



Scan for a look at the PWD experience

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INTRODUCTION

The guidelines for people living with diabetes have stated that there is not a “one-size-fits-all” eating pattern...so why doesn't the actual practice reflect this? We will take a look at the dietary recommendations for people living with diabetes that we have used in the past, the present, and where we should be headed in the future to provide better individualized care for the communities we are serving.

BACKGROUND

Nutrition education, and more specifically nutrition education, specifically for people has evolved throughout the years. While previous recommendations were based on scientific and clinical evidence that was available at that time, the emergence of new technology and continued research regarding living with diabetes has transformed the guidelines from more limiting diets such as the starvation diet and exchange lists to encouraging more freedom of choice for the person with diabetes.

As someone living with type one diabetes, my own journey with nutrition and diabetes education impacted my own practice. At diagnosis and throughout the years, I was presented with a plethora of information regarding insulin administration, prevention of complications, benefits of physical activity, and finally nutrition education. As overwhelming as it was, I was fortunate to have access to a diabetes educator for the majority of my endocrinology visits during the early years of my diagnosis—a privilege that other today may not have. For those that do, they may not receive the same individualized care that I was able to receive over the years, further increasing the disconnect and tarnishing the relationship between DCES and PWD.

Eating patterns and macronutrient distribution

5.13 There is no ideal macronutrient pattern for people with diabetes; meal plans should be individualized while keeping nutrient quality, total calorie, and metabolic goals in mind. **E**

5.14 A variety of eating patterns can be considered for the management of type 2 diabetes and to prevent diabetes in individuals with prediabetes. **B**

5.15 Reducing overall carbohydrate intake for individuals with diabetes has demonstrated the most evidence for improving glycemia and may be applied to a variety of eating patterns that meet individual needs and preferences. **B**

Eating patterns and macronutrient MNT recommendations, 2023 ADA Standards of Care. (1)

OBJECTIVE

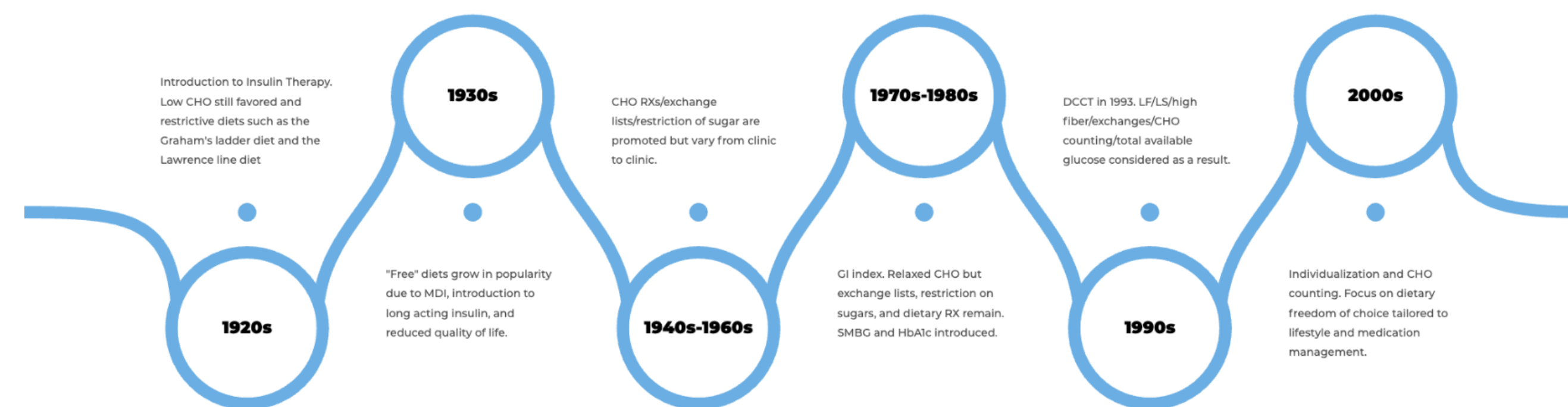
- To examine the past and present diabetes nutrition recommendations and what is actually being educated in DSMES visits
- Identify pain points of people living with diabetes and potential solutions to eliminating these gaps and improving the quality of DSMES care
- Identify potential methods to increase DSMES attendance at the four critical time points for referral to DSMES outside of diagnosis
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HYPOTHESIS

People living with diabetes feel as if nutrition education within DSMES is not relevant due to past traumatic experiences at doctor's visits, lack of person-centered care, conflicting ideals, and outdated guidelines being reinforced.

METHODS AND FINDINGS

I examined the ADA's Standards of Care and recommendations from the 1920s and the discovery of insulin to today. In addition to examining the recommendations, I performed phone and online interviews with PWDs regarding their personal experience with nutrition in DSMES.



Timeline of diabetes related nutrition recommendations adapted from Pamela Dyson PhD, RD (5)

SURVEY QUESTIONS

The brief survey consisted of these open-ended questions:

1. When is the last time you received formal nutrition education for your diabetes?
2. If more than five years, what is your reasoning for not attending?
3. At your last session-what was presented?
4. Was it helpful? Why or why not?
5. What do you wish was done differently to improve the experience?

RESPONSES

- “At least a decade ago. Because I rarely taught anything new and sometimes they didn't seem to really understand the experience of diabetes so it felt like the guidance should have been easier to follow.”
- “I haven't received formal nutrition for diabetes since diagnosis. I started seeing a nutritionist quarterly 3 years ago and it has never been diabetes specific. My only true diabetes session was not helpful, it was a list of things not to do. It was the worst part of my diagnosis.”
- “More than 7 years. It has not been offered again. The nutritionist was in a rush and basically just handed me a pamphlet. It was good information on portion sizes. I wished for a follow-up or second appointment.”
- “The only times I was ever offered formal nutrition education for diabetes were in the early years of diagnosis when management was out of control. I have been a type 1 diabetic since April 2005. No, the information was not helpful because it was presented in a way that was more restrictive of what you shouldn't eat, rather on education on how different foods could potentially affect your diabetes. I haven't attended any formal education in recent years because I've gotten better at my management, and though there's always room for improvement and things to be learned, I don't think formal education is needed. For me at least.”
- “I went at diagnosis and I think one time after that. It just didn't seem worth my time and not relevant to type one. I'm not even sure if my current doctor has a diabetes educator.”
- “I received nutrition education from my parents following their parent education classes...when I was first diagnosed. I implemented what they taught as I grew up. I received nutrition education again when I switched from MDI to an insulin pump...I'm vegan and have a good understanding of I:C ratio, have a good A1c and TIR, and know what works for my body so it isn't something I need ongoing support with. What I wish was different was having a nutritionist that specialized with a vegan diet, as the person I met with focused on animal based proteins rather than vegan plant based proteins as examples. I think to a newly diagnosed person it could be off putting.”
- “Probably 10 years? I just never found/thought of a reason to revisit it and the experiences were kinda traumatic for me anyway. I'm sure it was helpful at first but at the end it seemed repetitive and like something I could do on my own. That they listened more than they talked.”
- “The last time I received nutrition ed for diabetes was two or three years ago. We discussed the affects a new medication would have on my eating habits and did a refresher on low and high glycemic index foods. I'm not sure I wish anything was done differently just because I asked for a refresher and that's basically what I got.”
- “It's been more than 5 years. The reason I haven't done it via my HCP is because I have friends who are nutritionists and they answer any questions I have or give advice about things. I've had more conversations with them as I've been on a weight loss journey. Everything from the personal nutritionists has been really good. It was helpful to me because it went deeper than diabetes...I wouldn't change anything. The session with my healthcare-I honestly don't even remember all that they talked about.”
- “I haven't gone since diagnosis. They gave me a printed meal plan and went over portion control. Personally, I have had more success with asking my friends or the internet.”

CONCLUSION

Although this set of responses only represents a small subset of the population of people living with diabetes, it is evident that there is still some work to be done by the entire care team to ensure that the diabetes population is receiving quality, person centered, and individualized nutrition care. The ADA guidelines have long encouraged personalized care since the 1970s, pwds are still experiencing some of the same frustrations related to nutrition education in DSMES today as they were in the past such as lack of a liberalized diet, broad guidance, lack of referral to DSMES and MNT, lack of education on personal and cultural dietary preferences, judgemental messages, and lack of access to a DCES or RD who is competent in diabetes MNT.

As a provider, some of the barriers that I have personally experienced or had colleagues experience has been lack of referral (either at diagnosis or other critical times, complete dissolution of diabetes education departments, lack of resources, lack of time, logistical issues, and lack of reimbursement which then impacts the health systems willingness to support the DCES and diabetes education department as a whole.

While a lot of these things are beyond our control, we can continue to advocate for the population with diabetes in our respective communities and institutions while also expanding our knowledge base to make sure that everyone we see receives person-centered care.

As seen in the responses above, technology, access to nutrition online, and peer support have been a catalyst in many PWDs education experiences and should be considered as a compliment to services that can be provided to truly round out the diabetes care experience if they are not already.