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Nutrition & Metabolism



The effect of a low-carbohydrate, ketogenic diet versus a low-glycemic index diet on glycemic control in type 2 diabetes mellitus

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Abstract

Objective: Dietary carbohydrate is the major determinant of postprandial glucose levels, and several clinical studies have shown that low-carbohydrate diets improve glycemic control. In this study, we tested the hypothesis that a diet lower in carbohydrate would lead to greater improvement in glycemic control over a 24-week period in patients with obesity and type 2 diabetes mellitus.

Research design and methods: Eighty-four community volunteers with obesity and type 2 diabetes were randomized to either a low-carbohydrate, ketogenic diet (<20 g of carbohydrate daily; LCKD) or a low-glycemic, reduced-calorie diet (500 kcal/day deficit from weight maintenance diet; LGD). Both groups received group meetings, nutritional supplementation, and an exercise recommendation. The main outcome was glycemic control, measured by hemoglobin A_{1c}.

Results: Forty-one (58.3%) participants completed the study. Both interventions led to improvements in hemoglobin A_{1c}, fasting glucose, fasting insulin, and weight loss. The LCKD group had greater improvements in hemoglobin A_{1c} (-1.3% vs. -0.5%, p = 0.03), body weight (-11.1 kg vs. -6.9 kg, p = 0.006), and high-density lipoprotein cholesterol (154 mg/dL vs. 10 mg/dL, p = 0.001) compared to the LGD group. Diabetes medications were reduced or discontinued in 93.2% of LCKD vs. 62% of LGD participants (p < 0.01).

Conclusion: Dietary modification led to improvements in glycemic control and medication reduction/discontinuation in noninstitutionalized volunteers with type 2 diabetes. The diet lower in carbohydrate led to greater improvements in glycemic control, and more frequent medication reduction/discontinuation than the low-glycemic index diet. Diet modification using low-carbohydrate interventions is effective for improving and reversing type 2 diabetes.

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