



What in the World is a Diabetic Diet?

Marilyn Porter, RD, CDE
Southern Michigan Diabetes Outreach Network
(SODON)

This week I had an opportunity to speak with a group of ten medical interns over lunch on the topic of Medical Nutrition Therapy for diabetes management.

I was excited to think that following my presentation I might exert some influence on the thinking and practice of these young doctors. The nutritional guidelines were well-received, although, I was admittedly taken aback by a few remarks advocating for the continued use of pre-printed uniform calorie level tear-off diets sheets.

These comments served to remind me that varied opinions still exist; and that the individualized meal planning approach is not unanimously perceived as the best alternative by some health care providers who determine treatment plans and impact decisions of their patients.

This article will review the goals of Medical Nutrition Therapy so that practitioners may make informed dietary related decisions to best meet the needs of their individual patients, keeping in mind the question, "What is a diabetic diet?"

The first and most obvious goal of Medical Nutrition Therapy (MNT) is to attain and maintain optimal metabolic outcomes. This means that blood glucose levels should be targeted in the normal or near normal range to prevent or reduce the likelihood of complications.

A lipid profile that reduces the threat of macrovascular disease, and blood pressure goals lower than for the general public, is recommended.

Secondly, MNT strives to prevent and treat the complications of diabetes. This means that lifestyle changes are often necessary to reduce obesity, dyslipidemia, cardiovascular disease, hypertension, and nephropathy.

Medical Nutrition Therapy (along with physical activity) is also the avenue to improve health through appropriate food selections and portions.

Next, a goal of MNT is to meet the individual's nutritional needs according to their situation, based on personal and cultural preferences, lifestyle, and readiness to make changes.

For individuals with specific situations, additional nutrition goals should be addressed.

For example, children with type 1 or type 2 diabetes need to have adequate energy for growth and development. But those with type 1 must also integrate insulin regimens into their eating and activity schedules. Meal timing is an important issue. Youth with type 2 diabetes, generally being overweight, require changes in eating and activity that reduce insulin resistance, improve metabolism, and promote

sufficient energy intake for growth and development. Carbohydrate consistency must be considered.

Pregnant women, after the first trimester, require increased caloric intake and increased insulin requirements. Oftentimes carbohydrate is not well tolerated in the morning and adjustments are necessary. Lactating women also need additional calories, beyond pregnancy.

Adults with type 2 diabetes may benefit from reducing the amount and type of fat routinely consumed. Those, with hypertension, and/or congestive heart failure, may want to restrict sodium intake beyond recommendations for the general public. Dyslipidemia is a situation that may necessitate a change in type and/or amount of fat.

Aging adults, many times with accompanying medical conditions, have nutritional requirements unique to their population. They may want to increase fiber or add a dietary supplement. Persons with diabetes on insulin or insulin secretagogues need nutrition and exercise education for the prevention of hypoglycemia and acute illness.

Finally, prevention must be mentioned for those with pre-diabetes, or those at risk for diabetes. This situation requires activity and meal planning to promote weight loss or prevent weight gain. Party goers may wish to incorporate an alcoholic beverage or dessert without feeling guilty. Likewise, illness can result in serious complications if appropriate intake and alterations in meal plan are not known.

Recommendations for diabetes meal planning for people with type 1 diabetes no longer requires a rigid meal plan based on a fixed insulin dose. Rather, the meal plan can, and should be, as varied as the individual's lifestyle, so long as the person is motivated to monitor and is educated to correctly adjust insulin.

People with type 2 can also have a flexible meal planning approach by carbohydrate counting or using a Food Guide. Physical activity is an integral part of diabetes self-management and should be as individualized as the meal plan.

As consumers, a diabetic diet may be perceived as a handy calorie specific tear-off sheet with the hope of easier food decisions..."Just tell me what to eat..." But the reality is that eating is a highly personal affair and should be treated as such with a personal meal plan.

As health care providers a diabetic diet may be viewed as a handy calorie specific tear-off sheet..."It's what my patient needs..."...or is it????

Registered dietitians specifically trained to assess individual nutritional needs can formulate a meal plan using an approach that is livable and specifically suited to the lifestyle and preferences of the patient or client, combining elements to achieve the goals of Medical Nutrition Therapy, the medical provider, and the individual with diabetes. This is the essence of a diabetic diet.

Marilyn Porter, RD, CDE, received her dietitian's degree from Western Michigan University, and will be getting her MS in Human Services from Capella University this summer. She is currently Diabetes Educator at Southern

Michigan Diabetes Outreach Network (SODON), and develops written diabetes educational materials and resources for SODON's ten county service area. She is a recognized national speaker, and presented at the American Association of Diabetes Educators Annual Conference.