

Dietary recommendations for people with diabetes: an update for the 1990s. Nutrition Subcommittee of the British Diabetic Association's Professional Advisory Committee.

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The broad principles of the 1982 British Diabetic Association dietary recommendations remain valid. For the overweight, reduction in energy intake remains the most important aim. Carbohydrate should make up about 50-55% of the dietary energy intake, the majority of this coming from complex sources, preferably foods naturally high in dietary fibre or hydrolysis resistant starch. Up to 25 g of added sucrose may be allowed, provided it is part of a diet low in fat and high in fibre, and that it substitutes for an isocaloric amount of fat or high glycaemic index food or other nutritive sweeteners. Some high-carbohydrate diets have been shown to worsen blood glucose control and serum lipid abnormalities. Some previous recommendations for fibre intake have proved unrealistically high and of limited value. A modest increase to 30 g day⁻¹, concentrating on soluble fibre, is recommended. Reduction of fat intake to 30-35% of energy intake remains an important goal which should help to reduce the incidence of cardiovascular disease in people with diabetes and aid weight loss. Of this only 10% of total energy should be saturated fat, 10% polyunsaturated fat, and 10-15% may be mono-unsaturated fat. The latter has been shown to provide a useful alternative energy source which may have beneficial effects on blood glucose control and serum lipids. Cholesterol intake should not exceed 300 mg day⁻¹. Protein should comprise about 10-15% of energy intake. Reduction in intake of protein and associated nutrients may help to slow down progression of nephropathy. Limitation of salt intake to 6 g day⁻¹ is recommended. Reduction in fat intake may be relatively more important in Type 2 diabetic patients, whereas limitation in protein intake may be more important in Type 1 diabetes.