



DAKOTA DIABETES
COALITION

The Dakota Diabetes Coalition is proud to offer a regular column on diabetes and related concerns every other Friday.



Dr. Johnson is a family practice doctor in Grand Forks with a special interest in diabetes -- and a special knack for writing. As a member of the Dakota Diabetes Coalition, he has generously made himself available to answer questions through our listserv. If you have comments, or questions for Dr. Johnson to address in future columns, please contact gailhand@qwest.net

Visit the Coalition's website!

<http://www.ndhealth.gov/diabetescoalition/>

Patients need encouragement

Fallen off the wagon? Get back up!

Q. It seems like most patients' New Year health resolutions have already gone down the drain. Any suggestions?

A. If the holidays were the best of times, their aftermath may feel like the worst of times.

The long stretch of winter holidays can be a difficult time for people with diabetes; it's easy to overindulge and following a meal plan isn't a priority as socializing takes center stage.

To make things even worse, people tend to slack off exercising as their regular schedules get disrupted. As the New Year turns over, people with diabetes may feel very discouraged about having "falling off the wagon." This can be a good time to review and revise goals with patients and consider any changes that may need to be made in treatment.

Perhaps first and most obvious is to reconsider meal planning. For most people, it's simply a matter of resuming some semblance of portion control. Easy tips are to reduce the amount of food intake by 25% at each meal and avoid taking "seconds." Many patients estimate this reduction just by "eyeballing" the amount of food they would normally take.

This can be transitioned back into more formal plans like carbohydrate counting and control, as well returning to food choices that are heart-healthy. Patients often feel that they've totally "blown it" over the holidays. But as little steps like these lead to little successes, it gets easier to get back on track with healthy eating patterns.

Then there is exercise. Patients with diabetes may have trouble re-starting their exercise programs. And many who were not very active before may decide to make exercise a part of their normal routines in 2008.

Virtually all of these patients are much more likely to succeed with a few simple pointers:

- 1) **Start slow.** Overdoing exercise may result in an injury and typically dooms a program to fail. People are just not as likely to stick with an overly-ambitious exercise plan. Naturally, patients should start by discussing their individual safe activity and exercise levels before starting any program. Typically, a good start for most sedentary people might be five to 10 minutes of low-to-moderate intensity activity a few days a week. Encourage patients to gradually build up over time, until they are exercising 30 to 45 minutes nearly every day. That level of activity can help manage blood sugar levels and assist in weight management.
- 2) **Help patients identify an activity they like.** Obvious as that sounds, plenty of people who hate walking go out and buy a treadmill hoping that the investment will prompt them to do something they despise. It won't. If possible, find an activity that can be fun to do alone or with others. Consider joining a health club where a professional leads people in a variety of activities before the routine turns tedious. Many patients are concerned or embarrassed about going to a health club for the first time. Once they see that people there are wrapped up in their own program and progress, the self-consciousness fades. Find a compatible fellow exercise buddy and get started.

3) **Maybe it's time to try something different.** Consider learning a new outdoor winter activity. This is a great way to fight battle cabin fever. Cross-country skiing and snow-shoeing are excellent aerobic activities and are easy to learn. Despite the recent rash of bitter North Dakota weather, there are many winter days when people can be outside. It may feel like it, but it's not 40 degrees below zero every day with 100-mile per hour winds!

The most important thing is to help patients identify an area where they can at least get a start. They may very well feel that they've totally "lost it," and that there's no way that they can get back on track. But identifying one thing at a time can be very productive. Giving patients a laundry list of things they need to get done, or simply telling them to "lose weight and exercise more" is ineffective.

Having diabetes is tedious. We need to recognize that and respond by helping patients craft their own specific and realistic goals. Then watch them build confidence as they work toward those goals. This is likely to be a better long-term strategy. Since diabetes is a day-to-day disease, thinking long-term is better. And remember, another holiday is always around the corner. Happy Valentine's Day!

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[Get Patients Back to Healthy Habits, Dr. Johnson's Column #14, Jan. 25, 2008](#)
