

Consultation on the draft report:

Lower carbohydrate diets for adults with type 2 diabetes

Comments Form

Organisation	South Asian Health Foundation	
Name of commentator and contact details	Professor Wasim Hanif	Dr Sarah Ali

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General comments	Comments
	Please insert each new comment in a new row
<i>Example: References</i>	<i>Example: Please check that referencing is consistent across all the chapters.</i>
Comments:	<p>It is well recognised that people of Black and Minority Ethnicity (BAME) are more likely to have type 2 diabetes; a cohort study of 1.9 million individuals in England from The CALIBER programme (CArdiovascular disease re-search using Linked Bespoke studies and Electronic health Records), found that people with T2DM were about twice as likely to be of either Black or South Asian origin compared to those without diabetes.¹ In addition, the Southall and Brent Revisited (SABRE) cohort study showed a significantly higher prevalence of known diabetes in Indian Asian men (13%) compared to European men (3%).²</p> <p>As commented in point 7.61, much of the data from studies available is limited to White populations and therefore does not take into consideration of these BAME populations who are at higher risk of type 2 diabetes and metabolic syndrome. As documented, it is unclear if the effects reported in these low carbohydrate diets with White participants apply to South Asians in whom the ideal BMI is lower than for their White counterparts (BMI 18-23 kg/m² compared with 20-25 kg/m² retrospectively). Hence this will be an important future research consideration.</p> <p>To achieve these lower ideal BMI targets, we propose that South Asians should not only have a lower carbohydrate content, but higher protein intake in their diets.</p> <p>The South Asian diets typically is high in carbohydrate calories and low in protein content. Protein as a macro-nutrient has the greatest positive effect on satiety; low-fat, energy-restricted diets of varying protein content (15 or 30% energy) promoted healthful weight loss, but diet satisfaction was greater in those consuming the</p>

	<p>high-protein diet.³</p> <p>In point 7.30, the RCTs did not show any difference in effect in between lower and higher carbohydrate diets in reducing body weight in the longer term. We note that the lower carbohydrate diets did vary in protein content (16-27%) in the included studies, however other studies have suggested that higher protein diets do aid satiety and therefore improve adherence to these diets and support weight loss.^{3,4}</p> <p>We therefore believe that it is important to consider that any lower calorie diet needs to have the higher protein content to increase satiety and weight loss; and certainly, this should be considered and encouraged in the BAME populations. This additionally lends itself to future research prospects.</p>
References:	<ol style="list-style-type: none"> 1. Shah AD, Langenberg C, Rapsomaniki E, Denaxas S, Pujades-Rodriguez M, Gale CP, et al. Type 2 diabetes and incidence of cardiovascular diseases: a cohort study in 1.9 million people. <i>Lancet Diabetes Endocrinol.</i> 2015 Feb 1;3(2):105-13. 2. Tillin T, Forouhi NG, McKeigue PM, Chaturvedi N. Southall And Brent REvisited: Cohort profile of SAbRE, a UK population-based comparison of cardiovascular disease and diabetes in people of European, Indian Asian and African Caribbean origins. <i>Int J Epidemiol.</i> 2010 Nov 2;41(1):33-42. 3. Johnston C, Tjonn S, Swan P. High-protein, low fat diets are effective for weight loss and favourably alter biomarkers in healthy adults. <i>Journal of Nutrition.</i> 2004;134:586–591. 4. Hill A, Blundell J. Macronutrients and satiety: the effects of a high-protein or high-carbohydrate meal on subjective motivation to eat and food preferences <i>Nutrition and Behaviour.</i> 1986;3(2):133-144.

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<i>Example: 1.2</i>	<i>Example: Missing reference and statement unclear</i>

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