

TIMECODE	VISUALS	AUDIO
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p> <p>Montage of lifestyle shots.</p>	<p>VO</p> <p>dLifeTV, the only show for your diabetes life. Packed with information, insights, cooking and real stories about real people. dLife brings it all together to help you live a healthy diabetes life.</p>
	<p>Various shots of upcoming segments.</p>	<p>Nicole Johnson</p> <p>Today on dLife, proper eye care for people with diabetes; And the glycemic index. Is it an important tool for healthy meal planning? Plus legendary blues guitarist, BB King.</p>
	<p>Shot of Nicole Johnson</p> <p>Lower Third:</p> <p>Nicole Johnson Type 1 Diabetes, Miss America 1999</p>	<p>Nicole Johnson</p> <p>Welcome to dLife, your source for a healthy diabetes life. I'm Nicole Johnson. I'm happy to say that my eyes are healthy, but 40 to 45 percent of Americans with diabetes have some form of diabetic retinopathy. The longer someone has diabetes, the more likely they will develop this complication. For our cover story, dLife went to the southern California office of ophthalmologist, Dr. Marc Lowe, for a look at the latest in eye treatment technology and options for treating diabetic retinopathy.</p>
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	
	<p>Shot of Dr. Marc Lowe walking into exam room and greeting patient.</p>	<p>Dr. Marc Lowe: Hi, Jerry.</p> <p>Jerry Kamiya: Oh, Dr. Lowe, how are you?</p> <p>Dr. Marc Lowe: Good to see you.</p>
	<p>Shot of Dr. Marc Lowe.</p>	<p>Dr. Marc Lowe</p> <p>My name is Marc Lowe. I'm a specialist in _____ retinal disease. In my practice, 20 to 30 percent of my patients have diabetes.</p>
	<p>Shot of Jerry Kamiya.</p> <p>Lower Third:</p> <p>Jerry Kamiya Type 2 Diabetes</p>	<p>Jerry Kamiya</p> <p>My name is Jerry Kamiya. I've been diagnosed with type 2 diabetes approximately 25 years ago. My regular doctor recommended me to get my eyes checked because she told me that diabetes can</p>

TIMECODE	VISUALS	AUDIO
		affect all parts of the body. At that time, I felt fine.
	<p>Various shots of Dr. Marc Lowe working with Jerry.</p> <p>Shot of Dr. Marc Lowe</p> <p>Lower Third:</p> <p>Tight control of blood sugar can help prevent diabetic retinopathy.</p> <p>Shot of Dr. Marc Lowe.</p> <p>Lower Third:</p> <p>Marc A. Lowe, MD, FACS Ophthalmologist, Santa Barbara, Calif.</p>	<p>Dr. Marc Lowe</p> <p>In Jerry's case, when I did see him initially, which was about 10 years ago now, his vision was perfect really. He had 20/20, but he did have early form of diabetic retinopathy. About 60 percent of all type 2 diabetics will get diabetic retinopathy usually after 15 years or so. Virtually all type 1 diabetics will get retinopathy. Diabetic retinopathy is a microvascular disease that affects the vessels of the retina.</p>
	<p>Computer graphics demonstrating diabetic retinopathy.</p>	<p>Dr. Marc Lowe</p> <p>Diabetes is manifested by a high level of glucose and sorbitol in the circulation. Those substances accumulate in the walls of capillaries and cause them to thicken and break down and then leaks fluid into the retina which it's not supposed to do. Additionally, as that narrowing and closing off of the vessels occur in abnormal clusters of blood vessels that grow on the retina trying to compensate for the lack of blood flow and oxygen and then they can hemorrhage and bleed. And that is more advanced stage of diabetic retinopathy.</p>
	<p>Various shots of Dr. Marc Lowe working with Jerry.</p>	<p>Dr. Marc Lowe</p> <p>Jerry was a typical diabetic patient in the sense that patients who have diabetic retinopathy oftentimes are asymptomatic which is why screening is so important. A lot of people have retinopathy and they just don't realize it. They only come when things are too far advanced and sometimes when it's difficult to do anything about it. A typical diabetic exam starts with a visual acuity.</p>
	<p>Shot of Jerry having his eyes examined.</p>	<p>Woman: And here?</p>

TIMECODE	VISUALS	AUDIO
	<p>Lower Third:</p> <p>A dilated eye exam should be performed at least once a year.</p>	<p>Jerry: C, A, B, D.</p> <p>Woman: Good. And here?</p>
	<p>Various shots of Jerry having his eyes examined.</p>	<p>Dr. Marc Lowe</p> <p>We take a pressure of their eyes for looking for glaucoma which is more highly associated with diabetics. And then we use what's called a slit lamp and we examine the front part of the eye and we're looking for cataract, we're looking for the abnormal growth of blood vessels on top of the iris.</p>
	<p>Various shots of Dr. Marc Lowe examining Jerry's eyes.</p>	<p>Dr. Marc Lowe</p> <p>Keep looking straight ahead if you would.</p>
		<p>Dr. Marc Lowe</p> <p>And then we use another special lens to examine the back of the eye.</p>
	<p>Dr. Marc Lowe enters exam room.</p>	<p>Dr. Marc Lowe</p> <p>Okay, Jerry, sorry to keep you waiting.</p>
	<p>Various shots of Dr. Marc Lowe performing tests on Jerry.</p> <p>Lower Third:</p> <p>Fluorescein angiography detects leaking, swelling or abnormal blood vessels.</p>	<p>Dr. Marc Lowe</p> <p>There are a variety of tests that we use to confirm the presence of diabetic retinopathy. Probably the most common test that we use is fluorescein angiography and that's done by injecting a vegetable dye into the venous system and then that dye travels up into the retinal circulation. It actually glows under uh... a blue light. And we take serial photographs and we can see detail in the retina that we wouldn't see otherwise when we do an examination. Traditionally, uh... diabetic retinopathy is treated with laser.</p>
	<p>Shot of Dr. Marc Lowe working with Jerry.</p>	<p>Dr. Marc Lowe</p> <p>We'll turn the light down here.</p>
		<p>Dr. Marc Lowe</p> <p>Laser treatment is done here in the office and it's usually about a five to ten minute procedure. Uh... patients sit upright and then we put a little</p>

TIMECODE	VISUALS	AUDIO
		lens on their eye which allows us to focus the laser beam onto their retina trying to close off the small blood vessels, 'cause that- uh... the source of the leakage.
	Shot of Jerry Kamiya.	Jerry Kamiya Uh... you don't feel anything, actually, just uh... flashes of bright light. Once you get done with it, you just uh... leave, you know? Uh...you can't see very well <laughs> for awhile, but uh... other than that, there's- painless.
	Shot of Dr. Marc Lowe working with Jerry.	Dr. Marc Lowe to Jerry <i>Okay, that should do it.</i>
	Shot of Dr. Marc Lowe.	Dr. Marc Lowe Uh... usually with diabetic retinopathy, patients will have to have uh... repeated treatments over the years.
	Shot of Dr. Marc Lowe working with Jerry.	Dr. Marc Lowe <i>And left.</i>
	Shot of Dr. Marc Lowe. Lower Third: Laser surgery with follow-up care can reduce the risk of blindness by 90%.	Dr. Marc Lowe Depending on what stage one has will determine the frequency at which they're followed up. If someone has just very early retinopathy, they could be followed anywhere from six months to every year, but if they have some more advanced signs, they can be followed as frequently as every three months. Jerry has actually done very well. His vision has been spared and he has excellent vision at this point in time.
	Various shots of Dr. Marc Lowe working with Jerry.	Dr. Marc Lowe The plan of action for Jerry to monitor his retina to make sure he isn't developing more advanced changes, to educate him and refer him onto the appropriate diabetic educators who could then work with his diet and his home monitoring, all of which would help prevent him from advancing. There have been some recent trials that have shown that

TIMECODE	VISUALS	AUDIO
		tight control is helpful in preventing the progression and in a handful of cases even preventing the onset of retinopathy. I do have a few patients who have had diabetes over 15, 20 years and uh... they don't have any diabetic retinopathy and they've been very rigorous about monitoring their glucose levels with multiple measurements throughout the day as well as really tightness in control.
	<p>Shot of Jerry Kamiya.</p> <p>Lower Third:</p> <p>Early detection is the best way to present vision loss.</p>	<p>Jerry Kamiya</p> <p>I would recommend anybody that's got diabetes or has been diagnosed with diabetes to watch their eyeballs. I feel very fortunate that I've got people that are actually looking out for me and worrying about it.</p>
	<p>Shot of Jerry with family member.</p>	<p>Jerry Kamiya: _____.</p> <p>Woman: Oh, that's good.</p>
		<p>Jerry Kamiya</p> <p>I figure I better do the best I can uh... to do the same thing.</p>
	<p>GFX Center</p> <p>dLife</p> <p>For Your Diabetes Life!</p>	
	<p>Shot of Nicole Johnson.</p> <p>Lower Third:</p> <p>www.dLife.com/vision</p>	<p>Nicole Johnson</p> <p>It is critical for all people with diabetes to have a comprehensive dilated eye exam at least once a year. Find out more about diabetic eye care at dLife.com/vision.</p>
	<p>GFX Center</p> <p>dLife</p> <p>For Your Diabetes Life!</p>	
	<p>Shot of upcoming segments.</p>	<p>Nicole Johnson</p> <p>Coming up next, the glycemic index. What is it and how can it help you plan a healthy diet?</p>
	<p>GFX Center</p> <p>dLife</p> <p>For Your Diabetes Life!</p>	
	<p>Shot of Nicole Johnson.</p> <p>Lower Third:</p>	<p>Nicole Johnson: Welcome back. The glycemic index was developed to help people select the right</p>

TIMECODE	VISUALS	AUDIO
	<p>Nicole Johnson</p> <p>Shot of Dr. Thomas Wolever with Nicole Johnson.</p>	<p>foods to buy and eat. Is it a guide you should use? Is it really just a fancy name for counting carbohydrates? Well, joining me today is Dr. Thomas Wolever, a professor in nutritional sciences at the University of Toronto. Welcome, Dr. Wolever.</p> <p>Dr. Thomas Wolever: Thank you.</p> <p>Nicole Johnson: What is the glycemic index?</p>
	<p>Lower Third:</p> <p>Thomas Wolever, MD, PhD Co-Author, New Glucose Revolution</p> <p>The glycemic index was developed in 1981.</p>	<p>Dr. Thomas Wolever: Well, the glycemic index is a kind of a measure of gram per gram of carbohydrate how much the carbohydrate in foods will raise blood glucose relative to uh... glucose or blood sugar itself.</p> <p>Nicole Johnson: Is it just really complicated when you add that on top of the carbohydrate counting for people with diabetes?</p>
	<p>Lower Third:</p> <p>The glycemic index is most useful when choosing high-carb foods.</p>	<p>Dr. Thomas Wolever: Not really at all. It's- it's probably simpler because it's really a question of just selecting foods and exchanging one for the other. So if you wanted to have a breakfast cereal, you know, you might choose one with a lower glycemic index for example.</p> <p>Nicole Johnson: Okay, now does low glycemic index mean higher carb or does low carb and low glycemic index, do they match?</p>
	<p>Lower Third:</p> <p>Low glycemic foods cause a slow and steady rise in blood sugar.</p> <p>High glycemic foods cause rapid blood sugar spikes.</p>	<p>Dr. Thomas Wolever: No, they're complementary if you like. The glycemic index is kind of like the quality of the carbohydrate. It has nothing to do with the amount. The amount is a completely separate issue. Low glycemic index carbohydrates that you might choose might be things like spaghetti or pearl barley instead of uh... polished rice or mashed potatoes. Uh... some are perhaps better than others depending on what the problem is. And for diabetes probably having- choosing low glycemic index foods, at least some, uh... is beneficial in the long run.</p> <p>Nicole Johnson: So now, I've never used the</p>

TIMECODE	VISUALS	AUDIO
		<p>glycemic index and I'm considering learning about this and adding it into my toolbox of diabetes care. Where can I expect the biggest challenges to lie?</p>
	<p>Lower Third:</p> <p>More than 1,500 foods currently have a rating on the glycemic index.</p>	<p>Dr. Thomas Wolever: I think the biggest challenges are uhm... trying to use it in detail because we really don't know the- the values for most foods. There's books with tables out and we have a book out with tables in it. Uh... these- you can't necessarily guarantee that the food which is in the book with a value next to it is going to be the same as the food you're eating today, right now. Uhm... from- you can make some generalizations like pasta, legumes, barley, but people want to get more detailed about that. What kind of bread should I have? And I really can't guess that. I think these things really need to be tested and- and uh... reliably and labeled so people can get that information.</p> <p>Nicole Johnson: If we look at the list of all foods with the different GI ratings, if they- all the foods that have low GI ratings, are they the ones that are good for you?</p>
	<p>Lower Third:</p> <p>The glycemic index is just one tool for making good food choices.</p> <p>Also look at total carbs, calories, and fat when selecting "lower GI" foods.</p>	<p>Dr. Thomas Wolever: Not necessarily. You need to use it in conjunction with other information. So a lot of foods might be quite high in calories, protein, fat. These might be low GI because you can actually measure it, but they're not necessarily good for you.</p> <p>Nicole Johnson: Okay, well the bottom line then is using the GI, or the glycemic index, a good idea for people with diabetes?</p>
	<p>Lower Third:</p> <p>You can find the glycemic index of common foods at dLife.com/GI.</p>	<p>Dr. Thomas Wolever</p> <p>I think it is. Uhm... I think we need- we perhaps need more information for those who really want to use it in a very, very detailed fashion.</p>
	<p>Lower Third:</p> <p>www.dLife.com/eatingright</p>	<p>Nicole Johnson</p> <p>Thank you so much, Dr. Wolever. Remember to talk to your healthcare team about the dietary plan that's right for you. You can find out more about the glycemic index and other diabetes food and nutrition tools at dlife.com/eatingright.</p>

TIMECODE	VISUALS	AUDIO
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	
	<p>Various shots of upcoming segment.</p>	<p>Nicole Johnson</p> <p>Up next, the high cost of living with diabetes.</p>
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	
	<p>Shot of Nicole Johnson</p> <p>Lower Third:</p> <p>Nicole Johnson Type 1 Diabetes, Miss America 1999</p>	<p>Nicole Johnson</p> <p>Affording the high cost of diabetes is a constant struggle. Doctors' visits, medication, and supplies are just the beginning. Even with health insurance, there are usually big out-of-pocket expenses. To examine the economic realities of living with diabetes, dLife spent time with Deby Hull, who for many years has made it her business to balance her budget along with her blood sugars.</p>
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	
	<p>Various shots of Deby Hull's farm.</p>	<p>Jim Turner</p> <p>Deby Hull lives on a farm in rural Missouri with her husband, Jason, and their three children. She works part-time to provide health insurance for her and her family.</p>
	<p>Various shots of Deby Hull.</p> <p>Lower Third:</p> <p>Deby Hull Type 1 Diabetes</p>	<p>Deby Hull</p> <p>I have had diabetes 29 years now. I was diagnosed at the age of nine with type 1 diabetes. When I was 17, my father passed away. And I remember when he died one of the thoughts that went through my head was, "How am I gonna get health insurance?" Some people work to make money to buy food; I work to make money to cover my diabetes. <laughs>. That's my financial driving force is my health insurance. Living on a farm, you don't have a every two week paycheck. There's not free money to grab when you're a farmer. In an unspoken way, my husband and I have tried to</p>

TIMECODE	VISUALS	AUDIO
		divide and conquer. <laughs>.
	<p>Various shots of Jason Hull.</p> <p>Lower Third:</p> <p style="text-align: center;">Jason Hull Deby's Husband</p>	<p>Jason Hull</p> <p>We both have to work. We would never be able to cover on independent insurance and afford it. It worked out that she could do it with a part-time job which was great.</p>
	Various shots of Deby Hull.	<p>Jim Turner</p> <p>Although Deby has sacrificed time with her children, she has been fortunate to find employment as a nurse at a local hospital working two days a week to secure full health coverage for her and her family. As a nurse, Deby understands the nuances of navigating the healthcare system which enables her to cut down on her expenses.</p>
	Various shots of Deby Hull with diabetes supplies.	<p>Deby Hull</p> <p>My shipment comes every three months. It's just much more convenient living out here to have them sent to my door. It's cheaper to do it that way.</p>
	Various shots of Deby Hull going through supplies.	<p>Deby Hull</p> <p>I have been using the pump about nine years. The pump itself is about six thousand dollars, around, depending on what kind you get. Insurance typically covers it. And then the supplies, this is a- a three-month supply for me. And normally I get four vials of insulin in here. And for that prescription, I pay just 22 dollars because my insurance covers the rest of it. And then uhm... my test strips, that's 22 dollars out of pocket.</p>
	Various shots of Deby Hull with medications.	<p>Jim Turner</p> <p>In addition to her pump and testing supplies, Deby takes a variety of prescription medications that also carry an out-of-pocket cost. While her health insurance covers 80 percent of the family's medical expenses, Deby could pay up to three thousand dollars in deductibles every year.</p>

TIMECODE	VISUALS	AUDIO
		<p>Deby Hull</p> <p>Well, because I haven't met my deductible yet, I will be paying the full 700 dollars, 705 dollars for my pump supplies uhm... this quarter and then 110 dollars for the drugs on this shipment, so 700, 800, a little over 800 dollars.</p>
	Various shots of Deby Hull.	<p>Jim Turner</p> <p>Including deductibles, Deby's out-of-pocket medical expenses could total almost five thousand dollars per year.</p>
	Shots of Deby Hull at pharmacy.	<p>Deby Hull</p> <p>I'm looking for fish oil. It's somehow supposed to help your heart and your circulation, so anything to protect my heart. So- and then a multivitamin, aspirin which is over here.</p>
		<p>Jim Turner</p> <p>In addition to Deby's medical supplies and prescriptions, she spends a thousand dollars per year on vitamins, supplements, and other preventative care measures.</p>
		<p>Cashier</p> <p>It comes to \$38.64.</p>
	<p>Shot of Deby Hull paying for purchases in pharmacy.</p> <p>Shot of Deby Hull at computer.</p>	<p>Deby Hull</p> <p>You know, just the little extras like the swabs that I get to clean my site. So I sat down and decided to compile what it's cost me over the last almost 30 years. In the end, uh... it was close to two hundred thousand dollars over the last 29 and a half years. All these costs mean I may live longer and a healthier life, so it's worth it to me.</p>
	<p>Centre:</p> <p>The average American with diabetes will incur at least \$13,000/year in medical costs.</p> <p>\$13,000 x 30 years = \$390,000</p> <p>Various shots of diabetes patients</p>	<p>Jim Turner</p> <p>Although two hundred thousand dollars does seem like a lot of money, costs are only increasing. Each year, the average American with diabetes faces at least 13 thousand dollars in medical costs. Thirty years of care at that rate will cost more than 390 thousand dollars, and that doesn't include indirect costs such as</p>

TIMECODE	VISUALS	AUDIO
	being treated.	lost productivity, lost work days and disability attributable to diabetes which total over 40 billion dollars annually in the US. Deby is fortunate. She has controlled her diabetes costs through early detection, preventative care and uninterrupted insurance coverage.
	Various shots of Deby Hull.	Deby Hull For me, the true cost of having diabetes, there is not pricetag on it. It's not financial. For me, the true cost is knowing that I might have uhm... a shorter life with complications, that I may not see my grandchildren. That would be the true cost.
	Shot of Nicole Johnson. Lower Third: www.dLife.com/savings	Nicole Johnson With a lot of hard work, the Hulls are managing, but of the estimated 21 million Americans living with diabetes, many are struggling to pay for basic care. If you're having problems making ends meet, visit dLife.com/savings for information on drug assistance programs and more.
	GFX Center dLife For Your Diabetes Life!	
	Shot of BB King.	Nicole Johnson When we return, the one and only BB King.
	GFX Center dLife For Your Diabetes Life!	
	Shot of Nicole Johnson. Lower Third: Nicole Johnson	Nicole Johnson Welcome back. At dLife, we like to bring you real stories about real people living with diabetes. Today's story is about someone whose name you know and whose music you definitely know; the inspiring story of BB King.
	GFX Center dLife For Your Diabetes Life!	
	Various shots of BB King. Shot of BB King.	BB King When I was first diagnosed with the diabetes, I was just- just seemed like I was living uh... and

TIMECODE	VISUALS	AUDIO
	<p>Lower Third:</p> <p>BB King Legendary Blues Musician, Type 2</p>	<p>not living, just- I'm just there, good for nothing. When I get to my doctor, she checked my blood sugar and say, "You're going to the hospital." There they said my sugar was 650.</p>
	<p>Various shots of BB King performing.</p> <p>Lower Third:</p> <p>About 75% of adults with diabetes have high blood pressure.</p>	<p>BB King</p> <p>I'm a type 2 diabetic and of course I have high potential like a lot of black people do.</p>
	<p>Various shots of BB King.</p>	<p>BB King</p> <p>My oldest sister, she died. I s- tell everybody check your blood sugar, do most of the things your doctor <laughs> tell you to do. <laughs>. I've been living on the road for 57 years and I've got routines. One of the things is well, I don't eat unless I'm hungry. Generally your body speaks to you. Push your plate back. And I had lost- my doctor was smiling when I saw him last week. I had lost about 13 pounds. I went, "Wow." If I can live until the 16th of September, that will be the big eight, oh. 'Cause if I had a chance, St. Peter call me and I see a pretty girl, I'm gonna try to get me it a few more minutes. <laughs>.</p>
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	
	<p>Shot of Nicole Johnson</p> <p>Shot of upcoming segment.</p>	<p>Nicole Johnson</p> <p>Thanks, BB. Well, coming up, we'll go to the dLife kitchen for some south of the border cooking.</p>
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	
	<p>Shot of Nicole Johnson</p> <p>Lower Third:</p> <p>Nicole Johnson Type 1 Diabetes</p>	<p>Nicole Johnson</p> <p>I love Mexican food, but many dishes with beans and tortillas are high in carbs. If you're like me, substituting a few ingredients can make many Mexican dishes healthier for a diabetic diet. Chef Michel Nischan is here with our recipe from our friends at Diabetic Cooking Magazine.</p>

TIMECODE	VISUALS	AUDIO
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	
	<p>Shot of Chef Michel Nischan.</p> <p>Lower Third:</p> <p>Michel Nischan dLife Chef</p>	<p>Chef Michel Nischan</p> <p>Hi, I'm Chef Michel Nischan and welcome to the dLife kitchen. Today, we're gonna make a traditional Mexican dish that's a real favorite. Now, the great twist to this particular taco salad dish is that we're adding some more healthful ingredients. Today, we're using fish. I love to use fish because it's a great way to add protein to the taco salad, but you also get omega-3 fatty acids. Those are the good fatty-acids that actually help to reduce your bad cholesterol and raise good cholesterol.</p>
	<p>Shot of Chef Michel Nischan showing ingredients.</p>	<p>Chef Michel Nischan</p> <p>We're gonna start with some nice, fresh romaine hearts here. And just run your knife through just like this and then we pop it into uh... a little bowl where we're gonna toss the rest of our ingredients. Fresh cucumber for some crunch, some split in half de-seeded cherry tomatoes, and we take the seeds out of the cherry tomatoes because they don't make the salad then so watery, and then I'm gonna add some chopped celery. For the protein, we're gonna flake some fish. Now here I have some Chatham cod. Uhm... any whitefish will do. I've just kind of seared it in a nonstick pan and you can see that it flakes apart really beautifully. You know how most taco salads have some kind of ground or shredded meat; this is just gonna look terrific in this taco salad.</p>
	<p>Various shots of Chef Michel Nischan preparing dish.</p>	<p>Chef Michel Nischan</p> <p>So I'm gonna just take some of the fish and just put it in the bowl. But we're gonna make a really great low-fat, low-sodium dressing. It's a lot easier than you think. Now most people will buy and use like a Catalina or a ranch dressing or something like that for their salads. What I love to do is just go straight to nature and get a couple of really great basic ingredients. One of them is some freshly squeezed lime juice, a little bit of olive oil, and any olive oil will do. I like extra virgin olive oil 'cause it's a little</p>

TIMECODE	VISUALS	AUDIO
		fruitier. We're just gonna whisk it together and drizzle it over the salad just like that. And we're just gonna give it another little toss just to kind of evenly distribute.
	<p>Left Side of Screen:</p> <p>Per Serving:</p> <p>Calories: 286 Carbs: 28g Fiber: 4g Protein: 25g Total Fat: 9g</p>	<p>Chef Michel Nischan</p> <p>Here we have some really great low-sodium salsa and a little bit of nonfat sour cream and we're gonna just whisk the two together and this makes a really nice kind of creamy topping for our salad. Now we're gonna just put our salad in a bowl and we're gonna put a little bit of this beautiful uh... salsa sour cream dressing right down the middle.</p>
	<p>Lower Third:</p> <p>To reduce total carbs, skip the tortilla chips.</p>	<p>Chef Michel Nischan</p> <p>And now here I have some homemade corn tortillas. These are white corn tortillas that I made myself, or you could go to your store and buy your favorite white corn chip. We're gonna use some of these whole so that we get the shape of the chip and then I think we're gonna crumble some over the top so that we get nice little kind of crunchies in there. So there we have it; a really great Mexican fish taco salad. I'm Michel Nischan. Thanks for joining me in the dLife kitchen and come back again sometime so that we can show you some more great low-carb recipes.</p>
	<p>GFX Center</p> <p>dLife For Your Diabetes Life!</p>	
	<p>Shot of Nicole Johnson.</p> <p>Lower Third:</p> <p>www.dLife.com/recipebox</p> <p>Shot of Diabetic Cooking Magazine.</p>	<p>Nicole Johnson</p> <p>Looks delicious. Thanks, Chef Nischan. You can find more diabetes-friendly dishes at dLife.com/recipebox and in every issue of Diabetic Cooking Magazine.</p>
	<p>Shot of Nicole Johnson</p> <p>Lower Third:</p> <p>Hear more from today's guests on dLife Backstage Podcasts at www.dLife.com/podcasts</p> <p>dLifeTV on CNBC next Sunday</p>	<p>Nicole Johnson</p> <p>That's all the time we have, but we'll be back again next week with another edition of dLifeTV to inform, inspire and connect for a healthy diabetes life.</p>

TIMECODE	VISUALS	AUDIO
	<p>4 p.m. PT/7 p.m. ET</p> <p>To order a copy of any dLife TV episode, visit dLife.com/orderdLifeTV.</p>	
	<p>Center:</p> <p>dLife is produced by LifeMed Media and does not represent the views or opinions of CNBC, Inc.</p>	
	<p>Credits roll.</p>	
	<p>Shot of Nicole Johnson.</p>	<p>Nicole Johnson</p> <p>Remember, we're not role models; we're people living with diabetes just like you. What we do and how we manage may work for us, but everyone is different and you have to work with your diabetes care team to find out what works best for you. Remember, it's your diabetes and there's no substitute for getting control of it.</p>
	<p>GFX Center</p> <p>dLife</p>	