

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.