

# Life with diabetes

## Lebanon Man Receives Transplant, Endless Support From Team

Micah Evans has been battling diabetes since he was 6 years old. The disease caused him to lose sight in his left eye, some of the feeling in his hands and feet and, in 2011, experience total kidney failure.

Until a couple of years ago, Evans thought he was fighting this battle alone.

"I was going through my experiences feeling stuck," said Evans, "I was not making the right and healthy decisions that I should have been."

Evans' approach and attitude toward his health changed when he realized his diabetes and dialysis care team, as well as his endocrinologist, would not stop supporting or encouraging him.

"They never gave up on me," he said.

His care team was crucial during the three years, from 2013 to 2016, when Evans was trying to get on the waiting list to receive a kidney and pancreas transplant at Oregon Health & Science University (OHSU) in Portland.

"I went through every emotion during that process," he said.

"They were there for me every step of the way."

Evans credits Kathy Hilary, a diabetes educator at Samaritan Lebanon Community Hospital, as one of the most influential people who helped him improve his health and outlook.

"She was vital to me going from not caring, to doing things the right way and now finally becoming healthier," Evans said. "She has been wonderful."

This July, Evans received his kidney and pancreas transplant at OHSU. Following the procedure, Evans' kidney is working perfectly and his pancreas is doing well after receiving some additional care.

Contact with other organ recipients since his procedure has been very beneficial for Evans.

"Sharing experiences and receiving support from other recipients has been a big help for me," Evans said.

As his health improves, Evans looks forward to spending more time with his five kids, building connections with other diabetes patients to help them and provide support, and hopes to one day become an endocrinology dietitian.

"I want to help patients make the right decisions and choices the first time," Evans said. "I want them to know they have all the right people around them fighting for their health."



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[samhealth.org/Diabetes](http://samhealth.org/Diabetes)

# What Is Diabetes Education, And What Can It Do For Me?

By Kathy Hillary, RN, CDE, CFCS, CFCN

Diabetes is a very complex disease and involves making lifestyle changes that you can maintain for the rest of your life. It's about learning how to make healthier choices in foods, ways to become more active, taking medications correctly and checking your blood sugar.

**Diabetes education is a recognized part of your diabetes care. It's covered by Medicare and most health insurance plans when it is offered through an accredited diabetes education program, which has met vigorous criteria set by the U.S. Department of Health & Human Services. Samaritan's programs meet that criteria and are recognized by the American Association of Diabetes Educators.**

Diabetes education is available at all five Samaritan-affiliated hospitals. Group classes and individual appointments are available depending on your needs. Diabetes educators help you learn how to best manage your diabetes. The first step is asking your care provider for a referral.

In order to be successful, it is important attend your education appointments or classes. If you need to miss, be sure to call us so we can reschedule your appointment. Your educators communicate with your care provider, but you'll want to let your provider know what you've learned as well.

Recently, I saw a patient who had a hemoglobin A1C level over 9.0 when he started coming to our clinic. It's now 6.3. I asked him how diabetes education helped him. He said they made recommendations to

his care provider about what meds may help him best and worked with his care provider to give him a solid plan that best helped him.

He also made diet changes and has continued to make healthier choices resulting in a 53 pound weight loss. He switched from regular soda to diet soda and water. His portions are now smaller. Because he has made these changes, his provider has been able to drop the dosage of his diabetes medications.

Remember, your educator is there to help you, support you and develop a plan with you, based on your needs. Call the clinic closest to you for any additional questions or concerns.

You can also visit [samhealth.org/Diabetes](http://samhealth.org/Diabetes) or [diabetes.org](http://diabetes.org) for more information.

## Ask A Diabetes Educator:

**"Does It Really Matter If I Sometimes Skip My Diabetes Medications?"**

**The Answer Is: *Definitely Yes!***

By Eileen Schramm, BSN, RN, CDE

Studies have shown that 50 percent of people with diabetes do not consistently take their medications. We all have forgotten to take our meds from time to time but research indicates many people with diabetes are not faithful with taking their medications consistently as prescribed. The potential for severe consequences can lead to increased hospitalization and even serious complications from elevated blood sugar levels.

There are many reasons why you might not take your medication as prescribed. This includes not understanding your doctor's instructions and/or medical terms, limited finances or access to health care, cultural barriers, complex medication regimens, memory issues and many other reasons. It is important to be honest with your health care provider if you are not consistently taking your medications so solutions can be suggested. Interventions and tools are available to help with this including medication organizers, pill box timers, alarms, written schedules, phone apps and text messages.

If you can't afford your medications, talk to a diabetes educator about our patient assistance programs.



## Hot Diabetes News:

# New Ways Of Treating Diabetes By Starting In The Gut

By Eileen Schramm, BSN, RN, CDE

For many years, sulfonylureas, Metformin and insulin have been the gold standard in treating diabetes. However, medical advances have shed light on new medications that are beneficial in controlling glucose levels. These drugs work with incretin hormones, which are secreted from the gastrointestinal tract, mainly the gut and small intestine.

There are two main incretin hormones called Glucagon-like Peptide-1 (GLP-1) and DPP4. GLP-1 is secreted in the intestine in response to food intake. It reduces glucose levels by helping the pancreas release more insulin. It also stops the liver from releasing stored sugar in the blood when it's not needed, and it slows the movement of food through the stomach so sugar enters the blood more slowly.

GLP-1 has also been shown to reduce body weight. It alters the brain response to food and promotes satiety by telling our brain we are full while eating. This helps in controlling the rise of blood glucose after eating, a problem that many people with diabetes have. Because of this benefit, the U.S. Food and Drug Administration just recently approved the first manufactured GLP-1 hormone for the treatment of obesity in the U.S.

GLP-1 agents are called Exanatide (Byetta), Exanatide extended release (Bydureon), Liraglutide (Victoza), Pramlintide (Amylin/Smylin) and Albiglutide (Tanzeum). Many of these non-insulin injectable medications can be taken daily, twice a day or even once a week and are injected by pen, not a syringe. Nausea is a common side effect but this subsides for most people after taking the medication for a few weeks.

Another newer category of diabetes medications are called DPP4 inhibitors. The DPP4 hormone

breaks down the GLP-1 hormone, thus interfering with that hormone's good work. DPP4 inhibitors slow the breakdown of GLP-1 to let it remain active longer and help lower blood glucose levels. DPP4 drugs include: sitagliptin (Januvia), saxagliptin (Onglyza), linagliptin (Tradjenta) and alogliptin (Nesina). These pills are usually taken once a day, with or without food, and have very few side effects.

Ask your provider about medications that may help with your blood glucose and weight targets. As with any medication, there are always side effects to consider, and your provider will know if you might benefit from these newer drugs.







# New And Exciting Technology For Diabetes

By Sarah Swarts, MD, Samaritan Endocrinology

We are seeing more and more technologies and opportunities to limit the annoyance of managing your diabetes. This includes new glucometers with more features, new pumps, a glucose monitoring patch and even some new smartphone apps.

## Here's a rundown of some of the new technologies:

**1** **Newer glucometers.** Some newer glucometers may be for you! Everyone is different and some people prefer less bells and whistles, while others like more frills. Basic meters give blood glucose readouts and some can be downloaded by health care provider offices. More advanced meters allow people to make notes on food, activity and insulin dosing; these also can be downloaded by provider's offices.

Some meters already on the market give people with diabetes trend information (Verio or Insulinx meters, for example), and some will calculate insulin dosing with information from the patient (for example, Accu-Chek Aviva Expert). Other meters will link up with a smartphone device via Bluetooth (Accu-Chek Aviva Connect or the Verio Flex are examples). Basic meters are moving toward bigger readouts and color screens for improved visibility.

Work is continuing on a contact lens which can read blood glucoses as well but there is no information on when this will be ready for market.

**2** **Continuous glucose monitoring.** There are a few CGM systems on the market. These devices sample the person's blood glucose continuously over the course of a day. With each update, they become more user-friendly, smaller and more accurate. They not only can transmit to the user's smartphone but can even transmit data to loved ones via a smartphone or a smart watch. In fact, a U.S. Food and Drug Administration (FDA) panel recently gave the recommendation that people with diabetes can use the data on the Dexcom CGM system to calculate insulin dosing.

**3** **New pumps and pump systems.** Every year it seems that insulin pumps become more and more sophisticated. The newest Medtronic pump-CGM system to be released this fall will stop insulin delivery for low blood glucose and also predicts a low, so you can take preventive measures. Several "closed loop" pumps are being worked on as well: these systems would utilize a CGM to control the insulin pump and in theory would require very little input from the user.

4

#### New types of insulin and formulations.

Novo Nordisk released a new basal insulin earlier this year, Tresiba (generic: degludec). It has a longer duration of action with fewer peaks. Several companies have released more concentrated insulins in pen form. For example, Lilly released U-500 in a pen earlier this year.

5

#### Apps.

As always, smart devices have an abundance of apps which allow individuals with diabetes to track food intake, calculate insulin, track exercise and blood glucoses. Some programs even allow individuals to scan a barcode from food and then that information is automatically added to their food diary.

6

#### Glucose patch.

This patch is not available in the U.S. yet, but hopefully it will be in the future. It is a patch worn on the skin, like the back of your arm, for up to two weeks with a small sensor that goes under the skin. The blood glucose is read by “swiping” the glucometer over the patch, just like at the grocery store!

7

#### New form of glucagon.

This medication is used by some people with diabetes when they have very low blood glucoses. It has always been an injectable medication but an inhaled formulation may be coming to market in late 2016 or sometime in 2017.



*Pictured above: Lindsay Spurlin (left) and Holly Weare are now helping patients with their diabetes.*

## Lebanon Diabetes Team Welcomes Two New Members

Holly Weare, RDN, LD, and Lindsay Spurlin, RN, recently joined the Diabetes Education team at Samaritan Lebanon Community Hospital. They are helping with the team’s education classes, as well as seeing patients at one-on-one appointments.

Weare attained a bachelor’s degree from Harding University and completed a dietetic internship at Idaho State University. She worked in the hospital’s Nutrition Services department before switching over to Diabetes Education.

“I love working with patients, and I’m excited to help them reach their nutrition goals,” Weare said.

In her free time, Weare enjoys spending time with her husband, as well as hiking, cooking and reading.

Spurlin earned a bachelor’s degree from the University of Colorado and a nursing degree from Weber State University. She joined the hospital’s Diabetes Education team earlier this year.

“I love that in diabetes education, I have the opportunity to spend time with our patients one-on-one and really get to know them,” Spurlin said. “I also enjoy that I often have the opportunity to see them again and watch the progress they make.”

In her free time, Spurlin enjoys cooking, gardening and spending time with her three dogs, all adopted in their senior years.



# Recipe

## Spinach Frittata

Recipe created by Raquel Pereira, MS, RD, LD, Academy of Nutrition and Dietetics

### Ingredients

- 2 eggs
- 1/4 cup egg whites, Egg Beaters, or equivalent
- 1 cup baby spinach, chopped
- 1/4 cup feta cheese
- 1 red tomato, chopped
- 1/4 small onion, chopped
- Basil to taste, chopped
- 1 teaspoon salt
- Black pepper to taste
- 2 tablespoons olive oil

### Instructions

1. Mix spinach, basil, tomato and onions together.  
Add salt and pepper.
2. Blend egg whites with a fork in medium bowl.  
Add vegetable mixture.
3. Heat olive oil in medium skillet, then add mixture.  
Cook at medium heat until bottom is golden.  
Flip to finish cooking the other side, 1 to 2 minutes.

### Note

Total fat may be slightly higher than the sum of individual fat totals due to rounding or lack of available information (some food items in the software do not have an indicated breakdown of mono- and polyunsaturated fats).

### Menu suggestion

Serve with salad and whole wheat bread with trans-fat-free margarine.

*Servings per recipe: 4*

*Nutritional content per serving: 138 calories, 11.4g fat, 2.7g carbohydrates, 753.5mg sodium, 6.6g protein, 1.1g fiber.*



# Diabetes Events

## Diabetes education classes (provider referral required)

Three-session class held monthly.

**Albany:** Wednesdays

*Call for information: 541-812-4839*

**Corvallis:** Alternates between Tuesday mornings and Wednesday afternoons.

*Call for information: 541-768-6973*

**Lebanon:** Tuesdays

*Call for information: 541-451-6313*

**Lincoln City:** Thursdays

*Call for information: 541-557-6484*

**Newport:** Mondays

*Call for information: 541-265-4682*

## Diabetes nutrition classes

At each class a variety of nutrition topics will be covered such as carbs and carb counting, dining out, meal planning and much more.

**Corvallis:** Every other month.

*Call for information: 541-768-6973*

## Diabetes prevention classes

**Albany:**

*Call for information: 541-812-4839*

**Lebanon:**

*Call for information: 541-451-6313*

**Lincoln City:**

*Call for information: 541-557-6414*

**Newport:**

*Call for information: 541-265-4682*

## Diabetes support groups

At each support group meeting, your site-based educators will cover a specific topic and answer any questions you have. Topics range from turning small victories into larger ones, to healthy eating, to using new technology to stay on top of your diabetes.

Please call your site-based team for a list of topics.

**Albany:** Held quarterly.

*Call for information: 541-812-4839*

**Corvallis:** First Tuesday of every month.

*Call for information: 541-768-6973*

**Lebanon:** First Monday of each month.

*Call for information: 541-451-6313*

**Lincoln City:** Third Thursday of each month.

*Call for information: 541-557-6414*

**Newport:**

*Call for information: 541-265-4682*

## Diabetes Support And Education

### Diabetes foot clinic

Albany: 541-812-4072

Corvallis: 541-768-6973

Lebanon: 541-451-6313

Lincoln City: 541-557-6484

Newport: 541-574-4723

### Diabetes support

Albany: 541-812-4839

Brownsville, Lebanon and Sweet Home: 541-451-6313

Corvallis: 541-768-6973

Lincoln City: 541-557-6484

Newport: 541-574-4682

Siletz: 541-444-9647

Waldport: 541-563-3042

### Diabetes management

Albany: 541-812-4839

Corvallis: 541-768-6973

Lebanon: 541-451-6313

Lincoln City: 541-557-6484

Newport: 541-574-4682

### Diabetes prevention: A guide to better health

Albany: 541-812-4839

Corvallis: 541-768-6973

Lebanon: 541-451-6313

### Living Well with Chronic Conditions

Lincoln County: 541-574-3752

Linn and Benton counties:  
541-768-6070



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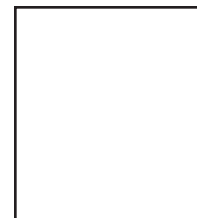
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## Tip Of The Quarter: Get Moving! Tips To Keep From Slumping

By Donna Keen, RN, CFCS

Even if we don't want to admit it, most of us are lacking in the exercise department. So here are a few simple tips to help you get over the hump of your exercise slump.

**1. Keep in mind that in order to get energy, you have to spend energy.** No one has ever gotten into shape by lying on the couch all day, binge watching their favorite guilty-pleasure TV show.

**2. Think baby steps.** Going from the couch to running a 5K in one day is just a bad idea. Start with less intensity and shorter duration, and then increase your activity as you gain strength and endurance.

**3. Prepare yourself by setting out what you need the night beforehand.** The longer you take to dig through your closet for something to wear or search under your bed for that one lost shoe, the more likely you are to back out.

Stay tuned next quarter for tips on remembering to monitor your blood sugar!

