

NATIONAL CLINICAL GUIDELINE FOR SELECTED LIFE STYLE INTERVENTIONS IN TYPE 2 DIABETES

Quick guide

Structured life-style intervention	
↑	Consider offering structured lifestyle intervention consisting of patient education, medical nutrition therapy and if possible supervised physical exercise to patients with type 2 diabetes (⊕⊕○○).
↑	A structured life-style intervention could be either individual or group-based (⊕⊕○○).
Dietary treatment	
↑	Consider offering medical nutrition therapy (food history, analysis, guidance on diet principles/diet plan) rather than dietary advice to patients with type 2 diabetes (⊕⊕○○).
↑	Consider recommending a diet based on the Nordic nutrient recommendations (carbohydrate 45-60%, protein 10-20%, fat <35%) rather than a diet based on low carbohydrate intake (<45%) combined with high protein intake (>20%) and/or a high fat intake (>35%) to patients with type 2 diabetes (⊕⊕⊕○).
Physical exercise	
↑	Consider offering supervised aerobic low to moderate intensity training to patients with type 2 diabetes rather than advice on increased physical activity (⊕⊕○○).
√	It is good practice to consider offering a physical training course to patients with type 2 diabetes with well-treated complications, hypertension or cardiovascular disease.
↑	Consider offering a supervised, combined aerobic and resistance training course lasting more than 10 weeks rather than a shorter program to patients with type 2 diabetes (⊕⊕○○).
↑	A supervised, combined aerobic and resistance training course as part of a life style intervention in type 2 diabetes may consist of 2 or 3 weekly sessions. The duration of the exercise program must be adapted accordingly (⊕○○○).
Self-management approaches	
↑	Consider including 'a self-management approach' as an integral part of (or a supplement to) the disease-specific patient education offered to patients with type 2 diabetes (⊕⊕○○).
Supplementary telemedicine	
↓	Supplementary telemedicine to life style intervention in type 2 diabetes should only be offered upon due consideration, since the effect is uncertain and/or minor (⊕○○○).

About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for selected healthcare initiatives related to the rehabilitation of patients with type 2 diabetes. The guideline was prepared by the Danish Health Authority (DHA).

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside other guidelines, process descriptions etc. within this field.

The recommendations are preceded by the following indications of their strength:

- ↑↑ = a strong recommendation for
- ↓↓ = a strong recommendation against
- ↑ = a weak/conditional recommendation for
- ↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the symbols mentioned below which indicate the strength of the underlying evidence – from high to very low:

- (⊕⊕⊕⊕) = high
- (⊕⊕⊕○) = moderate
- (⊕⊕○○) = low
- (⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
