

ADA 2019 Nutrition Therapy  
Consensus Report  
Application in the Real World  
Through Participatory  
Learning: Part 3

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## Disclosure to Participants



- Notice of Requirements For Successful Completion
  - Please refer to learning goals and objectives
  - Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours
- Conflict of Interest (COI) and Financial Relationship Disclosures:
  - Shamera Robinson: MPH, RDN - Employee of American Diabetes Association
  - Kelly Rawlings: MPH - Employee of Vida Health, Tweet chat presenter on behalf of LifeScan Diabetes Institute
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  - Participants will be notified by speakers to any product used for a purpose other than for which it was approved by the Food and Drug Administration.

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## Objectives

Participants will be able to:

- Discuss key concepts and new evidence from the ADA nutrition consensus statement.
- Discuss practical ways to apply new evidence to their clinical practice.
- Describe how to address changes to nutrition guidance and individualize guidance in real life settings.

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## Empowered Eaters



A big "thank you" to portrait artist Mike Lawson [@MrMikeLawson](#) #AADE19

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"My wife calls me the 'Q King. I'm known for my dry-rub ribs. So the caveman diet sounds good. No bread, potatoes, stuff that's white."

- 62yro male, T2D Dx 2017, metformin
- BMI 31 (↑1pt), A1C 9.1, BP 145/90, Chol 204
- No previous MNT, 1-hr. DSMES experience

**Empowered Eater**  
**No. 1: Earl**

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**What Did YOU Hear?**

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**Earl: Strengths-Based Intel**

- Interested in food, feeding others
- Understands some foods ↑carb
- "Change" talk: caveman diet



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**Consensus Recommendation**

Until evidence surrounding comparative benefits of different eating patterns in specific individuals strengthens, focus on the key factors that are common among the patterns:

- Emphasize nonstarchy vegetables
- Minimize added sugars and refined grains
- Choose whole foods over highly processed foods to the extent possible

Evert A et al. Nutrition Therapy for Adults with Diabetes or Prediabetes: A Consensus Report. Diabetes Care. 2019; 42:731-754



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**Earl: Individualized Guidance**



- Emphasize nonstarchy vegetables**
  - "Don't like texture, taste"
  - *Veggies can be grilled, seasoned with rubs*
- Minimize added sugars and refined grains**
  - "I usually go for a bun, cornbread, and potato salad!"
  - *Consider choosing one of these favorites*
- Whole foods over highly processed foods**
  - *Interested in making side dishes instead of store-bought?*

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**Consensus Recommendation**

Refer adults T1D and T2D to MNT at Dx and as needed throughout life span and during times of changing health status to achieve treatment goals

Refer adults w/ diabetes to DSMES, per national standards

- MNT by RDN yields A1C absolute decrease up to 2% in T2D, up to 1.9% in T1D at 3-6 months



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 **What Would YOU Do?**

Someone brings up wanting to follow a very-low-carbohydrate (VLC) diet, what would you do?

- A. Share all the risks
- B. Offer an alternative, such as diabetes plate method
- C. Assess intake, support by offering individualized goals
- D. Provide handouts/food lists for VLC diet

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**Consensus Recommendation**

A variety of eating patterns (combinations of different foods or food groups) are acceptable for the management of diabetes.



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**Empowered Eater No. 2: Elaine**

"Gastroparesis was a shock. I worried about going blind, not my stomach. I've always been a healthy eater. I eat veggies. I carb count. I don't let myself have sweets."

- 51yro female, T1D Dx 1982, MDI
- BMI 26, A1C 8, BP 117/74, Chol 160
- Diabetes education decades ago

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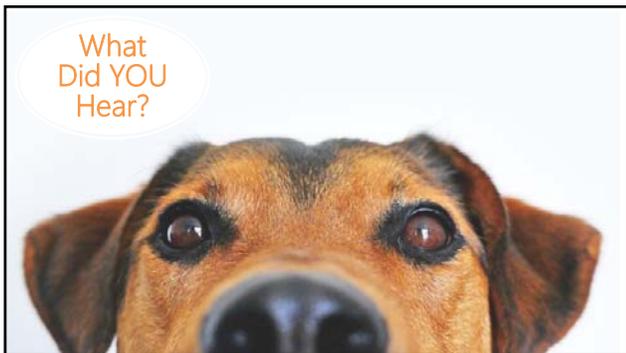
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**Elaine: Strengths-Based Intel**

- Understands cause-effect of food choices, BG levels
- Skilled in planning, choosing what to eat, dosing insulin
- Decades of self-care experience



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**Consensus Recommendations**

- Selecting small-particle-size food may improve symptoms of diabetes-related gastroparesis
- Correct hyperglycemia (hyperglycemia slows gastric emptying)
- CGM/pump may aid dosing and timing of insulin



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**Elaine: Individualized Guidance**



- Small-particle-size foods
  - "Baby food!"
  - *What is acceptable? Cooking vegetables, smoothies*
- Address hyperglycemia
- CGM/pump
  - "Shots don't bother me."
  - *Explore interest in/access to pump/CGM*
- Assess for disordered eating
  - "I don't let myself have sweets"

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"We have 4 beautiful babies—oldest is 17, youngest is 2 going on 20! Between school drop-offs, a full-time job, and evening practices, I have no time left for me. I want to be healthy, but everyone needs me."

- 37yro female, prediabetes Dx 2014
- BMI 34, A1C 6.0, BP 150/94, Chol 239

**Empowered Eater No. 3: Erica**

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**What Did YOU Hear?**

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### Erica: Strengths-Based Intel

- Takes caregiving roles very seriously
- Understands value of modeling healthy eating, education
- Has potential social support system via her family members



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### Consensus Recommendation

To support weight loss and improve A1C, CVD risk factors, and quality of life in adults with overweight/obesity and prediabetes or diabetes, MNT and DSMES services should include an **individualized eating plan** in a format that results in an **energy deficit in combination with enhanced physical activity**.



- 7-10% weight loss (unless additional weight loss is desired for other reasons).

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### What's an Individualized Plan?

Individualized eating plans consider:

- Energy deficit
- Dietary preferences
- Health literacy/numeracy
- Resources
- Food availability
- Cooking skills
- Disordered eating
- Sustainability

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### Erica: Individualized Guidance

Focus on 1–2 goals, created by Erica

- Eat healthier? Explore quick and easy options (frozen vegetables)
- Weight loss? Reduce sat. fat in small ways (helps reduce CVD risk)
- Move more? Strategies that use available opportunities (walk at work) or provide family time (active play w/ kids)

7-10% weight loss is goal, but health of the whole person must always come first

- Overwhelmed? Explore stress management techniques



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"Nothing much new with my diabetes. My girlfriend and I got engaged. Wedding is in March. She says tux, I say suit. Either way, I'm aiming for a smaller waistband."

- 33yro male, T1D Dx 2006, pump
- On-target A1C/BP/lipids
- BMI 32

**Empowered Eater  
No. 4: Eddie**

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 **What Would YOU Do?**

**T1D, on-target A1C/BP/lipids, BMI 32**

What guidance may be warranted?



- A. Focus on medication management
- B. Explore weight management plan
- C. Encourage: "Keep doing what you're doing!"
- D. Provide handouts/food lists for low-carb diet

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