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FIT: A paradigm shift that recognises the importance of dietary freedom and quality of life in diabetes management.

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I was asked by the editorial board of Health Psychology Update to contribute to the centenary issue of Update by writing about a publication that inspired, impressed, or simply interested me. The book I have selected has done all three. It is a book by Kinga Howorka entitled 'Functional Insulin Treatment' and was published in its second English edition in 1996 by Springer-Verlag (Howorka, 1996). The fifth German edition and third English edition are soon to be published as is a new edition of a version written for patients. Kinga Howorka and I share the view that diabetes physicians make unrealistic demands on their patients when they expect them to inject specified amounts of insulin at set times of day and then to eat specified amounts of carbohydrate at regular intervals in order to avoid hypoglycaemic episodes. In our work at Royal Holloway to develop an individualised measure of impact of diabetes on quality of life, we have found that dietary restrictions imposed by most diabetes treatments do the most damage to quality of life (Bradley et al., 1999; Speight & Bradley, 2000).

Kinga Howorka's 'Functional Insulin Treatment' or FIT, turns the usual approach to diabetes management on its head and teaches people with insulin-requiring diabetes that they can have an unrestricted diet without loss of blood glucose control if they learn how to adjust their insulin to suit the timing and content of the food they want to eat. It then becomes possible to fast or to binge without loss of blood glucose control. The task of controlling diabetes becomes disentangled from recommendations for healthy eating and, like most other people, those with insulin-requiring diabetes can chose how they want to eat.

Kinga Howorka does not claim to be the first to adopt such a strategy. A forerunner of this approach was introduced in Düsseldorf in 1978 and a similar, though not identical, approach to FIT is now widely used in Germany. There are many valuable papers from the Düsseldorf group describing impressive results from their 'structured diabetes teaching and treatment programme' (e.g. Mühlhauser et al., 1983; Müller et al., 1999). However, the importance of dietary freedom seems not to be fully recognised as a key feature of the approach by the Düsseldorf team. Dietary freedom is mentioned, but only in the small print of the method section *('They should gain a certain 'liberalisation' of lifestyle with respect to exercise and eating schedules'* (p 471 Mühlhauser et al., 1983)). The later Düsseldorf papers give little more emphasis to the dietary issue. Kinga Howorka, on the other hand, recognises the problems of dietary restrictions and that dietary freedom is the key to the success of the new approach *'It is just this possibility of varying the diet, and thus being able to eat – i.e. to be – like others, that represents the most important factor in the long-term motivation of patients'* (page 23). In her conclusions she recognises that even though the *'issue of near-normoglycaemia is not completely resolved… improving the diabetic patient's quality of life – and freeing him (or her) from a regimented diet and resulting behavioural restrictions – is an equally important goal'* (p180).

In the Hot Topics Session of the Diabetes UK annual meeting in April 2001 preliminary results were presented from the DAFNE (Dose Adjustment For Normal Eating) Trial. The DAFNE trial is evaluating, in three UK hospital centres, the effects of a 5-day training programme modelled on the Düsseldorf course. Preliminary results of the trial have shown that DAFNE training leads to the expected improvements in blood glucose control. Furthermore, inclusion of psychological outcome measures in the UK trial shows, for the first time, the highly significant benefits for patient satisfaction with treatment and quality of life

that Kinga Howorka could see clinically. It is to be hoped that the more explicit title of the UK trial with the food-centred logo ('eat what you like, like what you eat') will help to spread the messages explicit in Howorka's book (and implicit in the Düsseldorf approach), that dietary freedom can be central to the management of insulin-requiring diabetes and has important benefits for individuals' quality of life as well as their diabetes control.

Perhaps the broader message to health psychologists is that if patients find a treatment for their chronic condition impossible to follow, even though the most eminent physicians recommend that treatment, it may be more appropriate to seek a new approach to treatment than to attempt to change the patients.

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