Prediabetes and Diabetes Medical Nutrition Therapy Algorithm For Adults

**Categories of Increased Risk**
See algorithm for Prevention and Delay of Type 2 Diabetes in Adults

**Diabetes Mellitus**
See algorithm for Prevention and Delay of Type 2 Diabetes in Adults

**Medical Nutrition Therapy**
By Registered/Licensed Dietitian

**Individual Nutrition Assessment**
BMI, waist circumference/waist-to-hip ratio, medical history, lab values (chemistry panel, lipid panel, A1c, microalbumin-to-creatinine ratio, renal panel), diet history, lifestyle, activity level, readiness to change, food insecurity, personal and cultural preferences, health literacy, numeracy, and support system

**Diabetes Self-Management Education and Support (DSME/S)**
- AADE7 Self-Care Behaviors™
- Referral to local DSME/S program
- Facilitate patient-driven individualized behavioral goals to improve self-management and clinical metrics
- Promote weight loss, as needed in 5-10% increments
- Daily self-monitored blood glucose (SMBG)
- Encourage at least 150 minutes of physical activity per week
- If prediabetes, consider Diabetes Prevention Program (DPP) referral
- Identify Psych/social support, stress, finances, family dynamic and consider PCP referral for behavioral health and support

**Meal Plan Guidelines**
- Provide guidance for an individualized meal plan that addresses:
  - Achievement and maintenance of weight goals
  - Attainment of glycemic, blood pressure, lipid goals
  - Renal factors that benefit food modifications
- **Recommended**: Balanced distribution of carbohydrates at each meal and/or snack.
- **Not Recommended**: <130g CHO (~9 servings/day) individualize meals and snacks to include healthy food choices
- ↑ dietary fiber intake to 14 g fiber/1,000 Kcal/day

**Hyperglycemic**
- Monitor CHO intake
- Individualize Goal
- Refer to Glycemic Control Algorithm for Type 2 Diabetes Mellitus in Adults

**Overweight/Obese**
BMI >25
- Set individual weight loss goals (5-10% increments)
- ↑ activity as tolerated
- Evaluate total calories from fat and CHO.
- If excessive, ↓ Kcal from CHO and/or fat, (especially from saturated fat) by 500-1000 Kcal below usual daily intake.

**TG >150 mg/dL**
- ↓ Total CHO intake
- ↑ Omega-3 fatty acids
- If TG >500 mg/dL, ↓ fat calories to <15% total Kcal/day

**LDL-C >100 mg/dL**
- ↓ Saturated fat <7%
total Kcal/day
- ↓ trans fats (minimized)
- ↓ cholesterol intake < 200 mg/day
- ↑ omega-3 fatty acids
- ↑ soluble fiber 10-25g/day
- ↑ plant stenols/sterols

**BP >130/80 mmHg**
Individualize sodium restriction to medical needs or DASH diet

**Follow-up Evaluation**
Review glucose records (logs), A1c, weight, lipids, and blood pressure
Modify meal plan as needed to achieve metabolic goals
Reassess for any changes in social support and financial dynamics.
Suggest PCP refer to endocrinologist, behavioral health and/or bariatric care depending on which metabolic goals are not being met.

**Footnotes**
1 MNT can only be billed by RD or RDN. DSME/S can only be billed by accredited or recognized programs.
2 Refer to Weight Loss Algorithm
3 Refer to Exercise Algorithm
5 Refer to Lipid Treatment Algorithm
6 Refer to Hypertension Algorithm

Diabetes Medical Nutrition Therapy and Prevention Algorithm for Adults – Revised 07/28/16
See disclaimer at www.tdctoolkit.org/algorithms_and_guidelines.asp