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DIABETICS AND FOOD PYRAMID A HEALTHY CONNECTION

By Terry Brenner
University Relations

Let's play word games. Find a four-letter word in "diabetes" that's fundamental in prevention and treatment of the disease. That's right. "Diet." Not diet as in "near starvation to lose weight," but diet as in "nutrition."

Now, quick. Think fast. What's the difference between a diabetic diet and a regular, wholesome diet? The operative words here are "regular, wholesome," and the answer to the question is "almost nothing."

In other words, diabetics no longer need to feel deprived because they have to eat a boring or oddball diet. What they should eat is what the average person should eat. Of course, diabetics don't enjoy the same fudge factor as the average person: What the average person should eat and what he actually eats could be miles apart, and he may get away with that -- for a while, at least. But sooner or later he could pay a price. Enough careless eating habits could lead to obesity, and obesity could lead to just what we're talking about -- diabetes.

"Obesity causes insulin resistance, which means that insulin -- the hormone necessary for normal utilization of dietary and body glucose -- doesn't work as well as it should," says Sarah Miller, a pharmacy practice associate professor at The University of Montana. This is when diabetes sets in.

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Diabetes here refers to Type II as opposed to Type I. In Type I, sometimes called “early onset” diabetes, the body makes no insulin and the sufferer must take the hormone by injection, Miller says.

In Type II or “late onset” diabetes, the body does make insulin, but either the amount is insufficient or the body doesn’t use it efficiently. While diet is important in both types, it is especially useful in treatment and prevention of Type II diabetes, which -- with proper diet -- may never require treatment with insulin, Miller says.

Here’s where the food pyramid comes in, the diagram on many cereal boxes that reminds breakfast eaters of what they should eat for the rest of the day. Except for fruits, the food pyramid on the cereal boxes -- geared for the general population -- is exactly like this one for diabetics, as those of you who have memorized the food pyramid will know.

At the bottom of the pyramid, providing the dietary foundation, is the most important food group -- grains, beans and starchy vegetables. Dietary recommendation: six or more servings. Examples of one serving: one-half small bagel, three-fourths cup dry cereal, one small potato, one-half cup cooked beans, lentils, peas or corn.

Moving up one level, the next two groups are vegetables, three to five servings, and fruits, three to four servings as opposed to two to four servings for the general population. Examples of one serving: one small fresh fruit, one-half cup canned fruit, one cup of raw vegetables, one-half cup cooked vegetables.

Up another level are milk and yogurt, two to three servings; and meat, poultry, fish, cheese, eggs and peanut butter -- two to three servings. Examples: one cup milk or yogurt, one egg, two tablespoons peanut butter, and two to three ounces of meat (about the size of a deck

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of cards). Choose lean meats and low-fat or nonfat dairy products.

At the top of the pyramid as least desirable is the food group consisting of fats, sweets and alcohol. The diabetic pyramid stipulates no number of servings but gives these guidelines: Eat less fat, especially saturated fat found in meat and animal products. Choose sweets seldom because they are high in fat and sugar. If you do eat sweets, make them part of your healthy diet; don't eat them as extras. If you drink alcoholic beverages, do so in moderation -- two drinks a day for males, one drink for women.

All of this goes to show that diabetics can have as varied a diet as anyone. What diabetics have less freedom to vary is the timing of food intake.

"It's important to eat at consistent times," Miller says. This is especially important for Type I diabetics but also for Type IIs who must take insulin because they no longer can control their disease with diet.

"A doctor optimally tailors a patient's insulin regimen based on blood sugar patterns derived from a diet consumed at consistent times," Miller says. "If the patient decides to skip a meal but yet has taken his insulin as usual, he could become hypoglycemic -- blood sugar could become too low." This is very dangerous since certain vital organs such as the brain and red blood cells have ongoing requirements for glucose, she says.

"If on the other hand this patient decides to have a Twinkie between meals and doesn't alter his normal insulin administration," Miller says, "the activity of the injected insulin will not 'peak' at the right time to counteract the Twinkie, and the patient's blood sugar will go too high." Motivated diabetics on insulin can learn to alter insulin dosage and schedule to coincide better with their diet and exercise regimen.

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That's right, exercise. It's important, not only for helping to keep the blood sugar stable but for maintaining or improving weight. Diabetics should avoid becoming overweight. But if a diabetic is overweight, Miller says, losing 10 to 20 pounds will help, even if the person is 50-60 pounds overweight.

"Too few people can keep more than 10 to 20 pounds off," she says, "so keep realistic goals. It's better to lose less and maintain that lower weight than to lose more and gain it all back."

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