LIFESTYLE INTERVENTION STRATEGIES FOR DIABETES MANAGEMENT

A thesis submitted for the Degree of

Doctor of Philosophy

by

Tay Jiahui (Jeannie Tay)

Bachelor of Nutrition & Dietetics (Honours)

University of Adelaide

Faculty of Health Sciences, School of Medicine, Discipline of Medicine

and

Commonwealth Scientific and Industrial Research Organisation

Food and Nutrition

February 2016

This thesis is dedicated to my grandparents,

Mr Tay Kheng Yong & Mdm Lee Guat Eng,

You instilled in me a love for reading, writing and research,

Mr Tan Tiong Tai & Mdm Pan Ah Yoke,

Diligence, tenacity and resolve are traits that I have learnt from you.

And my parents,

Mr Tay Chor Suay & Mdm Tan Suat Eng

You are my pillars of strength. Thank you for your agápē love.

For the glory of God

Thank you Jesus, the author and perfecter of our faith (Hebrews 12:2)

TABLE OF CONTENTS

ABST	'RACTv
DECL	ARATIONvi
ACKN	NOWLEDGEMENTSvii
GLOS	SSARY OF ABBREVIATIONSix
LIST	OF PUBLICATIONS ARISING FROM THESISxii
LIST	OF CONFERENCE PRESENTATIONS DURING CANDIDATURExiii
GRAN	NTS AND AWARDS DURING CANDIDATURExvi
CHAF	PTER 1. LITERATURE REVIEW1
1.1	Background and introduction: obesity and the type 2 diabetes1
1.2	Diabetes mellitus and its clinical classifications
1.2.1	Diagnostic criteria for type 2 diabetes5
1.2.2	Pathogenesis of type 2 diabetes6
1.2.3	Diabetes complications and mortality rates8
1.2.4	Economic impact and healthcare costs of diabetes9
1.2.5	Therapeutic options and treatment strategies for type 2 diabetes
	1.2.5.1 Lifestyle management13
	1.2.5.2 Pharmacological therapy18
	1.2.5.3 Bariatric surgery19
1.2.6	Treatment and management of co-existing cardiovascular risk factors:
	hypertension and dyslipidaemia20
1.3	Assessment of glycaemic control in type 2 diabetes

1.3.1	Conventional markers of glycemic control23
1.3.2	Glycaemic targets and relationship to clinical outcomes
1.3.3	Glycemic variability26
	1.3.3.1 Nutritional management of glycemic variability
1.3.4	Glucose monitoring in diabetes care28
	1.3.4.1 Continuous glucose monitoring
1.4	Lifestyle management of type 2 diabetes
1.4.1	Physical activity guidelines for type 2 diabetes
1.4.2	Dietary management of type 2 diabetes
1.5	Effects of dietary macronutrients on glycaemic control and cardiovascular
	disease risk in type 2 diabetes
1.5.1	Dietary fats and proteins
1.5.2	Dietary carbohydrates
1.6	Very low carbohydrate diets
1.6.1	Effect of very low carbohydrate diets on weight loss and cardiovascular
diseas	e risk in individuals without diabetes41
1.6.2	Effect of very low carbohydrate diets on glycaemic control in individuals with
type 2	diabetes
	1.6.2.1 Uncontrolled, non- randomised intervention studies
	1.6.2.2 Randomised, controlled trials
1.7	Long term safety effects of very low carbohydrate diets
1.7.1	Renal health outcomes

1.7.2	Cognitive function	
1.8	Specific aims of this thesis	
СНАР	TER 2. GLYCEMIC VARIABILITY: ASSESSING GLYCEMIA	
DIFFE	ERENTLY AND THE IMPLICATIONS FOR DIETARY MANAGEMENT OF	
DIAB	ETES	
2.1	Summary56	
2.2	Statement of Authorship57	
2.3	Publication	
СНАР	TER 3. A VERY LOW CARBOHYDRATE, LOW SATURATED FAT DIET	
FOR 1	FYPE 2 DIABETES MANAGEMENT: A RANDOMISED TRIAL97	
3.1	Summary	
3.2	Statement of Authorship	
3.3	Publication	
СНАР	TER 4. COMPARISON OF LOW- AND HIGH-CARBOHYDRATE DIETS	
FOR 1	FYPE 2 DIABETES MANAGEMENT: A RANDOMISED TRIAL	
4.1	Summary113	
4.2	Statement of Authorship114	
4.3	Publication117	
СНАР	TER 5. LONG-TERM EFFECTS OF A VERY LOW CARBOHYDRATE	
COMI	PARED WITH A HIGH CARBOHYDRATE DIET ON RENAL FUNCTION IN	
INDIVIDUALS WITH TYPE 2 DIABETES: A RANDOMIZED TRIAL 128		
5.1	Summary	
5.2	Statement of Authorship	

5.3	Publication1	32
CHA	PTER 6. LONG-TERM EFFECTS OF A VERY LOW CARBOHYDRATE	
AND	HIGH CARBOHYDRATE WEIGHT LOSS DIETS ON COGNITIVE	
PERF	FORMANCE IN OBESE ADULTS WITH TYPE 2 DIABETES: A	
RANI	DOMIZED CONTROLLED TRIAL 1	138
6.1	Summary1	139
6.2	Statement of Authorship1	l 40
6.3	Manuscript1	l 43
6.3.1	Table 1 1	l 63
6.3.2	Table 21	166
6.3.3	Figure 1 1	l 68
CHA	PTER 7. DISCUSSION AND CONCLUSIONS1	169
7.1	OVERALL SIGNIFICANCE OF THE WORK 1	169
7.2	CONTRIBUTION TO KNOWLEDGE	l 71
7.3	FUTURE DIRECTIONS	174
7.4	CONCLUSIONS 1	81
REFE	ERENCES1	183

ABSTRACT

The inexorable rise of type 2 diabetes (T2D) worldwide is a serious public health problem with significant health and socioeconomic costs. Diabetes- related complications are underpinned by poor glycaemic control that is greatly influenced by diet composition. Sustainable lifestyle modifications in diet and physical activity form the cornerstone of T2D prevention and management. Energy- restricted, high unrefined carbohydrate, low fat (HC) diets have traditionally been recommended for the dietary management of T2D. However, accumulating nutrition research indicate that carbohydrate restriction and higher intakes of protein and unsaturated fats, improve glycaemic control and reduce cardiovascular disease (CVD) risk markers. Based on this evidence, a novel dietary approach incorporating a very low carbohydrate, high unsaturated fat/ low saturated fat (LC) diet was designed. This LC diet was nutritionally adequate, with the potential to improve glycaemic control and mitigate CVD risk to a greater extent than the traditional HC diet. This thesis discusses the findings of a large, well- controlled, randomised, clinical trial that compared the long- term effects of consuming a traditional HC diet with an energy- matched LC diet, on a range of health outcomes including glycaemic control and CVD risk markers. Both diets were delivered as part of a holistic lifestyle intervention that included a structured exercise program. After one year, both diets achieved substantial weight loss, and reduced blood pressure, HbA1c, fasting glucose and LDL-C. However, the LC diet sustained greater reductions in diabetes medication and glycaemic variability, as well as triglycerides (TAG), and greater increases in HDL-C. Both diets had similar changes in renal and cognitive outcomes, suggesting that the LC diet did not adversely affect renal or cognitive function. These results have important implications for the lifestyle management of T2D with direct relevance to achieving better health outcomes and reducing healthcare costs.

DECLARATION

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

I give consent to this copy of my thesis when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

The author acknowledges that copyright of published works contained within this thesis resides with the copyright holder(s) of those works.

I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library Search and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Tay Jiahui (Jeannie Tay)

ACKNOWLEDGEMENTS

I would not be where I am today without the mentorship of Associate Professor Grant Brinkworth and Professor Campbell Thompson. Thank you Grant for the opportunity to return to CSIRO and Adelaide to work on this meaningful and intellectually- stimulating project. I sincerely appreciate the time and energy you have invested in helping me to develop the requisite skills of a good clinical researcher. Thank you Campbell for your advice and encouragement throughout this PhD journey. Your insightful counsel and words of wisdom have helped me ride through the challenges that I encountered during my candidature. You are both very good teachers and I have benefitted immensely from being your student.

Special thanks to Professor Manny Noakes. Thank you Manny for the advice you gave me when I completed my honours. My experience as a Dietitian has piqued my interest in research, widened my perspective and given me a better appreciation for the importance of quality research as the basis for evidence- based healthcare.

I would also like to thank my co-authors, Dr Natalie Luscombe- Marsh, Professor Jonathan Buckley, Dr William Yancy Jr, Professor Gary Wittert, Dr Vanessa Danthiir and Dr Ian Zajac. I feel very privileged to be part of this team and am humbled by the experience of working with you. Thank you for your encouragement, advice and input to the manuscripts. Your perceptive comments have helped me learn and grow as a nascent researcher.

I thank the volunteers for their participation and for giving generously of their time to be part of the study reported in this dissertation. I gratefully acknowledge the contributions of the wider research team: the clinical research team at CSIRO- Ann McGuffin, Julia Weaver and Vanessa Courage for coordinating the trial; Pennie Taylor, Janna Lutze, Paul Foster, Gemma Williams, Hannah Gilbert and Fiona Barr for assisting in designing and implementing the dietary interventions; Lindy Lawson and Theresa Mckinnon for nursing expertise; Heidi Long and Laura Edney for administering the cognitive tests; Julie Syrette for assisting with the data management; Kathryn Bastiaans for assisting with cognitive data processing; Kylie Lange, Mary Barnes and Ian Saunders for statistical advice and assisting with the statistical analyses; Luke Johnston and Annie Hastwell (Fit for Success, SA), Kelly French, Jason Delfos, Kristi Lacey-Powell, Marilyn Woods, John Perrin, Simon Pane, Annette Beckette (SA Aquatic Centre & Leisure Centre), and Angie Mondello and Josh Gniadek (Boot Camp Plus, SA) for conducting the exercise sessions.

I would like to express my heartfelt gratitude to my family and friends. Thank you for your support, love, encouragement and prayers.

I thank the Agency for Science, Technology and Research (A-STAR), Singapore for providing a postgraduate research scholarship to support my work. Funding for this research was provided by a National Health and Medical Research Council of Australia Project Grant (103415).

Finally, I wish to acknowledge individuals with diabetes, or at risk of diabetes, and their families, with this work. You are the motivation behind this research and I hope the results of this work will help to improve diabetes prevention and management.

GLOSSARY OF ABBREVIATIONS

ACCORD	Action to Control Cardiovascular Risk in Diabetes trial
ACR	Albumin creatinine ratio
ADVANCE	Action in Diabetes and Vascular Disease: Preterax and Diamicron
	MR Controlled Evaluation trial
СВТ	Cognitive behavioural therapy
CGMS	Continuous glucose monitoring systems
CKD-EPI	Chronic Kidney Disease Epidemiology Collaboration equation
CV	Cardiovascular
CVD	Cardiovascular disease
DCCT	Diabetes Control and Complications Trial
DKD	Diabetic kidney disease
DSST	Digit Symbol Substitution Test
eGFR	Estimated glomerular filtration rate
ESRD	End stage renal disease
FBG	Fasting blood glucose
FMD	Flow-mediated dilatation
GL	Glycaemic load
GV	Glycaemic variability

HbA1c	Glycated haemoglobin A1c
HC diet	High carbohydrate, low fat diet
HDL-C	High density lipoprotein cholesterol
IFG	Impaired fasting glucose
IGT	Impaired glucose tolerance
LC diet	Very low carbohydrate diet
LDL-C	Low density lipoprotein cholesterol
MES	Medication effect score
MIND- ACCORD	Memory in Diabetes study of the ACCORD trial
MUFA	Monounsaturated fats
PPG	Postprandial glucose
RDA	Recommended dietary allowance
RCT	Randomised controlled trial
ROS	Reactive oxygen species
SCr	Serum creatinine
SMBG	Self- monitoring of blood glucose
TAG	Triglycerides
T1D	Type 1 diabetes
T2D	Type 2 diabetes

UKPDS	UK Prospective Diabetes Study
VADT	Veterans Affairs Diabetes Trial
VLDL-C	Very low density lipoprotein cholesterol

LIST OF PUBLICATIONS ARISING FROM THESIS

2015 <u>Tay J</u>, Thompson CH, et al. Luscombe-Marsh ND, et al. Long-term effects of a very low carbohydrate compared with a high carbohydrate diet on renal function in individuals with type 2 diabetes: a randomized trial. Medicine. 2015; 94: e2181

> <u>Tay J.</u> Luscombe-Marsh ND, Thompson CH, et al. **Comparison of lowand high-carbohydrate diets for type 2 diabetes management: a randomized trial.** Am J Clin Nutr 2015; 102:780-790

Tay J, Thompson CH and Brinkworth GD. Glycemic Variability: Assessing Glycemia Differently and the Implications for Dietary Management of Diabetes. Annu Rev Nutr 2015;35:389-424

2014 <u>Tay J</u>, Luscombe-Marsh ND, Thompson CH, et al. A Very Low
 Carbohydrate, Low Saturated Fat Diet for Type 2 Diabetes
 Management: A Randomized Trial. Diabetes Care 2014; 37(11):2909-2918.

LIST OF CONFERENCE PRESENTATIONS DURING CANDIDATURE

2015 International Diabetes Federation (IDF) World Diabetes Congress, 30 November - 4 December 2015, Vancouver, Canada (Poster presentation).

<u>Tay J</u>, et al. Long-term effects of a very low- and high carbohydrate diet on renal function in individuals with type 2 diabetes [abstract].

Obesity Week- The Obesity Society Annual Scientific Meeting,

2-7 November 2015, Los Angeles, US (Poster presentation)

<u>Tay J</u>, et al. Long-term effects of a very low- and high carbohydrate diet on renal function in individuals with type 2 diabetes [abstract].

<u>Tay J</u>, et al. Long term consumption of a very low carbohydrate diet does not adversely affect cognitive performance in individuals with type 2 diabetes [abstract].

Asia Pacific Conference on Clinical Nutrition, 26-29 January 2015, Kuala Lumpur, Malaysia (Oral presentation)

<u>Tay J</u>, et al. Long-term consumption of a low carbohydrate, low saturated fat diet improves glycemic control and reduces diabetes medication use and cardiovascular risk factors in type 2 diabetes [abstract].

2014 Nutrition Society of Australia (NSA) Annual Scientific Meeting, 26-28 November 2014, Hobart, Australia (Oral presentation)

<u>Tay J</u>, et al Long-term consumption of a low carbohydrate, low saturated fat diet improves type 2 diabetes management [abstract].

International Diabetes Federation-Western Pacific Region (IDF-WPR) Congress, 21-24 November 2014, Singapore (Oral presentation).

<u>Tay J.</u> et al. Long-term consumption of a low carbohydrate, low saturated fat diet improves type 2 diabetes management [abstract].

Obesity Week- The Obesity Society Annual Scientific Meeting,

2-7 November 2014, Boston, US (Oral presentation)

<u>Tay J</u>, et al. Long-term consumption of a low carbohydrate, low saturated fat diet improves glycemic control and reduces diabetes medication use and cardiovascular risk factors in type 2 diabetes [abstract].

Australian Society for Medical Research (ASMR) SA Annual Scientific Meeting, 4 June 2014, Adelaide, Australia (Oral presentation)

<u>Tay J</u>, et al. Very low carbohydrate, low saturated fat diet improves glycemic control and cardiovascular risk factors in type 2 diabetes [abstract].

2013 International Diabetes Federation (IDF) World Diabetes Congress, 2-6 December 2013, Melbourne, Australia (Oral presentation).

<u>Tay J</u>, et al. Very low carbohydrate, low saturated fat diet improves glycaemic control and cardiovascular risk in type 2 diabetes [abstract].

C9-Go8 Sustainable Health Futures Higher Degree Research (HDR) Forum, 20-24 October 2013, Shanghai Jiao Tong University, China (Oral presentation): Diet, nutrition and strategies to combat the obesity epidemic.

GRANTS AND AWARDS DURING CANDIDATURE

2015	Early-Career Young Professionals Travel Grant (Obesity Week)
	University of Adelaide, Department of Medicine travel grant
2014	Pat Simons travel grant (Obesity Week)
	Nutrition Society of Australia (NSA) travel grant
	University of Adelaide, Department of Medicine travel grant
2013	C9-Go8 Sustainable Health Futures Higher Degree Research (HDR) Forum
	(Best Speaker), Shanghai Jiao Tong University, China
2012	National Science Scholarship (PhD), The Agency for Science, Technology
	and Research (A*STAR), Singapore