

Can not having enough to eat lead to poor diabetes management?

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Credit: Darren Lewis/public domain

Latinos who worry about having enough food to eat—so-called food insecurity—report having a poorer diet and exhibit worse glycemic control than those who aren't worried about having sufficient food to survive, according to a study presented at the American Diabetes Association's 75th Scientific Sessions. The findings suggest that food insecurity should be a factor considered in overall diabetes management.

Approximately 24 percent of Latino households in the U.S. were [food insecure](#) in 2013, compared to 14 percent for Americans overall, according to the U.S. Department of Agriculture. A 2012 study published in the journal *Diabetes Spectrum* found that [diabetes](#) risk was roughly 2.5 percent higher in households reporting [food insecurity](#).

Researchers at the Emory School of Medicine/Grady Hospital in Atlanta, Georgia, decided to explore the impact of food insecurity on diabetes management after hearing from patients that they could not afford to buy healthy foods, such as fresh vegetables. To measure food insecurity, they asked whether patients had been worried about having enough food to eat at any point in the past 30 days. They also developed a tool based on the plate method to assess the amount of vegetables patients were eating during their main meal each day (full plate, one-half, one-third of a plate, one-fourth of a plate, or no vegetables). Lastly, the Emory research team also measured and analyzed differences in A1C (a three-month measure of [glycemic control](#)) of the food insecure and food secure patients.

"We found that those patients who were food insecure had higher A1C levels and ate fewer vegetables," said Britt Rotberg, MS, RDN, LD, CDE, BC-ADM, Assistant Director of the Emory Diabetes Education Training Academy, Emory Latino Diabetes Education Program at the Emory School of Medicine. "These findings underscore the importance of individualized [diabetes management](#), and the need to take into account not only patients' socioeconomic status, but food availability, when discussing diabetes self-management. We should find new ways to help our food insecure patients obtain nutritionally adequate foods."

The study found that those who were food insecure had average A1C levels of 9.9 percent, compared to 7.6 percent for those who were food secure. It also showed that those who were food insecure ate fewer vegetables than those who were food secure. When looking at [patients](#)

who consumed more than one-third of a plate of non-starchy [vegetables](#) at their main meal, 62 percent were food secure compared to 38 percent who were food insecure.

Rotberg said there was no significant difference in body mass index (BMI) between the two groups, suggesting that "both groups may consume comparable calories per the individuals' requirements, but with a difference in nutrient density potentially determining the difference in glycemic control."

Provided by American Diabetes Association

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