Diabetes Holiday Survival Kit

During the holiday season, challenges to your diabetes management program seem to appear on a daily basis. Here are a few ideas for "holiday survival" that may help you end the holidays feeling healthier and more "nutritionally well" than when the holidays began.

Managing diabetes during the holidays requires:

- Advanced planning
- An emphasis on healthful recipes
- Daily exercise

Here are some ways to put those guidelines into action:

- Decide ahead of time what and how much you will eat ("I'll only have a small piece of apple pie with no ice cream") and how you will handle social pressure ("No thank you, I'm too full"). Then stick to your plan.
- Develop personal "rules" for sweet indulgences, such as sharing one dessert with a friend, limiting serving size, scraping off the high-fat whipped cream topping, or rationing desserts to three per week (in which case you're only postponing, not denying, yourself a treat). Remember, failing to plan is planning to fail!
- Volunteer to bring a favorite low-sugar dessert, such as plain cookies, baked apples, or sugar-free puddings, to social functions. That way there will be something appropriate for you to eat.
- Make sure you don't take a holiday from daily exercise. Continue your routine workouts in addition to extra activities, such as parking far from and walking to the mall, or power walking while shopping.

Impossible Pumpkin Pie – Transformed

Cooking spray
2/3 cup Splenda Granular®
½ cup reduced-fat Bisquick®
2 tsp canola oil
1 12-ounce can evaporated skim milk
½ cup egg substitute
2 tsp pumpkin pie spice
2 tsp vanilla

Preheat oven to 350°.

Spray a 10-inch pie plate with nonstick cooking spray.

Mix canned pumpkin, eggs, and oil with a mixer on low speed. Add Splenda®, Bisquick®, evaporated milk, pumpkin pie spice, and vanilla until well-blended.

Pour into the prepared pie plate.

Bake in a 350° oven about 55 minutes. The pie is done when a table knife inserted in the center comes out clean. A thin layer will form on the bottom; this serves as a crust.

Serve warm or let cool, cover, and refrigerate for up to two days.

Yield: 8 wedges of pie: Serving size: 1 wedge. 1 SVG = 120 calories, 6 gm protein, 160 mg sodium, 3 gm fat, 17 gm carbohydrate

Open Enrollment for Medicare Prescription Coverage

Medicare D – Nov. 15 to Dec. 30, 2006

Q: What happens if I don't sign up?

A: You will continue to receive the same prescription drug benefits.

Q: How might it benefit me?

A: You can use your card at most retail pharmacies.

Q: How much will it cost me?

A: You will be reimbursed for any premium taken out of your Social Security check the same as you currently are reimbursed for Medicare B. If you use your card at a retail pharmacy, you may have copays and/or a deductible that are reimbursable (your pharmacy may take the Pequot card as a copay).

Q: Will it benefit the tribe if I do sign up?

A: If you use the Siletz pharmacy and/or Siletz mail order and receive more than $600 (average $50 per month) in prescription drugs from Siletz, then the tribe will receive some reimbursement from Medicare.

The more prescriptions you use, the more the tribe will be reimbursed. Not all plans, however, reimburse the Siletz Clinic, so if you get most of your prescription medications from the Siletz Pharmacy, please check with them first before you choose a plan.

Q: Should I apply first for extra help through Social Security because I am low-income?

A: If your savings, investments, and real estate (other than your home) are not worth more than $11,500 if you are single or $23,000 if you are married and living with your spouse, then you may be eligible for extra help that will pay the premiums and deductibles for the plan should you decide to join. This too will help the tribe (if you spend more than $300 a year in prescription drugs).

Q: What if I don't sign up by Dec. 31, 2006?

A: You will continue to receive the same prescription drug benefits. You have through CHS what is called "creditable coverage." If you decide to sign up later, you can do so at no penalty if the letter you got in the mail (Important Notice) is included.

Q: How will I know if I should sign up?

A: If signing up will save the tribe's health care some dollars, a Siletz Tribal health representative will contact you between Nov. 15 and Dec. 15 to ask if you are willing to sign up. But don't wait, you can call them as well and say you want to talk about Medicare D:

CHS at 1-800-628-5720 or 541-444-1236
Clinic at 1-800-648-0449 or 541-444-1040

Tooth Talk

by Mary Ellen Volansky, RDH, MS

Sleep Apnea and Dentures

This topic arose as a question at a diabetes luncheon – Would wearing dentures improve airflow during sleep and reduce episodes of sleep apnea? Since I didn't know the answer, I told the group I would find out and respond in the diabetes newsletter. Well, I did this but the topic was too large for a brief answer.

The questioner's logic suggested that if you have sleep apnea, wearing your dentures when you sleep would **seem** to keep open the passageway for air through the mouth on its way to your lungs.

The skin of your mouth is made up of the same kind cells as your skin, epithelial cells. The denture can be likened to a band-aid. The dentures prevent the skin of our upper and lower jaws from resting and healing when dentures are worn 24/7.

The dental profession recommends that denture wearers take out their dentures when they sleep. This seems like a good time to allow the skin of the mouth some fresh air and a rest. If you wear your dentures while you sleep, take them out for a few hours during waking hours.

Now to sleep apnea – it's a disorder where while sleeping, there are brief episodes when breathing stops. The National Institute of Neurological Disorders and Stroke says there are two types of sleep apnea:

1. Obstructive, caused by relaxation of soft tissue in the back of the throat that blocks the passage of air to our lungs
2. Central, caused by irregularities in the brain's normal signals to breathe. Obstruction can be mechanical as the growth of too much tissue or damage to the nose, or enlargement of tissues because of allergies

This institute offered the following as probable symptoms: "excessive daytime sleepiness, restless sleep, loud snoring (with periods of silence followed by gasps), falling asleep during the day, morning headaches, trouble concentrating, irritability, forgetfulness, mood or behavior changes, anxiety, and depression. Sleep apnea is more likely to occur in men than women and in people who are overweight or obese."

The National Institutes of Health listed a few other symptoms: awaking not rested in the morning, falling asleep at inappropriate times (i.e., when driving), recent weight gain, limited attention, hyperactive behavior – especially in children, high blood pressure, and leg swelling. Yes, children develop sleep apnea.

Medicinenet.com listed the following as complications of sleep apnea: high blood pressure, strokes, heart disease, automobile accidents, daytime sleepiness, and difficulty concentrating, thinking, and remembering.

The dental profession offers an item called a Mandibular Advancement Device. Medicinenet.com describes this device as a "tooth guard-like device that juts the lower jaw and the base of the tongue forward." This device "works in about 75 percent of individuals."

It further indicated that the price of this device "varies from $300 to well over $1,000." A denture does not provide this service to the jaw and tongue, even though it might provide the oral cavity with a somewhat larger space.

Is this enough space to reduce the number of times one stops breathing during sleep? The research I reviewed was not decisive. It would depend on the type or cause of your sleep apnea. Is it because of tissue enlargement from allergies? Or soft palate or tongue size?

If you are concerned about your sleep pattern, do what Dr. Randall Teich and I recommend – consult your physician. He or she may refer you to a sleep specialist, who might ask you to have a polysomnography or PSG.

Wikipedia lists this test as "a comprehensive recording of the biophysicological changes that occur during sleep." PSG does not just measure whether you're awake or not. It records heart activity, oxygen concentration, brain waves, and more.

Sometimes surgery is done to correct structural causes. One source suggested that the benefits of surgery are not always permanent. An ear/nose/throat specialist (ENT) could check for allergies that might be causing the obstruction that is contributing to your sleep pattern.

For further information on sleep apnea, check out the CTSI dental Web page. You will find the references listed above and more. Your comments and questions are encouraged; e-mail them to toothtalk@ctsi.nsn.us.