

VIDEO_ Low carb for doctors (Part 7)

Dr. David Unwin: So it's worthwhile talking about the glycemic index and how that impacts on our advice within the low-carb diet. So the glycemic index is looking at carbohydrates and it predicts for us how much glucose you're going to absorb into your bloodstream in the two hours following a starchy meal.

And it's an index so it's against a meal of pure glucose which would be 100. So everything is relative in terms of glucose absorption to pure glucose itself. So looking at the glycemic index, pure glucose as I've said is 100, brown bread I think comes in at something like 67, cornflakes are in the 80s and interestingly table sugar itself has a lower glycemic index than brown bread.

So I think table sugar is in 63, something like that. So you see the glycemic index in its ability to predict the effect of foods on blood sugar is actually quite useful. Various things affect its accuracy, so the glycemic index is only a broad indicator, because it actually can make a difference of the things you eat at the time.

Also if you look at the glycemic index of a banana, it depends on how ripe that banana is, but it's still a really useful system. When it came to communicating with patients about the glycemic index, we made a significant improvement or I hope it's an improvement at the Norwood practice, because the partners here were annoyed with the glycemic index, because they've really struggled to explain the glycemic index to patients.

So the challenge was... it was thrown down this challenge by one of the partners here and she said, "What don't you go away and sort out the glycemic index? Why can't you give it to us in terms that patients can really understand?" And that's how we came up with the teaspoon of sugar equivalent system, where we've reinterpreted the glycemic index in terms of four gram teaspoons of sugar.

We did this because I discovered that really most patients have no idea what 20 g of glucose looks like or 40 g. In fact they have no idea what glucose looks like at all. But all of us are familiar with the four gram teaspoon of sugar and so actually the calculations are not too difficult to reinterpret the glycemic index in terms of teaspoons of sugar.

And this gives you a really easy way to talk to patients about the consequences of the dietary choices that they make so that they're in a better position to make changes. And this is how I can tell you that a slice of brown bread is equivalent in glycemc terms to about three teaspoons of sugar.

Or a baked potato, a small baked potato is equivalent to 6 to 8 teaspoons of sugar. Or the thing that really surprised me is 150 g of boiled rice is exactly the same in terms of your blood sugar as 10 teaspoons of sugar. Now these teaspoons of sugar equivalents a really great fast way for patients to grasp the choices that lie before them.

And that you're putting them in a much better position to make a positive choice to perhaps have, I don't know, full fat yogurt and blueberries rather than a bowl of cornflakes, because they can see it's going to make a difference. For the patients with a blood sugar meter, of course, that's great because they can check up.

I really encourage them to experiment, try. But be honest, when you're using a blood sugar meter use it, say, an hour, an hour and a half after your meal and not in the fasting state, which is what so many of them do.

So really that was a quick explanation of how it is that the... first of all the glycemc index and secondly this teaspoon of sugar equivalent system can be very useful to communicate with you patients, giving them information that they can use when making dietary choices. And again we'll put with this video a link to the publication, because this was published last year. Thank you.