



# Lifestyle discussions for people with type 2 diabetes: An overview

Lifestyle changes are a core part of type 2 diabetes management, and all guidelines encourage lifestyle discussion at diagnosis and during each consultation. Diabetes self-management education programmes educate about, and actively encourage, lifestyle change. This first factsheet provides tools to facilitate lifestyle discussions. Future factsheets in the series will each focus on one lifestyle change in more depth, sharing current guidance, recent publications that will change practice, and signposting to more in-depth education and resources for those who want to learn more.

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## Challenges

As clinicians, we understand lifestyle changes are important, but we recognise a number of challenges to initiating discussions about lifestyle:

- How to sensitively initiate discussions.
- How to complete lifestyle discussions within the allocated consultation time.
- Often our own lack of confidence due to perceived lack of knowledge.
- People with diabetes' resistance to discussing or making changes to their lifestyle.

Some ways to minimise these challenges include:

- Using a “bubble diagram” (see *Figure 1*) to help set the agenda and encourage the person with diabetes to choose what they are ready to talk about.
- Identifying the person's readiness to change and focusing on an area where they feel ready to make a change.
- Using a coaching approach focusing on asking questions and identifying what changes the person perceives they can make.
- Helping people set SMART (Specific, Measurable, Achievable, Realistic, Timed) goals.
- Sharing prepared core messages of the benefits of potential lifestyle changes, supported by resource links
- Documenting stages of change and goals to facilitate follow-up discussions.



Figure 1. A bubble diagram can be a helpful visual aid to set the discussion agenda and identify what the person with diabetes wishes to talk about.

## What aspects of lifestyle change are important for people with type 2 diabetes?

### The Six Pillars of Lifestyle Medicine

- Healthy eating and weight loss/maintenance
- Physical activity
- Sleep
- Avoiding risky substances (smoking, alcohol, drugs)
- Managing stress
- Relationships

There is an evidence base demonstrating how each lifestyle area can be optimised to reduce type 2 diabetes risk, improve glycaemic control and reduce complications. It is important to help people understand that even small changes can be beneficial: “Some change is good, more is better”.

Many aspects of lifestyle interact – for example, being sleep-deprived increases poor food and drink choices, makes people less likely to be active and can alter mood. Making small changes in one lifestyle area can provide wider benefit. Lifestyle changes benefitting diabetes also have positive impact on other chronic diseases

## Healthy eating

### Questions to ask

- What are your favourite foods?
- What do you like to eat?
- Do you have questions about what you eat and your diabetes?
- Have you made any recent changes to your diet?
- What do you eat that's good for your diabetes?

### If weight loss is part of the conversation:

- Are you happy to talk about your weight?
- What would be the advantage to you of losing weight?
- Is this the right time for you to consider losing weight?

### Resources for healthcare professionals

- Diabetes UK (2018): [Evidence-based nutrition guidelines for the prevention and management of type 2 diabetes](#)
- Diggle J (2019): There is no such thing as a diet for type 2 diabetes... or is there? [Part 1](#) | [Part 2](#)
- Diggle J (2019): [How to improve carbohydrate awareness](#)
- Brown P (2020): [What people with diabetes are reading: Life Without Diabetes](#)
- Carbs & Cals: [Over 50 printable PDFs](#)

### Resources for people with diabetes

- Diabetes UK: [What is a healthy, balanced diet for diabetes?](#)
- Leicester City CCG: [Healthy Asian cooking resource](#)

### Dietary discussion points

- Encourage people to choose an eating pattern that suits them
  - Encourage nutrient-dense, not calorie-dense, foods. Unprocessed rather than ultraprocessed
  - For weight loss, no eating pattern is significantly better than another over the long term; in the short term, low- or very-low-carbohydrate diets are associated with more weight loss
  - If willing to consider changing eating patterns, one or more of the following options can be discussed:
    - Mediterranean eating patterns (and culturally adapted versions): fruit and vegetables; legumes; small amounts of dairy and meat; olive oil; nuts; seeds
    - DASH diet (low sodium, low saturated-fat; high fruit and vegetables; low-fat dairy)
    - Whole-food, plant-based diets: vegetarian, vegan
    - Low-carbohydrate (<130 g/day) or very-low-carbohydrate (<50 g/day) eating patterns
    - Low-glycaemic-index/glycaemic-load diets
    - Very-low-calorie diets in the short term for remission or when weight loss is urgent
  - If not willing to change eating patterns, or if interested to know more, discuss:
    - Intermittent fasting (e.g. 5:2 diet)
    - Time-restricted eating (aiming to eat only during an 8–12-hour window daily)
  - The eating patterns (and other lifestyle changes) which help prevent and manage type 2 diabetes are beneficial for other chronic conditions
  - Encouraging even small changes in diet can benefit many aspects of the person's health. If keen to explore food further, suggest a 3-day food diary and appointment with appropriate member of the team
- Note:** Future factsheets will share ways to help facilitate behaviour change and will explore each of the lifestyle areas in more depth, summarising current guidance, reviewing recent evidence that might change practice and signposting to resources for those who want to learn more.

## Physical activity

### Physical activity discussion

- Encourage to stay active every day
- Accumulate physical activity across the week. “Every minute counts”: 10-minute bouts no longer required
- Most benefit in those who are sedentary and move to doing some physical activity
- Discuss the Chief Medical Officers’ recommendations:
  - Build strength at least 2 days per week (gym, yoga, carry heavy bags)
  - At least 150 minutes of moderate-intensity (increased breathing, still able to talk) or 75 minutes of vigorous-intensity (breathing fast, difficulty talking) per week, or a combination
  - Minimise sedentary time: break up periods of inactivity with light activity
  - Older adults: improve balance (e.g. bowls, dance, T’ai chi) 2 days per week to reduce frailty and falls

### Questions to ask

- What type of physical activity do you enjoy?
- What is your favourite type of exercise? How often do you manage to do it?
- Does anything stop you from exercising as much as you want to?
- Are you physically active at work or with tasks at home?
- How many hours a day do you sit at work or at home?

### Special cautions and individual discussions required for some groups

- Peripheral neuropathy, cardiac autonomic neuropathy, foot deformities or ulceration
- Retinopathy attending ophthalmology: seek guidance about what is safe
- Established or high risk of cardiovascular disease: consider cardiology advice

Physical Activity Readiness Questionnaire (PAR-Q) or other questionnaires can help identify people who may need extra assessment. Clarify habitual activity level and planned level

### Resources for healthcare professionals

- UK Chief Medical Officers (2019): [Physical activity guidelines](#)
- RCGP: [Physical activity and lifestyle toolkit](#)
- Yates T (2019): [How to recommend physical activity to people with diabetes safely](#)

*(Factsheet continues overleaf)*

## Stress

### Stress discussion

- Help the person get specific about their stressors and whether they can realistically do anything to remove or reduce them
- Brainstorm coping mechanisms to reduce stressors if possible and deal with those that cannot be changed
- Significant two-way interaction between stress and other lifestyle areas – both positive and negative. Tackling some of the other areas first may decrease stress
- Journaling, breathing, meditation, mindfulness and relaxation techniques can be self-taught and have significant benefit in reducing stress and its health consequences

### Questions to ask

- Do you feel your life is stressful?
- What causes you to feel stressed?
- How do you know you are becoming stressed?
- What do you do to help reduce your stress levels?
- Do you think your stress levels impact on your ability to manage your diabetes?

### Resources for healthcare professionals and people with diabetes

- Benson H, Klipper MZ (2000): [The Relaxation Response](#)
- NHS: [Stress resources](#)
- Kabat-Zinn J (2013): [Full Catastrophe Living](#)
- NHS: [10 stress busters](#)

## Risky substances

### Risky substances discussion

- Addiction is a chronic disease of brain reward, motivation, memory and related circuits which results in an inability to consistently abstain from use of the substance
- Up to 50% of addiction may be genetic – can be influenced by lifestyle
- Cycles of relapse and remission are common, so reassure about “relapse not collapse”
- People with addictions are often unable to meet their obligations in daily life
- Caffeine is the commonest addictive substance in widespread use. However, caffeine has beneficial effects on wakefulness and focus, and in reducing neurological diseases
- People with diabetes are at increased risk of cardiovascular disease, and cigarette smoking and other risky substances increase that risk.
- Health benefits begin shortly after quitting smoking

### Questions to ask

- Do you smoke? If so, are you keen to quit?
- Do you drink alcohol? If so, how many units per week?  
(**Note:** use AUDIT-C [on clinical systems] to identify those who may benefit from more in-depth discussion)
- Do you use any recreational drugs, such as cannabis, cocaine or heroin?

### Resources for healthcare professionals

- NICE: [Resources on smoking and tobacco](#)
- NICE: [Resources on alcohol](#)
- Brown P (2020): [How to help people with diabetes stop smoking](#)

### Resources for people with diabetes

- NHS: [NHS stop smoking services help you quit](#)
- British Lung Foundation: [How can I quit?](#)
- NHS: [Alcohol support](#)

## Sleep

### Sleep discussion

- Explain how much sleep is needed, and remind of the importance of regular bedtimes and wake times, and of keeping them the same at weekends
- Encourage not to worry about lack of sleep
- Help the person identify potential causes of impaired quantity or quality of sleep to allow targeted management
- Avoid blue/screen light exposure close to bedtime: blocks melatonin production
- Discuss sleep hygiene measures and cognitive behavioural therapy for insomnia (CBT-I) resources

**Note:** Sleep physiology, circadian rhythms, sleep hygiene advice and the impact of sleep disorders on people with type 2 diabetes will be discussed in a future factsheet.

### Questions to ask

- How many hours do you usually sleep each night?
- Does this differ at weekends?
- Are you happy with your sleep?
- Any difficulty getting to sleep? Do you waken in the night?
- What disrupts your sleep?
- How do you feel in the morning (rested, energetic, tired, low mood)?

### Resources for healthcare professionals and people with diabetes

- Walker M (2018): [Why We Sleep: The new science of sleep and dreams](#)
- Mosley M (2020): [Fast Asleep: How to get a really good night's rest](#)
- NHS Live Well: [How to get to sleep](#)

## Relationships and social support

### Relationship discussion

- Explore important relationships in more depth - who, what kind of support do they provide, face to face or social media?
- If social media use is prominent in the discussion, explore the person's perceived benefits and harms from it
- If feelings of isolation are present, brainstorm ways to increase social contact
- Explore ways they can stay in touch with friends, family and contacts.
- If you have access to social prescribing, discuss benefits and options and encourage to accept a referral

### Questions to ask

- Who are the important people in your life?
- Do you have someone you talk to most days? Do they live with you?
- If you think about a typical day or week, who do you see or talk to?
- How much time do you spend on social media each day?
- How much time do you spend interacting face to face each day?
- How many people do you feel close to or enjoy spending time with?
- Who do you have to meet or speak to that you don't like?

### Resources for healthcare professionals

- E-learning for Health: [Social Prescribing – Learning for Link Workers](#)
- Drinkwater C, Wildman J, Moffatt S (2019): [BMJ Clinical Update: Social prescribing](#)