

**Minor revisions to Beyond the Basics: Lifestyle Choices for Diabetes
Prevention and Management based
on the 2008 Clinical Practice Guidelines
Summary of Changes
November, 2008**

The changes listed below reflect the changes made to the *Beyond the Basics: Lifestyle Choices for Diabetes Prevention and Management* to ensure compliance with the **2008 Clinical Practice Guidelines**. The changes have been bolded. Where there are no items impacted by the *2008 Clinical Practice Guidelines*, the chapters have not been listed.

Healthy Snacking - To munch or not to munch?

Page 4, 1st paragraph

Add to paragraph: ***There is no evidence that dietary supplements such as meal replacements, specialty bars or formulas designed for diabetes are needed for glycemic control.***

Weight Management - Weighing the options

Page 24, first paragraph

Add: ***Structured comprehensive healthy lifestyle programs for diet, exercise and behaviour have shown the best short- and longterm results. Ongoing follow-up with the healthcare team also helps for planning individualized diet and activity changes. Sometimes medication or surgery may need to be added to lifestyle changes.***

Problem Solving for Blood Glucose Control – Putting the pieces together

Page 34 – Target blood glucose table

Recommended targets for glycemic control

	A1C	Fasting blood glucose	2 hours after a meal blood glucose
<i>Type 1 and type 2 diabetes</i>	<i>Equal or less than 7%</i>	<i>4-7 mmol/L</i>	<i>5-10 mmol/L (5-8 if A1C targets not being met)</i>

Reference: Canadian Diabetes Association 2008 clinical practice guidelines for the prevention and management of diabetes in Canada.

Diabetes in Pregnancy and Gestational Diabetes – Great Expectations

Page 37, title: Diabetes in Pregnancy and Gestational Diabetes

Change to: ***Diabetes and Pregnancy***

Page 37, 3rd paragraph, 2nd bullet

Reviewing the type and dose of all your present medications and whether they are safe to continue during pregnancy. **Add: *These include blood pressure and cholesterol lowering medications***

Page 37, 3rd paragraph, 3rd bullet

Changing to insulin before you become pregnant if you are presently taking pills to control your diabetes. **Add: *The exception to this is women with polycystic ovary syndrome, who can safely take metformin until pregnancy is confirmed.***

Page 37, 3rd paragraph, 6th bullet

Omit: ***Taking a multivitamin supplement containing 1 mg of folic acid (a B-vitamin that prevents spinal cord defects in your developing baby). If you are taking more than 1 mg of folic acid, talk to your doctor.***

Replace with: ***Women who are pregnant, or who could become pregnant, need additional folate and should discuss their needs with their doctor or dietitian. Those who have diabetes, are overweight or obese and those with sub-standard diet are some of the women at increased risk of complications during the pregnancy.***

Page 39, Blood glucose monitoring, Recommended blood glucose targets for pregnancy

Omit: ***Before bed snack: 4.0 to 5.9 mmol/L***

Page 39, Blood glucose monitoring, Recommended blood glucose targets for pregnancy

Revise Note section to: ***A1C 6% if this can be safely achieved. In some women, particularly those with type 1 diabetes, higher targets may be necessary to avoid excessive hypoglycemia.***

Reference: Canadian Diabetes Association 2008 clinical practice guidelines for the prevention and management of diabetes in Canada.

Children with Type 2 Diabetes – It's a family affair

P44, 3rd paragraph (bullets)

Add new bullet (after 1st bullet, this becomes the new second bullet)

- ***Treatment in Aboriginal peoples should follow specific community diabetes management programs developed and delivered in partnership with the target communities.***

Celiac Disease – No wheat for me?

Page 73, How common is CD?

Celiac disease occurs in **4 to 9%** of individuals with type 1 diabetes.

Page 78, Table 1: Grains and foods in the gluten-free diet

Grains and foods **ALLOWED** in the gluten-free diet

Add after Nut flour: ***Oats (pure uncontaminated)***

Change first reference:

Adapted from: *The Gluten Free Diet*. Mississauga, ON: Canadian Celiac Association, 2006. Available at: <http://www.celiac.ca/EnglishCCA/egfdiet2.html#allowed> and <http://www.celiac.ca/EnglishCCA/egfdiet2.html#avoid>. Accessed November 18, 2008.

Intensive Therapy- Think like a pancreas

p. 79, Think and act like a pancreas, 2. Food Bolus Insulin, 2nd sentence
You will need to take some form of bolus insulin ***before*** eating meals, snacks, or drinking carbohydrate-rich beverages.

Physical Activity for Type 1 Diabetes - Get ready, set, go

Page 83, Too much insulin

Add before 1st sentence: ***During activity you may require less insulin. When muscles contract they are more sensitive to insulin.***

Page 83, General tips for planned exercise

Add before last sentence: ***Hypoglycemia can occur for up to 24-36 hours after strenuous activity and is most common within 8-12 hours.***