

Section 5: Diets for Diabetes/Weight Control

Diabetic Meal Patterns

Use:

The Diabetic Specific Calorie Meal Patterns are for individuals with diabetes who require more restrictive meal plans to assist with blood sugar control and/or weight. At times, specific meal plans are utilized in weight reduction and weight maintenance.

Nutritional Adequacy:

With the proper selection of foods, a Diabetic Specific Calorie Meal Pattern meets the current Dietary Reference Intakes/Recommended Dietary Allowances/Adequate Intakes, Food and Nutrition Board, Institute of Medicine, National Academy of Science, 1998-2011 for individuals ages 31 years and older.

Diabetes Discussion:

The care of the older adult with diabetes is complicated by their clinical, medical and functional status. It is noted that there are few long term studies involving older adults with diabetes that demonstrate the benefits of intensive glycemic, lipid and blood pressure control. Older, active, cognitively alert and functioning adults with diabetes, who can be expected to live long enough to reap the benefits of long-term intensive diabetes management, may benefit from diabetes care goals similar to those applied to younger adults. However, those older adults with diabetes, who possess substantial functional or cognitive impairment, or who have life-limiting comorbid illnesses, intensive diabetes management and control may increase serious adverse effects with regards to hypoglycemia and hypotension and therefore are not applicable to this group of older adults.

In the older adult with diabetes, the primary goal of diabetes management is the achievement of acceptable glycemic control and in turn the prevention of acute complications associated with the disease (dehydration, poor wound healing and hyperosmolar comas). It is also noted that blood sugars are affected by a number of different factors including: acute infections such as urinary tract infections or pneumonia; obesity; metabolic syndrome; diseases of the pancreas; endocrine diseases such as Cushing's syndrome; genetic defects of beta cell function or insulin action; and other genetic conditions, such as Down's syndrome.

In a health care community, glycemic control for the older adult is enhanced by offering a diet such as the Consistent Carbohydrate (CCHO) Diet. The CCHO Diet, rather than a specific calorie diet, includes a wider variety of foods, is fairly consistent in carbohydrates offered/planned at meals and is consistent in the timing of meals and snacks served. The CCHO Diet allows the individual greater improved meal satisfaction and intakes with an overall improved, positive quality of life.

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General Principles & Guidelines:

1. A specific calorie diet pattern utilizing the Exchange Choice Lists is not the suggested method for managing diabetes or weight control/ loss in the older adult (refer to the discussion under Section 5: Consistent Carbohydrate Diet). Specific calorie diets are not recommended due to the limited choices, increased risk of poor intakes in the older adult and the desire to honor each individual's food preferences as well as involvement in self-directed health care choices.
2. Meal patterns are calculated based on the Dietary Reference Intakes for Healthy Eating for Adults: 45 to 64% total calories from carbohydrate, 10 to 35% total calories from protein and 20 to 35% total calories from fat.
3. Snacks are to be calculated into the meal pattern as needed.
4. Individuals on specific calorie meal patterns should be reviewed by a Registered Dietitian for individualization of the meal pattern and to assess appropriateness of the diet.
5. As with any restrictive diet, overall success of the diet is dependent upon the degree of acceptance. Simple menu and diet modifications, such as limiting snack choices to 1 serving of fruit or changing milk choices to skim versus 2% or whole milk assists with restricting overall calories without imposing a strict meal pattern. For further suggestions, see Section 5: Diets for Diabetes/Weight Control.
6. The Registered Dietitian can provide further and more specific diet information and guidelines to those individuals who are interested and have expressed a desire for such information.
7. For Weight Control Diets, please see Section 5: Diets for Diabetes/Weight Control.
8. In health care communities, a Regular Diet alone or a Regular diet with Diabetic Precautions may be appropriate for the majority of older adults with diabetes. (See Section 5: Diabetic Precautions.)

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Food Group	1000	1200	1500	1800	2000	2200	2400
Fruit	1	1	1	1	1	1	2
Starch	1	1	2	2	2	3	3
Meat	1	1	1	1	2	2	2
Fat	0	0	1	1	1	2	2
Milk (Skim)	1	1	1	1	1	1	1
Meat	2	2	2	3	3	3	4
Starch	1	2	2	3	3	3	3
Vegetable	1	1	1	1	2	2	2
Fruit	1	1	1	1	1	1	1
Fat	0	0	1	1	1	1	1
Milk (Skim)	0	0	0	0	0	1	1
Meat	2	2	2	3	3	3	3
Starch	1	1	3	2	3	3	3
Vegetable	1	1	1	1	2	2	2
Fruit	1/2	1	1	2	2	2	2
Fat	0	1	1	1	1	1	1
Milk (Skim)	1/2	1	1	1	1	1	1
Fruit	1	1	1	1	1	1	1
Starch	0	0	0	1	1	1	2
Fat	0	0	0	0	0	0	0
Meat	0	0	0	0	0	0	0
Total							
*Calories	1016	1202	1510	1789	1995	2202	2421
Protein (grams)	56 (23%)	61 (20%)	66 (17%)	81 (18%)	95 (19%)	103 (19%)	112 (19%)
Carbohydrate (grams)	126 (49%)	154 (51%)	199 (53%)	229 (51%)	254 (51%)	281 (51%)	311 (51%)
Fat (grams)	32 (28%)	38 (29%)	50 (30%)	61 (31%)	67 (30%)	74 (30%)	81 (30%)

*Calorie totals based on 4 calories per gram of carbohydrate and protein; 9 calories per gram of fat. NOTE: Unless otherwise indicated, meal patterns are based on the 2008 Choose Your Foods: Exchange Lists for Diabetes and utilizing Medium-Fat Meat, Nonstarchy Vegetables and Skim Milk Exchanges.