
Small Shifts, Big Impact: Integrating Nutrition Standards, CKM Care, and Nutrition-Focused Medication Management in Diabetes

Christine Craig, MS RDN CDCES

Registered Dietitian - Diabetes Educator

Founder: Nutrition for Daily Living



Standards of Care for Diabetes & Nutrition Therapy

*For Individuals at Risk for Diabetes
or Living with Diabetes*

Health Behaviors in Diabetes Care

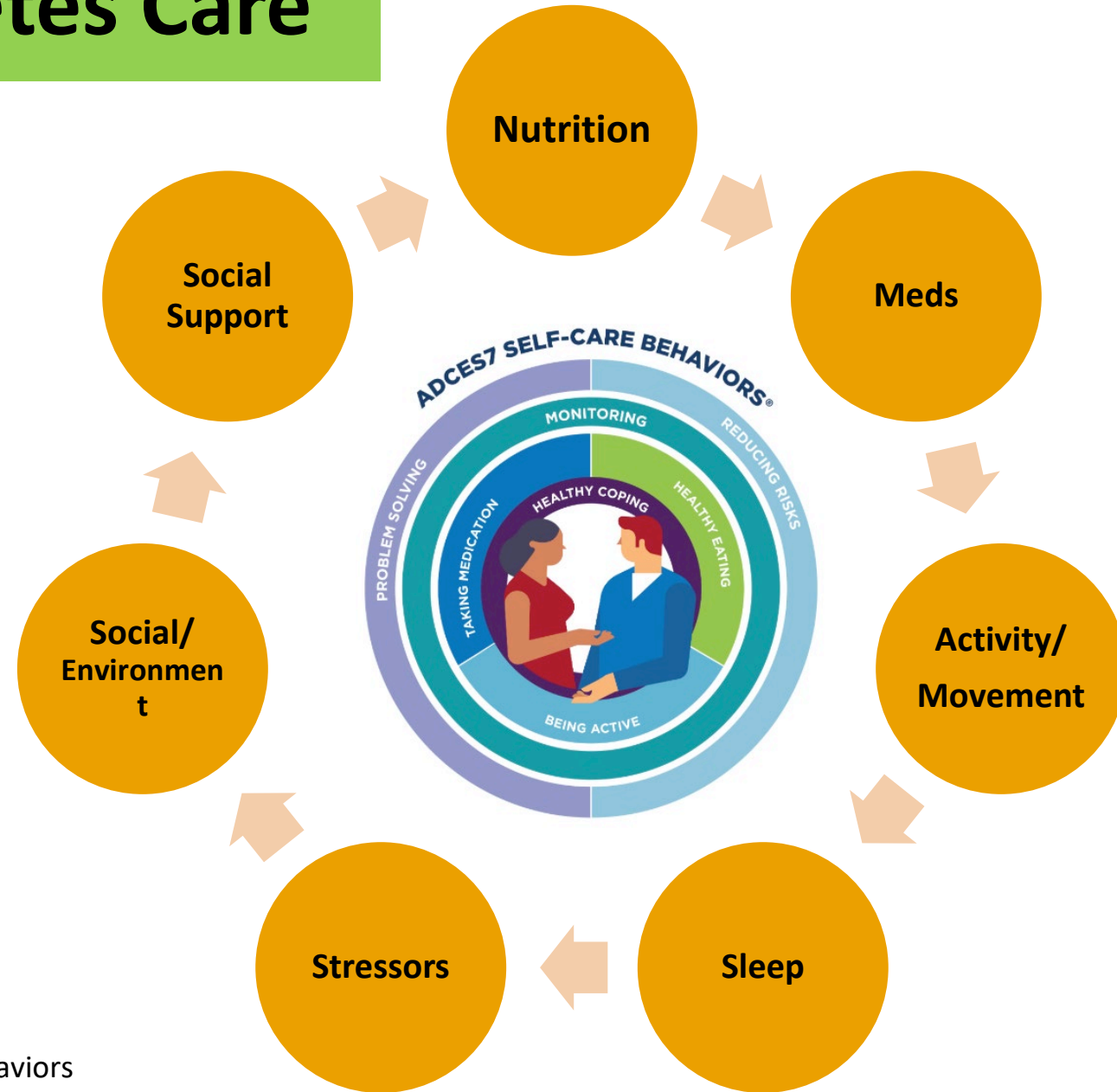
Whole-person Approach

- Integrate psychosocial support, medication, and lifestyle strategies.

Individualization is Essential

Sustainable Changes Matter

- Emphasize realistic, enjoyable eating patterns that can be maintained long term.



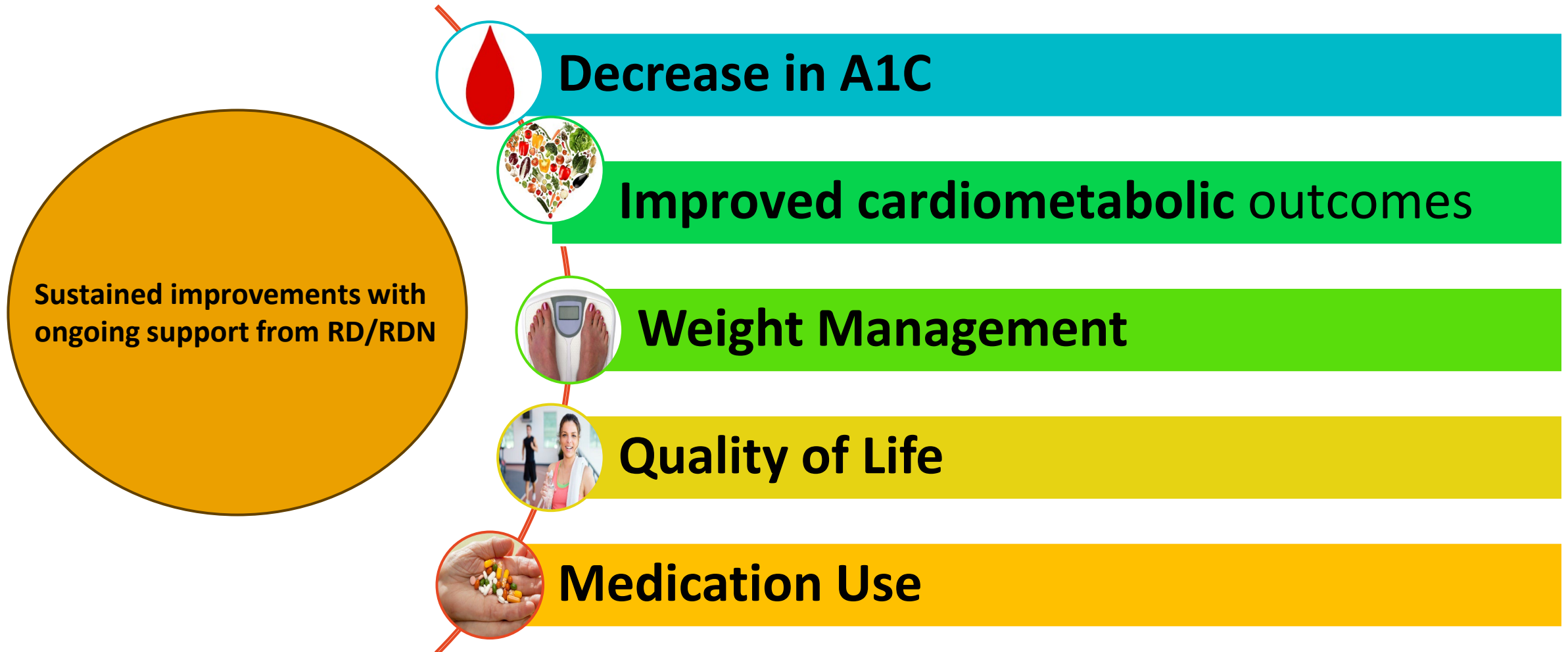
Nutrition Therapy

MNT is a nutrition-based treatment provided by an RDN or similarly qualified professional

**“All healthcare team members
should complement MNT,
providing guidance on healthy food
choices for the individual and
behavioral support”**



Nutrition Therapy Improves Outcomes



MNT Goals in Diabetes Care

1. Support healthful eating patterns

- **Emphasize eating a variety of nutrient dense foods** in appropriate portions to:
 - Attain individualized BP, glycemic and lipid goals
 - Attain and maintain body wt goals
 - Delay and/or prevent complications

2. Individualize nutrition care based on:

- Personal and cultural preferences
- Health literacy and numeracy
- Access to healthful foods
- Willingness and ability to make behavioral changes
- Barriers to Change

3. Maintain pleasure of eating.

Provide positive, nonjudgmental messages about food

- **Limit food choices only when backed by science**

4. Provide practical tools for developing healthful eating patterns

2026 Nutrition Guideline Updates

2025–2030 U.S. Dietary Guidelines

Whole-food focused eating patterns



U.S. DHHS & USDA. Dietary Guidelines for Americans, 2025–2030. 10th ed. 2026.

2026 AHA Dyslipidemia Guideline

“Choose & minimize”, focus on whole-food based eating patterns



Blumenthal RS, et al. 2026 ACC/AHA multisociety guideline on the management of dyslipidemia. Circulation. 2026;153:e1154–e1276.

2026 AHA/ACC/ADA/ASN CKM Guideline

Life's Essential 8 as the unifying health framework



Ndumele CE, et al. 2026 AHA/ACC/ADA/ASN guideline for cardiovascular-kidney-metabolic syndrome. J Am Coll Cardiol. 2026;87(22 Suppl):e1889–e2007.

ADA Standards of Care (SOC): Eating Patterns



“Nutrition therapy for diabetes is not one-size-fits-all”

Mediterranean- LIKE Diet	Vegetarian/Vegan	Low-Fat	Low Carb/Very Low Carb	DASH/DASH4D
↓ diabetes risk ↓ A1c ↓ TG Strong evidence for ↓ MACE	↓ diabetes risk ↓ A1c Wt loss ↓ LDL/non LDL	↓ diabetes risk Wt loss	↓ A1c Wt loss ↓ BP ↑ HDL & ↓ TG	↓ diabetes risk Wt loss ↓ BP • DASH4D, 2026 ↑ TIR, ↓ BP

- Alison B. Evert, et al. Nutrition Therapy for Adults With Diabetes or Prediabetes: A Consensus Report. *Diabetes Care* 1 May 2019; 42 (5): 731–754
- ADA Professional Practice Committee. *Diabetes Care*. 2026;49(Suppl 1):S89–S131

ADA SOC: Key Nutrition Principles

Until there is more evidence:

- Encourage nutrient-dense whole-foods
- Emphasize rainbow of non-starchy vegetables

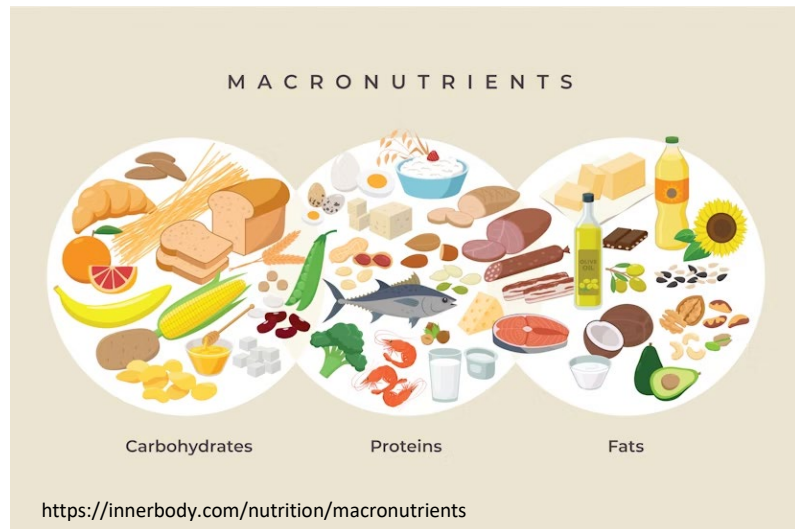
↑ Whole fruits, legumes, whole grains, nuts & seeds, lean proteins, low-fat dairy/alternatives

↓ Red meat, added sugars, SSB, added salt, refined grains & ultra-processed foods



ADA SOC: Macronutrients

There is no single amount of carbohydrate, fat or protein recommended for individuals with diabetes



*“People eat food, not macronutrients, nutrient recommendations need to be applied to **WHAT** people eat”*

Carbohydrate Quantity & Quality Matter

Consider reducing overall carbohydrate intake for individuals with diabetes

Quality of Carbohydrates Matter



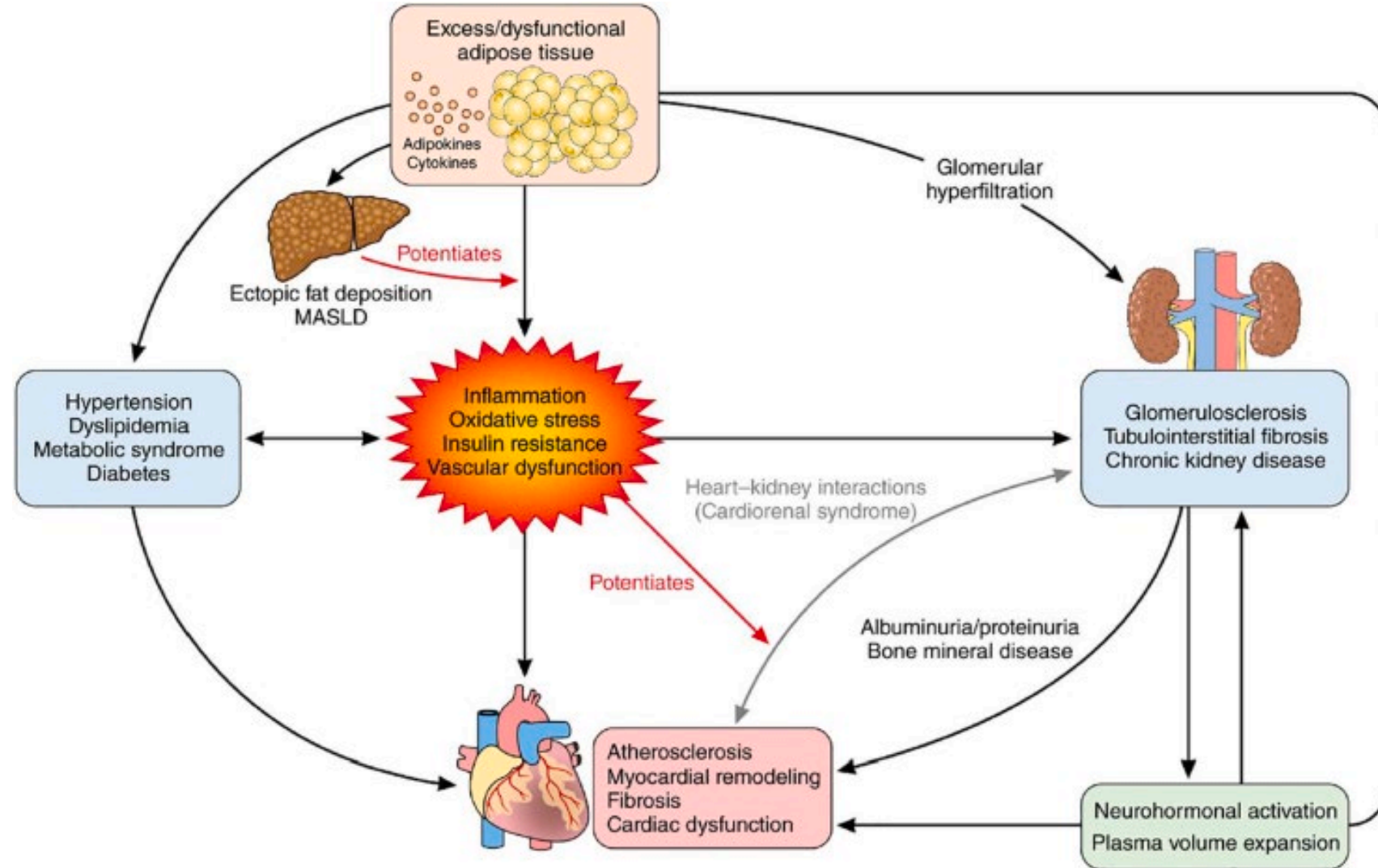
ADA SOC: Other Nutrition Principles

- **Sodium:** <2,300 mg/day when clinically appropriate
- **Saturated fat:** limit to reduce cardiovascular risk
- **Water:** preferred beverage
- **Alcohol:** limit; people who abstain should not be encouraged to start
- **Individualize** weight-management goals
 - Assess nutritional adequacy during intentional weight loss
 - Screen for malnutrition when clinically indicated

Cardiovascular-kidney-metabolic (CKM) Syndrome

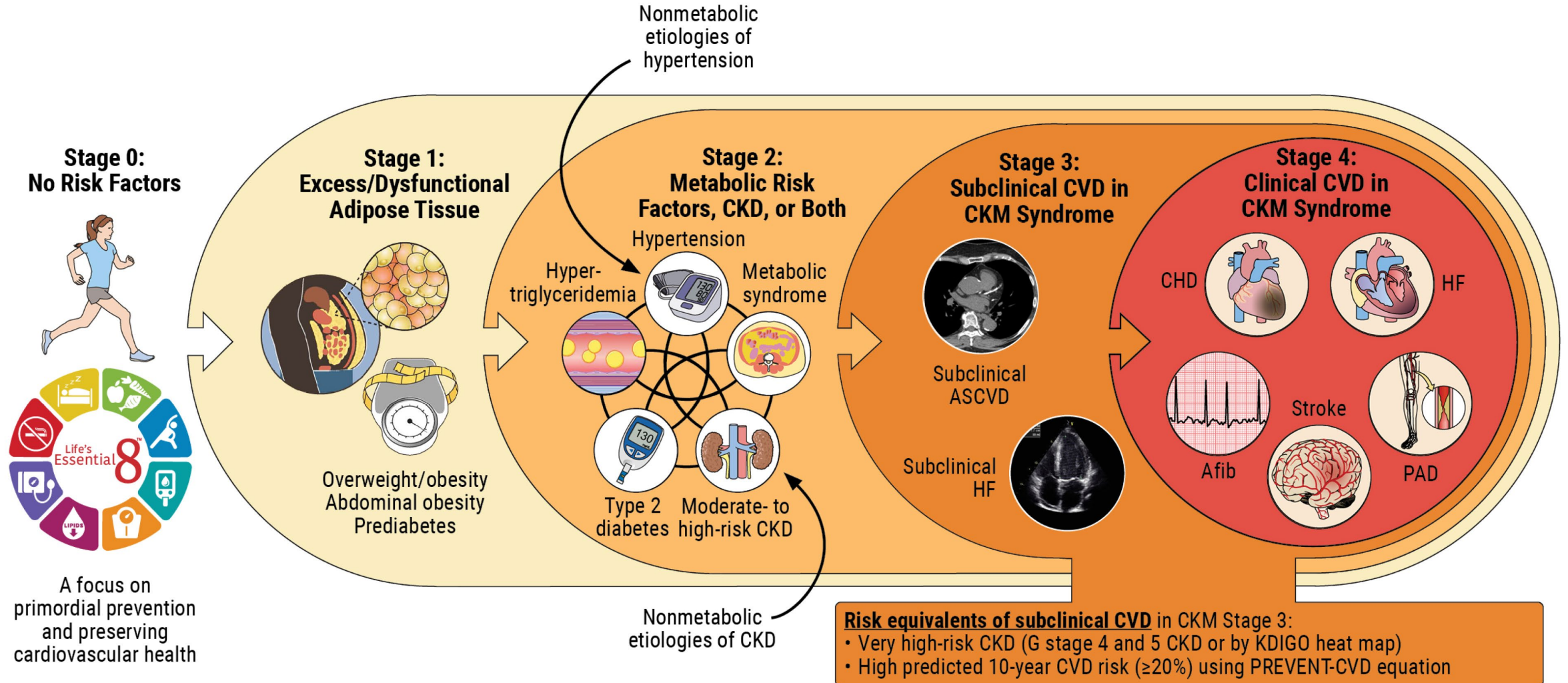
CKM defines the **interconnection** of Obesity, diabetes, CKD, & CVD.

Progression of **one** can increase risk of **others**.

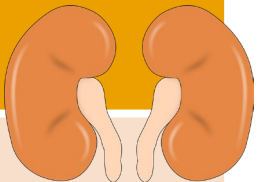
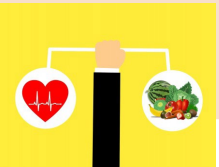


- Kidney Int Rep. 2024 Jun 6;9(9):2608–2618. doi: [10.1016/j.ekir.2024.05.033](https://doi.org/10.1016/j.ekir.2024.05.033)
- Ndumele CE, Rodriguez F, Dixon DL, et al. 2026 AHA/ACC/ADA/ASN guideline for the prevention, detection, evaluation, and management of cardiovascular-kidney-metabolic syndrome: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2026;154:e50–e158. doi: 10.1161/CIR.0000000000001453t

Cardiovascular-kidney-metabolic (CKM)



SOC: Nutrition Therapy for Lipid, HTN and DKD

Hyperlipidemia	Hypertension	DKD 
• Mediterranean-<i>like</i> • DASH • ↑ soluble fiber & plant sterol/stanol • ↓ saturated & trans fat • ↑ foods rich in omega-3 fatty acids • Foods are rich in polyphenols. 	• DASH • ↓ sodium (< 2.3 g) • ↑ F/V, LF dairy • Limit/avoid ETOH 	• DASH • Mediterranean-<i>like</i> • Plant-based Patterns • Aim protein ~ 0.8 gm/kg in DKD. • ↓ sodium (< 2.3 g) • K⁺/Phos restriction as labs indicate.

Dietary patterns and CKM syndrome

Dietary patterns

Recommended / Protective diets

Mediterranean diet



DASH diet



Healthy plant-based diet



Caution / Short-term diet

Ketogenic diet



Avoid / Harmful diet

Unhealthy plant-based diet



Risk reduction, Protection

(↓Incidence & Progression)

Anti-inflammatory,
Improved gut microbiota,
Improved insulin sensitivity

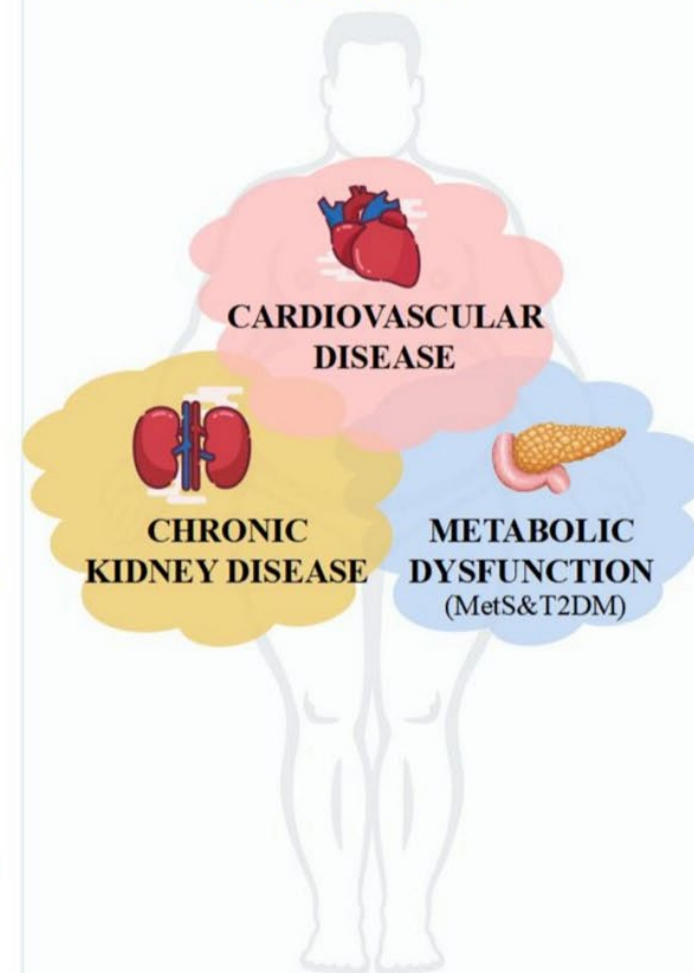
Mixed outcomes
(Short-term benefit vs.
Long-term risk)

Increased risk, Exacerbation

(↑Risk)

Metabolic derangement

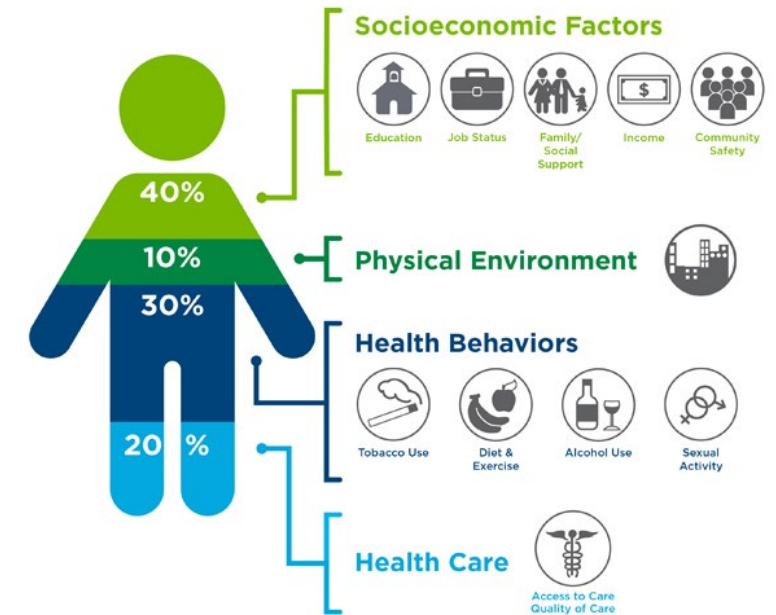
Outcome



Do the Guidelines Reflect the Foods I Eat?

1. No One-Sized-Fits-All Approach
2. Align evidence with food choices
 - Focus on Key Nutrition Principles
3. Address structural barriers
4. Support through community-based programs

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group



- ADA Professional Practice Committee. *Diabetes Care*. 2026;49(Suppl 1):S89–S131
- American Diabetes Program, Indian Health Service. *Nutrition*. USDHHS <https://www.ihs.gov/diabetes/clinician-resources/soc/nutrition/>

ADA Behaviors to Encourage: Actions

- **Vegetables**—especially nonstarchy vegetables that are dark green, red, and orange in color; fresh, frozen, or low-sodium canned are all acceptable vegetable options.

- **Legumes**—dried beans, peas, and lentils.

- **Fruits**—especially whole fruit—fresh, frozen, or canned in own juice (or no added sugar) are all acceptable fruit options.

Choose Whole Foods

- **Whole-grain foods**—where culturally appropriate, whole-grain versions of commonly consumed foods such as 100% whole-wheat breads or pastas, and brown rice. When not available, refined grains are acceptable. Focus on portion control.

- Foods with at least 3 g of **FIBER** per serving, which generally indicates

Integrate traditional/cultural foods

- **Water** should be the primary beverage of choice.

- For individuals who do not prefer plain water, no-calorie alternatives are the best choice. Options include adding lemon, lime, or cucumber slices to water; sparkling no-calorie flavored no-calorie waters; no-calorie carbonated beverages, etc.

Choose Water

ADA Behaviors to Encourage: Actions

• Plant-based proteins can include legumes (e.g., soybeans, pinto beans, black beans, peas, and lentils), nuts, and seeds.	Plant-based & Lean Protein & Wild Fish
• Meats and poultry should be from fresh, frozen, or low-sodium canned and in lean breast and ground turkey).	
• Heart-healthy wild-caught fatty fish such as salmon, tuna, sardines, and mackerel. Fresh, frozen, or low-sodium canned are all acceptable options.	
• Use herbs (e.g., basil, fennel, mint, parsley, rosemary, and thyme) and spices (e.g., cinnamon, garam masala, ginger, pepper, and turmeric) to season foods instead of salt or salt-containing preparations.	Seasonings
• Incorporate onions, garlic, celery, carrots, and other vegetables as a base for preparing various homemade foods.	
• Cook with vegetable oil (e.g., canola and olive) in place of fats high in saturated fat (e.g., lard, and coconut oil).	Meal Planning & Social Support
• Meal prep by planning out meals for the week, grocery shopping with a list, and cooking on a day off so there are ready-to-eat and ready-to-reheat homemade meals waiting in the fridge or freezer. • Include family or roommates in meal preparation; share the responsibilities of meal cooking.	

From Guidelines to Real Life

- What foods already fit these principles?
- What beverages are realistic alternatives?
- What are high sodium foods, are there opportunities to change the flavor source?
- Can affordable/accessible foods provide fiber?
- What foods are available, affordable, familiar, and culturally meaningful?
- Is the meal pattern realistic with work, family, appetite, and food access?



“Our role is to support each person’s goals, needs, and abilities.

Our recommendations are most meaningful if they align with what is realistic and important to the person.”



Personalizing Nutrition for Medication Management

Case Study: Sam

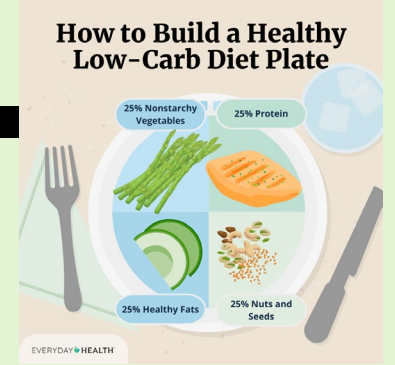
- **Age:** 53
- **Diagnosis:** Type 2 Diabetes (diagnosed 7 years ago)
- **BMI:** 24.8 (recent weight loss noted)
- **Medications:**
 - Metformin ER 1000 mg x 2/day
 - Empagliflozin 25 mg daily
- **A1C:** 6.9%
- **eGFR:** 72 mL/min/1.73m²
- **Lipid Panel:** LDL 94 mg/dL, HDL 66 mg/dL, TG 102 mg/dL

Diet History

• Began **very low-carbohydrate diet** (~25-40g carbs/day) 3 months ago after friend's success with treatment of their diabetes

• **Meal pattern:** Coffee with MCT oil + collagen powder for breakfast. Salad topped with tuna, avocado, garbanzo beans and other vegetables for lunch. Chicken/salmon with vegetables (broccoli, zucchini or leafy greens) for dinner. Snacks include jerky, nuts, and cheese sticks.

• Reports **weight loss of 10 pounds in 12 weeks**, and overall improved energy



What assessment can we make about Sam's nutrition changes?

- A. Sam is following an ADA evidenced-based dietary pattern with successful outcomes. Encourage continuation of this individualized pattern.
- B. The combination of a very low carbohydrate diet and SGLT2 inhibitors improves cardiovascular outcomes without increased risk.
- C. Following a very low carbohydrate diet with Sam's current medications regimen can increase the risk for euglycemic diabetic ketoacidosis.
- D. A1C is <7%, no additional education or adjustments are needed to Sam's diet or medication regimen.

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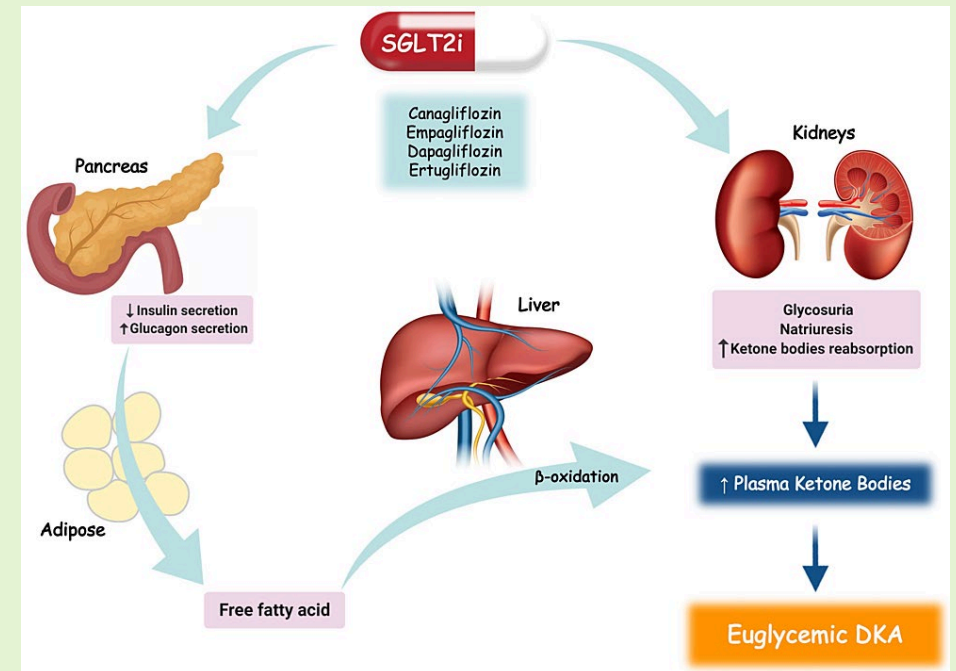
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Rationale

Concern: Sam is taking **empagliflozin (SGLT2 inhibitor)** and following a **very low-carb diet**. This combination increases the risk of **euglycemic DKA (eDKA)**.

Why:

- Enhanced glucosuria
- Altered insulin to glucagon ratio
- Increased ketone reabsorption



SGLT-2 Education

- DKA symptoms, even when glucose is not very high
- When and how to check ketones
- Sick-day guidance
- Maintaining appropriate insulin therapy when prescribed
- Hydration

Clinicians: Be aware of modifiable risk factors. Consider withholding/cease of SGLT2 if increased risk.

SGLT-2 Dietary Considerations

Avoid:

- Ketogenic/very-low-carbohydrate diets
- Prolonged fasting or Severe caloric restriction

Assess:

- ✓ Total carbohydrate intake
- ✓ Insulin adequacy
- ✓ Hydration
- ✓ Alcohol intake
- ✓ Recent illness/vomiting
- ✓ Weight loss



GLP-1s/GIP

GI Side Effects are Common:

- nausea, diarrhea, constipation, vomiting.

Nutrition Tips:

- Eating smaller, low-fat meals (avoid fried/fatty), avoid spicy foods & carbonated drinks, limit ETOH, eat slowly can reduce symptoms
- Fluids, Fiber, Protein, Movement
- Access for Malnutrition & Micronutrient status

Diet and exercise guidance for patients taking GLP-1s

Follow our **MEAL** plan to maximize benefits while taking GLP-1s for weight loss.

Maintain muscle

- 20-30 g Protein (fish, poultry, yogurt, beans) per meal
- Protein shakes when GLP-1s severely reduce appetite

Energize and balance

- Snacks (nuts, fruits, yogurt) between meals
- Slow-digesting foods (oatmeal, sweet potatoes); healthy fats (olive oil, avocado)

Avoid GLP-1 side effects

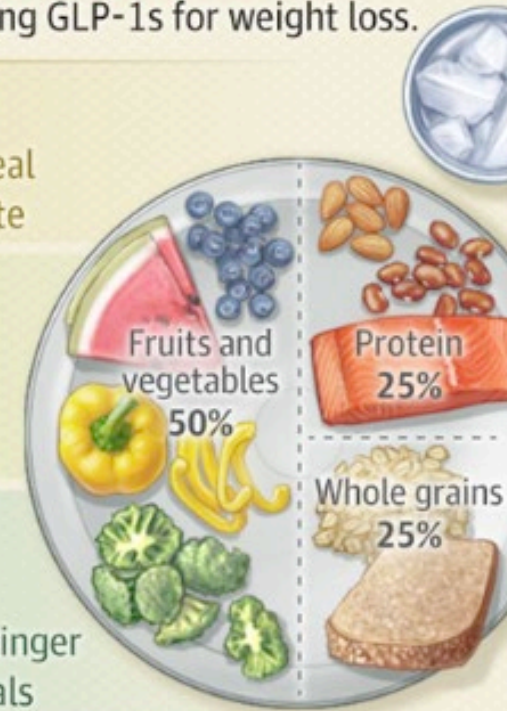
- Constipation: increase fiber and stay hydrated
- Nausea: avoid fried foods; eat whole grains and try ginger
- Heartburn: avoid spicy foods; stay upright after meals

Liquid for hydration needs

- 8-12 Cups water per day; hydrating foods (soups, cucumbers, melons)

Physical activity while taking GLP-1s

- Aerobic exercise: 150 minutes per week (brisk walking)
- Strength training: 30 minutes, 2-3 times per week (weights, resistance bands)



Glucophage

Common GI effects: nausea, diarrhea

- **Strategies:** Take with meals, gradual dose increase, change to extended release to reduce GI side effects

Nutrition Considerations:

- ✓ Screen for B12 deficiency
Higher risk with Glucophage > 5 years
- ✓ Ensure hydration
- ✓ For GI Tolerance: Limit high fat meals and include soluble fiber-rich foods



Sulfonylureas

Nutrition Considerations

Risk of Hypoglycemia

- ✓ Emphasize consistent carbohydrate intake.
- ✓ Avoid prolonged fasting or skipping meals.
- ✓ Teach to recognize hypoglycemia symptoms and keep rapid-acting carbohydrate available

Meal Timing

- ✓ Take 30 minutes before meals or with first meal of the day for improved efficacy and reduced risk of hypoglycemia.
- ✓ Timing is based on type.

Weight Gain

- ✓ Calorie awareness and portion control.

Insulin Therapy

Integrate Nutrition Regimen into Personal Patterns, Needs, Lifestyle & Abilities

Basic Nutrition Considerations:

- ✓ Fixed Dose/Long-Acting Only: Consistent meal and snack patterns.
- ✓ Flexible Therapy: Adjust doses based on carbohydrate intake and individual needs.
 - ✓ Use insulin-to-carb ratios and correction factors for more flexible dosing.
 - ✓ Consider role of fat/protein in glucose trends and insulin requirements.
 - ✓ Consider activity and other lifestyle factors

Insulin Delivery Devices



Insulin syringe



Insulin pen



Jet injector



Insulin pump

Additional Education/Skills:

- ✓ Overall dietary patterns for health
- ✓ Frequency of self-monitoring or CGM.
- ✓ Hypoglycemia prevention/tx planning.
- ✓ Sick Day Planning

Diabetes is Personal

Any Approach Should Consider Individual Needs

Health status

- ✓ What targets are we working towards?
- ✓ Consider nutrient quality, total calories, metabolic goals.

Personal & cultural preferences

- ✓ What are current dietary patterns?
- ✓ How can we modify in a person-centered way?

Ability to sustain recommendations

- ✓ Individual why's, desires and abilities?

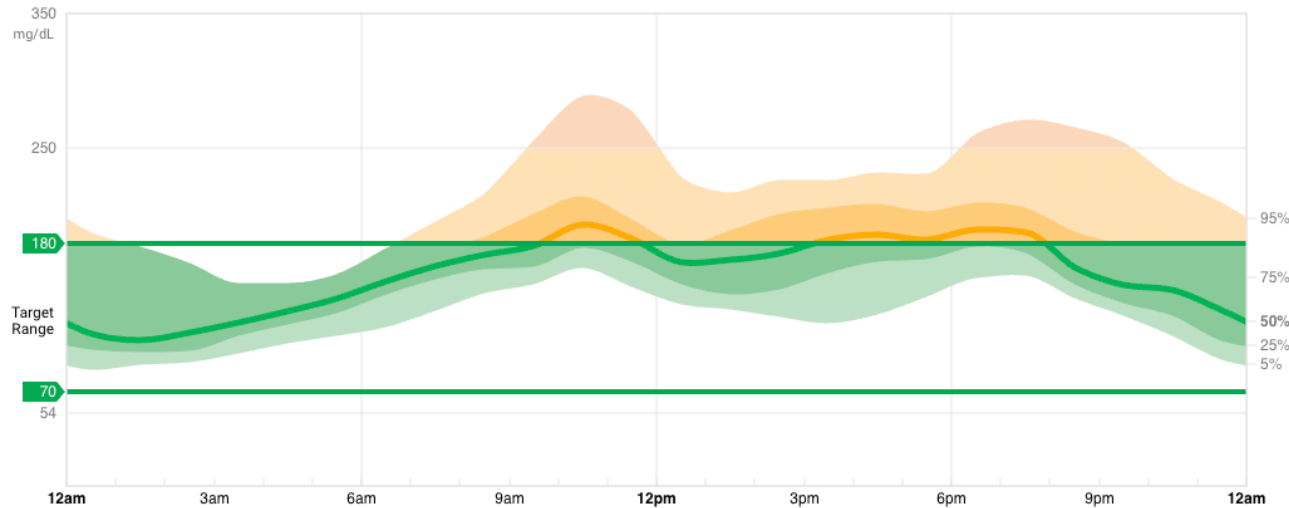
Food access & nutrition security

- ✓ Time to prepare foods, access to foods/refrigeration & cooking tools
- ✓ Skills for budget-friendly meal planning
- ✓ Individualize, problem solve specific situations & find solutions

Personalizing Nutrition with Tech Tools

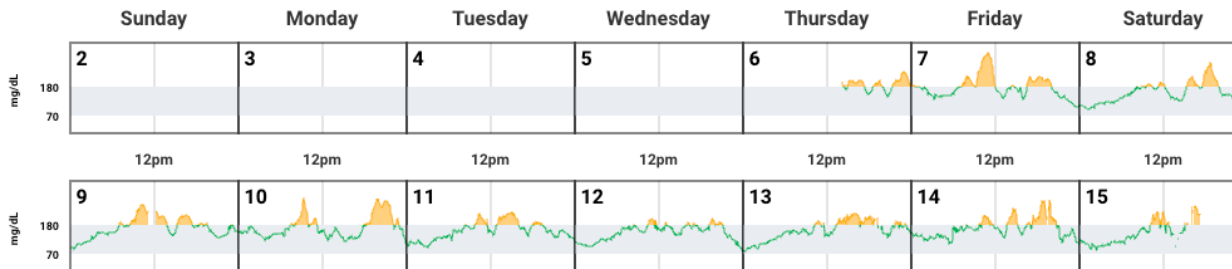
Ambulatory Glucose Profile (AGP)

AGP is a summary of glucose values from the report period, with median (50%) and other percentiles shown as if they occurred in a single day.



Daily Glucose Profile

Each daily profile represents a midnight-to-midnight period.



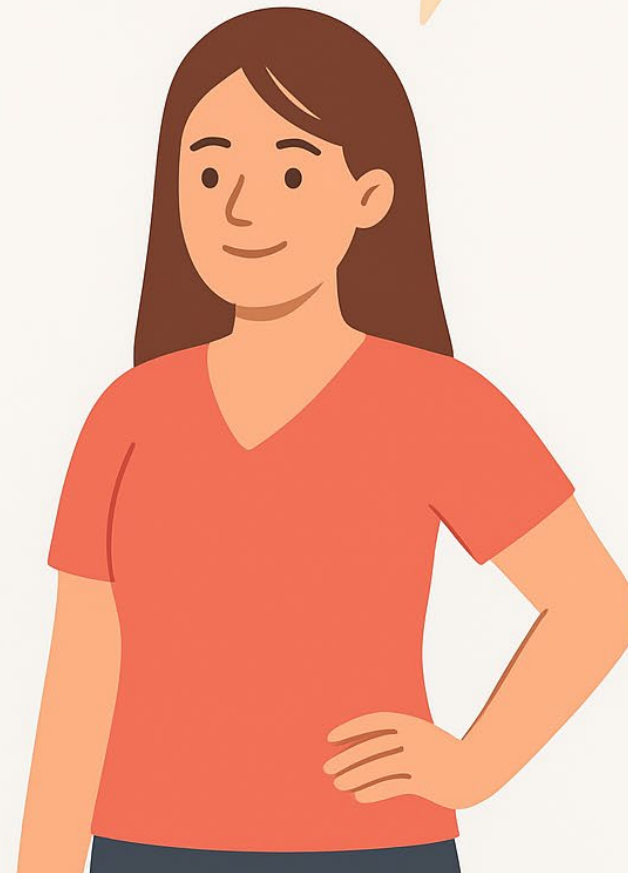
- Food Tracking = Opportunities
- CGM can provide powerful insights into eating patterns & food choices (0.46% A1c ↓)
- Useful to address behaviors

CGMs can transform nutrition education from "what do I eat?" to "what works best for me?"

**I am the expert
of diabetes**



**I am the expert
of myself**



Small Shifts Framework



Strength-based care starts with what is already working.

Small shifts build on those strengths creating change that is realistic, meaningful, and sustainable.

Case Study: Jordan

Age: 52

Diagnosis: Type 2 Diabetes (diagnosed at age 17)

Recent Event: Hospitalized 5 days ago; now discharged home on basal-bolus insulin therapy via insulin pens. Continues Metformin & GLP1. Wears CGM.

Admitting A1C: 12.6%, C-Peptide: 0.6 ng/DL, Concurrent Glucose: 248 mg/dL

Other:

- Lives in a multigenerational household
- Receives care through a Tribal Health Clinic/SDPI program
- Works part-time, limited energy and resources.
- Glucose fluctuates widely on CGM (frequent highs, occasional lows)

Nutrition & Lifestyle Snapshot

- Poor appetite since discharge
- Irregular meal pattern - Snacks throughout the day on crackers, chips, sandwiches. Consumes juice & regular soda due to reported fatigue and cravings
- Low confidence in carb counting or grocery shopping. **Says “I’m scared to give insulin because I don’t know how much insulin to take with meals”.**
- Rarely cooks
- Diabetes burnout and exhaustion

Demonstrated Strengths We Can Build Upon

● **Reached out after DKA**

→ Ready to engage and receive support

● **Uses a CGM**

→ Has access to glucose patterns and feedback

● **Identifies fear around insulin**

→ Self-aware and willing to communicate barriers

● **Asks questions**

→ Opportunity for learning and skill-building

● **Lives within a multigenerational family**

→ Potential source of food knowledge and support

● **Participates in Tribal Health/SDPI care**

→ Connection to culturally responsive resources

● **Can describe current food patterns**

→ Starting point for individualized MNT

● **Recognizes burnout**

→ Insight into needs and readiness for support

Implementing Small Shifts Framework

A simple framework for **turning a strengths conversation into one small, doable step**

EXPLORE

*“What's going well
right now?”*



CONNECT

*“You mentioned
checking your CGM
before meals has
been manageable...”*



SHIFT

*“...what if we added
one glance 2 hours
after to see if the meal
strategy went as
planned?”*

What nutrition interventions could support Jordan?

- A. Educate Jordan on the diabetes plate method and key nutrition principles for nutrition and diabetes.
- B. Ask them to record detailed food and insulin logs for each meal to help support confidence in insulin dosing.
- C. Encourage Jordan to eliminate all soda and adopt a lower-carb eating plan.
- D. Collaborate with Jordan to identify a consistent meal they feel comfortable preparing and dosing insulin for each meal.

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Strength → Small Shift → Sustainable Change

“I’m scared to give insulin because I don’t know how much insulin to take with meals.”

Strength
*“I reached out
for help.”
Can describe
food patterns*



Shift
*“Let's
practice one
meal I
already eat.”*



Nutrition Skills

- Identify carb-containing foods
- Match carb intake with prescribed insulin plan
- Practice meal together
- Add protein/fiber when practical
- Reduce sugar-sweetened beverages when realistic



Confidence
*“I know what
I am eating, I
know how to
use my
insulin plan.”*

Set Smart Micro-Goals: Small Shift

Turn the shift into a goal that is



PUTTING IT TOGETHER

“This week, I will practice the dinner meal we planned on four evenings and use my prescribed insulin plan as we practiced. I will bring the CGM pattern to my visit next week so we can review it together.”

What are Jordan Needs?

- 1.Safety
- 2.Confidence
- 3.Food Access and Food Systems Support
- 4.Nutrition Skills
- 5.Connection and Support



Summary

1. Nutrition Standards Care: **Individualized nutrition is foundational.**
2. **Match Intervention with Medications** Needs: Nutrition affects tolerability and outcomes.
3. **Find Small Shifts:** An effective path to sustainable change.
 - a. Introduce and check in with small shifts at every visit. Encourage adding additional between visits.



Thank
you!

A handwritten note on a white piece of paper. The words "Thank" and "you!" are written in a thick, brown, brush-stroke style. The word "you!" has a red heart drawn over the letter 'o'. The paper is placed on a background of green and yellow textured paper.

Christine Craig, MS RDN CDCES

Christine@Nutritionfordailyliving.com