

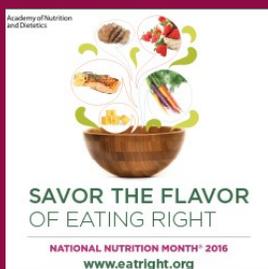


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# Kitchen Creations

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## For National Nutrition Month, The Academy Offers Advice on Reducing Sugar, Sodium and Saturated Fats to 'Savor the Flavor of Eating Right'

For National Nutrition Month<sup>®</sup> 2016, the Academy of Nutrition and Dietetics encourages everyone to learn how to "Savor the Flavor of Eating Right" while still following a healthy eating pattern.

The 2015-2020 *Dietary Guidelines for Americans* recommend limiting the amounts of added sugar, sodium and saturated fats that you eat. The guidelines state that the majority of Americans follow a diet that is too high in these components.

"During National Nutrition Month and beyond, make an effort to cut back on food and beverages high in added sugar, sodium and saturated fats," says registered dietitian nutritionist and Academy spokesperson Lisa Cimperman. "Take the time to find creative, healthful and nutritious ways to add flavor to food."

### Sugar

The 2015-2020 *Dietary Guidelines* recommend consuming less than 10 percent of your calories per day from added sugars." Choose foods and beverages with no added sugar whenever possible," Cimperman says. According to Cimperman:

- Read food labels and avoid buying foods with added sugars like high fructose corn syrup, dried cane syrup, evaporated cane juice, invert sugar, molasses, sucrose, brown rice syrup, honey, agave or maple syrup.
- Drink water, low-fat or fat-free milk and 100-percent fruit or vegetable juice instead of sugary beverages.
- Choose snacks with no added sugar. For example, eat plain yogurt instead of flavored yogurt with whole fruits such as berries or pears.
- Grill fruits such as pineapple or peaches for a naturally sweet and healthier dessert.
- Eat smaller dessert portions. Often a bite or two will satisfy your sweet tooth.

### Sodium

The 2015-2020 *Dietary Guidelines* recommend consuming fewer than 2,300 milligrams of sodium per day." Most sodium consumed in the United States comes from salts added during commercial food processing and preparation," Cimperman says. "Because sodium is found in so many foods, careful choices are needed to reduce your sodium intake."



## Lifestyle Modification is Key When Managing Diabetes

Joseph Cecava, NMSU Graduate Student & Dietetic Intern

The challenges facing people with type 2 diabetes may feel overwhelming. It is never too late for them to visit a healthcare professional who can help them by forming a healthcare team who will assist them in accomplishing their health goals. A healthcare team may include a medical doctor, registered dietitian nutritionist (RDN), diabetes educator, and other professionals who are all well versed in treating and supporting people with type 2 diabetes (Treating Diabetes, 2015).

A combination of medical nutrition therapy and diabetes medications has been shown to have a greater effect on improving hemoglobin A1c (HbA1c) scores as well supporting a reduction in weight, improving lipid profiles, and improving sleep quality in people with type 2 diabetes. Medical nutrition therapy is a nutrition-based treatment provided by an RDN which includes nutrition diagnosis and therapeutic counseling services (Treating Diabetes, 2015).

RDNs can help people with type 2 diabetes by prescribing an individualized healthful diet that fits the patient's needs and encourages regular physical activity, while supporting the primary clinical treatment plan. People who are overweight or obese and have type 2 diabetes should receive education from health professionals regularly. Many diabetes medications can have hypoglycemia risk and weight gain side effects, which make it hard for patients to achieve desired outcomes in weight-loss interventions.

Research shows that medical nutrition therapy has its greatest impact on people who are newly diagnosed with diabetes (Treating Diabetes, 2015). Franz et. al. (2015) states that since type 2 diabetes is a progressive disease, prevention of weight gain becomes the main goal of nutrition therapy rather than weight loss because glucose-lowering medications usually are added to nutrition therapy to achieve desired glycemic control.

However, studies have shown that nutrition therapy has been effective at reducing the patients' needs and prescribed doses for diabetes medications, and has a greater overall effect on the patient's metabolic outcomes. Recently, a study conducted by Tay et. al. (2015) showed that a low-carbohydrate, high-unsaturated fat, low-saturated fat diet achieved



A Kitchen Creations participant plates a meal that is appropriately balanced for diabetes.



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## Lifestyle Modification is Key, *cont.*

a greater decrease in HbA1c, glycemic variability (GV), diabetes medication requirements, and improvements in blood lipid profile in study participants than did an energy matched high carbohydrate diet over the course of one year. As part of the methods for this research, participants of both intervention groups met with a RDN 2 times a week for 12 weeks and then monthly thereafter.

In addition to the diet intervention, all participants in both groups were offered professionally supervised exercise sessions that were held three times a week for a duration of one hour. If anyone missed a regularly scheduled exercise class, they were encouraged to make up their absence. Regular attendance at these exercise classes, which included aerobic and resistance training, promoted substantial weight loss for the study participants.

The two intervention groups described in the study had a comparable reduction in HbA1c values, but the low-carbohydrate diet significantly reduced participants' diabetes medication requirements which suggests that the low-carbohydrate group had better glycemic control. Tay et. al. (2015) states that a reduced reliance on pharmacotherapy to achieve glycemic control presents important advantages, which include a reduction in potential treatment costs and a reduced likelihood of drug-related side effects, in long-term diabetes management.

Tay et. al. (2015) concludes that lowering HbA1c by a lifestyle modification (diet, exercise, and weight-loss) may confer greater health benefits than intensifying medications because it promotes concurrent improvements of other metabolic risk factors and the mitigation of pharmacotherapy-related side effects.

### References:

Tay, J., Luscombe-Marsh, N. D., Thompson, C. H., Noakes, M., Buckley, J. D., Wittert, G. A.,...& Brinkworth, G. D. (2015). Comparison of low- and high-carbohydrate diets for type 2 diabetes management: a randomized trial. *American Journal of Clinical Nutrition*, 102, 780-790. doi: 10.3945/ajcn.115.112581.

Franz, M. J., Boucher, J. L., Rutten-Ramos, S., & VanWormer, J. J. (2015). Lifestyle weight-loss intervention outcomes in overweight and obese adults with Type 2 Diabetes: A systematic review and meta-analysis of randomized clinical trials. *Journal of the Academy of Nutrition and Dietetics*, 115, 1147-1463. doi: 10.1016/j.jand.2015.02.031.

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## NM Diabetes Advisory Council

The New Mexico Diabetes Advisory Council (NMDAC) represents individuals and groups across New Mexico trying to reduce the burden of diabetes on individuals, families, communities, the health care system, and the state. It provides four trainings a year, each offering 2-4 hours in continuing education credits on diabetes-related topics.

Please join us for the next training, *Spring into Better Health: Happy Heart, Positive Thoughts, and Food as Medicine*, on April 1 at the CNM Workforce Training Center. Presentations will feature Kitchen Creations, health promoting foods of Native ancestors, evidence for plant-based diets for diabetes prevention, and practicing mindfulness. To register, go to <http://nmdac.org/category/educational-sessions/>.