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In each issue of **Diabetes Resources** we have provided specific information about management for diabetes, including important tests and resources to help reduce complications associated with the disease. Information is included about the ABCs of diabetes: **A1C testing 2-4 times per year, Blood pressure screening at every visit, and annual Cholesterol testing. Additional clinical information is also provided. A dilated eye exam, sensory foot exam and screening for kidney disease are each recommended annually. Attention to these risk factors reduces the chance for cardiac, renal, eye and vascular disease secondary to diabetes.**

In support of the **New Mexico Adult Diabetes Practice Guideline 2011**, please see the reverse side of **Diabetes Resources** for recommendations for care including resources and tools that can help in your efforts to provide education and support among your patients with diabetes.

Check www.nmtod.org for organizations that have graciously provided funding for **Diabetes Resources**.

New Mexico Health Care Takes On Diabetes, a New Mexico non-profit corporation, 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. 15 No. 7, 2011

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.org. 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—This handout is for professionals to highlight the common methods currently being utilized; including: exchange list, 50/50 plate, and carbohydrate counting. It provides 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 is an easy guide for patients 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 informs patients 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 patient and health care professional can work together to identify areas for change.

Diabetes and Cardiovascular Disease Provider Reference Guide—Physicians can feel overwhelmed and frustrated by the daunting task of addressing diabetes with their patients given the physical, emotional, social and environmental factors associated with this disease. In an effort to address these issues and improve patient care and outcomes, this reference guide was developed in cooperation with expert panels of physicians and other health care providers to determine the most effective ways to prevent, assess and treat diabetes and related cardiovascular disease. access the Reference Guide at www.thecmafoundation.org/projects/aped/Provider_DiabetesRefGuide2010.html

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

For Health Care Professionals

- ❖ Diabetes Care and Education, group of the American Dietetic Association: www.dce.org
- ❖ American Dietetic Association: www.eatright.org
- ❖ 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
- ❖ Canadian Diabetes Association: www.diabetes.ca

For Patients

- ❖ My Pyramid Tracker: www.mypyramidtracker.gov
- ❖ NHLBI Meal Planner: <http://hp2010.nhlbihin.net/menuplaner/menu.cgi>
- ❖ Ask the Dietitian Healthy Body Calculator: www.dietitian.com/clclbody.php
- ❖ Meal Matter: www.mealsmatter.org/
- ❖ Spark People: sparkpeople.com
- ❖ Fit Day: www.fitday.com
- ❖ Analyze My Plate: www.fruitsandveggiesmatter.gov/activities/analyze_my_plate.html
- ❖ Eat Smart, Move More: www.eatsmartmovemorenc.com/FruitsAndVeggiesChallenge/FruitsAndVeggiesChallenge.html
- ❖ We Can!: www.nhlbi.nih.gov/health/public/heart/obesity/wecan/about-wecan/index.htm
- ❖ In Spanish - Healthy Diet Resource National Diabetes Education Program: Recetas y Plan de Comidas: www.ndep.nih.gov/diabetes/MealPlanner/sp_intro.htm
- ❖ Rate your plate: www.diabetes.org/all-about-diabetes/chan_eng/i3/i3p4.htm
- ❖ American Dietetic Association: www.eatright.org
- ❖ Kids Cook! www.kidscook.us

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

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

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