

**Contact: Laurie Cagnassola** 646-678-4656  
[www.nmsociety.org](http://www.nmsociety.org) 424 E. 73<sup>rd</sup> St.  
NYC 10021  
info@nmsociety.org

**Metabolism Society**

# Press Release

## **Number of People with Diabetes Increases to 24 Million according to new 2007 prevalence data estimates released by the Centers for Disease Control and Prevention (CDC). Studies show hope for reversing trend in people with T2 diabetes and metabolic syndrome using carbohydrate restricted diet.**

**New York, NY, June 26, 2008:** Nearly 8 percent of the U.S. population has diabetes. The Department of Health and Human Services states “diabetes is a disease associated with high levels of blood glucose resulting from defects in insulin production that causes sugar to build up in the body. It is the seventh leading cause of death in the country and can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.”

Three recent articles in the journal *Nutrition & Metabolism* highlight the value of carbohydrate-restriction in the treatment of diabetes and metabolic syndrome. Nielsen, et al. [1] provides a follow-up of a patient study now carried out to 44 months. Conclusion: Advice to obese patients with type 2 diabetes to follow a 20% carbohydrate diet with some caloric restriction has lasting effects on bodyweight and glycemic control.

Westman and Vernon [2] suggest that if the aggressive attempt to lower glucose in the ACCORD trials had relied on carbohydrate restriction rather than pharmacology the unexpected deaths that resulted in termination of that part of the study might have avoided. Westman and Vernon conclude: The inattention to *potent* dietary therapy in all recent major diabetes studies, including the recent ACCORD trial, should not lead us to forget about carbohydrate-restriction as a means to achieve weight loss and glycemic control without hypoglycemia.

Accurso, et al. [3] represents a summary of the positive effects of carbohydrate restriction and is intended as a constructive alternative to the 2008 nutritional guidelines from the American Diabetes Association (ADA) [4]. 24 authors conclude: Carbohydrate restriction is an intuitive and rational approach to improvement of glycemic and metabolic control. Data demonstrating that weight loss and cardiovascular risk are also improved remove these barriers to the acceptance of carbohydrate restriction as a reasonable if not the preferred treatment for type 2 diabetes. Finally, carbohydrate restriction is a potentially favorable diet for improving components of the metabolic syndrome and thereby for the *prevention* of diabetes.

The 2008 ADA guidelines were widely publicized for accepting, for the first time, the role of low carbohydrate, for weight loss. The reality of the new guidelines according to Dr. Richard Feinman, corresponding author of reference [3], however, is that “they perpetuate the previous campaign to dissuade patients from using low carbohydrate diets and are distinguished, most of all, by not citing recent

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studies that make a case for carbohydrate restriction. In combination with the failure of the ACCORD trial, it is critical that we do an unbiased evaluation of low carb diets. “

1. Nielsen JV, Joensson EA: **Low-carbohydrate diet in type 2 diabetes: stable improvement of bodyweight and glycemic control during 44 months follow-up.** *Nutr Metab (Lond)* 2008, **5**(1):14.
2. Westman EC, Vernon MC: **Has carbohydrate-restriction been forgotten as a treatment for diabetes mellitus? A perspective on the ACCORD study design.** *Nutr Metab (Lond)* 2008, **5**:10.
3. Accurso A, Bernstein RK, Dahlqvist A, Draznin B, Feinman RD, Fine EJ, Glead A, Jacobs DB, Larson G, Lustig RH *et al.* **Dietary carbohydrate restriction in type 2 diabetes mellitus and metabolic syndrome: time for a critical appraisal.** *Nutr Metab (Lond)* 2008, **5**(1):9.
4. American Diabetes Association: **Nutrition Recommendations and Interventions for Diabetes–2008.** *Diabetes Care* 2008, **31**(Suppl 1):S61-S78.