

MENU No. 3

Breakfast:

1/2 grapefruit
1 egg fried in 1 teaspoon of allowed butter
1 slice bread
Coffee

Lunch:

1/2 cup tomato juice (hot)
Toasted cheese sandwich (2 slices cheese, 2 slices of bread and 1 strip of bacon)
2 halves peaches (cooked with no added sugar)
1 cup milk

Dinner:

1 large pork chop (3 ounces)
1/2 cup mashed potato
Lettuce hearts with vinegar
1/2 cup beets
1 small roll—1 teaspoon butter
1 medium apple baked with cinnamon
Tea or coffee

Bedtime:

1 cup milk
1 slice toast
1 teaspoon butter

The American Diabetes Association has proved simple and effective. Experiences with the exchanges has proved to us that the patient learns to understand the diet and in turn follows the diet with interest. The doctor is not burdened with needless detail in figuring and interpreting the diet to the patient, and the dietician is most happy of all because of the cooperation of the patient and the doctor. A healthy diabetic under good control is the gratifying result of well balanced meals including all the essentials recommended for the normal diet.

REFERENCES

- ¹ American Diabetes Association; *Diabetes Guide Book for the Physician*. New York, American Diabetes Association, 1950.
- ² Caso, E. K.; Calculation of diabetic diets, *J. Am. Diet. A.*, 26: 575, 1950.
- ³ Olmsted, W. H.; Available carbohydrate of vegetables and fruits, *ADA Forecast*, 4: 7, July, 1951, p. 18.

SUMMARY

The scheme of diet planning contained in the "Diabetes Guide Book for the Physician" published by

Acceptance of the ADA Diets and Exchange Lists

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For the first time in this country, a nationwide effort has been made towards simplifying and unifying a form of dietary treatment. This pioneer step has been taken in the field of diabetic diets. To accomplish this a committee consisting of representatives of the American Diabetes Association, the American Dietetic Association and the Diabetes Section, Public Health Service worked together over a period of three years. The results of their efforts are as follows:¹⁻² 1) A short

table of food values for calculating the composition of diabetic diets. 2) A set of six exchange lists which contain foods of similar composition and which may therefore be substituted for one another. 3) An easy method for calculating diabetic diets based on these food values and exchange lists. 4) Six sample diets* at different caloric levels and with varying amounts of carbohydrate, protein and fat. 5) An illustrated diet booklet "Meal Planning with Exchange Lists"⁹ for the physician to give to the patient.

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*In preference to a term like "New Diets" or "Standard Diets" it was decided to use the term "ADA Diets." Although all on the joint committees were members of one or the other of the ADA's concerned, the important contribution of the staff of the Diabetes Section of the U.S. Public Health Service should not be overlooked. Ed.

There were several reasons which prompted this joint effort: 1) Need for a diet plan which would assure a nutritionally adequate diet for the person with diabetes. 2) Need for consistency in the inclusion or exclusion of common foods in the diabetic diet. 3) Need for servings of foods to be expressed in practical amounts which would be easy to measure. 4) Need for diet material which would be easy to use in instructing the patient and which would be flexible so that it could be adjusted to individual food habits.

The results of this project are most gratifying. It is being widely accepted. The diet material appears in several recent textbooks.³⁻⁸ Without undertaking a widespread survey it is impossible to determine how many hospitals and physicians are using this new diet material. However, there are records of approximately 1000 hospitals and 1200 physicians in the country who have adopted this method of planning diabetic diets. This latter figure is undoubtedly a conservative one. The use of this new diabetic diet material by a hospital usually implies that it has first been accepted by the medical staff of the institution. Therefore, it is more likely that there are at least 2000 physicians familiar with the material and using it in their practice.

WIDELY AVAILABLE

The use of this material has not been centered in a few areas of the country. Reports show that hospitals and physicians in every state have adopted these diets. New York, Pennsylvania, Massachusetts, Connecticut, Florida, Ohio, Wisconsin, Kansas, Texas and California are the states which appear to rank the highest in general use of these diets. It is interesting to note that Spanish translations have been made for use in Puerto Rico, Mexico and the South American countries. It has also spread into Canada.

In the past it was not uncommon for several hospitals in a city to have different methods of planning diabetic diets. In several cities the majority of institutions are now using this new method. This uniformity naturally makes it much easier for the professional staff.

Colleges and universities over the country are instructing medical students, nurses, and dietitians in the new diabetic diet material. Several visiting nurse asso-

ciations, upon request of local physicians, are engaged in patient education and have adopted the new Meal Planning booklet⁹ as the basis of dietary instruction. State and local health departments have also obtained copies of the booklet, which are being used mostly by the public health nurse or nutritionist who has introduced it to local physicians, small hospitals, and nursing homes.

Professional workers have also been pleased with this standardization of diabetic diets. Student nurses, medical and dietetic internes affiliating with different hospitals, find it much easier now that the same procedure for planning diabetic diets is used in many different institutions.

Persons with diabetes have reacted most favorably to this diet material. Patients can now discuss their diets with other diabetics in their community and have some common ground of understanding. In the past it was not uncommon for diabetics to be exposed to three or four different diet systems if they moved from one community to another. In fact, different members of the same household who were diabetics might have markedly different diet plans if they obtained medical care from different sources.

REFERENCES

- 1 American Diabetes Association: *Diabetes Guide Book for the Physician*. New York, American Diabetes Association, 1950.
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- 3 Allan, F. N.: *Internal Medicine (Chapter on Diabetes Mellitus)*, edited by Musser-Wohl. Philadelphia, Lea & Febiger, 1951.
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- 7 Pollack, H.: *Your Diabetes*. New York, Hoeber-Harper Book, 1951.
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