We can riddle off the statistics about prediabetes, hypertension and high blood pressure. But the reality is those numbers won’t change if lifestyle changes aren’t made. Unfortunately, the market is saturated with different diets, which leads to confusion on what patients should eat or how to change their habits.

To help physicians trudge through diet myths and nutrition facts, we put together some tips from this year to counsel your patients on how to make lifestyle changes that last.

The AMA is improving the health of the nation by confronting the increasing chronic disease burden. The AMA’s work to prevent type 2 diabetes is centered on building clinical-community linkages that will enhance the delivery of care and enable physicians and health teams to partner with patients to achieve better health for all. Learn more about how the AMA is working to prevent and control chronic diseases.

Here are tips from this year’s top stories that will help physicians better understand and address diet myths, nutrition facts and lifestyle change for their patients.

**Dispel these 7 myths about salt**

Americans have acquired a taste for a high salt diet due to eating processed foods, with adults consuming more than 3,400 mg of sodium per day—more than the 2,300 mg limit recommended by the American Heart Association. To help patients lower the amount of salt they are consuming, physicians and their teams need to dispel seven common myths related to sodium intake.

**Foods that spike blood glucose**
When providing nutrition advice to patients with prediabetes, the foods that can increase blood glucose levels are often not what you think. Identifying those foods are key to helping patients take the right step toward healthier eating.

6 lifestyle changes to recommend
For patients affected by obesity—or prediabetes—there can be physical and emotional consequences. However, patients can make lifestyle changes to improve their health and well-being. Here are some changes that your patients can make.

Watch out for 8 weight-loss programs
Diets that promise quick weight-loss results are eye-catching, but often overlook the principles of long-term, sustainable, healthy eating. Understanding the different types of weight-loss programs and fad diets saturating the market can help physicians provide proper advice for patients.

4 habits to advise patients against
The rising popularity of streaming services means that people have instant access to a host of cat videos, movies, TV shows and music with just the touch of your fingertip. And while people are watching less TV, sedentary time has still gone up because of an increase in computer and mobile phone use. Meanwhile, kids who don't drink water are taking in more calories from sugar-sweetened beverages, studies show. Here are four habits physicians should address with their patients.

Skip diet labels
From low-fat to low-carb, there are dozens of popular diets to choose from. With an overflow of fad diets, how do patients sort through the science from the hype? The best advice is to avoid diet labels altogether and emphasize to patients with prediabetes the underlying principles of healthy eating. Even incremental changes are helpful because most people can't make major changes all at once.

Nutrition advice when time is short
It is one thing to evaluate the diet of a patient with prediabetes or a chronic disease, but
when there are many different areas that need attention, it adds one more task to accomplish during the brief office visit. When the dietary habits of a patient with prediabetes or a chronic disease need to be addressed, how can nutrition advice be shared when the physician does not have time?

Ditch the juice box, drink water
Drinking sugary beverages—even if they are 100% fruit juices that people typically believe are healthier options—is associated with a higher all-cause mortality risk, a study suggests. An investigation published in JAMA Network Open finds that each additional 12-ounce serving of fruit juice consumed daily is associated with a 24% higher all-cause mortality risk. Each additional 12-ounce serving of sugary beverages consumed daily is associated with an 11% higher all-cause mortality risk.