

NetworkingNews

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Spring 2018

DIABETES

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Beyond Blood Sugars: Diabetes and Cardiovascular Risk

By Jill Weisenberger, MS, RDN, CDE, CHWC, FAND

By completing this self-study article and accompanying questions, participants will be able to:

Objectives

1. Identify the American Diabetes Association practice recommendations to reduce the risk of heart disease among people with diabetes.
2. List and explain at least three factors that are commonly considered when providers individualize A1C goals.
3. Identify at least four foods that may help people with diabetes reduce their risk for CVD.

When discussing diabetes management, most people with diabetes will focus on only two numbers: blood glucose level and A1C, which is an indicator of average blood glucose levels for 2 to 3 months. This blood glucose-centric view of diabetes was also shared by healthcare professionals (HCPs) until recent decades when the link between diabetes, especially type 2 diabetes, and cardiovascular disease emerged. Though diabetes is defined by glucose levels, type 2 diabetes and prediabetes are metabolic disorders.

People with diabetes are more likely to die of atherosclerotic cardiovascular disease (ASCVD) than any other cause.⁽¹⁾ Additionally, ASCVD, which includes coronary heart disease, cerebrovascular disease and peripheral arterial disease, is the leading cause of morbidity for people with diabetes and is the largest contributor to the direct and indirect costs of the disease.⁽¹⁾

Today HCPs know that blood pressure control, lipid management, a heart-healthy diet, physical activity, avoidance of tobacco and other individualized factors must be part of the diabetes treatment plan. Indeed, the American Diabetes Association (ADA) identifies the following as goals of nutrition therapy for adults with diabetes.⁽¹⁾

- To promote and support healthful eating patterns, emphasizing a variety of nutrient-dense foods in appropriate portion sizes, to improve overall health and:
 1. Achieve and maintain body weight goals
 2. Attain individualized glycemic, blood pressure and lipid goals
 3. Delay or prevent the complications of diabetes

The ABCs of Diabetes Care

To prevent or delay both microvascular and macrovascular complications of diabetes, HCPs guide patients to manage the ABCs of diabetes care: A1C, blood pressure and cholesterol.

A: A1C

An A1C of less than 7% is associated with reduced neuropathy, nephropathy and retinopathy, common microvascular complications of diabetes. The landmark Diabetes Control and Complications Trial (DCCT), a study of more than 1400 people with type 1 diabetes found clear evidence that tight glycemic control soon after

diagnosis confers better outcomes years later. According to the findings of the United Kingdom Prospective Diabetes Study (UKPDS), people with type 2 diabetes also experience enduring microvascular benefits from early blood glucose management.⁽¹⁾

Tight glycemic control early in the course of type 1 or type 2 diabetes has positive effects on macrovascular disease as well. In the 9-year post DCCT follow up, cohorts with type 1 diabetes randomized to the intensive glycemic control arm had a 57% lower risk of non-fatal myocardial infarction (MI), stroke or CVD death compared to those randomized to the standard control arm. Importantly, this benefit has persisted for several decades.⁽²⁾ Follow-up of the UKPDS found long-term reductions of 15 – 33% in MI and 13 – 27% in all-cause mortality among individuals with type 2 diabetes randomized to intensive glycemic control, with the degree of benefit related to the type of medication used during the intervention period. Subjects randomized to the use of metformin experienced greater reduction in risk compared to subjects using a sulfonylurea.⁽³⁾

Because the risk for microvascular complications drops as A1C drops, some people may benefit from an A1C goal of less than 6.5%. However, stricter glycemic control increases the risk of hypoglycemia in some patients, putting them in danger of falls, automobile accidents and even death. And in the Action to Control Cardiovascular Risk in Diabetes (ACCORD) study, a trial of people with type 2 diabetes and either CVD or multiple CVD risk factors, tight glycemic control was associated with increased mortality rate.⁽⁴⁾ Researchers have not identified the cause for the increased deaths. A study of veterans with poorly controlled type 2 diabetes found that increased mortality among the intensively treated participants was related to duration of diabetes. Those with long-standing diabetes had a greater risk of mortality compared to those in the standard treatment arm, but those with shorter duration of diabetes experienced lower risk of mortality compared to subjects in the standard treatment arm.⁽⁵⁾ These studies and others have led the ADA to state that individuals with long duration of diabetes, advanced atherosclerosis, advanced age, short life expectancy, frailty, or a history of severe hypoglycemia may benefit from less stringent A1C targets, such as less than 8%.⁽¹⁾

B: Blood Pressure

Hypertension is a risk factor for both CVD and microvascular complications and is present in most people with diabetes. According to the ADA, all individuals with blood pressure levels above 120/80 mmHg should engage in lifestyle behaviors to lower blood pressure, including reducing sodium intake, increasing potassium intake, consuming a healthful diet such as the Dietary Approaches to Stop Hypertension (DASH) diet, losing weight if overweight, moderating alcohol intake and being physically active.⁽¹⁾

For individuals with hypertension, the ADA recommends a general target of less than 140/90 mmHg. According to the ACCORD study, systolic blood pressure less than 140 mmHg did not reduce the rate of composite outcome of fatal and non-fatal major cardiovascular events. However, achieving a systolic blood pressure less than 130 mmHg reduced risk of stroke while increasing the risk of adverse events including hypotension and syncope.⁽⁶⁾ The ADA suggests that patients at higher risk for stroke and/or progressive kidney disease who are able to reach intensive blood pressure control without substantial adverse events may be suitable for lower blood pressure targets.⁽¹⁾

C: Cholesterol

People with type 2 diabetes have a higher than average prevalence of dyslipidemia. The common combination of elevated triglyceride and low high-density lipoprotein (HDL) cholesterol levels is consistent with insulin resistance and hyperglycemia. Both lipid values are likely to improve when glycemic control improves. The ADA does not have a specific LDL goal, though an LDL cholesterol level of 100 mg/dl or higher is a risk factor for CVD, as are hypertension, smoking, chronic kidney disease, albuminuria and family history of premature ASCVD. The recommendation for statin drug therapy is not based on LDL cholesterol levels, but is based on an individual's overall CVD risk.⁽¹⁾

To improve lipid profiles and cardiovascular risk, the ADA recommends increased physical activity, weight loss if indicated and medical nutrition therapy. Specifically, they suggest reducing saturated fat, trans fat and cholesterol intake and increasing phytosterols, omega-3 fatty acids and viscous fibers such as those found in oats, barley, legumes and citrus.⁽¹⁾

Diabetes Meal Planning

People with diabetes commonly focus on carbohydrate avoidance though there is significant confusion around fats as well. Unfortunately, many patients view achieving the ABC targets as competing goals. Registered dietitian nutritionists can help alleviate concern by explaining a view of diabetes beyond only blood glucose levels and by sharing that healthcare professionals and the ADA recognize many eating patterns suitable to diabetes management when the emphasis is on nutrient-dense foods over specific nutrients. Some suitable eating patterns are DASH, Mediterranean-style and plant-based diets.⁽¹⁾

Many patients fear the very foods that protect their health because of the food's perceived effect on blood glucose or because of long held fears of carbohydrates or fats, in general. It's helpful to talk to patients about the quality of the food and its nutrient density instead of focusing solely on the predominant macronutrient. Surprisingly, many people with diabetes fail to recognize that candies and whole grains have little in common other than being sources of carbohydrates.

The following are several foods people with diabetes often have questions about.

Fruits: Fruit intake is associated with less heart disease and other chronic illnesses. Yet only 24% of the population eats the recommended amount of 1½ to 2 cups daily.⁽⁷⁾ Fruits provide ample potassium, which is beneficial to blood pressure control. Some fruits have cholesterol-lowering fibers, and their numerous phytochemicals are likely protective against chronic health problems. Most of the carbohydrate in fruit is sugar, so it's not surprising that many people with diabetes want to avoid fruit. However, fruit tends to raise blood glucose levels no more than carbohydrates from other foods when carbohydrate intake is similar ⁽⁸⁾.

Legumes. A source of dietary fiber, potassium, magnesium, folate and a host of phytochemicals, beans, peas and lentils are linked to lower blood pressure and reduced risk of heart disease. Studies show that diets rich in legumes have beneficial effects on both short-term and long-term fasting blood glucose levels.⁽⁹⁾ Beans provide resistant starches, which pass to the large intestine undigested. As such, this portion of the starch does not contribute directly to blood glucose levels. Additionally, when resistant starch is fermented by the gut microbiota, short chain fatty acids are produced, which have beneficial effects on insulin resistance and other metabolic parameters.

Whole grains. Likely because of the popularity of diets plans such as Whole30, Paleo and others, the entire group of grains is much maligned, and people with diabetes are no less likely to be concerned. However, whole grain intake is associated with reduced risk of CVD and lower body weight. Barley and oats are particularly noteworthy. Both contain the fiber beta-glucan, which improves insulin action and lowers blood sugar levels. Beta-glucan also sweeps cholesterol from the digestive tract, lowering blood cholesterol levels.⁽¹⁰⁾



Eggs: Because of their high cholesterol intake, eggs have historically been linked to CVD risk. However, the American Heart Association states that there isn't enough evidence to confirm that dietary cholesterol increases low-density lipoprotein (LDL) cholesterol and CVD risk,⁽¹¹⁾ and the Dietary Guidelines for Americans has removed cholesterol as a nutrient of concern.⁽¹²⁾ Yet there is special interest for people with diabetes. Nearly two decades ago when researchers examined data of the Nurses' Health Study and the Health Professionals Follow-up Study, they noted that the consumption of at least seven eggs weekly doubled the risk of coronary heart disease among people with diabetes compared to those eating less than one egg weekly.

More recently, intervention studies show a different view. Researchers in Australia compared the effects of a weight maintenance diet containing two eggs daily for six days per week to a low-egg weight maintenance diet of similar protein content.⁽¹³⁾ Subjects in both groups replaced foods rich in saturated fats with those rich in unsaturated fats. After three months, there were no between-group differences for total cholesterol, LDL cholesterol, triglycerides, glycemic control, waist circumference or blood pressure. The second 3-month phase of the study was reduced in calories to induce weight loss. Subjects continued with the same healthful eating pattern and egg intake previously assigned. They were followed for an additional six months, for a total of one year, while continuing their high or low egg consumption. Both groups experienced similar weight loss and no significant differences in cardiometabolic markers.⁽¹⁴⁾ In a 2016 systematic review of studies looking at subjects with type 2 diabetes or at risk for it, researchers concluded that the consumption of 6 to 12 eggs weekly had no effect on total or LDL cholesterol, triglycerides, fasting glucose, insulin, or C-reactive protein levels when compared to control groups. Four of six studies reported increased HDL cholesterol levels.⁽¹⁵⁾ In part, the difference in results between these epidemiological and intervention studies may be the other food choices, as eggs are often consumed with less healthful foods, especially those rich in saturated fat. While consumers should feel confident that eggs fit into healthy eating patterns, they should not be led to believe that cholesterol intake does not matter at all, as some individual differences can be expected.

Unsaturated Fats: Replacing saturated fat at approximately 5% of energy with unsaturated fats improves cardiovascular risk factors.⁽¹⁶⁾ Additionally, trading saturated and trans fats for unsaturated fats improves insulin sensitivity.⁽¹⁷⁾ Healthful choices include avocado, nuts (see below), and olive, canola, peanut, soybean and corn oils.

Nuts: Including nuts in the diet lowers total cholesterol and LDL cholesterol in a dose-related manner. On average, those who consume nuts have a 5.1% reduction in total cholesterol and 7.4% decrease in LDL cholesterol. Subjects with elevated triglycerides had a 10.2% decline in serum triglyceride levels.⁽¹⁸⁾ Various nuts have positive benefits. For example, research finds that adding walnuts to the diets of people with diabetes improves glycemic control and endothelial function.⁽¹⁹⁾

Alcohol: Many consumers have heard that alcohol, particularly wine, protects the heart. Moderate alcohol intake (up to one standard drink per day for women and two per day for men) is also associated with a reduced risk of developing type 2 diabetes, beginning with as little as one-half standard drink per day. However, high alcohol intake can raise blood pressure and triglyceride levels and increase the risk of CVD, as well as accidents and injury. Additionally, for people whose medications have the side effect of hypoglycemia (insulin, insulin secretagogues), drinking alcohol may put them at increased risk for hypoglycemia, including delayed hypoglycemia. These individuals will need education about the risk and the proper treatment of hypoglycemia.⁽¹⁾

Registered dietitian nutritionists can help people with diabetes and prediabetes take a holistic view of their health and widen their food choices to include a variety of nutrient-dense, health-boosting foods.

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INSTRUCTIONS FOR COMPLETING THE CPE ACTIVITY FOR CREDIT

Read the Continuing Professional Education article and answer the associated quiz questions available [here](#).
Once you complete the quiz questions you will see a link to the CEU form. If you have questions, please contact Pauline Williams, Past-Chair NEP DPG at pauline_williams@byu.edu



Jill Weisenberger, MS, RDN, CDE, CHWC, FAND is a Nutrition, Culinary & Diabetes Expert, Wellcoach®-certified health and wellness coach, Freelance Writer, Registered Dietitian and Certified Diabetes Educator. She is the author of "Prediabetes: A Complete Guide and Diabetes Weight Loss - Week by Week" and the new *Prediabetes: A Complete Guide*. She is also a consultant with the Egg Nutrition Center, which compensated her for this article.



Chair Message

Dear Nutrition Education for the Public DPG members,

With the 2017-18 member year and my term as Chair of the Nutrition Education for the Public (NEP) DPG ending, I want to say thank you. The board and members of NEP have made my life richer and my knowledge and skills have increased.

I'm an extrovert and people person, so you can imagine that some of my favorite moments in serving as Chair were meeting and working with all of you. Our NEP members come from 13 different countries and 50 states, districts, and territories. Wow! Members work in diverse areas from business to clinical to private practice to education and more. I enjoyed meeting many of you at FNCE, chatting with our board on conference and video calls, reading member emails, and connecting on social media.

During this past year I learned how to create more engaging presentations, how to motivate clients to make changes, how to nourish our brain through the gut, and how to be culturally competent — all by participating in the well-planned webinars our professional education team put together. With the changing

of seasons I looked forward to reading the latest edition of the *Networking News* newsletter. Each issue filled my toolbox with information such as where to access evidence on artificial sweeteners, how to navigate the world of probiotics, ways to eat more fruits and veggies, and tips for working with clients with diabetes.

All of these learning and social opportunities would not have been possible without the volunteers on the NEP board. These wonderful people make NEP great. I'm amazed at how much can get done, because people share their time, talents, and expertise for no monetary reward. My life is truly better because I got to rub shoulders with so many of you. And that is a great reward.

Thank you for wonderful year,

Pauline

D. Pauline Williams, PhD, MPA, RDN, CD
NEP DPG Chair 2017-18

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Fall 2018 Deadline – August 1, 2018
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Summer 2019 Deadline – May 1, 2019

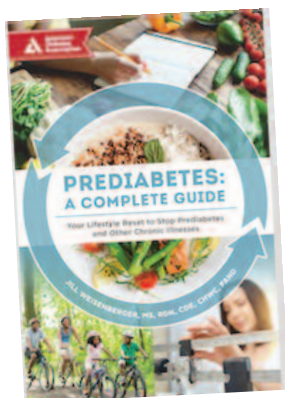
BOOK REVIEW



The Food Is My Friend Diet

By Ruth Frechman, MA, RDN, CPT

Book reviewed by Nadine Bradley



If you are looking for a resource for your patients to help them lose weight and keep the weight off, *The Food is My Friend Diet* by Ruth Frechman is an excellent suggestion.

She approaches this challenge by guiding the readers through common emotions, thoughts and goals that often occur when making a decision about losing weight and reminding them that they need to do it for themselves. The reader is offered real life examples that resonate. As I was reading the book it felt like a self-help book; it was very motivational. In reality, losing weight is often about self-help, and getting down to the bottom of our feelings. The book provides nutrition education as

well as success stories that open the door to weight loss, better nutrition and a positive change in lifestyle. Frechman provides realistic tips on eating out and label reading. She uses a moderate approach with all foods. Avoiding foods, removing favorites from a meal pattern are not highlighted; rather, positive inclusion and making informed decisions is emphasized.

The Food is My Friend Diet is a useful and timely book. It provides sound science-based recommendations and would assist any registered dietitian nutritionist who is offering suggested reading to clients, friends and family. It provides a foundation about the importance of healthy eating and maintaining a healthy weight.



Nadine Bradley is a dietetic intern at California State University San Bernardino in the Individualized Self Study Program.

Focus on Resources

By Adrienne Forman, MS, RD, CDN

Diabetes

FOR THE CONSUMER

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) • Health Information Center:

800-860-8747

<https://www.niddk.nih.gov>

NIDDK provides consumer-friendly information on a variety of topics on [diabetes](#), including [What is Diabetes?](#), [Diabetes Diet, Eating & Physical Activity](#), and [Gestational Diabetes](#).

[Your Game Plan to Prevent Type 2 Diabetes](#) is based on the Diabetes Prevention Program (DPP) research study and offers steps to prevent or delay type 2 diabetes, such as setting a weight loss goal, eating less and moving more to lose weight, and tracking progress.

JDRF

26 Broadway, 14th floor • New York, NY 10004 • 800-533-CURE (2873)

<https://www.jdrf.org>

JDRF funds Type 1 diabetes research. Resources include [Type 1 Diabetes Health Insurance Guide](#), which covers topics such as how to choose the best health insurance plan; help with costs; and common issues around insulin, insulin pumps, CGMs and test strips. [Living with T1D](#) provides basic information on issues such as carbohydrate counting, eating disorders, travel and pregnancy.

American Diabetes Association

2451 Crystal Drive, Suite 900 • Arlington, VA 22202 • 800-DIABETES (800-342-2383)

<https://www.diabetes.org>

The website offers a lot of information on diabetes basics, living with diabetes, research, and advocacy. A section on [Food & Fitness](#) includes [quick meal ideas](#), [recipes](#), [physical activity tips](#) and [weight loss](#).

Academy of Nutrition and Dietetics

120 South Riverside Plaza, Suite 2190 • Chicago, IL 60606-6995 • 800/877-1600 Ext. 5000

www.eatrightstore.org

Diabetes Guide to Enjoying Foods of the World, by Constance Brown-Riggs, MEd, RDN, CDE, CDN and Jessica Jones, MS, RDN, CDE, 2017, is a 72-page book that covers 11 popular ethnic cuisines such as Cuban, Indian and Thai. It includes practical tips and strategies for healthy eating, special occasions, and carbohydrate and calorie counts for popular dishes. (#950017, \$9.99 members; \$12.99 nonmembers +S/H; 10 pack \$49.99 members, \$64.99 nonmembers + S/H)



FOR THE PROFESSIONAL

National Diabetes Education Program (NDEP)

National Institute of Diabetes and Digestive and Kidney Diseases

<https://www.niddk.nih.gov/health-information/communication-programs/ndep>

NDEP offers a [toolkit](#) to help health professionals identify, counsel, and support patients to prevent or delay type 2 diabetes. It covers [Prediabetes Screening: How and Why; How to Talk with Patients About Their Prediabetes Diagnosis; Help Your Patients Make Lifestyle Changes After a Prediabetes Diagnosis; Reimbursement and Coding for Prediabetes Screening; and Evidence Supporting Prevention](#).

Centers for Disease Control and Prevention

Division of Diabetes Translation

National Center for Chronic Disease Prevention and Health Promotion

4770 Buford Highway NE, Mailstop F-75 • Atlanta, GA 30341-3717 • 800-CDC-INFO (800-232-4636)

<http://www.cdc.gov/diabetes>

The [2017 Diabetes Report Card](#) provides information on the current status of diabetes in the U.S. It includes national and state diabetes trends, diabetes in adults and youth, preventive care practices, prediabetes, National Diabetes Prevention Program, and diabetes resources.

American Diabetes Association (ADA)

2451 Crystal Drive, Suite 900 • Arlington, VA 22202 • 800-DIABETES (800-342-2383)

<http://www.diabetes.org>

The January 2018 supplement of *Diabetes Care* has the ADA's annual [Standards of Medical Care in Diabetes—2018](#). Some sections include lifestyle management, glycemic targets, obesity management for the treatment of type 2 diabetes, and children and adolescents. The supplement also contains a [Summary of Revisions: Standards of Medical Care in Diabetes—2018](#).

Academy of Nutrition and Dietetics

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Cultural Food Practices by Diabetes Care and Education DPG with editors Cynthia M. Goody, PhD, MBA, RD, and Lorena Drago, MS, RD, CDN, CDE, is a practical guide with downloadable handouts that covers food practices and health beliefs for 15 cultures, plus culturally appropriate diabetes counseling recommendations. (#4335; \$36.99 members; \$47.99 nonmembers + S/H)

Making Choices: Meal Planning for People with Diabetes and Chronic Kidney Disease Stages 3 and 4 by Diabetes Care and Education DPG and Renal Dietitians DPG with editors Linda Ro, MS, RDN, LD, and Lynn Munson, MS, RD, LD, is a downloadable toolkit that contains a practitioner's guide, food lists and education handouts that can be customized based on the client's nutrient intake needs. (#386X15e ebook, \$24.99 members, \$33.99 nonmembers).

Gestational Diabetes Mellitus 2016 Guideline Presentation is a 49-slide PowerPoint presentation that includes all the recommendations and ratings for the Academy's Evidence Analysis Library (EAL) on GDM. The guidelines provide medical nutrition therapy recommendations for managing glycemia, maternal weight gain, and fetal growth and development, and reducing the risk of adverse outcomes. The resource can be used in meetings, in-service presentations, and classes. (#EAL290802, \$12 members, \$24 nonmembers.)



Adrienne Forman, MS, RD, CDN has extensive experience developing child and adult weight-management programs. She works with Healthy Weight Partnership, Inc. as their child weight management specialist for the MEND (Mind, Exercise, Nutrition... Do it!) program. Adrienne enjoys editing and writing about nutrition for consumers. She is co-author of the book *Fit from the Start: How to Prevent Childhood Obesity in Infancy*. In prior years, she was a senior nutritionist with Weight Watchers.

CHOOSING HEALTHY FOODS ON HOLIDAYS AND SPECIAL OCCASIONS

Buffet Table Tips for People with Diabetes



Barbecues, picnics, potlucks, and family reunions are gatherings to enjoy and treasure. But if you have diabetes, these events can pose special challenges. How can you stick with your meal plan, yet join in the celebration and have some fun? You can do it! If you choose wisely and watch how much you eat, you can have a delicious meal and feel good, too. So, grab your plate and head for the buffet table.

WHEN YOU GO



menu

- **Plan ahead.** Before you go, think about the foods that might be served. Decide which foods will help keep your blood sugar under control and which foods you want to avoid.
- **Check out all that's offered on the buffet.** Before you serve yourself, look at all the options first, then choose one or two favorite treats along with healthier items to round out your meal.
- **Watch your portions.** Many of your favorite foods may have a lot of fat, sugar, or salt. Take very small portions of deep-fried foods, fatty foods like bacon or pork, cheesy foods, and desserts.
- **Come prepared.** If possible, bring a low-fat main dish so you'll have something healthy to eat. Let people know what ingredients you used. This will be helpful for your friends and family members who are also trying to watch what they eat.
- **Focus on family and friends, instead of the food.** One trip to the buffet table may be enough if you make enjoying the company of your loved ones the focus of the day.



VEGETABLE TIPS

- **Fill half of a 10-inch plate** (the size of a regular dinner or paper plate) **with colorful, non-starchy vegetables**, such as broccoli, bell peppers, green beans, carrots, cabbage, eggplant, and spinach.
- **Choose fresh or steamed vegetables that are light on salad dressing, cheese, or cream.** If you can, make your own dressing for salads with a little olive oil and vinegar.
- **Watch out for vegetable dishes loaded with butter and cheese**, like casseroles and vegetables with sauce.
- **Take just a taste of vegetable dishes cooked with fats** like lard or high-fat meats such as ham hocks or pork belly.



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention