Diabetes-Friendly Eating

Balanced food choices to support blood glucose, energy, heart health and a flexible relationship with food

There is no single 'diabetic diet'. Diabetes-friendly eating is about finding a sustainable pattern that supports blood glucose while also providing enough energy, protein, fibre, vitamins and minerals. Carbohydrate does not have to disappear: its amount, type, timing and what it is eaten with can all influence glucose response.

Different diabetes, different needs

Type 1 diabetes, type 2 diabetes, gestational diabetes and other forms of diabetes are managed differently. Medication, insulin, activity, pregnancy, kidney health, appetite and individual glucose patterns all affect food decisions.

The role of carbohydrate

Carbohydrate foods	Examples
Starchy foods	Bread, rice, pasta, potatoes, oats and other grains.
Fruit	Whole fruit, dried fruit and fruit juice all contain carbohydrate in different concentrations.
Milk/yoghurt	Contain lactose unless specifically low-carbohydrate alternatives are used.
Pulses	Beans, lentils and chickpeas provide carbohydrate plus protein and fibre.
Sugary foods/drinks	Sweets, cakes, biscuits and sugar-sweetened drinks can raise glucose quickly.

Blood glucose is not a moral score

A glucose reading is information, not a judgement about whether you have been 'good' or 'bad'. Patterns are more useful than guilt.

Carbohydrate Quality, Portions & the Whole Meal

Higher-fibre choices

Wholegrains, pulses, vegetables, fruit and other fibre-rich foods can support digestive and cardiovascular health. Fibre may also slow digestion and contribute to a steadier post-meal glucose response.

Pairing foods

Eating carbohydrate alongside protein, fibre and appropriate fats can make a meal more satisfying and may alter how quickly glucose rises compared with eating a refined carbohydrate alone.

Portion awareness

Even nutritious carbohydrate foods can affect blood glucose when eaten in larger amounts. Portion needs are individual; someone using insulin may use carbohydrate counting, while another person may use a consistent plate approach.

A practical plate

Part	Examples
Non-starchy vegetables	Broccoli, greens, peppers, cucumber, cabbage, courgette or tolerated alternatives.
Protein	Fish, chicken, eggs, tofu, beans, lentils, yoghurt or another suitable source.
Carbohydrate	Potatoes, rice, pasta, bread, grains or pulses in an individual portion.
Fat	Olive/rapeseed oil, avocado, nuts/seeds where safe.
Flavour	Herbs, spices, sauces and seasonings without turning food into a rigid formula.

Glycaemic index

GI describes how carbohydrate foods affect blood glucose under test conditions. It can be useful, but portion size and the whole mixed meal also matter. A low-GI label does not automatically make a food nutritionally superior.

Meals, Snacks & Everyday Choices

Breakfast

Porridge with berries and yoghurt; eggs with wholegrain toast; fortified cereal with milk and fruit; yoghurt with oats and seeds; beans on toast. Choose amounts that fit your glucose plan and appetite.

Lunch

Chicken or tofu salad with wholegrain bread; lentil soup; tuna jacket potato; bean and grain bowl; wrap with protein and vegetables; leftovers from a balanced evening meal.

Dinner

Fish with vegetables and potatoes; chicken stir-fry with rice; bean chilli; lentil bolognese; tofu curry; lean meat casserole; grain bowl with vegetables and protein.

Snacks

Not everyone needs snacks. If useful, options might include yoghurt, fruit with a suitable protein/fat source, wholegrain crackers with cheese or hummus, or another personally tolerated combination.

Drinks

Water and unsweetened drinks are useful everyday choices. Sugary drinks can raise blood glucose rapidly, although they have an important role in treating hypoglycaemia when clinically appropriate.

Sweet foods

Living with diabetes does not mean never eating dessert or chocolate. Frequency, amount, context and medication plan matter. An all-or-nothing rule can be difficult to sustain.

Alcohol

Alcohol can complicate glucose management, particularly for people using insulin or medicines that can cause hypoglycaemia. Individual medical advice is important.

Monitoring, Medication, Exercise & Hypoglycaemia

Medication changes the picture

Insulin and some glucose-lowering medicines can cause hypoglycaemia. Dietary changes that substantially reduce carbohydrate may require medication review. Do not alter prescribed medicines without the appropriate clinician.

SGLT2 inhibitors

Very low-carbohydrate or ketogenic eating can be particularly concerning for people taking SGLT2 inhibitors because of the risk of diabetic ketoacidosis, which can sometimes occur without extremely high glucose. Discuss major carbohydrate restriction with the diabetes team.

Hypoglycaemia

People at risk should follow their diabetes team's hypo-treatment plan and keep appropriate fast-acting carbohydrate available. 'Healthy eating' rules should never delay treatment of a low glucose episode.

Exercise

Activity can lower glucose during or after exercise, but responses vary. People using insulin may need individual strategies involving carbohydrate, insulin adjustment and monitoring.

Illness

Illness can increase glucose and alter insulin needs even when appetite is poor. Follow personalised sick-day guidance and seek urgent help when advised by the diabetes team.

Patterns, not perfection

Monitoring can help identify how particular breakfasts, portion sizes, activity or timing affect you. One unexpected result is not a failure.

Food choices and medication need to work together. Significant dietary changes are safest when the diabetes treatment plan is considered at the same time.

ARFID, Sensory Needs, Eating Disorders & Life Stages

ARFID

Standard diabetes advice can be difficult when only a small range of foods is safe. Removing relied-upon carbohydrate foods may worsen nutrition. Work from accepted foods, build predictable combinations and prioritise adequate intake.

Autism and sensory needs

Brand, texture, temperature and presentation can matter as much as nutritional theory. Consistency may support both eating and glucose management. Changes can be gradual.

Eating disorders and diabetes

Diabetes management requires attention to food and numbers, which can intensify eating-disorder thoughts. Warning signs include insulin omission, severe carbohydrate restriction, repeated fasting, compulsive weighing, fear of glucose readings or avoiding food to achieve 'better' numbers. Specialist diabetes and eating-disorder support is important.

Pregnancy

Gestational diabetes and pre-existing diabetes in pregnancy need individual monitoring and clinical care. Nutritional adequacy is essential; aggressive dieting or unsupervised carbohydrate restriction is not appropriate.

Kidney disease

Diabetes-related kidney disease may change protein, potassium, phosphate, salt or fluid advice. Generic high-protein or low-carbohydrate diets may not be suitable.

Older adults

Avoiding malnutrition, frailty and muscle loss may be a higher priority than pursuing very strict dietary targets in some older adults. Goals should be individualised.

Food access and cost

Affordable staples such as oats, potatoes, beans, lentils, frozen vegetables and tinned foods can fit diabetes-friendly eating. A healthy plan must also be financially realistic.

Myths, Personal Check-In & Sources

Common myths

“People with diabetes cannot eat carbohydrate.” Carbohydrate can be included. **“Sugar caused my diabetes.”** Diabetes has multiple causes and risk factors. **“Fruit is too sugary.”** Whole fruit can fit an individual plan. **“Diabetic foods are necessary.”** Specialist 'diabetic' products are generally unnecessary. **“A perfect glucose reading means a perfect diet.”** Glucose is affected by food, medication, activity, illness, stress, sleep and many other factors.

Personal check-in

- What type of diabetes do I have and what are my personal treatment goals?
- Which carbohydrate foods work well for my glucose, appetite and lifestyle?
- Am I including enough fibre, protein and nourishing fats?
- Do I know whether my medication can cause hypoglycaemia?
- Am I planning food around exercise where necessary?
- Do ARFID or sensory needs make standard diabetes advice unrealistic?
- Are glucose numbers beginning to affect my self-worth or relationship with food?
- Am I considering kidney health, pregnancy or another condition that changes my needs?
- Would a diabetes specialist dietitian help me personalise my eating?

A message from Space to Breathe Therapy

Diabetes can make food feel as though it has become a set of numbers and rules. You are still allowed to enjoy eating. Useful diabetes care is about understanding patterns, protecting your health and finding choices that are realistic for your body and your life - not achieving perfection at every meal.

Evidence and further reading

NHS: diabetes, healthy eating, hypoglycaemia and treatment information.

Diabetes UK: evidence-based information on carbohydrates, food choices, type 1 and type 2 diabetes and living well with diabetes.

NICE: clinical guidance for type 1 diabetes, type 2 diabetes and diabetes in pregnancy.

British Dietetic Association: dietetic guidance on diabetes, balanced eating and individual nutritional needs.

Educational information only. Diabetes treatment is individual. Do not change insulin or prescribed medication on the basis of this guide; seek advice from your diabetes team.