

# GI News

1 March 2007

## GI News—March 2007



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*'History will undoubtedly record December 20th 2006 as the turning point in the fight against diabetes. On this day the United Nations General Assembly passed a landmark resolution recognising diabetes as a chronic, debilitating and costly disease associated with major complications that pose severe risks for families, countries and the entire world.'*

— Professor Martin Silink, President, Intl Diabetes Federation

### **Digg and help prevent diabetes**

Reaching a billion people around the world with the diabetes prevention and care message is the International Diabetes Federation's goal. Our goal is a little more modest (like our budget). But if you digg our diabetes story in 'Food for Thought' this month you can help spread the word by putting diabetes on 'Digg's' front page.



What's digg? It is a community-based news website. Stories are submitted by users (any one of you), and then promoted to the front page through a user-based ranking system. When a story receives enough "diggings" it is promoted to the front page where it reaches many thousands of people. So digg and help someone turn back the clock. Here's what you do:

1. Click on the 'digg this story' button at the top of the reducing diabetes risk story.
2. Register (if you haven't already) – to make your digg count.

**GI News Editor:** [Philippa Sandall](#)

**Web Design and Management:** [Scott Dickinson](#)

Posted by GI Group at [10:13 AM](#) [5 comments](#) \_\_

## **[Food for Thought](#)**

### **Diabetes: 10 ways to reduce your risk**



It's never too late to make a difference. Living well with diabetes and reducing your risk of complications or turning back the clock if you have pre-diabetes doesn't mean being on a 'diet'. It means eating nutritious foods, making smarter food choices, and making the effort to move more. In the last decade research has yielded overwhelming evidence that lifestyle changes such

as these can make a real difference to your risk of developing diabetes and to the quality of your health if you already have it. These tips from [The Diabetes and Pre-diabetes Handbook](#) by Prof Jennie Brand-Miller, Kaye Foster-Powell, Prof Stephen Colagiuri and Alan Barclay (Hachette Australia) will help you lower your risk of heart disease as well as helping you feel great and have more energy overall.



**1. Reduce how much you eat.**

For most people with type 2 diabetes and pre-diabetes, the first priority has to be reducing body weight and that means reducing how much you eat. You don't have to lose a lot of weight for it to help – 5-10% will make a difference. Key foods to reduce are those high in saturated fats and/or added sugars, and alcohol. This doesn't mean just downsizing your daily chocolate bar from king size to standard. It means saving the chocolate bar for very special occasions only.

**2. Cut back on saturated fats and cholesterol.**

This is absolutely essential for everyone with type 2 diabetes. You must get and keep your LDL (bad) cholesterol down. Don't obsessively avoid high cholesterol eggs and prawns (shrimps). It's the saturated fats in those lamb chops and chocolate chip cookies that are having the greatest effect on your cholesterol levels. If you've been eating healthily and doing regular exercise for at least three months and your cholesterol levels still haven't improved, talk to your doctor about cholesterol-lowering medications. A practical intermediate step may be to try one of the reduced fat margarines that have added phytosterols for a further three months. Provided you can eat the 4–5 teaspoons a day of margarine without gaining weight, these margarines can reduce your blood cholesterol levels by around 10%.

**3. Modify your carbohydrate intake.**

This means thinking about carb quality and quantity and getting familiar with the sources and amounts of carbohydrate in your diet. There's no point buying the '99% fat free' product if it packs in 120 g of high GI carbs per serving (See November 2006 *GI News* for [The low-down on reducing the GI of your diet](#)'). For carb quality, make sure that you are eating the low GI ones as much as possible. As for quantity, 50–60 g of carbohydrate at any one sitting is a good average. Replacing some carbohydrate in your diet with

monounsaturated fat can reduce your post-meal blood glucose levels and lower your triglycerides, but you have to be careful with this. Too much added fat may lead to weight gain. Talk to your dietitian about the proportion of fat to carbohydrate that's right for you.

4. **Eat more regularly.**

Whether you want to eat three meals a day or small meals plus snacks is up to you. However, if you use insulin or take medication that stimulates insulin production from your pancreas, it will be helpful if you can maintain some consistency in the times you eat your meals and the amount of carbohydrate you eat at those meals. A regime of multiple insulin injections usually gives you more flexibility in your food intake.

5. **Increase your protein intake, but don't go overboard.**

Protein won't increase your blood glucose level and is valuable for satisfying appetite. The usual recommended protein intake is 15–20% of your total energy intake. Most people in industrialised societies already eat around 15%, so you could eat a little more if it takes your fancy. Legumes, fish, lean red meat and skinless chicken are good sources that pack more than just protein. But don't go overboard. High protein (greater than 25% of energy), low carbohydrate diets may not be safe in the long term for managing diabetes. People with kidney disease (about 1 in 3 people with diabetes) should avoid a high protein intake, because research shows that a more moderate intake helps preserve kidney function.

6. **Eat more of the healthy foods (such as fruit and vegetables).**

It isn't all about cutting back. Most people don't eat anywhere near enough of these foods. Fresh, dried and canned fruits are all suitable, and you can eat as much as you like of most non-starchy vegetables (leafy greens, carrots, tomatoes, onions, etc).

7. **Cut back on salt.**

Chances are you've got high blood pressure too. Reducing your sodium intake by not adding salt to food when cooking or at the table, and choosing salt reduced or low salt foods at the supermarket, is a great start. If you think you have done this but your blood pressure is still high, you might need medication as well. See your doctor for further advice.

8. **Be active every day**

Regular moderate physical activity is essential for managing diabetes or pre-diabetes and for reducing heart disease risk. Doing housework or gardening, or going for a brisk walk on a regular basis, all count towards increasing your activity level. Boosting them with regular, moderate-intensity exercise sessions can help you manage your blood glucose levels and reduce the risk of diabetes complications and heart disease. How does it work? Exercise and activity increase glucose and insulin uptake and can:

- Help lower your blood pressure
- Reduce your heart attack risk
- Reduce your insulin requirements
- Help you stop smoking

- Help you manage your weight
- Increase your levels of good (HDL) cholesterol
- Help keep your bones and joints strong
- Improve your mood
- Ease depression
- Increase your stamina, and
- Increase your flexibility

**9. Don't smoke. If you do, quit**

Smoking is most often associated with lung and other cancers, but it may also increase the risk of developing pre-diabetes or type 2 diabetes, and many of the common complications of diabetes. In addition, smokers have more than twice the heart attack risk of non-smokers and are much more likely to die if they suffer a heart attack. Research has shown that smoking just one cigarette reduces the body's ability to use insulin by 15%! After a cigarette it takes 10–12 hours before the insulin resistance starts to improve.

**10. Limit your consumption of alcohol**

Like most things in life, moderation is the key. One or two drinks each day may actually help prevent or delay the development of diabetes, and some of its more common complications, by decreasing insulin resistance. It may also decrease the risk of developing heart disease, by providing small amounts of powerful anti-oxidants and thinning the blood. On the other hand, excessive amounts of alcohol may increase the risk of pre-diabetes and diabetes by contributing to weight gain – particularly if your drinking goes along with eating energy-dense foods. If you have diabetes or pre-diabetes, it's important to limit your consumption of alcohol to no more than one standard drink a day if you are a woman and two standard drinks if you are a man.

Posted by GI Group at [10:13 AM](#) [9 comments](#) [\\_\\_](#)

**[GI News Podcast](#)**

**Introduction to the *New Glucose Revolution* 3rd edition**

US publisher of *The New Glucose Revolution*, Matthew Lore, has type 1 diabetes. Here he talks about how he manages his diabetes, how the glucose revolution and understanding the GI has helped him, the foods he eats and why the GI is applicable to everybody, every day, every meal.



Matthew Lore

Play the Podcast above or download here 

Posted by GI Group at [10:12 AM](#) [5 comments](#) \_

## [GI News Briefs](#)

### **Man's best friend**

Keeping a dog can prevent you from becoming ill, help you recover from ill health, and even alert you that you are suffering from certain types of illness according to Dr Deborah Wells from Queens University, Belfast. Writing in the *British Journal of Health Psychology* she says that although pet owners tend to be healthier in general, it's dogs that really make a difference. In her overview of published research exploring the relationship between dogs and our health and well-being she found that dog owners had lower blood pressure and cholesterol, fewer minor physical ailments and were less likely to have more serious medical problems. Dogs may also help you recover from illness – even a heart attack. How come? 'It is possible that dogs can directly promote our well-being by buffering us from stress, one of the major risk factors associated with ill-health. The ownership of a dog can also lead to increases in physical activity and facilitate the development of social contacts, which may enhance both physiological and psychological human health in a more indirect manner,' she says.

– *British Journal of Health Psychology* Volume 12, Number 1, February 2007 (pp 145-156) and press release



### **Turning back the clock**

Losing weight and exercising are as effective as drugs to prevent or delay type 2 diabetes for people with [impaired glucose tolerance](#) (IGT) writes Prof Keith Abrams and colleagues from Leicester University in the *British Medical Journal*. For their meta-analysis, the team reviewed 17 randomised controlled trials (8084 participants in total) measuring the effects of different interventions including lifestyle changes, diabetes drugs, and anti-obesity drugs. They found that switching to a healthier diet and increasing exercise is as effective as taking prescription drugs to reduce the rate of progression to diabetes in people with IGT. But the lifestyle changes, like the medications, need to be sustained to prevent the onset of diabetes.

– *BMJ*, doi:10.1136/bmj.39063.689375.55 (published 19 January 2007).



### **15 minutes exercise a day can help ward off diabetes**

‘Many people can fight type 2 diabetes through diet and exercise alone,’ says Professor John Thyfault University of Missouri-Columbia. In a new study to be published in the *American Journal of Physiology-Cell* he reports that acute exercise – as little as 15 minutes a day can have a profound influence on preventing and fighting diabetes. ‘It is important to ward off diabetes early. Exercise has proven to be effective at all levels. At any stage of type 2 diabetes, from an obese child to a person dependent for 20 years on insulin injections, exercise could have a dramatic effect on improving insulin sensitivity.’ His study found that relatively short periods of acute muscle exercise in diabetic rats significantly increased insulin sensitivity in the muscles. Since 80 to 90% of all glucose goes into muscle after a meal, it is reasonable that more active muscles on a day- to-day basis will result in increased insulin sensitivity, Thyfault said. ‘In relation to a person with type 2 diabetes, this would mean that they could lessen their dependence on insulin therapy to control their blood glucose levels or potentially control glucose levels without any drug by just increasing their daily activity levels in addition to the right diet.’

– News release, University of Missouri-Columbia, 9 February 2007



**Eat beans, lentils and tofu often**

Here at the GI Group we never stop saying that people with diabetes should learn to love lentils and other legumes (pulses). So we welcome Canada's new [Food Guide](#) that recommends people eat beans and other 'meat alternatives such as lentils and tofu often' to minimise the amount of saturated fat in their diet – legumes are in the meat and alternatives group in this guide. And minimising saturated fat is very important. Don't get us wrong. But more than 2 million Canadians have diabetes and this is expected to rise to 3 million by the end of the decade. So it would also have been nice to see the latest guide shout from the treetops that legumes are actually very smart carbs too and are a great alternative to high GI starchy carbs like potatoes. In fact, they reign supreme as low GI foods and eating them often helps you manage your blood glucose levels. GI Group's Kaye-Foster-Powell says: 'They are a very important part of a low GI diet, which is why it's a good idea to include them in your meals at least twice a week. If you are vegetarian, you should eat them in some form most days. They are easy on the budget, versatile, filling, low in calories/kilojoules and nutritious.'

This Roasted Beetroot and White-bean Salad with Balsamic Dressing is from the *Low GI Vegetarian Cookbook*.



Photo: Ian Hofstetter

### **Trans fats alternatives now in the firing line**

Trans fats (partially hydrogenated oils) have been in the firing line from health professionals in recent years because the evidence clearly shows that they are as harmful for your health as saturated fats raising LDL (bad) cholesterol, lowering HDL (good) cholesterol and contributing to heart disease. New York City restaurants are now banned from using them and many producers of commercial products such as cookies, crackers, pies, doughnuts, and French fries are abandoning them.

A popular alternative for the food industry has been interesterified fats. Interesterification which rearranges the position of individual fatty acids on the fat molecule to generate a stearic acid-rich fat is fast becoming the method of choice to modify fats in foods that require a longer shelf life because this process hardens fat similar to oils containing trans-fatty acids.

But interesterification can alter metabolism in humans reports a new study. In fact these fats may actually be more detrimental to human health than the fats they replace according to Prof K C

Hayes and colleagues from Brandeis University with the Malaysian Palm Oil Board and published online in *Nutrition & Metabolism*. They found that interesterified fats raise blood glucose (20% in a month) and depress insulin. Furthermore, like trans fat, they still adversely depress HDL-cholesterol.



Professor Hayes

The researchers compared trans-rich and interesterified fats with an unmodified saturated fat, palm olein, for their effects on blood fats and blood glucose. Thirty volunteers consumed all three diets in random rotation over four-week diet periods.

‘In this study we discovered that trans fat also has a weak negative influence on blood glucose. The newer replacement for trans, so-called interesterified fat, appears even worse in that regard, raising glucose 20% in a month,’ said Hayes. ‘This is the first human study to examine simultaneously the metabolic effects of the two most common replacement fats for a natural saturated fat widely incorporated in foods. As such, it is somewhat alarming that both modified fats failed to pass the sniff test for metabolic performance relative to palm olein itself,’ noted Dr Kalyana Sundram.

– *Nutrition & Metabolism* 4 (3), 2007, doi: 10.1186/1743-7075-4-3 and Brandeis University news release

### **Tossing and turning**

According to The Gallup Organization, 49% of adults in the United States do not sleep well for at least 5 nights a month, 10–40% have intermittent insomnia, and 10–15% have long-term sleep difficulties. Popular remedies for sleep difficulties include sedatives and tranquillisers, herbal extracts and complimentary medicines, massage and relaxation techniques, regular physical activity, and avoidance of stimulants such as caffeine before sleeping. Both the timing and content of meals are also known to influence sleep. In November 2005, we reported on a small study presented at the 2005 Australasian Sleep Association Conference by University of Sydney Faculty of Health Science PhD student, Ahmad Afaghi. His research found that a high GI meal (jasmine rice) with a low protein content eaten four hours before bedtime cut the time needed to get to sleep compared with a comparable meal made with a low GI rice. It took the people who ate the high GI meal an average of 9 minutes to fall asleep but 17.5 minutes for those who ate the low GI meal. This study, now published in the *American Journal of Clinical Nutrition*, concludes by saying that: ‘The fact that a simple manipulation of food intake can significantly improve sleep onset lends itself to a possible convenient, inexpensive, and non-invasive therapy for treating difficulty with sleep initiation. Future research that explores the potential benefit of manipulating the GI or GL of meals for persons with sleep disturbance is warranted.’



**GI Group:** ‘It makes sense from a physiological point of view,’ says Prof Jennie Brand-Miller. ‘Glucose levels affect the level of tryptophan in the blood and therefore serotonin in the brain.’ However, it’s very early days and needs to be confirmed by larger, long-term studies before recommending people with sleep problems, many of whom may well have diabetes or pre-diabetes, start experimenting with high GI meals.

Posted by GI Group at [10:11 AM](#) [5 comments](#) \_\_

## **[Low GI Food of the Month](#)**

### **Eat to beat cholesterol with apples**

With high cholesterol a serious problem for many people with diabetes, we asked dietitian Nicole Senior, author of *Eat to Beat Cholesterol*, to explain why there’s a lot of truth behind the saying an apple a day keeps the doctor away and how you can enjoy more of these heart-friendly fruits.



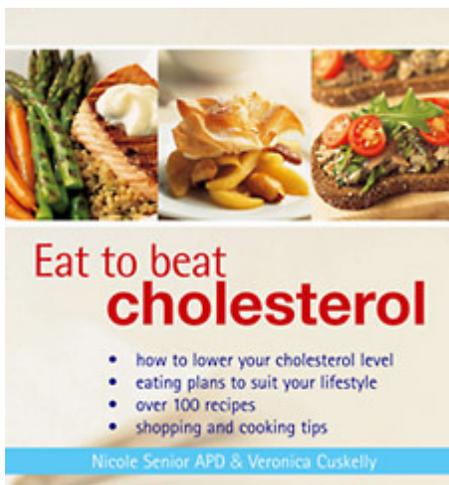
Nicole Senior

‘Apples deserve star billing for helping to lower cholesterol and keep the heart healthy,’ she said. ‘Red, green or somewhere in between, eat apples for enjoyment and for their many health benefits. They have a low GI (38) and a relatively low energy density, or kilojoules (calories) per gram. In effect they fill you up without being fattening. And their special combination of

phytochemicals has been shown to reduce the oxidation of cholesterol, the process that contributes to hardening of the arteries. How can you get more? Well, fresh is best to maximise nutrients and phytochemicals, however variety is the spice of life and apples are delicious baked, dried, canned and juiced. Apple juice usually has the goodness of the fibre removed, so pick whole apples rather than juice most of the time.

- Add chopped apple to traditional oat porridge with a little cinnamon and honey.
- Top hot fruit toast with unsaturated margarine spread, cinnamon, sugar and sliced fresh apple.
- Add quartered green apple to a platter with low-fat ricotta dip, oven-baked pita chips, dates and dried apricots
- Saute sliced apple with cabbage as a side dish – serve with hot and cold white meats.
- Add chopped apple to curries, such as beef, lamb, chicken, vegetable or chickpea curry.’

*Eat to Beat Cholesterol* is a book that will help you tip the balance towards a healthy heart as you discover the wonderful world of heart (and diabetes) friendly foods. There are around 100 recipes with nutrition information (including low and moderate GI recipes), heaps of made-in-minutes quickies, shopping and cooking tips plus meal plans including a ‘snatch and grab’ plan of assemblages and healthy takeaways for the time-poor.



[Click on the book cover to buy](#)

### **Apples topped with scrunched filo and maple syrup glazed Brazil nuts**

Enjoy your apple a day with this high fibre, low-medium GI dessert. The secret is in the gentle cooking of the apples.

Preparation time: 15 minutes; Cooking time: 40 minutes; Serves 2



2 x 200 g/7 oz cooking apples  
2 teaspoons salt-reduced margarine spread  
4 teaspoons 100% pure maple syrup  
2 teaspoons lemon juice  
¼ cup (60 ml/2 fl oz) water  
6 small brazil nuts  
1 sheet commercial filo pastry, chilled  
A little icing sugar for sifting (about ¼–½ teaspoon)

1. Preheat oven to moderate 180°C/350°F and line a baking tray with baking paper.
2. Peel, core and slice each apple into 12 wedges.
3. Heat the margarine spread in a non-stick frying pan over a low heat and arrange the apples in the pan in a single layer. Pour over 2 teaspoons of the maple syrup and the lemon juice. Cook the apples, moving them around to cook evenly and turning only once, for 35 minutes or until golden and tender. Add a little water during cooking if needed.
4. Place the water and the other 2 teaspoons of maple syrup in a small non-stick pan over a medium heat and bring to the boil. Add the brazil nuts and continue to boil until the sauce has almost evaporated (be careful not to let it boil dry) and the nuts are glazed, 2–3 minutes. Set aside.
5. Cut the sheet of filo pastry in half and scrunch each half up roughly. Place on the prepared baking tray and sift a little icing sugar on to each pastry piece. Bake for 1–2 minutes or until the filo is light golden.
6. Arrange the apple on serving plates with the filo and brazil nuts on top.

#### **Nutrition analysis per serve**

Energy 997 kJ/238 Cal; 11 g fat (includes saturated fat 2 g); 4 g fibre; 3 g protein; 35 g carbohydrate

Posted by GI Group at [10:11 AM](#) [0 comments](#) \_\_

[\*\*Low GI Recipe of the Month\*\*](#)

### **Eat for life and pleasure**

Healthy can also mean total taste sensation and that's what the recipes this month reproduced from *Healthy Food Guide* deliver. This monthly magazine was specifically created to help us eat for life and pleasure. Written by dietitians and guided by an editorial board of acknowledged experts, it gives simple answers to important questions on diet and nutrition explaining the proven scientific links between nutrition and health in everyday language. Every month the magazine is packed with delicious dishes using affordable ingredients and simple preparation. If you love this month's recipes in *GI News* and would like to try more, check out the exclusive offer for Australian-based *GI News* readers who subscribe to *Healthy Food Guide's* NEW SUBSCRIBER [special offer](#).

AUSTRALIAN  
**healthyfood** GUIDE  
EAT FOR LIFE & PLEASURE



### **Tandoori vegetables with cucumber yoghurt**

*GI News* readers are always on the lookout for healthy ways to enjoy a moderate serving of potatoes. Here's a very tasty option using yoghurt and chickpeas to substantially reduce the overall GI of the meal. It's a complete meal in itself, but you may like to enjoy it as an accompaniment to tandoori chicken or lamb cutlets.



**Serve 4 as a main** (6 as a side dish)

Time to make: 45 minutes plus marinating time

400 g (14 oz) pontiac potatoes, washed and cut into 2 cm (3/4 inch) slices

200 g (7 oz) low fat plain yoghurt

4 tablespoons tandoori paste

300 g 10½ oz) eggplant (aubergine), cut into 3 cm (1¼ inch) thick slices

100 g (3½ oz) green beans

Vegetable oil spray

400 g (14 oz) canned chickpeas, drained and rinsed

### **Cucumber yoghurt**

1 Lebanese cucumber, grated

Pinch salt

100 g (3½ oz) low fat plain yoghurt

1. Microwave potato slices on high (100%) for 3–5 minutes, until half cooked. In a small jug, whisk together the yoghurt and tandoori paste.
2. Set aside 2 tablespoons of tandoori mix for later, and use the remainder to coat the eggplant and potato. Place in the fridge for 30 minutes. Coat beans with reserved tandoori mix and marinate all vegetables for a further 10 minutes.
3. Preheat oven to 200°C (400°F). Line a roasting dish with baking paper and spray with oil. Add eggplant and potato; bake for 20 minutes. Add beans and cook for a further 10 minutes.
4. Meanwhile, combine cucumber and salt and set aside for 5 minutes. Squeeze out any excess liquid. Mix with the yoghurt.

### **Nutrition analysis per serve**

Energy 978 kJ/ 233 Cal; 3.4 g fat (includes saturated fat 0.4 g); 7.5 g fibre; 12.8 g protein; 33.4 g carbohydrate

### **GI Express: Chicken, broccoli and basil red curry stir-fry**

If you wanted to reduce the fat a little, try coconut-flavoured evaporated milk instead of coconut milk. It still makes a very tasty dish, although the flavour isn't quite as authentic.

### **Serves 4**

Cooking time 8–10 minutes



Vegetable oil spray

300 g (10½ oz) chicken thigh fillets, thinly sliced

2 teaspoons red curry paste

¼ cup (60 ml) water  
½ cup low fat coconut milk  
2 heads (approx 350 g/12 oz) broccoli, cut into small florets  
½ cup picked basil leaves  
4 green (spring) onions (shallots), thinly sliced  
1 teaspoon soy sauce

**To serve**

Steamed basmati rice

Heat a wok on high heat and spray well with vegetable oil spray. Add chicken and red curtry paste. Fry for 1–2 minutes until paste is fragrant. Add water and coconut milk and simmer for 2 minutes. Add broccoli and toss. Cook for 3–4 minutes until broccoli starts to soften. Add basil leaves, green onions and soy sauce. Cook a further minute. Serve with steamed rice.

**Nutrition analysis per serve**

Energy 1739 kJ/ 414 Cal; 12 g fat (includes saturated fat 4.4 g);5 g fibre; 22.5 g protein; 50 g carbohydrate

If you would like to receive the *Healthy Food Guide* editor's free e-newsletter and tips and recipes not published in the magazine, go to [www.healthyfoodguide.com.au](http://www.healthyfoodguide.com.au)

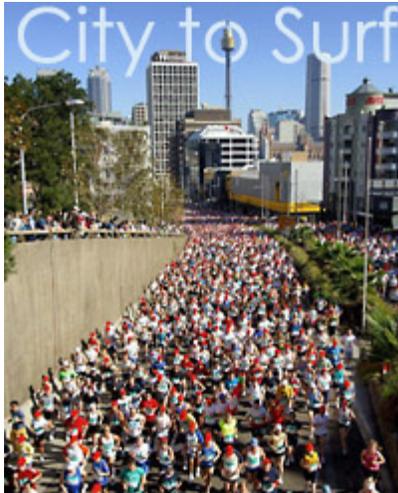
Recipes and pictures reproduced courtesy of *Healthy Food Guide Magazine*.

Posted by GI Group at [10:10 AM](#) [2 comments](#) \_\_

**[Your Success Stories](#)**

**‘With my family’s support and humour, I control and manage my diabetes well.’ – Muthukrishnan**

The managers of my workplace insisted that people were their best asset, and to prove their point they provided a health assessment for their staff. I took one in May 1998, and my urine sample turned out sugary. I was advised to consult my GP as soon as possible. I came home and told my wife and daughters that my health was perfect except for a bit of sugar the in the urine streams and that I had been asked to see my GP. My wife took my medical condition very seriously. Her father had died at 59 due to diabetes. After the final warning in October 1998, I went to see my GP. After the blood tests, I was formally diagnosed with diabetes. At 178 cm and weighing 75 kilos, I was advised to shed 5 kilos. I shed 3.5 kilos over two years through a strict diet and exercise regime. During a routine eye inspection in December 1998, my left retina was found to have developed a cataract due to my diabetic condition. On my wife’s insistence, I finally underwent an operation in September 1999 where a plastic lens was implanted.



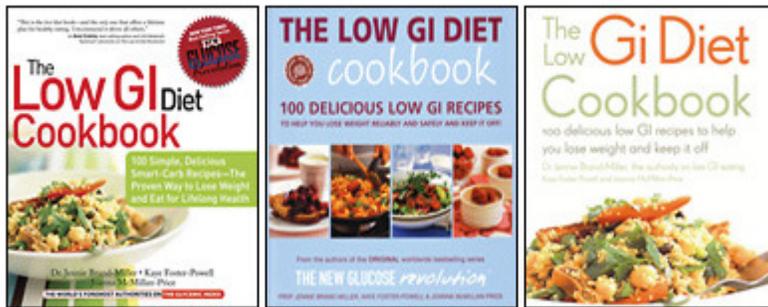
Ever since I became a diabetic, my food tastes have revolved round the glycemic index. My latest results indicate very good self control, but I have to regularly monitor it. Exercise is also an important factor in tackling diabetes. I walk six to eight kilometres a day. I competed in my first Sydney City to Surf (Sydney city to Bondi Beach, Australia) 14 kilometre run in 2004 at the prime age of sixty, although it was more fun than run. I clocked 152 minutes. I am aiming to do it in under 120 minutes in future.

I rigidly follow all the do's and don'ts for diabetics. Most days I feel fantastic. With my family's support and humour, I control and manage my diabetes well. Oh, to be a diabetic. I am fitter than ever before. I am having a lot of fun, too.

**Inspire others. Share your GI story.**

If healthy eating the GI way has made a difference to your life by helping you achieve blood glucose control or lose weight, **please share your story** with readers of *GI News*. It's the real life success stories that give people the motivation they need to get started and help them appreciate that they are not alone. Just click anywhere in this text box to share your story. As a thank you, we will send you a copy of *The Low GI Diet Cookbook* or *The Low GI Vegetarian Cookbook* if your story is published in *GI News*.

We'll send you a free copy of *The Low GI Diet Cookbook* or *The Low GI Vegetarian Cookbook* if your story is published.



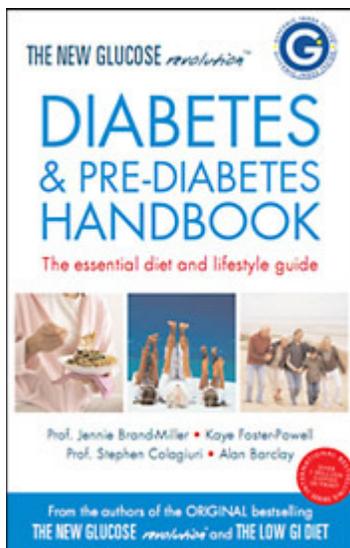
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## [Books, DVDs, Websites: What's New?](#)

### **The Diabetes and Pre-diabetes Handbook**

Prof Jennie Brand-Miller, Kaye Foster-Powell, Prof Stephen Colagiuri and Alan Barclay

In the last decade research has yielded overwhelming evidence that lifestyle changes such as maintaining a healthy eating plan and increasing exercise can make a real difference to your risk of developing diabetes and to the quality of your health (and your life) if you already have it. And that's what this book is about.



If you only buy one book on managing your diabetes, make it this one. It is the definitive book on managing diabetes covering type 1, type 2, gestational and pre-diabetes showing you clearly and simply how to:

- turn back the clock and prevent pre-diabetes developing into diabetes
- manage your diabetes and reduce your risk of complications
- improve your insulin sensitivity

- increase your cardiovascular health
- maintain your blood glucose levels
- control your weight

Find the answers you need from experts who have counselled thousands of people with diabetes.

The authors of *The New Glucose Revolution* and *The Low GI Diet* have translated the current scientific evidence about managing and preventing diabetes into an accessible, practical resource, giving you the information you need to use to discover what works best for you.

Whether you have pre-diabetes, type 1 diabetes, type 2 diabetes, or gestational diabetes, this book has something for you.

Kaye Foster-Powell talks about *The Diabetes and Pre-diabetes Handbook*.

For more information and purchasing check out the [official site](#) for the book.

Posted by GI Group at [10:08 AM](#) [0 comments](#) [\\_](#)

## **[Feedback—Your FAQs Answered](#)**

### **What's the GI of farro? I understand it is not the same as spelt.**

Farro (emmer) and spelt are older varieties of wheat that were replaced by higher yielding varieties that are easier to hull. Neither farro nor spelt (grains or flour) have been GI tested. However, we do know the GI of some breads made with spelt and the results are similar to other breads – if there are lots of visible grainy bits, the GI is lower. For more on why some wholegrains have a low GI and not others, check out December GI News.



### **I have a hankering for the palm or rock sugar Asian desserts of my childhood. Do you think that the mung or adzuki beans in these desserts would lower the GI?**

Palm sugar and rock sugar haven't been GI tested. Adding mung or adzuki beans may lower the GI of these types of desserts but by how much will depend on the relative amounts of sugar and beans and on the other carb-containing ingredients in the recipe. Let go the guilt and satisfy that hankering. You can enjoy treats such as these wonderful Asian desserts in moderation as part of

a healthy overall diet. And remember, not everything you eat has to have a low GI. Our dietitians say that while you'll benefit from eating low GI carbs at each meal, this doesn't have to be at the exclusion of all others.



**I am breastfeeding a 3-month-old and am trying to get back to eating low GI foods, but sweet potato seems to be causing my baby a lot of wind pain.**

It's unlikely the sweet potato is causing wind pain. More likely to be coincidental. However, a windy baby isn't easy. While breastfeeding, maybe try small servings of baby new or chat potatoes dressed with vinegar or lemon juice and herbs and see if that helps baby's burps. You can also mash some white beans in with potato (50/50) to reduce the GI. But again keep servings small. You may like to have a chat to your baby health nurse re baby's wind.



Posted by GI Group at [10:08 AM](#) [1 comments](#) \_\_

## **[GI Values Update](#)**

**Weight management snacks and powders**

<b>Shaklee weight management bars</b>	<b>GI</b>	<b>Serve</b>	<b>Carbs</b>	<b>GL</b>
Chocolate	29	31 g	12 g	4
Peanut butter	22	31 g	12 g	3
Lemon	23	31 g	12 g	3

<b>Cinch™ weight management powders</b> (prepared with skim milk)	<b>GI</b>	<b>Serve</b>	<b>Carbs</b>	<b>GL</b>
Chocolate	16	250 mL	31 g	5
Vanilla	22	250 mL	29 g	6
Cafe Latte	27	250 mL	31 g	8

For more information on Shaklee products: [www.shaklee.com](http://www.shaklee.com)

### **Where can I get more information on GI testing?**

#### **North America**

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### **Where can I get more information on the GI symbol program?**

The GI symbol on a food is a guarantee that the stated GI value is reliable and that the food is a

healthy choice in its food group. To earn certification, foods that carry the symbol must be a good source of carbohydrate and meet a host of other nutrient criteria including kilojoules (calories), total and saturated fat, sodium (salt), and where appropriate, dietary fibre and calcium. The GI Symbol Program is a public health initiative run by Glycemic Index Limited, a non-profit company whose members are the University of Sydney, Diabetes Australia and the Juvenile Diabetes Research Foundation.



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