

## Lifestyle Medicine: For Diabetes

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Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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#### Lifestyle advice & social prescribing

Effects of nutrition, physical activity, sleep and stress on type 2 diabetes: latest evidence

The new ADA/EASD guidance

What to cover in consultations

#### 30 mins

## The Six Pillars of Lifestyle Medicine



#### Healthy Eating

#### Mental Wellbeing



#### Healthy Relationships



#### Physical Activity



Sleep

#### ADA/ EASD guidelines

		Glucose/insulin	<b>Blood pressure</b>	HbA <sub>1c</sub>	Lipids	Physical function	Depression	Quality of life
	SITTING/BREAKING UP PROLONGED SITTING	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	1	$\checkmark$	1
	STEPPING	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	1	$\checkmark$	1
	SWEATING (MODERATE-TO-VIGOROUS ACTIVITY)	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	1	$\checkmark$	1
	STRENGTHENING	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	1	$\checkmark$	1
C	ADEQUATE SLEEP DURATION	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	(?)	$\checkmark$	1
	GOOD SLEEP QUALITY	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	(?)	$\checkmark$	1
	CHRONOTYPE/CONSISTENT TIMING	$\checkmark$	?	$\checkmark$	?	(?)	$\checkmark$	(?)

#### **IMPACT OF PHYSICAL BEHAVIOURS ON CARDIOMETABOLIC HEALTH IN PEOPLE WITH TYPE 2 DIABETES**

↑ Higher levels/improvement (physical function, quality of life); ↓ Lower levels/improvement (glucose/insulin, blood pressure, HbA<sub>1c</sub>, lipids, depression); ? no data available;
↑ Green arrows = strong evidence; ↑ Yellow arrows = medium strength evidence; ↑ Red arrows = limited evidence.

## Who am I?



- GP Partner
- PG Dip Obesity & Weight Management (Dist)
- BSLM
- Diabetes UK Clinical Champion 21-23

#### The Lifestyle Clinic



Weight Loss Clinic



Prediabetes Clinic



**Diabetes Clinic** 





#### **To Achieving Great Results**



## What it's really like





Health matters

#### **Obesity is fuelling a rise in Type 2 diabetes**



6

find the

and **1 in 10** will develop Type 2 diabetes

## Health & Disease Curve Type 2 **Diabetes** Insulin Resistance **Pre-diabetes** Hyperinsulinaemia Health

#### Health & Disease Curve



#### The start of Type 2 Diabetes



## The impact of medication

Medication (as monotherapy)	Expected lowering of HbA1c
Metformin	16 mmol/mol
Sulfonylurea	16 mmol/mol
DPP-4	5-9 mmol/mol
GLP-1	6-12 mmol/mol
Thiazolidinediones	5-15 mmol/mol
SGLT-2	8-11mmol/mol

Image 1: Tanenberg R. (2004). Transitioning pharmacologic therapy from oral agents to insulin for type 2 diabetes. Current Medical research and opinion. 20(4):541-53. DOI: <u>10.1185/030079903125003134</u> (Accessed 14/2/22). Image 2: extracted from MERIT O Dr Nerys Frater 2022 handbook

## The impact of medication Vs Lifestyle

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#### Best result 54mmol/mol

Image 1: Tanenberg R. (2004). Transitioning pharmacologic therapy from oral agents to insulin for type 2 diabetes. Current Medical research and opinion. 20(4):541-53. DOI: 10.1185/030079903125003134 (Accessed 14/2/22). Image 2: extracted from MERIT O Dr Nerys Frater 2022 handbook

#### Complications

The UKPDS trial demonstrated intensive Glucose control using medication (excluding Metformin) did not lead to a reduction in Cardiovascular mortality.



#### What causes high insulin?



#### Genetics & Epigenetics

- Heretability of Type 2 Diabetes is thought to be 20-80% <sup>(1)</sup>
- Lifetime risk of developing Diabetes is 40% if 1 parents affected & 70% if both parents affected. <sup>(1)</sup>
- Genetic variants which increase fat storage during periods of energy excess (thrifty genotype) were favoured by evolution in the past
- Genes have changed very little but the environment has changed greatly

Your genes load the gun but your environment pulls the trigger

(1) Ali O. Genetics of type 2 diabetes. World J Diabetes. 2013;4(4):114-123. doi:10.4239/wjd.v4.i4.114

#### What causes high insulin?



#### The macronutrients and blood sugar



## Carbohydrates

Organic compound that include sugar, starch and fibre Essentially chains of Glucose (type of sugar). The food that gives us energy.

#### Simple Carbohydrates

Broken down to Glucose quickly in the body Fast release of energy Often lacking in vitamins **Complex Carbohydrates** Broken down more slowly as 3+ 'parts' to it Slow release of energy Often contains a lot of multivitamins





## A lot of Insulin!



#### What does insulin do?



## The Big 5



#### What causes high insulin?



#### Stress

#### The effects of chronic stress should not be underestimated.

Adrenaline causes Glucose release and promotes inflammation leading to insulin resistance



**Cortisol** increases Insulin Resistance, Increases appetite and promotes fat storage



Stress is linked to weight gain – it makes us crave dense calories. We make poorer choices, and a stressed brain finds food even more rewarding than it would otherwise

#### What causes high insulin?



#### Sleep



#### The less you sleep

the more you eat



For diabetics, a poor night sleep means higher glucose readings

Over 50% of those with Type 2 Diabetes also suffer from Obstructive Sleep Apnoea<sup>(3)</sup>

One study sleep deprived a group of young healthy males. After 6 nights – prediabetes <sup>(1)</sup> 1 night of poor sleep makes you<sub>(2)</sub>less insulin sensitive the next day



Spiegel K, Leproult R, Van Cauter E. Impact of sleep debt on metabolic and endocrine function. Lancet. 1999;354(9188):1435–9.
 Donga E, van Dijk M, van Dijk JG, Biermasz NR, Lammers GJ, van Kralingen KW, Corssmit EP, Romijn JA. A single night of partial sleep deprivation induces insulin resistance in multiple metabolic pathways in healthy subjects. J Clin Endocrinol Metab. 2010 Jun;95(6):2963-8. doi:

#### What causes high insulin?



#### Exercise



eers. Arterioscler Thromb Vosc Biol, 2007;27(12):2650-2656. doi:10.1161/ATVBAHA.107/153288

#### **IMPORTANCE OF 24-HOUR PHYSICAL BEHAVIOURS FOR TYPE 2 DIABETES**



#### Health & Disease Curve



## Why: treating the Underlying Cause



#### Support Available







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#### Mrs Jones

- Females
- Aged 60+
- Prediabetes
- About to go on to insulin/referred
- Those who 'do not like tablets'
- Those that have side-effects

# What do you eat for breakfast?

The Glycaemic Index helps predict how these breakfasts might affect blood glucose, important information if you have type 2 diabetes

Cereal	Glycaemic Index	Serve size	How does each cereal affect blood glucose compared to 4g teaspoons of table sugar?			
Coco Pops	77	<b>30</b> g	7.3 🔷 🔌 📣 📣 📣			
Cornflakes	93	<b>30</b> g	8.4 🔷 🖌 🖌 🖌 🖌 🔶			
Mini Wheats	59	<b>30</b> g	4.4 💓 💓 💓 🖌			
Shredded Wheat	67	<b>30</b> g	4.8 💓 💓 💓 💓			
Special K	54	<b>30</b> g	4.0 💓 💓 🥣			
Bran Flakes	74	<b>30</b> g	3.7 💓 🥢 💓			
Oat porridge	63	<b>150</b> ml	4.4 💓 💓 💓			

As per calculations to be found in: It is the glycaemic response to, not the carbohydrate content of food that matters in diabetes and obesity: The glycaemic index revisited | Unwin | Journal of Insulin Resistance 2016 @lowcarbGP

#### A healthy breakfast: cereals, toast, fruit juice?

Food item	Serving size in g/ml	How does each food affect blood glucose compared with one 4g teaspoon of table sugar?
Bran flakes	30	3.7 🔷 🔷 🖌
Milk	125	1
Brown toast, 1 slice	30	3
Pure Apple juice	200	8.6 ~ ~ ~ ~ ~ ~ ~

#### Total for breakfast 16.3 teaspoons

#### Useful information for those with T2Diabetes making dietary choices

\*As per calculations derived from the glycaemic index. To be found in: *It's the glycaemic response to, not the carbohydrate content of food that matters in diabetes and obesity* Journal of Insulin Resistance 2016. Unwin et al

## Thank you!



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