

<Montage of clips>

Announcer: dLife TV, 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.

Mother Love: On today's dLife, an examination of diabetes and kidney disease and an up close and honest look on living on dialysis. Plus dLife's guest chef Chris Smith, the diabetic chef, shows us some delicious dishes that are good for your diabetes and your kidneys.

<in Studio>

Mother Love: Now please welcome your hosts, people living diabetes, just like you, Nicole Johnson Baker, J. Anthony Brown, Jim Turner and me, Mother Love. Welcome to dLife everyone.

<card: Mother Love Author and TV Personality>

Mother Love: Well you know today we're talking about diabetic kidney disease and paths to prevention. Did you know that diabetes is the leading cause of kidney failure in the United States? I mean what is that about, we know that it can happen, but there are things that you can do. What do you do Jim?

<card: Jim Turner Actor, Bewitched, HBO's Arli\$\$>

Jim Turner: Uh... I get these microalbumin tests twice a year and they're always what they're supposed to be and I--- seriously I don't know what that means?

<Card: Albumin is a naturally occurring, water-soluble protein found in blood.

<End Card>

Nicole Johnson Baker: Is that that horrible 24-hr container test?

Jim Turner: No.

Mother Love: What's a microalbumin?

<Card>

The filter in a healthy kidney prevents albumin from passing into urine.

<End Card>

Jim Turner: It's like a urine test; I don't know its protein or something.

<card: Nicole Johnson Baker Author, Miss America 1999>

Nicole Johnson Baker: I hate it when you have to collect for 24 hours in the big jug and then you have to take it in. Once uhm... many years ago I- I had done that and we do that--- I do that once a year and they detected that I had too much protein spillage but it went away thankfully and it--- what I was told was that it was partially related to that I went on this high protein diet and I was eating tons of tuna and working out and I just needed to cut back and be a little more balanced.

<Card: Your doctor should check urine microalbumin levels annually.>

Mother Love: We're gonna hear from an expert later in the show, but first here is Jim with our story of the day.

<Jim in front of bulletin board>

Jim Turner: Well this letter is from Dave Davis from Chicago, Illinois. From the shadows of the Sears tower to the farms of northern Wisconsin, I'm a delivery man making sure my clients get the supplies they need. I deliver supplies to dialysis patients in Illinois, Iowa, Indiana, Wisconsin and Michigan. Many of the people I deliver too have diabetes and now full blown kidney failure. Recently in Madison, Wisconsin, I arrived at 7am and brought the product up to the bedroom. There was a 6- or 7-year-old boy doing his manual exchange. I wanted to hug him and his mother, anything to make them feel better. When I got out to my truck I shed a tear and called my 7-year-old to tell him I love

him. From rich to poor, to young to old, my clients span the entire range of people here in the Midwest. Kidney disease doesn't discriminate and the scope of what I see every day is heartbreaking. I had no idea how huge an epidemic kidney disease is. It spares no one.

<Card: Diabetes is the number one cause of chronic kidney failure in the U.S.>

Jim Turner: I wish for one day you could see the world through my eyes. Wow. Well thanks Dave for sharing that very heartfelt story with us.

<Applause>

<Hosts on set>

Mother Love: That was very heartwarming. You know the best way for people with diabetes to prevent kidney disease is tight management and sometimes people don't manage their diabetes tight enough.

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

J. Anthony Brown: I try to get my kidneys checked at least once a year and a lot of people with diabetes don't know that or they're not aware of that. They think once they check their numbers or check the blood sugar or the blood pressure that you don't have to check your heart, your kidneys, your eyes, your feet.

<Card: Diabetes related kidney disease has more than doubled in the last decade.>

Mother Love: Everything. I watched my mother-in-law, God rest her soul, deteriorate. She died from renal failure and she was on dialysis and I watched the frailty of it every, you know, other day getting her blood cleansed and her little body just shrinking and shrinking. I mean when we buried her she was just a shell of herself, you know? And to watch somebody that you love just die off from kidney disease because they have mismanaged their diabetes and, you know, she was an older woman, you know, and they were like well, you know, she's an older woman let her eat whatever she wants but you can't do that, you know, you have to-- you just have to be in there and people have to realize it's a fight every day, every day.

Nicole Johnson Baker: It is, it is. And you shouldn't have to have your life limited by complications especially in a condition where we can manage it and that's why we believe so strongly here that diabetes care starts with the stats, with the statistics and so what we say is that we've got to know our numbers. We want everybody to test don't guess. Because we wanna prevent kidney disease and all these other complications so right now we're gonna test.

<Card: TEST! DON'T GUESS.>

Mother Love: And still to come, Dr. Thomas Hostetter offers his expertise on kidney disease and a first-hand look at dialysis with patient Ben Gray. We'll be right back.

<commercial break>

<Applause>

<Mother Love and Dr. Hostetter on set>

<Card: Mother Love Author and TV Personality>

Mother Love: Welcome back to dLife. Well, we're taking an in depth look at the link between diabetes and your kidneys. It's my pleasure to welcome a former director of the National Kidney Disease Education Program, Dr. Tom Hostetter. Kidney disease can be a scary subject. One of the things I've heard is that they're not as many people who are suffering from the kidney problems right now. What's the latest on it?

<Card: Thomas Hostetter, MD Former Director, National Kidney Disease Education Program>

Thomas Hostetter: Well, still diabetes is the leading cause of kidney failure in the United States and that number is growing, but it looks like it may be growing a little bit less now than it was 10 years ago and in certain subsets of that, people with type 1 diabetes, particularly younger white people with type 1 diabetes, we may actually be starting to see a decline in the number of people developing kidney failure due to diabetes.

<Card: Up to 40% of individuals with type 2 develop kidney disease.>

Thomas Hostetter: But still about half of what we call end-stage renal disease or kidney failure is attributable to diabetes so it's still a huge problem in this country.

Mother Love: Its good news that the numbers are dropping somewhat but how does the kidney actually work?

Thomas Hostetter: Well the kidney is one of the two main organs for getting rid of toxins that your body generates or that you just eat naturally. The other being the liver, but the way we actually talk about kidney function usually is as a filter.

<Card: Each kidney contains 1 million filtering units called nephrons.>

Thomas Hostetter: Uh... and it has a huge ability to filter blood. Many times your total body water is filtered through the kidney every day. The kidney picks back out of that part that's filtered, the things that it wants, the vital sort of substances and excretes those toxins.

Mother Love: What goes wrong with a person when they're, you know, like having kidney disease?

Thomas Hostetter: Well the way we chart that usually is we see that there's filtration function of the kidney, which is what we just usually call kidney function, starts to go down. Uh... and these toxins start to accumulate and then even in later stages things like the salt that you eat normally begins to accumulate in the body, water accumulates and that the end stages, peoples' blood pressure is very bad, they can have swelling and they have lots of fairly non-specific symptoms from the accumulation of these toxins.

<Card: Controlling blood pressure is essential to preventing diabetic kidney disease.>

Thomas Hostetter: But those symptoms really don't occur until people have lost 80/90% of kidney function so it's really vital to do laboratory testing to detect this early.

Mother Love: Are there any, like, tell-tale symptoms that say that you're at the beginning of- of kidney disease?

Thomas Hostetter: No there aren't early uh... symptoms, in fact it's not uncommon that someone will show up in the emergency room having felt pretty well in the last week and need to go on dialysis the next day.

Mother Love: Can you tell us specifically why people with diabetes, you know, get kidney failure?

Thomas Hostetter: We know that high blood glucoses are toxic to lots of organs including the kidney, probably due to some of these toxic substances that they generate within the cells. We also know that people with diabetes have high pressures within their kidney even before they have it in their high blood pressure that you could detect with a cuff.

<Card: Up to 65% of people with diabetes have high blood pressure.>

Thomas Hostetter: And we think the combination of those things damage the kidney.

Mother Love: Now how do I say to my physician, do I say get a specific test, you know, is there a specific test or anything like that?

Thomas Hostetter: They're really two; the principal one is to test the urine for having excess albumin in the urine.

Mother Love: Albumin.

Thomas Hostetter: It's an early indication that the filtering apparatus of the kidney is damaged when albumin leaks through, shows up in the urine, so that's one test. And nowadays we know you can measure that even on a spot or random urine, you don't have to collect a 24-hour urine to do it. The second is the kidney's filtering capacity. We were talking about how as kidney disease progresses you lose filtration and uhm... certain toxins accumulate. Well one thing that accumulates is a chemical called creatinine, doctor's measure that all the time in people's blood as a kidney function test.

Mother Love: Okay.

Thomas Hostetter: What we've learned in the last 10 years or so is that you can just take that value, measured in a random blood sample uh... and put it into an equation that gives you actually a pretty good estimate of what you're filtering capacity is.

<Card: High amounts of urea and creatinine in the blood indicate renal impairment.>

Mother Love: How often should we have these tests done?

Thomas Hostetter: Well people with type 2 diabetes should be tested at least once a year for albumin in their urine and a creatinine used to estimate the filtration capacity. I think most people recommend that in the first 5 to 7 years of type 1 diabetes this may not be so essential but thereafter yearly it should be tested.

Mother Love: Every year.

Thomas Hostetter: The second step though is to take that creatinine and put it into a formula yourself or go to a website that'll do it for you uh... or ask your doctor to do it, is that what does that creatinine mean for me because it varies a little bit person to person, depending on their age and their race and their sex. What does that mean in terms of this filtering capacity, but those two things ought to be measured every year.

<Card: Visit dLife.com to find out more about creatinine levels & kidney disease.>

Mother Love: And also I want to ask about ACE inhibitors. You know, who should take those or who shouldn't take those?

Thomas Hostetter: ACE inhibitors are blood pressure, anti hypertensive, so a blood pressure drug and what we've learned again in about the last 10 or 12 years is that they are particularly good at slowing progression of early kidney damage.

<Card: Angiotensin converting enzyme <ACE> inhibitors can preserve kidney function.>

Thomas Hostetter: So let's say a person with diabetes has a little bit of albumin in their urine more than normal, but let's say they're filtering capacity, this other issue, is still pretty good. We now know if those people get an ACE inhibitor and not just get the ACE inhibitor but keep their blood pressure under control, which usually requires maybe

another drug with it like a diuretic or something uh... but if they can do those things then their chances of going on to actually kidney failure is reduced a great deal.

<Card: Medications such as statins and calcium-channel blockers may be needed.>

Thomas Hostetter: So ACE inhibitors as a part of a blood pressure treatment regiment are really critical. We also know that in the last few years that uh... a sort of cousin of the ACE inhibitors, the ARB's, the angiotensin receptor blockers, work just as well for people who might have allergies or something to the ACE inhibitors.

<Card: ARB drugs help dilate the vessels, lowering blood pressure.>

Mother Love: So there is something that can be done to help us prevent this?

Thomas Hostetter: I think that's a big advance over the last decade, now you can see a patient in clinic and say we're not just testing to see whether you have kidney failure and give you a sentence of kidney failure in a few years.

<Card: PREVENT KIDNEY DISEASE:

Control blood glucose,

Treat high blood pressure early.

Take albumin and creatinine tests annually,

Talk to your doctor about prevention.>

Thomas Hostetter: We can say you have early kidney disease and now there's something we can do about it.

Mother Love: So there is hope we can prevent it. I wanna thank you Dr. Hostetter for all your advice. When dLife returns, we'll see first hand what life on dialysis is like. Stay tuned.

<Card: Learn more about how to protect your kidneys at dLife.com.>

<applause>

<commercial break>

<Jim on set>

<Card: Jim Turner Actor, Bewitched & HBO's Arli\$\$>

Jim Turner: If so much of success with diabetes is about how you treat yourself, what can you do as a patient to make your life better. dLife spent some time with Ben Gray who could teach us all a little something about looking out for number one.

<Montage of Ben's daily activities>

<card: Ben Gray Dialysis Patient, Type 2 Diabetes>

Ben Gray: My name is Ben Gray and I'm a diabetic. I have type 2 diabetes. I work for the city of Chicago and I get up in the morning get ready and hit the street. I didn't know that diabetes and kidney failure were like a-- they're like hand in hand so to speak. One will start the other to happening otherwise I would have jumped on it seriously in 1992 when I first was diagnosed with it. I'd have changed my diet right away, probably wouldn't ate any more cookies and ice cream and I would have went to the club more, would have dropped 20 pounds right away. A couple of years later when things started getting worse then I realize I gotta take this thing seriously. I got to finally go on dialysis because I was at the lowest point that I could get to, my legs were swollen, my feet were swollen, couldn't get into my shoes, high blood pressure, impotence, now these are things they don't tell you about when things start happening to your body that it's not working normally, you gotta get that checked out right away. Because I kept saying "Alright, I'm gonna try this a little longer to try and fight it off." Until I finally said "Okay, set it up."

<Card: There are two types of dialysis; hemodialysis & peritoneal dialysis. Hemodialysis is the most common form of dialysis used in the U.S.>

<Ben at dialysis center>

Mikey: What's your goal 5.5? You're on it for four hours.

Ben Gray: Dialysis is a form of-- it's like an artificial kidney in a sense. It acts and does the things that my kidney no longer does or I can't-- you don't urinate the same, your body does not excrete the toxins that are in it, so once your kidney starts failing you need this to live.

<Card: During dialysis an artificial membrane cleans toxins from the blood.>

Ben Gray: I come to dialysis after work. Each session for myself is like 4 hours, 3 days a week but if it means living it's- it's not a big deal, not a big choice to make. My doctors have, you know, your kidney is failing and you might consider going on dialysis because eventually you will start feeling bad and if you don't do it in time you could die.

<Card: Hemodialysis is typically administered 3 times a week and takes 3-4 hours.>

Ben Gray: My significant other supported me 100%, wanted to make sure that I was eating right, doing the right things,, that I followed up on all the stuff that my physician said that I should do and that I should get in here as soon as I could to take care of this and also pursue a transplant. They asked for a lot of tests before you can even be put on the list so they're not just giving you a kidney because you need one. Most of the transplant centers also want you to be in pretty good general overall good condition and everything else.

Ben Gray in video: Uh... Mikey I think my blood pressure's getting a little low,

Mikey: Dizzy?

Ben Gray: The 113 uh..

Mikey: You feel dizzy?

Ben Gray in video: Yeah, I don't wanna have a scene here so maybe shoot me 100.

Ben Gray: I'm very active, I question things. I ask questions, I find out, I have them explain everything to me because I wanna know what's going on.

<Card: Dialysis is typically needed when 85-90% of kidney function is lost.>

Ben Gray: The dialysis patient has to help themselves too. When they give you your labs back, of course they check once a month and they show you what's high or what's low, what you need to do, you gotta get those down, you gotta take care of that. And you realize you still have a chance to straighten things out and still have a pretty good life and you start realizing how important life really is and you gotta do something.

<Jim on set>

Jim Turner: Well thanks to Ben Gray for being so courageous and staying so informed while taking control of his life. Today over 150,000 people in the U.S. are on dialysis because of kidney failure as a result of diabetes. Up next dLife's guest chef Chris Smith, the diabetic chef.

<Card: Learn how to stay on top of kidney health at dLife.com.>

<Card: Paul Cezanne lived with diabetes before the discovery of insulin... ..and was one of the greatest painters of the post-impressionist era.>

<commercial break>

<Applause>

<Nicole and Chef Chris on set>

<card: Nicole Johnson Baker Author, Miss America 1999>

Nicole Johnson Baker: Having diabetes I think about every single thing I eat, so joining me today is dLife's guest chef Chris Smith, the diabetic chef, to show us diabetes-friendly food choices that don't compromise flavor and thank goodness for that.

<card: Chris Smith The Diabetic Chef>

Chris Smith: Absolutely, flavor is probably the most important thing to have, whether you're a person affected with diabetes or just anyone looking for really good tasting food.

Nicole Johnson Baker: That's true, well tell us now how should we be thinking generally about meal planning?

Chris Smith: Well meal planning can be considered very difficult but it really is very simple. It's balance and it's moderation. Leaner proteins and meats uh... variety of different vegetables uh... very simply put, you wanna have that balance in moderation.

Nicole Johnson Baker: Is there certain ratio in the carbs, the fats, the proteins?

<Card: Limiting carbs controls blood glucose and is key in diabetes meal planning.>

Chris Smith: Traditionally it was that meat, veg and the starch and what I like to recommend is that meat, I always recommend two vegetables because it just gives you that extra...

Nicole Johnson Baker: And it's not bad for ya.

Chris Smith: Absolutely a lot of people just kinda skip the vegetables but I think we need to be more aware that vegetables are an absolute good component to your diet and your nutritional plan.

<Card: A registered dietician (RD) can help create a meal plan that works for you.>

Nicole Johnson Baker: Now what about- what about fats?

Chris Smith: What you really wanna do is just wanna lower the amount of fats that you intake, so especially, you know, when we're cooking it allows you to control the food so that if you can control the food by lowering the fat it gives you that empowerment in the foods overall when you're eating and this is actually a very good example with what we have here with lowering fat.

<Card: Trans fats and saturated fats raise harmful cholesterol.>

Nicole Johnson Baker: And we're- we've got some fish that we're gonna talk about and but fat doesn't just have to come from butter there's the good fat.

Chris Smith: There's good fats and there's and there's bad fats like leaner fish uh... leaner meats also, but today we're gonna focus on the actual cooking process because a lot of times people when they cook they add fat into the cooking process and I'm gonna show you some secrets that we do in restaurants that really bring out the flavor, so we have here today on a cutting board, we have a piece of plastic wrap and a piece of chicken and with this chicken recipe what we're gonna do is we're actually gonna stuff this, I've got a little bit of pepper so you can take a little bit of pepper. I've got a little bit of salt here, not a lot. You don't need it, let's not do yours with salt because if you want, again be aware of the amount of sodium you don't need it.

<Card: Unsaturated fats can help improve your blood cholesterol profile.>

<End Card>

Nicole Johnson Baker: Ok, ok.

Chris Smith: Then what we wanna do is have a low fat Swiss cheese so this just...

Nicole Johnson Baker: Now do you have to do low fat?

Chris Smith: Well you know what, again it's all about choices. I would recommend a low fat cheese but then again you don't even need cheese ok, but I want something...

Nicole Johnson Baker: What could be the alternative?

Chris Smith: Well you just don't need it, I mean for an example we've got uh... Swiss and we've got spinach here but again you can choose the things that you wanna stuff if you wanna do that and as we show in a minute we're gonna show you the salmon that just uses fresh herbs.

<Card: For this and other great recipes visit dLife.com/recipebox.>

<End Card>

Nicole Johnson Baker: OK. OK.

Chris Smith: So we've got a little bit of uh... low fat Swiss, we'll take a little bit of spinach and now what you wanna do being careful uh... with the potassium in this, so you really wanna rinse this off and really squeeze out has much of the water that you can with that.

Nicole Johnson Baker: And that can be dangerous for people who may have had some kidney issues with their diabetes right?

Chris Smith: Exactly, so again the choices are, yes, you wanna make sure that that is drained properly and again people that uh... the kidney- kidney disease, you might want to avoid that. Okay? Check with your doctor on this.

<Card: With kidney disease limit protein, potassium, phosphorous, and sodium>

Chris Smith: So we've got this piece right here.

Nicole Johnson Baker: But you could always use any vegetable you wanted to in the middle.

Chris Smith: Exactly, exactly.

Nicole Johnson Baker: Okay

Chris Smith: Okay so we're right here, now what we wanna do is just kinda wrap this up with our hand, just fold it over.

<Card: With kidney disease, limit protein, potassium, phosphorous, and sodium.>

<End Card>

Nicole Johnson Baker: Do we have to hold it together with...?

Chris Smith: Well that's where the surround wrap comes in, I'm gonna fold this over and now here's the secret, you wanna wrap this tightly. What this does is it actually seals it in so for anyone that wants to try something a little different this procedure is a very good way to retain flavor.

Nicole Johnson Baker: Look at that!

Chris Smith: So what we have here is this, is what we're gonna poach it in, rather than throw this in water by itself, we wrap it up... and let me just put this right in here. So we put this in here, this is simmering water and the result is a finished product. So what this does idea wise is it keeps the juices in and it cooks it in it's own juices and you need the cooking scissors, don't use your office scissors please. Not a good thing and you know the cheese is... can you smell that already?

Nicole Johnson Baker: I can.

Chris Smith: It is absolutely wonderful.

Nicole Johnson Baker: It does smell wonderful, but stuff is falling all over the place.

Chris Smith: It's a little juicy right now but again you just cut this, just give it a minute just to cool down right here now look at this.

Nicole Johnson Baker: That's beautiful!

Chris Smith: It is wonderful. We have a finished plate here.

Nicole Johnson Baker: Okay, I don't know how you could do it without the cheese. The cheese looks really good!

Chris Smith: Well that's why I- I think the choice is having the cheese there really gives it a little bit more. The portion control is less than half an ounce and that you get a great finished result, simply, easily and great flavor.

<Card:

STUFFED CHICKEN BREAST

259 Calories

2g Carbohydrate

36g Protein

11g Fat>

Nicole Johnson Baker: Now this can be down with almost any kind of meat?

Chris Smith: Anything, this is the idea of that is actually taking a- a protein or a meat and stuffing it and putting it in there. But as we see here, here's salmon, a whole piece, if you really love a poached salmon this is the way to go because it just is so simple, fast, I just use fresh herbs, chives, a little bit of thyme, a little bit of rosemary, a little bit of pepper and the results of this are just fantastic. The only thing is again you wanna make sure that that surround wrap is nice and tight.

Nicole Johnson Baker: Okay, simple, easy to do.

Chris Smith: Done, simple, fast and the smell and the taste is wonderful.

Nicole Johnson Baker: Well that's good cooking. Thank you so much Chris for helping us out. It's good for your kidney's and it's also something that will help you manage your diabetes and that's what's most important. So when we come back we'll have a dLife tip from dialysis patient Ben Gray.

<Card:For this and other great recipes visit dLife.com/recipebox.>

<Applause>

<commercial break>

<film clip of Ben>

Ben Gray: Eat good, exercise, eliminate stress, negative people. The rest is up to you, stay positive.

<Mother Love on set>

Mother Love: Thanks for tuning in and thanks to our guests; Dr. Thomas Hostetter, dLife's guest chef, Chris Smith, The Diabetic Chef, and the courageous Ben Grey. And remember, it's your dLife. You are responsible for your diabetes life. We'll see ya next week.

<Card: Hear more from our hosts and today's guests on dLife Backstage Podcasts and dLife.com.>

<Card: dLife, Sunday Nights 7PM ET, 4PM PT>

<Card: To order a copy of any episode of dLifeTV visit www.dlife.com/orderdlifetv.>

<Applause>

<Card: dLife TV is produced by LifeMed Media and does not represent the views or opinions of CNBC, Inc.>

<Credits>

Mother Love: 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's best for you. Remember, it's your dLife and there's no substitute for getting control of it.

End of Episode 127