

“Isn't that too much carb?”

A REVIEW OF THERAPEUTIC DIETS

Tracy Wright, MBA, RD, LN – Consultant Dietitian

1

Objectives

- ▶ Define therapeutic diet
- ▶ Explain the role of the diet manual as the foundation for creating and implementing therapeutic diets
- ▶ Review the common types of therapeutic diets used in hospitals and LTC
- ▶ Provide practical applications for patients/residents who are unhappy with meal served

2

What is a therapeutic diet?

- ▶ Any diet that is used to treat a therapeutic condition
- ▶ Base (Regular) menu and therapeutic extensions off that base
 - ▶ Carbohydrate Consistent Diet
 - ▶ Cardiac/Heart Healthy
 - ▶ Low Sodium
 - ▶ Renal
 - ▶ IDDSI diets for texture and consistency alteration
- ▶ Parameters for therapeutic diets come from your facility diet manual

3

Diet Manual

- ▶ SD State regulations require that each facility has a diet manual
 - ▶ Hospitals – 44:75.07:13
 - ▶ NHs – 44:73.07:12
- ▶ “A current therapeutic diet manual with description of all diets served in the facility shall be readily available in the facility to food service personnel, nursing services personnel and practitioners.”
 - ▶ SD considering updating regulation to specify that “current” means within the past 5 years
- ▶ The diet manual lists the specifications for each therapeutic diet

4

Diet Manual

- ▶ Blue Print has their own Diet Manual available online
 - ▶ Print hardcopy so its “readily available”
- ▶ If not using Blue Print menus, find out what diet manual was used as the basis for creating the menus
- ▶ The diet manual usually has the answer for “Can they have this or not?”

5

Diet Manual

6

The History of Diets for Diabetes

- ▶ Low Concentrated Sweets (LCS) / No Concentrated Sweets (NCS)
- ▶ Exchange system and calorie levels
 - ▶ "ADA" diets
- ▶ Carbohydrate Consistent Diets (CCD, CCHO)

7

Low/No Concentrated Sweets

- ▶ Same as Regular/unrestricted diet, but omits:
 - ▶ Sweet desserts
 - ▶ Cake
 - ▶ Cookies
 - ▶ Bars
 - ▶ Regular jelly
- ▶ Menu item without added sugar is provided instead
 - ▶ Fruit
 - ▶ Sugar-free condiments
- ▶ But the science has evolved and **this diet no longer reflects current practice**
 - ▶ Sucrose is metabolized the same as other sugars; no need to restrict if total amount kept in check
 - ▶ Perpetuates "good" food / "bad" food way of thinking
 - ▶ Food has no moral value

8

Exchange System for Diabetes

- ▶ Based on specific calorie levels
- ▶ Broken down into meal patterns
 - ▶ Meat/protein
 - ▶ Starch
 - ▶ Fruit
 - ▶ Vegetable
 - ▶ Dairy
 - ▶ Fats

9


Exchange System – 2000 calories

	Meat	Starch	Fruit	Veg	Dairy	Fat
Breakfast	2 oz	2 serv	1 serv		1 serv	1 serv
Lunch	2 oz	2 serv	1 serv	2 serv	1 serv	2 serv
PM snack		1 serv	1 serv			
Dinner	2 oz	2 serv		2 serv	1 serv	2 serv
HS snack	1 oz	1 serv	1 serv			

10

“ADA” Diet

- American Diabetes Association
 - 1800 calorie ADA, 1500 calorie ADA
- “... a “one-size-fits-all” eating plan is not evident for the prevention or management of diabetes...”
- “Evidence suggests that there is not an ideal percentage of calories from carbohydrate, protein and fat for all people with or at risk for diabetes.”



11

Carbohydrate Consistent Diet

- Focuses on total amount of carbohydrate
 - Not proteins or fats
 - Not kind/source of carb
- Much more flexible system of eating
- Carbohydrate Consistent Diet doesn't restrict any foods, just looks at total amount of carbohydrate with goal of consistent amounts from meal to meal

12

How much carb does a person need?

- ▶ Highly individualized
- ▶ Patient's eating history is the key! What/how much do they eat now?
- ▶ Roughly 50% of total calories
 - ▶ 1800 calories/day = 900 calories from carb = 225 grams per day = 15 carb choices per day
- ▶ Hard to do for a set menu

13

SD State Regulation for nutritional adequacy

- ▶ Dietary Guidelines for Americans
 - ▶ Older Adults
- ▶ Carb foods per day:
 - ▶ ~1 cup lentils/starchy vegetable
 - ▶ 2 cups fruit
 - ▶ 6 oz grain
 - ▶ 3 cup dairy
 - ▶ "Other Uses" - Desserts
- ▶ 13-16 carb choices per day

CALORIE LEVEL OF PATIENT	Daily Amount of Food From Each Group (Equivalent to 1/2 cup for soups, 1/4 cup for nuts)					
	1800	1600	1400	1200	1000	800
Vegetables (cup eqs)	3	2 1/2	2	1 1/2	1	1/2
Dark Green Vegetables (cup eqs)	1 1/2	1 1/4	1	3/4	1/2	1/4
Red & Orange Vegetables (cup eqs)	4	3 1/2	3	2 1/2	2	1 1/2
Beans, Peas, Lentils (cup eqs)	1	1 1/2	1 1/2	2	2	2 1/2
Starchy Vegetables (cup eqs)	4	3	3	3	3	3
Other Vegetables (cup eqs)	2 1/2	2	2	2	2	1 1/2
Fruit (cup eqs)	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2
Whole Grains (cup eqs)	3	3	3	3	3	3
Whole Grains (starch eqs)	1	1	1	1 1/2	1	1 1/2
Whole Grains (whole eqs)	2	2	2	1 1/2	1	1 1/2
Dairy (cup eqs)	3	3	3	3	3	3
Protein Foods (ounce eqs)	3	3	3 1/2	3	3 1/2	3 1/2
Protein Foods Subgroups in Weekly Amounts						
Meats, Poultry, Eggs (ounce eqs)	10	10	10	10	10	10
Seafood (ounce eqs)	3	3	3	3	3	3
Nuts, Seeds, Soy Products (ounce eqs)	1	1	1	1	1	1
100% Grapeseed Oil	22	24	27	29	31	34
100% Canola Oil	188	148	108	68	28	12
Link to Calorie for Other Uses (kcal)	74	86	102	120	138	156

14

"That's too much carb!"

- ▶ Difficult to meet nutrition adequacy and balance the amount of carb
- ▶ Don't forget—carb foods are fruits, whole grains, legumes, dairy
 - ▶ Important vitamins, minerals, fiber
 - ▶ Important source of energy to support healing/recovery
- ▶ Malnutrition is a real problem

15

42 Factors that affect Blood Glucose

FOOD	BIOLOGICAL
<ul style="list-style-type: none"> Carbohydrate quantity Carbohydrate type Fat Fiber Coffee Alcohol Meal timing Hydration Insulin resistance 	<ul style="list-style-type: none"> Insulin levels Stress and anxiety Recent hypoglycemia Changing other blood sugars Diets of excess protein Alcohol and meals Starvation/fasting/hypoglycemia Insulin resistance (weight-related) Illness Exercise A higher BG level Insulin pump Recent insulin doses Illness Cataracts Smoking
MEDICATION	ENVIRONMENTAL
<ul style="list-style-type: none"> Insulin dose Medication timing Medication adherence Insulin administration Insulin storage (temp) 	<ul style="list-style-type: none"> Sightless meals Mealtime vs. bedtime Outside temperature Carbon Altitude
ACTIVITY	BEHAVIOR & DECISIONS
<ul style="list-style-type: none"> Light exercise High intensity & moderate exercise Level of exertion/energy Time of day Food and fluid timing 	<ul style="list-style-type: none"> More frequent BG checks Medical advice and devices Diabetes-related issues Stress and sleep patterns

diabetes.org

16


Cardiac Diet

- Typically limits:
 - Sodium to 2,000-3,000 mg/day
 - Saturated Fat to <7% of total calories
 - 1800 calories = 14 grams saturated fat per day
 - Cholesterol to <200 mg/day
- Foods typically substituted:
 - Low-fat or fat-free dairy
 - Egg substitutes
 - Lean meats instead of processed meats (bacon, sausage, ham, hot dogs, etc.)
 - Low-sodium soups
 - Sodium, fat and cholesterol totaled per day, so "regular" foods can be allowed if in budget**

17

Low Sodium Diet

- Only restricts sodium
- Again, menu programs look at the entire day's total



18

Renal Diet

- ▶ Limits:
 - ▶ Sodium – 2,000 mg/day
 - ▶ Potassium – 3,000 mg/day
 - ▶ Phosphorus – 1,500 mg/day
 - ▶ Protein – 60 grams/day
- ▶ Fluid restriction common
- ▶ Generalizations:
 - ▶ ½ cup milk per day
 - ▶ No “quick” breads prepared with baking soda
 - ▶ Limits high potassium foods
 - ▶ Potatoes
 - ▶ Fresh oranges/orange juice
 - ▶ Bananas
 - ▶ Tomatoes/tomato products
 - ▶ Limits high phosphorus foods
 - ▶ Whole grains
 - ▶ Nuts
 - ▶ Chocolate

19

IDDSI Diets - Foods

- ▶ IDDSI Level 4
 - ▶ Pureed
- ▶ IDDSI Level 5
 - ▶ Minced and Moist
 - ▶ ALL foods no more than 4 mm x 4 mm
 - ▶ Fits between the tines of a fork
- ▶ IDDSI Level 6
 - ▶ Soft and Bite-Sized
 - ▶ ALL foods no more than 15 mm x 15 mm



20

IDDSI Diets - Drinks

- ▶ IDDSI Level 1
 - ▶ Slightly Thick
 - ▶ Typically used only in pediatrics
- ▶ IDDSI Level 2
 - ▶ Mildly Thick
 - ▶ Old name is nectar thick
- ▶ IDDSI Level 3
 - ▶ Moderately Thick
 - ▶ Old name is honey thick
- ▶ IDDSI Level 4
 - ▶ Extremely Thick
 - ▶ Old name is pudding/spoon thick



21

Practical solutions

- ▶ Liberalize diets if appropriate
- ▶ Risk of malnutrition > benefit of diet restrictions
- ▶ QUALITY of life > QUANTITY of days



28


Practical solutions

- ▶ For LTC, form a "Food Committee"
 - ▶ Review Week At A Glance menus prior to switching menu cycles
- ▶ Try different products
 - ▶ Work with your sales rep
- ▶ Permanent menu changes
 - ▶ When certain menu items consistently not well accepted
 - ▶ Work with your RD

29

Thank you!

- ▶ Any questions?
- ▶ tracywightrd@gmail.com



30
