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Alan L. Rubin, MD
Author of Diabetes For Dummies
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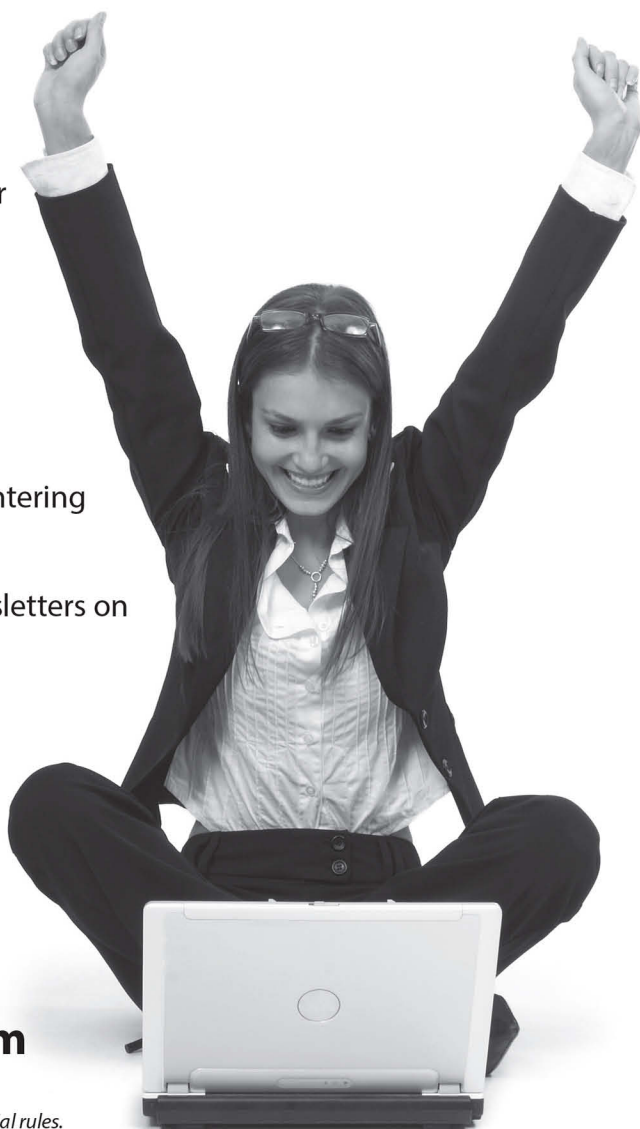
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**by Alan L. Rubin, MD,
with Cait James, MS**

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Published by: **John Wiley & Sons, Inc.**, 111 River Street, Hoboken, NJ 07030-5774, www.wiley.com

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Published simultaneously in Canada

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Library of Congress Control Number: 2014945061

ISBN 978-1-118-94426-4 (pbk); ISBN 978-1-118-94427-1 (ebk); ISBN 978-1-118-94428-8 (ebk)

Manufactured in the United States of America

10 9 8 7 6 5 4 3 2 1

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Introduction

People with diabetes can eat great food! You can follow a diabetic diet at home or anywhere you travel and still enjoy a five-star meal. You just have to know how to cook it or where to go to get it. And that's where this book comes in. Here, we show you how to prepare great foods in your own home and give you a guide to eating out.

Is diet important for a person with diabetes? Do salmon swim upstream? The Diabetes Control and Complications Trials showed that a good diabetic diet could lower the hemoglobin A1c, a test of overall blood glucose control, by over 1 percent. That much improvement will result in a reduction of complications of diabetes such as eye disease, nerve disease, and kidney disease by 25 percent or more. The progression of complications that have already started to occur can be significantly slowed.

Of course, there's much more to managing diabetes than diet alone. In this book, you can discover the place of diet in a complete program of diabetes care.

About This Book

This edition of *Diabetes Cookbook For Dummies* features many new recipes based on the Mediterranean diet. Many new studies have shown that people who follow a Mediterranean diet have a lower incidence of diabetes. And if they already have diabetes, a Mediterranean diet makes it easier to control. (We explain the Mediterranean diet in Chapter 2.)

You wouldn't read a cookbook from cover to cover, and this book is no exception to that rule. There's no reason to read about setting up your kitchen if you simply want a place to eat in New York where you can find healthy nutrition for your diabetes. You may want to read the first few chapters to get an overview of the place of diet in your overall diabetes management, but if you just need a great entree for tonight's supper or a great restaurant wherever you are, go right to that information. The book is written to be understood no matter where you find yourself in it.

Within this book, you may note that some web addresses break across two lines of text. If you're reading this book in print and want to visit one of these web pages, simply key in the web address exactly as it's noted in the text,

pretending as though the line break doesn't exist. If you're reading this as an e-book, you've got it easy — just click the web address to be taken directly to the web page.

Here are a few guidelines to keep in mind about the recipes:

- ✔ All butter is unsalted. Margarine is not a suitable substitute for butter, because of the difference in flavor and nutritional value. Butter is a natural product, while margarine is man-made and contains trans fatty acids.
- ✔ All eggs are large.
- ✔ All flour is all-purpose unless otherwise specified.
- ✔ All milk is lowfat unless otherwise specified.
- ✔ All onions are yellow unless otherwise specified.
- ✔ All pepper is freshly ground black pepper unless otherwise specified.
- ✔ All salt is table salt unless otherwise specified.
- ✔ All mentions of Splenda refer to the regular sugar substitute unless Splenda for Baking is specified.
- ✔ All dry ingredient measurements are level — use a dry ingredient measuring cup, fill it to the top, and scrape it even with a straight object, such as the flat side of a knife.
- ✔ All temperatures are Fahrenheit. (See Appendix C for information about converting temperatures to Celsius.)
- If you need or want vegetarian recipes, scan the list of “Recipes in This Chapter” on the first page of each chapter in Part II. A little tomato, rather than a triangle, in front of the name of a recipe marks that recipe as vegetarian. (See the tomato to the left of this paragraph.)

This isn't a complete book about diagnosing and treating diabetes and its complications. Check out *Diabetes For Dummies, 4th Edition* (Wiley), if you need diagnosis and treatment information.

Foolish Assumptions

The book assumes that you've done some cooking, you're familiar with the right knife to use to slice an onion without cutting your finger, and you can tell one pot from another. This book also assumes that you have an interest in diabetes prevention or management — whether for yourself or a loved one.

Icons Used in This Book



The icons in this book are like bookmarks, pointing out information that we think is especially important. Here are the icons used in this book:

We use this icon whenever Dr. Rubin tells a story about his patients.



Whenever we want to emphasize the importance of the current information to your nutritional plan, we use this icon.



When you see the Remember icon, pay special attention because the information is essential.



This icon flags situations when you should see your doctor (for example, if your blood glucose level is too high or you need a particular test done).



This helpful icon marks important information that can save you time and energy.



Watch for this icon; it warns about potential problems (for example, the possible results if you don't treat a condition).

Beyond the Book

In addition to the material in the print or e-book you're reading right now, this product also comes with some access-anywhere goodies on the web. Check out the free Cheat Sheet at www.dummies.com/cheatsheet/diabetescookbook for tips on finding your ideal weight, menu terms to look for and avoid when you're eating out, and how to improve your diet.

You can also find several online articles at www.dummies.com/extras/diabetescookbook. Whether you're interested in exercise, the Mediterranean lifestyle, or myths about diabetes, head online to read more.

Where to Go from Here

Where you go from here depends on your immediate needs. If you want an introduction to the place of nutrition in diabetes management, start with Chapter 1. If you're hungry and you want some lunch, go to Part II. If you're about to travel or eat out, head for Part III. At any time, the Part of Tens can provide useful tips for healthy eating. Finally, the appendixes help you cook for yourself or choose a restaurant. Feel free to jump around, but take the time to go through Part II so that you realize that diabetes and great food are not mutually exclusive.

Part I

Flourishing with Diabetes



For Dummies can help you get started with lots of subjects. Visit www.dummies.com to learn more and do more with *For Dummies*.

In this part . . .

- ✓ Understand diabetes and its possible consequences.
- ✓ See effect food has on your diabetes.
- ✓ Select food based on your weight goal.
- ✓ Enjoy the healthy foods you choose.
- ✓ Make the supermarket your ally.

Chapter 1

What It Means to Flourish with Diabetes

In This Chapter

- ▶ Getting a grip on diabetes
 - ▶ Controlling calories
 - ▶ Working exercise into your schedule
 - ▶ Keeping your blood pressure down
 - ▶ Making lifestyle changes that count
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Since the third edition of *Diabetes Cookbook For Dummies* came out, there have been a number of studies that indicate that a Mediterranean diet may be beneficial in the prevention and treatment of diabetes. In this new edition, we provide some of the rationale for that type of diet. You will also find 25 new recipes from some of the finest Mediterranean restaurants in the country. In this chapter, you get the latest information about what diabetes means, how diabetes is diagnosed, and the things you need to do to thrive with diabetes. Don't waste another minute. Get started right away.

Recognizing Diabetes

With so much diabetes around these days, you may think that recognizing it should be easy. The truth is that it's not easy, because diabetes is defined by blood tests. You can't just look at someone and know the level of glucose — blood sugar — in his or her blood.

Defining diabetes

The level of glucose that means you have diabetes is as follows:

- ✓ A *casual* blood glucose of 200 milligrams per deciliter (mg/dl) or more at any time of day or night, along with symptoms such as fatigue, frequent urination and thirst, slow healing of skin, urinary infections, and vaginal itching in women. A normal casual blood glucose should be between 70 and 139 mg/dl.
- ✓ A *fasting* blood glucose of 126 mg/dl or more after no food for at least eight hours. A normal fasting blood glucose should be less than 100 mg/dl.
- ✓ A blood glucose of 200 mg/dl or greater two hours after consuming 75 grams of glucose.



A diagnosis of diabetes requires at least two abnormal levels on two different occasions. Don't accept a lifelong diagnosis of diabetes on the basis of a single test.

A fasting blood glucose between 100 and 125 mg/dl or casual blood glucose between 140 and 199 mg/dl is *prediabetes*. See Dr. Rubin's book *Prediabetes For Dummies* (Wiley). Most people with prediabetes will develop diabetes within ten years. Although people with prediabetes don't usually develop small blood vessel complications of diabetes like blindness, kidney failure, and nerve damage, they're more prone to large vessel disease like heart attacks and strokes, so you want to get that level of glucose down. Sixty million people in the United States have prediabetes.

The American Diabetes Association has added a new criteria for the definition of diabetes, based around a person's A1C number. A1C is a measure of the average blood glucose for the last 60 to 90 days. If the A1C is equal to or greater than 6.5 percent, the person is considered to have diabetes.

Categorizing diabetes

The following list describes the three main types of diabetes:

- ✓ **Type 1 diabetes:** This used to be called *juvenile diabetes* or *insulin-dependent diabetes*. It mostly begins in childhood and results from the body's self-destruction of its own pancreas. The pancreas is an organ of the body that sits behind the stomach and makes insulin, the chemical or "hormone" that gets glucose into cells where it can be used. You can't live without insulin, so people with type 1 diabetes must take insulin shots. Of the 26 million Americans with diabetes, about 10 percent have type 1.

- ✓ **Type 2 diabetes:** Once called *adult-onset diabetes*, type 2 used to begin around the age of 40, but it is occurring more often in children, many of whom are getting heavier and heavier and exercising less and less. The problem in type 2 diabetes is not a total lack of insulin, as occurs in type 1, but a resistance to the insulin, so that the glucose still doesn't get into cells but remains in the blood.
- ✓ **Gestational diabetes:** This type of diabetes is like type 2 diabetes but occurs in women during pregnancy, when a lot of chemicals in the mother's blood oppose the action of insulin. About 4 percent of all pregnancies are complicated by gestational diabetes. If the mother isn't treated to lower the blood glucose, the glucose gets into the baby's bloodstream. The baby produces plenty of insulin and begins to store the excess glucose as fat in all the wrong places. If this happens, the baby may be larger than usual and therefore may be hard to deliver. When the baby is born, he is cut off from the large sugar supply but is still making lots of insulin, so his blood glucose can drop severely after birth. The mother is at risk of gestational diabetes in later pregnancies and of type 2 diabetes as she gets older. Women should be screened for gestational diabetes at 24 to 28 weeks of the pregnancy.
- ✓ **Other types:** A small group of people with diabetes suffer from one of these much less common varieties of diabetes:
 - Latent autoimmune diabetes on adults (LADA), which has characteristics of both type 1 and type 2 diabetes
 - Genetic defects of the beta cell, which makes insulin
 - Medications that affect insulin action like cortisol or prednisone
 - Diseases or conditions that damage the pancreas like pancreatitis or cystic fibrosis
 - Genetic defects in insulin action

Knowing the consequences of diabetes

If your blood glucose isn't controlled — that is, kept between 70 and 139 mg/dl after eating or under 100 mg/dl fasting — damage can occur to your body. The damage can be divided into three categories: irritations, short-term complications, and long-term complications.

Irritations

Irritations are mild and reversible but still unpleasant results of high blood glucose levels. The levels aren't so high that the person is in immediate life-threatening danger. The most important of these irritations are the following:

- ✓ Blurred vision
- ✓ Fatigue

- ✓ Frequent urination and thirst
- ✓ Genital itching, especially in females
- ✓ Gum and urinary tract infections
- ✓ Obesity
- ✓ Slow healing of the skin

Short-term complications

These complications can be very serious and lead to death if not treated. They're associated with very high levels of blood glucose — in the 400s and above. The three main short-term complications are the following:

- ✓ **Ketoacidosis:** This complication is found mostly in type 1 diabetes. It is a severe acid condition of the blood that results from lack of insulin, the hormone that is missing. The patient becomes very sick and will die if not treated with large volumes of fluids and large amounts of insulin. After the situation is reversed, however, the patient is fine.
- ✓ **Hyperosmolar syndrome:** This condition is often seen in neglected older people. Their blood glucose rises due to severe dehydration and the fact that the kidneys of the older population can't get rid of glucose the way younger kidneys can. The blood becomes like thick syrup. The person can die if large amounts of fluids aren't restored. They don't need that much insulin to recover. After the condition is reversed, these people can return to a normal state.
- ✓ **Hypoglycemia or low blood glucose:** This complication happens when the patient is on a drug like insulin or a pill that drives the glucose down but isn't getting enough food or is getting too much exercise. After it falls below 70 mg/dl, the patient begins to feel bad. Typical symptoms include sweating, rapid heartbeat, hunger, nervousness, confusion, and coma if the low glucose is prolonged. Glucose by mouth, or by venous injection if the person is unconscious, is the usual treatment. This complication usually causes no permanent damage.

Long-term complications

These problems occur after ten or more years of poorly controlled diabetes or, in the case of the macrovascular complications, after years of prediabetes or diabetes. They have a substantial impact on quality of life. After these complications become established, reversing them is hard, but treatment is available for them early in their course, so watch for them five years after your initial diagnosis of diabetes. See Dr. Rubin's book *Diabetes For Dummies*, 4th Edition (Wiley), for information on screening for these complications.

The long-term complications are divided into two groups: *microvascular*, which are due at least in part to small blood vessel damage, and *macrovascular*, associated with damage to large blood vessels.

Microvascular complications include the following:

- ✓ **Diabetic retinopathy:** Eye damage that leads to blindness if untreated.
- ✓ **Diabetic nephropathy:** Kidney damage that can lead to kidney failure.
- ✓ **Diabetic neuropathy:** Nerve damage that results in many clinical symptoms, the most common of which are tingling and numbness in the feet. Lack of sensation in the feet can result in severe injury without awareness unless you carefully look at your feet regularly. Such injury can result in infection and even amputation.

Macrovascular complications also occur in prediabetes and consist of the following:

- ✓ **Arteriosclerotic heart disease:** Blockage of the blood vessels of the heart. This is the most common cause of death in diabetes due to a heart attack.
- ✓ **Arteriosclerotic cerebrovascular disease:** Blockage of blood vessels to the brain, resulting in a stroke.
- ✓ **Arteriosclerotic peripheral vascular disease involving the blood vessels of the legs:** These vessels can become clogged and result in amputation of the feet or legs.

There is a lot of good news with respect to these complications. According to a study published in the *New England Journal of Medicine* in April 2014, the rates of lower-extremity amputation, end-stage kidney disease, heart attack, stroke, and death from hyperglycemic crisis (ketoacidosis and hyperosmolar syndrome) have all declined between 1990 and 2010. The largest decline was a reduction of 64 percent in heart attacks. The smallest decline was in end-stage renal disease at 28 percent. Furthermore, 30-year follow-up of the people involved in the Diabetes Control and Complications Trial shows that those whose A1C was kept as close to normal as possible during the six and a half years of the trial continued to have a significant reduction in eye and kidney disease of 50 percent, in nerve disease of 30 percent, and in heart attacks of 42 percent. This protection continued despite the fact that the A1C of the intensively treated group converged with that of the conventionally treated group when the study ended.

Recognizing you can manage diabetes

Treatment of diabetes involves three essential elements:

- ✓ **Diet:** If you follow the recommendations in this book, you can lower your average blood glucose by as much as 30 to 50 mg/dl. Doing so can reduce the complication rate by as much as 33 percent.

- ✓ **Exercise:** We touch on exercise in Chapter 3 and Dr. Rubin covers it more extensively in *Diabetes For Dummies*, 4th Edition (Wiley).
- ✓ **Medication:** Diabetes medications abound — there are far too many to discuss here, but you can find out about them in *Diabetes For Dummies*, 4th Edition.

Controlling Calories

Just as the three most important factors in the value of a house are location, location, location, the three most important factors in diet for people with diabetes are moderation, moderation, moderation. If you're overweight or obese, which is true of most people with type 2 diabetes and a lot of people with type 1 diabetes who are on intensive insulin treatment (four shots of insulin daily), weight loss will make a huge difference in your blood glucose levels. If you maintain the weight loss, you'll avoid the complications of diabetes discussed earlier in this chapter.

To successfully lose weight, you need to control your total calories. You must burn up the same amount of calories you take in by mouth, or you will gain weight. To lose weight, you need to burn up more calories than you eat. Sounds simple, eh! And it doesn't matter where the calories come from. Studies that compare diets low in fats, proteins, or carbohydrates result in the same weight loss after a year.



As you reduce your portions, reduce your intake of added sugars, fats, and alcohol. These items contain no nutrients such as vitamins and minerals and are simply sources of empty calories.

If you are predisposed to have diabetes because, for example, your parents both had diabetes, you can prevent it by maintaining a healthy weight. If you already have diabetes, you can minimize its impact by losing weight and keeping it off.

Do you need a highly complicated formula to figure out how to moderate your food intake? No! It's as simple as looking at the portions you currently eat and cutting them in half. At home, where you control the amount of food on your plate, you can start with a small portion, so you may not need to reduce it by half. However, in restaurants, where more and more people are eating their meals, especially the fast-food restaurants, discussed extensively in Chapters 17 and 18, the rule of eating half may not be strong enough. There you may need to eat only a third of the portion. You may need to apply the same portion control when you eat at someone else's home.



Use these tips to help you visualize portion sizes: