

Building Connections: The Maestro Project



Participant Newsletter Issue 41 Fall 2009



Bean Bags – Next Meetings!

**Tuesday, November 3, 2009 and then January 12, 2010
Second Cup River & Osborne.**

Come tell us what you have been up to!!!

Drop in between 7-9 PM. Bring a friend! Beverages are on us!!

We are not so scary!!!

World Diabetes Day is November 14th!!! So what are YOU gonna do about it???
Celebrate, raise awareness, tell someone about diabetes, volunteer, get involved!!!

You Are Invited!

To our Next Maestro Evening Dinner Event...

Stress Undressed!

A Real Look at How to Cope with What's Bugging You



Guest Speaker: Sylvie Ringuette

Date: Wednesday, December 2, 2009

Location: Ambassador K - Canad Inns - Polo Park

Time: 6-8:30 PM

RSVP for you and your guest: Call Catherine at 789-3719

Dinner, Door Prizes, Fun Surprises, Company Trade Show, Meet People, Great Info, Good Times!!

Research News

October 2009: Good News!! Individuals who were diagnosed with type 1 diabetes in the last couple of decades are less likely to suffer vision loss because of diabetes than their predecessors. In a study of nearly 1,000 Wisconsin residents with type 1, researchers found that visual impairment was less common among those diagnosed in the 1970's compared with those diagnosed in earlier decades. The findings suggest that better blood sugar control and earlier access to improved treatments for diabetes related eye disorders are preventing more cases of vision loss than in years past. Results from a newer study which looked at 955 people who had eye exams between 1980 and 2007 showed that patterns were similar with improved outcomes for those diagnosed more recently suggesting future generations of people with type 1 will continue to benefit from the effectiveness of intensive diabetes management and new technologies.

August 2009: New clinical trial data suggests certain blood pressure medications can significantly slow the progression of diabetic eye disease. US researchers have published data from a five-year multi-center clinical trial that demonstrates that the use medications commonly used to treat high pressure can help to prevent and slow progression of diabetic retinopathy. The two medications - losartan and enalapril - work by targeting the renin-angiotensin system, a hormone system that is controlled by the kidneys and that helps to regulate blood pressure within the body. The trial involved participants living with type 1 diabetes but with no detectable incidence of kidney disease or hypertension and minimal eye disease. Patients were randomly assigned to receive a daily dose of either losartan, enalapril or a placebo, and were monitored for five years. Results showed that people given either medication were at least two times *less likely* to experience progression of their eye disease, a significant result. Interestingly, neither intervention showed a prevention of diabetic kidney disease - a surprising result that is contradictory to previous research. Future research will concentrate on identifying which groups of people with type 1 diabetes will benefit most from taking these medications in relation to any risks involved with ongoing use of the drug treatment. (*New England Journal of Medicine*. 2009 Jul 2;361(1):40-51.)

Stress is a four letter word – *From our very own: SugarFreeAng.blogspot.com*

How do you handle stress?

I eat lemon cake.

Or fried chicken.

My best friend doesn't eat at all. She loses her appetite completely.

My co-worker pops pills.

I know others who need to take a walk to calm down.

My boss turns into super woman and goes into a frenzy to accomplish a thousand things all at once.

Well, I cut back on the cake and chicken. I had to when stress is a constant daily factor. The calories really start to add up...

I read once that stress is related to 99% of all illnesses. Actually I think it's written on my Lululemon shopping bag. It makes sense to me though. It raises our blood sugars, doesn't it? It affects those with heart conditions, causes stomach ulcers... who knows what other bad and scary things could be happening inside our bodies due to this intangible, mysterious thing.

It's illusive. It means different things to different people. Some people thrive on it. School stress is my motivation and I love what I can accomplish with it. Daily stress is something else though, the little things that pile up and up and up until – well... what?

Panic attack?

Meltdown?

Anxiety disorder?

Depression?

If you have had one of those things you've probably had another. They all hold hands together. And I know the answers are unclear. I feel like I'm just an uncertain being asking other uncertain beings how to "catch smoke" by trying to manage my stress.

So we medicate.

Sedate.

Meditate.

Contemplate.

Then medicate some more...

I've been told that depression can be a by-product of high blood sugars. SO when our sugars run away on us, our stress levels run away WITH us.

Then our stress levels keep our sugars high.

It's a tricky-sticky situation to find yourself in. But maybe we can try to , I don't know...

Motivate?

Try to turn what stress we can into positive energy that pushes to us to achieve. And the stress we can't? There will always be the stress we can't change.

But there's help for that.

Help we can get so that this type of stress doesn't change US.



What Are Ingrown Toenails & How Do You Deal With Them?

Thanks to www.medicalnewstoday.com

An **ingrown toenail**, also known as **onychocryptosis**, or **unguis incarnates**, occurs when the edges or corners of a toenail grow into the soft tissue of the toe and pierces it. It is a common condition which can be quite painful, causing swelling, redness, and occasionally infection. Most cases of ingrown toenails can be self-treated. However, if the pain is severe or spreading, a health care provider may have to intervene to prevent complications and provide relief of symptoms. People with poor circulation, such as those with diabetes or peripheral vascular disease, need to pay close attention to the health of their feet.

What are the causes of ingrown toenails?

- **Footwear that crowds the toes and toenails.** This may include shoes that are too short, too narrow at the end, or too flat at the end - shoes that are too tight. Tight-fitting socks or tights (stockings) may cause ingrown toenails.
- **Not cutting the toenails straight across.** Cutting the toenails too short, or cutting the edges of the toenail encourages the surrounding skin to fold over the nail, and the nail to push into that skin and pierce it.
- **Toenail injury** - such as dropping something on your toe or kicking something hard.
- **Toenails with an unusual curvature.**
- **Posture** - the way somebody walks and/or stands can influence his/her chances of developing ingrown toenails.
- **Poor foot hygiene or excessive sweating** - if the skin on the toes and feet are moist and warm there is a higher risk of developing an ingrown toenail.

What are the signs and symptoms of an ingrown toenail?

- Tender skin adjacent to the nail
- Swollen skin adjacent to the nail
- Hard skin adjacent to the nail
- When the nail pierces the skin bacteria can get in, resulting in infection.

Signs and symptoms of infection include:

- Red skin
- Area is swollen
- Area is warm
- Area is painful
- Area bleeds
- Area oozes pus which is sometimes smelly

If you have symptoms of infection you should see your GP (general practitioner, primary care physician), or a foot care specialist (podiatrist).

What are the treatment options for ingrown toenail?

- Soak the foot in warm water three to four times a day. While soaking, use a cotton bud to push the skin away from the toenail - this must be done gently.
- Make sure your footwear gives your toes plenty of space to wiggle.
- For pain, over the counter medications, such as acetaminophen, Tylenol or ibuprofen may help. Do not give aspirin to children under the age of 16.
- If symptoms do not go away a health care professional, such as your GP or podiatrist may remove some of the nail that is pushing into the skin. As it grows back the health care provider may place a piece of cotton wool under the nail to stop it from digging into the skin again. It is important to change the cotton wool every day.
- If the area is infected the doctor may prescribe antibiotics. If the problem does not respond to treatment the doctor or podiatrist may recommend the surgical removal of part of the nail - a toenail avulsion. If the ingrown toenail becomes a recurrent problem, your physician may recommend permanent removal of the cells in the nail bed so the toenail cannot grow back.

Prevention of ingrown toenails:

- **Cut your nails properly** - This means cutting them across in a straight line; and NOT cutting around the corners to give them a rounded appearance - tell the pedicurist at a nail salon that is how you want your toenails cut. If you cut your nails after a bath or a shower you will probably find it easier to do. If you have circulation problems in your feet, see a podiatrist regularly to have your nails professionally trimmed if you cannot do so yourself; this may apply especially to patients with diabetes or peripheral vascular disease. Don't cut your toenails too short.
- **Footwear** - make sure your shoes, socks, tight/stockings are the right fit. Shoes must be the right length and width so that the toes do not crowd. If shoes are too loose your toes may hit against the tip of the shoe, which adds pressure and could cause an ingrown toenail. In other words, not too tight and not too loose.
- **Hygiene and dryness** - if you keep your feet clean and dry your chances of developing an ingrown toenail may be significantly reduced; compared to somebody with sweaty feet.

Webwatchers

<http://trinitydtags.com/alert-type-1-diabetes-temporary-tattoos-20-p-139.html> Not quite committed to the idea of a real type 1 tattoo... try on a temporary for a while!!

<http://tudiabetes.com> An online community for people touched by diabetes.

Volunteer Opportunity For DER-CA Party Planning!!

The Pediatric Diabetes Program here in Manitoba, the DER-CA (Diabetes Education Resource for Children and Adolescents) that many of you attended when you were in pediatric care, is turning 25 years old this summer!! AND the DER-CA is going to be throwing itself a big ole birthday party to celebrate!

If you are interested in being apart of the celebration's planning committee please contact Catherine at the Project Office!

Stay tuned for your party invitation coming June 2010!!

NEW: Lantus ClikSTAR Reusable Insulin Pen

Oct. 20, 2009 – Health Canada has approved the ClikSTAR reusable insulin pen for use with Lantus, giving patients with diabetes an additional option to safely and effectively achieve and sustain control of their blood sugar levels. The new insulin delivery device was launched today in conjunction with the 20th World Diabetes Congress being held in Montreal, Quebec, making Canada one of the first countries worldwide to launch this state-of-the-art pen.

The Lantus ClikSTAR pen, designed in partnership with nearly 2,000 patients and 500 nurses, is the result of over four years of intensive development and testing aimed at addressing patients' needs.

The reusable pen has all the benefits of the pre-filled Lantus SoloSTAR and Apidra SoloSTAR delivery device, including a low injection force, a dial and dose setting that allows patients to administer doses from one to 80 units in a single injection, numbering that is both large and clear that lessens the possibility of injection error, and a dial back safety feature to correct dose selection errors.



Community Events Celebrating World Diabetes Day!!

Walmart Pharmacies - Diabetes & Exercise

Walmart Pharmacies are hosting a special talk on **November 15th** at the Kinsmen Reffit Center. **Sebastien Boucher** is a high level Olympic coach from Montreal. He will be giving a keynote talk on Diabetes and Exercise. His talk will highlight reasons exercise is important, target intensities etc. There are only 75 seats available so please RSVP ASAP!! Tickets are \$5 available at Walmart Pharmacies or to members at the Reffit Center.

CDA – Light Up the Night!

Dear Friends & Supporters,

The Canadian Diabetes Association (Manitoba/Nunavut Region) is pleased to announce a new fund-raising event, the **Best Banting Evening**, taking place on **November 13th, 2009**.



The Best Banting Evening : Named to honor the co-discoverers of insulin, Dr. Charles Best and Sir Frederick Banting – will offer a casually elegant gathering for 250 guests. **The Gallery** – an engaging, street-level space in the innovative new **Manitoba Hydro Building** in the heart of Downtown Winnipeg – sets the stage for an evening of easy-going elegance and entertainment.

Candlelit cocktail tables, sophisticated and subtle décor, and a soothing jazz combo bring comfort and 'cool' to this soirée. Add to this, the opportunity for guests to mix and mingle with their friends and colleagues as they are treated to a sublime selection of delightful food and fine wine pairings, complete with commentary and guidance from **George Andrews**, the proprietor of G.J. Andrews Food & Wine Shoppe, Winnipeg's premiere specialty market.

A draw and silent auction will round out the evening, featuring a special door prize and a noteworthy contribution from **Bruce Head**, a renowned Canadian artist living with diabetes.

Tickets are \$200 with partial tax receipt. Contact the CDA at 204-925-3800 ext 222 for tickets and more information!

We hope that you will spread the word about this exciting inaugural event! Please share the attachment with your family, friends and colleagues....we look forward to seeing everyone there!

2009 DER-CA Family Care Day

Keynote Address by:

Dr. Maggie Mamen "Brick Walls and Eggshells: Communication Issues in Families"



Do you or your child/teen feel frustrated at times when it comes to communication around type 1 diabetes? If so this presentation is for you.

Please join us in welcoming Dr. Maggie Mamen, a clinical psychologist who specializes in working with children, adolescents and their families.

The focus of this presentation is on understanding different communication styles and how to maximize their effectiveness.

All family members and friends are welcome to attend!

WHEN: Friday, November 13th, 2009
7pm – 9pm

WHERE: Frederic Gaspard Theatre (Basic Medical Sciences Building – Theatre A) please enter through 700 William Avenue

After the presentation, there will be time for questions, networking with other parents and product displays.

Refreshments and appetizers will be served after the presentation.

Babysitting will be provided.

Advance registration is not mandatory but would be helpful in assisting us with the food ordering. Please call Pat at 787-1021 or pbobko@hsc.mb.ca to register.

Spiced Pumpkin Pancakes

Makes 15

1 cup all purpose flour
1 cup whole wheat flour
6 Tbsp packed brown sugar
1 and ½ tsp baking powder
½ tsp baking soda
½ tsp ground cloves
½ tsp ground cinnamon
½ tsp ground nutmeg
½ tsp salt
1 and 2/3 cup milk
¾ cup canned pumpkin
3 large eggs (lightly beaten)
1 Tbsp melted butter or margarine



Directions:

1. In one bowl, combine all dry ingredients.
2. In another bowl, stir together milk, pumpkin, eggs and melted butter.
3. Add wet ingredients to dry ingredients and stir until smooth.
4. Drop by ¼ cup measures into skillet or fry-pan set to medium heat, about 2 min per side, flipping when top bubbles.
5. Taste these before you add the syrup! So good, you just might not need it!!

Nutritional Info:

Calories per serving: 100.8 Fat: 1.8g Carb: 17.6g Fibre: 0.7g Protein: 3.6g



"And isn't it a fact that all you were doing was checking their blood glucose?"

Please send your feedback to:

The Maestro Project

Room 512

715 McDermot Avenue

Winnipeg, MB R3E 3P4

Phone: 204-789-3719

Fax: 204-787-1655

Email: cmacdonald@mich.ca

Web: www.maestroproject.com



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