

# DIABETES and PROTEIN

- 1-1.2 g pro/kg BW
- Carbohydrate AND protein at each eating episode
- 25% protein as part of meals



# DIETARY FAT

- Some diabetics have elevated triglycerides and overall fat intake should not be excessive
- Emphasize MUFA from olive oil, nuts, nut butters and seeds
- Emphasize PUFAS from fish, flaxseed and omega-3 enriched foods such as eggs, orange juice, spreads and peanut butter



# MICRONUTRIENTS/AND OTHER SUPPLEMENTS OF INTEREST

- Calcium- diabetes is correlated with loss of BMD- Calcium + Vit D3
- Chromium- enhances insulin sensitivity, may improve blood glucose uptake and muscle glycogen stores- max 200 mcg/day
- Zinc is involved in glucose metabolism
- Cinnamon- contains proanthocyanidin which can activate insulin receptors in type 2 diabetics and can intensify effects of medications



# chromium

- If you have a chromium deficiency the body cannot use glucose effectively to meet energy needs and the requirements for insulin increase
- However studies on chromium supplementation in people with diabetics has been inconclusive
- No more than 200 mcg/day



# ALPHA-LIPOIC ACID

- May lower blood glucose too much
- Omega- 3 fatty acids can control triglycerides but do not affect blood glucose control
- Magnesium may be of benefit



# HYDRATION

- Active individuals with diabetes must take special care
- Can use sports drinks but need to use them strategically
- Do need to watch and account for carbs in beverages
- Alcohol is a potent inhibitor of hepatic glucose production and can precipitate late and severe hypoglycemia in Type 1 diabetic or can precipitate hyperglycemia depending upon the mixers used, or types of alcohol consumed.

