### Induiry into Diabetes 2023 **Dr James Muecke AM Australian of the Year 2020**







## Up to 200,000 Aussies with sight-threatening eve disease due to diabetes

Estimate from Out of Sight. A report into diabetic eye disease in Australia.

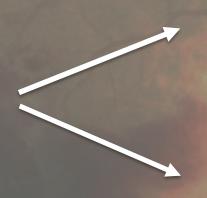
Baker IDI and Centre for Eye Research Australia 2013





Type 1

(a categorical disease)

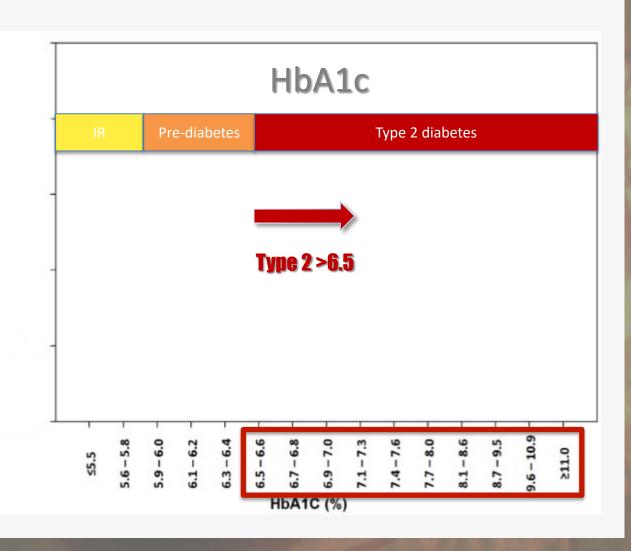


Yes

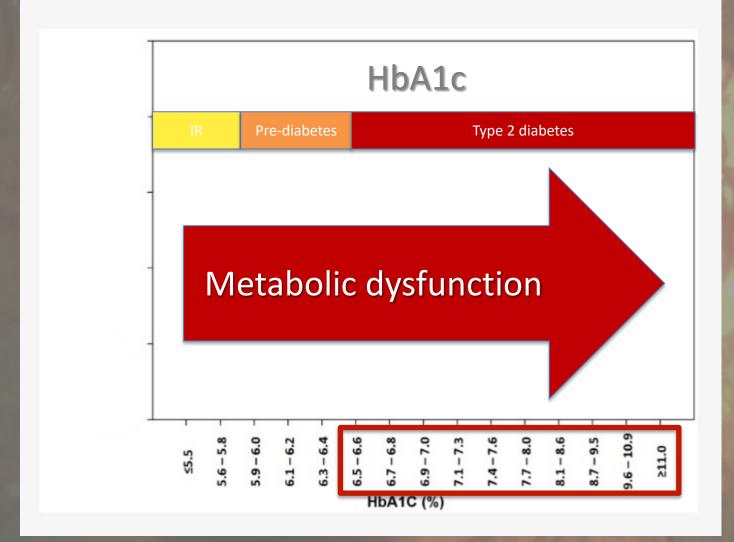
No

Type 2 = end-stage of a continuum of metabolic dysfunction





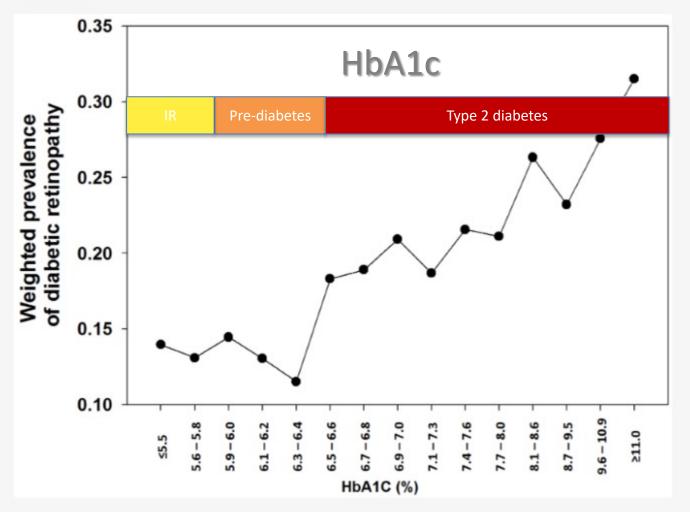
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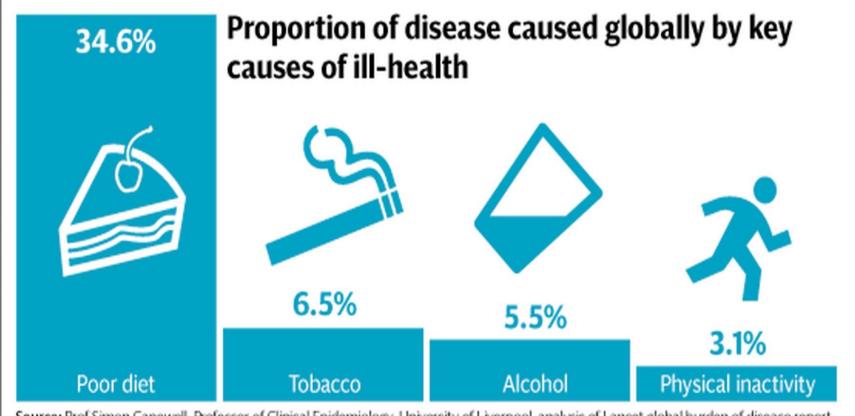
Figure 1. Weighted prevalence of diabetic retinopathy in subjects with established diabetes.





# Death from CVD increases with HbA1c > 5.5

Ikeda F et al. HbA1c even within non-diabetic level is a predictor of cardiovascular disease in a general Japanese population. *Cardiovasc Diabetol 2013* 



Source: Prof Simon Capewell, Professor of Clinical Epidemiology, University of Liverpool, analysis of Lancet global burden of disease report



34.6%

Proportion of disease caused globally by key causes of ill-health



## Our food is killing us

7

3.1%

Poor diet

Tobacco

Alcohol

Physical inactivity

Source: Prof Simon Capewell, Professor of Clinical Epidemiology, University of Liverpool, analysis of Lancet global burden of disease report







## Fructose Seed oils (UPFs)



## Fructose Seedoils [UPFS] Inresistance

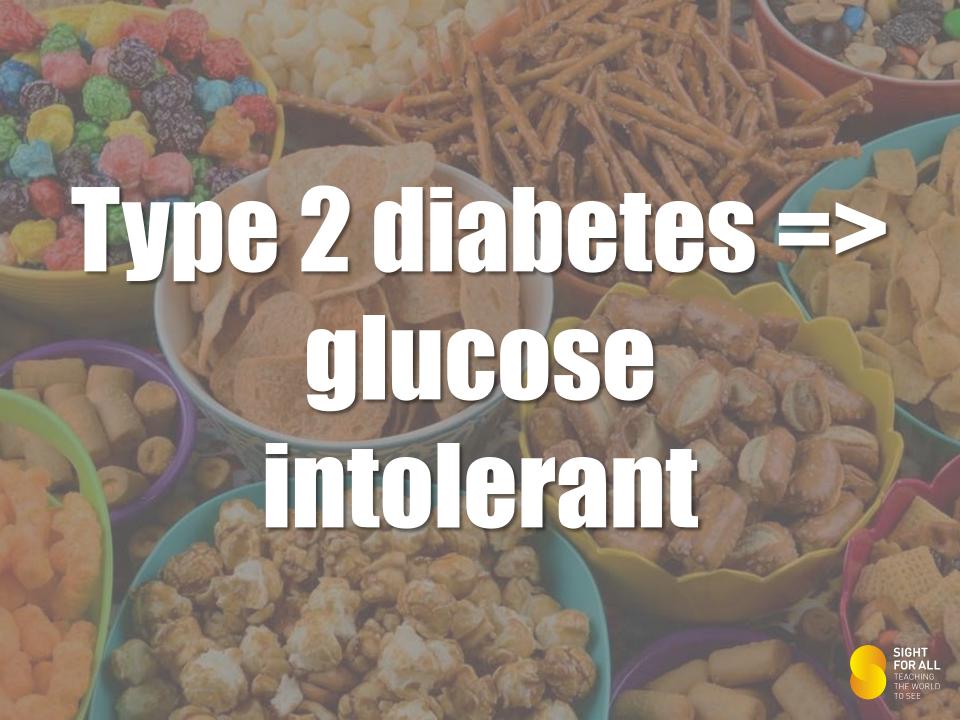


## Fructose Seedoils [UPFS]

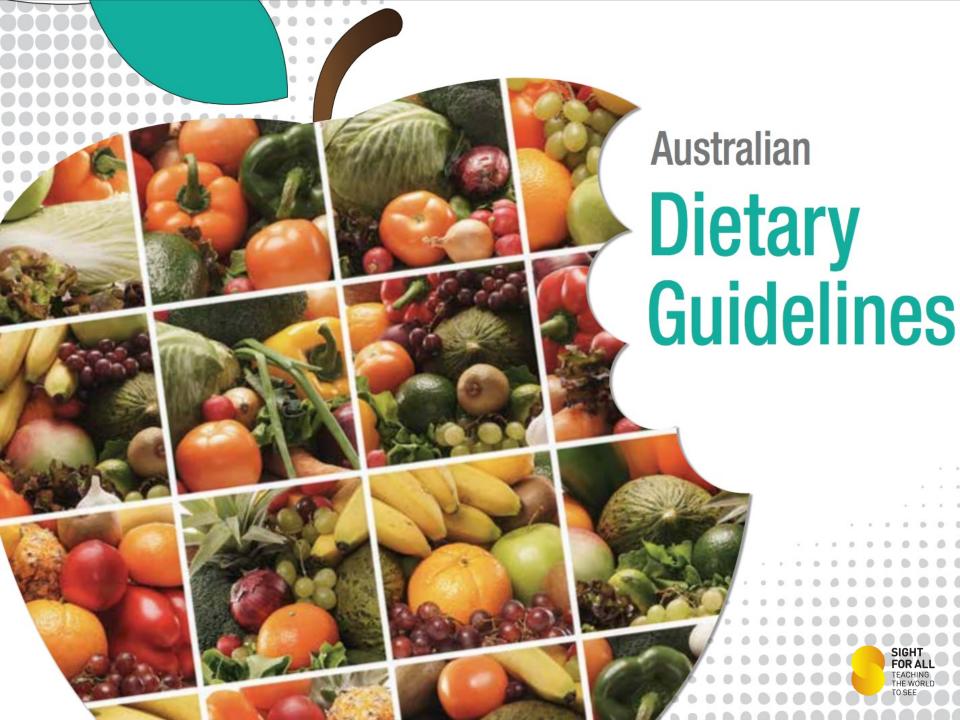
'type 2 diabetes'



## Insulin resistance = inability to deal with the glucose load entering the body









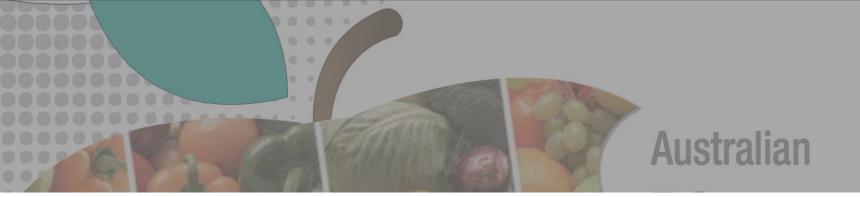
### **Energy from macronutrients**

Macronutrients (proteins, fats and carbohydrates) all contribute to dietary energy intake. There is a growing body of evidence that the relative proportions of macronutrients consumed affect the risk of chronic disease and may also affect micronutrient intake. Optimal proportions of the type of fat (e.g. saturated, polyunsaturated or monounsaturated, or specific fatty acids within these categories) and carbohydrate (e.g. complex [starches] or simple [sugars]) may also be important in reducing chronic disease risk.

The estimated Acceptable Macronutrient Distribution Ranges (AMDR) related to reduced risk of chronic disease are:8

- 20–35% of total energy intake from fat
- 45–65% from carbohydrate
- 15-25% from protein.





### The Guidelines apply to all healthy Australians

The Guidelines aim to promote the benefits of healthy eating, not only to reduce the risk of diet-related disease but also to improve community health and wellbeing. The Guidelines are intended for people of all ages and backgrounds in the general healthy population, including people with common diet-related risk factors such as being overweight.

The Guidelines do not apply to people with medical conditions requiring specialised dietary advice, or to frail elderly people who are at risk of malnutrition.

ADG 2013 pg 15 of 226 pages (screenshot Nov 2023)





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### Type 2 diabetes: Goals for optimum management

The following table lists goals for optimum management for all people with type 2 diabetes. For guidance on specific assessment intervals, advice and arrangements, refer to the relevant sections of this handbook.

## Encourage all people with type 2 diabetes to approach/reach these goals. Diet Advise eating according to the Australian dietary guidelines, with attention to quantity and type of food Advise individual dietary review for people with difficulty managing weight, difficulty maintaining glucose levels in target range, CVD risk, or if otherwise concerned

### Encourage all people with type 2 diabetes to approach/reach these goals.

### Diet

### Advise eating according to the Australian dietary guidelines

	Alcohol consumption	Advise ≤2 standard drinks (20 g of alcohol) per day for men and women
	Blood glucose monitoring	Advise 4–7 mmol/L fasting and 5–10 mmol/L postprandial
		SMBG is recommended for patients with type 2 diabetes who are using insulin. Education should be provided regarding frequency and timing of insulin dose
		For people not on insulin, the need for and frequency of SMBG should be individualised, depending on type of glucose-lowering medications, level of glycaemic control and risk of hypoglycaemia, as an aid to self-management
		SMBG is recommended in pregnancy complicated by diabetes or gestational diabetes
		SMBG is also recommended for people with hyperglycaemia arising from intercurrent illness. It may be helpful in haemoglobinopathies or other conditions where HbA1c measurements may be unreliable

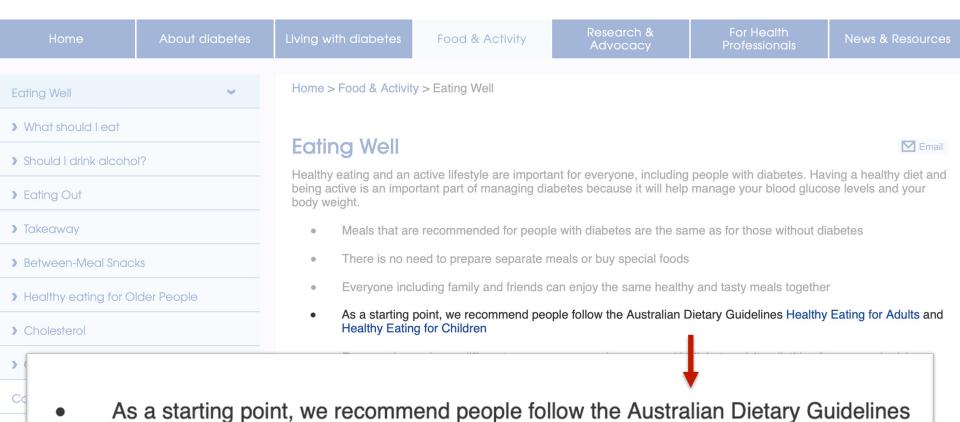
Source: <u>www.racgp.org.au</u> Nov 2023



### NDSS Helpline 1800 637 700

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### **Donate now**

There are many ways to donate to Diabetes Australia and help support our case.

Source: <u>www.diabetesaustralia.com.au</u> Nov 2023 information, visit an Accredited Practising Dietitian. To find a dietitian in your area, contact:

- The Dietitians Association of Australia or call 1800 812 942
- the NDSS Helpline on 1800 637 700.

Dietitians are accessible and are usually based in many local hospitals, diabetes centres and community health centres and are also listed in the telephone directory.



## No evidence that the high carbohydrate eating pattern recommended by ADG-2013 can prevent type 2 diabetes







### Australian National Diabetes Strategy

2021 - 2030



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Figure 1. Weighted prevalence of diabetic retinopathy in subjects with established diabetes.

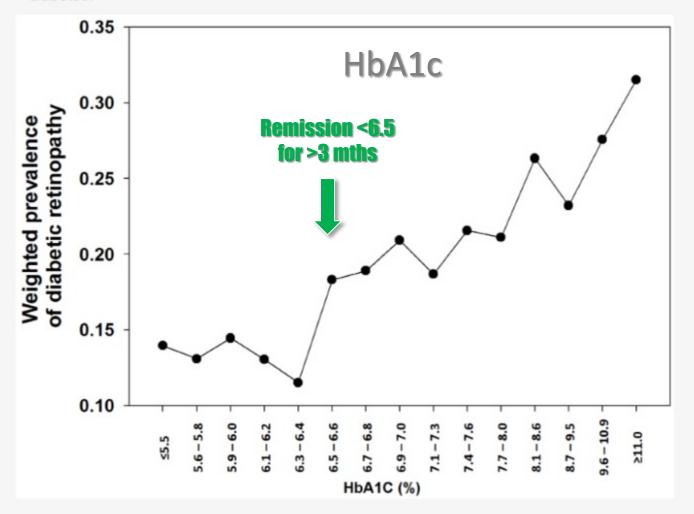
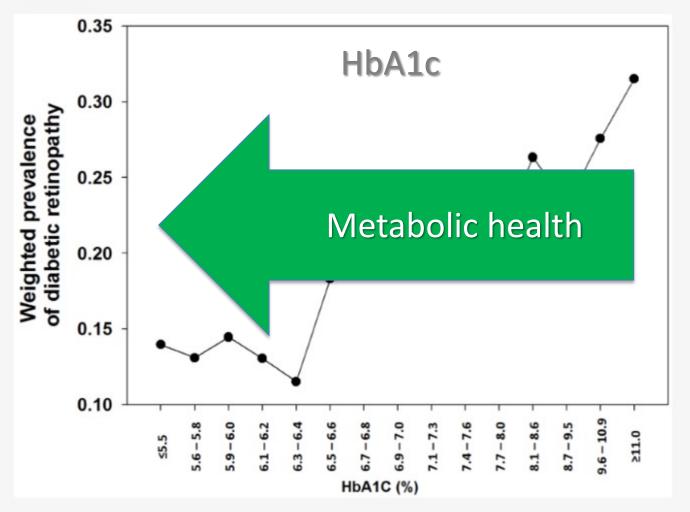




Figure 1. Weighted prevalence of diabetic retinopathy in subjects with established diabetes.





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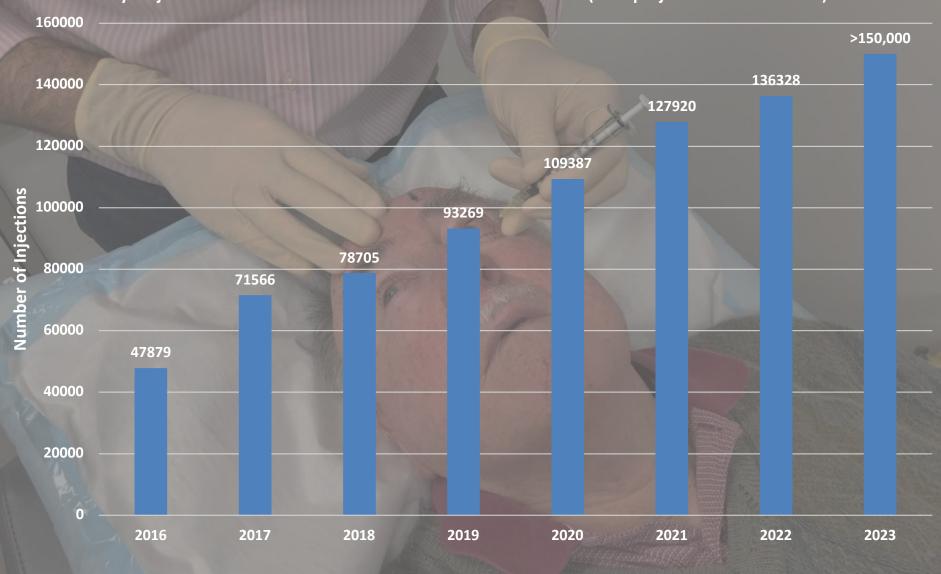






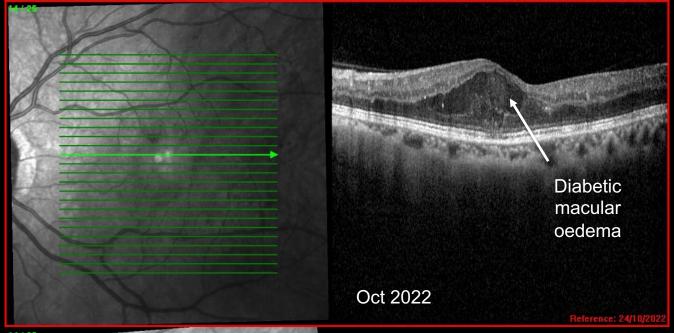
SIGHT FOR ALL TEACHING THE WORLD TO SEE

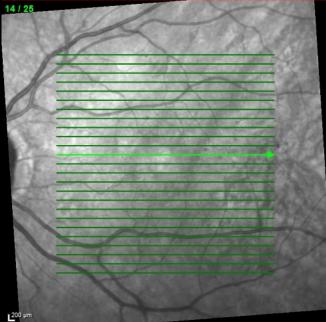
Eye Injections for diabetic macular oedema: 2016 - June 2023 (with projected 2023 numbers)

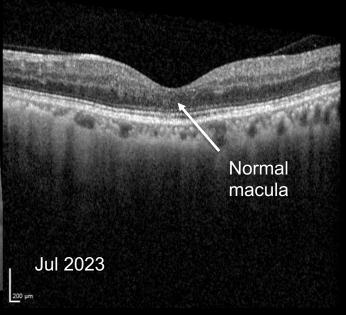




46 year old female



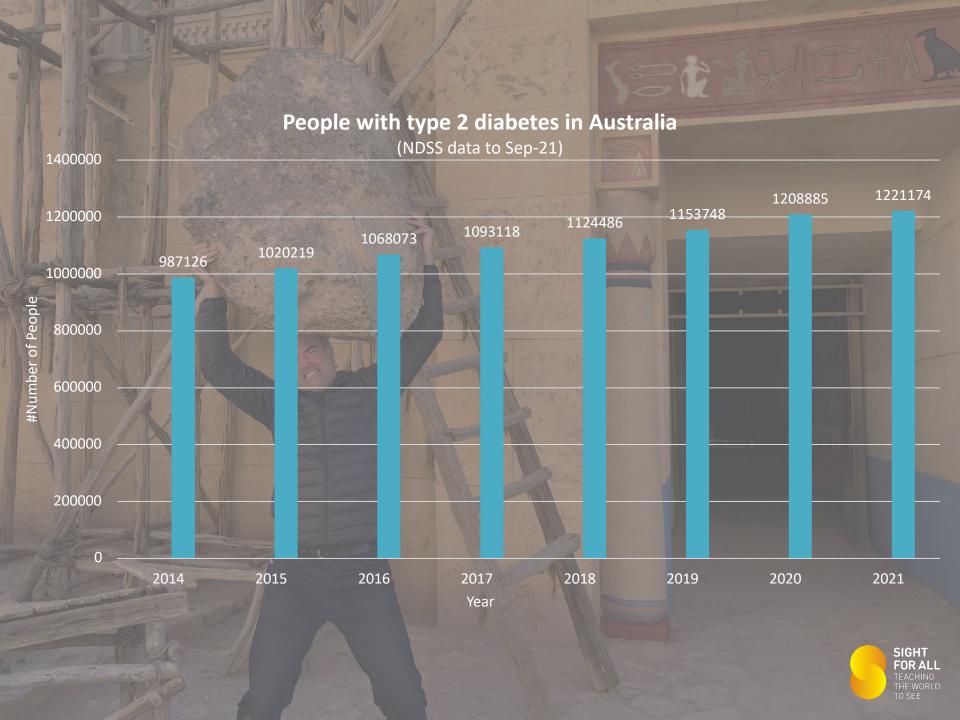




Consent given for use of image of personal test

17/07/2023, OS IR&OCT 30° ART [HS] ART(7) Q: 30







#### TOR 5... "The effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes"



## A few policy suggestions... Dietary guidelines Food environment Medical education



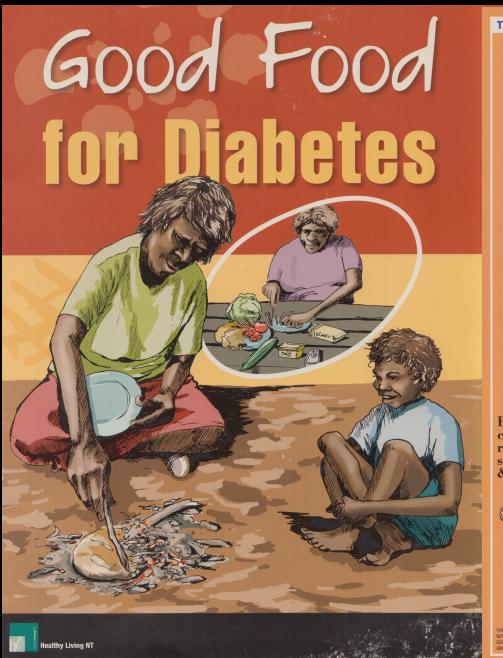


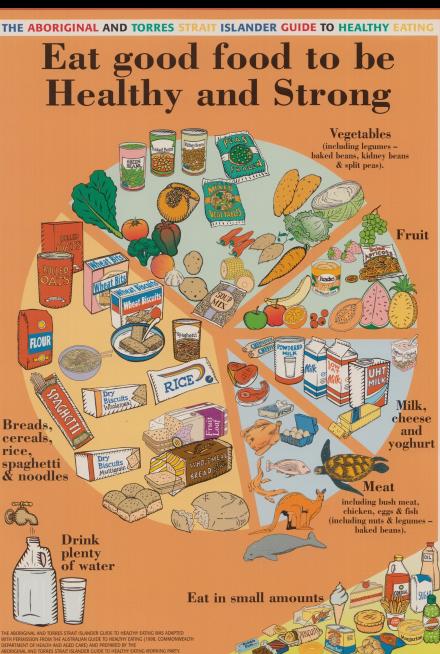


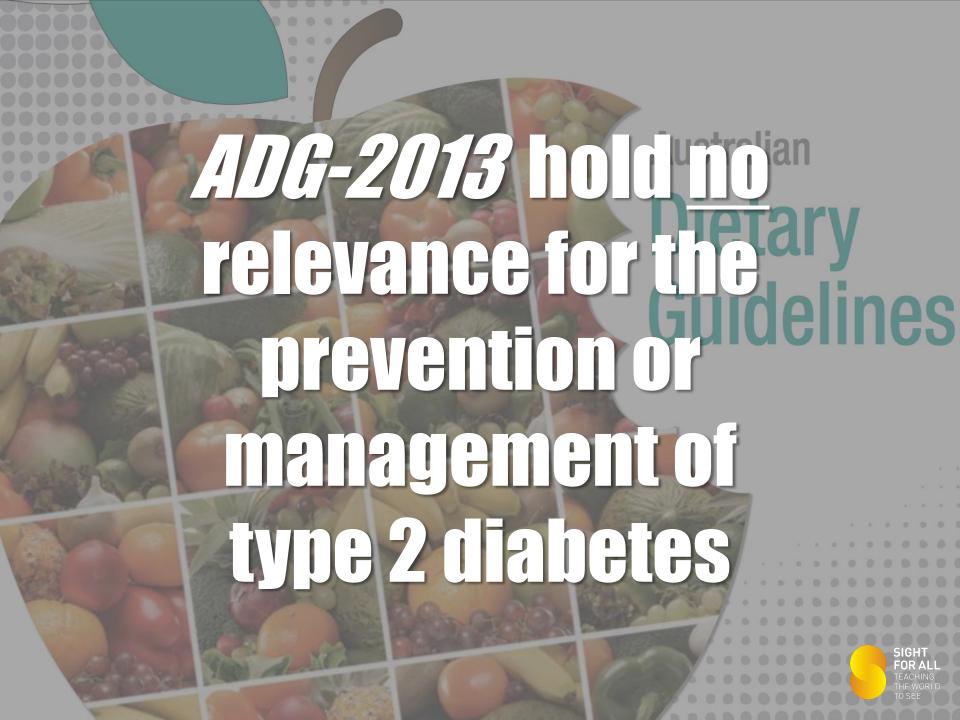
- Lack of impartiality

  Lack of impartiality
- Have they achieved their objective?
- Have they caused harm?

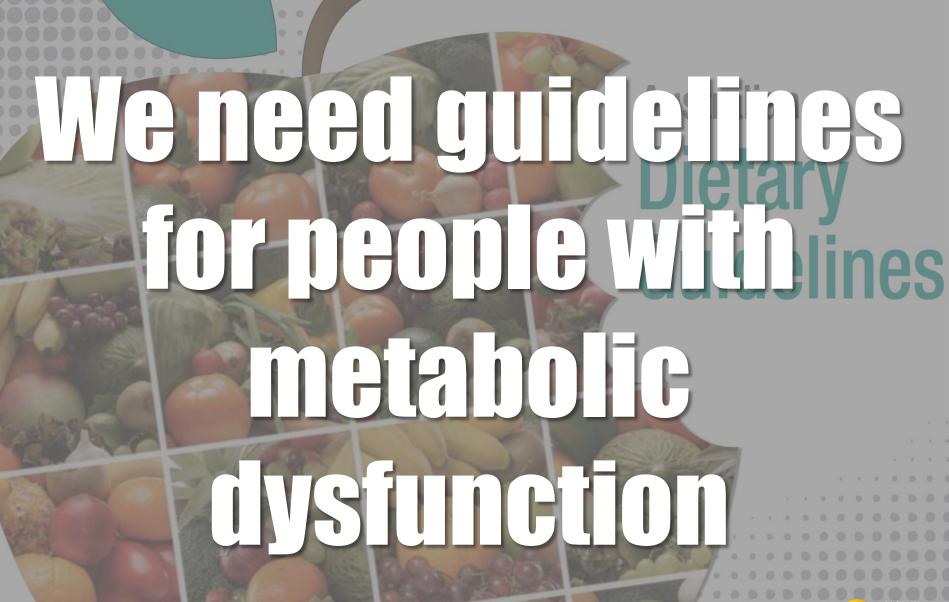
















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#### Clinical Guidelines

These guidelines provide clinicians with a general protocol for implementing therapeutic carbohydrate restriction as a dietary intervention in hospitals or clinics. These guidelines are meant to be applied as a dietary intervention for specific conditions for which carbohydrate reduction has been shown to offer therapeutic benefits.

Adele Hite, PhD, MPH, RD has coordinated the effort to get this clinical guidelines document to the point where it is publishable. Her efforts have been nothing short of miraculous. Clinical Guidelines Statement of Support Commit Your Support Current Supporters







Price

A sugar levy would be an investment in the health of our nation and its people, says James Muecke

### Remove the tax breaks

# for R&D and marketing of junk food...

Sugar shovelers are making us fat, sick and poor. Dr J Muecke.

Michael West Media Nov 2021

Price

A sugar levy would be an investment in the health of our nation and its people, says James Muecke

### Remove the tax breaks

# for R&D and marketing of junk food...

\$5 billion

Sugar shovelers are making us fat, sick and poor. Dr J Muecke.

Michael West Media Nov 2021



**Proximity** 

Children waiting to be seen in Casualty should not be given food or drink prior to examination. seen in Emergency should not be given food or drink prior to their examination.









### Overhaulthe education of our health practitioners...





#### #improvemetabolic function



#### #type2free



