

Diabetes Discourse

Volume 4, Issue 3

May, 2014

Quarterly Newsletter of the Bovell Cancer Diabetes Foundation (BCDF)

This Free Newsletter is a Vital Resource for Diabetes Prevention and for anyone Living with Diabetes

Our Vision

- Enriching lives, one person at a time

Our Mission

- To enrich the lives of people living with or at risk for cancer and diabetes by providing financial resources, support, preventive and management education.

BCDF Activities Include:

- Modest grants to individuals/families affected by cancer or diabetes to enhance their quality of life
- Prevention and management education, and small-group workshops
- Advocacy and referrals to resources for individuals/families affected by cancer or diabetes
- Writing grant proposals and fundraising

BCDF relies on donations to carry out its mission. We are an incorporated, charitable Foundation in the Republic of Trinidad and Tobago. BCDF functions with volunteers only and no paid staff.

To contact us with comments, questions or articles, phone 868)

667-2576 or e-mail: adelia@bovellcancerdiabetesfoundation.org;

<http://www.bovellcancerdiabetesfoundation.org>

Disclaimer: *This newsletter is meant to educate and inform. It is not to be used as medical advice. Please consult your doctor for medical advice.*

OUR VALUED SUPPORTERS



Dear Attendees/Supporters/Volunteers

Many thanks for attending our 2nd annual Breakfast and Diabetes Awareness Dialogue on 26th April, 2014. The Board of Directors of the Bovell Cancer Diabetes Foundation (BCDF) would like to extend a sincere thank you for your attendance and show of support we received during our Breakfast and Diabetes Awareness Dialogue. This event would not have been a success without your generous support. The event was great fun, with an excellent Emcee and healthy, delicious food (cassava bread, black pudding, souse, pancakes, buljol, smoke herring, fresh orange juice etc.). Your participation has helped us raise money that will allow us to continue working with communities to stamp out diabetes. The funds raised will go specifically towards supporting our 'Healthy Feet Project' and the 'Small Group Workshop Series'. We are pleased to tell you that 100% of your money goes directly to our projects; not one cent goes to our administrative costs, which are all voluntary. That is why events like these are so important to raise the much needed funds to support BCDF's mission. We sincerely hope that you will continue to

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SMALL GROUP WORKSHOPS COMPLETED

BCDF recently completed one of its annual “hands-on” Workshops at the Community Centre, Belle Garden on 29th and 30th April, 2014. The Workshop was entitled “Aim for Healthy Weight, Diabetes Prevention and Control.” The goals were to: 1) increase awareness about diabetes and its relation to healthy eating and weight control and maintenance within the Tobago East community; ii) provide lessons on eating healthy for weight control, diabetes prevention, control and management for 40 participants; iii) motivate participants to make positive, healthy eating behavioural and weight changes. At the end of the workshop, participants were able to: 1) discuss the relationship among healthy eating, weight control and diabetes; 2) identify the six Caribbean food groups and discuss the plate method for meal planning; and 3) relate their intention to make healthy eating and behavioural changes. Participants had their heights and weights taken, and would be followed by BCDF. Thanks to all who participated.



Cross section at the Workshop

WORTH ITS SALT?

- The words “salt” and “sodium” mean the same thing
- You should eat 2,400 mg or less of sodium daily, (one teaspoon of salt has about 2,400 mg of sodium)
- If you are hungry for a crunchy snack- then try carrot sticks or a piece of fruit

Sample of slides presented at the Workshop



~GOODBYE BROTHER~



**Cornelius
Henson
Bovell
“Corni”
1948-2014**

**We shared lots of years
and had a whole lot of fun.
But God has called you
home to His Son.
We just cannot believe
it has ended this way
There were so many things
we wanted to say.
It is too late for that now
it will just have to wait
until the day that we see you
at the Heavenly gate.
May your soul rest well
our beloved brother
but the day is not over,
because we shall share another
Your tragic death
has left a big hole;
but we will try not to fret;
you are now a free soul.
So when times are great,
and happy as such,
we will think of you, our brother
we will miss you so much
So goodbye for now, brother
We have not one regret.
You were a part of our life
That we will never forget.**

***You have gone, but we cherish your
memory***

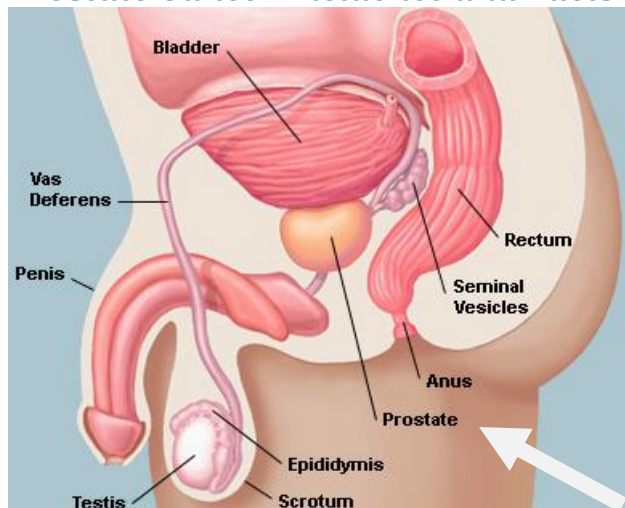
***Henson, may you rest in peace and
safety in God’s arms till we meet again!!***



LET'S TALK CANCER WITH...

Dr. Liselle Bovell

Prostate Cancer Incidence and Facts



WebMD, LLC, 2008

Prostate cancer (PCa) is cancer that forms in tissues of the prostate. Prostate cancer usually occurs in older men, and is the most common type of cancer among men in the western hemisphere, including **Trinidad and Tobago**. **Trinidad and Tobago** had the 4th highest incidence of prostate cancer in 2012; with 124 cases per 100,000 people. The **prostate-specific antigen (PSA)** test is used to screen men without symptoms of the disease. Measuring the **PSA** level can increase the chance of finding prostate cancer when it is very early, and is useful for following the cancer. The **PSA** test usually requires a blood sample. Your **PSA is normal when it is** less than **4.0 ng/mL** (nanograms/mL blood). Men 50 years and younger should have a PSA level **below 2.5**. Studies have shown that men with really low **PSAs** can still have cancer; some urologists proceed with a prostate biopsy when the PSA is **above 2.5 ng/mL**. Older men often have slightly higher PSA levels than younger men. If you have been treated for **PCa**, the PSA level can show if treatment is working or if the cancer has come back. Often, PSA level rises before there are any symptoms, sometimes months or years beforehand. If you choose to be tested, the **PSA** test is most often done every year to screen men:

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support
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us

in our future undertakings. Please know that we truly appreciate your participation and we hope to see you at next year's event! Thanks again for your support.

Sincerely,

Bovell Cancer Diabetes Foundation
Breakfast & Diabetes Awareness Pictures



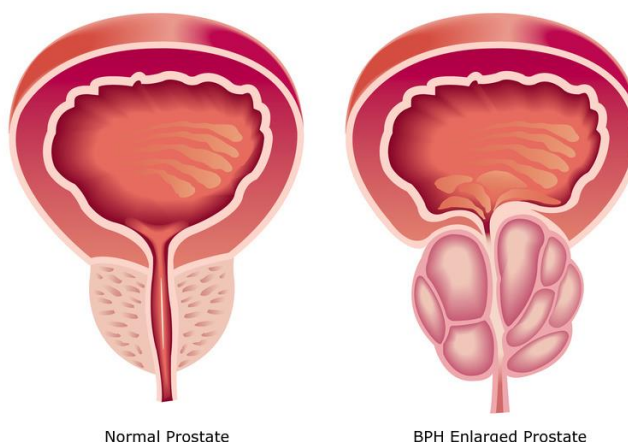
Thanks!!!!!!!!!!!!!!!!!!!!!! See you next year!

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- ❖ Age 50 to 75, if no risk factors are present
- ❖ Starting around age 40 to 45 if you have a higher chance of developing prostate cancer. A family history of prostate cancer (especially a brother or father) and being of African descent are more common risk factors.

In **Trinidad and Tobago**, the population is dominated by two major diaspora: Afro- and Indo-Trinidadians. In 2012, researchers at UWI reported that in Trinidad, the average age of occurrence of **PCa** was 71 years, with higher occurrence in African men than all other ethnic groups and a **PSA** of >100 ng/dL. These features were associated with a 3-fold higher risk of death. There are multiple reasons why your PSA can become elevated.

Enlargement of the prostate gland (BPH), infection, prostate cancer, recent ejaculation, placement of a urinary catheter, prostate biopsy, or instrumentation of the urinary system can all cause elevation of your PSA. The percentage of elevated **PSA** in the range of 4-10 ng/mL that is attributed to prostate cancer is only 31.5%.



<http://www.prostate-massage-and-health.com>

Although the tissue change is different for **BPH** (growth) and inflammation (swelling), the size increase can cause the same problems: reduced urine flow (slow stream) and frequent need to pass small amounts of urine. If you have further questions, please e-mail us or post them on our Facebook.



KIDNEY DISEASE ON THE RISE

TRINIDAD and TOBAGO NEWSDAY

Tuesday 2nd June, 2014



TT Medical Association (TTMA) president Dr Liane Conyette, right, speaks to two persons at a health fair on Saturday in Princes Town. ...

TT Medical Association (TTMA) president Dr Liane Conyette has sounded a warning that chronic kidney disease (CKD) — the 20th cause of deaths nationally — is on the rise due to the increase in both diabetes and hypertension. Conyette said that kidney disease is linked to the top five causes of death in Trinidad and Tobago (T&T), which included diabetes, hypertension and stroke. Giving what she called some “frightening” statistics, Conyette said 40% of Type 1 diabetes patients will have CKD while 50% of persons with Type 2 diabetes will be at risk for developing CKD during their lifetime. “Increasing numbers of people in Trinidad and Tobago are coming down with CKD. Hypertension and diabetes also cause CKD,” Conyette said adding that groups include patients with diabetes, hypertension and persons with a family history of CKDs. She also said that approximately 143,000 persons or 11% of the population are living with diabetes in T&T while, according to WHO 2011 data, deaths from hypertension or high blood pressure accounted for 4.7% of all deaths in TT. Conyette said the cost for patients with CKD who had to undergo dialysis was roughly \$150,000/patient and noted there were roughly 750 patients in the country who require dialysis. She advised participants at the health fair to exercise regularly, eat healthier, which includes more fruits and vegetables in their meals, avoid sugary drinks and have regular medical check-ups. (Source: *Richardson Dhalai, Newsday*)

CHILDREN'S CORNER

Today we revise the signs and symptoms of hyper-glycemia and some basic words to help prevent diabetes, can you remember them? We also have a Word Search for you.

HIGH BLOOD SUGAR Hyperglycemia

Signs and Symptoms:



CELLS are the tiniest parts of your body that make up all the bigger parts. Your body grows bigger by increasing the number of cells by millions and millions. When your body grows from a baby to an adult, your cells do not get bigger: they stay the same tiny size and just increase in number.

INSULIN: is a hormone that is made in the **PANCREAS** and this is the KEY to allow glucose into your cells

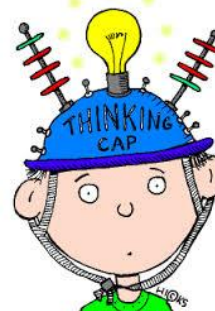
PANCREAS: Your pancreas is an organ in your body whose job is to make insulin



GLUCOSE: sugar - this is what you measure in your blood when you do a finger prick test. It comes from the food you eat.



Diabetes Word Scramble



Solve these word scrambles to discover up to TEN tips to help your friend or family manage or prevent diabetes.

WORDS:

1. YAEHLHT GTAENI

2. GIENB VEICTA

3. TORGMINNIO

4. EIATOMSNICO

5. UCDRGNIE SSTERS

6. GVEPRINTE OLIANOTIPMCCS

7. YLTHAEH GOCINP

8. IAMYHGREPECL

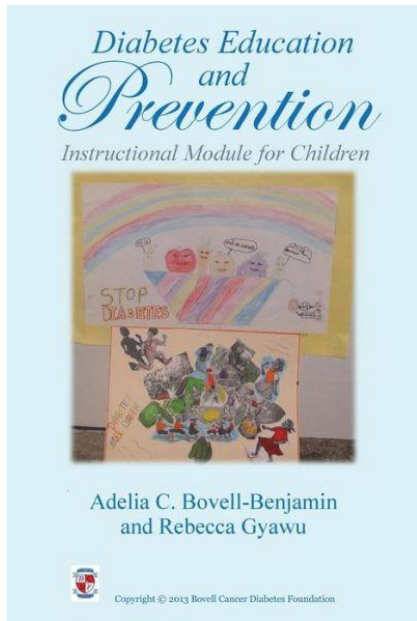
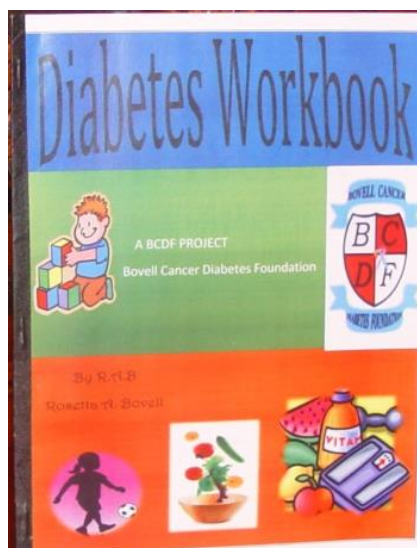
9. ELGSOUC

10. APSEARC�



... A CHILD'S BOOKSHELF...

The BOOKSHELF



BCDF is challenging every Tobagonian and Trinidadian adult to donate this set of books to a primary school. Help us to stamp out diabetes by teaching our children diabetes prevention! Have you done so yet?

ASK THE EXPERTS

Q: *I am stuck. Where can I find help? I am a 61-year-old man, 5-foot-5 and 183 lbs. I was diagnosed with type 2 diabetes in 2003. My last A1C was 9.6. I take metformin, inject insulin three times a day and use a Lantus SoloStar pen before bed. I walk about three miles a day at work and have tried several diets with varying success. I am starting to experience some of the problems diabetes causes. The attitude of my wife and her family is that's life. Where can I go for help?*

A: You are not alone: the struggles and feelings that you describe are very common for people living with diabetes.

What to Know: Resources are available to help you improve your diabetes control and to help your family better understand the challenges of diabetes. It is not too late to make changes that will delay the progression of diabetes-related complications.

Possible solutions: You and your family should attend a comprehensive diabetes education programme, and to see a dietitian. Diabetes education will help family members learn about the complexity of diabetes as well as develop a healthier lifestyle, including meal planning and exercise, which could alter their risk of developing type 2. In Tobago, the BCDF has a comprehensive diabetes education programme, on an individual or small-group basis. There are others. With a 9.6% A1C, you should see your doctor at least every three months to make sure you are making the best of your diabetes regimen. Your diabetes medications may need to be adjusted or new medications added. Be honest with your doctor; share your feelings of frustration and desire to improve your glucose control.

Takeaways: Education and support are key to living successfully with diabetes. Finding resources in your community can help you and your families cope and enjoy healthier lives with diabetes.

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Q: *Should I Drink Fruit Juice?*

A: An 8-ounce glass of orange juice has 28 grams of carbohydrate compared with 14 to 18 grams in a whole medium orange. So it is reasonable to expect that your blood sugar will rise considerably more with the juice.

What to Know: Orange juice is digested rapidly and raises blood sugar quickly, which is exactly why it is sometimes recommended as a treatment for hypoglycemia. The best way to know whether the juice raises your blood sugar too much is to test your blood glucose before and again one to two hours after drinking it. Then compare the numbers. The bigger the spread - the greater the impact on your blood sugar.

Find out More: You can also compare your post-juice blood sugar to the International Diabetes Federation target of <140 mg/dL two hours post meal. When drinking juice, it may be a good idea to pair it with a meal that contains protein and fat. A combination of food and juice will digest more slowly and may not raise your blood sugar as quickly or as much as the juice alone.

Possible Solutions: Eating whole fruit instead of fruit juice offers you better nutrition and blood sugar management. A whole or medium orange contains 3 to 4 grams fibre, compared with barely 1 gram in 8-ounces of juice. Fibre slows digestion time (so a whole orange would not raise your blood sugar as quickly as juice), increases fullness, contributes to normal bowel function, and is associated with decreased risk of many chronic diseases. Not a bad way to get a healthy dose of vitamin C, folate, potassium and vitamin A!

Takeaways: If you choose to drink orange juice when your blood sugar is normal, do so only if it does not raise your blood sugar out of your target range, and consider drinking it with other foods. Better yet, choose the whole fruit instead. *Reprinted from Diabetes Forecast, July 2014*



WORLD DIABETES DAY 2014



World Diabetes Day is a campaign that features a new theme chosen by the International Diabetes Federation (IDF) each year to address issues facing the global diabetes community. While the themed campaigns last the whole year, the day itself is celebrated on **November 14**.

Healthy Living and Diabetes is the World Diabetes Day theme for 2014-2016.

The World Diabetes Day 2014 campaign marks the first of a three-year (2014-16) focus on **healthy living and diabetes**. This year's activities and materials will specifically address the topic of healthy eating and its importance both in the prevention of type 2 diabetes and the effective management of diabetes to avoid complications.

The key messages of the campaign include:

- **Make healthy food the easy choice**
- **Healthy eating: make the right choice**
- **Healthy eating begins with breakfast**

Come celebrate World Diabetes Day with BCDF

Mark Your Calendars!

2014

6th Annual "Diabetes in the Limelight Jamboree"

7th November
Roxborough



BCDF 2014 RAINBOW CALENDAR OF EVENTS

27 th December, 2013	Book Launch - Completed BCDF launches two books – <i>“Diabetes Education and Prevention: An Instructional Module for Children”</i> and <i>“Diabetes Workbook”</i>
January - December	Life for a Child Project - Continues Patterned after the International Diabetes Federation's program, this project meets the immediate needs (testing strips, assistance and support for doctors' visits, monitoring and education) of a child with diabetes.
17 th January	Application for First Quarter Funding Deadline - Completed Our mission is enriching lives of people living with cancer and diabetes by providing financial and educational resources
February	Diabetes Discourse - Completed Distribution of the free Quarterly Newsletter of the Bovell Cancer Diabetes Foundation
12 th –13 th March	Small Group Workshops - Rescheduled Hands-on workshops that will provide current information to help participants learn about nutrition and physical activity and other changes needed to obtain and maintain healthy weight.
11 th April 29 th & 30 th April	Application for Second Quarter Funding Deadline - Completed Small Group Workshops - Completed
26 th April	Breakfast and Diabetes Awareness Morning – Market Square, Scarborough, Tobago - Completed
2 nd – 6 th May	Complimentary Foot Care Exams; Foot Care Workshop; Diabetes Discourse RESCHEDULED
May - December	Diabetes Education on Wheels
June	Small Group Workshops - Completed Hands-on workshops that will provide current information to help participants learn about diabetes prevention and management
14 th July	Application for Third Quarter Funding Deadline
August	Diabetes Discourse
17 th October	Application for Fourth Quarter Funding Deadline
October/November	Primary School World Diabetes Day Poster Competition Poster design is an expression of creativity and technical aptitude. BCDF presents its fourth annual primary school poster competition for the occasion of World Diabetes Day 2012.
November	Diabetes Discourse
1 st November	BCDF Annual Fundraiser BCDF flagship event (<i>‘All You Can Eat’ Fish Broth Dinner</i>) will take place at the Belle Garden Community Centre, Belle Garden, Tobago
7 th November	Sixth Annual Diabetes in the Limelight Jamboree BCDF joins the World Diabetes Day campaign emphasising diabetes education and prevention