

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*:



WEIGHT:



2 servings/day



REPLACE meals/snacks



MAINTAIN WEIGHT:



1 serving/day



REPLACE all or part of a meal/snack



WEIGHT:



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

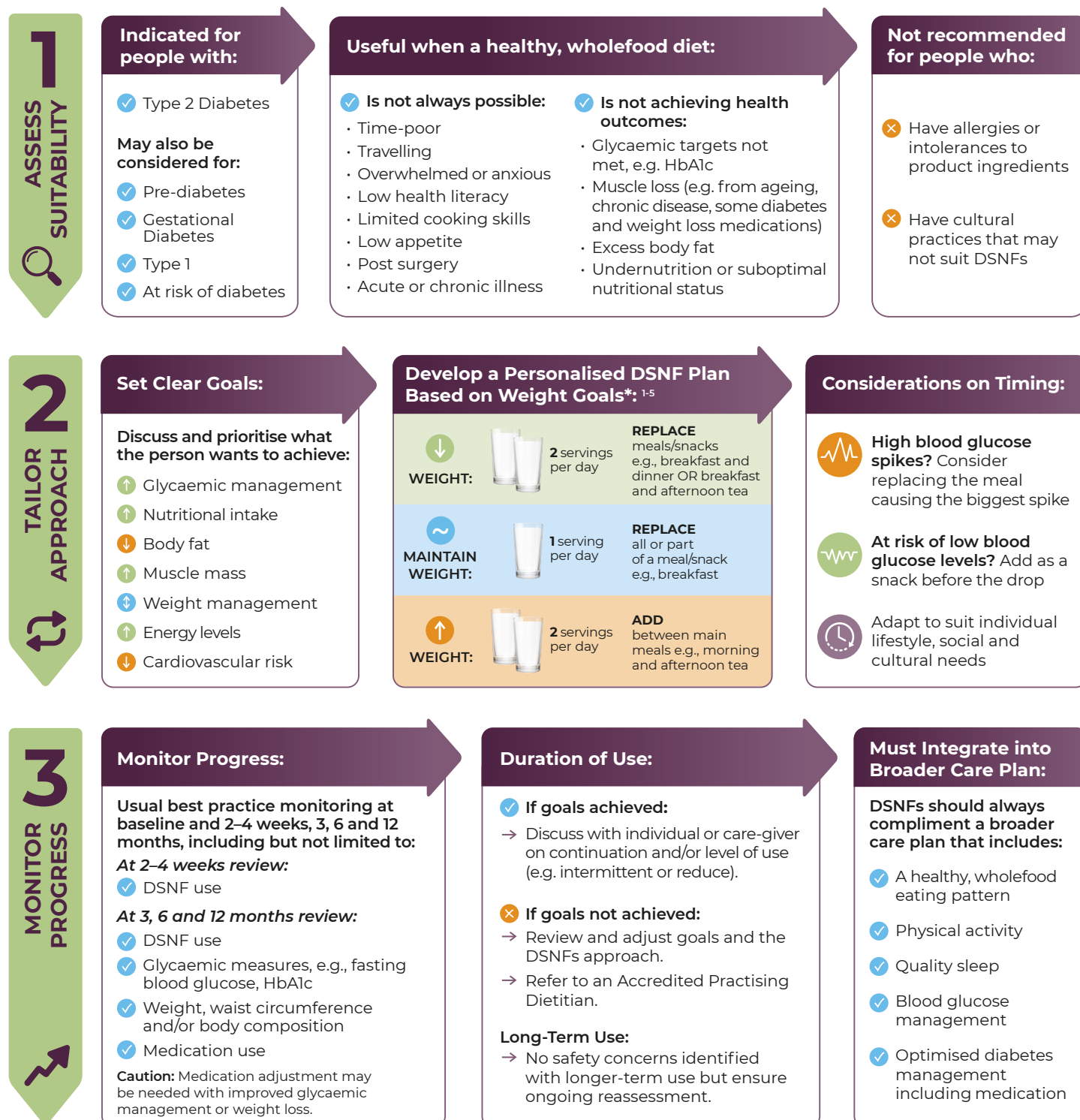


Weight, waist circumference and/or body composition

*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



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

✓ Nutritional status

✓ Muscle health

✓ Weight management

✓ Cardiometabolic health

HOW do they help?

By delivering key nutrients, including:

✓ Slow release, low GI carbohydrates

✓ High quality protein

✓ Healthy fats including MUFAs and PUFAs





✓ Vitamins and minerals

✓ Myo-inositol

✓ 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	<div><div>⦿ Glycaemic management</div><div>⦿ Nutritional adequacy</div></div>	<div><div>⦿ Rapid weight loss</div></div>	<div><div>⦿ Nutritional adequacy</div></div>	<div><div>⦿ Weight management</div></div>
Intended users	People with or at risk of diabetes, irrespective of body weight	People with Body Mass Index ≥ 30 kg/m ² OR people with type 2 diabetes with BMI ≥ 27 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)	✓	✓	✓	<div>✗ Available in supermarkets, with some also sold in pharmacies</div>

GI = Glycaemic Index, MUFAs = Monounsaturated Fatty Acids, PUFAs = 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.

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.