## OPINION

# **Macronutrient Modulation and its Significance in Insulin**

#### Hicks Vanda\*

Department of Pharmacology, University of Geneva, Geneva, Switzerland

#### ARTICLE HISTORY

Received: 27-Oct-2023, Manuscript No. AJPBP-23-123922; Editor assigned: 30-Oct-2023, PreQC No. AJPBP-23-123922 (PQ); Reviewed: 13-Nov-2023, QC No. AJPBP-23-123922; Revised: 20-Nov-2023, Manuscript No. AJPBP-23-123922 (R); Published: 27-Nov-2023

# Description

Insulin resistance, a hallmark of type 2 diabetes and metabolic disorders, has become a global health concern. The intricate interplay between macronutrients - carbohydrates, fats, and proteins - plays a pivotal role in regulating insulin sensitivity and maintaining glucose homeostasis. This article discusses about how these macronutrients are processed and their impact on insulin resistance is crucial for devising effective strategies to prevent and manage metabolic disorders.

## Carbohydrates and insulin sensitivity

Carbohydrates, the body's primary energy source, have a direct impact on insulin sensitivity. Simple carbohydrates, found in sugary foods and refined grains, lead to rapid spikes in blood glucose levels, triggering an exaggerated insulin response. Over time, this constant demand for insulin can contribute to insulin resistance. On the other hand, complex carbohydrates, such as whole grains, fruits, and vegetables, release glucose more gradually, promoting better blood sugar control and reducing the risk of insulin resistance [1].

The Glycemic Index (GI), a measure of how quickly a food raises blood sugar, is a valuable tool in understanding the impact of carbohydrates on insulin resistance. Foods with a high GI can exacerbate insulin resistance, while low-GI foods are associated with improved insulin sensitivity. Striking a balance by choosing nutrient-dense, low-GI carbohydrates is essential for maintaining glucose homeostasis

## Fats and insulin sensitivity

Dietary fats play a dual role in insulin resistance, with both quantity and quality influencing met-

abolic health. Excessive intake of saturated fats, commonly found in red meat and processed foods, has been linked to insulin resistance and inflammation. On the contrary, unsaturated fats, especially omega-3 fatty acids found in fatty fish, flaxseeds, and walnuts, have demonstrated anti-inflammatory properties and may enhance insulin sensitivity.

The composition of dietary fats can modulate the insulin signaling pathway. Saturated fats can activate pro-inflammatory pathways, impairing insulin signaling, while unsaturated fats may exert protective effects. Striking a balance by incorporating healthy fats and limiting saturated fats is vital for mitigating insulin resistance and supporting overall metabolic health [2,3].

## Proteins and insulin sensitivity

Proteins, essential for muscle development and repair, also play a role in glucose homeostasis. High-protein diets have been associated with improved insulin sensitivity, as proteins stimulate the release of glucagon, a hormone that opposes the action of insulin and helps regulate blood glucose levels. Additionally, protein-rich foods have a lower impact on blood sugar compared to carbohydrates, making them a valuable component in managing insulin resistance [4,5].

However, the source and quality of protein matter. Lean protein sources like poultry, fish, legumes, and low-fat dairy are preferable over processed and red meats, which may contribute to inflammation and insulin resistance. A well-rounded, protein-rich diet, in conjunction with balanced carbohydrate and fat intake, can contribute to optimal insulin sensitivity [6,7].



Contact: Hicks Vanda Email: vandah@gmail.edu

**Copyrights:** © 2023 The Authors. This is an open access article under the terms of the Creative Commons Attribution Non Commercial Share Alike 4.0 (https://creativecommons.org/licenses/by-nc-sa/4.0/).

#### **Balancing macronutrients for glucose homeostasis**

Achieving glucose homeostasis requires a holistic approach to macronutrient intake. The key lies in the quality, quantity, and distribution of carbohydrates, fats, and proteins in the diet. A balanced and varied diet, rich in whole foods, is essential for preventing insulin resistance and maintaining metabolic health.

**Focus on whole foods:** Emphasize nutrient-dense, whole foods, such as fruits, vegetables, whole grains, and lean proteins. These foods provide essential vitamins, minerals, and antioxidants that support overall health [8].

**Choose complex carbohydrates:** Opt for complex carbohydrates with a low glycemic index to promote stable blood sugar levels. This includes whole grains, legumes, and non-starchy vegetables [9].

**Prioritize healthy fats:** Include sources of healthy fats, such as avocados, nuts, seeds, and olive oil, while limiting saturated and trans fats. These choices support cardiovascular health and may improve insulin sensitivity.

**Moderate protein intake:** Ensure an adequate but not excessive intake of protein, with a focus on lean sources. This can support muscle health and contribute to better blood sugar control [10].

The regulation of macronutrients plays a critical role in managing insulin resistance and maintaining glucose homeostasis. A balanced diet that prioritizes whole foods, complex carbohydrates, healthy fats, and moderate protein intake can contribute to optimal insulin sensitivity. As the global prevalence of type 2 diabetes and metabolic disorders continues to rise, understanding the impact of macronutrients on insulin resistance provides valuable insights for both preventive and therapeutic interventions. By adopting a mindful and balanced approach to nutrition, individuals can take proactive steps towards promoting metabolic health and overall well-being.

#### References

- [1] Sonksen P, Sonksen J. Insulin: Understanding its action in health and disease. Br J Anaesth 2000;85(1):69-79.
- [2] Stretton AO. The first sequence: Fred Sanger and insulin. Genetics 2002;162(2):527-532.
- [3] Leroith D, Shiloach J, Heffron R, Rubinovitz C, Tanenbaum R, Roth J, et al. Insulin-related material in microbes: Similarities and differences from mammalian insulins. Can J Biochem Cell Biol 1985;63(8):839-849.
- [4] Tokaz VL, MacDonald PE, Klip A. The cell biology of systemic insulin function. J Cell Biol 2018;217(7):2273-2289.
- [5] Fu Z, Gilbert RE, Liu D. Regulation of insulin synthesis and secretion and pancreatic Beta-cell dysfunction in diabetes. Curr Diabetes Rev 2013;9(1):25-53.
- [6] Gerich JE. Is reduced first-phase insulin release the earliest detectable abnormality in individuals destined to develop type 2 diabetes?. Diabetes 2002:51 Suppl 1:S117-121.
- [7] Lorenzo C, Wagenknecht LE, Rewers MJ, Karter AJ, Bergman RN, Hanley AJ, et al. Disposition index, glucose effectiveness, and conversion to type 2 diabetes: The Insulin Resistance Atherosclerosis Study (IRAS). Diabetes care 2010;33(9):2098-2103.
- [8] Iwase H, Kobayashi M, Nakajima M, Takatori T. The ratio of insulin to C-peptide can be used to make a forensic diagnosis of exogenous insulin overdosage. Forensic Sci Int 2001;115(1-2):123-127.
- [9] Mcmanus EJ, Sakamoto K, Armit LJ, Ronaldson L, Shpiro N, Marquez R, et al. Role that phosphorylation of GSK3 plays in insulin and Wnt signalling defined by knockin analysis. EMBO J 2005;24(8):1571-1583.
- [10] Fang X, Yu SX, Lu Y, Bast RC, Woodgett JR, Mills GB, et al. Phosphorylation and inactivation of glycogen synthase kinase 3 by protein kinase A. Proc Natl Acad Sci 2000;97(22):11960-11965.