PEOPLE have told me what I do is dangerous. They have walked away from me at meetings,” says David Unwin, a doctor practising in Southport, UK. Unwin suggests to his patients with type 2 diabetes or who want to lose weight that they do the opposite of what official health advice recommends. He advises them to stop counting calories, eat high-fat foods – including saturated fats – and avoid carbohydrates, namely sugar and starch. Telling people to avoid sugar is uncontroversial; the rest is medical heresy.

But crazy as it sounds, Unwin has found that most of his diabetes patients who follow this advice are getting their blood sugar back under control, and that some are coming off medication they have relied on for years. Those who are overweight are slimming down.

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Is official dietary advice fuelling the obesity epidemic and making us sick, asks Clare Wilson

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Proponents of an alternative high-fat, low-carb approach come up with very different advice for a sample day up to 99% because of rounding percentages add recommended a daily total of 2000 calories for women, 2500 calories for men.

Protein

- Choose leaner cuts of meat

Carbohydrates

- Include wholegrains and pulses in the diet

Dairy and Alternatives

- Include some dairy products

Fruits and Vegetables

- Include a variety of fruits and vegetables every day

Protein

- Include lean meat, fish, and poultry

Fats

- Include healthy fats such as monounsaturated and polyunsaturated fats

Dietary and lifestyle changes can help manage blood sugar levels and prevent diabetes or its complications. This includes:

- Maintaining a healthy weight
- Engaging in regular physical activity
- Eating a balanced diet rich in fruits, vegetables, and whole grains
- Avoiding processed and sugary foods
- Limiting intake of refined carbohydrates
- Reducing sodium intake

The benefits of this approach have been supported by research, with studies showing that a low-carb, high-fat diet can lead to significant weight loss, improved blood sugar control, and a reduction in the risk of other health conditions such as heart disease, diabetes, and certain cancers. However, it is important to consult with a healthcare provider before starting any new diet or lifestyle changes, as they can recommend the most appropriate approach based on individual health needs.
And yet in the past few years, a body of literature has emerged to suggest that the question of fat might not be as straightforward as we once thought. For instance, a recent analysis of past studies found that diets lower in saturated fat are not significantly associated with less heart disease or stroke. Another found that the effects of reducing saturated fat depended on what people ate instead; there was a small benefit from replacing it with polyunsaturated fats, but no benefit from replacing it with carbs. The best kind of study is a randomised trial that alters people’s diet to see how their health changes. Here too, there is conflicting evidence – some trials show a benefit from reducing saturated fat, while others indicate none or even the opposite.

A high-fat diet could also be concealing other aspects of lifestyle or diet, such as too much sugar or a lack of exercise, which may be the real culprits for heart problems.

It also seems fat is a more diverse food group than it first appeared. Oils from plants tend to be unsaturated fats, liquid at room temperature; we thought of these as “good”, unlike saturated fat, mostly found in meat and dairy products and solid at room temperature. But recent studies suggest that dairy fats, which are saturated, do seem to protect people from type 2 diabetes and heart disease. Unsaturated fats too, are a mixed bunch (see “Slippery substance”, page 31).

The role of insulin resistance, the key problem in diabetes, also seems to be a bigger player in heart problems than we thought. One recent study found it is a bigger heart attack risk factor for men than high blood pressure, high cholesterol and being overweight. “We have been focusing on the wrong things,” says Aseem Malhotra, a cardiologist at the Lister Hospital, who is a vocal advocate of low-carbing.

Still, many mainstream dieticians remain unconvinced. Julie Lovegrove at the University of Reading, who is a member of the UK government’s Scientific Advisory Committee on Nutrition, says that while not all the studies show consistent findings, “a diet high in saturated fat is not optimal for cardiovascular health”. Susan Jebb, professor of diet and population health at the University of Oxford, takes particular issue with the idea of not bothering to count calories on a low-carb diet, espoused in the new report. “Very few people manage to control their weight without some dietary restraint,” she says.

Such conflicting advice might well leave many of us scratching our heads over what to eat. Almost the only thing both sides agree on is that sugar is bad for you (see “Food fight”, page 30). If you tried to hedge your bets and avoid both fat and carbs, there would be little left. A more moderate approach is to limit just saturated fat, added sugars and refined carbs, leaving you more or less with an extra-oily Mediterranean-type diet, high in whole grains, fish, fruit, vegetables, nuts and olive oil.

This diet is higher in fat than the standard recommendations, but a recent large trial of a Mediterranean diet supplemented with extra olive oil or nuts found that either approach cut heart attacks by nearly a third over five years compared with the standard low-fat diet.

People with type 2 diabetes, who are most at risk of heart disease and weight gain, seem to be voting with their feet. Unwin has published his diet advice on a free website and since its launch last November, 110,000 people have signed up, and over 80,000 people have completed the 10-week course. Of 2500 who took a survey 6 months later, the proportion taking diabetes drugs had dropped from 70 to 60 per cent. Although this was not a randomised trial and the results need to be replicated, Unwin thinks it’s a sign of what the diet can achieve without much input from health professionals. “The internet is democratising medicine, and patients have taught me so much,” he says. “It’s a new world – doctors should join in”.

Clare Wilson is a news reporter at New Scientist

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Sugar rush

Even typically healthy starchy foods can lead to a spike in blood glucose

**Small plain baked potato**  153g serving of boiled long grain white rice  32g serving of cornflakes

all raise your blood glucose levels as much as 9 teaspoons of sugar

“We the question of fat might not be as straightforward as we once thought”