

Position Statement June 2015: X-PERT Diabetes Handbook Version 11

The table below lists the changes between Version 10 and Version 11 of the X-PERT Diabetes Handbook. Where necessary references or X-PERT Health position statements provide the evidence to support the changes. Position statements can be obtained from the download area on the X-PERT Health website (<http://www.xperthealth.org.uk/home/downloads-library>) and are referred to in the table below as follows:

- The Updated X-PERT Diabetes Manual Position Statement (November 2014) = [XD]
- The Low Carb Position Statement (May 2015) = [LC]
- The Saturated Fat Position Statement (June 2015) = [SF]

Page in v11	Change	Reason
Front cover	“Essentials for Self-Management changed” to “Prevention & Management”	The handbook is now appropriate for people with both pre-diabetes and type 2 diabetes
4	“Digestion, Carbs and Blood Glucose Control” before the “What is Diabetes” explanation	In line with the order of topic delivery in Week 1
5	“Sources of Carbohydrate Food” updated to include more food	More information so that participants can identify carb-containing foods
6	What is diabetes explanation updated to include impaired glucose regulation (pre-diabetes)	The handbook is now appropriate for people with both pre-diabetes and type 2 diabetes
7-8	New information about insulin resistance	Insulin resistance is the main cause of type 2 diabetes [1-5]
9	“7 Lifestyle Factors for Optimal Health” previously on page 7	In line with the order of topic delivery in Week 1
11-12	<p>Blood glucose (BG): explains that BG can be taken fasting, pre or post prandial to monitor how well the body regulates BG in the absence or presence of food</p> <p>Total Cholesterol: Reference to saturated fat omitted and an explanation that cholesterol is essential to life and it is the lipoproteins that can increase risk of cardiovascular disease (CVD) added</p> <p>HDL: The purpose and function of HDL particles are explained and reference to good/bad cholesterol omitted</p> <p>LDL-P: Reference to bad cholesterol and reducing saturated fat has been omitted. The purpose and function of LDL particles are explained distinguishing between small dense LDL-P (that are more likely to oxidise causing the fatty plaques) and large buoyant LDL-P</p> <p>Non-HDL Cholesterol: This is a new addition. Non-HDL C = Total cholesterol minus HDL-C</p> <p>Ratios: This is a new addition. An explanation of both the <i>Total cholesterol to HDL</i> ratio and</p>	<p>Further information to assist participants in self-managing their diabetes</p> <p>The hypothesis that saturated fat is implicated in CHD is incorrect (See SF)</p> <p>There is only one type of cholesterol and therefore cholesterol cannot be categorised as good or bad (See SF)</p> <p>LDL-C is not bad cholesterol. Only oxidised LDL particles have been shown to cause fatty plaques (see SF)</p> <p>The NICE lipid guidance (July 2014) recommends that non-HDL cholesterol is monitored instead of LDL-C [6]</p> <p>Certain ratios have been shown to be a good predictor of CVD risk. These are easy to calculate</p>

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	<p><i>Triglyceride to HDL</i> ratio is provided</p> <p>CVD 10 year risk score (QRISK2): explanation and website address provided</p> <p>Prescribed diabetes medication: omitted</p>	<p>and monitor when clinical tests to assess LDL-P are not available [see SF]</p> <p>Primary care registers now automatically assess CVD risk score</p> <p>There is a comprehensive diabetes medication section at the back of the handbook</p>
13	BMI chart updated	More user friendly
14-15	Waist measurement images updated	More user friendly
18	Tips and suggestions updated	Updated in line with the latest evidence base [see SF and LC]
21	<p>Energy balance: updated to Reference Intakes. Limitations with the energy balance theory discussed</p> <p>Discouraging crash diets: The <i>diet cycle</i> image replaced the <i>weighing scale</i> image</p>	<p>Insulin resistance has been shown to increase lipogenesis and prevent lipolysis i.e. drive fat storage and prevent fat loss [see LC]</p> <p>Informative image informing participants about the negative aspects of going on a crash diet</p>
22	The Eatwell Plate has been replaced with a <i>Nutrition for Health</i> model where all carbohydrate (starch and sugary) are grouped together and fats have their own distinct group	Fats have a completely different metabolic pathway in the body to carbohydrate. The body does not recognise whether the glucose derived from carb digestion is from starchy or sugary foods. The updated magnetic labels will include a section where processed foods containing a mixture of fat and carbs will be placed
23-27	All the food pictures have been updated	All food pictures are now non-branded
27	Dietary approaches to weight loss and blood glucose control have been updated to include 5 options (smaller portions, low fat, low carb, Mediterranean, intermittent fasting)	Reflecting the 2011 Diabetes UK dietary guidelines that recognise that there is no ideal percentage of calories from macronutrients [7]
28-32	Sample one-day dietary intakes for a range of dietary approaches with a brief description along with benefits and negatives are presented	Reflecting the 2011 Diabetes UK dietary guidelines that acknowledge that a range of approaches should be considered [7]
33	<i>Tips for Meals</i> i.e. information promoting a high carb, low fat diet replaced with <i>Essentials for Any Dietary Approach</i> recommending enjoying and taking time over meals, consuming wholesome and unprocessed foods with minimum snacks	Reflecting the latest evidence base [see XD , LC & SF]
34-39	Updated in-line with the <i>Nutrition for Health</i> model i.e. separate food groups for fats and carbohydrates (starches and sugars)	Fats have a completely different metabolic pathway in the body to carbohydrate. The body does not recognise whether the glucose derived from carb digestion is from starchy or sugary foods [see SF and LC]
41-44	Updated section on physical activity with more information about frequency, intensity, time & type (FITT) and a weeks' activity log	To further promote understanding and benefits of physical activity for general health, body weight and blood glucose control
46	Recognition that although fructose-containing foods have less impact on blood glucose, eating them to excess has been shown to have a detrimental impact on health	Reflecting the latest evidence base [8-11]

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47	Information that carbohydrate is not an essential nutrient: The body can make glucose from protein and fat as required and 80% of brain energy can be provided from ketones	Dispel the myth that carbohydrate is an essential nutrient that needs to be eaten with every meal <i>"The lower limit of dietary carbohydrate compatible with life apparently is zero, provided that adequate amounts of protein and fat are consumed"</i> (p.275)[12]
48	Additional information about pre diabetes and Type 2 diabetes being conditions where there is a large amount of insulin resistance and that surges in blood glucose can make the problem worse	Reiteration of the focus on insulin resistance described at the beginning of the handbook
49	Glycaemic index chart colour-coded to represent red (high), amber (medium) & green (low)	More reader friendly
59	Traffic light labelling: A note added that the guidance has been developed to support people wishing to adopt a low fat diet. However, if other dietary approaches are followed, the traffic light labelling may no longer be applicable	People adopting a Mediterranean or low carb diet may be purchasing several foods such as oily fish, nuts and cheese that are colour-coded red for the amount/type of fat
60-62	Food tips: updated to provide consistency throughout the handbook	Reflecting the latest evidence base [see XD, LC & SF]
63	Understanding nutritional information: Updated to reflect the food packaging cards that contain reference intakes (RIs) rather than guideline daily amounts (GDAs)	RIs became legislation in December 2014. More info http://www.foodlabel.org.uk/label/reference-intakes.aspx [13]
64-68	Fat awareness: updated from 1 page to 5 pages to provide more comprehensive information on type of fat; how these impact on lipoproteins; cardiovascular disease (CVD); how the diet can influence risk of CVD	Reflecting the latest evidence base [see SF]
69-70	Focus on alcohol: more in-depth information about alcohol by volume, measures/glass size, strategies for drinking less and alcohol unit information	More information for educators and participants
71	Comparing foods: updated to include chocolate (milk versus dark). Please alert participants: carbs and sugar are the wrong way round for the milk chocolate! It should be 57g carbs and 25g sugar.; crisps versus nuts; foods containing omega-3 fat; spreads and oils	More information for educators and participants
73	Health check: additional information added	Support participants in identifying concerns with their health results
76	Long-term complications: dementia, non-alcoholic fatty liver disease (NAFLD) and cancer added	Reflecting the latest evidence base [14-22]
78	Prevention of long-term complications related to the 7 lifestyle factors	More information for educators and participants
86-87	Recipe section updated and separated into high carb and low carb recipes	Recipes to suit different dietary approaches
88-93	Diabetes medications updated to include the latest editions. Obesity medication removed and	More information for educators and participants

Page in v11	Change	Reason
	added to other medication section at the bottom of page 95	
96-97	Monitoring health updated to include non-HDL cholesterol; Total cholesterol to HDL ratio; triglyceride to HDL cholesterol ratio; liver function; CVD 10-year risk score	More information for educators and participants

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