



25
years



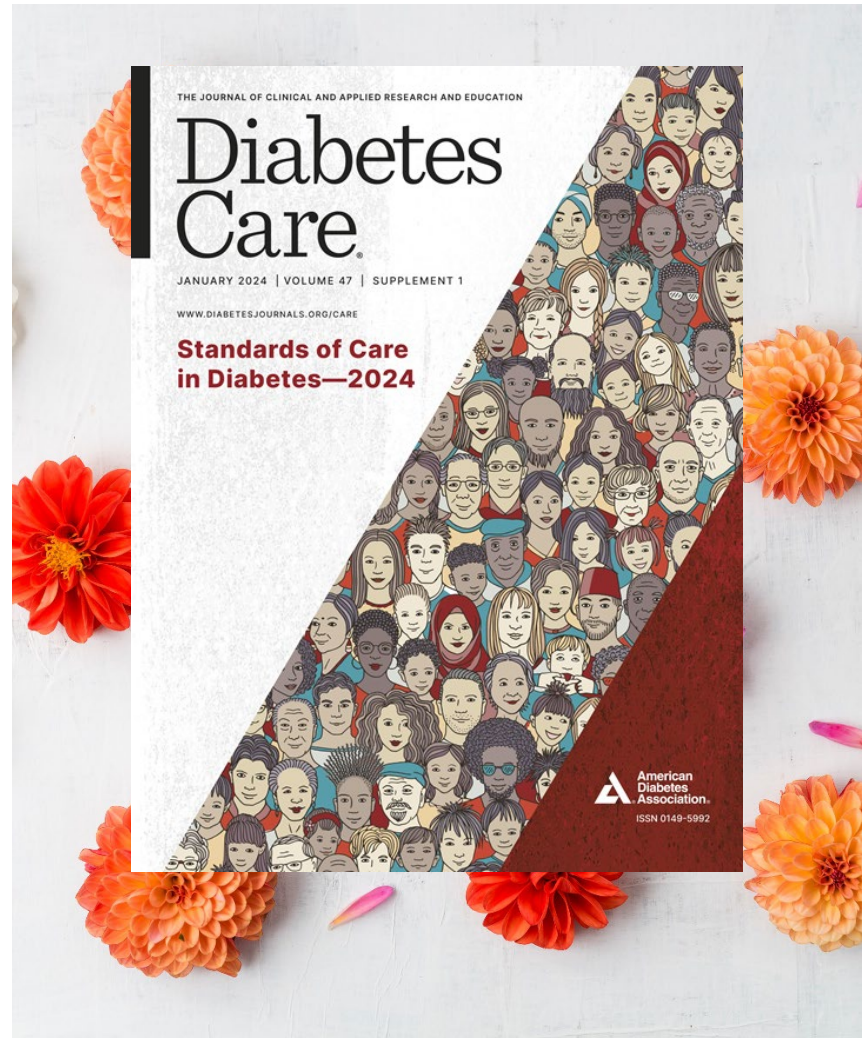
Exploring the GI System or “Gut to the Butt”

Beverly Dyck Thomassian, RN, MPH, BC-ADM, CDCES
Pronouns: She, Her, Hers
President, Diabetes Education Services

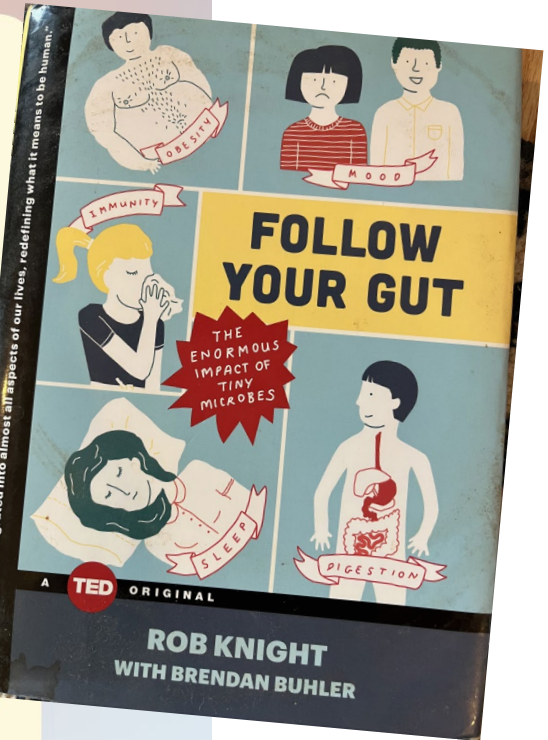
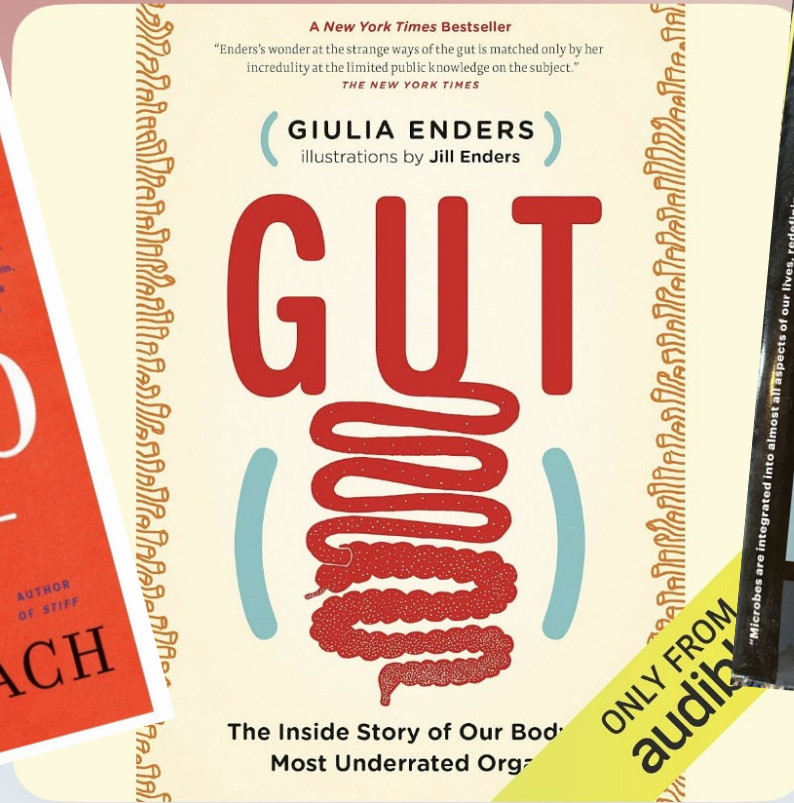
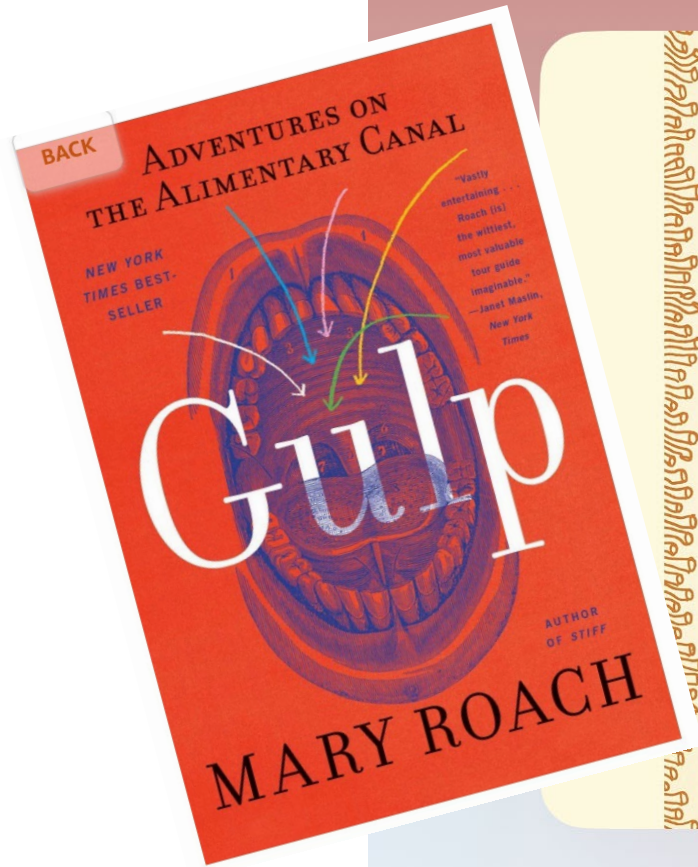


Coach Bev has no Conflict of Interest

- ▶ She's not on any speaker's bureau
- ▶ Does not invest or have any financial relationships with diabetes related companies.
- ▶ Gathers information from reading package inserts, research and articles
- ▶ The ADA Standards of Medical Care is main resource for course content



Books



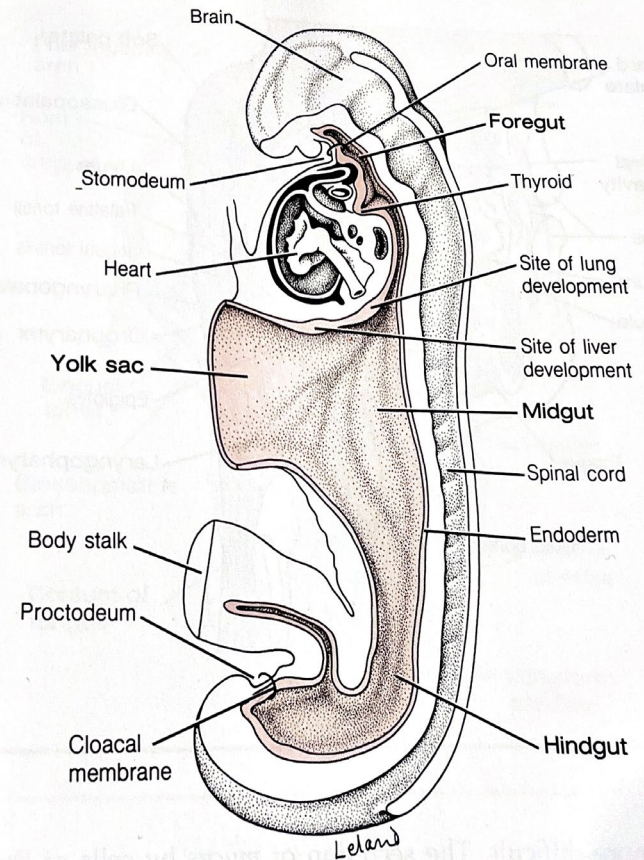
Learning Objectives Exploring the GI Tract

- ▶ Explain the links between diabetes and oral disease.
- ▶ Explore the co-relationship between hyperglycemia and the gastrointestinal system.
- ▶ Describe the pancreatic exocrine dysfunction in diabetes.
- ▶ List new nomenclature and screening guidelines for liver disease.
- ▶ Discuss the endocrine function of the intestine and the importance of a healthy microbiome.
- ▶ Enjoy a state of WONDER.



Gut Tube - Embryonic Starting Point

- ▶ Embryonic endoderm develops into the interior linings of two tubes in the body: the respiratory and the digestive.
- ▶ **Digestive Tube**
 - ▶ Salivary glands
 - ▶ Esophagus
 - ▶ Stomach
 - ▶ Small and Large Intestine
 - ▶ Liver
 - ▶ Gallbladder
 - ▶ Pancreas
- ▶ Thyroid gland
- ▶ Parathyroid glands
 - ▶ Lose connection with gut before birth to become endocrine organs



Basic Human Anatomy, A. Pense, 1982

Eating Starts with the Eyes



JR thinks that their ability to taste food has diminished recently.

5 or 6 types of Flavor Detection

They ask you, what are the five confirmed basic tastes of the

tongue? Which of the following lists describes the best answer?

▶ Sweet

▶ Sour

▶ Bitter

▶ Salty

▶

What are the 5 flavors?

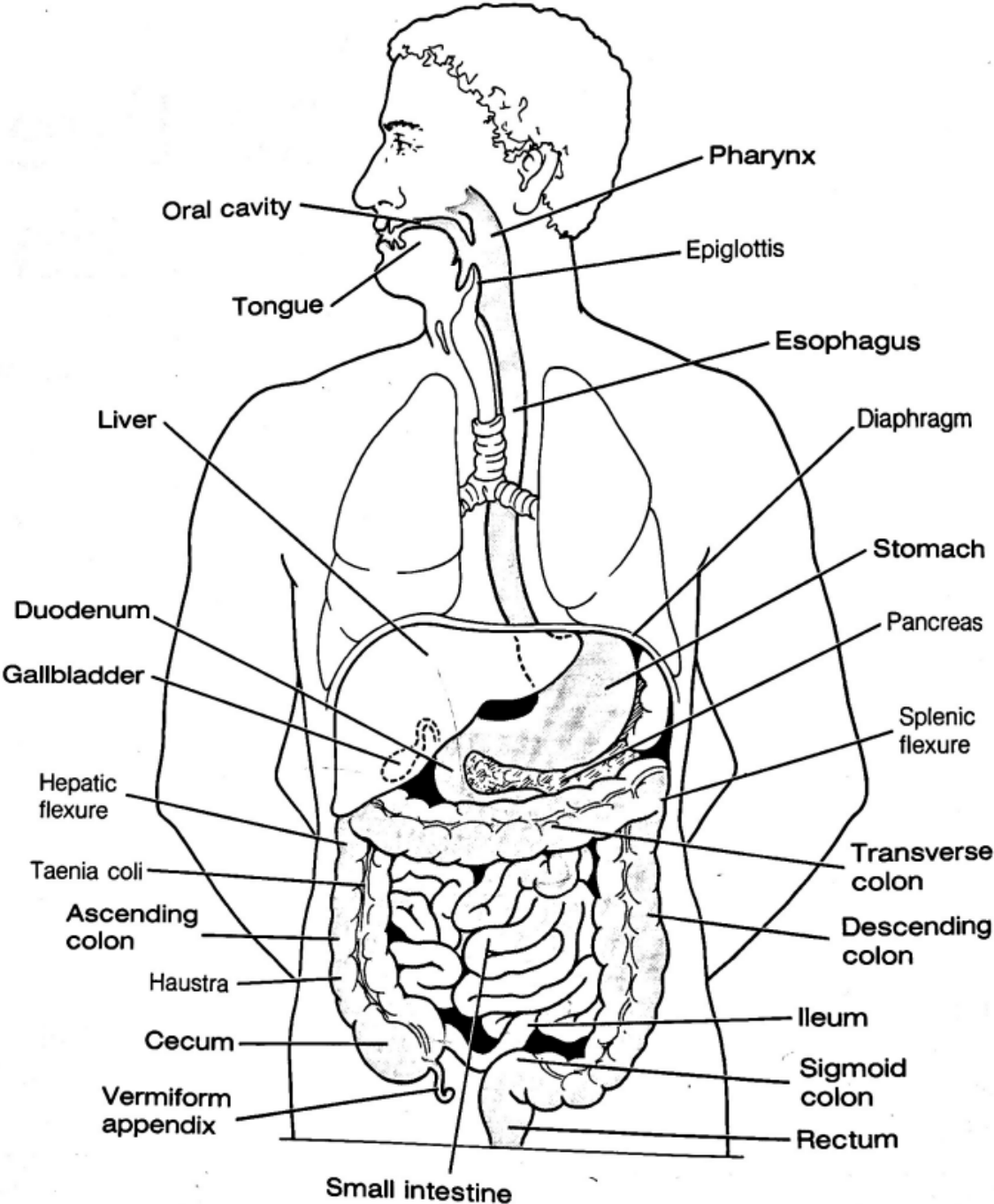
Digestion Gets Started

- ▶ Eyes see food and make an appraisal of how to best prepare for incoming load.
- ▶ Glands secrete saliva to prepare for chewing.
- ▶ Salivary enzymes (amylase) help with initial digestion
- ▶ Creates bolus.
- ▶ Upper pharynx and esophagus under conscious control, the rest involuntary.
- ▶ Esophagus smooth muscle, controlled by brain.
- ▶ Lower esophageal sphincter gateway from esophagus to stomach.
 - ▶ Prevents reflux of gastric contents



Alimentary Canal

Buckle up!



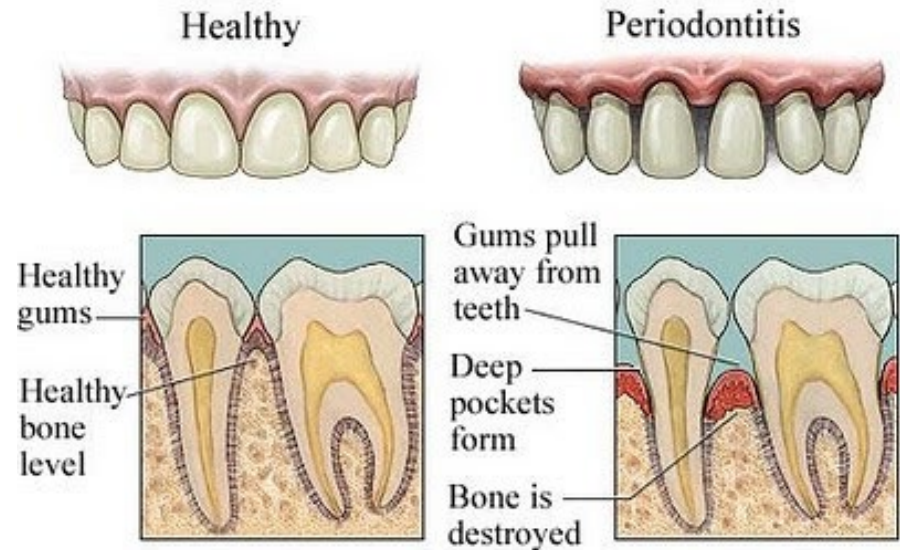
Quick Question 1

- ▶ Diabetes is associated with an increased risk of oral disease. Which of the following statements is true?
- a. People with diabetes benefit from vinegar gargles to decrease bacterial load
 - b. People with diabetes are at greater risk for tongue cancer.
 - c. 1 in 5 cases of tooth loss is linked to diabetes
 - d. Diabetes is associated with increased tonsillitis.



Periodontal Disease

- ▶ More severe and prevalent with diabetes and elevated A1c levels.
 - ▶ periodontal treatment associated with better glycemic control (A1C 8.3% vs. 7.8%)
 - ▶ Benefits lasted for 12 mo's
- ▶ People with periodontal disease have higher rates of diabetes.
- ▶ Bidirectional



Oral Care Matters

- See dentist at least yearly
- Dental hygienist twice yearly
- Brush twice daily
- Floss daily

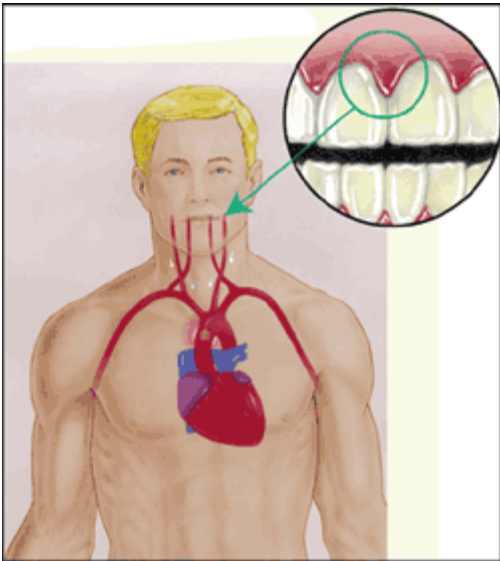
Salivary Dysfunction and Xerostomia (dry mouth) in DM

- ▶ Less saliva uptake and excretion = less protection against bacteria
- ▶ Hyperglycemia increases glucose levels in saliva, providing medium for bacterial growth- also promotes dry mouth
- ▶ Dry mouth increases risk of infection and can alter nutritional intake (due to chewing, swallowing difficulties)



Periodontal disease and Heart Disease

- Heart disease link:
 - oral bacteria enter the blood stream, attach to fatty plaques in coronary arteries increasing clot formation
 - inflammation increases plaque build up, which may contribute to arterial inflammation
- Hyperglycemia = Gingivitis = Heart Disease



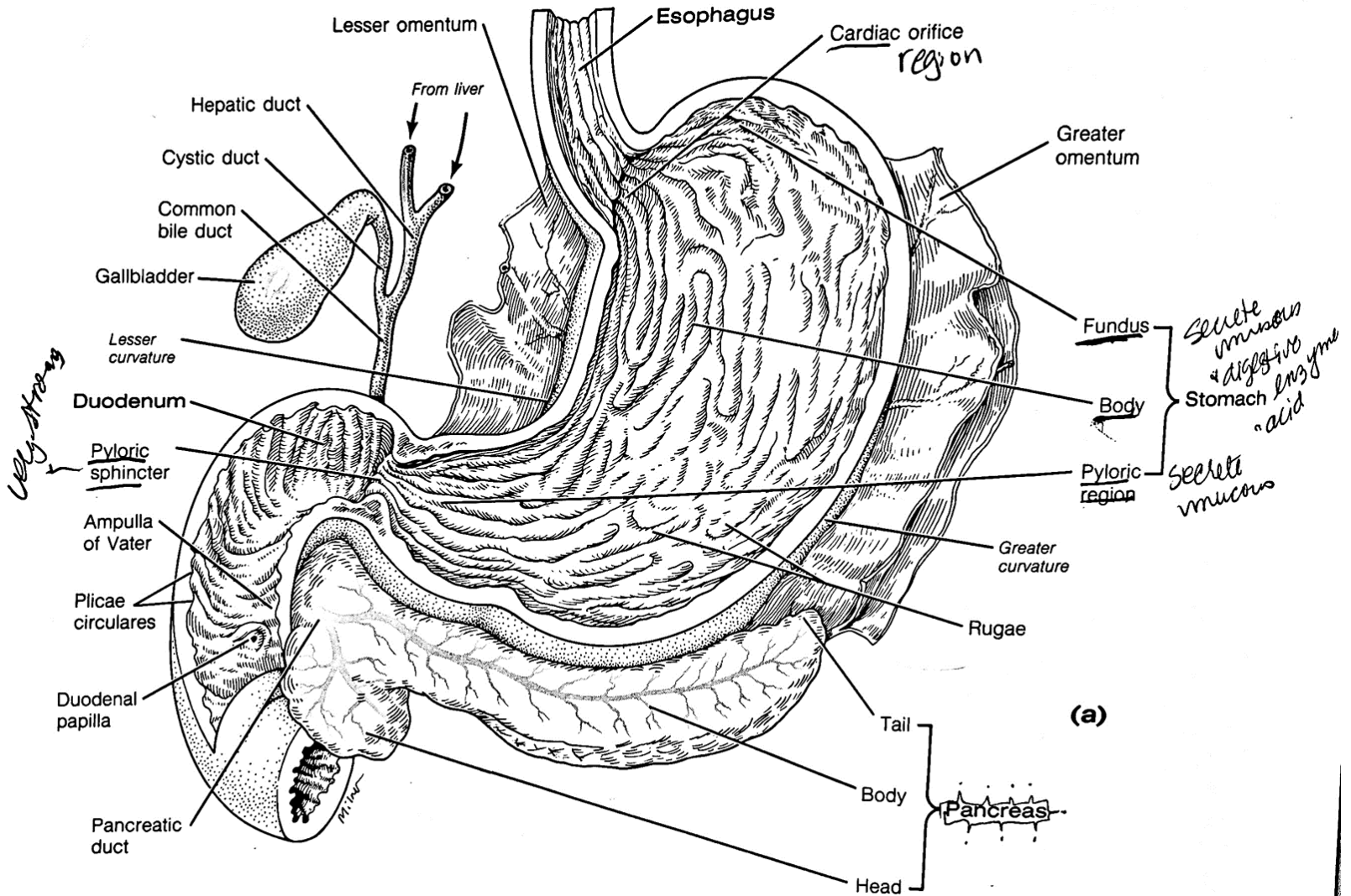
Best \$10 You Will Ever Spend



Stomach & Beyond



Stomach



Bonus Question 2

Best definition for borborygmi is:

- ▶ A tropical fruit used for nausea
- ▶ Stomach rumbling
- ▶ Gastric reflux
- ▶ Treatment for constipation



What Happens in Stomach?

- ▶ Food in fundus – serves as a holding and mixing area
- ▶ Gastric juice start breaking down larger particles.
- ▶ Bolus moved to lower regions and broken into smaller particles through stomach acid and motility.
- ▶ Gurgling and stomach rumbling is audible reflection of movement.
- ▶ Usual meal takes about 4 hours to pass through or 1-4 kcals per minute.
- ▶ Carbs take a few hours to pass through.
- ▶ Protein/fatty meals can take up to 6 hours.

Digestion Time based on Calories

▶ 400 cals

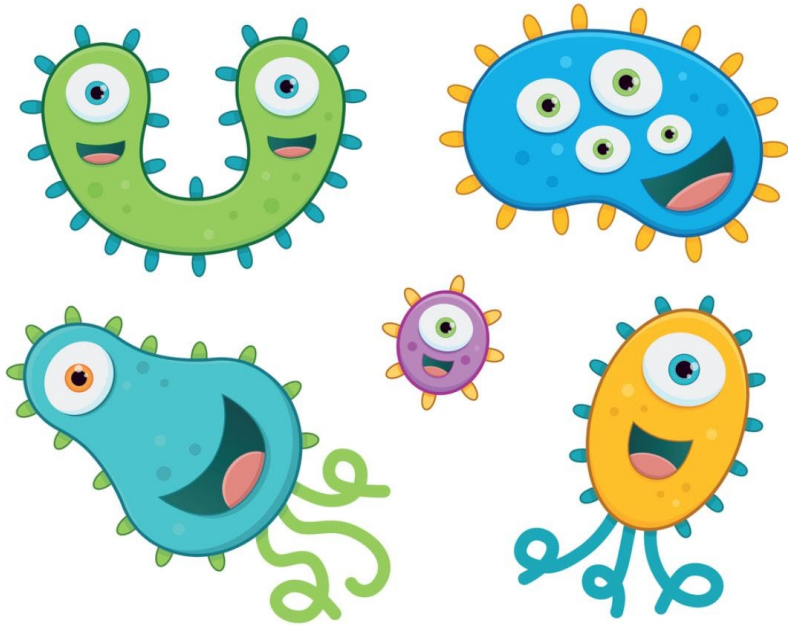
- ▶ 4 cals a minute
- ▶ 100 minutes or
- ▶ 1 hour 40 minutes to digest

▶ 1000 cals

- ▶ 4 cals a minute
- ▶ 250 minutes or
- ▶ 4 hours and 10 minutes



Stomach Issues



- ▶ H. Pylori infection
- ▶ Gastroparesis
 - ▶ G-POEM
- ▶ Metabolic surgery



Bruce Springsteen Cancels Tour Dates, Citing Peptic Ulcer Disease

...

H. Pylori Infection Symptoms

- ▶ 50% of world's population co-exist with H. Pylori
 - ▶ Causes inflammation in a small percentage of people
- ▶ Main Symptom - An aching or burning pain in abdomen which may be worse with an empty stomach.
- ▶ H. pylori infection symptoms include:
 - Feeling of fullness or bloating with fluid and solid food
 - Hunger and empty feeling in the stomach, often 1 to 3 hours after meal
 - Mild nausea that may go away with vomiting
 - Loss of appetite
 - Weight loss without trying
 - Burping
 - Bloody or dark, tarry stools or bloody vomit
- ▶ About 10% to 15% of people infected with *H pylori* develop peptic ulcer disease.
- ▶ About 1-3% develop stomach cancer



People with diabetes at risk for H. pylori and vice versa.

Quick Question: Bloating & Post Meal Hypo

- ▶ JR has lived with type 1 diabetes for over 30 years and has been complaining that they feel full and bloated after eating and experiencing more post-meal hypoglycemia.
- ▶ **Based on this information, what is the most appropriate recommendation for JR?**
- a. Evaluate transglutaminase levels.
- b. Encourage small, frequent, low fiber meals.
- c. Suggest a consult for a gastric pacemaker.
- d. Recommend they try avoiding foods with



Gastroparesis



- ▶ Gastroparesis: affects 20 – 30% of individuals with longstanding diabetes
- ▶ Delayed emptying of stomach contents due to nerve damage
- ▶ S/S include early satiety, fullness, postprandial hypo, vomiting
- ▶ Diagnosis: gastric emptying studies, post-prandial hypoglycemia
- ▶ Tx: improve BG, small, low fat & fiber meals & meds

Nutrition for Gastroparesis

- ▶ Dietary changes are a high priority in treatment
- ▶ Consider the following dietary modifications:
 - ▶ Decrease fiber (may lead to bezoar formation)
 - ▶ Evaluate fat intake
 - ▶ Fat is a good/high source of calories so limit only after other measures are exhausted
 - ▶ Liquid fats may be tolerated better



Nutrition for Gastroparesis

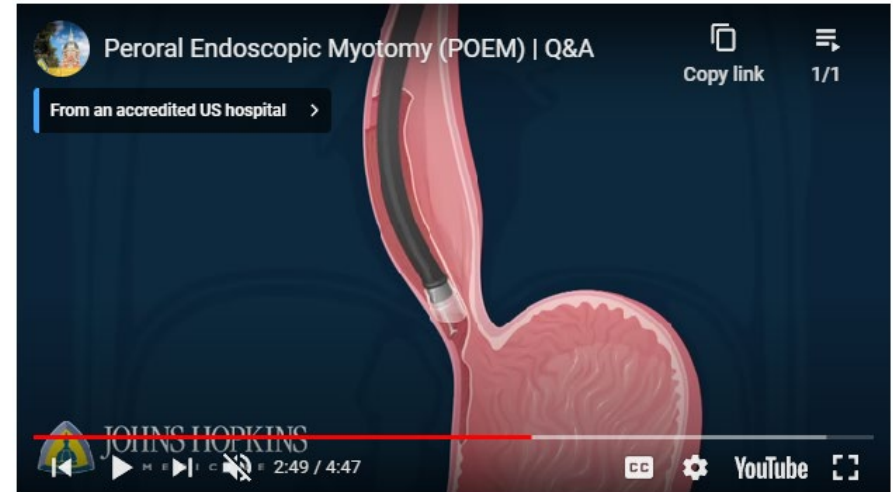
- ▶ Consider dietary modifications:
 - ▶ Multi supplement if intake is insufficient
 - ▶ Small and frequent meals
 - ▶ Liquid/pureed calories
 - ▶ May need to try liquid calories later in the day
 - ▶ Chew foods well
 - ▶ Sit up for 1-2 hours after eating



Gastric peroral endoscopic myotomy or G-POEM

- ▶ The gateway from the small intestine to the duodenum is the pylorus.
- ▶ Food knocks of the pyloric sphincter for admission to duodenum
- ▶ Doors usually easily open, with limited resistance.
- ▶ With gastroparesis, pyloric sphincter is stiff and closed shut.

<https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/peroral-endoscopic-myotomy>



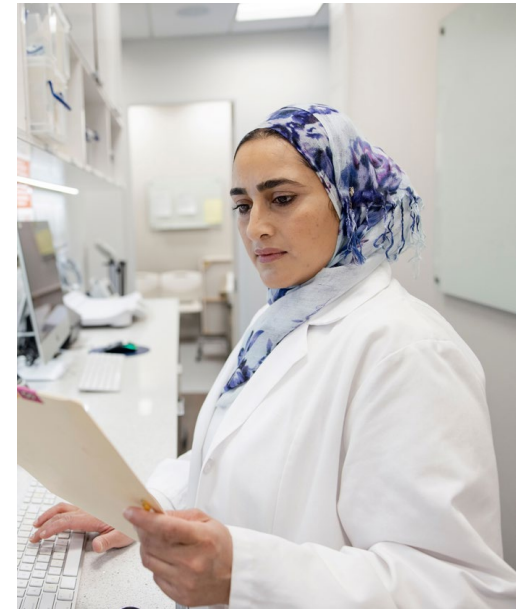
- ▶ This endoscopic G-POEM procedure cuts the muscles near the pyloric sphincter (a myotomy).
- ▶ Helps to permanently relax the sphincter, so food can empty freely.

Stretch Break



Gut Hormones

- ▶ Gut hormones secreted by the L-cell of the intestine. Some in the small intestine, but more the larger intestine.
- ▶ People with type 2 make about 50% less of gut hormones, but new study shows that people with type 1 may benefit from GLP-1 therapy early in diagnosis.
- ▶ Can slow peristalsis down too much, and lead to an intestinal blockage – Ozempic warning.



GLP-1 & GIP Hormones

Glucagon-like Peptide-1 Receptor Agonism

Glucose-dependent Insulinotropic Polypeptide Receptor Agonism

Central Nervous System

- ↑ Satiety
- ↓ Food Intake
- ↑ Nausea
- ↓ Body Weight

Pancreas

- ↑ Insulin
- ↓ Glucagon

Stomach

- ↓ Gastric Emptying

Systemic

- ↓ Hyperglycemia

Liver

- ↑ Insulin Sensitivity
- ↓ Hepatic Glucose Production
- ↓ Ectopic Lipid Accumulation

Central Nervous System

- ↓ Food Intake
- ↓ Nausea
- ↓ Body Weight

Pancreas

- ↑ Insulin
- ↑ Glucagon

Subcutaneous White Adipose Tissue

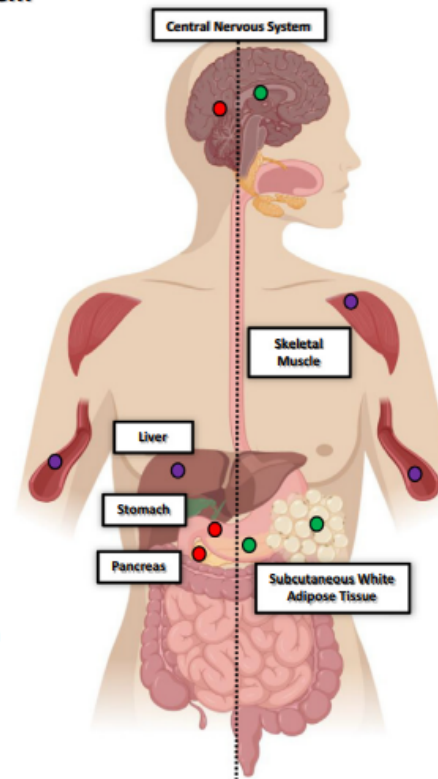
- ↑ Insulin Sensitivity
- ↑ Lipid Buffering Capacity
- ↑ Blood Flow
- ↑ Storage Capacity
- ↓ Proinflammatory Immune Cell Infiltration

Systemic

- ↓ Hyperglycemia
- ↓ Dietary Triglyceride

Skeletal Muscle

- ↑ Insulin Sensitivity
- ↑ Metabolic Flexibility
- ↓ Ectopic Lipid Accumulation



- Glucose-dependent Insulinotropic Polypeptide Receptor Agonism
- Glucagon-like Peptide 1 Receptor Agonism
- Indirect Action

Pocket Card: GLP-1 & GIP RA

GLP-1 & GIP Receptor Agonists

Class/Main Action	Name	Dose Range	Considerations
GLP-1 RA - Glucagon Like Peptide Receptor Agonist “Incretin Mimetic” <ul style="list-style-type: none"> Increases insulin release with food Slows gastric emptying Promotes satiety Suppresses glucagon 	exenatide (Byetta)	5 and 10 mcg BID	Side effects: nausea, vomiting, weight loss, injection site reaction. Report signs of acute pancreatitis or intestinal blockage (ileus) and stop med. Increase dose monthly to achieve targets. Black box warning: Thyroid C-cell tumor warning (avoid if family history of medullary thyroid tumor). *Significantly reduces risk of CV death, heart attack, and stroke. †Approved for pediatrics 10-17 yrs Lowers A1C 0.5 – 1.6% Weight loss: 4-6% body weight loss.
	exenatide XR† (Bydureon)	2 mg 1x a week Pen injector - Bydureon BCise	
	liraglutide (Victoza)*†	0.6, 1.2 and 1.8 mg daily	
	dulaglutide* (Trulicity)†	0.75, 1.5, 3.0 and 4.5 mg 1x a week pen injector	
	semaglutide* (Ozempic)	0.25, 0.5, 1.0 and 2.0 mg 1x a week pen injector	
	(Rybelsus) Oral tablet	3, 7, and 14 mg daily in a.m. Take on empty stomach with sip of water	
GLP-1 & GIP Receptor Agonist Activates receptors for GLP-1 (see above) & Glucose-dependent Insulinotropic Polypeptide (GIP).	Tirzepatide (Mounjaro)	2.5, 5.0, 7.5, 10, 12.5 and 15 mg 1x a week prefilled single dose pen Increase dose by 2.5 mg once monthly to reach targets.	Side effects: nausea, diarrhea, injection site reaction. Report pancreatitis, signs of intestinal blockage. Black box warning: Avoid if family history of medullary thyroid tumor. Lowers A1C ~ 1.8 - 2.4% Weight loss: 7-13% body weight loss at max dose.

GLP-1 RA's as Adjunctive Therapy for Newly Diagnosed Type 1

- ▶ NEJM study looked at the effects of semaglutide on new-onset type 1 diabetes.
- ▶ Study evaluated blood glucose of 10 adults, ages 21-39, who had started taking semaglutide within three months of diagnosis.
- ▶ At diagnosis, all the participants were taking basal and mealtime insulin.
- ▶ Participants started with 0.125 mg semaglutide per week, with a maximum of 0.5 mg semaglutide per week, while mealtime insulin dose was lowered.
- ▶ Basal insulin dose was reduced based on CGM readings.



<https://www.nejm.org/doi/full/10.1056/NEJMc2302677>

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CORRESPONDENCE (FREE PREVIEW)

Semaglutide in Early Type 1 Diabetes



In this small case series, semaglutide after the diagnosis of type 1 diabetes led to elimination of prandial insulin in all patients and basal insulin in most, along with improved glycemic control.



September 7, 2023
N Engl J Med 2023; 389:958-959
DOI: 10.1056/NEJMc2302677

GLP-1 RA's as Adjunctive Therapy for Newly Diagnosed Type 1

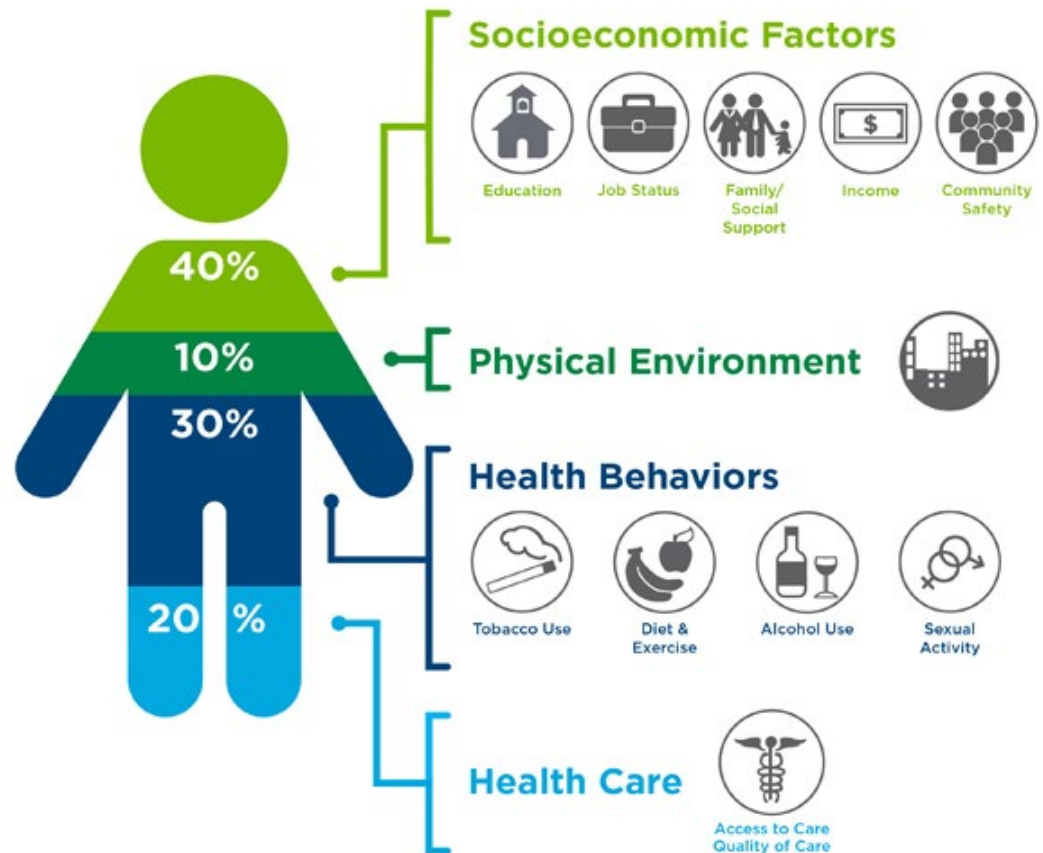
What were the key findings?

- ▶ Within 3 months, participants no longer needed mealtime insulin.
- ▶ At six months, 7 out of 10 no longer needed basal insulin.
- ▶ Most of the people in the study were able to stop taking any insulin after six months of treatment with semaglutide.
- ▶ A1C levels fell from an average of 11.7% at diagnosis to 5.9% at six months and 5.7% at one year,
- ▶ Participants also achieved time in range (70-180) of 89%.
- ▶ **Side effects:**
 - ▶ Some participants experienced mild hypo while the semaglutide dose was increased. Once the semaglutide dose stabilized, there were no problems with hypoglycemia.
 - ▶ There were no reports of [diabetic ketoacidosis](#) or other serious side effects.

Address Barriers to Self Management

- **Barriers exist** within health system, payer, health care professional & individual.
- **Address barriers** through innovation, including community health workers, telehealth, other digital health solutions.
- **Consider social determinants of health** in the target population when designing care.

What Goes Into Your Health?

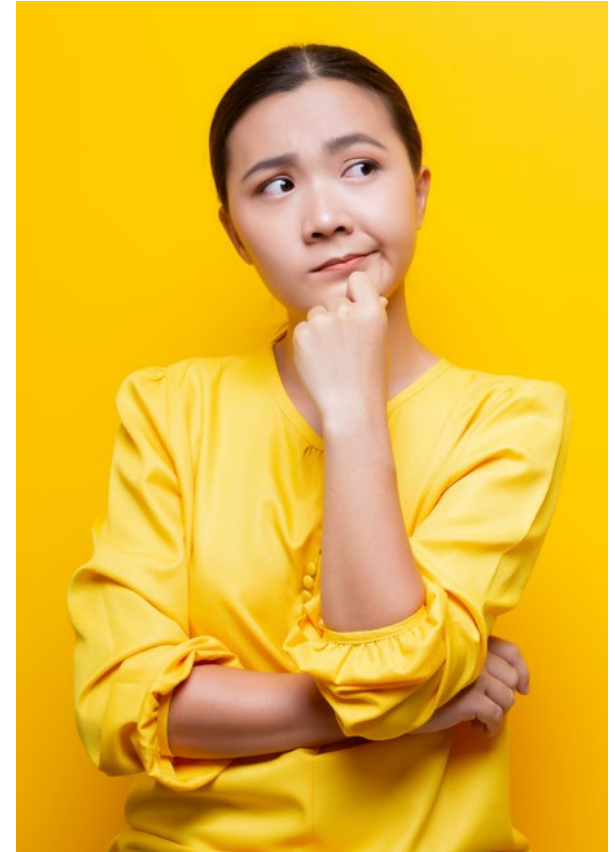


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

<https://coveragetoolkit.org/health-equity/defining-health-equity/>

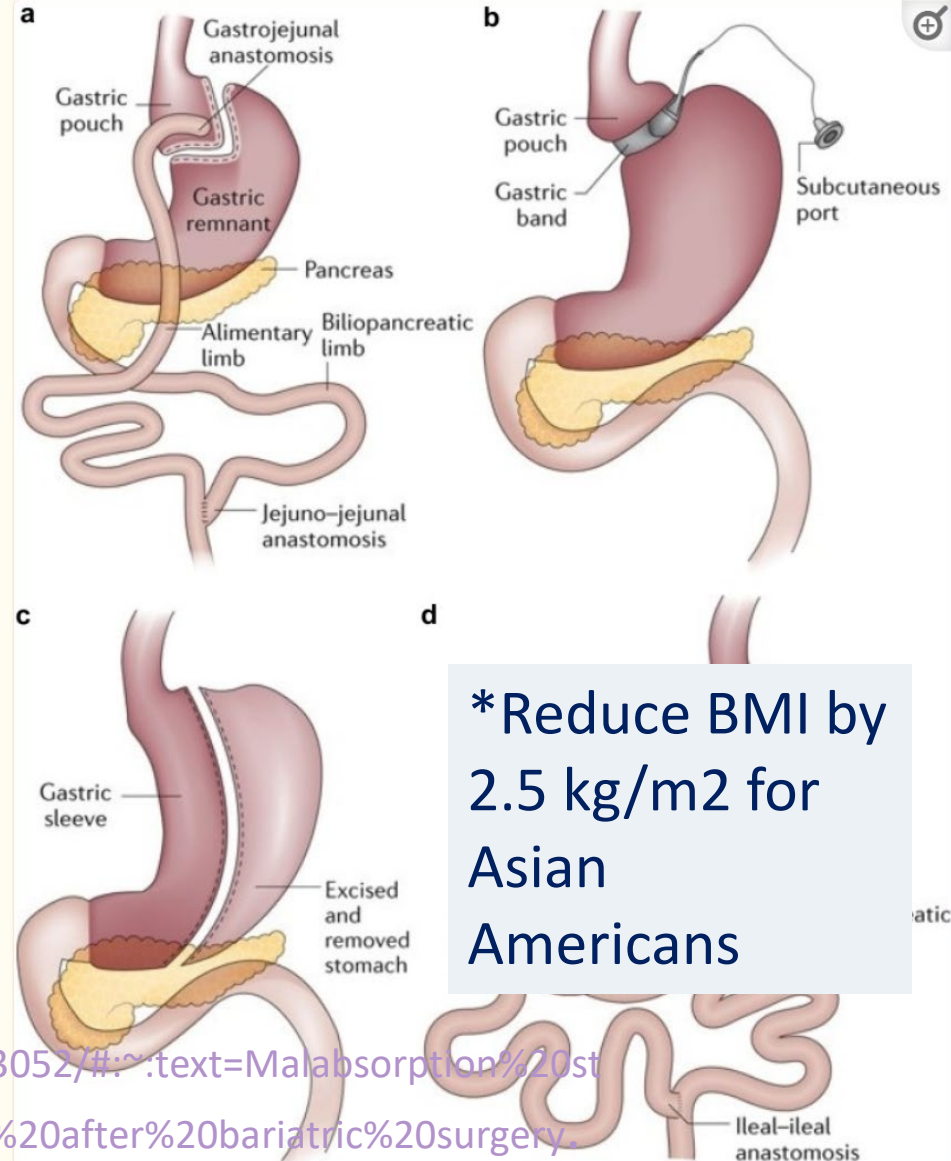
GLPs & Intestinal Blockage

- ▶ More than a dozen reports of intestinal blockage or ileus among people using semaglutide (Ozempic).
- ▶ New warning to report any signs of intestinal blockage including:
 - ▶ Bloating, abdominal cramps, constipation, nausea, vomiting, and constipation that doesn't subside within a few days.
- ▶ Encourage individuals to report these signs and consult with a healthcare provider.



Metabolic Surgery for Weight Loss

- ▶ *Considered* as an option to treat T2DM for screened surgical candidates with:
 - ▶ BMI 30 – 34.9 kg/m² for those who don't achieve wt. loss w/ nonsurgical methods
- ▶ *Recommended* as an option to treat T2DM for screened surgical candidates with:
 - ▶ BMI ≥ 40 kg/m²
 - ▶ BMI 35 - 39.9 kg/m² for those who don't achieve wt. loss w/ nonsurgical methods



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6343052/#:~:text=Malabsorption%20status%20after%20bariatric%20surgery,is%20achieved%20after%20bariatric%20surgery>

Metabolic Surgery for Weight Loss

Advantages in T2DM

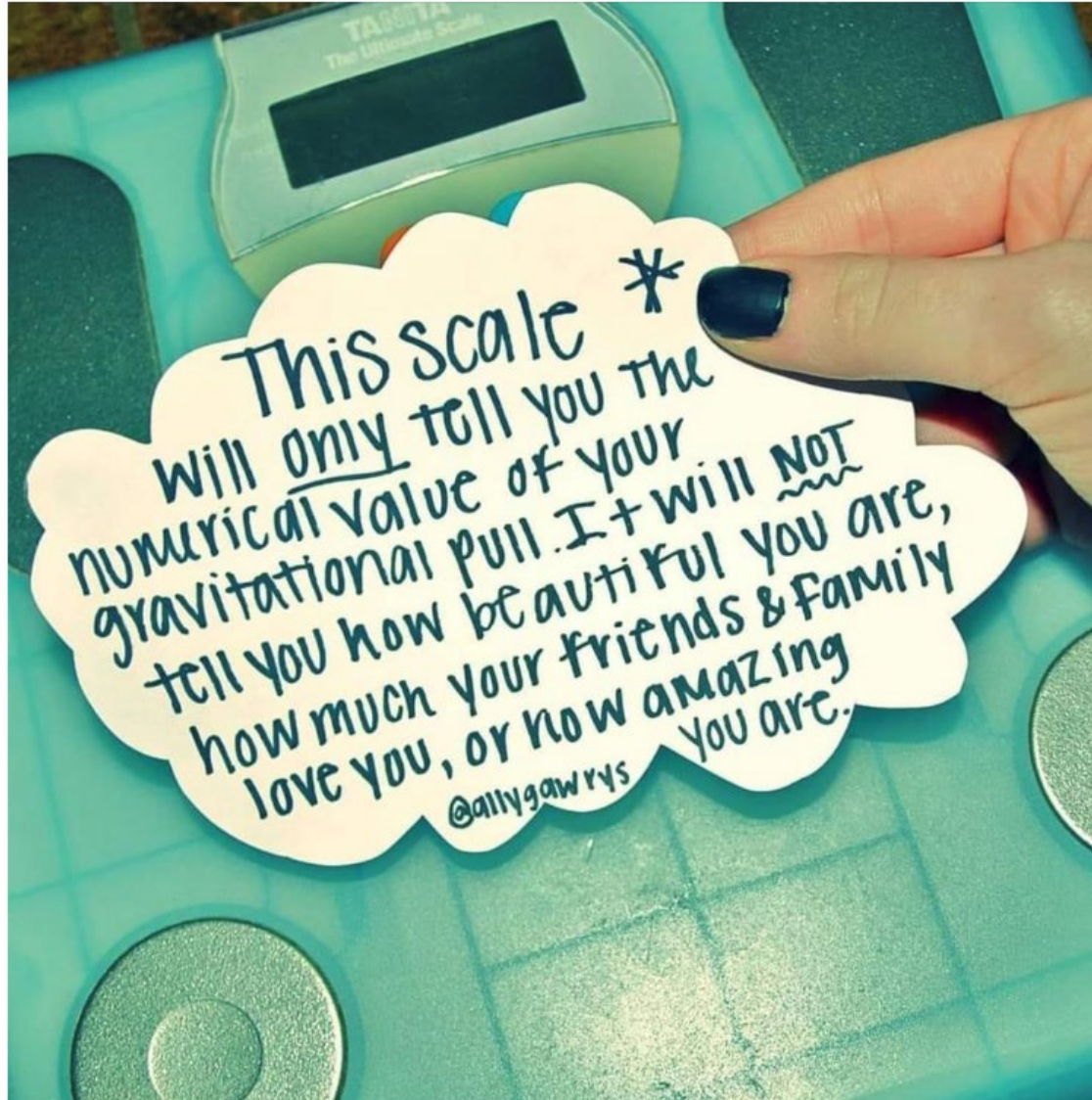
- ▶ Diabetes remission in 30-63% of those with RYGB.
 - ▶ 35-50% of those who go into remission experience recurrence, but median disease-free period is 8.3 years.
- ▶ Many with diabetes will sustain glycemic improvement for 5-15 years.
- ▶ Additional health benefits



Disadvantages

- ▶ Costly (but likely cost effective)
- ▶ Long-term concerns: dumping syndrome, anemia, osteoporosis, severe hypoglycemia, nutrient deficiency.
- ▶ Increased risk of substance use, new-onset depression/anxiety

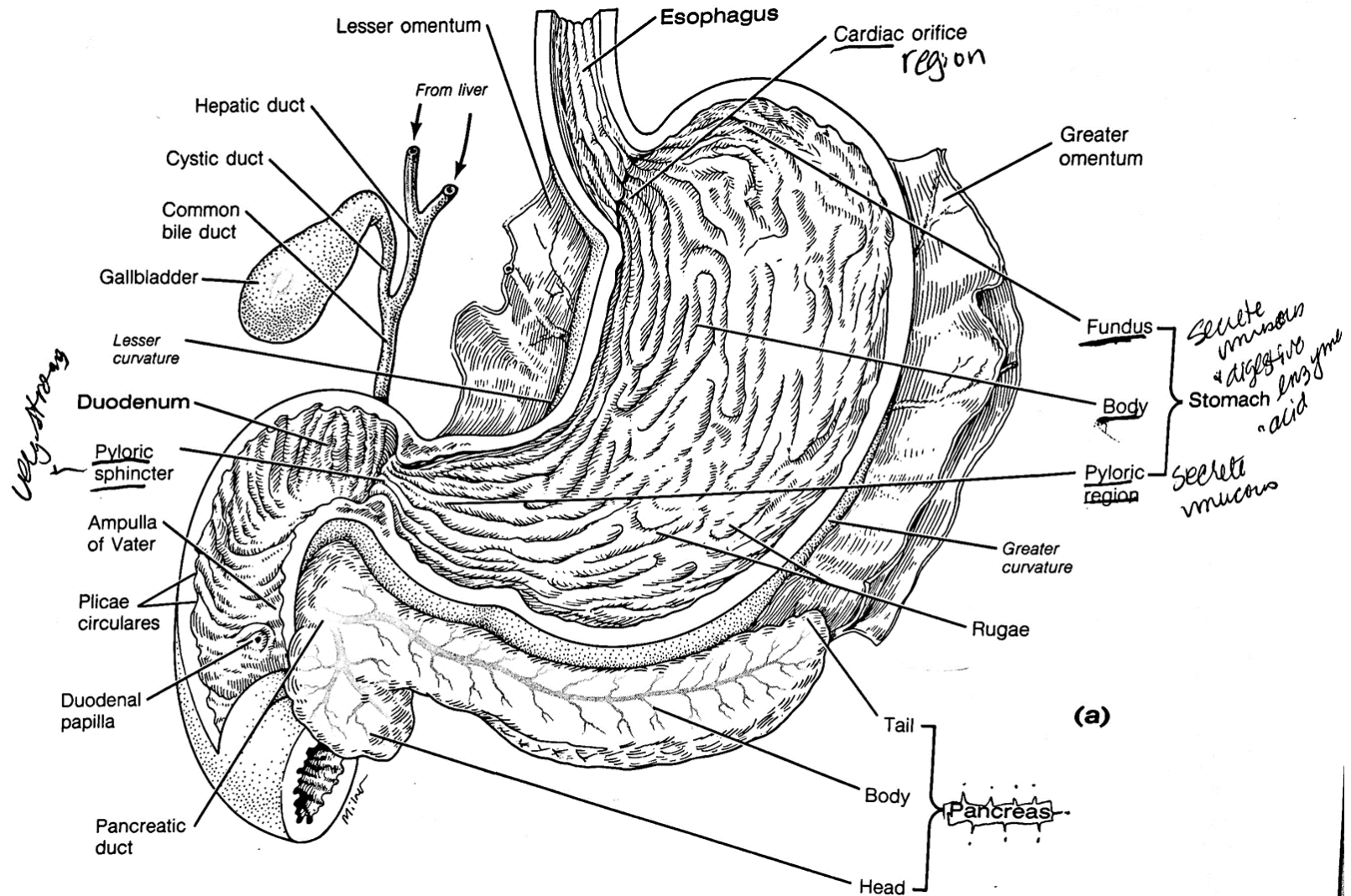
Weight is a Heavy Issue



Now to the Duodenum

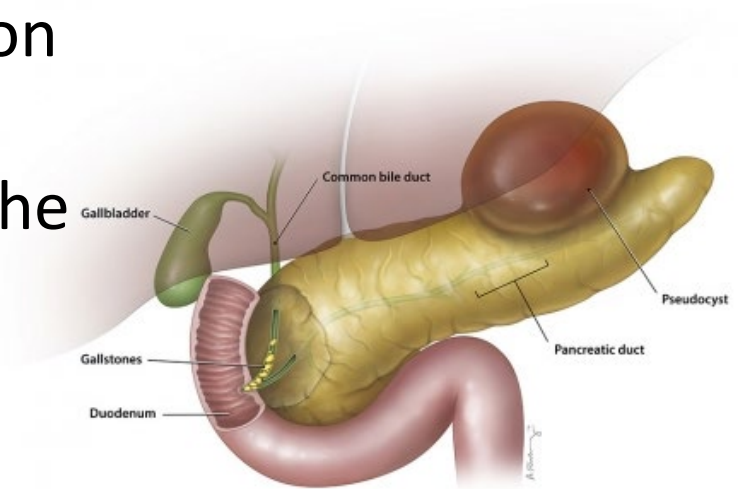


Duodenum, gallbladder, pancreas



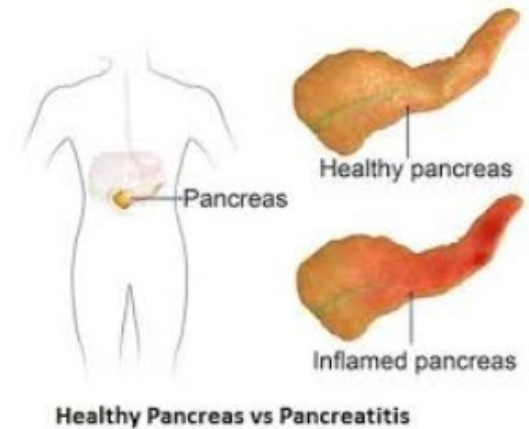
Pancreatitis

- ▶ Pancreatitis caused by digestion of the organ from pancreatic enzymes normally carried to the SI through pancreatic duct.
- ▶ Detected through elevated Amylase levels & pain
- ▶ Causes:
 - ▶ HIV meds and other meds
 - ▶ Alcohol ingestion
 - ▶ Gallstones blocking pancreatic enzyme flow to small intestine
 - ▶ Elevated triglycerides
 - ▶ Cancer, injury and other



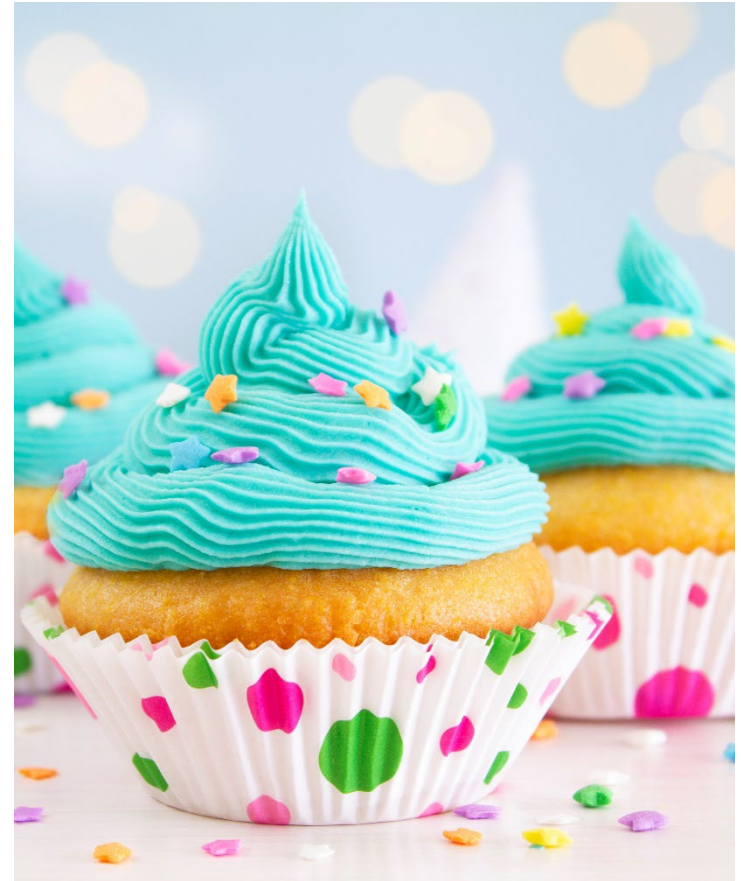
Pancreatitis

- ▶ People with diabetes 2xs risk of acute pancreatitis
- ▶ After episode of pancreatitis, one third of people will get prediabetes or diabetes
- ▶ Pancreatitis is an exocrine dysfunction:
 - ▶ Disrupts global architecture or physiology of pancreas
 - ▶ Results in both exocrine and endocrine dysfunction



Exocrine Pancreatic Insufficiency

- ▶ Fatty stools
- ▶ Abdominal pain especially after high fat meals
- ▶ Can happen with both type 1 & 2 diabetes
- ▶ May need to take fat soluble vitamins, enzymes
- ▶ Avoid smoking, excess alcohol to protect pancreas.
- ▶ Cystic fibrosis



PANCREATIC CANCER

16 WARNING SIGNS YOU SHOULD KNOW

PANCREATIC
CANCER
ACTION
NETWORK

SYMPTOMS

Pancreatic cancer may cause only vague symptoms. If you are experiencing one or more of these unexplained symptoms, the Pancreatic Cancer Action Network urges you to see your doctor.



Abdominal or
mid-back pain



Loss of
appetite



Jaundice



Weight loss



Nausea



Change in stool



Recent onset
diabetes

The American Cancer Society's estimates for pancreatic cancer in U.S. for 2023 are:

- About 64,050 people will be diagnosed with pancreatic cancer.
- About 50,550 people will die of pancreatic cancer.
- Pancreatic cancer accounts for about 3% of all cancers in the US and about 7% of all cancer deaths.

<https://pancan.org/>

Old Terms

- ▶ Fatty Liver Disease
- ▶ Non-Alcoholic Steatohepatitis (NASH)
- ▶ Non-Alcoholic Fatty Liver Disease (NAFLD)

New Terms

- ▶ Steatotic Liver Disease
- ▶ Metabolic Dysfunction-Associated Steatohepatitis (MASH)
- ▶ Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)



Steatotic Liver Disease (SLD)

MASLD* is when fat reaches 5% to 10% of the liver's weight

Adults with type 2 diabetes.

- ▶ MASLD is prevalent in >70%
 - ▶ Of those 50% have NASH*
- ▶ 12-20% have fibrosis
- ▶ Need evaluation for nonalcoholic steatohepatitis and liver fibrosis for those:
 - ▶ At high risk: type 2 or prediabetes with cardiometabolic risk factors
 - ▶ Elevated liver enzymes (ALT) or
 - ▶ Fatty liver on imaging or ultrasound



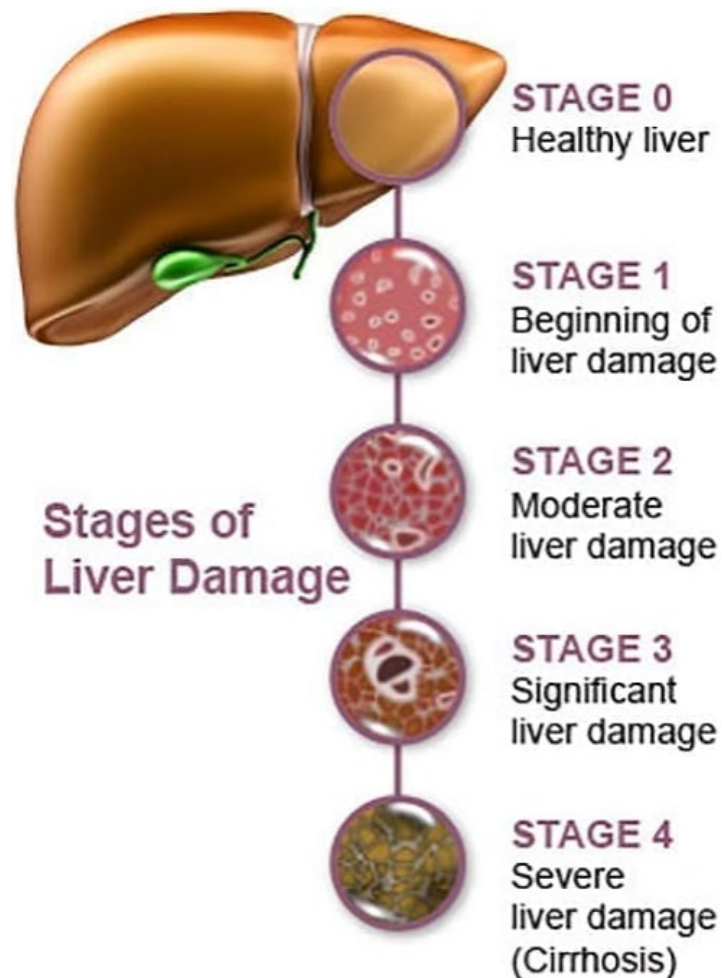
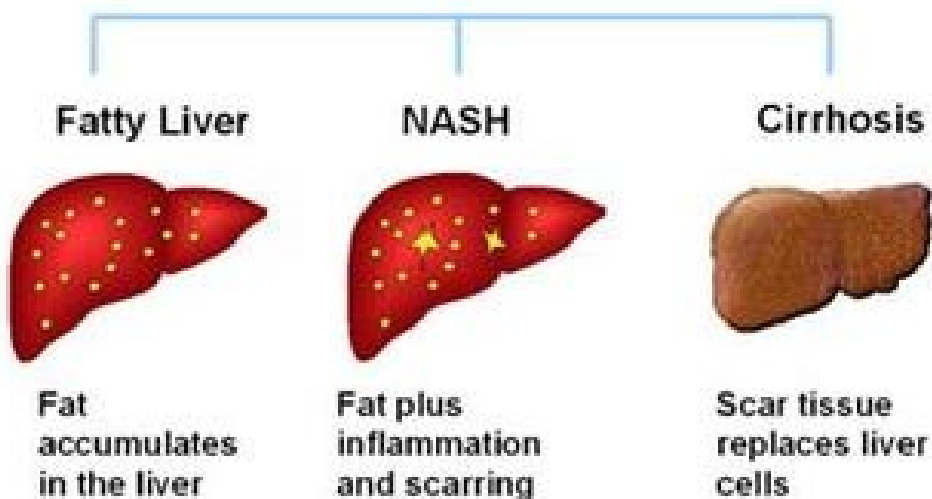
Associated with :

- Increased BMI (30+)
- Cardiometabolic risk factors
- Over 50 yrs
- ALT & AST 30 units/L +

*Now called MASH -
**Metabolic Dysfunction-
Associated
Steatohepatitis.**

Natural History of MASLD* to MASH**

The Spectrum of NAFLD



*Metabolic Dysfunction-Associated Steatotic Liver Disease

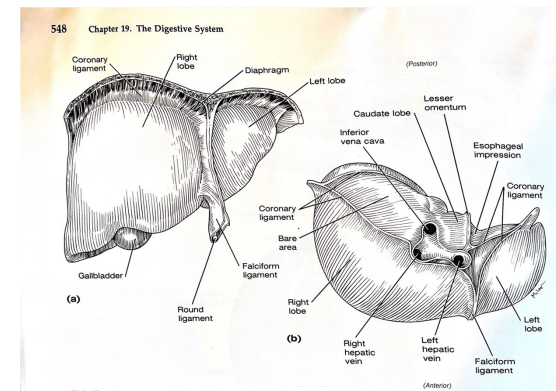
**Metabolic Dysfunction-Associated Steatohepatitis.

<https://liverfoundation.org/wp-content/uploads/2020/11/StagesFibrosis.jpg>

Quick Question: Detecting Steatosis

EV is 58 years old with type 2 diabetes and a BMI of 33. In addition, EV has hypertension and hyperlipidemia, with elevated liver enzymes (ALT and AST). To determine if EV is at risk for liver fibrosis and cirrhosis, which of the following would provide a risk calculation?

- A. UACR
- B. FIB-4**
- C. GAD or ICA
- D. Weight in (kg) divided by the square of height in meters (m²)



Screening for NASH – FIB-4

Fibrosis-4 (FIB-4) Calculator

The Fibrosis-4 score helps to estimate the amount of scarring in the liver. Enter the required values. The result will appear in the oval on the far right (highlighted in yellow).

$$\text{FIB-4} = \frac{\text{Age (years)} \times \text{AST Level (U/L)}}{\text{Platelet Count (10}^9\text{/L)} \times \sqrt{\text{ALT (U/L)}}} = 2.61$$

The calculation uses the following values: Age (years) = 58, AST Level (U/L) = 90, Platelet Count (10⁹/L) = 217, and ALT (U/L) = 85. The result, 2.61, is highlighted in a yellow oval.

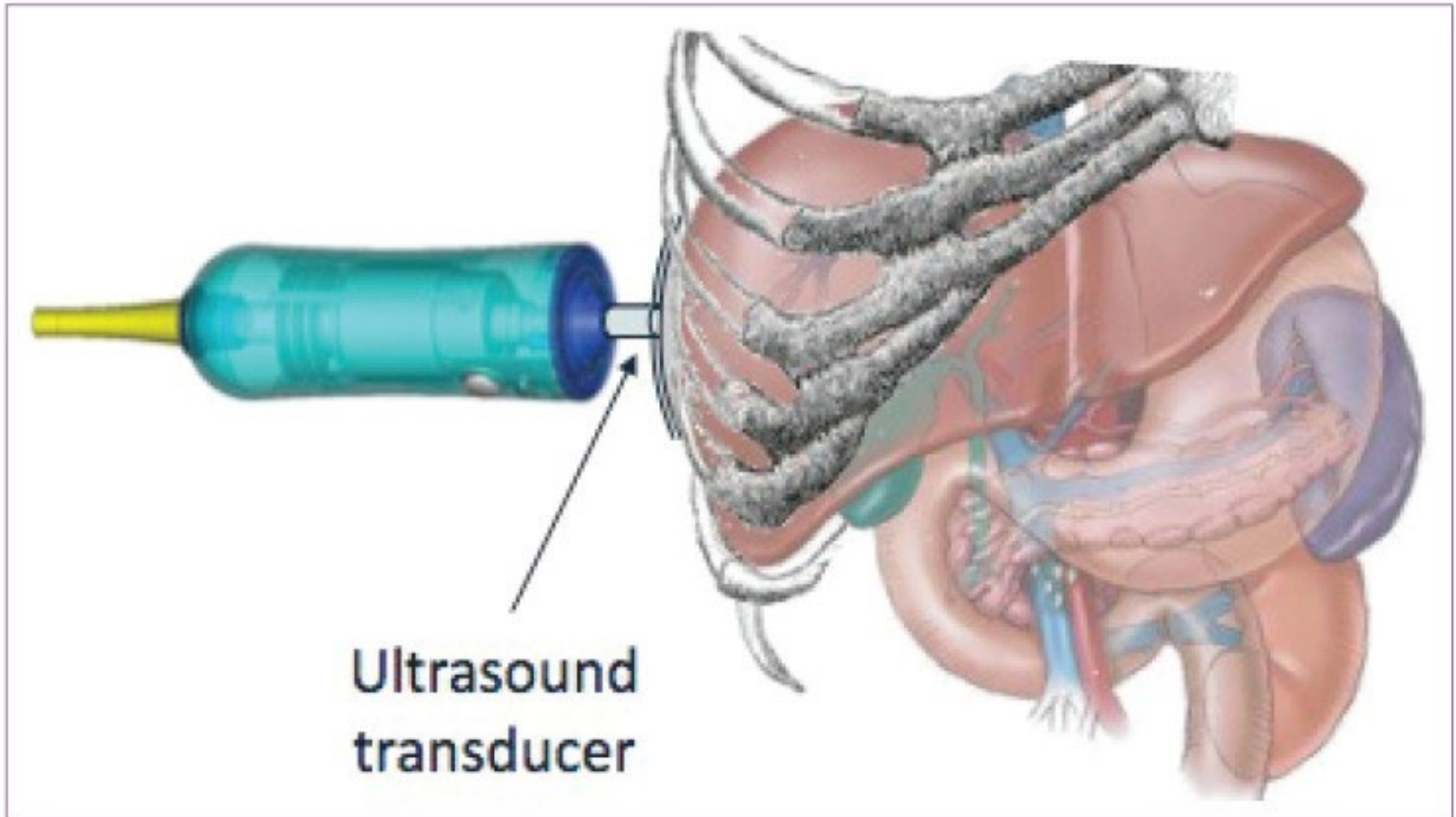
- ▶ The American College of Gastroenterology considers Upper limit of normal ALT levels:
 - ▶ 29–33 units/L for males
 - ▶ 19–25 units/L for female individuals

(mdcalc.com/calc/2200/fibrosis-4-fib-4-index-liver-fibrosis).

FIB-4 estimates risk of hepatic cirrhosis (age 35+):

- ▶ Calculated by imputing:
 - ▶ Age
 - ▶ plasma aminotransferases (AST and ALT)
 - ▶ and platelet count
- ▶ FIB-4 Risk Levels
 - ▶ Lower risk is <1.3
 - ▶ Intermediate 1.3 to 2.67
 - ▶ High risk >2.67
 - ▶ considered as having a high probability of advanced fibrosis (F3–F4).

Liver Elastography or FibroScan



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3594956/>

Actions To Decrease Fatty Liver

▶ Increase activity

- ▶ Strength training
- ▶ Yoga or Thai Chi
- ▶ Walking & aerobics

▶ Thoughtful eating

- ▶ More fiber
- ▶ Less processed foods & less added sugar (especially sugary beverages)
- ▶ Less alcohol
- ▶ See RDN

▶ Treatment

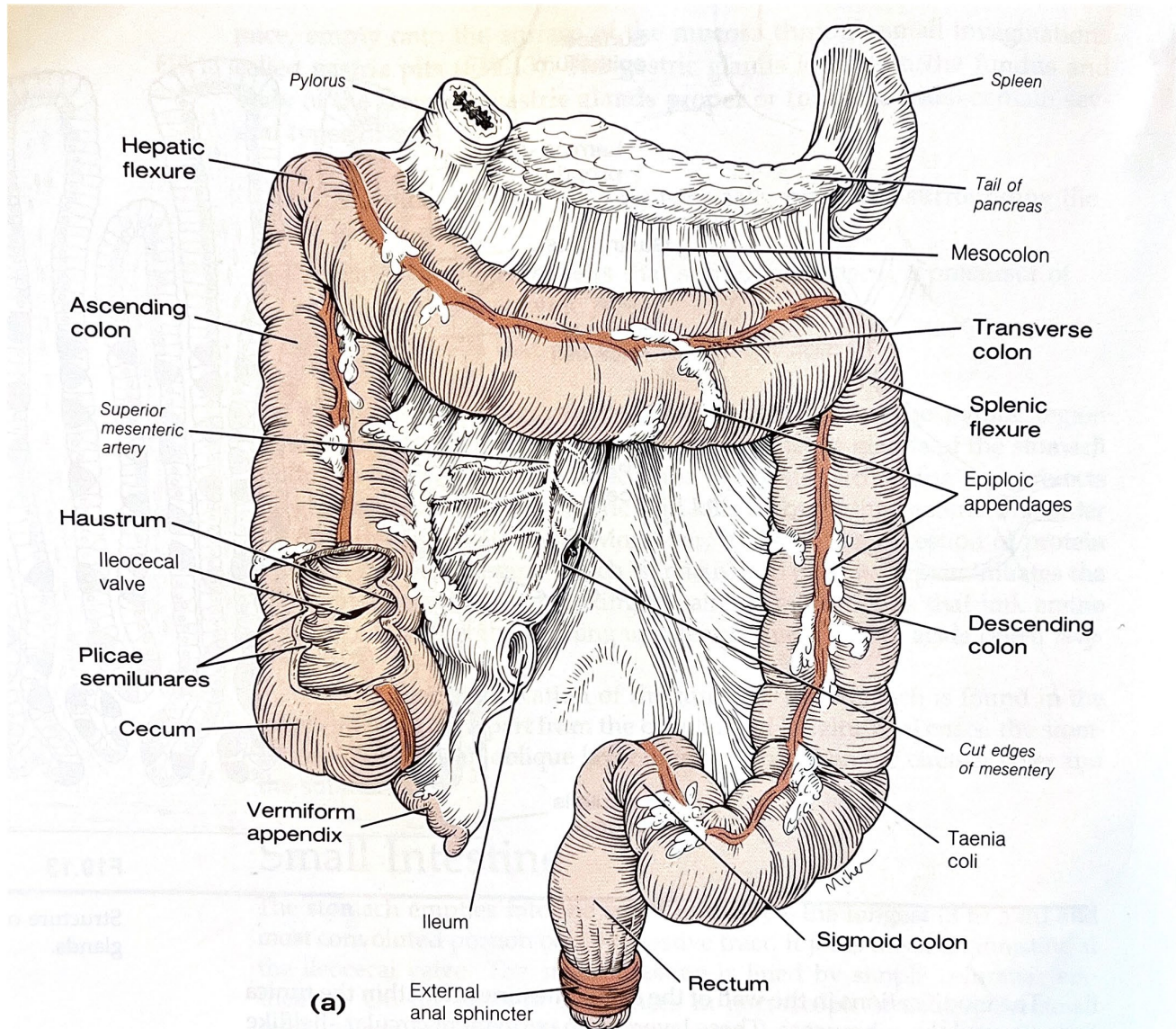
- ▶ Actos
- ▶ GLP-1
- ▶ Statins

▶ Prevention

- ▶ Cancer Screenings
- ▶ Decrease inflammation



Almost There – Ileum to Anus

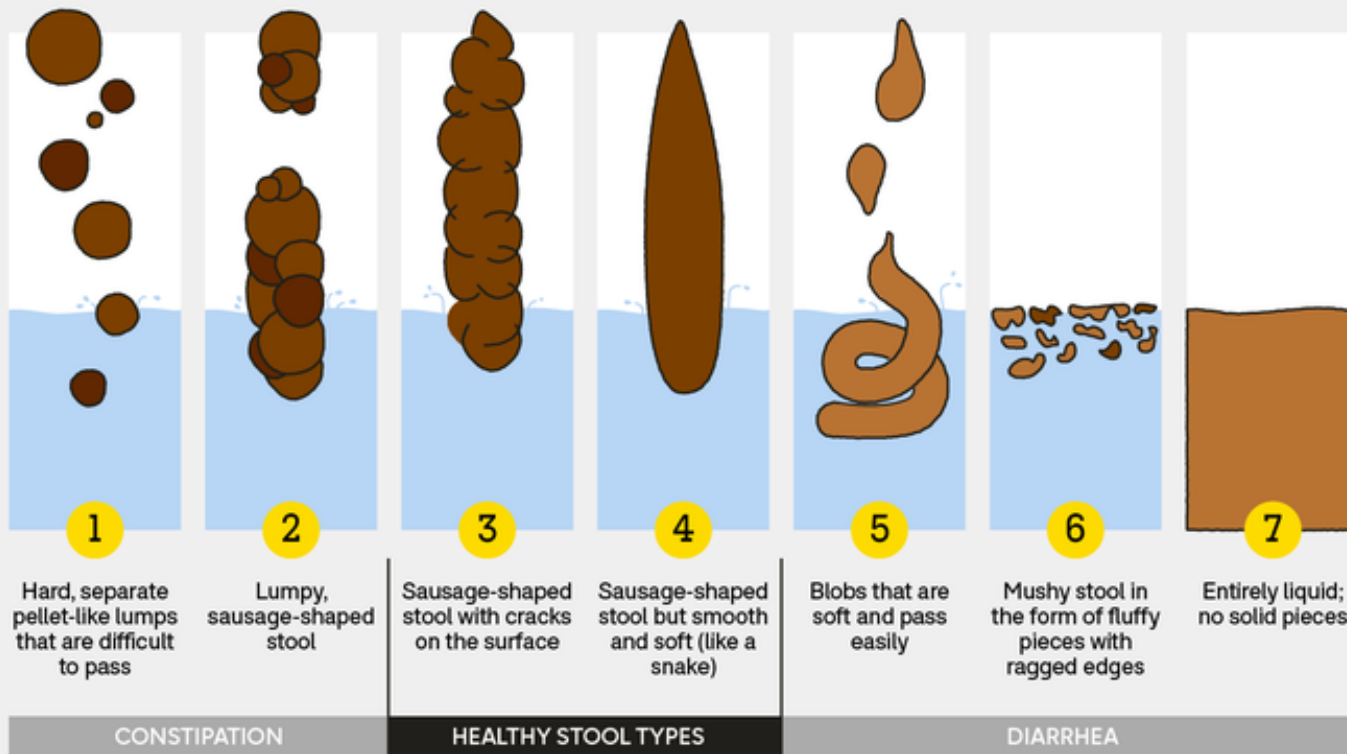


Ileum to Anus

- ▶ Ileum last 2 meters of intestine. To move from the ileum to the cecum (first part of large intestine), food passes through the ileocecal valve.
- ▶ The appendix hangs out near this juncture. It traps harmful bacteria and contains lymphoid cells similar to tonsils. If appendix gets blocked with bacteria and white blood cells, can lead to appendicitis
- ▶ Large intestine – The bacterial party center of your GI Tract
 - ▶ Ascending
 - ▶ Transverse
 - ▶ Descending
 - ▶ Sigmoid colon makes and Sideway S as it enters the iliac fossa
 - ▶ Then the rectum
 - ▶ Anus – 2 sphincters internal and external
 - ▶ External sphincter anal skeletal muscle under voluntary control and internal anal muscle not

Look at your Poop – Stool Chart

Score Your Poop Bristol Stool Chart



* Everyone has different bowel habits. And stools can be different once in a while. If your stools are too hard or too loose on a regular basis, let your healthcare provider know.

How many words for Stool?

Bowel Issues - Diarrhea

Defined and Treatment

- ▶ **3 or more bowel movements a day**
- ▶ **Treat & Determine Cause**
 - Improve glucose levels
 - Eat whole foods — including whole grains and fiber.
 - Drink plenty of water.
 - Get regular exercise.
 - [Quit smoking](#) and using tobacco products.
 - Limit alcohol.
 - Take medications as necessary.

▶ Possible Causes

- ▶ Elevated glucose
- ▶ Autonomic neuropathy
- ▶ Metformin
- ▶ GLP-1 RA's
- ▶ Celiac disease
- ▶ Bacterial /yeast infection
- ▶ Exocrine pancreatic insufficiency
- ▶ Irritable bowel syndrome
- ▶ Sugar free foods
- ▶ Other

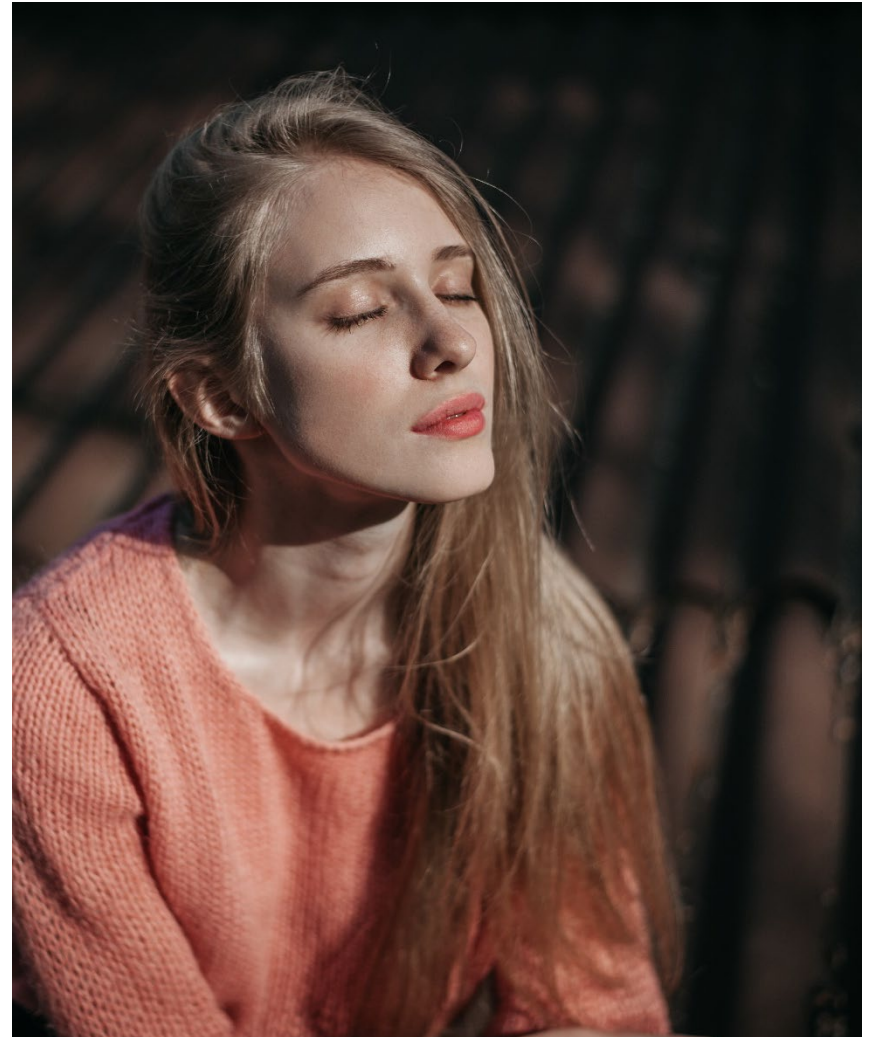
Bowel Issues - Constipation

- ▶ Defined as **less than 3** bowel movements a week.
- ▶ More common in diabetes
- ▶ GLP-1 RA can contribute
- ▶ Treatment
 - ▶ Get glucose to target
 - ▶ Increase fiber, activity, H₂O
 - ▶ Bulking agents (psyllium)
 - ▶ Laxatives or other agents
 - ▶ Bathroom habits review



Promoting Colon Health

- ▶ Nourish gut bacteria
- ▶ Get enough sleep
- ▶ Keep active
- ▶ Drinking enough fluids
- ▶ Consider alcohol intake
- ▶ Quit smoking
- ▶ Go outside
- ▶ Thoughtful antibiotic use
- ▶ Meditation may enhance helpful gut bacteria



Fiber – the New “F” Word



- ▶ Goal:
 - ▶ 14 gms / 1000 calories ~ 30 gms a day
- ▶ How?
 - ▶ Whole, intact grains, beans, fruits, veggies, nuts, avocados
- ▶ Why?
 - ▶ Associated with lower mortality for people with type 2.
 - ▶ Fiber intake inversely associated with type 2 diabetes
- ▶ Avoid highly processed foods
 - ▶ If label says 0-2gms of fiber per serving, low fiber food.

Nutrition Facts

▼ 99% Fat Free Vegetarian
Chili with Beans

Serving Size 1.00 cup(247g)
Serving Per Container about 2

Amount Per Serving		
Calories		190
Calories from Fat		10
		%DV
Total Fat	1g	2%
Saturated Fat	0g	0%
Trans Fat	0g	
Cholesterol	0mg	0%
Sodium	780mg	33%
Total Carbohydrate	35g	12%
Dietary Fiber	10g	40%
Sugars	6g	
Protein	11g	
Vitamin A 25%		Vitamin C 0%
Calcium 6%		Iron 15%

*Percentage Daily values are based on a 2,000 calorie diet. Your Daily values may be higher or lower depending on your calorie needs

GET Lots of Diverse Fiber Foods

Goal is 25 – 30 gms day

American Food Project

Full Plate Diet



- ▶ Helps increase fiber in usual meals

Fiber is suddenly hip. Grandma, it turns out, was just ahead of her time.

—Health & Nutrition Letter
Tufts University
February 2009



Getting to Better Gut Bacterial Health

Eat more PREbiotics

- ▶ Foods with indigestible fibers that nourish the good bacteria:
 - ▶ High fiber foods like, whole grains, fruits, veggies, nuts
 - ▶ High in prebiotic fibers include: Jerusalem artichokes, onions, kale, Brussels sprouts, bananas, dandelion greens & more

PRObiotics

- ▶ These foods contain healthy bacteria like *Bifidobacterium* and *Lactobacillus*.
 - ▶ Yogurt, Kefir – look for “live or active cultures”
 - ▶ Fermented foods like: Sauerkraut, Kimchi, Miso soup, kombucha

Kefir – Fermented Milk

From the Turkish word *keyif*, which means “feeling good” after eating



CONTAINS
12 LIVE & ACTIVE
KEFIR CULTURES

LIT FROM WITHIN

<i>L. reuteri</i>	<i>B. lactis</i>	<i>B. bacterium breve</i>
<i>L. casei</i>	<i>L. rhamnosus</i>	<i>S. diacetylactis</i>
<i>L. lactis</i>	<i>B. bacterium longum</i>	<i>S. florentinus</i>
<i>L. acidophilus</i>	<i>Leuconostoc cremoris</i>	<i>L. plantarum</i>

Lifeway's ProBoost™ contains *Lactobacillus reuteri* and *Bifidobacterium lactis*

To learn more visit www.kefir.com/proboost.

Cultured After Pasteurization to ensure
100% live and active kefir cultures

100 Trillion Friends to Call Your Own

From way back when, to current time
man and bacteria have been intertwined.

Start with your head, it's a happening place,
there's staphylococcus all over your face.

Next up is gums, teeth and mouth,
You'll find streptococcus inside and out!

Now to your stomach, to keep the pH,
H. pylori is on the case!

Inside the intestines, 30 feet of tube,
3 pounds of bacteria digesting your food.

From Bacteroidetes to keep you lean,
to Firmicutes, a junk food digesting machine!

Prevotella another bug on the scene,
breaks down fiber, veggies and beans!

Lactobacillus is a newborn's friend,
lining birth canal from tip to end.

Down to your feet, in-between the toes,
that's where lots of pseudomonas grows!



Short chain fatty acids, you wanna keep them
around

Protects gut mucous lining from breakin' down

So here's my message, always nourish your gut
With fresh fruit, grains, veggies, beans and nuts

More kefir, miso, sauerkraut, kimchi
Less sugar and fast foods to keep away disease

Breast feed, get dirty, limit antibiotic use
Let newborns come out through the natural shoot

Be reassured that you're never alone
You've got 100 trillion friends to call your own!

Thank You



- ▶ Questions?
- ▶ Email info@diabetesed.net
- ▶ Web www.DiabetesEd.net
- ▶ Phone 530-893-8635