



Food and Diet Philosophy at DYF Programs:

Diet has long been recognized as a cornerstone of diabetes management. In the early days of type 1 diabetes, people followed strict dietary rules, and the amount of fat, protein, and carbohydrates consumed was strictly controlled. When home blood glucose monitoring became readily available, this approach started to shift, and a more permissive approach to carbohydrate intake began, coupled with a de-emphasis on proteins and fats. To maintain stable blood sugar, insulin doses were adjusted in response to carbohydrate intake.

More recently, there has been a movement to limit carbohydrate intake in an effort to more easily maintain blood sugars. This issue— low carb or not— is currently confronting clinicians, diabetes camps, and T1D families. We do not yet have sufficient science to state the best approach, but we do know that glycemic control is not the only aspect of healthy living for people with diabetes. In fact, managing blood pressure, lipid profile, stress, kidney disease, and cardiovascular risk are important to the long-term health of all people, including those living with T1D. Limiting carbohydrates in favor of animal protein, for example presents its own risks: high protein diets (particularly meat-based protein) have long been implicated in the progression of kidney disease, and are likely implicated in cardiovascular disease as well.

A healthy diet emphasizes produce, whole grains, and proteins, and limits processed foods, red meats, and added sugars. This diet-- high in fruits, vegetables, and whole grains, low in refined sugars, red meat, and processed foods-- has been termed the Mediterranean diet, and has been linked to a large number of important health outcomes. This diet will also tend to be lower in carbohydrate content than the typical western diet. Perhaps equally important, the carbohydrates in this diet will generally be complex carbohydrates, which tend to be easier to manage from a blood sugar perspective than a diet high in simple carbohydrates. The Mediterranean diet has demonstrated improvements on blood pressure, cholesterol, weight, and insulin sensitivity. Accommodating a low carb approach is possible within these parameters as well.

Like all advice, this can be taken to (unhealthy) extremes-- kids still need to be kids. Eating should be pleasurable and enjoyable, and following a Mediterranean diet should not change that. Moreover, highly restrictive diets for children can develop into disordered eating patterns, something that patients with T1D already struggle with to a disproportionate extent.

While it is helpful to understand what a goal diet might look like, it is important to realize that families have numerous demands when deciding what to eat, as do we at DYF programs. We are constrained by factors such as time, budget, varying food preferences, staff, supplies, remote location, etc. The diversity of the people we serve magnifies the challenges. **We view the guidance on dietary advice as an aspiration that guides us**, fully aware we will make trade-offs and compromises between competing needs, just like families do when deciding what to eat at home. We will continue to improve the quality of food served at our programs as we work to meet the needs of our diverse DYF family.

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