

# emPOWER

a Better Living Now publication

Fall 2008 Vol. IV

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## We're Here For You



I know your days can be busy. Our full service Pharmacy allows you the convenience of

receiving your medications and over the counter products along with your supplies without having to leave the house. Transferring your prescriptions is as easy as calling us and we do the rest. Visit our website to place an order, transfer a prescription or just ask me a question.

- **Valerie Benn**  
**Pharmacist**



photo: mikkolo / sxc.hu

# Vitamin D: The Diabetes Miracle Supplement



## FACT <sup>or</sup> FICTION?

**It is necessary to loose at least 20 pounds to improve my health.**

**False.** Most Americans gain at least 1 to 2 pounds per year. So simply stopping weight gain is the first step to improving health. Continued physical activity while gradually decreasing calorie intake will eventually result in weight loss.

**Triglyceride is a type of fat that is stored in fat cells. At normal levels they are needed for energy, however, at high levels they are predictive for heart disease.**

**Fact.** Elevated triglyceride level is a component of the metabolic syndrome that is also associated with unhealthy cholesterol levels, high blood pressure, and abdominal obesity. This syndrome affects approximately 80% of individuals with type 2 diabetes

**Omega 3 fatty acids are not helpful in decreasing triglyceride levels.**

**Fiction.** Numerous studies have shown that consuming the omega-3 fatty acids docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA) lower triglyceride levels. Studies examining the intake of omega-3 fatty acids in healthy people have consistently shown a 20% to 50% reduction in triglyceride levels from consuming 2–3 grams of omega-3 fatty acids each day. This effect is even greater in people with elevated triglycerides, including those with either Type 1 or Type 2 diabetes. Fish oil is a good source of omega-3 fatty acids. Studies have demonstrated that fish oil is the only lipid-lowering substance other than medications called statins that can decrease the risk of death in people with existing heart disease. Be aware of dose size, though, when selecting fish oil supplements; many varieties would require a daily intake of a dozen pills to reach 2–3 grams of omega-3 fatty acids. Food sources of DHA are salmon, lake trout, herring, soybean products and walnuts.

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Vitamin D deficiency is far more common than most people realize, affecting as many as 40% of Americans, according to some studies. Vitamin D is present in only a few foods, such as cod-liver oil, oily fish (including salmon, mackerel, and sardines), and vitamin D–fortified dairy products and breakfast cereals. Most of the vitamin D in the human body is manufactured in the skin after exposure to ultraviolet light from the sun. People who do not receive adequate amounts of sun exposure are at risk of developing vitamin D deficiency. In addition, those with dark skin and elderly people have a reduced ability to produce vitamin D in response to sunlight exposure. More recently several studies of individuals with diabetes have shown potential health benefits to maintaining adequate vitamin D levels; improved blood sugar control, decreased risk of heart disease, and of course decreased osteoporosis.

### Metabolic Syndrome & Glycemic Control

In type 2 diabetes it is well known that the pancreas produces insulin, but that the insulin that is produced does not always bring glucose (or sugar) into the cell. Also, the signal that tells the pancreas to make insulin does not function correctly. This is called insulin resistance and is associated with type 2 diabetes and the metabolic syndrome. The metabolic syndrome consists of elevated insulin levels, increased cholesterol, overweight and usually elevated blood pressure. Several studies have demonstrated a link between low vitamin D levels and increased insulin resistance. In one study the capacity of the pancreas to secrete insulin and vitamin D levels were measured in each volunteer. The results showed that lower blood levels of vitamin D were associated with a greater degree of insulin resistance and with weaker pancreatic function. As a result blood glucose levels were also higher in these individuals. Of those with low to low normal vitamin D levels, 30% had one or more components of the metabolic syndrome, compared with only 11% of those with normal vitamin D levels. These results suggest that vitamin D deficiency increases the risk of insulin resistance or of the metabolic syndrome.

### Cardiovascular Risk

Vitamin D is found in smooth muscle and cells throughout the body, particularly in the heart. Low levels of vitamin D can cause inflammation of the smooth muscle which can increase one's risk of heart disease. Vitamin D also plays a role in blood pressure regulation. Low levels of vitamin D cause defects in the hormone that regulates blood pressure and can lead to increased blood pressure. Several studies have shown a link between heart disease and low vitamin D levels even after adjusting for associated factors such as high cholesterol and high blood pressure.

*Continued on Page 5*

## What's Your Diabetes Knowledge? Answers on next page

- 1) A woman who has gestational diabetes' chances of developing type 2 diabetes later in life are:**
  - a) 30%
  - b) 20%
  - c) 40%
  - d) 10%
- 2) The following is a sign of peripheral arterial disease or PAD:**
  - a) cramping in the legs
  - b) pain in the legs, feet or toes
  - c) increased pain with walking , relieved when sitting
  - d) all of the above
- 3) The following are true of the effects of alcohol consumption in diabetes EXCEPT:**
  - a) drinking an alcoholic beverage with a meal can decrease the risk of hypoglycemia
  - b) light to moderate intake of alcohol does not have the same heart disease lowering benefits in people with diabetes
  - c) hypoglycemia caused by alcohol intake usually requires more than one attempt to correct
  - d) glucagon will not correct hypoglycemia caused by alcohol intake

# What's Your Diabetes Knowledge?




“You better cut the pizza in four pieces because I'm not hungry enough to eat six.”  
-Yogi Berra

- 1) **A woman who has gestational diabetes' chances of developing type 2 diabetes later in life are:**
  - c) **40%** - A woman's family history and being overweight are other factors that increase risk a woman who has had gestational diabetes of developing type 2 diabetes later in life. Preventative measures of developing type 2 diabetes are maintaining a healthy weight, eating healthy and consistent exercise.
- 2) **The following is a sign of peripheral arterial disease or PAD:**
  - d) **All of the above** - Other signs include a feeling of heaviness in the legs or tiredness. People with diabetes, especially type 2 are at risk of developing PAD because of higher levels of insulin, insulin resistance, and increased blood pressure. As a result arteries to the legs and feet are clogged with fatty deposits or plaque. Blood flow is reduced to these areas. If you have these symptoms be sure to notify your doctor.
- 3) **The following are true of the effects of alcohol consumption in diabetes EXCEPT:**
  - b) **Light to moderate intake of alcohol does not have the same heart disease lowering benefits in people with diabetes** - Light to moderate intake of alcohol does have

the same benefits such as increasing HDL-cholesterol in individuals with diabetes. This protects against heart disease. The equivalent of light to moderate intake is defined as up to one alcoholic drink a day for women and up to two alcohol drinks in men. A serving of alcohol is considered to be one 12-ounce beer, 5 ounces of wine or 1-1/2 ounces of 80-proof distilled spirits such as gin, whiskey, vodka or rum. Each of these servings is the equivalent of 14 grams of pure alcohol and between 100 to 200 calories.

### FEATURED METER



**Freestyle Freedom Lite™ Blood Glucose Monitoring System**  
Abbott Diabetes Care

Simplicity and accuracy in an easy to read, easy-to-hold meter. The small, discreet FreeStyle Freedom Lite system enables you to manage your diabetes simply by offering key features such as no coding, the world's smallest blood sample size.

**No Coding Required!**

BLN Order # **99073070914**

Log on to [www.BetterLivingNow.com](http://www.BetterLivingNow.com) today to find out more.

## Delicious & Nutritious

Eating healthy doesn't mean you have to sacrifice great taste.

### Rotini with Spinach, Beans & Romano Cheese

Makes 8 (1-1/4 cup servings)

- |   |  |
|---|--|
| 4 cups cooked multigrain or whole-wheat rotini      | 1/4 tsp salt   |
| 8 cups fresh spinach, stems removed and leaves torn | 1/4 tsp black pepper   |
| 1/2 cup shredded or grated Romano cheese            | 1 can (15 oz) cannelli or Great Northern beans, rinsed and drained |
| 2 Tbsp olive oil                                    | 2 cloves, garlic   |

Prepare rotini according to package instructions. While rotini is hot, add remaining ingredients and mix together in large bowl. \*\*Variations: substitute pasta shapes, canned beans or cheese you have available.

Per Serving: 2 starch exchanges, 1 meat; 190 calories, carbohydrate 28 gms, dietary fiber 5 gms, sodium 2 mg

# ABC Guide of Supplements for Diabetes

**Alpha Lipoic Acid** is an antioxidant that is produced in the human body. Antioxidants are used generally to protect the cells of the body from damage from things in the environment such as smoke, ultraviolet light, high intakes of fat among others. It has been studied in individuals with diabetes who have symptoms of peripheral neuropathy. Several other studies have demonstrated improved glucose values. Those studies investigating the effects of alpha lipoic acid in peripheral neuropathy have shown that at doses as low as 200 mg, but usually 600 mg/day the symptoms of peripheral neuropathy are decreased. One study compared medications used to treat neuropathy symptoms and alpha lipoic acid. Their results showed the group taking alpha lipoic acid had improvements in symptoms of peripheral neuropathy. Further research is needed to determine if it improves sensory symptoms or just neuropathic deficits alone.

**Bitter Melon** is a plant also known as bitter melon, karela, or balsam pear. It is in the same family as honeydew melon and cantaloupe. The fruit and seeds are the parts that might help with the treatment of diabetes. Its proposed mechanism of action is increased tissue glucose uptake and decreased glucose production. The water-soluble form has been studied. An injectible form was studied in individuals with type 1 and 2 diabetes that showed a decline in glucose levels in type 1 patients but not in type 2. The largest study to date involved approximately 100 patients with type 2 patients demonstrated a reduction in glucose levels after the second day. Caution for its use is recommended in women of childbearing age, women who are lactating, children and persons with allergies to melon. Persons with known G6PDH deficiency should avoid its use due to the possibility of favism and hemolytic anemia.

**Chromium and Biotin** have been shown to be beneficial in both types 1 and 2 and gestational diabetes. One study of a large population of Chinese patients with diabetes showed a significant decrease in HbA1c. It's theorized mechanism of

action are (1) increasing insulin sensitivity or (2) increasing activity of insulin receptors that result in increased glucose entry into the cells. With large doses kidney toxicity and skin reactions have been reported. The FDA has authorized a qualified health claim that chromium picolinate may decrease the risk of insulin resistance.

**Cinnamon** was shown in one major study of patients with type 2 diabetes taking sulfonylureas to improve glucose control as well as lipid levels. It has been shown to increase insulin sensitivity and increases glucose into the cells that helps lower glucose values. Other smaller studies have shown either no or little effect. It's beneficial effect has been shown on glucose and not HbA1C levels. No adverse side effects or drug interactions from its use have been reported. Although it is recommended that patients taking secretagogues may have to have their doses adjusted to prevent hypoglycemia. Also, cinnamon has a blood thinner (coumarin) component and warrants caution if anticoagulants are used.

**Fenugreek** in leaf form is consumed as a vegetable in countries such as India. It is also used as a cooking spice. The seed is thought to be the medicinal part of the plant. It's theorized mode of action is decreasing glucose absorption and increases the cells' sensitivity to insulin that increases glucose into the cells. This results in a decrease in glucose values. Most studies completed to date have been in patients with type 2 diabetes, were short-term, and were given as a seed powder in meals. These studies showed a decrease in fasting glucose and HbA1C values and improvement in insulin levels. The only documented side effect is stomach discomfort. Caution is recommended in individuals with peanut or chickpea allergies, and for those taking anti-inflammatory drugs or herbs that have blood-thinning effects. Use with a insulin or secretagogue may require adjustment to the dose if hypoglycemia occurs.

Supplements	Food Sources / Form	Safe Amounts	Studies	
			Type 1	Type 2
Alpha lipoic acid	spinach, broccoli, beef, yeast (particularly Brewer's yeast), certain organ meats (kidney and heart)	600 mg capsule form	Yes	Yes
Bitter melon	Bitter melon, karela, balsam pear, bitter melon fruit or seed	Not studied	Yes	Yes
Biotin (with chromium)		2 mg per day	Yes	Yes
Chromium	Whole grains, broccoli, meats, nuts, egg yolks, brewers yeast, certain beers and wines	600 micrograms per day	Yes	Yes
Cinnamon	Spice	½ teaspoon (1 gram)	Yes	Yes
Fenugreek	Fenugreek seed	10-15 g/day or 1 g hydroalcoholic extract	Yes	Yes

# Vitamin D: The Diabetes Miracle Supplement

Continued from Page 2

## Neuropathy Symptoms

The symptoms of diabetic neuropathy are not only physical, but emotionally disabling. A recent study of a small sample (51) of patients showed an association between vitamin D deficiency and increased pain associated with neuropathy. The researches showed that after three months, vitamin D supplementation with vitamin D3 (cholecalciferol) tablets resulted in a significant reduction in pain scores. How vitamin D reduces the severity of diabetic neuropathic pain is uncertain, however, the researchers suggest that low levels of vitamin D may increase the potential for diabetic nerve damage and impair pain receptor function.

## Chronic Kidney Disease

An unfortunate result of progressive and poorly controlled diabetes is chronic kidney disease. Besides improving blood sugar control, several studies have shown a reduction in the risk of death from kidney disease by approximately one-fourth. A study published in the Journal of the American Society of Nephrology studied over 1400 men over 50 years of age who had stage 3 to 4 chronic kidney disease which means moderately to severely reduced kidney function. One group of these patients were receiving an active form of vitamin D supplementation (calcitrol) and another placebo.

During a two-year follow-up period, mortality rates were compared for patients who were and were not taking calcitrol. Their results showed decreased mortality and less patients on hemodialysis in the group treated with calcitrol. Potential weaknesses in this particular study are that other variables other than supplementation with calcitrol may have contributed to the reduction in mortality and progression of the kidney disease.

## To Supplement or Not?

Based on emerging studies that link low vitamin D levels and increased health risks, it would be prudent to take enough vitamin D from food, vitamins, adequate sunlight or a combination of these. Almost half of Americans in the general population have vitamin D deficiency. The recommended daily nutrient intake for vitamin D is consumption of at least 2 to 4 servings of foods high in vitamin D. Another way is daily exposure to sunlight of at least 5 to 10 minutes. In order to gain the benefit of the ultraviolet rays from sun exposure no sunscreen is recommended. Of course, the benefit of this practice has to be outweighed against the concern here of increasing one's risk of developing skin cancer. As mentioned previously foods that are naturally high in vitamin D are dairy products, certain types of fish, and cereals fortified with vitamin D. Fortified foods have had the vitamin added to it during processing.

Individuals with diabetes who take enough vitamin D are in a win-win situation. Taking excessive doses of vitamin D, however, can increase one's risk of developing kidney stones.

Food	Serving Size	Vitamin D (IU)*
Milk, whole 3.3%	1 cup	80
Milk, lowfat 1%	1 cup	80
Ice cream, rich	½ cup	44
Swiss cheese	2½ oz	44
Corn flakes +, fortified	4 oz	50
Yogurt, fruit flavored	4 oz	40
Tuna, light meat, canned in oil	3 oz	200

\*IU = international units; + varies by brand

Age (years)	Vitamin D (IU/day)
Birth to 50	200
51-70	400
71 and older	600

Dietary Reference Intakes, National Academy of Sciences, 1997

## Apo B: The New Villain in Heart Disease

A consensus statement from diabetes experts suggests that apo B (apolipoprotein B) as a screening tool for cardiovascular disease risk may be superior than LDL-Cholesterol (LDL-C). The size of LDL-C molecules is more predictive for heart disease than number. The smaller the LDL molecule, the greater the risk. It is not known why but the number of these small LDL-C molecules is higher in persons with diabetes. The issue is that the amount of cholesterol in each LDL-C particle contains varies so the amount of cholesterol may be underestimated. However, for each LDL-C there is only one apo B molecule which lets doctors count LDL-C particles thus giving the clinician a better sense of actual cardiovascular risk.

### The new recommended values:

**Apo B:** < 90 mg/dl (With cardiovascular disease or additional risk factor, <80 mg/dl)

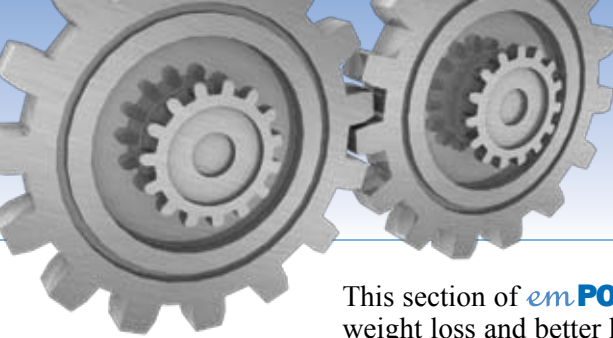
**LDL-cholesterol:** < 100 mg/dl (With cardiovascular disease or additional risk factor, <70 mg/dl)

**HDL-cholesterol:** women - > 50 mg/dl, men - > 40 mg/dl

**Triglycerides:** less than 150 mg/dl

Answers to last issue's crossword

S	E	V	E	N	B	W	E	I	G	H	T												
U			T		E	A		E			R												
G			H		Y	P	E	R		T	E	N	S	I	O	N							
A			A			A		T		E	O	N					A						
R					N		U	T	S		R	O	S	E	S			D					
					O		O				E	U	B	A									
			H		D		L			F	I	B	E	R		L		I					
W								U				D				I		K					
A			C		T		O	S			B	C			L	A	N	C	E	T			
L			E			O				O	D				O			E		R			
K			A			A		P		P	L	E			W	A	L	L		A			
S					D		K			A		U							L	N			
			W			A		I		S	T				S		P	I	K	E	S	O	S



This section of **emPOWER** highlights small lifestyle changes that over time result in permanent weight loss and better health.

This month's section asks: **Do you know where your calories come from?**

## Does keeping a food journal really help? Absolutely.

With today's busy schedules, it is easy to lose sight of what we eat. This is when **calories sneak in**; the largest contributor to **creeping weight gain** in most individuals (creeping weight gain is the 5 to 7 pounds gained over a year that adds up from one year to the next). Add to this is our busy lifestyle, we are often eating on the run that is also called **mindless eating**. This plus our **sedentary** lifestyle accelerates weight

gain. Whether your goal is to lose weight or monitor your blood sugar, a food journal helps you see what you're eating. If your goal is weight loss, a recent study showed a direct association between weight loss and writing down food intake. Keeping track of food intake and blood sugar values help detect patterns in your blood sugars that could be associated with eating certain foods, eating at certain times or quantity of food eaten.

**Follow the typical schedule of Sandra, a woman who works and has a family. See if you can detect the sources of sneaking calories and creeping weight gain. This example could lead to a weight loss of 9 pounds in 1 year or prevent creeping weight gain of an equivalent amount in 1 year.**

Time	Description	Calories
6:30 AM	Sandra prepares breakfast for the kids and gets them ready for school and herself ready for work. She eats her bowl of corn flakes cereal, a banana and 1% milk.	260
8:00 AM	Out the door, she remembers she hasn't had coffee and stops for a 16 oz Grande Mocha Frappacino	380
12:00 PM	Lunch time! She packed her lunch the night before and brought a sandwich with 2 oz roasted turkey slices and 1 slice of cheese with mustard on rye, an orange and a bottle of seltzer (excellent!)	425
3:00 PM	Hmmm, she's a little hungry and eats a small bag of pretzels. Sips on her water throughout the day (good!)	80
5:00 PM	Finally home! It's time to start dinner. Sandra's work day was hectic and has not put any thought into what to prepare. While she's thinking about this, she grabs a handful of cheese crackers. She comes up with the dinner menu: pork loin, broccoli with butter, and stuffing. While waiting for the pork loin to finish cooking, she pours herself a small glass of wine and sips it.	80
6:00 PM	Everyone sits down to eat. Sandra has 3 oz of pork loin, 1 cup of broccoli and 3/4 cup of stuffing. She finishes the wine she started and is also drinking water.	565
7:30 PM	The kids are asking for dessert. Sandra gives them cookies and milk. She takes a cookie for herself. Sometimes Sandra walks on the treadmill for 20 minutes while her husband gets the kids ready for bed. She decides she's too tired and skips it tonight.	60 180

Do you see where Sandra's calories sneak in? Her sneaking calorie total was a whopping 700 calories out her total 2030 calories for the day! For her age and weight loss goals she should be at around 1600 calories per day.

1. The most obvious is this coffee drink. Buying a Café Mocha with nonfat milk and no whip cream, she is minus 160 calories. Going with regular coffee and a splash of nonfat milk and mocha syrup subtracts 325 calories!
2. Sandra did okay until she arrived at home. Thinking about what to cook ahead of time will save calories, and prevent grazing behavior such as taking the crackers. Minus 80 calories.
3. Because the wine was only 4 oz, and there are health benefits to drinking small amounts of alcohol, the health benefits outweighed the small additional calories of 80. The calories from the dinner meal could have been trimmed down by using a spice such as garlic instead of butter, and rice pilaf as a substitute for stuffing. Minus 130 calories.
4. The cookie adds an obvious 60 calories per day. Her total for the above changes was minus 420 calories!
5. What about the decision to not walk on the treadmill? If she did this she would have added another 180 calorie deficit for a total of 600 calories. In this particular example, Sandra could have changed the time of her activity to when she came home. This would have delayed dinner by another half hour, but she would have exercised and the family could still eat at a reasonable hour.

Keeping a diet journal helps identify the source of these sneaking calories. Translated to weight loss, the small changes in this example would lead to a weight loss of 9 pounds in 1 year or prevent creeping weight gain of an equivalent amount in 1 year.

# UPCOMING EVENTS



## Diabetes Expo2008

Sept. 27 Jacob Javits Convention Center, New York City, NY

## Step Out Walk to Fight Diabetes

Oct. 5 Nassau Community College, Garden City, NY  
 Oct. 12 Downtown White Plains, NY  
 Oct. 26 South Street Seaport, New York City, NY



## 2008 Fun Run

Sept. 14 69th Street & Grand Avenue Maspeth, NY

## Walk to Cure Diabetes

Oct. 5 Belmont Lake State Park, NY  
 Oct. 19 SUNY College Old Westbury, Old Westbury, NY  
 Nov. 1 Suffolk County Community College, Riverhead, NY

## Get Involved!

Be sure to visit [www.diabetes.org](http://www.diabetes.org) and [www.jdrf.org](http://www.jdrf.org) to find out more about these and other events in your area. Participating in these events not only raises awareness, but needed funds for research and an eventual cure!

## Better Living Now and Long Island Juvenile Diabetes Research Foundation Announce Second Annual Diabetes-Friendly Camp Scholarship Winners



Better Living Now sponsors annually several scholarships for children to attend diabetes camp. This summer the Long Island Juvenile Diabetes Research Foundation (JDRF) announced the children chosen to receive a scholarship for one week at a diabetes-friendly summer camp. The winners are Kevin Drake, age 5; Kristine Hawk, age 14; and Laura Burby, age 14.

## Diabetes Centers in the NYC Metro and Long Island Area

Location	Contact Person	Phone #
Good Samaritan Hospital, West Islip	Susan Proper	631-376-4064
Long Beach Medical Center, Long Beach	Rachel Ferdinand	516-897-4354
Northshore-LIJ System At Glen Cove	Meg Dilberto, RN, CDE	516-674-7936
Jamaica Hospital, Queens	Mimi Varughese, RN, FNP	718-206-8411
Flushing Hospital Medical Center, Queens	Nursing Department	718-670-5640
Mount Sinai Diabetes Center –Program For Children, Teens and Parents, New York City	Loretta Iazzetti	212-241-6936
Metropolitan Hospital Center New York City		646-672-3203
St. Charles Hospital, Port Jefferson, NY	Fran	631-474-6449
Winthrop Diabetic Center	Virginia Peragallo-Dittko	516-663-2350
Lutheran Medical Center–Brooklyn	Disease Management Program	718-630-6885
Downstate Medical Center, Brooklyn	Maria Yomtov	718-270-2020
Montefiore Diabetes Teaching Clinic		718-920-5101
Medical Center Diabetes Education		718-920-7247
Albert Einstein, Bronx	Sherly Merkin, RN	718-904-2883
Bronx Lebanon Medical Center, Bronx		718-518-5581
Northern Westchester Hospital Center, Mount Kisco	Rachel Lacks	914-666-1861
Staten Island University Hospital	Mary Gunderson	718-226-1547

## News You Can Use

### FACTS

- Staying well hydrated is important when you are out in the sun. Physical activity can cause significant fluid loss. The ideal fluid is water. Drinks with caffeine are not hydrating. Sports drinks are useful only when the physical activity is more than 1 hour or if the weather causes you to sweat more than usual.
- Gum disease (periodontal disease) risk is higher in persons with diabetes. Recent studies showed a relationship between gum disease and risk of kidney disease. Periodontal disease can be prevented through regular tooth brushing, daily flossing and seeing your dentist regularly.



## Self-Monitoring Blood Glucose Targets

Hemoglobin A1c <7%

Glucose:

Pre-Meal	90-130 mg/dl
Post-Meal*	140-180 mg/dl

\*(2 hours after finishing the meal)

Source: Diabetes Care 27(1):s19, 2004

# A Letter From The President

Dear Valued Friends and Customers,

We don't have room in this newsletter to list all of the national awareness days, weeks and months (there are too many), but we did want to share some of the observances happening this fall that touch so many of our lives.



Daniel Pope, CEO

September is Cholesterol Education Month. All adults should have their cholesterol measured, know their numbers and understand their risk factors for heart disease. As BLN customers, many of you probably are very aware of your cholesterol numbers, but what about your family members? September 16th is Take a Loved One for a Checkup Day.

October is probably best known as Breast Cancer Awareness Month. Did you know that Better Living Now has a mastectomy boutique inside our Hauppauge, New York headquarters? Our certified mastectomy fitters work one-on-one in a private setting with women who have had breast surgery to ensure proper fitting of items ranging from bras to breast forms to swimwear. Since October is also American Pharmacy Month, it's worth pointing out that one of the things that makes our boutique unique is that our BLN pharmacists are always on hand to answer any questions.

November is Diabetic Eye Disease Month, a very important issue for many of our customers and the 5.3 million American adults who suffer from diabetic eye disease. We urge you to schedule regular eye exams to help prevent the onset of this terrible disease. November is also Family Caregivers Month. We at BLN take our hats off to all of the caregivers who selflessly take on one of the toughest roles any of us will ever face. Please be sure to take care of yourself, too.

Have a wonderful fall and take a little time to think about your health every day. Better Living Now is always here to answer your questions. You can reach our friendly customer service representatives at 1-800-854-5729.

Warm Regards,

A handwritten signature in black ink that reads "Daniel S. Pope".

Daniel S. Pope and Family

## News You Can Use

### For all diabetic supply needs:

**Better Living Now:**

1- 877-BET-LIV-NOW

[www.betterlivingnow.com](http://www.betterlivingnow.com)

### For educational information about diabetes:

**American Diabetes Association:**

1-800-Diabetes

[www.diabetes.org](http://www.diabetes.org)

**American Dietetic Association:**

[www.eatright.org](http://www.eatright.org)

**Juvenile Diabetes Foundation:**

[www.jdrf.org](http://www.jdrf.org)

**Joslin Diabetes Centers:**

[www.Joslin.org](http://www.Joslin.org)

**Web MD:**

[www.WebMD.com](http://www.WebMD.com)

**Bayer Care Diabetes**

[www.bayercarediabetes.com](http://www.bayercarediabetes.com)

**Abbott Diabetes**

[www.abbottdiabetescare.com](http://www.abbottdiabetescare.com)

### For nutrition food facts:

**Nutri-Facts**

[www.nutri-facts.com](http://www.nutri-facts.com)

**FastFoodNutrition.org**

[www.fastfoodnutrition.org](http://www.fastfoodnutrition.org)

**Nutrition.gov**

[www.nutrition.gov](http://www.nutrition.gov)

**NutritionData**

[www.nutritiondata.com](http://www.nutritiondata.com)

**CalorieKing**

[www.calorieking.com](http://www.calorieking.com)

### For recipe ideas:

**All Recipes**

[www.allrecipes.com](http://www.allrecipes.com)

**ADA Virtual Grocery Store**

[vgs.diabetes.org](http://vgs.diabetes.org)

**Healthy Meals Resource**

[healthymeals.nal.usda.gov](http://healthymeals.nal.usda.gov)

**MyRecipes**

[myrecipes.com](http://myrecipes.com)

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