

AHEAD Podcast 7 – Recommendations for Achieving Lifestyle Changes in Adults With Diabetes

Transcript

[Jazzy instrumental intro music]

[Voiceover] Michael Konstan: Welcome to the AHEAD Initiative podcast series focused on sharing evidence-based practical strategies to improve diabetes outcomes and advance diabetes health equity. I'm Dr. Michael Konstan from Case Western Reserve University School of Medicine and I serve as the principal investigator for the Northeast Ohio Quality Improvement Hub, a collaboration of Western Reserve University with Northeast Ohio Medical University. The Northeast Ohio QI Hub is funded by the Ohio Department of Medicaid and provides quality improvement infrastructure for primary care clinics in our region. We hope you enjoy today's ahead initiative podcast.

Shari Bolen: Welcome to our AHEAD podcast series for the Northeast Ohio Quality Improvement Hub. My name is Dr. Shari Bolen, and I am the co-PI of the NEO QI Hub and ahead initiative and a professor of medicine at Case Western Reserve University and the Metro Health System. I am delighted to talk with Dr. Revital Gorodeski Baskin today about lifestyle recommendations for people with diabetes. Dr. Gorodeski Baskin is an endocrinologist and director of the obesity program at University Hospitals Diabetes and Metabolic Center as well as an assistant professor of medicine at Case Western Reserve University. Thank you so much for joining with us today for this discussion.

Revital Gorodeski Baskin: Thank you for inviting me on today. I'm very excited to talk to you about this very important topic.

Shari: One question I'm going to start with is really just about what are some healthy dietary options for people with diabetes.

Revital: Thanks Shari. That's a very important question. There's actually a variety of eating patterns that have been documented in the medical literature to be acceptable for the long-term management of diabetes. And there's really no single eating pattern that's recommended as being more superior in comparison to others. But just to mention the Mediterranean diet, which is a lifestyle change, the plant-based diet, the dietary approaches to stop hypertension, which is also known as the DASH diet, the low carb and the very low carb diets.

When we're trying to encourage patients with diabetes to eat better, the first approach that I recommend is to work on the plate method. And what I mean by that is if you can envision a typical size plate, you take that plate and kind of draw an imaginary line in the middle and half

the plate I encourage patients to load that up with a variety of different colorful vegetables. You can really be a mountain of vegetables. You can't overdo that. Now the remaining half of the plate take that and cut that in half. So, there is a remaining quarter of a plate which should be filled with lean protein such as chicken or turkey or fish or vegetarian sources of protein. And the remaining quarter of the plate should be the starchy sides if that is what the patient would like. The starchy sides usually imply the breads or the pasta or the potatoes.

The take-home message initially for people with diabetes is to work on dietary changes that are more of a lifestyle change, more of a livable plan rather than a very restricting diet. In people with type 2 diabetes, we've seen that the low carb and the Mediterranean diets have demonstrated most evidence to be of benefit for pre-diabetic. The most robust evidence has been specifically with the Mediterranean diet, with a low-fat diet and the low carb diet. Additional diets such as the ketogenic diet or the paleo diet, intermittent fasting, for example, are being actively studied for the general population and for people with diabetes as well. I encourage initially working on the plate method, portion control and then focusing on different content control with the help of a registered dietitian.

Shari: Thanks so much for that cuz we do get a lot of questions from patients around which diet is the best for them and often a lot of different popular or trendy diets come up with that as well. So really promoting that healthy diet, no matter which sort of dietary approach they decide to choose and the low carb as well as using that plate approach can be really helpful for those patients. So, thank you. And people with diabetes, I think you really sort of answered this already, but is there any additional general guidance that a primary care provider could give to a patient regarding a healthy diet?

Revital: I think that as a general practitioner, you are the first line person to see these individuals. And so, the kind of general take-home message for dietary changes are to really minimize the intake of processed foods. So, that's the foods that when you walk through a traditional supermarket, they're the ones that are not in the refrigerated section. They're sitting on the shelves. They have a very long shelf life to them, and they're considered the processed foods. There's a lot of chemicals that have been added to them that allow them to sit on that shelf for 6 months and not go bad. And usually those processed foods are not healthy for diabetic care.

Additionally, I would discourage refined grains which imply the white flour, the white bread, the white rice. These are generally lower in fiber content and as well as the added sugars in foods and of course the sweetened beverages. I generally recommend to eat our food rather than to drink our food. And so the sweetened beverages definitely raise our blood sugar and contribute to worsening diabetic care. What is encouraged is incorporating more non-starchy vegetables. So, less potatoes for example, more green colorful vegetables, whole grain foods and the non-sugar sweetened beverages. So, of course, water is always best, but there are luckily other additional non-sugary sweetened beverages that are available in the supermarkets today and are a better choice.

Shari: Great. Yeah, that's really helpful as we think about just giving some general guidance. Often, I'll give some general guidance and then I want them to connect with a dietitian for that more in-depth discussion of their diet to really get improvements in their blood sugar and really help them with that lifestyle. Sometimes that can be difficult, and patients will say to me, "Well, I already know what to eat and not to eat." And so, I was curious what you use as a mechanism to help people connect with a dietitian. What's worked for you?

Revital: That's a great question because I know a lot of patients are very comfortable in their ways of eating and come to me asking for help but are not really sure what to do next. So, I work very closely with a registered dietitian and the way I try to sort of convince them to meet with her is to explain to them that the purpose of the meeting with a registered dietitian is that she or he will specifically study that person's past medical history. They will evaluate their diagnosis, for example, diabetes in this case. They will evaluate if there's chronic kidney disease, if there's issues with heart failure. Are there specific recommendations that this person would benefit from that isn't universal? So, are there certain food considerations that we need to take into account like for example certain allergies, certain dietary restrictions? Are there certain schedules that person conducts their life? Do they work nights? Do they work days? Do they skip their breakfast? Do they skip their dinner? Do they tend to snack at night? Are finances an issue? You know, food is expensive. Sometimes we make different dietary decisions based on that. So, meeting with a registered dietitian is important because that person will sit for usually a full hour with a patient, review their lifestyle, review their certain situations, and then cater to that a creative dietary plan that will be more productive for that patient and more considerate for long-term success. Nothing is sort of robotic when it comes to eating and meeting with a dietitian will make it more individualized and probably more realistic in the long run.

Shari: Great. So, saying something like, "We know that you know what's healthy and what's not healthy, but this will really give that in-depth attention to what would work with your schedule, what might work with your finances to really help shape an appropriate diet for you as well as your condition." So, something like that to a patient. Is that what you're typically doing?

Revital: That's exactly right. It's developing a very healthy proper relationship with food because the reality is our relationship with food is very based on how we were raised. And we've all been taught to finish what's on our plate. We've all been taught a certain kind of interaction with food. And breaking a certain mold that is so ingrained in our behavior is very very difficult for us as individuals to do because it's very hard for us to step out of our comfort zone. So, meeting with a dietitian in addition to meeting with the other caretakers gives it a more well-balanced rounded approach to eating and kind of eliminates the relationship to food that is described to be a "diet." You know, and when we think about a diet, we think of it as a temporary condition. And so, a lifestyle change is very difficult for us to conceptualize. And the dietitian can probably do a better job at explaining this and making it more of a long-term relationship rather than a short-term diet.

Shari: Great. Thank you for that. What do you take into consideration when you're thinking about someone on insulin versus no insulin and then someone on potentially multiple daily injections of insulin versus just long-acting insulin as it relates to diet?

Revital: Shari, that's a great question. When it comes to patients who are on diabetic treatment, especially with insulin, a well-balanced eating approach is best. And patients who are on multiple daily injections of insulin need to recognize a dietary consistency with a healthy amount of carbohydrates and a healthy amount of lean protein and fats is super important for balancing their diabetes care. In other words, avoiding swings in blood sugar is very important because these swings will make that patient feel unwell and perhaps if they're having a feeling of hypoglycemia, they may gravitate towards eating something fast and quick, then raise their blood sugar extremely high and then they might react by treating it with a higher dose of insulin. And so, the roller coaster effect will come into play. So when I see a patient who's on insulin, the first recommendation besides seeing the dietician is to kind of come up with a food log, start to kind of notice what foods are associated with rises in their blood sugar, which foods are associated with drastic drops in their blood sugars, and have them call into me within a short amount of time so that we can discuss their blood sugar logs and kind of help me help them adjust their insulin. The general approach is to eliminate extreme variability with the blood sugars and try to eat a consistent well-balanced diet that avoids these drastic changes.

Shari: So really setting them up to have a program that will help with their dosing of insulin as well as the amount of carbohydrate protein and fat in their diet each day so that they're not having those big swings.

Revital: Exactly.

Shari: How do you handle adults with diabetes who are trying to lose weight through calorie restriction alone? Do you end up adjusting their medications during that time frame or are there other considerations you think about?

Revital: In general, I handle this on a case-by-case basis and at times I actually will preemptively lower their insulin knowing that that patient is very motivated and very committed to dietary changes that will as a result lower their calorie intake and may then require less insulin. So I sometimes actually ask the patient and we set a date and I'll ask them, "Can you call me within a week, maybe two weeks, and share with me your blood sugar logs so that we can kind of review and adjust your medication appropriately," knowing that everybody's definition of a low calorie diet or calorie restricted diet can vary. And also knowing that that may contribute to a different change in their blood sugar control. This requires a very close follow-up. Sometimes I can have them have a phone call with my nurse. Sometimes they will send me an electronically generated message with their blood sugar control so that I can jump in there and quickly adjust their regimen on this case-by-case basis.

Shari: Yeah, that's useful. And just points out how you do need to follow that pretty closely for those individuals. One thing I get asked a lot about is as you mentioned earlier the sugar sweetened beverages and how do you handle substitutions for that? So, what do you suggest to people because a lot of people switch to the sugar substitutes, but I know that there's some concerns about the health of those sugar substitutes for people. Some people come in and they say, "Well I'm using honey, it's natural." So, you know, that's healthier than the sugar. So, just

any any thoughts about what substitutes you would recommend and how to handle that for people.

Revital: I think that sugar substitutes are a very important conversation to have with a patient and preempting that with knowing that we really truly don't know the long-term consequences of some of these sugar substitutes. You know, off the top of my head, I think of aspartame, monk fruit, stevia, Splenda, and then there is those pink packets, the blue packets. You know, there's so many different options out there and it's really confusing for patients. What I will say is that I know for a fact that regular white sugar, brown sugar will very clearly raise our blood sugar, and it will very clearly cause for the pancreas to release a rise of insulin. And the consequences are the body is struggling with this big bolus of blood sugar rise. And so that we know is not good. Now replacing that with a sugar substitute can be of benefit because we know that this will usually improve blood sugar control and it can also impact weight issues if the person is used to consuming very high sugar foods or sugary drinks.

In general though I try to encourage the patient to go natural but honey is although natural is going to be the equivalent of sugar and honey and agave and syrup like the syrup that we use on pancakes is a complex sugar and it will raise blood sugar in the same way that just regular white sugar will. Now alternatively to that stevia and monk fruit are a plant-derived sugar substitute, so I generally recommend them. The Splenda is a sugar substitute that is artificially made in the lab, and I know aspartame is another example of that. So, we don't really know the health benefits of that long-term, but I will tell you that short term, we know that they don't raise the blood sugar as much for most individuals and they're probably a good alternative. I think the one message I would say for individuals long term is it's all about moderation. Even if you are to drink a sugar substitute or eat a sugar substitute in your food, do it in moderation and recognize that it can be overdone as well. And because we really don't know the health benefits or concerns long term, you know, I would just say use it in moderation and decide from there. Sugar substitutes are available better than regular sugar and I do recommend it for my patients overall.

Shari: Thanks. Yeah, it's a complicated question and topic. So, so thanks for chatting with me a little bit about that. What are some options speaking of, you know, substituting for sugar, options for healthy snacks because again that's another thing that comes up. You know, "I'm snacking on something that's not very healthy, but I I want something sweet." So, what's something that we could do instead that would feel satisfying to people when I'm taking away their maybe their less healthy snack option?

Revital: Very important question, Shari. In general, I try to encourage patients to think about their meals throughout the day as a real solid meal being separated from the next salad meal by about a 4-to-5-hour time span. So, anything that comes in between that is described as a snack. Now, snacks ideally work best when they're prepared in advance, and they're thought about in advance. And when they're not thought about in advance, they tend to be more of a graze. And graze can be dangerous for us, meaning they're kind of mindless eating. They're not necessarily and and they're usually not necessarily healthy for us. In contrast to that, a healthy snack is something that we plan for and we are aware of and we might say to ourselves, "Every day

around 10:30 in the morning, I'm going to have a planned snack." Same thing with every day, maybe at 3:00 or 4:00 in the afternoon, it'll be an organized snack.

So, generally, I recommend for patients with or without diabetes that a snack should ideally be rich in lean protein. And if carbohydrates are going to be added to it, carbohydrates that are added with fiber are recommended and as well as a good source of protein to be paired with that. And the reason that this is important is because this can provide for better satiety and ultimately will not contribute hopefully to weight gain and much fluctuation in the blood sugars.

So just to throw out a few examples, eggs are a great source of lean protein and are often times not thought of when we think about of a snack. So, boiling a bunch of hard-boiled eggs at the beginning of the work week is great. Leaving them unpeeled in the refrigerator. Often times, they can even stay out of the refrigerator for most of the day and they don't go bad. Another idea is perhaps going to that deli section of the supermarket and getting low sodium turkey rolls and turkey pieces and then rolling them into kind of like a cigar-looking shape and eating a few of them for an afternoon snack. Nuts are a great source of protein as well and a healthy fat. However, I just always want to point out that when it comes to nuts, you have to be very careful because the serving of nuts can add up very quickly. So, a typical serving of nuts is what fits in the palm of your hands and you can start to sort of wrap your fingers around. And thinking of it as almost like a liquid because if you can envision if you're cupping your hand and holding a small amount of liquid in your hand, if you overfill it, it'll start to flow on to the side of your hand. And so, thinking of that in the form of in the same for nuts will give us a good serving for the day. So nuts are a great option for for a snack as well but just be aware not to overeat them during the day because they can easily accumulate. So, in terms of nuts, just to summarize that, it's such an important topic. Everybody always asks about nuts. Just the take-home message is lean protein and a lot of fiber and dried fruits and nuts are a good option. Cottage cheese with a little bit of fruit is a good option. Ideally, the snack should be no more than about 150 calories.

Shari: Great. You mentioned a couple really key points that I I thought were really helpful. One is that you want to plan your snacks and that it's natural to have that period of time where you would want a snack. And so, planning something allows you the ability to make that a little more healthy and also not run into being really really hungry and then just, you know, grabbing something. And then I liked how your examples of of the different snacks and what they'd be as well as the option for if you wanted something a little sweet, having that cottage cheese with fruit as an option and having some of the dried fruit as a little bit of that can add some of that sweetness. So, appreciate those practical examples that we can use with people. My next question relates to alcohol. How do you handle that for folks with diabetes and what are your recommendations?

Revital: Also, a very good question, Shari. Moderation with alcohol is the key. In general, a lot of beers, for example, and other forms of alcohol tend to accumulate a lot of carbohydrates and are high in calories. And so, what happens with alcohol is we tend to drink our calories. So, kind of like what I mentioned earlier in our conversation, I always encourage to eat our calories rather than to drink our calories because when we drink them, we tend to ignore them. But if we delve into this a little bit more, if for the average size man, a serving of alcohol would be about

two drinks daily and for women about no more than one drink per day. If we kind of dissect this even more, about 1.5 ounces of distilled spirits per day, 12 ounces of beer, and 5 ounces of wine. Remember a glass of wine is kind of a generic term because everybody's glasses are a different size. So, it's hard to kind of eyeball these. But in general, I would say that when it comes to diabetes care long term, I wouldn't say eliminate alcohol because I don't think that's realistic. But I would say just think about it in advance. Be in control of the amount. Consider moderation as the key. And kind of like the snacks that we had just recently talked about, it's all about planning. So, if you love to have your glass of wine with dinner, have that glass of wine. Enjoy it. Enjoy every sip but maybe don't have a second glass while you're preparing your dinner. Moderation with alcohol is key. Monitoring the blood glucose a few hours after drinking as well is important because sometimes actually glucose levels may change dramatically for patients who are drinking alcohol. So, insulin requirements may change as well. And I think it's about trial and error and, just moderation and being extra careful with that.

Shari: Yeah, those are good suggestions. I'm just imagining my grandfather who liked his beer every night with his dinner. And so, trying to change that would be really really challenging. So, we talked a lot about different dietary things that come up during a primary care visit, but we know that diet and exercise do go hand in hand when we're trying to improve healthy lifestyle for people with diabetes. So, I wanted to ask you what general guidance you would give people with diabetes about exercise.

Revital: Exercise is super important for our general health. Contracting and moving those muscles are important especially because we tend to live very sedentary lives especially even since COVID hit us. I think the sedentary approach to living has become easier. So, exercise is very important for our general health and recognizing that both cardiovascular exercise to be specific and strength training exercises play an important role.

And cardiovascular exercises in our mind should be kind of that category of exercises that encourages our heart rate to rise, our heart to pump, our vasculature to maintain a good blood pressure. And that's the kind of exercises that include walking or jogging, elliptical machine, biking. That's what most people think about when they think of exercise. What I want to encourage is the addition of strength training exercises because I think a lot of us downplay the importance of that form of exercise. So, strength training exercises are all forms of exercise that help us build more muscle mass. Muscle mass is super important because it promotes a rise in our metabolism. And in fact, when you do a strength training exercise, which can include dumbbells, bands, squats, lunges, focusing on muscles of the upper body and the lower body, what it does is it actually continues that quote "burn" that occurs in our body for several hours post-workout.

So, interestingly, the exercise physiologists have actually really delved into this, and they've shown that the addition of the strength training exercises to our exercise routine promotes more weight loss. It promotes our metabolism to rise. And this is something that we struggle with as we become older. With every decade of our life, our metabolism naturally drops. Typically for women, unfortunately, it drops very drastically right after menopause. And for men, it probably drops more continuously throughout their life. But either way, everybody comes to us, right,

Shari? In our clinics and they say, "Doc, my metabolism seems to have dropped so dramatically. It's like nothing like when I was 25." And so, my first recommendation to them is let's come up with some strength training exercises that can help with bumping that up.

Now, when it comes to diabetes care, it's important that diabetes type 1 and type two are not exactly the same when it comes to exercise. People with type 2 diabetes, which is what more people that we know have, those are typically people who struggle with their weight, they tend to do great with exercise and they usually don't require any adjustment to their care. It's just encouraged to do more and more. People with type 1 diabetes are a little bit more of a challenge because for them, ironically, doing a lot of exercise may cause for their diabetes to be a little bit more difficult to control. Sometimes they may note that after a strenuous exercise, a few hours later, they'll have a drastic drop in their blood sugar. And so, they have to kind of be extra aware of the impact of their exercise and maybe have an extra snack with them, maybe preemptively adjust their insulin requirements before a strenuous workout if they predict that they'll conduct one.

And so, as a practitioner, we have to know that recommendations for exercises are important for everybody across the board, but it may require a little bit of an adjustment of their care of type 1 diabetes. One last thing I wanted to say, Shari, is when it comes to exercise, I have this expression, "Consistency trumps intensity." And what I mean by that is I encourage patients who when they envision a workout, they envision, "Oh, I'm going to go to the gym. I'm going to spend an hour and a half at the gym. I'm going to sweat. I'm going to move a lot of weights. I'm going to burn a lot." And that's considered a very intense workout and of course is amazing if the person is capable of doing. However, consistency is more important usually because consistency implies that I don't have an hour and a half in me on a regular basis to go to the gym and really exercise a lot, but I may be able to dedicate 5 to 10 minutes a day or every other day and squeeze that into my routine and that is more doable for me. And so, if somebody asks me, is it worthwhile doing that? I say to them 100%. Find a way to incorporate exercise into your weekly routine. Even if it's super short, even if it's really not that intense, because "Consistency trumps intensity." The body likes this form of activity. It needs it on a regular basis, even if it's short increments. And with time, it becomes easier and we tend to push ourselves more. So, I always recommend that expression, consistency trumps intensity to all patients across the board.

Shari: There was a lot of good information in there. I love the also the same messaging around diet with consistency also applies to exercise. I believe there's been studies in people without diabetes, so I don't know if you can speak a little bit to this with diabetes that it looked like even if you broke up your exercise, so say you did 10 minutes twice a day or 10 minutes three times a day and you did that, you know, two or three times a week over the course of a week. It looked like that was pretty similar to say doing the same amount of time but not broken up. Is that true for people with diabetes?

Revital: Yes. It's a cumulative effect that we look at. If a patient says to me, "You know, I can squeeze in a 5-minute routine in the morning before the start of my workday and then at the end of my workday I can force a little walk up and down my street. Is that good?" I'll say to them

that's perfect because it is really a cumulative effect throughout the week. Little things can help. Parking the car away from the building, using the stairs instead of the elevators. I used to work in an institution where everywhere I would go, I'd see doors that would say, "Come in here. There's free exercise." And so, of course, you hear the word free and you open the door and you're thinking, you know, it's like an amusement park or something really exciting. And really, it was just a stairwell. And I would always laugh because I thought that that's so true. It is free exercise. And even though it may take me five extra seconds to climb that stairwell, that's causing my heart to beat harder. It's causing my muscles to contract. And I'm working. And so, Shari, I agree with you completely. I think I read the same studies that it's a cumulative effect. Whatever you can squeeze throughout your day in terms of physical activity will be of benefit.

Shari: Great. Revital, you mentioned earlier with type 1 diabetes and how that might impact your blood sugar and what to watch out with exercise. Anything different for somebody with type 2 diabetes on multiple insulin injections? Is it pretty similar recommendations about keeping an eye on the blood sugar, maybe having a snack before if they're doing a more heavy exercise routine?

Revital: I think that living with diabetes is always a challenge when it comes to exercise. Hypoglycemia, which can manifest itself as a feeling of like a jittery sensation, maybe heart palpitations, a slight confusion and a hunger that comes on very fast is a symptom that's very uncomfortable for most patients. This can occur in both people with type two and type 1 diabetes. They will learn over time with the help of their doctor to adjust their medications accordingly.

So, for a person who's living with type 2 diabetes, often times they're on a pill medication, so oral medications for their diabetes. And usually, we can't really adjust them too much prior to a workout. So that can be a little bit challenging. But usually for these kind of patients that hypoglycemia feeling generally will recover by itself even if they have no access to food. It's just more of a something to prevent and recognize when it happens and perhaps bring an extra snack along to the gym or have it available in their locker.

Now for people with type 1 diabetes, it is a little bit more challenging. Because that sensation of hypoglycemia may occur throughout the workout. It may occur after the workout, and it may occur even sometimes up to 6 hours after a workout. It could wake them up in the middle of the night. And so, learning how to struggle with that is more challenging. Things that us as practitioners can do is to place a continuous glucose monitor (CGM) on these patients which luckily these days most people with type 1 diabetes have to watch patterns and triggers to recognize that perhaps today when that patient is going on a run, they're more likely to have a hypoglycemia occurrence a few hours later. But in contrast to that, if today they're spending doing upper body workout lifting weights, they're not as likely to have hypoglycemia. And so sometimes we can preemptively adjust the insulin according to that history. So, I think that keeping a clear-cut record or tracking mechanism of what happens when we work out is very important and then asking the patient to touch base and allow us to adjust their medication accordingly.

Shari: I wanted to talk a little bit about diabetes self-management education and support (DSMES) and how that can fit into enhancing a healthy lifestyle. What do you recommend and how do you connect people with DSMES to do that?

Revital: DSMES is a very important program because it gives people a lot of diabetes knowledge, skills, and a sense of confidence that they really need to successfully manage their diabetes. Interestingly, it focuses on seven health behaviors, and these can include or do include healthy eating, being active as we've been discussing, monitoring their blood sugar, taking medication, not skipping medications, problem solving, healthy coping and reducing risk. So, the program is there to help improve blood sugar control, quality of life, sleep, mood, and additional concerns that are just part of diabetic management in general. The American Diabetes Association recommends referring patients with diabetes to DSMES at four potential times:

1. At their original diagnosis time.
2. Annually or when not meeting treatment goals.
3. When complicating factors occur.
4. When transitions in life or care occur.

So, if your doctor is noticing that they're developing some decreased kidney function or their blood pressure is not as well controlled or some other kind of metabolic disorder is coming about and maybe going back to the DSME at that time and kind of reconnecting with that. And importantly during transition in life care and when they occur. Luckily, insurance coverage does exist for this kind of program in Ohio, and they are covered by Medicare and in the state of Ohio by Medicaid plans as well.

Shari: That's great. What other tips should primary care teams know related to assisting patients with diabetes with a healthy lifestyle?

Revital: In general, I encourage to work on a small weight loss. For some individuals, losing weight is very easy. For others, it's very hard to almost impossible. And so, I kind of say to them, "Let's sit down and let's think about this." You know, in your mind, perhaps as a patient with type 2 diabetes, you're thinking that you have to lose 50 lb or an enormous amount of weight in order to really improve your care. But then I bring up to them the idea that actually it's been shown in the medical literature that just even a 5% decrease in weight can significantly improve the care and usually that 5% decrease in weight occurs with dietary modifications. And I think that exercise is very important for quality of life and for overall health and dietary changes can push along this 5% weight loss. And so, I think of assisting patients with diabetes in terms of lifestyle changes and thinking about it as this is the rest of their life—what are behavioral changes that we can do that will be doable, maintainable, and not just thought of as a temporary change. The benefits of small increments of weight loss can help long-term in this chronic disease and is achievable when you're thinking about it in small increments.

Shari: I love that small goal setting and movement forward—so important in the work around lifestyles. So that that's really fantastic. I know we discussed a lot today. What are some key takeaways for the audience from our discussion?

Revital: Lifestyle modifications are key long-term. I always recommend that we work on that 5% weight loss. I reinforce the idea that snacks should not be eliminated, but rather planned for, really incorporated into the day in a smart way. To incorporate lean protein in those snacks and complex carbohydrates which include a lot of fiber because these tend to fill us up and allow us to control our blood sugar variability well. I encourage a combination of strength training and cardio in that lifestyle change and I encourage the patient to constantly reset their goals with their caretaker. Kind of re-see how can we tackle the issues at hand and what can we change? What can we improve? I think that overall a long-term care of diabetes requires a kind of a multidisciplinary team of both the doctor, the nurse practitioner, the registered dietician, working on kind of our view of ourselves in a healthy way so that we can continue to enjoy our life in the best of our abilities, but at the same time encourage healthy habits long term and with positive benefits.

Shari: Well, that is fantastic. Thank you so much, Revital, for talking with me today about some of these lifestyle recommendations for adults with type 2 diabetes. This will be so useful to all of us as we take care of our patients.

Revital: Thank you for having me.

Shari: And thank you all for listening to the Ahead podcast. Subscribe on your favorite podcast platform so you never miss an episode.

[Voiceover] Michael: This concludes today's ahead initiative podcast. To learn more about the Northeast Ohio QI Hub, visit NEOQIHub.org. The Northeast Ohio QI Hub is part of the regional quality improvement hub project funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center. The statements stated in this podcast are those of the presenters only and are not to be attributed to the Ohio Department of Medicaid or to the federal Medicaid program.

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