

PROMOTING HEALTHY DIETARY HABITS IN PATIENTS WITH TYPE 2 DIABETES

Eating well-balanced meals is an important part of maintaining good health when you have diabetes.¹ Depending on how long you have had diabetes, you may be able to lower your HbA_{1C} levels by 1% to 2% by making healthy food choices over just an 8-week period.²

NUTRITIONAL RECOMMENDATIONS

By following a healthy eating plan, you can improve your overall health.¹ Your health care team can help you devise a plan that will:²

- Safely reach and maintain normal or near-normal blood glucose and blood pressure levels
- Reach and maintain a lipid and lipoprotein profile (cholesterol and other fats in the blood) that reduces the risk for heart and artery disease
- Slow or possibly prevent the development of diabetes-related complications by adopting a healthy lifestyle
- Take into consideration your personal preferences and any cultural needs, as well as your willingness to change
- Continue to make eating a pleasurable experience by not limiting food choices unless there is strong scientific evidence to support it
- Follow the current nutritional recommendations for patients with type 2 diabetes, as outlined in the **Table**.¹⁻³

MEAL PLANNING¹

Eating well when you have diabetes takes practice and planning. Your health care team can help you create a meal plan, possibly using one of the following options:

The Plate Method is a simple technique. You only need a dinner plate—no special tools or counting is involved. Fill about $\frac{1}{2}$ of the dinner plate with non-carbohydrate-containing vegetables. Then divide the other half of the dinner plate into equal sections (about $\frac{1}{4}$ of the plate) and fill one with starchy foods and the other with meat or other foods high in protein.

Carbohydrate Counting helps you set a limit on the number of carbohydrates you should eat in one day. This method keeps track of the amount of carbohydrates in foods and takes into consideration your level of physical activity and your medications. Carbohydrate counting can be easier when you use nutritional labels on food products that state the serving size and total amount of carbohydrates.

The Glycemic Index (GI) measures how a food containing carbohydrates raises blood glucose and ranks foods by comparing them to a reference food, either white bread or glucose. Foods are ranked as having a high, medium, or low GI. When you use GI to plan meals, you usually choose foods with a low or medium GI, but you can balance the choice of a high-GI food with low-GI foods.

The Diabetes Food Pyramid groups foods into 6 categories on 4 levels based on their carbohydrate and protein content. At the bottom of the pyramid are bread, grains, and other starches. The next highest level contains vegetables and fruits. Milk and meats and other proteins are on the next level, and at the top of the pyramid are fats, oils and sweets. The Diabetes Food Pyramid also recommends a number of daily servings of each food group, so you can make choices based on your blood glucose goals, calorie and nutritional needs, lifestyle, and food preferences.

No single meal or diet plan is appropriate for all patients. Work with your health care team to create a meal plan tailored to your lifestyle and personal preferences that will help to achieve blood glucose and other goals.

TABLE. DIETARY RECOMMENDATIONS FOR PATIENTS WITH TYPE 2 DIABETES.¹⁻⁵

Component	Proportion of Total Calories	Daily Amount
Carbohydrates	40%-60%	182 g
Protein	~15%-25%	77 g
Total fat	25%-35%	62 g
Saturated fat	<7%	
Monounsaturated fat	≤20%	
Polyunsaturated fat	≤10%	
Dietary cholesterol		<200 mg
Sodium		<2300 mg
Dietary fiber		>14 g/1000 cal

REFERENCES

1. American Diabetes Association. Food and fitness. http://www.diabetes.org/food-and-fitness/?utm_source=WWW&utm_medium=GlobalNavFF&utm_campaign=CON. Accessed August 25, 2010.
2. American Diabetes Association. Nutrition recommendations and interventions for diabetes. A position statement of the American Diabetes Association. *Diabetes Care*. 2008;31(Suppl 1):S61-S78.
3. National Cholesterol Education Program (NCEP). Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) final report. *Circulation*. 2002;106:3143-3421.
4. Joslin Diabetes Center & Joslin Clinic. Clinical guideline for adults with diabetes. https://www.joslin.org/bin_from_cms/Adult_guidelines_-edit_7_2_10.pdf. Accessed August 25, 2010.
5. American Diabetes Association. Reducing cardiometabolic risk. Patient education toolkit. <http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=77080>. Accessed August 26, 2010.