# Diabetes management strategies for adults through nutrition education.

**John Parei Gieasey***

Department of Veterinary Biomedical Sciences, University of Saskatchewan, Saskatoon, Canada

## Abstract

**A healthy dietary regimen, regular exercise, and often medication are essential elements of diabetic control. The decision of what to eat is frequently the most difficult aspect of the diabetic treatment plan. The American Diabetes Association (ADA) holds that there is no "one-size-fits-all" eating regimen for those who have diabetes. The ADA also acknowledges the critical role that nutrition therapy plays in the overall management of diabetes and has long advocated that each person with diabetes actively participate in self-management, education, and treatment planning with their healthcare provider, including the joint creation of a personalised eating plan.**

**Keywords**: Health, American diabetes association, Nutrition therapy.

## Introduction

Ideally, the individual with diabetes should be referred to a registered dietitian (RD) (or a similarly credentialed nutrition professional if outside of the U.S.) for nutrition therapy at- or soon after-diagnosis and for ongoing follow-up. Another option for many people is referral to a comprehensive diabetes self-management education (DSME) program that includes instruction on nutrition therapy. Unfortunately, a large percentage of people with diabetes do not receive any structured diabetes education and/or nutrition therapy national data indicate that about half of the people with diabetes report receiving some type of diabetes education and even fewer see an RD. In one study of 18,404 patients with diabetes, only 9.1% had at least one nutrition visit within a 9-year period. Many people with diabetes, as well as their health care provider, are not aware that these services are available to them. Therefore this position statement offers evidence-based nutrition recommendations for all health care professionals to use. In 1999, the Institute of Medicine (IOM) released a report concluding that evidence demonstrates that medical nutrition therapy (MNT) can improve clinical outcomes while possibly decreasing the cost to Medicare of managing diabetes. The IOM recommended that individualized medical nutrition therapy, provided by an RD upon physician referral, be a covered Medicare benefit as part of the multidisciplinary approach to diabetes care. Medical nutrition therapy is an evidence-based application of the Nutrition Care Process provided by the RD and is the legal definition of nutrition counselling by an RD in the U.S

### *Diabetes nutrition therapy*

This position statement includes studies on nutrition treatment that involve a variety of nutrition specialists as well as registered nurses, physicians, or advanced practise nurses [1]. In trials carried out outside of the United States, healthcare providers did not offer medical nutrition therapy as it is formally defined. Because of this, it was decided to use "nutrition therapy" instead of "medical nutrition therapy" in this article in an effort to be more inclusive of the variety of health professionals delivering dietary interventions and to respect the broad meaning of nutrition therapy. To deliver diabetic medical nutrition therapy, the RD is the chosen member of the healthcare team due to his or her special academic preparation, training, abilities, and knowledge [2].

### *Eating Patterns*

A variety of eating patterns (combinations of different foods or food groups) are acceptable for the management of diabetes [3]. Personal preferences (e.g., tradition, culture, religion, health beliefs and goals, economics) and metabolic goals should be considered when recommending one eating pattern over another Eating patterns, also called dietary patterns [4].

### *Clinical guidelines for the management of diet in all diabetics*

A wide range of diabetes meal planning approaches or eating patterns has been shown to be clinically effective, with many including a reduced energy intake component. There is not one ideal percentage of calories from carbohydrates, protein, or fat that is optimal for all people with diabetes. Nutrition therapy goals should be developed collaboratively with the individual with diabetes and be based on an assessment of the individual's current eating patterns, preferences, and metabolic goals [5].

## Conclusion

MNT given by dietitians improved medical and clinical outcomes significantly in both the BC and PGC groups and is helpful to those with NIDDM. People who have had diabetes for more than

***Correspondence to:** John Parei Gieasey, Department of Veterinary Biomedical Sciences, University of Saskatchewan, Saskatoon, Canada, E-mail: johngiease6@usask.ca

***Received**: 06-Oct-2022, Manuscript No. AAAFN-22-80337; **Editor assigned**: 10-Oct-2022, PreQC No. AAAFN-22-80337(PQ); **Reviewed**: 24-Oct-2022, QC No. AAAFN-22-80337; **Revised**: 26-Oct-2022, Manuscript No. AAAFN-22-80337(R); **Published:** 31-Oct-2022, DOI:10.35841/aaafn-5.5.125*

***Citation:** Gieasey JP. Diabetes management strategies for adults through nutrition education. Arch Food Nutr. 2022;5(5):125*

six months typically respond better to PGC than BC. Long-term metabolic control requires continued MNT by dietitians due to the rising trend in glucose levels after three months.

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***Citation:*** *Gieasey JP. Diabetes management strategies for adults through nutrition education. Arch Food Nutr. 2022;5(5):125*