

# It is the glycaemic response to, not the carbohydrate content of food that matters in diabetes and obesity: The glycaemic index revisited

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### Abstract

**Background:** The low-carbohydrate diet for diabetes and obesity is over 200 years old. A new lease of life comes with evidence for its beneficial effects supplied by research into the value of low-glycaemic index (GI) foods in diabetes control. While trialing this approach it became evident that professionals and patients had previously misunderstood the index leading to errors in food choices.

**Aim:** To explore the importance of the GI for those with T2D and improve understanding of the likely effect of various foods on blood glucose.

**Setting:** A 9000 patient United Kingdom (UK) primary care practice.

**Methods:** Relevant supporting studies were examined and data were reviewed from a previously published case-series with new data relating to the effect of the approach on the whole practice over a period of three years. An improved interpretation of the GI using a 'teaspoons of sugar equivalent' was developed as an aide to understanding. We looked at quality markers for diabetes and obesity such as HbA1c and weight.

**Results:** Our approach was readily understood by patients and staff, helping to achieve significant improvements in diabetes control and weight. The practice as a whole compared to the average for the area was found to have; a significantly better quality of diabetes control, lower obesity prevalence whilst spending around £40 000 less per year on drugs for diabetes.

**Conclusion:** Greater consideration needs to be given to the harmful effects of high-GI starchy foods in the treatment and prevention of obesity and diabetes. Patient compliance and outcomes justify our approach in a primary care setting.