

# HEALTH

## Prediabetes: Your chance to prevent type 2 diabetes

November is American Diabetes Month and there will be a great deal of information shared on that subject. But some of you may have heard of a condition called Prediabetes and asked what it is. Following is a brief overview taken from the CDC. Please be certain to talk to your health professional about any of this information.

Prediabetes is a serious health condition where blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. Approximately 84 million American adults — more than 1 out of 3 — have prediabetes. Of those with prediabetes, 90 percent don't know they have it. Prediabetes puts you at increased risk of developing type 2 diabetes, heart disease, and stroke.

The good news is that if you have prediabetes, the CDC-led National Diabetes

Prevention Program can help you make lifestyle changes to prevent or delay type 2 diabetes and other serious health problems.

### What Causes Prediabetes?

Insulin is a hormone made by your pancreas that acts like a key to let blood sugar into cells for use as energy. If you have prediabetes, the cells in your body don't respond normally to insulin. Your pancreas makes more insulin to try to get cells to respond. Eventually your pancreas can't keep up, and your blood sugar rises, setting the stage for prediabetes — and type 2 diabetes down the road.

### Signs & Symptoms

You can have prediabetes for years but have no clear symptoms, so it often goes undetected until serious health problems such as type 2 diabetes show up. It's important to talk to your doctor about getting your



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blood sugar tested if you have any of the risk factors for prediabetes, which include:

- Being overweight
  - Being 45 years or older
  - Having a parent, brother, or sister with type 2 diabetes
  - Being physically active less than 3 times a week
  - Ever having gestational diabetes (diabetes during pregnancy) or giving birth to a baby who weighed more than 9 pounds
  - Having polycystic ovary syndrome
- Race and ethnicity are also a factor: African

Americans, Hispanic/Latino Americans, American Indians, Pacific Islanders, and some Asian Americans are at higher risk.

The good news: prediabetes can be reversed.

You can get a simple blood sugar test to find out if you have prediabetes. Ask your doctor if you should be tested.

### Preventing type 2 diabetes

If you have prediabetes, losing a small amount of weight if you're overweight and getting regular physical activity can lower your risk for developing type 2 diabetes. A small amount of weight loss means around 5 to 7 percent of your body weight, just 10 to 14 pounds for a 200-pound person. Regular physical activity means getting at least 150 minutes a week of brisk walking or a similar activity. That's just 30 minutes a day, five days a week.

### National Diabetes Prevention Program

A lifestyle change program offered through the CDC-led National Diabetes Prevention Program can help you make those changes — and make them stick. Through the program, you can lower your risk of developing type 2 diabetes by as much as 58 percent (71 percent if you're over age 60).

Highlights include:

- Working with a trained coach to make realistic, lasting lifestyle changes.
  - Discovering how to eat healthy and add more physical activity into your day.
  - Finding out how to manage stress, stay motivated, and solve problems that can slow your progress.
  - Getting support from people with similar goals and challenges.
- Ask your doctor or nurse if there's a CDC-recognized National

Diabetes Prevention Program offered in your community. The best time to prevent type 2 diabetes is now.

For a link to more valuable information on this topic go to [www.chcneo.com/education](http://www.chcneo.com/education) and click on the National Diabetes Prevention icon.

Locally, Community Health Center of Northeast Oklahoma, Inc., dba Afton, Grove and Welch Community Health Centers continue to serve the area with the finest in personalized medical and behavioral health care. For details or to schedule an appointment contact (918) 257-8029, (918) 801-7504 or (918) 788-3918 or check us out on the web at [www.chcneo.com](http://www.chcneo.com), like us on Facebook or follow us on Twitter, Instagram, Tumblr, Reddit, Digg, Google+ and YouTube @chcneo. A sliding payment scale is available for patients based on family size and income.

## Seniors without safety net of family need fallback plan

It was a memorable place to have an "aha" moment about aging.

Peter Sperry had taken his 82-year-old father, who'd had a stroke and used a wheelchair, to Disney World. Just after they'd made their way through the Pirates of the Caribbean ride, nature called. Sperry took his father to the bathroom where, with difficulty, he changed the older man's diaper.

"It came to me then: There isn't going to be anyone to do this for me when I'm his age, and I needed to plan ahead," said Sperry, now 61, recalling the experience several years ago.

Sperry never married, has no children and lives alone.

Like other "elder orphans" (older people without a spouse or children on whom they can depend) and "solo agers" (older adults without children, living alone), he's expecting to move through later life without the safety net of a spouse, a son or a daughter who will step up to provide practical, physical and emotional support over time.

About 22 percent of older adults in the U.S. fall into this category or are at risk of doing so in the future, according to a 2016 study.

"This is an often overlooked, poorly understood group that needs more attention from the medical community," said Dr. Maria Carney, the study's lead author and chief of the division of geriatrics and palliative medicine at Northwell Health in New York. It's also an especially vulnerable group, according to a recently released survey of 500 people who belong to the Elder Orphan Facebook Group, with 8,500 members.

Notably, 70 percent of survey respondents said they hadn't identified a caregiver who would help if they became ill or disabled, while 35 percent said they didn't have "friends or family to help them cope with life's challenges."

"What strikes me is how many of these elder orphans are woefully unprepared for aging," said Carney, who reviewed the survey at my request.

Financial insecurity and health concerns are common among the survey respondents: a non-random sample consisting mostly of women in their 60s and 70s, most of them divorced or widowed and college-educated.

One-quarter of the group said they feared losing their housing; 23 percent reported not having enough money to meet basic needs at least once over the past year; 31 percent said they weren't secure about their financial future.

In the survey, 40 percent of people

admitted to depression; 37 percent, to anxiety. More than half (52 percent) confessed to being lonely.

Carol Marak, 67, who runs the Facebook group, understands members' insecurities better than ever since suffering an accident several weeks ago. She cut her finger badly on a meat grinder while making chicken salad for dinner guests. Divorced and childless, Marak lives alone in an apartment tower in Dallas. She walked down the hall and asked neighbors — a married couple — to take her to the emergency room.

"I freaked out — and this wasn't even that big of a deal," Marak said. "Imagine people like me who break a hip and have a long period of disability and recovery," she said. "What are they supposed to do?"

Sperry has thought a lot about who could be his caregiver down that road in a circumstance like that. No one fits the bill.

"It's not like I don't have family or friends: It's just that the people who you can count on have to be specific types of family and friends," he said. "Your sister or brother, they may be willing to help but not able to if they're old themselves. Your nieces and nephews, they may be able, but they probably are not going to be willing."

The solution Sperry thinks might work: moving to a continuing care retirement community with different levels of care when he begins to become less independent. That's an expensive proposition — entry fees range from about \$100,000 to \$400,000 and monthly fees from about \$2,000 to \$4,000.

Sperry, a longtime government employee, can afford it, but many people aging alone can't.

Sperry also has a short-term plan: He wants to retire next year and relocate from Woodbridge, Virginia, to Greenville, South Carolina — a popular retirement haven — in a home with design features to help him age in place. Those plans could be upended, however, if his widowed mother in Pennsylvania requires extra care.

In the meantime, Sperry is resolved to be pragmatic. "Do I look at my situation and say 'Gee, there's not going to be anyone there for me' and start feeling sorry for myself? Or do I say 'Gee, I'd better figure out how I'm going to take care of myself?' I'm not going with pity — I don't think that would be very pleasant," he said.

Planning for challenges that can arise with advancing age is essential for people who go it alone, advised Sara Zeff Geber, a retirement coach and author of "Essential Retirement Planning for Solo Agers: A Retirement and Aging Roadmap for Single



and Childless Adults." A good way to start is to think about things that adult children do for older parents and consider how you're going to do all of that yourself or with outside assistance, she said. In her book, Geber lists the responsibilities that adult children frequently take on: They serve as caregivers, help older parents figure out where to live, provide emotional and practical support, assist with financial issues such as managing money, and agree to serve as health care or legal decision-makers when a parent becomes incapacitated. Also, older parents often rely on adult children for regular social contact and a sense of connectedness.

In New York, Wendl Kornfeld, 69, began running yearlong workshops for small groups of solo agers four years ago. Though married, she and her 80-year-old husband consider themselves future solo agers living together. "We figured out a long time ago one of us was going to survive the other," she said.

At those gatherings, Kornfeld asked people to jettison denial about aging and imagine the absolute worst things that might happen to them, physically and socially. Then, people talked about how they might prepare for those eventualities.

"The whole purpose of these get-togethers was to be fearless, face issues head-on and not keep our heads in the sand," Kornfeld said. "Then, we can plan for what might happen, stop worrying and start enjoying the best years of our lives."

Kornfeld took her program to New York City's Temple Emanu-El three years ago and is working with several synagogues and churches interested in launching similar initiatives. Meanwhile, elder orphans have begun meeting in-person in other cities, including Chicago; Dallas; Portland, Ore.; San Diego; and Seattle, after getting to know each other virtually on the Elder Orphan Facebook Group.

Kornfeld applauds that development. "So many solo agers identify as being introverted or shy or impatient with other people. They have a million reasons why they don't go out," she said. "I tell people, this may be hard for you, but you've got to leave the house because that's where the world is."

### HEALTH WATCH

## What to know about healthy probiotics

### TIP OF THE WEEK

According to probiotic entrepreneur Heather Holmes, the human body naturally contains trillions of good and bad bacteria that must stay in balance for optimal health.

This balance is fragile and often disrupted. Probiotics are beneficial inside the body and out.

Internal probiotics help send food through your gut, absorb nutrients and protect the body against potentially harmful invasions by bad bacteria, according to ReFresh. These beneficial probiotic strains can be found in fermented foods like yogurt, kefir, sauerkraut, kombucha, kimchi and pickles, to name a few.

### SICKLE CELL

#### What to know about sickle cell disease

Tosin Ola never passes up the opportunity to share information about the sickle cell disease she faces, including these facts.

1. The disease can be eradicated just by knowing your trait. An SCD test is not run on adults unless you ask for it, so do so as part of your annual blood work. If you have the trait, educate yourself on how you can pass it on.

2. SCD patients are not pain medication seekers. As an "invisible" disease, the lack of objective methods to measure pain means emergency room staff are often skeptical and assume SCD patients are addicts. Facing disbelief and judgment, Ola sometimes even avoids the emergency room.

3. SCD is more than just pain. Patients may also suffer the destruction of red blood cells, fatigue and, in cases of chronic hemolytic anemia, hypoxia, vascular injury, progressive end-organ damage and premature mortality.

For information, visit [www.sicklecellwarriors.com](http://www.sicklecellwarriors.com).

### KIDS' HEALTH

#### Shielding children from pesticides

If you're a parent

seeking to minimize your child's contact with pesticides, consider the following, according to Stonyfield:

— Scrub and/or peel your produce. Remove pesticide residue from store-bought fruits and veggies by washing with tap water using your fingers or a stiff brush.

— Seek out organic health and beauty products. Look for organic versions of everyday items such as soap, shampoo and lotion.

— Check up on your drinking water. The EPA tests and regulates public drinking water sources, but not private wells. It recommends testing your private well annually, using a state-certified lab.

— Monitor pesticide use where your children play. Most sports fields and parks are treated with chemical cocktails of herbicides, insecticides and fungicides.

### MEDICARE

#### Info on Medicare Part D's donut hole

Medicare Part D, which helps cover prescription drugs, has its own terminology.

Most Part D plans have a coverage gap known as a "donut hole." In 2019, you enter this donut hole once out-of-pocket costs (including deductibles, copays and coinsurance) for prescription drugs reach \$3,820. While in the donut hole, you will pay a percentage of drugs' cost.

In 2019, once out-of-pocket costs reach \$5,100, you exit the donut hole and pay a smaller coinsurance. The donut hole's days are numbered. Under a 2010 Affordable Care Act provision, the coverage gap has been shrinking. Beginning in 2019, the maximum you will pay in the gap for a branded drug is 25 percent of its cost. For generics, it is 37 percent, but in 2020, that will be reduced to 25 percent.

Medicare Annual Enrollment runs from Oct. 15 to Dec. 7. To learn more, visit [UHCOpenEnrollment.com](http://UHCOpenEnrollment.com).