Education and the Practical Problems of Dietary Management of Diabetes

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Needless to say, dietary management is the basis of the treatment of diabetes. We can control glycemic levels well in some patients with dietary therapy alone. Furthermore, without effective meal planning, we cannot get good glycemic control in diabetics who are treated with either oral hypoglycemic agents or with insulin.

Unfortunately, in order to achieve successful dietary management, we must, more or less, suppress the patient's appetite, appetite being an essential instinct in human being. Therefore patients may have some difficulty in continuing the therapy, especially those who lack diabetic symptoms. In addition, the degree of difficulty in preparing the diet may be connected with patient compliance.

The effectiveness of the treatment of diabetes mostly depends on the self-management level of the patient, and dietary management is at the center of the self-management program. Generally, the success of patient self-management for the treatment of diabetes depends on their familial and social assistance and on their personality. Patients who can manage themselves well have a great deal of patience, are tough-minded, independent, and have good family relationships. Furthermore, they are able to co-operate with others and to find good reasons for living and working. They also intend not to make nuisances of themselves and are well aware of their disease. On the other hand, patients who cannot manage themselves can be mostly characterized as people who are spoiled or as those who have family troubles, such as poor relationships with their wife or husband, having a father who drinks heavily, and so on. They may be selfish and do not have good human relationships in social life. They also have a tendency to look for an easy way out and to impose their responsibilities on others.

Thus, in spite of differences among individuals, members of the medical staff must try to instruct patients in the self-management of diabetes and to encourage them to practice a self-management program. I suggest that maximum effectiveness is gained when case-workers, in concert with medical staff, including doctors, nurses, and dietitians, instruct patients in how to manage their daily life. Unfortunately, in our country, there are very few medical centers that employ such case-workers who specialize in diabetes education.

The educational activity of the Japan Diabetic Lay Association is also important. In
hospitals where the diabetic lay association is active, not only diabetes education program but also volunteer work is carried out for diabetic patients. If the mutual exchange of knowledge among patients is close, they can effectively educate each other in the self-management program by possibly giving concrete examples. For example, Okamoto Hospital, in Kyoto prefecture, has a case worker who specializes in diabetes education and a special room for the diabetic lay association. This patient education, including volunteer work, is truly valuable.

Usually, patients’ meal planning is carried out by dietitians. However, doctors must correctly understand the content of each dietary plan. Furthermore, it is also important to have test meals or low energy meals at the hospital in order to realize the state of mind of patients who are dieting. Doctors must try to quit smoking, reduce drinking, and control their weight within standard levels. If doctors are obese or heavy drinkers, it is impossible for them to educate patients properly. On educating for meal planning, we should try to ascertain the patients’ eating habits, because, if you force a meal plan on patients only according to standard dietary theory, sometimes it is very hard for them to follow it.

For example, the most frequent problems for male office workers are drinking and

![Fig. 1. Causes of dietary failure in diabetic patients.](image)
eating out, and the problem most associated with housewives is having snacks. According to the results of interviews on dietary habits of diabetic patients carried out by Fujii et al. (1) at Tokyo Saiseikai Central Hospital, the main cause of dietary failure in men is eating out, followed by drinking alcohol. In contrast, in women, having snacks is a greater problem than eating out (Fig. 1).

Since 50% to 70% of people eat out more than once a day at the present time in our country, we must give more definite instructions on how to eat out. In dieting, the problem of drinking is not only the excessive intake of energy in the form of alcohol but also the fact that alcohol itself can set free self-inhibition of eating. Ordinarily, two to three dietary units (160–240 kcal) of alcoholic drinks may be allowed. However, if patients cannot keep drinking within this range, we must suggest that they quit, rather than reduce, drinking. Women are likely to be tempted to snack, since they generally do the cooking and serve fruits, confectionery, and other foods. Therefore, we must have better advice on how to incorporate snacks into the dietary plan instead of prohibiting them.

REFERENCE