

9030 - Hypoglycemia



Hypoglycemia, also called low blood sugar, occurs when your blood glucose (blood sugar) level drops too low to provide enough energy for your body's activities. In adults or children older than 10 years, hypoglycemia is uncommon except as a side effect of diabetes treatment, but it can result from other medications or diseases, hormone or enzyme deficiencies, or tumors.

Glucose, a form of sugar, is an important fuel for your body. Carbohydrates are the main dietary sources of glucose. Rice, potatoes, bread, tortillas, cereal, milk, fruit, and sweets are all carbohydrate-rich foods.

After a meal, glucose molecules are absorbed into your bloodstream and carried to the cells, where they are used for energy. Insulin, a hormone produced by your pancreas, helps glucose enter cells. If you take in more glucose than your body needs at the time, your body stores the extra glucose in your liver and muscles in a form called glycogen. Your body can use the stored glucose whenever it is needed for energy between meals. Extra glucose can also be converted to fat and stored in fat cells.

When blood glucose begins to fall, glucagon, another hormone produced by the pancreas, signals the liver to break down glycogen and release glucose, causing blood glucose levels to rise toward a normal level. If you have diabetes, this glucagon response to hypoglycemia may be impaired, making it harder for your glucose levels to return to the normal range.

Symptoms: hunger, nervousness, shakiness, perspiration, dizziness or light-headedness, sleepiness, confusion, difficulty speaking, feeling anxious or weak.

Hypoglycemia can also happen while you are sleeping. You might cry out or have nightmares, find that your pajamas or sheets are damp from perspiration, feel tired, irritable or confused when you wake up.

The DOs and DON'Ts of your Hypoglycemia Diet

DO...Contact your doctor to rule out other possibilities!

DO -- Keep a daily account of everything you eat for one week to ten days. In one column, list every bit of food, drink and medication that you take and at what time. In the second column, list your symptoms and the time at which you experience them. Very often you will see a correlation between what you have consumed and your symptoms. When you do, eliminate those foods or drinks that you notice are contributing to your behavior and note the difference. **DO NOT STOP MEDICATION.** If you believe that your medication may be contributing to your symptoms, contact your physician. A diet diary is your personal blueprint: a clear overall view of what you are eating, digesting and assimilating. It can be the first indicator that something is wrong and, perhaps, a very inexpensive way of correcting a very simple problem.

DO -- Start eliminating the "biggies" -- those foods, drinks and chemicals that cause the most problems: sugar, white flour, alcohol, caffeine and tobacco.



DO -- Be extremely careful when and how you eliminate the offending substances. Only YOU, with the guidance of a health-care professional, can decide. Some patients choose to go at a steady pace. If you drink ten cups of coffee a day, gradually reduce consumption over a period of days or weeks. The same is true for food or tobacco. If you are heavily addicted to all of the aforementioned, particularly alcohol, then withdrawal should not be undertaken unless you are under the care of a physician.

DO -- Replace offending foods immediately with good, wholesome, nutritious food and snacks as close to their natural state as possible. Lean meats, poultry (without the skin), whole grains, vegetables and allowable fruits are recommended. We want to prevent deprivation from setting in, especially the "poor me, I have nothing to eat" attitude. There is plenty to eat.

DO -- Eat six small meals a day or three meals with snack in between. Remember not to over eat.

DO -- Be prepared to keep your blood sugar stabilized at all times, whether at home, office, school or traveling. At home, you should always have allowable foods ready in the refrigerator or cupboards. Always keep snacks in your car or where you work.

DO -- Watch your fruit consumption. If you are in the early or severe stages of hypoglycemia, you may not be able to eat any fruit. Some patients can eat just a small amount. Your diet diary will help guide you. Avoid dried fruits completely.

DO -- Be careful of the amount of "natural" foods or drinks you consume. Even though juices are natural, they contain high amounts of sugar. Whether or not the sugar you consume is "natural", your body doesn't know the difference. Sugar is sugar is sugar...and your body will react to an excess of it.

DO -- Be aware of the fact that some medications contain caffeine. If you're having reactions to the following medications, bring this matter to the attention of your physician: Anacin, APC, Caffergot, Coricidin, Excedrin Fiorinal, Four-Way Cold Tablets and Darvon Compound, etc.

DO -- Start a library of cookbooks. They don't necessarily have to be for hypoglycemics. Many good books with no or low sugar recipes are available.

DON'T...

DON'T -- Panic when you first hear about all the foods that you must eliminate from your diet. Keep repeating all the foods that you CAN eat -- there are plenty.

DON'T -- Forget that being PREPARED with meals and snacks is the key to a successful hypoglycemia diet and a healthier you.

DON'T -- Skip breakfast. It's the most important meal of the day for a hypoglycemic.

DON'T -- Compare your results or progress with anyone else's. Each body's metabolism is different.

DON'T -- Be obsessive about your diet. The CONSTANT focus on what you can and cannot eat will only instill more fear, stress and frustration.