

# HOMESTYLE VEGETABLE BEEF SOUP

A bowl of soup is very satisfying, especially during the winter months. This soup freezes well so you may want to make a double batch.

- 2 pounds boneless eye of round, all visible fat discarded, cut into 1/2-inch cubes
- 4 cups fat-free, no-salt-added beef broth
- 2 cups water
- 1 14.5-ounce can no-salt-added diced tomatoes, undrained
- 1 pound red potatoes, cut into 3/4-inch cubes
- 2 medium carrots, cut into 1/2-inch slices
- 1 cup diced cauliflower
- 1 cup fresh, frozen, or no-salt-added canned (drained) whole-kernel corn
- 1 medium onion, diced
- 1 T. low-sodium Worcestershire sauce
- 1 tsp. dried thyme, crumbled
- 1 tsp. dried oregano, crumbled
- 1/2 tsp. salt
- 1/4 tsp. pepper

1. In a large stockpot or Dutch oven, stir together the beef, broth, water, and undrained tomatoes. Bring to a boil over high heat. Reduce the heat and simmer, covered, for 45 minutes, or until the beef is starting to get tender (no stirring needed).
2. Stir in the remaining ingredients. Simmer, covered, for 30 minutes, or until the vegetables and beef are tender, stirring occasionally.

Serves 8: 1 1/2 cups per serving

Each serving contains:

Calories 235  
Total Fat 4 g  
Cholesterol 57 mg  
Sodium 301 mg  
Total Carbohydrate 22 g  
Protein 28 g

Exchanges: 1 starch, 3 very lean meat, 1 vegetable, 1/2 fat

Source: *Diabetes & Heart Healthy Cookbook From the American Diabetes Association.*

# BEATING DIABETES: Managing Diabetes through Blood Glucose Testing

As a participant in the BARI 2D study, you have met with your health care team and worked out a diabetes action plan. The plan aims to balance the foods you eat with your exercise and, possibly, diabetes pills or insulin. You have many options available and on a daily basis you need to make choices for your health. Blood sugar testing is the main tool you have to see how well your choices are working. This check allows you to do a better job in managing your diabetes. Testing on a regular schedule and understanding what your levels should be will help you and your health care team adjust your treatment as needed.

## Do you know when to check your blood sugar?

Various factors determine when you should test. It depends on how much your blood sugar changes during the day, what type and amount of diabetes medicine you take and how often. Be sure to check with your diabetes team regarding the schedule that will be right for you.

The following are some general guidelines to keep in mind regarding your testing schedule:

- ▼ It is best to test your blood sugar before a meal, and again one or two hours after a meal to compare glucose levels.
- ▼ It is important to use your meter any time you feel that your sugar is high or low.
- ▼ During times of illness and stress, you should test or increase the amount of daily testing.
- ▼ If your doctor changes your medication or dosage, it's a good idea to test more often so your doctor can study the effects of the medication on your glucose levels.
- ▼ When your food intake or exercise routine has changed, it is a good idea to check blood sugars more often. These changes might have an effect on your blood sugar level.

## Advantages of Blood Glucose Testing

You can:

- ◆ Recognize patterns in your blood sugar levels.
- ◆ See the impact that food, activity and medications may have on your diabetes.
- ◆ Work with your health care team to make necessary changes in your treatment plan as needed.
- ◆ Take appropriate action when you are sick.
- ◆ Determine whether or not the symptoms you are experiencing are the result of low or high blood glucose or something unrelated to your diabetes.



Diabetes can have very serious complications, but you can safeguard your health by taking the following action steps:

- \* Discuss your blood sugar target with your healthcare team.
- \* Learn to accurately test your blood sugar and care for your meter.
- \* Know when to check your blood glucose levels.
- \* Identify any patterns in your readings.

By keeping your blood sugar in your target range, you can help prevent or delay the start of diabetes complications such as nerve, eye, kidney, and blood vessel damage.

A Clinical Study  
BARI 2D



# BARI 2Day & 2Morrow

*Fall 2005 / Winter 2006*

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# BARI 2Day & 2Morrow

## MESSAGE FROM THE BARI 2D COORDINATING CENTER, UNIVERSITY OF PITTSBURGH

Sheryl F. Kelsey, Ph.D., BARI 2D Co-Investigator

Dear BARI 2D Participant:

I extend my greetings on behalf of the research team at the BARI 2D Coordinating Center. Unlike the physicians, nurses and research coordinators you know from your BARI 2D clinical experience, the researchers at the Coordinating Center work behind the scenes. Once you complete a visit, information is sent via a secure internet connection to the Coordinating Center, which is located at the Epidemiology Data Center at the University of Pittsburgh. When the information reaches us, our data managers check to ensure that the information from you and every other BARI 2D participant from the 49 clinical centers around the world is accurate and complete. Next, we form computer databases so that the statisticians can efficiently analyze the data and collaborate with the cardiologists, diabetologists, and other doctors to analyze and interpret the information. The Coordinating Center then sends this information to the BARI 2D doctors for review to make sure that the medications for diabetes and heart disease are being used to their best advantage for you.

Some of you entered the study several years ago and some just a few months ago. We finished recruitment on March 31, 2005, so our entire BARI 2D participant group is complete at 2368. Now that we have information on all of you as a group, we have begun to look at group characteristics. We call this baseline information. Baseline information describes what the BARI 2D participants were like at the time they entered the study and before being assigned to a diabetes therapy and a heart disease therapy. We will see how those who were taking insulin when they entered BARI 2D compare to

those who were not; how women compare to men; how patients in the United States compare to those in Canada, Europe, Brazil and Mexico. These comparisons will help physicians to better understand the characteristics of their future patients.

The physicians and researchers want to know about patients who have both diabetes and heart disease so that we can prepare reports to be published in medical journals, presented at scientific meetings, and printed in newspapers. It is, of course, important for you to keep all your BARI 2D appointments so that you get the best possible care. It is also important to keep all your appointments so that we get the best possible information. Several years from now when we report how well the BARI 2D interventions worked overall, this will be based on your health and your experiences as well as the health and experiences of the other 2367 participants in BARI 2D.

Sincerely,



Note from the BARI 2Day and 2Morrow Staff: Effective 2006, the BARI 2D patient newsletter will be printed twice a year (Fall/Winter and Spring/Summer).

## PATIENT SUCCESS STORIES: K.V.'s Story

K.V. joined the BARI 2D study in May 2002. He was diagnosed with type 2 diabetes 12 years ago. Like many of our participants, K.V. already had one heart attack and two angioplasties by the time he enrolled. He also had high blood pressure and high cholesterol.

When K.V. started the study, he was on insulin injections twice a day as well as a small dose of Avandia. However, his diabetes was not controlled (Hb A1c was 12%), and he felt very frustrated and worried by his high numbers. With the help of our Diabetes Educator and the rest of the BARI 2D team, K.V. worked hard at changing his diet, increasing his exercise level, as well as monitoring his blood sugar levels regularly. Based on his group assignment, his diabetic medications were also changed over time.

As a result, his diabetes started to improve right away and his HbA1c has been in goal range for the last two years. However, controlling his cholesterol proved to be an even bigger challenge. It took many trials of different medications and continued diet and exercise to finally meet the BARI 2D goals.

K.V. is the first to admit that living with type 2 diabetes and heart disease is not easy. The continued struggle is stressful for him and his family. But being able to celebrate his 50th birthday earlier this year feeling better than he did 5 years ago was very rewarding.

Please note: Each participant will have different experiences while in the trial, some of which may be less positive for various reasons.

## FOOD FOR THOUGHT: Divide and Conquer

Run right out to your closest convenience or discount store for this fabulous new diet aid to help you lose weight. No, it's not a pill or a shake. I'm talking about the divided plate, you know, the one you use for packing a meal to go or serving food to a small child who doesn't want the peas to touch the potatoes.

Okay, so it's not all that new. But it is perfect for "portion control." And I know you have heard those words before.

### Try this...

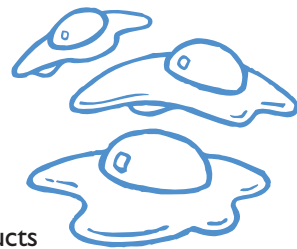
- ✓ Use one small section for your carbohydrate selection.
- ✓ Use the other small section for your protein selection.
- ✓ Use the large section for your veggies.
- ✓ Fill the small sections only once; refill only the veggie section if you are still hungry.

#### ➤ CARBOHYDRATE choices for a meal might include:

1 slice of bread	1/2 cup corn
1 small dinner roll	1/2 cup carrots, raw
1/2 bagel	1/2 cup rice
1/2 English muffin	1/2 cup pasta
6 crackers	1/2 cup grits
1/2 cup potatoes	1/2 oats
1/2 cup peas	

#### ➤ PROTEIN choices for a meal might include:

Chicken	Soy meatless products
Beef	Cottage cheese
Pork	Low fat cheese
Fish	Nuts
Egg or egg substitute	



Note: If you choose to eat breaded food, count the breading as your carbohydrate choice and leave that section of the plate empty.

#### ➤ VEGGIE choices might include:

Lettuce	Peas
Broccoli	Cauliflower
Mixed greens salad	Asparagus
Spinach	Green beans
Carrots, cooked	Mushrooms
Collard greens	Peppers (all varieties)
Turnip greens	Squash
Brussels sprouts	Zucchini
Eggplant	Okra

#### ➤ FAT choices (if needed) could include:

1 teaspoon butter or margarine
1 teaspoon oil
3 tablespoons sour cream, low fat
1 tablespoon salad dressing
1 teaspoon mayonnaise

Be creative and be sure to ask your BARI 2D coordinator about other possible choices for each selection.

# BARI 2D Frequently Asked Questions

Did you know that cleaning your hands is one of the best ways to avoid getting a cold, the flu or other infectious disease? All you need is soap and warm water (or an alcohol-based hand sanitizer)!

## What are the benefits of good hand hygiene?

Infectious diseases that commonly spread through hand-to-hand contact include the common cold, influenza and several gastrointestinal disorders. Poor hand hygiene also contributes to food-related illnesses, such as salmonella and E. coli infection. The good news is that the simple act of properly washing your hands can decrease your chances of getting any one of these.

## Do you know when to clean your hands?

We can't keep our hands germ free, but we can limit the transfer of bacteria and viruses by following a few simple "before and after" guidelines. Always clean your hands:

- ★ Before eating
- ★ After using the bathroom
- ★ Before and after preparing food, especially before and immediately after handling raw meat, poultry or fish
- ★ After touching animals or animal waste
- ★ After blowing your nose
- ★ After coughing or sneezing into your hands
- ★ Before and after treating a wound or cut
- ★ Before and after touching someone who is sick or injured
- ★ After handling garbage
- ★ Before inserting or removing contact lenses

## Do you know how to clean your hands?

This is a habit that requires little training and no special equipment. The U.S. Centers for Disease Control and Prevention (CDC) offers these proper hand washing instructions:

- ◆ Wet your hands with warm, running water and apply liquid or clean bar soap and lather well.
- ◆ Rub your hands together vigorously for at least 10 to 15 seconds.
- ◆ Scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.
- ◆ Rinse well.
- ◆ Dry your hands with a clean or disposable towel.

If you're in a public restroom, leave the water running when you're finished rinsing. After your hands are dry, use a paper towel to turn off the faucet.

## Should I use an antibacterial soap?

Antibacterial soaps have become popular and may offer more protection if you have an open cut or sore. In general, regular soap is fine.

## Do hand sanitizers work?

Hand sanitizers are a good alternative to hand washing and do not require water. But be sure to use only the alcohol-based products. Apply the hand sanitizer to the palm of your hand and rub your hands together, covering all surfaces, until they're dry.

## Do you know the facts?

The American Society of Microbiology and the CDC estimate that one out of three people passing through major airports in the United States don't wash their hands after using the toilet. The CDC also reports that more than 76 million Americans contract a food-borne illness each year. Of these, about 5,000 die as a result of their illness.

Good hand hygiene is a simple way to stay healthy and doesn't take much time or effort. Protect your health and adopt this simple habit!

## BEAT OF BARI 2D: Diabetes and Discrimination

We seldom hear about discrimination directed toward people with diabetes, but it is a serious problem. Take, for example, the case of Jeff Kapche who applied for a police officer position with the city of San Antonio, TX. He did not get the job solely because of his diabetes. After nine years of litigation, his case was successfully settled. During that entire time, Kapche held the position of sheriff in another county with no problems related to his diabetes.

The discrimination occurs whenever a person is denied a fair chance to do something based on a diagnosis of diabetes. Whether it's a nanny whose ability is in question, a child who is bused out of the neighborhood to a school where a nurse is located, or a Miss America Pageant hopeful who hesitates to participate, people with diabetes often must jump through hoops to prove themselves.

Addressing discrimination in the workplace, the American Diabetes Association (ADA) is on record advocating that "Any person with diabetes, whether insulin-dependent or non-insulin-dependent, should be eligible for any employment for which he or she is otherwise qualified." The ADA stresses that each person should be evaluated individually as to how diabetes affects them.

Since most people with diabetes recognize the warning signs of hypo- or hyperglycemia and immediately take appropriate action, they are able to perform their jobs competently. In fact, many choose not to divulge their diagnosis for fear of discrimination. And it is not uncommon for an employee to resist a course of treatment to avoid problems at work. For example, a truck driver may refuse insulin because he or she will lose a job.

# MOVING RIGHT ALONG: Walking

Now that we have started our Lifestyle Balance Weight Control Program, it is appropriate to address some of the concerns or myths about walking.

## Why walking?

Walking is one of the easiest ways to be physically active. You can do it almost anywhere and any time. Walking is also inexpensive. All you need is a pair of shoes with sturdy heel support. Walking will:

- ▲ Give you more energy
- ▲ Make you feel good
- ▲ Help you relax
- ▲ Reduce stress
- ▲ Help you sleep better
- ▲ Help control your appetite
- ▲ Increase the number of calories your body uses
- ▲ Tone your muscles and improve your balance



It's important to be active. Physical activity has many benefits. It can help you control your blood sugar and your weight. Walking can prevent heart and circulation problems. Many people say they feel better when they get regular exercise. Start out slowly with a little walk. If you haven't been walking, talk to your health care team before you begin. As you become stronger, you can walk longer. If you feel pain, slow down or stop until it goes away. It's better to walk 10 or 20 minutes each day than one hour once a week.

## How do I start a walking program?

Leave time in your busy schedule to follow a walking program that will work for you. In planning your walking program, keep the following points in mind:

- \* Choose a safe place to walk.
- \* Find a partner or group to walk with you. Your walking partner(s) should be able to walk with you on the same schedule and at the same speed.

Usually, modifications to the environment or routine can easily be made to accommodate an employee's need to test blood sugar: take medication, eat, limit certain types of activity, or use adaptive equipment. In schools, training can be provided to non-medical personnel on how to assist children in the classroom, on field trips, or during after-school activities.

Both federal law (the Americans with Disabilities Act) and position statements and training materials published by the ADA are in place to combat discrimination at work and in schools. In addition, as individuals, we can all do our part to dispel the ignorance and fear surrounding diabetes through education and becoming involved whenever we become aware of discrimination.

- \* Wear shoes with thick flexible soles that will cushion your feet and absorb shock.
- \* Wear clothes that will keep you dry and comfortable.
- \* Look for synthetic fabrics that absorb sweat and remove it from your skin.
- \* For extra warmth in the fall and winter, wear a knit cap. To stay cool in summer, wear a baseball cap or visor.
- \* Think of your walk in three parts. Walk slowly for 5 minutes. Increase your speed for the next 5 minutes. Finally, to cool down, walk slowly again for 5 minutes.
- \* Try to walk at least three times per week. Add two to three minutes per week to the fast walk.
- \* If you walk less than three times per week, increase the fast walk more slowly.
- \* To avoid stiff or sore muscles or joints, start gradually. Over several weeks, begin walking faster, going further, and walking for longer periods of time.

## Safety Tips

Keep safety in mind when you plan your route and the time of your walk.

- ◆ Walk in the daytime or at night in well-lit areas.
- ◆ Walk in groups at all times.
- ◆ Notify your local police station of your group's walking time and route.
- ◆ Do not wear jewelry.
- ◆ Do not wear headphones.
- ◆ Be aware of your surroundings.

Remember: Start counting steps and use your pedometer. Walk with your chin up and your chest and shoulders held slightly back. Walk so that the heel of your foot touches the ground first; roll your weight forward, walk with your toes pointed forward. Swing your arms as you walk. The more you walk, the better you will feel. And you'll use more calories!

Sources: Center for Disease Control and Prevention, *Take Charge of your Diabetes* and NIH Publication No. 04-4155.

Sources:  
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