

Should I Eat This or This? Exchange List and Carbohydrate Counting to Manage Diabetes

**Satellite Conference and Live Webcast
Wednesday, October 20, 2010
2:00 - 4:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

**Linda Jennings, MS, RD, LD
Nutrition Assistant Administrator
Alabama Department of Public Health**

Objectives

- **To list similarities and differences between the ADA Exchange List and Carbohydrate Counting as methods of blood glucose control**
- **Use the ADA Exchange List in meal planning**
- **Calculate grams of carbohydrate in a meal**

Objectives

- **Determine units of insulin per grams of carbohydrate**

Brief History of Diabetes

- **1552 BC**
 - **From 3rd Dynasty Egyptian papyrus, physician Hesy-Ra mentions polyuria as a symptom**
- **150 AD**
 - **Diabetes described by Aretaeus as “the melting down of flesh and limbs into urine”**
 - **Gave the condition the name diabainein which means “to siphon”**

Brief History of Diabetes

- **Up to 11th Century**
 - **Diabetes commonly diagnosed by “water tasters” who drank the urine of those suspected of having diabetes**
 - **The Latin word for honey, “mellitus,” added to the term diabetes as a result**

Brief History of Diabetes

- **1870s**
 - French physician, Bouchardat, noted the disappearance of glycosuria in diabetic patients during siege of Paris in the Franco-Prussian War
 - Formulates idea of individualized diets for his diabetes patients

Brief History of Diabetes

- **Late 19th Century**
 - Italian diabetes specialist, Catoni, isolates his patients under lock and key in order to get them to follow their diets

Brief History of Diabetes

- **1900-1915**
 - 'Fad' diabetes diets
 - The "oat-cure"
 - Majority of diet is oatmeal
 - The milk diet
 - The rice cure
 - "Potato therapy"
 - Use of opium

Brief History of Diabetes

- **1919**
 - Frederick Allen published Total Dietary Regulation in the Treatment of Diabetes

Brief History of Diabetes

- **1920**
 - In England, R.D. Lawrence developed the dietary exchange scheme
- **Summer 1921**
 - Insulin is "discovered" by Frederick Banting and Charles Best

Brief History of Diabetes

- **1950's**
 - The American Diabetes Association, in conjunction with the U.S. Public Health Service, brought forth the "exchange scheme" in the U.S.

Dr. Lawrence Diet Schemes

- Three main criteria
 - It must contain sufficient carbohydrate to prevent ketosis
 - It must satisfy the patient in quantity and quality as much as possible
 - It must be accurate, simple to calculate, and varied

Diet Planning

- Connects nutrition theory with food on the table
- For people with diabetes a few minutes invested in planning pays off in better blood glucose control

Goals of Medical Nutrition Therapy

- Achieve blood glucose goals
- Achieve optimal lipid goals
- Provide appropriate calories
 - Reasonable weight
 - Normal growth and development
- Prevent, delay, or treat nutrition-related complications

Principle Diet Management Tools

- Exchange List for Diabetes
 - In 2008 the name of this tool was changed from Food Exchange System
- Carbohydrate Counting

Similarities

- Both methods can be effectively used by individuals with diabetes to plan meals
- Both highlight importance of carbohydrates in food intake to manage blood glucose levels

Similarities

- Both focus in varying degrees on foods with carbohydrates and have recommended amounts to consume at a meal

Differences

- **Exchange List**
 - **Calorie based**
 - **There are recommended servings from all food groups at each meal**
 - **Weighing and measuring foods are recommended, at least in the beginning**

Differences

- **Encourages overall balance in the foods eaten and can help with weight loss**
- **Can be confusing for some individuals**

Differences

- **Carbohydrate Counting**
 - **Focuses on foods with carbohydrates, not other food groups**
 - **Need to recognize foods that contain carbohydrates and grams per serving size**

Differences

- **Allows more flexibility in food choices**
- **Easier for some individuals to manage**
- **Importance of balance of food choices may not be understood as well**

Exchange List

- **Food divided into 6 categories based on amount of carbohydrates, protein and fat, and total calories per serving**
- **Individuals must become familiar with specified serving sizes**
- **Scales and measuring cups are needed for compliance**

Exchange List

- **Any food on a list can be traded for any other food on the same list, in the specified serving**
- **Allows for variety but planning ahead is important for best results**
- **The list has been used with weight loss programs like Weight Watchers, 'Deal-A-Meal'**

Exchange List

Food list	Grams of Carb	Calories
Starch/bread	15	80
Fruit	15	60
Milk (skim)	12	90
Meat (medium fat)	0	75
Vegetables	5	25
Fat	0	45

Resources for Exchange List

- American Dietetic Association
 - www.eatright.org
 - Search for exchange list
- Mayo Clinic
 - <http://www.mayoclinic.com/health/diabetes-diet/DA00077>

Carbohydrate Counting

- A newer method used by diabetics to manage food intake
- Emphasis is on amount of carbohydrates instead of calories
- Elements of Exchange List can help to categorize food into groups with carbohydrates for calculation

Carbohydrate Counting

- Formula to calculate amount of insulin needed to cover grams of carbohydrates
- Method works well for users of insulin pumps
- Some pumps are very sophisticated and have data base of foods, so individual computation of grams of carbohydrates in food is unnecessary

Insulin Pump Therapy

- Not all diabetics are appropriate candidates for insulin pumps
 - Must have knowledge of impact of nutrients on glycemic state
 - Strongly urged to use carbohydrate counting to self-dose with insulin

Insulin Pump Therapy

- Basal dose is given continually
- Bolus dose for meals
- Benefits to patient
 - More power in living with the disease
 - One stick every 2-3 days to replace sq catheter

Insulin Pump Therapy

- Rare hypoglycemia
- Connected monitors now provide 24-hour readout of BG
- Patient is more motivated to make lifestyle changes

Educational Reference Material

- Training on insulin pumps
 - Medtronic MiniMed
 - Pump School Online
 - Insulin Pump Tutorials
- Diabetes videos
 - HealthiNation.com

Basic Carb Counting

- Individual encouraged to have a set amount of carbohydrate choices at breakfast, lunch, etc.
- 15 grams of carbohydrate is the standard amount per each serving
- This may be expressed as either
 - 15 grams of carb
 - 1 unit of carb (still 15 grams)

Basic Carb Counting

- Amount of carbohydrates can be determined from exchange list or information on label

Basic Carb Counting

- From Exchange List
 - Carb/serving = 1 starch/bread = 1 milk = 1 fruit
 - Carbs from non-starchy vegetables may not be added to calculation

Basic Carb Counting

- Number of carbohydrate choices per meal is usually
 - 3 - 4 servings for women
 - 4 - 5 servings for men
- From a food label
 - Look at the Total Carbohydrates to find the grams

REDUCED FAT MILK 2% Milkfat	NONFAT MILK
Nutrition Facts Serving Size 1 cup (236ml) Servings Per Container 1 <hr/> Amount Per Serving Calories (120) Calories from Fat 45 <hr/> % Daily Value* Total Fat 5g 8% Saturated Fat 3g 15% Trans Fat 0g Cholesterol 20mg 7% Sodium 120mg 5% Total Carbohydrate 11g Dietary Fiber 0g 0% Sugars 11g Protein 9g 17% Vitamin A 10% Vitamin C 4% Calcium 30% Iron 0% Vitamin D 25% <small>*Percent Daily Values are based on a diet of 2,000 calories. Your daily values may be higher or lower depending on your calorie needs.</small>	Nutrition Facts Serving Size 1 cup (236ml) Servings Per Container 1 <hr/> Amount Per Serving Calories (60) Calories from Fat 0 <hr/> % Daily Value* Total Fat 0g 0% Saturated Fat 0g 0% Trans Fat 0g Cholesterol Less than 5mg 0% Sodium 120mg 5% Total Carbohydrate 11g Dietary Fiber 0g 0% Sugars 11g Protein 9g 17% Vitamin A 10% Vitamin C 4% Calcium 30% Iron 0% Vitamin D 25% <small>*Percent Daily Values are based on a diet of 2,000 calories. Your daily values may be higher or lower depending on your calorie needs.</small>

- ### Reading Labels
- To use effectively, an individual needs
 - Mathematical aptitude
 - Scale
 - If more than 1 serving/container
 - To be able to determine serving size

- ### Reading Labels
- Find total Carbs in grams
 - Avoid confusing weight of food with total Carbs
 - Sugars included in total Carbs

- ### Reading Food Labels
- Tendency is to focus on word “sugar” under Total Carbohydrates but this includes a variety of different sugars, like milk sugar
 - Where sugar appears on list of ingredients is more important
 - Subtract fiber from total CHO if ≥ 5 grams per serving

- ### Reading Food Labels
- Fat-gram counting
 - Saturated fat increases insulin resistance

- ### Insulin to Carb Ratio (ICR)
- Identifiable ratio between the number of units of insulin needed to utilize a number of grams of CHO
 - The expected rise in blood glucose for a meal if the ICR is appropriate is 40 mg/dl

Insulin to Carb Ratio (ICR)

- The ratio most often used is either
 - 1 unit insulin/10 grams of carb
 - 1 unit insulin/15 grams of carb

Carbohydrate Counting

Menu	Amount of Carbs
3 oz. Chicken	0 gm Carb Meat Ex
1/3 Cup Rice	15 gm Carb Starch Ex
1/2 Cup Lima Beans	15 gm Carb Starch Ex
1 slice Tomato	5 gm Carb* Veg Ex
1 Dinner Roll	15 gm Carb Starch Ex
3/4 Cup Yogurt	12 gm Carb Milk Ex
1 1/4 Cup Whole Strawberries	15 gm Carb Fruit Ex
1 tsp Butter	0 gm Carb Fat Ex
TOTAL:	72 gm CHO

* Carbs in veg not included in calculation

Aren't All Carbohydrates the Same?

- Yes and no

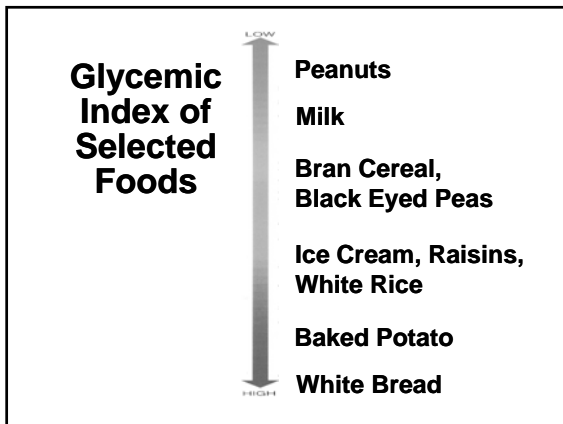
Glycemic Index for Fine Tuning Blood Glucose Levels

What is the Glycemic Response

- Certain foods with carbohydrates increase BGL and insulin concentrations higher compared to a reference food
- Seems to vary from person to person
 - Even by time of day in same person

What is the Glycemic Response

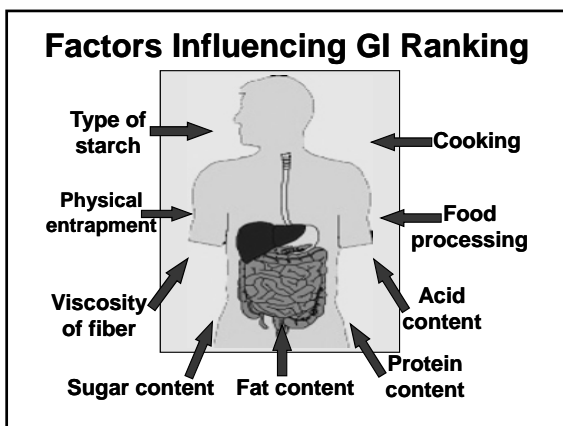
- Scale used to measure Glycemic Response is called the Glycemic Index (GI)



Glycemic Index (GI)

- May be of benefit to “fine tune” blood glucose levels
- Results of one study showed implementing a low-glycemic index diet lowered A1C values by 0.43% when compared with a high-glycemic index diet

- Brand-Miller J, Hayne S, Petocz P, Colagiuri S: Low-glycemic index diets in the management of diabetes: a meta-analysis of randomized controlled trials. *Diabetes Care* 26:2261-2267, 2003



Including More Fiber in Meals

- Helps with weight loss
 - Creates feeling of fullness if less is eaten
- Helps to maintain blood sugar level
 - Keeps it from going up so quickly
- Exercises the gut and helps maintain muscle tone
- Helps lower blood cholesterol levels

Including More Fiber in Meals

- **Caution: When fiber is increased, fluids MUST be increased**
 - If not, severe constipation or impaction can occur