BC Diabetes Foundation

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Diet and Diabetes

Dietary modification, where appropriate, is the single most powerful treatment for diabetes - this is because everything we eat, with the exception of fat, turns into sugar. Sugar requires insulin for processing and all people living with diabetes (PLWD) are deficient in insulin in the untreated state. The bigger the meal, and the greater the proportion of starch/carbs in the meal, the more sugar will be produced and the more insulin will be required to prevent the sugar from rising above target (< 10 two hours post meal).

Low carb diets, in association with weight loss where indicated, have been associated with diabetes remission - meaning that normal sugar can be maintained without diabetes medication for many months, potentially years. In the lay press this is now called “diabetes reversal”. BCDiabetes thinks the term diabetes reversal is premature; nevertheless it is an exciting concept.

No foods are forbidden, but every PLWD who tests their sugar knows that some foods are better than others. Simple carbs (sugar, juice, regular pop, white rice & noodles, white bread, white potatoes) are best avoided or taken in small quantities/portions. A useful guide to what is a good choice can be made by considering the glycemic index (GI, see https://www.glycemicindex.com/). Use their search tool or ask Siri or Google “Hey Siri/Google, what is the glycemic index of …….”. Low glycemic index foods (GI < 55) are more slowly digested, and absorbed and cause a lower and slower rise in blood glucose.

For **weight maintenance** meals made up of green veggies, salads, legumes and/or fish & meats with carbs kept to small portions of GI <55 are recommended.

For **weight loss** a time-restricted diet (a form of intermittent fasting), where eating is only allowed within a certain time window can be helpful. The rationale is that by reducing the time during which eating is allowed, fewer calories are consumed. Or put simply, fewer meals results in fewer calories consumed. Each meal consumed during the time window should be the same as under Weight Maintenance above. By default an 8 hour eating window such as between 12 midday & 8 PM is recommended. If an 8 hour window is too stressful, try a 10 hour window such as between 10 AM & 8 PM.

Ketogenic diets are diets that are not only low in carbs (<10% of total calories) but also restricted in protein (<20% of total calories) such that fat constitutes >70% of overall calories. While the BC Diabetes Foundation does not recommend ketogenic diets, preferring simple low carb diets with GI < 55, it does acknowledge that such diets are associated with excellent glucose control and often, with sustainable weight loss. Individuals living with diabetes on ketogenic diets who are on insulin and/or SGLT-2 inhibitor medication (such as empagliflozin, canagliflozin or dapagliflozin) or insulin should measure their blood ketones regularly and target a ketone value no higher than 3.0.