

Talking Nutrition in 15 Minutes or Less

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Presenter Disclosure Information

• I have no disclosures



Learning Objectives



Consider patient preference and metabolic needs to identify healthy dietary habits that are feasible and sustainable



Illustrate the health benefits of weight loss to patients



Summarize core elements of intensive lifestyle management



Goals of Nutrition Therapy for Adults with Diabetes

1. To promote and support healthful eating patterns, emphasizing a variety of nutrient-dense foods in appropriate portion sizes, to improve overall health and:



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Achieve and maintain body weight goals

Lifestyle Management: Standards of Medical Care in Diabetes - 2019. Diabetes Care 2019;42(Suppl. 1):S46-S60

Goals of Nutrition Therapy for Adults with Diabetes

2. To address individual nutrition needs based on:



Lifestyle Management: Standards of Medical Care in Diabetes - 2019. Diabetes Care 2019;42(Suppl. 1):S46-S60



Goals of Nutrition Therapy for Adults with Diabetes

 To maintain the pleasure of eating by providing nonjudgmental messages about food choices



Lifestyle Management: Standards of Medical Care in Diabetes - 2019. Diabetes Care 2019;42(Suppl. 1):S46-S60

Goals of Nutrition Therapy for Adults with Diabetes

4. To provide an individual with diabetes the practical tools for developing healthy eating patterns rather than focusing on individual macronutrients, micronutrients, or single foods







What Can I Eat?

Variety of eating patterns are acceptable:



Evidence varies based on eating pattern

Diabetes Care 2019;42:731-754

Key factors common among patterns:

vegetables



refined grains

Choose whole foods over highly processed foods to the extent possible



Types of Eating Patterns





Mediterranean style

Description

- · Plant-based food
- · Fish and other seafood
- Olive oil
- Dairy products
- Fewer than 4 eggs/week
- Red meat in low frequency/amounts
- Wine in low/moderate amounts
- Concentrated sugars or honey rarely

Diabetes Care May 2019, 42 (5) 731-754

Potential benefits:



- ↓ Diabetes risk
- ↓ A1C
- ↓ Triglycerides
- ↓ Risk of major CV events



Vegetarian or vegan

Description

- Plant-based vegetarian eating devoid of all flesh foods but including egg (ovo) and/or dairy (lacto) products
- Vegan eating devoid of all flesh foods and animal-derived products

Potential benefits:



- ↓ Risk of diabetes
- ↓ A1C
- ↓ Weight
- \downarrow LDL-C and non–HDL-C



Low-fat

Description

- Vegetables
- Fruits
- Starches
- Lean protein sources
- Low-fat dairy
- Total fat intake is typically ≤30% of total calories and saturated fat intake ≤10%

Potential benefits:

- ↓ Diabetes risk
- ↓ Weight





Very low-fat

Description

- Fiber-rich vegetables
- Beans
- Fruits
- Whole intact grains
- Nonfat dairy
- Fish
- Egg whites
- Comprises 70–77% carbohydrate (including 30–60 g fiber), 10% fat, 13–20% protein

Potential benefits:

- ↓ Weight
- ↓ Blood pressure



Low carbohydrate

Description

- Low carb vegetables
- Fat (animal foods, oils, butter, and avocado)
- Protein (meat, poultry, fish, shellfish, eggs, cheese, nuts, and seeds.
- Fruit (some plans)
- Avoids starchy and sugary foods
- Some low carbohydrate diets reduce carbohydrates to 26-45% of total calories

Potential benefits:



- ↓ A1C
- ↓ Weight
- J Blood pressure
- ↑ HDL-C
- 1 Triglycerides



Very low carbohydrate

Description

- Further limits carb-containing foods
- Meals derive more than half of calories from fat
- Goal of 20–50 g of non-fiber carb/day
- Some very low carbohydrate eating patterns reduce carbohydrates to <26% of total calories

Potential benefits:



- ↓A1C
- ↓ Weight
- ↓ Blood pressure
- ↑ HDL-C
- ↓ Triglycerides



Dietary Approaches to Stop Hypertension (DASH)

Description

- Vegetables
- Fruits
- Low-fat dairy
- Whole intact grains
- Poultry
- Fish
- Nuts
- ↓ saturated fat, red meat, sweets, and sugarcontaining beverages (and possible sodium)

Potential benefits:



- Reduced risk of diabetes
- ↓ Weight loss
- J Blood pressure



Paleo

Description

- Lean meat
- Fish
- Shellfish
- Vegetables
- Eggs
- Nuts
- Berries
- Avoids grains, dairy, salt, refined fats, and sugar

Potential benefits:

- Mixed results
- Inconclusive evidence



Starting the Conversation





Conversation Starter 1: The Un-Diet

- Create Your Plate
- Reduce Portions
- Drink More Water





Create Your Plate

¹/₂ plate nonstarchy vegetables (salad, green beans, broccoli, cauliflower, cabbage, carrots, etc.)

Low-calorie drink, preferably water



Professional.Diabetes.org/placemat

American Diabetes Association

Create Your Plate





Professional.Diabetes.org/placemat



Reduce Portions

Strategies for Monitoring Portions:



Swap side orders such as fries or chips for a fruit or vegetable



Order from the appetizer menu or "small-plate" menu



Box away half of the entrée at the beginning of the meal (to save for the next day/meal)



Drink More Water

- Replace sugar-sweetened beverages with water as much as possible.
- Using sugar substitutes does not make an unhealthy choice healthy; it makes the choice less unhealthy.



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Questions to Ask Patients

- Are there any eating patterns you are interested in exploring?
- Do you typically eat breakfast, lunch, and dinner?
- Do you typically snack between meals?
- Do you prepare your own meals?
- Do you do the grocery shopping?
- Have you tried to lose weight in the past?
- What have been your struggles and success?
- What kind of beverages do you drink? How often?



Conversation Starter 2: Salty Talk on Sodium

- Importance to Overall Health
- Recommendations
- Reducing Salt Intake

Why is this important to your patient?



Sodium along with other salts such as potassium, is needed in small amounts to maintain fluid-electrolyte balance and normal body function



Fluid retention stresses the body, in particular the heart and blood vessels, causing high blood pressure



High blood pressure leads to heart disease and stroke



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Recommended Daily Sodium Allowance

- People with diabetes and prediabetes are encouraged to consume less than 2300mg/day of sodium, the same amount that is recommended for the general population.
- Total: about 2,300mg per day = 1 teaspoon of salt from all food





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Reducing Salt Intake

- Taste food before adding salt.
- Use herbs and spices to enhance flavor instead of the salt shaker
- Look for low/reduced sodium (or no salt) canned vegetables and beans
- Limit the frequency of eating out
- Be mindful of these high-sodium foods
 - Soups
 - Chips and crackers
 - Cheese
 - Pickles and pickled food
 - Cured and processed meats
 - Canned meats and vegetables
 - Frozen meals and boxed/packaged mixes (i.e. macaroni and cheese, ramen, etc.)
- Check labels for sodium: <140 mg sodium/serving for snacks and <500 mg sodium/serving for dinners/mixes



Questions to Ask Patients

- How often do you eat outside of the home?
- How often do you cook?
- How often to you eat frozen/pre-prepared meals?
- How often do you add salt/table salt?



Conversation Starter 3: Alcohol

- Consumption Recommendations
- "Standard Drink" Size Reference
- Potential Risks for People with Diabetes



Consumption Recommendations

Adults with diabetes or prediabetes who drink alcohol should do so in moderation:



1 drink or less per day for adult women

2 drinks or less per day for adult men



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Consumption Recommendations

1 standard drink =



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Potential Risks for People with Diabetes



Hypoglycemia (particularly for those using insulin or insulin secretagogue therapies)

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Weight gain



Hyperglycemia (for those consuming excessive amounts)

American Diabetes Association

Questions to Ask Patients

- Do you drink?
- How many drinks do you consume in a day? A week?



Conversation Starter 4: Dietary Risks Supplements

- What are Dietary Supplements?
- Taking Dietary Supplements: Uses, Benefits &
- Resources on Dietary Supplements



Taking Dietary Supplements

Definition:

Products taken by mouth containing "dietary ingredients" such as vitamins, minerals, amino acids, herbs or botanicals and other substances to supplement the diet

Uses:

- To fill nutritional gaps of vital nutrients, during times of physical change when normal consumption or absorption cannot meet nutritional needs
- To reduce risks of certain diseases, example: folic acid to reduce birth defects of the brain and spinal cord

ADA Recommendation:

 Long-term use of metformin may be associated with biochemical vitamin B12 deficiency, and periodic measurement of vitamin B12 levels should be considered in metformintreated patients, especially in those with anemia or peripheral neuropathy.



Dietary Supplement Risks

- A cocktail of supplements and prescription medicines could be harmful when taken together
- Undesirable side effects before, during or after surgery
- Micro-nutrients are needed in minute doses, and supplements could lead to overdosing of these micro-nutrients very quickly



Dietary Supplement Risks

- Cost could create a financial "displacement" issue, where people have to choose between buying supplements or Rx medicine
- Misleading thought that taking supplements can make an unhealthy diet to become healthy
- Self-regulated industry with lack of oversight on safety & efficacy, relying on self-reporting only AFTER harm is done
- Bogus marketing claims that are too enticing, with no oversight in truthof-claim



Questions to Ask Patients

- What supplements are you taking?
- What are the reasons for taking them?
- How much, how often and how long have you been taking them?
- How much money do you spend on these supplements?
- Do you drink alcohol or caffeinated drinks when taking supplements?
- Have you had any changes in your health since you started taking these supplements?
- Have you had any bad reactions since you started taking them?
- What other drugs do you take? OTC or Rx drugs?





American Diabetes Association.

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Additional Resources

- Diabetes Food Hub
 - DiabetesFoodHub.org
- Patient Education Library
 - Professional.diabetes.org/PatientEd
- Choose Your Foods
 - ShopDiabetes.org
- Nutrition Consensus Report
 - Care.DiabetesJournals.org

