

Use of Diabetes-Specific Nutritional Formulas: Clinical Practice Guide

This Clinical Practice Guide has been developed to support health professionals in the appropriate use of Diabetes-Specific Nutritional Formulas (DSNFs) as part of a holistic diabetes management plan. The Guide is based on the recommendations from the Consensus Statement on *The Use of DSNFs in Type 2 Diabetes*¹ by the Australian Diabetes Society (ADS) and Australian Diabetes Educators Association (ADEA), in collaboration with a multi-disciplinary Expert Advisory Board.

Expert Advisory Board: A/Prof Sofianos Andrikopoulos, Dr Alan Barclay, Ms Anna Blackie, Dr Gary Deed, A/Prof Chee Khoo, Dr Shannon Lin, Prof Glen Maberly, Dr Giuliana Murfet.



For a summary of the evidence-base, access the DSNF Consensus Statement

1. ASSESS SUITABILITY

USE DSNFs IN PEOPLE WITH OR AT RISK OF DIABETES WHEN:



Healthy, wholefood diet is not always possible

AND/OR



Not achieving desired health outcomes

Not recommended for people who have allergies or intolerances to product ingredients.

2. TAILOR APPROACH

SET CLEAR GOALS:

Does the individual want to achieve any of the following?



Glycaemic management



Muscle health



Improve energy levels



Nutritional adequacy



Weight management



Cardiovascular risk management

DEVELOP PERSONALISED DSNF PLAN BASED ON WEIGHT GOALS*:



2 servings/day



REPLACE meals/snacks



1 serving/day



REPLACE all or part of a meal/snack



2 servings/day



ADD between main meals

3. MONITOR PROGRESS

AT 2-4 WEEKS REVIEW:



DSNF use

AT 3, 6, 12 MONTHS REVIEW:



DSNF use



Glycaemic measures



Medication use



Weight, waist circumference and/or body composition

*DSNFs should always be used as part of a broader diabetes management plan. Choice of when and how to incorporate DSNFs should be tailored to individual preferences and the health professional's recommendation. Consider early referral to an Accredited Practising Dietitian.

Reference: 1. Lin et al. *Diabetes Management Journal*. 2024.

Use of Diabetes-Specific Nutritional Formulas: Clinical Practice Guide – Companion

1 ASSESS SUITABILITY

Indicated for people with:

- ✓ Type 2 Diabetes
- May also be considered for:
 - ✓ Pre-diabetes
 - ✓ Gestational Diabetes
 - ✓ Type 1
 - ✓ At risk of diabetes

Useful when a healthy, wholefood diet:

- ✓ Is not always possible:
 - Time-poor
 - Travelling
 - Overwhelmed or anxious
 - Low health literacy
 - Limited cooking skills
 - Low appetite
 - Post surgery
 - Acute or chronic illness
- ✓ Is not achieving health outcomes:
 - Glycaemic targets not met, e.g. HbA1c
 - Muscle loss (e.g. from ageing, chronic disease, some diabetes and weight loss medications)
 - Excess body fat
 - Undernutrition or suboptimal nutritional status

Not recommended for people who:

- ✗ Have allergies or intolerances to product ingredients
- ✗ Have cultural practices that may not suit DSNFs

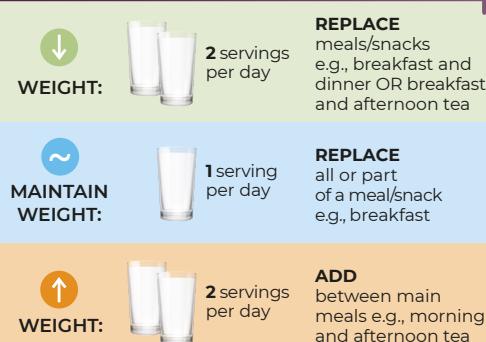
2 TAILOR APPROACH

Set Clear Goals:

Discuss and prioritise what the person wants to achieve:

- ↑ Glycaemic management
- ↑ Nutritional intake
- ↓ Body fat
- ↑ Muscle mass
- ↔ Weight management
- ↑ Energy levels
- ↓ Cardiovascular risk

Develop a Personalised DSNF Plan Based on Weight Goals*: 1-5



Considerations on Timing:

- High blood glucose spikes? Consider replacing the meal causing the biggest spike
- At risk of low blood glucose levels? Add as a snack before the drop
- Adapt to suit individual lifestyle, social and cultural needs

3 MONITOR PROGRESS

Monitor Progress:

Usual best practice monitoring at baseline and 2–4 weeks, 3, 6 and 12 months, including but not limited to:

At 2–4 weeks review:

- ✓ DSNF use

At 3, 6 and 12 months review:

- ✓ DSNF use
- ✓ Glycaemic measures, e.g., fasting blood glucose, HbA1c
- ✓ Weight, waist circumference and/or body composition
- ✓ Medication use

Caution: Medication adjustment may be needed with improved glycaemic management or weight loss.

Duration of Use:

If goals achieved:

- Discuss with individual or care-giver on continuation and/or level of use (e.g. intermittent or reduce).

If goals not achieved:

- Review and adjust goals and the DSNFs approach.
- Refer to an Accredited Practising Dietitian.

Long-Term Use:

- No safety concerns identified with longer-term use but ensure ongoing reassessment.

Must Integrate into Broader Care Plan:

DSNFs should always compliment a broader care plan that includes:

- ✓ A healthy, wholefood eating pattern
- ✓ Physical activity
- ✓ Quality sleep
- ✓ Blood glucose management
- ✓ Optimised diabetes management including medication

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For guidance on the broader diabetes management plan, see the [Glycaemic Management Algorithm](#)



References: 1. Chee WSS, et al. *BMJ Open Diabetes Research & Care*. 2017;5(1):e000384. 2. Mechanick JI, et al. *Curr Diab Rep*. 2012;12:180–194. 3. Mustad VA, et al. *BMJ Open Diabetes Research & Care*. 2020;8(1):e001258. 4. Noronha JC and Mechanick JI. *Front Endocrinol*. 2022;13:874968. 5. Tey SL, et al. *Frontiers in Nutrition*. 2024;11:1400580.

Expert Advisory Board: A/Prof Sofianos Andrikopoulos, Dr Alan Barclay, Ms Anna Blackie, Dr Gary Deed, A/Prof Chee Khoo, Dr Shannon Lin, Prof Glen Maberly, Dr Giuliana Murfet. Designed by FOODiQ Global. An educational initiative supported by Abbott Nutrition. January 2026.

Use of Diabetes-Specific Nutritional Formulas: Quick Reference Guide

A healthy diet based on wholefoods is the primary goal for first-line management in people with or at risk of diabetes. When this is not feasible, a Consensus Statement by the Australian Diabetes Society (ADS) and Australian Diabetes Educators Association (ADEA) recommends Diabetes-Specific Nutritional Formulas (DSNFs) as part of a holistic diabetes management plan.

Quick Reference on DSNFs

WHAT are they?

Specialised oral nutritional supplement for people with or at risk of diabetes, to be used as part of a diabetes management plan including a healthy diet and exercise.

Powder Ready-to-drink

WHY use them?

Evidence supports the use of DSNFs in helping to improve:

- Glycaemic management
- Weight management
- Nutritional status
- Cardiometabolic health
- Muscle health

HOW do they help?

By delivering key nutrients, including:

- Slow release, low GI carbohydrates
- Healthy fats including MUFA and PUFA
- Myo-inositol
- High quality protein
- Vitamins and minerals
- Fibre



For a summary of the evidence-base, access the [DSNF Consensus Statement](#)

How DSNFs compare:	Diabetes-Specific Nutritional Formulas (DSNFs)	Very Low Energy Diets (VLEDs)	Oral Nutritional Supplements (ONSs)	Supermarket Weight Loss Shakes
Examples ^a	Glucerna, Nutren Diabetes	Optifast, Optislim	Ensure, Sustagen ^b	The Man/Lady Shake, Fat Blaster
Primary clinical goal	<input checked="" type="checkbox"/> Glycaemic management <input checked="" type="checkbox"/> Nutritional adequacy	<input checked="" type="checkbox"/> Rapid weight loss	<input checked="" type="checkbox"/> Nutritional adequacy	<input checked="" type="checkbox"/> Weight management
Intended users	People with or at risk of diabetes, irrespective of body weight	People with Body Mass Index $\geq 30 \text{ kg/m}^2$ OR people with type 2 diabetes with BMI $\geq 27 \text{ kg/m}^2$	People with or at risk of under-nutrition	General population seeking weight loss
How to use	Replace a meal/snack or add between main meals as a nutritional supplement depending on needs	Meal replacement (total or partial diet replacement, depending on programme)	Add as a nutritional supplement to oral intake	Self-directed meal replacement
To be used under medical supervision ^c	✓	✓	✓	✗
Nutritionally complete	✓	✓	✓	✗
Only sold in pharmacies (or similar)	✓	✓	✓	✗ Available in supermarkets, with some also sold in pharmacies

GI = Glycaemic Index, MUFA = Monounsaturated Fatty Acids, PUFA = Polyunsaturated Fatty Acids

✓ = Yes; ✗ = No

^a examples are for illustrative purposes only and data were collected in August 2025. ^b refers to Sustagen Optimum and Sustagen Hospital Formula.

^c refers to clinical settings.

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