



common DIABETES

There are many myths and misconceptions surrounding diabetes. So what's really true? We separate the facts from the fiction.

MYTHS



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Every day 280 Australians develop diabetes, according to Diabetes Australia. So chances are, you either know someone with diabetes or perhaps you have diabetes yourself. Already, close to one million Aussies have the condition and for every person diagnosed with type 2 diabetes, there is another who remains undiagnosed. So it's time to sort through the misconceptions. Here we look at some of the most common beliefs and give you the facts about diabetes and its management.

MYTH

'Diabetes is a fat person's disease'

Not so. While carrying extra weight, particularly around the middle, is a significant risk factor for type 2 diabetes, genetics also play a big part. This means some people who are carrying extra weight won't develop diabetes while others who are thin, will.

It's the interaction between our genes and our lifestyle that influences the development of type 2 diabetes. Those who are genetically at risk don't fare well with our Western lifestyle.

Type 1 diabetes has a very different underlying cause and weight doesn't play a part - in fact, most people with type 1 lose weight before being diagnosed due to a lack of insulin (see box, right).

MYTH Diabetes is not that serious

Unfortunately not true. As the sixth leading cause of death in Australia, with numbers set to soar over the next few decades, diabetes is something we should all be taking seriously. The sad fact is diabetes, particularly when it is not well managed, can lead to significant health problems including heart, kidney, eye and blood vessel disease. The good news is with the right management, the risk of these complications is significantly reduced.

We also know that up to 60 per cent of cases of type 2 diabetes can be prevented through lifestyle changes. With early diagnosis and our current treatments many people with diabetes live a life free from complications.

What is insulin?

Insulin is a hormone made in the body by cells in the pancreas. When we eat carbohydrates, they are digested into glucose (the simplest form of sugar) which is absorbed into the bloodstream. Insulin is released when glucose enters the bloodstream and helps to transport it from our blood into our muscles and cells where it's used for energy. Without insulin, we get a build up of glucose in the blood (high blood sugar levels) as it's not able to be used for energy.

Q: Do I need to give up my favourite foods?

No. Lifestyle habits, including a healthy diet, do play a key part in the management of diabetes. But there's no special 'diabetic diet'.

A person with diabetes should be aiming to eat a healthy diet, just like the rest of us, and this can still include their favourite foods. There are some foods (for example, cakes, pastries, biscuits, chips, lollies, soft drinks and fried fast foods) that are best kept as once-in-a-while treats rather than everyday choices.

The timing and quantity of foods becomes more important, particularly for those taking medication or insulin, because the aim is to keep blood sugar levels as stable as possible. For someone with type 2 diabetes who is overweight, a healthy eating plan should also aim to achieve gradual weight loss. The focus for type 1 diabetes is more about matching insulin dose to the food you eat.



Q: Is it true people with diabetes need to snack between meals?

Not always. For someone who is not taking medication, snacks are not a necessity, although spreading food intake over the day can often help with managing blood glucose levels. Those who are taking insulin and diabetes medication, which can cause low blood sugar levels (hypos), may need to snack between meals to prevent them going too low, but this will vary according to the type of medication and insulin they are taking and when they take it.

For every person diagnosed it's estimated there's another unaware they have diabetes

MYTH

Too much sugar causes diabetes

Wrong! There is no evidence sugar itself causes diabetes. While diabetes does mean having too much sugar in the bloodstream, the relationship isn't that simple. Type 1 diabetes occurs as a result of the body's immune system attacking its own insulin-producing cells, which has *nothing* to do with eating sugar. And, in type 2 diabetes, the hormone insulin is unable to work properly to get glucose (sugar) from the bloodstream into muscles and cells. This is worsened by carrying extra weight, being inactive and eating lots of saturated fat. Sugar, per se, doesn't cause insulin resistance - although obviously when eaten in excess it can contribute to weight gain, which then increases the risk.

MYTH

Is it true sugar is forbidden?

Not at all. Having diabetes doesn't mean saying no to all sweet treats. But it does mean paying more attention to the quality of the food you're eating as a whole, including the amount of saturated and trans fats, the amount of fibre, the total amount of carbohydrate and the glycaemic index (GI) of a particular food. For instance, a slice of cake comes not just with sugar, but with lots of kilojoule-rich saturated fats and generally a high GI, so regulating portions becomes even more important than for people without diabetes.

Be aware of some sugar-free products that are promoted to people with diabetes, as many are higher in fat and lower in vitamins, minerals and fibre than the regular varieties so aren't good choices. It pays to read the labels on packaged foods rather than be led by advertising claims.

MYTH

All low-GI foods are good for people with diabetes

Actually no. While a low-GI diet has many benefits for people with diabetes, this doesn't mean all foods promoted as low GI are good choices. GI is a measure of how quickly or slowly a food is digested.

So, lower GI foods can help to prevent spikes in blood glucose levels after meals and can also help to satisfy you for longer. However, fat is also slow to digest, so some high-fat foods (such as chocolate) do have a low GI but are not healthy choices to eat regularly or in large amounts. So consider whether a food is a healthy choice first, then go for the lower GI options.

Good low-GI foods to include in your daily diet include:

- Natural untoasted muesli
- traditional rolled oats
- dense wholegrain breads
- barley, quinoa, cracked wheat (burghul)
- legumes (such as lentils, chickpeas and dried beans)
- corn
- many fruits (apples, pears, citrus fruits, stone fruits and berries)
- natural yoghurt

Type 1 vs type 2

Type 1 diabetes

This occurs when the body's immune system destroys the insulin-producing cells in the pancreas. Without any insulin-producing cells, the person with type 1 must either get insulin through injections or an insulin pump. They also need to balance food, activity and insulin to keep blood glucose levels as close to normal as possible.

Type 1 represents 10-15 per cent of all cases of diabetes and is more commonly diagnosed in children and young adults, but can occur at any age.

Type 2 diabetes

Occurs when the body's insulin is unable to work properly or when the body can't produce enough insulin to maintain normal blood sugar levels. The risk of developing type 2 is higher in people who are overweight and inactive, and diet and exercise are the first line of treatment, but most people with type 2 diabetes will need oral medications and possibly insulin over time.

Type 2 makes up about 85-90 per cent of all people with diabetes. It is more often diagnosed in older adults, but unfortunately it is becoming increasingly common in children.

»» FACT

There's no such thing as 'mild' diabetes

Some people with type 2 diabetes, who are not taking medication, think of their diabetes as 'mild' or less serious, but unfortunately this is not really the case. The reality is, if blood sugar levels aren't kept on track and the body is buffeted by persistently high levels, then complications develop.

We also know type 2 diabetes is a progressive illness and so, over time, people usually progress to needing tablets and then insulin.

Taking diabetes seriously from the start, including putting the right lifestyle changes in place, and adding medication when needed, will help to slow the progression and reduce the chances of developing complications.

What you need to know about type 2

Type 2 diabetes starts with a problem called insulin resistance. This is where the body's insulin is unable to work properly, meaning glucose (sugar) doesn't get absorbed into cells where it is needed for energy, but stays in the blood. So, eventually blood sugar levels rise, developing into pre-diabetes, and then into type 2 diabetes.

For most people this is a gradual progression over many years, but unfortunately it is often not diagnosed until the later stages when blood sugar levels have already been elevated for some time.

The main problem with diabetes is the damage to blood vessels that occurs when your blood sugar levels remain high for long periods of time. This can lead to heart disease, kidney disease, eye damage and circulation problems.

With lifestyle changes and the addition of medication when needed, the risk of developing these complications can be avoided or significantly reduced. Early diagnosis, maintaining good control of blood sugar levels, cholesterol and blood pressure is the key.

How to tell if you're at risk

It is possible to have type 2 diabetes without symptoms

so awareness of risk factors is key to early diagnosis. Symptoms of diabetes *can* include extreme thirst, frequent urination, blurred vision and fatigue.

If you have a family history of diabetes,

are carrying extra weight around

your middle or have high cholesterol and blood pressure, you're at higher risk and should be tested regularly. Women who have polycystic ovary syndrome (PCOS) or who have had

gestational diabetes or large babies are also at greater risk.

Risk of type 2 diabetes also increases as we age and is higher in individuals from certain ethnic backgrounds, including Pacific Islander, Chinese and Indigenous

Australians. If you're worried, speak with your GP who can organise a simple blood sugar test.

Taking action early significantly reduces your risk of developing diabetes. Research has shown people with pre-diabetes who make changes to their diet, exercise and weight can reduce their risk by almost 60 per cent. **hfg**

Changes to diet and exercise can reduce diabetes risk by 60%



Useful contacts

If you have diabetes, join the NDSS, the National Diabetes Services Scheme, which offers financial subsidies on blood test strips, insulin pen needles and syringes. It's free for all Australians with diabetes. See ndss.com.au

Sign up to Diabetes Australia which offers information, news and support. Visit diabetesaustralia.com.au

Click onto one of the lively online blogs. Sixuntilme, diabetogenic or fingerpricker are good starting points to join the thriving cyberspace conversation on diabetes.