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August 2000

THE Whittier Diabetes REPORT

Sleep Apnea and Diabetes

Diabetes Support Groups

Project Dulce's Simple Approach

Fresh Fruit Fantasy

Scripps Whittier Diabetes Care Program

Scripps/UCSD/Whittier Diabetes Research Program

*Community Diabetes Care Program/Project Dulce
– a program in partnership with
Community Health Improvement Partners*

The Whittier Institute for Diabetes, a subsidiary of Scripps, is dedicated to diabetes research, education and patient care through a collaborative program with the University of California, San Diego.



As you may have noticed, The Whittier Diabetes Report has a new look. With the color and layout changes, we're aiming for a more appealing, reader-friendly publication. We've also combined The Whittier and Project Dulce newsletters, increasing our report to eight pages and expanding our readership. We hope you like the changes and we welcome your comments or suggestions. Send email to hodginsr@whittier.org.

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Mission Statement:

The Whittier Institute for Diabetes supports the search to effect a cure for diabetes. To accomplish this, The Whittier will provide resources for innovative research, education and patient care, and will be a catalyst for collaboration among other leading organizations engaged in these endeavors.

Editor: Jeanne Bellezzo, WriteIdeas

Design: Leslie Gunn, This Gunn for Hire

Donor Profile: Steve Martini

Steve Martini serves on the board of Cure Diabetes Now (CDN), a Los Angeles-based group committed to raising funds to support research for a cure for juvenile diabetes.

In July, Cure Diabetes Now hosted a sunset cruise fundraiser on a yacht leaving out of Marina Del Rey. Along with dinner, the event included a raffle, silent auction, magician and DJ. Proceeds from the event benefited research being done by Whittier's Dr. Alberto Hayek, who presented a research update during the cruise.

Dr. Hayek has had a close association with CDN for several years; last year, the CDN board made a donation to Whittier as a direct result of his work.

Most of the CDN board members either have the disease or are close to someone who has been affected by it. Steve's brother was diagnosed with diabetes at age 10; Steve became involved with CDN five years ago. "I was looking for a smaller organization where I could be hands-on for a cause I am passionate about," explains Steve. "My brother has been a diabetic for the past 25 years and I have seen what he has had to endure."

CDN organizes two fundraising events every year. In addition to a holiday party at the Marina Boat Parade, there is a summertime event that changes from year to year. "The yacht event was something the group has not done in the past, and we thought it would be both a great fundraiser and great fun," explains Steve.



Steven Martini (left), Dr. Alberto Hayek and John Engle joined CDN supporters on the sunset cruise. Steve resides in Los Angeles with his wife, Allison, and their three children. He is a partner in the accounting firm of Mischel, Martini, Iosue and Akpovi.

"We want people to know that CDN is dedicated to finding a cure for juvenile diabetes," he explains. "Our group has no overhead and no administrative costs. All profits from our event and all donations go directly toward research for a cure for juvenile diabetes."

Are You Getting a Good Night's Sleep?



Evidence now shows a high prevalence of sleep apnea syndrome (SAS) in people with adult-onset (Type 2) diabetes. Characterized by excessive daytime sleepiness and loud snoring, SAS affects 2-4 percent of the population, and the incidence among diabetics is even higher.

During sleep, muscles in the throat relax and cause the airway to narrow. In people with SAS, the airway can close completely, causing them to stop breathing. This is called an apnea. When an apnea occurs, your brain sends a message to wake you, thereby disrupting your sleep pattern. In severe cases, this cycle may occur hundreds of times each night, yet you are typically unaware of awakening. These repetitive apneas cause your blood pressure to rise and may affect insulin levels.

Effects of SAS, such as sleep interruption and chronically low levels of oxygen in the blood, can be associated with increased insulin sensitivity. For the person with diabetes, who already has trouble regulating insulin levels, the added stress of SAS can lead to serious complications. Diabetic patients with SAS may have a higher risk

of developing autonomic neuropathy (AN), an involuntary nervous system disease. One in four patients with AN suffers from SAS.

The exact relationship between SAS and diabetes has yet to be determined. Risk factors for both disorders are very similar, primarily affecting middle-aged, obese individuals with high blood pressure. Some studies have found that apneas are associated with increased degrees of insulin resistance and glucose intolerance. In fact, impaired insulin secretion and obesity, often seen in patients who suffer from SAS, may even induce diabetes.

On the other hand, abnormalities in insulin resistance could play a role in the development of SAS or be associated with cardiovascular risk in patients with SAS. As insulin levels increase, the likelihood for fat deposits rises. Higher amounts of fatty tissue in the throat create susceptibility to apnea.

Recognizing SAS in patients with diabetes is especially important. Mortality rates among diabetic patients with SAS are significantly higher with respect to severity of SAS. Treatment of SAS is associated with improvement in insulin resistance, relief of daytime sleepiness,

and most importantly, reduced cardiovascular disease, an important source of mortality in diabetic patients.

SAS is most effectively treated by continuous positive airway pressure (CPAP). CPAP devices deliver a stream of pressurized air through a nasal mask that supports the tissues in the airway. By holding the upper airway open, CPAP prevents apneas from occurring. The S6 CPAP device from ResMed, a leading medical device manufacturer specializing in products for the diagnosis and treatment of sleep-disordered breathing and related disorders, sits unobtrusively by the bed and allows easy access to treatment.

In addition to loud snoring and excessive daytime sleepiness, symptoms of SAS include choking and coughing during sleep, memory loss, inability to concentrate, and irritability. If you experience any of these symptoms, contact your physician for further assessment. SAS is easily treated and may improve your daily life.

Scripps Whittier Diabetes Care Program Support Groups

La Jolla:

The Whittier Institute for Diabetes
9894 Genesee Avenue, 3rd floor
Campus of Scripps Memorial
Hospital La Jolla

3rd Wednesday of the month

1:30 – 3 pm

(858) 626-5659

Chula Vista:

Scripps Well Being Chula Vista
555 Broadway, Suite 2029

2nd Monday of the month

1:30 – 3 pm

(858) 626-5659

Chula Vista (Spanish):

Scripps Well Being Chula Vista
555 Broadway, Suite 2029

3rd Friday of the month

9 – 10:30 am

(858) 626-5659

Hillcrest:

Scripps Mercy Hospital
4077 Fifth Avenue

3rd floor, Prenatal Conference Room

2nd Tuesday of the month

1:30 – 3 pm

(619) 260-7363

Encinitas:

Scripps Well Being Encinitas
270 N. El Camino Real
(Vons Shopping Center)

2nd Wednesday of the month

1:30 – 3 pm

(858) 792-8837

By Maire Robacker

Diabetes Support Groups

San Diego has an abundance of diabetes support groups spread throughout the county. Programs are offered free to the community and are a strong source of support as well as a resource for updated educational information for those with diabetes.

People with a chronic disease like diabetes face challenges that are different from those with an acute illness. Diabetes requires self-management and attention every day. There is no holiday for many people who are required to monitor their blood sugar, take insulin or medication and follow a specific diet. Education and support may, however, improve quality of life and provide social and emotional support, which may make it easier to cope.

The main purpose of a support group is to help people learn to manage the life changes that occur as a result of diabetes.

This is accomplished by:

- sharing practical information
- acknowledging that all feelings are important
- expressing mutually shared concerns
- helping each other with important emotional support

Maire Robacker
is a Certified
Diabetes Educator
with the Scripps
Whittier Diabetes
Care Program



Support groups are confidential and provide a safe environment in which to share and discuss concerns, and their value depends on the support and participation of those who attend. It is important to remember that the purpose of support groups is not to “fix” every problem or answer every question.

Frequently, people just need someone to listen to what they are saying.

Acknowledging questions is often more important than providing answers.

Please see the Scripps Whittier Diabetes Care Program Support Groups schedule for times and locations of programs in English and Spanish.

Launched almost two years ago as a pilot program by Community Health Improvement Partners (CHIP) and The Whittier Institute for Diabetes, Project Dulce aims to help people with diabetes learn to manage their disease before complications arise and serves as a resource center for everything from health insurance to housing.

Project Dulce Health Educator Takes Diabetes Personally



After watching her mother fight a long, painful battle with diabetes and its complications, Racheal Araujo decided she wanted to help others avoid a similar experience. She became a Health Educator with Project Dulce. Six months later, Racheal herself was diagnosed with Type 2 diabetes.

Racheal's colleagues on the Project Dulce Health Promotion team include four *promotoras*, or peer educators, who lead the diabetes classes. All have some association with diabetes, whether through their own diagnosis or a loved one who had or has the disease.

Racheal's mother lived with Type 2 diabetes for 30 years. She suffered a number of severe complications, including blindness and loss of mobility; ultimately, she died of a diabetes-related heart attack.

“When I read Project Dulce's goals and objectives, I knew I wanted to get involved,” explains Racheal. “My mother would go to the hospital, and the diabetes educators would come to her bedside, and they were very professional and very formal, but my mother could not relate to what they told her.

“No one gave her the basics,” Racheal recalls. “No one explained that this is what diabetes is, this is what happens to you, this is what you need to do. The nutritionist would give her a diet to follow, but it was too complicated and too expensive for our family, so she'd give up on it.”

Racheal was drawn to Project Dulce's simple approach to diabetes self-management. “It empowers people to do something about their disease by making it easy for them to understand,” she says. “One of the concepts we use in teaching is that your body is like a house. It has electrical systems and plumbing systems. We tell class participants that neuropathy is like a mouse chewing on your electrical wires. We compare sludge in your plumbing system to clogs in your veins and arteries.”

Racheal and her promotoras also use simple visual aids to help convey nutrition principles. “We use sugar cubes to illustrate how much sugar is in a food, or lumps of

shortening to show them how much fat they're eating,” she explains. “It's very interactive. The class participants measure out the sugar or the fat, and put it on a plate. We hear them discussing among themselves how much they're eating. It's very basic – and very effective.”

Apparently so. Many of Racheal's class participants have come back to the diabetes classes three and four times, and each time, they tell her they got something more from it. So far, more than 800 people have attended the 12-week program.

What message does she want people with diabetes to come away with? “I want people to know that you can learn to live with diabetes, and that you, the patient, are the most important piece of the puzzle. You can make the changes you need to be healthy.”

For Racheal, Project Dulce is personally meaningful. “I do this in honor of my mother. I really believe a program such as Project Dulce would have helped my mother greatly,” Racheal explains. “I look out at the class and I see my mother in the faces of the class participants. My mother went from a vibrant, active woman to an invalid, blind and sitting in a corner. I hope this helps them avoid what she went through.”



Calculated Cooking
by Jeanne Jones

Fresh Fruit Fantasy

This brilliantly colored, delicious dish has become my signature on many menus, and it is the perfect dessert for summer entertaining. It is more colorful if you use two fruit purees as suggested in this recipe, however, it is faster to make, and still very attractive, using just one of them. When using raspberries, strain the puree to remove the seeds or it will be gritty.

This is not only an incredibly beautiful and very healthy dessert, it is also a practical approach to using up all of the various types of fresh fruit you may have on hand. In fact, when I am trying to use up small amounts of many different kinds of fruit in the summer time I often serve this dish for breakfast with toasted bread triangles or thinly sliced bagels on the side.

Pastry Cream:

- 1 cup part skim ricotta cheese
- 2 tablespoons frozen apple juice concentrate, undiluted
- 1 teaspoon vanilla extract
- 1/8 teaspoon ground cinnamon, or to taste (optional)

Fruit Plate:

- 4 cups fresh fruit puree (two colors: 2 cups mango and 2 cups strawberries)
- 6 cups assorted fresh fruit, sliced in different shapes:
 - 2 cups cantaloupe
 - 2 cups peaches
 - 2 cups apples

1. To make the Pastry Cream, blend all of the ingredients in a food processor with a metal blade until smooth. Refrigerate in a tightly covered container until thoroughly chilled.
 2. To make the desserts, place 2 tablespoons of each color puree on each of 8 large round plates, preferably white. Spread the puree out in an interesting pattern with the back of a spoon.
 3. Arrange 3/4 cup of the various fruits in an interesting pattern on the top of the puree, creating a work of art on each plate.
 4. Decorate the fruit with the chilled Pastry Cream. For a truly exciting treat, use a pastry bag and pipe squiggles, swirls, and rosettes onto the fruit.
- Makes 8 servings

Each serving (including fruit and pastry cream) contains approximately:

Calories: 131, Grams of fat: 3 mg, Cholesterol: 9 mg, Sodium: 43 mg, Carbohydrates: 24 gm, Protein: 5 gm, Fiber: 4 gm

Diabetic Exchange: Approximately 1-1/2 starch/bread (from fruit), 1/2 fat and 1/2 protein.

(Conversion by Sabrina Chyzyk, a registered dietitian at Scripps Mercy Hospital)

By Susan Ager
Detroit Free Press

Exercise is Fit to Be Tried

This is for all of you who think working out will wear you out, who think that if God wanted you to be trim and fit, He wouldn't have created ice cream.

This is for you, slouchers and slackers. Because for all my life, I was one of you. But now I'm reborn.

I joined a gym. I'm on the treadmill almost every day. I'm lifting weights that put a burn in muscles I can't remember the names of.

I'm taking charge, after a lifetime of letting my body do whatever it damn well pleased.

Pushing Aside the Excuses

I had a good excuse for avoiding exercise: diabetes. I've had it since I was 10, and too much exercise can yank you down and turn you into a zombie. I got excused from phys ed all through school.

Exercise I believed to be dangerous. And smelly. And hard. My doctors told me for years it could improve my blood sugar and lengthen my life, but I ignored them.

My husband's excuse was arthritis. He hurt all the time anyhow, so why add to it?

Then his doctors told him that if he didn't start working his whole body, at least for an hour three times a week, he'd be crippled in no time.

At the turn of the century, we decided to throttle our excuses and fears and just do it.

We paid a chunk of money to join a very nice health club where we have spent 60 or 90 minutes almost every day for the past few weeks.

It's better than I thought.

We feel schlumpy, old and out-of-shape – but only until we get on the machines. Then we're moving, just like everyone else. Some move faster, some slower, but everybody sweats, everybody pants, everybody's hair gets damp and weird.

I thought I'd resent the chickies. And I do surge with brief envy when they prance around the locker room in their skimpy skivvies, their thighs as taut and smooth as marble. Then I catch the eye of someone my own age, and we raise our eyebrows, knowing we're wiser, deeper women – but not as healthy as we'd be if we started working out at 18.

Most evenings, my husband and I sweat side-by-side. I've worked my way up to 30 minutes on the treadmills, at 4.3 miles per hour and a 3-percent grade. That means I'm walking fast, but not yet trotting. He forces himself to trot for a



minute or two. Someday, I'm sure, we'll trot together.

What seemed too hard two weeks ago is easier today. And what seems impossible some nights, when we're worn out from our days, gets easier once we get moving. I tell myself, "I only have energy for 10 minutes tonight." Then at 10, I think, "I can do 12." At 12, I think, "Why not 15?"

And on and beyond what I thought I could ever do.

We agree the best part of our workout is the end: a few gentle laps in the pool, a few minutes in the steam room and a long shower – endless gallons of hot water. I stand before the huge mirrors, my hair wrapped in a white towel, surprised at my face: not saggy and blanched, but rosy and bright.

On the walk to the car, the cold cuffs my ears and slaps my wet head. My heart pumps my blood more smoothly through my veins, or so it seems. And I'm ready, and excited, to live as long as I can.

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