

DIABETES QUARTERLY

Fall 2010

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Upcoming Events

- Sweet Kids Halloween Party October 29, 2010 at 7:00 PM, NWP Clark Auditorium
- Adult Diabetes Support Group at AFH—November 5, 2010—Nutrition information for your favorite recipes
- American Diabetes Association Month—November 2010
- Adult Diabetes Support Group—December 3, 2010—Diabetes Foot Care with Dr. Brandt Gibson
- Sweet Kids Breakfast with Santa—December 4, 2010 at 8:00 AM, NWP Clark Auditorium

A Report from American Diabetes Association 70th Scientific Sessions

Robert W. Day, MD, CDE

Along with thousands of other participants from many different countries I attended the yearly scientific meetings of the American Diabetes Association (ADA) held June 25-29 of this year in Orlando, Florida. This is a huge meeting with hundreds of opportunities to attend sessions and symposia focused on the latest basic science, clinical research, public health issues, behavioral and educational research. Here is a brief synopsis of subjects I was most interested in and the sessions that I attended.

Diabetes Treatment in the Hospital

At least two separate sessions addressed the issues of diabetes management in hospitalized patients. This is an important subject for your providers at the Diabetes Management Clinic since we provide management of diabetes for medical and surgical colleagues at Utah Valley Regional Medical Center on a consultative basis. The newest information focused on the importance of avoiding hypoglycemia during acute illness and on facilitating the transition to outpatient care.

Clinical Strategies in Outpatient Care

A session on treating the adolescent and young adult transitioning to adult care was of interest. We see many young patients at the DMC who are leaving the care of their pediatric diabetes team and entering a new stage of life. The transition out of adolescence to college, missionary work, employment, and independence is challenging enough for any young person. Having Type 1 diabetes doesn't make this transition any easier. This session addressed several aspects of the transition and focused on collaboration between the pediatric and adult clinic to facilitate this transition.

The concept of using group clinic appointments has been receiving increased attention. A two hour session addressed several aspects of the so called shared medical appointment to enhance diabetes care. Because there is evidence to support the value of using group dynamics to motivate self-care, we are investigating this concept to incorporate into our clinic offerings.

Adult Diabetes Support Group

The support group is free of charge and open to anyone. The Support Group is held at the Diabetes Management Clinic at American Fork Hospital at 170 N 1100 E, AF. **The clinic is located directly behind the hospital on the east side.** There is a large blue sign with "Education Center" written in large white letters. If you have any questions, contact Elise at (801) 855-3463.

Cardiovascular Disease Issues

A session on screening the asymptomatic patient with diabetes for cardiovascular disease did not provide any major new insights. While we know that diabetes, especially Type 2 diabetes is a major risk factor for heart disease, it is still unclear if we can identify early CV disease in a patient who has no symptoms, and by so doing have an impact on future outcomes.

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Nutrition Facts or Fiction: Reading Food Labels

Donelle Gearheart, RD, CDE

In this article we'll be taking a look at food labels. They've been quite a "hot" topic in the news lately.

Food labeling is required for most prepared and packaged foods such as breads, cereals, canned and frozen foods or meals, snacks, desserts, drinks, etc. Nutrition labeling for fruits, vegetables, and fish is voluntary. Restaurant food is different. The regulations for packaged foods are not generally applied to food served in restaurants. It is possible for restaurants to provide calorie information without any outside oversight.

However, if a food or meal is actually claimed to be "low calorie", the restaurant must be able to provide data that supports that claim. Most restaurants just provide the information without making any such claims.

Recent media articles have raised the concern that consumers (you!) are **actually getting a lot more calories from restaurant and frozen meals than are listed on the menu or label.**

A recent study published in the Journal of American Dietetic Association (January 2010) attempted to determine the validity of those reports and found that the majority of foods tested were not out of compliance with FDA regulations and were not as substantially different from the stated information as some articles may have led us to believe.

However, it did note that FDA regulations **do** actually allow actual calorie differences **up to 120 percent** of the stated calorie level on a packaged food label, and the FDA does not place a ceiling on restaurant food calories.

In general, the recent study found that calorie values did average 18 percent higher in tested restaurant foods and 8 percent higher in tested supermarket **meals** than stated.

On an individual level, **some restaurant foods contained up to double the amounts stated by the restaurant!** Portion variation played a significant role in the discrepancies. Servers do not always adhere to the portion control guidelines of the restaurant. Inaccuracies such as these could contribute to unplanned overeating and hinder efforts in weight control.

The FDA has made reliable nutrition labeling of food products a top priority. They are encouraging food companies to review their labeling to ensure that they are in compliance with FDA regulations, and the FDA is also assisting the food industry to design and implement innovative approaches to front-of package labeling that can help consum-

Some Examples

- **Taco Bell's Express (chicken) Taco Salad** claimed 326 calories and actually contained 607 calories (86 percent more than expected).
- **Weight Watchers Lemon Herb Chicken Piccata** frozen meal contained 252 calories rather than the 306 listed, a 21 percent difference.
- **PF Chang's large Si-chuan-style Asparagus** had 558 calories instead of 260—a whopping **115 percent** increase.

Common claims seen on food packages and what they mean:

Low calorie—less than 40 calories

Low cholesterol—less than 20 mg of cholesterol and 2 gm or less of saturated fat per serving

Reduced—25 percent less of the specified nutrient or calories than the usual product

Good source of—provides at least 10 percent of the Daily Value of a particular vitamin or nutrient per serving

Calorie Free—less than five calories per serving

Fat free/sugar free—less than 1/2 gram of fat or sugar per serving

Low sodium—less than 140 mg of sodium per serving

High in—provides 20 percent or more of the Daily Value of a specified nutrient per serving

High Fiber—five or more grams of fiber per serving

Light—1/3 fewer calories or 1/2 the fat of the usual food

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Report from Dr. Day, continued from page 1

This is still an area of active research. In fact, here in Utah, the Factor 64 Study is being conducted to investigate the utility of using high resolution CT scanners to identify coronary artery disease. A few of you from the Diabetes Management Clinic have been subjects in that study.

What we do know well, is that aggressive risk factor reduction has a big impact. This means keeping cholesterol and blood pressure under control, keeping glucose under good control, and not smoking have a major effect on reducing cardiovascular risk.

Late breaking clinical news presented on the last day of the ADA sessions included further analysis of the ACCORD study. This large (10,000 patients enrolled) clinical study was initially reported in the medical literature last year.

It was designed to determine if extremely aggressive glucose control (A1C less than 6%) using any combination of medication or insulin in patients with Type 2 diabetes, was superior in preventing cardiovascular disease when compared to an A1C goal of 7.0 to 7.9%.

The study did not show benefit, and in fact

appeared to show an increased risk of cardiovascular disease outcomes after 3 1/2 years into the study.

This study has generated intense discussion among diabetes experts.

Two possible interpretations from this research are that occurrences of hypoglycemia (which were more common in the intensive group) can lead to acute cardiac events, or that patients above a certain age who have had diabetes for twenty or more years (a high percentage of the patients in this study were in that category) do not receive the same benefit from the most aggressive therapy when compared to younger patients or those with recent diagnoses.

Newest Technology— Toward Toward an Artificial Pancreas

Reported initially at the ADA meetings and subsequently published in the New England Journal of Medicine in July was a major study of use of the sensor augmented pump.

This technology is available now and used by many patients. Insurance

companies, however, are reluctant to reimburse most patients for use of the pump/sensor combination.

The so called STAR 3 Study studied 485 patients with Type 1 diabetes

“What we do know well, is that aggressive risk factor reduction has a big impact. This means keeping cholesterol and blood pressure under control, keeping glucose under control, and not smoking have a major effect on reducing cardiovascular risk.”

between ages of 7 and 70. Patients who were on multiple daily injections were randomly assigned to continue the best possible therapy using injections or they were assigned to start pump therapy in combination with use of a continuous glucose monitor.

After 1 year, the pump sensor users, including children, had a lower A1C average, and a higher likelihood of achieving an A1C <7%, without any increased incidence of hypoglycemia. Perhaps this type of research will pave the way for more approvals from the insurance industry for patients to use sensor augmented pumps.

There is not yet any form

of “artificial pancreas”. The missing link is a highly reliable computer algorithm that tells the pump how to deliver insulin based on data coming from a sensor.

Prototype models of such a “closed loop” system are under development but still very much in clinical research stages. Perhaps in 5 years we will see the first such devices available for clinical use.

Sunny Florida

Alright, some of you have already asked..... yes I did get out of the conference center for a few days of play time while in Florida.

The best moments were: hearing Earth, Wind, and Fire, the Motown group from the 1970's, perform at the Universal Studios park (those old guys can still really play funk), a day of scuba diving (drift diving...you just maintain your buoyancy and let the current carry you along while you watch the fish, eels, and lobsters pass underneath), and one day at the north side of Everglades National Park (cute little gators, just laying there looking up at me....what were they thinking?)

A Word from our Pharmacist

As a new employee at the Diabetes Management Clinic I would like to introduce myself and my role to you as patients.

Some may ask why a pharmacist is needed in the Diabetes Management Clinic. Having a pharmacist in the clinic will greatly enhance the care you receive as patients. My role in the clinic is to aid in the delivery of education and adherence to medication as prescribed by your Diabetes Clinic provider.

I will be the one checking for drug interactions, monitoring side effects, and making sure medication therapy is affordable to you as the patients. I will also be helping to see that appropriate laboratory tests are done in a timely manner to ensure the safety of medication therapy for you.

I am excited to be working with the staff of the Diabetes Management Clinic and helping you to achieve your medical goals. Please call my direct extension with any medication questions or concerns.

Cory Page, PharmD

Flu Shots are Here!

Flu shots are now available for current patients of Dr. Robert W. Day, MD, Sharon Korhel, FNP, and Brett Rawlins, FNP.

Flu shots will be available during your **scheduled appointment or walk-in basis**.

Walk-In Clinic Hours:

Monday, Wednesday & Thursday

9:00 to 11:00 AM & 1:30 to 3:30 PM

Friday

9:00 to 11:00 AM

Healthy Eating Corner—Butternut & Pear Soup

Soup just always seems to hit the spot during the fall and winter months. Here's a great one to try.

Ingredients

1 medium onion, sliced

2 small pears, unpeeled, halved, cored, and diced

3 sprigs thyme

2 Tbsp. olive oil

1 large butternut squash, halved, seeds removed, unpeeled

1 cup fat-free, reduced-sodium chicken stock

2 cups 1% milk

3/4 cups toasted pecan pieces



Preparations

1. Preheat oven to 400°F. In baking pan, place the onions, pears, thyme, and olive oil. Place the unpeeled squash halves on top of this mixture. Roast the squash in the oven for about 50 to 60 minutes, until you can get a fork through the squash. Remove from the oven and let cool a bit.

2. Scoop the meat from the squash and discard the peel. Place the squash and contents of the pan in batches through a blender or food processor. Pour the contents of the blender in a stockpot. Add the chicken stock and let simmer for 10 minutes. Add the milk and simmer for 5 to 8 minutes. Garnish each bowl with toasted pecan pieces.

Nutrition Information: 2/3 cup per serving; 9 servings per recipe

Calories: 130; Calories from Fat: 55; Total fat: 6 g; Saturated fat: 1 g; Trans fat: 0 g; Cholesterol: 5 mg; Sodium: 85 mg; Total Carbohydrate: 17 g; Dietary Fiber: 2 g; Sugars: 8 g; Protein: 3 g.

Don't Bend to Osteoporosis

World Osteoporosis Day 2010 is October 20th.

World Osteoporosis Day (WOD) provides an all-important focal point for informing and educating the general public and policy makers about the prevention of a disease which still suffers from poor general awareness.

Osteoporosis is silent, bones are hidden—but the drastic consequences of osteoporosis is visible in the lives of millions of sufferers worldwide.

Spinal, or vertebral, fractures are the most common

type of fragility fracture, yet remain largely undiagnosed and untreated.

World Osteoporosis Day 2010 will focus on spinal bone health and the impact of vertebra fractures.

It is estimated that at least half of all spinal fractures do not come to clinical attention or are untreated.

Although many spinal fractures cause disability and pain, these are often ignored or misdiagnosed as simple *back pain*.

Under-diagnosis of spinal fractures is a worldwide

problem that has serious repercussions.

Women who have suffered a spinal fracture are four times as likely to experience a new fracture within the next 12 months.

This **fracture cascade** leads to severe spinal deformity characterized by back pain, loss of height, immobility, increased number of bed days, and even reduced pulmonary function.

Needless to say, the impact of spinal fractures on quality of life can be profound.

Key Message 'Don't miss the signs of a breaking spine'

- Vertebral fractures are under-recognized and under-treated
- Early diagnosis and treatment are essential to prevent the fracture cascade.
- Three major signs of vertebral fractures are height loss, back pain, and a stoop.

Don't Bend to Osteoporosis

For more information regarding this article, please see www.nof.org and www.iofbonehealth.org.

What Causes Osteoporosis & How Can I Prevent It?

There are several **major risk factors** for osteoporosis.

- **Age.** Your risk increases as you get older
- **Sex and ethnic background.** Almost 80 percent of osteoporosis patients are women, and Caucasian (white) and Asian people have the highest risk.

What is Osteoporosis?

Osteoporosis is a common disease that weakens your bones and makes them brittle. An estimated 10 million people have osteoporosis and another 34 million have low bone mass, placing them at risk for this disease. Osteoporosis can cause pain and disability. More importantly, it greatly increases your risk of fractures that can cause serious health problems and even death.

- **Family and personal history.** Your risk increases if any family members have osteoporosis or a history of broken bones, or if you have broken any bones in the past.
- **Nutrition.** A major risk factor is a diet low in calcium or vitamin D. Heavy alcohol use (more than 7 drinks per week) increases the risk.
- **Lifestyle.** Smoking and being inactive are risk factors.
- **Some medical procedures.** Your risk is higher if you've had a gastric bypass, removal of all or part of the stomach, or removal of part of the esophagus and stomach.

What is your risk for developing Osteoporosis? If you have several of the major risk factors you may want to talk to your primary care physician about what you can do now to prevent developing osteoporosis.

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Nutrition Facts or Fiction, continued from page 2

ers (you!) chose healthy diets. Though this will impact info regarding frozen convenience meals, it will not help much when it comes to the voluntary information provided by restaurants.

One last consideration:

All we have to work with is what we have, as far as food information goes, in order to make smarter choices that help us reach our nutrition goals. Information sources abound and are constantly under review and improvement. The above-mentioned considerations can probably help fine-tune a weight management program that may have turned sluggish. But, by and large (sorry, pun again), the majority of individuals that struggle with weight gain do so because of inactivity and lack of serious attention to food choices.

Has this summer found you “out and about” and enjoying your garden bounty? The most important and significant changes are in your power!

References:

1. “The Accuracy of Stated Energy Content of Reduced-Energy, Commercially Prepared Foods”, Lorien E. Urban, et al., *Journal of the American Dietetic Association*.
2. Food and Drug Administration. www.fda.gov
3. American Dietetic Association. www.eatright.org

What can you, the label-conscious consumer, do to get the most benefit from the information which is available to you about the foods you eat?

1. Be aware that restaurants and frozen convenience meals may not always provide exact calorie information.

Foods prepared at home are still likely to be your best low calorie option.

Consider reducing the number of times you eat out during the week to only once or twice.

Studies show that people that eat out less lose more weight.

2. Consider actually adding an additional average of 8 percent to the calories found on the Nutrition Facts panel of a packaged

convenience meal and 18 percent to calories listed for a restaurant meal.

Also be cautious with “free” side dishes at a restaurant...they can often add up to more than the calories of the whole entrée itself! Count it higher.

3. Remember that the most accurate information available about a product is still found on the back of a container label on the Nutrition Facts panel rather than from the eye-catching comments on the front!

Always check the serving size and the number of servings in the container to be sure that you understand what the manufacturer is

presenting on the label.

Compare your portion size (the amount you actually plan on eating) to the serving size listed on the panel.

If the serving size is one cup and you eat two cups, you are getting twice the calories, fat and other nutrients listed on the label.

This outweighs the idea that those calories on the label might be slightly off!

Measuring frequently (when you are home and have the time to do so—just use a measuring cup or spoon instead of a serving

utensil) can help you improve your estimating skills when those are needed eating out or when time is limited.

*“Remember that the most accurate information available about a product is **still found on the back of a container label** on the Nutrition Facts panel rather than from the eye-catching comments on the front”*

Osteoporosis, continued from page 5

How Can I Prevent It?

There are treatments for osteoporosis, but there is no cure. The good news is that for most people, osteoporosis can be prevented through an active lifestyle and a healthy diet.

A diet rich in calcium, vitamin D, and vitamin K can help preserve your bones and make them stronger. Bones use calcium for their strength and structure. Vitamins D and K help your body absorb and store calcium.

How much calcium and vitamin D do I need?

The tables below show the amounts you need each day. Values are shown as a percentage of DV—the Daily Value recommended by the Food and Drug Administration (FDA). Some people need less than 100 percent, while others need more.

| Children and Adolescents | | |
|--------------------------|----------------------|---------------------|
| Age | Calcium | Vitamin D |
| 9 to 18 | 130% of DV (1300 mg) | 100% of DV (400 IU) |

| Pregnant and Breastfeeding Women | | |
|----------------------------------|----------------------|---------------------|
| Age | Calcium | Vitamin D |
| under 19 | 130% of DV (1300 mg) | 100% of DV (400 IU) |
| 19 to 50 | 100% of DV (1000 mg) | |

| Adults | | |
|----------|----------------------|---------------------------------------|
| Age | Calcium | Vitamin D |
| 19 to 50 | 100% of DV (1000 mg) | 50% of DV (200 IU) |
| Over 50 | 120% of DV (1200mg) | 200% to 250% of DV (800IU to 1000 IU) |

Diabetes Dinner Recipe—Mike Austin

Stuffed Cucumber Snacks

1 Large cucumber
3 oz low-fat cream cheese
1 Tbsp blue cheese, crumbled
2 tsp fresh parsley minced

1 tsp fresh dill, minced
1 tsp onions, grated
20 pimientos, strips
dill sprigs (to garnish)

Directions: Run the tines of a fork lengthwise down the cucumber, then cut 1" slice from each end. Cut cucumber in half lengthwise; remove and discard seeds. Place cucumber cut side down on paper towel for 10 minutes. Combines cheeses, parsley, dill, and onion; spoon into cucumber halves. Put halves back together and wrap in plastic wrap. Refrigerate for 3-4 hours. Cut into 1/2" slices; garnish with pimiento and dill. Recipe makes 20 servings.

Nutritional Facts (per serving): Calories: 30; Total fat: 1.3 g; Cholesterol: 3 mg; Sodium: 32 mg; Potassium: 133 mg; Total Carbohydrate: 4.1 g; Dietary Fiber: 1.3 g; Protein: 1.3 g.

Low Carb Taco Shells

1/3 cup cheddar cheese

Directions: Place 1/3 cup cheese in a thin layer on parchment paper. Place in oven under the broiler or bake 400°F until cheese is bubbly—do not burn. While cheese is still flexible, with parchment still attached, bend the cheese over a rounded object to give it a taco shape. The smaller in diameter the object is, the closer to a normal taco shape you will have. When it is cooled, peel it from the parchment paper.

Nutritional Facts (per serving, serving size is 1 shell): Calories: 151; Total fat: 12.5 g; Cholesterol: 39 mg; Sodium: 233 mg; Total Carbohydrate: 0.5 g; Protein: 9.4 g.

Healthy Ranch Dressing ?!!

8 oz plain yogurt
1/8—1/4 fluid oz vinegar
1 garlic clove, minced
Salt & pepper, to taste

1 tsp dried parsley
1 tsp dried dill
1 Tbsp onion powder

Directions: Mix all ingredients together and cover to chill

Nutritional Facts (per serving): Calories: 181; Total fat: 8.1 g; Cholesterol: 31 mg; Sodium: 120 mg; Potassium: 501 mg; Total Carbohydrate: 18.7 g; Dietary fiber: 0.7 g; Protein: 9.7 g.

*Diabetes Dinner Recipe—Mike Austin, continued from page 8***Mild Chicken Lettuce Wraps**

These wraps are milder than most, easier to prepare and even kids enjoy them!

| | | | |
|--|-----------------------------------|--------------------------|---------------------------------|
| 2 tsp olive oil | 2 Tbsp grated peeled fresh ginger | 2 Tbsp teriyaki sauce | 2 Tbsp rice vinegar |
| 2, 4 oz skinless, boneless chicken breast halves, cut into thin strips | | 1 Tbsp honey | 1/2 to 1 tsp crushed red pepper |
| 1/2 tsp cornstarch | 1 1/2 cups grated carrots | 1 cup fresh bean sprouts | 2 cup snow peas, julienne |
| 1/2 cup green onions | 1/4 cup sliced almonds, toasted | 12 Bibb lettuce leaves | |

Directions: Heat oil in a wok or large nonstick skillet over medium-high heat. Add the chicken and ginger; sauté 5 minutes or until chicken is done. Combine teriyaki sauce, rice vinegar, honey, red pepper, and cornstarch in a small bowl; stir with a whisk. Add teriyaki to chicken mixture in wok, stir in carrot, bean sprouts, snow peas and onions. Cook 3 minutes or until sauce thickens slightly, stirring often. Stir in almonds. Spoon 1/4 cup chicken mixture onto each lettuce leaf; roll up. Makes four servings; 3 wraps each.

Nutritional Facts (per serving): Calories: 189; Total fat: 6.2 g; Cholesterol: 33 mg; Sodium: 403 mg; Carbohydrates: 17.3; Fiber: 3.8 g; Protein: 17 g.

Mixed Green Salad with Lemon Yogurt Dressing

Will yield enough to dress two—1 cup salads.

Dressing:

| | |
|-----------------------------------|-------------------|
| 3 Tbsp non fat lemon yogurt | 4 Tbsp skim milk |
| 1/4 tsp fresh ground black pepper | 2 tsp lemon juice |

Salad:

| | |
|--------------------------------|-------------------------|
| 2 cups mixed greens | 2 Tbsp Mandarin oranges |
| 2 Tbsp chopped water chestnuts | |

Directions: Whip by hand all the dressing ingredients. Set aside. Put the mixed greens in a clean, dry bowl. Drizzle the dressing over the greens and toss gently to coat. You may opt for more or less dressing. Evenly distribute the greens on two plates and then evenly distribute the water chestnuts and Mandarin oranges over the top. Options: Add walnuts. Toast them for an added nuance. You may also want to try different fresh fruits and different fat free yogurts.

Nutritional Facts (per serving): Calories: 114; Total fat: 0.5 gm; Cholesterol: 1 mg; Total Carbohydrate: 22 gm; Fiber: 2.7 gm; Protein: 6 gm.

Breakfast Replacement Wrap

| | |
|------------------------------------|----------------------|
| 2 Tbsp Peanut Butter | 2 tsp honey |
| 1 shredded wheat biscuit | 1 med banana, sliced |
| 2/3 cup Dannon lite vanilla yogurt | |
| 2 8 inch whole wheat tortilla | |

Directions: Combine peanut butter and honey and spread on tortillas. Divide banana evenly and place on tortillas. Crushed shredded wheat biscuit and combine with yogurt. Divide evenly and spread on tortillas. Roll tortilla and enjoy.

Nutritional Facts (per serving): Calories: 390; Total Fat: 11 gm; Sodium: 50 mg; Carbohydrate: 6 g; Protein: 13 g

Chicken Hariyali Tikka

| | |
|--|----------------------------|
| 1 cup finely chopped cilantro | 1 Tbsp ginger garlic paste |
| 1/2 cup finely chopped mint leaves | 1 Tbsp lemon juice |
| 1 Tbsp green chile paste | 1 Tbsp salt |
| 1 pound skinless, boneless chicken breast halves—cut into chunks | |

Directions: In a large bowl, grind together cilantro, mint leaves, garlic paste, lemon juice, green chile paste, and salt. Place the chicken in the bowl, and rub with the mixture. Cover, and refrigerate 2 to 3 hours. Preheat the oven broiler. Lightly grease baking dish. Place the chicken in the baking dish, and broil 20 minutes, or until chicken juices run clear.

Nutritional Facts (per serving size 1/4 of recipe): Calories: 155; Total fat: 3 g; Cholesterol: 65 mg; Sodium: 1967 mg; Total Carbohydrate: 4.4 g; Protein: 24.7 g.

Hummus

2 cans (16 oz each) reduced-sodium garbanzo beans, rinsed and drained except for 1/4 cup liquid

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|--|
| 1 Tbsp extra-virgin olive oil |
| 1/4 cup lemon juice |
| 2 garlic cloves, minced |
| 1/4 tsp cracked black pepper |
| 1/4 tsp paprika |
| 3 Tbsp Tahini (sesame paste) |
| 2 Tbsp chopped Italian flat-leaf parsley |

Directions: In a blender or food processor, add garbanzos. Process to puree. Combine olive oil, lemon juice, garlic, pepper, paprika, tahini, and parsley. Blend well. Add the reserve liquid, 1 Tbsp at a time until the mixture has the consistency of a thick spread. Serve immediately or cover and refrigerate until ready to serve. Makes 3 cups.

Nutritional Facts (per serving size—2 Tbsp): Calories: 48; Total fat: 2 g; Sodium: 106 mg; Potassium 15 mg; Calcium: 15 mg; Carbohydrate: 6 g; Fiber: 2 g; Protein: 2 g.