

Being mindful of food

Healthy eating is an important part of managing diabetes. This means paying close attention to what, when, and how much you eat on a daily basis. After a period of time, however, this can lead to problems in the way you feel and think about food, and your eating behaviour. This can make it hard to keep your blood glucose levels in your target range and your diabetes well managed, and can increase the risk of short and long term diabetes complications.

Ending a love-hate relationship with food

Many people with diabetes struggle with food and eating from time-to-time, but the type of struggle can be different from person-to-person. These tips and strategies will help you cope with the more common problems that people face. Over time, they can help you get control over your eating habits and make your relationship with food a better one.

Feeling guilty and anxious about eating

For many people with diabetes, foods are often labeled as “good” (or “safe”) and “bad” (or “dangerous”). Sometimes these labels make it easier to make healthy food choices (eg. eat more “good” foods and your weight and blood glucose will be easier to manage). The problem is that we all eat “bad” foods sometimes. This can leave some people feeling disappointed, guilty, worried, angry and as if they have failed.

A recent study showed that high levels of diabetes-related distress were associated with eating styles linked with over-eating and poor glycemic control, including emotional eating, in women with type 1 diabetes¹. See the ‘Diabetes-related stress and distress’ information sheet.

Be kind to yourself. Stop judging yourself by what you eat, and try not to use labels like “good” or “bad”. If you have eaten something that may spike your blood glucose, it is better to spend time thinking about how to make a healthier choice next time, than punishing yourself.

Food and eating

Emotional eating or “mood food”

We don't just eat when we are hungry. For some of us, eating is a way of coping with unpleasant feelings, like stress, anxiety and depression. This is called “emotional eating” and it is a problem for people with diabetes because “mood food” is often high in added sugar and saturated fats. So while you might feel better in the short term, in the long term emotional eating is linked with overeating and weight gain, and can leave you feeling even worse.

Build awareness of the feelings and thoughts that lead you to eat. Ask yourself the questions, “When did I last eat? Am I really hungry, or am I eating for another reason”?

Keep a food and mood diary for a week or two. Note what and when you ate, what you were thinking and how you were feeling before, during and after eating. Learning when you are most likely to reach for “mood food” is an important first step in reducing emotional eating. There is a sample Food and Mood Diary on the back page of this information sheet for you to print and use.

Food cravings:

Sometimes labelling foods as “bad” and working hard to avoid them, can make you want them even more! Everyone has food cravings, and it is important to know how to manage them before they become a real problem.

Changes in blood glucose can cause cravings, so check your blood glucose to make sure you are not low.

Try surfing the ‘crave wave’. When a craving starts, don't give in. Notice the feelings and sensations in your body, and tell yourself “I've got a craving”. Try to imagine yourself as a surfer riding a wave. Notice how the craving builds slowly in intensity and then passes (just like an ocean wave). Most food cravings last less than 30 minutes. If you can distract yourself during this time it will be easier to surf the craving. Try a hot bath, go for a walk, house hold chores or call a friend for a chat.

Don't deprive yourself. If you cut all of your favourite foods out of your diet, you are likely to end up craving them (even bingeing on them) later. Talk to a dietitian about how you can keep your diet in balance.

Disordered Eating

Disordered eating is an unhealthy eating pattern that can include strict dieting, binge eating, cutting out whole food groups or skipping meals. These eating habits are common in people living with diabetes². Disordered eating can often lead to eating disorders such as anorexia nervosa, bulimia nervosa and binge eating disorder (BED also known as compulsive over-eating). Eating disorders are serious mental health conditions that can cause a range of emotional, social and physical health problems, and can be life-threatening.

Anorexia nervosa is characterised by severe food restriction and weight loss to an unhealthy level. It is accompanied by an intense fear of losing control or becoming overweight. Bulimia nervosa on the other hand involves eating large amounts of food followed by unhealthy measures to make up for it. BED also involves binge eating but without the deliberate compensatory behaviours such as vomiting. Not everyone with disordered eating will have a clear-cut diagnosis.

Who is at risk?

Research suggests that eating disorders are probably more common in women with diabetes than women who do not have diabetes. However, men with diabetes can struggle with disordered eating too.

Food and eating

Disordered eating warning signs:

Physical	Psychological	Behavioural
<ul style="list-style-type: none"> • Quick weight loss or changes • Irregular menstrual periods • Reduced sexual drive • Fatigue, dizziness or fainting • Headaches • Hair loss, brittle nails and dry skin • Evidence of vomiting eg. swollen cheeks or damage to teeth • Constipation • Constantly feeling cold 	<ul style="list-style-type: none"> • Obsession with food or weight • Irritable or anxious around meals • Rigid thoughts about food and restrictive food “rules” • Distorted body image • Using food as a reward or punishment • Social withdrawals • Depression • Increased perfectionism • Loss of concentration 	<ul style="list-style-type: none"> • Dieting, fasting, vomiting or secretive behaviour • Unusual eating behaviours eg. cutting food into tiny pieces, eating very slowly • Eating in private or wearing baggy clothes • Hoarding food or hiding food wrappers • Regular visits to bathroom around meals • Excessive levels of exercise • Using laxatives, diet pills, diuretics etc. • Very sensitive about weight, eating or exercise habits

What can I do?

There is help available for people with eating disorders and recovery is possible. Speak to someone you can trust and who understands diabetes AND eating disorders. A GP, endocrinologist, dietitian or diabetes educator might be a good place to start. If necessary, your GP can put you in touch with an experienced mental health professional.

Food and Mood Diary

This food and mood diary can be a great way to see how mood can influence your food choices. If there are particular behaviours or emotions that influence your food choices we call these food triggers. Your health care team can help you work towards reducing unhelpful or harmful food triggers. Print and fill out your Food and Mood Diary for each day of the week to help you recognise when you are emotionally eating and what is causing this.

Date ___/___/___ Mon Tue Wed Thu Fri Sat Sun – Please circle the relevant day.

Time	Place	What and how much I ate / drank	My hunger level before eating	My mood or emotions before eating	My hunger level after eating	My mood or emotions after eating
7:30am	Johnny's Cafe	White toast - 2 slices Margarine - thick spread Fried eggs - 2	2	nervous	6	comfortable

Did I eat mostly for hunger or mood? _____

What were my food triggers? _____

What can I do to improve tomorrow? _____

How do I feel
examples: Tired, exhausted, calm, bored, sad, lonely, happy, excited, nervous, stressed, guilty, depressed, angry, comfortable, hopeful, frustrated etc.

Hunger level	
1	Starving
2	
3	Slightly hungry
4	
5	Comfortable
6	
7	Slightly full
8	
9	Stuffed