Week 5 Live Session

By Jordan Erickson
Today We're Going to Discuss

- Food drug interactions
- Other interactions
- Disorders
- Teaching

- A lot of this is question and answer based!
### TABLE 18-1
### DRUG ADMINISTRATION ROUTES

<table>
<thead>
<tr>
<th>ADMINISTRATION ROUTE</th>
<th>CHARACTERISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>Requires ability to swallow and absorb the medication</td>
</tr>
<tr>
<td>Sublingual</td>
<td>Medication placed under tongue to dissolve; absorbed quickly across mucous membrane</td>
</tr>
<tr>
<td>Buccal</td>
<td>Medication placed in cheek to dissolve; absorbed quickly across mucous membrane</td>
</tr>
<tr>
<td>Parenteral</td>
<td>Injection in circulatory system</td>
</tr>
<tr>
<td>Subcutaneous (SC)</td>
<td>Injection under the skin</td>
</tr>
<tr>
<td>Intradermal (ID)</td>
<td>Injection under outermost layer of skin</td>
</tr>
<tr>
<td>Intramuscular (IM)</td>
<td>Injection into muscle</td>
</tr>
<tr>
<td>Intraperitoneal (IP)</td>
<td>Injection into peritoneal cavity</td>
</tr>
<tr>
<td>Intravenous (IV)</td>
<td>Injection into a vein</td>
</tr>
<tr>
<td>Topical</td>
<td>Applied to skin</td>
</tr>
<tr>
<td>Inhalation</td>
<td>Medication breathed into respiratory system</td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>Placement of medication into eye</td>
</tr>
<tr>
<td>Otic</td>
<td>Placement of medication into ear</td>
</tr>
<tr>
<td>Epidural</td>
<td>Placement of medication into spinal fluid</td>
</tr>
<tr>
<td>Intrathecal</td>
<td>Placement of medication into membrane surrounding central nervous system (CNS)</td>
</tr>
</tbody>
</table>
Why are older adults at higher risk for drug interactions?
- Polypharmacy
- Taking more toxic drugs
- Respond to drugs with increased vulnerability
- More likely to be malnourished
  - Decreased hunger and thirst sensation
- More likely to make an error
  - Confusion
  - Lack of information
  - Forgot they already took it
What are some nutrient-drug mechanisms that influence nutritional status?
– Stimulated or suppressed appetite
– Decreased intestinal absorption
– Increased renal secretion
– Competition or displacement of nutrients for carrier protein sites
– Hormonal effects
– Drug delivery system
– Components in drug formulation
What affect do drugs have on food intake?
Think what do they do?

- Stimulate appetite and/or weight gain
  - Antihistamines
  - Antianxiety drugs
  - Tricyclic antidepressants
  - Insulin
  - Steroids
What are some drug affects on nutrient absorption?
– Some drugs increase nutrient absorption
– Some drugs decrease nutrient absorption by binding to the nutrient before they are absorbed
– Drugs can lead to secondary malabsorption
  – Think of diarrhea
<table>
<thead>
<tr>
<th>DRUG CLASS</th>
<th>EXAMPLES</th>
<th>ACTION</th>
<th>NUTRIENTS AFFECTED</th>
<th>HOW TO AVOID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol, particularly excessive use</td>
<td>Beer, wine, spirits</td>
<td>Increases turnover of some vitamins; substitution of alcohol for food</td>
<td>Vitamin B₁₂, folate, and magnesium</td>
<td>Limit alcohol consumption to &lt;2 drinks per day for men, &lt;1 drink per day for women</td>
</tr>
<tr>
<td>Analgesic, NSAID, and antiinflammatory agents</td>
<td>Salicylates (aspirin), ibuprofen (Motrin, Advil), naproxen (Anaprox, Aleve, Naprosyn), acetaminophen (Tylenol)</td>
<td>Increases loss of vitamin C and competes with folate and vitamin K</td>
<td>Vitamin C, folate, vitamin K</td>
<td>Increase intake of foods high in vitamin C, folate, and vitamin K; take with 8 oz water</td>
</tr>
<tr>
<td>Antacid agents</td>
<td>Aluminum antacids, H₂ blockers</td>
<td>Inactivates thiamin; decreases absorption of some nutrients</td>
<td>Thiamin (B₁)</td>
<td>Foods containing thiamin (B₁) should be consumed at a different time; depends on antacid; possibly magnesium, phosphorus, iron, vitamin A, and folate</td>
</tr>
<tr>
<td>Antiulcer agents (histamine blockers)</td>
<td>Ranitidine (Zantac), cimetidine (Tagamet), famotidine (Pepcid)</td>
<td>Decreases vitamin absorption</td>
<td>Vitamin B₁₂</td>
<td>Consult physician or RD regarding vitamin B₁₂ supplementation</td>
</tr>
<tr>
<td>Antibiotic agents</td>
<td>Tetracycline, ciprofloxacin (Cipro)</td>
<td>Chelation of minerals; ingestion with caffeine may increase excitability and nervousness</td>
<td>Calcium, magnesium, iron, and zinc; caffeine</td>
<td>Take tetracycline at least 1 h before or 2 h after a meal; do not take with caffeine-containing products</td>
</tr>
<tr>
<td>Antineoplastic agents</td>
<td>Methotrexate</td>
<td>Causes mucosal damage, which may cause decreased nutrient absorption</td>
<td>Folate and vitamin B₁₂ (also see Antibiotic Agents)</td>
<td>Consult physician or RD regarding supplementation</td>
</tr>
<tr>
<td>Anticholinergic agents</td>
<td>Amitriptyline (Elavil), clorpromazine (Thorazine)</td>
<td>Saliva thickens and loses ability to prevent tooth decay</td>
<td>Fluids</td>
<td>Increase intake of fluids</td>
</tr>
<tr>
<td>Anticonvulsant agents</td>
<td>Phenytoin (Dilantin), phenobarbital (possibly leading to megaloblastic anemia; vitamin D (especially in children), and vitamin K</td>
<td>Increases metabolism of folate (possibly leading to megaloblastic anemia; vitamin D (especially in children), and vitamin K</td>
<td>Folate, vitamin D, and vitamin K</td>
<td>Increase folate, vitamins D and K intake</td>
</tr>
<tr>
<td>Antidepressant agents</td>
<td>Lithium carbonate, Lithane, Lithobid, Lithonate, Lithotsab, Eskalith</td>
<td>May cause metallic taste, nausea, vomiting, dry mouth, anorexia, weight gain, and increased thirst</td>
<td>Fluids</td>
<td>Drink 2-3 L of water per day and take with food, consistent sodium intake</td>
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<tr>
<td>Medical Category</td>
<td>Example Drugs</td>
<td>Effect</td>
<td>Dietary Considerations</td>
<td></td>
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<tr>
<td>Antihyperlipidemic agents</td>
<td>Cholestyramine (Questran), colestipol (Colestid)</td>
<td>Binds bile salts and nutrients</td>
<td>Include rich sources of these vitamins and minerals in diet</td>
<td></td>
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<tr>
<td>Antituberculosis agents</td>
<td>Isoniazid (INH)</td>
<td>Inhibits conversion of vitamin B₆ to active form</td>
<td>Vitamin B₆ supplementation is necessary to prevent deficiency and peripheral neuropathy</td>
<td></td>
</tr>
<tr>
<td>Corticosteroid agents</td>
<td>Prednisone, Solu-Medrol, hydrocortisone</td>
<td>Increases excretion</td>
<td>Protein, potassium, calcium, magnesium, zinc, vitamin C, and vitamin B₆</td>
<td></td>
</tr>
<tr>
<td>Loop diuretic agents</td>
<td>Furosemide (Lasix)</td>
<td>Increases mineral excretion in urine</td>
<td>Potassium, calcium, magnesium, zinc, sodium, and chloride</td>
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<td></td>
<td></td>
<td></td>
<td>Include fresh fruits and vegetables in diet</td>
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<tr>
<td>Thiazide diuretic agents</td>
<td>Hydrochlorothiazide (HCTZ)</td>
<td>Increases excretion of most electrolytes, but enhances reabsorption of calcium</td>
<td>Potassium, calcium, magnesium, zinc, sodium, chloride</td>
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<td></td>
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<td></td>
<td>Increase intake of foods high in potassium, calcium, magnesium, zinc, sodium, and chloride</td>
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<tr>
<td>Potassium-sparing diuretic agents</td>
<td>Triamterene (Dyrenium)</td>
<td>Hyperkalemia</td>
<td>Potassium</td>
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<td></td>
<td></td>
<td></td>
<td>Avoid potassium-based salt substitutes</td>
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<tr>
<td>Laxative agents</td>
<td>Fibercon, Mitrolan</td>
<td>Decreases nutrient absorption</td>
<td>Vitamins and minerals</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Consult physician or RD regarding supplementation</td>
<td></td>
</tr>
<tr>
<td>Sedative agents</td>
<td>Barbiturates</td>
<td>Increases metabolism of vitamins</td>
<td>Folate, vitamin D, vitamin B₁₂, thiamin, and vitamin C</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Increase intake of foods high in folate, vitamin D, vitamin B₁₂, thiamin, and vitamin C</td>
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</tr>
<tr>
<td>Mineral oil</td>
<td>Agoral Plain</td>
<td>Decreases absorption</td>
<td>Fat-soluble vitamins (A, D, E, K), β-carotene, calcium, phosphorus, and potassium</td>
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<td></td>
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<td></td>
<td>Take 2 h apart from food and fat-soluble vitamins</td>
<td></td>
</tr>
<tr>
<td>Oral contraceptive agents</td>
<td>Estrogen/progestin</td>
<td>May cause selective malabsorption or increased metabolism and turnover</td>
<td>Vitamin B₆ and folate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Increase foods high in B₆ and folate</td>
<td></td>
</tr>
</tbody>
</table>
What are some drugs that lead to mineral depletion and vitamin antagonists?
– Diuretics
– Chelating agents
– Antacids
– Aspirin
– Mineral depletion occurs through induced GI losses or renal excretion
– Vitamin antagonists successfully treat disease by acting as an antagonist of a specific vitamin to cause insufficiently
  – Think warfarin and vitamin K
Special adverse reactions

- MAOIs interact with tyramine and can cause hypertensive crisis
- Flushing reaction - drugs react with alcohol and create flushing, dyspnea (difficulty breathing) and headache
- Hypoglycemia – drugs used to stimulate the release of insulin
- Disulfiram – used to treat alcohol addiction because if taken with alcohol it causes
  - Flushing
  - Headache
  - Nausea and vomiting
  - Chest and abdominal pain
What are some food and nutrient effects on drug absorption?
- Drugs are usually absorbed in the small intestines
  - Food can affect absorption for many drugs
- Composition of the diet affects the rate food flows from the stomach to the small intestine
  - Slowed emptying allows more time for drugs to be absorbed
<table>
<thead>
<tr>
<th>DRUG CLASS</th>
<th>EXAMPLES</th>
<th>USE</th>
<th>ACTION</th>
<th>FOOD/NUTRIENTS</th>
<th>HOW TO AVOID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol, particularly excessive use</td>
<td>Beer, wine, spirits</td>
<td>Lower inhibitions, CNS depressant</td>
<td>Slows absorption</td>
<td>Food</td>
<td>Consume alcohol with food or meals</td>
</tr>
<tr>
<td>Analgesic and NSAID agents</td>
<td>Salicylates (aspirin), ibuprofen (Motrin, Advil), naproxen (Anaprox, Aleve, Naprosyn), acetaminophen (Tylenol)</td>
<td>Pain and fever</td>
<td>Alcohol ingestion increases hepatotoxicity, liver damage, or stomach bleeding</td>
<td>Alcohol</td>
<td>Limit alcohol intake to &lt;2 drinks per day for men, &lt;1 drink per day for women</td>
</tr>
<tr>
<td>Antilulcer agents (histamine blockers)</td>
<td>Cimetidine (Tagamet)</td>
<td>Ulcers</td>
<td>Increased blood alcohol levels, reduced caffeine clearance</td>
<td>Alcohol, caffeine-containing foods and beverages</td>
<td>Limit caffeine intake; limit alcohol intake to &lt;2 drinks per day for men, &lt;1 drink per day for women</td>
</tr>
<tr>
<td>Antibiotic agents</td>
<td>Ciprofloxacin (Cipro)</td>
<td>Infection</td>
<td>Decreases absorption</td>
<td>Dairy products</td>
<td>Avoid dairy products</td>
</tr>
<tr>
<td>Anticoagulant agents</td>
<td>Warfarin (Coumadin)</td>
<td>Blood clots</td>
<td>Reduced efficacy, increased anticoagulation</td>
<td>Vitamins K and E (supplements) may reduce efficacy, alcohol and garlic may increase anticoagulation</td>
<td>Consistent intake of foods high in vitamin K: broccoli, spinach, kale, turnip greens, cauliflower, Brussel sprouts; avoid high dose of vitamin E (400 IU or more)</td>
</tr>
<tr>
<td>Antineoplastic agents</td>
<td>Methotrexate</td>
<td>Cancer</td>
<td>Increased hepatotoxicity with chronic alcohol use</td>
<td>Alcohol</td>
<td>Avoid alcohol</td>
</tr>
<tr>
<td>Antiemetic agents</td>
<td>Amitriptyline HCl (Elavil), chlorpromazine HCl (Thorazine)</td>
<td>Antidepressant; antipsychotic/antiemetic</td>
<td>Increased sedation</td>
<td>Alcohol</td>
<td>Avoid alcohol</td>
</tr>
<tr>
<td>Anticonvulsant agents</td>
<td>Phenobarbital</td>
<td>Seizures, epilepsy</td>
<td>Increased sedation</td>
<td>Alcohol</td>
<td>Avoid alcohol</td>
</tr>
<tr>
<td>Antidepressant agents: MAOIs</td>
<td>Phenelzine (Nardil), tranylcypromine (Paranil)</td>
<td>Depression, anxiety</td>
<td>Rapid, potentially fatal increase in blood pressure</td>
<td>Foods or alcoholic beverages containing tyramine</td>
<td>Avoid beer; red wine; American processed, cheddar, bleu, Brie, mozzarella, and Parmesan cheeses; yogurt; sour cream; beef or chicken liver; cured meats such as sausage and salami; game meats; caviar; dried fish; avocados; bananas; yeast extracts; raisins; sauerkraut; soy sauce; miso soup; broad (fava) beans; ginseng; caffeine-containing products (colas, chocolate, coffee, tea)</td>
</tr>
<tr>
<td>Category</td>
<td>Example Drugs</td>
<td>Condition</td>
<td>Associated Effect</td>
<td>Precaution</td>
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<tr>
<td>Antihistamine agents</td>
<td>Fexofenadine (Allegra), loratadine (Claritin), cefetizine (Zyrtec), astemizole (Hismanal)</td>
<td>Allergies</td>
<td>Increases drowsiness and slows mental and motor performance</td>
<td>Alcohol Use caution when operating machinery/driving</td>
<td></td>
</tr>
<tr>
<td>Antihypertensive agents</td>
<td>ACE-inhibitors, angiotensin II receptor antagonists, β-blockers, verapamil HCl</td>
<td>Hypertension</td>
<td>Reduced effectiveness</td>
<td>Natural licorice (Glycyrrhiza glabra) and tyramine-rich foods Avoid these foods</td>
<td></td>
</tr>
<tr>
<td>Antihyperlipidemic agents</td>
<td>Atorvastatin (Lipitor), lovastatin (Mevacor), pravastatin (Pravachol), simvastatin (Zocor)</td>
<td>High serum LDL cholesterol</td>
<td>Enhances absorption, increases risk of liver damage</td>
<td>Food/meals, alcohol Lovastatin should be taken with evening meal to enhance absorption; avoid large amounts of alcohol</td>
<td></td>
</tr>
<tr>
<td>Antiparkinsonian agents</td>
<td>Levodopa (Dopar, Larodopa)</td>
<td>Parkinson's disease</td>
<td>Decreased absorption</td>
<td>High-protein foods (eggs, meat, protein supplements), vitamin B6 Spread protein intake equally in 3-6 meals per day to minimize reaction; avoid vitamin B6 supplements or multivitamin supplement in doses &lt;10 mg</td>
<td></td>
</tr>
<tr>
<td>Antituberculosis agents</td>
<td>Isoniazid (INH)</td>
<td>Tuberculosis</td>
<td>Reduced absorption with foods, increased hepatotoxicity and reduced INH levels with alcohol</td>
<td>Alcohol Take on empty stomach, avoid alcohol</td>
<td></td>
</tr>
<tr>
<td>Bronchodilator agents</td>
<td>Theophylline (Slo-Bid, Theo-Dur)</td>
<td>Asthma, chronic bronchitis, emphysema</td>
<td>Increased stimulation of CNS; alcohol can increase nausea, vomiting, headache, and irritability</td>
<td>Caffeine, alcohol Avoid caffeine-containing foods/beverages (chocolate, colas, teas, coffee); avoid alcohol if taking theophylline medications</td>
<td></td>
</tr>
<tr>
<td>Corticosteroid agents</td>
<td>Prednisolone (Pediapred, Preline), methylprednisolone (Solu-Medrol), hydrocortisone</td>
<td>Inflammation/itching</td>
<td>Stomach irritation</td>
<td>Food Take with food or milk to decrease stomach upset</td>
<td></td>
</tr>
<tr>
<td>Hypoglycemic agents</td>
<td>Chlorpropamide (Diaibinese), metformin (Glucophage)</td>
<td>Diabetes</td>
<td>Severe nausea and vomiting</td>
<td>Alcohol Avoid alcohol</td>
<td></td>
</tr>
</tbody>
</table>
Increased drug absorption

- Dissolving characteristics
  - If a drug does not dissolve rapidly after ingestion, the time it spends in the stomach with food is increased therefore increasing absorption or decreased absorption depending on the drug
- Gastric emptying time
- Nutrients
Food effects on drugs

- Carbs and fat
  - Influence liver enzymes that metabolize drugs
- Licorice
  - Causes sodium retention and hypertension
- Indoles
  - Can speed up the rate of metabolism
- Cooking method
  - Charcoal broiling increases hepatic drug metabolism through enzyme induction
What effects do vitamins have on drugs?
– Vitamins can decrease the blood levels of many drugs, but can also be used as treatment in many genetic and metabolism disorders
– Vitamins can also reverse certain drugs or nutrient toxicities
  – Warfarin and vitamin k
Collaboration – who is needed to ensure a patient is safely taking their medications?
- Pharmacist
- Food service personnel
- Dietician
- Physicians
- Nurses
- OT
Any questions ??
What is the difference between food allergies and food intolerance?
- Allergy – involves the immune system
- Intolerance – does not involve the immune system
What is important to do for a patient who has an allergy?
– EDUCATION
– After use of epipen – go to hospital
– Always ask if meals you didn't't prepare have what your allergic to in them
What is Xerostomia?
Dry mouth

- Clients with dry mouth best tolerate moist, soft food with gravies and sauces
- Permanent xerostomia is rare but does occur in Sjögren's syndrome, a symptom complex of unknown cause thought to be an abnormal immune response
What is dysphagia?
Difficulty swallowing

- Swallowing difficulty, known medically as dysphagia, is a fairly common problem arising from many causes, including stroke, aging, developmental disabilities, and nervous system diseases
- Liquids may need to be thickened
What is GERD?
Gastroesophageal Reflux Disease

- backflow or regurgitation of gastric contents from the stomach into the esophagus, is a very common disease
  - The condition is related to:
    - (1) a nonfunctioning gastroesophageal sphincter,
    - (2) frequency and duration of the acid reflux, and
    - (3) inability of the esophagus to produce normal secondary peristaltic waves to prevent prolonged contact of the mucosa with the acid pepsin

Client education
- Lose weight
- Small meals
- Don’t lie down for 2 hours after eating
What is PUD?
Peptic Ulcer Disease

- **Etiology**
  - Identify two primary causes
  - a. Helicobacter pylori in the stomach
  - b. NSAIDs
- **Pharmacologic management**
  - List the medications approved for treatment of PUD.
  - a. H2-receptor antagonists
  - b. PPIs
  - c. Mucosal protectors
  - d. Antacids
  - e. Antibiotics

Nutritional impact on treatment
Pharmacologic therapy is the treatment of choice for PUD
Limit the following foods and seasonings, and encourage avoidance of lifestyle habits known to increase acid secretion, inhibit healing, or both:
• Caffeine (including coffee, tea, or decaffeinated coffee), Black pepper, Chocolate, Foods that are irritating or not well tolerated, Alcohol, Eating less than 2 hours before bedtime
What are the different types of diarrhea?
Watery diarrhea

– caused by microscopic colitis, is reduced by eliminating foods that may stimulate gastric acid secretion

– Nutritional Implications - nutrition therapy involves (1) increased protein and kcalories, (2) low fats and lactose, and (3) avoidance of foods that stimulate peristalsis

– Small, frequent meals also help prevent this problem, as well as painful distention
Steatorrhea

- removal of products that damage the mucosal villi, including lactose and gluten
- Nutritional Implications - nutritional management of this disease involves
  - (1) frequent meals high in protein and carbohydrates and low in fat;
  - (2) use of medium-chain triglycerides (MCTs), which are more easily absorbed under adverse conditions; and
  - (3) avoiding gastric stimulants, especially caffeine and alcohol.
Small-volume diarrhea

- High-residue diet is recommended to increase fecal bulk, thereby preventing diarrhea
- Nutritional Implications - fiber should be added to the diet gradually
Chronic diarrhea

- result of GI tract motility dysfunction such as irritable bowel syndrome (IBS), malabsorption, metabolic disorders, food intolerances (e.g., lactose intolerance), food poisoning, infections, and human immunodeficiency virus (HIV) infection
- Nutritional Implications - pressure effectively draws water into the gut and stimulates hypermotility, abdominal cramping, and diarrhea
What is celiac disease?
Gluten intolerance

- Gluten molecules trigger an autoimmune and inflammatory response in the small intestine, causing the usually brush-like lining of the intestine to flatten, thereby becoming much less able to digest and absorb foods.
- Nutritional management - control intake of dietary gluten and prevent malnutrition.
What is cystic fibrosis?
CF

- gene product is the cystic fibrosis transmembrane regulator (CFTR) protein, which regulates chloride transport and water flux across epithelial cells.

- This results in an abnormally high concentration of sodium in perspiration and low water content in mucus.

- CF primarily affects the pancreas, intestinal tract, sweat glands, and lungs; it causes infertility in male patients
Clinical symptoms of CF

- Thick mucus in the lungs that accumulates and clogs air passages, damages epithelial tissue of these airways, and leads to chronic obstructive pulmonary disease (COPD) and frequent respiratory infections, both of which contribute to increased metabolism and increased energy-nutrient needs
- Pancreatic insufficiency caused by progressive clogging of pancreatic ducts and functional tissue degeneration, resulting in lack of normal pancreatic enzymes
- Malabsorption of undigested food nutrients and extensive malnutrition and stunted growth
- Excessive sweating in hot weather that may lead to dehydration and circulatory failure
- Biliary cirrhosis caused by progressive clogging of bile ducts producing biliary obstruction and functional liver tissue degeneration
- Inflammatory complications that may include arthritis, finger clubbing, or vasculitis
Nutritional principles and management

- Unrestricted diet, including high-fat foods and additives
- Three meals and two to three snacks each day
- Vitamin supplementation
- Pancreatic enzymes
- Supplements and nutrient-dense nourishments may help
- Encouragement to consume whole grains, nuts, fruits, and vegetables for adequate vitamin and mineral intake
- Extra salt to replace that lost in sweat
- Adequate calcium, vitamin D, and vitamin K
What is diabetes mellitus? We talk about this often because it is so common.
Four types

- Type 1 – born with this type
- Type 2 – developed from poor diet -- insulin resistance
- Gestational – only during pregnancy
- Prediabetes
What are you going to teach your diabetic patient?
Let's talk about educating our patients to keep them healthy

– As a nurse you will do this A LOT
– It's very important to ensure our patient is educated
  – If I don't know what foods have vitamin D how can you expect me to eat it?
Important considerations

- Where can I get accurate information?
  - My plate - GOOD
  - Mayo clinic – GOOD
  - Wiki – BAD
Important considerations

- Patient based teaching
- It's not a one size fits all deal
Cultural aspect

- Think about a patient whose culture consumed a lot of high fat foods
- They not going to make a 360 change over night
- Maybe instead of white rice try brown rice
- Instead of using lard to fry food try vegetable oil
Try telling your patient they have to go to the gym everyday for an hour

– They are not going to do it
– Try teaching them to park further away from work or the store
– Encourage family walks or trips to the park
– Make little changes over time
Any questions

- Thank you guys!
- Don’t forget you can find this in the library!
- If you are having trouble understanding or did not do well on your last exam, make an appointment with a tutor—we’re here to help you!