

NPR MONTHLY RECAP!

January 2010

HAPPY NEW YEAR NPRS & FACILITY STAFF CONTACTS!



A big thank you to everyone who joined us on our monthly update call this month! In case you missed it, here's a recap of what we talked about!

Diabetes Control & Awareness

- ⇒ Many of you may know that that diabetes is a condition common among the renal patient community. It is important to make information available to everyone in the unit about making good choices to control this condition for better health. Feel free to post the enclosed flier or make copies to hand out to other patients.
- ⇒ Some tips discussed for diabetes control were:
 - Eat regular, consistent meals and snacks as recommended by your dietitian.
 - Check your blood sugar often, as recommended by your doctor.
 - Follow your doctor's guidelines for taking insulin or oral medication.
- ⇒ Here is some basic information about the types of diabetes. All this information is included in the attached flier.

Are there different types of diabetes?

The most common ones are Type 1 and Type 2. Type 1 diabetes usually occurs in children. It is also called juvenile onset diabetes mellitus or insulin-dependent diabetes mellitus. In this type, your pancreas does not make enough insulin and you have to take insulin injections for the rest of your life.

Type 2 diabetes, which is more common, usually occurs in people over 40 and is called adult onset diabetes mellitus. It is also called non insulin-dependent diabetes mellitus. In Type 2, your pancreas makes insulin, but your body does not use it properly. The high blood sugar level often can be controlled by following a diet and/or taking medication, although some patients must take insulin. Type 2 diabetes is particularly prevalent among African Americans, American Indians, Latin Americans and Asian Americans.

How many diabetic patients will develop kidney disease?

About 30 percent of patients with Type 1 (juvenile onset) diabetes and 10 to 40 percent of those with Type 2 (adult onset) diabetes eventually will suffer from kidney failure.

Can a patient with diabetes have a kidney transplant?

Yes. Once you get a new kidney, you may need a higher dose of insulin. Your appetite will improve so your new kidney will break down insulin better than your injured one.

If my feet don't hurt, should I still check them every day?

Yes!! You should examine your feet at the end of each day to be certain that there are no sores, cuts, or areas where your shoe is rubbing against your foot. People with diabetes may lose pain sensation in their feet, so they may develop ulcers and open sores and not notice it because they can't feel the pain.

Without medical attention, sores may continue to be irritated and not heal properly. Although your health care team should examine your feet periodically, you need to be on the lookout for any small areas of redness or bleeding. It is essential that your shoes are comfortable and fit well.

Special shoes can be made for you if your feet are difficult to fit. Check with your social worker to find out if your insurance will pay for them. Always wear socks or stockings to provide padding between your feet and your shoes. The longer a patient has diabetes, the more common foot problems are. Preventing foot sores is much easier than trying to heal them.



NEXT MONTH IS AMERICAN HEART MONTH!



You can use the enclosed or attached poster to help spread awareness in your facility!

Here are a few tips we discussed on our NPR call about making smart choices for heart health.

GET MOVIN'!

- ⇒ If you have been inactive for a long time, are overweight, have a high risk of coronary heart disease or some other chronic health problem, see your doctor for a medical evaluation before beginning a physical activity program.
- ⇒ Choose activities that are fun, not exhausting! Add variety & activities that you enjoy!
- ⇒ Wear comfortable, properly fitted footwear and loose-fitting clothing.
- ⇒ Find a time that is convenient for you to exercise. Make a habit, but be flexible.
- ⇒ Use music to keep you entertained.
- ⇒ Surround yourself with supportive people.
- ⇒ Don't overdo it. Do low- to moderate-level activities, especially at first. Slowly increase.
- ⇒ One NPR suggested doing low-impact exercises that can be done in a chair. Another NPR suggested organizing a "walking group" or checking with your local mall to see if there are any existing walking groups that meet there.

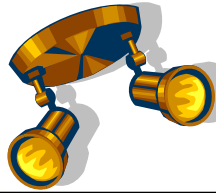
KEEP A HEART HEALTHY DIET (THAT IS RENAL FRIENDLY OF COURSE!)

- ⇒ Limit foods high in saturated fat, trans fat and/or cholesterol. Choose foods low in these fats. Avoid fried foods and baked goods made with butter, shortening or lard. Here are some tips:

ALWAYS CONSULT WITH YOUR RENAL DIETITIAN BEFORE MAKING DIETARY CHANGES.

- Eat a variety of fruits and vegetables.
- Eat a variety of grain products suggested by your renal dietitian.
- Eat fish at least twice a week.
- Include fat-free and low-fat milk products, skinless poultry and lean meats.
- Choose fats and oils such as liquid and tub margarines, canola, soy bean and olive oils.

NPR Facility



SPOTLIGHT!

- NPR Frank Selders and his wife Karen from Hope, AR helped coordinate a “Turkey Sandwich Day” for the Thanksgiving holiday in his dialysis unit. Way to go Frank and Karen!
- NPR Alma Caraway’s unit in Monroe, LA had beautiful holiday wreaths to give out as “prizes” for patients who correctly answered questions about kidney disease treatment! Way to keep the spirit up, Alma!
- NPR Lisa Nowlin’s unit in Pine Bluff, AR had a renal-friendly Thanksgiving feast “blowout.” Here’s to keeping it tasty and renal friendly!

Send us your NPR Program/dialysis unit pictures!