Why Vitamin D is becoming crucially important to your health

What is Vitamin D? Vitamin D is an essential vitamin that helps your body absorb calcium and phosphorus. Not enough vitamin D -- a vitamin D deficiency -- can cause pain, hormone problems, muscle weakness, and more.

If you shun the sun, suffer from milk allergies, or adhere to a strict vegetarian diet, you may be at risk for vitamin D deficiency. Known as the sunshine vitamin, vitamin D is produced by the body in response to sunlight. It is also occurs naturally in a few foods -- including fish, fish liver oils, and egg yolks -- and in fortified dairy and grain products.

Vitamin D is essential for strong bones because it helps the body use calcium from the diet. Traditionally, vitamin D deficiency has been associated with rickets, a disease in which the bone tissue doesn't properly mineralize, leading to soft bones and skeletal deformities. But increasingly, research is revealing the importance of vitamin D in protecting against a host of health problems.

Symptoms of bone pain and muscle weakness can mean you have a vitamin D deficiency. However, for many people, the symptoms are subtle. Yet even without symptoms, too little vitamin D can pose health risks. Low blood levels of the vitamin have been associated with the following:

- Increased risk of death from cardiovascular disease
- Cognitive impairment in older adults
- Severe asthma in children
- Cancer

Research suggests that vitamin D could play a role in the prevention and treatment of a number of different conditions, including type 1 and type 2 diabetes, hypertension, glucose intolerance, and multiple sclerosis.

Vitamin D deficiency can occur for some reasons:

- You don't consume the recommended levels of the vitamin over time. This is likely if you follow a strict vegetarian diet, because most of the natural sources are animal-based, including fish and fish oils, egg yolks, cheese, and beef liver.
- Your exposure to sunlight is limited. Because the body makes vitamin D when your skin is exposed to sunlight, you may be at risk of deficiency if you are homebound, live in northern latitudes, wear long robes or head coverings for religious reasons, or have an occupation that prevents sun exposure.
- You have dark skin. The pigment melanin reduces the skin's ability to make vitamin D in response to sunlight exposure. Some studies show that older adults with darker skin are at high risk of vitamin D deficiency.
- Your kidneys cannot convert vitamin D to its active form. As people age their kidneys are less able to convert vitamin D to its active form, thus increasing their risk of vitamin D deficiency.
- Your digestive tract cannot adequately absorb vitamin D. Certain medical problems, including Crohn's disease, cystic fibrosis, and celiac disease, can affect your intestine's ability to absorb vitamin D from the food you eat.
- You are obese. Vitamin D is extracted from the blood by fat cells, altering its release into the circulation. People with a BMI of 30 or greater often have low blood levels of vitamin D.

If you don't spend much time in the sun or always are careful to cover your skin, you should speak to a doctor about taking a supplement, particularly if you are at risk factors for vitamin D deficiency.

Source: CNNHealth.com
Diabetes Facts:
10 Common Myths Busted

Diabetes, Type 2, is rampant in El Paso, Texas. More than 16% of El Pasoans, mainly Hispanics are diabetic. The management of this disease is tasking and tiring; however, if diabetics dispel some of the myths regarding Diabetes, then it becomes much easier to manage. Here are some myths that need clarification and correction:

1. Don’t eat white foods.
False. Many people with diabetes believe that white food is bad because it’s starchy, sugary and lacking nutrition. But that belief “has no scientific basis and it’s confusing,” says Anne Daly, registered dietitian and certified diabetes educator at the Springfield (Ill.) Diabetes and Endocrine Center. Some white foods - cauliflower, apples, potatoes, cottage cheese and milk, for example - provide important nutrients, she explains.

Size matters too.
Sure, brown rice is healthier than white, but when it comes to your blood sugar levels, portion has more impact than the actual food. How can you control portions?

Start by digging out your measuring cups. “If they’re covered in dust, there’s a problem,” Daly says. To judge a meal’s effect on your blood sugar, check levels about two hours after eating. If your numbers are too high, she recommends:

- Reducing portions
- Taking a 15- to 30-minute walk at mealtime
- Asking your doctor to review your medications for a possible change

5. You don’t have to give up all sweets.
True. Sure, sugar raises blood glucose, but so do other types of carbohydrate, such as wheat flour, oats and other starches. Again, the amount trumps the type.

So how can you tell if a treat is going to have a bad effect on blood sugar control?

3. Losing weight won’t cure diabetes.
True. If you’re overweight, dropping a few pounds is a good idea and should be part of your treatment plan. But weight loss probably won’t reverse a disease that has been developing for years. High blood sugar level is just one sign in the long-term development of the disease, explains Hope Warshaw, registered diettitian, diabetes educator and author of Diabetes Meal Planning Made Easy (American Diabetes Association).

The precursors to that include:

- Insulin resistance
- A dwindling supply of insulin and other important blood glucose-control hormones
- Abnormal cholesterol and triglycerides levels

But don’t let it derail your diet. Although weight loss won’t cure diabetes, it may slow its progression. “Losing even 10-20 pounds — and figuring out how to keep those pounds off — may help you control your blood glucose, blood pressure and blood lipids for longer and on fewer medications,” she adds. See a diabetes educator or a registered dietitian to help you develop a comfortable eating plan to rein in blood sugar and trim calories. Many insurance companies will pay for your diabetes education or nutrition therapy.

4. Fruit isn’t good for you.
False. Don’t fear fruit’s natural sugars. Your body needs all types of produce for good health. “Learning how much carbohydrate is in all food groups — including fruits and vegetables — and what the portion size is for a single serving helps avoid carbohydrate excesses,” Daly says.

In fact, she recommends at least 5 servings of fruits or vegetables a day. Eat them at every meal.

-continuing-
Diabetes Facts: 10 Common Myths Busted (cont.)

5. You must have snacks.
False. Do you eat snacks when you aren’t hungry? It may explain why you’re not slimming down and seeing healthier blood sugar numbers.

Years ago, few diabetes medications were available and snacks helped prevent blood glucose from dropping too low between meals, Warshaw says. But with today’s treatment options, that’s no longer true. So should you snack or not? Warshaw asks her clients: “Do you like to snack? Does [it] help you eat less, eat healthier?”

If the answer is yes, then snacks can fit into a healthy eating plan, she says. If the answer is no, you need to look at meal and medication timing, exercise and other factors to minimize low blood glucose levels between meals.

6. Sugar-free is OK to eat.
False. Sugar-free pies and cakes are popular, but they aren’t necessarily low calorie, low fat or even low carbohydrate. You must read the labels or make substitutions to satisfy your sweet tooth, Daly says. Craving a pie? Instead, use your favorite fruits in a crisp. You’ll eat fewer carbs and get more nutrition than from most other desserts.

7. Eat as much as you want as long as it’s good for you.
False. Too much of a good thing is bad for you. The average person doesn’t need a dinner of 8-ounces of grilled salmon or two cups of whole-wheat pasta. Start trimming your portions by 10% or 20% at each meal.

8. It’s OK to eat sweets if your blood sugar is too low.
False. Are you so panicked by the shakiness, dizziness or confusion that often accompanies hypoglycemia (low blood glucose) that you gorge on sugary delights until you’re almost nauseous? Low blood sugar isn’t an excuse to eat extra junk food.

Hypoglycemia, typically blood glucose less than 70 mg/dl, should not be treated with so much sugar that you “super-spike” your blood glucose. Candy, cookies and brownies will have more calories than the recommended treatment, and it may take longer to raise your blood glucose. Limit yourself to just 15 grams of carbohydrate so you don’t overshoot your blood glucose target, Warshaw says. It’s best to use pure glucose in tablets, gel or liquid. “They work quickly, are pre-portioned, contain a minimum amount of calories and are easy to keep with you,” she says. Other appropriate foods to have on hand: 4-ounce juice boxes, hard candies and sugar cubes and packets.

Here’s the American Diabetes Association’s (ADA) advice on treating low blood sugar:
• Wait 15 minutes after treatment before eating anything else.
• If your blood glucose is still low, consume another 15 grams of carbohydrate.
• Recheck your blood glucose in another 15 minutes.

Once your symptoms are gone and your blood glucose is above 70 mg/dl, you may still need a snack if your next meal is a while away.

9. You can’t save up for a big dinner by eating light the rest of the day.
True. Who doesn’t want a big celebratory meal now and then? Thanksgiving, birthdays, anniversaries or just a visit to your favorite restaurant can push an appetite into overdrive. Before you had diabetes, you might have been able to get away with skimping on breakfast and lunch to save up for your big plate of pasta or other favorite meal. But how much you eat at meals matters now. Eating too much is like getting too much rain. Imagine a torrential downpour for hours, flooding the streets. That’s what happens in your body; giving it more than it can handle at one time floods the blood with glucose. Spreading food out over the day and avoiding large quantities gives your body time to level out.

-continuing-
Diabetes Facts:
10 Common Myths Busted (cont.)

10. Fat doesn't matter.  
False. Because blood sugar jumps with carbohydrate, but not with fat, many people with diabetes ignore the fat content of their meals. But “dietary fat is just as much a problem as sugar,” Daly says. Fat provides many calories (about 120 per tablespoon) and hinders weight control. And the type of fat matters. Saturated and trans fats are linked to higher cholesterol levels and increase the risk for heart disease – already your most likely cause of death. Studies also suggest that saturated fat worsens blood glucose control by affecting your body’s response to insulin. Limit unhealthy fats by avoiding stick margarine and packaged foods made with partially hydrogenated oils, poultry skin, animal fat including dairy and fried foods.

Source: CNNHealth.com

The 15 Top Killers of America

The leading killers of Americans continue to be non-infectious diseases like heart disease, strokes and lung diseases. But one of the perpetual causes of death fell off the top 15 list this year: Homicides. The rest of the common killers remained fairly consistent compared with 2009, according to the report released Wednesday. The death rate in the United States dropped slightly from 749.6 deaths per 100,000 in 2009 to 746.2 deaths per 100,000. The life expectancy in the United States inched up a tiny bit from 78.6 years in 2009 to 78.7 years in 2010. The leading causes of death in 2010 remained nearly the same as in 2009 – kidney diseases became the 8th leading cause of death — it had been 9th in the previous year. The 15th leading killer is pneumonitis due to solids and liquids, an illness more likely to strike the elderly. This is inflammation of the lungs due to inhaling substance inside the lung such as dust, mold or inhalants.

Here are the top 15 killers:
1. Diseases of heart
2. Malignant neoplasms (cancer)
3. Chronic lower respiratory diseases
4. Cerebrovascular diseases (stroke)
5. Accidents (any injuries that are unintentional)
6. Alzheimer’s disease
7. Diabetes mellitus
8. Kidney disease
9. Influenza and pneumonia
10. Intentional self-harm (suicide)
11. Septicemia
12. Chronic liver disease and cirrhosis
13. Hypertension and hypertensive renal disease
14. Parkinson’s disease
15. Pneumonitis due to solids and liquids

Source: CNNHealth.com

EPCC Health Career and Technical Education News

Ten December 2011 graduates sat for the Registered Medical Assisting exam prior to graduation. Nine graduates passed on the first time for a 90% pass rate.

Congratulations to Dr. Cathy Soto, Program Coordinator, part-time faculty and graduates!