
Medical Nutrition Therapy American Diabetes Association Recommendations

The American Diabetes Association (ADA) has released its first food guidelines tailored to medical categories. Published in the September 2006 issue of *Diabetes Care*, the ADA's journal of clinical research, the revised medical nutrition therapy recommendations update statements previously published in 2004. For the first time, the guidelines categorize medical nutrition advice according to a person's medical condition, breaking out recommendations for treating people at high risk for diabetes; managing existing diabetes; and slowing or trying to prevent the rate of development of diabetes complications. Specific recommendations are also included for people with type 1 diabetes, pregnant women or nursing mothers with diabetes, older adults, and those living in long-term care (LTC) facilities or managing acute illnesses such as kidney disease.

“When you're talking about diabetes, there is no ‘one size fits all’ diet,” said Ann Albright, PhD, RD, President-Elect, Health Care & Education, ADA. “For people with diabetes and those at risk for type 2 diabetes, medical nutrition therapy should be tailored to a person's specific health issues and personal preferences to help maintain optimum health by controlling blood glucose levels, blood pressure, cholesterol, and other risk factors.”¹

The recommendations emphasize the importance of sustained, moderate weight loss for people who are overweight or obese and increased physical activity for all people at risk for or living with diabetes. They also pointedly ask people with diabetes to avoid fad diets, such as those that promote

extremely low carbohydrate or high protein intake.

“There is no evidence that these diets are successful at helping people keep weight off once they lose it, and there are ample concerns about the fiber, vitamins, and minerals people give up when they severely restrict their diet, say by sharply limiting carbohydrate intake,” said Dr. Albright.¹

For people who are at risk for diabetes, the guidelines call for a diet high in fiber and nutrient-rich foods (14 grams of fiber for every 1000 calories), with whole grains making up half of all grain intake. In emphasizing the importance of weight loss, the ADA notes that medications may be useful for some individuals if combined with lifestyle changes, and that for the very obese, weight-loss surgery has

shown considerable health benefits. They also caution people who use meal replacement plans for weight loss that research finds the weight loss is only maintained as long as people stay on the meal replacement plan. Exercise is recommended independent of weight loss because studies show it helps lower blood glucose levels, increase insulin sensitivity, and reduce cardiovascular risk factors regardless of whether weight is lost.

For people who already have diabetes, the nutrition guidelines are more specific. They recommend choosing carbohydrates from fruits, vegetables, whole grains, legumes, and low-fat milk; eating fiber-rich foods; keeping saturated fats to less than 7% of total caloric intake; eating at least 2 servings of nonfried fish per week; limiting trans fat intake; and restricting cholesterol intake to less than 200 mg/day.

The complete “Nutrition recommendations and interventions for diabetes—2006: a position statement of the American Diabetes Association” is available at: <http://care.diabetesjournals.org/cgi/reprint/29/9/2140> MPM

References

1. American Diabetes Association. How to eat to prevent or treat diabetes [press release]. Alexandria, VA: American Diabetes Association. August 5, 2006. Available at: www.diabetes.org/uedocuments/NutritionGuidelinesPR.pdf. <http://care.diabetesjournals.org/cgi/content/full/29/9/2140> Accessed December 12, 2006.