

Glycaemic Index

Glycaemic Index (GI) is a way of ranking carbohydrates based on their short term effect on blood glucose levels. A high GI ranking indicates that the carbohydrate is digested quickly and cause a fast, high blood glucose reading. A Low GI ranking indicates that the carbohydrates are digested more slowly. Using low GI carbohydrate foods assists with managing blood glucose levels in individuals with diabetes.

Making Lower GI Choices

- Offer low GI cereals such as rolled oats, All Bran or Special K at breakfast.
- Offer baked beans as an alternate hot breakfast option
- Add barley or legumes to soups. Stew and casseroles.
- Use fresh or dried pasta where possible as this as a lower GI than canned spaghetti
- Ensure one low GI vegetable is served with each main meal. These include sweet corn, sweet potato or carrots.
- Choose low GI snack choices such as fruit slice, oatmeal or rich tea biscuits.
- Use rolled oats in crumble topping or add to meatloaf and rissoles instead of breadcrumbs.
- Offer milk as an alternative to tea and coffee.



Residents with diabetes should be provided with the normal menu, provided the amount and timing of carbohydrates throughout the day is regular and consistent.

Managing Diabetes in Aged Care Facilities

It is currently estimated that 17.9% of Australians between 64-75 and 23% of those above 75 have been diagnosed with diabetes. Compliance with an appropriate diet to assist with managing diabetes is important. However as malnutrition is a major concern within aged care facilities, the use of dietary restrictions or artificially sweetened products is not automatically warranted.

- Elderly people with diabetes have different dietary needs to young people with diabetes, where the focus tends to be on the prevention of diabetes related complications.
- Elderly people with diabetes should be assessed on entry into the nursing home by an Accredited Practising Dietitian, with periodic reviews of their individually tailored treatment plan. Each plan should take into consideration physical and mental status, co-morbidities, individual food preferences, risk of malnutrition and quality of life.
- Tightly controlling blood glucose levels is not always a major health priority with the elderly where prevention of acute illness, malnutrition and maintaining quality of life become more important.
- There is no evidence to support the idea that added sugar (for example in tea or coffee) should be eliminated from the diet of the elderly.
- Encouraging residents with diabetes to enjoy a variety of nutritious foods including high fibre choices can be more beneficial than promoting dietary restrictions.

- In instances where diabetes is poorly managed within an aged care facility, an assessment should be conducted by an Accredited Practising Dietitian and suitable modifications or suggestions discussed with the resident (where possible), food service staff, nursing staff and family.
- Residents with diabetes should be provided with the normal menu, provided the amount and timing of carbohydrates throughout the day is regular and consistent.

“the imposition of dietary restrictions on elderly residents with diabetes in long-term health facilities is not warranted. Malnutrition and dehydration may develop because of lack of food choices, poor quality of life and unnecessary restrictions. Specialised diabetic diets do not appear to be superior to standard (regular) diets in such settings. Therefore, it is recommended that residents served the regular (unrestricted) menu with consistency in the amount and timing of carbohydrates.”¹

1. Evidence-Based Nutrition Principles and Recommendation for the Treatment and Prevention of Diabetes and Related Complications. Position Statements American Diabetes Association. Diabetes Care, Vol. 26, S1, Jan 2003 (S51-S61)