

A large, thick yellow brushstroke forms a circular shape around the text, with some paint splatters extending outwards.

# **PCDO Society Masterclass Diet advice: Separating fact from fiction**

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# Aims

- To offer a space to explore current trends in nutrition
- To increase confidence of healthcare professionals working in primary care when discussing nutrition trends within diabetes and obesity

# Outline

1. Which diet is best?
2. Time-restricted eating
3. The ZOE effect
4. Myth busting

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# 1. Which diet is best?

- Mediterranean
- Low-fat
- Low-carb
- Keto
- DASH-diet
- Intermittent fasting
- Plant based
- Other?





# 1. Which diet is best: Guidelines

- American Diabetes Association Standards of Care in Diabetes (2025)
  - *Macronutrient distribution should be made on an individualized assessment of current eating patterns, preferences and metabolic goals*
- NICE NG28 Type 2 diabetes in adults: management (2022)
  - *Individualised and ongoing nutritional advice from a healthcare professional with specific expertise and competencies in nutrition*
  - *Sensitive to the person's needs, culture and beliefs, being sensitive to their willingness to change and the effects on their quality of life*
  - *Same healthy eating advice as the general population*
- Diabetes UK Evidence-based nutrition guidelines for the prevention and

# 1. Which diet is best: Summary

- Individual approach – see the person, see their life, beyond the health condition
- Sustainable changes with food, movement, and psychology (which can lead to weight loss, if applicable)
- Structured education, where appropriate
- "The best diet is the one you can stick to"

## 2. Time restricted eating

- Time restricted feeding (TRF)
- Chrononutrition
- Autophagy
- 8hr or 10hr window ad libitum and then fast or 'dirty fast'
- Mixed evidence
- See the person!



### 3. The "Zoe effect"

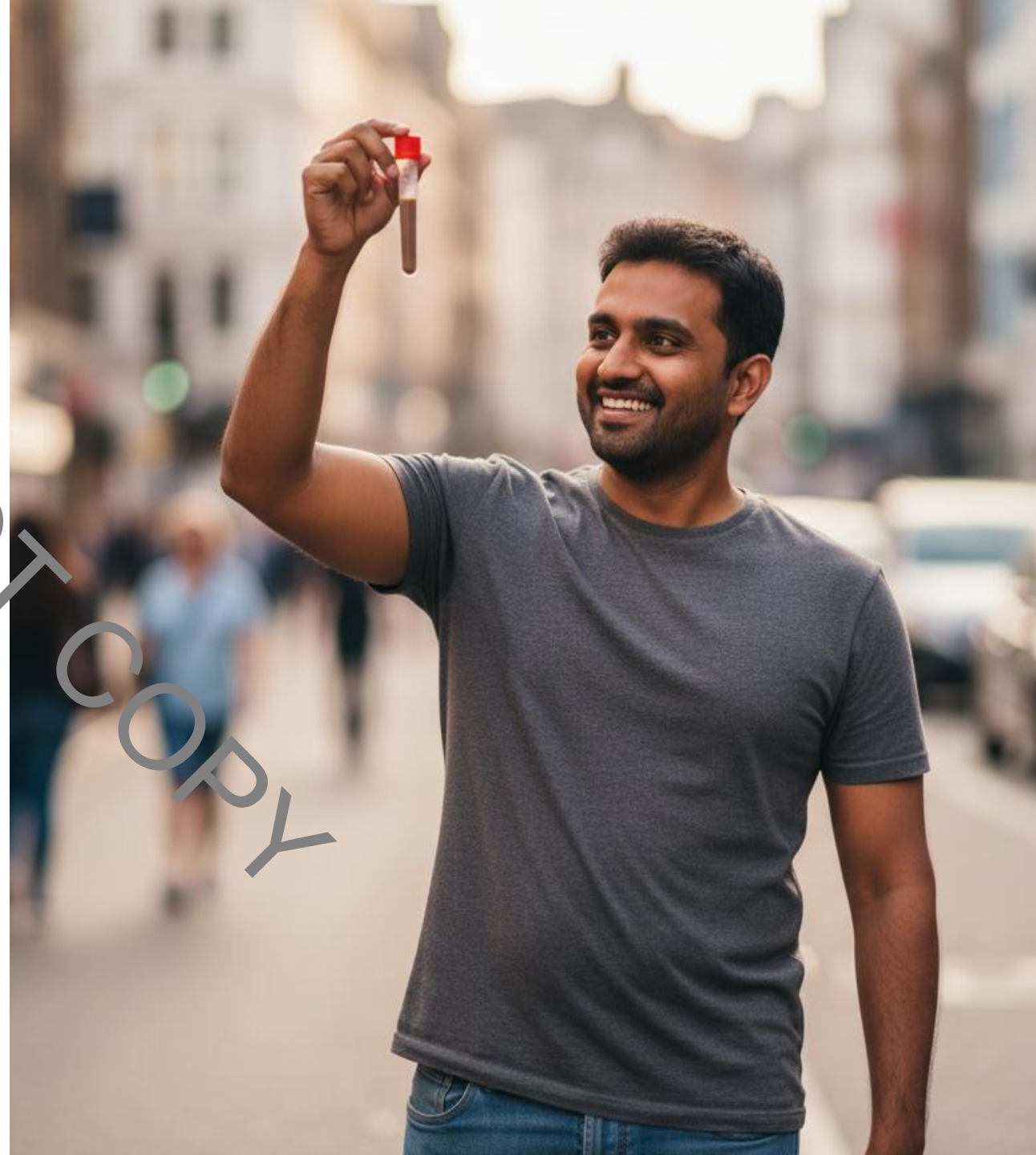
- What do you think?
- Can also be known as:
  - The Glucose Goddess effect
  - Thriva
  - "Tiktok told me..."
  - Genetic testing





### 3. The Zoe effect

- What can we agree on?
- What's the harm?
- Where do we go now?





## 4. Myth busting

- Under your chairs are a two cards; one green and one red
- Green = true
- Red = false
- After each vote, join with healthcare professionals around you to develop a quick-patient friendly answer to bust this myth.
- Top tips:
  - Avoid jargon
  - Lead with compassion
  - Actively deconstruct blame and shame



## 4. Myth busting

People with diabetes should not eat fruit

True

False

## 4. Myth busting

People with diabetes should not eat fruit

False

*"Whole fruit is a great source of vitamins, minerals and fibre which are important for the body to function. As fruit does raise blood glucose, it's a good idea to spread it through the day and aim for a fist-size portion at a time. Lower sugar options, like berries, are great choices for people with diabetes, but maintain the fist-size portion."*



## 4. Myth busting

Everyone should be eating a low-carb diet

True

False

## 4. Myth busting

Everyone should be eating a low-carb diet

False

*"We are all individual and need a diet that works for the person. A low-carb diet is less than 130g of carbohydrate per day. Research has shown that low carb diets can help some people with type 2 diabetes with weight management and glucose management. **Low** carb doesn't mean **no** carb."*

## 4. Myth busting

Type 2 Diabetes can be reversed

True

False

## 4. Myth busting

Type 2 Diabetes can be reversed

True

*"When glucose levels return to a healthy level, with no medications, for 3 months, we call this remission of type 2 diabetes. The evidence shows that for people that have had type 2 diabetes for less than 5 years, the more weight that is lost, the greater the chance of remission. Sustainable, life-long changes help with reducing weight and reducing the chance of weight regain."*



# Signposting

- British Dietetic Association
- Diabetes UK elearning
- Know Diabetes
- MyNutriWeb
- Dr Nicola Guess (Substack)

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# Thank you

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