

The Miami Herald

HEALTH & FITNESS

NOVEMBER 17, 2015

Diet, training lead to insulin-free life

About 1.7 million people in the U.S. are diagnosed with diabetes annually

Exercising regularly and eating healthy can help manage diabetes

Type 2 accounts for 90 to 95 percent of all diabetes cases



Emilio Aviles III has lost 35 pounds and is off insulin, thanks to eating healthy and running regularly in James Archer Smith Park in Homestead. **Walter Michot** wmichot@miamiherald.com

BY ROCHELLE KOFF

Special to the Miami Herald

For years, Emilio Aviles III knew he had to eat less and exercise more. But it took a dangerously high blood sugar level and a trip to the emergency room before the 36-year-old pastor realized his life had to change — immediately. “It finally put me over the edge,” said Aviles, of Homestead. “I have a wife and two boys, ages 1 and 3. I thought, ‘I gotta be around for them, they’re counting on me.’ ”

After being admitted to the hospital June 30 with a blood sugar level of 600 — which can lead to a diabetic coma — Aviles was diagnosed with Type 2 diabetes and started taking insulin. But what happened after his hospitalization illustrates the importance of diet and activity in combating the disease.

In four months, Aviles has lost 35 pounds, dropping from 235 to 200. He runs four to five days a week, usually during the predawn hours before work. A friend encouraged Aviles to try a half-marathon so he's running five to 10 miles most days.

As for his diet, "I cut out all sugary drinks," said Aviles. He's had to skip some of his favorite Puerto Rican dishes, sub brown rice for yellow rice, eat more veggies and, most of all, cut portions.

"I had a massive appetite and I would eat and eat and eat and eat," he said. "I had to train myself not to eat as much."

And most importantly, Aviles was able to stop taking insulin after about a month. His blood sugar has dropped to under 100.

"He's approaching the normal range," said his physician, Dr. Agueda Hernandez, medical director of the Baptist Health Primary Care Family Medicine Center. "In terms of diabetic control, it's night and day from where he was when he came to the hospital. It's remarkable. And he's motivated to keep it that way."

Aviles said his diabetic crisis "was a wake-up call. And by the grace of God, I'm still here."

"It often takes people time to get to that place where they're ready to make a change," Hernandez said. "Millions of people are at risk and are unaware."

About 1.7 million people in the United States are diagnosed with diabetes annually, but it's estimated that more than a quarter of the nearly 30 million people who have the disease are undiagnosed, according to the American Diabetes Association.

Like so many of those who are at risk, Aviles had ignored typical symptoms including dry mouth, constant thirst, frequent urination and a borderline high sugar level. Family history is another indicator: Aviles' father is diabetic.

Prediabetes or diabetes is diagnosed based on blood tests, among other factors. A diabetes diagnosis requires more than just one abnormal blood sugar result.

With Type 2 diabetes, the most prevalent type of diabetes, the body doesn't use insulin properly. In Type 1 diabetes, primarily diagnosed in children and young adults, the body does not produce insulin.

"Type 2 diabetes is preventable," Hernandez said. "I won't say it's easy, but it's definitely possible."

She stressed that "diet and exercise are exceedingly important. Regardless of whether we start medication, changing lifestyle is imperative, exercising regularly and eating healthy, natural foods."

For those who think they have to shop in one section of the supermarket, "there is no such thing as a diabetic food or a diabetic meal," said Marina Chaparro, a registered dietitian and certified diabetes educator at Joe DiMaggio Children's Hospital in Hollywood.

Studies show that "people at high risk for diabetes can prevent or delay the onset of the disease by losing 5 to 7 percent of their weight, if they are overweight — that's 10 to 14 pounds for a 200-pound person," reports the National Diabetes Education Program.

“The biggest risk factor for people to develop diabetes is obesity,” said Chaparro, who has Type 1 diabetes. And for those who have the disease, “nutrition is one of the pillars of how you manage your diabetes. Nutrition will directly affect your blood sugar.”

The correlation between childhood obesity and diabetes is causing increasing concern. Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years, according to the Centers for Disease Control and Prevention.

“The first lady’s right in her initiative to educate kids and get them moving,” said Hernandez. “It’s a lot easier at that age than down the road.”

Rupert M. Cabrera, 65, agrees it’s tough to change lifelong habits. He was diagnosed with Type 2 diabetes about five years ago. His general practitioner tried medications that weren’t helping him and kept increasing the dosages. About 11 months ago, Cabrera started going to the Diabetes Research Institute, part of the University of Miami Health System.

Cabrera’s blood sugar had been as high as 300 to 400 and is now down to about 150-160. He’s been working with UM’s registered dietitian Amy Kimberlain and he’s lost 10 pounds in the past six months. He works out on an exercise machine and walks a few times a week.

“I’m Cuban, I was born there, and I came here at 11,” said Cabrera. “You grow up eating certain foods. I had to give up drinking Cuban coffee two or three times a day. And stop eating bread on a regular basis.” He also had to watch his sweet cravings.

“We don’t want to tread on anyone’s cultural background,” said Kimberlain, who helps patients learn to scale back on carbohydrates and eat a more balanced meal.

Cabrera, a Westchester retiree, said his diet includes more grilled fish and vegetables, but acknowledges making changes isn’t easy. “I love to eat. When I’m at home, it’s no problem. When you go out you have to eat as best you can.”

Dietitians stress planning for special occasions when you might be eating a special dessert or added carbs, adjusting insulin level or the day’s meals. “These are daily decisions that you make,” said Chaparro, also a spokesman for the National Academy of Nutrition and Dietetics.

Cabrera understands. “My sister died from complications of diabetes,” he said. “It takes time, but I’m trying really hard to keep in line.”

Kimberlain points out that managing diabetes “is like a marathon, not a sprint.”

Advises Aviles: “Listen to your doctor. I could have prevented this if I would have listened years ago.”

DEVELOPING A HEALTHIER LIFESTYLE

- Eliminate sweetened drinks, including sodas, lemonade, sweetened iced tea, sports drinks and juices. “If people would read the labels, they’d be shocked by the amount of sugar in juice,” Hernandez said. “You’re better off eating the fruit.” For beverages, turn to water, tea or coffee without sugar and low-fat milk, said Chaparro.

- Reduce your portions. The U.S. Department of Agriculture's [Choose My Plate](#) website includes guidelines on portions, recommending that half your plate be filled with fruits and vegetables, a quarter with protein and a quarter with grains (with a side of dairy).
- Eat a wide array of food colors. Eat more non-starchy vegetables that slowly release carbohydrates, such as kale, spinach, tomatoes, broccoli, cauliflower, cucumber, onions and asparagus.
- Eat brown rice instead of white rice and whole grains, which have higher fiber to help slow down digestion. Foods rich in fiber will make you feel fuller and are less likely to spike blood sugar levels. Still, watch your portions. Starchy vegetables, especially white potatoes, contain quick-release carbohydrates, which cause a rapid rise in blood sugar levels.
- Get protein from leaner meat sources, including chicken, turkey, sirloin or pork loin or extremely lean ground beef (Chaparro suggests 98 percent lean) as well as nonanimal protein, such as beans, grains, chickpeas and nuts.
- For snacks, pair a protein with a snack under 15 grams of carbohydrates, said Chaparro. Some ideas: a tablespoon of peanut butter and an apple; five or six whole grain crackers with string cheese, carrots and a half-cup of hummus.
- Be prepared for the holiday season. Decide how to balance your meal. Maybe you have starches and skip dessert, but allow and account for those carbohydrates and medication levels.
- Increase exercise and physical activity. The American Diabetes Association recommends 30 minutes of moderate-to-vigorous intensity aerobic exercise at least five days a week. Try not to go more than two days in a row without exercising. If you've been sedentary, start slowly, break the time into smaller segments and, if possible, vary the exercise.