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Research Article

**EFFECT OF LOW CARBOHYDRATE DIET FOR DIABETES  
MELLITUS MANAGEMENT**<sup>1</sup>Dr Adeela Sarfraz Khan, <sup>2</sup>Dr. Maheen Zafar, <sup>3</sup>Dr Anbreen Shabbir<sup>1</sup>Basic Health Unit Aliwah, District Vehari (PHFMC), <sup>2</sup>Bahawal Victoria Hospital, Bahawalpur.**Article Received:** July 2020**Accepted:** August 2020**Published:** September 2020**Abstract:**

**Introduction:** Type 2 diabetes is characterized by a chronic metabolic disorder associated with relative insulin deficiency arising as a result of the secretion defect and / or insulin resistance. Today, the disorder is classified as a civilization disease and its incidence continues to increase.

**Objectives of the study:** The purpose of the presented study is to verify the current state of knowledge concerning usage of low-carbohydrate diets in type 2 diabetes, and to present the benefits and risks associated with the given nutrition in these patients.

**Methodology of the study:** This descriptive cross sectional study was conducted at Bahawal Victoria Hospital, Bahawalpur during June 2019 to June 2020. There was 100 patients which was visit the hospital during this time period. We assess the nutritional and economic health of patients by asking some survey questions.

**Analysis and results:** The data was collected from 100 male and females patients who visit the hospitals. The analysis of the data shows that diabetes is more common in females as compared to males. The reason is that because women have different conditions and working environment as compared to males. The relationship between dietary intake, BMI and diet quality among diabetic patients shows that people consume more protein and fat as compared to carbohydrates. Due to this reason they may suffer from other diseases parallel to diabetes.

**Conclusion:** It is concluded that carbohydrate diet has direct effect on type 2 diabetes patients. Healthy eating pattern may lead towards the control of this diseases otherwise the condition get worse.

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**INTRODUCTION:**

Type 2 diabetes is characterized by a chronic metabolic disorder associated with relative insulin deficiency arising as a result of the secretion defect and / or insulin resistance. Today, the disorder is classified as a civilization disease and its incidence continues to increase. In 2000, the number of patients with type 2 diabetes worldwide was 175 million [1]. It is estimated that by 2030 this number will increase to 336 million patients. Currently in Poland, there are at least 1.6 million people with the illness, representing 5.6% of the Polish population. Nonetheless, past research recommends that dietary adherence is seemingly among the most troublesome foundations of diabetes administration [2]. Type 2 diabetes usually occurs after 30 years of age, and its development is accompanied by numerous metabolic defects, such as hyperglycemia and disturbances in the metabolism of lipids and proteins [3]. Hyperglycemia is the cause of intensification of the processes gluconeogenesis, glycogenolysis and lipolysis, thereby increasing the concentration of acetyl-CoA; the excess is converted into ketone compounds. In addition, excessive synthesis of triglycerides and cholesterol in the liver increases the release of lipoproteins into the bloodstream. In patients with type 2 diabetes an increased concentration of low density lipoprotein (LDL), and intensified the processes of oxidation and glycation of these molecules is observed [4].

Higher HEI scores demonstrate nearer adherence to current dietary rules for singular food and supplement gatherings. For the sufficiency segments, for example, vegetables and natural product, a higher score demonstrates higher utilization [5]. Dietary proposals depend on the useful effects of devouring products of the soil and expressly stress their constructive outcomes of decreasing corpulence and certain sorts of growths. The last three segments of the HEI incorporate refined grains, sodium, and discharge (calories from strong fats, liquor, and included sugars) and a higher score demonstrates bring down utilization [6].

According to the present Polish food pyramid, the traditional diet involves consuming large quantities of carbohydrates in the form of whole grains and no grain cereal products. Simultaneously, dietary recommendations include a significant amount of fruits and vegetables. At the top of the pyramid are the foods rich in protein and fats. Experts also attribute an important role to daily physical activity. A properly composed diet should contain specific nutrients, such as carbohydrates, proteins and fats in appropriate

proportions. Diabetes is considered to be one of the most common disease in Pakistan. Almost every 4<sup>th</sup> individual is suffering from this disease, but the environment of Pakistan does not allow the people to control their sugar level in daily routine. The reason is that because we are habitual of eating a lot of protein and fat in our daily diet [7].

**OBJECTIVES OF THE STUDY:**

The purpose of the presented study is to verify the current state of knowledge concerning usage of low-carbohydrate diets in type 2 diabetes, and to present the benefits and risks associated with the given nutrition in these patients.

**Methodology of the study:**

This descriptive cross sectional study was conducted at Bahawal Victoria Hospital, Bahawalpur during June 2019 to June 2020. There was 100 patients which was visit the health center during this time period. We assess the nutritional and economic health of patients by asking some survey questions. From the large pool of data we select health status, diet quality, lifestyle, food culture, food security, and demographic information of the selected patients. The economic and health status describe the level of awareness regarding disease.

**Statistical analysis:**

The collected data were analyzed using SPSS software. The results are presented as a mean with 95% confidence interval limits or standard deviations. The significant value for  $P < .05$  was accepted as statistically significant.

**RESULTS:**

The data was collected from 100 male and females patients who visit the hospitals. The analysis of the data shows that diabetes is more common in females as compared to males. The reason is that because women have different conditions and working environment as compared to males. We also collect the basic characteristics of patients and compared these values with normal values. So we can find that diseases person have more blood pressure value as compared to normal. People who suffer from diabetes also suffer from high blood pressure problem (Table 1).

Table 1 explains the demographical conditions of the patients. This table explains the co-efficient and standard error values. The level of confidence interval is 90 and 95 in this table for the significant value.

**Table 01:** Demographic characteristics and history of patients

Variables	Co-efficient	SE
Blood pressure	0.048	0.35
Healthy eating index (HEI)	-0.059	0.05
Smoker	0.060	0.80
Food security	0.106	0.12
Drinker	-0.343	0.08
Belong to city area	0.057	0.01
Belong to rural area	0.59	0.70
BMI	0.5460.24	

**Indicate significance at the 99, 95, and 90% level:**

Table 02 explains the relationship between dietary intake, BMI and diet quality among diabetic patients. It shows that people consume more protein and fat as compared to carbohydrates. Due to this reason they may suffer from other diseases parallel to diabetes.

**Table 02:** Relationship between supplement intake, BMI, and diet quality among diabetes patients.

Variables	Co-efficient	SE
<b>Dietary supplements</b>		
Carbohydrate	0.019	0.03
Protein	0.061	0.08
Amino acid	0.106	0.19
Fat	0.434	0.02
lipids	0.057	0.01
<b>Body Mass Index</b>		
BMI of diseased person	0.29	0.07

Table 03 explains about the total calorie count of different types of food. It explains that addition, the two-week low carbohydrate diet in patients with type 2 diabetes reduced concentrations of insulin and leptin and increased the concentration of ghrelin. Similar effects were observed in the long-term use of nutritional obese model. In the case of leptin, the biggest changes were observed in men.

**Table 03:** Daily Consumption of Food Groups in Patients with Type 2 Diabetes According to Eating Patterns

Food Groups (% of Total Caloric Intake)	Eating Patterns		P Value
	Unhealthy (n = 100)	Healthy (n = 97)	
Whole carbohydrates	0.0 (0.0–2.4)	10.1 (3.5–17.5)	0.001
Fried foods	1.5 (0.1–5.2)	0.9 (0.0–4.3)	0.450
Dairy	8.0 (3.9–11.7)	11.0 (7.4–16.1)	0.001
Sweets and desserts	3.2 (0.5–7.2)	2.1 (0.3–4.7)	0.032
Red meat	10.0 (6.1–13.6)	11.4 (6.1–14.8)	0.217
Fish	0.0 (0.0–0.1)	0.0 (0.0–1.4)	0.035
Fruits	12.4 (7.7–16.3)	16.7 (12.5–21.6)	0.001
Vegetables	2.3 (1.5–3.6)	3.5 (2.5–5.7)	0.001
Vegetable oils	2.2 (1.3–4.9)	2.5 (0.6–4.6)	0.218

**DISCUSSION:**

Despite the identified benefits of different modifications of low-carbohydrate diet in type 2 diabetes, attention should be paid to existing threats appearing both in the short-term and long-term use of this model of nutrition. A low-carbohydrate diet is deficient and may be the cause of hypo-vitaminosis [9]. This results from lower participation in the described diets, compared with a traditional or diabetic, fruit and vegetables, the main sources of

vitamins, among others antioxidants. This is detrimental for healthy people, and especially for diabetic patients. A worrying consequence of low carbohydrate diets is the deficit in vitamin C [10]. Type 2 diabetes is associated with oxidative stress and limiting the supply of this compound may further deepen the existing imbalance of antioxidant oxidation system. This study focuses on the investigating the linkage between diabetes, diet-health behavior, and health outcomes that are frequently discussed in the

context of diabetes management, public health, and diet quality and BMI [11].

### CONCLUSION:

It is concluded that carbohydrate diet has direct effect on type 2 diabetes patients. Healthy eating pattern may lead towards the control of this diseases otherwise the condition get worse. And healthy eating pattern include balanced carbohydrate, protein and fats and theses are associated with plasma glucose level.

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