

Newsletter September 2018

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We meet in the Diabetes Centre St. Richards Hospital Chichester for 7.30pm.

Easy access for wheelchairs. All welcome.

Chichester & District DIABETES UK Group

Charity Number 215199

Patron Her Majesty the Queen

Know Diabetes Fight Diabetes

Our first meeting after our summer break was well attended with 17 people present.

Elain a Community Dietitian was our speaker for the evening. It was probably a surprise to many of us that she visits GP practices once a month and is available to speak to patients. Her services can be booked by you for a half hour appointment.

Elain told us that the brief she was given was to talk about T2 diabetes and 'How do I know if I am doing it right'?

As you are aware it is all to do with carbs. There are two types of carbs, starches and sugars and I have broken the sugars down further into added or free sugars and naturally occurring sugars. Elain invited the group to identify foods from these groups.

One of the foods mentioned was porridge. We were asked to measure out the size of portion we would eat and then calculate what the carbs were. In Trevor's case a portion was way too large and had many more carbs than he imagined. Most of the group had a good idea of portion sizes.

Looking at food labels to identify the carbs. The sugar content of the carb gives a good idea of the GI value the higher the sugars to portion the higher the GI value. For example fruit juice 9 grams of carbs per 100ml of which sugars are 9 grams. So fruit juice is liquid sugar and is absorbed by the body really quickly whereas porridge a 100grams carbs 60.4 grams of which sugars 1.4 grams so very low in sugars and therefore low GI.

Having a high carb meal late in the evening is not a good idea as lack of movement can cause sugar levels to peak through the night. It was recommended that ten minutes exercise after each meal would help maintain more level blood sugars. The exercise can be a walk where you can still talk to people as you walk. It does not have to be a race.

For someone with T2 diabetes the carbs need to be spread evenly through the day so that your body does not have to deal with lots of carb at one time.

A useful guide is a portion plate. Half a plate for vegetables or salad – ¼ proteins is essential as it is the building blocks of the body – ¼ carbs. A quarter of a plate of rice pasta or three small new potatoes do not look like a big portion. All are about the same amount of carbs per gram. The rationale behind this is that these two food groups take longer to digest and will slow down the digestion of the starchy carbs.

If you feel you would like to buy a portion plate they are available from Matalan at a reasonable price.

A spoon is another tool for measuring portions. You would need to measure out a portion by weight then find a ladle or large spoon that would hold that amount, making portion size easier to control. Using your scales is another option. Remember raw portions and cooked portions will be quite different in size. We had an interactive discussion about cooking rice and rinsing the starch off before or after

cooking. It is a recognised fact that re-heating rice is a dangerous practice which can lead to food poisoning. Left over should be eaten cold but no later than the following day.

Carbs & Cals. *A visual guide to Carbohydrate Counting & Calorie Counting for people with Diabetes* by Chris Cheyette & Yello Balolia. This is an excellent book and is also available as an app for your phone on Carbsandcals.com

A question was asked: I have T2 diabetes why can I not have a monitor to check my levels? How do I know I am doing the right thing?

As we tell people on DESMOND days you can go to your practice nurse and ask for a blood glucose meter. The meters are free to the surgery, not costing the surgery and what your nurse maybe minded to do is to offer you a one off prescription of a pot of strips. You have to justify the rational, making lifestyle changes increasing activity, changing diet. What will be the impact on my glucose levels? If you can see changes you will be motivated to continue with them. An annual review once a year is a long time to go to see a difference.

In testing what you would be wanting to do is to test just before your meal and then two hours after the meal. The theory is that after four hours your blood glucose will be back to where it was before you ate. The glucose rise you see will be the effect of the meal. Then you can make a decision, am I comfortable with that rise, and

This was the first meeting of this year that I was able to attend. I am delighted to say that I am now in remission and beginning to feel like my old self. Both Trevor and I are very grateful for the support you have given us during this, what for me, was a very difficult time.

I am at present putting together next year's programme and would welcome suggestions for topics of interest to you. Please ring or email me. Pauline.

Due to unforeseen circumstances we are not able to post our newsletter on our website.

Next Meeting

25th

October

There will be a change to our published speaker.

22nd

November

Social Evening



Please bring a small plate of food to share.

Drinks will be provided.

Raffle prizes would be appreciated.

how big was my carb portion in that meal. Do I need to change it?

You can test around exercise or activity. You could test one day when you do not take a walk and again on another day when you do and see what effect it had.

A lot of other factors do affect your blood sugars it might be activity levels during the day having a cold or a virus and your stress levels as well. So there are a lot of other variables that affect it.

If your nurse says 'no you cannot have a monitor'. After you have done your lifestyle changes you can ask for an HbA1c test after three months. Then you will be able to see what the effects your changes have made to your long term blood glucose levels. It's not worth testing before the 12 week period as the HbA1c shows a twelve week period. If you get the test too soon the results will not be accurate.

Next question was 'can type two be put into remission'

For some people 'yes it can'. You might be aware of 'The Direct Study' published in December where they showed that putting people who were relatively new to diabetes who were not on any insulin, they were between the ages of 18 and 65 and all Caucasian almost 50% were able to put diabetes into remission during a significant weight loss of about 15 kg. Interestingly some people had significant weight loss but did not go into remission. This is a further part of the study now. This is a land mark study, before this it was presumed that

diabetes would progress and just get worse. This study has proved that it just does not have to be that way for everyone.

In the past adults who developed diabetes were classed as T2 and only younger people T1. But this is not true recently a 90 year old has been diagnosed with T1 and younger people including children with T2.

One of the group commented that they had been treated as type 2 for 6 years and after struggling to control glucose levels was tested to reveal type 1.

How important is breakfast? If you are not having breakfast after a long fast (overnight) where do people get their energy from? The liver. What happen if you skip a meal? The liver releases its energy store of glucose, it just does a dump and you would get a spike in your glucose levels. A regular meal pattern every four to five hours suits T2 better.

Is cider vinegar effective in reducing blood sugar?

We were told that there is no evidence to support that cider vinegar lowers blood glucose.

At the moment it would not be a recommended treatment. But if you like apple cider vinegar you are not doing any harm using it.

We had an interesting and humorous discussion about kale. Five people admitted eating kale and enjoying it.

The government used to say 'go to work on an egg' what are your thoughts on that? That's a good idea because an egg is protein

food so it would be a low carbs option.

Given that diabetes is one of the biggest problems in the UK why do they not put carbs on the traffic light labelling system? It would be a good idea to do that. There is talk about labelling all food items on restaurant menus. There were comments about eating out and how there are apps available to help calculate carbs on many of the restaurant chains.

Many of the fast food chains have the nutritional breakdown of all their menu items on the back of their tray mats. The print is so small as to be virtually un-readable.

Alcoholic drinks contain varying amounts of carbs. Sweet ciders, fortified sweet wines and alcopops are high in carbs and are best avoided. Spirits have no carbs so would be a good option with a sugar free or diet mixer. Normal strength beers, dry white wine and red wine contain some carbs.

We thanked Elaine very much for her talk which was well received and generated a good interaction within the group.

Beware of hypos.

If you are on insulin injections or a medication called Gliclazide or Glibenclamide or Glimpiride, there is a strong chance that you will need to reduce your diabetes medication when you reduce your carb intake. You should test your blood glucose levels regularly.