

How to Make Sugar and Sweets a Part of Diabetes Meal Planning

Do your patients ever ask you if they can have sugar? Do they wonder if they can enjoy a piece of cake on their birthday or some ice cream on a hot summer day? If so, what do you tell them?

Counting Sugar in the Meal Plan

For the most part, sugar and foods that contain sugar can be eaten in moderation by people with diabetes. No, sugar hasn't suddenly become a nutrition superstar. Far from it. But, since 1994, nutrition guidelines from the American Diabetes Association state that sugar and sugar-containing foods can be part of a diabetes meal plan – as long as they're substituted for other carbohydrates (carbs) in the diet. Many studies have shown that when individuals choose a variety of foods containing either starches or sugars, the effect on blood glucose is very similar as long as the total amount of carb consumed is similar. The American Dietetic Association has issued a similar recommendation, as well, as stated in the ADA Evidence Analysis Library:

If persons with diabetes choose to eat foods containing sucrose, the sucrose-containing foods should be substituted for other carbohydrate foods. Sucrose intakes of 10 to 35 percent of total energy intake do not have a negative effect on glycemic or lipid responses when substituted for isocaloric amounts of starch.

Here's an example that you can use to explain this concept to your patients:

15 grams of carb from 1 tablespoon of maple syrup = 15 grams carb from 1 slice bread

What's the Catch?

Portion size. One tablespoon of syrup is obviously much smaller than one slice of bread, and therefore likely to be less satisfying. Foods that contain sugar tend to be quite high in carbohydrate, so even small portions of sugary foods, such as candy or cookies, can quickly add up in carbs and calories. And let's not forget that sweet foods often, although not always, contain fat (typically saturated fat).

Sugar Isn't Always So Sweet

Sugar certainly has its downsides. For example, foods that contain sugar are often high in fat, and short on vitamins, minerals and fiber. Recently, the American Heart Association issued its recommendation to limit added sugars to no more than 100 calories per day for women, and no more than 150 calories per day for men, stating that "a high intake of added sugars is implicated in numerous poor health conditions," including obesity, high blood pressure, heart disease and stroke. Evidence is even stronger linking a high sugar intake with dental caries.

Straight Talk about Sugar

Some healthcare professionals may be uncomfortable talking about sugar and sweets to their patients with diabetes for fear it may seem as if they're promoting these foods. As with any aspect of diabetes self-management, the key is to present the facts and let your patients make their own decisions. Most patients with diabetes will ask about sugar at some point and will undoubtedly eat sugar-containing foods. By providing them with practical information as to how to fit sugar into their meal plan, you're helping them to make smarter decisions about their food choices.

- Give your patients a food choice list of common sugar-containing foods, or turn to the dessert pages of a carb-counting book to initiate a discussion.
- Ask your patients to name one or two of their favorite sweet treats. Perhaps ice cream is a favorite. Then, point out that one-half cup of regular ice cream is equal to one carb choice (15 grams of carb) plus two fat choices. Discuss how they might fit the ice cream into their meal plan. One option is to forgo a carb choice at supper in order to eat the ice cream for dessert. Or perhaps the scoop of ice cream is best enjoyed as a mid-afternoon snack – with plans to go for a walk later to help burn off some of the calories!
- Patients who are adjusting pre-meal insulin for carb intake can “cover” the ice cream by taking additional rapid-acting insulin. Remind patients that doing so regularly, however, may lead to unwanted weight gain, plus increases in lipid levels.
- Remember to point out that the two fat choices in the ice cream may need to be counted as well, particularly if the patient is aiming to lose weight.
- Suggest that patients check their blood glucose 2-3 hours after consuming a sweet treat. This will help them learn how certain foods affect their glucose and what steps, if any, they might take the next time their glucose levels are not within target range.

Resources

American Diabetes Association. Nutrition recommendations and interventions for diabetes: a position statement of the American Diabetes Association. *Diabetes Care* 31:S61-S78, 2008.

American Dietetic Association Evidence Analysis Library Recommendations Summary. Diabetes Mellitus (DM): Sucrose and Diabetes.

http://www.adaevidencelibrary.com/template.cfm?template=guide_summary&key=2107

Johnson RK, Appel LJ, Brands M et al. Dietary sugars intake and cardiovascular health. A scientific statement from the American Heart Association. <http://circ.ahajournals.org> Accessed on September 9, 2009.

Joslin Diabetes Center: Fitting Sugar in Your Meal Plan:

http://www.joslin.org/managing_your_diabetes_666.asp