

We're living in the heart of a diabetes epidemic.

Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcast from the beautiful studios at St. Barnabas Hospital in the Bronx. I'm Steven Clark. Nearly 1 million New Yorkers have type 2 diabetes and that includes about 1 in every three adults in the Bronx. The Fordham Bronx Park area of the Bronx has the highest rate of diabetes in the city. Even worse, nearly one in five of those with diabetes don't even know they have it and that doesn't count the tens of thousands who have pre-diabetes which means if they don't make changes in their life they'll end up with the disease. Diabetes is deadly if not diagnosed and treated it can lead to heart attacks, stroke, blindness, kidney failure, nerve damage and amputation. With us today to discuss diabetes is Harris Leitstein, a nurse practitioner and diabetes educator at SBH Health System. Welcome Harris.

Thanks Steve, pleasure to be here.

So why is the problem especially bad in the Bronx?

Well, it's a combination of things. One we know that this horrible disease hits people especially hard who are in the Hispanic and African American community and our community is largely Hispanic and African-American. Another problem that we have is that this part of the Bronx is not so affectionately referred to as a food desert which means that the folks here don't have access to high quality food. There aren't any Whole Foods around here. It's basically just inexpensive sources of food and economically, foods that are high in carbohydrates, tend to be less expensive than foods that have higher rates of protein and other nutritional value. So we're really getting slammed in a perfect storm here, unfortunately.

How come so many people don't even know they have diabetes?

Well, a lot of people don't go to the doctor unfortunately and that's a problem that crosses all boundaries in this community. Also, there's an economic consideration which discourages people from making that expense to go see a doctor even if it's a minimal expense it's still impactful on people who are at the low end of the economic spectrum. Also culturally, and I guess speaking from my gender, men don't like to go to the doctor. Women tend to take care of their health or be more conscious of their health than men do so I see a lot of men who come in who have come up from the emergency department having never known that they had diabetes until something brought them in that's a sequel to diabetes like maybe a heart attack a stroke or some really really intense symptoms of the disease that someone else recognized in them and said "Hey, you've got the sugars."

I guess the signs in general, especially early on, are not that dramatic, right?

Not unless you know what you're looking for. What tends to happen is and I get this all the time from people who I see for the first time, what tends to happen is the dry mouth and people think oh I'm just thirsty and then they drink and drink and drink and drink and it doesn't quench their

thirst and then they urinate and urinate and urinate and they don't make the connections that might be a sign of diabetes. Other things that could give us a hint that they might have diabetes some blurry vision, itchy skin, all sorts of things short of a major thing like a heart attack.

Okay, let's begin by defining a few terms. What exactly constitutes diabetes?

Well, diabetes is basically the inability of the body to properly metabolize sugar. In simple terms, it basically means you eat carbohydrates but you can't use them to fuel your body and then the body starts very often to look at other things to fuel the body and by saying "fuel the body" I mean you and I are sitting here talking, the body requires fuel to simply do that. We're not talking about walking ten blocks. Just a simple process of vision, breathing, thinking, sitting up straight. All of that requires fuel in the cells and if the cells don't get their fuel, which is sugar re-fuel as sugar then those things don't work very well and it's essentially the gasoline in the tank. That's what the sugar is and insulin is the thing that's in non-diabetics is produced to allow the sugar to get into the body's cells the sugar can't do it on its own needs a little key to unlock the door of the cell and people with diabetes either in the case of type 2 diabetes don't very often have enough of that insulin or in the case of type 1 diabetes which is a much smaller subset of the diabetes universe don't have any insulin so we have to replace that.

What's the difference between type 1 and type 2 diabetes?

Well, simply put type 1 diabetes means that the body does not produce any insulin, so it has to be replaced with insulin injections. Type 2 diabetes is a little more complicated. It's very often a combination of the body not producing enough insulin to get the sugar into the cells and it's also an issue of insulin resistance and we see that very often and I guess what everyone considers the classic diabetic who's overweight and sits on the couch, what that presents is there may be enough insulin working. Usually there's not, but the heavy weight the fat of the individual sort of inhibits the ability of the insulin to do its job so we have to encourage the person to lose weight and very often that will improve the blood sugars of the individual but most of the times we have to supplement with oral medications, some injections and sometimes insulin.

I know we refer to type 2 diabetes as typically adult onset, but yet you're seeing type 2 diabetes in 12 year olds right?

Yeah that's the real tragedy especially for the future. In the past as you say little kids would come in and they would always have type 1 diabetes. You know they would be thin and they would have all of the symptoms of type 1 diabetes but now what we're seeing are kids who are massively overweight and they present to their pediatrician or worse the emergency department with type 2 diabetes because of that weight and also what's coming along with that are things like high cholesterol and high blood pressure and if you look at diabetes where we used to say well if

you're young and you have diabetes or if you're old and rather if and you have diabetes maybe in 20 years your kidneys will you know not function so well and what have you and if you say that to a 70-year-old okay so when I'm 95 my kidneys will fail but if you say that to a parent of a 10

year old that they're going to start seeing the problems that are caused by high cholesterol, high blood pressure, which are things like kidney issues and heart disease, then we're talking about a kid who's going to start seeing these things potentially before they're 30 years old and that is I think a tragedy and from a larger point of view it presents a situation where we have a society that's going to have to take care of these people for potentially another 40 or 50 years with heart disease, with renal disease and eye disease, and whatever else they might be confronted with as they get older so it's really an explosion waiting to happen and that's not to say that we already have an explosion but that's going to be another wave and another explosion down the line.

Now pre-diabetes is obviously someone who appears down the road like that he might get diabetes. What do you do when you run into someone who's pre-diabetic?

Well with all diabetics the guidelines suggest that we have them change their lifestyle and usually that means getting more exercise, losing weight, eating right, the things that they can do on their own with some education on our part and that can possibly hold off the onset of diabetes. But failing that, we can watch them very closely. I have several patients who have what's called impaired blood glucoses where their sugars are higher than non-diabetics, but it's really not at a point where it's a crisis and we watch them. Sometimes we can introduce common medication called metformin and that will help them keep their blood sugars down. We basically want to keep their sugars down for as long as we can help their pancreas out as long as we can. The pancreas is the organ in the body that produces insulin and just make sure that they have a healthy lifestyle.

Once you have diabetes, is it reversible?

It's not reversible. I have a lot of patients who say, "Well, if I right away can I stop taking my meds" and I'm honest with them. I have seen maybe a handful of patients whose blood sugars come down to an acceptable place, maybe even a non-diabetic place, but those people tend to just dramatically change their lifestyle and I'm always wondering "How long can you maintain that?" so I tend to say to people it's really not reversal. It's a chronic disease much like say HIV is, and as with HIV the secret is, as with any chronic disease, the secret is seeing your doctor, eating right, taking the medicines that are prescribed to you, and just letting us watch and make sure that you stay in a healthy state physiologically.

If you have diabetes and you're compliant, can you hold off complications?

You can. It's all a matter of risk and my job is to reduce the risk as best I can in my patients. So I can't say to someone you will never have renal disease or you will never have the heart attack or what have you, but we can look at people both you know genetically you know do their parents have heart disease, does her immediate family have kidney disease and we can keep a really tight lid on the sugars and the blood pressure and the cholesterol. They tend to all come together and if we can keep those things under control we can really minimize the risks of bad things happening. But I can't guarantee it. I wish I could.

Very quickly, because we're running out of time now what are some do's and don'ts about diet when it comes to diabetes?

Well I think the secret is that we should all eat healthful diets and what that means is limiting the processed foods and limiting the amount of carbohydrates we take in especially the simple sugars; eliminating the regular sodas; eating a high-fiber diet; eating properly; getting exercise, getting out there even as simple as walking 30 minutes a day. All those things that we should all do it becomes essential for diabetics to do.

Okay, well Harris thank you very much for joining us and SBH Bronx Health Talk. If a listener wants to make an appointment with you how would they do it?

Sure, we're located in the main hospital building on the fourth floor in the Center for Comprehensive Care and the telephone number there is 718-960-3100. That's the best way to reach us and make an appointment.

Okay, for information on diabetes and other services available at SBH Health System you can also visit www.sbhny.org. Thank you for joining us.

My Pleasure, thank you steve.

Until next time.