

Table 4. Conclusion Statements of the evidence reviewed and Certainty of evidence.

Topics	Supporting Conclusion Statements	Certainty of Evidence (GRADE)
Medical Nutrition Therapy	In children and adolescents (6-19 years old) living with type 1 diabetes, limited evidence reported that weekly medical nutrition therapy sessions for the first month after diagnosis and monthly sessions thereafter achieved significant reductions in A1C. For those receiving less frequent encounters with registered dietitian nutritionists, limited evidence reports mixed findings on the effectiveness of medical nutrition therapy.	Low
Diet Quality	In children and adolescents (6-19 years old) living with type 1 diabetes, improvements in diet quality [from an average Healthy Eating Index (HEI) score of 55/100 to a score of 65/100] were associated with better glycemic outcomes.	Very Low
Carbohydrate Management Strategies	In children and adolescents (6-19 years old) living with type 1 diabetes, evidence suggests that carbohydrate counting (using insulin-to-carbohydrate ratio) can be an effective strategy to help reduce and provide continued maintenance of A1C goals. Small improvements of quality-of-life scores and overall confidence in prescribed dietary advice compared to other carbohydrate management strategies like carbohydrate consistency, plate method or exchange lists/food lists/carbohydrate choices were identified.	Low quality
Differing Amounts of Macronutrient Consumption	There is lack of evidence to study the effect of differing amounts of macronutrient consumption in children and adolescents (6-19 years old) living with type 1 diabetes on nutrition-related outcomes.	None Assigned
Dietary Patterns	In children and adolescents (6-19 years old) living with type 1 diabetes, effects of dietary patterns like Mediterranean, DASH, and low glycemic index on glycemic outcomes are inconclusive.	Very low
Vitamin D Supplementation	In children and adolescents (6-19 years old) living with type 1 diabetes, vitamin D insufficiency (defined as serum 25-hydroxyvitamin D [25(OH)D] concentrations of 30 - 50 nmol/L or 12 - 20 ng/mL) and/or deficiency (defined as serum 25-hydroxyvitamin D [25(OH)D] concentrations of <30 nmol/L or <12 ng/mL) are common, affecting as many as 63% of patients. Vitamin D supplementation repletes the vitamin deficiency, but its effect on A1C is inconclusive.	Low

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Culturally Relevant / Responsive Nutrition Interventions	In children and adolescents (6-19 years old) living with type 1 diabetes, evidence indicates that providing culturally relevant/responsive nutrition interventions increases the ability to achieve improvements in A1C target and occurrence of adverse events.	Very Low
Socioeconomic Status / Food insecurity	In children and adolescents (6-19 years old) living with type 1 diabetes, low socioeconomic status and lower maternal education are associated with poor glycemic outcomes and increased occurrence of adverse events, such as diabetic ketoacidosis, hospitalization, and emergency room calls and visits.	Very Low