

ECHO IDAHO

Diabetes and Metabolic Conditions

Diabetes Diet Trends: Separating Evidence from Misconception

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Organization: St. Luke's Humphreys Diabetes Center

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University of Idaho
School of Health and Medical
Professions



Learning Objectives

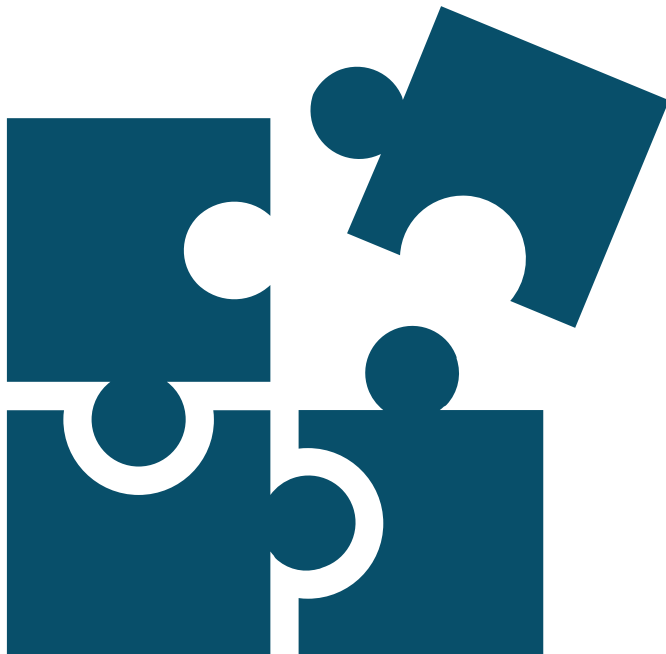
- Recognize differences in Fad diets and Evidence based eating plans
- Improve knowledge of nutrition risks in patients with diabetes
- Understand nutrition goals in diabetes

Why Do Nutrition Myths Persist

- Social media
- Conflicting advice
- Individual responses vary
- Guidelines emphasize personalization



Content



- Apple Cider Vinegar?
- Resistant Starch?
- No Fruit for Diabetes?
- Protein-Eat your Protein no matter the source?
- Artificial Sweeteners?
- Are Natural Sugars Healthier?
- Sugar Free does not equal Carb Free?
- Time Restricted Eating for all?
- Specific Diet required (Low Carb, Very Low Carb diets, Vegan) or Personal Carb Tolerance?
- Multivitamin and Mineral tablets for Everyone?
- GLPs- let's just lose the weight, no matter what?
- Never Eat White foods?

Apple Cider Vinegar

- Noted positive effects on weight loss in the literature.
- The effect is modest, not magic
- Average of 30mL/day ACV, everyday for 3 months showed the most improvement with average weight loss of 7.4kg (around 16 pounds).
- Care with gastroparesis and potentially meal-time insulin.



These findings suggest that dietary supplementation with ACV may have a role in the prevention and treatment of obesity. Based on the estimated baseline body weight, the pooled effect size for weight reduction (SMD = -0.39) corresponds to an average weight loss of approximately 7.4 kg, or 9.4% of basal body weight. A weight loss in the range of 5% to 10% is well known to produce clinically significant improvements in cardiometabolic risk factors [56]; therefore, the observed effects of ACV intake may be not only statistically significant, but also clinically relevant.

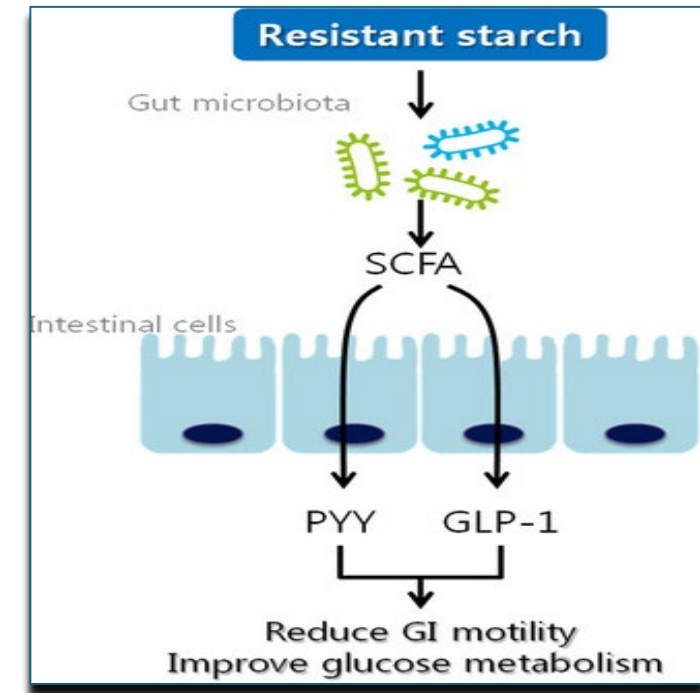
Effect of Apple Cider Vinegar Intake on Body Composition in Humans with Type 2 Diabetes and/or Overweight: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

[Alberto Castagna](#)^{1,*}, [Yvelise Ferro](#)^{1,*}, [Francesca Rita Noto](#)¹, [Rossella Bruno](#)¹, [Analucia Aragao Guimaraes](#)², [Carmelo Pujia](#)², [Elisa Mazza](#)³, [Samantha Maurotti](#)³, [Tiziana Montalcini](#)^{3,4,*}, [Arturo Pujia](#)^{1,4}

Background: [Apple cider vinegar \(ACV\)](#) is a naturally fermented beverage with potential metabolic health benefits; however, its effects on weight loss remain controversial. This systematic review and meta-analysis of randomized controlled trials (RCTs) was conducted to assess the effect of ACV on anthropometric measurements in adults. **Methods:** We performed a systematic search of PubMed, Web of Science, Scopus, and CENTRAL up to March 2025 for randomized controlled trials (RCTs) in adults (≥18 years) evaluating the effects of ACV for ≥4 weeks on body composition parameters. Primary outcomes included changes in body weight, BMI, waist circumference, and other anthropometric measures. Risk of bias was assessed using the Revised Cochrane Risk-of-bias tool. **Results:** Out of 2961 reports screened, 10 RCTs comprising a total of 789 participants were eligible for inclusion in this meta-analysis. The pooled results using a random-effects model showed that daily [ACV intake significantly reduced body weight](#) [SMD: -0.39; 95% CI: -0.63, -0.15; $p = 0.001$; $I^2 = 62\%$], [BMI](#) [SMD: -0.65; 95% CI: -1.05, -0.26; $p = 0.001$; $I^2 = 83\%$], and [WC](#) [SMD: -0.34; 95% CI: -0.67, -0.02; $p = 0.04$; $I^2 = 61\%$]. However, no significant effects of ACV were observed on the other body composition parameters analyzed. Sensitivity analyses excluding high-risk-of-bias studies confirmed the robustness of ACV's beneficial effects on body weight and BMI. Subgroup analyses suggested that ACV consumption [significantly improved anthropometric parameters when administered for up to 12 weeks, at a dose of 30 mL/day](#),

Resistant Starch

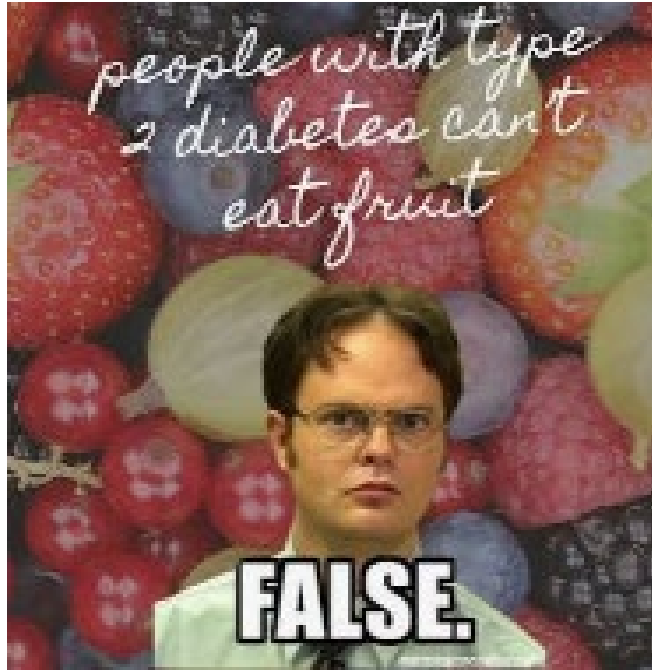
- What is it?
- Defined as a type of starch that is resistant to hydrolysis by enzymatic digestion.
- Resistant Starch (RS) is non-digestible, non-viscous, and highly fermentable. Therefore, RS is classified as a type of dietary fiber due to its similar physiological effects on humans.
- Multiple types- some naturally occurring (green bananas, beans, root vegetables, grains). Some are increased through cooking and then cooling process.
- What is the verdict?
- There are not enough high quality RCTs to determine
- Best action- Patients can try it with foods/portions they are already eating. This isn't a "green light" to eat more of these items.



Classification of types of resistant starch (RS)

Type of RS	Description	Example
RS1	Physically inaccessible starch	Whole or partly milled grains and seeds
RS2	Raw granular starch	Uncooked potato starch, green banana starch, ginkgo starch, high-amylose maize starch
RS3	Retrograded starch	Cooked and cooled potatoes and cornflakes
RS4	Chemically modified starch	Cross-linked starch and octenyl succinate starch
RS5	Amylose-lipid complexes	Stearic acid-complexed high-amylose starch

Fruit = Bad



- Eating whole fruit is **recommended**; fiber and nutrients outweigh concerns.
- Portion and total carbohydrate matter.

15 Grams of Carbohydrate (Carb) Portions

These whole fruits each provide about 15 grams of carbohydrate.

 Portion sizes may vary slightly based on the size of the fruit. Use this as a general guide.

Apple 1 small (about 4 oz)  ~15g Carb	Banana 1 small (about 6 inches)  ~15g Carb	Orange 1 medium (about 5 oz)  ~15g Carb	Grapes 17 grapes (about 3 oz)  ~15g Carb	Blueberries 1 cup (about 5 oz)  ~15g Carb
Strawberries 1 cup, whole (about 5 oz)  ~15g Carb	Pineapple 3/4 cup (about 5 oz)  ~15g Carb	Pear 1 small (about 5 oz)  ~15g Carb	Peach 1 medium (about 5 oz)  ~15g Carb	Kiwi 2 medium (about 5 oz)  ~15g Carb

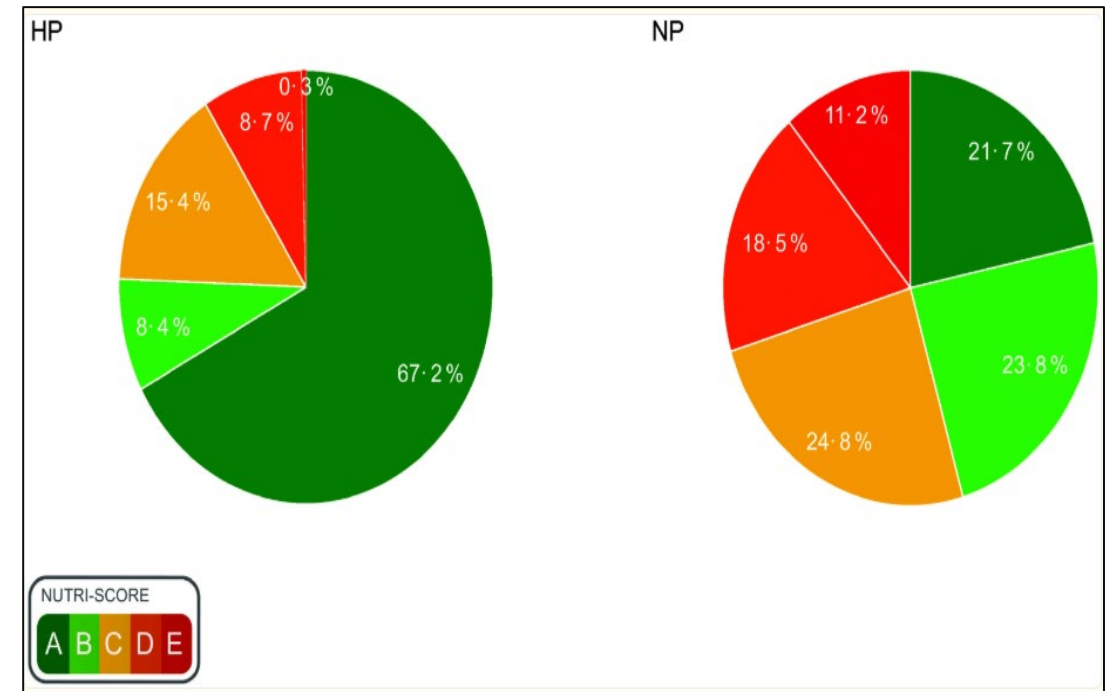
 **Remember:** Carbohydrate needs vary from person to person. Work with your diabetes care team to determine what is best for you.

 1 carbohydrate choice = 15 grams of carbohydrate
(The Diabetes Control and Complications Trial Research Group, 1993)

Source: American Diabetes Association. (2026). *Standards of Care in Diabetes—2026*.
eatingwell.com | diabeteseducator.org

Protein-Just Eat it-No matter the source?

- High Protein processed foods can offer “somewhat healthier options” for foods like cereals, chips, crackers, etc.
- However, these foods are still heavily processed it is preferred to eat whole foods to get protein needs.
- Extra care in populations that would be at risk with high sodium intake.
- Bottom line: Whole food protein is always best!



HP = Generally lower calories, and sugar, and higher fiber

Artificial Sweeteners

Review Article | Published: 15 May 2018

Carbohydrates, glycemic index and diabetes mellitus

Glycemic impact of non-nutritive sweeteners: a systematic review and meta-analysis of randomized controlled trials

[Alexander D. Nichol](#) , [Maxwell J. Holle](#) & [Ruopeng An](#)

[European Journal of Clinical Nutrition](#) **72**, 796–804 (2018) | [Cite this article](#)

Conclusions

NNS consumption was not found to elevate blood glucose level. Future studies are warranted to assess the health implications of frequent and chronic NNS consumption and elucidate the underlying biological mechanisms.

LITERATURE REVIEW | SEPTEMBER 26 2023

Effect of non-nutritive sweeteners on insulin regulation, glycemic response, appetite and weight management: a systematic review

[Pulkit Mathur](#); [Anjani Bakshi](#) 

The review showed NNSs exposure did not conclusively induce increased food intake or change in subjective appetite ratings. Appetite biomarkers like ghrelin, gastric inhibitory peptide, C-peptide levels and Peptide YY remained mostly unaffected by NNSs. Meta-analyses of human randomized control studies showed a reduced energy intake and body weight. No significant change was seen in blood glucose levels, post-prandial glycemic or insulin response after consumption of NNSs. Adequate evidence is not available to conclusively say that NNSs influence gut health at doses relevant to human use.

REVIEW article

Front. Nutr., 24 June 2024

Sec. Clinical Nutrition

Volume 11 - 2024 | <https://doi.org/10.3389/fnut.2024.1411560>

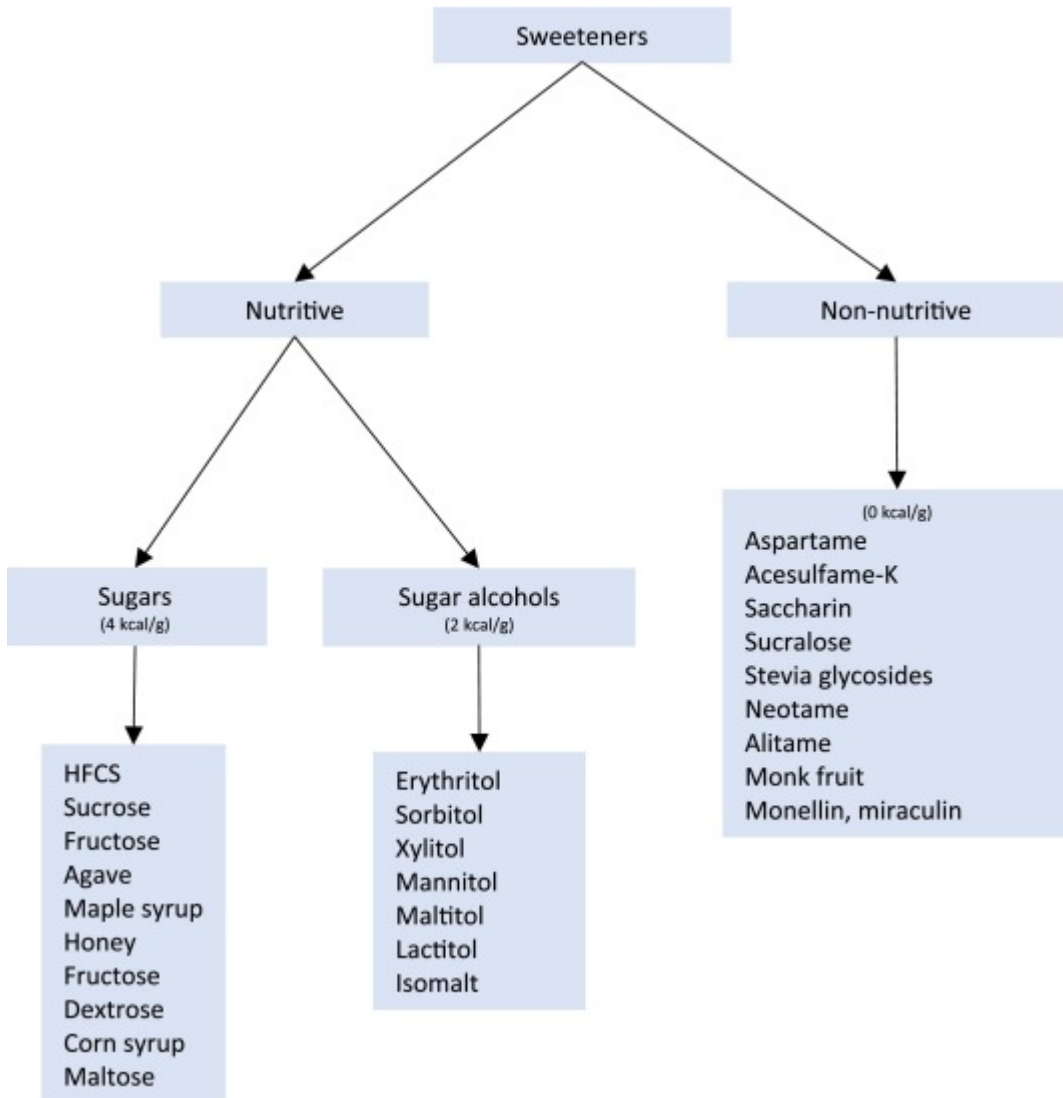
Artificial sweeteners and their implications in diabetes: a review

 Matcha Angelin ^{1†}  Janardhanan Kumar ^{2†*}  Leela Kakithakara Vajravelu ¹
 Abhishek Satheesan ¹  Venkata Chaithanya ¹  Ria Murugesan ¹

6 Conclusion

This review elucidates that ASs have significant benefits for diabetes care, particularly in terms of weight control and blood glucose level stabilization. Their connection with gut health, cellular aging, and insulin sensitivity, is still controversial. The extant literature has a dichotomy of findings, with some indicating potential health advantages and others indicating caution. While ASs are useful according to several scientific reports, they should be used with caution until more definite research into their broader health effects is available. Future research is critical for navigating the complex environment of ASs health effects that will ultimately give a clearer guidelines for individuals and healthcare professionals involved in diabetes management.

Artificial Sweeteners, cont.



FDA-approved nonnutritive sweeteners (NNS)

- Do not directly raise blood glucose
- Weight appears to be stable with use (don't appear to help significantly with weight loss)
- Long-term outcomes continue to be studied.
- Use with moderation!
- More high quality RCT studies needed (food frequency questionnaires or observational studies)!

Natural Sugars are Healthier?

- The amount matters – consider the portion and number of carbohydrates
- More refined = Easier to add and hide in processed foods
- Honey, agave, maple syrup and coconut sugar raise glucose similarly to table sugar.
- Avoid/Limit sugar-sweetened beverages.



SUGAR & SWEETENER TIER LIST

Same Carbs. Different Impact.

When options have similar carbohydrate amounts, choose higher quality first.

TIER 1



BEST CHOICE

WHOLE FRUITS

Nature's package deal.

- ✓ High in fiber
- ✓ Rich in vitamins, minerals
- ✓ Antioxidants & phytonutrients
- ✓ Slower digestion & better satiation

1 MEDIUM APPLE



~15g
carbohydrate

1 SMALL BANANA



~15g
carbohydrate

1 CUP GRAPES



~15g
carbohydrate

1 CUP BERRIES



~15g
carbohydrate



Whole fruits contain fiber, water, and nutrients that support blood sugar control, gut health, and overall well-being.

TIER 2



BETTER OPTION

NATURAL SUGARS

Minimally processed.

- ✓ Contain small amounts of vitamins, minerals, antioxidants
- ✓ Less fiber than whole fruit
- ✓ Can still impact blood sugar similarly to table sugar

HONEY



1 TABLESPOON
(21g) = ~15g
carbohydrate

MAPLE SYRUP



1 TABLESPOON
(20g) = ~15g
carbohydrate

AGAVE NECTAR



1 TABLESPOON
(21g) = ~15g
carbohydrate



These provide calories and some beneficial compounds, but are lower in fiber and nutrients compared to whole fruit.

TIER 3



LIMIT THE MOST

REFINED ADDED SUGARS

Highly processed.

- ✗ No fiber, vitamins, or minerals
- ✗ Rapidly absorbed
- ✗ More likely to cause blood sugar spikes
- ✗ Linked to chronic disease risk when consumed in excess

TABLE SUGAR



4 TEASPOONS
(20g) = ~15g
carbohydrate

BROWN SUGAR



1 TABLESPOON
(18g) = ~15g
carbohydrate

HIGH FRUCTOSE
CORN SYRUP



1 TABLESPOON
(19g) = ~15g
carbohydrate



Provide "empty" calories with no nutritional benefits and can contribute to blood sugar spikes, weight gain, and inflammation.



FOCUS ON QUALITY, NOT JUST QUANTITY.

Choose whole foods most often, natural sweeteners occasionally, and refined sugars sparingly.



More nutrients
& fiber



Better blood
sugar control



Improved satiety
& gut health



Better long-term
health outcomes

* All amounts provide ~15 grams of carbohydrate. Individual needs may vary.

Sugar Free=Carbohydrate Free?

- Sugar Free does not always equal Carb free.
- Encourage your patients to look at the nutrition label not just the front of the item.
- Look at the Total Carbohydrates!
- Then look at the sugar grams.

Nutrition Facts	
about 9 servings per container	
Serving size	2 pieces (32g)
Amount per serving	
Calories	140
	% Daily Value*
Total Fat 10g	13%
Saturated Fat 5g	25%
Trans Fat 0g	
Cholesterol 5mg	2%
Sodium 45mg	2%
Total Carbohydrate 17g	6%
Dietary Fiber 1g	4%
Total Sugars 0g	
Includes 0g Added Sugars	0%
Sugar Alcohol 15g	
Protein 2g	
Vitamin D 0mcg	0%
Calcium 9mg	0%
Iron 1mg	6%
Potassium 75mg	2%

*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

½ cup prepared
= 11g carb



Nutrition Facts	
Per 1 cookie (20 g)	
Amount	% DV*
Calories 80	
Fat 5 g	7 %
Saturated 1.5 g + Trans 0 g	6 %
Cholesterol 0 mg	0 %
Sodium 60 mg	2 %
Carbohydrate 13 g	4 %
Fibre 0 g	0 %
Sugars 0 g	
Maltitol 6 g	
Protein 1 g	
Vitamin A	0 %

1 cookie =
13g carb



2 pieces = 17g carb

Time Restricted Eating



- Generally, improves metabolic outcomes; medication adjustment is **essential** to reduce hypoglycemia risk.

Meta-Analysis > [Int J Mol Sci. 2025 Jul 29;26\(15\):7310. doi: 10.3390/ijms26157310.](#)

Time-Restricted Eating Improves Glycemic Control in Patients with Type 2 Diabetes: A Meta-Analysis and Systematic Review

Taegwang Nam ¹, Hyeongbin Oh ¹, Anna Kim ², Yongtaek Oh ¹

Affiliations + expand

PMID: 40806442 PMCID: [PMC12346854](#) DOI: [10.3390/ijms26157310](#)

Abstract

Time-restricted eating (TRE), a dietary strategy that aligns food intake with circadian rhythms, has emerged as a promising non-pharmacological approach for improving glycemic control in patients with type 2 diabetes. This systematic review and meta-analysis evaluated the effects of TRE on glycemic outcomes by analyzing eight randomized controlled trials involving 312 participants with type 2 diabetes or impaired fasting glucose. Meta-analyses of six eligible studies demonstrated that TRE significantly reduced fasting glucose (mean difference [MD]: -0.74 mmol/L; 95% CI: -1.13 to -0.36) and glycated hemoglobin (Δ HbA1c) (MD: -0.11%; 95% CI: -0.15 to -0.07) and increased time in range (TIR) for blood glucose (MD: +10.51%; 95% CI: 6.81 to 14.21). Improvements in fasting glucose and HbA1c were modest but consistent, while the increase in TIR showed no between-study heterogeneity, suggesting a robust and reproducible benefit of TRE on glycemic stability. These findings support the clinical feasibility and effectiveness of TRE as a dietary intervention in diabetes management. However, further high-quality trials with standardized protocols and longer follow-up are needed to confirm long-term efficacy and inform guidelines.

Effects of Vegetarian or Vegan Diets on Glycemic and Cardiometabolic Health in Type 2 Diabetes: A Systematic Review and Meta-analysis

Mengjiao Lv ¹, Jing Mao ¹, Saikun Wang ¹, Changyue Zhang ¹, Yueping Ma ², Haiyan Xu ¹, Chunting Qian ¹, Lirong Guo ¹

Abstract

Context: Uncertainties still exist about the effect of vegetarian or vegan diets on glycemic and cardiometabolic risk factors in individuals with type 2 diabetes mellitus (T2DM), although plant-based diets are thought to be beneficial for cardiometabolic health.

Objective: The aim was to investigate whether vegetarian or vegan diets can improve blood glucose and cardiometabolic health in patients with T2DM compared with omnivorous diets.

Data sources: Five databases (PubMed, Web of Science, Cochrane Library, Scopus, and Embase) were searched for eligible randomized controlled trials (RCTs) up to May 24, 2024.

Data extraction: Two authors independently performed the data extraction and quality assessment.

Data analysis: Nine RCTs (681 participants) were included in this meta-analysis. The results indicated that vegetarian or vegan diets could reduce glycosylated hemoglobin, type A1C (HbA1c) (weighted mean difference [WMD] = -0.36%; 95% CI: -0.54, -0.19; $P < .001$), low-density-lipoprotein cholesterol (WMD = -0.16 mmol/L; 95% CI: -0.26, -0.07; $P = .001$, and body mass index (WMD = -0.94 kg/m²; 95% CI: -1.43, -0.45; $P = .0002$) in a population with T2DM; however, they resulted in no significant improvement in systolic blood pressure and fasting plasma glucose. In subgroup analyses, the positive effects of a vegan diet were superior to a vegetarian diet for cardiometabolic health. HbA1c was reduced when vegetarian or vegan intake was more than 12 weeks.

Conclusion: In conclusion, vegetarian or vegan diets could be utilized as a synergistic intervention in the T2DM population, contributing to cardiovascular disease prevention. In the future, the proportion of components that make up a plant-based diet should be explored.

Specific Diet Required for Diabetes?



SYSTEMATIC REVIEW article

Front. Nutr., 05 January 2025

Sec. Nutritional Epidemiology

Volume 11 - 2024 | <https://doi.org/10.3389/fnut.2024.1516086>

The effects of low-carbohydrate diet on glucose and lipid metabolism in overweight or obese patients with T2DM: a meta-analysis of randomized controlled trials

Abstract

Background: The dual burden of Type 2 Diabetes Mellitus (T2DM) and obesity is a critical public health issue. Low-carbohydrate diets have emerged as a potential intervention, yet clinical evidence remains inconclusive.

Purpose: This meta-analysis assesses the impact of low-carbohydrate diets on metabolic profiles in overweight or obese T2DM patients, aiming to guide clinical practice.

Methods: A systematic review identified randomized clinical trials (RCTs) comparing low-carbohydrate diets to control diets in T2DM patients from PubMed, Embase, and the Cochrane Library databases up to April 2023.

Results: Seventeen RCTs, encompassing 1,197 participants, demonstrated that low-carbohydrate diets significantly improved HbA1c levels and fasting plasma glucose (mean difference [MD] = -0.36, 95% CI -0.44 to -0.29, $p < 0.00001$; MD = -10.71, 95% CI -14.39 to -7.03, $p < 0.00001$). They also reduced triglycerides and increased HDL cholesterol (MD = -19.91, 95% CI -28.83 to -10.99, $p < 0.00001$; MD = 2.49, 95% CI 1.07-3.91, $p = 0.0006$), without affecting LDL and total cholesterol. Weight loss, reduced BMI, lower diastolic blood pressure, and decreased waist circumference were additional benefits.

Conclusion: Low-carbohydrate diets may enhance glycemic control and lipid profiles in overweight or obese T2DM patients, warranting consideration in T2DM management. However, the variability in diet definitions and methodologies underscores the necessity for further research to standardize dietary guidelines and evaluate long-term effects.

Specific Diet Required for Diabetes?, cont.

Nutrition, Physical Activity, and Behavioral Therapy Interventions

Recommendations

8.7 Nutrition, physical activity, and behavioral therapy are recommended for people with type 2 diabetes and overweight or obesity to achieve both weight and health outcome goals. **B**

8.8a Interventions including high frequency of counseling (≥ 16 sessions in 6 months) with focus on nutrition changes, physical activity, and behavioral strategies to achieve a 500–750 kcal/day energy deficit (irrespective of macronutrient composition) should be recommended for weight loss when available. **A**

8.8b If access to such interventions is limited, consider alternative structured programs delivering nutrition changes, physical activity, and behavioral counseling (e.g., remote, telehealth, mobile app). **E**

8.9 Nutrition recommendations should be individualized to the person's preferences and nutritional needs. Use nutritional plans that create an energy deficit, while still following general nutritional guidance, to achieve weight loss. **A**

To achieve significant weight loss with lifestyle behavior change programs, creating a 500–750 kcal/day energy deficit is recommended. For most women, this is equal to consuming approximately 1,200–1,500 kcal/day, and for most men, this is equal to consuming approximately 1,500–1,800 kcal/day, with adjustment for the individual's baseline body weight. Some RCTs report less than 5% weight loss in adults with diabetes and overweight or obesity following a lifestyle behavioral intervention, but this limited amount of weight loss has not been shown to improve glycemia, lipids, or blood pressure – rather, a minimum weight loss of 5% or more seems necessary to achieve metabolic improvements (66). Weight loss benefits are progressive; more intensive weight loss goals (>7%, >10%, >15%) can achieve further health improvements if these goals can be feasibly and safely attained. Almost one-third of the Look AHEAD intensive lifestyle group participants lost and maintained $\geq 10\%$ of their initial body weight at 8 years and required fewer glucose-, blood pressure-, and lipid-lowering medications than those randomly assigned to standard care (46).

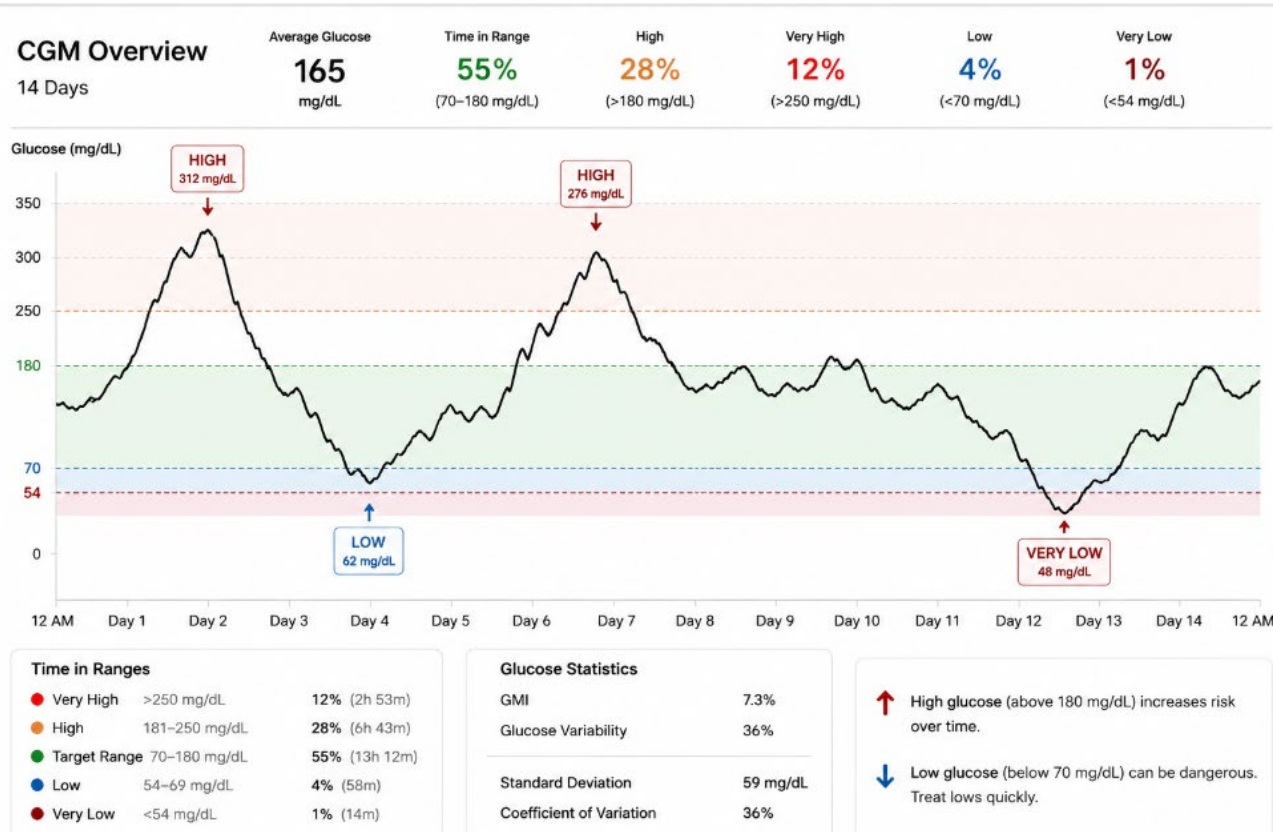
ADA SOC 2026

Specific Diet Required for Diabetes

- Low Carb, Very Low Carb, Vegan/vegetarian or Personal Carb Tolerance
- ADA recognizes multiple healthy eating patterns as opportunities for improving health.
- Eating whole foods is important.
- Consistency matters
- What is the patient really going to stick with?
- Using a CGM and checking their response to meals can help them determine their personal carb tolerance i.e. –30g, 40g, 50g carb at meals.



CGMs & Nutrition



- CGMs are useful for pattern management. Avoid overreacting to single glucose excursions. Look into the details.
- Check BGs before meals and 1 and 2 hours post meals. Learn about the blood sugar response.
- In general, goal with diabetes is to return to under 180mg/dL at 2 hours post meal (under 160mg/dL is even better).

Everyone needs a MVT?

It is important to monitor nutrition intake in individuals with diabetes undergoing treatment for obesity to prevent or mitigate nutrition deficiencies ([85,86](#)). Multivitamin mineral supplements can be considered for individuals who consume less than 1,200 kcal/day, exclude micronutrient nutrient-rich food groups from their usual intake (e.g., fruits and vegetables, whole grains, proteins, nuts, and seeds), are strict vegetarians, have underlying health conditions that impair nutrient absorption, are older (aged >50 years), or experience excessive weight loss ([87](#)). Those experiencing significant (>20%) or rapid (>4% per month) weight loss should be screened for micronutrient deficiencies ([88](#)).



GLPs- Lose the weight no matter the cost?

- Prioritize protein, resistance exercise, hydration, and micronutrient adequacy to preserve lean mass.
- These medications reduce appetite, making it easier to unintentionally eat too little protein and other essential nutrients.
- Without adequate nutrition and resistance exercise, some of the weight lost may come from muscle as well as fat.
- Evidence consistently shows that combining GLP-1 therapy with resistance training and a nutrient-dense diet produces the best long-term health outcomes.

Current expert recommendations during GLP-1 therapy

Most obesity and nutrition experts recommend approximately:

- 1.2–1.6 g protein/kg/day during active weight loss
- Higher amounts may be appropriate for people doing regular resistance training
- Practical daily goal:
 - 80–120 grams/day for many adults (individualized)

Try to distribute protein throughout the day rather than eating most of it at dinner.

Aim for 20–30 grams of protein per meal whenever possible.



GLPs- Lose the weight no matter the cost, cont.

PORTION SIZES OF TYPICAL PROTEIN FOODS THAT PROVIDE 30g PROTEIN

CHICKEN BREAST
(COOKED)



~ 4-4½ oz
(110-125 g)

LEAN BEEF
(COOKED)



~ 4 oz
(110-120 g)

SALMON
(COOKED)



~ 5-5½ oz
(140-155 g)

TUNA
(CANNED IN WATER)



~ 1 cup
(165 g)

EGGS



~ 5 large eggs
(250 g)

GREEK YOGURT
(PLAIN, NONFAT)



~ 1½ cups
(340 g)

COTTAGE CHEESE
(LOW FAT)



~ 1½ cups
(340 g)

LENTILS
(COOKED)



~ 2 cups
(360 g)

Portion sizes are approximate and may vary based on brand and preparation.

Note: While not recommending eating 5 large eggs in one sitting you can see how a breakfast with 1 slice of toast and 1 egg would not provide adequate protein for the individual.

Consider choosing the more **protein forward** items if appetite is notably reduced.

Never Eat White Foods



- Sometimes patients hang onto what care providers say.
- Consider that saying “no white foods” is to omit numerous nutrition-dense items.
- Wording could be “opt for choosing whole-grains- i.e. Whole wheat bread and pastas, brown rice over white rice, etc.”

Key Points

- Summarize key point
- No single diabetes diet
- Individualize care
- Emphasize whole foods, protein, fiber and sustainable habits.

References

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