

Eating for health & wellbeing – For adults living with (or without) epilepsy

The human body is a complex biochemical “factory” and it requires a regular supply of a vast range of nutrients to ensure that all its processes are running effectively. We are literally, what we eat. Our choice of food, how much we eat and how often we eat, can have an enormous impact on the health and wellbeing of **us all**.

An improvement in the quality and the timing of our meals can have a positive impact on energy levels, stabilize body weight and generally help us to feel more able to cope with the challenges of life. It is worth a try for a few months, just to see if you feel better.

Where do I start?

Become more aware of your choice of foods and the pattern of your meals and snacks through a normal day. Try keeping a diary of what and when you eat for a typical week. It is really worth making the effort to do this – it can produce some surprises! Ask yourself the questions below and deal with one set of changes before going on to the next. Focus on the positive - think about the types of foods you want to eat more of rather than what foods to avoid. By approaching change in a series of manageable steps, you are more likely to achieve change that means something to YOU.

1. Are you eating regularly?

No rocket science here. Your body works more efficiently and effectively if it is presented with fuel and nutrients in moderate quantities and on a regular basis. Most of us do well on 3 moderate meals and 1-2 small snacks.....starting with breakfast.

If your answer to this question is NO – just try to put regularly spaced meals/ snacks in your day and get used to this first (don't worry too much about the types of foods). Once you are happy with your regularity of eating you can move on to the next step.

2. Do you eat a wide range of foods from the basic food groups?

Different foods provide us with different nutrients so this is why we need to eat a variety of foods from the different food groups each day. If you have a whole food group missing from your regular eating – try to find foods in that group that you enjoy and eat them more often.

Food group	Choose a variety from;
Protein based foods	Meat, Poultry, Fish (oily , white and shell fish) , Eggs, Beans, Lentils, Nuts, Tofu, Quorn, Cheese, Milk, Yogurt etc
Carbohydrate based foods	Pasta, Breads , Rice, Cereals, Potatoes
Vegetables	Cooked or raw – a mix of fresh, frozen, canned.
Fruits	Cooked or raw – a mix of fresh, frozen, dried , canned
Milk based products	Milk, yogurt, cheese or plant based alternatives with added calcium eg soya, oat, coconut milks
Fats & oils	Eg.Olive oil, Rapeseed oil, Coconut oil, Butter

3. Are you basing your meals on slow release carbohydrate foods – those with a lower glycaemic index (Low GI)?

The Glycaemic Index (GI) is a measure of the potential of a food to raise blood glucose levels. Foods containing carbohydrates that break down quickly during digestion and release glucose rapidly into the bloodstream have a high GI; foods containing carbohydrates that break down more slowly, releasing glucose more gradually into the bloodstream, have a low GI. If more of our meals are based on slower carbohydrates, more stable blood glucose levels (and more stable insulin levels) are likely to be achieved. This can help to stabilize our energy levels throughout the day – avoiding peaks and troughs that lead to fatigue and a tendency to need a quick carbohydrate fix at frequent intervals.

It is not advisable to get too hung up on GI numbers and avoid all foods with a high GI. Just eat them less frequently / in smaller portions and combine them with Low GI foods. e.g. Jacket potato (High GI) served with baked beans (Low GI) and salad (Low GI) results in a medium GI meal. So use GI ratings as a helpful guideline rather than a fixed rule.

Which foods to eat more often?

Breakfast	<ul style="list-style-type: none"> • Porridge or oat based cereals with milk / yogurt • *Wholegrain (granary/ seedy type) or Stoneground wholemeal bread or sourdough breads • Good protein sources e.g. egg / peanut butter / ham or bacon & tomatoes /baked beans • Fruit smoothies • Fruit • Yogurt or yogurt based drinks
Morning/Afternoon snacks	<ul style="list-style-type: none"> • Fruit – fresh, dried • Nuts / seeds • Yogurts • Oatcakes • Vegetable crudites & houmous / yogurt based dips • Plain dark / milk chocolate.....moderate portions!
Snack meals	<ul style="list-style-type: none"> • Hot/ cold pasta dishes • Chunky vegetable soups and breads (*see breakfast) • Hot/ cold bean based dishes e.g. vegetable chilli or baked beans or bean salads with bread* • Sandwiches/ Toasties with bread* cold meat, fish, egg, cheese etc. Served with pot of chunky chopped salad • Houmous , Wholegrain Pitta bread, salad
Main meal	<ul style="list-style-type: none"> • Pasta , noodles, brown basmati rice, sweet potatoes • Vegetables – Boiled, steamed, microwaved, stir fry / mixed roasted vegetable (eg onion, tomato, peppers, • Variety of meats, white fish, oily fish, bean/ lentil based dishes etc. • Fruit / Yogurt based desserts
Drinks	<ul style="list-style-type: none"> • Water • Tea, Coffee, Herbal / Fruit teas (no added sugar) • Sugar free flavoured squashes / waters etc

For further information there are many books on Low GI eating. Following are a few you may like to refer to:

<p>The New Glucose Revolution – Low GI Eating Made Easy Dr Jennie Brand-Miller & colleagues http://www.glycemicindex.com/</p>	<p>A very practical guide to making the GI switch from the Sydney University based team who have produced much of the GI food data</p>
<p>Rick Gallop has a range of information and recipe books and a website http://www.the-gi-diet.org/</p>	<p>Practical UK based information</p>
<p>Low GI - Easy to make series Good Housekeeping.</p>	<p>Simple instruction book and 100 easy recipes</p>
<p>GI – How to succeed using a Glycaemic Index diet Collins Gem series.</p>	<p>Introduction to the GI concept and a colour coded guide to low, medium and high GI foods.</p>

IMPORTANT :

This is general low GI / healthy eating information. It does not constitute the Low Glycaemic Index Treatment regime for epilepsy that requires medical / dietetic supervision.

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