

PREVENTION LINK

of Southern Maryland

www.preventionlinkmd.com

National Diabetes Awareness Month Edition

Forging strategies that will cultivate a healthier Southern Maryland by linking access to care with prevention and chronic disease management services

A Link to Better Health

A Story of Inspiration



The Difference YOU Make
How One Patient Beat Diabetes and How It Should
Inspire Your Practice

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The Difference YOU Make

While the impact of your work may not always be apparent, know that it is indeed working. PreventionLink sat down recently with LaTrece Hawkins Lytes, a Southern Maryland resident who beat the odds.

How One Patient Beat Diabetes and How It Should Inspire Your Practice

Every day, physicians across the country see patients fighting the good fight against diabetes. For some, the battle is short-lived. Others seem to wage a never-ending war against the disease. But every so often, a patient comes along, beats the odds, and achieves victory. This is one of those stories. It should inspire you in your practices and remind you of the importance of always fighting for your patients.

Meet LaTrece Hawkins Lytes



When LaTrece was just a baby, her parents were told that her odds of getting off insulin were slim to none. But after living with diabetes and experiencing multiple setbacks, from a difficult pregnancy to a serious car accident, she was determined to beat the disease. She changed her diet, started exercising, and committed to getting healthy. Along with her doctors, she investigated all of her options. One idea piqued her interest, and in 2020, she decided it was right for her.

Here's LaTrece's story.

Could you tell us about your experiences as a type 1 diabetic?

I was diagnosed with diabetes when I was one. My mother managed my diabetes until I went to a special diabetic camp.

What did you learn at camp?

They taught me how to manage my diabetes by counting calories and starches and how to exercise in a fun way. I also met other diabetics of all ages, so we knew we weren't alone.

Portion control was stressed. I also learned great snack ideas that wouldn't spike my blood sugar.

What daily challenges did you have as a type 1 diabetic?

There were several daily challenges, such as knowing your own body and the difference between fast-dropping and slow-dropping blood sugar levels. Your body will tell you the difference between the slow drop (decreasing blood sugar levels) and the fast drop. You should be able to treat slow-dropping by giving yourself something to safely bring the sugar level back up. The challenge is to know your own body to decipher how your sugar level is dropping.

You mentioned earlier that you were in a car accident. Can you tell us a little more about that experience?

In 1996, I was in a near-fatal car accident. I was only 18 at the time. I have two hooks, two screws, and two rods in my lower back. I had to have reconstructive plastic surgery on the left side of my face, and two feet of my small intestine were removed.



LaTrece Hawkins Lytes in hospital

Wow!

But that's not all. Diabetes impacted my pregnancy.

How so?

Back then, we didn't have all the technology we have today, and things run a lot smoother now. My diabetes did not like my being pregnant at all. When I found out I was pregnant, I was scared and nervous because I did not know what to expect. I was high-risk, so I saw my doctors twice a week at the beginning of my pregnancy and then three times a week at the end. I delivered a healthy baby boy (diabetics do have big babies) because I listened to my doctors. I have always wished he had a sibling. Back then, I didn't want any more children, but if it were today, I would have had two instead of just one.

Double wow, LaTrece. How have you coped with these challenges?

Well! I was a type 1 diabetic for over 40 years: as a baby, toddler, school-age child, preteen, teen, young adult, during a car accident, as a wife and pregnant woman, after birth, and so on. So, I'd say I coped with it very well.

What resources have you found helpful for managing your diabetes? Can you share any helpful tips with our readers for their patients and any specific tips for providers?

I ALWAYS talk to the parents of juvenile type 1s about diabetic camps. They are the best resource for diabetes for juveniles, because you experience and learn so much, and you take that with you forever.

Patients should also consult with their doctors and specialists, such as endocrinologists. They are experts who study and follow issues related to the thyroid and diabetes.

Doctors, NEVER COMPARE YOUR PATIENTS!

No two patients are the same. EVERY person is different. Each case WILL BE different, and each patient should be treated as an individual.



What treatments or therapies do you currently use for diabetes management?

Currently, none. After 42 years of diabetes, I am no longer a diabetic.

I was introduced to the idea of a pancreas transplant, and in 2020, I had one. I am now two years as a non-diabetic.



Twarnisha, Princess, LaTrece

I can remember being a little girl on insulin. Back then, insulin came from animals, and it was so strong. It would eat through my skin. I would inject it, and the insulin would eat my skin from the inside out—that was extremely scary as a child. Then, they began to manufacture insulin in laboratories. So, there are now several to choose from—regular, NPH, 70/30, and many more.

LaTrece, that is so inspiring. Was this your biggest breakthrough in treating your diabetes?

Yes, it was my **BIGGEST BREAKTHROUGH**. I still have my kidneys—they usually do them together, but in very rare cases they don't need both.

Yes, and you were a very rare case.

Yes!

Can you tell me about any new treatments or technologies that you are excited about for people with type 1 diabetes?

Yes, OMNIPOD! It's a CGM (a continuous glucose monitor). Omnipod teamed up with DEXCOM. Together, two devices almost make one working pancreas, but on the outside of the body.

Readers can learn more about [Omnipod](https://www.omnipod.com/) and its work with Dexcom at <https://www.omnipod.com/>.

Some of the benefits include:

- No multiple daily injections
- No tubes attached
- Automated insulin adjustments.



LaTrece, you're so strong. This journey hasn't been easy for you. Can you tell our readers how this experience has shaped who you are today?

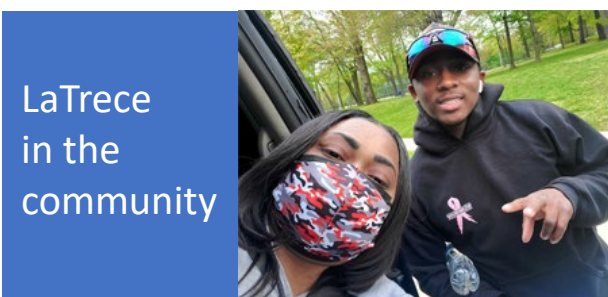
It has paved my medical path for me. I have worked in the medical field in one form or another, with 44 years of diabetes knowledge and experience. Well, it speaks for itself.



It certainly does. Can you tell us more about your work and life? What are you doing now?

A year after my transplant, I ran for lieutenant governor of Maryland in the 2022 primary election. Although my running mate and I did not win, I was proud to meet so many people throughout Maryland and meet many other diabetics.

My husband and I have just started a nonprofit called Shining Lytes INC. We specialize in the overall health of diabetics, organ donations, and transplants. We took my 44 years of diabetes experiences and my two years of transplant experiences and brought the two together to spread information and knowledge throughout our community, county, state, and nation. We break down everything people want to know, and then some. We offer direct, up-close, and personal answers to your questions (you'll get the truth from us).



LaTrece
in the
community

LaTrece is clearly a star. If you'd like to learn more about her work, contact Shining Lytes Inc.:

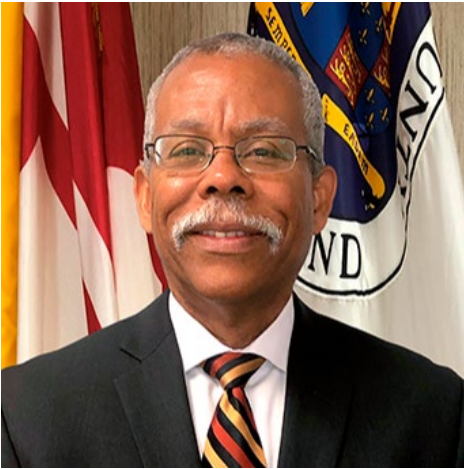
Website: www.shininglytesinc.org Email: 1stshininglytesinc@gmail.com
Office Phone: 301-377-1863

Monday to Friday, 9 am–5 pm, Saturday 11 am–3 pm, and Sunday 1 pm–5 pm

LaTrece's story is inspirational—and one that all physicians should remember. No matter how hopeless a situation may seem, something can always be done to help patients improve their health. PreventionLink, along with our partners, is working toward that end. We must never give up on our patients—just like LaTrece and her doctors did.

The new year is a time for making resolutions and dreams come true. As we approach this special time, there are many things to hope for—like better tools that can help us fight against diabetes. PreventionLink is pioneering programs to support providers throughout Southern Maryland, from remote patient monitoring, to diabetes management and prevention, to medication therapy management and cardiac rehabilitation.

We are truly making a difference in communities, and we invite you to join us. Contact us to learn more at PreventionLinkMd.com.



Dr. Carter's Corner

Making a Difference in Communities Throughout Southern Maryland

In today's ever-changing healthcare landscape, one thing remains constant: the importance of making a positive impact on the lives of our community. Nowhere is this more evident than in the area of chronic disease prevention and management. By helping our residents prevent and manage chronic diseases, we can profoundly impact their overall health and wellness and, by extension, the health of our community as a whole.

The Burden of Chronic Disease in Maryland

Chronic diseases, such as heart disease, stroke, cancer, and diabetes, are a major problem in the United States, accounting annually for 7 out of every 10 deaths. In Maryland, currently, [1,634,000](#) people, or 36.9% of the population, are prediabetic.

What's more, chronic diseases are responsible for [more than 86% of all healthcare costs](#)—a staggering \$2.7 trillion annually. These figures highlight the importance of chronic disease prevention and management from a public health and economic standpoint.

Chronic diseases are often thought of as conditions affecting older adults, but they begin during childhood and adolescence. Approximately [1 in 3 adults in the United States has at least one chronic condition](#); half of adults have two or more. What's more, chronic diseases disproportionately affect certain populations, including racial and ethnic minorities, lower-income individuals, and those who live in rural areas. PreventionLink's goal is to reach every resident in Southern Maryland impacted by or at risk of these conditions.

The good news is that chronic diseases are preventable. Through lifestyle changes, such as eating a healthy diet, getting regular exercise, and avoiding tobacco use, people can dramatically reduce their risk of developing chronic diseases. For those who already have a chronic disease, lifestyle changes can help them to manage their conditions better and improve their quality of life.

Making a Difference in Southern Maryland

As healthcare providers, we have a unique opportunity to make a difference in the lives of our patients—and in the health of our community as a whole—by helping residents prevent and manage chronic diseases. At PreventionLink, we are committed to doing just that. We offer a variety of programs and services designed to help our residents live healthier lives, including the following:

- **Cardiac Rehabilitation** – a comprehensive program to improve the quality of life for people recovering from a cardiac-related event or procedure
- **Medication Therapy Management** – a unique service administered by a licensed pharmacist who works to ensure better medication outcomes for people who are at high risk of medication-related problems
- **National Diabetes Prevention Program** – a forward-thinking lifestyle change program that focuses on life skills, exercise, nutrition, and health education
- **Remote Patient Monitoring Program** – a mobile app to help patients manage hypertension and cholesterol
- **Telehealth National Diabetes Prevention Program** – a virtual lifestyle change program aimed at preventing diabetes
- **Telehealth Diabetes Self-Management Education and Support** – an evidenced-based curriculum that empowers participants living with type 2 diabetes to successfully self-manage diabetes.

New Drugs and Therapies to Treat Type 2 Diabetes



The U.S. Food and Drug Administration (FDA) has approved several drugs and therapies to treat type 2 diabetes and aid in weight loss, including Mounjaro (tirzepatide) and Saxenda (liraglutide). These drugs offer new options for people struggling to control their blood sugar levels with diet and exercise alone.

Mounjaro (Tirzepatide)

In a breakthrough for diabetes management, the FDA has approved Lilly's new medication, [Mounjaro \(generic for tirzepatide\)](#). This first-in-class drug has shown promise in helping people to control their diabetes better and may provide new hope for treating this complex condition, given its ability to regulate [blood sugar and influence appetite](#).

It belongs to a class of drugs called GLP-1 receptor agonists, which work by increasing the amount of insulin released by the pancreas in response to sugar. Tirzepatide is typically used in combination with other diabetes medications and has been shown to cause weight loss in some patients. As a result, it may provide an important new option for people who are struggling to manage their diabetes.

Common side effects include nausea, diarrhea, and headaches. Tirzepatide is available by prescription.

Saxenda (Liraglutide)

Liraglutide, a medication used to treat diabetes and approved by the FDA in 2010, improves blood sugar levels in patients with type 2 diabetes and has recently been discovered to produce brain responses similar to those caused by current treatments for obesity. This finding may help future patients receive more effective care and improve their chances of successful treatment with this medication. It has been evaluated in two double-blind studies and was found to be safe and effective for weight management. The [clinical trials](#) found that patients on liraglutide were able to lose eight to 13 pounds more than those receiving a placebo after one year of therapy.

Like tirzepatide, liraglutide is a GLP-1 receptor agonist. It helps regulate blood sugar levels by releasing when blood glucose concentrations are elevated above fasting levels after meals. It also helps the body maintain healthier kidney function while reducing fat mass during weight loss efforts. This is significant for patients who are overweight or obese and who have been diagnosed with type 2 DM (diabetes mellitus). This drug should only be given if patients meet specific criteria, such as being over the age of 18 or having either Type I or (Haemophilus influenzae) HI disease—a condition where there is insufficient production response from insulin due primarily to cells becoming insulin-resistant.



UPCOMING EVENTS

Calendar of Events

**Learn about our programs and
how to get involved. Register now!**

Thursday, December 1st @ Noon <https://us02web.zoom.us/j/85246318799>

Tuesday, December 6th @ Noon <https://us02web.zoom.us/j/85889053487>

Thursday, December 8th @ 5pm <https://us02web.zoom.us/j/84712328560>

Tuesday, December 13th @ 5pm <https://us02web.zoom.us/j/84729392077>

Thursday, December 15th @ Noon <https://us02web.zoom.us/j/88149399323>

Tuesday, December 20th @ Noon <https://us02web.zoom.us/j/83787387639>

