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DAILY PROTEIN INTAKE IN WORKING FEMALES AND ITS CORRELATION TO OBESITY AND T2DM

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One of the cornerstones in diabetes management is the medical nutrition therapy. MNT plays a major role toward better diabetes control and weight reduction. Macronutrient composition with special emphasis on the total protein intake of the day has been debated for a long time. However, there is increasing evidence that a modest increase in dietary protein intake (0.8- 1gm/kg BW) is a valid option to control obesity and T2DM. Indian meals are known to be predominantly cereal based meals hence the intake of cereal based proteins is naturally on higher side. With the known fact of the cereal based proteins to be less bioavailable, the overall protein intake remains as a cause of concern. On the other hand the non-vegetarian source of protein is clubbed with high fat (visible and invisible fat) intake. The high fat intake is also linked to higher body mass index (BMI) and obesity, a well established cause of T2DM. Along with the low protein, high fat dietary patterns the other factors such as age, gender, obesity, hypertension and family history of diabetes are known to be independent risk factors for diabetes. With urbanization there has been a paradigm shift in the percentage of working females (between the age group of 18-60) in all sections irrespective of their socio economic sector. From a corporate office 167 employees opted for a face to face (F2F) dietary assessment and counseling session. A sample of 75 female was selected based on the gender specified in the form. The study showed that the overall protein intake in the working females was unsatisfactory. 26% (n=20) of meals had low protein intake (less than 8%/meal). 20% (n=15) recorded a BMI of more than 27 and 10% (n=8) were diagnosed with hyperglycemia and where prescribed oral hypoglycemic drugs.