

APPENDIX GA36c**LEVEL 6 ASSESSMENT SPECIFICATION**

Student name:	Abbie Harries	Student ID number:	2005816
Programme:	BSc Health, Nutrition and Lifestyle / BA Physical Education / BSc Sport and Exercise Science / BA Outdoor Adventure Education		
Module:	Independent Project		
Module code:	BMSS6007	Contribution to Overall Module Assessment (%):	10%
Lecturer:	Alison Connaughton	Internal Verifier:	Dylan Blain
Assignment Title:	Project Proposal:	Word count (or equivalent):	1500 Words
Submission deadline:	28th of October, 2022	Return date of provisional marks & written feedback:	25th of November, 2022
Submission method:	All written assessments, where practical and possible, must be submitted via Turnitin unless otherwise instructed by the Lecturer. (Please DO NOT put this assessment specification into Turnitin or it will match many similarities with other students' submissions.) Alternative submission method (if applicable): Late submission of the assessment will result in a late penalty mark. Penalties for late submission: Up to one week late, maximum mark of 40%. Over one week late, 0%. Only the Extenuating Circumstances Panel may approve a change to submission dates.		
Academic honesty / referencing:	Academic honesty is required. In the main body of your submission you must give credit to authors on whose research and ideas your work is based. Append to your submission a reference list that indicates the books, articles, etc. that you have used, cited or quoted in order to complete this assessment.		

STUDENT FEEDBACK FORM

This section details the *extent* to which the assessment criteria are demonstrated by you, which in turn determines your mark. The marks available for each category of skill are shown. Lecturers will use the space provided to comment on the achievement of the task(s), including those areas in which you have performed well and areas that would benefit from development/improvement.

Generic Assessment Criteria	Marks available	Marks awarded
1. Engagement with Literature Skills		
	25	
2. Knowledge and Understanding Skills		
	25	
3. Cognitive and Intellectual Skills		
	30	
4. Practical Application Skills		
	10	
5. Transferable Skills for Life and Professional Practice		
	10	

Assessment Mark (Assessment marks are subject to ratification at the Exam Board. These comments and marks are to give feedback on module work and are for guidance only until they are confirmed.)	Late Submission Penalties (tick if appropriate)		%
	Up to 1 week late (40% Max)		
	Over 1 week late (0%)		

The effect of Low-Carbohydrate Diet on Glycaemic control in
Female service users with type 2 diabetes.

Introduction

Diabetes is a prevalent, fatal, and costly medical illness (Dyson, 2015). According to estimates, diabetes affects one in every eleven persons worldwide, accounts for 11% of annual fatalities, and has a direct economic impact of £570 billion (Dyson, 2015). Type 2 diabetes is the most prevalent type of the disease, making up 90–95% of cases. It has been a fast-expanding global issue for decades. Type 2 diabetes is often identified by measurements of glycemia such as fasting blood glucose concentrations of 7.0 mmol/L or above or glycated haemoglobin (HbA1c) values of 6.5% (48 mmol/mol) or above (Goldenberg et al., 2021). Type 2 diabetes is characterised by insulin resistance driven by persistent hyperglycaemia (Goldenberg et al., 2021). It is linked to a number of risk factors, including genetics and lifestyle variables, although obesity is by far the most prevalent risk factor (Goldenberg et al., 2021).

Patients with diabetes are frequently advised to follow structured dietary therapy, with different suggestions coming from reputable organisations (Goldenberg et al., 2021). Prior to the discovery of insulin, diets that prioritised carbohydrate restriction had been widely employed to manage diabetes, but more recently, their use has declined (Schwingshackl et al., 2017). Lowering dietary intake of carbohydrates, the majority of which are absorbed as glucose or fructose, has been suggested to improve blood glucose control and outcomes of type 2 diabetes because one of the main underlying mechanisms of type 2 diabetes is insulin resistance driven in part by chronic hyperglycaemia (Dyson, 2015).

In the research literature, structured diets with carbohydrate restriction have been described but are frequently divided into three categories: 20–50 g of carbohydrates per day, or less than 10% of the 2000 kcal per day diet, less than 130 g per day, or less than 26% of the 2000 kcal per day diet, and less than 45% of the 2000 kcal per day diet are all generally adequate to cause ketosis (Goldenberg et al., 2021). A low carbohydrate diet (LCD) is one that contains less than 130 grams of carbohydrates per day, or less than 26% of total daily calorie intake based on 2000 kcal (Goldenberg et al., 2021). Despite numerous pharmaceutical advancements and a global focus on glycaemic management, type 2 diabetes continues to be a serious and deteriorating problem on a global scale. Although structured diets are acknowledged as a crucial part in treating diabetes, there is still uncertainty over which diet to follow (Halton et al., 2008).

Aims and Objectives

This systematic review's objective is to analyse, synthesise, and summarise the most recent research on the impact of a low-carb diet on the treatment of Type 2 Diabetes. Determine the calibre of the evidence that is already accessible through reviews inclusive of HbA1c findings and body mass index (BMI) based on a type 2 diabetic following low carbohydrate diet, will be one of the review objectives. The results of this review may have an impact on therapies to manage diabetes and ultimately encourage remission.

Women with Type 2 diabetes will make up the population of this review; age categories will not be used due to the lack of particular studies on this. Reviewing type 2 diabetics' HbA1c readings and BMI variations after adhering to a low-carbohydrate diet will be the intervention. Due to the existing studies, there can be contrasting evidence.

The purpose of this review is to gather evidence and critically analyse whether a low carbohydrate diet has a positive effect on those with type 2 diabetes, specifically women. There is a vast amount of conflicting evidence on this topic.

Methodology

A systematic review with meta-analysis of randomised controlled trials assessing the efficacy and safety of LCDs in adult patients with type 2 diabetes will be utilised based on the available protocols. People with or without cardiovascular disease will be included, regardless of medication use, glucose concentration, or HbA1c level to widen the search of available journals and reviews. Using trustworthy article searches from the British Medical Journal (BMJ), the University of Wales Trinity Saint David (UWTSD) library, Medline via PubMed, and the National Institute for Health and Care Excellence (NICE) will be the first step in the enquiry. According to availability, the journal search will be limited to the most recent trials; however, it may be required to broaden the search. To allow for extensive research, terms such as; type 2 diabetes in females, Low carbohydrate diet in diabetes management, Type 2 diabetes remission, Low Carb Diet, will be used.

Proposal through to Dissertation Timetable

1 st week of October 2022	• Confirm dissertation topic • Consider research question titles • Discuss with family/friends/colleagues • Gather reviews, past studies. • Read relevant literature
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2 nd week of October 2022	• Write draft introduction, gather background information on the topic chosen
3 rd week of October 2022	• Gather aims and objectives of chosen topic • Draft dissertation proposal
End of October 2022	• Submit proposal (28th October)
1 st week of November	• Meet with colleagues that work within this field for advice and guidance on gathering literature
14 th November 2022 – 1 st January 2023	• Write draft literature review introduction • Write methodology • Send and discuss with independent mentor • Make any amendments needed
Up until end of February 2023	• Write conclusion • Send and discuss with independent project mentor • Arrange teams call with mentor/lecturer if needed
Throughout March and April 2023	• Make final amendments • Ask family/friends/colleagues to proof read • Discuss with mentor for final guidance. • Submit Dissertation (April 28th 2023)

References

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