Hospitalization or Lengthy Outpatient Procedures to Impair Your Blood Sugar Control

<http://www.diabetesincontrol.com/results.php?storyarticle=5011>

FREE LIVE WEBCAST: August 8, we will be having another live webcast and teleconference call with Dr. Richard K. Bernstein, who will answer questions from medical professionals and patients and it is free. Just go to <http://www.diabetes911.net/askdrb/index.php> **and register.**

August 5, 7PM ET on CNBC

The story of two mothers who founded a diabetes fundraising powerhouse. dLife visits a physical therapist to discuss little-known diabetes complications. And, teen pop star Nick Jonas of the Jonas Brothers talks about his new life with diabetes. Plus, Chef Michel Nischan spices things up with a Mexican pizza. Catch this all-new episode of dLifeTV on:

Sundays on CNBC at 7 PM ET, 6 PM CT, and 4 PM PT Check your local listings for details.

We can make a difference!

This week's overview:

Item #4: Corneal Sensitivity Is Linked to Diabetic Neuropathy

Item #5: First Time ADA and EASD Recommend Treatment Guidelines

- Item #8: Indian Herb Again Shows Promise for Diabetics
- Item #11: Rosiglitazone Seen No Better than Other Drugs in Diabetic Control
- Item #12: Antiplatelet Alone is Safer for PAD Treatment Than Combo With Anticoagulant
- Item #14: Low Glycemic Index Diets Better for Weight Loss
- Item #13: Concurrent Counseling With Dietitian, Physician Is Effective in Achieving Weight Loss

Check out this weeks **“Test Your Knowledge”** question. This week’s question deals with CGMS.
<http://www.diabetesincontrol.com/results.php?storyarticle=5012>

Dave Joffe, *Editor-in-Chief*

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CE CREDITS

ARE NOW AVAILABLE FOR DM EDUCATE? , COMPREHENSIVE ONLINE DIABETES MANAGEMENT COURSE - DM Educate was created by the University of Pittsburgh, in partnership with Novo Nordisk to provide pharmacy students with the tools to meet the needs of patients with diabetes. Currently 75 colleges and universities throughout the world are registered and using the course. [Learn more here](#)

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NEWS FLASH:

Keep Avandia on market, say FDA advisors: FDA panelists suggest that Glaxo's diabetes drug Avandia remain on the market, while acknowledging studies showing links to increased heart attack risks. More Information next week.

SoloSTAR(R), the First Prefilled Disposable Insulin Pen for Lantus(R), is Now Available in the United States

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Tools for your Practice:



Fifty Ways to Prevent Diabetes.

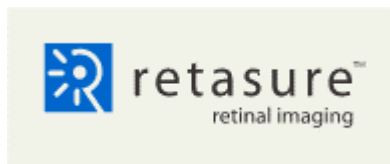
A new handout brochure from The national Diabetes Education Program (NDP) to give to your patients that are prone to diabetes.

?? Over 50 Ways to Prevent Diabetes

http://www.diabetesincontrol.com/issues/Issue 375/50Ways_tips.pdf

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New Product: Retasure



Retasure - Digital Healthcare, a Wake Forest company specializing in retinal risk assessment for diabetics, has a new retinal imaging risk assessment solution for primary care offices. Retasure is a simple, affordable, non-invasive solution that allows primary care physicians to capture retinal images of diabetic patients with a procedure that takes less than five minutes. The images are then transmitted over a secure, HIPPA compliant network to a

board certified ophthalmologist at an accredited reading center for examination. Results are returned to the primary care physician within 72 hours. www.retasure.com

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This Week’s Items:

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ITEMS For The Week:

Item 1

FDA To Ask If Avandia Should Stay In The Market

The FDA will ask outside advisers if GlaxoSmithKline Plc's diabetes drug Avandia should stay on the market or be subject to new warnings or limits.

<http://www.diabetesincontrol.com/results.php?storyarticle=5009>

The agency has "considerable concern" about data that show a signal of possible heart attack risks with Avandia, a summary from FDA staff said. Various data present "somewhat inconsistent findings," it added.

The FDA released the summary among more than 400 pages of documents prepared for Monday's advisory panel review of the drug's heart risks.

Avandia's safety came into question in May when a Cleveland Clinic analysis linked the drug to a 43 percent higher chance of having a heart attack.

That study, by cardiologist Steven Nissen, will not be a focus of the panel meeting, FDA staff said. Agency reviewers believe their own analysis used more robust data, they said. Nissen is listed as a non-voting consultant for the meeting.

The panel will be asked if Avandia increases heart attack risk, and if so, whether the dangers are greater than with other diabetes drugs. They also will be asked if Avandia should stay on the market, the FDA documents said.

If the advisers decide Avandia should still be sold, the FDA will ask about other steps, such as adding a strong "black box" warning or limiting use to certain patients.

The FDA usually follows panel recommendations.

Agency staff said "various data sets present an array of somewhat inconsistent findings that complicate the interpretation of the available data."

In one analysis, FDA statisticians found a "consistent increase" in risks of heart attacks and related problems in studies that added Avandia to insulin.

"Use with insulin should be carefully re-assessed," the analysis said.

Combined results from 42 studies showed an increased heart attack risk overall, FDA reviewers said, but added that the studies were short with no rigorous follow-up of patients. Longer studies by Glaxo have found no statistical difference between Avandia and some other medicines when researchers looked at combined rates of cardiovascular-related deaths, heart attacks and strokes, FDA staff said.

Glaxo said a new company-funded study of health insurance records of more than 400,000 diabetics found Avandia was not linked with a higher heart attack risk compared with other oral diabetes drugs. The company said the finding supported previous data.

"We feel the cardiovascular profile is very reassuring for Avandia," Dr. Anne Phillips, GlaxoSmithKline vice president of clinical development, said in an interview.

Avandia, known generically as rosiglitazone, is also a component of Glaxo's Avandamet and Avandaryl diabetes pills.

Summaries from FDA staff and Glaxo were posted on the agency Web site at <http://www.fda.gov/ohrms/dockets/ac/07/briefing/2007-4308b1-00-index.htm>.

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Can you imagine your patients walking pain free? Now you can offer them hope and treatment for their pain caused by Neuropathy. The ReBuilder(r) is an FDA approved medical device that rebuilds your nerves to stop numbness and pain, increases blood flow to your legs and feet to support the nutritional needs of these newly awakened nerves, and increases calf muscle strength to restore your mobility. The ReBuilder(r) works extremely well for patients that suffer from Chemotherapy induced Neuropathy. Click here for more info...

<http://www.diabetesincontrol.com/rebuilder/index.php>

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Item 2

Both Diabetes TZD Drugs 'Pose Heart Risk'

Rosiglitazone and pioglitazone, both drugs commonly prescribed to treat type 2 diabetes double the risk of heart failure, a study of data on more than 78,000 patients suggests.

<http://www.diabetesincontrol.com/results.php?storyarticle=5008>

More than 1.5 million prescriptions for rosiglitazone and pioglitazone were issued in England alone last year. The researchers, led by the University of East Anglia, suggest fluid retention caused by the drugs may be to blame.

Writing in the journal Diabetes Care, they call for a rethink on the drugs by the regulatory authorities. "There doesn't seem to be a group of patients who are safe from these side-effects" says, Dr Yoon Loke from the University of East Anglia

Patients are advised not to stop taking the drugs, but to consult their GP if they have concerns. Prescriptions for the drugs, known as thiazolidinediones, have doubled over the last three years.

Rosiglitazone, brand name Avandia, was linked to heart attacks by research published earlier this year. The latest analysis of data estimates that one in every 50 people taking the drugs over a 26-month period will require hospital admission because of heart failure.

Lead researcher Dr Yoon Loke said: "This means that the diabetes drugs could have caused thousands of additional cases of heart failure, creating a substantial burden on hard-pressed NHS services." The researchers

also looked in detail at more than 200 cases of patients with heart failure related to the diabetes drugs and found that the problem developed even in patients taking low doses of the drugs.

While heart failure is often thought to be a problem affecting older patients, the researchers also found that one quarter of cases occurred in people younger than 60.

The manufacturers' information leaflets say that rosiglitazone and pioglitazone, brand name Actos, should not be used in patients known to have heart failure, but this research indicates that the drugs can provoke the problem even in those without a history of heart disease.

Dr Loke said: "Most patients in the studies did not have heart failure prior to starting on treatment with these drugs. "There doesn't seem to be a group of patients who are safe from these side-effects." On average, patients who developed this complication did so 24 weeks after starting on the drug. "Our analysis quantifies the risk for the first time and it shows that nobody is immune," said Sonal Singh, lead author of the study and assistant professor in internal medicine at Wake Forest University Baptist Medical Center in Winston Salem, North Carolina.

Matt Hunt, of the charity Diabetes UK, said the drugs were recommended by the Medicines and Healthcare products Regulatory Agency (MHRA) as a safe and effective treatment for type 2 diabetes.

He said: "Obviously new evidence should be considered by the MHRA on an ongoing basis.

Both the EMEA and the MHRA said their experts were currently performing a re-evaluation of the benefits and risks of both rosiglitazone and pioglitazone in view of the concerns on cardiovascular safety.

This re-evaluation is intended to be finished later this year. A spokesman from the drugs' guidance watchdog NICE said: "If the EMEA decides on the basis of this new research that the risks posed by these two glitazones outweigh their benefits, they will issue updated prescribing advice to healthcare professionals.

Drug company GlaxoSmithKline, which makes Avandia (rosiglitazone), said: "The risk of heart failure in diabetes patients and with use of these medicines is well recognised and is clearly identified in prescribing information to doctors in the UK."

Diabetes Care, July 2007

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DID YOU KNOW:

By 2030 seven out of 10 countries with the most diabetic patients will be in Asia: with India and China topping the list with 79.4 million and 42.3 million, respectively. The Philippines, which is not even in the current top 10 list, will catapult to No. 9 with 7.8 million (from the current 3.36 million). Indeed, these dire estimates from the journal *Diabetes Care* is more than enough reason for the experts from the American Diabetes Association to be alarmed and visit the Asia-Pacific region, for the first time, to offer their recommendations -- a treatment algorithm -- for the management of type 2 diabetes.

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You've probably heard the term "low glycemic" bandied about in the media and in discussions about weight loss. You may have even come across some food products labeled as such.

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<http://www.diabetesincontrol.com/ads/atkins/dest.shtml>

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Taking Statins May Increase Cancer Risk

Lowering cholesterol with statins may slightly increase the risk of cancer, a study suggests more moderate doses.
<http://www.diabetesincontrol.com/results.php?storyarticle=5007>

It is not clear whether the cancer cases are caused by the drugs, or are a consequence of the low levels of "bad" LDL cholesterol produced by taking them.

The result, which amounts to one extra case of cancer for every 1,000 patients treated, surprised the researchers who discovered it. They were looking for new evidence on the known side-effects of statins on the liver and muscle wasting.

"This analysis doesn't implicate the statin in increasing the risk of cancer," said the study leader, Professor Richard Karas, of Tufts University School of Medicine, in Boston. "The demonstrated benefits of statins in lowering the risk of heart disease remain clear. However, certain aspects of lowering LDL with statins remain controversial and merit further research."

The team reviewed the results of 13 previous trials, involving more than 41,000 patients and all published before November 2005. They detected higher rates of cancer among the patients whose use of statins achieved the lowest levels of LDL cholesterol.

This may be important because recent statin trials have shown that a more aggressive lowering of LDL produces greater benefits to the heart. There are moves to lower the cholesterol targets aimed at by GPs, on the assumption that doing so will do no harm. But there have been suggestions that there may be a greater risk of side-effects if a more aggressive statin treatment is used.

The researchers, who published their findings in the *Journal of the American College of Cardiology*, found that the degree of damage to the liver increased with greater statin doses, but that there was no such effect in muscle wastage. They said the best strategy may be to combine statins at moderate doses with other drugs.

As for cancer, conclusions are difficult to draw. No single form of cancer predominated, so if there is a side-effect of having a very low level of LDL, it would have to apply to all types of cancer. And previous statin trials have not shown any direct effect on cancer risk. But those trials did not compare cancer risk with the degree of lowering of LDL cholesterol.

John LaRosa, of the State University of New York, cast doubt on the findings. If they were caused by a lowering of cholesterol, the effect must have been very rapid, as the trials lasted five years or less. Other explanations, he said, were chance, or simply that people who would otherwise have died of heart disease were living longer, and dying of cancer.

June Davison, cardiac nurse for the British Heart Foundation, said: "We have known about the association between low cholesterol levels and cancer for some time now."

While this (research) highlights an association between low levels of LDL and cancer, this is not the same as saying that low LDL or statin use increases the risk of cancer. There is overwhelming evidence that lowering LDL cholesterol through statins saves lives by preventing heart attacks and strokes. These findings do not change the message that the benefits of taking statins greatly outweigh any potential risks. People should not stop taking statin treatment on the basis of this research."

Journal of the American College of Cardiology, July 2007

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A successful start to insulin therapy is about doing the right thing at the right time. A reusable, digital insulin pen for use with Humalog(r) (insulin lispro) can offer patients greater flexibility. Humalog(r) and Humalog(r) Mixture insulins are available in convenient insulin pens. The new HumaPen(r) Luxura(tm) HD -- offered with half unit increments from 1 to 30 -- and HumaPen(r) MEMOIR both offer greater flexibility. Find progressive dosing guidelines that can help simplify starting insulin in patients new to insulin or those adding Humalog(r) to basal insulin at

http://ad.doubleclick.net/clk;108162540;16546306;x?http://www.humalog.com/hcp/humapen_luxura.jsp?ccd=humdtp17

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Item 4

Corneal Sensitivity Is Linked to Diabetic Neuropathy

Results of a new study suggest that corneal sensitivity is reduced in diabetic patients, and is related to the severity of neuropathy.

<http://www.diabetesincontrol.com/results.php?storyarticle=5006>

"In diabetic patients, corneal sensitivity is reduced, due to a loss of corneal nerve fibers, which leads to corneal keratopathy and a susceptibility to injury, with recurrent erosions and ulcers," Dr. Rayaz A. Malik, of the University of Manchester, UK, and colleagues write. Corneal sensation, they add, can be evaluated using the Cochet-Bonnet aesthesiometer (C-BA) or the noncontact corneal aesthesiometer (NCCA).

The researchers examined corneal sensitivity in 147 diabetic patients and 18 controls using these approaches and also assessed neuropathy deficit score. Neuropathy was classified as being absent, mild, moderate or severe.

No significant differences in age, type of diabetes, and A1C were observed among the groups. The duration of diabetes increased with neuropathic severity. Corneal sensitivity assessed using the CB-A was significantly reduced in patients with diabetes compared with controls. It was not reduced in diabetic patients without neuropathy. However, a significant reduction was observed in those with any degree of neuropathy.

A significant reduction in corneal sensitivity assessed using NCCA was seen in the diabetic patients. It was not significantly reduced in patients without neuropathy or with mild neuropathy. However, a significant reduction was found in subjects with moderate and severe neuropathy. A significant correlation was observed between neuropathy established by C-BA and NCCA.

The findings, the investigators conclude "have important clinical implications regarding the development of corneal abnormalities in diabetic patients and also raise the possibility that corneal sensation could be used to screen for diabetic neuropathy."

Diabetes Care 2007;30:1895-1897.

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FACT:

Both diabetes TZD drugs double heart failure risk: Two popular drugs used to treat late-onset diabetes may double the risk of heart failure, according to a new study released on Thursday. Researchers who analyzed data on 78,000 patients who took Avandia or Actos to treat type II diabetes found that it increased the risk of heart failure by up to 100 percent, said the study. The manufacturers cautioned from the beginning that the drugs were not suitable for patients at risk for - or with a history of - heart failure, and that patients who combined the drugs with insulin treatments were at an increased risk for the complication. But the analysis found that this adverse effect occurred in patients with no risk for heart failure, even in the absence of insulin. The study also showed that it occurred in young people and at high and low doses. See This Week's Item #2

Diabetes Care, July 2007

Item 5

First Time ADA and EASD Recommend Treatment Guidelines

For the first time, the ADA and the European Association for the Study of Diabetes (EASD) have spelled out a treatment regimen that recommends initial therapy with lifestyle modifications and metformin (a drug used for treating type 2 diabetes in adults and children) and the early addition of insulin therapy in patients who do not meet target goals.

<http://www.diabetesincontrol.com/results.php?storyarticle=5005>

Consider these figures: By 2030 seven out of 10 countries with the most diabetic patients will be in Asia, with India and China topping the list with 79.4 million and 42.3 million, respectively. The Philippines, which is not even in the current top 10 list, will catapult to No. 9 with 7.8 million (from the current 3.36 million).

Indeed, these dire estimates from the journal Diabetes Care is more than enough reason for the experts from the American Diabetes Association to be alarmed and visit the Asia-Pacific region, for the first time, to offer their recommendations -- a treatment algorithm -- for the management of type 2 diabetes.

A treatment algorithm usually refers to decision tree approaches to healthcare treatment (i.e., if symptoms A, B and C are evident, then use treatment X).

The ADA clinical practices recommendations were released during the Standing Together Against Diabetes, a medical conference held in Bangkok, Thailand early this month.

During the event, the experts promoted the use of the algorithm by educating the doctors who attended the conference and providing them with educational materials.

This ADA initiative to optimize diabetes therapy is supported by an unrestricted educational grant from pharmaceutical giant sanofi aventis.

“Although current new classes of medications and numerous combinations have been demonstrated to lower the concentration of glucose in the blood (glycemia), current management still fail to achieve and maintain the levels that can provide optimal health care status for people with diabetes,” acknowledged Dr. John Buse, professor of medicine and Division of Endocrinology chief at the University of North Carolina.

Buse, who is also ADA president-elect, added that with the emergence of many different medications for the treatment of type 2 diabetes in recent years, ADA’s recommendations will set a precedent in the treatment of the disease by providing an easy-to-use treatment algorithm.

“This will help doctors in the Asia-Pacific region to choose the most appropriate therapies for lowering the blood sugar levels in people with type 2 diabetes,” he said.

The experts acknowledged the effects of the globalization of the Western lifestyle for making type 2 diabetes a major and progressive health care problem around the world.

“It is sometimes described as a ‘lifestyle disease’ because it is more common in people who do insufficient physical activity and are overweight or obese. It is strongly associated with high blood pressure, high cholesterol and an ‘apple’ body shape, where excess weight is carried around the waist,” Kahn said.

He noted that the burden of the disease was greatest in countries like India and China where there is rapid population growth. In the Philippines, diabetes is currently the ninth leading cause of death, currently affecting one out of 25 Filipinos.

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Item 6

Obesity And Skinny are Socially Transmitted Diseases(STD)

Obesity Is 'Socially Contagious' says a new report from Harvard. Need to associate only with skinny people if you want to be skinny?

<http://www.diabetesincontrol.com/results.php?storyarticle=5004>

Are your friends making you fat? Or keeping you slender? According to new research from Harvard and the University of California, San Diego, the short answer on both counts is "yes." The study finds that if one person becomes obese, those closely connected to them have a greater chance of becoming obese themselves. The greatest effect is seen among friends.

In a new study coauthored by Nicholas Christakis of Harvard Medical School and James Fowler of UC San Diego suggests that obesity is "socially contagious," spreading from person to person in a social network.

The study -- the first to examine this phenomenon -- finds that if one person becomes obese, those closely connected to them have a greater chance of becoming obese themselves. Surprisingly, the greatest effect is seen not among people sharing the same genes or the same household but among friends.

If a person you consider a friend becomes obese, the researchers found, your own chances of becoming obese go up 57 percent. Among mutual friends, the effect is even stronger, with chances increasing 171 percent.

Christakis and Fowler also looked at the influence of siblings, spouses and neighbors. Among siblings, if one becomes obese, the likelihood for the other to become obese increases 40 percent; among spouses, 37 percent. There was no effect among neighbors, unless they were also friends.

The researchers analyzed data over a period of 32 years for 12,067 adults, who underwent repeated medical assessments as part of the Framingham Heart Study. They were able to map a densely interconnected social network of the study's subjects by using the tracking sheets (which had previously been archived in a basement) that recorded not only the subjects' family members but also unrelated friends who could be expected to find them in a few years.

The network map took two years to assemble and includes information on the participants' body-mass index. Among the first things the researchers noticed was that, consistent with other studies finding an obesity epidemic in the U.S., the whole network grew heavier over time.

Also immediately apparent were distinct clusters of thin and heavy individuals. Statistical analysis revealed that this clustering could not be attributed solely to the selective formation of ties among people of comparable weights.

"It's not that obese or non-obese people simply find other similar people to hang out with," said Christakis, a physician and a professor in Harvard Medical School's department of health care policy. "Rather, there is a direct, causal relationship."

Further analysis also suggested that people's influence on each other's obesity status could not be put down just to similarities in lifestyle and environment, to, for example, people eating the same foods together or engaging in the same physical activities. Not only do siblings and spouses have less influence than friends, but also geography doesn't play a role. The striking impact of friends seems to be independent of whether or not the friends live in the same region.

"When we looked at the effect of distance, we found that your friend who's 500 miles away has just as much impact on your obesity as [one] next door," said Fowler, an associate professor of political science at UC San Diego and an expert in social networks.

In part because the study also identifies a larger effect among people of the same sex, the researchers believe that people affect not only each other's behaviors but also, more subtly, norms.

"What appears to be happening is that a person becoming obese most likely causes a change of norms about what counts as an appropriate body size. People come to think that it is okay to be bigger since those around them are bigger, and this sensibility spreads," said Christakis.

"This is about people's ideas about their bodies and their health," Fowler said. "Consciously or unconsciously, people look to others when they are deciding how much to eat, how much to exercise and how much weight is too much."

"Social effects, I think, are much stronger than people before realized. There's been an intensive effort to find genes that are responsible for obesity and physical processes that are responsible for obesity and what our paper suggests is that you really should spend time looking at the social side of life as well," said Fowler.

The policy implications of the study, the researchers say, are profound. The social-network effects extend three degrees of separation -- to your friends' friends' friends -- so any public-health intervention aimed at reducing obesity should consider this in its cost-benefit analysis.

"When we help one person lose weight, we're not just helping one person, we're helping many," Fowler said. "And that needs to be taken into account by policy analysts and also by politicians who are trying to decide what the best measures are for making society healthier."

"It's important to remember," Fowler said, "that we've not only shown that obesity is contagious but that thinness is contagious."

New England Journal of Medicine, July 26, 2007

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For the diabetic patient, it's not the cholesterol that's the problem. It's the number of LDL particles, especially small LDL particles. To see the real risk, use the NMR LipoProfile(r) test, the only test that directly measures the number of LDL particles and the number of small LDL particles - the particles shown to be more predictive of CHD events than LDL-C. Click here to learn more.

<http://www.diabetesincontrol.com/ads/liposcience/dest.php>

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Item 7

Even Diet Soft Drinks Are Associated With An Increased Risk of Heart Disease

Diet soft drinks are lower in calories, but are still associated with a greater risk of heart disease as are sugar-laden sodas, according to a new study.

<http://www.diabetesincontrol.com/results.php?storyarticle=5003>

US researchers tracked for four years the health of more than 6,000 middle-aged adults and found those who drank one or more soft drinks daily had an increased risk for metabolic syndrome when compared to individuals who drank fewer of the fizzy beverages.

Metabolic syndrome is a cluster of risk factors for heart disease and diabetes such as high blood pressure, excessive fat around the waist and low levels of "good" cholesterol.

What surprised researchers was that diet drinkers were no better off than drinkers of sugary sodas.

"We were struck by the fact that it didn't matter whether it was a diet or a regular soda that participants consumed," said Boston University School of Medicine professor Ramachandran Vasan.

By the end of four years, the consumers of soft drinks had a 31 percent greater risk of becoming obese, a 30 percent greater risk of increased weight circumference and a 32 percent greater risk of having low levels of HDL or, so-called good cholesterol. They also had a 25 percent higher risk of having high blood triglycerides or high blood glucose.

About half of the participants kept detailed food questionnaires which showed which sodas they drank, regular or diet. Researchers were surprised to find that the sugar content of the drinks made no difference to the health outcomes.

Adults who drank one or more sodas a day had a 50 to 60 percent greater chance of having developed metabolic syndrome - despite drinking diet or regular sodas.

Researchers say it is not clear why diet sodas raise a person's risk for metabolic syndrome. "It may be that soft drinks condition a person's palate, making them more likely to eat sweet, calorie-rich foods," said Ravi Dhingra, lead author of the paper and an instructor in medicine at Harvard Medical School.

Alternatively, some experimental studies show that the caramel content in soft drinks may promote development of complex sugars that can result in insulin resistance and diabetes.

"These are all theories and experts debate their importance," said Dhingra. "Our study was observational and so right now all we demonstrate is an association. We have not proven causality." - AFP/de

This study is observational and does not show cause and effect. The study authors note in the paper, "Individuals with greater intake of soft drinks also have a dietary pattern characterized by greater intake of calories and saturated and trans fats, lower consumption of fiber and dairy products and a sedentary life." Experts agree that factors such as caloric imbalance and sedentary lifestyle are related to weight gain, heart disease and metabolic syndrome. Further the researchers note, "Given the observational nature of the present study, we cannot infer that the observed associations are causal. As noted above, it is conceivable that residual confounding by lifestyle/dietary factors not adjusted for may have contributed to the metabolic risks associated with soft drink intake."

Leading health groups agree that low-calorie sweeteners and the products that contain them can help people manage their weight as part of an overall healthy diet. Even the American Heart Association recommends, "Substitute lower-calorie foods for high-calorie foods. You can subtract calories by making small but effective changes in your daily eating patterns." Further, according to the American Dietetic Association, "Non-nutritive sweeteners added to the diet have been shown to promote modest loss of weight and, within a multi-disciplinary weight-control program, may facilitate long term maintenance or reduction in body weight." No major health group is making a change to its dietary recommendations based on this observational study.

The American Heart Association, in its July 23, 2007 press release on the study, states: "Since this is an observational study, it is important to note that the study does not show that soft drinks cause risk factors for heart disease." AHA adds: "Diet soda can be a good option to replace caloric beverages that do not contain important vitamins and minerals. The American Heart Association supports dietary patterns that include low-calorie beverages like water, diet soft drinks, and fat-free or low-fat milk as better choices than full calorie soft drinks."

the journal Circulation, July 2007

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Dr. Philip A. Wood has written a book for healthcare professionals and students of medicine, nursing, pharmacy, and graduate studies, as well lay people interested in understanding the influences of genetics, nutrition, activity level and drugs on diseases associated with excess fat such as obesity, insulin resistance, metabolic syndrome and type 2 diabetes. The book is composed of short, readable chapters with helpful figures to further explain the mechanisms discussed. For further information please click here.

http://www.amazon.com/exec/obidos/tg/detail/-/0674019474/qid=1132176956/sr=8-1/ref=pd_bbs_1/002-7853569-1175265?v=glance&s=books&n=507846

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Item 8

Indian Herb Again Shows Promise for Diabetics

The traditional Indian herbal Salacia oblonga, can be effective for diabetics to lower blood sugars by 23% and insulin responses by 29%, says a new study from the US that helps build the science behind the herb.

<http://www.diabetesincontrol.com/results.php?storyarticle=5002>

"The extract of Salacia oblonga lowers acute glycemia and insulinemia in persons with type 2 diabetes after a high-carbohydrate meal," wrote the researchers in the American Journal of Clinical Nutrition. It works similar to alpha-glucosidase inhibitors.

"The results from this study suggest that Salacia may be beneficial to this population for postprandial glucose control," they added.

Researchers from Abbott Laboratories and Radiant Research evaluated the effect of two doses (240 or 480 mg) of *Salacia oblonga* on blood glucose and insulin levels of 66 type-2 diabetics after eating a high-carbohydrate meal. Results were compared to an unsupplemented standard liquid control meal.

The randomized, double-blinded crossover study showed that both doses of the herbal significantly lowered the postprandial glucose response by 14 and 22 per cent for the 240 mg and 480 mg extract, respectively, compared to the control meal.

Moreover, both doses significantly reduced the postprandial insulin response by 14 and 19 per cent for the 240

and 480 mg extract, respectively.

It is thought that *Salacia oblonga* acts in a similar way to diabetes medications by binding to intestinal enzymes called alpha-glucosidases, which are responsible for breaking down carbohydrates into glucose. When the enzyme binds to the herbal extract rather than a carbohydrate, less glucose gets into the blood stream, resulting in lowered blood glucose and insulin levels. *Salacia Oblonga* inhibits the breakdown of oligosaccharides (disaccharides and trisaccharides) such as sucrose, maltose, etc. into monosaccharides and inhibits the absorption of monosaccharides such as glucose, mannose, etc. in the body, preventing blood sugar levels from rising.

The study supports similar results published in the *Journal of the American Dietetic Association* (2005, vol 105, pp. 65-71) by researchers from Ohio State University. In this instance, a 1,000mg dose of the herb *Salacia oblonga* was reported to decrease insulin levels in healthy adults by 29 per cent and blood glucose levels by 23 per cent.

American Journal of Clinical Nutrition; July 2007, Volume 86, Number 1, Pages 124-130 "Extract of *Salacia oblonga* lowers acute glycemia in patients with type 2 diabetes" Authors: J.A. Williams, Y.S. Choe, M.J. Noss, C.J. Baumgartner and V.A. Mustad

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FACT:

Reducing Salt in Processed Foods Can Save 150,000 Lives: Just a 1.3-g/day reduction in sodium, translates into a 5-mm-Hg smaller rise in systolic blood pressure. Between the ages of 25 and 55 years, this small reduction would translate into an estimated 150 000 lives saved. There was a 55% increase in sodium intake in the US from the early 1970s to 2000. The paper also notes that populations with an average sodium ingestion of less than 1400 mg/day have virtually no hypertension and show no progressive increase in blood pressure with age. In the US, average sodium consumption has been estimated to be 4000 mg/day per 2000 kcal, substantially higher than the 2300 mg/day recommended by the American Heart Association.

See This Week's Item #10 *Arch Intern Med* 2007; 167:1460-1468.

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<http://www.pharmacy.pitt.edu/dmeducatece>

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Item 9

Patient Compliance Improves Through 'Motivational Interviewing'

Patients often resist the advice of health care providers and thus neglect what is in their best interests. But research found that exploring a patient's motivation for resistance, through a process call motivational interviewing, can greatly increase compliance.

<http://www.diabetesincontrol.com/results.php?storyarticle=5001>

Taking medications, engaging in healthy lifestyles and quitting harmful habits are vital for good health, but patients often resist the advice of health care providers and thus neglect what is in their best interests.

It's not a case of being stubborn or a lack of will, says an Auburn University pharmacy professor, but rather it stems from attempts to persuade patients when they are not ready. Bruce Berger, head of the AU Department of Pharmacy Care Systems, has conducted research which found instead that exploring a patient's motivation for resistance, through a process called motivational interviewing, can greatly increase compliance.

"A person might say that smoking relaxes him, so the typical responses are 'Can't you think of something else that relaxes you?' or 'You know smoking will destroy your lungs,' which puts the person on the defensive," Berger said. "A better response using motivational interviewing would be, 'It would be hard to give up something that is relaxing. What would have to happen for you to consider quitting smoking?'"

"Someone also might quit taking medication because he doesn't feel any improvement yet. We can't make patients comply, but we can find out their motivation and increase the probability that they will make good decisions," said Berger.

The software incorporates motivational interviewing to help guide counselors through the process of asking questions and providing appropriate responses. His study had 367 participants, with 196 receiving standard care and 172 receiving counselor intervention with the software. For patients receiving advice from counselors without the software, he found that 8.7 percent quit taking their medications. However, when the software program was used, the rate was only 1.2 percent.

"The results show a very significant improvement when motivational interviewing was used to explore their reasons for not wanting to continue the drug," Berger said.

For patients who had doubts about whether their medicine was working, the software would prompt the call center personnel to say, "What would make you feel more confident that your medicine is still working?"

"Each person has an internal set of pros and cons that influence behavior," he said. "We need to find out those factors and keep the goal in mind, which is getting patients to take their medications to make changes such as losing weight. The goal is not to win an argument or prove we are right and the patient is wrong. The goal is to help patients accomplish what they want to accomplish in regard to their health."

More information on the institute is available at <http://www.cmsa.org/aumiti>.

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Item 10

AMA: Reducing Sodium In Processed Foods Can Reduce the US CVD Burden

Just a 1.3-g/day reduction in sodium, translates into a 5-mm-Hg smaller rise in systolic blood pressure. Between the ages of 25 and 55 years, this small reduction would translate into an estimated 150 000 lives saved.

<http://www.diabetesincontrol.com/results.php?storyarticle=5000>

The American Medical Association (AMA) has now published the scientific report behind last year's recommendations calling for a reduction in the amount of sodium in processed and restaurant foods. Combined with education and improved labeling, individuals should be able to enjoy a lower-sodium diet without inconvenience or a loss of food choices, say the authors, but they note that in the continued absence of voluntary measures from the food and restaurant industry, new regulations will be required to achieve lower sodium concentrations.

"In the past, what people weren't fully cognizant of was the fact that most of the salt was coming from restaurant and packaged foods," author Dr Stephen Havas (American Medical Association, Chicago, IL) stated. "The message we had been giving to the public, as well as the message the doctors had been giving to their patients—don't use salt at the table, don't use salt when you're cooking—was advice of very limited value, especially since 80% of people's salt was coming from restaurants and processed foods. Unless we pay attention to that, we are never going to reduce sodium intake."

In June 2006, as part of a campaign to reduce the burden of cardiovascular disease, the AMA published new recommendations to help reduce the amount of sodium in processed and restaurant food. The new guidelines

were designed to help change the way Americans thought about salt, as well as emphasize the importance of paying attention to the various sources of sodium in their daily lives.

The new recommendations urged the FDA to revoke the "generally-recognized-as-safe" status of salt and to develop regulatory measures to limit sodium in processed and restaurant foods. Over the next decade, the AMA called for a minimum 50% reduction in sodium in processed foods, fast-food products, and restaurant meals. The AMA also called for ways of improving labeling to assist consumers in understanding the amount of sodium in processed food and develop a marking system to warn of foods high in sodium.

"The problem is that the case hasn't really been brought to the physician community in a good way, or to the public," he said. "Until the time we published the report last June, and it got out to the public by the media, people still thought there was a controversy, because these few scientists and the Salt Institute have kept trying to make it appear that the issue is not settled."

In the new report, the AMA points out that substantial public-health benefits can be gained from small reductions in sodium intake. A 1.3-g/day reduction in sodium, for example, translates into a 5-mm-Hg smaller rise in systolic blood pressure. Between the ages of 25 and 55 years, this small reduction would translate into an estimated 150 000 lives saved. The paper also notes that populations with an average sodium ingestion of less than 1400 mg/day have virtually no hypertension and show no progressive increase in blood pressure with age. In the US, average sodium consumption has been estimated to be 4000 mg/day per 2000 kcal, substantially higher than the 2300 mg/day recommended by the American Heart Association.

One of the more disturbing trends figures in the literature, said Havas, is the 55% increase in sodium intake in the US from the early 1970s to 2000, a trend he attributes to more and more people eating out, as well as larger portion sizes.

"We don't know if sodium intake is still increasing, but it's a huge concern," said Havas. "Until that figure was published, the knowledge of this was not out there in any big way. We assumed, because we were putting out these messages from the High Blood Pressure Education coordinating committee about sodium and the need to reduce sodium intake, that the public would be consuming less. However, we didn't recognize that we weren't giving quite the right message, because we didn't concentrate on processed and restaurant foods."

Dickinson BD, Havas S for the Council on Science and Public Health. Reducing the population burden of cardiovascular disease by reducing sodium intake. *Arch Intern Med* 2007; 167:1460-1468.

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Item 11

Rosiglitazone Seen No Better than Other Drugs in Diabetic Control

Diabetes patients treated with rosiglitazone (Avandia) did no better than those treated with other drugs, according to a Cochrane systematic review of 18 published trials.

<http://www.diabetesincontrol.com/results.php?storyarticle=4999>

The data from 8,432 patients found that glycemic control, as measured by levels of HbA1c, was no better in patients given rosiglitazone than those given other antidiabetic drugs, found Bernd Richter, M.D., of the University of Duesseldorf, and colleagues.

But the authors did not weigh in on the issue of potentially increased cardiovascular risk because they said the studies reviewed reported on 26 weeks or less of rosiglitazone therapy, which was not enough time to evaluate mortality, diabetes-related morbidity, or quality of life.

They concluded that "new studies should focus on patient-oriented outcomes to clarify the benefit-risk ratio of rosiglitazone therapy. Safety data and adverse events of all investigations (published and unpublished) should be made available to the public."

But in a statement, Dr. Richter raised doubts about the likelihood of such studies noting that "it is questionable whether new studies with rosiglitazone will be ethical given the fact that less dangerous therapeutic alternatives exist."

In many ways the Cochrane review echoed conclusions of a systematic review published Monday in the *Annals of Internal Medicine* which found that older drugs were as effective as rosiglitazone and pioglitazone and were less expensive as well. (See [For Type 2 Diabetes, Older Drugs Seem Tried and True](#))

Both reviews are likely to be added to the data that an FDA advisory panel will tackle on July 30 when it meets to consider concerns about the cardiovascular safety of rosiglitazone.

The cardiovascular safety furor was ignited by publication of a meta-analysis of 42 trials that found a 43% increase in relative risk of myocardial infarction for type 2 diabetes patients treated with rosiglitazone.

Practice Pearls

- ?? Explain to interested patients that this review concurs with other reviews that found that rosiglitazone was not superior to other therapies for control of glycosylated hemoglobin.
- ?? Point out that the report found that published studies of at least 24 weeks of rosiglitazone treatment in people with type 2 diabetes mellitus did not provide evidence that patient-oriented outcomes like mortality, morbidity, adverse effects, costs and health-related quality of life are positively influenced by this compound. The authors however suggested that the studies were of too short duration to evaluate these issues.
- ?? Explain to interested patients that the data reviewed in this report did not address long term safety of rosiglitazone.

Richter B et al "Rosiglitazone for type 2 diabetes mellitus." Cochrane Database of Systematic Reviews 2007; Issue 3 Art.No.: CD006063. DOI: 10.1002/14651858.CD006063.pub2.

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DID YOU KNOW:

One in eight adults in New York City has been diagnosed with diabetes, and another 200,000 have diabetes but don't yet know it: The death rate from diabetes in the Big Apple increased by 75 percent between 1990 and 2003, according to a New York City Health Department report. New Yorkers in East Harlem, and certain parts of the South Bronx are hospitalized for diabetes at 10 times the rate of people living on the Upper East Side. Residents in the most affected areas also die from diabetes at seven times the rate of New Yorkers in the least affected neighborhoods. Among racial/ethnic groups, black New Yorkers have the highest death rate from diabetes, dying at three times the rate of white New Yorkers. New Yorkers with diabetes are now hospitalized at a rate nearly 80 percent higher than the national rate, and the cost of these hospitalizations has skyrocketed in recent years, hitting \$481 million in 2003, up from \$242 million in 1990, Dr. Thomas R. Frieden, New York City health commissioner, said in a statement.

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Item 12

Antiplatelet Alone is Safer for PAD Treatment Than Combo With Anticoagulant

In patients with peripheral arterial disease (PAD), guideline-based treatment with an antiplatelet agent is as effective with or without the addition of an anticoagulant. However, combination treatment is more hazardous than monotherapy with an antiplatelet, according to evidence from the Warfarin Antiplatelet Vascular Evaluation (WAVE) trial investigators.

<http://www.diabetesincontrol.com/results.php?storyarticle=4998>

PAD is associated with nearly 3-fold increase for major cardiovascular events, Dr. Sonia Anand at from McMaster University in Hamilton, Ontario, and her associates note. Antiplatelet therapy reduces the risk of major cardiovascular events in patients with PAD by about 25%, which suggests that there is room for improvement, and that it is "reasonable to consider" the addition of an anticoagulant to further reduce the risk.

In the New England Journal of Medicine for July 19, the researchers report the results of their randomized, open-label, clinical trial conducted at 80 centers in Canada, Europe, China, and Australia. Among the 2159 patients who enrolled the trial, the mean age was about 64 years. Patients were followed on average for 35 months.

The trialists randomly assigned subjects with PAD to an antiplatelet agent alone (aspirin, ticlopidine, or clopidogrel, n = 1081), or to treatment with an anticoagulant (either warfarin or acenocoumarol, n = 1080) in addition to the antiplatelet. The target International Normalized Ratio (INR) was 2.0 to 3.0.

The incidence of MI, stroke, or death from cardiovascular causes did not differ significantly between groups: 17.4% in the monotherapy group and 15.9% in the combination group.

However, the incidence of fatal bleeding (relative risk, 3.34), life-threatening bleeding (RR 3.34) and moderate bleeding (RR 2.82) were all significantly higher in the combination group than in the monotherapy group, as was hemorrhagic stroke.

Dr. Anand and her co-investigators estimate that for every 1000 patients treated for 3 years with both the antiplatelet therapy and anticoagulant therapy, there would be 24 fewer cardiovascular events, but 28 more episodes of life-threatening bleeding.

In a related editorial, Dr. Emile R. Mohler III, from the University of Pennsylvania School of Medicine in Philadelphia, comments that "further information on the pathobiologic basis for bleeding in patients with peripheral arterial disease is needed to develop successful clinical strategies to prevent bleeding and to devise safer antiplatelet and anticoagulant drugs."

N Engl J Med 2007;357:217-227,293-295.

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Item 13

Concurrent Counseling With Dietitian, Physician Is Effective in Achieving Weight Loss

Concurrent counseling with a dietitian and a physician in an outpatient setting is effective in achieving and maintaining weight loss, according to a new study.

<http://www.diabetesincontrol.com/results.php?storyarticle=4997>

"Nationally, the reported rate of physician counseling about exercise is approximately 34%," Dr. Francine K. Welty and colleagues from Beth Israel Deaconess Medical Center, Boston, write. "However, many clinicians do not routinely measure patients' weight, assess their lifestyle, or offer advice on such topics."

In the current study, the researchers advised 80 overweight or obese patients with at least one cardiovascular risk factor (86%) or coronary heart disease (14%) to exercise 30 minutes per day. The subjects were also counseled to eat a modified Dietary Approaches to Stop Hypertension (DASH) diet. Weight, body mass index, lipid levels, and blood pressure were measured at one follow-up visit with the dietitian and physician and at least one additional visit with the physician alone. The authors note that the approach is fully reimbursable.

The average age of the patients was 55 years. The mean baseline body mass index was 30.1 kg/m squared. The average maximum weight loss was 5.6% (10.8 lb) of usual weight at a mean follow-up of 1.75 years. At a mean follow-up of 2.6 years, 64 of these patients (81%) maintained significant weight loss (average weight loss 5.3%). The subjects who maintained weight loss exercised an average of 3.8 days per week, compared with 2.6 days in those who did not (p = 0.012).

There was an average decrease in LDL cholesterol of 9.3% (from 142 to 129 mg/dL) and in triglycerides of 34% (from 297 to 196 mg/dL). The average increase in HDL cholesterol was 9.6% (from 48 to 53 mg/dL). Systolic and diastolic blood pressure was lowered from 129 to 126 mm Hg (p = 0.21) and from 79 to 75 mm Hg (p = 0.003), respectively.

"In a primary care setting, office staff can help perform anthropometric measurements including height, weight, and waist circumference, calculate body mass index from a nomogram, and prompt, coordinate, and deliver counseling and follow-up services," Dr. Welty and colleagues conclude.

They also suggest that that "primary care physicians hold an 'obesity' clinic on prespecified days and arrange for a dietitian to be available at those sessions, a situation similar to that described in this report."

Am J Cardiol 2007;100:73-75.

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FACT:

Diet Soft Drinks May Increase Risk of Heart Disease: *Diet soft drinks are lower in calories, but are still associated with a greater risk of heart disease as are sugar-laden sodas, according to a new study.* US researchers tracked for four years the health of more than 6,000 middle-aged adults and found those who drank one or more soft drinks daily had an increased risk for metabolic syndrome when compared to individuals who drank fewer of the fizzy beverages, regardless whether they were diet or regular sodas. By the end of four years, the consumers of soft drinks had a 31 percent greater risk of becoming obese, a 30 percent greater risk of increased weight circumference and a 32 percent greater risk of having low levels of HDL or, so-called good cholesterol. They also had a 25 percent higher risk of having high blood triglycerides or high blood glucose. Adults who drank one or more sodas a day had a 50 to 60 percent greater chance of having developed metabolic syndrome - despite drinking diet or regular sodas. **See This Week's Item# 7**

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Item 14

High Nonfasting Triglyceride Levels Associated With Increased Risk for Cardiovascular Events

Results from two studies indicate that elevated nonfasting triglyceride levels are associated with cardiovascular events such as a heart attack, with one study finding that triglyceride levels measured after fasting does not show this association.

<http://www.diabetesincontrol.com/results.php?storyarticle=4996>

Triglyceride levels are usually measured in the fasting state, which could exclude certain types of lipoprotein particles ("remnant" lipoproteins), a possible risk factor for atherosclerosis, according to background information in the article. However, except for the first hours in the early morning, most individuals are in the nonfasting state most of the time. "Atherosclerosis may be a postprandial [occurring after a meal] phenomenon in which remnant lipoproteins play a dominant role. If this is true, increased levels of nonfasting triglycerides, reflecting increased levels of remnant lipoproteins, may predict risk of myocardial infarction (MI; heart attack), ischemic heart disease (IHD), and death," the authors write.

Børge G. Nordestgaard, M.D., D.M.Sc., of Herlev University Hospital, Herlev, Denmark, and colleagues tested the hypothesis that very high levels of nonfasting triglycerides are associated with an increased risk of heart attack, IHD, and death in the general population. The study included 7,587 women and 6,394 men from the general population of Copenhagen, age 20 to 93 years, who were followed up from baseline (1976-1978) until 2004 (average follow-up 26 years).

The researchers found that with increasing levels of nonfasting triglycerides, levels of remnant lipoprotein cholesterol increased. During the follow-up, 1,793 participants experienced a heart attack, 3,479 developed IHD, and 7,818 died. In men and women, the cumulative incidence of heart attack, IHD, and death increased with increasing levels of nonfasting triglyceride levels.

Among women, the adjusted risk for heart attack increased for each higher category of triglyceride levels (from 1-mmol/L to greater than 5-mmol/L), with the increase in risk (adjusted for other factors) ranging from 1.7 times to 5.4 times, compared to those with triglyceride levels of less than 1-mmol/L. For men, the increased adjusted risk for heart attack for each higher category of triglyceride levels ranged from 1.4 to 2.4. Risk of IHD and death also generally increased with higher triglyceride levels.

"We found that nonfasting triglyceride levels independently predict MI, IHD, and death, particularly in women. These findings may reflect the effects of remnant lipoproteins and therefore may be of considerable interest when designing future trials of agents aimed at reducing triglyceride levels or attenuating atherogenic metabolic abnormalities. If our findings are confirmed, clinical care might be simplified by using nonfasting lipid profiles for atherosclerosis risk prediction," the researchers conclude.

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Item 15

Healthy Lifestyle in Middle Age Reduces Mortality and CVD Later in Life

Adoption of 4 healthy lifestyle habits in middle age is associated with a 40% reduction in all-cause mortality and 35% reduction in CVD events within 4 years.

<http://www.diabetesincontrol.com/results.php?storyarticle=4995>

Middle-aged patients who switch to a healthy lifestyle that includes a diet with a daily intake of at least 5 fruits and vegetables, exercise, and other factors have reduced mortality and cardiovascular disease (CVD) during the next 4 years.

"Despite the well known benefits of having a lifestyle that includes exercise, eating a diet high in fruits and vegetables, maintaining a healthy weight, and not smoking, only a small proportion of adults follow this healthy lifestyle pattern," write Dana E. King, MD, MS, from the Medical University of South Carolina in Charleston, and colleagues. "Further characterization of individuals who adopt a healthy lifestyle in middle-age, and determining the extent of the health benefit would be extremely helpful in formulating appropriate lifestyle advice for such individuals."

The objectives of this study were to determine the proportion of individuals who adopt a 4-element healthy lifestyle (= 5 fruits and vegetables daily, regular exercise, body mass index [BMI] of 18.5 - 29.9 kg/m², no current smoking) in a middle-aged cohort and to determine the subsequent rates of CVD and mortality among those who adopt a healthy lifestyle.

The study cohort was a diverse sample of adults aged 45 to 64 years in the Atherosclerosis Risk in Communities (ARIC) survey. Outcome measures were all-cause mortality and fatal or nonfatal CVD.

Of 15,708 participants, 1344 (8.5%) had 4 healthy lifestyle habits at the first visit and 970 (8.4%) of the other participants had newly adopted a healthy lifestyle 6 years later. Factors associated with lower likelihood of adopting a healthy lifestyle were male sex, African-American race, lower socioeconomic status, and a history of hypertension or diabetes (all $P < .05$).

Compared with individuals who did not adopt a healthy lifestyle, those who did had lower total mortality and CVD events during the next 4 years (2.5% vs 4.2%; $\chi^2 P < .01$ and 11.7% vs 16.5%; $\chi^2 P < .01$, respectively). After adjustment, new adopters had lower all-cause mortality (odds ratio [OR], 0.60; 95% confidence interval [CI], 0.39 - 0.92) and fewer CVD events (OR, 0.65; 95% CI, 0.39 - 0.92) in the subsequent 4 years.

"People who newly adopt a healthy lifestyle in middle-age experience a prompt benefit of lower rates of cardiovascular disease and mortality," the authors write. "Strategies to encourage adopting healthy lifestyles should be implemented, especially among people with hypertension, diabetes, or low socioeconomic status."

"The potential public health benefit from adopting a healthier lifestyle in middle age is substantial," the authors conclude. "The current study demonstrated that adopting 4 modest healthy habits considerably lowers the risk of cardiovascular disease and mortality in relatively short-term 4-year follow up period. The findings emphasize that making the necessary changes to adhere to a healthy lifestyle is extremely worthwhile, and that middle-age is not too late to act."

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Quote of the Week!

"All progress occurs because people dare to be different."

.....**Harry Millner**

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Richard K. Bernstein's New Book, Diabetes Solution 2007 is available. Containing new and revised information, this new book is on special at <http://www.diabetes911.net>. Also Dr. Bernstein's New 5 CD Set "Secrets to Normal Blood Sugars" is available. Recorded Individually For Type 1 and Type 2 Diabetes, These "LIVE" 5 CD Sets Contain The Personal Diabetes Education Program taught by Dr. Bernstein to his patients.

LIVE WEBCAST:
Dr. Bernstein will participate in another 60 minute Tele -Seminar on August 8, 2007, at 7:00 PM CST, 8:00 PM EST and 5:00 PM West Coast time, that we invite you to attend, and ask your patients to attend. In addition to calling in, this upcoming call will also be broadcast through a LIVE web-cast on the Internet. Don't miss it. Click here to register for this free teleconference.
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