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Diabetes Resources

Practical Information for New Mexico Health Care Professionals



A quarterly publication for clinicians caring for people with diabetes - Vol. 6 No. 2, 2006

In each issue of *Diabetes Resources* we have provided specific information about management for diabetes, including important tests and resources to help reduce complications associated with the disease. Information is included about the ABCs of diabetes: **A1C testing 2-4 times per year, Blood pressure screening at every visit, and annual Cholesterol testing. Additional clinical information is also provided. A dilated eye exam, sensory foot exam and screening for kidney disease each recommended annually. Attention to these risk factors reduces the chance for cardiac, renal, eye and vascular disease secondary to diabetes.**

In support of the New Mexico Diabetes Practice Guideline 2006, please see the reverse side of *Diabetes Resources* for recommendations for care including resources and tools that can help in your efforts to provide education and support among your patients with diabetes.

Check www.nmtod.com for organizations that have graciously provided funding for *Diabetes Resources*.

New Mexico Health Care Takes On Diabetes is a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health, and the New Mexico Medical Review Association, with technical and administrative support from the American Diabetes Association.

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, sugar-containing 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.
- ❖ 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.

