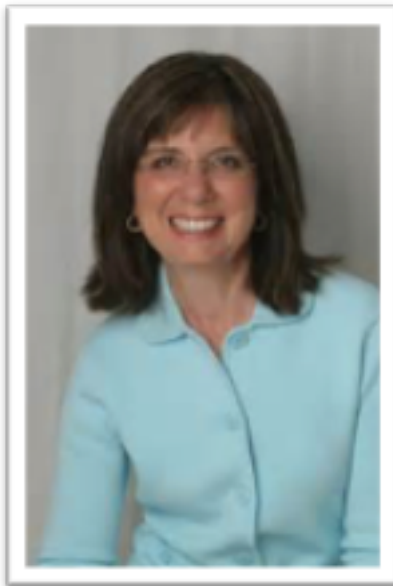


Nutrition Strategies for Managing Diabetes in Healthcare 2.0



Meet the Expert Panel

Speaker



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Overview

Part 1

- ✓ The 4 Goals of the American Diabetes Association's Nutrition Therapy Recommendations

Part 2

- ✓ Stages of Change
- ✓ Motivational Interviewing
- ✓ AADE7 Self-Care Behaviors™

Part 1

Review Outline

4 Types of Diabetes

1. Pre-diabetes
2. Gestational Diabetes
3. Type 1 diabetes
4. Type 2 diabetes

Carbohydrate Counting

1. What are carbohydrate foods?
2. How much is one choice?
3. How many choices to have at each meal and snack?

4 ADA Nutrition Recommendations

1. Eating patterns
2. Enjoy food
3. Individual needs
4. Tools and resources

Polling Question

The American Diabetes Association's nutrition recommendations highlight the:

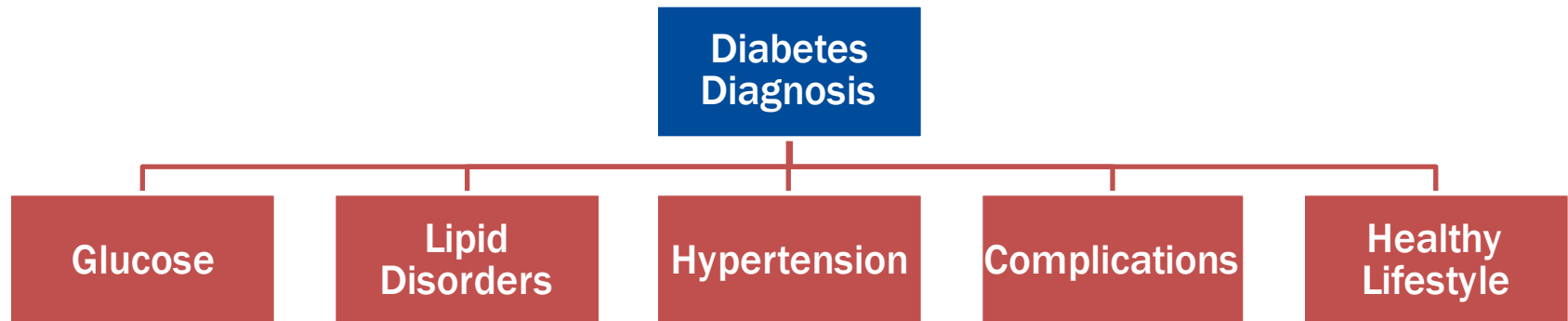
- a. Value of a Mediterranean-style diet
- b. Need to eat low glycemic index food
- c. Importance of a low-fat diet (<30%)
- d. All of the above

Answer is 'a'

ADA Nutrition Recommendations: Goal 1

A. Promote and support healthful eating patterns, emphasizing a variety of nutrient-dense foods in appropriate portion sizes specifically to:

- ✓ Attain individualized glycemic, blood pressure, and lipid goals
- ✓ Achieve and maintain body weight goals
- ✓ Delay or prevent complications of diabetes



Medical Nutrition Therapy (MNT): Impact on A1c

Hemoglobin A1c is a blood measurement that reflects the level of glucose in the blood over the past 2-3 months

✓ MNT is effective in lowering A1c

Type 1: 0.3 - 1%

Type 2: 0.5 - 2 %

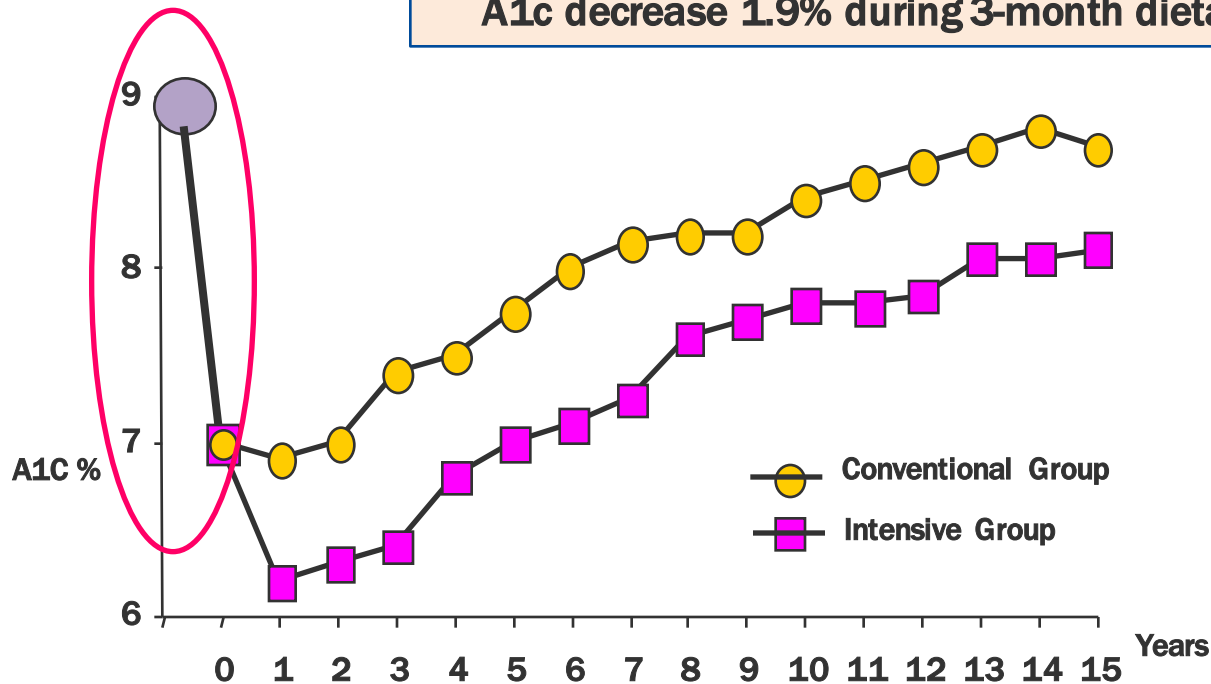
Evidence

- ✓ The amount of carbohydrates and available insulin may be the most important factor influencing glycemic response after eating **(A)**
- ✓ Monitoring carbohydrate intake, whether by carbohydrate counting or experience-based estimation remains a key strategy in achieving glycemic control **(B)**

Effectiveness of Medical Nutrition Therapy

3,044 Newly Diagnosed Persons with Type 2 Diabetes
in the United Kingdom Prospective Diabetes Study (UKPDS)

A1c decrease 1.9% during 3-month dietary run-in



Prior to randomization - 3 month dietary run-in to study; monthly UKPDS clinic with dietitian and physician

What Does ‘Monitor Carbohydrate Intake’ Mean?

- ✓ Space carbohydrate intake over the day (portion control)
- ✓ Avoid excessive carbohydrate at any one meal
- ✓ Check blood glucose to assess

Individualize food plan.
Example of carbohydrate grams per meal
0-30 grams of carbohydrate at snacks

(IDC)	Lose Weight	Maintain Weight	Very Active
Women	30-45g	45-60g	60-75g
Men	45-60g	60-75g	60-90g

ADA Nutrition Recommendations: Goal 1 (cont.)

B. Focus on dietary patterns rather than individual nutrients

- ✓ Fresh fruits and vegetables, whole grains, low fat dairy products (milk and yogurt), legumes, poultry, fish, non-tropical vegetable oils and nuts
- ✓ Limit sweets, sugar-sweetened beverages, red meat
- ✓ Discuss food preparation and menus

Evidence



An eating plan emphasizing elements of a Mediterranean-style diet rich in monounsaturated fats may improve glucose metabolism and lower CVD risk and can be an effective alternative to a low-fat, high-carb diet. (B)

Food intake is a critical component of diabetes treatment.

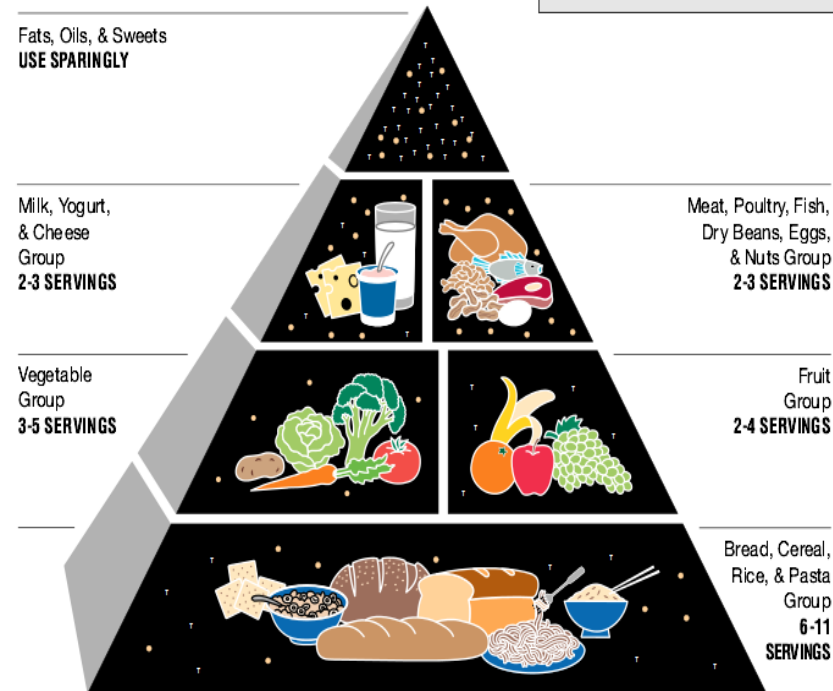
Particular Emphasis On Mediterranean-Style Diet

The Food Guide Pyramid

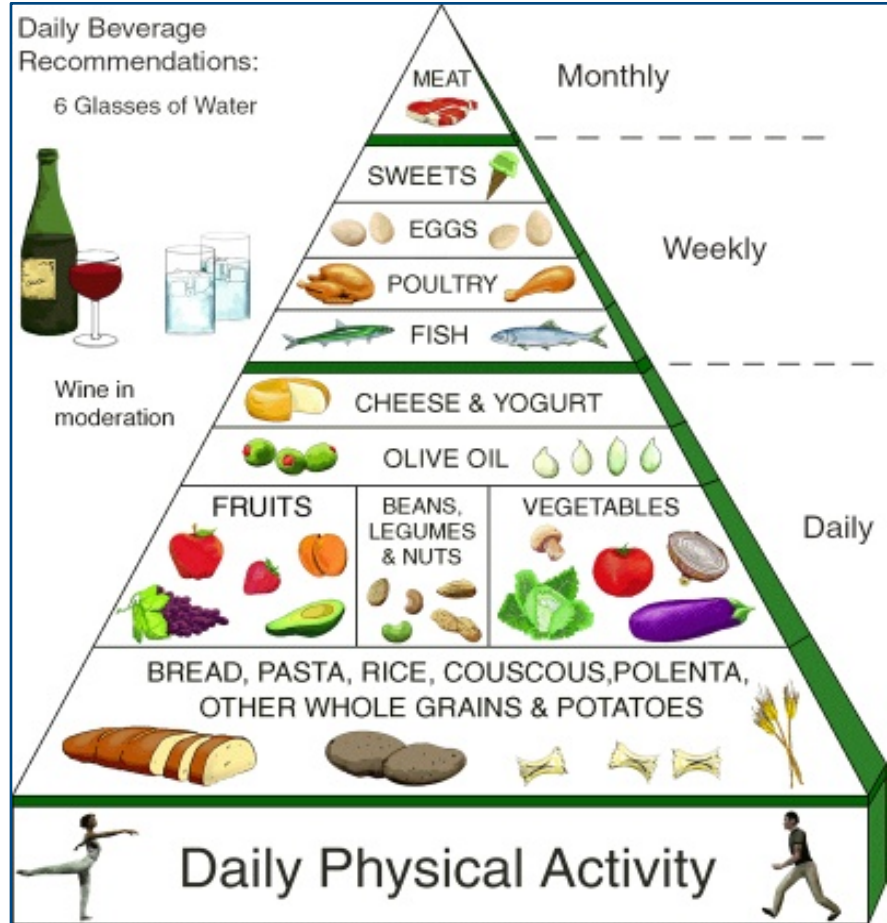
A Guide to Daily Food Choices

KEY
 Fat (naturally occurring and added)
 Sugars (added)

These symbols show fat and added sugars in foods.



Daily Beverage Recommendations:
6 Glasses of Water



ADA Nutrition Recommendations: Goal 2

Maintain the pleasure of eating by providing positive messages about food choices while limiting food choices only when indicated by scientific evidence.

- ✓ Food is social, it is a sign of friendship, caring, and love
- ✓ Food is important at holidays and other special days
- ✓ Rather than saying 'do not eat' provide specifics of what to eat; find ways to include favorite foods
- ✓ Review current eating habits and relate how it fits diabetes food plan; discuss additional meals, recipes, food preparation

Be positive talking about food. Food should be enjoyed.

ADA Nutrition Recommendations: Goal 3

Address individual nutrition needs based on personal and cultural preferences, health literacy and numeracy, access to healthful food choices, willingness and ability to make behavioral changes, as well as barriers to change

- ✓ There is not a standard diabetes meal plan
- ✓ Each individual needs to understand their meal and be able to apply it every day
- ✓ The food plan needs to include foods the individual can buy and cook
- ✓ It is not easy to change eating behaviors, address barriers and provide support

Food plan should be easy to implement.

Create a Positive Learning Environment

- 1. Focus on how person with diabetes currently eats**
- 2. Be patient-centered**
 - ✓ Engage the person with diabetes in decisions
 - ✓ Ask questions to help understand the best first step
 - ✓ Individualize based on medical, nutritional, educational and psychosocial needs, etc.
- 3. Assess nutrition needs**
 - ✓ Assess eating habits and factors that affect food choices
 - ✓ Evaluate learning needs and ability to make food changes and other individual needs

Questions to Guide the Conversation

1. How is diabetes affecting your daily life and that of your family?
2. What questions do you have?
3. What is the hardest part right now about your diabetes/causing you the most concern?
4. How can we best help you?
5. What is one thing you are doing or can do to better manage your diabetes?

Address Individual Nutrition Needs

Diabetes Diagnosis

Nutrition Assessment

Stage of Change
Usual Intake / Access to Food
Cultural preferences

Personal Goal(s)
Literacy and Numeracy Skills
Cognitive Skills

Financial Concerns
Weight Concerns
Support Needs

Glucose

- Portion control
- Carb counting
- Insulin to carb ratio
- After-meal glucose
- Glycemic index
- Weight decrease of 5-10%

Lipid Disorders

- Total fat intake
- Type of fat intake
 - ↑ Monounsaturated/poly
 - ↓ Saturated/trans
- Fiber
- Weight decrease of 5-10%
- Fish twice a week
- Mediterranean diet

Hypertension

- DASH diet
- Reduce sodium
 - < 2300mg/day
 - 1500 mg/day
- Limit alcohol
- Weight decrease of 5-10%

Complications

- Gastroparesis
 - ↓ fiber/fat ↑ liquids
 - Small/freq meals
- Nephropathy
 - Protein <0.8g/kg/d
 - ↓ phosphorus
 - ↓ sodium

Healthy Lifestyle

- Regular activity, aerobic/resistance
- Healthy eating pattern
- Eat regularly (3 meals)
- Sensible snacking
- Mindful eating
- Avoid sugar beverages
- Stress reduction

Polling Question

Selecting a diabetes food plan includes:

- a. Being aware of cognitive overload
- b. Assessing literacy and numeracy
- c. Asking open ended questions
- d. All of the above

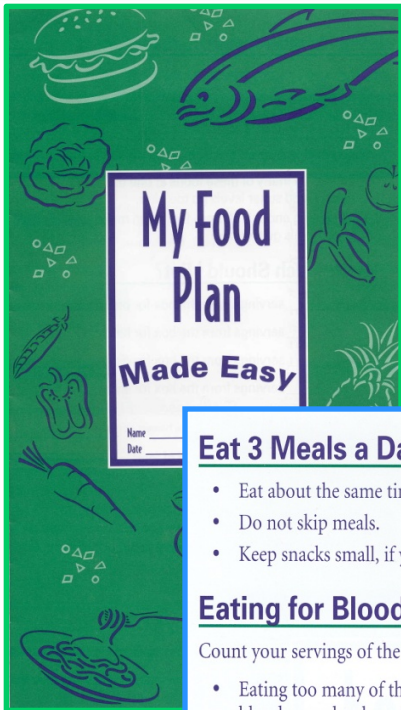
Answer is 'd'

ADA Nutrition Recommendations: Goal 4

To provide the person with diabetes practical tools for day-to-day meal planning rather than focusing on individual macro/micronutrients, or single foods

- ✓ Carbohydrate counting: basic or advanced, count carbohydrate choices or grams of carbohydrate
- ✓ Plate method that shows typical portion sizes
- ✓ Sample menus for a day, a week or month
- ✓ Recipes that maintain flavor and are easy to prepare
- ✓ Behavior change – planning ahead, looking at the whole meal

Provide the right intervention and support



Eat 3 Meals a Day

- Eat about the same time each day.
- Do not skip meals.
- Keep snacks small, if you have them.

Eating for Blood Sugar Control

Count your servings of the foods that affect blood sugar. →

- Eating too many of these foods at one time can make blood sugar levels go too high.
- Not eating enough of these foods can make blood sugar levels go too low.

How Much is Right for Me

At each meal or snack, choose this many servings:

Breakfast: _____ Snacks: _____

Lunch: _____ Snacks: _____

Evening meal: _____ Snacks: _____

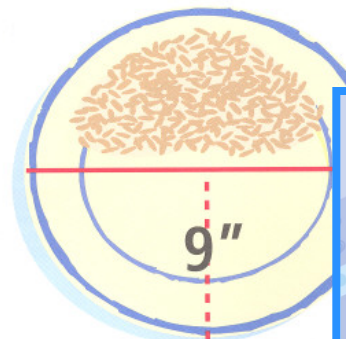
One Serving Is:

1 small apple 1 slice bread 1/2–1/3 cup starchy food (rice, potatoes) 1 cup milk 1 oz candy bar

Half Plate

For people who:

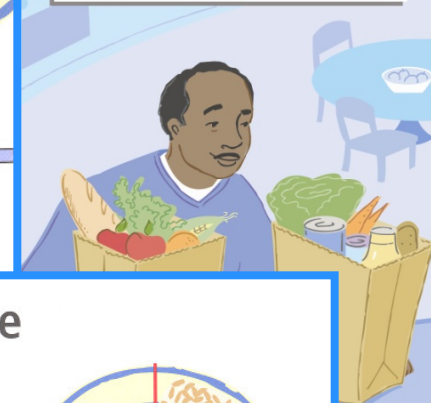
- Are active
- Are younger
- Want to stay at the same weight



1 serving =



Healthy Eating for People with Diabetes

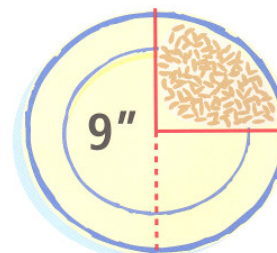


Diabetes Center
Park Nicollet

Quarter Plate

For people who:

- Are less active
- Are older
- Need to eat less calories



1 serving =



At meals, keep rice, beans, pasta, and starchy vegetables to one fourth of a plate.

Practical Tools



Summary: ADA 4 Nutrition Goals



Promote a healthful eating pattern
emphasizing variety and appropriate
portion sizes

Maintain the pleasure of eating
by providing positive message and not
limiting unless scientific evidence

Address individual nutrition needs
based on personal and cultural
preferences, literacy, ability and
willingness

Provide practical tools
for day to day meal planning rather
than macro-nutrients

**Assess and revise based on
clinical, educational and psychosocial needs and outcomes**

Part 2

Objectives

- ✓ Summarize 6 techniques of motivational interviewing to facilitate behavior change and help individuals improve food choices
- ✓ Match behavior change strategies to an individuals' readiness to change

Outline

- ✓ Stages of Change
- ✓ Motivational Interviewing
- ✓ AADE7 Self-Care Behaviors TM

Stages of Change

5. Maintenance

1. Pre-contemplation



4. Action

2. Contemplation

3. Preparation

Poll Question

During an initial counseling session, in which of the following stages of change is a new client most likely to be?

- a. Contemplation
- b. Action
- c. Maintenance
- d. Termination

ANSWER: A



Stages of Change

1. Pre-contemplation:

- ✓ Not intending to change
- ✓ Unaware of problems



“My whole family has diabetes”

How to help:

- ✓ Provide health information on benefits

Goal

- ✓ Get patient to consider they have a problem



Stages of Change

2. Contemplation:

- ✓ Aware of the problem but no commitment to take action
- ✓ Intending to change in the foreseeable future

How to help:

- ✓ Evaluate pros and cons

Goal

- ✓ Raise awareness of problem by observation of behavior



"I need to do something about this blood sugar"



Stages of Change

3. Preparation

- ✓ Patient intends to change and makes small behavioral changes
- ✓ Intending to change in the immediate future

How to help:

- ✓ Set Realistic Goals
- ✓ Demonstration
- ✓ Teach skills

Goal

- ✓ Encourage behavioral change and support change process



“Do you have sample menus I can follow?”



Stages of Change

4. Action

- ✓ Recently changed

How to help:

- ✓ Help manage temptations
- ✓ Help remember the benefits

Goal

- ✓ Reinforce changes, provide support and guidance



“I’m counting carbohydrates at each meal and staying within budget”



Stages of Change

5. Maintenance

- ✓ Has maintained change for six months or longer

How to help:

- ✓ Help manage temptations
- ✓ Help remember the benefits

Goal

- ✓ Support continued change and help with relapse prevention



“The plan is going well”



Stages of Change

Relapse:

During the change process, most people will experience relapse

How to help:

- ✓ Review progress up to the relapse
- ✓ Identify strength and weakness

Goal

- ✓ Change thinking about relapse. It is inevitable and normal



*"I'm so frustrated with myself
that I got off track"*

6 Question Behavior Change Tool

Pre-contemplation

- I do not plan to make changes in my diabetes diet in the next 6 months

Contemplation

- I do plan to make changes in my diabetes diet in the next 6 months

Preparation

- I do plan to make changes in my diabetes diet in the next month

Action

- I have already made positive changes in my diabetes diet for at least the last 6 months

Maintenance

- I have followed my diabetes diet for more than 6 months

Relapse

- I have followed my diabetes diet for more than 6 months, but then stopped following it

Practice Pearls

- ✓ Most patients are in pre-contemplation or contemplation when they seek dietary counsel
- ✓ If you wrongly assume patients have reached a later threshold, you can overwhelm patient

Slides will be available after the webinar

Motivational Interviewing

Motivational Interviewing

What it is

- ✓ Person-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence

Skills and Principles

- ✓ Open Ended Questions
- ✓ Express Empathy
- ✓ Develop Discrepancy
- ✓ Roll with Resistance
- ✓ Ask Permission
- ✓ Support Self Efficacy



Poll Question

Which of the following is an open-ended question that is useful in motivational interviewing?

- a. "How are you today?"
- b. "What would you like to talk about today?"
- c. "How would this change make your life better?"
- d. "How often do you do that?"

ANSWER: C

Skills and Principles of Motivational Interviewing

✓ Ask Open-ended Questions

“What is your reason for wanting to lose weight?”

✓ Express Empathy

“When you say that food was always used as a reward growing up, I can understand how that is a difficult connection to break.”

Skills and Principles of Motivational Interviewing

✓ Develop Discrepancy

“I hear you say that you struggle cutting back your intake yet you know this weight gain has taken a toll on your energy and you really miss being on the tennis court.”

✓ Support Self-efficacy

“The skills you use to be successful in your career are skills needed in weight management so you are ahead of most trying to lose weight.”

Skills and Principles of Motivational Interviewing

✓ Roll with Resistance:

- Adjust to patients resistance rather than opposing it.

“But the only foods I like are fried.”

“And we can keep fried foods in your diet and still be successful.”

✓ Ask Permission

“I have a tool that can assist with mindful eating, would you like to discuss it?”

Slides will be available after the webinar

AADE7 Self-Care Behaviors™

AADE7 Self-Care Behaviors™

“AADE believes that behavior change can be most effectively achieved using the AADE7 Self-Care Behaviors™ framework”

- ✓ Healthy eating
- ✓ Being active
- ✓ Monitoring
- ✓ Taking medication
- ✓ Problem solving
- ✓ Reducing risks
- ✓ Healthy coping



Strategies for Changing Eating Behavior

1. Don't give up favorite foods
2. Use your carbs wisely
3. Make small gradual changes
4. Forget the “all or nothing” mentality



Healthy Eating

Strategy #1: Don't Give Up Favorite Foods

“I love eating muffins for breakfast.”

How to help:

- ✓ “You can still enjoy a muffin with your breakfast”.

Goal:

- ✓ Stay within carbohydrate allowance at each meal



Healthy Eating

Strategy #2: Choose your carbs wisely

How to Help:

- ✓ Make half of all grains consumed be whole grains
- ✓ Shift from refined to whole grain versions of commonly consumed foods

Read labels:

- ✓ Look for the words “whole grain” on ingredient lists
- ✓ Look for the whole grain stamp
- ✓ Seek at least 8 g/serving

Whole Grain:

Ingredients: **Whole Grain Oats**, Corn Starch, Sugar, Salt, Tripotassium Phosphate, Vitamin E (mixed tocopherols) Added to Preserve Freshness.

Vitamins and Minerals: Calcium Carbonate, Iron and Zinc (mineral nutrients), Vitamin C (sodium ascorbate), A B Vitamin (niacinamide), Vitamin B₆ (pyridoxine hydrochloride), Vitamin A (palmitate), Vitamin B₁ (thiamin mononitrate), A B Vitamin (folic acid), Vitamin B₁₂, Vitamin D₃.

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Not Whole Grain:

- ⊘ Wheat flour
- ⊘ Multi-grain flour
- ⊘ Enriched flour
- ⊘ Unbleached flour

Healthy Eating

Strategy #3: Make Small Gradual Changes

How to help:

- ✓ Practice portion control
- ✓ Monitor frequency

Goal:

- ✓ Spread carbohydrate throughout the day

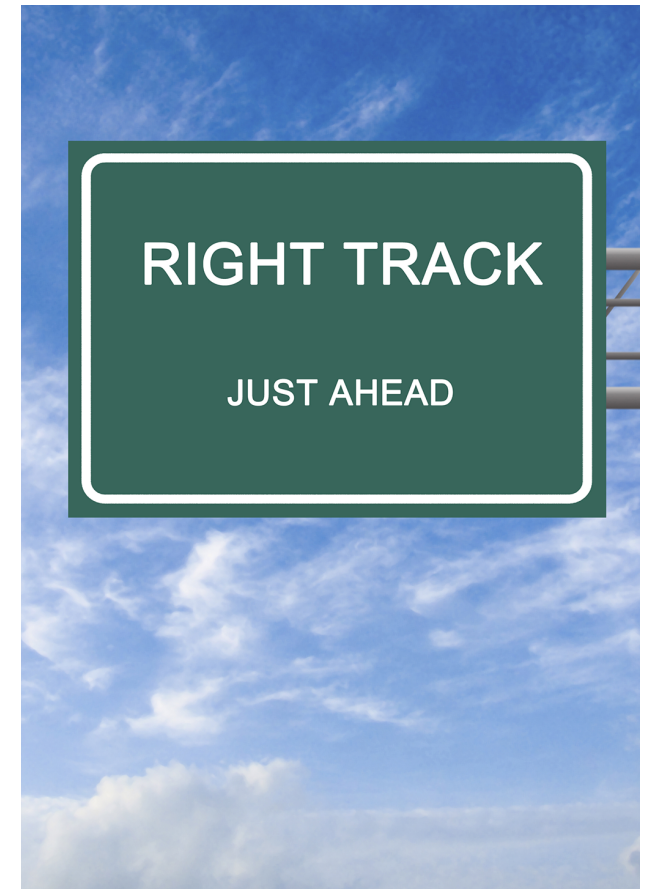


Healthy Eating

Strategy #4: Forget the “all or nothing” mentality

How to help:

- ✓ Help client put a dietary indiscretion into proper perspective
- ✓ Remind client that it is about persistence, not perfection



Final Thoughts

- ✓ Develop skill to ascertain each patient's stage of change and tailor approaches to the particular stages
- ✓ Empower people with diabetes to make sustainable changes through motivational interviewing and the American Association of Diabetes Educators Seven (AADE7) Diabetes Self-management Factors

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