

## **DIETARY ADVICE**

## DIETARY ADVICE FOR PEOPLE WITH DIABETES

Effective management of diabetes cannot be achieved without an appropriate diet. **All patients with newly diagnosed diabetes should be referred to a state registered dietitian who will give individual dietary advice.**

Dietary advice is based on the consensus-based recommendations of the Nutrition Subcommittee of the Diabetes Care Advisor Committee of Diabetes UK.

### **Nutritional Management Aims**

- Help optimise glycaemic control
- Reduce risk factors for cardiovascular disease and nephropathy
- Promote weight loss in overweight or obese individuals

### **Taking into account**

Quality of life, Cultural preferences, patient well-being and safety. The advice should also respect the individual's wishes and willingness to change.

### **Nutrition and dietary education should**

- Meet the needs of the individual
- Include realistic targets and goals
- Allow patients to achieve independence in managing their condition

### **Dietary Goals**

- Ensure an adequate and balanced nutritional intake.
- Encourage regular meals based on complex (preferably high fibre) carbohydrate foods. Foods with a low Glycaemic Index should be encouraged.
- Reduce intake of sweet foods and drinks; sucrose should contribute up to 10% of total energy. Sucrose need not be excluded from the diet. For this reason there is no need for people with diabetes to use special 'diabetic foods'.
- Reduce fat intake, especially saturated fat intake. Total fat intake should not exceed 35% of total energy with the majority of this from mono and polyunsaturated sources.
- Include at least 5 servings of fruit/vegetables daily
- Limit salt intake to <6g sodium chloride per day.
- Achieve and maintain a healthy weight.

### **Weight Reduction**

Approximately 80% of people with type 2 diabetes are overweight or obese. Weight loss improves insulin sensitivity, glucose uptake and other health outcomes.

**Targets for weight loss should be realistic, achievable and agreed by the patient.**

It is important to discuss realistic targets for weight loss. A good starting point is to lose 10% of body weight over 3 to 6 months with the aim to then maintain weight.

### **Initial advice should be:**

- to reduce energy dense food intake, in particular those high in fat.
- to increase activity levels.

- limit alcohol intake.
- to increase fruit and vegetable intake.

If these measures are not effective then more specific advice to achieve an energy deficit may be necessary.

Some individuals may find attending commercial slimming groups helpful. Those that offer exercise programmes in addition to advice on diet may be of particular benefit.

## **Exercise**

All patients should be encouraged to be more physically active, as this improves general levels of fitness and glycaemic control. It may aid weight loss and improve lipid and blood pressure control.

Exercise advice should be realistic and include information on local facilities, e.g. swimming, health clubs, exercise prescription programmes and should also include the costs of such activities.

For those unaccustomed to exercise or those with significant diabetic complications, medical advice should be obtained.

## **Information required by the Dietitian at referral**

- \* Demographic details including CHI No.
- \* Weight
- \* Height
- \* Waist circumference
- \* HbA1c or glucose profile
- \* Lipid profile
- \* Co-existing medical conditions, e.g. hypertension or thyroid status, where relevant
- \* Current medication

## Key Stages of Diet Therapy

