The new diabetic diet

Manage the ABCs of nutrition to avoid serious complications

Since new guidelines from the American Diabetes Association were released in two years ago, the ideal diabetic diet looks pretty much like the heart-healthy diet recommended for all of us: Eat a balance of fruits, vegetables, whole grains, and lean proteins, with limited intake of processed carbohydrates, salt, and saturated and trans fats.

“With the improved medications and technology used to treat diabetes, diet recommendations are more flexible today than they’ve ever been,” says Carol Brunzell, R.D., L.D., C.D.E., a University of Minnesota dietitian and diabetes educator who works with people who have all types of diabetes diagnoses.

The nutrition approach focuses on managing what Brunzell calls “the ABCs”: A1C (blood glucose), blood pressure, and cholesterol. Controlling these three critical factors helps people with diabetes avoid serious complications.

Brunzell and other diabetes educators help people understand how various foods affect the ABCs, such as how carbohydrates affect blood sugar after eating. (See graph on page 2.)

The 2013 guidelines did come out with one strong recommendation for all diabetics: avoid sugary drinks, which contribute to unhealthy weight gain and increased risk for heart problems.

“The core of the diet has to be heart healthy,” Brunzell emphasizes, “because people with diabetes are at greater risk for heart disease. And remember, various cultures...
approach the heart-healthy diet in different ways, so people with diabetes have a lot of latitude in choosing between Asian, Mediterranean, or other types of foods.”

Following this diet not only helps people with diabetes, Brunzell adds, it helps others avoid developing the disease. She points to a major study, The Diabetes Prevention Program, published in 2002, that found that individuals who had a relative with type 2 diabetes and were themselves prediabetic were able to reduce their risk of developing the disease by 58 percent when they modified their diets, lost weight, and walked 150 minutes per week.

Sometimes eating healthy and getting enough exercise is easier said than done, she acknowledges, and she urges people to ask their doctors or health insurers about visiting a diabetes educator.

“It’s an underutilized benefit,” Brunzell says, referring to educators who help people get their risk or their disease in check with proper nutrition. “This is a chronic, exhausting disease, and anyone affected should reach out and take advantage of the help that’s out there.”

To make an appointment with Brunzell or another diabetes educator at the University’s Endocrinology and Diabetes Clinic, call 612-625-8690.

---

**TIPS for healthy eating**

- Get your carbohydrates through vegetables, fruits, legumes, and whole grains, and limit sweet, fatty, salty carbs.
- Keep dairy low fat.
- Choose skinless poultry and fish and leaner cuts of meat.
- The type of fat you’re consuming matters: choose mono, polyunsaturated, and omega 3 fats—found in olive and canola oils, nuts and seeds, and salmon and tuna, and trout—over saturated animal fats—butter, lard, or sour cream, for instance—to keep your cholesterol levels in check.

---

**Help to improve diabetes care by participating in a research study**

The University of Minnesota seeks volunteers to take part in a clinical study that aims to find the best combination drug treatment for type 2 diabetes. Get expert diabetes care, education, and medications at no cost to you, and help us find the best way to control diabetes for future generations. To learn more about the GRADE study or to find out if you are eligible, contact us at 612-301-7040 or grade@umn.edu.

The U is also looking for overweight people ages 18 to 40 who do not exercise regularly for a study on how exercise might improve fitness level and metabolism. Researchers are interested in how the body adapts to exercise with either a running or yoga routine. Supervised training will be provided over the course of 16 weeks. For more information about the TrainMeUp MN study, contact us at endores@umn.edu.
Susie Nanney, Ph.D., M.P.H., understands just how complicated it can be to ensure that students get the healthy food they need.

“Schools need to serve healthier food, but the programs also have to be financially viable, which means the majority of kids have to participate,” says Nanney, a registered dietitian and associate professor in the University of Minnesota School of Public Health who is focused on community nutrition and obesity prevention.

Concerned about the rising number of kids who are overweight or developing diseases like type 2 diabetes, she designed a new in-school breakfast program to help students get a healthier start to their day.

The breakfast study, which took place in 16 outstate Minnesota schools, offered kids a “second-chance” breakfast served from carts in the hallways between first and second periods.

“We took it out of the cafeteria so kids didn’t have to choose between going to get food and socializing,” Nanney says.

Schools in the study report that breakfast participation is tripling. That’s good news, she says, because research shows that kids who eat breakfast are healthier and concentrate better in class.

There are still obstacles to overcome, Nanney says: there’s a troubling urban/rural divide, with city schools typically offering healthier choices than schools outside the metro area.

“One thing we’ve learned,” she says, “is that when families are involved, the policies are stronger and the kids get healthier. So when you hear schools ask for more parent engagement, know that it really makes a difference.”

A record-setting year

The 19th annual Jeff Passolt’s Golf Classic “fore” Diabetes Research tournament raised nearly $417,000 and recorded the largest net proceeds in event history. These dollars benefit cure-focused diabetes research at the University of Minnesota Schulze Diabetes Institute. This year’s tournament was June 15 at The Meadows at Mystic Lake in Prior Lake, Minnesota, and was sponsored by the Shakopee Mdewakanton Sioux Community, Harry and Linda Haluptzok, and Ryan Companies US Inc. Thank you!
Islet cell research also leads to better health after pancreatitis treatment

Surgeon Greg Beilman, M.D., scrubbed in for a procedure in February that was both routine and remarkable.

His patient: A hardworking father and husband dealing with the debilitating pain caused by chronic pancreatitis.

The procedure: A total pancreatectomy and islet auto-transplant (TP-IAT), a complex surgery involving the full or partial removal of several organs in the body, including complete removal of the pancreas.

The surgery was the 600th such operation University of Minnesota Health care teams have performed since researchers here pioneered the procedure in 1977, making the U’s TP-IAT program the largest and most experienced program of its kind in the world.

Removing the pancreas to treat pancreatitis offers pain relief but would ordinarily trigger the immediate onset of diabetes. To prevent that from occurring, U experts isolate the patient’s insulin-producing islet cells in the pancreas and transplant them to his or her liver, where they continue to function.

The procedure was developed in the 1970s by U physician-scientist David Sutherland, M.D., Ph.D., as an off-shoot of his diabetes research. Physicians later realized the value of the procedure for treating chronic pancreatitis.

Today the U is also home to the country’s oldest continually running islet lab, in the Schulze Diabetes Institute, and three of the world’s most experienced islet lab technicians.

Read more at blogs.umnhealth.org/600th-tpiat.