



Enjoyable Eating with Diabetes:



Part 2 for Parents and Carers

Children and Young People's Diabetes Team Contact Details:

Dietitian's Telephone Number:

Diabetes Specialist Nurses Telephone Number:

Email Address (for non-urgent queries):

Let hunger and fullness guide portion sizes:



Appetites often vary from day to day, and that's completely normal. Our bodies are able to give us cues to tell us when we are hungry and when we are full. It is important for all children, not just those living with diabetes, to tune into these feelings of hunger and fullness. Ignoring these cues as a child can lead to difficulties recognising these feelings later in life.

Living with diabetes adds new considerations, including carbohydrate counting and taking insulin before food. The focus can sometimes be on these, but don't lose track of your child's appetite. They are unlikely to want or need the same portions or carbohydrate count every day. As they get older and grow, their portions should naturally increase.

Check with your child how hungry they are before the meal is carbohydrate counted.

If they start eating and realise they are getting full, don't force them to finish it or eat beyond their point of fullness. If they couldn't finish the carbohydrates, see if they can eat or drink something else to make up most of these up within the next hour while the insulin is still working.

If they finish their meal and realise that they are still hungry, suggest they fill up on very low carbohydrate foods, or carbohydrate count the extra food and give insulin, or have more and correct later.

Know about Head, Heart and Tummy Hunger



Tummy hunger is genuine physical hunger, and goes away when we eat. We usually get tummy hunger when we have not eaten for a while, or after being active e.g.



sport.

Heart hunger is often a way of trying to soothe feelings we don't like or when we are bored. It can be called comfort eating.



Head hunger (or craving) is when we see or think of food and want to eat it, whether or not we are hungry.

Help your child to express and manage emotions, and try not to use food to soothe a child or encourage them to behave in a certain way.

We can still feel hungry or dissatisfied afterwards when we eat in response to head or heart hunger. Mindful eating is one way of being more aware of how and why we eat. You can ask for more information or look at: [Mindful Eating](#). - Derbyshire Healthy Future Service (link on page 4).

It is normal to eat from a mixture of head, heart and tummy hunger, although tummy hunger should be the main one.

If tummy hunger is continually ignored (for example because your child wants to do other things or play with friends) there is a risk of under-eating. If head or heart hunger take over most of the time, there is a risk of eating beyond fullness and gaining extra weight. Please chat with us if you think any of these are an issue.

Be spontaneous and respond to variable appetite

Having diabetes can reduce spontaneity around food. It's useful to know which healthy low carbohydrate foods can be had without insulin. This can help during meals when your child just wants a bit more, or when they are suddenly hungry between meals. Here are some ideas (healthy foods with 5g carbohydrates or less, choose lower fat options). See what else you can find under 5g:



Carrot/pepper/celery/cucumber/tomatoes and other salad	Home-made vegetable soup (vegetables and stock, without potatoes)	Vegetables at a meal (except peas and sweetcorn which are usually carbohydrate counted)
A skewer of roasted vegetables	Small portion of olives/gherkins/pickled onions (try olives and feta)	A tablespoon of salsa, cottage cheese or hummus with vegetable sticks
A small handful of plain nuts or seeds	An apricot/kiwi /plum/satsuma	A small handful of blueberries or raspberries
A cracker	A breadstick	Sugar-free jelly, sugar-free ice pop
Meat (low fat) /chicken//turkey/fish	Cheese (try 'low fat')	Egg (try scrambled egg or omelette)

Keep offering new foods

Some children eat a fairly limited range of foods and are not confident in trying new ones. There can be an added worry if you think they could go hypo by not eating. It can then be tempting to only give your child the foods you know they will eat, even if there are not many different choices.



However we encourage you to be confident in offering lots of opportunities to try new foods. If your child is not sure if they will like a food, it is possible to give less insulin initially or offer a very small 'tasting' portion alongside their regular meal. Some new foods may be very low in carbohydrate anyway e.g. vegetables, fish, meats, so it doesn't matter if these are eaten or not.

There are a number of factors that can help increase a child's willingness to try new foods and learn to like them:

- Frequent and repeated chances to try: we are more likely to try foods that are familiar to us. If your child says they don't like a food, this doesn't necessarily mean they won't like it forever. Give frequent, repeated chances to taste a new food - they may need at least 10 small tastes before they know they like it.
- Time to explore (without pressure to eat): When given time to explore the look, touch and taste of a new food without pressure we are more likely to try it.
- Positive role modelling: Children can be anxious about trying a new food, in case they won't like it or it may harm them. To help them learn it is safe and enjoyable, cook eat and explore together, talk positively about the food and use positive facial expressions.

Positive weight and body talk

Children of all ages pick up on things adults around them say. Talking about food and nutrition can't be avoided when managing diabetes, but the way we talk about food and bodies is important. Focus on eating well and taking part in enjoyable activity.

Avoid commenting on your child (or anyone else)'s weight or size, and also avoid dieting talk. Healthy bodies can be different shapes and sizes, and being comfortable with our body really matters. It is good to think how to be as healthy as possible whatever our shape.



It can sometimes be helpful to acknowledge that there is a lot of pressure in this society to be slim. But a slim body is not necessarily healthy. Help your child recognise that the body images promoted by the media and on social media are often photo-shopped, giving an unrealistic impression of how people look. Encourage your child to feel good about the way they feel and look. And remember all the fantastic things our bodies do for us all day (moving, breathing, feeling, thinking and so much more), rather than focusing on how they look.

Develop food skills for life



This includes involving your child in:

- Food shopping
- Planning and preparing meals
- Cooking
- Clearing up and washing up after a meal

Most importantly - have fun eating together!

If diabetes means food or mealtimes are no longer fun or are becoming stressful, speak to the diabetes team for support and individual advice.

Useful Resources and Information on 'Eating Well':

Change4Life – NHS England:

<https://www.nhs.uk/change4life/about-change4life>

The British Dietetic Association Food Facts:

<https://www.bda.uk.com/food-health/food-facts.html>

British Nutrition Foundation:

<https://www.nutrition.org.uk/>

Digibete – a place to help young people and families to manage Type 1 Diabetes:

www.digibete.org

Mindful Eating - Derbyshire Healthy Future Service:

http://www.dchs.nhs.uk/assets/public/dchs/llb/tools/tools_1-11/3_DCHS_A5_4pp_Mindful_Eating.pdf

Designed and Produced by:

Alison Ashworth, Paediatric Diabetes Dietitian, East Lancashire Hospitals NHS Trust

Steffie ElHassan, Specialist Paediatric Dietitian, Bolton NHS Foundation Trust

Gillian Hopper, Lead Psychologist for the 'Children and Young People's North West Diabetes Network' and Wythenshawe Hospital, Manchester University NHS Foundation Trust

Dr Laura Nicholson, Clinical Psychologist, East Lancashire Child and Adolescent Service (ELCAS), East Lancashire Hospitals NHS Trust

Louise Salsbury, Lead Dietitian for the 'Children and Young People's North West Diabetes Network' and Manchester Children's Hospital, Manchester University NHS Foundation Trust

Dr Anna Simmons, Clinical Psychologist, Alder Hey Children's NHS Foundation Trust

Elizabeth Voyle, Emotional Well-being Practitioner, Children's Diabetes Team/ELCAS, East Lancashire Hospitals NHS Trust

Acknowledgments:

The members of the 'Children and Young People's North West Diabetes Network' for their review of the document before publishing.

The dietitians at University College London Hospitals for their leaflet: 'Under Five's, Food, Activity and Diabetes', some of which is reproduced here.

Review Date:

2021