

Help sheet no.12

Dietary issues for residents with diabetes mellitus

Older people who have been diagnosed with diabetes may be anxious about the diagnosis and changes to their diet. The first and most important thing to do is to arrange an appointment with an accredited practising dietitian to explain the role of diet in managing blood sugar levels and controlling diabetes. In the case of a resident having diabetes for many years, a routine review of diet would be helpful so they can benefit from the latest dietary information.

Residents of Supported Residential Services (SRS) and retirement villages can access dietitians at their local community health service or centre. Residents of low and high care aged care facilities need to access the services of consultant dietitians. The dietitian can consult with the client and discuss the requirements with relevant staff. Consultant dietitians can be found through the State Branch of the Dietitians Association of Australia.

Key dietary issues

- A regular meal plan, that is, three meals per day and, for most residents, regular snacks, including supper.
- All meals should have a range of foods that are high in fibre and contain carbohydrates, such as wholemeal breads, cereals like rice, pasta, breakfast cereals, fruit (fresh, stewed or tinned in natural juice) and vegetables.
- Include foods that contain carbohydrates and have a lower Glycaemic Index (GI). GI describes how different foods affect the blood glucose level.
- Body weight is within desirable weight range and is managed on an individual basis.
- Generally, for those residents not at risk of weight loss, meals should be low in fat. For example; low fat dairy foods and grill, steam or boil cooking methods are recommended.

One of the difficulties in residential facilities is that resident needs can vary widely. That is why there should be, wherever possible, a choice on the menu to allow those requiring low fat, low sugar foods to choose appropriately or those who are underweight to choose higher fat or higher sugar foods. **A 'choice' menu is considered best practice.**

A small amount of added sugar in a mixed meal is usually acceptable for most residents with diabetes. For example:

- small amount of sugar in a cup of tea or coffee after a meal
- a dessert made with a small amount of sugar rather than making a special sugar free dessert
- a spoonful of sugar with breakfast cereal
- regular jam or marmalade on bread and toast.

To ensure you have the latest information, check with your dietitian about recipes and menu plans suitable for the different dietary groups among your residents.

The GI factor

Foods containing carbohydrate are digested and release their glucose into the bloodstream at different rates. The lower the GI of a food, the more slowly absorbed the carbohydrate and thus the better that food is for people with diabetes. There are several factors that affect the GI of a food:

- the degree of processing of food
- the fibre, protein and fat content
- the type of starch present
- the degree of ripeness
- acidity of foods
- the types of sugars in the foods
- combinations of foods in mixed meals.

As you can see, there are many factors to consider. For more details on GI, consult a dietitian. You can, however, include some simple strategies for lowering the GI of a meal or snack.

Choosing lower GI foods

- Sometimes substitute sweet potato for other potato.
- Use Basmati or Doongara in preference to other rices.
- Use dried beans and peas in soups and casseroles more often.
- Use raisin toast, fresh fruit, cheese and crackers, yoghurt, plain cake, banana cake or apple muffins for snacks between meals.

Non-compliance

Despite the best intentions of staff with education about diabetes, some residents will not comply with the recommended diet principles to control diabetes. If you are sure that the resident understands appropriate food selections but is choosing to ignore them (i.e. they are making an informed choice) then it is best to allow this to happen. Ensure that it is carefully documented and communicated to all staff caring for the resident, including the GP, and allow the resident to change their mind if they wish to.

Remember: The most common cause for worsening diabetes control is infection and this possibility should be investigated thoroughly if blood sugar control changes.

Continuing education in diabetes management

- Consult an accredited practising dietitian in your area to conduct personalised education sessions for your staff.
- A course can be purchased through Diabetes Australia (Western Australia). The course contains lecture notes and overheads to run six two-hour modules designed

to provide staff in residential facilities with the knowledge and skills to manage diabetes.

- Diabetes Australia (Victoria) can provide an education program tailored to your organisation's requirements.

More information

For queries about these courses or for further information about diabetes contact:

Diabetes Australia (Vic Branch)

GPO Box 9824

Melbourne 3001

Ph: (03) 9654 8777

or: 1800 640 862

Diabetes Australia (WA Branch)

48 Wickam Street

East Perth 6000

Ph: (08) 9325 7699

Note: If there are issues with food or fluid intake, seek specialist assessment and advice from an accredited practising dietitian. See the Dietitians Association of Australia website at www.daa.asn.au or call the accredited practising dietitians hotline on 1800 812 942.