

Diabetes Community Group – Thanet

<http://Diabetesthanet.uk> info@diabetesthanet.uk

Meeting held on Thursday 5<sup>th</sup> March, 2020 at 4.30pm at Unit 26, Centre Management Office,  
Westwood Cross Shopping Centre

Present:

John Hall	
Brian Urwin	
Maxine Ansell	
Rosina Bushell	
Jeremy Martin	
Alicia Hall	
Anne & Anthony Ellis	
Linda & K Adlington	
Katie Treslove	
Peggy Long	
Maggie Negus	
Nigel Collingwood	

**Discussion**

- 1) Apologies were received from Michael Finneran and Lottie Rowlett.
- 2) Brian welcomed the newcomers to the meeting and asked each person to introduce themselves.
- 3) Since so many people were attending, we decided to go straight to the Q and A sessions with Katie Treslove.
- 4) The first question selected was *"I always have two eggs for breakfast plus an apple, orange or small amount of cereal, what else can I have?"*. Katie asked what other people had for their breakfast. Suggestions were porridge, corn flakes, toast, yoghurt with soft fruit, muesli, cereals with banana slices, kippers. Bananas were expected to be too high in sugar, but Katie pointed out that a small banana has the same amount of sugar as an apple, and most people only have a few small slices with their cereals. She noted that health professionals often make lists of foods not to eat, but she thought this made eating a healthy diet more difficult to follow, so people should pay attention to the amount of sugar/carbohydrates in the food they eat and select portions accordingly. Katie suggested a few breakfast recommendations – porridge, oats soaked in yoghurt overnight with some berries (also useful to have as a snack when going out), cereals but taking care to choose the ones with the lowest carbohydrate percentages and ideally the higher fibre content, avocados.
- 5) The question of low carbohydrate diets came up. Katie said a low carbohydrate target was 130g of carbohydrate per day, and the keto diet target was about 20g-40g per day. The keto diet's reduction in carbs puts your body into a metabolic state called ketosis. When this happens, your body becomes incredibly efficient at burning fat for energy. It also turns fat into ketones in the liver, which can supply energy for the brain. She pointed out that low carb diets were not for everyone, and it was not the only way to lose weight. Most low calorie diets, if followed, would lead to weight loss. The most important thing about dieting was not to go for a diet that was difficult to keep up with. Some people thought the recipes in low carb cookbooks were horrible which put them off following the diet. Katie pointed out the normal British food consumption included lots of carbs, with bread, sandwiches, pasta, chips and so on. Nigel pointed out that he had lost 8 kilos using a low-calorie diet but had not had the same success with a low carb diet, which he tried after it was recommended at one of our meetings. Brian asked if he was doing enough exercise and surmised that that might be the reason when Nigel replied that he was not doing enough.
- 6) A lady wondered if she was in danger of getting hypos since when she missed a meal she got

very hungry and had vision problems. She was not on medication. Katie pointed out that hypos occurred in people on some medications when their blood sugar level went below 4 so they had to get some sugar into their bloodstream quickly. People not on medication would have no serious consequences from missing a meal or two. Another person brought up the medicine Glimepiride which she had been prescribed and which didn't seem to be working for her. Katie suggested this was more a question for her doctors or nurses rather than in an open meeting. She suggested that people should take blood sugar readings whenever they felt unwell, and keep a diary of these readings to bring to their meetings with their doctor. This brought a discussion of the lack of interaction with their doctors and the low frequency of testing for diabetes levels.

7) Brian wanted to know how to raise his weight. Katie suggested a pint of milk, perhaps with milk powder, was a good fast way of getting more calories. This led to a discussion of yoghurts. The problem people had was many low-fat yoghurts had high sugar content. There was not much support for Katie's suggestion of adding berries to a natural yoghurt!

8) The question came up about the Diabetes Prevention Programme. The NHS Diabetes Prevention Programme supports people at risk of developing Type 2 diabetes. Programmes are held in a range of locations across Kent & Medway. If there isn't a programme running in your area at the time of your referral, you will be placed onto the area waiting list until the next programme begins. You also have the opportunity to attend programmes in other areas should you wish. If you would like to speak about a referral to the service please discuss this with your GP surgery. For any questions about your referral or for help in understanding more about the scheme, please contact us on 0333 577 3010. The booking team are available from 8am to 7pm Monday and Wednesday and 8am to 5pm Tuesday, Thursday and Friday.

9) Question "*Does alcohol reduce sugar levels?*". Katie told us that drinking over 2 units or so does reduce blood glucose levels, which may be more of a problem for type one diabetics who may lower levels too much. So it is OK for diabetes sufferers to have the odd alcoholic drink, within reason.

10) Question "*What is a good snack for someone with type2 to satisfy your sweet tooth?*". Katie suggested soups, omelette, frittata or cheese on toast. As for bread, check the calories per slice and choose the lowest one, or Ryvita or similar.

11) We finished off with Jeremy describing the next few talks he will be giving us in future meetings.

12) Date and time and place of next meeting. April 2nd 4.00 pm  
Unit 26, Centre Management Office, Westwood Cross Shopping Centre, 23 Margate Rd,  
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