DOI: http://dx.doi.org/10.53043/2832-7551.JCMCR.4.001

Commentary | Open Access

Lifestyle Modifications for Control of Type 2 Diabetes

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Received: January 03, 2024 Accepted: January 12, 2024 Published: January 18, 2024

Citation: Abdelhaleem Elmamoun Mohamed Taha. Lifestyle Modifications for Control of Type 2 Diabetes. J Clin Med Current Res. (2024);4(1): 1-2

Adopting healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use can prevent or delay the onset of type 2 diabetes, as well as preventing complications of an existing diabetes.

ISSN: 2832-7551

Self-management of chronic diseases has become the patient's responsibility [1], and it is stressed that the most important choices affecting the health of a person are made by that person, not by health professionals [2].

1-Dietary advice

As long as you stick to carb counting and low glycaemic index foods , no foods are strictly off-limits. Eat as much as your body needs. Get plenty of vegetables, fruits, and whole grains.

- Limit foods that are high in sugar and fat
- Reduce Saturated Fatty Acids to <7% of Total Kilo calories .
 - Avoid trans fats: Total mortality was inversely associated with intakes of saturated fatty acids (SFA). Higher levels of intake of industrial trans (hydrogenation) fats rather than ruminant trans fats are associated with all cause mortality, total CHD, and CHD mortality. Trans fats also produced in deep frying. However Conjugated linoleic acids (Ghee) have been studied for their beneficial effects in the prevention and treatment of many diseases, including obesity, cancer, diabetes, and cardiovascular diseases
 - Reduced intake of added sugars to less tha 10% of total energy .
 - Focus on plant-based protein .
 - Increase viscous fiber to 5- 10 g/day and plant sterols/ stanols to 2 g/day

Best Overall , The Mediterranean diet took first place, followed by The flexitarian (mostly plant-based) and DASH diets tying for second place

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2- Aerobic physical activity helps controlling blood glucose in addition to reducing LDL-cholesterol, non-HDL-cholesterol, and blood pressure

- Frequency of physical exercise: 3-4 sessions a week
- Intensity: Moderate to vigorous
- · Duration: 40 minutes on average

3- Achieve loss of 5–10% of your weight if overweight (BMI \geq 25)

Weight loss of 5-8 Kg leads to good control of blood glucose in addition to LDL-C reduction of 5mg/dl and an increase in HDL-C of 2-3 mg/dl.

While 3 Kg Weight loss reduces Triglycerides by 15 mg/dL

4- Smoking cessation

People with diabetes are more prone to develop ischemic heart disease, eye disease, stroke, kidney disease, blood vessel disease, nerve damage, and foot problems. Smoking increases your chance of getting these problems . Smoking also can make it harder to exercise.

5- Manage stress

Stress elevates your blood glucose. Anxiety may make you not able to manage your diabetes well. You may forget to exercise, eat right, or take your medicines. Find ways to relieve stress; through deep breathing, yoga, or hobbies that relax you.

6- Alcohol abstinence

It may be easier to control your blood sugar if you don't get too much alcohol . Alcohol can make your blood sugar go too high or too low. Some drinks; like wine coolers; may be higher in carbs, so take this into account when you count carbs [3].

Simple lifestyle measures like eating a healthy diet, avoiding sugar and saturated fats intake; physically activity of at least 30 minutes of regular, moderate-intensity activity on most days and achieving and maintaining healthy body weight have been shown to be effective in controlling hyperglycemia and preventing diabetes complications [4].

1. References

- 1. Feste C, Anderson RM. Empowerment: from philosophy to practice. Patient Educ Couns. 1995 Sep;26(1–3):139–44.
- Glasgow RE, Anderson RM. In diabetes care, moving from compliance to adherence is not enough. Something entirely different is needed. Diabetes Care. 1999 Dec;22(12):2090–2.

- https://www.webmd.com/diabetes/diabetes-lifestyle-tips on 2/1/2024
- Zargar AH, Wani AA, Laway BA, Masoodi SR, Wani AI, Bashir MI, et al. Prevalence of diabetes mellitus and other abnormalities of glucose tolerance in young adults aged 20-40 years in North India (Kashmir Valley). Diabetes Res Clin Pract. 2008 Nov;82(2):276-81.

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