



Special Points of interest:

- Prediabetes is a health condition that increases the risk of developing type 2 diabetes, heart disease and stroke.
- People whose test results indicate they have prediabetes should have their blood glucose levels checked again in 6 months to 1 year.

Inside this issue:

November is Diabetes Month:

- National Diabetes Month 1
- Go Nuts for More than Almonds 2
- Phlebotomy Self Assessment 3

- Phlebotomy Best Practices Webinar Series 4

- ABP Continuing Education 4

NOVEMBER—National Diabetes Month

The Centers for Disease Control and Prevention estimates that 1 of every 3 U.S. adults had prediabetes in 2010. That is 79 million Americans – 35% of adults aged 20 years and older – have prediabetes. Just 7% of people with prediabetes are aware of their condition. Half of all Americans aged 65 years and older have prediabetes.

WHAT IS PREDIABETES? Prediabetes is a health condition that increases the risk of developing type 2 diabetes, heart disease and stroke. People with prediabetes have blood sugar levels that are higher than normal, but not high enough for a diagnosis of diabetes. Without lifestyle changes to improve their health, 15-30% of people with prediabetes will develop type 2 diabetes within 5 years.

WHAT ARE THE PREDIABETES RISK FACTORS?

- Are you 45 years or older?
- Do you weigh as much as or more than the weight listed for your height?
- Do you have a brother, sister or parent with diabetes?
- Is your family background African American, Hispanic/Latino, American Indian, Asian American or Pacific Islander?
- Are you a woman who has had a baby weighing more than 9 pounds at birth or had gestational diabetes?
- Are you younger than 65 years of age and physically active less than three times per week?

HOW IS PREDIABETES AND TYPE 2 DIABETES DIAGNOSED?

- **Fasting Glucose Test:** Blood glucose level is measured in people who have not eaten for at least eight hours. Fasting glucose levels of 100 -125 mg/dL are diagnostic of impaired fasting glucose (IFG), also called prediabetes. People with IFG often have had insulin resistance for some time and are at high risk for developing type 2 diabetes.
- **Glucose 2 Hour Post Prandial Test:** The test measures blood glucose levels after people have fasted for eight hours and two hours after drinking a drink with a pre-measured amount of glucose. A blood glucose level between 140-199 mg/dL is called impaired glucose tolerance (IGT) also called prediabetes. Like IFG, it points toward a history of insulin resistance and a risk for developing type 2 diabetes
- **Hemoglobin A1C Test:** This test measures the amount of glucose that is on the red blood cells (glycosylated hemoglobin). Fasting is not needed. If the blood glucose level has not been controlled and has been abnormally elevated in the preceding five to six weeks, the hemoglobin A1C value will be elevated. An A1C value of 5.7 % to 6.4% indicates prediabetes.

NOTE: People whose test results indicate they have prediabetes should have their blood glucose levels checked again in 6 months to 1 year.

NOVEMBER—*Diabetes Month continued*

HOW TO REDUCE YOUR RISK OF PREDIABETES OR DIABETES



*“Eat Breakfast every day
Increase your ZZZ’s
Swap out bologna for broccoli
Throw away your cigarettes
Get Moving”*

• **EAT BREAKFAST EVERY DAY** Eating something within two to three hours of rising reduces your risk of getting diabetes by 34%. Eating breakfast four to six days a week lowers your risk by 24%. The consistency of eating breakfast helps control appetite and caloric intake for the rest of the day, which helps prevent weight gain. Best choices for breakfast include peaches, plums and nectarines which have bioactive compounds that can help prevent obesity-related diabetes and heart disease.

• **INCREASE YOUR ZZZ’S** Sleeping less than six hours a night is associated with a 60% higher rate of diabetes. When you are sleep deprived, appetite regulating hormones get out of whack. Studies have shown that cravings for sugary and salty foods, like cookies and chips, jumped by up to 45% after just two sleepless nights. Lack of sleep also causes spikes in the hormone cortisol, which raises insulin levels and causes blood sugar imbalances. The first strategy to get a longer night’s sleep is to get the TV, computer and smartphone out of the bedroom. Also watching TV for more than two hours per day is linked to a higher diabetes risk. If you are already a diabetic, research suggests that getting treated for sleep apnea could help control glucose levels. After eating, people with severe sleep apnea had blood glucose levels almost twice as high as did those without the condition.

• **SWAP OUT BOLOGNA FOR BROCCOLI** People that eat at least six servings per day of fruits and vegetables had a 21% lower risk of developing diabetes over 11 years than did those who ate the least. Research found that people who ate processed meats like hot dogs, breakfast sausages and lunchmeats, at least twice a week had a 63% higher risk than did those who ate them less than twice a month. The reason could be that eating lots of cured meats is associated with greater weight gain and a higher obesity rate.

• **THROW AWAY YOUR CIGARETTES** Smoking raises your likelihood of developing diabetes by 40%. Smokers who quit reduced their risk of developing diabetes to that on nonsmokers within 10 years. As long as you do not put on more than 10 pounds, the benefits of quitting smoking outweigh the risk of moderate weight gain.

• **GET MOVING** Regular aerobic exercise helps prevent diabetes in multiple ways. Exercise helps keep you trim, helps control your cholesterol and blood pressure, and regulates insulin production. Walking is the easiest way to get started – walking 10,000 steps per day is recommended. Walking just 3500 steps per day is associated with a 29% lower risk of diabetes. Weight training is also associated with a reduced risk of developing diabetes. Research showed that those who regularly lifted weights for 150 minutes a week reduced their risk of getting diabetes by 34%, compared with those who did no weight training.

For information of the Diabetes Prevention Program (DPP) go to: www.cdc.gov/diabetes/prevention/about

REFERENCE: AARP THE MAGAZINE, OCTOBER/NOVEMBER 2012
(AARP.ORG/MAGAGINE)

Go Nuts for More than Just Almonds

Recent research has shown that nuts of all kinds, not just almonds, are some of nature's top sources of disease-fighting antioxidants, protein, fiber and poly and monounsaturated oils. Data indicates that replacing 50 grams of carbs with 2.5 ounces of nuts each day can help to control blood glucose in people with type 2 diabetes. Eating 2.4 ounces of any kind of nuts a day lowers LDL cholesterol by up to 7% and total cholesterol by 5%. People who eat several servings of nuts per week have been shown to decrease their cardiovascular risk by up to 74% as compared to those who eat nuts less than one time per week. Even though nuts are high in fat content, studies have shown that women who consumed two or more nut servings per week had a slightly lower risk of obesity than those who ate nuts less frequently or not at all. Eating nuts helps you go longer between meals without craving lots of snacks.

Walnuts – 185 calories per ounce (14 nut halves) lowers breast cancer risk.

Almonds – 169 calories per ounce (22 nuts) reduces insulin resistance and LDL cholesterol.

Sunflower Seeds – 165 calories per ounce (about ¼ cup) lowers LDL cholesterol

Peanuts – 166 calories per ounce (15 to 28 nuts) helps control diabetes and reduces "bad" LDL cholesterol.

Macadamia Nuts – 204 calories per ounce (10 to 12 nuts) lowers LDL cholesterol

Pecans – 196 calories per ounce (19 nut halves) lowers LDL cholesterol.

Pistachios – 161 calories per ounce (49 nuts) may help reduce lung cancer risk; improves "good" HDL cholesterol.



“Eating 2.4 ounces of any kind of nuts a day lowers LDL cholesterol by up to 7% and total cholesterol by 5%.”

Reference: AARP THE MAGAZINE

PHLEBOTOMY SELF-ASSESSMENT

Can you answer “YES” to each of the following statements related to drawing blood?

HAND HYGIENE - Do you always perform hand hygiene before and after every draw?

PERSONAL PROTECTIVE EQUIPMENT (PPE) – Do you properly wear and maintain the personal protective equipment your employer has assigned to each task that you perform?

PATIENT IDENTIFICATION – Do you strictly adhere to patient identification protocols, even if you know the patient or have drawn them before?

PATIENT POSITIONING – Do you make sure that outpatients are seated in a stationary chair equipped with arm rests before you draw their blood?

SITE SELECTION – Do you always assess both arms to check for safer antecubital or cephalic veins before selecting the basilic vein?

TUBE FILLING – Do you always follow the correct order of draw to prevent carryover? Do you always invert each tube immediately after collection? Do you always make sure that minimum fill volumes are met?

POST-PUNCTURE CARE – Do you always apply direct pressure to the puncture site with NO arm bending? Do you always do a two point check for bleeding before applying a bandage?

Congratulations if you answered YES to each question. You are following the CLSI guidelines and providing quality specimens for testing and quality patient care.

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PHLEBOTOMY BEST PRACTICES WEBINAR SERIES 2012-2013

The following webinars are available in 2012 and 2013:

December 11, 2012	Assessing Phlebotomy Competency
January 15, 2013	The Four Pillars of World-Class Phlebotomy
February 21, 2013	Industry Update
March 7, 2013	Phlebotomy C.S.I. (Challenging Sticks Investigation)

Each webinar is presented by The Center for Phlebotomy Education and is one hour in length. All content reflects current CLSI guidelines. Registrations for individual webinars are priced with and without P.A.C.E. continuing education credit. Multi-site and healthcare network discount pricing is also available. For more information, contact the Center at - www.phlebotomy.com/webinars or call 866-657-9857.

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A reminder that ABP, Inc. offers home study continuing education booklets to help you earn CE contact hours.

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