

Dear Team,

I am just a simple GP so will comment on bits I feel are within my remit and understanding.

2.13 Should be noted that the body makes Glucose via gluconeogenesis by the liver. So it is available from another source other than food.

2.17 Is GI a reasonable measure- brown bread is higher than table sugar. Fructose is low GI score but is a significant toxin in excess to our liver and Insulin resistance. Should we measure Insulin response to certain types of food?

3.1 Should be recognized that for most T2DMs a hyperinsulaemic state exists. So not just low or inefficient, in fact there is a lot of it around.

3.13 Surprised no mention from great work of WHI <https://www.whi.org/SitePages/WHI%20Home.aspx>

Dietary Management of T2DM: there is a lot of concern about low carb diets being really detrimental from dietician organizations mostly- Where is the evidence of harm from low carb foods Or is there a carbohydrate deficiency syndrome?- we should recognize one if it exists?.

4.6- Only certain studies will be looked at- Will you clearly demonstrate the funding of those studies you do look at so there is an equal spread of industry sponsored to Governmental/altruistic funding. Transparency will be important.

4.12 Are we measuring the right cholesterol- Small dense lipoproteins/ Apob/ApoA ratios? Have we explained why Familial Hypercholesterolemia survivors into old age have in fact reduced all cause mortality despite huge exposure over many years to this toxic compound. I understand Framingham has found similar with those over 60 with raised LDLs doing better than those with low LDI? What is going on?

Exclusion criteria: I note primary care studies will be excluded. I understand from an academic point of view there are bias in place which means it is not RCTs. But this is excluding the voice of the patient.

Could we be in danger of replicating the naval disaster surrounding Vit C. 1600 Surgeon capt Lancaster demonstrated Vit C cures scurvy. 1700 Lindt does the first ever RCT in medicine from Haslar hospital demonstrating again that vitamin C cures scurvy (50% mortality on board ships). It is 1850 before Navy make this standard operating procedure across all ships- waiting for evidence from respected senior officers.

The strategy of low fat diets to control the obesity epidemic over the last 40 yrs clearly is not working. Please come up with a different strategy. Not sure it matters which diet you pick as long as it is not the one that has not worked.

I look forward to your recommendations, but I hope you will allow patient choice, shared decision making, be part of guidelines.

**Donal Collins**  
**The Highlands Practice**  
**Fareham**