



NUTRITION AND PHYSICAL ACTIVITY FOR LONG-TERM WEIGHT MANAGEMENT IN INDIVIDUALS WITH TYPE 2 DIABETES

Evidence-based lifestyle therapy for treatment of obesity should include **meal planning** and **increased physical activity**, in addition to behavioral intervention.

Clinical benefits often occur at around **5% weight loss**, a result typically achieved with behavioral weight loss intervention programs.

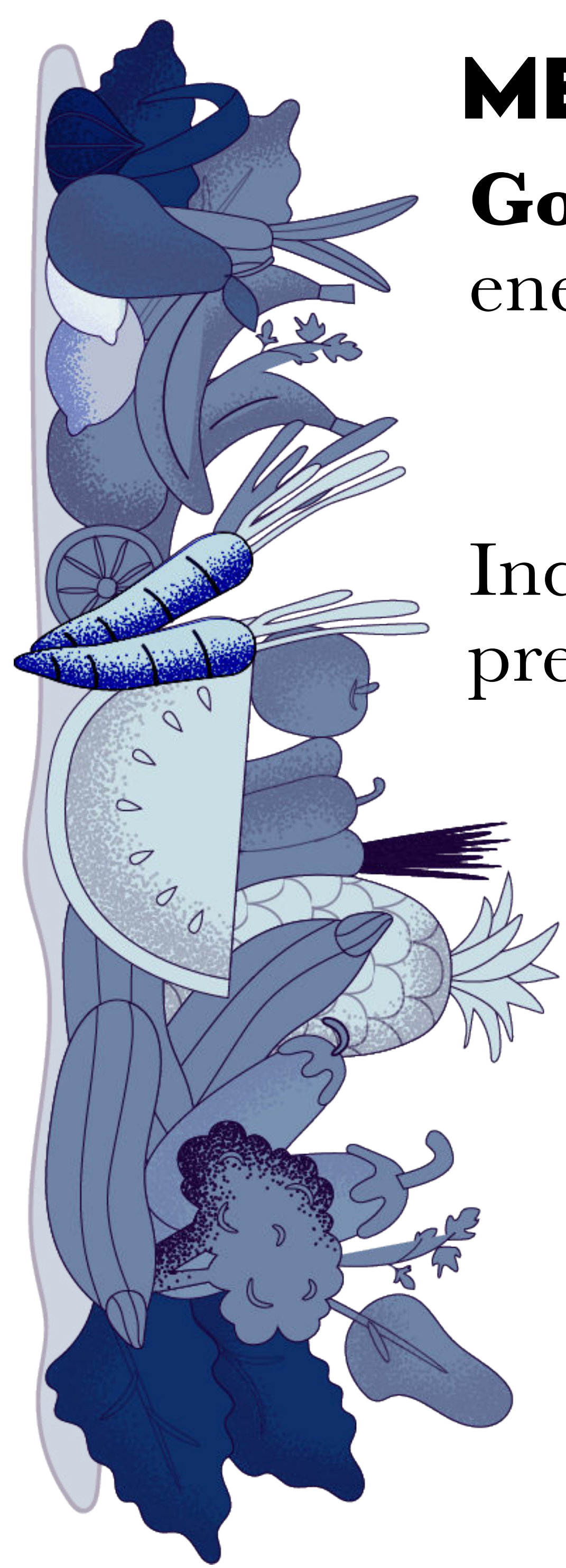
PHYSICAL ACTIVITY

Goal: reduce sedentary behavior

Aerobic physical activity progression to >150 minutes /week

Resistance exercise of major muscle groups, 2-3 times per week

Individualize the program based on personal preference and physical limitations



MEAL PLAN

Goal: reduce intake to achieve a 500-750 kcal daily energy deficit

Often, this equates to 1200-1500 kcal daily for women and 1500-1800 for men

Individualize the plan based on personal and cultural preferences

Macronutrient goals and food choices may vary but should maintain consistent energy deficit for promotion of weight loss

Options include Mediterranean, DASH, low-carb, low-fat, volumetric, high protein, vegetarian, fasting plans, among others

Meal replacements and very low-calorie diets may be appropriate under medical supervision, in select cases

CHALLENGES

Lifestyle changes are difficult to maintain

Continued weight loss may become progressively more difficult

Regain of weight occurs due to biologic adaptations of adipose and gut hormones

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