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Nutrition Matters

June 2009

Hello and welcome to the June edition of Nutrition Matters, a quarterly newsletter produced by Melbourne Dietetic Centre for hospitals to support optimal nutrition practices.

The professional dietitians at Melbourne Dietetic Centre compile the dietetic insights offered in this newsletter. In this issue, we look at the nutritional management of diabetes in the elderly.

Nutritional Management of Diabetes in the Elderly

Both the average life expectancy and the prevalence of diabetes are increasing, with 17.9% of Australians between 64-75 and 23% of those aged above 75 years diagnosed with diabetes.¹ Several studies have demonstrated that some hospitals and aged care facilities are failing to provide optimal nutritional management of diabetes in the elderly.² This may be partially due to diabetes guidelines rarely addressing care issues specific to the elderly. Over the past few years, a number of associations have devised elderly specific guidelines for the nutritional management of diabetes to help to clarify this issue.

The National Diabetes Strategy & Implementation Plan suggests that special considerations are necessary in the nutritional management of diabetes in the elderly.³ This is not to say that there is one diabetes management plan to suit all older adults, as the needs of the elderly should be considered on an individual basis with special consideration of physical and mental status. Elderly people with diabetes should be periodically assessed, and a treatment plan tailored and implemented to suit their individual needs and lifestyles.⁴ For some, tightly controlled blood glucose levels will not feature as a

major health priority, with greater importance placed on prevention of acute illness and maintaining quality of life.

Diabetes Australia reports that the management of diabetes amongst the elderly often involves different objectives to treating the same condition in younger patients,

and moderate amounts of healthy fats. Regular consumption of a good well balanced diet has been shown improve blood glucose management, general wellbeing and assist with weight maintenance.⁵

The American Diabetes Association discourages the enforcement of dietary restrictions on elderly people with diabetes, as specialised diabetic diets do not appear to be more effective than normal diets in the management of diabetes among older people.⁶ Furthermore, the limitations of food choices, and reduced taste or familiarity of the food resulting from dietary restrictions can increase their risk of becoming dehydrated or malnourished.⁶ Older underweight people with type two diabetes experience higher rates of morbidity and mortality than their overweight counterparts.⁶ Health professionals should therefore carefully consider the decision to recommend weight loss for elderly patients with diabetes who are overweight.

The glycaemic index (GI) is a measurement of the body's blood glucose response to the consumption of a carbohydrate food.⁷ A listing of food products and their GI can be accessed at www.glycemicindex.com. Foods that are



usually placing greater focus on the reduction of diabetes-related complications. Diabetes Australia highlight the importance of nutrition in the prevention of complications, and recommend older people with diabetes to base their diet on the Australian Dietary Guidelines. These guidelines encourage the consumption a variety of nutritious foods, including ample high fibre carbohydrates

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classified as high GI are digested and broken down into glucose significantly faster than low GI foods. ⁷ For people with diabetes, low GI carbohydrates promote more steady blood glucose control, helping to avoid potentially harmful extreme highs and lows in blood glucose levels. ⁷ High GI foods do not need to be excluded from a diabetic diet all together, as the combination of low GI foods with high GI foods will result in a moderate GI meal. ⁶ Conversely, people with diabetes should be encouraged to include low GI foods in preference of high GI products wherever possible, ideally including at least one low GI food at each meal. ⁶ The traditional view that people with diabetes must strictly avoid sugar is no longer considered as important for the elderly and moderate amounts such as sugar in a cup of tea or on breakfast, or ordinary jam on toast has not been shown to be problematic. ⁶

It is therefore now recommended that elderly patients and residents of aged care facilities are provided with the standard menu as opposed to a separate diabetic menu, provided the amount and timing of carbohydrates is regular and consistent. ⁶ To date there has been no conclusive evidence to support the exclusion of added sugar or sugar concentrated food or drink items from the dietary intake of the elderly, therefore regular dessert and snack options are appropriate selections for this population group. ⁶

Owing to the complexity of nutrition, it is recommended that an Accredited Practising Dietitian, is involved in the development and implementation of personalised diabetes management plans for

elderly patients and residents. All members of a clinical team, including care staff should be knowledgeable in the appropriate nutritional management of diabetes in the elderly to ensure appropriate and consistent care. A dietitian can assist in staff education and training of this kind.

References:

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Hospitals in the News

“Despite improvements in the rates of treatment and glycemic control, approximately half of elderly patients diagnosed with type 2 diabetes mellitus have hA1C levels of 7% or higher.”⁽¹⁾

Evidence is mounting that older people with diabetes have needs over and above those related to management of the metabolic disturbance (diabetes) and its complications⁽²⁾. A correlation is also being seen between high sugar levels and poorer brain function⁽³⁾.

Studies are now promoting a comprehensive geriatric assessment and tailored diabetes management plan⁽²⁾ for elderly people with diabetes in addition to existing management by the GP and dietitian.

Melbourne Dietetic Centre can provide Accredited Practising Dietitians, experienced in aged care and the acute setting to assist in the nutritional management of diabetes in the elderly.

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2. Sinclair, A.J., Conroy, S.P., & Bayer, A.J. (2008). Impact of Diabetes on Physical Function in Older People. *DiabetesCare*, Volume 31, Number 2.
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About MDC

Melbourne Dietetic Centre is the largest private practice of professional dietitians in Victoria. MDC has provided professional and accredited Dietetic Services to hospitals, individuals, aged care facilities, government, community and corporate groups since 1982, and are leaders in the area of Nutrition and Dietetics

Our team of 14 professional dietitians share a strong commitment to providing dietetic services that are of an exceptionally high professional standard. Our commitment to customers is to ensure Best Current Practice for patients, and to provide leadership for continuous quality improvement.

Why Choose an MDC Dietitian?

- Although acting as a sole dietitian in your hospital, your dietitian will have the ongoing support of a large, expert team who are leaders in dietetics & nutrition
- We take care of all dietitian HR and provide cover dietitians during leave
- We take care of Continuous Professional Development and Quality Assurance to ensure Best Practice and better patient outcomes
- We ensure our dietitians are qualified with the DAA and APD program and have the level of expertise to provide an outstanding service
- All MDC dietitians are fully insured and have work cover

What MDC Can Provide For Your Hospital

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- Group services / education
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- Menu reviews
- Food service education
- Individual consultations for out-patients

Additional MDC Services

- Individual consulting
- Aged care services
- Presentations and workshops
- Nutrition auditing
- Nutrition and hydration policy development
- Corporate programs and services



Meet The Team

Denise is an Accredited Practising Dietitian, specialising in diabetes management. Denise has comprehensive education having completed a Bachelor of Nutrition & Dietetics at Monash University and a Graduate Certificate in Diabetes Education at Deakin University.

Denise practices in a range of settings within Melbourne Dietetic Centre including: 1:1 consulting in the community at our Balwyn rooms, hospital consulting, home visits for elderly, menu reviews, nutrition in-services for staff and group nutrition education. Denise also works as one of the MDC oncall dietitians responding to individual situations in nursing homes and hospitals and the community as required.

Denise enjoys working with individuals and facilities to improve overall nutrition and hydration systems and individual outcomes.

When not working, Denise enjoys being active and getting outdoors, cooking and spending time with family and friends.



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