

VIDEO_ Low carb for doctors with Dr. David Unwin (Part 2)

Dr. David Unwin: Who would be the best candidates? Which patients shall we try this approach on? The irony for me is now, the best patients were previously my worst patients. So I'm actually excited by people who are heavy, particularly those with a large belly, because these are the ones you may be able to do your best work with.

And amongst that group, so these are the heavy people with type 2 diabetes, there are some golden opportunities. The golden opportunities are people maybe they've just had a diagnosis of pre-diabetes.

So they've just had their blood test. You're going to tell them about the blood test, that, says maybe their hemoglobin A1c is raised, these people are a little alarmed by this, but it's the perfect time to rather than just worry a patient, given them a way out.

The same applies in a way for those who you're going to say for the first time, "You've got type 2 diabetes." It's a similar thing, a golden opportunity of somebody with a new diagnosis who is wondering, "What's going to happen to me?"

If you have a patient with type 2 diabetes who's just had a really bad result and you're going to start some new medication or you are thinking of doing so, what about the idea of offering them an alternative? How do they feel about long term medication? Are they interested in trying some lifestyle alternatives?

So it's interesting for me, for four and a half years I've said to patients, "You've got type 2 diabetes. "I'm wondering about starting metformin. "How do you feel about lifelong medication? Because we could try, if you're interested, an alternative."

How much better putting it like that where you're saying to patients, "How should we play this? How should we do it?" Rather be prescriptive. Why not give them an alternative? And I find that this sets the patients off, thinking about what part they can play in their own management.

So this is how a golden opportunity becomes progress, because the patients are opting in to a lifestyle change, when you've offered it as an alternative. Just to develop that a little more, some of the best work we've ever done has been with people already on maximal oral medication, who sadly have a really bad, a really high hemoglobin A1c.

And I would be thinking about insulin for them. They are a particularly great group to work with, because they're so keen to avoid injectable medication. And so when you're saying to them, "I'm worried about your diabetes. We may have to use insulin, but there are some alternatives we could explore as an alternative, how do you feel about this?"

These open-ended questions, as long as you wait for the answers, mean they're very interested in exploring alternatives, particularly to insulin. And actually the evidence is if we can avoid insulin, we've probably done a good thing. So those would really be the golden opportunities for me.