

TYPE 2 DIABETES AND THE KETOGENIC DIET

Fall Research Review

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OBJECTIVES

1. Purpose
2. Brief summary of type 2 diabetes
3. Brief summary of ketogenic diet
4. Review of 3 research articles
5. Research summary
6. Additional discussion
7. Takeaways
8. Questions

WHY?

SUMMARIES

TYPE 2 DIABETES

Disease state:

- Inability to use or produce insulin to allow cells to uptake glucose from the blood stream
- Most common form, often in middle-aged or older persons
- Results in other chronic disease states

Terms:

- **HbA1c:** glycated hemoglobin
 - Measure of average plasma glucose over previous 3 mos.
 - 6.5% is clinically significant value for diagnosis of diabetes

KETOGENIC DIET



HIGH FAT



**MODERATE
PROTEIN**



**LOW
CARBOHYDRATES**

IMPROVEMENT IN GLYCEMIC AND LIPID
PROFILES IN TYPE 2 DIABETICS WITH A
90-DAY KETOGENIC DIET

PURPOSE

To determine whether a 90-day low carbohydrate diet could improve markers of insulin resistance and type 2 diabetes



Primary outcome: HbA1c



Secondary outcomes: body weight, blood pressure, liver enzymes, blood lipids

METHODOLOGY

- **Design:** Cohort
- **n = 11**
- **Inclusion criteria:** age 18-45, recent diagnosis of type 2 diabetes (HbA1c $\geq 6.5\%$), and any feature of metabolic syndrome including hypertension and dyslipidemia
- **Exclusion criteria:** medication use for diabetes, previous disease diagnoses, pregnant or nursing

METHODOLOGY

- 90 days
 - Weekly visits
 - Diet education
 - Weekly measurements of plasma ketones

Study I

8.9%
→
5.6%

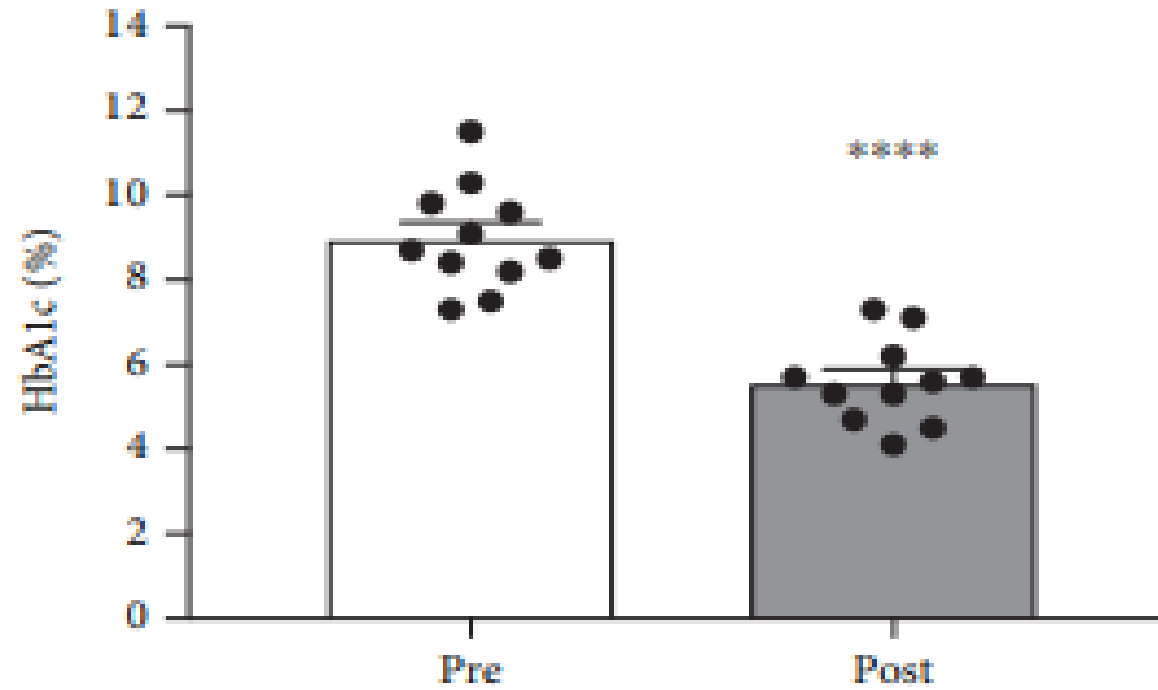


FIGURE 3: The effect of a 90-day low-carbohydrate diet on HbA1c in women ($n = 11$; **** $p < 0.0001$).

RESULTS

Significant reductions in body weight ($p < 0.0001$), BMI ($p < 0.0001$), systolic ($p < 0.0001$) and diastolic ($p < 0.005$) blood pressure, and triglycerides ($p < 0.005$)

Significant increase in HDL cholesterol ($p < 0.005$)

Non-significant changes in LDL cholesterol, AST, and ALT values

Study I

CONCLUSION

Diet induces a favorable metabolic state, particularly in reduction of HbA1C; additional benefits of body weight and blood pressure reductions unlike insulin medications.

Strengths: measured adherence to the diet; 0% attrition

Limitations: sample size; ability to generalize; no plasma insulin data



EAL Grade: Minus/Negative (-)

TWELVE-MONTH OUTCOMES OF A
RANDOMIZED TRIAL OF A MODERATE-
CARBOHYDRATE VERSUS VERY LOW-
CARBOHYDRATE DIET IN OVERWEIGHT
ADULTS WITH TYPE 2 DIABETES
MELLITUS OR PREDIABETES

PURPOSE

Comparison of the health impacts of a very low-carbohydrate diet compared to a moderate carbohydrate calorie restricted diet on type 2 diabetes



Primary outcome: HbA1c



Secondary outcomes: lipids, insulin resistance, and weight

METHODOLOGY

- **Design:** Randomized Controlled Trial
- **n = 34**
- **Inclusion criteria:** age 18 or older, BMI of 25 or above and HbA1C of 6.0% or greater
- **Exclusion criteria:** use of insulin, more than three glucose-lowering medications, did not speak English, mental health or other medical conditions, taking weight loss medications, pregnant/planning to become pregnant, nursing, history of or planned weight loss surgery, vegan, or unwilling to do home glucose monitoring

METHODOLOGY

INTERVENTION

- 12 mos.
- Behavioral intervention
- Very low-carbohydrate diet, 20-50 grams of carbohydrates per day
- Twice weekly measurements of plasma ketones

CONTROL

- 12 mos.
- Behavioral intervention
- Moderate carbohydrate, calorie restricted diet

Study 2

6.6%
→
6.1%

Results from Table 1: Estimated Marginal Mean (EMM) ± 95% CI at baseline to 6 and 12 months

| HbA1c | Intervention | Control | P value (group differences in changes relative to baseline) |
|----------|----------------|----------------|---|
| Baseline | 6.6 (6.3, 6.9) | 6.9 (6.6, 7.2) | - |
| 6 mos. | 6.0 (5.7, 6.3) | 6.7 (6.4, 6.9) | .001 |
| 12 mos. | 6.1 (5.8, 6.4) | 6.7 (6.4, 7.0) | .007 |

RESULTS

Significant reductions in HbA1c ($p=0.007$), body weight ($p<0.001$), and BMI ($p<0.001$)

Significant decrease in LDL cholesterol ($p=0.003$) at 6 mos.
ONLY

Non-significant changes in triglycerides, HDL, or insulin resistance

Study 2

CONCLUSION

Overweight adults with prediabetes or type 2 diabetes may be able to improve glycemic control with less medication by following a very low-carbohydrate diet

Strengths: retention rates, fair dietary adherence

Limitations: sample size; limited understanding of the effect of dietary intervention alone



EAL Grade: Minus/Negative (-)

AN ONLINE INTERVENTION COMPARING
A VERY LOW-CARBOHYDRATE
KETOGENIC DIET AND LIFESTYLE
RECOMMENDATIONS VERSUS A PLATE
METHOD DIET IN OVERWEIGHT
INDIVIDUALS WITH TYPE 2 DIABETES: A
RANDOMIZED CONTROLLED TRIAL

PURPOSE

Comparison of the health impacts of a very low-carbohydrate diet compared to a moderate carbohydrate calorie restricted diet on type 2 diabetes



Primary outcomes: HbA1c and body weight



Secondary outcomes: blood lipids and aspects of psychological health

METHODOLOGY

- **Design:** Randomized Controlled Trial
- **n = 25**
- **Inclusion criteria:** age 18 or older, BMI of 25 or above and HbA1C between 6.5-9% and regular access to the internet
- **Exclusion criteria:** use of diabetes medication other than metformin

METHODOLOGY

INTERVENTION

- 32 weeks
 - Behavioral intervention
 - Very low-carbohydrate diet, 20-50 grams of carbohydrates per day
 - Once weekly measurements of plasma ketones

CONTROL

- 32 weeks
 - No behavioral intervention
 - Low-fat, emphasis on green vegetables, lean protein, and limited sweet/starchy foods

Study 3

RESULTS

Greater reduction in HbA1c ($p=0.002$) and body weight ($p<0.001$)

Significant decrease in triglycerides ($p=0.01$) at 32 weeks
ONLY

Non-significant changes in HDL or LDL

CONCLUSION

An online intervention supporting a very low-carbohydrate ketogenic diet with lifestyle modification could result in lower HbA1c, body weight, and triglyceride levels

Strength: measured adherence to the diet, although subject reported

Limitations: sample size; attrition rate; no lifestyle intervention provided to control group

EAL Grade: Minus/Negative (-)

RESEARCH SUMMARY

| Study | n= | Duration | HbA1c | Body Weight | Blood Pressure | BMI | HDL | LDL | Triglycerides |
|-------|----|----------|-------|-------------|----------------|-----|-----|-----|---------------|
| 1 | 11 | 90 days | ↓ | ↓ | ↓ | ↓ | ↑ | - | ↓ |
| 2 | 34 | 12 mos. | ↓ | ↓ | N/A | ↓ | - | - | - |
| 3 | 25 | 32 weeks | ↓ | ↓ | N/A | N/A | - | - | ↓ |

* Only significant results shown

APPLICATIONS IN PRACTICE

ADDITIONAL DISCUSSION

- Updated Diabetes Standards of Care
 - “research indicates that low-carbohydrate eating plans may result in improved glycemia and have the potential to reduce antihyperglycemic medications for individuals with type 2 diabetes”
- Metformin
 - Oral medication used to help lower blood sugar levels
 - Side effects
 - Average 1.5% reduction in HbA1c



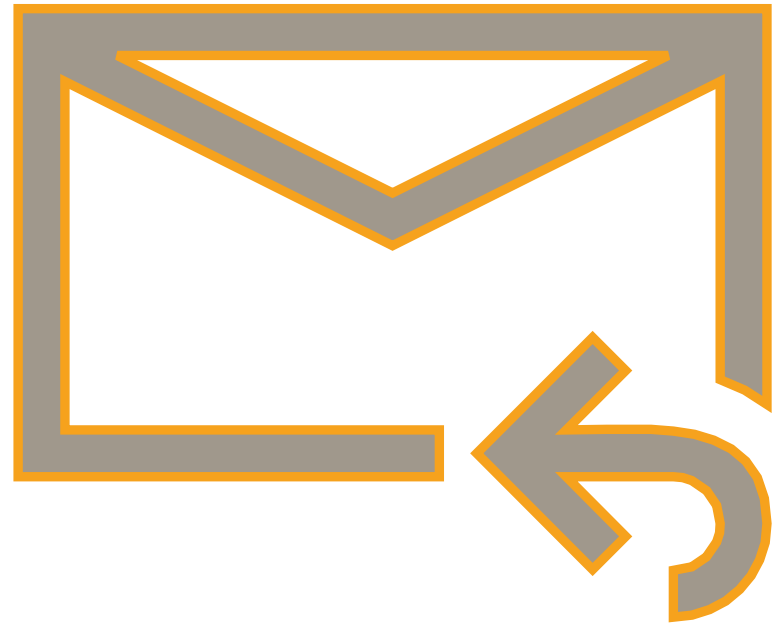
TAKEAWAYS

- Advantages of plasma ketone measurement
- Lifestyle intervention is effective
- Meeting patients where they're at
- Future studies:
 - Increase sample size
 - Make population demographics more generalizable
 - More defined control group and separation from lifestyle intervention

QUESTIONS?

RESOURCES

- **Contact:**
 - Samantha Inman
 - inmasl25@uwgb.edu
- **Presentation:**
 - [https://uwgbresearchreviews.w
eebly.com/fall-presentations-
2019.html](https://uwgbresearchreviews.weebly.com/fall-presentations-2019.html)



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