

Diabetes and Post-Polio Syndrome: Conditions Which Are Chronic but Manageable

Jann Hartman, Baltimore, Maryland (jann@comcast.net)

It is estimated that 5.2 million Americans have diabetes and don't know it. Diabetes is more treatable when caught early.

If you have any of these symptoms — frequent urination, excessive thirst, extreme hunger, unusual weight loss, increased fatigue, irritability or blurry vision — see your health care professional.

I was diagnosed with post-polio syndrome in 1989, and I assumed that my extreme exhaustion was due to overusing my muscles. It should have dawned on me that it isn't wise to dismiss all symptoms as due to having post-polio syndrome. Last spring, during a routine visit to my physician, a simple blood test revealed an elevated blood glucose level over twice the normal amount. I, unfortunately, became one of the 18.2 million Americans who have diabetes.

Looking back, I now see I had several of the common symptoms of diabetes, including a family history. I was over my ideal weight, and since I come from a long line of short, heavysset women, I tended to think my weight was inherited. What I had inherited was a body type, not my weight. (Being overweight makes it more difficult for the body's insulin to change food into energy.)

My immediate response to finding out I had type 2 diabetes was to eliminate all sugars from my diet. My blood glucose numbers declined to under 200 mg/dl very quickly and to 110 mg/dl in a couple of months. The next step was to devise a low-calorie meal plan that I could live with and adjust as needed. Even though I was familiar with the American Diabetes Association's exchange lists for meal planning, my meeting with a Certified Diabetes Educator (or Registered Dietitian) was a great benefit as she helped adapt meal plans for my individual needs.

My family started reading labels to find the amount of sugars in products, and we were disturbed to find that

“high fructose corn syrup” was in more and more of the foods. We changed to low-fat dairy products and started to choose healthier fats, like extra virgin olive oil. Maintaining glycemic control is also very important for those of us with diabetes. I use the glycemic index (GI).^{*} My goal as a diabetic is to use this “tool” to keep my blood glucose levels as normal as possible.

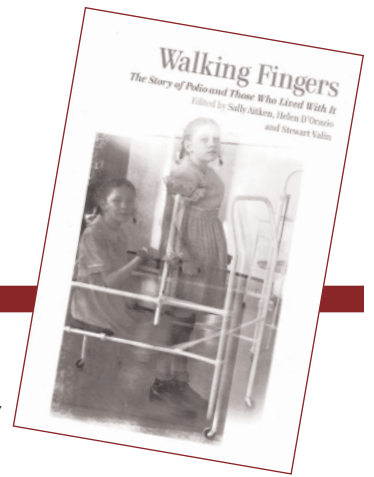
Complex carbohydrates (whole grains, fruits and vegetables), proteins (lean meats, fish, poultry and soybeans) and fiber are very important in our diet. I found that, like most people, I needed more fiber. (The average person only eats about half of the 20 to 35 grams of fiber they should eat each day.) I began to substitute whole grains, brown rice, wild rice, various beans, legumes and nuts for less nutritious alternatives. It was a pleasant surprise to find I could add small amounts of sweets back into my dietary plan and still keep my blood glucose numbers at the desired levels. Some fresh fruit on whole grain cereal, low-sugar jam on whole grain bread, and a little bittersweet (dark) chocolate on occasion, were welcome additions to my new nutritional plan.

I had been eating low-calorie meals for years, but I was unable to lose any weight. My physician told me that it was due to the high blood glucose levels. As my glucose levels fell, I slowly lost weight. I now eat six small meals a day (3 meals and 3 planned snacks).

^{*}The Glycemic Index (GI) is a listing of carbohydrate foods ranking them according to how quickly they are changed to glucose and thus increase the glucose level in the blood. (More about this in future issues.)

Telling Stories

Joan L. Headley, MS, Executive Director, Post-Polio Health International, Saint Louis, Missouri
(editor@post-polio.org)



Telling your story, as a polio survivor, has several benefits. Remembering and making peace with the past is healing. Telling your story allows you to acknowledge the many people who assisted you through the years. And telling your story can help others.

When the worldwide coalition of the UN, WHO, CDC, USAID and Rotary International succeeds in eradicating the poliovirus, your story will be an important contribution to the record of the polio epidemics.

READING STORIES

By reading the stories of others, you can easily explore your past and “write” your own story. Each description of a rehabilitation unit, a classmate’s reaction and an overheard comment by a parent registers an internal, “Yes, that’s how it was,” or “No way.” There is as much value in finding the differences in your experience (your individuality) as in finding the commonalities, those connections that make you feel part of a special group.

READY TO READ?

Walking Fingers: The Story of Polio and Those Who Lived It, edited by Sally Aitken, Helen D’Orazio and Stewart Valin, was launched in Westmount, a suburb of Montréal, Canada, in late March. The 225-page paperback was published by Véhicule Press (www.vehiculepress.com). Liberally sprinkled with well-identified historic photographs, the book contains end-

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I use smaller luncheon plates since they make the portions appear larger. At a restaurant, I will share an entrée, or bring half of it home with me.

So far, I haven’t switched to artificial sweeteners. My decision is a personal preference to nourish my body with natural foods. I’d rather use a small amount of pure maple syrup in my muffins than use something artificial. I don’t drink soft drinks or juice anymore and prefer filtered water or unsweetened teas (sometimes flavored with lemon).

I am taking an oral diabetes medication, not insulin shots, and am using my glucose meter daily to monitor my

progress. My health care professionals are pleased with my progress and, I’m very thankful that my choices seem to be working for me.

How has my new lifestyle affected my post-polio symptoms? I am pleased that I have much less fatigue. While I still take a nap when I am tired, I am no longer taking a two-hour nap every afternoon. I have not driven for the past couple of years since I was unsure of my reactions. Fortunately, I have not needed to drive, and I am less fatigued now when riding in a car, when previously it was very stressful. I now feel in control of my emotions and in better health than I have in years. ●