

Diabetic guests need no pampering

By SUSAN TAUBER KLEIN

A host or hostess always strives to make the dinner serve to his guests the most tasty and well prepared meal possible. This means taking into consideration the likes, dislikes and dietary habits of the guests so they'll feel at home at someone else's dinner table.

At one time, the host had to prepare a special meal for his diabetic guest. This not only made the guest uncomfortable, since he might feel different,

but also put a burden on the host to serve what his diabetic friend could eat.

Kay Claus, chief nutritionist for the Oakland County Department of Health, said the host shouldn't panic any longer if a guest is diabetic.

"It's the diabetic's responsibility to eat what he knows he can eat," said Ms. Claus. "The diabetic knows to stay away from concentrated sweets and heavy sauces and eat just the chocolate cake and not the frosting and not eat the sauce on the meat."

However, a host or hostess can make things easier for the diabetic by following certain procedures that will also help other guests eat foods they like them.

MS. CLAUS suggests considering family-style or buffet service. This will allow the diabetic to take the amount wanted and avoid embarrassment of leaving food on the plate.

Other suggestions include the following:

• Serve a meal of fairly plain, recognizable foods, so the guest can judge the amount and ingredients to consuming. A roast, steak or chop, or piece of fish is easier to estimate accurately than a casserole.

• Plan your menu from the wide variety of foods the diabetic can eat. Mashed or baked potato, cooked and raw vegetables, tossed salads, fresh fruits, bread and rolls and a beverage, such as diet pop.

• Serve salad dressing, sour cream, extra butter or other meal accom-

paniments separately.

• Choose one of a number of desserts generally allowed on a diabetic diet such as a tray of cheese with fruit, a fruit salad, fresh or unsweetened canned fruits, ice cream, vanilla or chocolate, a wedge of melon and a baked apple without sugar.

"It's perhaps more important when you serve your meals than what you serve," said Ms. Claus. She explained dining at a specific time is important. Since he takes insulin, a diabetic has to have food at regular hours to combat the peak action from the insulin. This helps the diabetic stabilize the blood sugar level.

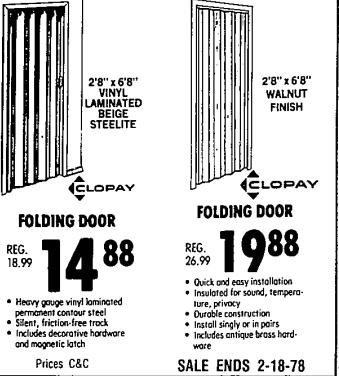
The way the diabetic controls his blood sugar is with exercise, food and insulin."

IF YOU are going to serve a meal later than the time when your diabetic guest eats, Ms. Claus suggests serving a snack of milk or cheese and crackers before the meal.

"And you can have as much rabbit food for the diabetic as you want. He can eat a fresh vegetable dip without the dip and can eat such foods as cauliflower, carrots and broccoli to fill up since these foods don't have to be measured in his diet."

The Oakland County Division of Health at 1200 N. Telegraph and at 2775 Greenfield offers diabetic classes that teach the diabetic and his family about diabetes, about choosing foods, the diet, how to shop, about insulin and about physical care.

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'Valentine' cautions teens

Planned Parenthood League, Inc., has chosen Valentine's Day, Feb. 14, as "Love Carefully Day" in order to focus on teenage pregnancy and related issues.

Jennifer Kundak, assistant coordinator of community education for PPL, said, "Teenage sexual activity is increasing, and presents a major challenge to those concerned with encouraging responsible parenthood."

The group, she said, is hoping renaming Valentine's Day in such a manner will help promote the understanding of the need for a realistic approach to teenage pregnancy and childbirth. "We hope," she added, "to reach teens as well as adults with important information on contraception and parenting."

Among the risks and realities of teenage pregnancy mentioned by Ms. Kundak were:

• Nearly a fifth of all births in the metropolitan Detroit area in 1976 were to teenagers, according to the most recently available figures.

• Teenage mothers account for half the total out-of-wedlock births in Oakland, Wayne and Macomb counties. As one result, the numbers of teen mothers receiving ADC has increased noticeably.

• Half of all unmarried women have intercourse by age 19.

• While the fertility of older women has been declining in the past few years, the proportion of

births to teenagers has been increasing, especially among those aged 14 to 19.

Although most teenage pregnancies are unwanted, many young women use contraception only sporadically or not at all, usually out of ignorance to the risk of pregnancy.

• Teenagers account for about a third of all legally performed abortions.

• Only three of every 10 sexually active teenage women use contraception consistently.

• Teenage mothers face higher health risks with their pregnancies, and their children are more likely to have health problems than babies born to women in their 20s.

• Nearly half of all teenage marriages break up within five years; teenage marriages resulting from pregnancy are three times more likely to divorce.

• Half of all sexually active teenage women (about two million) are still not receiving family planning services from clinics or private doctors.

• Venereal disease poses serious risks—teenagers age 15-19 are three times more likely to contract gonorrhea than people over 20, and the risk of syphilis is 61 percent greater for teens.

• The right of minors to purchase non-prescription contraceptives was upheld by the U.S. Supreme Court in a June 1977 decision.

• Unmarried teenagers are legally entitled to contraceptive services and venereal disease treatment on their own consent in Michigan.

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