Bilaga till rapport

Mat vid diabetes, rapport 345 (2022)

Bilaga 6 Artiklar som parkerats
Appendix 6 Articles parked

Innehåll

RCT

First author Year Reference Country	Study design Population Setting Duration of follow-up	Intervention (I) Participant characteristics at baseline Drop-outs	Control (C) Participant characteristics at baseline Drop-outs	Results Effects/Side effects	Risk of bias Comments
Petersen, et al. 2015 [1] Australia	RCT People with type 1 or type 2 diabetes for any duration managed with diet, oral hypoglycemic agents, and/or insulin (n=146) 12 months follow-up	I: Increased fruit, vegetables, and dairy intakes Fruit (+1 serving; 150 g/d), vegetable (+2 servings; 150 g/d), and dairy (+1 serving; 200–250 g/d) n=73	C: Usual diet n=73	Carotid intima media thickness progression, HbA1c, LDL, HDL, TG, total cholesterol, weight, SBP, DBP	Moderate risk of bias
Trento M, et al. 2011	RCT	I: Carbohydrate counting programme	C: Continuing group care	Quality of life Weight BMI	Moderate risk of bias

First author **Year** **Reference** **Country**	**Study design** **Population** **Setting** **Duration of follow-up**	**Intervention (I)** **Participant characteristics at baseline** **Drop-outs**	**Control (C)** **Participant characteristics at baseline** **Drop-outs**	**Results** **Effects/Side effects**	**Risk of bias** **Comments**
[2] Italy	People (age <70) with type 1 diabetes (n=56) Outpatients attending group care sessions every 3-4 months Follow-up at 30 months	(CCP) in combination with group care n=27	education without CCP n=29	Episodes of hypoglycaemia HbA1c Blood lipids Insulin dosage	
Vuksan, et al. 2017 [3] Canada	RCT People with type 2 diabetes and overweight/obesity (n=77)	I: 30 g/1000 kcal Salba-chia/day n=27 Calorie-restricted diets for both groups. Both	C: 36 g/1000 kcal oat bran-based n=31	Body weight Waist circumference Blood pressure HbA1c	Moderate risk of bias

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	A Canadian academic centre 6 months follow-up	supplements were provided in two forms: baked into whole-wheat bread and provided as a powder to be sprinkled onto food			

Prospektiva kohorter

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Balk et al. 2016 [4] 16 European countries	Clinic-based prospective cohort study in men and women with type 1 diabetes collected between 1989 and 1991. EURODIAB PCS Aged between 15 and 60 years and recruited from 31 hospital centres in 16 European countries.	Number included n=1659 Sex 47.9% women Age median mean (SD) 32.5 years (9.8) BMI median mean (SD): 23.6 kg/m2 (2.8) Insulin use No information on insulin use (though continuous insulin therapy within 1 year)	Variations in intake of total energy, carbohydrates, total protein, animal protein, vegetable protein, total fat, SAFA, MUFA, poly-unsaturated fatty acids, total dietary fibre, soluble fibre, insoluble fibre and cholesterol	Dietary data at baseline was collected using a standardized 3-day food diary. Records of physical activity, smoking status and alcohol intake by questionnaires. The records were analysed for intake of total energy, carbohydrates, total protein, animal protein, vegetable protein, total fat, SAFA, MUFA, poly-	Baseline intake below the median of vegetable protein (less than 29 g/day) and dietary fibre (less than 18 g/day) was associated with higher HbA1c levels. Restricted cubic splines showed nonlinear associations with HbA1c levels for vegetable protein (P (nonlinear) = 0.008) and total dietary fibre (P (nonlinear) = 0.0009). Participants (48%) dropped out from analyses if: they died (n = 82), four centres did not participate in the follow-up	Moderate risk of bias

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	Average follow-up of 7 years			unsaturated fatty acids, total dietary fibre, soluble fibre, insoluble fibre and cholesterol. Energy intake was calculated using Atwater factors. Diet was assessed at baseline and at follow-up (only baseline data used). Adjustment for age, sex, lifestyle and body composition measures, baseline HbA1c, medication use and severe	examination (n = 437) or participants were lost to follow-up because of unknown reasons (n = 840), had missing data on nutritional intake at baseline (n = 142) or HbA1c levels at follow-up (n = 90). This resulted in 1659 participants available for analyses.	

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				hypoglycaemic attacks.		
Campmans-Kuijpers et al 2015 [5] Denmark, Germany, Italy, Netherlands, Spain, Sweden. .	Cohort study Type 2 diabetes (confirmed- Type 1 excluded) European Prospective Investigation into Cancer and Nutrition (EPIC) Mean (SD) follow up 9.2 years (2.3)	n=6,107 (15 cohorts) Note missing data (based on 4082 individuals) **Sex** Women=44.8% **Age** mean (SD): 57.5 (6.4) years **BMI** mean (SD): Male 28.4 (4.1) kg/m^2 Female 29.3 (5.4) kg/m^2 **Insulin use** 20.9%	Investigating the association between dietary substitution of carbohydrates with (animal and plant) protein	Dietary intake assessed at recruitment with country-specific food-frequency questionnaires. Model 1: Hazard ratio (HR) respectively Beta, adjusted for energy intake, protein intake (per 10 g / 5 energy %), alcohol intake (per 10 gram / 5 energy%), age at recruitment, BMI, duration of	After a mean follow-up of 9.2 (SD 2.3) years, 787 (13%) participants had died, of which 266 (4%) deaths were due to CVD **All-cause mortality or cardiovascular mortality (CVD)**, Hazard ratio Substitution of 10 gram dietary carbohydrate with: Total Protein (10 g) All Model 1: 0.96 [0.92 to 1.01] All Model 2: 0.99 [0.94 to 1.03] CVD Model 1: 0.95 [0.88 to 1.03]	Moderate risk of bias for total and CVD mortality High risk of bias for body weight and waist circumference: outcomes self-reported at follow-up Note: Recruitment base refers to Nothlings 2011 [6]

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				diabetes, insulin use (no/yes), education level (four categories), physical activity index (four categories), smoking status (three categories), sex, and country. Model 2: is model 1 with additional adjustments for healthy diet by including vitamin C and fiber in the model.	CVD Model 2: 1.00 [0.92 to 1.08] Animal Protein (10 g) All Model 1: 0.99 [0.95 to 1.04], All Model 2: 1.00 [0.95 to 1.04] CVD Model 1: 0.99 [0.92 to 1.07] CVD Model 2: 1.00 [0.93 to 1.09] Plant Protein (10 g) All Model 1: 0.71 [0.61 to 0.82], All Model 2: 0.79 [0.64 to 0.97] CVD Model 1: 0.69 [0.54 to 0.90] CVD Model 2: 1.03 [0.72 to 1.47]	
Cooper et al.	Cohort study	**Number included**	Computed dietary score	A validated 130-item	Dietary change over 1 year among patients prescribed	

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2014 [7] United Kingdom	Newly diagnosed type 2 diabetes patients ADDITION-Cambridge Follow up after one year	n= 574 **Sex** Women=36% **Age** mean (SD): Men: 60.4 (7.4) years Women: 62.3 (6.3) **BMI** mean (SD): Men: 32.3 (5.1) kg/m^2 Women: 34.1 (5.5) kg/m^2 **Insulin use** not stated Prescribed glucose-lowering medication (basline), n (%): Men: 1 (0.27%) Women: 1 (0.48%)	consistent with American Diabetes Association and Diabetes UK Recommendations (note low fat). Comparative longitudinal associations of baseline diet and change in diet over 1 year with change in blood pressure, HbA1c and lipids.	semiquantitative food frequency questionnaire (FFQ)20 was used to assess dietary intake for the preceding 12 months A:Models adjusted for age, randomisation group, sex, occupational socio-economic class, baseline prescription for anti-hypertensive medications, glucose-lowering medications or lipidlowering	and not prescribed cardio-protective medication after baseline was associated with comparative (p-interaction all ⩾0.95) reductions in diastolic blood pressure (−2.38 vs − 2.93mmHg, respectively) and triglycerides (−0.31 vs − 0.21 mmol/l, respectively), independent of potential confounding factors and change from baseline to follow-up in physical activity and smoking status. Systolic blood pressure (mm Hg)	

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				medications (as appropriate), the baseline cardiovascular risk factor under study and baseline and change from baseline for PAEE and smoking status. B: Models adjusted as before but also including baseline diet	Prescribed medication, No/Yes (number of participants) No (186) – 5.53 (– 9.82 to -1.24) P=0.01 Yes (388) – 1.03 (−5.02 to 2.96) p=0.61 Diastolic blood pressure (mm Hg) No (186) – 2.93 (– 5.55 to – 0.32) p=0.03 Yes (388) – 2.38 (– 4.35 to – 0.41) p=0.02 HbA1c (%) No (401) – 0.38 (– 0.53, – 0.23) P= less than 0.001 Yes (173) – 0.21 (−0.52 to 0.11) p=0.21 Triglycerides (mmol/l) No (190) – 0.21 (– 0.42 to – 0.01) p= 0.049	

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					Yes (384) – 0.31 (− 0.56 to − 0.05) p= 0.02 Total cholesterol (mmol/l) No (190) – 0.14 (−0.33 to 0.06) P= 0.16 Yes (384) – 0.20 (− 0.37 to − 0.02) p=0.03 LDL cholesterol (mmol/l) No (190) – 0.09 (−0.25, 0.07) P=0.25 Yes (384) −0.10 (−0.25, 0.05) P= 0.20 HDL cholesterol (mmol/l) No (190) 0.04 (−0.02 to 0.09) p=0.17 Yes (384) 0.03 (−0.03 to 0.08) P=0.35	
Delahanty 2009	Cohort Type 1 diabetes	n=532 **Sex** 52% women **Age** mean (SD):	To determine whether diet composition	Interview (Burke-type diet history) by dietician	HbA1c inversely associated with carbohydrate intake (p=0.01)	Moderate risk of bias Not adjusted for

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[8] USA	DCCT, Observational Study within an RCT 5 years follow-up	27.3 (7) years **BMI** mean (SD): 23.2 (2.7) kg/m2 **Insulin use** Insulin dose at basline not given All patients from the RCT that were followed for 5 years were at study end were included	was associated with subsequent glycated Hb A1c concentrations . Diet compositions include carbohydrate, saturated, monounsaturated, total fat	+ food preparation questionnaires at entry, 2 and 5 years. Validation at average total calories at 2 and 5 years were used to calculate dietary composition. Data adjusted for Potential confounders. Age and sex. Exercise level, serumtriglyceride concentration, and BMI, concurrent insulin dose as a measure of adequate insulin and baseline Hb A1c concentrations.	NS (p=0.2) if baseline HbA1c and concurrent insulin dose was corrected for Intake of saturated, monounsaturated, total fat directly associated with HbA1c (p=0.002, 0.02, 0.004)	socioeconomic factors

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Lamb 2017 [9] United Kingdom	Cohort study Type 2 diabetes screen-detected diabetes from the ADDITION-Cambridge study (an RCT study). Individuals were from the general practice clinics in the East of England, UK. Diabetes diagnosed according to WHO criteria. Follow up at 1 and 5 years	n=401 **Sex** Women: 43,4% **Age** mean (SD) 61.4 (6.6) years **BMI** not stated (mean weight 93.1 (17.4) kg **Insulin use** Not stated (Glucose-lowering drugs (n %) 0,2 %)	I: High fruit, high vegetables, high plasma vitamin C /based on SD increase	Self-reported F&V intake was assessed using a validated 130-item food frequency questionnaire **Model 1:** adjusted for age and sex. **Model 2**: model 1+intervention group, occupational socio-economic status, baseline and follow-up smoking status, physical activity, alcohol intake, total energy intake (except	F&V intake increased in year 1 but decreased by year 5, whereas variety remained unchanged. Plasma vitamin C increased at 1 year and at 5 years. Each s.d. increase (250g between baseline and 1 year and 270g between 1 and 5 years) in F&V intake was associated with lower waist circumference (−0.92 (95% CI: − 1.57, − 0.27) cm), HbA1c (−0.11 (−0.20, − 0.03) %) and CCMR (−0.04 (−0.08, − 0.01)) at 1 year and higher high-density lipoprotein (HDL)-cholesterol (0.04 (0.01, 0.06) mmol/l) at 5 years. Increased plasma vitamin C	Moderate risk of bias

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				plasma vitamin C), blood pressure-lowering (for SBP and CCMR), glucose lowering medication (for HbA1c and CCMR) and lipid-lowering medication (for TG, HDL-c and CCMR) and change in variety of intake (except plasma vitamin C).	(per s.d., 22.5 µmol/l) was associated with higher HDL-cholesterol (0.04 (0.01, 0.06) mmol/l) and lower CCMR (−0.07 (−0.12, − 0.03)) between 1 and 5 years **CVD** **Waist circumference** **Systolic blood pressure** **HbA1c** **Triglycerides** **HDL-cholesterol**	
Sala-Vila et al. 2016 [10]	Prospective observational study within the PREDIMED trial (Prevención con Dieta Mediterránea)	n=3,482 **Sex** Women, 52% **Age (mean)** 67.5 years	Consuming at least 500 mg/d of fish-derived LCω3PUFA (the ISSFAL recommendati on for primary	Dietary intake assessed at baseline and at yearly follow-ups using a 137-item (eight of which focused on seafood	**Number of events** New cases of sight-threatening diabetic retinopathy (DR): n=69 **HR (95% CI) for incidence of DR** when consuming at	Moderate risk of bias (prel) No data on prevalent DR were available at baseline, but

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Spain	Middle-aged and older individuals with type 2 diabetes and without CVD at baseline Median follow-up time 6 years	**BMI, kg/m2 (mean)** 29.8 **Insulin use** 14%	cardiovascular prevention) Yes: n=2611 (75%) No: n=871 (25%)	products) FFQ at face-to-face interviews Controlling for age, sex, BMI, intervention group, duration of diabetes, use of insulin, use of oral hypoglycemic agents, smoking, blood pressure, history of hypertension, use of angiotensin-converting-enzyme inhibitor and/or angiotensin-II receptor blockers, physical activity, and diet adherence	least 500 mg/d of LCω3PUFA at baseline (multivariate-adjusted model): 0,52 (0,31 to 0,88) P=0.001 **Drop-outs, %** Not stated **Side effects** Not stated	results after excluding early events (first 2 years) were similar

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Savory LA et al. 2014 [11] England	Pooled analysis of the two trial arms of a cluster RCT People with type 2 diabetes, screen-detected and recruited at 49 primary care units Secondary pooled analysis within the ADDITION-Cambridge study, a cluster RCT comparing multifactorial treatment with	n=736 **Sex** Women, 37% **Age (mean, range)** 61.1 (7.1) years **BMI, kg/m^2 (mean, SD)** 33.4 (5.6) **HbA1c (mmol/mol)** 56 **Insulin use, %** Not stated **Lipid-lowering medication**	Change of intake of fruit, vegetables, fibre, fat, and sodium	Dietary behaviour self-reported at baseline and at 1 year using a validated FFQ measuring usual average intake during the past year of specific foods Adjusted for baseline dietary behaviour, age, sex, randomization group, socio-economic status, change in smoking status, change in self-reported total physical activity levels, change in	Unstandardized b-coefficients (95% CI) of associations between diet change 1 year after screen-detected diabetes and CVD risk factors: **BMI (kg/m^2)** *Fruit (80 g/day):* -0.132 (-0.302 to 0.037) *Vegetable (80 g/day):* 0.620 (0.323 to 0.918) *Fat (% of total energy):* 0.005 (–0.067 to 0.077) *Englyst fibre (g/day):* 0.005 (–0.060 to 0.070) *Sodium (g/day):* 0.307 (–0.140 to 0.754) **Waist circumference (cm)** *Fruit (80 g/day):*	Moderate risk of bias

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	routine care in screen-detected diabetes 1 year follow-up of completers	23.4% **Anti-hypertensive medication** 55.4% **Glucose-lowering medication** 2%		alcohol intake, and change in medication, where relevant (eg. lipid-lowering-, anti-hypertensive-, or glucose-lowering medication)	–0.414 (–0.816 to –0.012) *Vegetable (80 g/day):* 1.180 (0.456 to 1.905) *Fat (% of total energy):* 0.039 (–0.131 to 0.209) *Englyst fibre (g/day):* –0.044 (–0.198 to 0.110) *Sodium (g/day):* 0.689 (–0.364 to 1.743) **Systolic blood pressure (mmHg)** *Fruit (80 g/day):* 0.309 (–0.260 to 0.878) *Vegetable (80 g/day):* –0.470 (–1.547 to 0.608) *Fat (% of total energy):* 0.004 (–0.245 to 0.253) *Englyst fibre (g/day):* –0.059 (–0.277 to 0.160) *Sodium (g/day):* 0.190 (–1.318 to 1.700)	

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					HbA1c (mmol/mol) *Fruit (80 g/day):* –0.040 (–0.066 to –0.013) *Vegetable (80 g/day):* 0.000 (–0.050 to 0.048) *Fat (% of total energy):* 0.012 (0.001 to 0.023) *Englyst fibre (g/day):* –0.005 (–0.014 to 0.006) *Sodium (g/day):* 0.046 (–0.025 to 0.117) **Total cholesterol (mmol/mol)** *Fruit (80 g/day):* –0.036 (–0.065 to –0.006) *Vegetable (80 g/day):* 0.035 (–0.020 to 0.091) *Fat (% of total energy):* 0.013 (–0.001 to 0.026) *Englyst fibre (g/day):*	

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					–0.002 (–0.014 to 0.010) *Sodium (g/day):* 0.087 (0.008 to 0.166) **HDL-C (mmol/L)** *Fruit (80 g/day):* –0.011 (–0.022 to 0.001) *Vegetable (80 g/day):* –0.014 (–0.035 to 0.007) *Fat (% of total energy):* –0.001 (–0.006 to 0.004) *Englyst fibre (g/day):* –0.002 (–0.007 to 0.003) *Sodium (g/day):* –0.013 (–0.044 to 0.017) **Side-effects** Not reported **Drop-outs (%)** Completers analysis, not including the 15% lost to follow-up	

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Referenser

1. Petersen KS, Clifton PM, Blanch N, Keogh JB. Effect of improving dietary quality on carotid intima media thickness in subjects with type 1 and type 2 diabetes: a 12-mo randomized controlled trial. Am J Clin Nutr. 2015;102(4):771-9. Available from: https://doi.org/10.3945/ajcn.115.112151.
2. Trento M, Trinetta A, Kucich C, Grassi G, Passera P, Gennari S, et al. Carbohydrate counting improves coping ability and metabolic control in patients with Type 1 diabetes managed by Group Care. J Endocrinol Invest. 2011;34(2):101-5. Available from: https://doi.org/10.1007/BF03347038.
3. Vuksan V, Jenkins AL, Brissette C, Choleva L, Jovanovski E, Gibbs AL, et al. Salba-chia (Salvia hispanica L.) in the treatment of overweight and obese patients with type 2 diabetes: A double-blind randomized controlled trial. Nutr Metab Cardiovasc Dis. 2017;27(2):138-46. Available from: https://doi.org/10.1016/j.numecd.2016.11.124.
4. Balk SN, Schoenaker DA, Mishra GD, Toeller M, Chaturvedi N, Fuller JH, et al. Association of diet and lifestyle with glycated haemoglobin in type 1 diabetes participants in the EURODIAB prospective complications study. Eur J Clin Nutr. 2016;70(2):229-36. Available from: https://doi.org/10.1038/ejcn.2015.110.
5. Campmans-Kuijpers MJ, Sluijs I, Nothlings U, Freisling H, Overvad K, Weiderpass E, et al. Isocaloric substitution of carbohydrates with protein: the association with weight change and mortality among patients with type 2 diabetes. Cardiovasc Diabetol. 2015;14:39. Available from: https://doi.org/10.1186/s12933-015-0202-7.
6. Nöthlings U, Boeing H, Maskarinec G, Sluik D, Teucher B, Kaaks R, et al. Food intake of individuals with and without diabetes across different countries and ethnic groups. Eur J Clin Nutr. 2011;65(5):635-41. Available from: https://doi.org/10.1038/ejcn.2011.11.
7. Cooper AJ, Schliemann D, Long GH, Griffin SJ, Simmons RK, team AD-Cs. Do improvements in dietary behaviour contribute to cardiovascular risk factor reduction over and above cardio-protective medication in newly diagnosed diabetes patients? Eur J Clin Nutr. 2014;68(10):1113-8. Available from: https://doi.org/10.1038/ejcn.2014.79.
8. Delahanty LM, Nathan DM, Lachin JM, Hu FB, Cleary PA, Ziegler GK, et al. Association of diet with glycated hemoglobin during intensive treatment of type 1 diabetes in the Diabetes Control and Complications Trial. Am J Clin Nutr. 2009;89(2):518-24. Available from: https://doi.org/10.3945/ajcn.2008.26498.
9. Lamb MJ, Griffin SJ, Sharp SJ, Cooper AJ. Fruit and vegetable intake and cardiovascular risk factors in people with newly diagnosed type 2 diabetes. Eur J Clin Nutr. 2017;71(1):115-21. Available from: https://doi.org/10.1038/ejcn.2016.180.
10. Sala-Vila A, Diaz-Lopez A, Valls-Pedret C, Cofan M, Garcia-Layana A, Lamuela-Raventos RM, et al. Dietary Marine omega-3 Fatty Acids and Incident Sight-Threatening Retinopathy in Middle-Aged and Older Individuals With Type 2 Diabetes: Prospective Investigation From the PREDIMED Trial. JAMA Ophthalmol. 2016;134(10):1142-9. Available from: https://doi.org/10.1001/jamaophthalmol.2016.2906.

11. Savory LA, Griffin SJ, Williams KM, Prevost AT, Kinmonth AL, Wareham NJ, et al. Changes in diet, cardiovascular risk factors and modelled cardiovascular risk following diagnosis of diabetes: 1-year results from the ADDITION-Cambridge trial cohort. Diabet Med. 2014;31(2):148-55. Available from: https://doi.org/10.1111/dme.12316.