

The Truth About the So-Called "Diabetes Diet"

Despite all the publicity surrounding new research and new nutrition guidelines, some people with diabetes still believe that there is something called a "diabetic diet." For some, this so-called diet consists of avoiding sugar, while others believe it to be a strict way of eating that controls glucose. Unfortunately, neither are quite right.

The "diabetes diet" is not something that people with type 1 or type 2 diabetes should be following. "That just simply isn't how meal planning works today for patients with diabetes," says Amy Campbell, MS, RD, LDN, CDE, a nutritionist at Joslin and co-author of *16 Myths of a Diabetic Diet*.

"The important message is that with proper education and within the context of [healthy eating](#), a person with diabetes can eat anything a person without diabetes eats," Campbell states.

What's the truth about diabetes and diet?

We know now that it is okay for people with diabetes to substitute sugar-containing food for other carbohydrates as part of a balanced meal plan. Prevailing beliefs up to the mid-1990s were that people with diabetes should avoid foods that contain so-called "simple" sugars and replace them with "complex" carbohydrates, such as those found in potatoes and cereals. A review of the research at that time revealed that there was relatively little scientific evidence to support the theory that simple sugars are more rapidly digested and absorbed than starches, and therefore more apt to produce high blood glucose levels.

Now many patients are being taught to focus on how many total grams of carbohydrate they can eat throughout the day at each meal and snack, and still keep their blood glucose under good control. Well-controlled blood glucose is a top priority because other research studies have concluded that all people with diabetes can cut their risk of developing diabetes complications such as heart disease, stroke, kidney and eye disease, nerve damage, and more, by keeping their blood glucose as closely controlled as possible.

What does this mean for people with diabetes?

This means that a person who has worked with a dietitian and a diabetes treatment team to figure out how many grams of carbohydrate they can eat throughout the day can decide at any given meal what they will eat. Those with diabetes who are not on insulin need to focus on keeping the amount of carbohydrate they eat consistent throughout the day. Those on insulin can decide both what and how much to eat at a given meal (as long as it doesn't exceed their daily allotment), and can then adjust their insulin accordingly. "There aren't any foods that are 'off-limits,'" says Campbell. "Rather, one just needs to learn how to spend his or her grams of carbohydrate wisely over the course of the day."

Frequent home blood glucose monitoring is then used to keep track of the effects of meals and activity levels on their blood glucose. They work with their healthcare team to make adjustments in their food intake, physical activity, and medication to keep their blood glucose as close to normal as possible.

How does carbohydrate counting work?

Most foods--except meat and fat--contain some carbohydrate, and carbohydrate increases blood glucose faster than any other food. The number of grams of carbohydrate that a person can eat each day or at each meal is determined by:

- Weight and weight loss goals
- How physically active an individual is (because physical activity will lower their blood glucose)

- What diabetes medication or insulin they are taking, and when
- Other factors such as age or the presence of high blood fats (or any other medical issue, for that matter)

For example, a 6' 2" tall man with diabetes who weighs 180 pounds and wants to maintain his current weight might be told he could eat 350 grams of carbohydrate spread out over the day. His goal would be to spread those grams out over the course of the day so that he doesn't send his blood glucose too high at any one time. If he is taking insulin or oral diabetes medication, he might also have to manage when he eats his carbohydrate in such a way that there is enough sugar from his meals in his bloodstream when his medication is working its hardest.

"We now know that in general, a sugar-containing food like a brownie may have 30 grams of carbohydrate in it, but that brownie will have the same effect on your blood glucose as 2/3 cup of rice or one cup of applesauce, both of which have 30 grams of carbohydrate in them," says Campbell. "So, if this man's meal plan developed with a dietitian states that he can eat 60 grams of carbohydrate at a meal, he can decide how he 'spends' those 60 grams. One time he may have 2/3 cup of rice and one cup of peas. Another time he may decide, for his carb choices, to eat a small baked potato, a cup of milk and have the brownie for dessert."

People who develop diabetes when they are over 40 frequently develop diabetes in part because they are overweight. Being overweight makes it more difficult for their bodies to use insulin to convert food into energy. For this reason, many patients with diabetes also have weight loss as a goal. Because each gram of fat contains 9 calories (while a gram of protein or carbohydrate contains only 4 calories), fat gram counting as a means of losing weight becomes an additional nutritional tool for many patients.

Frequently people with diabetes also have problems with high blood fats and/or cholesterol levels, and will be prescribed a meal plan that is low in fat as well. So even if they aren't overweight, some patients may be counting grams of fat eaten at each meal or over the course of the day, as well as how many grams of carbohydrate.

There are many food lists available that show how many grams of carbohydrate and fat are in most foods. Also, most any food you purchase in a grocery store lists carbohydrate and fat content as part of the food label requirements mandated by the federal government.

Not a do-it-yourself project

"Obviously using nutrition as part of an overall diabetes treatment plan is not an entirely do-it-yourself project," notes Campbell. It's best, she states, if you work with a dietitian to determine which type of meal planning approach will work best for you.

"But then the rest of it is pretty much up to you," she adds. "You get your meal plan 'budget,' and then you decide how to spend it at each meal. And just like people without diabetes, you need to eat a variety of foods in order to be healthy.

Joslin's newest nutrition book, [Staying Healthy with Diabetes -- Nutrition & Meal Planning](#) is available at the Joslin Store.

Source: http://www.joslin.org/info/the_truth_about_the_so-called_diabetes_diet.html