

Living Healthy with **DIABETES**

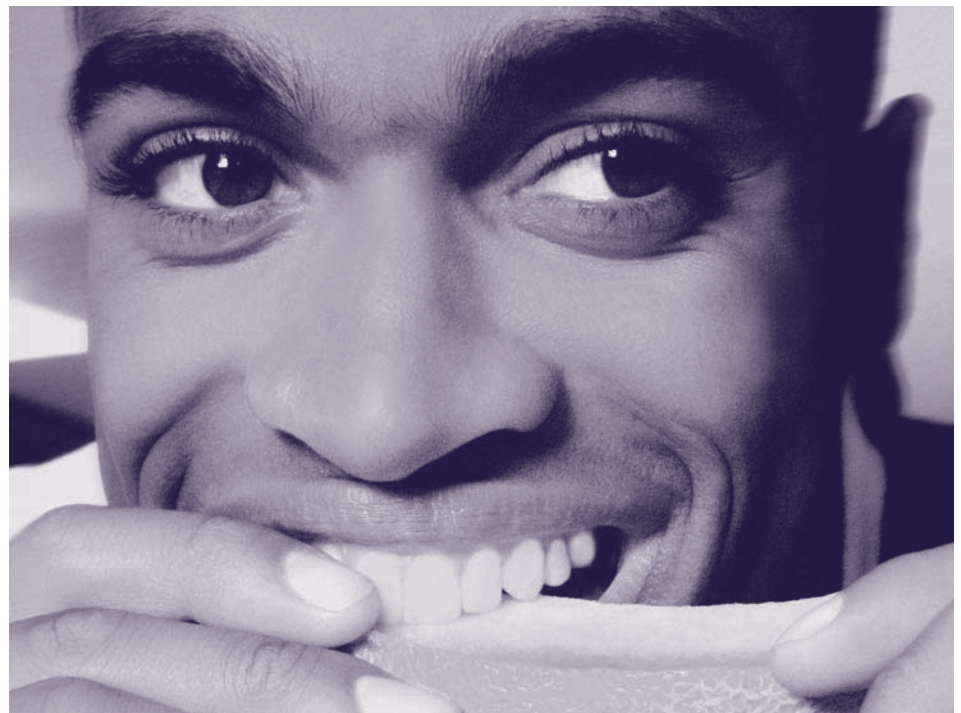
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High Blood Sugar Increases Heart Disease in Type 1 Diabetes

A new study shows that strict blood sugar control lowers heart disease by about 50 percent in people with type 1 diabetes. The National Institutes of Health study compared tight management of blood sugar to traditional control in 1,441 people with type 1 diabetes. The study lasted six and a half years.

More than 18 million people in the U.S. have diabetes. Diabetes is the most common cause of blindness, kidney failure, and amputations in adults. It is also a major cause of heart disease and stroke. At least 65 percent of people with diabetes will die from a heart attack or stroke. But two out of every three people with the disease are unaware of their increased risk.

Type 1 diabetes accounts for up to 10 percent – or up to 1 million – of diagnosed cases of diabetes in the U.S. The disease strikes children



and young adults. People with type 1 diabetes need several insulin injections a day or an insulin pump to survive. For them, insulin is key to controlling blood sugar. But it is no cure. Most people with type 1 diabetes develop other health problems. These problems include damage to the heart and blood vessels, eyes, nerves, and kidneys.

Check Health Information Library

You can listen to 10 different recorded messages about diabetes. Just call the Health Information Library. The number is 1-800-999-1658. The recorded messages are available 24 hours a day. Press the 1 key on your touch-tone phone, and then follow directions. Codes for diabetes subjects are 4391 through 4400.

Cold Weather Increases A1Cs

Do your A1C levels rise every winter? You're not alone.

Researchers have found a link between cold weather and higher A1C levels. A1C tests give a snapshot of blood sugar control over three months. For two years, the researchers studied 272,722 veterans with diabetes. The A1C levels of those in the study group were averaged and studied by climate and season.

After looking at other factors that could affect A1C levels, the researchers found an independent seasonal pattern linked to colder temperatures. Other factors included age, sex, race, and severity of diabetes. In all climates,

A1C levels peaked from February through April. The levels hit their lowest points in August through September. The average increase in A1C levels from summer to winter was less than 1 percent.

The people who had the most rise and fall of their A1C levels were those who lived in "intermediate" climates. These are places where winter temperatures ranged from 32°F to 40°F.

Interestingly, people who lived in the coldest areas had a little less change in their A1C levels. The researchers don't know why this is. But they think that maybe people with diabetes who live in very cold areas don't go outside as much in

the winter. By staying inside, they would have less contact with the effects of the cold.

The authors still aren't sure how cold triggers a rise of A1C levels. But they think it may be the same unknown physical response to cold that also causes blood pressure and heart rate to rise. Prior studies have shown that heart disease and strokes follow a similar seasonal pattern. These patterns could affect how diabetes control is maintained. More study is needed, the authors say.

This study ran in the American Journal of Epidemiology in March 2005.

Skipping Pills May Put You in the Hospital

Maybe you sometimes skip your diabetes pill. You just forget to take it. Or you get tired of taking pills. Or you're trying to save money.

Does missing a pill here and there really make a difference? Yes. A new study shows that if you take less than 80 percent of your diabetes pills this year, you are more likely to be hospitalized next year than if you had taken more of your pills.

Researchers at the University of Michigan looked at the health and prescription refill records of 900 people with type 2 diabetes enrolled in a health maintenance organization. The average age of the patients was 52 years. All had been prescribed oral drugs for diabetes but not insulin. About half were on more than one type of diabetes pill.

What You Can Do

Do you forget to take your medicine? Get a pill box. You can get various sizes at any drug store. They cost a few dollars.

Do you skip pills because you're bothered by side effects? Talk to your doctor or pharmacist. There might be a solution. You may need to take your medicine with food to keep from having an upset stomach. Or you may need to change the time of day that you take your drugs. Or you may need to switch to a different drug.

Do you have a hard time affording your medicine? Talk to your doctor about switching to a similar drug that is available as a generic. Ask your pharmacist if the pills you take can be split. If yours can be split, see if it would cost less to get

a prescription for a higher dose and then split the pills. Use a pill splitter. You can buy these at your pharmacy. Don't use a knife and cutting board to split pills. You won't get even halves.

Another way to save money is to find no-cost ways to improve your blood sugar levels. Try this: Take a walk every single day for a month. Once or twice a week, check your blood sugar level before and after your walk. See the difference?

Physical activity improves your insulin sensitivity and lowers blood sugar levels. Keep up with the walks. Add a bit every week, and your doctor may be able to reduce your medicine.

Take Good Care of Your Eyes

There are steps you can take to avoid eye problems.

First and most important, keep your blood sugar levels under tight control. In the Diabetes Control and Complications Trial, people on standard diabetes treatment got retinopathy four times as often as people who kept their blood sugar levels close to normal. Retinopathy is an eye disease linked to diabetes. In people who already had the eye disease, the illness advanced in the tight-control group only half as often. These impressive results show that you have a lot of control over what happens to your eyes. Also, high blood sugar levels may make your vision briefly blurry.

Second, bring high blood pressure under control. High blood pressure can make eye problems worse.

Third, quit smoking.

Fourth, see your eye care professional at least once a year for a dilated eye exam. Having your regular doctor look at your eyes is not enough. Nor is having your eyeglass prescription tested by an optician. An optometrist is licensed to provide primary eye care services. An ophthalmologist is a doctor who specializes in eye care. Only these health care professionals can detect the signs of eye disease. Only eye doctors can treat it.

Fifth, see your eye care professional if:

- your vision becomes blurry



- you have trouble reading signs or books
- you see double
- one or both of your eyes hurt
- your eyes get red and stay that way
- you feel pressure in your eye
- you see spots or floaters
- straight lines do not look straight
- you can't see things at the side as you used to.

When to See an Eye Care Professional

- If you are between 10 and 29 years old and have had diabetes for at least five years, you should have an annual dilated eye exam.
- If you are 30 or older, you should have an annual dilated eye exam, no matter how short a time you have had diabetes. More frequent exams may be needed if you have eye disease.
- If you have any changes in your vision.
- You should have a dilated eye exam if you are pregnant or planning to get pregnant.

Better Eye Testing for Diabetics

What is the problem and what is known about it so far?

Retinopathy is one of the most common eye problems for people with diabetes. It is a disease of the small blood vessels in the retina. The retina is a part of a person's eye.

All people with diabetes should be checked for the eye disease on a regular basis. Most adults with diabetes are not checked for it.

Most people with diabetes get their care from family doctors. These doctors may not have the equipment or may not be trained in screening for the eye disease.

How was the study done?

Researchers chose 11 family doctors. They studied 28 diabetes patients, all of whom saw one eye doctor. These patients had eye problems ranging from no disease to severe eye disease.

The family doctors first went through a 4-hour training program. They learned how to check for problems in the retina. They also learned how to use a new kind of tool that gives a better view of the eyes than standard scopes.

In training, the doctors checked seven patients with diabetes eye disease. The doctors decided if each patient needed a referral to an eye specialist.

Four weeks later, the family doctors returned. Each doctor did an eye exam on each of the 28 study patients. Using what

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***Better Eye Testing for Diabetics
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they learned in training, doctors made the decision whether to refer patients to eye specialists.

The eye doctor that trained the family doctors also checked the patients.

What did the researchers find?

Of the patients checked, 75 percent needed to be referred to a specialist. In general, the family doctors referred 21 people to a specialist.

These doctors were more accurate in making referrals than family doctors who hadn't been specially trained.

What were the limits of the study?

The doctors had only one training workshop. They only had 1 month of practice with the new methods and equipment. They would likely grow even more accurate with more time and practice.

The study group was small. The doctors all volunteered to be in the

study. Future studies could include a larger group of doctors chosen at random.

What is the idea behind the study?

All patients with diabetes should be examined by an eye specialist.

Unfortunately, some patients with diabetes are never seen by an eye specialist. Family doctors who can better screen for diabetes eye disease may be able to motivate patients to see a specialist.

No one is treated in a different way because of race, color, birthplace, language, sex, age, or disability. Do you think you've been treated unfairly? Do you have more questions? Do you need more help? You can make a free call to the Family Assistance Service Center at 1-866-311-4287. In Nashville, call 743-2000.

Para información acerca de TennCare en español llame al 1-866-311-4290. For more information about interpretation and translation services, which are free to the enrollee, BlueCare members call 1-800-468-9698. TennCare **Select** members call 1-800-263-5479.

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