# **Healthy Diet: Back to the Basics**

### The Issue:

Patients with diabetes consistently communicate the need for diet information. Many providers feel ill-equipped to meet this need. In this issue, readers will learn the common meal planning methods and how different foods affect blood glucose. Basic education tools are provided to support patient self-care efforts. Current recommendations focus more on a healthy diet than a "diabetic diet." Special consideration is given to foods that have a greater effect on blood glucose levels. There are several important points to consider:

- There is no single, simple "diabetic diet." Recommendations change frequently and the issues involved in choosing what to eat are complex. Every person with diabetes should be referred to a certified diabetes educator (CDE) or registered dietitian (RD) for individualized meal planning and goal setting at least once a year.
- \* Carbohydrates have the most significant effect on post-meal blood glucose readings. Learning to identify carbohydrate-containing foods and to estimate portion size is a key strategy for achieving optimal glycemic control.
- Keep carbohydrates consistent. Patients who are managed with diet or who take a "standing dose" of medication benefit from eating a similar amount of carbohydrate at each meal, and eating at about the same times every day. This is a strategy that allows for foods containing similar amounts of carbohydrates or of a specified portion size to be substituted for each other.
- Use carbohydrate counting. Patients who need more flexibility must learn how to adjust their medications (insulin secretagogues or rapid-acting insulin) to accommodate variation in what or when they eat and consult references, reading labels and learn to estimate portion size.
- Self-glucose monitoring before and one to two hours after eating can help patients understand how different foods and different amounts of carbohydrate affect their blood glucose levels. Patients should be counseled to choose healthier carbohydrates (e.g., fruits, legumes, whole grains, low-fat milk products) and to limit nutritionally poor sources (e.g., candy, pastries, sugarcontaining beverages) to maintain both euglycemia and good nutrition.
- Depending on comorbidities such as hypertension, heart disease, and kidney disease, dietary guidelines may need to address intake of salt, saturated fat, calories, and protein as well.

### The American Diabetes Association's dietary recommendations include the following:

- \* Carbohydrates should be monitored, but severe carbohydrate restriction (<130 grams/day) is not recommended.
- Protein intake should be limited to 0.8 g/kg body weight in those with any degree of chronic kidney disease.
- Saturated fat should be <7% of total calories and intake of trans fats should be minimized.</p>
- ❖ In people with or at risk to develop Type 2 diabetes, weight loss is recommended when BMI>25. Ideally, calories should be reduced (by 500-1000 calories/day), not restricting total daily calorie intake to <1,000 calories/day in women or <1200 calories/day in men. Physical activity aids weight loss; the amount and type is determined by the patient's motivation.
- Diet or medication should be modified so that patients can achieve capillary ("finger stick") glucose readings of 120-150 mg/dl two hours after eating.

## **Resources for Clinicians**

The following resources are FREE and available to the public.

**Common Meal Planning Methods: A Tool for Health Care Professionals**—This handout is for professionals to highlight the common methods currently being utilized; including: exchange list, 50/50 plate, and carbohydrate counting. It provides a brief description of each and indications for which population(s) it may or may not be appropriate.

**Carbohydrates and Healthy Eating:** A **Tool for Patients**—This is an easy guide for patients to start making changes to prevent or manage type 2 diabetes. Patients, with their health care professionals, can identify an area to begin making changes, before they meet with a registered dietitian and/or a certified diabetes educator.

**Healthy Eating Information:** A **Tool for Patients**—This education tool informs patients of the Nutrition Facts Label and Plate Method. The pictures and text may help patients get started with eating healthy. The Nutrition Facts Label identifies the two main areas for concern: serving size and total carbohydrates. The plate method helps patients learn how to "set up their plate" to begin healthier eating. The patient and health care professional can work together to identify areas for change.

**Websites**—The editorial committee has identified websites that you may find informative:

#### **For Health Care Professionals**

- ❖ Diabetes Care and Education, group of the American Dietetic Association: www.dce.org
- \* American Dietetic Association: www.eatright.org
- National Diabetes Education Program: www.ndep.nih.gov
- \* American Diabetes Association: www.diabetes.org (see also: www.professional.diabetes.org)
- National Institute of Health: www.diabetes.niddk.nih.gov
- American Heart Association Heart of Diabetes Program: www.americanheart.org/diabetes
- \* Canadian Diabetes Association: www.diabetes.ca

### **For Patients**

- ❖ We Can!: www.nhlbi.nih.gov/health/public/heart/obesity/wecan/about-wecan/index.htm
- ❖ In English Tasty recipes for people with diabetes and their families: www.ndep.nih.gov/media/mqc\_recipebook\_english.pdf
- In Spanish Ricas recetas para personas con diabetes y sus familiares: www.ndep.nih.gov/media/mqc\_recipebook\_spanish.pdf
- \* Rate your plate: www.diabetes.org/assets/pdfs/living-healthy-with-diabetes-guide.pdf
- Find a Registered Dietician: American Dietetic Association: www.eatright.org

Please see iDo Adult Diabetes Practice Guide at www.snmic.com/ido-improving-diabetes-obesity-outcomes/ for additional clinical management recommendations.

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