

November 27, 2006

Dear Editor,

In fairness to Men's Health readers, we would like to clarify some of the issues presented in your December 2006 article, "The Cure for Diabetes." This article was an opportunity to educate your readers about the greatest health crisis of the next quarter century – the alarming growth of diabetes. Unfortunately, your writer presented an unbalanced story on a disease that affects 10.5 percent (10.9 million) of all men aged 20 or older - with nearly one-third of them not knowing they have it.

The article glosses over the difference between type 1 and type 2 diabetes. Between 5-10 percent of Americans have type 1 diabetes, which occurs when the body does not produce insulin. Patients with type 1 must take insulin for the rest of their lives in order to survive. Because it is an autoimmune disorder, type 1 diabetes is not preventable – an important distinction from type 2 diabetes.

For the past five years, the cornerstone of ADA's message has been that lifestyle modifications are the first line of defense against the development of type 2 diabetes and diabetes complications. The landmark Diabetes Prevention Program study (DPP) in 2001, funded in part by the ADA, showed a 58 percent reduction in progression to type 2 diabetes among people who had maintained a healthy lifestyle, compared to the control group. This healthy lifestyle includes physical activity and weight loss.

It is important for a person with diabetes to consult with a dietitian to develop a food plan that will reflect the needs, tastes, preferences, and lifestyle of the individual. Proper consultation can result in the achievement of desired goals for weight loss or maintenance, blood pressure, blood cholesterol and blood glucose.

The scientifically-based meal plan recommended by the ADA includes a variety of foods containing carbohydrates from whole grains, legumes, fruits, vegetables, and low-fat milk. These foods are important sources of fiber, vitamins, and minerals.

While low-carbohydrate diets have been a popular and controversial topic, current research does not support the long-term effectiveness and safety of low-carbohydrate diets for the treatment and management of diabetes. Diabetes is a progressive, life-long disease that must be managed long-term. It is not wise to rely on short-term study results for a disease that will always remain a part of that person's life. The effects of such diets on kidney and cardiovascular disease risks are especially concerning, considering these are two of the biggest diabetes-related complications.

As a result of improperly addressing these crucial components of diabetes management, not only did your publication provide a disservice to your readers by suggesting that a low-carbohydrate diet is the only safe solution to the prevention and treatment of type 2 diabetes, your publication printed dangerous information that could potentially jeopardize the lives of millions of Americans with diabetes or at risk for diabetes.

Larry C. Deeb, MD  
President, Medicine & Science, American Diabetes Association

Richard R. Rubin, PhD, CDE  
President, Health Care & Education, American Diabetes Association

John B. Buse, MD, PhD, CDE, FACE  
President-Elect, Medicine & Science, American Diabetes Association