

<opening credits>

**Nicole Johnson Baker:** Hello, I'm Nicole Johnson Baker.

**J. Anthony Brown:** Hi, I'm J. Anthony Brown.

**Jim Turner:** Hi, I'm Jim Turner.

**Mother Love:** Hello, babies, I'm the even more fabulous Mother Love.

**Nicole Johnson Baker:** Type 1.

**J. Anthony Brown:** Type 2.

**Mother Love:** Type 2.

**Jim Turner:** Type 1.

**J. Anthony Brown:** And I'm here to talk about my--

**Jim Turner:** My--

**Mother Love:** My--

**Nicole Johnson Baker:** My dLife.

<Card: dLife for your diabetes life>

<Shots of a footcare clinic>

**Nicole Johnson Baker:** Today on dLife, expert advice about avoiding complications, some great low carb snacks and a visit with super diva Patti LaBelle. And now, please

welcome your hosts Mother Love, J. Anthony Brown, Jim Turner and me, Nicole Johnson Baker. Welcome to dLife everybody.

<Card: Nicole Johnson Baker, Author & Miss America 1999>

**Nicole Johnson Baker:** You know complications from diabetes are something lots of people don't want to think about but they can happen and they do happen. It is so frightening. I think the thing I'm most afraid of is the blindness complication.

**J. Anthony Brown:** Yes, I get my eyes checked--

**Nicole Johnson Baker:** And I think it's--

**J. Anthony Brown:** -- so many times. I was just scared.

<Diabetes is the leading cause of blindness among adults ages 20 to 74>

**Nicole Johnson Baker:** I can't imagine.

**Mother Love:** Twice a year.

<Diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year>

**Mother Love:** My mother went blind. My sister went blind. My sister had her leg amputated.

**J. Anthony Brown:** My father did too, yeah.

**Mother Love:** And they, you know, you have to take this disease seriously.

**Nicole Johnson Baker:** You sure do.

**Mother Love:** Because these complications are just devastating.

**Nicole Johnson Baker:** Yeah.

<Card: J. Anthony Brown, Comedian & Co-Host of The Tom Joyner Morning Show>

**J. Anthony Brown:** My father let his foot just go to pieces and would not go to the doctor. He was confused.

**Nicole Johnson Baker:** The terrifying thing is that four out of five people with diabetes will have some kind of microvascular complication and that's basically all the complications that happen.

**J. Anthony Brown:** Uh huh.

**Nicole Johnson Baker:** Four out of five.

**J. Anthony Brown:** Wow!

**Nicole Johnson Baker:** That's the reality.

<Card: Jim Turner, Actor, Bewitched and HBO's Arliss>

**Jim Turner:** When I was-- when I first got it in 1970, all the diabetics I met when I first became diabetic had lost something. They were blind. They had lost legs and I went "Ei, yi, yi" and so I really made a big commitment to not ever have that happen to me.

**Nicole Johnson Baker:** Well, Mother Love has our story of the day.

**Mother Love:** Our story of the day is from Mama Rose in Jersey City, New Jersey. She writes: "My name is Audrey Collier but everyone calls me Mama Rose because of my rosy cheeks and I seem to be mama to everyone on my block. Not only do I have three girls and a boy, and a beautiful little granddaughter but my door is always open to anyone who needs a place to eat and rest. I have diabetes and I've been in and out of the hospital most of my life. I used to weigh 600 pounds but I've lost a lot of weight. Now I'm down to about 400 pounds but still I sometimes can't leave my house because of my swollen feet. I also have trouble taking care of myself because I worry about everybody else. I get depressed because I want to be able to chase my little granddaughter in the

park, look beautiful walking down the street in the summer and just feel good about myself. What I want people to know is that they have to take this illness very seriously. If I can help one person avoid the troubles I've been through, then all my pain will have been worth it. Signed, Mama Rose." Thank you Mama Rose. We so appreciate that.

<Card: Have a Story of the Day? Submit it at dLife.com>

**Mother Love:** And we are so honored to have Mama Rose in the audience with us today. Hey beautiful, how are you? I just want to tell you this one thing. If you don't listen to anything else I ever tell you, you cannot, Mama Rose, take care of anybody if you don't care of yourself. You don't need to lose your eyesight. You don't have to. You don't need to lose your legs, your limbs or anything. You take care of Mama Rose so you can keep taking care of everybody else.

<Card: Many complications can be reversed with tight blood glucose control>

**Mother Love:** Because what are they going to do with you out of the picture?

**Mamma Rose:** Oh, Lord, I don't know.

**Mother Love:** It's going to just all cease.

**Nicole Johnson Baker:** That story just really, really touches your heart, my goodness. You know the interesting thing about complications is that we've learned through science that they can be prevented.

**J. Anthony Brown:** Uh huh.

<Card: Controlling blood glucose levels, blood pressure and blood lipids will help prevent complications>

**Nicole Johnson Baker:** You know up to 60 percent. There was a study that said if people would just walk 30 minutes a day, five days a week, we could prevent or in some cases avoid complications and-- yeah.

**J. Anthony Brown:** I started exercising. It just changed a lot of things for me.

**Nicole Johnson Baker:** It sure does.

**J. Anthony Brown:** The way you feel, you know, your blood sugar and everything, it does. So, it really does work.

**Nicole Johnson Baker:** Just that incorporating a little more movement every day, watching what we're eating, testing our blood sugar, we can do something about it. You don't have to have complications. You can be the one out of five.

**J. Anthony Brown:** Just exercise.

**Nicole Johnson Baker:** Exactly.

**Jim Turner:** And since the key to avoiding complications is routine monitoring and control, before we move on let's test.

**J. Anthony Brown:** All right.

**Jim Turner:** We at dLife know how important it is for good management to really know your numbers, so remember test, don't guess.

**J. Anthony Brown:** Don't guess.

**Nicole Johnson Baker:** Don't guess.

**Jim Turner:** We'll be right back.

**Nicole Johnson Baker:** All right, everybody.

<commercial break>

**Nicole Johnson Baker:** So many people with diabetes are frightened about complications but a lot of people don't realize that those complications can be prevented and often even reversed. We are lucky enough to be now joined by two top

professionals who can give us some good advice about how to lower the risks, Dr. Andrew Drexler and Carolyn Robertson.

**Carolyn Robertson, RN, MSN:** Hi.

**Nicole Johnson Baker:** Welcome. Thank you for being here.

**Andrew Drexler, M.D.:** Thank you.

**Carolyn Robertson, RN, MSN:** Thank you for having us.

**Nicole Johnson Baker:** They actually have a great number of fans here in the audience. You do such important work on people with diabetes and complications. So, first Dr. Drexler, we want to talk to you. What type of complications can be associated with diabetes?

<card: Andrew Drexler, M.D., Clinical Associate Professor, NYU School of Medicine>

**Andrew Drexler, M.D.:** Unfortunately diabetes can affect many parts of the body, including the eyes, the kidneys, the feet, the heart, and the blood vessels to the brain.

**Nicole Johnson Baker:** At one point in my diabetes care, it's been almost 12 years, I was told that I had a mild eye rupture and it was about the time that I started real intensive therapy with my diabetes. Now what kind of eye complications specifically can happen with diabetes?

<card: Diabetic eye complications include blindness, retinopathy, macular edema, glaucoma, and cataracts>

**Andrew Drexler, M.D.:** A lot of people notice when they first become diabetic they get blurry vision.

**Nicole Johnson Baker:** Uh huh.

**Andrew Drexler, M.D.:** That's scary but it really isn't serious and usually that just means the blood sugars are high and when you correct it, it goes away.

**Nicole Johnson Baker:** Uh huh.

**Andrew Drexler, M.D.:** Unfortunately, the real diabetic complications in the eye occur without any symptoms, so that you can have very advanced disease and not have any awareness of it.

<Diabetes can cause damage to blood vessels in the eye, which may result in vision loss>

**Nicole Johnson Baker:** What can you do to avoid that?

**Andrew Drexler, M.D.:** Well, the way you can avoid it is first by having very good control and, if you do that, you're not likely to get it. But, if you do get it and it's caught early, it can often be treated very effectively.

<card: Treatments for diabetic eye disease include laser surgery and vitrectomy, a surgical procedure on the eye>

**Andrew Drexler, M.D.:** So, laser therapy is extremely effective in preventing serious eye loss.

<card: Early detection and laser treatment of diabetic eye disease can reduce the development of vision loss by 50 to 60 percent>

**Andrew Drexler, M.D.:** But you have to start it before you have any symptoms. So, the key message is you need to see an ophthalmologist once a year.

<card: To find an ophthalmologist specializing in diabetic eye disease, go to the dLife Diabetes Locator at [www.dlife.com/locator](http://www.dlife.com/locator)>

**Nicole Johnson Baker:** Once a year for everybody no matter what type?

**Andrew Drexler, M.D.:** Everybody with diabetes. It's mandatory that every diabetic should be seen once a year because you're not going to know you have problems and yet that's when you need to treat it.

**Jim Turner:** Specifically what kind of foot problems?

<card: Sixty percent of non-traumatic lower-limb amputations occur among people with diabetes>

**Andrew Drexler, M.D.:** Well, you can have vascular problems of the feet. You can also have absence of feeling in the feet and you can have infections in the feet, ulcers of the feet. All of these can be prevented if they're treated early on, not so easy to treat later on.

<card: Proper foot care can reduce amputation rates by 45 to 85 percent>

**Jim Turner:** And tight control I'm sure is--

**Andrew Drexler, M.D.:** Well, tight control is the key to everything because all the studies have shown that tight control makes a difference in terms of developing complications.

**Jim Turner:** Yeah.

**Carolyn Robertson, RN, MSN:** The most important thing to do with your feet is to look at them every day.

**Jim Turner:** Uh huh.

**Carolyn Robertson, RN, MSN:** They're far away from us.

<card: Carolyn Robertson, RN, MSN, Associate Director, New York Diabetes Program>

**Carolyn Robertson, RN, MSN:** They live down on the floor and the only way to get to-- to really know what's going on is to inspect them, to look at your feet every day, look between the toes, look underneath. If you can't bend over, put a mirror on the floor and use a mirror to see the bottom of your foot.

**Jim Turner:** What would you be looking for?

**Carolyn Robertson, RN, MSN:** You're going to look for redness, going to look for open areas, any friction, are there calluses? If you've got calluses, the calluses tend to create almost like a stone in the bottom of your shoe, you need to see a podiatrist. The worst thing you can do is to take care of a callus yourself.

<card: To find a podiatrist specializing in diabetes foot care, go to the dLife Diabetes Locator at [www.dlife.com/locator](http://www.dlife.com/locator)>

**Carolyn Robertson, RN, MSN:** You need to see a podiatrist and a podiatrist is almost as important as every other doctor that's part of the team to make sure that the feet are healthy.

**Jim Turner:** All right.

**Nicole Johnson Baker:** Now how often should people be seeing a podiatrist?

**Carolyn Robertson, RN, MSN:** Depending on whether or not you can bend down and see your feet well enough to kind of buff those nails. Maybe the podiatrist is the person who cuts your toenails, so that may be once every three months. If you're flexible and you can cut your toenails or file them down yourself, then maybe once a year.

**Nicole Johnson Baker:** Okay. I have to ask a beauty-related question with feet, pedicures and women who have diabetes, what is the recommendation there?

**Carolyn Robertson, RN, MSN:** If you're going to get a pedicure, let them grease you up. Let them polish your toes. But never, never, never let them touch your feet near your calluses. The podiatrist trims your calluses if they need to be trimmed at all. But let them polish your toes and lubricate you up.

**Nicole Johnson Baker:** So, none of the razor at the bottom of the foot.

**Carolyn Robertson, RN, MSN:** No razors.

**Nicole Johnson Baker:** Okay.

**Carolyn Robertson, RN, MSN:** And talking about calluses, no home remedies as well.

**Jim Turner:** Oral care, are there any mouth problems that come about?

**Andrew Drexler, M.D.:** Diabetics are much more at risk for getting gingivitis.

<card: Almost one-third of people with diabetes have severe periodontal diseases>

**Andrew Drexler, M.D.:** Any kind of gum infections are about twice as likely in diabetics as they are in other people and it's-- there's an interesting pattern here, which is that if you have bad control of your diabetes you're more likely to get gum disease.

<card: Infections can cause high blood glucose>

**Andrew Drexler, M.D.:** Also, very often people suddenly have their diabetes get worse and they'll be looking for a reason and the reason is often an infection and the infection is usually in a place you don't think of and more often than not that's actually the gums. So, in fact, when somebody comes in and you can't understand what's going on, we often tell them to go see the dentist and see if they have gum disease. So being very careful about brushing, being very careful about flossing and taking good care is really very essential.

**Nicole Johnson Baker:** How would you know? What are some of the symptoms of gum disease besides the redness?

<card: Gingivitis is the first stage of gum disease.>

**Andrew Drexler, M.D.:** Well, redness, a little bit of bleeding, pain or discomfort. And what happens is you often become so used to it that it's only by really thinking about it.

<card: 98% of adults with type 1 diabetes have gingivitis.>

**Andrew Drexler, M.D.:** I had some gum disease. It had gotten somewhat better and I'm now realizing that I was bothered by it but I wasn't aware of it at the time, so it's something you have to be very much aware of. And, again, same as the eyes, see a dentist on a regular basis.

**Carolyn Robertson, RN, MSN:** If you brush your teeth and you spit out-- and it's pink, you need to see your dentist. That's gingivitis. That's a very, very easy way. You shouldn't see pink when you brush your teeth.

**Nicole Johnson Baker:** This is all such great advice. Thank you so much to you both for being here. But, stay right there, because we're going to come right back. Dr. Drexler and Carolyn Robertson will be here for a few moments to take some questions. Diabetes affects so many people from so many different worlds. This story comes from the world of baseball.

<begin videotape>

**Jim Turner:** Ron Santo was one of the most loved players in the history of the Chicago Cubs and he did it all with diabetes.

<Visual of newspaper headline>

<card: 12-year secret, "I live with diabetes" -- Ron Santo>

Ron Santo: I wanted to prove that I could play in the big leagues with diabetes. I don't think I ever looked at diabetes as a negative thing.

**Jim Turner:** For 15 years, Santo was the Cubs' third baseman. He played in nine All-Star games, won five Gold Gloves for his excellent fielding.

<Visual of newspaper headline>

<card: Ron Santo Needs Glove, Bat, Insulin>

**Jim Turner:** But when he retired, diabetes took its toll, first one leg and then the other was lost to diabetic complications.

<card: Sports: Santo loses 2nd leg>

**Jim Turner:** It's been 20 years since he played but Ron is still active as a Cubs announcer.

<card: You can't keep Santo down>

**Jim Turner:** And the Ron Santo JDRF Walkathon has raised more than \$50 million.

<end videotape>

**Nicole Johnson Baker:** We'll be right back with questions for Dr. Drexler and Carolyn Robertson and a visit with superstar Patti LaBelle.

<commercial break>

**Mother Love:** Dr. Andrew Drexler and Carolyn Robertson are back with us to answer some of your questions about complications -- J.

**J. Anthony Brown:** Thank you, Mother Love. I'm here with Corey and your question is?

**Corey:** Hi. I'd like to know the cause and effect of neuropathy.

<card: Neuropathy is a disease of the nervous system.>

**Andrew Drexler, M.D.:** The cause of neuropathy unfortunately is high blood sugars for a prolonged period of time. The effect of neuropathy can be three things. One, you can have pain from neuropathy and it can be very, very severe. Two, you can have numbness and be totally unaware of what's going on with an area such as your feet. And the third, unfortunately, is you may not know you have it.

<card: Blood pressure control can reduce nerve disease by one-third>

**Andrew Drexler, M.D.:** And that may be the most serious because, if you don't know you have it, that's when it can cause problems. You can injure yourself and not be aware of it.

**Mother Love:** Isn't that where people develop ulcers on their feet?

**Andrew Drexler, M.D.:** Exactly.

**Mother Love:** And-- and--

**Andrew Drexler, M.D.:** You can develop it for that reason.

**Mother Love:** Can you develop an ulcer someplace else other than your feet?

**Carolyn Robertson, RN, MSN:** Yeah, neuropathy just means an absence of feeling. It can be also a change in your blood flow, so any area that gets bruised may not heal as quickly.

**Mother Love:** Okay. I just got a-- want to ask a follow-up question as far as that's concerned because people say, "When your blood sugar is high for a long period of time...." Is there like a marker for a long period of time because some people will just like ignore the symptoms? When should they pay attention to that?

<card: High blood sugars that don't respond to treatment should be evaluated by a doctor as soon as possible.>

**Carolyn Robertson, RN, MSN:** Anytime you have a cut, anytime you have an open area, that's when you pay attention to it. It doesn't matter if your blood sugar is normal, your blood sugar is high, you pay attention to it.

**Mother Love:** Okay -- J.

**J. Anthony Brown:** I'm here with Chris and your question is?

**Chris:** Well, as if we didn't have enough to worry about I recently learned a big, new word that I heard is a fairly common complication. What can you tell us about gastroparesis?

<card: Gastroparesis is a form of neuropathy that damages the nerves of the stomach, impairing its function.>

**Andrew Drexler, M.D.:** Gastroparesis is actually a form of neuropathy that affects the parts of the body that we don't think about on a regular basis. Normally, you eat and the

food moves from your mouth to the stomach to your intestines. Gastroparesis is when it doesn't move normally.

<card: Gastroparesis may be present without any event symptoms.>

**Andrew Drexler, M.D.:** And the problems with that are really twofold. It can make for very erratic diabetes because all our schedules of treating are based on the idea that the food moves in a predictable way.

<card: Treatments for gastroparesis include oral applications, dietary change, and electrical stimulation (i.e. stomach pacemaker).>

**Andrew Drexler, M.D.:** It can also cause nausea, vomiting and can be very uncomfortable for people who have it. So, it's a serious complication that is probably not always picked up because people aren't aware of it.

**J. Anthony Brown:** I'm here with Maria and your question is?

**Maria:** Besides having tight control with my diabetes what else can I do to prevent bleeding when I'm brushing my teeth?

**Carolyn Robertson, RN, MSN:** Use the right equipment. Your brush, your toothbrush should be soft. You should make sure you use toothpaste and visit your dentist because your dentist is going to give you all the new advice in terms of what can be done to prevent gingivitis.

<card: Even those with diabetes who wear dentures should receive an oral health exam once per year.>

**Carolyn Robertson, RN, MSN:** So, frequent flossing, soft toothbrush, regular visits to the dentist.

**Mother Love:** Dr. Drexler, Carolyn, we thank you so much for all this great information. Now, if anyone has earned the right to be called super diva – well, no, it's not me Mother Love – the title belongs to the international performing sensation, my girlfriend Patti LaBelle and Patti will tell you that some of the work she's proudest of is her work to keep her diabetes under control.

<begin videotape>

**Patti LaBelle:** I wasn't as good as I should have been at first when I found out I was diabetic.

<background of Patti LaBelle songs>

**Patti LaBelle:** Being four years diabetic and I was still eating fried chicken, now that's not good and I think my sugar had gone up to 500 or 600 and I was singing "Somewhere Over the Rainbow" and I just flipped out and fell down and they rushed me to the hospital. Thank God it was at the end of the show, so the people did get their money's worth.

**Announcer:** It is truly my pleasure to present Ms. Patti LaBelle.

**Patti LaBelle:** I always said that I'm going to die soon so when I turned 60 May 24th I celebrated like it was, oh thank you Lord. My mother was diabetic. At the age of 58 she had both legs amputated, so she didn't have the great medicines and the opportunities that I have. So, she died in her early 60s. Being on the road it's hard to take your insulin on a plane and remember that you have all-- you have these four pills to take at a certain time and you have to try to get some exercise in the middle of it at a hotel gym or something or in your bedroom just kicking stuff. So, I do everything I can to stay alive. I do manage it. It doesn't manage me. I am a diva-betic so therefore I'm on top of the game.

<end videotape>

**Mother Love:** That's right a diva-betic. Now that's the right attitude to have. I'm a diva-betic too. Don't go away babies. When we come back, Chef Michel Nishan makes some low carb snacks that have already got Mother Love's mouth watering.

<card: dLife>

<card: Ella Fitzgerald recorded over 200 albums and sold 40 million records...and delighted audiences while she had diabetes>

<commercial break>

**Nicole Johnson Baker:** Welcome back to dLife. If anyone has a reason to make low carb snacks easy and exciting it's Chef Michel Nischan. Two of his five kids have diabetes. Here's Chef Michel now.

<begin videotape>

**Chef Michel Nischan:** As you can see, I've got my hands full. I have five kids, two of which have diabetes, so keeping their bellies full while maintaining a healthy diet can be a real challenge. Now lots of snacks for kids and grownups are high end carbs, which makes maintaining blood glucose very challenging. I'm Chef Michel Nischan and I have some options that are both low in carbs and easy to make, things that you and kids will love and help manage that blood glucose. Now, the first one takes little or no preparation at all, low fat mozzarella sticks individually packaged, portion control, and very tasty indeed. Other easy options are some sliced raw vegetables like cucumber or some celery sticks with some nice wholesome nut butter.

<card: Other low carb snack ideas include low fat yogurt and mixed nuts>

**Chef Michel Nischan:** Now for some hot snacks some of my favorites and my kids' too is Mexican pizza. What we do is we replace the high carb pizza crust with a low carb whole grain tortilla that's been toasted about five seconds on each side in a pan with a little bit of non-stick spray coating. Then we take some low fat refried beans that you can buy in any store and then we have some really awesome store-bought salsa, super, super easy. What I like to do with the salsa is put it in a strainer and just drain it for maybe about three or four minutes, get some of that wateriness out of there, and then it keeps your pizza crust nice and crisp, a little bit of pre-packaged low-fat mozzarella cheese.

<card: Mexican Pizza Per serving, without garnish: 119 calories, 19g carbohydrates, 10g fiber, 11g protein, 3g total fat>

<card: Subtract the sour cream for a pizza lower in fat and calories.>

**Chef Michel Nischan:** It already looks like pizza and I haven't put it in the oven. Then, just give it about three or four minutes in a hot oven and voila, you have a low carb Mexican pizza that tastes great. I like to garnish it with a little bit of sour cream, low-fat, a little sprig of fresh cilantro. This is the more grownup version. And, I don't know about you but I'm going to enjoy this wonderful hot Mexican pizza snack.

<end cooking segment>

**J. Anthony Brown:** And Chef Michel joins us right now.

**Chef Michel Nischan:** How do?

**J. Anthony Brown:** How you doing?

**Chef Michel Nischan:** All right, man.

**J. Anthony Brown:** Good to see you.

**Chief Michel Nischan:** All right, how are you?

**Nicole Johnson Baker:** Good to see you.

**Chef Michel Nischan:** Thanks, hi.

**J. Anthony Brown:** Chef, those snacks look great now.

**Chef Michel Nischan:** Well, you know, I'll tell you. People sometimes assume that fancy foods are the real palate pleasers.

**Nicole Johnson Baker:** Uh huh.

**Chef Michel Nischan:** And because I'm a chef that my kids must eat all these fancy foods but my kids aren't--

**J. Anthony Brown:** They won't eat it.

**Chef Michel Nischan:** -- remotely interested in any fancy food. They're used to these things that are just readily available everywhere. So, the great news is that being a chef I've had the opportunity to figure out ways to develop things that they can eat that are fun, that are easy, that are snack-like that are similar to what's available on the market

but won't spike your glucose. You know the pizzas are particularly awesome because all kids love pizza. We know how much trouble pizza can be--

<Card: Be mindful of total carbs when managing carbs in your meal plan>

**Nicole Johnson Baker:** Oh, my goodness.

**Chef Michel Nischan:** -- managing insulin and glucose.

**Nicole Johnson Baker:** A nightmare.

**Chef Michel Nischan:** Yeah, it really is a nightmare.

**Nicole Johnson Baker:** Yes.

**Chef Michel Nischan:** Long term even, so you know this particular snack uhm...works really great.

**Nicole Johnson Baker:** Well, our studio audience is in for a real treat because Chef Michel has brought a few of his own children here to share some of those very snacks with you. Here come the kids.

<Kids hand out snack to audience and hosts.>

**J. Anthony Brown:** There are the snacks.

**Chef Michel Nischan:** Yeah.

**Nicole Johnson Baker:** And, of course, we just tested our blood sugar so we know if we're able to eat a snack or not, so use your wisdom appropriately. And he even has a little pump on his-- on his belt. That's so cool.

**Chef Michel Nischan:** Yeah.

**J. Anthony Brown:** Ah!

**Nicole Johnson Baker:** Ah! That looks great.

**J. Anthony Brown:** So cool.

**Nicole Johnson Baker:** Thanks man.

<card: For more low-carb eating ideas, go to the dLife Recipe Box at [www.dlife.com/recipebox](http://www.dlife.com/recipebox)>

**Nicole Johnson Baker:** Well, look for these and other helpful recipes and ideas on dLife.com and also in Diabetic Cooking magazine. Stay right there. We'll be back with more dLifeTV in just a moment.

<commercial break>

**Nicole Johnson Baker:** That's it for today. Remember it's always-- it's your dLife. You're responsible for your diabetes life. See you next week.

<card: dLifeTV on CNBC: next Sunday, 7pm ET>

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<closing credits>

<card: Nicole Johnson Baker, Co-Host, dLifeTV>

**Nicole Johnson Baker:** 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.

<card: LifeMed Media>

#### End of Episode 112 ####