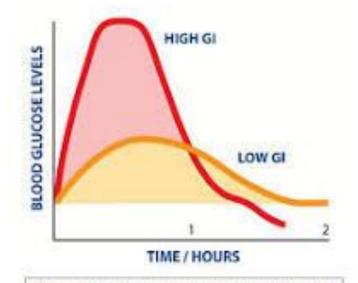


Dr B Sesikeran MD, FAMS
Former Director
ICMR NIN

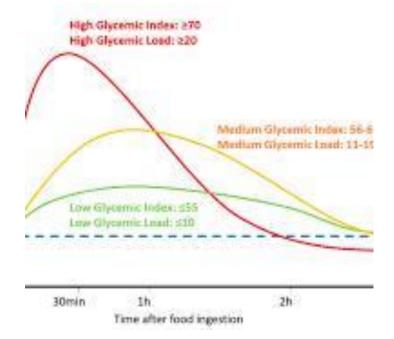
The glycemic index (GI)

- Is a measure of the blood <u>glucose</u>raising potential of the <u>carbohydrate</u> content of a food compared to a reference food (generally pure glucose).
- Carbohydrate-containing foods can be classified as high- (≥70), moderate- (56-69), or low-GI (≤55) relative to pure glucose (GI=100).





The amount of carbohydrate in the reference and test food must be the same.





GI by composition of carbs in Foods

Foods with simple sugars like
 Glucose and Fructose – High Gl

 Foods with Complex Carbohydrates that digest fast-High/ Moderate

 Foods with Complex Carbs that digest slowly- Moderate/ Low GI

Calculating Whole meal GI

Meal GI = [(GI x amount of available $\frac{\text{carbohydrate}}{\text{carbohydrate}}$)_{Food A} + (GI x amount of available $\frac{\text{carbohydrate}}{\text{carbohydrate}}$)_{Food B} +...]/ total amount of available $\frac{\text{carbohydrate}}{\text{carbohydrate}}$

Based on published values it gave an over estimate by 22 to 50% compared to whole meal GI

(Dodd H, Williams S, Brown R, Venn B. Calculating meal glycemic index by using measured and published food values compared with directly measured meal glycemic index. Am J Clin Nutr. 2011;94(4):992-996



Example

 A low GI Rice made into a sweet Pongal with sugar / Jaggery will still show a high post prandial plasma plasma glucose

 A low GI rice with legumes and non starchy vegetables likely to show a lower PPG levels

Fiber more predictive than GI on Glucose levels

• <u>Plasma</u> glucose was found to be significantly higher following consumption of a high-GI and low-fiber breakfast

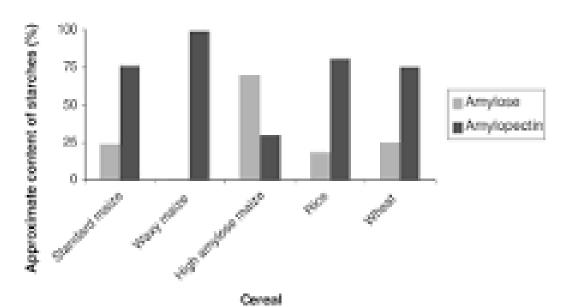
than following a low-GI and high-fiber breakfast.

However, there was no significant difference in postprandial glycemic responses between high-Gl and low-Gl breakfasts of similar fiber content

(Silva FM, Kramer CK, Crispim D, Azevedo MJ. A high-glycemic index, low-fiber breakfast affects the postprandial plasma glucose, insulin, and ghrelin responses of patients with type 2 diabetes in a randomized clinical trial. J Nutr. 2015;145(4):736-741)

Total Fiber (g%) IFCT – ICMR NIN

Cereal	Total Fiber g%
Wheat flour refined (Maida)	<mark>2.76</mark>
Whole Wheat Flour (Atta)	<mark>11.36</mark>
Semolina (Sooji)	9.72
Bajra	11.5
Jowar	10.2
Quinoa	<mark>14.6</mark>
Rice Raw Brown	4.43
Rice Raw Milled	2.8



Amylose(Slow Digestible Carb) and Amylopectin (Rapidly Digestible Carb) content

	Amylose content (%)	Amylopectin content (%)	Amylopectin content/Amylose content
Wheat	35.54±0.23	62.17±0.32	1.75
Corn	31.88±0.14	60.27±0.55	1.89
Rice	18.68±0.14	81.28±0.30	4.35
Waxy rice	0.65±0.045	91.73±0.11	141.12
Quinoa	7.00±0.29	84.24±1.54	12.03

Values are means \pm SD (n = 3)

Courtesy Dr Malleshi CFTRI

GR also affected by ...

Ethnicity
Metabolic status,
Eating habits (e.g., the degree to which we masticate),

- (Ranawana V, et al Mastication effects on the glycaemic index: impact on variability and practical implications. Eur J Clin Nutr. 2014)
- (Sun L,et al . The impact of eating methods on eating rate and glycemic response in healthy adults. Physiol Behav. 2015)



Comparison of postprandial glycaemia in Asians and Caucasians B S Venn¹, S M Williams, J I Mann Diabet Med 2010

- Abstract
- **Objective:** To compare postprandial glycaemic responses between Asian and Caucasian subjects.
- **Conclusions:** The findings suggest that dietary recommendations for people with diabetes and those at risk of Type 2 diabetes may be more appropriate if based on research in the ethnic group for which they are intended. iAUC was higher in Asians than Caucasians for the same meal



GI vs Glycemic Load(GL)

- $GL_{Food} = (GI_{Food} \times amount (g) \text{ of available } carbohydrate_{Food} \text{ per serving})/100$
- For a typical serving of a food, GL would be considered high with GL≥20,
- intermediate with GL of 11-19,
- and low with GL≤10.
- Eg: one serving of watermelon and a mediumsized doughnut have similar GI.

GI vs Glycemic Load(GL)

- But Watermelon has a GL of 5-8, while Doughnut has a GL of 38. (Glycemic-index.net)
- Dietary GL is the sum of the GLs for all foods consumed in the diet.
- Source:Reviewed in March 2016 by: Simin Liu, M.D., M.S., M.P.H., Sc.D. Professor of Epidemiology, Professor of Medicine Brown University
- Copyright 2003-2024 Linus Pauling Institute



Diabetes mellitus

Whether low-GI foods could improve overall blood glucose control in people with type 1 or type 2 diabetes mellitus

A meta-analysis of 19 randomized controlled trials that included 840 diabetic patients (191 with type 1 diabetes and 649 with type 2 diabetes) found that consumption of low-GI foods improved short-term and long-term control of blood glucose concentrations, reflected by significant decreases in fructosamine and glycated hemoglobin (HbA1c) levels (Wang et al 2015).

Diabetes mellitus

 Well-controlled studies are needed to further assess whether the use of low-GI/GL diets could significantly improve longterm glycemic control and the quality of life of subjects with diabetes.

GI	GL	Fiber	Blood Sugar and Risk of T2DM
high	high	low	+++
high	low	High	+/-
high	low	low	++
Low	High	Low	++
Low	Low	Low	+/-
Low	Low	High	

Hypothetical Combinations

Factors that lower Glycemic Response(GR) to High GI Carbs in diets Fiber particularly soluble fiber(fruits and vegetables, whole grains, legumes, and nuts)

Fat – delays gastric emptying, slows down digestion (eg Pasta with cheese-AUC down by 58%, Toast with cheese AUC down by 30%)

Suggest using PUFA, Oil seeds, Nuts, oily fish plus carbs

*** Source

Factors that lower Glycemic Response(GR) to High GI Carbs in diets

- Protein Plant or Animal
- the consumption of foods rich in carbohydrate together with foods rich in protein of animal origin (meat, fish, eggs, dairy products, and derivatives) or vegetable origin (legumes, nuts, and seeds) attenuates GR.
- Vinegar in diets lower the GR- delay gastric emptying and inhibit enzymes
- *** Source

Starch processing and lower GR

Classification of types of resistant starch (RS) and food sources [adapted from Raigond, et al. (46)].

Type of resistant starch	Description	Food sources
RS1	Physically inaccessible, non- digestible matrix	Whole or partly milled grains and seeds
RS2	Ungelatinized resistant starch granules	Raw potato starch, green bananas, high-amylose corn starch
RS3	Retrograded starch (cooled gelatinized starch)	Cooked and cooled potato, bread, pasta, rice, food products with repeated moist heat treatment
RS4	Chemically modified starch	Etherized, esterified or cross- bonded starches (used in processed foods: breads, cakes)

- Any processing technique that modifies the food's original structure breaks down the internal components of the food, exposing them to digestion, facilitating absorption, and altering blood glucose. GR +++
- It is therefore, important to consume foods that preserve their structure and integrity, prioritizing whole foods and not their processed varieties.

Culinary strategies to manage glycemic response in people with type 2 diabetes: A narrative review

Serafin Murillo, 1,2,3 Ariadna Mallol, 1 Alba Adot, 1 Fabiola Juárez, 1 Alba Coll, 1 Isabella Gastaldo, 2 and Elena Roura 1 Front Nutr, 2022 Nov



INVITRO GLYCEMIC INDEX-RAGI AND ITS PREPARATIONS (Vahini and Bhaskarachary, 2017)

INGREDIENT/RECIPE	GLYCEMIC INDEX	GLYCEMIC LOAD
RAGI RAVA BOILED	67.44 ^{ab} ±2.13	15.43b±4.31
RAGI FLOUR BOILED	68.12 ^b ±2.87	16.54b±5.12
RAGI ROTI	72.34 ^b ±3.12	21.43a±3.44
RAGI PORRIDGE	68.54 ^b ±3.65	19.65ab±5.12
RAGI UPMA	66.31°±8.12	18.44ab±3.11
RAGI HALWAH	84.33°±3.67	23.21a±4.55

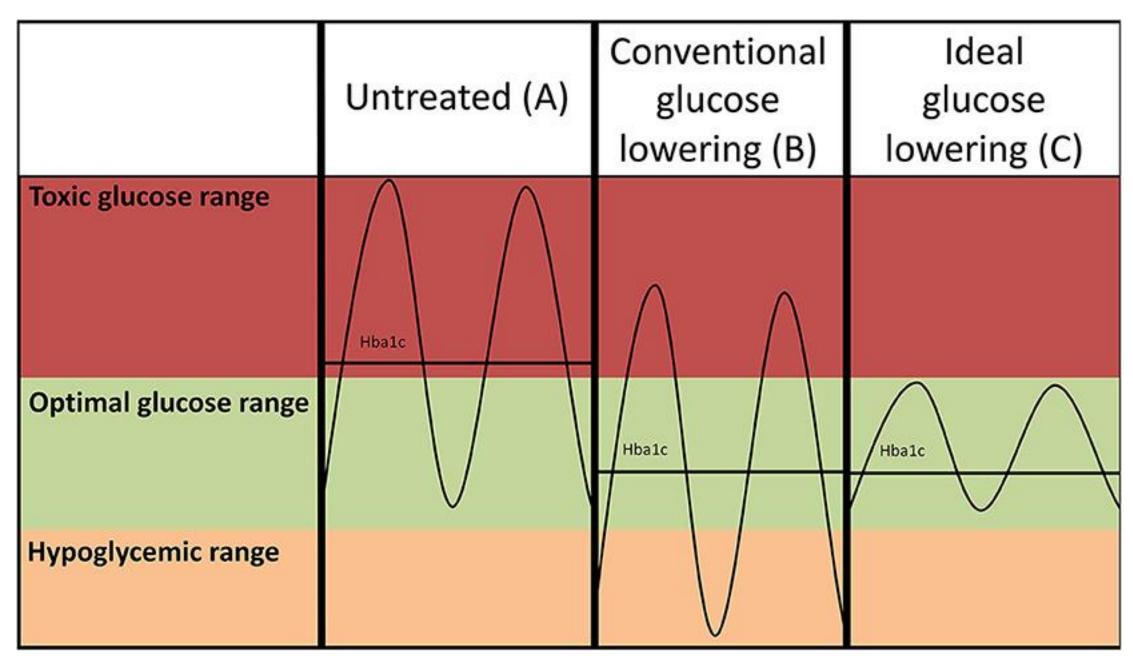


Managing diabetes through Diet

 No single food GI/GL can be used as an index of safe food for diabetics

 Every food and liquid consumed during the day has to be appropriate not to enhance the glycemic response

• CGM has shown that frequent post prandial spikes in blood glucose can cause harm even if average (HbA1c) is normal



(Hanssen Nordin Mj et al Front. Cardiovasc. Med., 18 September 2020)

Suggested reading:

Prospective Associations between a Food-Based Indian Diet Quality Score and Type 2 Diabetes Risk among South Indian Adults (CURES-154)

Nagarajan Lakshmi Priya1,2, Rajagopal Gayathri1,2, Vasudevan Sudha2, Gunasekaran Geetha2, Nagamuthu Gayathri2, Bhupathiraju Shilpa3, Coimbatore Subramanian Shanthi Rani4, Krishnaswamy Kamala2, Ranjit Mohan Anjana5, Unnikrishnan Ranjit5, Selvaraj Pradeep6, Viswanathan Mohan5

SUMMARY: Factors affecting starch digestibility & the GI of a food

Internal factors	External factors
Amylose	Cooking
Lipid	Processing
Protein	Retrogradation
Phytic acid	Soaking
Dietary fibre	Germination
Resistant starch	Modification of starch by physical and chemical mean

Thank You for your attention

Exercise the common denominator

