

Advanced Module: Fat, Protein and the FreeStyle Libre

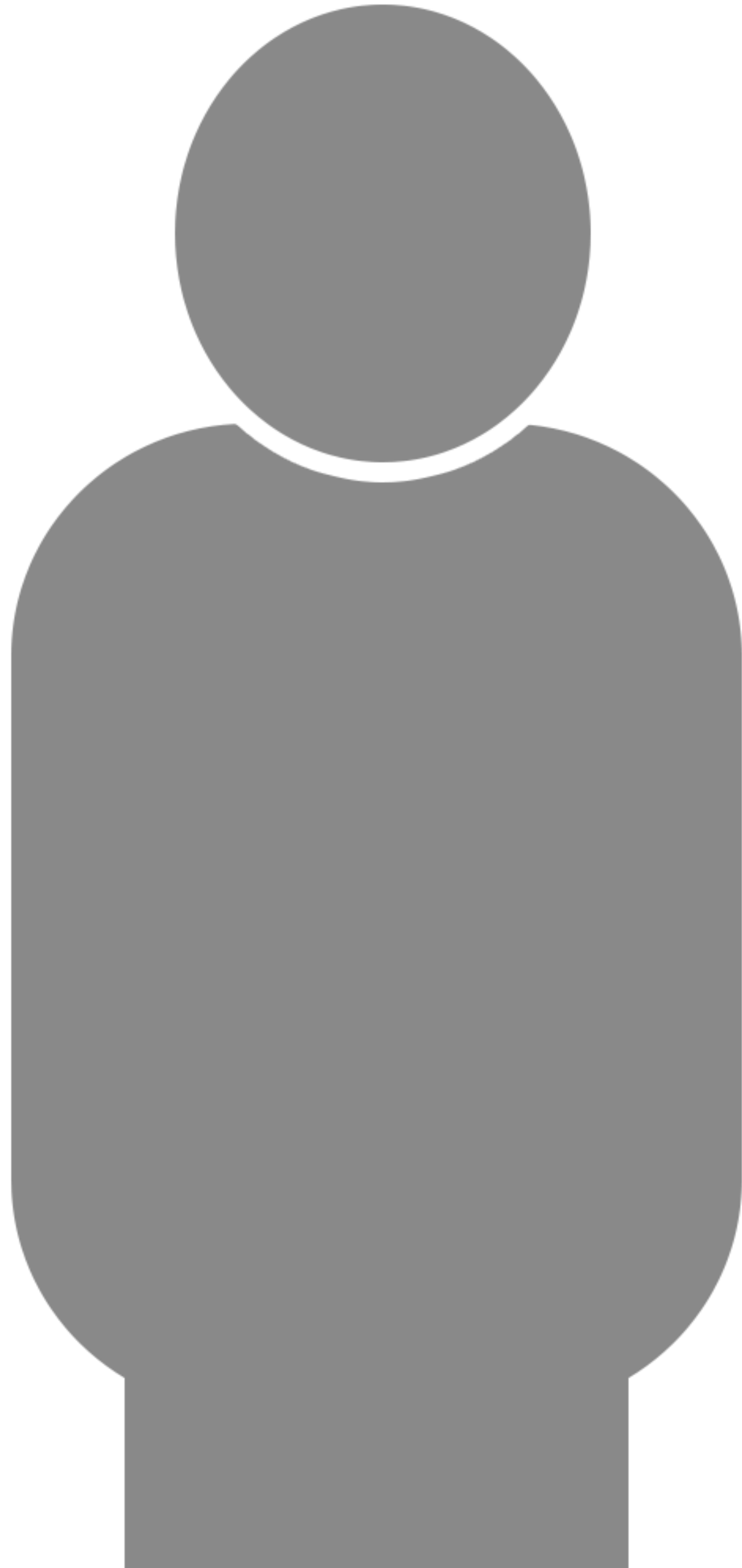
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Supported by a restricted educational grant from Abbott



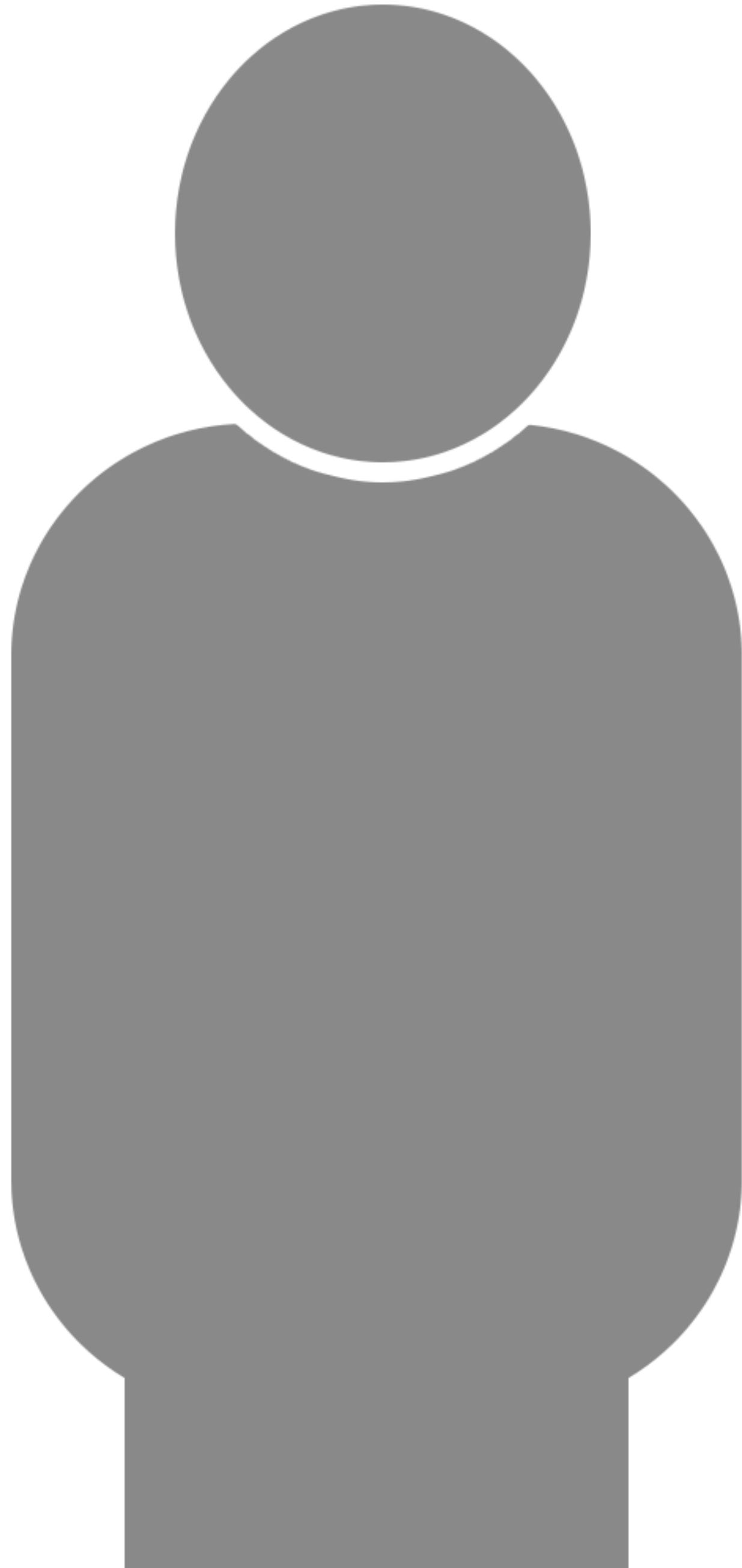


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- DAFNE educator
- Derby FreeStyle Libre lead
- Derby Dietetics lead for Insulin pumps & CGM

Disclosures:

Educational grant from Abbott Diabetes Care



Learning objectives

- Build on the knowledge from Introduction to Carbohydrates and the Freestyle Libre
- Recognise how fat and protein affect glucose levels
- Understand how you can adjust your insulin timing and/or amount of insulin for high fat/protein meals
- Feel more confident using Libre traces to manage high fat/protein meals more effectively

Carbohydrate foods have the most significant effect on glucose levels...



However they are not the only foods that affect glucose levels



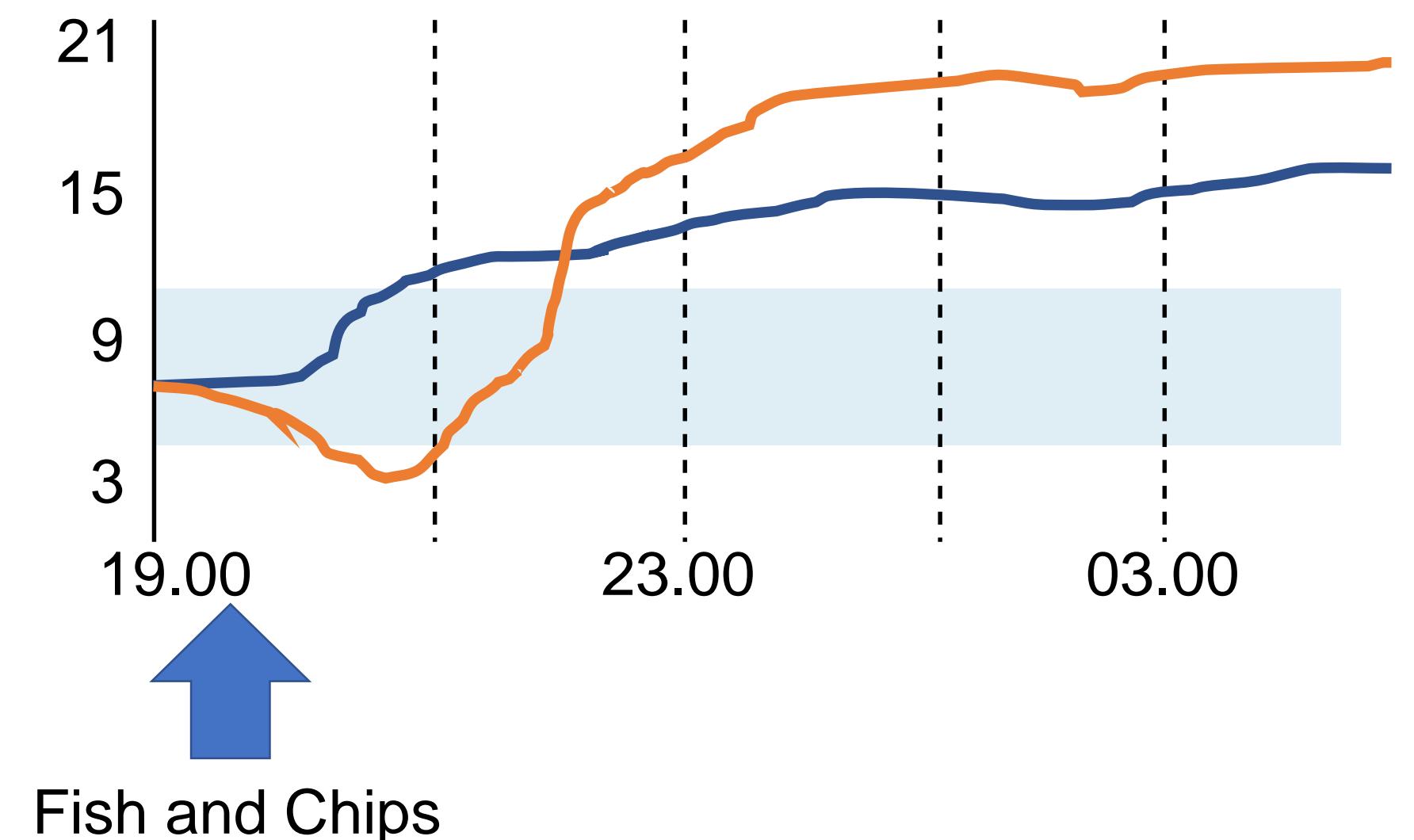
Fat and protein play a part

Impact of fat on glucose levels

When eaten with a source of carbohydrate (mixed meal):

- Fat slows down how quickly your stomach empties. This could lead to a delayed rise in glucose levels that can last for 8 hours or longer
- A high fat meal can also cause insulin resistance and increased glucose production by the liver. This means more insulin may be required to cover the meal

Result: Can lead to low glucose readings shortly after the meal, then high glucose readings for hours after the meal, especially through the night



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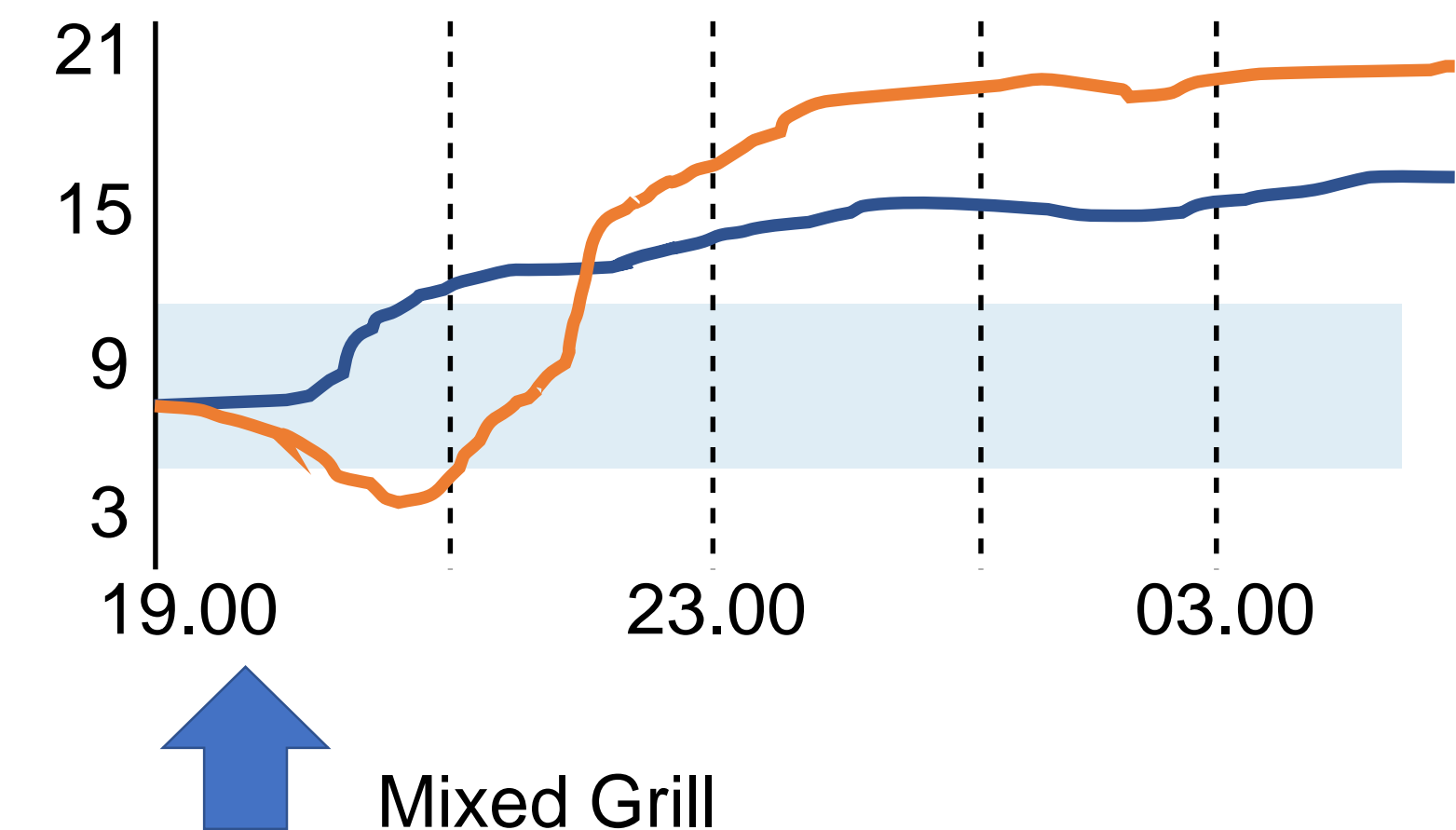


Impact of protein on glucose levels

- Protein also slows down digestion and can cause a delayed rise in glucose levels
- In significant amounts it can increase glucose levels as the protein converts to glucose
- A high protein and high fat meal has an additive effect on glucose levels – a more significant and sustained rise is seen
- Protein can have different effects when eaten with or without carbohydrate



Result: Can lead to low glucose readings shortly after the meal, then high glucose readings for hours after the meal, especially through the night.



What do we mean by high fat & protein

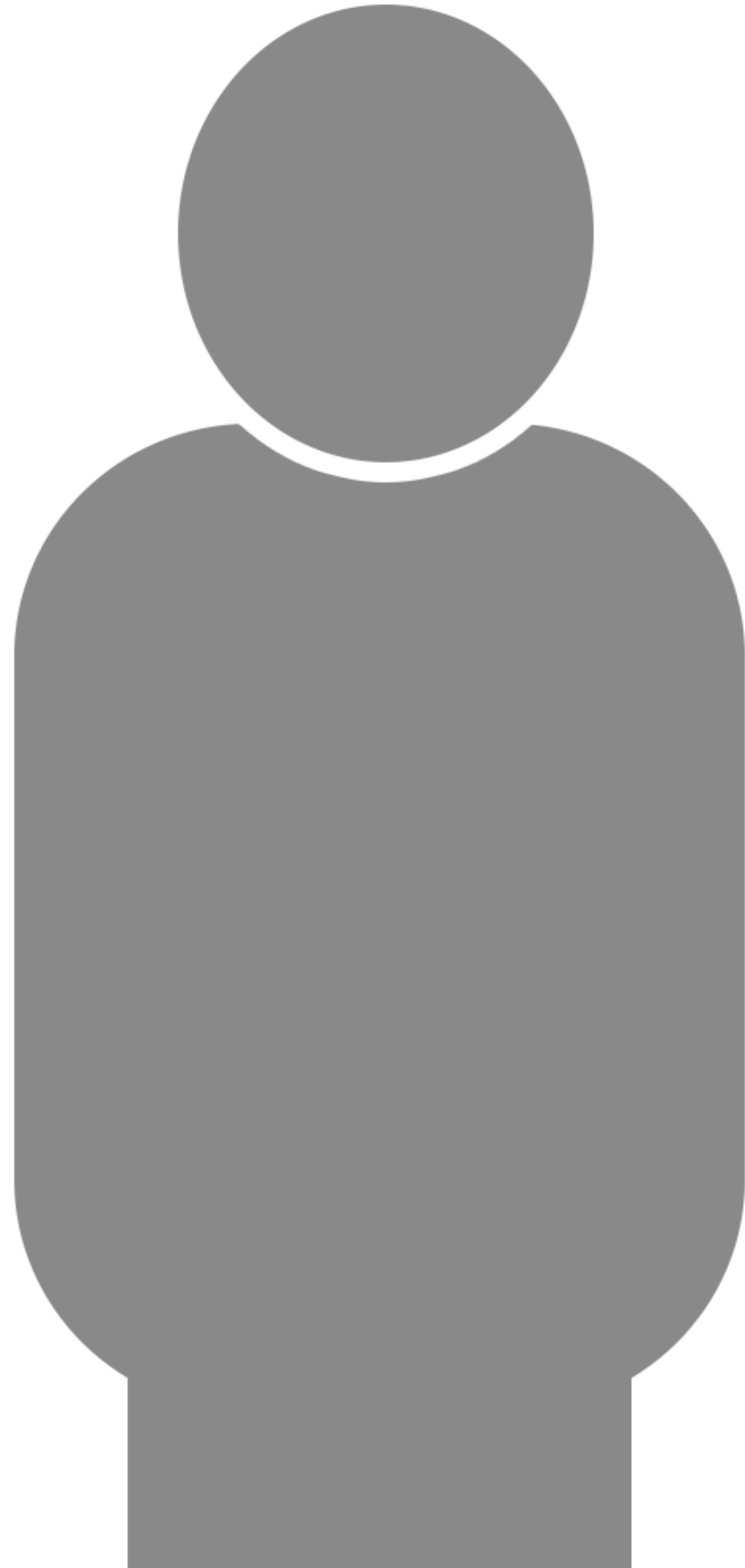
- High fat = 40g of fat or more
- High protein with carbohydrate = 40g of protein or more
- High protein without carbohydrate = 75g of protein or more

Look at food labels, Carbs and Cals app/ nutrient tracker apps to work out the fat and protein content of a meal



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How can the FreeStyle Libre help?

- Can help identify how **individuals respond** to meals high in fat and/or protein **as this varies**
- Allows individuals to consider insulin timing, or if they are on a insulin pump, the type of bolus
- It allows individuals to consider whether additional insulin is required (more than their usual I:C ratio)



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How to manage high fat, high protein meals

- There are lots of strategies that can be used
- There is no consensus as to the best method and studies are not conclusive in the benefits vs standard carbohydrate counting
- There are limitations; extra work, higher level of maths required, increase risk of hypoglycaemia
- The following slides provide some suggestions you could consider
- BUT remember the effect of fat and protein on glucose levels varies in individuals. The most important thing to get right remains accurate carbohydrate counting skills
- Healthier food choices will also reduce the need for these sorts of calculations



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How to manage high fat/protein meals

If on MDI (Multiple Daily Injections):

Try splitting the injections; take half the usual I:C ratio before the meal and the remaining 1-2 hours later.

e.g. 4 slices of pizza = 120g carbs

Glucose 6.4mmol/l (in target), ICR: 1:10g or 1:1

$120 \div 10 = 12$ units

Take 6 units pre meal, then 6 units 1 hour later

Look at Libre trace and consider if additional insulin is needed

How to manage high fat/protein meals

If on MDI and **additional insulin is needed:**

For high fat meals; **consider** taking an additional **30-35%** of the pre meal dose 1 hour post meal

e.g. 4 slices of pizza = 120g carbs, 57g fat,
Glucose **6.4**mmol/L (in target), ICR 1:**10**g or 1:1

$$120 \div 10 = 12 \text{ units}$$

$$12 \times 0.35 = 4.2 \text{ units}$$

Take 12 units pre meal + 4 units 1 hour later (16 units in total)

Review the Libre trace, did it work?



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How to manage high fat/protein meals

If on CSII (pump therapy)

Try using an **advanced bolus function** e.g. dual wave/ multiwave/ combo bolus; 50/50 or 70/30 over 2-4 hour

e.g. Fish and chips = 140g carbs

Glucose 10mmol/l, target 6mmol/l. I:C ratio 1:5g or 2:1, ISF 1:2mmol/l

For food: $140 \div 5 = 28$ units

For correction: $10 - 6 = 4$, $4 \div 2 = 2$ units

Total dose = **30 units**; 15 units as standard bolus, 15 units over 2 hours

The bolus advisor on most pumps will work out the split

Look at Libre trace and consider if additional insulin is needed



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How to manage high fat meals

If on CSII (pump therapy) and **additional insulin is needed:**

For high **fat** meals consider increasing the total dose by **30-35%** and use a combo bolus 50/50 over 2-4 hours

e.g. 140g carbs, glucose 10mmol/l, target 6mmol/l. I:C ratio 1:5g/2:1, ISF 1:2mmol/l

For food: $140 \div 5 = 28$ units

For correction: $10 - 6 = 4$, $4 \div 2 = 2$ units

Total dose = 30 units; 15 units as standard bolus, 15 units over 2 hours

30 units $\times 0.35 = 10.5$ units, $30 + 10.5 = 40.5$ units
(override or use health event)

= 20.25 units as standard bolus, 20.25 units over 2 hours

The bolus advisor on most pumps will work out the split and will often add the correction to the upfront part



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How to manage high protein meals

If on CSII (pump therapy) and **additional insulin needed:**

For high **protein** meals (with carbs) **consider** increasing the total dose by **15-20%** and use combo bolus 50/50 over 2-4 hours

e.g. 140g carbs, glucose **10**mmol/l, target **6**mmol/l. I:C ratio 1:**5**g or 2:1, ISF 1:**2**mmol/l

For food: $140 \div 5 = 28$ units

For correction: $10 - 6 = 4$, $4 \div 2 = 2$ units

Total dose = **30 units**; 15 units as standard bolus, 15 units over 2 hours

30 units x **0.20** = 6 units, $30 + 6 = 36$ units

(override or use health event)

= 18 units as standard bolus, 18 units over 2 hours

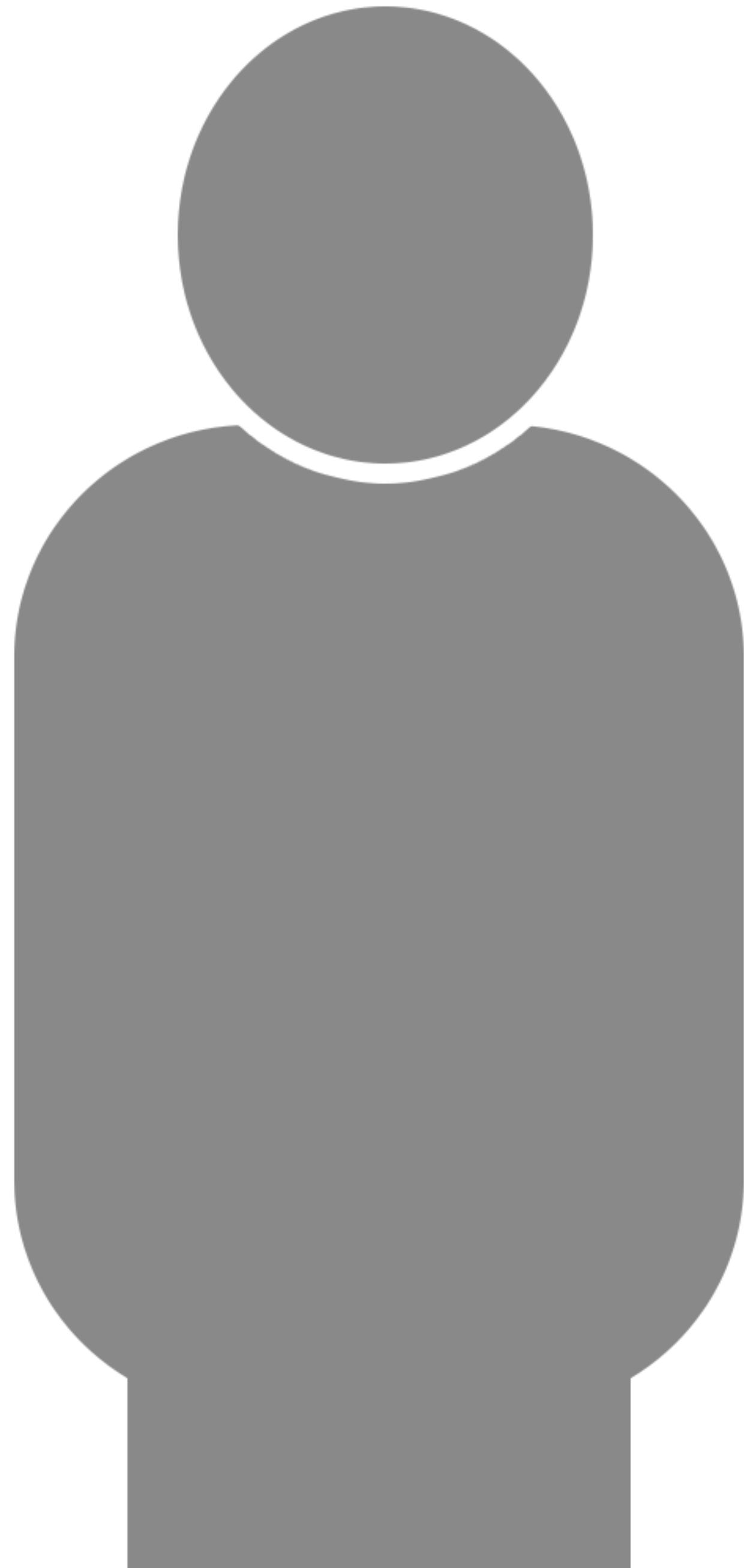
The bolus advisor on most pumps will work out the split and will often add the correction to the upfront part



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Using Libre Traces



Daily Log

27 September 2018 - 10 October 2018 (14 Days)

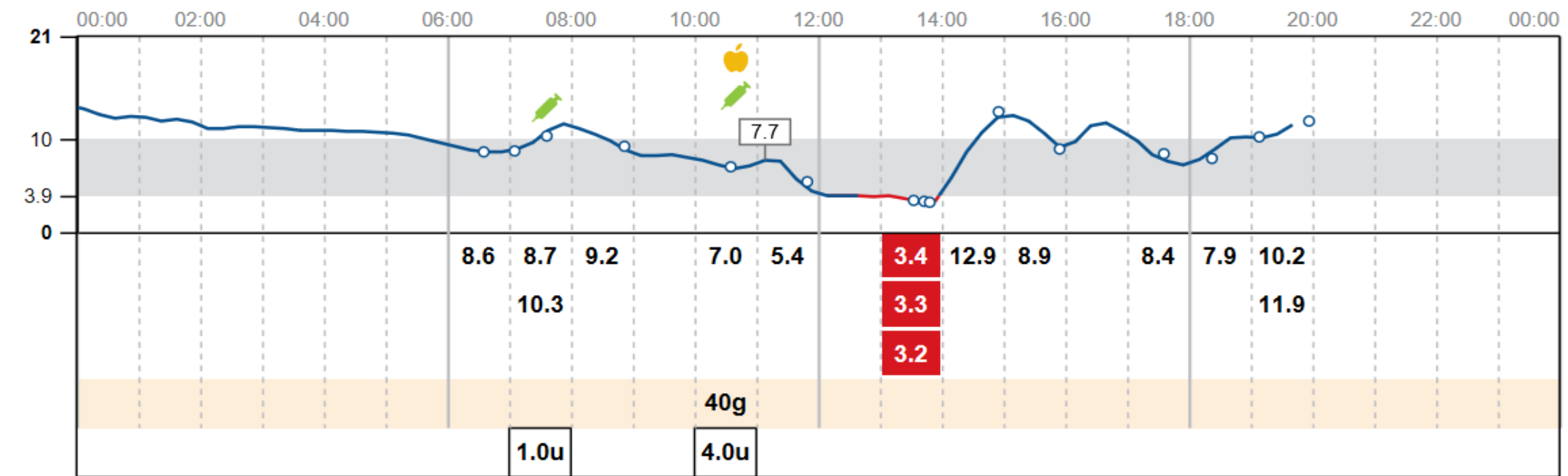
LibreView

SAT 29 Sep

Glucose mmol/L

Carbs grams

Rapid-Acting Insulin



MON 1 Oct

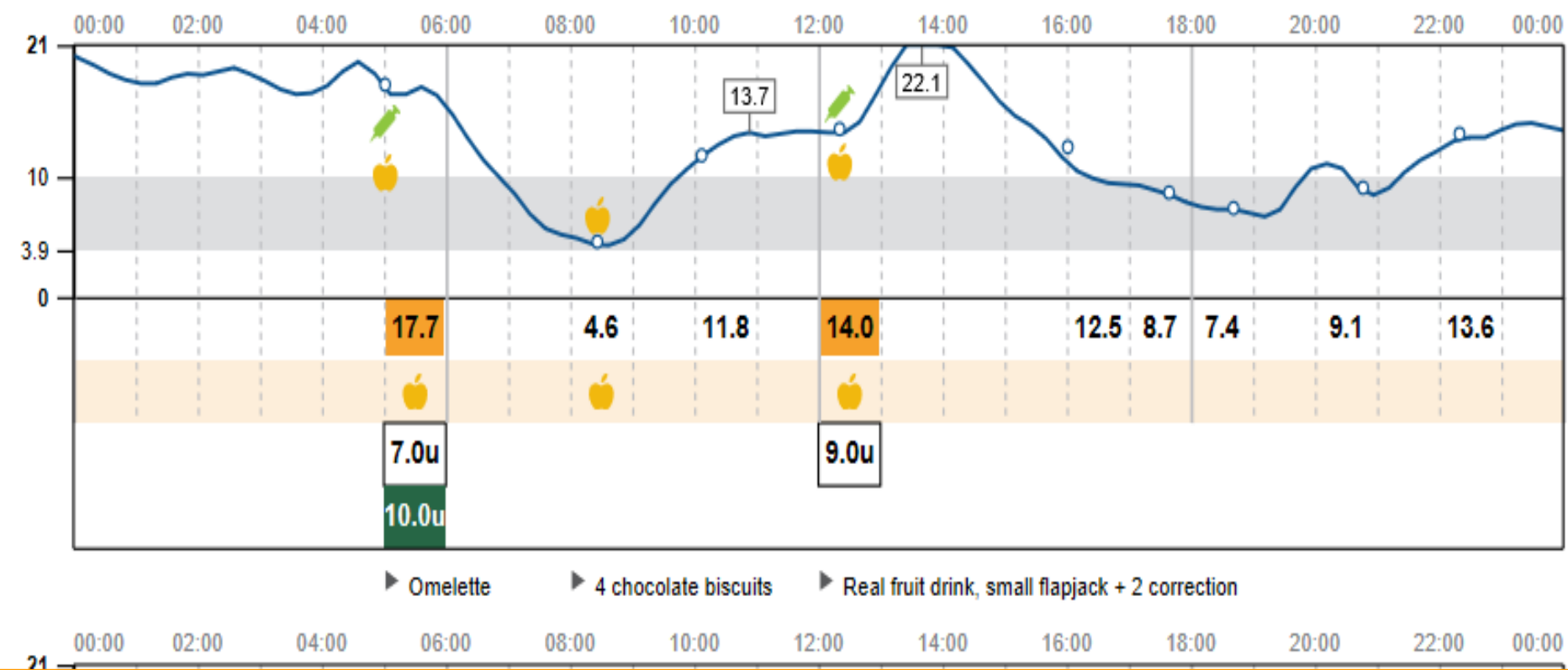
Glucose mmol/L

Carbs grams

Rapid-Acting Insulin

Long-Acting Insulin

Notes



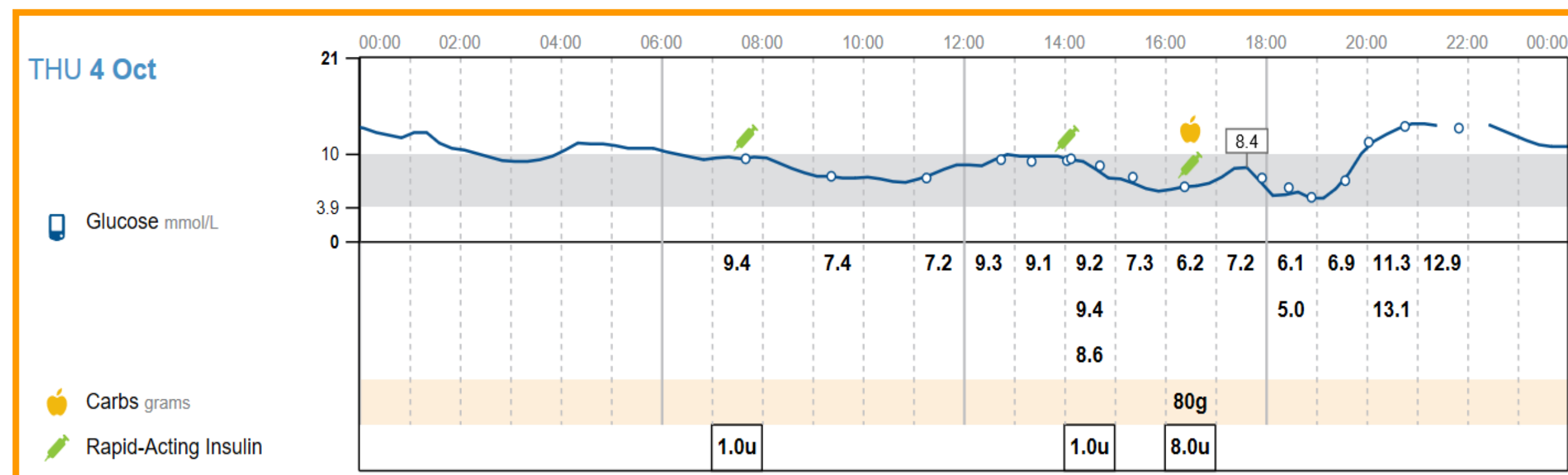
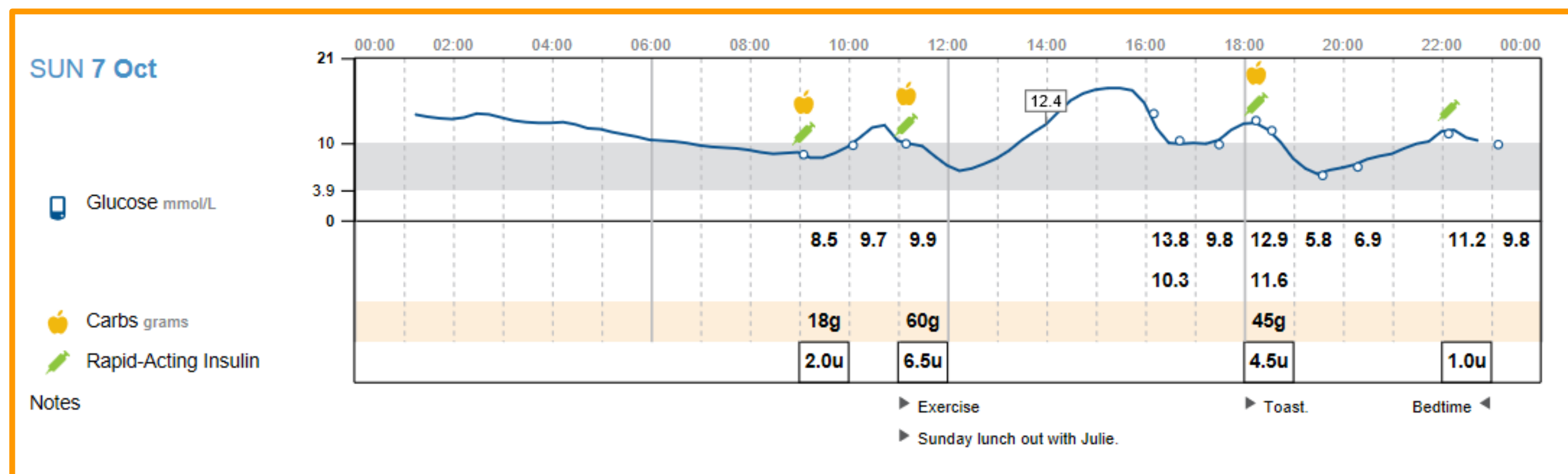
Omelette 4 chocolate biscuits Real fruit drink, small flapjack + 2 correction



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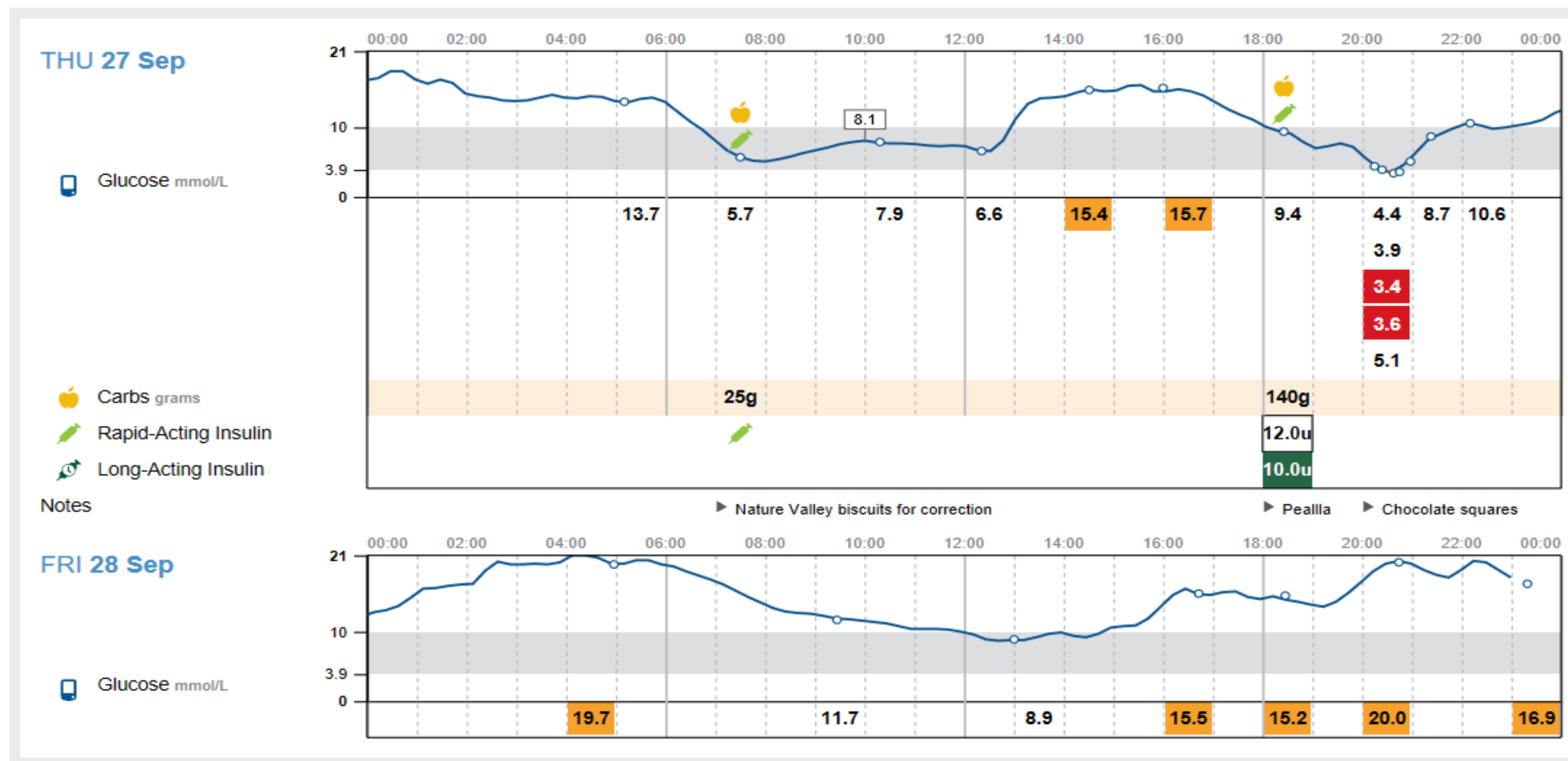
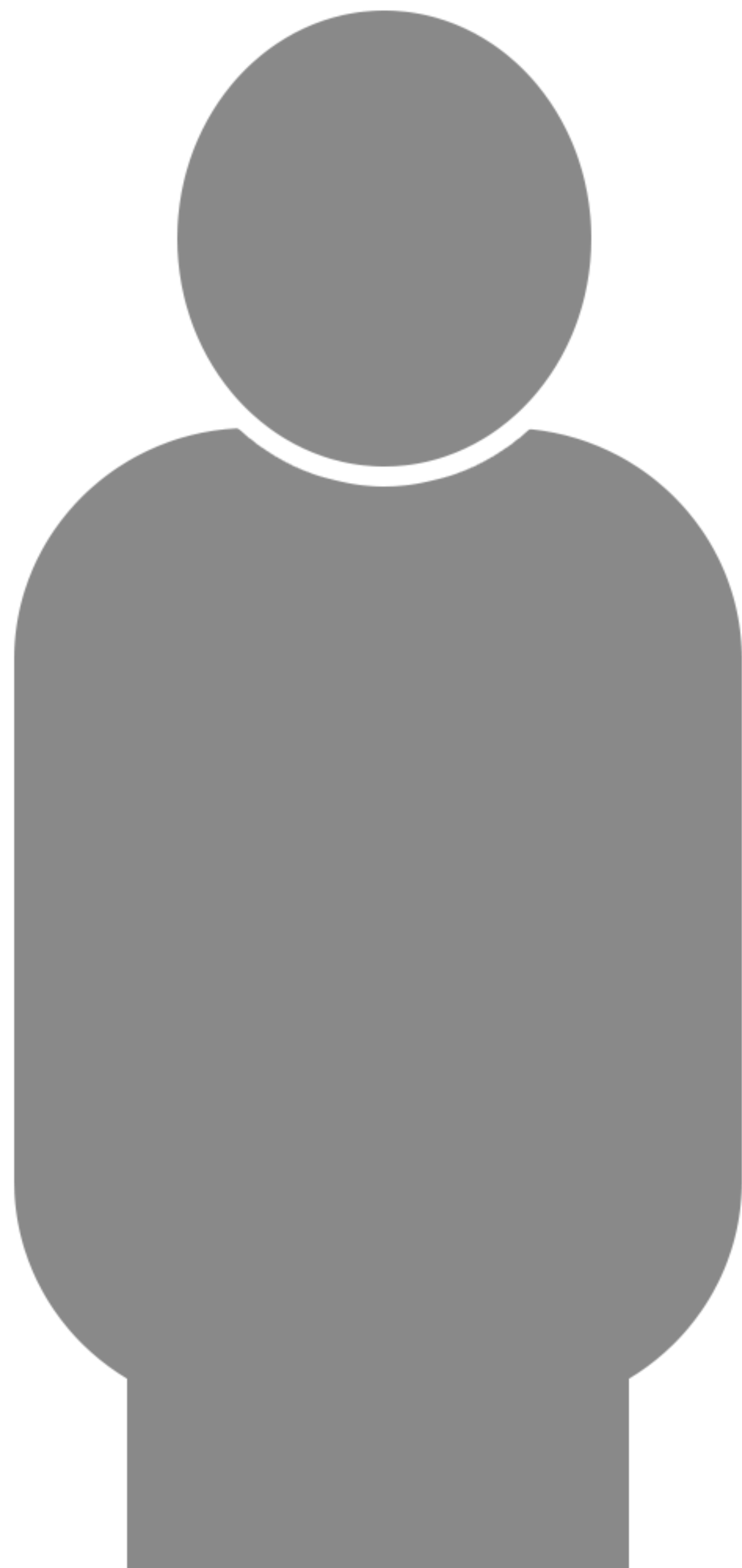
Using Libre Traces



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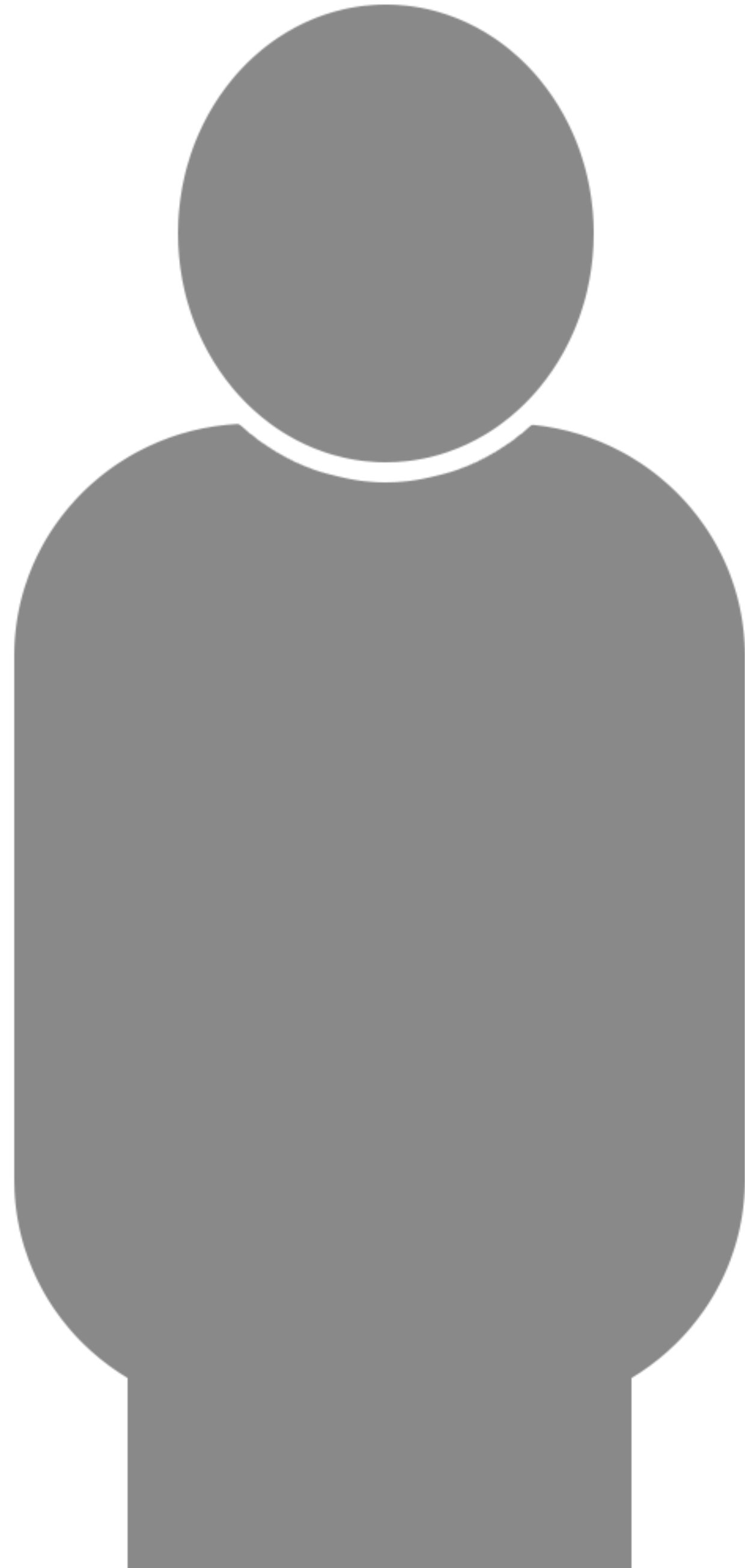
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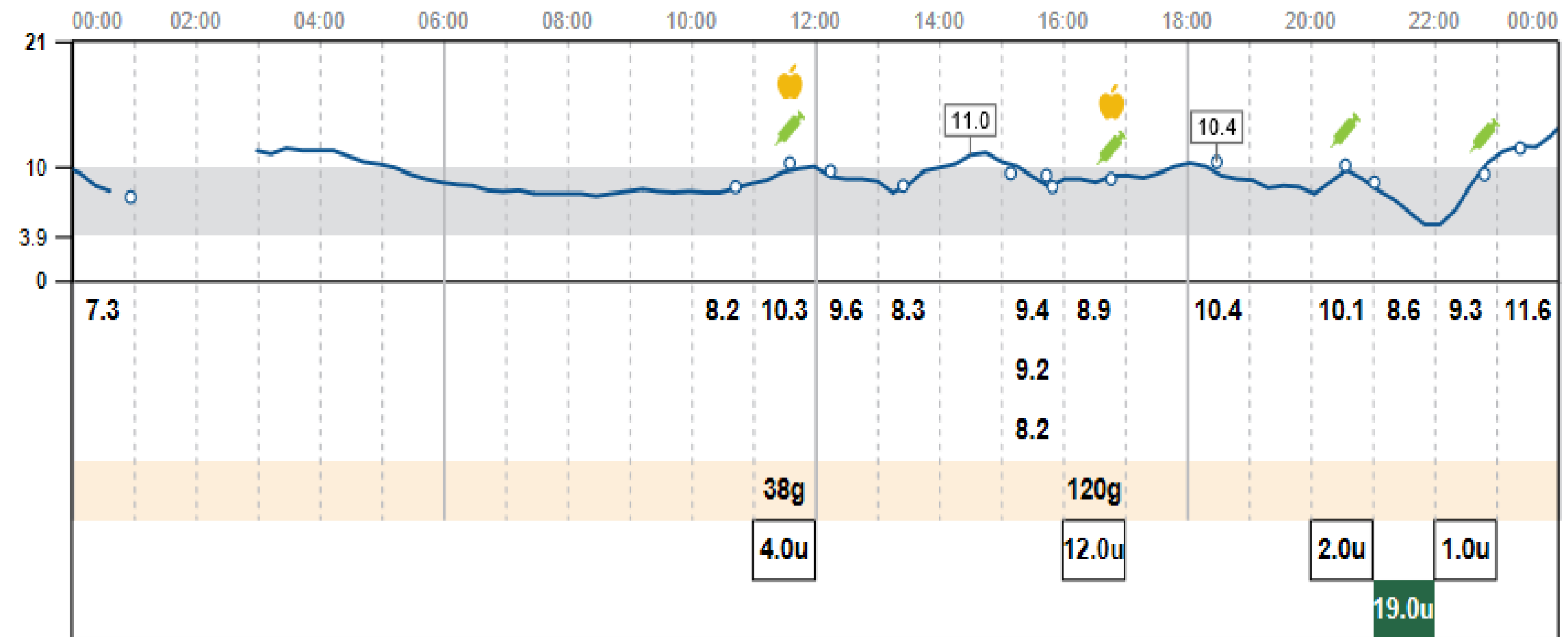
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TUE 18 Sep




Glucose mmol/L

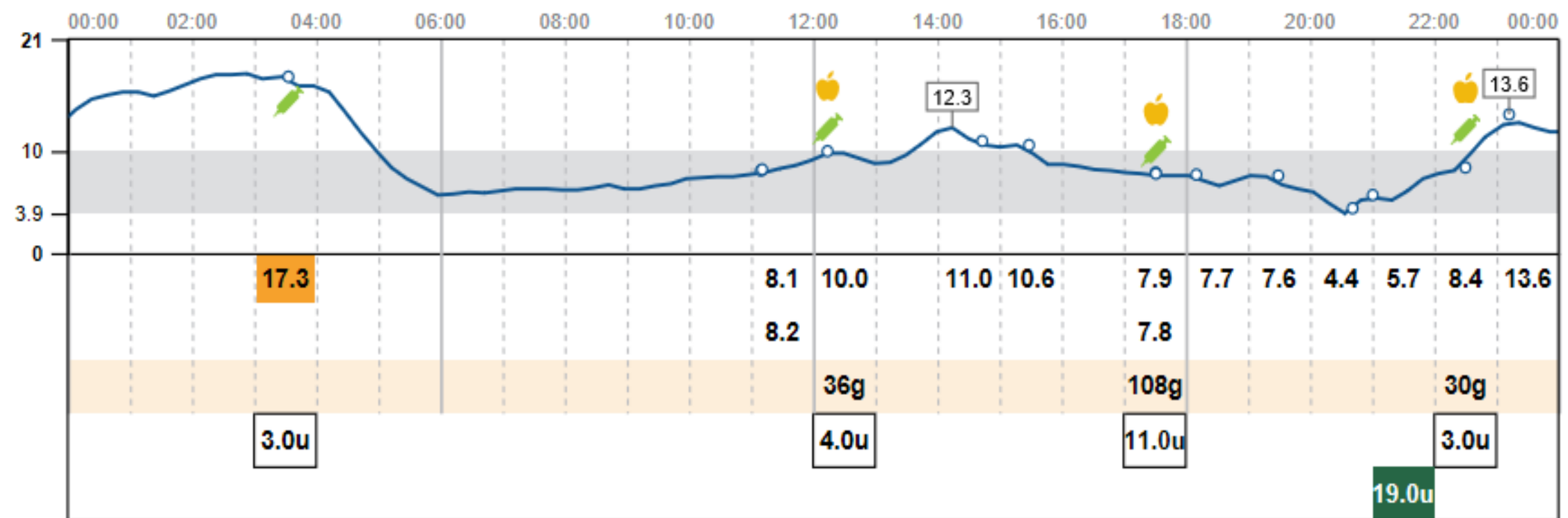
-  Carbs grams
-  Rapid-Acting Insulin
-  Long-Acting Insulin



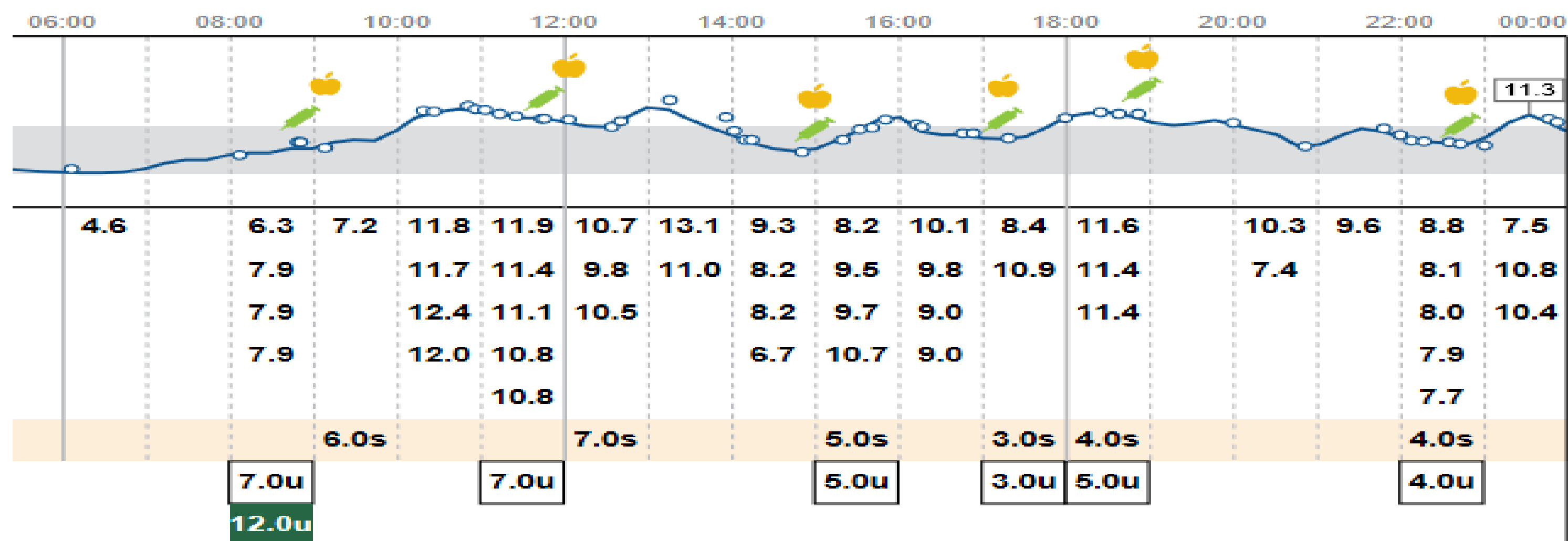
WED 19 Sep

Glucose mmol/L

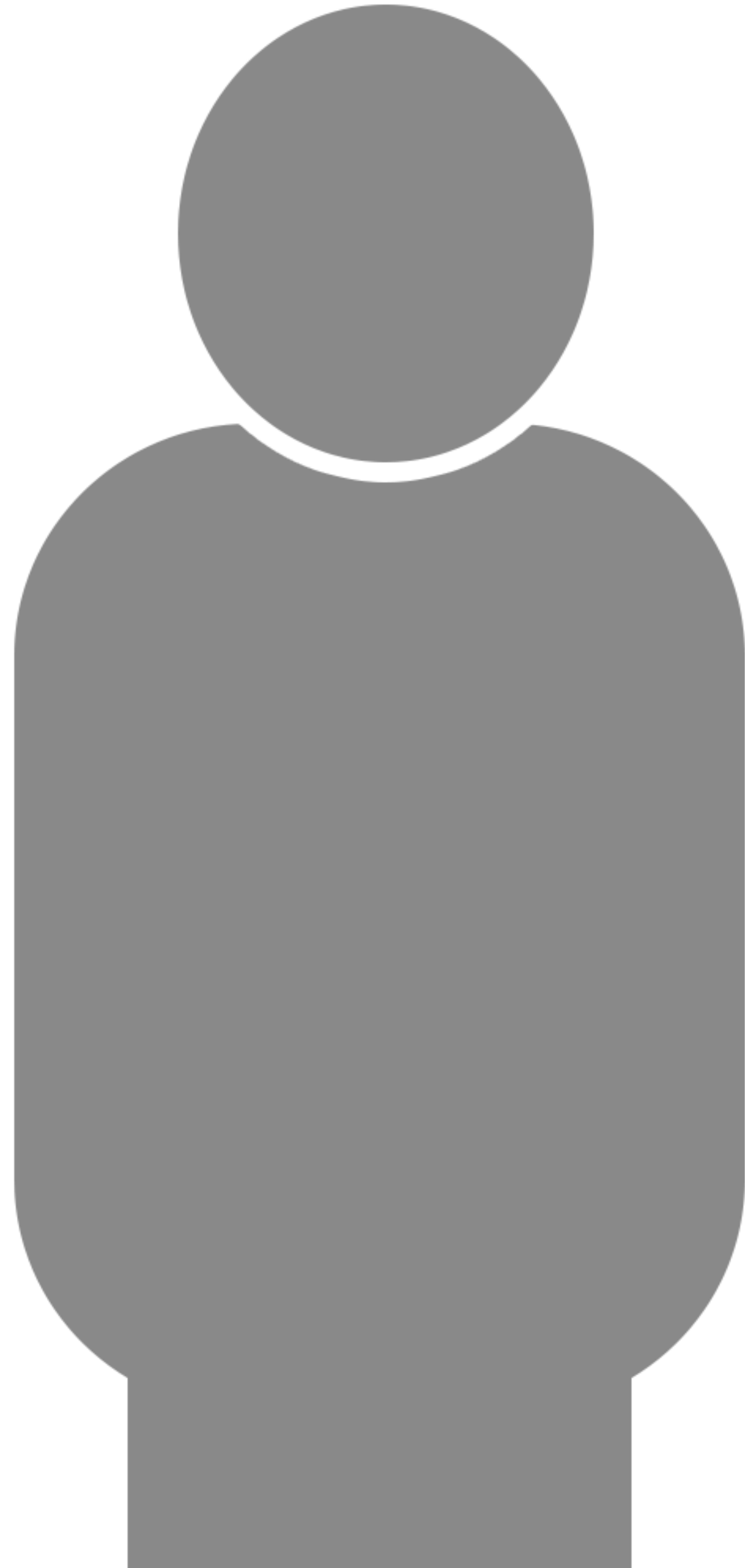
-  Carbs grams
-  Rapid-Acting Insulin
-  Long-Acting Insulin



Using Libre Traces



- ✓ Small, frequent meals
- ✓ Frequency of scans
- ✓ Frequency of injections
- ✓ Injecting 20 mins before meals
- ✓ Lower GI carbs



Conclusion

- Carbohydrates remain the main predictor of glucose levels
- Fat and protein in significant amounts do affect glucose levels and can cause variability if not considered
- You can use the Libre traces to adjust how insulin is delivered both with MDI and CSII
- Additional insulin may be required for high fat/ high protein meal
- The response varies between individuals
- Remember to check carbohydrate counting is accurate and I:C ratios are correct before considering taking additional insulin