Table 7: Summary of Recommendations in Included Guidelines

Recommendations	Strength of Evidence and Recommendations
American Diabetes Association, 2019[5]	
- "*5.10 There is no single ideal dietary distribution of calories among carbohydrates, fats, and proteins for people with diabetes; therefore, meal plans should be individualized while keeping total calorie and metabolic goals in mind*" (p. S49) - "*5.11Avariety of eating patterns are acceptable for the management of type 2 diabetes and prediabetes*" (p. S49) (low-carbohydrate diets: one of the diets mentioned to improve glycemic control)	Evidence rating - E (Expert consensus or clinical experience) - B (Supportive evidence from well-conducted cohort studies; Supportive evidence from a well-conducted case-control study)
Diabetes Canada, 2018[8]	
- "*6. In adults with diabetes, the macronutrient distribution as a percentage of total energy can range from 45% to 60% carbohydrate, 15% to 20% protein and 20% to 35% fat to allow for individualization of nutrition therapy based on preferences and treatment goals*" (p. S74) - "*12. The following dietary patterns may be considered in people with type 2 diabetes, incorporating patient preferences, including:*	Strengths of evidence; strengths of recommendations - Grade D [The best evidence was at Level 4 (studies that did not meet higher quality criteria for evidence, such as systematic reviews, randomized controlled trials, non-randomized controlled studies) or consensus]; Consensus

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Recommendations	Strength of Evidence and Recommendations
a. Mediterranean-style dietary pattern to reduce major CV events [Grade A, Level 1A (143)] and improve glycemic control [Grade B, Level 2 (50,139)].	- Grade A (The best evidence was at Level 1), Level 1A (Systematic overview or meta-analysis of high-quality RCTs OR Appropriately designed RCT with adequate power to answer the question posed by the investigators); Grade B (The best evidence was at Level 2), Level 2 (RCT or systematic overview that does not meet Level 1 criteria)
b. Vegan or vegetarian dietary pattern to improve glycemic control [Grade B, Level 2 (145,251)], body weight [Grade C, Level 3 (148)], and blood lipids, including LDL-C [Grade B, Level 2 (149)] and reduce myocardial infarction risk [Grade B, Level 2 (152)].	- Grade B, Level 2; Grade C (The best evidence was at Level 3), Level 3 (Non-randomized clinical trial or cohort study; systematic overview or meta-analysis of level 3 studies); Grade B, Level 2; Grade B, Level 2
c. DASH dietary pattern to improve glycemic control [Grade C, Level 2 (159)], BP [Grade D, Level 4 (156–159)], and LDL-C [Grade B, Level 2 (158,159)] and reduce major CV events [Grade B, Level 3 (161)].	- Grade C, Level 2; Grade D, Level 3; Grade B, Level 2; Grade B, Level 3
d. Dietary patterns emphasizing dietary pulses (e.g. beans, peas, chickpeas, lentils) to improve glycemic control [Grade B, Level 2 (176)], systolic BP [Grade C, Level 2 (178)] and body weight [Grade B, Level 2 (179)].	- Grade B, Level 2; Grade C, Level 2; Grade B, Level 2
e. Dietary patterns emphasizing fruit and vegetables to improve glycemic control [Grade B, Level 2 (183,184)] and reduce CV mortality [Grade C, Level 3 (79)].	- Grade B, Level 2; Grade C, Level 3
f. Dietary patterns emphasizing nuts to improve glycemic control [Grade B, Level 2 (188)], and LDL-C [Grade B, Level 2 (190)]" (p. S74)	- Grade B, Level 2; Grade, Level 2
Department of Veterans Affairs and the Department of Defense, 2017[22]	
- "14. We recommend a nutrition intervention strategy reducing percent of energy from carbohydrate to 14-45% per day and/or foods with lower glycemic index in patients with type 2 diabetes who do not choose the Mediterranean diet" (p. 22)	Strengths of recommendation: strong
Scottish Intercollegiate Guidelines Network, 2014 (update)[7]	
- "People with type 2 diabetes can be given dietary choices for achieving weight loss that may also improve glycaemic control. Options include simple caloric restriction, reducing fat intake, consumption of carbohydrates with low rather than high glycaemic index, and restricting the total amount of dietary carbohydrate (a minimum of 50 g per day appears safe for up to six months)." (p. 22)	Strength of evidence - 1+: "Well conducted meta-analyses, systematic reviews, or RCTs with a low risk of bias" (page number not assigned) - 1-: "Meta-analyses, systematic reviews, or RCTs with a high risk of bias" (page number not assigned) Strength of recommendation - B: "A body of evidence including studies rated as 2++, directly applicable to the target population, and demonstrating overall consistency of results; or Extrapolated evidence from studies rated as 1++ or 1+" (page number not assigned)

DASH = Dietary Approaches to Stop Hypertension; LDL-C = low-density lipoprotein cholesterol; RCT = randomized controlled trial; SR = systematic review