

What's the Best Nutrition Plan for Diabetics?

Understanding what to eat and how much to eat can make or break a diabetic's health.

Many South Florida diabetics find clarity from Michelle Pearlman, M.D., a gastroenterologist specializing in nutrition and bariatric medicine at the University of Miami Health System. "People have more control (over food) than they often realize. Unlike a diet that is often restrictive and not sustainable for the long haul, I provide them with tools and guidance. It's a partnership."

So, what's the best nutrition plan for diabetics?

There's no one answer.

"It depends on a variety of factors, including how well their blood sugars are controlled, whether they have certain medical problems associated with diabetes such as gastroparesis, their food preferences, and food sensitivities, whether or not they need to gain, lose or maintain their weight, and other issues," Dr. Pearlman says. When evaluating a diabetic's health, she bases her dietary recommendations on evidence-based medicine and current guidelines.

"According to the American Diabetes Association (ADA) and diet-related studies, data suggests that Mediterranean style, low carbohydrate or low-fat dietary plans have positive effects on prediabetes and prevention of diabetes mellitus. Depending on other conditions, like renal failure or gout, the specific food recommendations may vary. Ultimately, total calories are more important than the carb/protein/fat ratios, and, in diabetes, there is sparse data on specific macronutrient

recommendations in regards to the exact number of protein, fat, and carbohydrate ratios required to promote optimal health.” Macronutrient recommendations will also vary based on food preferences and weight goals.

Even so, the ADA suggests this dietary breakdown:

- Carbs: 45% of total daily calories
- Fat: 35% of total daily calories
- 20% of total daily calories (however, some studies suggest closer to 30%)

Debunking food fallacies

Dr. Pearlman dispels common misconceptions as part of her sensible approach to eating. Not surprisingly, sugar tops the list. “People often get confused by the various types of sugar. Although natural sugars like those found in fruit are better than added sugars like high fructose corn syrup and artificial sweeteners, it is still common to consume excessive amounts of sugar throughout the day, even from foods considered ‘healthy.’”

Another myth diabetics may fall for is thinking they need to eliminate carbohydrates completely. Remember - not all carbs are created equal. There’s a big difference between highly processed white bread and whole-grain bread or whole grains like quinoa which contain more dietary fiber and slow down digestion and blood sugar spikes.

Portion size is another simple yet important concept that often confuses people. Dr. Pearlman refers to fruit again. “One fruit does not always equate to one serving. Just like one raspberry is less than a serving, one apple or banana is often more than one serving depending on the size.” Diabetics, in particular, need to be conscious of this and eat half a banana instead of consuming an entire piece of fruit.

Although fruit plays a starring role in smoothies and juicing, Dr. Pearlman encourages caution. “Juicing removes fiber yet often contains high amounts of sugar from several fruits. Liquids in general, including smoothies, empty the stomach faster than solids and frequently leave people hungry soon after.” Besides using super-sweet fruits sparingly, diabetics can slow digestion by adding healthy fat and protein to their smoothie. Options include diced avocado, natural almond or other nut butters, or silken tofu.

Being flexible with food choices is essential, especially as we age. “Nutrition is dynamic, not static. We can’t eat the same things at 60 as we did when we were 20 and still feel the same because our bodies change as we get older.”

Can dietary changes reduce or eliminate the need for medication?



That’s a question on the minds of many newly diagnosed Type II diabetics. While Type I diabetics must take medication, some Type II individuals have options. “It depends on how restrictive people are willing to be and how high their blood sugars are. It requires lifelong changes to dietary habits and exercise if someone wants to minimize or avoid the need for medications.”

With consistent diet and exercise, some Type II diabetics can reduce or eliminate their medication, especially if they lose or maintain a healthy weight. For those

needing to overhaul a lifetime of unhealthy habits, it's not always easy. That's where Dr. Pearlman can help. Her program takes a step-by-step approach to help people struggling with their weight:

1. **Assessment.** During an initial consultation, Dr. Pearlman evaluates several factors. Is the patient ready to make a change? She also evaluates their dietary habits, food preferences and intolerances, time constraints, family situation, and budget.
2. **Setting goals.** After a thorough evaluation, Dr. Pearlman determines the patient's short- and long-term goals. She then helps them focus on realistic, specific short-term goals such as eliminating soda versus goals they have less control over, like losing a certain amount of weight per week.

When working with patients, Dr. Pearlman collaborates with UHealth endocrinologists and the Diabetes Research Institute and refers patients to a registered dietitian within UHealth's Division of Digestive and Liver Diseases. She holds ongoing conversations with patients through the UHealth patient portal, where they can seek guidance and send questions and pictures of their meals or food diary for Dr. Pearlman's feedback.

Many are reassured by her advice to "Make small changes, be consistent, and experiment with new foods to figure out what you enjoy and what allows you to feel your best."

Alternative weight loss solutions

For people who can't lose enough weight with diet and exercise alone, Dr. Pearlman offers endobariatric procedures. Using an endoscope, she inserts a small balloon inside the patient's stomach and inflates it with saline while the patient is under anesthesia. The balloon remains in the stomach for six months and makes the

patient feel more satiated or full so that they consume fewer calories. While the balloon is in place, Dr. Pearlman and her team work with the patient on lifestyle changes to help keep the weight off once the balloon is removed.

“The American Gastroenterology Association recommends intragastric balloons in obese individuals with a BMI of 30 to 40 who have failed with conventional weight-loss strategies,” Dr. Pearlman says. “More studies need to evaluate the long-term outcomes after balloon removal, but what makes our program different is our comprehensive approach to weight management. We offer medical nutrition therapy, medications, pre- and post-bariatric care, and multidisciplinary care involving hepatology, endocrinology, cardiology, bariatrics, and sports medicine, to name a few.”

There is no one size fits all approach to a diabetic diet or weight loss in general. That gives diabetics and anyone wanting to lose weight permission to find their personal path to better health. Fortunately, there are experts ready to lead the way.

To schedule a weight management consultation, call 305-243-3636.

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How much protein do you need?

About 10-35% of your overall calories should come from protein. Including a palm-sized portion of protein with each meal and a smaller protein-based snack can help you meet this goal. [Read more.](#)