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**SUMMARY: The American Diabetes Association updates its practice guidelines throughout the year as new scientific evidence warrants it [1]. Having conducted a systematic review of the scientific literature since 2014 the ADA has updated its guidelines to include the use of a low carbohydrate diet (<130 g carbohydrate) as Medical Nutrition Therapy (MNT) for adults\* with Type 2 Diabetes [1,2].**

In October 2018, the American Diabetes Association (ADA) released a joint Position Statement in conjunction with the European Association for the Study of Diabetes (EASD) which approved use of a low carbohydrate diet which it defined as <130 g of carbohydrate/day (<26% of daily calories as carbohydrate) as Medical Nutrition Therapy (MNT) for adults with Type 2 Diabetes [1].

At the end of December 2018, the ADA released its 2019 Standards of Medical Care in Diabetes which builds on the ADA / EASD joint consensus paper by including use of a low carbohydrate diet in the section on Nutrition Therapy and reflects the organization's emphasis on a patient-centered, individualized approach. The ADA concludes that a low carbohydrate diet may result in (a) lower blood sugar levels, may (b) lower the use of blood sugar lowering medications and (c) is effective for weight loss [2] and cites one-year study data by Virta Health [3] which used a ketogenic approach (<30g carbohydrate/day), as well as two other studies [4,5]. The ADA concludes a low carbohydrate diet is safe to use in not pregnant or lactating adults without kidney disease or risk of eating disorders.

This moves a low carbohydrate diet from the realm of a popular lifestyle choice to Medical Nutrition Therapy for the purpose of disease management.

## References

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