

X-PERT Health Position Statement: Low Carbohydrate Dietary Approaches and Type 2 Diabetes

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Key Points

- There is a strong physiological rationale supporting the role of carbohydrate restriction for the management of Type 2 diabetes.
- Available evidence shows that low carbohydrate dietary approaches are as good as, or superior to, other dietary approaches for the management of Type 2 diabetes.
- Low carbohydrate dietary approaches are consistently superior to higher carbohydrate dietary approaches in relation to reducing medication requirements, and as such their benefits may be underestimated by many studies and reviews.
- Concerns about the safety of low carbohydrate dietary approaches, including in relation to cardiovascular disease risk, are not supported by the available evidence.
- The absence of longer-term evidence should not be used to suggest low carbohydrate dietary approaches are inferior to other approaches as no dietary approach has high quality long-term evidence of safety or efficacy, at least in part due to the nature of nutritional research.
- A growing number of important organisations support the use of low carbohydrate approaches.
- Low carbohydrate dietary approaches should be promoted as a suitable choice, as part of a menu of options, for individuals with Type 2 diabetes.
- Although one size does not fit all, and individuals should be supported in adopting any approach that is safe and suitable for them, some degree of carbohydrate restriction may be the most effective method for improving health for many people with Type 2 diabetes.

This document supersedes the previous X-PERT Health Position Statement on the use of low carbohydrate dietary approaches for people with Type 2 diabetes, which was released in 2020. The evidence supporting the key points above, and the practical recommendations included below, has been published in an open access peer reviewed journal¹, and so rather than replicating this content in full here readers should refer to this publication. For those viewing a digital version of this position statement, the article can be accessed and downloaded from [here](#). It is also available from the X-PERT Health website, at: <https://www.xperthealth.org.uk/articles-and-evidence/evidence-base/>.

The practical recommendations from the review were as follows:

- Patients should be supported to make a choice that fits their needs and preferences. There should be less focus on promoting a particular approach as best, and more on allowing individuals to make an informed choice to help them establish which approach is most suitable for them.
- LCDs should be one of the options that are offered, and the possible benefits should be made clear. This should include that existing evidence suggests that LCDs are at least as effective as other approaches

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for the management of a range of key health markers, and are likely to be superior for outcomes such as a reduced need for diabetes medication.

- To support adherence, and the ability to make informed choices, patients should receive appropriate and ongoing education and support.
- Concerns around the long-term impact of LCDs, or of the ability to adhere to them, should not be used to discourage people from adopting such approaches as they are not supported by the available evidence. However, as with all patients (and all interventions), key health markers should be tracked to allow consideration of the impact of the specific changes made by the individual.
- Where relevant, patients should have a medication review before they begin restricting carbohydrate intake, and relevant health markers should be tracked carefully.
- Individuals with more complex needs, such as the presence of comorbidities and/or with special dietary requirements, should receive additional support from appropriately qualified healthcare professionals when making changes to their diet and lifestyle.

Since the publication of the aforementioned review the Scientific Advisory Committee on Nutrition, alongside members nominated by Diabetes UK, the British Dietetic Association, Royal College of Physicians and Royal College of General Practitioners, have published their review on this topic². Their recommendations, which support the use of low carbohydrate dietary approaches for people with Type 2 diabetes, albeit with caveats, have not resulted in any change to the conclusions and recommendations of X-PERT Health stated above.

References

¹ Wheatley SD, Deakin TA, Arjomandkhah NC, Hollinrake PB and Reeves TE (2021) Low Carbohydrate Dietary Approaches for People With Type 2 Diabetes—A Narrative Review. *Front. Nutr.* 8:687658. doi: [10.3389/fnut.2021.687658](https://doi.org/10.3389/fnut.2021.687658)

² Singh M, Hung ES, Cullum A, Allen RE, Aggett PJ, Dyson P, Forouhi NG, Greenwood DC, Pryke R, Taylor R, Twenefour D, Waxman R and Young IS (2021) Lower Carbohydrate Diets for Adults With Type 2 Diabetes. *Diabetic Medicine*. doi: [10.1111/dme.14674](https://doi.org/10.1111/dme.14674)