Mediterranean Diet, Low Fat Diet, Low Carb Diet, Ketogenic Diet, Other Diet

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FAD and FAD diets

She went through that 14 day diet, But all she lost was 2 weeks

Outline

• Recognizing FAD diet
• Why do people go for FAD diets?
• Popular diet trends
• What works? Evidence
  – Fact vs. FAD vs. Fiction
• Supporting your patients to make heart healthy choices

Recognizing a FAD diet

Quick-Fix
Billed Cure aids
No permanent changes
Expensive supplements
Scientific jargons and terms
Testimonials
Simple conclusions from complex studies
Dramatic statements
Why FAD Diets?


Types of Diet

- Coconut oil
- Intermittent Fasting
- Varying levels of Macros

Types of Diet

Diets at different levels of Macronutrients

**Anti-Carb**

- >65% Carbs; <20% Fat; >20% Protein
- Example: Atkin's, Keto, Protein Power

- 50% Carbs, >20% Fat; 30% Protein
- Example: Zone, Sugar Buster's

- <15% Carbs; >30% Fat; 50% Protein
- Example: Carb Addict's Diet

**Anti-Fat**

- >65% Carbs; <20% Fat; >20% Protein
- Example: Jenny Craig, Nutrisystem, Weight Watchers, DASH, USDA, AHA

- 50% Carbs, >20% Fat; 30% Protein
- Example: Dean Ornish

- <15% Carbs; >30% Fat; 50% Protein
- Example: Sugar Buster's

**Anti-Carb**

- Carb Addict's Diet (<30%)
- Atkin's, Keto, Protein power (<20 gm/day)

- Low-Carb Diets – Key to weight loss?

- Pritkin

- >70% Carbs; <10% Fat; 15% Protein
- Example: Dean Ornish

- >65% Carbs; <20% Fat; >20% Protein
- Example: Jenny Craig, Nutrisystem, Weight Watchers, DASH, USDA, AHA

- >55% Carbs; <30% Fat; >20% Protein
- Example: Zone, Sugar Buster's

- >45% Carbs; <30% Fat; 30% Protein
- Example: Zone, Sugar Buster's

- >30% Carbs; <40% Fat; 40% Protein
- Example: Zone, Sugar Buster's

- <45% Carbs; <30% Fat; 30% Protein
- Example: Zone, Sugar Buster's

- <40% Carbs; <30% Fat; 30% Protein
- Example: Zone, Sugar Buster's

- <30% Carbs; <30% Fat; 40% Protein
- Example: Zone, Sugar Buster's

- <20% Carbs; <30% Fat; 40% Protein
- Example: Zone, Sugar Buster's

- <15% Carbs; <30% Fat; 40% Protein
- Example: Zone, Sugar Buster's

- <10% Carbs; <30% Fat; 40% Protein
- Example: Zone, Sugar Buster's

- <5% Carbs; <30% Fat; 40% Protein
- Example: Zone, Sugar Buster's
Low Carb Diets – The Premise

Figure 1. Variation in primary fuel source between a typical Western diet and a ketogenic diet. On a traditional Western diet, blood glucose rises after carbohydrate-containing foods. In contrast, with a ketogenic diet, carbohydrates are limited to a very small portion of those with low glycemic response, resulting in rises in serum ketone concentrations (right).


Low Carb Diets – Are they safe?

Table 1. Blood levels during a normal diet, a ketogenic diet and diabetic ketoacidosis [55]

<table>
<thead>
<tr>
<th>Blood levels</th>
<th>Normal diet</th>
<th>Ketogenic diet</th>
<th>Diabetic ketoacidosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose, mg/dl</td>
<td>80-120</td>
<td>65-80</td>
<td>&gt;300</td>
</tr>
<tr>
<td>Insulin, μU/l</td>
<td>6-23</td>
<td>6.6-9.4</td>
<td>&gt;8</td>
</tr>
<tr>
<td>Ketone body concentration, mM</td>
<td>0.1</td>
<td>7.8</td>
<td>&gt;25</td>
</tr>
<tr>
<td>pH</td>
<td>7.4</td>
<td>7.4</td>
<td>&lt;7.3</td>
</tr>
</tbody>
</table>


Low-fat/Very low-fat diets

Diet for the heart

Anti-Fat

Dean Ornish (<20%)

Balanced Macronutrient Composition

Promote slow and steady rate of WL
• Adjust physical activity
• Behavior changes
• Calorie deficit
• Allow for greater range of food choices
• Nutritional adequate

Based on sound scientific principles
Intermittent Fasting
Is the wait worth the weight?


Coconut oil

- Coconut oil
  - 90% Saturated Fat
  - 4% MCT
  - 5% Lauric Acid
  - MCT oil ≠ Coconut oil

Scientific Evaluation of Claims
**Dietary Approaches Associated with weight loss**

- Higher protein diet (>35%)
- Lower-Carb diet (<15%)
- Mediterranean style diet
- Moderate protein (>12%)

Any evidence based diet that restricts certain types of food in order to create energy deficit by reduced food intake.

**Strength of Evidence - High**

**Weight-loss achieved and weight-loss pattern**

**Average Weight loss**
- Maximum at 6 months = 4 to 12 kgs
- Smaller losses maintained up to 2 years

**Slow weight regain is common**
- Weight loss at 1 year = 4-10 kgs
- Weight loss at 2 years = 3-4 kgs

**Average Calorie intake/day**
- 1200-1500kcal/day women
- 1500-1800kcal/day men
- OR create Calorie deficit of 750-500kcal/day

**CVD risk parameters (In presence of weight-loss)**

**Strength of Evidence - High**

- 3-5% Sustained WL
- J-TG, BG, A1C and diabetes
- Greater weight reduction
- HEROES RBF: improves LDL-C, WBC, further reduces TG and BG and need for medications

**CVD risk parameters**

- **Low-fat high carb diet:**
  - Greater reductions in LDL-C
  - Lesser reductions in TG
  - Lesser increase in HDL-C

- **Low-carb high fat diet:**
  - Lesser reductions in LDL-C
  - Greater reductions in TG
  - Greater increase in HDL-C

2013 Guidelines Reference
**Mediterranean Vs. DASH diet**

**BP:**
- Reduced BP by 6–7/2–3 mm Hg (Compared to minimal advice to consume a low-fat dietary pattern)
- Adherence to a MED pattern was associated with lower BP (2–3/1–2 mm Hg) in healthy young adults
  - Strength of Evidence: Low
- BP:
  - When food was supplied to adults with BP 120–159/80–95 mm Hg, the DASH Diet, when compared to a typical American diet of the 1990s, lowered BP by 5–6/3 mm Hg.
  - Strength of Evidence: High

**Lipids:**
- Compared to minimal advice no dietary advice resulted in no consistent effect on plasma LDL-C, HDL-C, and TG, in part due to substantial differences and limitations in the studies.
  - Strength of Evidence: Low

AHA/JACC – Mostly recommends DASH diet for prevention.

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**Intermittent Fasting**

**Weight loss and CVD parameters**

- **Intermittent fasting** – (13 trials, 2-8 week duration)
  - 1.3%-8% weight loss
  - Seems to improve metabolic parameters
  - No comparison groups

- **Alternate day fasting** – 3 studies – Comparison group
  - Weight loss comparable to the CER (Continuous energy restriction) group
  - Reduction in blood glucose and insulin
  - Intense hunger reported

- **Modified alternate-day fasting**
  - 3.2% (12 wk) compared to control group
  - 8% (8 wk) weight loss in absence of comparison group
  - Limited and mixed evidence for ↓ insulin and improved lipids

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**Macronutrient Manipulation Diets**

**Summary - FACT**

- Effective Diet and Lifestyle Interventions
  - Promote behavior changes
  - Support adherence to a calorie-restricted diet
  - Nutrient dense (Macro and micronutrient composition)
  - Provide greater food choices

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**Intermittent Fasting**

**American Heart Association**

- Irregular patterns appear less favorable for achieving healthy cardio-metabolic profile
- Intentional Eating with mindful attention to timing and frequency of eating occasions could lead to healthier lifestyle and cardio metabolic risk management

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**UW Health**

**2013 Guidelines Reference**

**Intermittent Fasting**

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**UW Health**
Intermittent Fasting

GAPS

Unknown

- Optimal fasting regimen (length of fasting interval, fasting # of days per week, degree of energy restriction, diet behaviors on non-fasting days)
- Prolonged nightly fasting in humans and impact on health – does it show sustained improvements

More research needed

- Randomized trials of longer duration (free living adults) in diverse population including the more vulnerable population
- Behavior and metabolic changes are sustainable
- Impact on overall energy intake, sleep, energy expenditure

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Coconut oil

Weight loss

- Studies conducted with MCT oil show that:
  - Doses of ~ 20-25 g may have an effect on satiety and body weight (by increasing expenditure and thermogenesis)
  - Dose as low as 3-5 g showed some benefits in very few studies
- Studies conducted with coconut oil show no beneficial impact on weight loss
  - Significant amount of coconut oil would be required to obtain sufficient amounts of medium chain triglycerides for weight loss
- Studies comparing coconut oil and MCT as a comparator are needed

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Coconut oil

Cardio-metabolic parameters

- Lauric, myristic, palmitic and stearic acids are the most common types of saturated fatty acids in coconut oil.

Coconut oil
Cardio-metabolic parameters

Replacing carbs with individual Saturated fats – increases HDL cholesterol

Coconut oil
Summary - Fiction

Support For
• Prevention and treatment of atopic dermatitis
• May prevent hair damage d/t protein loss during grooming processes and UV exposure
• Impacts LDL cholesterol negatively

Support Against
• Prevention or treatment of Alzheimer’s disease, bone loss, or glycemic control and weight loss


Support AND Empower your patients
to
Make Heart Healthy Eating Choices


What Works.....
Calorie Balance

What Works…..

ASK Questions

• Why do you want to try this diet?
• What other approaches have you tried in the past?
• Is this diet a permanent lifestyle change?
• If no, what is your plan after you switch back to your regular eating pattern to maintain weight loss?
• What is the impact of the diet you have chosen on other medical issues that you have?

How can you assist with?

Lower Calories and lose weight

• Create ~500 - 750 calorie/day deficit for weight loss
• ~1200-1500 kcal/day for women & ~1800 - 2000 kcal for men
• High Intensity behavior modifications (>14 sessions in 6 months)
• Any evidence based diet
• Patient preference
• Health Status
• Refer to nutrition professional
• 6 months lifestyle intervention
• Very low calorie diet (>800 kcal/day) under medical supervision

Weight-loss maintenance

• > 1 year participate in weight loss maintenance program (Diet, Exercise, Behavior modifications)
• One on one contact with trained interventionist
• Physical activity – 200-300 minutes per week
• Check weight regularly
• Consume low calorie diet for maintaining lower body weight

How can you assist with?

Make heart healthy dietary choices - ↓ LDL and BP

• Oils (liquid)
• Nuts and Seeds
• Fatty Fish (2-3x/wk)
• Plant Sterols and Steroid (1-2g/day)
• Avocados
• Skinless chicken, turkey
• More egg whites
• More fruits, vegetables, low-fat dairy products
• Add lentils, beans, soy, tofu
• DASH, USDA, American Heart Association

Unsaturated fats and diet pattern

• Sat fats - <5-6% of total calories
• 0% to minimum trans fats
• Limit red meat (2 meals/wk)
• Avoid margarine, limit butter
• Limit sweets, sugar sweetened drinks
• Limit sodium, sugar sweetened foods
• Sodium 3000mg/day – 1 tsp salt
• Further reduction to 2300mg has more benefits on reducing BP
• If goal can’t be reached then reduce by 1000 mg per day

Saturated and trans fats, Sodium

What Works…..

Collaborative SMART goal setting

Specific

What do you want to achieve in your area of focus?

Measurable and meaningful

Why is this goal important to you?

Action Oriented

What steps will you take to achieve this goal?

Realistic

How do you know that you can achieve this goal?

Time Bound

By what date do you want to achieve this goal?

Example 1 – I want to lose 10 lbs over 2 months

Example 2 – I will eat 2 servings of vegetables 5 out of 7 days a week

Example 3 – I will walk 4/5 weekdays during lunch breaks for 30 minutes
What Works.....
Small changes can promote meaningful health benefits

<table>
<thead>
<tr>
<th>Weight Loss</th>
<th>Effect</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 - 10%</td>
<td>↓ Risk of Type II DM</td>
<td>&gt; 30-60%</td>
</tr>
<tr>
<td>10 - 15%</td>
<td>↓ A1C in diabetics</td>
<td>0.2 - 0.3%</td>
</tr>
<tr>
<td>&gt; 15%</td>
<td>↓ LDL, ↑ HDL</td>
<td>5 mg/dl, 2-3 mg/dl</td>
</tr>
<tr>
<td>5 kg</td>
<td>↓ TG</td>
<td>15 mg/dl</td>
</tr>
<tr>
<td>5%</td>
<td>↓ BP (2 and 3 mm Hg in systolic and diastolic)</td>
<td></td>
</tr>
<tr>
<td>1 kg</td>
<td>↓ CRP (0.13 mg/l)</td>
<td></td>
</tr>
</tbody>
</table>

5 - 10% Weight loss = typical
10 - 15% = very good
Weight loss > 15% = excellent response

Strength of Evidence - High

The perfect diet
A Variety of Approaches help!
- Calorie restricted diet
- Preference and health status
- Refer to a nutrition professional
- With physical activity and other behavior changes

Resources
- DASH Eating plan
  https://www.nhlbi.nih.gov/health-topics/dash-eating-plan
- Your Guide to lowering Blood pressure with DASH
- Your guide to lowering Blood pressure with DASH brochure
  http://www.riversidefcapx.com/your_blood_pressure.pdf
- American Heart Association – Diet & Lifestyle Recommendation
  https://www.heart.org/en/healthy-living
- American Heart Association Lifestyle recommendations article
- 2015 Dietary Guidelines for Americans
  https://health.gov/dietaryguidelines/2015/guidelines/
- DGA 2015 powerpoint pdf
- USDA diet pattern recommendations
**Mediterranean Diet**

Key features: The Cretan Diet -
- Significant amounts of olive oil, olives, fruits, nuts and vegetables (especially wild greens)
- Moderate amounts of fish, cheese and red wine
- Very small amounts of eggs, meat and milk
- Abundant amounts of antioxidants, fiber, omega-3 fatty acids, vitamins E and C, phytochemicals and selenium
- 30% of their calories coming from fats (mostly from olive oil)
- High amounts of omega-3 fatty acids from fish and large amounts of wild plants, nuts, legumes and figs that were all high in ALA (Alpha-linolenic acid)


**2015 US dietary Guidelines for Americans**

- Recommends a "healthy eating pattern:"
  - More fruit, vegetables & grains, at least 1/2 of which are whole grains
  - Fat-free or low-fat dairy
  - A variety of protein foods (Example: Seafood, lean meats & poultry, eggs
  - Legumes, nuts, seeds & soy products
  - Less salt and use mostly oils
- New Recommendations:
  - Emphasis on optimizing types of dietary fat rather than reducing total fat
  - Consume a diet rich in unsaturated fats
  - Limit on consumption of dietary cholesterol to 300 mg per day is not included in the 2015 edition
  - Does not suggest that dietary cholesterol is no longer important
  - Current average intake of cholesterol is ~270 mg/day (Under - previously recommended 300 mg)
  - Adds limit on total sugars to be consumed per day
  - Limits Saturated fats and trans fats, added sugars, and sodium
    - < 10 % of calories per day from added sugars and saturated fats
    - < 2,300 mg per day of sodium
    - If alcohol is consumed, it should be consumed in moderation (0–1 drinks/day for women and 0–2 drinks/day for men)

**DASH Diet**

Emphasizes:
- Fruits and vegetables; Whole grains and nuts
- Low fat milk products; poultry and fish

Rich in:
- Potassium, magnesium, & calcium
- Protein and fiber

Low in:
- Sweets and Sodium (~2000 or 1500 mg/day)
- Sugar-sweetened beverages and red meats
- Sat (<6%), <1% trans fats & total fat (<30%) and cholesterol

Recommends:
- Losing weight if necessary
- Physical activity – 2 hrs 30 mins per week @ moderate intensity
- Eventually 5 hours per week for more health benefits

**Role of the PCP**

- Start the conversation:
  - Strengthen the patient-physician relationship
  - Enhance the quality of care received
  - Enhance the patient’s satisfaction with treatment
- Wave
  - Tool designed to encourage provider & patient dialogue about the pros and cons of the patients’ current status related to Weight, Activity, Variety and Excess.
### First Step: Assess – How to use WAVE Nutrition Counseling Tool

- **W=Weight:**
  - Review BMI, blood pressure, blood sugar, lipids to screen for Metabolic Syndrome
- **A=Activity:**
  - Ask about physical activity and/or movement in general
- **V=Variety and E=Excess:**
  - Conduct brief nutrition assessment
  - Intake of total fat and trans fats foods? (Goal: Lean meats & healthy fat)
  - Intake of high fiber foods? (Goal: daily or several times per week)
  - Number of fruits and vegetables (Goal: at least 5 per day)
  - Use of sweetened beverages (Goal: reduce or eliminate)
  - Use of alcohol? (Goal: s2 per day for men & s1 per day for women)
  - Smoker? (Goal: Eliminate)

### Ask

**Give clear, specific and personalized behavior change advice.**

You might say:

- “Based on what you know about your lipids, where is a place you may be willing to start in order to modify your eating and exercise behaviors?”
- Hint: Their response will identify where the patient is in their readiness to change

For patients taking medication for hypertension, diabetes or lipids:

- “What you choose to eat and drink is important even if you are taking medication since it could help the medicine do a better job. With a healthy diet and weight loss, you may be able to save money by cutting down on the amount of medicine you take. If that’s the case, where would you be willing to start?”

For a patient NOT ready to change behavior, add:

- “I’d like to help you make changes in your diet and be more active when you are ready.”

### Agree

Collaborate with patient to select treatment goals & methods

- For patients NOT ready to change behavior:
  - “Is it okay if I ask you about (eating, exercise, meds, etc) again at our next visit?”

- Possible goals for patient ready to change:
  - Keep a food and exercise record to help increase awareness
  - Refer to a Registered Dietitian
  - Return for progress check in 2-4 weeks

### Assist & Arrange

- **Assist:**
  - Help patient acquire knowledge, skills and support for behavior change through an Action Plan.
  - Provide clear, concise handouts and community or electronic resources, based on patient learning style and readiness to change

- **Arrange:**
  - Schedule follow-up
    - Follow-up Appointment and/or Referral to Specialty Clinic
    - Give patient a copy of the Action Plan
According to which diet you or your patient wants to follow, consider the following and guide them in a healthy direction.

- Timing of meals/snacks ~every 4 hours
- Nutrient intake and balance
  - Intake of fruits and vegetables
  - Include a protein at each meal & snack
  - 2 food groups at a snack
  - 3 food groups at meals
- Reduce simple sugar consumption
- Address source of fat intake
- Lower sodium intake
- Increase fiber intake
- Address alcohol consumption
- Encourage moderate physical activity

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**Example – Lipid Disorder**

- **Sample Diet**
  - Breakfast:
    - 2 Egg & Sausage McMuffins
  - Lunch:
    - Wendy’s Baconator & Chicken Sandwich with Fries
  - Supper:
    - 12” Sub & Cookie
  - Bedtime Snack:
    - Chips, cookies or ice cream
  - Beverages throughout the day:
    - 20 oz of Coffee, <20 oz of Water, 1-3 Diet Sodas & Alcohol 1-2x/week

**Example – Metabolic Syndrome**

- **Sample Diet**
  - Breakfast:
    - Bagel w/cinnamon & sugar & coffee
  - Snack:
    - 3 Banana within an hour
  - Lunch:
    - Cheerios/Rice Krispies, sandwich, or a burger
  - Snack:
    - Sugar-free cookies & Hard candy
  - Supper:
    - Sandwich with rice/cabbage or some sort of vegetables or pot roast with potatoes/carrots, salmon/pork chops/chicken with rice & vegetable, or orders pizza (1-2 times per week)
  - Snack:
    - 1-3 Mini Kit Kats or Hershey bar most nights
  - Beverages:
    - 1 cup of coffee with cream/sugar, easily 64 fl oz of water, 3-4 gallons of milk in a week, no juice, soda a couple times per week, and no alcohol.

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**Example – Improved Sample Diet**

- **Breakfast:**
  - Oatmeal or 2 pc of toast with PB
- **Snack:**
  - Almonds or 1-2 beef sticks
- **Lunch:**
  - Sandwich with a lot of carrots
- **Supper:**
  - Salmon with baked potato + asparagus + salad
- **Beverages:**
  - 20 oz Coffee and 8, 16 oz water bottles
  - Alcohol once every 2 weeks
  - Scotch on the rocks, 1-2

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**Example – Lipid Disorder**

- **Patient Goals:**
  - Consume small, frequent meals (5-6) eaten every 3-4 hours
  - Need to keep intake low fat and low carb while triglycerides are elevated
  - Focus on protein at snacks and protein and vegetables at meals
  - Leave out the carb for right now or at a minimum keep it to 1/4 of the plate
  - Try to switch to having a more protein based breakfast
  - Eggs/veggies in muffin tins
  - Afternoon snack: Quest bar or veggies and hummus
  - Exercise Goal: Schedule in 3 days/week.
Example – Metabolic Syndrome

- **Update Sample Diet**
  - Breakfast: Egg Sandwich & coffee
  - Lunch: Sandwich & raw veggies
  - Snack: 1 Banana & Peanut Butter
  - Supper: Salmon/pork chops/chicken with rice & vegetable
  - Snack: Optional: Handful of nuts

- **Beverages:**
  - 1 cup of coffee with cream & less sugar, 64 fl oz of water
  - 1 gallon of milk/week

- **Example – Metabolic Syndrome**
  - Patient Goals:
    - Consume small, frequent meals (5-6) eaten every 3-4 hours
    - Balance meals/snacks by pairing complex carbohydrates with lean protein and/or healthy fats
      - Add protein to breakfast
      - Mid-morning snack: Fruit + Protein
      - Mid-afternoon snack: Fruit + Protein
      - Evening snack: Be mindful of whether this is hunger or habit
    - Use the plate diagram to help with portion sizes and balance
      - Lunch: Emphasize veggies and get a side salad when eating out
      - Supper: Continue current balance
    - Cut back on intake of sugar and saturated fat
    - Exercise Goal: Plan in 3 days per week

Example – HTN

- **Sample Diet**
  - Breakfast: Skips
  - Lunch:
    - Leftovers eaten over the course of 2 hours (Spaghetti)
  - Snack:
    - Not usually. Maybe raw veggie & ranch if time
  - Supper:
    - Sloppy Joe’s with baked beans & broccoli

- **Beverages:**
  - 6 pack of Diet Mt. Dew. Doesn’t drink plain water unless sick.
  - 16 oz of wine each night.

Example – HTN – Patient Goals

- Consume small, frequent meals (5-6) eaten every 3-4 hours
  - Try to eat (almonds or individual pack of jerky, drink a protein shake or bar within an hour of waking)
  - Plan in a mid-morning and mid-afternoon snack
- Balance meals/snacks by pairing complex carbohydrates with lean protein and/or healthy fats
  - Mid-morning snack: Veggies & hummus
  - Mid-afternoon snack: Packed orange with nuts or 1 individual pack of jerky
  - Evening snack: Be mindful of whether or not this hunger or habit
- Use the plate diagram to help with portion sizes and balance
  - Lunch: Emphasize veggies and get a side salad
  - Supper: Portion back on the meat, continue or increase vegetables and be mindful of the carb intake (including wine)
  - Avoid alcohol if possible
- Exercise Goal: Consider getting on the elliptical and shoot for 3 days per week
- Cut back on intake of salt, read labels, unsalted snacks if possible

Example – Diabetes

- **Sample Diet**
  - Breakfast:
    - Cheerios with a glass of juice and a banana
  - Snack:
    - None-unless having a low blood sugar & then has a glass of juice
  - Lunch:
    - Sandwich with chips and fruit or LF yogurt
  - Snack: Trying not to snack
  - Supper:
    - Spaghetti with garlic bread
    - Pork chops with a baked potato and steamed vegetables
  - Bedtime Snack:
    - Pretzels or popcorn
  - Beverages:
    - 24 oz of Water, 3 cans of diet soda per day, 20 oz of coffee. Alcohol 1-2 hours 1-2 glasses per week.

Example – Diabetes

- Hemoglobin A1C: 6.6%
- Glucose: 225
- Cholesterol: 112
- Triglycerides: 166
- HDL: 32
- LDL: 47
- BMI: 34.40 kg/(m^2)
• Consume small, frequent meals (5-6) eaten every 3-4 hours
  – Plan in regular mid-day snacks in the AM & PM

• Balance meals/snacks by pairing complex carbohydrates with lean protein
  and/or healthy fats
  – Pull out some of the carb at breakfast and add protein
    • Peanut butter, eggs, or string cheese
  – Mid-morning Snack around 9:30 on exercise days:
    • Banana + natural peanut butter or Greek yogurt
  – Mid-afternoon snack around 3:00:
    • Fruit + peanuts or Greek yogurt

• Use the plate diagram to help with portion sizes and balance
  – Lunch: Get consistent with having a side salad or adding veggies
  – Supper: Continue to model the plate diagram and fine tune it
    – If wanting dessert, plan it into your meal as your carb for the meal

• Continue with your water drinking and try to continue avoiding soda.

• Exercise Goal: Continue current exercise routine