Type 2 diabetes mellitus (T2DM), with its rapidly increasing incidence, is a significant contributor to morbidity, mortality and rising healthcare costs in the United States. The registered dietitian plays an important role in providing accurate, evidence-based dietary strategies to treat and manage diabetes. Recent research indicates that diets resulting in nutritional ketosis are as effective at reducing weight, and more effective at maintaining glycemic control, than traditionally recommended low-fat, low-calorie or low-glycemic index diets. It is not known, however, if registered dietitians recommend diets that results in nutritional ketosis to manage T2DM. Thus, the purpose of this study was to examine the attitudes, beliefs, and practices of registered dietitians who are members of the Indiana Academy of Nutrition and Dietetics regarding dietary treatments for type 2 diabetes mellitus (T2DM). An anonymous online survey was used to investigate these trends, with the results compared by frequency of patient counseling and level of education. Results indicated that registered dietitians in Indiana (n=199) do not recommend ketogenic diets for the treatment of T2DM, with most (92.8%) having never recommended a ketogenic diet for T2DM. More than half (63%) indicated they do not believe they will ever recommend nutritional ketosis to a client with diabetes. While most dietitians reported being only moderately or slightly familiar with diets that induce nutritional
ketosis, more than half indicated they believe that evidence to support the use of a ketogenic diet for the treatment of T2DM is inconclusive or weak. The majority of dietitians reported having negative attitudes toward ketogenic diets, with nearly a half indicating they would be judged negatively by their peers or colleagues if they were to recommend a ketogenic diet for the treatment of T2DM. No differences were found among any of these constructs when compared by educational level or frequency of counseling individuals with T2DM. However, dietitians who counsel individuals with T2DM frequently were significantly ($\chi^2=4.839$, $p=0.028$) more likely to report that concerns regarding side effects of ketosis would prevent them from recommending a ketogenic diet for the treatment of T2DM. Additionally, dietitians who held post-graduate degrees were significantly ($\chi^2=3.953$, $p=0.047$) more likely to report that long-term dietary adherence would prevent them from recommending a ketogenic diet for the treatment of T2DM, compared to those who held an undergraduate degree. Overall, the results of this study aid in the understanding of the attitudes and beliefs of registered dietitians regarding diets that cause nutritional ketosis, while also shedding light on the dietary macronutrient compositions most frequently recommended by registered dietitians for the treatment of type 2 diabetes.