VIDEO_ Low carb for doctors (Part 6)

Dr. David Unwin: When I'm explaining the low-carb diet I like trying to make it simple. I want patients to grasp it quickly. I always begin really with sugar, I think the basis of this is sugar. And so I'm asking patients initially, "Is there much sugar in your diet?" And then begins a discussion of where sugar is in their diet and what's interesting is if they already know that they're having 30 teaspoons of sugar in tea and coffee per day.

That's the perfect place to start. What's interesting is the patient to say, "Well I know about sugar, I've already cut that." And then we get into the discussions around carbohydrates. And what so many patients are surprised and need reminding about is the fact that starchy carbs break down into surprising amounts of sugar.

And in fact that was part of my own journey where I'd forgotten that bread breaks down into glucose. So some of the... I illustrate this for patients and try and ask for some of things they eat. So I was told yesterday, "Oh, I have two bananas for breakfast." So I illustrate for the patient, "It's useful and interesting for you to know that a banana is about the same as six teaspoons of sugar, because the starch in the banana breaks down into sugar."

Or if they say they're having brown bread, that is a common thing, I'm explaining that each slice of brown bread when it's digested breaks down into about three teaspoons of sugar. And so the patients are beginning to see that, "Yes we've got sugar, but we also have carbohydrates which break down into sugar."

I think it's really important they understand that. But I find they do very quickly. Another common one is breakfast cereals where they start the day with some cornflakes And I'm saying, "Well, the problem for you as somebody with type 2 diabetes "is even a small bowel of cornflakes. So 30 g will break down into about 8 teaspoons of sugar." And they're really surprised by that.

They say, "I don't put sugar on the cornflakes" and I'm saying, "No, it's starch that breaks down into sugar." Sometimes I add to that the idea that the way a plant stores energy, so a plant gets energy from sunlight... manufactures through photosynthesis is manufacturing glucose, and the only way to store glucose is actually in starch and

that is what all of the cereal crops are doing. They are storing glucose in a very handy form as a seed and forming starch.

And then your digestion breaks that back down again into the sugar that was there before. And a lot of patients find that very handy. I do give them diet sheets of which will be a copy available with this video, which develops this theory. But the basis of it is to do with sugar, is to do with starchy carbs which break down into sugar with digestion and the idea that you would replace what is white on your plate, like the bread, like the pasta, like the rice, with green.

And that's a fairly simple idea that many of my patients seem to accept and incorporate into their own lives. Which brings me to another point really. I try not to be prescriptive with my advice. I think is more useful to give information so the patients can understand more about nutrition and then they adapt that to the life that they lead.

I think for years and years I was very prescriptive I gave specific advice and then I was annoyed when patients didn't do as I said. And yet now I seem to have so much more success if I give patients information and then they go away and incorporate that information into the way they live. And just to add a final thing with this, is a really good idea to inquire who is doing the shopping, who is doing the cooking.

The people behind the patient are with you. And why not invite them to come to the next appointment? And that for me has been the beginning of wonderful work with entire families, when the wife or husband comes next time and I encouraged them to ask me questions and so that the further information they're giving is absolutely relevant to the way those people live. You may have noticed in the chat we were just having I was talking about sugar.

It's a very confusing subject for patients and you have to make a decision about are you just going to talk about sugar and leave it to that or are you going to get into the nitty-gritty of glucose, fructose, sucrose, maltose, lactose, all of these type of things. Very often I find I end up just talking about sugar because the minute I go into more detail, I've seen to have confused the patients.

You have to bear in mind though that many of you patients are now very sophisticated and some of them will know more than you do. And so it is worth being clear for many patients that you're actually talking about glucose when we're thinking about type 2 diabetes and that it is actually glucose that their monitor is measuring.

And that of course starch is made up of building blocks of glucose and that that is what you're talking about. And some of them will then take you into the deeper water of well, you know, what about fructose? And that is a bit complicated. It's about trying

to give the information at the level suitable to the person in front of you. And I suppose that's the challenge, the challenge for all of us.