

ADA: Ask the Experts Access Live
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Carla Cox:

Hello and thanks for joining us. Welcome to the 2023 American Diabetes Association Living With Diabetes Ask the Expert series. Today's topic is Healthy Eating When Juggling More than Diabetes. My name is Carla Cox, diabetes care and education specialist, registered dietician, nutritionist, and your host for today's program. Our Ask the Expert series is all about answering questions from our listeners, so start getting your questions ready. For those of you on the phone, press *3. That's *3 on your keypad, and an operator will collect your question and place you in the queue so that you may have the opportunity to ask your question live.

To participate online, type in your name and question the fields below the streaming player. Press the Submit Question button and your question will come directly to us. Stay with us through the hour and you'll learn useful tips to help you live well on your journey with diabetes. In addition, we invite you to provide us with your feedback in the survey at the end of the event, so please stay with us.

Now a little bit why we're here today. Because of the link between diabetes and heart health, the American Diabetes Association in collaboration with the American Heart Association has launched Know Diabetes by Heart. With support from founding sponsor Novo Nordisk, as well as national sponsor Bayer, the Know Diabetes by Heart initiative provides tools and resources for people living with type two diabetes to learn how to reduce their risk of cardiovascular disease. As part of the initiative, the ADA is holding this free educational Q&A once a month. We'll cover information and tips to help you take charge of your health. When you have diabetes, it increases your risk of heart disease, stroke, and kidney disease. Make sure when you see your doctor, you talk about your risk and work towards prevention and visit knowdiabetesbyheart.org for more information.

Now I am absolutely delighted to introduce our guest speaker for today, Alison Evert. Alison has worked with people with diabetes and those at risk of diabetes for over 35 years. She's both a registered dietician and certified diabetes care and education specialist. She recently retired. Over her 37-year career as a diabetes nutrition educator, she's held a variety of positions. Working with a pediatric endocrinologist for over 10 years, worked as an educator in outpatient diabetes clinic, and most recently managed a team of registered dietitians and diabetes educators in 14 primary care clinics associated with the University of Washington School of Medicine. She has written numerous patient education handouts for the ADA and presents frequently on the importance of individualizing the eating plan for people with diabetes because there is no one eating plan that works for everyone with diabetes. Alison, I'm so happy you're here. Do you have a few extra words you'd like to introduce yourself with?

Alison Evert:

I would just like to say, Carla, thank you very much for the invitation to be a part of this program today and for the American Diabetes Association for always remembering the important role and including the registered dietician nutritionist as part of the healthcare team. Also, many thanks to the sponsors for making this available to so many people.

Carla Cox:

Once again delighted to have you here. Thank you. As we are waiting for our callers and online listeners to chime in, I'm going to kick off with the first question. Sometimes healthy eating can seem so overwhelming. Have you any quick tips to start us off?

Alison Evert:

I think as Carla mentioned at the very beginning, there's no one eating plan, and you'll hear Carla and I use that term a lot. I think the term diet has such negative connotations as dieticians, we chuckle, we

say die with a T. Our job, as registered dietitians, is to really help individualize an eating plan for people with diabetes. So I'm really hoping the questions today, we will reinforce that concept that there's no one tear pad that works for everybody, that we really need to individualize it because everybody's so different.

Carla Cox:

Thank you. If you're just joining us, welcome to today's Ask the Experts Q&A, Healthy Eating When Juggling More Than Diabetes. As a reminder for those of you on the phone, press *3 on your keypad, and an operator will collect your question and place you in the queue so that you can have the opportunity to ask your question live. To participate online, type in your name and question the fields below the streaming player, press the Submit Question button and your question will come directly to us. Let's remember to focus on today's topic, Healthy Eating When Juggling More Than Diabetes when asking your questions. Now let's take the first question. I am going to go to Duffy. I think this is a great question. Duffy, you are on the line.

Speaker 3:

I'm here.

Carla Cox:

Duffy, are you there? Okay.

Speaker 3:

Yes, I'm here.

Carla Cox:

Go ahead. What is your question? Duffy, what is your question? Well, since we can't seem to be connected to Duffy, I will ask the question for her.

Speaker 3:

Can you hear me?

Carla Cox:

Yes, we can. We can hear you. Go ahead.

Speaker 3:

Okay. I was asking what are some techniques that individuals who are pre-diabetic can do as a preventative measure. As a child growing up, I was a borderline diabetic and I was very overwhelmed at a young age with changing my diet. I'm inspired to help people who are like me growing up. What are some techniques that you all suggest?

Alison Evert:

Well, I think first the main tenants or the main components of reducing risk for developing diabetes are lifestyle behavior change. That is reducing weight a little bit, 5% to 7% of the body weight, and then performing regular physical activity. Over the years, and Carla mentioned that I've been a dietitian for almost four decades, I see so many people coming to see me with a diagnosis of pre-diabetes and they'll

say, "I have to lose 80 pounds, I have to lose 100 pounds." What we know is about 7% weight loss makes a profound impact on reducing progression to type two diabetes.

So I think that's a lot more realistic for people to think in that they don't have to get down to their high school weight. So sometimes small changes can really impact and then not only with a little bit of weight reduction, but the other is increasing physical activity. The goal is 150 minutes of physical activity over the week, 30 minutes, five times a week. If you can't do 30 minutes to start out with short walks, walking around your apartment, walking to the corner, walking to the mailbox, and building up time. But I think we often as educators maybe try to have our patients and our clients tackle too much, whereas really small change can be very impactful.

Carla Cox:

Great. Thank you.

Alison Evert:

I think as a dietician, one of the things that I recommend is that is probably one of the easiest changes are thinking about the beverage choices that people make that can really have a profound difference. Switching from a sugar-sweetened beverage or large glasses of juice to water, sparkling water, water with an essence of lime or lemon or something like that in it. Anyways, I guess next question, Carla, unless you have anything else to add?

Carla Cox:

No, I think that's good. This is a good follow-up question. It's actually a write-in from Linda. She says, "I was diagnosed and started on metformin last week. Any advice for a newly diagnosed sedentary 60-year-old?" I'm going to take the first part and I'm going to give you the second part. For the first part is if you're sedentary, start moving. That can be something very simple like taking a walk. If you got some knee problems, doing water aerobics, getting on an exercise bike, visiting with a physical therapist designed a program for you. Movement is a big deal, but so is the food part. Alison, what would we do as starting with newly diagnosis? Besides weight loss, what else would you say about eating?

Alison Evert:

Well, I'm going to talk a little bit about eating, and then I'm going to follow up and, Carla, remind me if I forget as I get going on the food part about the metformin medication dose. But to start out with, I think one of the strategies that I use with most of the folks that I work with is the plate method. You're probably all familiar with that, but it's a nine-inch Chinnet-size picnic plate. If you think of that, if you close your eyes, that's the size of plate that we're talking about and filling that half of your plate with non-starchy vegetables. Starchy vegetables would be potatoes, yams, sweet potatoes, corn, and peas. We're talking about non-starchy vegetables and trying to, if you're not used to even having a quarter of a plate of those would be a good starting point.

On the other half of the plate, if you look at your palm, if you look at your hand, a palm-sized portion of protein. Then if you make a fifth-size portion of starch, potatoes, rice, noodles, your peas, your corn, things like that. If you're a person that likes a hot dish or a casserole, chicken enchiladas, spaghetti, and meatballs, that combination of starch and protein can be on the other side of your plate. Because we don't always just eat a serving of traditional animal protein. Sometimes we eat combinations of starch and protein together. Then I think it's important to eat that whole plate and then wait 15 minutes before you have second helping. Sometimes if we eat fast, we don't give our stomach a chance to catch

up with our feeling of fullness with our head, so that's where you could sip on some water or do something like that.

But slowing down eating, as a young dietetic intern, I remember one of my professors saying, "If you look at people at a buffet or a banquet, the people that tend to eat the fastest are tend to be heavier than people that eat slower." It was just something that's always stuck with me. I think when you eat slower, you have a more likelihood of becoming full and then stopping naturally. The other thing is with the metformin dose, that is an extremely effective medication. It's very inexpensive, but the main side effect of metformin is it can cause some GI upsets, diarrhea, bloating unless it is very slowly started. So our goal is to get that metformin dose up to about 1,500 milligrams or 2,000. Typically, what we have people do is start with 500 milligrams and that metformin is absorbed or taken up through the lining of the stomach.

Since we know about 25% of people that started have some tummy upsets and such, we encourage people to eat their meal first and then take their metformin. We don't want you taking 2,000-milligram tablets with black coffee in the morning and then driving to work. We want you to slowly start the first one and then the second one is added. The reason why we're going slowly is to reduce the GI or gastrointestinal side effects, but the therapeutic dose, the one that we want to get you to is about 1,500, 2,000 milligrams. Hey, Carla.

Carla Cox:

Great. Thank you. We have a question coming in from Judith. This is a great question and I think one lots of people ask. Judith, you're on the line.

Speaker 4:

How long does it usually take from changing one's diet and exercise regime to seeing a decrease in A1C for both diabetics and pre-diabetics?

Alison Evert:

That's a really great question. The A1C is a measure of the sugar, the amount of glucose that is wrapped around the red blood cell. So when they extract a little sample or pull out some blood and measure that sugarcoating on the outside of the cell, outside of the red blood cell, it takes about three months to see a meaningful change. Every day, we have new red blood cells that are being born and launched into our bloodstream. After three months go by, they're turning over. If a sample is pulled out, it gives us an idea of what the glucose or sugar environment in that bloodstream has been over the last three months. It's really two or three months before we'll really see a change. If you're using a glucose meter or a continuous glucose monitor, you can see that change happen more rapidly. But if the only way that your glucose is being measured is through that A1C, it's about two or three months to see a complete turnover.

Carla Cox:

Thank you. We have a question coming in from Alan. Alan is from California. Alan, you're on the line.

Speaker 5:

How do I juggle a type two diabetes diet with a chronic kidney disease diet?

Alison Evert:

That is very... It's hard to do both. I think when we're looking at somebody or I'm working with somebody that has diabetes and also chronic kidney disease, we want to make sure that the glucose level is in a healthy range for that individual. Working on strategies that can help improve glucose, but also we want to make sure that that person has healthy blood pressures too. We want to help reduce the progression of the kidney disease if we can. That's where I recommend when you're juggling these two things. If you can ask your physician or nurse practitioner or PA whoever you see that is managing your diabetes care for a referral to a registered dietician, based on what your A1C level is or what your blood pressure is, they can help you get started on what is the most helpful for you as the individual.

As Carla and I, we try to practice something that we call patient-centered care. Our job is to sit down with you and work with you and see what your goals are. It might be that in your situation, your glucose goals are in a healthy range. Then I would, if your blood pressure's high, work with you on strategies to help to reduce that blood pressure. I don't know, is it Mark that was still on the line? Is he struggling with one aspect more than the other?

Carla Cox:

He's not still on the line, but I would just say both of them are an issue, right?

Alison Evert:

Yeah. I would work with portion control with if the blood sugars were high with looking at how much carbohydrate. If there was some strategies that we could do looking at the beverage choices, if blood pressure was more of a concern, I would try to focus in on that, looking at how much sodium he would be getting in the day in terms of use of fast foods and processed foods if there's ways that we could work in some perhaps more home prepared things or if you are using things that are more ready to make working with you on a goal of looking at a sodium budget of about 2,300 milligrams per day. If you're eating three meals a day, so 3 divided by 2,300 is about a sodium budget of about 600 to 700 per meal if you are eating things that come out of a package if you're not making them yourself. That if you're eating packaged or processed foods or ready-to-eat things, looking at giving yourself a sodium budget per meal, so those would be some strategies I'd start with.

Carla Cox:

You could see with Alison's response, which is excellent, is that it's so individualized. Speaking with a registered dietician nutritionist when you have even one diagnosis but multiple diagnoses becomes very important. This is an interesting question coming in from Donna. Donna's from Pennsylvania. Donna, you're on the line.

Speaker 6:

Hi. Thank you so much for having this available to us. I've been fortunate. I started with metformin. I have high sensitivity to medication. It put me in the hospital, it shot my blood pressure through the roof. My doctor and I agreed that I would work with a diet. I was able to go from 11-point A1C down to 6 in three months. I credit that to the classes I attended. For five years, I've had been fortunate to be able to manage with my diet. But what I have a problem with is meals. It drives me crazy. I picked up a diabetic magazine, and a lot of the recipes in there that from the meals that they advertised had carb levels of 56 grams. I was under the understanding that it should be no more than 45 per meal. I'm trying to get clarification on that.

Alison Evert:

When people often meet with a dietician, Donna, this is a really great question, like I was telling the last caller a sodium budget. Sometimes when people are first getting started with a meal plan, the registered dietician or your healthcare provider might give you, if you're a woman, a carbohydrate budget per meal of 30 to 45 grams of carbohydrate per meal. If you're a man, you might get a carbohydrate budget of 45 to 60. That's just sometimes as a starting point. Often when people receive a new diagnosis, it's helpful to have a guide or a plan. But to your credit, it sounds like you've been on this journey for five years and had a wonderful response to changing your eating behaviors and physical activity. But what I tend to encourage people to do because when you're given a guide or a sample when you first get started, that might not be the guide that works for everybody.

So we do something called paired glucose monitoring where let's say, Donna, you ate a meal and you checked your blood sugar before you ate that meal. For example, if your recipe from the magazine it said it had 54 grams of carbohydrate, you could check your glucose level before you eat. Then we know that we'll see a post-meal blood glucose rise about one to two hours after you eat. If you're checking your blood sugar before you eat and one to two hours when it's convenient for you after you eat, our goal for somebody with diabetes per the American Diabetes Association is a peak glucose level under 180 milligrams per deciliter. If you're starting at a range of 80 to 130, we would hopefully see that peak one to two hours later would be under 180. If you tried that recipe, that was 54 grams of carb, you could see how your individual body responded to that load of carbohydrate at the meal.

If your glucose level is spiking over 200 or something, you might want to back off a little bit on that carbohydrate if you're trying to manage without medications. I hope that makes sense. Because as a dietician, Carla and I don't want to make an eating plan more restrictive than it has to be. We often start out with these carb range recommendations, but if you are somebody that's more physically active or you have a newer diagnosis of diabetes of five years versus somebody that's had a diagnosis for 20 years, we have to find out that right amount of carbohydrate for everybody, that individual. I hope that makes sense. Carla, do you have anything to add?

Carla Cox:

Well, the only other thing I could say is if she made something that tasted really good and her glucose went up to 200, she could also eat less of it, so add more vegetables to the plate and eat less of whatever it was. It's not that you should never have it, but you might really need to watch the portion. For example, lasagna, I think kicks most people too high very frequently, but everybody's different, but it does. Instead of having a two by two-inch square, have a smaller amount, then have some chicken with it or use it as a side dish or have a big salad with it or using that approach is another alternative.

Alison Evert:

Carla, you make a really great point. If it's somebody's birthday or your birthday or a holiday, you might just know then, "I want to have this little piece of cake, I know it's going to make my blood sugar go up, but I'm going to enjoy it." Because we don't want to vilify eating things either on an occasional basis because we need to enjoy life as well.

Carla Cox:

But we don't want blood sugars go high. We have to find how to make that happen. We have a great question coming in from Monica, and I think this is in the literature a lot. Monica, you're on the line.

Alison Evert:

Hi, Monica.

Speaker 7:

Yes, it's Monica. I'm on a plant-based diet and I have maybe a piece of skinless meat or chicken or fish about the size of a deck of cards once every two weeks. But I'm very religious about it. I've lost one eye to my type two diabetes and I have 50% vision on the right eye. I would love to hear your comments, and I do see a dietician once a month.

Alison Evert:

But, Donovan, before you sign off, I wasn't sure what your question was.

Speaker 7:

What did you ladies think about a plant-based diet for diabetes?

Alison Evert:

Plant-based diet is great for people with diabetes. There's many different types of eating plans that work, but we know in terms of heart health and kidney health and diabetes that plant-based diets can be very helpful for people. A lot of people can't do 100% plant-based diet, but increasing fruits and vegetables, whole grains, legumes, beans, lentils, and things like that, I always encourage my patients to eat their food, don't drink it. When you eat foods that have fiber in them, that food goes down into your stomach, you're chewing it, your stomach's like a big mix master and it takes a lot longer to break down whole foods than it does if you just tilt your wrist and swallow foods that are in a liquid form.

If somebody's on insulin or taking a medicine that lowers blood sugar, what do we use to help treat that blood sugar, some fruit juice or some soda pop or something. When you are eating a plant-based whole food diet, you are getting all that wonderful fiber and it's making your body work harder to break it down and the glucose levels tend to rise more slowly and people also can feel fuller longer when you're eating more whole plant-based foods as well. Traditionally, people eat protein and fat that's in the protein at a meal, but we also forget that fiber can delay the emptying of the stomach as well and reduce the amount of saturated fats and cholesterol and such that people eat, so plant-based diets are super healthy.

Carla Cox:

We have a bucketload of questions coming in online. I'm going to ask a couple of them. One of them comes in from Anita and she wants to know what the best fruit to eat that won't spike her glucose levels.

Alison Evert:

This is a great question, Carla. We had just talked about it. Everybody is so different. What I would do is I would start with a hand-size portion. If you look at your cup hand, eat a serving that big, check your blood sugar before you eat it, and then one to two hours later. I always say we are our own science experiment, so you can see individually what impact that different type of fruit has on your blood sugar. I think fruit has been given a bad wrap over the years, but once again, as I was talking about with fruit when it's in a fresh form, it has fiber in it, and it makes my body work harder to break it down. Now we probably can't sit down and have a bowl of cherries in one sitting or a whole bag of grapes or something like that, but I would maybe start out with a hand-sized portion and do your own science experiment on yourself.

Carla Cox:

I do think there are some fruits that tend to have less of a response. For example, blueberries and strawberries, and there's a few of those that have a lot of water in them I think. So they're not so concentrated. But once again, checking your glucose before and after and seeing what works for you is great recommendation. We have another coming in written in from Jean. Jean said the last two weeks he was diagnosed with celiac disease and already has type two diabetes, doesn't know what to do. Do you have some recommendations for someone with celiac?

Alison Evert:

I have celiac too. It is pretty challenging. I didn't get diagnosed either until I was older, even though I'm a dietician. I think the good news is for people that have celiac is there's so many more options of foods than there used to be. I think things are labeled so much better than they used to be. I think if you've been a lifetime bread and pasta eater, that you're probably grieving the loss of those things like I did myself. But once again, trying some different alternatives. I think using that plate method, that concept of a quarter of your plate could be that starchy dish. I've just over time just tried the different gluten-free pastas that are available. Some gluten-free breads are terrible and I just want to throw away the loaf and others are quite a bit better. I think it's a bit of discovery just trial and error different products.

But if you're eating rice, once again, just looking at that, maybe a fist-size portion, seeing potatoes are a great source of starch as a starch alternative to noodles and breads and things like that. But if it isn't labeled saying gluten-free, looking at the ingredient list, usually at the very end in bold print, it will have also at the end of the ingredient list, it'll say in bold, this product contains and it might say eggs or soy or wheat. Then that's another way to look to see if that product is appropriate for you or not. But it does take you a few weeks of eating gluten-free to start feeling better. It does take a little while for your insights to heal from eating gluten, but hang in there. Once again, there's just so many more products available.

Carla Cox:

We have a question coming in online from Paul. Paul, you're on the line. Paul's from Ohio.

Speaker 8:

Thank you for the format where we get the opportunity to hear concerns because everybody's got a different concern. My concern has to do with our newer medications, the Ozempic and the Mounjaro, and the fact that they're being presented as silver bullets. I happen to be a pharmacist. I happen to know that there are no silver bullets. What approach can we use to help our clients or patients understand that we can't forget about lifestyle changes, diet, and exercise when we're using these medications? My concern is we're going to start relying on these medications to hit the numbers and we're going to be creating some unexpected problems.

Alison Evert:

Well, I think you probably asked a very good question. I think one of the things that we need to remind people is that if you stop taking them, things go back to way they used to be. They're very effective in terms of helping us feel fuller. It helps with the post-meal blood sugar rise. But as a dietician, and maybe Carla can chime in too, I've seen a lot of people that have gotten pretty constipated from these medications to the point of having to stop taking them. I think to your point too, Paul, we need to remind people that it's not just a silver bullet, but we still need to be eating healthful foods. With a diagnosis of diabetes and also trying to lose weight, if the goal is to incorporate these higher fiber whole

foods into the diet, that's just a long-term healthy modification moving forward as well. Making sure have good fluid intake as well. Carla, do you have anything to add?

Carla Cox:

Well, I think one of the most important things about lifestyle is that you can use less medication. I don't think any of us want to use a lot of medication because there's almost always some, as you're mentioning, some side effects for using them. They're great if we need them. But how to reduce the amount that you need, for example, hypertensive medication? Well, if you lose 10 pounds, you might be able to cut it in half. I think the lifestyle issue, which Paul's mentioning is such an important component of taking care of your diabetes. Once again, you can probably use less medication including less insulin if you're on insulin. Lifestyle is important. I have an interesting question coming in from Keith, and Keith is from your home state of Washington. Keith, you're on the phone.

Speaker 9:

Hi. We do an awful lot of bicycling. I have really severe cardiac issues and diabetes, but it's well controlled, my A1C is 6.8. But my real question is when on bicycling I try to... If I'm going to have that piece of candy, I have it before I go ride for two, three hours. But my metabolism extends beyond that. I was always taught for at least an hour or two after I'm done exercising, my metabolism's still going strong, so I tend to want to eat within that time range so that my body and my diabetes gives the effect of that metabolism being higher from riding even though I stopped. Does that make sense? I'm wondering is it an hour or two hours afterwards that you're still elevated in your metabolism?

Alison Evert:

Carla, who is our host today is an exercise physiologist and a dietician. Carla, I'm going to tee this one up to you. I could answer it, but I think I'm going to let the expert answer this one.

Carla Cox:

Okay. It's fascinating. Because once again, as we've been talking about the whole time is everyone is different. There is no exact hour, but we do know that it can have an impact on your glucose as much as 7 to 11 hours after an exercise routine. Let me give you an example. I work a lot with children with type one diabetes, I went to seven camps this year. It's fascinating because generally at camp, not always, but generally they're more active than they are at home. We can see a reduced need for their insulin all night long. Once again, "How long does my metabolic rate stay higher? How long am I using my insulin better, my own produced insulin or that which I inject?" It can be as much as 11 hours, maybe even longer later.

Everyone is different. Every day is different. How far you go is different, how intense you exercise is different. But realize that it is generally a long time afterwards. In fact, if you do some intense exercise like intervals, if you get on your bike and ride really, really hard, your blood sugar may actually go up for a short time and then fall afterwards. So not a precise answer, but once again, having a continuous monitor, for example, you can really see what the impact is on a day-to-day basis. Hopefully, that answered your question.

Alison Evert:

With type two diabetes, I mean, if you're riding for two or three hours, you have been working those muscles. I always say we store energy in those muscles and you have depleted them over that two or three-hour bike ride. Eating after you exercise... I'm going to pick on my poor husband here. He used to

go work out and then he would take that as an opportunity of having a big smoothie when he got done, which was probably more than he needed. I mean, he needed to replete those energy stores but with just more of a snack or a meal, but not overcompensating. But there is some repletion that needs to happen, but just not to, I guess, go overboard. I don't know if that's the situation, but was just going to throw that in there as well.

Carla Cox:

That's great. We generally use, depending upon the intensity of your exercise, moderate levels, 30 to 60 grams of carbohydrate per hour during moderate to moderately elevated exercise. That should give you a clue on how much you're using up. We have a written in question from-

Alison Evert:

Not needing to eat a whole bunch at the end. Right, Carla?

Carla Cox:

Right.

Alison Evert:

If you're eating while you're doing the exercise, you won't necessarily have to add a whole bunch at the end, correct?

Carla Cox:

Exactly. Yeah.

Alison Evert:

Okay.

Carla Cox:

We have a question coming in written in from Tina. "I'm newly diagnosed. I'm confused whether frequent small meals are better than three square meals. What about intermittent fasting? Is that good or not good for people with diabetes?"

Alison Evert:

Okay. The three small meals and the three snacks, I'll address that one first as a first question and then answer the intermittent fasting question because that's a super popular eating pattern that people are following now. When I started out as a dietician 40 years ago, we told people to eat three meals a day and three snacks a day with type two diabetes. Now we don't recommend that anymore. We encourage people to eat something when they get up, eat something a few hours later because we all get up at different time to spread your food out throughout the day, not getting up and then not eating for until 12 hours later at 8:00 at night and eating a giant meal. If you think about it, our body can be more effective in processing foods if it's given some smaller amounts, but we know many people with type two diabetes also have overweight, maybe a few pounds overweight.

We just don't want to say eat six times a day if you're not hungry. I encourage people to eat something when they get up. We know from looking at research that people that start with a morning meal tend to have better glucose management, even blood pressure throughout the day if they start by giving their

body some food upon rising. Then having something if you're hungry again later in the day, eating a meal later in the day. I always say if you're hungry, eat a snack, have something available with you because every day we don't always know if we are going to need a snack. It's much easier to have an apple with you and if you're hungry, have that available to eat versus, "Oh, I'm starving, I'm going to go to the gas station or the break room and have a candy bar."

Having some healthy things with you that you can eat if you do get hungry. In terms of intermittent fasting, intermittent fasting, it could be one of three different eating approaches. Intermittent fasting could be where you subsist on liquids for one day you're fasting and the next day you eat normally. Are you doing intermittent fasting like every other day, eating, fasting? Or are you doing intermittent fasting? There's the 5:2 approach that is popular in the United Kingdom originally where you would eat normally for five days and then fast for two days. Or are you using time-restricted eating where you are maybe getting up and eating breakfast and lunch and then you're stopping at 3:00 or 4:00 in the afternoon and not eating until the next morning? Or are you doing time-restricted eating where you might eat your meals and stop at 8:00 at night and not eat until the next day?

Just anytime you're interested in going on intermittent fasting, I would touch base with your primary care provider because if you're on insulin or [inaudible 00:46:17] your real drugs such as Amaryl glipizide, you might need to have that medication adjusted or the insulin adjusted. We want you to touch base with your provider before you started, but you have to tell them what type of intermittent fasting that you're interested in doing. Then the other thing that we really encourage people to do is if they're not monitoring their glucose levels frequently to really ramp up their glucose monitoring, be it by traditional glucose meter or continuous glucose monitoring when they're starting that intermittent fasting. Are you feeling lightheaded because you're hungry, or are you feeling lightheaded because your blood pressure's low? Just having that information available and sharing it with your provider.

Carla Cox:

Great. I have one more write-in question. We have so many questions we're going to have to do this again because we're not answering all the questions, but here's one write-in question. "What can you suggest for meal planning, especially for dinner? I do okay for breakfast and lunch, but I'm finding I just eat anything available for dinner or get fast food. Can you give us just a couple ideas for a well-balanced dinner that probably won't take a lot of time to make?"

Alison Evert:

Well, the first thing I would say is it's so hard, I'm a dietician and Carla probably can say this too, we don't plan seven days of meals. Do you Carla?

Carla Cox:

I always say-

Alison Evert:

No.

Carla Cox:

... give yourself a break and just say, "This week I'm going to sit down and think about three meals of food that I can have on hand in my kitchen when I get home." Start with three days and go to the grocery store, not when you're hungry, and get three meals. There's websites that are associated. Know

your diabetes, Carla, I think that have great recipes. The diabetes association has the diabetes food hub. Find three recipes online or in cookbooks at home and get those ingredients in your health because it's a lot harder at 5:00 to think about what you want to have for dinner than if you go home at 5:00 or 6:00 and those foods are there, and then planning to have those ingredients on hand. Because nobody wants to buy a bunch of food and have it turn into a science project right in their refrigerator, so start with three days would be my suggestion.

That's great advice. All right. This, unfortunately, wraps up our last question for the session. Alison, I hope you'll come back on another one of these because we've got a lot of questions left, but a few items before we close for today. Alison, could you give us three quick takeaways from today that you want to make sure everyone understands?

Alison Evert:

Well, my first takeaway would be if you're trying to increase your fruit and vegetable intake, count to five. Start in the morning and when you eat a piece of fruit or have some mini carrots at lunch or have a salad for dinner, you're going to count one, two, three, four. You want to get up to five servings or more of fruits and vegetables and you have to start in the morning because it's impossible to get to five if you start at dinnertime. As I'd mentioned before, eat your food, don't drink it. Make your body work to digest the food that you eat.

Use blood glucose monitoring or CGM to see what the individual impact of the foods that you're choosing to eat are on your individual body. If you are struggling with high blood pressure, just know that trying to reduce your salt intake that you're adding your taste buds get blind to the taste of foods if you're used to salting a lot and it can take six or seven or eight weeks for your taste buds to get used to eating a lower salt diet. Hang in there if you're working on reducing your sodium intake.

Carla Cox:

Perfect. To help you feel confident about your ability to manage your diabetes, heart health, and kidney disease, we encourage you and your loved ones to talk to your doctor and dietician as well about your risk for heart disease, stroke, and kidney disease. Go to knowdiabetesbyheart.org and learn more. Register for the next event at diabetes.org/experts and sign up for diabetes education near you. Link to these resources can be found on our registration webpage diabetes.org/experts.

Thank you for all of your great questions you called in and wrote in with. We are sorry we are unable to get all of your questions today on this live Q&A event. If you have questions about this event, you are welcome to contact us at askada@diabetes.org or by calling 1-800-342-2383. Please stay on the line for our survey to help us with future planning for our events.

Thriving with Diabetes takes a team and we're here to support you. Special thanks to our expert Alison Evert. I'm Carla Cox and on behalf of the ADA team, we want to thank you for joining us today and we would like to connecting with you at our next... We look forward to connecting with you at our next event. Join us for more KDBH events. October 10, Trouble Sleeping at Night? Lack of sleep can Impact your Health. November 14, Technology and Diabetes. Please visit our website for more information at diabetes.org/experts and register today. If you have any questions about this event, please email us at askada@diabetes.org. Include Ask the Experts Q&A in your subject line. Thank you for joining us. Now to our short survey.

Thank you for participating in the American Diabetes Association's Ask the Experts event. We hope you can stay on the line for the next five to seven minutes to share your honest and valuable feedback to help us improve upcoming events. All responses are confidential. Please let us know your level of agreement with these statements. Question one. "This event met my expectations today." For yes, press

one, for no, press two, for unsure, press three. Question number one again. "This event met my expectations today." For yes, press one, for no, press two, and for unsure, press three. If you feel you could use some support for managing your diabetes, check out the diabetes.org website. There are lots of links to information that can help you with your diabetes journey.

Question number two. "I will attend another Ask the Experts event." For yes, press one, for no, press two, and for unsure, press three. Question number two again. "I will attend another Ask the Experts event." For yes, press one, for no, press two, for unsure, press three. You can find delicious and healthy recipes and menus to enhance your eating, check out the website www.diabetesfoodhub.org.

Onto question three. Question three. "This event improved my knowledge of eating healthy." For yes, press one, for no, press two, for unsure, press three. Again, question number three. "This event improved my knowledge of eating healthy." For yes, press one, for no, press two, and for unsure, press three. Did you know that there are approximately 37 million people with diabetes? You are not alone.

All right, we go on to question number four. "I intend to use the knowledge I gained in my and my loved one's next appointment with a healthcare professional." For yes, press one, for no, press two, and for unsure, press three. Question number four again. "I intend to use the knowledge I gained in my and my loved one's next appointment with a healthcare professional." For yes, press one, for no, press two, and for unsure, press three. Keeping your glucose within target range of 70 to 180, approximately 70% of the time is an international recommendation for diabetes management. Consider asking your provider about getting a continuous glucose monitor to help you manage your diabetes.

Two more questions. Question number five. "Before this event, I felt confident talking to a healthcare professional about my and my loved one's increased risk of heart disease and stroke." For yes, press one, for no, press two, for unsure, press three. Question number five again. "Before this event, I felt confident talking to a healthcare professional about my and my loved one's increased risk of heart disease and stroke. For yes, press one, for no, press two, and for unsure, press three. Check out the heart disease risk calculator at <https://www.cvriskcalculator.com> and discover if you are at risk for heart disease.

Our final question number six. "After this event, I feel confident talking to a healthcare professional about my and my loved one's increased risk of heart disease and stroke." For yes, press one, for no, press two, and for unsure, press three. Question number six again. "After this event, I feel confident talking to a healthcare professional about my and my loved one's increased risk of heart disease and stroke." For yes, press one, for no, press two, and for unsure, press three. We sincerely appreciate your time and look forward to engaging with you on a future Ask the Experts event. Please visit diabetes.org/experts to learn about upcoming events.