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Diabetes Cookbook For Canadians

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- Make over 130 healthy and delicious recipes
- Plan healthy and delicious menus
- Bake with sugar or sugar substitutes

Ian Blumer, MD, FRCPC

Co-author Diabetes For Canadians
For Dummies

Cynthia Payne, RD, CDE



***Diabetes Cookbook
For Canadians***

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DUMMIES[®]
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**by Ian Blumer, MD, FRCPC
Cynthia Payne, RD, CDE**

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Introduction

If you're living with diabetes (either because you have diabetes or you have a loved one with diabetes), you likely already know that one of the most important tools to help you keep your diabetes under control is to eat healthfully. Hopefully, you also know that healthy eating with diabetes doesn't mean you have to sacrifice taste, variety, or the simple, sheer pleasure of eating well.

We believe passionately that there is no such thing as a “diabetic diet.” A so-called diabetic diet is simply a nutritious, healthy eating program that balances the appropriate amounts of the key nutrients and supplies the right amount of calories for your needs.

The recipes in *Diabetes Cookbook For Canadians For Dummies* are suitable for anyone who wants to eat healthfully, whether or not you have diabetes. The recipes are also suitable for low-fat diets and lower sodium diets as well.

On these pages you will discover a huge variety of recipes that will not only satisfy your hunger, but will do so in a nourishing way. Breakfasts, lunches, dinners, snacks, party foods, treats for kids, and treats for adults — it's all here.

And because staying healthy with diabetes is so very dependent on being empowered — the more you know, the more you can master your diabetes — we devote the first few chapters of this book to looking at key aspects of diabetes care, including the roles that nutrition, exercise, and medications can play.

About This Book

This book was written with a single overriding purpose: to help people living with diabetes prepare foods that are as tasty and enjoyable to eat as they are nutritious. We're also hoping that as you create the recipes in this book you'll find the time to read some (or even all) of Part I, where we examine all sorts of ways that you can use nutrition (and other strategies) to stay healthy with your diabetes.

The recipes in this book were chosen based on several guiding principles.

- ✔ Feature ingredients that are easy to find. (Cynthia lives in a small community and was able to readily find all the ingredients in stores in her town.)
- ✔ Emphasize healthy eating for a person living with diabetes — therefore, low sugar, lower fat, and lower sodium content were priorities — but they are appealing for *everyone*. If you don't have diabetes, no worries: You don't have to miss out on these recipes; you're going to love them, too!

(We do use sugar in a number of this book's recipes. Sugar is not a "bad word" when it comes to diabetes, although, of course, you need to limit quantities.)
- ✔ Have met with glowing approval (yeah, we were tough on ourselves; *good* simply wasn't going to be good enough) by our diverse — and painfully honest — taste-testing panel of friends, neighbours, relatives, kids, and others.
- ✔ Reflect the wonderfully diverse nature of the Canadian population and the increasing desire of Canadians to try non-traditional foods.
- ✔ Are not only enjoyable to eat, but also enjoyable to prepare.
- ✔ ☉ Recipes are designated as vegetarian by using a little tomato icon.

We list the amount of carbohydrate in each recipe; this will help you as you balance out the nutrients in your diet and will be especially helpful if you're carbohydrate counting. (The recipes refer to "Carbohydrate Choices." Each Carbohydrate Choice consists of 15 grams of carbohydrate.) We also list the amount of sodium (avoiding excess sodium is important for everyone and especially important if you have high blood pressure), phosphorous, and potassium (avoiding excess phosphorous and potassium is important if you have kidney failure).

We'd love to hear from you. Whether it's to tell us you especially liked one of our recipes (please!) or, perish the thought, found some cooking instruction insufficiently clear, please do share your comments with us by sending an e-mail to diabetes@ianblumer.com. (We apologize in advance, however, for our being unable to provide medical advice.)

Foolish Assumptions

We have written this book based on the assumption that you are living with diabetes (either because you have diabetes yourself or because you have a loved one with diabetes) and that, whatever your knowledge of cooking, you want to learn more. Period.

If you know nothing about cooking, you'll find this book enables you to readily discover the basics, and if you're already a wizard in the kitchen, you'll discover additional recipes and food preparation ideas to meet your needs.

Icons Used in This Book

Icons act as little flags or identifiers — bookmarks, if you will — that let you know what information you're going to find in the paragraph that follows.



This icon signifies that we're sharing a story about a patient. These stories have been specifically selected because they contain elements that you may well relate to. (The names and other identifiers have been changed to maintain confidentiality.)



This icon lets you know we're recommending that you speak to a member of your health care team (be it your family physician, registered dietitian, diabetes specialist, and so forth), in order to get help.



This icon lets you know that we're about to drop some medical jargon on you. Don't be alarmed; we then define or explain the term before we move on.



When you see this icon, it means the information is essential and you would be well served to pay special attention.



This icon indicates that we're sharing a practical piece of information that will arm you with a time-saving or grief-avoiding measure.



This book is all about creating healthy, appealing recipes. It's also about living healthfully with diabetes. This icon means we're discussing a critical health issue that you shouldn't ignore.

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/diabetescookbookforcanadians for tips on how to eat healthy at home, or when you're out and about. You can also find links to several web-pages to help you with everything from calculating your BMI, to understanding how to read nutrition labels.

Where to Go from Here

We wrote *Diabetes Cookbook For Canadians For Dummies* in a format that allows you to open the book to any chapter and jump right in without feeling lost. So, if as you read this paragraph you realize it's 6:00 at night and you have to get dinner ready pronto, feel free to flip to Part III to find a recipe that suits your fancy. Same goes if you're looking for breakfast, lunch, or snack ideas. If, however, you're new to diabetes, and if you don't need to rush into the kitchen, sit back and spend some time familiarizing yourself with diabetes by reading some (or all) of Part I.

Whichever section of this book you first turn to, rest assured — there's no “wrong” place to start your reading.

Part I

Getting Started with Diabetes & Cooking

getting started
with

**Diabetes &
Cooking**



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 . . .

Diabetes is far more than “just a sugar problem.” Having diabetes means that you need to look after all of you, from your head down to your toes. In this part we explore how diabetes can affect you and what you can do to master diabetes and stay healthy.

Chapter 1

Diabetes 101: Discovering the Basics

In This Chapter

- ▶ Getting to know the types of diabetes
 - ▶ Diagnosing diabetes
 - ▶ Seeing the highs and lows of blood glucose levels
 - ▶ Managing diabetes through nutrition
 - ▶ Staying healthy with exercise
 - ▶ Investigating the important role of medication in diabetes management
-

This is a cookbook with a twist.

This book begins not with recipes or a discussion on food handling or food shopping or the like, but rather starts right here, in Chapter 1, with a discussion on diabetes.

Beginning this book by talking about the basics of diabetes — Diabetes 101, if you will — is in keeping with the very special nature of diabetes. Diabetes is special in many ways, but none more so than this: If you're living with diabetes, the more you know about your diabetes and the more actively you are involved in your own health care, the more you can do to ensure you stay healthy.

Your diabetes therapy begins anew every day when you first get up and decide what you're going to eat. And your therapy continues all day with every morsel you put in your mouth. If you have diabetes it's not your doctor or nurse or dietitian or any other person who ultimately makes your nutrition choices; it is *you*.

Healthy eating affects diabetes in many different and crucial ways: The food choices you make will influence your blood glucose (“blood sugar”), your

weight, your blood pressure, your cholesterol, your bowel habits, your sense of well-being, and much more. Indeed, we are routinely, absolutely, *blown away* by the dramatic improvement in the health of our patients with diabetes who carefully practise healthy eating.

In this chapter, we look at the different types of diabetes and we explore how to manage them. Because diabetes is (as we look at in a moment) a condition characterized by high blood glucose, we look in detail at blood glucose, how high (and low) levels can make you feel, and how you can control your blood glucose through nutrition, exercise, and medication. For most people with diabetes, a combination of these therapies works best in achieving and maintaining both good blood glucose control and good health in general.

This chapter is an overview of key elements of diabetes. For detailed information on the material we cover here, we unabashedly refer you to another book that Ian co-wrote: *Diabetes For Canadians For Dummies* (Wiley).

Examining the Types of Diabetes

Diabetes is a condition in which you have elevated *blood glucose* (blood sugar) either because you don't make enough insulin, or you make enough insulin but it doesn't work well, or, in some cases, both. *Glucose* is the type of sugar that the body uses as fuel to provide energy for metabolism, muscle action, and brain function. *Insulin*, a hormone made by the pancreas, works by acting on muscle and fat cells to allow them to extract glucose from the blood, and by acting on the liver to suppress its production of glucose. You could think of it as insulin grabbing onto the glucose and opening the door to take the glucose into the cells to be used for energy.

There are three main types of diabetes:

- ✓ Type 1 diabetes
- ✓ Type 2 diabetes
- ✓ Gestational diabetes

All three types of diabetes are, by definition, characterized by a tendency for having high blood glucose levels. With proper therapy, however, you can (and indeed, must) bring high blood glucose levels under control.



Type 1 diabetes used to go by two other names that, although outdated, you still may come across: *juvenile diabetes* and *insulin-dependent diabetes mellitus* (IDDM). Type 2 diabetes also used to go by two other names: *adult onset diabetes* and *non-insulin dependent diabetes mellitus* (NIDDM). These older names were abandoned because they led to confusion. For example,

Diabetes *insipidus*: The “other” form of diabetes

Although most people (including us in this book) talk about diabetes as if there were only one form, in fact there are actually two. Diabetes *mellitus* refers to the form of diabetes we discuss in this book: that is, the form of diabetes characterized by elevated blood glucose.

The other form, called diabetes *insipidus*, is an entirely different condition: an uncommon disease in which a problem with *antidiuretic hormone* puts you at risk of excess urine production and, as a result, dehydration.

type 1 diabetes frequently begins in adults (so it’s not actually a “juvenile” condition) and people with non-insulin dependent diabetes frequently depend on insulin treatment. No wonder these old terms were abandoned!

Type 1 diabetes

Type 1 diabetes is an *autoimmune disease*, meaning that the body’s immune system malfunctions and creates antibodies that target its own tissues. In the case of type 1 diabetes, the body makes antibodies that attack and destroy the insulin-producing *islet cells* in the pancreas. (More specifically, they attack one type of islet cell called a *beta cell*.)



These are some important things to know about type 1 diabetes:

- ✔ It most commonly develops in adolescents, but also often occurs in young children and young adults. (Increasing scientific evidence suggests that, in fact, in most cases the first onset is in adults.)
- ✔ Symptoms typically appear soon after the condition first develops. (We discuss these symptoms later in this chapter.)
- ✔ It is far less common than type 2 diabetes. Type 1 diabetes accounts for between 5 and 10 percent of all cases of diabetes.
- ✔ Urgent treatment with insulin is required as soon as this condition is discovered; delaying therapy can be life-threatening.

Type 2 diabetes

Type 2 diabetes is caused by a combination of the body’s insulin not working as effectively as it should (a condition called *insulin resistance*) and the pancreas making insufficient quantities of insulin.



These are some important things to know about type 2 diabetes:

- ✓ It most commonly occurs in middle-aged or older individuals, most of whom are overweight and sedentary. (However, many people with type 2 diabetes don't fit this mould.)
- ✓ It is often preceded by years of *prediabetes*, a condition in which blood glucose levels are higher than normal but not high enough to make a diagnosis of diabetes.
- ✓ It is far more common than type 1 diabetes. Type 2 diabetes accounts for between 90 and 95 percent of all cases of diabetes.
- ✓ The most important component of therapy is lifestyle, including healthy eating, exercise, and weight control.

Gestational diabetes

Gestational diabetes (GDM) is a temporary form of diabetes that, by definition, occurs only during pregnancy. It develops in anywhere from 4 to 18 percent of pregnancies depending on what criteria are used to make the diagnosis (there are two different sets of criteria in use, each with its pros and cons), and is routinely tested for at about the midway point of a pregnancy. As in the other types of diabetes, women with gestational diabetes have a tendency toward elevated blood glucose levels that, with proper therapy, can be kept under control.

Gestational diabetes does not harm or risk harming the affected woman, *per se*. Its importance lies in its potential impact on the developing fetus. If the diabetes is insufficiently treated, the fetus can become overly large, which can make delivery difficult. Also, after delivery, the newborn often has low blood glucose. (Medical staff routinely test for this in a baby born to a woman with gestational diabetes.) Low blood glucose in the newborn is not serious and is easy to treat by giving the baby sugar water to drink. Other complications from gestational diabetes seldom occur.

Gestational diabetes is treated by following a special nutrition program (as we discuss in Chapter 4). Regular exercise also helps. If despite these measures the woman's blood glucose levels remain elevated, insulin therapy is typically used. Because of limited scientific evidence regarding their use in pregnancy, oral hypoglycemic agents (see "Taking Oral Medications to Help Control Your Blood Glucose" later in this chapter) are seldom used. This may change in the future.



If you've had gestational diabetes, it means you're at high risk of later developing type 2 diabetes so it's essential that you follow a very healthy lifestyle after the delivery and that your doctor test your blood glucose levels from time to time thereafter. This testing includes both a glucose tolerance test within a few months of your delivery and a measurement of your fasting blood glucose from time to time.



If you've had gestational diabetes, get your blood glucose level checked before trying to conceive again; that way, if you've developed type 2 diabetes it can be brought under control before you get pregnant. Uncontrolled diabetes present at the time of conception and during early pregnancy is very dangerous as it can damage the fetus's developing organs.

Investigating How Diabetes Is Diagnosed

Diabetes — in any form — is a serious disease and, befitting this, is diagnosed according to strict criteria. According to the Canadian Diabetes Association's criteria, you have diabetes if you have any one of the following:

- ✓ A **random** blood glucose level equal to or greater than 11.1 millimoles per litre (mmol/L). *Random* is defined as any time of day or night, without regard to how long it's been since the last time you ingested anything containing calories.
- ✓ A **fasting** blood glucose level equal to or greater than 7.0 mmol/L. Fasting is defined as eight or more hours without calorie intake.
- ✓ A blood glucose level equal to or greater than 11.1 mmol/L, when tested two hours after ingesting 75 grams of glucose as part of what is called a **glucose tolerance test**.
- ✓ An **A1C** level equal to or greater than 6.5 percent. The **A1C** is measured on a blood test and allows for an estimate of one's average blood glucose level for the preceding three months. The **A1C** should not be used as a diagnostic test for diabetes if you are a child, an adolescent, are pregnant, if type 1 diabetes is suspected, or if you have a condition which can affect its accuracy.



Testing positive for one of the preceding criteria on a single occasion is not enough to make a diagnosis of diabetes (although important exceptions exist, which we discuss next). Any one of the tests must be also be positive on another day to establish the diagnosis. Also, the diagnosis of diabetes should be based on a blood sample taken *from a vein* and *analyzed at a laboratory*; the diagnosis should *not* be made based on a blood glucose level measured with a blood glucose meter.



Waiting for another day to have a second test performed after having an initial high blood glucose discovered is *not* required — and indeed, can be dangerous in two circumstances:

- ✓ If your initial blood glucose level is 11.1 mmol/L or higher *and* you have symptoms of high blood glucose (frequent urination, increased thirst, loss of weight)
- ✓ If your doctor thinks you may have type 1 diabetes (especially if you are a child)

In either of these circumstances, the diagnosis of diabetes is made without a second test, and you need to start treatment *immediately*.

Looking at Target Blood Glucose Levels

You can drastically reduce your risk of developing many types of diabetes complications by keeping your blood glucose levels in check. The Canadian Diabetes Association (CDA) has established these target blood glucose levels for most adults living with diabetes:

- ✓ Blood glucose before meals: 4.0 to 7.0 mmol/L
- ✓ Blood glucose two hours after meals: 5.0 to 10.0 mmol/L (5.0 to 8.0 if your **A1C** is above 7.0)

The **A1C** is an important test to determine whether your blood glucose control is where it should be. The **A1C**, which is performed on a blood sample taken from a vein in your arm at the lab, and should be done about every three months or so, reflects your overall blood glucose levels over the preceding several months. It uses a different scale from the usual blood glucose test, and the target value is 7 percent or less for most adults with diabetes.

Although the preceding blood glucose targets are appropriate for the great majority of adults, targets differ for elderly infirm or frail individuals, and for people with a limited life expectancy. In these circumstances targets are:

- ✓ Blood glucose before meals: 5.0 to 12.0 mmol/L.
- ✓ **A1C** up to 8.5 percent.

You can learn more about the **A1C** on Ian's website (www.ourdiabetes.com/key-definitions.htm).