

Notes:

Bread is Fresh Market Tuscan-Style European style from Walmart.ca 56g, fat 1.5g, Saturated 0.4g, Trans, 0g, Fibre, 11%, Sugars, 2g, Protein, 9g, Cholesterol 0mg

Coffee is a mug with one teaspoon of Nescafe Gold Blend instant coffee with 2 sachets of Sweetner and a dash of 35% cream.

Bacon is smoked back bacon with just a little marbling of fat and cut 12 thickness. I get this from the local Dutch Market.

Most groceries are ordered online from Walmart.ca <https://www.walmart.ca/en>

Sausages are purchased from the local British store. <https://atasteofbritain.ca/>

Using FreeStyle Libre 2 meter which gives an alarm, if low goes to 3.8 or high goes to 13.2.

Sunday 27th April

Reduced my Ozempic shot from 05mg to 025mg to start weaning me of it. Intend to do this over 5 weeks. Should note difficulty in passing stool but by Friday 2nd May had no problem and actually got a touch of loose stool.

Tuesday 29th April

10:10 4.6 blood work - 1 slice of toast with butter and marmalade and dozen red grapes. 1 Lt water

12:05 13.5 blood work - took 50 units long acting insulin and 10 units short acting.

16:00 4.1 blood work - Had 5 fish fingers on a slice of toast and butter and a mug of tea with milk and half sweetner sachet also 3 cherry tomatoes. Also had 2 bourbonn chocolate flavoured cream biscuits as I felt like I needed something sweet. Also 1 can diet coke.

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18:20 12.8 blood work - took 8 units short acting.

22:20 6.2 blood work

Wednesday 30th April

Woke up 5.38 with low glucose alarm and was at 3.8 - Ate a couple of boiled sweets which usually do the trick but got the alarm again so went down and had a pork sausage sandwich with one sausage and one slice of toasted bread. Did a couple of web pages then went back to bed at 06.20 when my reading was 6.9.

Got up at 10:55 when my reading was 9.1

Had one pork sausage and four cherry tomatoes for breakfast and 1 lt water.

Took 50 units long acting and 6 units short acting at 11:10. at 11:55 was at 6.9.

12:15 1 mug coffee and 4 chocolate flavoured cream biscuits.

At 13:00 measured blood sugar and was at 10.8 going up so took 6 units short acting. Had incorrectly decided that with the drop in blood sugar and going down I'd incorrectly took short acting when I didn't need to hence the 4 biscuits.

18:04 blood work 3.8 18:24 had boiled potatoes, cabbage and ham and a dozen black grapes and 1 can diet coke.

19:10 blood work 8.7 21:06 8.9

01:40 blood work 4.8 and heading down so took a toasted bacon sandwich, one slice of smoked back bacon.

Thursday May 1

9:24 blood work 6.2

Small bowl of cherios and corn flakes and raspberries with milk and a sachet of sweetner. 1 Lt water.

11:50 blood work 11.5 and took 6 units short acting. 50 units long acting.

13:25 blood work 7.3 at 14:00 it was 5.8 and had a coffee and 4 rich tea biscuits.

15:10 blood work 9.9

16:42 blood work 5.3

18:25 blood work 8.7 after having a fry up of potatoes, 5 small ones already boiled, 2 x bacon, 2 x pork sausage, small onion, 5 cherry tomatoes and 2 eggs with 1 slice of toast and 1 can diet coke.

19:20 blood work 13.5 took 6 units of short acting

23:00 blood work 6.2

Friday May 2

02:20 blood work 3.8 and ate 1 slice back bacon toasted sandwich with 1 slice of toast.

09:40 blood work 6.1 and ate one fried egg on 1 slice of toast with four cherry tomatoes and 1 Lt water

10:30 blood work 5.3

12:25 blood work 9.3 took 40 units of long acting and had mug of coffee and 3 rich tea biscuits.

13:10 blood work 8.7

18:20 had a chicken curry with rice, half a small onion, a bit of green pepper and half a small nan bread and 1 can diet coke. After which blood work was 8.1 and rising. So decided to take 4 units of fast acting.

19:08 blood work 13.8 so took 6 units short acting.

Saturday May 3

03:07 woke up with Low alarm of 3.7 so had bacon and egg on toast with a cup of milk.

10:05 blood work 7.3

Had 1 slice of toast with butter and marmalade and 1Lt water

11:01 blood work 7.1 and ate 2 cherry tomatoes also took 40 units long acting

12:08 blood work 11.1 and took 6 units of short acting.

12:25 alarm went off for high at 13.4 and pointing up with vertical trend so took another 6 units of short acting. Had minor runs going to toilet.

13:46 blood work 9.6 and going down. Also ate 6 red grapes.

15:09 blood work 10.5 and stable.

17:05 had chicken curry and rice with small nann and diet coke.

18:05 11.7 and going high so took 4 units short acting.

18:43 15.8 and going high so took another 6 units short acting and continued to have minor runs.

20:07 16.3 levelled off.

21:17 11.6 heading down.

Sunday May 4th

08:37 woke with alarm for low at 3.7 so took one boiled sweet.

09:30 5.3

10:10 7.3 Had Breakfast of 2 fried eggs, 2 pork sausages, 1 slice toast, 1 potato as hash browns, 6 cherry tomatoes. 1 x Lt water.

10:55 7.3

12:20 12.9 Took 40 units long acting. Should have taken this earlier.

also took 0.25mg Ozempic

13:31 13.7 took 6 units of short acting.

13:40 had 2 hot dog buns with liver pate, lettuce and a little mayonase and 1 can diet coke

14:33 blood work 11.3

14:45 blood work 10.0

18:50 blood work 11.4

Dear Alastair,

Here goes -

[Background on Certified Diabetes Educator training, credentials and intended use. (advanced training and credentialing available to RNs, RDs, Pharmacists, Social Workers working with Physicians, ((as well as PAs and NP providers)) as physician extenders where diabetes care and education were/are essential.) We were expected to know and comment on all areas of diabetes care. The physician had the ultimate responsibility of examining and approving the recommendations of all staff working under him or her.]

My credentials have expired along with the ones as a Registered Dietitian and Licensed Dietitian/Nutritionist for the state of NC since 2015. I had a license in Massachusetts for one year only when I worked for a telephone nutrition and health education company in 2010. I still have retained some of the knowledge and hope it will benefit you and your care team.

I would recommend their RD check my math.

I will type this out in a printable pdf format.

What I would call meals range from 26 g cho (carbohydrate) to (very rarely) up to 90 g (if the rice eaten with chicken curry was 1 cup plus one small naan); most often meals are 35-55 g on average. Where saturated animal fat is present this is helpful in keeping blood sugars from falling too rapidly if risk of low blood sugar is present.

Your snacks range from 5 g to 30 g cho and vary according to the blood sugar being or trending low

You sometimes skip an lunch or evening meals perhaps due to a late start of the day because of being up in the middle of the night treating a low.

Overall recommendation:

C-peptide test for determining status of insulin production?

Physician may want to consider prescribing morning instead of hs (bedtime) dose of Tresiba long acting) due to frequent nighttime lows?

Physician may want to consider prescribing Trurapi just before regular meals which include 45 g minimum cho?

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Daily carb intake is lower than US RDA of minimal 40% of calories but not so low (below 100 gm) to produce ketosis although this may be a possibility on days when carb intake is ~ 107. Usual carb intake is 135-140 g cho per day.

US RDA would be, based on estimated caloric needs of 2100 calories per day with normal thyroid, kidney and liver function:

40% cho = 864 calories ÷ 4
= 216 g carb/day

20% pro = 420 calories ÷ 4
= 105 g pro ÷ 7 = 15 ounces pro/day

40 % fat = 864 calories ÷ 9

= 96 g fat/day

Carbs could be distributed in a 60 g per meal and 15 g per snack in a 3 meal and 2 snack (pm and hs) to achieve the ideal carb amount per day.

Alternatively 3 meals of 45 g and two snacks (pm 30 g and hs 45 g) could be recommended.

Recommend working up to these goals.

Caloric intake review is secondary to stabilizing blood sugars.

Caloric intake appears to be **not** excessive; not yet reviewed in detail.

Medications have not yet been reviewed for effects upon blood glucose although it is known statins may raise bg in some individuals.

Medications have not yet been reviewed for drug/nutrient interactions.

All this is to say you are doing great except for lows and too few carbs even with your having said you are not very active.

The lows at night are messing up your sleep. Messing up your sleep is messing with the timing of your meals and the taking of medicines during the day. It is a vicious cycle.

Cheers. Keep up the good work!

Pat