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	<p>Logo - dLife for your diabetes life</p> <p>GFX, montage of people in various activities</p>	<p>Male Announcer</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>Shots of diabetic in meeting</p> <p>Man in bed</p> <p>Shots of Carpentier family</p>	<p>Nicole Johnson</p> <p>Today on dLife, a frank discussion about living with diabetes, some coping devices from people who really know. Plus sleep, it may be more important to diabetes health than you realize. And a busy mom who helps put together a national magazine each week, all while living with diabetes.</p>
	<p>Nicole Johnson in studio</p> <p>Lower Third - Nicole Johnson, type 1 diabetes, former Miss America</p>	<p>Nicole Johnson</p> <p>Welcome to dLife. Your source for a healthy diabetes life. I'm Nicole Johnson. As long as I've had diabetes, a lot of the most useful information I've received has come directly from others who are also living with the disease.</p>
	<p>Nicole Johnson in studio</p> <p>Split screen of diabetics in discussion</p>	<p>Nicole Johnson</p> <p>At dLife, we decided to get a group together for some friendly diabetes talk. Let's check and see what today's conversation is about.</p>
	<p>Howard Steinberg in discussion</p> <p>Lower Third - dLife founder, diabetes since 1969</p> <p>Shots of other participants listening</p>	<p>Howard Steinberg</p> <p>Yeah, because they say, you know, you're not your number, you know. But I have a hard time thinking I'm not my number at the time I take my blood sugar, and it becomes my obsession at the time, and- and uh.. so there's- there are all these uh.. emotional challenges: of feeling guilty you're not doing a good enough job, you know. Everyone ha- has a different threshold for dealing with it.</p>
	<p>Dana Hariton in discussion</p> <p>Lower Third - Dana Hariton, diabetes since 1981</p>	<p>Dana Hariton</p> <p>All diabetics live by numbers, and- and I- I definitely have spent years just blaming myself, thinking it was something that was wrong with me. And then of course you surround yourself with other diabetics, and you realize, it's just part of the disease.</p>

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	<p>Scott Strumello in discussion</p> <p>Lower Third - Scott Strumello, diabetes since 1977</p>	<p>Scott Strumello</p> <p>You know, there's a lot of like self guilt and everything that plays with in this disease, and I never ever examined how it impacts your ability to manage it.</p>
	<p>Enid Pinto in discussion</p> <p>Lower Third - Enid Pinto, diabetes since 1997</p>	<p>Enid Pinto</p> <p>My doctor uhm.. actually referred me, 'cause I have three teenage boys, and it's a little rough, but my numbers were due to stress, and he- he had someone he referred me to that I went to, and it was amazing how he got me to come down from all the stress I had from my children and I still do. And I treat everything very differently.</p>
	<p>Ken Ehrlich in discussion</p> <p>Lower Third - Ken Ehrlich, diabetes since 2005</p>	<p>Ken Ehrlich</p> <p>I see a psychotherapist. I have a whole group of-- I have a whole team that I work with. And the psychotherapist is a very big component in helping me deal with these feelings that I have. Uhm..</p>
	<p>Howard Steinberg in discussion</p>	<p>Howard Steinberg</p> <p>That's a good point. I think it should be part of everyone's team.</p>
	<p>Mary Beth Thomas in discussion</p> <p>Lower Third - Mary Beth Thomas, diabetes since 1970</p> <p>Shots of other participants listening</p>	<p>Mary Beth Thomas</p> <p>For a long time, particularly in my younger years, my teen years, even early 20s, I always saw it, if I- my numbers weren't good, it was my fault. It was something I did. I felt completely responsible for everything that happened. And I didn't- I didn't really allow for the fact that doctors or nutritionists or other people could help me. And I think in some ways, when I've talked about my family and how we kinda took it in stride and it was-- I think, in a way, that maybe caused me t- to feel like I had to take almost too much responsibility. And I realize that that wasn't- that wasn't a healthy thing. That sometimes there were one, you know, like duh, the doctors could help me. Why that didn't dawn on me a lot earlier in my life, but I was almost like I had to make the grade, and when I went into my doctor, I had to prove that I was doing the right thing, versus being able to say, "This isn't working, and I don't know what's going wrong, but can you help me figure this out?"</p>

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	<p>Tom Moriarty in discussion</p> <p>Lower Third - Tom Moriarty, diabetes since 1992</p> <p>Shots of participants listening</p>	<p>Tom Moriarty</p> <p>I think uh.. one of the biggest things about uhm.. having this disease is that-- and one of the most difficult things is what works for one person who has it, won't work for another person. My doctor can give me advice, foods that- that I should avoid, that might work for me, and they might work for you, but they may not for me.</p>
	<p>Phyllis Kornbluth in discussion</p> <p>Lower Third- Phyllis Kornbluth, diabetes since 2003</p>	<p>Phyllis Kornbluth</p> <p>I had friends uhm.. I had a di- a diabetes retreat weekend--</p> <p>Howard Steinberg</p> <p>Really?</p> <p>Female</p> <p>Oh, that's awesome.</p>
	<p>Phyllis Kornbluth in discussion</p>	<p>Phyllis Kornbluth</p> <p>I met some great women at a support group, and I invited them to my home for the weekend, and the three of us were so different. We all ate the same things, we all had different numbers, we all took different amounts of insulin, and the food affected us differently three ways. So it's- it's very interesting.</p>
	<p>Todd Davis in discussion</p> <p>Lower Third - Todd Davis, diabetes since 2002</p>	<p>Todd Davis</p> <p>Interesting. One of the things that I really enjoy is- is uh.. the seven day bike ride uhm.. through New England every year. And one of the things I really enjoy about that is, it's one of my only experiences in a group of similar people. I don't have a lot of dia-- in fact, I don't have any diabetic friends. Uh.. but when you're doing the ride, you've got 70 to 100 other people, uh.. most of whom are diabetic. So you get to discuss, you know, different things like, "Well how do you-- how do you mount a meter on a bike? You know, how do you uh.. how much stuff do you shove in your pocket, you know? How uh.. " you know, all of that kinda stuff. And that- that's one of the things that I really enjoy.</p>

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	<p>Howard Steinberg in discussion</p>	<p>Howard Steinberg</p> <p>But it's hard living a life where you always to think about the consequences of everything you do. And do you think that changes who you are to your core?</p> <p>Male</p> <p>Absolutely.</p>
	<p>Janet Sanders in discussion</p> <p>Lower Third- Janet Sanders, diabetes since 2001</p>	<p>Janet Sanders</p> <p>The one thing for me is that diabetes is forever. And I went to uhm.. I was in a class this weekend and they were talking about longevity. And I will say that inside, I- there's a fear there where they were saying-- oh, they're showing now that you can live to 100, and you can live to 120. I think sometimes I have anger, because in my head, I know I'm doing really well, but, you know, I'm like, what exactly is going on in my body? And maybe everybody else can live to 120, but could I really do that?</p>
	<p>Howard Steinberg in discussion</p>	<p>Howard Steinberg</p> <p>You know, you meet a lotta diabetics who uhm.. appear to be in great control. And they say, "I don't need any of that. I don't need to go to support groups. I don't need to go on retreats. Uhm.. I uhm.. I don't need to go to my doct-- I figured it out all myself." But uhm.. I think sometimes they're fooling themselves, that there's always more to learn, uhm.. and I'm kinda like that. I have that kinda diabetes arrogance that I know- know everything, and I'm surprised. I'm always surprised at what I could learn from- from others. It's- you don't know what you don't know in diabetes. That's a real truism.</p>
	<p>Nicole Johnson in studio</p> <p><card> www.dLife.com/forums <end card></p> <p>GFX dLife logo, slogan</p>	<p>Nicole Johnson</p> <p>If you would like to speak to others who share your concerns and challenges, dLife offers discussion boards to connect you to people with diabetes all over the world. Visit dLife.com/forums. Up next, Mother Love talks to a doctor about why sleep is such an important part of diabetes treatment.</p>

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	<p>GFX dLife logo, slogan</p> <p>Mother Love interviewing</p>	<p>Mother Love</p> <p>We all know that sleep is essential for looking good and feeling good. Now recent studies show that sleep also plays a significant role in diabetes control. Joining me is Doctor Michael Thorpy, director of the Sleep-Wake Disorders Center at the Montefiore Medical Center in New York. Welcome Doctor Thorpy.</p>
	<p>Interview with Michael Thorpy</p>	<p>Michael Thorpy</p> <p>Thank you. Pleasure to be here.</p> <p>Mother Love</p> <p>Absolutely. I'm glad to have you. Now what happens to blood glucose levels during sleep?</p>
	<p>Interview with Michael Thorpy</p> <p>Lower Third - Michael Thorpy, MD, director, Sleep-Wake Disorders Center, Montefiore Medical Center</p> <p><card> Hormones released in early morning hours can cause a "dawn phenomenon." <end card></p> <p><card> These hormones can also contribute to a rise in morning blood glucose levels. <end card></p>	<p>Michael Thorpy</p> <p>Well, the blood glucose level is a balance between the production of glucose from the liver, and its utilization throughout the rest of the body. So when we go to sleep at night, of course, we're quite still and our body is in a relaxed state. So there's less utilization of the glucose by the muscles, and also our brain uses far less glucose at night, because we go into a much slower brainwave pattern. So the end result is that our blood sugars tend to go higher while we're asleep at night.</p>
	<p>Mother Love interviewing.</p>	<p>Mother Love</p> <p>Some studies show a lack of sleep is a risk factor in people with diabetes. What's the connection?</p>
	<p>Interview with Michael Thorpy</p> <p><card> If you have diabetes, sleep deprivation contributes to fluctuations in blood sugar <end card>.</p> <p>Mother Love listening</p>	<p>Michael Thorpy</p> <p>Well, we're now starting to realize that if you reduce the amount of time that you're in bed and you have less sleep, or if you have a sleep disorder, insomnia or sleep apnea, where sleep is disturbed, that this can affect one's metabolism. And certainly, those who ha- have what we call "maturity onset" or type 2 diabetes, tend to be overweight. And overweight certainly predisposes people towards certain types of sleep disorders, for example, obstructive sleep apnea syndrome, where there is cessation of breathing during sleep. That can occur in</p>

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		<p>people who are overweight. But also, of course, uh.. there's a lotta stress associated with diabetes. So emotional factors are very important. Depression can occur, and depression, we know, greatly affects sleep quality. And blood glucose control then starts to become impaired.</p>
	Mother Love interviewing	<p>Mother Love</p> <p>So can too much sleep also be a risk factor as well?</p>
	<p>Interview with Michael Thorpy</p> <p><card> The less people sleep, the more likely they are to be overweight or obese. <end card></p>	<p>Michael Thorpy</p> <p>Well, there is some evidence that too much uh.. can also do it, but the greater problem is too little. Most people in our society are getting too little sleep. In fact, over the last 40 years, the amount of sleep that people are getting has been reduced by about two hours. So 40 years ago, surveys were showing that people were getting on average about 8½ hours of sleep. Now people are getting only about 6½ hours of sleep.</p>
	Mother Love interviewing	<p>Mother Love</p> <p>So now what is the right amount of sleep?</p> <p>Michael Thorpy</p> <p>The right amount of sleep for most people is about 7½ hours of sleep. So if one's getting less than that, it may be too little. But there's a lot of individual variation. Uh.. it's probably genetically determined. By genetics, we determine how much uh.. sleep we require, so there are people that may require as much as 10 hours, some people as little as 6 hours. But for the majority of people, it's about 7½ hours.</p>
	<p>Mother Love interviewing</p> <p><card> Sleep hygiene, the habits necessary to have normal, quality nighttime sleep <end card></p>	<p>Mother Love</p> <p>Now what are the hygiene recommendations? Sleep hygiene. That's a new one.</p> <p>Michael Thorpy</p> <p>Keeping regular time of going to bed, getting up in the morning, being in bed an appropriate amount of time. But also, getting good exercise during the daytime is important. Uh.. getting bright light exposure. Light is a very important</p>

		<p>controller of sleep-wake patterns. Uh.. avoiding things like alcohol, caffeine, nicotine, around sleep.</p>
	<p>Mother Love interviewing</p>	<p>Mother Love</p> <p>The normal stuff.</p> <p>Michael Thorpy</p> <p>Yeah, because they're all gonna disrupt sleep. So uh.. we-we lump all these everyday sorta behaviors into a category that we call sleep hygiene. And people need to pay attention to these.</p>
	<p>Mother Love interviewing</p>	<p>Mother Love</p> <p>Now what about neuropathy and restless leg syndrome?</p> <p>Michael Thorpy</p> <p>Well yes, there's a higher prevalence of restless leg syndrome in people who have diabetes. Uh.. restless leg syndrome is this discomfort in the legs that people get when they lie down in bed at night, and they have this feeling they can't keep their legs still. They have to move them around in bed. And typically what they do is to get up out of bed and walk around, and that relieves the sensation. But when they get back into bed again, the same discomfort comes back in their legs. Now there's a higher likelihood of having that if you have diabetes, particularly if you have diabetic peripheral neuropathies.</p>
	<p>Mother Love interviewing</p> <p><card> Lack of enough sleep can contribute to the risk of developing diabetes. <end card></p>	<p>Mother Love</p> <p>It sounds as if sleep is as important as diet and exercise in a person with diabetes.</p> <p>Michael Thorpy</p> <p>Exactly, and that's what we're now starting to realize. As sleep specialists, uh.. we recognize the fact that up there with diet, exercise, is sleep as well. And people have to</p>

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		recognize that that's uhm.. an essential part for everyday good health.
	Mother Love interviewing	Mother Love Doctor Thorpy, thank you very much for coming and sharing your insight with us.
	Shots of Fran Carpentier in various activities GFX dLife logo	Nicole Johnson Up next, the editor of Parade magazine lives with type 1 diabetes. You'll meet the unstoppable Fran Carpentier.
	GFX dLife logo Nicole Johnson in studio Lower Third - Nicole Johnson, diabetes since 1993	Nicole Johnson Fran Carpentier balances career, motherhood and diabetes. As senior editor at Parade magazine, she helps produce the most widely distributed periodical in the country. We caught up with her to see how she keeps everything balanced.
	GFX dLife logo Early morning exterior shot Fran at home testing blood sugar	Fran Carpentier This morning when I got outta bed, my mouth was so dry that I knew that I was in trouble. Okay, not good. Male What's wrong?
	Fran filling syringe. Fran fixing pump Fran at home in the kitchen.	Fran Carpentier My sugar's like 243. I knew cause you wake up thirsty, that's never good. Today is like my worst nightmare. I woke up, you know, really high. I had to change my pump. Okay. I've got this incredibly full, rich life, and I function in a lot of arenas. Here you go. Take your vitamins, okay?

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	<p>Fran's son sleeping at breakfast table</p> <p>Fran eating breakfast</p>	<p>Fran Carpentier</p> <p>And then you got the diabetes.</p> <p>(Laughs) Come on!</p> <p>Having my son, because I had diabetes, you know, it was like, "I did it! I really did it!" You are so caught up with taking care of this child, and you don't want the diabetes control to kinda slip.</p>
	<p>Fran checking levels in kitchen</p>	<p>Fran Carpentier</p> <p>I bolus-ed at 10 to 7. All right, that's a half hour. That's good. All right. Let's go.</p>
	<p>Fran, son walking to school bus</p>	<p>Fran Carpentier</p> <p>It's like a choreography. When you have diabetes, you're kinda always kinda running interference. You're kinda always saying, "Okay, what's going on now, and how'm I gonna deal with it?"</p> <p>Gotta go. Jeez, okay.</p>
	<p>Fran arriving at office</p> <p>Fran walking down hallway</p> <p>Fran in office, working</p>	<p>Fran Carpentier</p> <p>Hey Jenny. I'm uh.. responsible for originating story ideas, assigning writers and working with them.</p> <p>Hi Marilyn. Home at last.</p> <p>At work, people call me Frantic Fran. I'm usually doing three or four things at once. There really are times when I do drive myself into a low.</p>
	<p>Fran on phone</p> <p>Fran doing finger stick</p>	<p>Fran Carpentier</p> <p>Hey Ira, it's Fran. Uh.. we're gonna be meeting, I guess it's 9:30. Uh.. I'm gonna bring some of the past issues with me. I'm also gonna bring uhm.. copy for August food. Thanks.</p>

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	Readout of low blood sugar Fran on phone	Fran Carpentier Aw! This cannot be. Hi, Ira. I need five minutes, 'cause I'm having a really bad low, and I just wanna run down and get a juice. Okay, thank you. I'm sorry.
	Fran at drinks machine in cafeteria	Fran Carpentier I don't believe this. They don't sell juice any more. I don't believe this.
	Fran drinking soda Fran walking along hallway	Fran Carpentier --come second nature. I'll make sure I do a check before I go into a meeting. No matter what's happening, such as today, when I really need to be at my best, and my sugars are just all over the place.
	Fran knocks on door	Ira Come on in. Fran Carpentier Ira, thank you. I'm sorry. Ira That's okay.
	Exterior shot of office windows Office buildings Fran in office GFX dLife logo	Fran Carpentier I'm a senior editor. I am a wife and a mother, and I'm a person living, and I- I think thriving, with diabetes.
	Nicole Johnson in studio Shot of Evan, Olivia Gelick GFX dLife logo	Nicole Johnson Thanks, Fran. Up next, dLife visits a father who finds new hope from his four-year-old daughter.
	GFX dLife logo Nicole Johnson in studio Lower Third - Nicole Johnson	Nicole Johnson Diabetes is a family affair. When a child is diagnosed, parents need to be caretakers, educators and cheerleaders. Evan Gelick had lived with diabetes for 35 years, when his four year old daughter was diagnosed with type 1. He found her to be a source of inspiration.

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	<p>Interview with Olivia Gelick</p> <p>Evan, Olivia on sofa</p> <p>Interview with Evan Gelick</p> <p>Olivia taking bowl from refrigerator</p>	<p>Olivia Gelick</p> <p>My name is Olivia. I'm four years old.</p> <p>Evan Gelick</p> <p>She'd been living with my diabetes for her whole life, so we're pretty upfront and plain spoken about it. She tests regularly.</p>
	<p>Olivia doing finger stick</p>	<p>Olivia Gelick</p> <p>You put a strip in, and if it's there, you prick your finger, and then you put the blood on it, and then it shows the number, and then you read it.</p>
	<p>Interview with Evan</p> <p>Lower Third - Evan Gelick, diabetes since 1972, father of type 1</p> <p>Olivia testing blood sugar</p>	<p>Evan Gelick</p> <p>She went through a- a short phase of daily injection therapy, and then uh.. moving into the pump, she's really taking control of the whole thing.</p>
	<p>Interview with Olivia</p> <p>Readout of pump</p>	<p>Olivia Gelick</p> <p>When my blood sugar's too high, I bolus.</p>
	<p>Olivia with pump attached to stomach</p> <p>Olivia explains her pump</p> <p>Lower Third - Olivia Gelick, diabetes since 2002</p> <p>Olivia, Evan at dinner table</p>	<p>Evan Gelick</p> <p>There you go.</p> <p>Olivia Gelick</p> <p>This is my pump. This button does enter, and it turns it on. I- when I have 30 carbs, I put in 30. You press this button and again and again, and then it's there. And then you put in.</p>
	<p>Olivia in martial arts class</p> <p>Olivia kicking pad</p> <p>Interview with Evan Gelick</p> <p>Olivia hugging mom</p>	<p>Evan Gelick</p> <p>She does everything. She rolls around in the grass, she plays on the playground. The way Olivia interacts about her diabetes varies. Sometimes she's shy about it, or is just not a mood to discuss it, and doesn't want to share. And sometimes, she's show-offy and wants to show off her pump.</p>
	<p>Olivia showing pump to martial arts classmates</p>	<p>Olivia Gelick</p>

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		When they notice it, I show them it and I tell them about it, and it's a pump.
	Interview with Evan Gelick	Evan Gelick Sometimes she's nonchalant about it. And it's just like, "Oh, you know, that's my pump, you know, it's my insulin pump. It's for my diabetes."
	Olivia gives herself shot in stomach	Olivia Gelick Can I do one? Evan Gelick Yep. Good girl.
	Evan helps Olivia with pump Evan injects himself	Evan Gelick Now that my daughter, who's only 4½, has been doing it for a few months now, I'm going to be switching from daily injections to an insulin pump.
	Interview with Olivia	Olivia Gelick My dad's getting one. He's gonna get black.
	Interview with Evan Gelick Olivia and family at martial arts school	Evan Gelick The whole process of getting her involved using a pump uh.. really convinced me that it was the right thing to do. Also, seeing the difference between controlling her diabetes with injections, and using a pump.
	Olivia breaks board with foot	Evan Gelick Olivia's experience has transformed my idea of managing diabetes into a hopeful thing.
	Interview with Olivia GFX dLife logo	Olivia Gelick If my daddy be using one away, I'll be happy.
	Nicole Johnson in studio Shots of Michel Nischan in kitchen Shot of pizza	Nicole Johnson Diabetes management has changed enormously since Evan was diagnosed. In that span, we've seen the advent of home glucose monitoring, great new oral meds, more efficient insulin, pumps, and most recently, continuous glucose monitoring. Up next, pizza can be a tricky meal for

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	GFX dLife logo	people with diabetes. We'll have some tips on making a low carb version that won't bounce your blood sugars.
	GFX dLife logo Nicole Johnson in studio Lower Third - Nicole Johnson, type 1 diabetes Cover of Diabetic Cooking magazine	Nicole Johnson Now a recipe from Chef Michel Nischan and our friends at Diabetic Cooking magazine.
	GFX dLife logo Michel Nischan in kitchen Lower Third - Michel Nischan, dLife chef	Michel Nischan Welcome to the dLife kitchen. I'm Michel Nischan, and today we're gonna talk about everybody's favorite dish, pizza. Now if you're living with diabetes, pizza's kind of a no-no, because the combination of high carbohydrates and high fats often means a delayed and very unpredictable spike in blood sugar. So today, I'm gonna show you some great alternatives to the traditional high carb, white flour pizza.
	Michel Nischan in kitchen Bowls of ingredients	Michel Nischan Here we have some really great soy flour. Soy flour's great, because it has high quality proteins and rich in B vitamins, and it also makes that kind of smooth texture that all purpose white flour is known for. And we also have whole wheat flour, which is great, because it has more natural vitamins and minerals than regular white flour does.
	Michel Nischan in kitchen Michel mixes yeast and water	Michel Nischan So let's get started by taking a little bit of granulated yeast and putting it in some warm water. And we're gonna allow the yeast to bloom. This means that the yeast gets fed with some water, it kinda wakes up and starts to become active. We let it sit for about 15 to 20 minutes until it blooms, and then it kinda looks like foamy milk, just like this. So that's yeast that's ready, and the way to tell is, you just kinda <sniffs> smell it, and it almost smells like beer, like flat beer. You're looking for that smell.
	Michel Nischan in kitchen Michel makes pizza dough	Michel Nischan Now what we're gonna do is blend our dry ingredients first. We take the whole wheat flour. This is a high quality high carbohydrate. The bran and the germ are attached. Here we have our soy flour, and you can feel this. It's nice and smooth, just like all purpose flour. Now we're gonna take a little bit of sea salt, and we're gonna just kinda blend these

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		ingredients together. Then we're gonna add our yeast water. Just kinda slowly add it, stirring with a fork.
	Michel Nischan in kitchen Michel mixes dough	Michel Nischan We're just gonna combine this dough until it starts to pull away from the side of the bowl. Just take our hands really quickly. Just turn it a few times, pick up any excess flour, and just set it right there in the center of the bowl, just like that. Now we wrap it tightly with plastic until it doubles in size.
	Michel Nischan in kitchen Bowl of finished dough Michel flours table Michel pushes out dough	Michel Nischan This is what it looks like when it's done. This one's been resting. And when you open, you can see that the dough is nice and light, and spongy. It's perfectly, perfectly risen dough. Now to roll the dough out, all you need is your hands. We like rustic dough, where they just kinda push it out on the board. They don't roll it out. It's not perfectly round. That's the way I'm gonna do this particular dough here.
	Michel Nischan in kitchen Michel adds toppings <card> Pizza sauce usually contains sugar and 10g or more of carbs in a half-cup <end card>	Michel Nischan Now we're just gonna put our ingredients on top, and I love this approach, because it's really fresh. Sauces can be a little bit high in sodium, especially the store bought ones, so I just love to use ripe tomatoes in season, kinda sprinkling over the dough like this.
	Michel Nischan in kitchen Michel adds toppings <card> Most pizza is high in fat and carbs, causing a delayed blood sugar spike. <end card> <card> Lowering fat and carb content helps stabilize blood sugar reaction <end card> <card>	Michel Nischan And then use a little bit of low fat feta cheese. And this is where the low fat comes in. Low fat cheeses are great for pizza, because you don't have to cook them as long as high fat cheeses to get them to melt. We have some low fat mozzarel. We're gonna tuck some nice fresh basil leaves under some of this cheese. I think that looks pretty good.

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	<p>Michel Nischan in kitchen</p> <p>Michel puts pizza on board, in oven</p>	<p>Michel Nischan</p> <p>And now we're gonna take a- what they call a pizza peel. Okay, there you have it. There's your pizza on the peel. As you can see, it's not sticking. And now we're gonna put it on a pizza stone in a preheated 400 degree oven.</p>
	<p>Michel Nischan in kitchen</p> <p>Michel removes pizza from oven</p>	<p>Michel Nischan</p> <p>Now look at this. It's beautiful. And that is a rustic pizza. Now two of my sons have type 1 diabetes, and it's always been a challenge finding something that they love to eat.</p>
	<p>Michel Nischan in kitchen</p> <p>Finished pizza on table <card> Low carb soy pizza and nutritional information <end card></p> <p>Diabetic Cooking magazine cover</p> <p><card> www.dLife.com/recipebox <end card></p> <p>GFX dLife logo</p>	<p>Michel Nischan</p> <p>And look at this beautiful rustic pizza. It's much lower in carbs, higher in soluble fiber, really low in fat. Just a great, low carb, low fat option for anybody living with diabetes, or not. And it smells great. Now for this recipe and so many more great recipes like it, take a look at Diabetic Cooking magazine, or join us dLife.com/recipebox. I'm Michel Nischan. Thanks for joining us in the dLife kitchen.</p>
	<p>Nicole in studio</p> <p><card> Hear more from today's guests on dLife backstage podcasts at www.dLife.com/podcasts <end card></p> <p><card> dLife on CNBC: next Sunday 4pm PT/7pm ET <end card></p> <p><card> To order a copy of any dLifeTV episode, visit dLife.com/orderLifeTV <end card></p> <p><card> dLife is produced by LifeMed Media and does not represent the views or opinions of CNBC, Inc. <end card></p>	<p>Nicole Johnson</p> <p>That's all the time we have. We'll be back again next week with another edition of dLifeTV, to inform, inspire, and connect for a healthy diabetes life.</p>
	<p>End credits</p> <p>Inset, Nicole Johnson</p> <p>GFX dLife logo</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 life and there's no substitute for getting control of it.</p>