

STAYING ACTIVE IS KEY TO MANAGING DIABETES

By JOAN BROWN
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Not feeling well equates to not wanting to exercise, yet the unwelcome reality is many people do not feel well because of not exercising.

For diabetics, this is especially true.

"People hurt. We have to find something that feels reasonably good," said Amy Bader, ND, an attending physician at National College of Natural Medicine who also has private practices at Canyon Medical Center and in Northern California. "Exercise is individual, but the benefits are so immense that it's a huge component of treating, managing and likening the ability to reverse diabetes."

The American Diabetes Association reports physical activity "lowers risk for prediabetes, Type 2 diabetes, heart disease and stroke." They recommend finding small and practical ways to incorporate activities into everyday situations — such as walking around while talking on the phone. One of the ADA website offerings is a PDF titled, "Patient Education Materials — All About Physical Activity."

"Little movements add up," Bader said. "People who fidget burn an extra 400 calories a day, and often are not obese." Any type of movement is going to be of benefit. "There are so many ways to move our bodies. We just need to find something that works, and then have tenacity. We burn fuel when we move. So the body starts to be more efficient regulating that insulin blood sugar mechanism. It decreases that resistance that our cells have to that insulin."

Recommendations by the ADA

for staying on an exercise plan include, "positive self-talk," and keeping an exercise journal. Their website offers a "printable activity record."

Clue into your body. "We often become obese as a way to hide from the world a little bit on an emotional level, and be a little disconnected from our bodies," Bader said. "Does it hurt to exercise? Or does it feel good? It should feel good to move. Listening to cues is important."

Getting started on an exercise program should be kept to just that. "We can't go from zero to sixty," Dr. Bader said. Sometimes she starts patients by telling them to "walk down the street at a comfortable pace for five minutes, where they can still speak, turn around and come back." Depending on the individual this may be all she recommends for the first couple months.

Advancing from short walks Bader recommends activities such as incorporating stairs, and parking further away at the store. "I start with those little things, that's my style. I tend to get pretty good compliance."

It's not any particular type of movements; it's simply moving. Starting slow and easy and monitoring a patient's response are critical.

"With diabetes, the thing is we need to be careful to check blood sugars a lot. Because our bodies use sugar when we move as fuel there may be spikes and dives in blood sugar. We need to make sure no one's blood sugar takes a dive," Bader said. She recommends exercisers keep handy some kind of carbohydrate (not sugar) for when they start to recognize their glucose level diving. There is also the possibility that using muscles a lot for the first time may cause a



Although it's crucial to get off the couch and exercise, having a proper diet is also fundamental.

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DR. AMY BADER
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spike in blood sugar.

Typically, Bader wants patients moving so they're bringing up their heart rate, circulating their blood and using their muscles, but at a comfortable level where they can maintain a conversation.

"We are culturally not using our bodies the way they're built to be used," Bader said. "Our expectations of health have diminished. As doctors, culturally we have a tendency to not believe our patients in terms of what they're willing to do or how motivated they'll be. When a patient comes to me, I'm

going to assume they're motivated, and we're going to start with baby steps, and we're going to get going. Exercise is an enhance-

ment to how healthy our insulin production and receptor mechanism works."

Bader said when she hears things like, "You don't have to adapt your lifestyle to diabetes, we'll adapt your medications," she becomes extremely frustrated.

"It's crucial we're getting off the couch and moving." But, "diet is fundamental. You can't out-exercise a poor diet. With exercise in conjunction with a diet that is

smartly put together and a moderate level of movement, it is not uncommon for one of my patients with Type 2 diabetes to be able to come off insulin. It's powerful — the diet and exercise combination."

Living in Portland, it is wise to follow the ADA recommendation of developing exercises for outdoors and indoors. Their website states, "Two types of physical activity are most important for managing diabetes: aerobic exercise and strength training." A few suggestions for keeping motivated are finding an exercise buddy or group for regular and planned activities, and doing what you enjoy.

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— Amy Bader