

Multimedia focus on diabetes



Jim Turner, from left, Mother Love, Nicole Johnson Baker and J. Anthony Brown host "dLifeTV," a weekly talk show on CNBC. The hosts, all of whom have diabetes, try to help viewers cope with the disease in a fun and enlightening way.

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WIND&BODY

A monthly guide to health, wellness and prevention

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When actor Jim Turner was diagnosed with diabetes in high school, the only way to get his blood sugar tested was to go to a doctor once every few months. Now 52, he tests about 10 times daily. At 17, he followed a strict dietary regiment from the American Diabetes Association.

"Now I eat whatever I want to," says Turner, who stars in the HBO series "Arli\$\$" and also has a role in this summer's movie version of "Bewitched."

"I'm not like every diabetic, but I just eat what I want to and I'm in a very active exercise program that alleviates a lot of the mistakes made."

A desire to share information and personal stories was how Turner became involved with dLife, For Your Diabetes Life, a new, multimedia resource that includes a Web site, a TV show and radio segments targeted at the 18.2 million people in the United States living with diabetes. Among the facets of dLife is "dLife TV," a new talk show airing at 7 p.m. Sundays on CNBC. Hosts include Turner, former Miss America, Nicole Johnson Baker, radio personality, J. Anthony Brown, and author Mother Love, all of whom are diabetic. Olympic swimmer, Gary Hall Jr. appears as a sports and fitness correspondent.

On the Web

www.dlife.com, Web site for Your Diabetes Life.

"The hardest part about having diabetes is it seems to change its face all the time," Turner says. "You think you're to blame for doing this and you really should be doing something else, but sometimes it's just the nature of the disease. We hope to be a place where people can come and be involved."

Diabetes is a disease in which the body does not produce or properly use insulin, a hormone needed to convert sugar, starches and other food into energy. The cause of diabetes is unknown, but experts say genetics and factors like obesity or lack of exercise appear to have a role.

dLife was founded by Howard Steinberg, who has been living with diabetes since age 10. He said the resource is targeted at those who may not have the access to information and care that he does.

"There's a television show for virtually every small lifestyle segment, but not a television show for this enormously large population of people with diabetes," Steinberg says. "They not only have an interest in this, but they have an important medical need, which goes beyond just common special interest topics."

Each arm of dLife is designed to

complement the others and other information sources on the disease, Steinberg says. The company did a survey of households dealing with diabetes to find out what they wanted to know and see. Those involved are also hoping that dLife will help dispel misconceptions about diabetes.

“It’s an enormously serious disease and the other misconception is that you can do nothing about it because it’s completely up to the patient to avoid serious health complications,” Steinberg says.

When Dr. Bob Arnot presented segments on various ailments as chief medical correspondent for NBC, he would often get phone calls from individuals who wanted to know more. Arnot, who will serve as dLife’s medical anchor, says television programs on a single disease are a way to provide that depth.

“There’s a huge need for information for patients that have chronic diseases,” he says. “Eighty percent of all anybody knows about their health comes from television and more in-depth stories on the radio and in magazines and newspapers. That’s where we get our health information. The advent of an era where we have a lot more depth on single topics can only be incredibly helpful.”

Gannett News Service

Risk of diabetes rising for Asians

That big jelly belly?

It’s much more than a problem when buying pants.

It’s a significant risk factor for diabetes among Asian-Americans — even among those who aren’t overweight, said researchers at the Insulin Diabetes Center in Boston running a symposium earlier last month.

Researchers explained this and other nuances of diabetes in Asian-Americans to 148 health-care providers, including doctors, nurse practitioners and dietitians.

Asian Americans are twice more likely than whites to develop diabetes, studies show. Yet, doctors may not screen Asian-Americans often enough because physicians don’t know enough about the aspects of diabetes special to this group, said Dr. Ping Wang, director of the Joslin Diabetes Center at UCI Medical Center in Orange, Calif.

For one, the body mass index, or BMI, is not always a reliable diabetes risk factor for Asian-Americans. BMI is calculated by dividing weight by height squared.

In the United States, being overweight or obese often is cited as a risk factor for diabetes. Yet, some Asian-Americans have diabetes despite having a normal BMI of 24.9 or less, King said. A BMI of 25 to 29.9 is considered overweight and 30, obese.

There’s some research suggesting that the normal BMI threshold should be lowered to 23 or 24 for Asians, said Dr. William Hsu, director of the Asian clinic at Joslin Diabetes Center in Boston.

Meanwhile, health-care providers would be wise to consider visceral fat — belly fat — when they’re evaluating Asian-Americans for diabetes risk, even patients who have a normal BMI, Hsu said. Patients, in turn, need to pay attention to reducing their midsection fat by eating healthy food, controlling calories and being physically active every day, Wang said.

That’s easier said than done because Westernization is a contributing factor. Studies of Japanese-Americans and Chinese-Americans show that prevalence of

diabetes is two to seven times higher than in those who live in Japan and China, said Dr. George L. King, research director of the Joslin Diabetes Center in Boston.

Asian-Americans living in the United States adopt the same unhealthy behaviors that contribute to diabetes in other racial groups: lack of physical activity, a super-sized diet high in calories, fat, sodium and refined sugars.

But Westernization is only one part of the puzzle that researchers are trying to piece together.

“It is probably both genes and lifestyle,” King said. Genes play a role, though how exactly is not yet understood, he said.

Asian-Americans tend to develop type-2 diabetes, the kind in which the body doesn’t produce enough insulin or the cells ignore the insulin.

In many cases, a healthy lifestyle can reduce the risk of this type of diabetes.

When treating diabetes, Hsu suggested the following: “Hit hard, hit early.”

He urged aggressive treatment early in the disease, rather than waiting for the disease to progress before using a combination of medications.

And aggressive treatment may include using insulin therapy earlier. Too often among Asian-American patients, insulin is used as a threat.

Patients have an aversion to starting insulin therapy because they mistakenly believe that taking insulin means their disease has worsened.

“A progressive disease needs a progressive physician,” said Dr. Ramachandiran Cooppan, assistant medical director at the Joslin Diabetes Center in Boston.

As for what patients can do to manage their diabetes, Hsu stressed the following: Take medications regularly and properly, monitor blood sugar levels faithfully, eat a healthy diet tailored to your diabetic needs and be physically active every day.

Being active, he said, can be as simple as wearing a pedometer all day and until bedtime, aiming for 10,000 steps every day.

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