

Diabetes Care & Education Update! Translating Latest Evidence-Based Guidelines Into Clinical Practice

Webinar Questions Answered by Susan Weiner, MS, RD, CDES, FADCES

- Do you think we are telling our patients to eat too many carbs per day?

As clinicians, we should continue to review the latest evidence-based guidelines, collaborate with the individuals who are seeking our guidance and respect their lived experience and always use our best clinical judgement. Meal patterns should be ‘individualized’, based on a person’s needs. I shy away from saying ‘telling’ anyone what to eat, it’s a collaboration based on a person’s goals and medical needs. Review what a person is currently eating, and together you may be able to come up with some alternatives which may improve glycemia and promote positive health outcomes.

- How do you train new RDNs on how to estimate carb grams if there are no real macronutrient distribution guidelines?

Not sure if you mean estimate based on portion size using carb counting or suggested carb grams per meal and snack. Based on an individual’s current meal pattern and overall needs, devise educated recommendations, along with blood glucose monitoring. There are additional guidelines based on need (such as protein suggestions based on kg per body weight, etc.). Other organizations may offer additional guidance which may be helpful and provide general nutrition education guidance.

- How do you alter basal adjustment when you eat excess fat for one meal only? I understand bolus adjustment, but not basal.

Please take a look at this article. I hope it helps. <https://care.diabetesjournals.org/content/39/9/1631>

- What do you mean by protein will not have significant effect on blood sugars unless a low carb meal?

Please look at this article and the explanation from Integrated Diabetes Services. Study references in the article. Hope this helps. <https://integrateddiabetes.com/how-to-control-blood-sugar-after-a-high-protein-meal/>

- When you mention “very low” carbohydrate, does that always mean less than 26g daily? For how long can this be given before loss of muscle mass?

Please note that this was not and is not my recommendation. I was sharing what is out there in some eating plans.... It is an amount often used on very low carb meal plans that I was bringing to the everyone’s attention. Obviously a VERY low amount with potential issues for certain individuals.

Quoted from the guidelines: *In the Consensus Report referred to in this section, a **low carbohydrate** eating pattern was defined as 26-45% of total calories from carbohydrate and a **very low carbohydrate** eating pattern (ketogenic) was defined as 20-50 g of non-fiber carbohydrate per day.

- Would you say that plant-based protein, even those quite high in CHO, also have little effect on BG?

There is a lot of info on this topic. We can do a whole webinar on the plant-based perspective! Here are a few articles on the topic that I was involved with for my Diabetes in Real Life column for Endocrine Today: Vegan diet may be right choice managing type 2 diabetes <https://bit.ly/3bHaBJ1>

Another recent article: Adopting vegetarian diet can be easy, offer cardiometabolic benefits <https://bit.ly/2Ty7i0L>

- How do you feel about the ketogenic diet if patients ask? How do you counsel them to avoid hypoglycemia? Do you suggest they check ketones?

As a health care professional, it is important to KNOW what the ketogenic diet, so you can discuss it with a person who asks about it so you can have a conversation and answer their questions. Remember, not all low-carb diets are ketogenic. That is why it's vitally important to know the differences. Hypoglycemia is something that should be addressed and discussed across the board, as well as how to treat a low blood glucose.

- Do you discourage people with Type 1 diabetes from following a ketogenic diet?

I would review each individual's information and if I'm not comfortable with their choices, it may not be "a good fit" for us to work together. There may be someone who would be a better fit to support their quest to follow a specific eating pattern.

- What have you read about studies where study participant is put into ketosis, and when they were taken off diet & provided carbs, their body no longer knew how to regulate insulin?

I am not aware of these studies.

- Are there any recommendations for individualized CHO distribution?

Hopefully this will help. <https://care.diabetesjournals.org/node/53484.full>

- How are the low carb recommendations and research being received by endocrinologists as a whole?

Hope this article will help. <https://bit.ly/2TjW9A1>

- I would like to know where I can find more information about how cooking can affect glycemic index?

Hope these articles provide the info you were looking for <https://bit.ly/3g103Ia> <https://bit.ly/2ZcDSJ7>

- Can long term high protein and fat diets lead to DKA in already susceptible patients?

I was speaking about DKA as a lack of insulin, either from a delayed/missed diagnosis or type 1 diabetes or insulin omission or lack of insulin (cannot afford insulin).

- Is there any evidence to support supplements that will help blood sugar control?

Hope this article is helpful. <https://bit.ly/2WIc6m0>

- Isn't following a low carbohydrate diet and eating 50 gm fiber counterintuitive?

That might be why the guidelines address supplementation. There was a study that pointed out upwards of 50 grams of fiber lowered A1C..... there are obviously other benefits for increasing the fiber content of one's diet.

- Based on the newest clinical guidelines, is a low or very low carb diet recommended and can be safely advised by RDNs CDEs?

The ADA 2020 Standards of Medical Care specifically recommended a very low carb diet for a limited amount of people with type 2 diabetes for whom a different approach to eating may be beneficial for managing glycemia as taking glucose lowering medications may not be a viable option. Please check out the guidelines for additional information.

- Can you comment on a low-fat plant-based diet for diabetes management?

There is a lot of info on this topic. We can do a whole webinar on plant based and that perspective! Here are a few articles on the topic that I was involved with for my Diabetes in Real Life column for Endocrine Today: Vegan diet may be right choice managing type 2 diabetes <https://bit.ly/3bHaBJ1>

Another recent article: Adopting vegetarian diet can be easy, offer cardiometabolic benefits
<https://bit.ly/2Ty7i0L>

- What resources do you have for people who want to cook more at home, but are used to eating out/eating fast food?

There are a lot of excellent and practical resources available. Here is a good place to start:
<https://bit.ly/2Zfdxdp> <https://diatribe.org/restaurants>

- Do you have any guidance regarding recommending alpha lipoic acid? Has it been helpful for your clients and improving insulin resistance?

I do not have specific recommendations for this supplement. This article might be of interest:
<https://bit.ly/2LARKVw>

- Please explain more about the B12 deficit that can occur with long-term Metformin use. I have many patients who swear by DM short term memory lost. From high BG's or possibly B12?

Hopefully, this article will be of interest <https://bit.ly/3bFLB4R>

- How do you approach the patient who is only interested in receiving that one-size-fits-all printed "diabetes meal plan"?

That can be challenging! We go through what they may typically eat over the course of a few days and make tweaks and suggestions. If a nutrition professional is comfortable giving a meal plan, that is certainly their clinical judgement and prerogative. However, most folks will not continue to be satisfied with something that does not fit their needs, especially if they have likes and dislikes as well as cultural preferences. There are certainly pre-planned menus and meal plans available.

- Do you have suggestions for "filler foods" for a person with high kcal requirements? A person who is often hungry and perhaps not especially overweight but wants to keep eating.

I often suggest nuts (unsalted if needed), nut butters (try different types), avocado.

- What is the macronutrient profile of an Orgain shake, what sweetener is used and how many kcals?

It varies by Orgain shake, learn more at <https://orgain.com/collections/nutrition-shakes>. In the popular Vegan All in One Shake there is 16 grams of protein, 25 grams of carbohydrates and 6 grams of fat in a 220 kcal serving. The sweetener is organic cane sugar.

- Intermittent fasting is gaining a lot of interest these days. What are your thoughts regarding intermittent fasting in those with type 2 diabetes?

Here is an article that might be helpful. <https://bit.ly/2ThyikR>

- Can patients get a sample of an Orgain product sent to their home as many are getting virtual visits? If so, what is the process?

Please contact medinfo@orgain.com and we will be glad to assist.

- Any specific recommendations for education resources and materials for patients with diabetes who are non-English speaking, low social-economic background, low education background?

Fabulous materials from beyondtype1 <https://es.beyondtype1.org/> Beyondtype2 <https://beyondtype2.org/>

- Are you familiar with "Metabolic Miracle" diet and cookbook by Diane Kress RD, CDCED? If so, thoughts?

While I have heard of it, I have not read it and therefore cannot comment.

- Wondering how Susan handles medication adjustments with endocrinologists or PCP's as her patients/clients start to change diet/lifestyle and see improved blood glucose?

Great question! It is very important to have the people you work with sign (and update) HIPPA forms, including permission for me to communicate with their doctor's or other clinician's. If there is a change such as increase in physical activity, nutritional changes, significant weight loss or anything else that may affect medications, I communicate it (with the person's full permission). Additionally, if there is a change in living situation or insurance changes or anything else which may affect medication adjustments, I encourage the person to communicate it as well.

- Which Orgain pediatric shake would you recommend for a child with Type 1 diabetes who is a picky eater and used to rely on PediaSure for meals?
- [Response from Keith Hine, MS, RD at Orgain] I would consider the Orgain Kids Protein Nutritional Shake. <https://orgain.com/collections/kids-shake/products/kids-protein-organic-nutrition-shake>. Many clinicians are now recommending it preferentially over conventional shakes like PediaSure.
- Do you find that moderate carbs and consistent carbs at all meals do tend to work best for most?

This might be a great recommendation for many people. Especially for those who eat basically the same way every day.

- Are you able to bill for pre-diabetes counseling? If so, for Medicare. What CPT code do you use?

Please check out this reference from the Academy of Nutrition and Dietetics and reach out to them with billing questions. It's a complex question (co-morbidities, telehealth visits etc.) and they will be able to offer great direction. <https://www.eatrightpro.org/payment>

- Please clarify if added sugars are still included in total carbohydrates in the new nutrition facts label?
Yes, it's part of total carbohydrates. Please read this for further clarification
<https://www.fda.gov/food/new-nutrition-facts-label/added-sugars-new-nutrition-facts-label>
- I did not know that caffeine could increase blood glucose, but it was listed on the chart you showed from Adam Brown. Do you have any references in relation to this?
Here is a small study on the subject <https://care.diabetesjournals.org/content/33/2/278>