

LETTER TO THE EDITOR

Let diabetic patients adjust their own diet to meet their calorie needs

In Indonesia standard diabetic menus have been developed and are available in many family clinics as eye-catching leaflets or are produced in a clinic bulletin. A number of practical diet guidance books for diabetic patients have also been written. In addition, some clinics hold periodic educational talks, small group discussions, and training to implement the right diet program for diabetics. In spite of this useful information low compliance remains a major problem, contributing to poorly controlled diabetes. In fact among diabetics poor diet remains a big problem in family clinics, especially among the poorer social classes. This is affecting improvements in diabetic control. This may mean that the information was 'too scientific' or the diet content was not based on the patient's daily favorite menu.

Although I could substitute rice for breads or potatoes for a while eventually I will turn back to rice as my staple diet, as my stomach has become accustomed to digesting rice. Diabetics have similar problems with the dietary guidance available. Although some patients do follow the dietary instructions perfectly, many will follow them for a while, but eventually go back to their favorite daily menu. The other problem is, that most of them cannot or fail to extrapolate the diet guidance into their daily menus.

Recently, I undertook a new approach to try to help patients adjust their regular diet to a diabetic diet. I asked my diabetic patients to make notes about everything they ate throughout a certain period, say 1 week. They had to include everything from early in the morning until late at night in a small notebook as honestly as possible. For elderly people who are no longer capable of writing I asked one of the family members to help. By the end of the week, I took a look at the notes and made some corrections while telling the patient the right type of food to meet their own needs.

I found this approach can be adopted easily by patients and may be valuable in enhancing compliance. Further study about this approach may be useful.

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