

curve was 0.69. The optimum cut point for identifying relapse represents ~8% of shots missed per week or one shot per week for an individual taking two shots a day.

Contrary to previous reports, we find that nonadherence to an insulin regimen, rather than insulin use per se, is the dominant determinant of glycemic deterioration. Individuals missing as little as one insulin shot per week are at high risk for relapse. We have not excluded the possibility that nonadherence to insulin may be a marker for nonadherence to other self-care behaviors that may have also contributed to relapse. Still, strategies to improve adherence to insulin regimens are required to provide sustained glycemic control.

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DOI: 10.2337/dc06-1004

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Acknowledgments—This study was supported in part by National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Grant R18DK62258 (to T.A.E.), NIDDK Grant T32 DK007563 (to M.J.B.), and a grant from the Diabetes Trust Foundation (to M.J.B.).

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Perception of Overweight by Mexican Physicians and Teachers

In a study conducted among people with diabetes, McTigue et al. (1) reported that although most overweight people with diabetes accurately perceived

their weight as higher than ideal for health, many overestimated the weight that would be the healthiest for them. This result suggests that people with diabetes (and health care professionals and diabetes educators who should persuade them otherwise) see their weight as something of low importance. This could be the beginning of a trend toward reducing the importance of losing weight among health care providers. In 2004 and 2005 in Baja California, Mexico, we conducted a survey among 205 elementary school teachers, 80 parents, and 138 physicians working in Tijuana and Ensenada. The purpose of the survey was to compare their actual BMI with how they consider their weight status. We assessed how well they could estimate the healthy body size of an adult by asking them to pick the healthiest body size from the Stunkard (2) pictograms, modified by Rand and Wright for 35- to 45-year-old adults and 6- to 10-year-old boys and girls (3). The numbers of the scale are categorized into five groups (4): images 1 and 2 = underweight, images 3 and 4 = correct weight, images 5 = slightly overweight, images 6 and 7 = moderately overweight, and images 8 and 9 = very overweight.

A trained research assistant measured teachers' and parents' height and weight, and the physician estimated their own. Participants were asked how they consider their weight status with three possible answers: thin, in normal weight range, and overweight or obese. BMI measures were categorized by standard clinical definitions (4). The results showed that 67% of teachers and parents and 74% of physicians were either overweight or obese, 69% of teachers and parents and 73% of physicians in the normal weight range accurately perceived their weight status, and 87% of teachers and parents and 76% of physicians with overweight or obesity perceived themselves as overweight. A total of 22, 47, and 43% of the physicians picked as the healthy body size for an adult, boy, and girl, respectively, the equivalent of the slightly overweight figure. Thus, as in the study of McTigue et al. (1), most Mexican teachers and physicians living in the Mexico-U.S. border adequately identified their weight status and figure size, but many also overestimated the size that would be healthiest. In addition, many overestimated the weight that would be the healthiest for adults, boys, and girls. This suggests that Mexican teachers', parents', and physicians' overestimation of the healthiest size might in-

adequately influence the identification of healthy size, overweight, and obesity. Hence, in a society with a high prevalence of diabetes (5), of which even health care professionals are affected, this could prevent early diagnosis and effective preventive actions toward reducing the incidence of diabetes. Additionally, since Mexican health care personnel are mostly overweight, the Mexican population with diabetes might be more hesitant to take action to improve their lifestyles.

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DOI: 10.2337/dc06-0837

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