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Nutriton Recommendations for People with Type 2 Diabetes and Prediabetes

Advice from Dietician
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Current nutrition recommendations state that there is not a 'one size fits all' diet or eating pattern for people with type 2 diabetes. This may change as re-search progresses, but at this time we believe that a variety of diets and eat-ing patterns can suit people with diabetes.

Nutrition therapy has an integral role in diabetes management, and we en-courage our patients with diabetes to actively engage in education, self-man-agement and monitoring in order to find a diet or eating pattern that best suits the individual.

Losing weight is important for people with type 2 diabetes or prediabetes whoare overweight or obesity. There is strong evidence that modest persistent weight loss (5% weight loss) can delay the progression from prediabetes to type 2 diabetes.

By losing a significant amount of weight (15% weight loss) some people with diabetes can achieve diabetes remission. Remission in diabetes is defined as persistent normalisation of blood glucose levels achieved without the help of medication. It is not a cure and people who have had diabetes for many years are unlikely to achieve diabetes remission, but they will still have betterhealth outcomes and may require less medication. A very low calorie diet (less than 800 cal/d) followed for 3-5 months can be used to achieve diabetesremission. It is essential though that someone considering this diet works with a dietitian to ensure that they have support when transitioning back to a normal diet prevent regaining weight.

While the ideal amount of carbohydrate for people with diabetes is not con-clusive, a lower carbohydrate diet is key for improving postprandial glucose control (blood glucose after meals). We promote a lower carbohydrate diet, as find that for many it can be a sustainable and relatively simple dietary ap-proach to achieve better blood glucose control. A low carbohydrate diet is however not recommended for pregnant and lactating women or for people with renal disease.

Likewise, lower glycaemic carbohydrates or intact carbohydrates can help to lower postprandial blood glucose levels. Current research has found that there are large differences in how individuals' blood glucose responds to dif-ferent carbohydrate foods. The use of continuous glucose monitoring is very helpful for learning how different foods, portion sizes, meal timing affect post-prandial glucose. We therefore encourage most patients with diabetes or prediabetes to use continuous glucose monitoring for a period.

The advice regarding fats, and especially saturated fats, is not conclusive. A diet high in monounsaturated fats such as olive oil appears to be healthy. Notall saturated fats are the same, and fermented full fat dairy (natural yoghurt, cheese) has not been linked to heart disease. An individualised approach should therefore also be adopted when advising patients on fats as individu-als respond differently to higher saturated fat diets.

Intermittent fasting diets limits calories on certain days and time restricting eating is a daily practice where one only consumes calories in a certain time period for example 8-10 hours and then one fasts for 14-16 hours. Both theseapproaches can be used to improve diabetes control and health outcomes as well as help with weight loss.

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Below are some of the key lifestyle messages provided to patients

- Avoid foods with refined sugars – that is cakes, biscuits, sweets, sugar in drinks and also foods which are known to have large amounts of added sugar such as breakfast cereals, flavoured yoghurts and savoury sauces.
- Choose unrefined carbohydrate foods and intact grains – the closer to nature the better.
- Reduce carbohydrate intake to lower post-meal glucose. Monitor carbohydrateintake and glucose levels to determine the desirable level of carbohydrate re-striction.
- Fruit must be moderated, but not avoided. Berries are the best! Concentrated forms of fruit such as fruit smoothies, fruit juice and dried fruit should be avoided.
- Include plenty of vegetables. Have vegetables or salad with at least two of your meals. Think diversity - different types and colours of vegetables to feedyour gut bacteria.
- Eat fish at least twice a week and include oily fish which contains healthy omega-3 fats. Examples of oily fish include salmon, sardines, mackerel and anchovies.
- Include a source of protein with every meal – note that foods such as yoghurt, cheese, cottage cheese, milk and pulses such as lentils and chickpeas also contain protein, while not as high in protein as meats and fish.
- Make monounsaturated fats such as olive oil, olives, avocado and nuts the main source of fats in the diet. Quality matters – ideally use extra virgin olive oil and preferably use for low heat cooking or as a dressing on salads.
- Make water your main drink and consume alcohol in moderation.
- Dark chocolate, 80% or a higher percentage cocoa, makes the perfect dessert. It contains beneficial antioxidants known as polyphenols and also magnesium (a mineral lacking in most peoples diet).
- Research is emerging that when we eat may be just as important as what we eat. Ideally aim to have a 12-hour (or longer) gap between your last meal (or bite of food) and your first bite of food or hot drink the next morning. Also try to have an early evening meal.
- Paying attention to getting adequate sleep (that's roughly 7-9 hrs a night) is essential for good health. Poor sleep will make you more insulin resistant and also make it harder to lose weight.
- Regular exercise and movement is an essential part of managing diabetes.

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