



# Update on Nutrition Guidelines and Practices in Diabetes

## Preface

Patti Urbanski, Guest Editor

“Help! I have diabetes and I don’t know what to eat!” Every health care professional working with individuals with diabetes has heard a plea like this one at some time or another.

People living with diabetes must learn about and master many complex concepts about the disease and its management. Some parts of a diabetes management plan are easier to accomplish than others. Making appropriate food choices and following a healthy eating plan often top patients’ lists of the hardest aspects of having diabetes.

We try to provide the best information we can to help our patients live with this challenging disease. Understanding the latest nutrition research, healthy eating strategies, and nutrition-related treatment approaches is key to being able to help patients make food choices that are appropriate for them and work with their diabetes care team to develop a diabetes management plan that addresses their individual nutrition needs. With this *Diabetes Spectrum* From Research to Practice section, we hope to expand your understanding of diabetes eating patterns and other nutrition topics and improve your ability to effectively discuss these topics with your patients who have diabetes.

While serving on the 2019 American Diabetes Association (ADA) Nutrition Scientific Review Committee (NSRC), I reviewed the available evidence for eating patterns for the management of diabetes. My committee colleague Laura Saslow and I were charged with reviewing research evidence to determine whether certain eating patterns or diets result in improvements in glycemic control, body weight, and cardiovascular risk. The work of the NSRC resulted in the publication of ADA’s recent consensus report on nutrition therapy for adults with diabetes or prediabetes (1).

The sheer volume of research on diabetes eating patterns made our evidence review a challenge. In addition, we found that it was extremely difficult to compare results of different studies because of differences in designs, including randomization issues, study size, duration, and outcome measures. For example, some researchers reported

what study subjects were actually eating by the conclusion of a study, whereas others assumed that all subjects were following their prescribed diets throughout the study period. Given the volume and complexity of nutrition research, we have chosen to open our research section with a review by Mara Z. Vitolins and Talsi L. Case of the issues that make conducting nutrition research so challenging (p. 113). These authors help us understand why one nutrition study may report results that appear to contradict those of another similar study.

It has long been recognized that weight loss is highly effective in preventing type 2 diabetes and in managing its attendant cardiometabolic risk. More recent research has focused on the possibility of weight loss as a means of achieving remission of type 2 diabetes. We turn our attention to this provocative topic in our second article by Donna H. Ryan (p. 117). Dr. Ryan discusses the mechanisms involved in diabetes reversal and reviews strategies for accomplishing weight loss significant enough to achieve partial or complete diabetes remission.

When writing the ADA nutrition consensus report, constraints on the length of the final document made it challenging to fully summarize the evidence for and limitations of various eating patterns that have been proposed for diabetes management to help readers fully understand the consensus committee’s recommendations. Therefore, I am thrilled that we were able to include in this research section detailed reviews of the various eating patterns. Gretchen Benson and Joy Hayes present the evidence on the Mediterranean, vegetarian/vegan, and DASH (Dietary Approaches to Stop Hypertension) eating patterns for people with type 2 diabetes (p. 125). Jennifer D. Merrill and her colleagues review the evidence concerning low-carbohydrate and very-low-carbohydrate plans (p. 133), two approaches that are of great interest in the diabetes community and are currently garnering popular media attention as well. Finally, Kavitha Ganesan and her colleagues describe intermittent fasting and severe calorie restriction—an eating approach that filled a presentation room

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at the ADA's 79th Scientific Sessions in San Francisco in June 2019 (p. 143).

Over the past few years, several studies have taken on relatively new nutrition-related aspects of diabetes management. One in which many diabetes nutrition professionals are becoming interested is that of insulin dosing for higher intakes of protein and fat instead of dosing based only on the carbohydrate content of meals. Alison B. Evert, who co-chaired the ADA nutrition consensus report writing group, rounds out our research section with a review of this important emerging topic (p. 149).

After reading these articles, I think you will agree that there is no one best eating pattern for diabetes. Indeed, further research is needed to determine which eating plan might be the best choice for individual patients. We need scientific evidence to know how eating and food preferences affect a person's long-term success with following an eating plan. We also need to better understand how to implement eating patterns such as the Mediterranean eating pattern, which

has been studied mostly outside of the United States, for patients who have had typical American eating habits. Finally, we need to think about how our personal biases and preferences for a particular type of eating plan may affect the advice we give to our patients living with diabetes.

The editorial team of *Diabetes Spectrum* and I would like to thank the authors and reviewers who have contributed to this important From Research to Practice section. We hope this collection of articles gives you a deeper understanding of the evidence regarding available diabetes eating patterns and the latest nutrition strategies for helping people manage diabetes. After reading this issue, we feel sure you will be prepared with an answer the next time one of your patients asks, "What can I eat?"

#### REFERENCE

1. Evert AB, Dennison M, Gardner CD, et al. Nutrition therapy for adults with diabetes or prediabetes: a consensus report. *Diabetes Care* 2019;42:731–754