

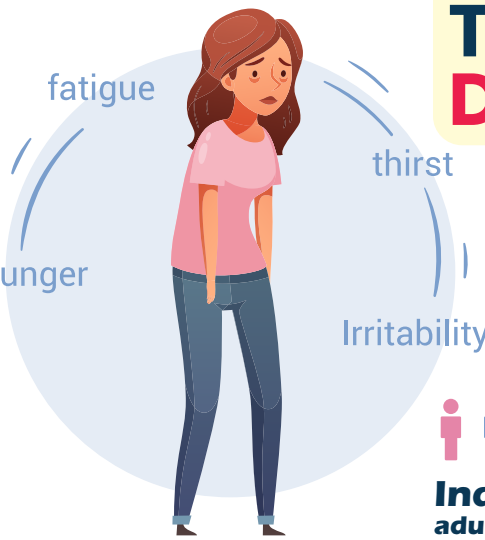
Nutrition therapy is a cornerstone of diabetes management. Integrate individualized dietary counseling into all diabetes care pathways in India

THE BURDEN OF DIABETES IN INDIA

The prevalence is rising rapidly, particularly in **urban & semi-urban** populations.

Nutrition therapy plays a **central role** in preventing complications & improving quality of life.

 **India has over 100 million** adults living with diabetes





NUTRITIONAL CHALLENGES

Diabetes-related **malnutrition & obesity** coexist in India - a dual burden driven by:

Socio-economic disparities

Cultural dietary patterns

 **(high cereal-based diets** |  **low protein intake)**



GOALS OF NUTRITIONAL THERAPY IN DIABETES



Achieve & maintain optimal Blood glucose, Lipid & Blood pressure levels



Prevent or delay complications (neuropathy, nephropathy, CVD)



Ensure adequate Nutrition to prevent Undernutrition or Sarcopenia



Promote healthy weight & sustainable eating patterns

KEY DIETARY RECOMMENDATIONS


Carbohydrates
50–55% of total energy
Prefer whole grains (millets, brown rice), legumes, vegetables; limit refined carbs & sugars


Protein
15–20% of total energy
Encourage high-quality plant proteins (pulses, soy) & moderate animal proteins (fish, eggs, dairy)






Fat
25–35% of total energy
Promote MUFAs (groundnut, mustard oil); limit trans fats and saturated fats


Fiber
25–40g /day of total energy
Use whole grains, vegetables, fruits with low glycaemic index

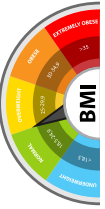

Sodium
2–2.5g/day (<1 tsp salt/day)
Restrict salt; use herbs & spices for flavour


Adequate Hydration
(adjust for kidney status)
Prefer water, avoid sugar-sweetened beverages

SPECIAL CONSIDERATIONS


-  Meal timing & portion sizes are important for glycaemic control.
-  Promote small, frequent, balanced meals.
-  Medical Nutrition Therapy (MNT) should be individualized based on BMI, physical activity, medications, and comorbidities.
-  Protein adequacy is crucial to prevent sarcopenia, especially in older adults with diabetes.

SCREENING & ASSESSMENT

-  Regular nutritional screening is recommended using:
- MUST (Malnutrition Universal Screening Tool)**
 - PG-SGA (for hospitalized patients)**
 - Indian Diabetes Risk Score (IDRS) for risk assessment**
 - BMI, waist circumference, and muscle mass to detect both overnutrition and undernutrition**

AVOID MALNUTRITION IN DIABETES

To secure metabolic control & quality of life:

-  Screen early and regularly
- Identify unintended weight loss
- Treat both over- and under-nutrition
- Include family and caregivers in education

THERAPEUTIC STRATEGY

Nutrition Counselling:
Tailored by dietitians, culturally appropriate menus

Dietary Planning:
Focus on energy balance, glycaemic index/load, protein optimization

Nutritional Supplements:
Consider oral nutrition supplements (ONS) with low GI for patients with poor intake or weight loss

Physical Activity:
At least **150 minutes/week** of moderate activity (walking, yoga, resistance training)



EAT HEALTHY STAY HEALTHY