



HAL
open science

Low-fat butter In diabetic diet counselling may help to reduce the overall fat-consumption of these patients

F Pacini, A Laffitte, P Fiquet, As Chappuis, N Desplanque, G Slama

► **To cite this version:**

F Pacini, A Laffitte, P Fiquet, As Chappuis, N Desplanque, et al.. Low-fat butter In diabetic diet counselling may help to reduce the overall fat-consumption of these patients. *Reproduction Nutrition Development*, 1991, 31 (3), pp.332-332. <hal-00899453>

HAL Id: hal-00899453

<https://hal.science/hal-00899453v1>

Submitted on 11 May 2020

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire HAL, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



HAL Authorization

Low-fat butter in diabetic diet counseling may help to reduce the overall fat-consumption of these patients. F Pacini, A Laffitte, P Fiquet, AS Chappuis, N Desplanque, G Slama (*Hôtel-Dieu Hospital, Department of Diabetes, Paris, France*)

The lipid ratio of the diabetic diet should be contained within 30–35%. Low-fat "butters" may be of help, unless they lead to over compensation of fat intake or overconsumption by other food stuffs.

We have submitted to test 100 type I and 70 type II diabetic patients who were given, at breakfast and *ad libitum* in random order alternatively, standard butter or low-fat butter (41% fat) and presliced white bread.

Daily consumption was tested in in-patient conditions over 4 consecutive d. Half the tests were carried out with butters at 6 °C and the other half at 14 °C. Subsequent food intake was not evaluated.

We conclude therefrom that: i), general butter consumption was greater (by 80%) than that

recommended: 17.05 ± 1.82 versus 10 g standard butter/ breakfast/pers, $P < 0.001$; 20.81 ± 1.38 versus 10 g low-fat butter/breakfast/pers, $P < 0.001$; ii), no decrease in consumption was registered over the week of admittance despite the dietetic education cycle used (which is probably a very general review). First day vs second day: 17.11 ± 1.11 versus 16.75 ± 1.42 g standard butter/breakfast/pers NS; 19.69 ± 1.15 versus 21.93 ± 1.89 g low-fat butter/breakfast/pers NS; iii), no difference in consumption was recorded with varying butter temperatures; iv), consumption of low-fat butter was greater in type I and type II diabetics than that of standard butter (20.8 ± 1.1 versus 16.9 ± 0.8 g butter/breakfast/pers; mean \pm SEM, $P < 0.005$); v), however, there remained a slight benefit in using low-fat butter rather than standard butter: 8.5 ± 0.5 versus 14.0 ± 0.9 g of lipids/breakfast/pers; vi), bread consumption was not influenced by the type of butter given and, stable over time, remained greater than that recommended (by 30%): 74.96 ± 2.13 versus 50 g bread/breakfast/pers, $P < 0.001$.

It was concluded that diabetics have a greater knowledge in controlling carbohydrate intake than lipid intake.