

## Big breakfast may be best for diabetes patients

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Study found morning meal rich in protein, fat actually curbed hunger, helped control blood sugar levels.

(HealthDay)—A hearty breakfast that includes protein and fat may actually help people with type 2 diabetes better control both their hunger and their blood sugar levels.

Patients who ate a big breakfast for three months experienced lower blood sugar (glucose) levels, and nearly one-third were able to reduce the amount of diabetic medication they took, according to an Israeli study that was scheduled for presentation Wednesday at the European Association for the Study of Diabetes annual meeting in Barcelona.

"The changes were very dramatic," said Dr. Joel Zonszein, director of the Clinical Diabetes Center at Montefiore Medical Center in New York City. "I'm impressed with these findings," added Zonszein, who was not involved with the study. "We should see if they can be reproduced."



The researchers based their new study on previous investigations that found that people who regularly eat breakfast tend to have a lower <u>body</u> <u>mass index</u> (BMI) than those who skip the meal. BMI is a measurement that takes into account height and weight. Breakfast eaters also enjoy lower <u>blood sugar levels</u> and are able to use <u>insulin</u> more efficiently.

The trial randomly assigned 59 people with <u>type 2 diabetes</u> to either a big or small breakfast group.

The big breakfast contained about one-third of the daily <u>calories</u> that the <u>diabetic patients</u> would have, while the small breakfast contained only 12.5 percent of their total daily energy intake. The big breakfast also contained a higher percentage of protein and fat.

Doctors found that after 13 weeks, blood sugar levels and blood pressure dropped dramatically in people who ate a big breakfast every day. Those who ate a big breakfast enjoyed blood sugar level reductions three times greater than those who ate a small breakfast, and <u>blood pressure</u> reductions that were four times greater.

About one-third of the people eating a big breakfast ended up cutting back on the daily <u>diabetic medication</u> they needed to take. By comparison, about 17 percent of the small breakfast group had to increase their medication prescriptions during the course of the trial.

The people eating a big breakfast also found themselves less hungry later in the day.

"As the study progressed, we found that hunger scores increased significantly in the small breakfast group while satiety scores increased in the big breakfast group," study co-author Dr. Hadas Rabinovitz, of the Hebrew University of Jerusalem, said in a news release from the association. "In addition, the big breakfast group reported a reduced urge



to eat and a less preoccupation with food, while the small breakfast group had increased preoccupation with food and a greater urge to eat over time."

Rabinovitz speculated that a big breakfast rich in protein causes suppression of ghrelin, which is known as the "hunger hormone."

The protein in the <u>breakfast</u> also likely helped control the patients' blood sugar levels, said Vandana Sheth, a certified diabetes instructor and registered dietitian in Los Angeles and a spokeswoman for the Academy of Nutrition and Dietetics.

"We know when you eat carbohydrates, they can elevate blood sugar within 15 minutes to an hour," Sheth said. "Protein takes longer to convert into glucose, as long as three hours, and not all of it goes to glucose. Some of it is used to repair muscle, for example. So it's not a direct effect—100 percent of the carbs you eat convert to glucose, while only a portion of protein you eat converts to glucose."

Zonszein said he has concerns about the study. For example, he said both the size and the length of the trial were insufficient, and he questioned why so many participants left before its conclusion.

However, he said the results were impressive enough that he might try the dietary strategy out in his own practice.

"It's a virtually benign manipulation of the meal pattern," Zonszein said. "I want to give it to my nutritionist to see what she thinks, and we may end up using it with several of our patients."

The data and conclusions of research presented at medical meetings should be viewed as preliminary until published in a peer-reviewed journal.



**More information:** For more information on a diabetic diet, visit the <u>U.S. National Library of Medicine</u>.

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