

Notes on Thanet Diabetes Community Self Care Group Zoom meeting 7th April 2022

Brad welcomed a new member to the meeting, Brenda Rogers who has recently been diagnosed with pre-diabetes. John read out a summary of the previous meeting notes.

Jeremy then presented his talk on “Real food low carb lifestyle – Part 1”. He started by telling us to avoid sugar, refined grains, seed oils and spreads, but eat real food like meat and fish, eggs and fresh vegetables, and prioritise protein while controlling card intake and stop fearing fat. He listed food types we should avoid - soft drinks, juices, smoothies, sweet or savoury packaged snacks, confectionery, cakes, biscuits, bread, breakfast cereals and pre-prepared frozen or shelf-stable dishes. If the label says “one of your five a day, healthy or heart healthy, lowers cholesterol, low fat, light, reduced fat, low sugar or sugar free, natural, no artificial colours, gluten-free, multigrain, fortified, high fibre”, it is all just marketing for processed food. He then compared the NHS recommended intakes of carbs, protein and fat (58%, 10% and 32%) with the actual values (50%, 15% and 33%) and pointed out the University of Sheffield claimed older people don’t consume enough protein to stay healthy¹. He also mentioned that protein improves thyroid function. Other benefits of protein are “Increases satiety and helps with weight loss, loses fat but maintains and builds muscle, maintains bone health as we age, combats insulin resistance, high protein diets provide the nutrients that we need – lower protein can mean lower nutrients”. He went to on show how much protein various foods contain.

Jeremy then told us he had found one NHS group, the North West London clinical commissioning group, which abandoned the normal NHS guidelines and extolled the benefits of a low carb lifestyle. Adam Brown, who wrote about his experience of testing high and low carb diets², showed that blood sugar readings were mostly in the range of 3.8 to 8.3 mmol/l with the low carb diet, but the high carb diet led to large swings after eating. Jeremy then showed us a list of Dr David Unwin’s sugar infographics with the number of teaspoons of sugar common foods contain³. He went on to emphasise the benefits of natural fats⁴, while pointing out the dangers of processed vegetable oils⁵. He concluded with the summary – “You will overeat carbs and fat if you don’t eat enough protein, adequate protein is key to satiety, control carbs – keep to your own personal tolerance, don’t fear natural fats, avoid processed seed oils and spreads”. He also said he was now adding url links to his presentations which should make checking on the sources much easier.

Nigel asked if Jeremy knew of a book listing the carb contents of many foods, but Jeremy pointed out there are many good books with this information and also many cookery books. He recommended the PHC website for this. John asked about the issue with genetically modified soya. Jeremy answered that most soya is produced with Glyphosate which has been linked with some diseases, such as autism.

Brad moved on to asking for people to give their personal experiences with diabetes for the website. Brian pointed out that there were only two there at the moment and there were many promises to produce but no more yet. Brenda told us about a course her surgery is running⁶, which she has

¹ <https://www.sheffield.ac.uk/healthy-lifespan/news/more-half-older-people-dont-consume-enough-protein-stay-healthy#:~:text=14%20February%202020-,More%20than%20half%20of%20older%20people%20don%27t%20consume%20enough,protein%20to%20reach%20national%20recommendations.>

² https://www.amazon.co.uk/Bright-Spots-Landmines-Diabetes-Someone/dp/0999792717/ref=tmm_pap_swatch_0?_encoding=UTF8&qid=&sr=

³ <https://phcuk.org/sugar/>

⁴ <https://www.insuliniq.com/insulin-smart-eating>

⁵ <https://www.youtube.com/watch?v=bh5eTi9jTPw>

⁶ <https://xylahealthandwellbeing.com/our-services/diabetes-prevention/>

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found both useful and frustrating, but wondered if getting surgeries to tell their patients about our group. John mentioned that we had been told in a recent meeting that surgeries are restricted by the CCG from commissioning products on their own. He said he was advertising meetings on Nextdoor and Facebook, so far without success. Anne said she was trying to get other people to join and would keep trying. Jeremy said we should try getting the CCG to tell their GPs and nurses about us. Maxine suggested doing a webinar for and with diabetes nurses. Jeremy related that the diabetes nurse we did have at a previous meeting presented very dubious advice, though he refrained from interfering with her talk. The meeting in general thought approaching diabetes nurses was a good idea.

Brenda asked about sweeteners. Jeremy thought most sugar alternatives had their own problems and suggested trying to wean off the sweet tooth. Nigel asked if we could do some research on sweeteners. Brad then gave us some information on chickpeas and gooseberries. Chickpeas are high in fibre so should be avoided by type one diabetes sufferers who avoid fibre, and gooseberries help to control diabetes, reduce cholesterol and improve heart health.

At the end of the meeting there was a short discussion on the problem of getting rid of unused prescriptions. Chemists can take them in but will just destroy them. John thought perhaps they could be offered to countries short of medicines. Brian asked everyone to suggest topics for future meetings.

Attendees were: Brian, John, Brad, Nigel, Anne, Maxine, Brenda and Jeremy. Alicia sent her apologies.

Next meeting is 5pm on May 5th and the agenda will be on the website closer to the time.

<http://diabetesthanet.uk>

or

<https://authentik.co.uk/diabetesthanet>