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In each issue of *Diabetes Resources* we provide information about management of diabetes for health care providers.

Our publications support the *New Mexico Diabetes Practice Guideline* by providing specific tools and resources for providers to help reduce the complications associated with diabetes. The *ABCs of diabetes* is a reminder to test patients 2 to 4 times per year for A1C, check Blood pressure at each visit and test Cholesterol levels annually. The *Diabetes Resources* address other clinical recommendations. Dilated eye exam, foot exam and kidney disease screening as well as nutrition and physical activities are additional covered topics.

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

Diabetes Resources

Practical Information for New Mexico Health Care Professionals



A quarterly publication for clinicians caring for people with diabetes - Vol. 7 No. 8, 2006

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.

Resources for Clinicians

The following resources are FREE and can be downloaded from the New Mexico Health Care Takes On Diabetes website at www.nmtod.com. For further information contact Charm Lindblad, Executive Director, at 505.796.9121 or toll-free 1.866.796.9121.

Common Meal Planning Methods: A Tool for Health Care Professionals—



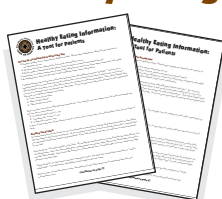
There are many different meal-planning methods to educate people with diabetes. This handout is for professionals to highlight the common methods currently being utilized; including: exchange list, 50/50 plate, and carbohydrate counting. This form gives a brief description of each and indications for which population(s) it may or may not be appropriate.

Carbohydrates and Healthy Eating: A Tool for Patients—



This handout is for patients to serve as an easy guide 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 helps patients become aware 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 client and health care professional can work together to identify areas for change.

For more information on the exchange lists, carbohydrates counting, and other methods, please see the websites listed below.

** These tools are not intended to serve as complete and full education. The education tools are made available in a written form for the professionals and patients, to assist in lifestyle changes. More complete patient specific education can take place with a registered dietitian and/or a certified diabetes educator.*

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

- ❖ National Diabetes Education Program: www.ndep.nih.gov
- ❖ American Diabetes Association: www.diabetes.org
- ❖ National Institute of Health: www.diabetes.niddk.nih.gov
- ❖ American Heart Association Heart of Diabetes Program: www.americanheart.org/diabetes
- ❖ New Mexico Department of Health Diabetes Prevention and Control Program: www.diabetesnm.org
- ❖ Diabetes Care and Education - a dietetic practice group of the American Dietetic Association: www.dce.org
- ❖ Canadian Diabetes Association: www.diabetes.ca

For health care professionals

- ❖ American Dietetic Association: www.eatright.org

For patients

- ❖ In Spanish - Healthy Diet Resource National Diabetes Education Program: Recetas y Plan de Comidas: http://www.ndep.nih.gov/diabetes/MealPlanner/sp_intro.htm
- ❖ New Mexico Recipes in English: <http://www.proyectobienestar.org/NewMexicoRecipes3.doc>
- ❖ Rate your plate: www.diabetes.org/all-about-diabetes/chan_eng/i3/i3p4.htm
- ❖ American Dietetic Association: www.eatright.org

These websites may be accessed directly or through the New Mexico Health Care Takes On Diabetes website* www.nmtod.com

**Please note that these websites do not necessarily represent the views of NMHTOD. They are listed for your reference and convenience. NMHTOD does not evaluate websites for content accuracy or application to any clinical situation.*

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