

# HEALTH ALERT



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## 'Double Diabetes' A New Threat

19-Nov-2008



(BlackDoctor.org) -- Despite the flurry of public service campaigns and education efforts, the diabetes epidemic in the United States continues to escalate out of control.

An estimated 20.8 million Americans -- or 7 percent of the population -- are now believed to be diabetic. Of those, 6.2 million people have the disease but don't know it. And that doesn't include the 41 million people with pre-diabetes, a condition in which blood-glucose levels are higher than normal but not high enough to be diagnosed as type 2 diabetes.

In fact, the epidemic has become so pervasive that doctors are now finding patients who suffer from *both* type 1 and type 2 diabetes -- a phenomenon known as "double diabetes" or "hybrid diabetes."

"It's mostly people who have a type 1 diabetes who become overweight and show the profile of a type 2, with obesity and hypertension," said Dr. Stewart Weiss, an assistant clinical professor of medicine at New York University School of Medicine in New York City.

Doctors and health-care experts are urging people to take the steps necessary -- basically proper nutrition and plenty of exercise -- to avoid joining the ranks of those already diagnosed with the disease.

Type 1 diabetes is caused by the body's inability to produce insulin, the hormone that ushers blood sugar -- called glucose -- to cells for energy. An estimated 5 percent to 10 percent of Americans with diabetes have type 1 disease. Type 2 diabetes results from insulin resistance -- the body's inability to properly use the hormone. Most Americans diagnosed with diabetes have type 2 diabetes, and excess weight and lack of exercise are big contributors to this form of the disease.

But, doctors are now seeing strong indications that double diabetes is a growing phenomenon. For instance, recent studies suggest that as many as 30 percent of newly diagnosed diabetes cases among children involve youngsters with both type 1 and type 2 diabetes.

Generally, double-diabetes sufferers will often look as though they have the more common type 2 version because they're overweight. But subsequent blood tests reveal they also have type 1 disease.

Double diabetes takes the suffering caused by the disease a step further, and complicates efforts to treat it.

Type 1 diabetics normally have to take daily injections of insulin to remain healthy, while type 2 diabetics require different medication and regular monitoring of their blood sugar. Doctors now are researching how to juggle treating both types of diabetes in the same patient, Weiss said.

"We have all sorts of medications that address different problems for different types of diabetes," Weiss said. "The question with double diabetes becomes, when can we use the different types of medications and what would be appropriate for different patients?"

Weiss suspects that double diabetes might be caused, in part, by type 1 diabetics who are taking insulin but haven't made the other lifestyle changes necessary to deal with the disease.

"One of the consequences of proper insulin use is weight gain," he said. "Often, patients who have not had a good understanding of how to eat are taking the insulin to cover what they normally eat."

The national trend toward unhealthy weight gain has spurred both the diabetes epidemic and this newer, more complex form of the disease, agreed Dr. Francine Kaufman, past president of the American Diabetes Association and head of the Division of Endocrinology and Metabolism at Children's Hospital Los Angeles.

"It's mirroring the obesity epidemic," Kaufman said.

Diabetes can cause a number of complications that range from life-damaging to life-threatening. They include heart disease and stroke, high blood pressure, blindness, diseases of the nervous system, lower-limb amputations, dental disease and complications during pregnancy.

The best way to avoid these complications is to avoid contracting diabetes. A recent study conclusively showed that people on the verge of contracting type 2 diabetes prevented its onset through changes to their diet and increased exercise, according to the American Diabetes Association.

The federal Diabetes Prevention Program study found that diet and exercise actually worked better than some medications in delaying the development of diabetes, according to the association. Just 30 minutes a day of moderate physical activity, coupled with a five percent to 10 percent reduction in body weight, produced a 58 percent reduction in diabetes.

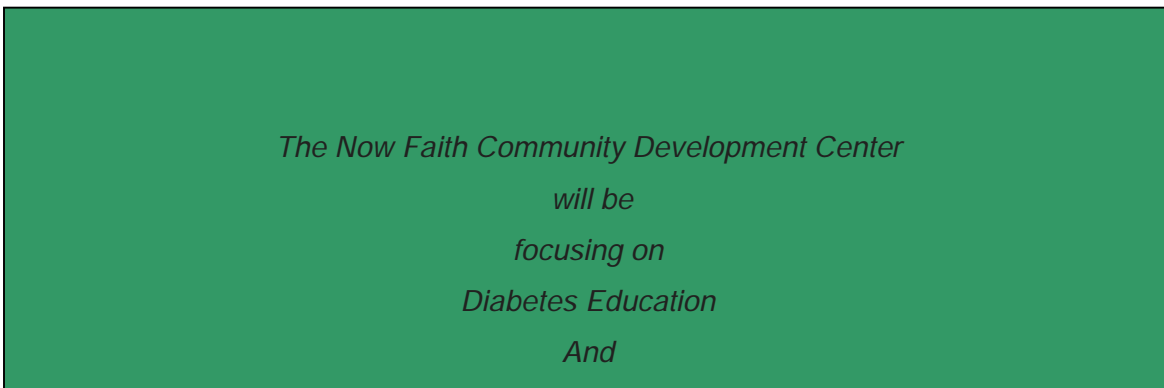
"People need to maintain a healthy weight and a healthy lifestyle," Kaufman said.

Weiss recommends improving diet by eating more vegetables, fewer starches and more lean meat and fish. "I like to say there's no medication that can overcome a bad diet," he said.

He also said people should not only eat healthier, but they should try to eat less, too.

"The problem really is overeating in general," he said. "The portion size put before us is very large, so portion control is the single most important thing. You've got to know when to say when."

To learn more, visit the [American Diabetes Association](#).



## Condition Control > HIV/AIDS > HIV and AIDS Still Gaining Strength Among Minorities, Women

(BlackDoctor.org) -- No matter who you are or where you live, there are three things you should know about Acquired Immune Deficiency Syndrome (AIDS), according to Dr. Victoria Cargill of the Office of AIDS Research at the National Institutes of Health (NIH). Know how it's spread, know when and how to get help, and know that your life can go on productively even if you test positive.

Despite the success and availability of drug therapies that have sharply cut the death rate from AIDS in the U.S., the epidemic continues to gain strength in some groups such as women and minorities and in some areas such as urban and poor neighborhoods and in rural areas of the southeastern U.S. Racial and ethnic minorities — especially African Americans and Latinos — continue to account for a disproportionate number of the new cases of HIV/AIDS in the U.S. across all categories — women, men and adolescents. Almost 80 percent of the HIV/AIDS cases diagnosed in women are in African Americans and Latinas.

"There are several reasons why these groups are hardest hit," Dr. Cargill says. "There continue to be knowledge gaps in racial and ethnic communities about how HIV, the virus that causes AIDS, is spread."

The NIH Office of AIDS Research plans, coordinates, evaluates and funds all of the agency's AIDS research. In addition to coordinating the office's HIV/AIDS research program on racial and ethnic minorities, Dr. Cargill treats people who have HIV/AIDS in the Anacostia area of Washington, D.C.

Most people know that HIV can be spread in several ways: from mother to child at birth; via unprotected sex with an infected person; or by sharing needles with someone who is infected. "We have been very successful in lowering mother-to-child transmission rates in the U.S.," she continues, "but that can only work if expectant mothers get prenatal care. We have to continue to tell pregnant women to see a doctor and get tested. We

have to emphasize to everyone that any unprotected sexual contact — oral, anal or vaginal — can spread the virus. We have to stress that blood contamination can come not only via needles used for injecting drugs, but also needles used for piercing, as well as any drug paraphernalia — the cotton, the cooker, the spoon. Any of these can become contaminated with blood, and therefore any of them can become a vehicle for HIV infection."

### **Disparities in Survival Rates**

Research data point to important reasons for the disparity in survival rates among different populations with HIV/AIDS. African Americans experience the longest delays in starting the most powerful anti-HIV drug regimens and they are the least likely to use them consistently enough for maximum benefit, according to results of a recent study conducted among Medicaid recipients with AIDS by the New Jersey Medicaid program. Researchers there investigated patients' use of antiretroviral AIDS treatments from 1996 to 1998. The study, funded by grants from NIH, revealed significant disparities along ethnic lines. African Americans delay the initiation of powerful anti-HIV therapy an average of eight months longer than whites. Both African Americans and Latinos are less likely than whites to remain on the drugs once therapy is started.

"Minorities tend to show up for HIV testing and begin treatment much later," Dr. Cargill says. "By the time these patients present for HIV care, they tend to have more advanced disease. They have been sicker much longer. They also tend to have more difficulty with adherence to the treatment program. This is very important. HIV/AIDS is not like some disorders where you can miss a dose and your disease is still basically under control. People don't realize that if they skip even one dose, HIV suppression decreases and the virus can begin to replicate at a rapid rate. Successful treatment requires commitment by both the patient and the provider."

Other factors including poverty, racism, drug abuse, and unequal access to healthcare are also being studied as possible reasons for the growing burden of HIV/AIDS among minorities, particularly in inner cities.

### **Testing, Prevention and Treatment**

Dr. Cargill concludes that the only way to improve survival rates for HIV/AIDS in all communities is to develop more diligent efforts toward prevention and more realistic attitudes toward treatment.

"HIV/AIDS can be treated, and the treatments are very effective," she says. "The new generation of drug therapies continues to improve at delaying the onset of AIDS and allowing people to go back to full and productive lives. There's a catch, though. Patients must get regular care and they must take the medications as prescribed. We could save so many more lives, if people only understood the benefit of treatment."

Doctors who regularly treat people with HIV/AIDS highly recommend a test for anyone who suspects they might have been exposed to the virus — by having unprotected sex or sharing needles, for example — and begins to experience low-grade fever, night sweats, weakness, fatigue or a rash within six weeks or so.

"This six-week window is a very important period," Dr. Cargill stresses. "During this early stage, sometimes called the acute retroviral syndrome or primary HIV infection, people produce millions of virus particles (called virions) and they are highly infectious. If we can get more people diagnosed during this early stage, we can use therapy to delay the onset of HIV-associated complications, as well as AIDS. More importantly, we can help prevent the spread of HIV infection to other people."

Dr. Cargill thinks that even if you think you're at very low risk, you should consider getting tested to make sure of your HIV status. She has a special message for people over age 50. "Think about getting tested," she urges. "HIV did not forget you. HIV has not overlooked anyone — not Baby Boomers, not women who are nearing or past menopause, not older people. With the increased prescription of agents for erectile dysfunction in recent years, we've seen increases in sexual behavior among older adults. With that increase, we've also seen the number of HIV/AIDS cases in people over age 50 rise dramatically, particularly among racial and ethnic minorities."

Anonymous, confidential testing and counseling sites are located all over the nation, Dr. Cargill points out. "There is no reason to avoid being tested."

-a report from The NIH Word on Health, November, 2002

For more information on AIDS, visit [http://health.nih.gov/result.asp?disease\\_id=15](http://health.nih.gov/result.asp?disease_id=15) or call the national HIV/AIDS Hotline:

1-800-342-AIDS  
TTY: 1-800-243-7889  
Spanish: 1-800-344-7432

For information on AIDS-related clinical trials, call 1-800-Trials-A or visit <http://www.clinicaltrials.gov/> and type in "HIV" or "AIDS".

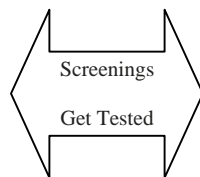
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*Knightdale Parks and Recreation Center  
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