Holiday Eating with Diabetes

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Quality Insights

Continuing Education

- To complete the course, the learner must:
  - Watch the 60-minute webinar (live or recorded)
  - Complete post-test questions & evaluation
- 1.25 contact hours approved for Nursing
  - Quality Insights is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation
- There are no identified conflicts of interests.

Learning Outcomes

- After this course, the learner will be able to:
  - Explain how all foods can fit – no naughty list
  - Develop two simple dietary substitutions for your adult patients
  - Identify two new updates related to fiber for adults
  - Describe how to get your patients the dietary help they need including telehealth

Holiday Eating with Diabetes

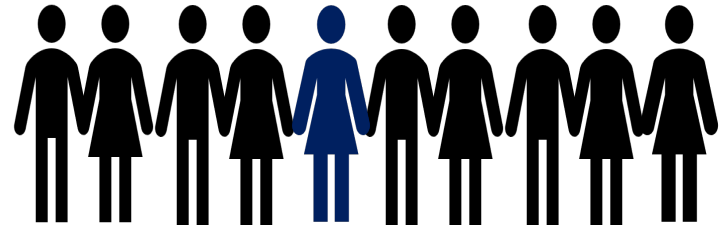**Laura Baker MS, RDN, LD**

What I Hope You Will Learn

1. How <u>all</u> foods can fit - <u>No</u> naughty list here!

2. Develop simple substitutions for your patients.

3. Provide an update on fiber.

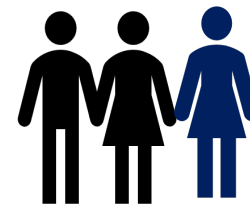4. Refer your patients to get the help they need.

The Numbers

Diabetes

- **13% of adults**
- **>34.2 million, 10.5% of population**
- **7 million are not yet diagnosed**
- **27% are 65yrs older**

Prediabetes

- **35% of adults , 88 million**
- **45% >65years or older**
- **Only 15% are aware**

The Numbers

Diabetes

- WV has the HIGHEST RATE of diabetes in the U.S. at <u>16.2%</u> with ~240,000 people (estimated projection 2018 BRFSS).

- An additional ~45,000 people have diabetes but don't know it.

- Every year an estimated ~14,000 people in WV are diagnosed with diabetes.

Prediabetes

- In the average primary care practice, **1 of 3 patients > age 18 and 1 of 2 patients > age 65**
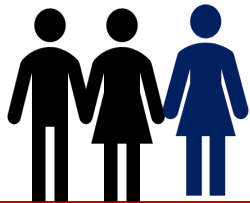
It can take as little as <u>**5 YEARS**</u> for prediabetes to progress to diabetes.
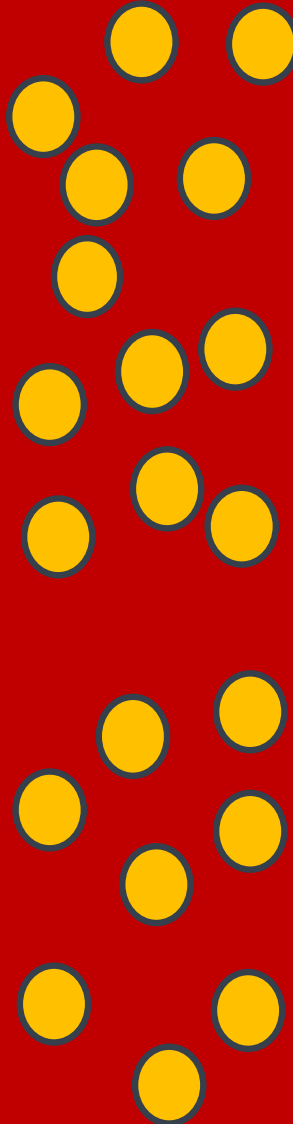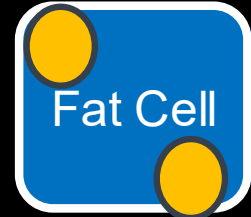
Role of Insulin

Medications

Illness

Stress
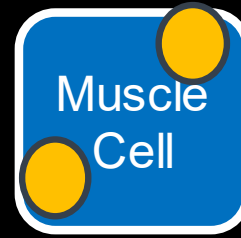
Physical Activity

Protein

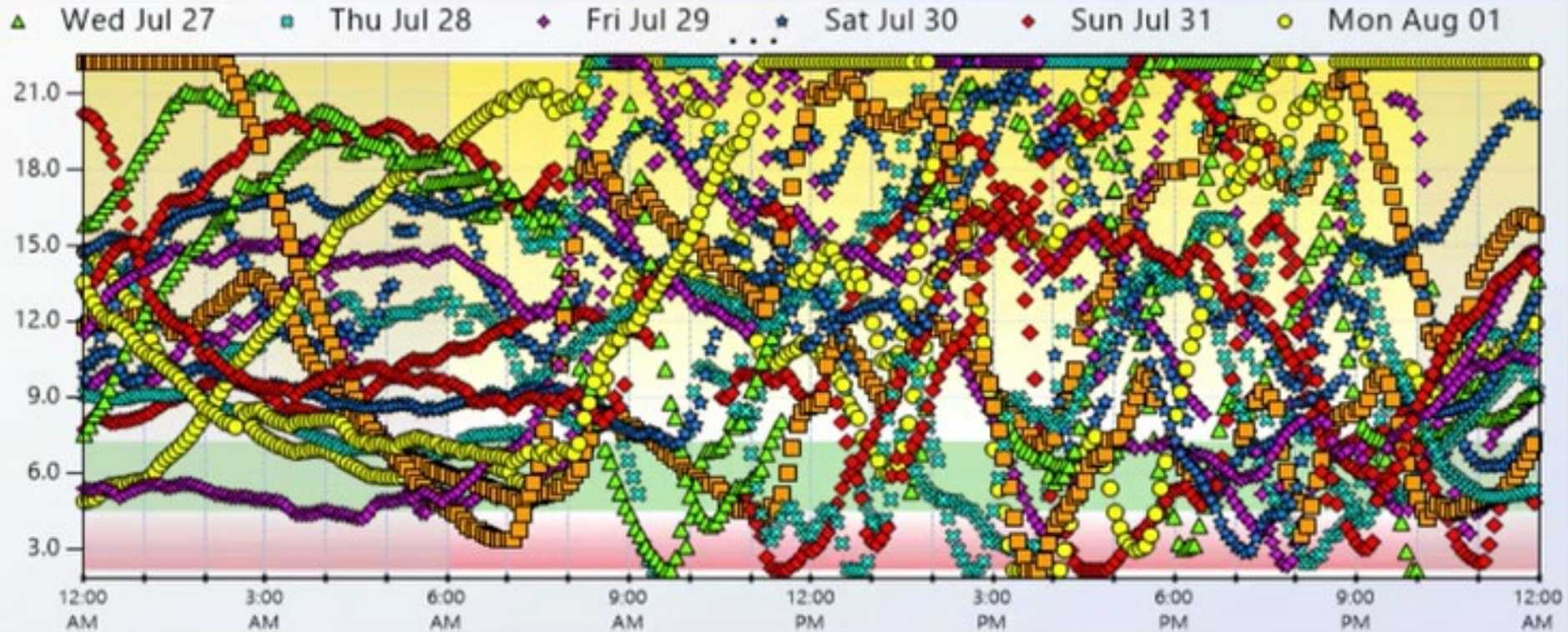* **Carbohydrate**

Insulin

Liver Cell

Muscle Cell

Fat Cell

Poor Glycemic Control

Dietary Management

Prior to the discovery of insulin

Since the discovery of insulin in 1921

Dietary Management

"One Size Fits All, Does Not Fit"

1. **No ideal macronutrients**

2. **Calorie reduction independent of weight loss-improves metabolic profiles**

3. **Wt. loss of 5% is effective (7-15% wt. loss yield more benefits)**

4. **Extensive evidence of several different eating patterns that are effective**
   a. **Mediterranean, DASH, LC, VLC, plant-based, Low Fat, DGA$\rightarrow$ all can be effective**

Low and Very–Low Carbohydrate Eating Patterns

Low Carbohydrate

- Reduction of carbohydrates has most evidence for glucose management.

- Quality counts

Very-Low Carbohydrates for SELECT people

- Long-term impact on glucose levels

- CVD risk factors

- Sustainability to adhere to eating pattern

No Naughty List

Enjoyment of eating!
- **There's _no Ideal %_ of calories from carbohydrates, protein and fat.**
- **Must be individualized**
- **Dessert CAN be included → portion size**

ED-DMT is becoming more prevalent
- **~7% of adolescents with T1DM**
- **One study found that 27.7% females and 8.6 males 11-19 years w/ T1DM had disordered eating**
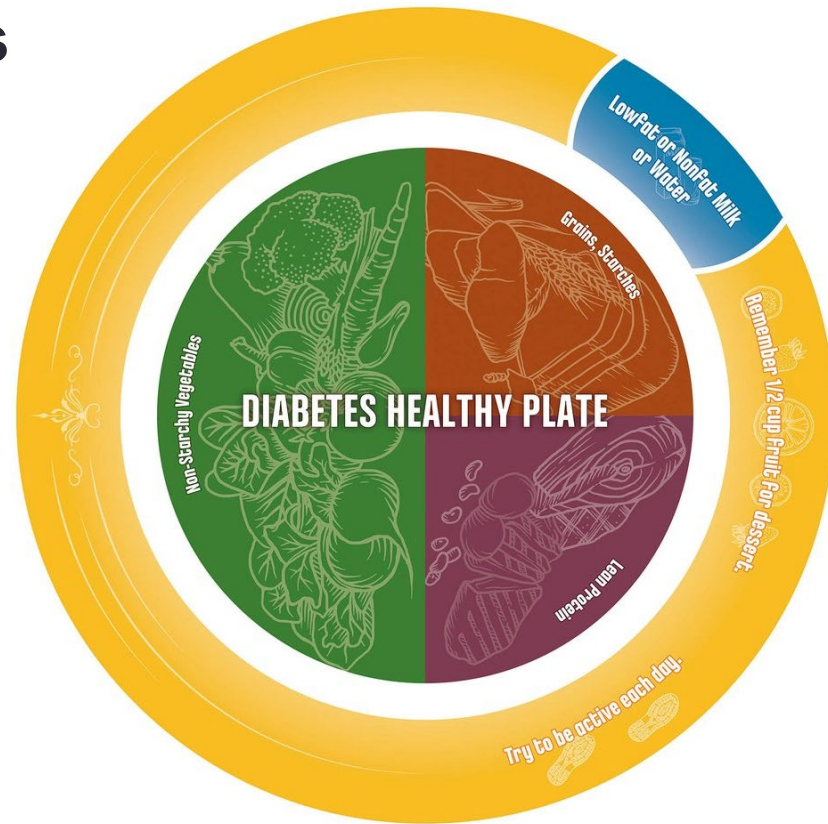- **T2DM 5-25.6%**

Winston, A.P. Eating Disorders and Diabetes. *Curr Diab Rep* **20,** 32 (2020). https://doi.org/10.1007/s11892-020-01320-0

No Naughty List

Promote Healthful Eating Patterns

- **Increase non-starchy vegetables**
- **More water**
- **Whole foods over processed foods**

Must be sustainable for the individual!

No Naughty List

Check Blood Sugar Often to avoid DKA

When:
- **Morning**
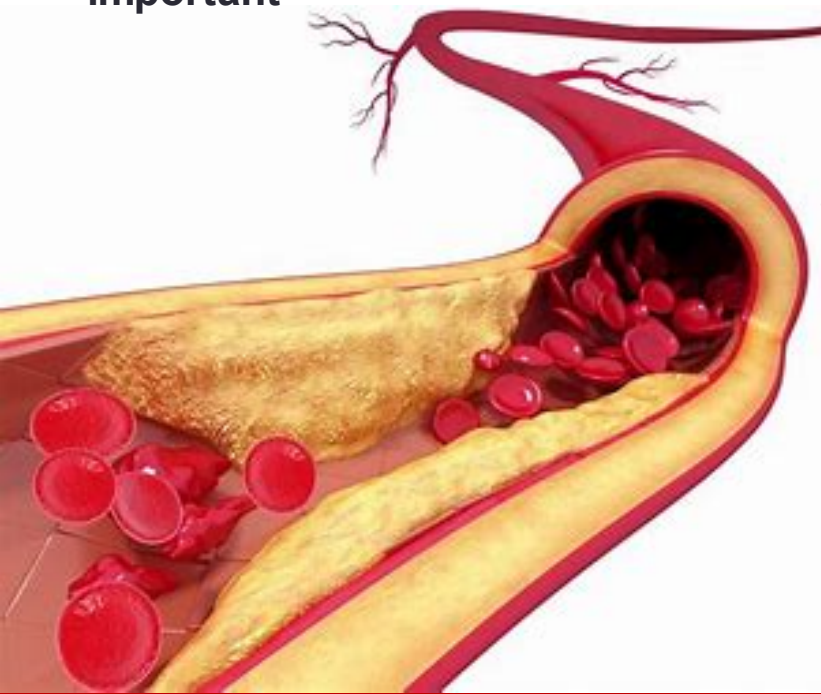- **Pre-prandial**
- **Post-prandial**

Encourage patients to not skip meals during the holidays.

No Naughty List

What about Fats?

- Data inconclusive on the ideal amount of fat but the <u>type of fat</u> is important

- Increased fat consumption → Reduction of HDL & increase in LDL, oxidized & glycated LDL-contribute to atherosclerosis of diabetes

- Diets high in saturated fats make insulin resistance worse
  - Avoid trans fats (look on the ingredient list for hydrogenated oils)

- Monounsaturated and polyunsaturated fats improve glycemic control and reduce CVD risk.

Myth: Meat is high in saturated fat
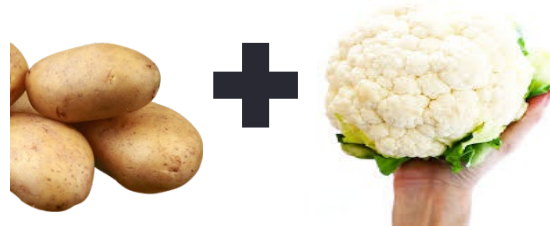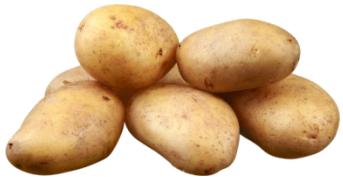Busted: Mono. fatty acids make up half the fat content of lean red meat.

- Look for the words: loin or round

Simple Substitutions

Simple Substitutions

What about Fiber?

- Fiber can slow down the conversion of enzymes that work on starch, slowing the conversion to glucose.

- Plant-based diet-fruits and vegetables, nuts and seeds, whole grains

- Dietary fiber enhances our microbiome via gut integrity, increased satiety, improved insulin sensitivity and improved energy homeostasis and loss of excess body weight.

- Fiber→ SCFAs → energy control and appetite control→ regulate BG

- Alterations in gut microbiome can effect metabolic pathways such as insulin signaling, appetite regulation, incretin production and inflammation.

Fiber

- **Consume at least 14g/1000kcal**
- **Check out the Nutrition Label → >10%**

- **Glycemic Index impact only if >50g/day**
- **No significant impact on A1C**
- **Mixed results on fasting glucose**

Nutrition Facts

8 servings per container

Serving size 2/3 cup (55g)

Amount per serving

Calories 230

	% Daily Value*
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Glycemic Index

Other Factors to Consider:

- **Ripeness and storage time**

- **Processing-mashed potato vs baked potato**

- **Cooking method-al dente vs soft-cooked pasta**

- **Variety-white rice vs brown rice**
- **GI utilization may be helpful for some in fine tuning BGM**

Issues:

- **Only measures single foods, not synergistically**

    - **Ex: pizza dough GI of 80, Pizza Hut Supreme GI of 36**

- **Doesn't consider the whole picture**

- **Current research inconclusive**

52

vs

52

***Fat will always lower the GI of foods, b/c it slows digestion**

Referring patients

ADA Diabetes Standards of Care → Four Critical Times to Refer:

1. At diagnosis

2. Annually

3. Not meeting txt targets

4. Complicating Factors

Resources:

- Diabetes Self-Management Classes

- National Diabetes Prevention Program

- Medical Nutrition Therapy

- WWV Health Connections database for programs to refer your patients to .

Telehealth services in the light of COVID

WV HEALTH CONNECTION

Questions

References

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