

Hi there,

I have a few points that may be worth taking into consideration. I am a GP and have studied this area extensively, as well as having created a module on the topic of plant based nutrition for the reversal of Type 2 diabetes for Winchester University. The three main dietary modalities for inducing disease reversal centre around caloric restriction (including intermittent fasting which is known to boost insulin sensitivity), HFLC (high fat low carb) diets or WFPB (whole foods plant based) diets. I can send studies which really provide a dearth of data that low carb approaches may be harmful to heart health and long term diabetes control, especially when compared to WFPB diets.

Whole food plant-based diets contain an abundance of fruit and vegetables. This eating pattern has been shown to make the development of diabetes far less likely. ) Furthermore, research suggests that whole food plant-based diets can improve and reverse diabetes that has already been diagnosed. The American Association of Clinical Endocrinologists 2018 guidelines suggest a plant based diet as the preferred eating pattern for patients with type 2 diabetes – suggesting the consumption of fruit may in fact be beneficial for reducing risk of diabetes not exacerbating it. A study of over 2,300 Finnish men showed that vegetables and fruits, especially berries, may reduce the risk of type 2 diabetes. Additionally a study of over 70,000 female nurses aged 38-63 years, who were free of cardiovascular disease, cancer, and diabetes, showed that consumption of green leafy vegetables and fruit was associated with a lower risk of diabetes over time. While not conclusive, this research also indicated that consumption of fruit juices may be associated with an increased risk among women.

Dietary guidelines in the UK on consumption of starchy vegetables and fruits has been conflicting in the management of diabetes. In order to understand this, it is helpful to review the three main techniques that are commonly used to induce clinical remission of type 2 diabetes. Along with other lifestyle factors, dietary approaches can include caloric restriction, limiting carbohydrate rich foods and adopting a whole foods plant based approach.

The Direct trial has had great results for people undertaking caloric restriction – participants were given soups and meal replacement shakes to control their diabetes and underwent a very low calorie diet: they recorded weight loss of 15 kg or more in 24% of participants in the intervention group and no weight loss in participants who were in the control group. Diabetes remission was achieved in 68 – almost half – the participants in the intervention group compared to 4% of the control group. Nine serious adverse events were reported in the intervention group, with two events (biliary colic and abdominal pain), occurring in the same participant. Although this study suggests caloric restriction can be a highly effective strategy, VLCDs (very low calorie diets) like this can be challenging to maintain longer term.

Low carbohydrate high fat diets (LCHF) are another strategy effective in achieving weight loss and diabetes improvements. Yet a study using data from UKNDNS (2008-2016) showed that with an increase in protein and fat consumption and reduction in carbohydrate consumption typical of a LCHF approach, there was a correlation with increased diabetes rates. In those with diabetes, LCHF diets resulted

in worse control of the disease. Another study comparing dietary strategies for weight loss and health suggested that the quality rather than the ratio of macronutrients remains key – people who ate healthy high carbohydrate or healthy low carbohydrate diets (consuming whole grains, non-starchy vegetables, whole fruits and nuts) had a lower risk of premature death than those who ate more low quality carbohydrates, animal protein and saturated fat. It has also been shown in metabolic ward studies that ketogenic approaches to weight loss results in loss of lean body mass and that two months of a tightly controlled ketogenic diet saw slowing of body fat loss compared to higher carbohydrate diet. Not only that but a diet high in palmitic acid - from animal products and saturated fat - actually destroys pancreatic beta cells. We do not want to do that!

Why have whole foods plant based (WFPB) diets been recommended by the ACCE Guidelines? Research suggests having a diet rich in fruits and vegetables as well as other healthy carbohydrates can lead to significantly reduced intra-myocellular fat, higher insulin sensitivity, better blood glucose and insulin levels and improved beta-cell function. Even without weight loss, wfpb diets can improve damage from diabetic retinopathy and reduce insulin requirements dramatically in patients who have had Type 2 diabetes for such a long time that they have required injected insulin for twenty years or more. One study of around 20 men showed that half of them could come off insulin within days of the change to a wfpb diet. Many doctors and researchers have no practical understanding of how effective these changes can be.

Ultimately, approaches to diabetes have to suit the patient sitting in front of you – the most effective weight loss and disease management diet strategy is the one the patient is willing to actually do. But being familiar with what works and what is sustainable helps them to make a choice they can stick with.

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Please let me know you have received my comments

Many thanks

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