Description

Please re-write some articles in my Literature review, that are highlighted in yellow

Glycemic Control
Food-insecure diabetics have a higher A1C level than food-secure diabetics (Diabetes Care, 2013) and will have a poorer glucose control (A1C levels higher than 7 %), even after controlling for socio-demographic and diabetes-related factors (Diabetes Care, 2013). A study conducted in Nova Scotia revealed a similar pattern among children with diabetes. Mean A1C levels were higher in food-insecure households than in food-secure households (9.5% vs. 8.96%) J Paediatric, (2011).

Lifestyle Interventions
(Seligman et al., 2007) stated in a study that included poor adults aged 18–65 , food insecurity was not associated with a diagnosis of type 2 diabetes but was diagnosed with laboratory evidence of diabetes, defined with FPG criteria or self-reported insulin usage. (Seligman, Laraia & Kushel, 2010).

Why Food Insecure People Are Vulnerable to Diabetes

In 2008, 14.6% of households in the United States (more than 49 million people) were food insecure, or at risk of going hungry because of an inability to afford food.1 Food insecurity exists whenever “the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways [e.g., without resorting to emergency food supplies, scavenging, stealing or other coping strategies] is limited or uncertain” (Core, 1990).
There are a number of ways in which food insecurity might impair diabetes self-management. First, to maintain caloric intake, food-insecure adults often shift their diets toward energy-dense, nutritionally poor foods (such as refined carbohydrates, added sugars, and added fats), which diabetic patients are counseled to avoid in order to optimize glycemic control. Such foods are less expensive than equicaloric portions of fruits, vegetables, and dairy products (Trarsuk, 2011).
Second, daily caloric and carbohydrate intake may fluctuate widely in response to food availability, making blood glucose levels unpredictable and complicating the development of optimal medication and insulin regimens (Drewnowski, 2004).
Finally, the cost of food among those with food insecurity may present a competing demand with costs of diabetes medication and supplies. Prior research has shown that food insecurity is associated with suboptimal glycemic control among adults with diabetes,7,8 but mechanisms for this association have not been studied (Drewnowski, 2004). We hypothesized that the association between food insecurity and suboptimal glycemic control is due to increased difficulty with diabetes self-management and more frequent episodes of clinically significant hypoglycemia (which may encourage clinicians to relax glycemic targets) Drewnowski, 2004.