




## Elite Learning Podcast

# Type 2 Diabetes Reversal Headlines: What Do We Tell Our Patients?

---

*Separating fact from fiction in diabetes remission claims—navigating patient conversations about 'cures' with evidence-based honesty*

 Listen time: ~60 minutes •  Audience: RNs, APRNs, diabetes educators, primary care providers •  Listen now: [elitelearning.com/ce-podcasts](https://elitelearning.com/ce-podcasts)

### **Featured Voices**

Host: Dr. Candice Pierce  
Faculty with Elite Learning by Colibri Healthcare,  
and healthcare educator

Guest: Megan Muñoz, MSN  
Certified Diabetes Care and Education Specialist with  
12-15 years of experience in diabetes management

### **What You'll Learn**

- The critical difference between diabetes 'reversal,' 'remission,' and 'cure'
- What the research actually shows about remission rates in major studies like the DiRECT trial
- Why remission rates decline significantly over time, even with intensive interventions
- How to identify which patients are realistic candidates for pursuing remission
- The physiological mechanisms behind diabetes remission and relapse
- Evidence-based perspectives on low-calorie diets, bariatric surgery, and intermittent fasting
- The role of medications in facilitating metabolic improvements
- How to balance patient hope with realistic expectations in clinical conversations
- Practical monitoring strategies for patients pursuing remission

### **Key Takeaways**

- There is no 'cure' or 'reversal' for diabetes—'remission' is the medically accurate term, defined as A1C <6.5% without diabetes medications for at least 3-12 months.
- Remission rates are much lower than headlines suggest—less than 3% in observational studies, and declining over time even with intensive interventions.
- The DiRECT trial showed 46% remission at one year with an 800-calorie diet, but only 12% maintained remission at five years.
- Bariatric surgery has higher remission rates (50-80% initially) but 35-50% relapse within five years.
- Best candidates for remission: diagnosis <5 years, A1C near/below 7%, minimal or no medication requirements, and no insulin use.
- Physiological improvements in remission include reduced insulin resistance, improved beta cell function, decreased visceral fat, and enhanced incretin hormone responses.

- Patients with long-standing diabetes (10+ years) or significant beta cell dysfunction have remission rates below 10% regardless of intervention.
- Type 2 diabetes exists on a metabolic continuum—the longer someone has had diabetes, the less likely remission becomes as beta cell function declines.
- Social determinants of health significantly impact who can realistically pursue and maintain remission.
- Diabetes management is an active, ongoing process—not a static state of 'control' or 'reversal.'

### Do This Next

- When patients ask about 'reversing' diabetes, pause and ask what they've heard and what they're hoping to achieve
- Establish clear timelines and metrics for patients pursuing remission to avoid endless cycles of disappointment
- Involve a registered dietitian for nutritional guidance and monitoring for any patient pursuing intensive dietary changes
- For patients on diabetes medications with A1C <8% who are making significant lifestyle changes, proactively adjust medications to prevent hypoglycemia
- Monitor for signs of nutritional deficiencies in patients pursuing very low-calorie diets (hair loss, temperature regulation issues, fatigue)
- Help patients define what success looks like beyond remission (reduced medications, improved energy, better quality of life)
- Create a structured follow-up plan with regular check-ins for patients attempting remission

### ? 3 Quick Patient Assessment Questions

*Use these to evaluate if a patient is a realistic candidate for diabetes remission:*

1. Duration: 'How long have you had diabetes? When were you first diagnosed, and when did you start taking medications?'
2. Current management: 'What medications are you currently taking for diabetes, and what was your most recent A1C?'
3. Motivation and resources: 'What changes are you willing and able to make in your daily routine, and what support systems do you have in place?'

### Red Flags for Same-Day Escalation

- Patient has stopped diabetes medications based on online information without medical consultation
- Extreme caloric restriction (<1000 calories/day) without medical supervision
- Signs of disordered eating behaviors or unhealthy fixation on food and weight
- Symptoms of hypoglycemia in patients making significant dietary changes while on diabetes medications
- Nutritional deficiency symptoms: unusual fatigue, hair loss, temperature regulation issues
- Patients with multiple comorbidities (CKD, heart failure) pursuing unsupervised intensive interventions
- Unrealistic expectations about 'curing' long-standing diabetes based on testimonials or marketing claims
- Significant financial investment in unproven supplements or programs claiming to 'reverse' diabetes

## Clinical Spotlight

- **Diabetes Remission Definition:** A1C <6.5% without any diabetes medications for at least 3-12 months (consensus groups differ on timeline). This is not a 'cure' as underlying pathophysiology remains and requires ongoing monitoring.
- **DiRECT Trial Reality:** While headlines tout 46% remission at one year, this involved an 800-calorie liquid diet for 3-5 months followed by food reintroduction and support. Only 12% maintained remission at 5 years, and participants showed signs of physiological stress similar to starvation studies.
- **Metabolic Continuum:** Type 2 diabetes exists on a spectrum with progressive beta cell dysfunction. The longer someone has had diabetes, the more beta cell function is lost, making remission increasingly unlikely regardless of intervention.
- **Visceral Fat Connection:** Fat accumulation in and around organs (particularly the pancreas and liver) contributes to insulin resistance and beta cell dysfunction. Reducing this visceral fat is one mechanism behind remission in some patients.
- **Best Remission Candidates:** Diagnosis <5 years, A1C near/below 7%, minimal/no medications, no insulin use, strong support systems, and realistic expectations. These patients may achieve 40-50% remission rates initially with intensive interventions.

## Conversation Starter

*'When a patient asks about reversing their diabetes, what's your approach to balancing hope with realistic expectations?'*

Nurse Leaders: Consider developing a standardized approach for your team when patients bring in 'diabetes reversal' claims from social media or marketing. This might include assessment questions, educational materials about remission vs. reversal, and clear follow-up protocols.

## Resources & Links

Episode page: <https://elitelearning.com/ce-podcasts>

CE courses: <https://EliteLearning.com>

American Diabetes Association: <https://diabetes.org>

## Subscribe & Share

Apple Podcasts • Spotify • YouTube • EliteLearning.com

*Disclaimer: Educational content only. Not legal, financial, or medical advice. Views are the speakers' own.*

## Contact:

EliteLearning.com | Social: @ColibriHealthcare