

Submission to Diabetes in Australia Inquiry

From: Dr. Victoria (Hargraves) Farrington, diagnosed Type 1 diabetic 4/6/21.

I feel so incredibly lucky to have been the recipient of quality information about managing Type 1 diabetes, which was not received through my diabetes education team, or my endocrinologist (the Hospital) on diagnosis, but because my integrative practitioner GP, pointed me in the direction of a group of people with Type 1 who have forged a highly successful approach to the management of this condition. My submission therefore would like to draw attention to the lack of information and promotion of a way of managing T1 (and T2) diabetes that enables the patient to maintain normal blood sugars, that is, blood sugars that are in the same range as those of non-diabetics.

I have an A1C of 4.9, my blood sugars track along pretty steady between 3.8 and 5.6mmol each day, and I'm still learning (I intend to improve that!). This means I currently have no sign of complications from diabetes, nor do I expect to get any. This is achieved primarily because I eat low-carb, under 50g total carbohydrate a day. This is not punitive (I find that often an argument for eating a standard diet as a diabetic focuses on not needing to miss out), it's delicious, and there are all sorts of modifications that can be made to favourite foods to make them low carb (the internet is an amazing source of ideas). I eat zero-carb bread/pizza dough/bagels made with egg whites, "keto" cake recipes with just 6 or 7g carbs per slice, ice cream made with egg whites, and "cereal" made with high protein, low fat, pork crackle). I don't eat high fat, but focus my diet on quality protein. My insulin needs are very low, 6-10u per day basal and about 3u for each meal. It has been tough to learn, but I think T1 is tough on everyone, and much tougher to have crazy highs and then crazy lows too from over-correcting.

With insulin management, there is always a margin of error, I believe this to be about 20%. For me, getting it 20% wrong means taking $\frac{1}{4}$ unit too much or too little, about 0.6-1.0 mmol drop or raise in blood sugar. This isn't going to lead to a dangerous hypoglycaemic event [hypo]. For someone who is eating normal chocolate or a fast food meal high in carbs, they may need 20u of insulin, and a 20% margin of error means they could be 4u out – and this translates to a 5.0mmol rise or drop in blood sugar. This is the cause of dangerous hypos. Many practitioners believe you need to aim for 6-10 mmol to avoid hypos. I don't believe this is correct, and that instead the risk of hypos is due to the consumption of high carb meals requiring large doses of insulin. Maintaining a higher A1c puts patients at risk of complications – higher blood glucose concentrations cause neuropathy, cancer, heart disease. I believe I am safer on low carb (Dimosthenopoulos et al., 2021; Lennerz et al., 2018), although my blood sugar is often below 5.0mmol, as a non-diabetic's is.

I learned all this from Dr. Bernstein's (2011) book, *The Diabetes Solution*, and a facebook page called typeonegrit [<https://facebook.com/groups/typeonegrit>]. I wish all T1 (and T2) were told about this option, so they could decide if they want to have super control of their blood glucose too, remain fit and healthy, and be confident about living a long and healthy life with diabetes.

References:

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