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To: [Committee, Health \(REPS\)](#)
Cc: [Freelander Mike \(MP\)](#); [James Muecke](#)
Subject: references submitted to the ADG review process
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Attachments: [ADG Evidence Submission.docx](#)

Dear Committee.

As requested on Friday afternoon, I've attached the references submitted recently by our team for the public consultation step of the revision of *ADG 2013*. Further to the evidence given during my appearance at the Inquiry into Diabetes, I have further comments regarding the current *ADG* review process.

The new guideline review process claims it will be rigorous and evidence-based, however the problem is the scope and what they count as evidence.

With regard to scope, *NHMRC* have very high and high priority topics; and moderate and low priority topics. Critical foods such as dairy, eggs and meat are on the moderate to low priority topic lists. I find it staggering that nutrient dense foods such as red meat, that humans evolved to eat, are considered low or moderate priority. *ADG 2013* discourage the consumption of red meat, and we currently have widespread deficiencies in the Australian population of vitamin B12, iron, and other essential micronutrients.

For the lower priority research questions, the *ADG Expert Committee* will consider using existing evidence from *ADG 2013* "where the evidence is not likely to have changed enough to change the recommendations since their release", ie they default to *ADG 2013*. The problem is, *ADG 2013* ignored the evidence about saturated fat not being implicated in chronic disease, deeming the evidence was unlikely to have changed since *ADG 2003* (I have attached my *National Press Club Address* from 2020 where I discuss my concerns regarding the impartiality and flaws in *ADG 2013*). *ADG 2013* emphasises low saturated fat, lean meat, lots of (whole)grains and gives open slather to the fast food industry to create low saturated fat high-sugar products with a health halo.

In the Priority Research Questions page, *NHMRC* outline the eligibility criteria for systematic reviews considered in the evidence review process which must be published in the last 5 years, ie 2018 to 2023. This means there will be a window from roughly 2000 through until 2018 where much of the the critical evidence surrounding saturated fats has been published. Most of the systematic reviews of saturated fats (including dairy) and sugar sweetened beverages were published prior to 2018 and so are not eligible. This also excludes the all-important Ramsden et al papers from 2015-2016 which re-analysed key studies from the 1970s and showed that substituting PUFAs (eg corn oil) for saturated fat (ie margarine instead of butter) lowers cholesterol but doesn't reduce heart disease (I mentioned this on Friday and would be happy to provide the relevant publications). The evidence criteria also does not allow for the more recent science surrounding cholesterol and LDL to be considered. Indeed, evidence has emerged that the sugar industry bought the science in the 1960s and that evidence which exonerated saturated fat was suppressed and ignored. Please see Paul Mason's illuminating 20-minute lecture - <https://youtu.be/SOgH9LDwBzY?si=57OH1q1v4ax4PigK>

On the Evidence Review page of the website, *NHMRC* claim they follow 'a robust and transparent development and decision making process.' They then state that "contracted evidence reviewers search for, select and assess the relevant evidence." This generates many questions:

- Who are these reviewers? How do we know they are impartial?
- Will they be able to consider evidence from pre-2018 or will they be limited by the eligibility criteria for systematic reviews outlined on the Priority Research questions Page?

https://www.nhmrc.gov.au/health-advice/nutrition/australian-dietary-guidelines-review/priority-research-questions?fbclid=IwAR2eisE9_J-BOlatE3vkpuh07xrU2eVh6uLpqi0LFUJ9IwHkDASBND2ddeY

- Who determines if the existing evidence from the (deeply flawed) *ADG 2013* process is likely or

unlikely to have changed for the moderate or low priority topics?

- Will there be an independent peer review of this process?

- Why isn't the quality of fats or the importance of red meat in the diet a high priority topic?

Despite the claims of transparency, there is currently no visibility of the evidence being scrutinised, the deliberations of the Expert Committee and the validity of the decision-making process. The risk is that the next iteration of the ADG will cement the flaws in the current guidelines ie low fat, lean meat, less meat, dairy (mostly low fat), and continue to promote whole grains.

<https://www.nhmrc.gov.au/health-advice/nutrition/australian-dietary-guidelines-review/about-the-review>

I do hope my comments and the concerns of many physicians, surgeons and health practitioners can be taken into account.

Regards

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ADG Evidence Submission 2023

List of systematic reviews and metanalyses submitted (see below for reference details)

Ultra-processed foods

- (1) Pagliai et al – health status
- (2) Martini et al – nutritional dietary profile
- (3) Askari et al – overweight and obesity
- (4) Lane et al 2021 – NCD
- (5) Lane et al 2022 – MH
- (6) Delpino et al 2022 – T2D
- (7) Delpino et al 2023 – sleep outcome
- (8) Moradi 2023 – adult obesity risk
- (9) Moradi 2021 – adult T2D risk
- (10) Suksatan et al
- (11) Paula et al 2022 – maternal and perinatal outcomes
- (12) Chen et al 2020 – health outcomes
- (13) Wang et al 2022 – hypertension
- (14) Isaksen and Dankl 2022 – cancer risk
- (15) Cascaes et al 2022 – dental caries in children
- (16) Shu et al – colorectal cancer
- (17) Lian 2023 – cancer risk

Diabetes and therapeutic carbohydrate reduction

- (18) Sainsbury et al – carbohydrate restriction and glycaemic control
- (19) Huntriss et al – LC and diabetes
- (20) van Zuuren et al – LC vs LF on metabolic control in T2D
- (21) Turton et al – approach to developing LC diets for T2D
- (22) McArdle et al – LC for glycaemic control in T2D
- (23) Choi et al – KD for metabolic parameters for overweight and obesity +/- T2D
- (24) Nicholas et al – restricting carbs and calories in T2D

- (25) Yuan et al – KD for glycaemic control, IR, and lipid metabolism for T2D
- (26) Alarim et al – KD for glycaemic control in T2D
- (27) Goldenberg et al – safety and efficacy of LC for T2D remission
- (28) Li et al – safety and efficacy of LC vs LF diets for T2D
- (29) Parry et al – VLCKD for T2D
- (30) Jayedi et al – Dose-dependent effect of carb restriction for T2D
- (31) Apekey et al – comparison of LC vs LF for T2D
- (32) Chiavaroli et al – low GI/GL diets for diabetes. Modest results, not specifically low carb, but important as done for European guidelines for nutrition therapy.

Obesity and metabolic syndrome

- (33) Silverii et al – LC for obesity
- (34) Sagedhi et al – whole grain consumption does not affect obesity measures
- (35) Muscogiuri et al – European guidelines for obesity with VLCKD
- (36) Ludwig et al – do LCD increase total energy expenditure?
- (37) Feng et al – dairy consumption reduces risk of obesity and T2D
- (38) Lee and Lee – KD and exercise for overweight and obesity
- (39) Yang et al – effects of LC vs LF on various biomarkers in obesity
- (40) Chawla et al – effects of LC and LF on weight loss and lipids
- (41) Pavlidou et al – LCD for obesity and diabetes, 2023 article, “comprehensive review”
- (42) Zaki et al – compares Keto and LC for weight loss in T2D. A qualified conclusion, but overall, positive
- (43) Castellana – VLKCD for overweight and obesity. A very positive study
- (44) Hu et al – LCHF + HIIT for body composition, fat loss, muscle maintenance
- (45) Lei et al – LC vs LF for metabolic risk factors in overweight and obesity

Other: Dairy, eggs, fatty liver, meat

Most of the systematic reviews and meta-analyses of dairy are prior to 2018 and as such they don't count.

- (46) Trieu et al – biomarkers of dairy fats, incident CVD and all-cause mortality

- (47) Krittanawong et al – eggs and CVD risk
- (48) Dong et al – LC for CV risk factors
- (49) Giosué et al – CV risk and dairy
- (50) Soedamah-Muthu et al – Dairy and CV risk
- (51) Astrup et al – the important Journal of the American College of Cardiology paper
- (52) Fontecha et al – reviewing milk, dairy and CVD
- (53) O'Connor et al 2017 – systematic review of meat
- (54) Zeraatker et al 2019 – Red and Processed Meat Consumption and Risk for All-Cause Mortality and Cardiometabolic Outcomes
- (55) Zeraatker et al 2019 – Effect of lower versus higher red meat intake on cardiometabolic and cancer outcomes
- (56) Vernooi et al 2019 – Patterns of Red and Processed Meat Consumption and Risk for Cardiometabolic and Cancer Outcomes
- (57) Sanders et al 2022 – review of red meat and diabetes
- (58) Johnston et al 2019 – Unprocessed red meat and processed meat consumption
- (59) Johnston et al 2019 – Non-communicable disease risk associated with red and processed meat consumption

Depression

- (60) Xu et al – depression and diet
- (61) Dietch et al – depression and KD

Sugar Sweetened Beverages

Most of the systematic reviews and meta-analyses are prior to 2018

- (62) Andreyeva et al – SSB and taxes. Not really about health outcomes
- (63) Allcott et al 2022 – SSB and taxation framework. Not a systematic review, but informs policy

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Silent no more

Dr James Muecke AM

Australian of the Year

NPC Address 1st Dec 2020



Can you imagine how it feels for an eye surgeon such as myself to remove a person's eye?

Words cannot describe the feeling.

Our sight is our most precious sense. It's why I wanted to become an eye surgeon.

To protect sight. To restore sight. To give the gift of sight.

Not to take it away.

And especially, not to take it away from somebody who has been needlessly blinded by an avoidable man-made disease such as type 2 diabetes.

My name is James Muecke and I'm Australian of the Year for this crazy year!

After becoming 2020 Australian of the Year for South Australia twelve months ago, I planned to use the platform to raise awareness of the sight- and life-giving work of my not-for-profit organisation Sight For All.

Sight For All has been training and equipping ophthalmic colleagues throughout Asia and Africa so they can comprehensively and sustainably fight all blinding diseases, including diabetes.

Diabetes is also a blinding threat right here in Australia. In fact, it's now the leading cause of blindness amongst working age adults in this country.

Surely, Sight For All has a responsibility to raise awareness of this concerning fact amongst the people of Australia? And to encourage regular sight-saving eye checks for people with diabetes.

As the Australia Day Weekend loomed, I felt a deeper responsibility rising.

This is Australia. My home.

We have a sugar-laden chronic disease crisis that's not only blinding people, its killing tens of thousands of Aussies every year.

If I'm to be awarded Australian of the Year, should I not use this extraordinary opportunity and this powerful platform to address the root cause of type 2 diabetes... our unhealthy diet of sugar, refined carbohydrates, and ultra-processed foods?

You may have heard my acceptance speech on Australia Day? Here's an excerpt...



“This year, I want to challenge our perception of sugar, our relationship with sugar, and the impact it has on the development of type 2 diabetes.”

I saw Scott Morrison's smile suddenly fade!

Since that humbling weekend, I've been on a journey.

An eye-opening journey.

A disturbing journey.

And I'd like to now take you on that journey with me...

My first month as 2020 Australian of the Year was filled with excitement and anticipation. I had numerous speaking engagements booked throughout the year. I had countless opportunities to share my messages about the ravages of type 2 diabetes.

Then, in early March, COVID-19 landed. And one by one, these all dissolved before my eyes.

I spent my time productively. I created a keynote presentation, *Blinded By Sugar*, and sought opportunities to deliver it from my study...



Harnessing the new online webinar world, speaking to the computer screen and the unseen faces beyond.

The lockdown gave me more time. I read widely. My knowledge deepened.

Many people reached out... to educate me, to guide me.

My journey led me down a more complex path. A path strewn with unforeseeable barriers.

Did you know that type 2 diabetes is a preventable disease?

There are at least 2 million Aussies with pre-diabetes, many of whom will go on to develop type 2 diabetes in the coming years.

And yet... there are barriers to the opportunity for the prevention of this disease in those with pre-diabetes.

Type 2 diabetes is also a reversible disease.

There are at least 1.7 million Aussies with type 2 diabetes, the majority of whom will go on to develop its life-changing and life-threatening complications.

And yet... there are barriers to the opportunity for the reversal of this disease and its looming health consequences.

Let's look at prevention and reversal of type 2 diabetes, each in turn. And the unexpected barriers I've encountered throughout this year.

Type 2 diabetes is a preventable disease...



Why would anyone knowingly put themselves at risk of an illness that will give them decades of unnecessary medical appointments, crippling expenses, lost work and life opportunities and a battery of devastating complications?

Perhaps, because they're not aware. Not aware that the low-fat, high-carbohydrate diet they've been consuming for the past 40 years may be causing them harm.

The diet that they've been told to consume. One that's been shaped by our Australian Dietary Guidelines.

Let me explain.

In May, I was invited to be an Ambassador for Wellbeing SA's *Open Your World* initiative. When their new website was launched the following month, I thought I'd better investigate the *Eating well* pages. I was concerned to find that there were a number of dietary recommendations that to me made no sense.

One of these was "Eating less saturated fat"...

Eating less saturated fat

[HOMEPAGE](#) • [STAY ACTIVE AND...](#) • [EATING WELL](#) • [EATING LESS...](#)

◀ Eating well

AUSTRALIAN DIETARY GUIDELINES AND THE AUSTRALIAN GUIDE TO HEALTHY EATING ▶

BUDGET-FRIENDLY RECIPES ▶

BUYING HEALTHIER TAKEAWAY FOOD ▶

EATING LESS SALT ▶

EATING LESS SATURATED FAT ◀



Some fats, like saturated and trans fats in high amounts, are not good for our health.

And yet there's no evidence to suggest that the natural saturated fat in our diet is linked to cardio-vascular disease.

Eating less saturated fat

[HOMEPAGE](#) • [STAY ACTIVE AND...](#) • [EATING WELL](#) • [EATING LESS...](#)

Saturated fats

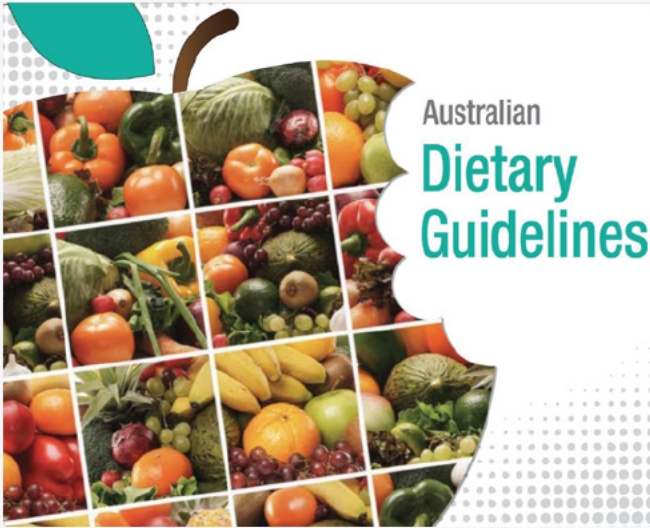
These are mainly found in animal foods such as:

- fatty meats
- dairy foods (milk, cheese, yoghurt – especially the full-fat ones)
- processed foods (such as biscuits, cakes, pastries, pies and takeaway foods)

Indeed, such fats are critical to our health. To our survival.

I wrote to the Wellbeing SA team. I expressed my concern.

They explained to me that...“As a state government health authority, ... we are obliged to promote the advice of the NH&MRC’s ... Australian Dietary Guidelines.”



I was encouraged to direct any further concerns about the guidelines to the NH&MRC. The National Health & Medical Research Council. The keeper of the guidelines.

In June, I wrote to the NH&MRC and I expressed my concerns.

I met with the NH&MRC. I reinforced my concerns.

I pointed out the flaws and multiple layers of bias contained within the current edition of the Australian Dietary Guidelines, released in 2013.

The NH&MRC defended their guidelines.

They disagreed that the guidelines contain any bias.

In July, I wrote an opinion piece for The Canberra Times where I made the bold statement...

“I want Australians to be aware our dietary guidelines are flawed, and the authors conflicted by industry”.

Later that week, Health Minister Greg Hunt announced that the guidelines were going to be reviewed...



Ministers
Department of Health

[Home](#) [Media centre](#) [The Hon Greg Hunt MP](#) [Senator the Hon Richard Colbeck](#) [The Hon Mark Coulton](#)

Review of the Australian Dietary Guidelines: living well for longer

The Australian Government will provide \$2.5 million to the National Health and Medical Research Council to review the 2013 Australian Dietary Guidelines.



The Hon Greg Hunt MP
Minister for Health

Date published: 17 July 2020

Media type: Media release

Audience: General public

The Australian Government will provide \$2.5 million to the National Health and Medical Research Council to review the 2013 Australian Dietary Guidelines.

The review of the guidelines will ensure that Government dietary advice is based on the best and most recent scientific evidence about the types and amount of food we need to have a long and healthy life.

Minister for Health Greg Hunt said the review would ensure the guidelines remained a trusted resource.

“A healthy diet is essential to help lower the risk of high cholesterol, high blood pressure and obesity as well as chronic diseases such as type 2 diabetes, cardiovascular disease and some types of cancers,” Minister Hunt said.

“By preventing disease and the disease risk factors, significant suffering can be averted and the costs to our health system reduced.”

Since the 1980s, the Australian Dietary Guidelines have been a trusted source of information about healthy eating for consumers, health professionals, educators and the food industry.

The NHMRC will soon begin the task of reviewing the dietary guidelines, with the first step being a review of the latest nutrition science research and evidence from Australia and overseas. Consultation with stakeholders will be undertaken throughout the review.

I was ecstatic.

If I achieve nothing else this year, I'll feel as though I've had a successful year.

Why is a revision of our dietary guidelines such a big deal?

A friend said to me recently, "I didn't even know we had dietary guidelines."

The Australian Dietary Guidelines sit quietly, unceremoniously, on our Government's Department of Health website.

This downloadable 226-page document is powerful. Very powerful.

It determines what's eaten in our schools, hospitals, prisons, the defence force, and in childcare and aged care facilities.

It also informs our army of healthcare professionals, health educators, government policy makers, and the food industry.

It's been shaping what Aussies should eat for the past four decades.

The guidelines discourage the eating of foods containing natural saturated fat, and this has in turn led to the production of thousands of low-fat products, many of which are highly processed and loaded with sugar and refined carbohydrates, to enhance the flavour lost by removing fat.

The guidelines claim that the link between dietary saturated fat and cardiovascular disease is well established...

Table 3.1: Evidence statements for 'limit intake of foods high in saturated fat'

Established evidence

Saturated fat is the strongest dietary determinant of plasma LDL concentration.

Replacing saturated fat with polyunsaturated and monounsaturated fats is associated with improved blood lipids related to cardiovascular disease.

Evidence statement	Grade
Higher consumption of omega-3 LCPUFA fat (intake amount not specified) is associated with reduced risk of dementia.	C

Notes: Grades – A: convincing association, B: probable association, C: suggestive association

Includes evidence statements and gradings from the Evidence Report (literature from years 2002–2009). Does not include evidence from other sources, such as the 2003 edition of the dietary guidelines (in which individual studies were classified according to their design as level I, II or III but overall grades for relationships were not derived), although these sources have been used to inform these Guidelines. Grade C evidence statements showing no association and all Grade D statements can be found in Appendix E.

However, there's no evidence whatsoever to link whole fat dairy, unprocessed red meat, and eggs with heart attacks, stroke and type 2 diabetes.

Foods that have been demonised by our guidelines since their inception.

This lack of evidence was well known in 2009 when the last review commenced. This critical piece of evidence was seemingly ignored.

Instead of promoting healthy saturated fats, the guidelines encourage the eating of unhealthy polyunsaturated oils, and this in turn has led to the boom in production and consumption of margarines and seed oils, industrially-produced fats which have been linked to cardiovascular disease.

The Australian Dietary Guidelines state that they're "intended for the average healthy person", however when over two-thirds of Aussie adults and one-third of Aussie kids are overweight or obese, the average Aussie is anything but healthy.

The guidelines, by their own admission, are not for people with diabetes and yet GPs are using a set of guidelines that instructs what healthy people should eat on people who are not healthy, people with diabetes. GPs are even being encouraged by their overseeing body to do so.

The Royal Australian College of General Practitioners' *Management of type 2 diabetes* handbook, released this year, advises ...

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.

Individual goals	
Encourage all people with type 2 diabetes to approach/reach these goals.	
Diet	Advise eating according to the <i>Australian dietary guidelines</i> , 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*.

"eating according to the Australian Dietary Guidelines"... for optimum management.

Even Diabetes Australia echoes this advice in the *Eating Well* section of their website...

Home

About diabetes

Living with diabetes

Food & Activity

Research &
AdvocacyFor Health
Professionals

News & Resources

Eating Well

› What should I eat

› Should I drink alcohol?

› Eating Out

› Takeaway

› Between-Meal Snacks

› Healthy eating for Older People

› Cholesterol

Home > Food & Activity > Eating Well

Eating Well

 Email

Healthy eating and an active lifestyle are important for everyone, including people with diabetes. Having a healthy diet and being active is an important part of managing diabetes because it will help manage your blood glucose levels and your body weight.

- Meals that are recommended for people with diabetes are the same as for those without diabetes
- There is no need to prepare separate meals or buy special foods
- Everyone including family and friends can enjoy the same healthy and tasty meals together
- **As a starting point, we recommend people follow the Australian Dietary Guidelines [Healthy Eating for Adults](#) and [Healthy Eating for Children](#)**

- **As a starting point, we recommend people follow the Australian Dietary Guidelines**

information, visit an Accredited Practising Dietitian. To find a dietitian in your area, contact:

“We recommend people follow the Australian Dietary Guidelines”.

Type 2 diabetes is a disease of carbohydrate intolerance, and yet Aussies, including those with this disease, are being told to eat foods that are high in carbs.

And there’s no evidence to show that the high-carb dietary pattern recommended by our guidelines prevents type 2 diabetes.

Carb-heavy foods are often poor in nutritional quality, in particular the refined carbs – white flour, white rice, white potatoes – simply sugar in disguise.

The science is not complex and has been known for nearly a century... there’s no biochemical process in the human body that demands we eat sugar and refined carbs.

I don’t understand how organisations such as the College of General Practitioners and Diabetes Australia, and our government health bodies, are missing this critical point.

Indeed, our poor diet is responsible for more disease and death than smoking, alcohol and inactivity combined.

The title page to the Australian Dietary Guidelines proudly claims that they’re “Providing the scientific evidence for healthier Australian diets”.

And the Preface suggests...

Preface

Never in our nation's history have Australians had such a wide variety of dietary options. Yet the rising incidence of obesity and type 2 diabetes in our population is evidence of the need for Australians to improve their health by making better dietary decisions.

There are many ways for Australians to choose foods that promote their health and wellbeing while reducing their risk of chronic disease. NHMRC's *Australian Dietary Guidelines* provide recommendations for healthy eating that are realistic, practical, and – most importantly – based on the best available scientific evidence.

These Guidelines are an evolution of the 2003 edition of the dietary guidelines, integrating updates of the *Dietary Guidelines for Older Australians* (1999), the *Dietary Guidelines for Adults* (2003) and the *Dietary Guidelines for Children and Adolescents in Australia* (2003). They also include an update of the *Australian Guide to Healthy Eating* (1998).

Providing the recommendations and the evidence that underpins them in a single volume, the Guidelines will help health professionals, policy makers and the Australian public cut through the background noise of ubiquitous dietary advice that is often based on scant scientific evidence. They form a bridge between research and evidence-based advice to address the major health challenge of improving Australians' eating patterns.

Providing the recommendations and the evidence that underpins them in a single volume, the Guidelines will help health professionals, policy makers and the Australian public cut through the background noise of ubiquitous dietary advice that is often based on scant scientific evidence. They form a bridge between research and evidence-based advice to address the major health challenge of improving Australians' eating patterns.

“the Guidelines will help the Australian public cut through the background noise of ubiquitous dietary advice that is often based on scant scientific evidence.”

The reality is, the dietary recommendations within the guidelines, that inform national policy, are born out of weak and unreliable epidemiological data. This body of scientific evidence, on what Aussies should eat to achieve health, is certainly not as robust as we've been led to believe.

The “science” behind the guidelines is biased at multiple critical levels...

Firstly, the literature review for the guidelines was undertaken by the Dietitians Association of Australia, the DAA...

A review of the evidence to address targeted questions to inform the revision of the Australian dietary guidelines 2009

Process manual

Associate Professor Peter Williams, PhD, FDAA (Research Leader)
Associate Professor Margaret Allman-Farrinelli, PhD, AdvAPD (Research Leader)
Professor Clare Collins, PhD, FDAA (Research Leader)
Dr Janelle Gifford, PhD, AdvAPD (Project Officer)
Annette Byron, MPH, APD (Project Manager)



Dietitians Association of Australia
ABN 34 008 521 480

Now Dietitians Australia, an organisation who were heavily conflicted by the ultra-processed food industry at the time they were awarded the tender by the NH&MRC in 2007.

How is it possible that the NH&MRC, a body established to fund evidence-based health advice, handed the job of “what Australian’s should eat to achieve health” to a self-regulated organisation with conflicts of interest? Multiple conflicts of interest that were disclosed to the NH&MRC.

We don’t know how the NH&MRC determined these were conflicts that could be managed, nor is it clear how the conflicts were managed over the six years from 2007 to the publication of the guidelines in 2013.

Surely, the Australian public deserves better?

Secondly, the literature selected by the DAA and that informs the guidelines is biased as many of the studies were funded by the food industry.

As an example, it’s been estimated that the majority of the references in the *Enjoy grain foods* section of the guidelines are studies that have been funded by industry.

And we know that industry-funded studies are nearly eight times more likely to show a conclusion favourable to that industry.

As the only document for the policy and practice of food health professions in Australia, shouldn’t the Australian Dietary Guidelines clearly display those studies that have been swayed by vested interests?

Thirdly and finally, two critical research questions that guided the literature review are biased and appear to have been written by the DAA to manipulate an intended outcome...

Table A2.1 Table of search questions and keywords for population, inter

	Question
S.1.6	<p>Is there a dose response relationship between consuming red meat (not including processed meat as red meat) and an increased risk of cancer?</p> <p>Can be absorbed into S.1.1 but need to identify the dose-response.</p>

Swaying the literature search away from the health benefits of red meat and toward the health benefits of grain-based foods...

Table A2.1 Table of search questions and keywords for population, inte

	Question
S.1.9	<p>What are the health benefits of grain-based foods (including bread, breakfast cereals, oats, pasta and rice) in both refined and wholegrain forms?</p> <p>Is there an association between intake of grain based foods in both refined and wholegrain forms and reduced risk of disease?</p> <p>Does the health benefit/risk of disease differ between refined grain and wholegrain forms?</p>

A classic case of strategic deception.

At the same time the literature review was being undertaken by the DAA, one of the Executive Directors of the DAA was also a Director of the Australian Breakfast Cereal Manufacturer's Forum, the ABCMF, trading as *Cereal 4 Brekkie*...



A strong consortium spearheaded by ultra-processed food giants Kellogg's, Nestle, Freedom Foods and Sanitarium.

As recently as 2017, the DAA had a partnership with the ABCMF. For \$23,000 a year, this industry body expected the DAA to "influence, protect, and actively defend cereals, grains, and sugar's messaging."

This influence, cheaply bought, has been very powerful indeed.

We're now in the midst of an obesity epidemic.

In ourselves and in our children.

Obesity is the biggest risk factor for type 2 diabetes. And yet obesity is only a marker for poor metabolic health.

In the United States, and I suspect here in Australia, there are now more thin metabolically sick people than there are obese metabolically sick people.

So, obesity of itself is not the problem here. It's not even the number of calories we ingest that's the problem.

It's the nutrient-deficient energy-dense calories that's the problem.



It's the sugar and the refined carbs, and all the sugar and refined carbs and unhealthy fats in ultra-processed foods, that's the problem.

At least half of our current diet.

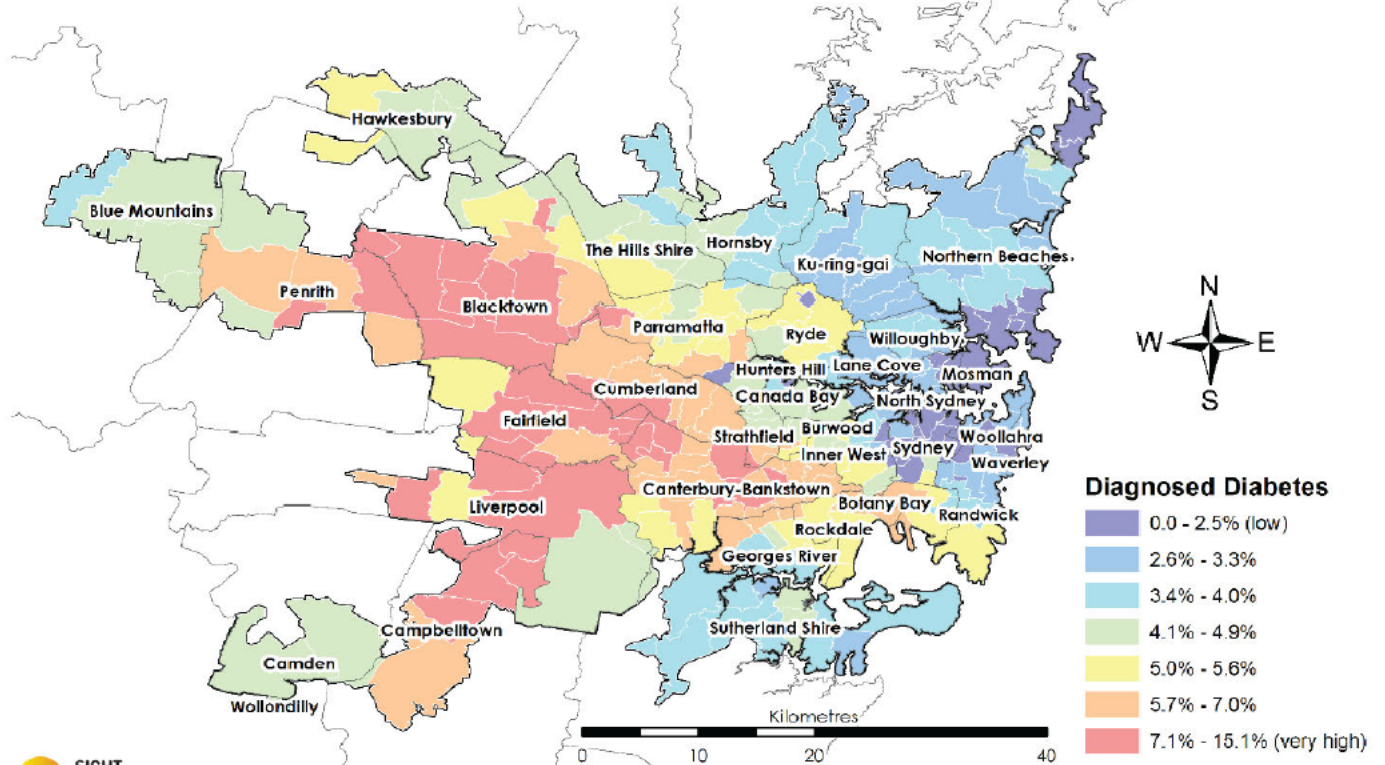
And supermarket shelves and checkouts are loaded with these diabolical foods...

*Affordable,
accessible,
alluring and
addictive.*

The type 2 diabetes epidemic is ravaging the Aboriginal population of Australia and is unfairly targeting people in lower socio-economic areas. In Greater Western Sydney for example...

Spatial inequality in diabetes prevalence in Sydney

Data sourced from the National Diabetes Services Scheme



Map created by A/Prof Astell-Burt and Dr Feng | Population Wellbeing and Environment Research Lab (PowerLab)
School of Health and Society, Faculty of Social Sciences, University of Wollongong (27/07/2017)

Half of all adults over the age of 24 have either pre-diabetes or type 2 diabetes.

For the first time in our history we are overfed but undernourished.

The type 2 diabetes epidemic is also flowing to our children, with Aussie kids as young as seven years of age being diagnosed with this disease. A disease that not so long ago was known as maturity-onset diabetes.

When are we going to stop pushing cereal 4 brekkie on our kids?

Our kids are suffering. And they're being set up for a lifetime of misery.

Type 2 diabetes is a reversible disease.



If you had a life-threatening cancer, the first thing you'd want to know from your doctor is whether the cancer could be put into remission. Correct?

In fact, it's your right to know.

What if I told you that your life-threatening type 2 diabetes could be put into remission?

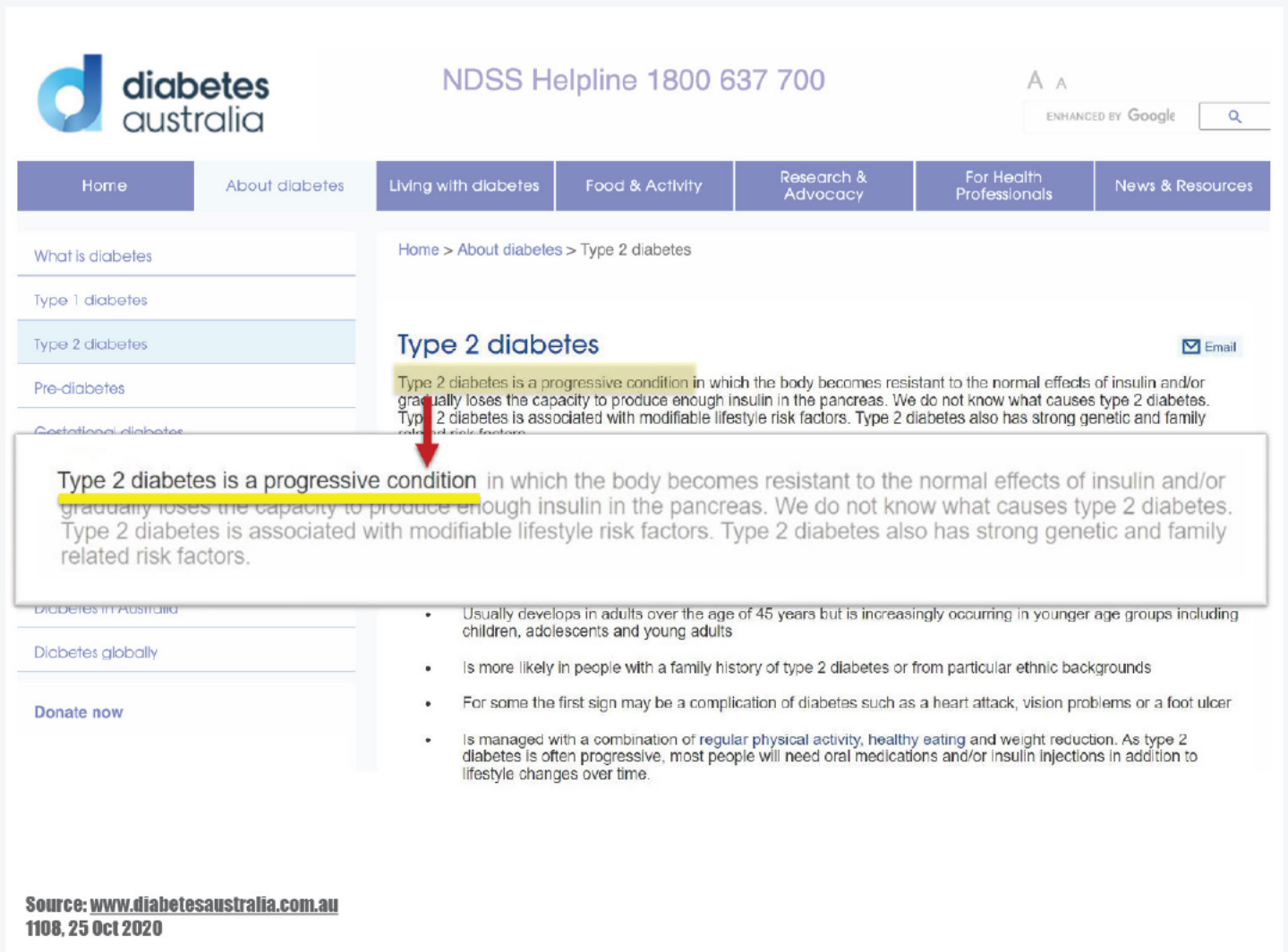
Isn't it your right to know this as well?

That you can potentially avoid the humiliation and the devastation that accompanies this insidious disease.

The simple fact is, there are now three proven methods for putting type 2 diabetes into remission.

And yet there's no mention of the potential for remission on the website of Diabetes Australia, the peak body for patients with diabetes in this country.

The very first words in the *Type 2 diabetes* section of the website are...



The screenshot shows the website header with the logo for diabetes australia, the NDSS Helpline number 1800 637 700, and a search bar. The navigation menu includes Home, About diabetes, Living with diabetes, Food & Activity, Research & Advocacy, For Health Professionals, and News & Resources. The main content area is titled 'Type 2 diabetes' and includes a breadcrumb trail: Home > About diabetes > Type 2 diabetes. A red arrow points to the first sentence of the text: "Type 2 diabetes is a progressive condition in which the body becomes resistant to the normal effects of insulin and/or gradually loses the capacity to produce enough insulin in the pancreas. We do not know what causes type 2 diabetes. Type 2 diabetes is associated with modifiable lifestyle risk factors. Type 2 diabetes also has strong genetic and family related risk factors."

Source: www.diabetesaustralia.com.au
1108, 25 Oct 2020

“Type 2 diabetes is a progressive condition”.

And the word ‘progressive’ is repeated four more times on this one webpage. Reinforcing a feeling of hopelessness for its newly diagnosed members. Reinforcing the hopelessness felt by many people with this disease.

Isn't it your right to know that type 2 diabetes doesn't have to be a progressive life sentence?

In August, I joined the Expert Advisory Group for the refresh of the 2016 National Diabetes Strategy.

In my reading of the strategy, I discovered that there was no mention of the possibility of remission for type 2 diabetes.

I was staggered.

Why is remission not an objective of our national approach to this disease?

Should this critical information not be shouted from the rooftops?

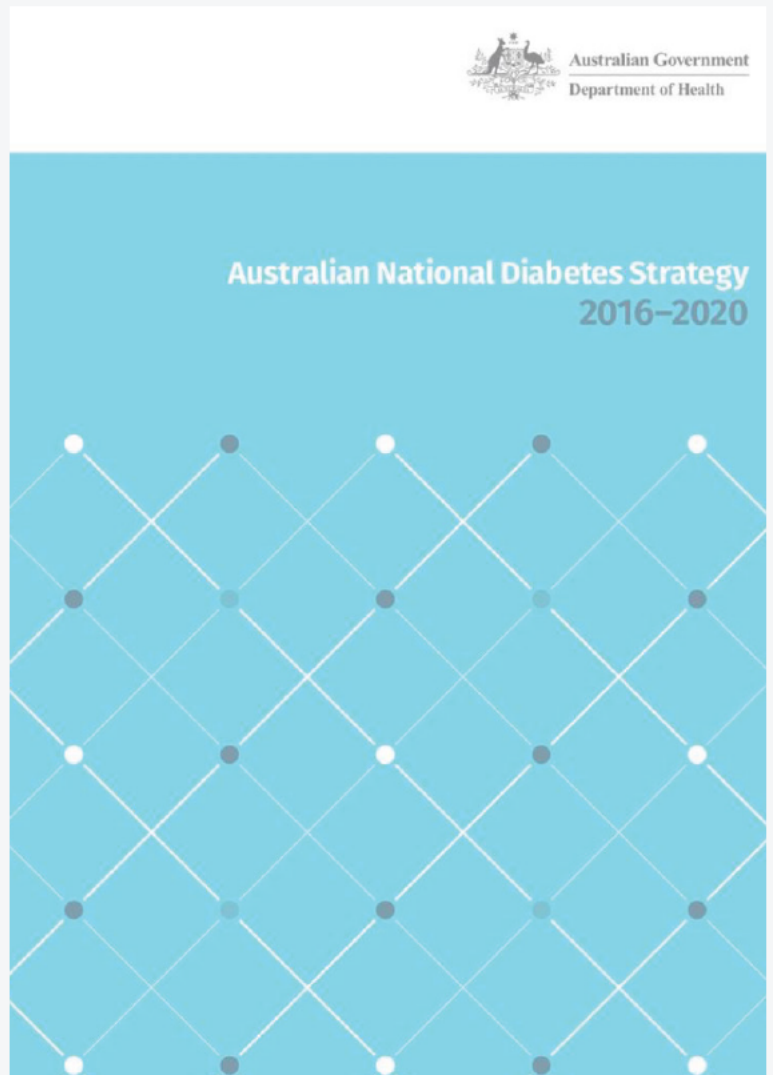
As a medical practitioner of 33 years, I feel strongly that remission of type 2 diabetes should be a major goal in the National Diabetes Strategy, and I recommended this to the Expert Advisory Group and our Department of Health.

If a patient has type 2 diabetes, shouldn't every single one of them be informed that there are proven methods for putting into remission their life-changing and life-threatening disease, and be given that opportunity?

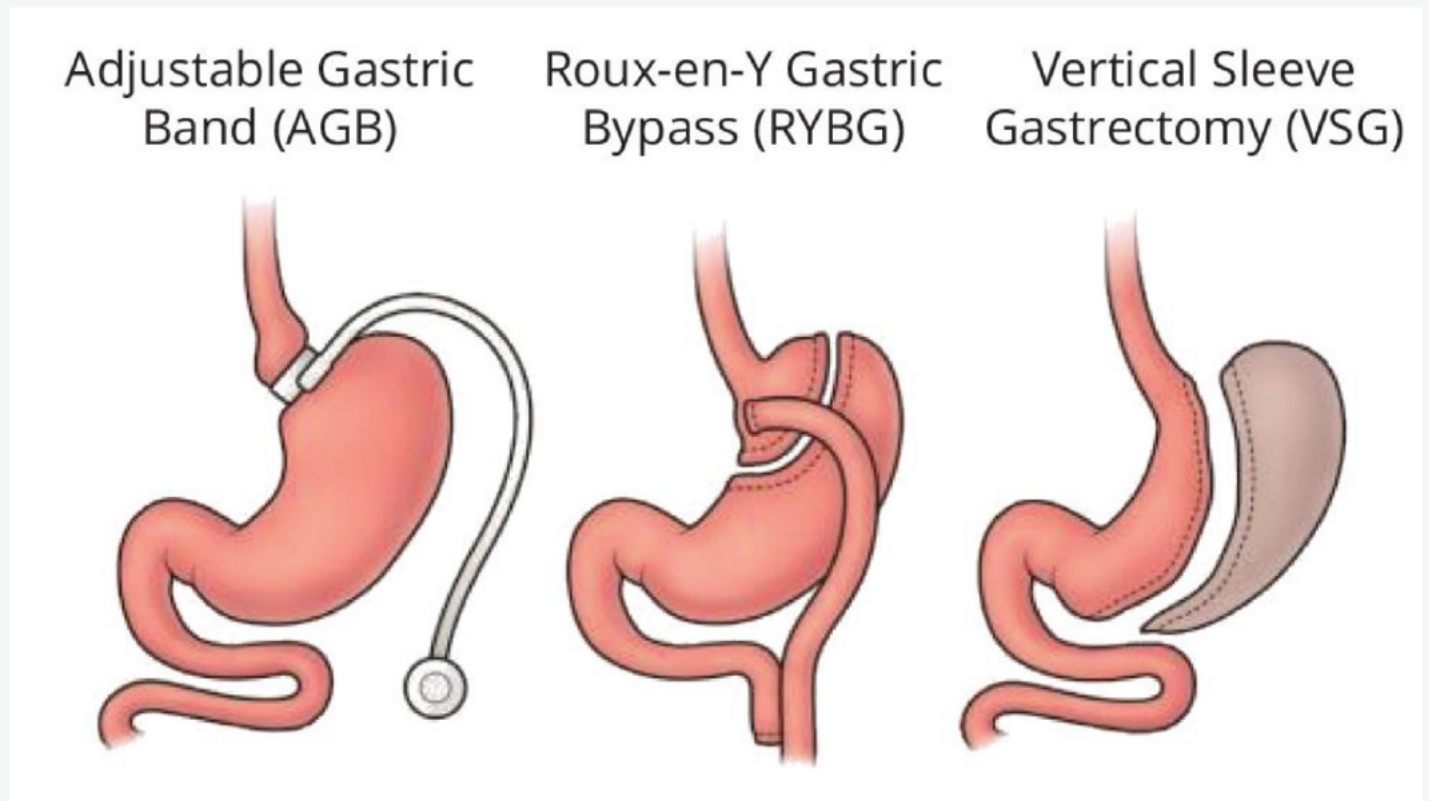
And, are we not being negligent as health care professionals and health policy makers, if we don't inform patients of this liberating, life-giving and life-saving opportunity?

What are the three proven methods for putting type 2 diabetes into remission?

Very low-calorie diets,
low carbohydrate diets,
and bariatric surgery.



Bariatric surgery entails a variety of surgeries on the digestive system designed to limit caloric intake and promote weight loss...



Although it can put type 2 diabetes into remission, patients require lifelong dietary supplementation to combat the accompanying nutritional deficiency.

Bariatric surgery is a major abdominal procedure on a normal organ for what is in essence a dietary disease.

So, why not take a dietary approach to a dietary disease?

There are now over 100 controlled clinical trials to support the fact that a very low calorie diet or a low carbohydrate diet works to either prevent type 2 diabetes or put it into remission.

I have shared these studies with the Expert Advisory Group for the National Diabetes Strategy, along with the plea...

“Should the opportunity for remission not be offered to every patient with type 2 diabetes?”

I am proud to advise you that as of last week ‘remission’ has now been included under one of the major goals of the strategy, however disappointingly, it was not felt to be worthy of its own goal.

And why do health practitioners continue to band-aid type 2 diabetes with medications? Medications that don’t put diabetes into remission, don’t extend life, and can potentially hasten the devastating complications of this disease?

Perhaps we could look again to the Diabetes Australia website ...

diabetes australia NDSS Helpline 1800 637 700

Home About diabetes Living with diabetes Food & Activity Research & Advocacy For Health Professionals News & Resources

What is diabetes
Type 1 diabetes
Type 2 diabetes
Pre-diabetes
Gestational diabetes

Home > About diabetes > Type 2 diabetes

Type 2 diabetes

Type 2 diabetes is a progressive condition in which the body becomes resistant to the normal effects of insulin and/or gradually loses the capacity to produce enough insulin in the pancreas. We do not know what causes type 2 diabetes. Type 2 diabetes is associated with modifiable lifestyle risk factors. Type 2 diabetes also has strong genetic and family related risk factors.

Is managed with a combination of regular physical activity, healthy eating and weight reduction. As type 2 diabetes is often progressive, most people will need oral medications and/or insulin injections in addition to lifestyle changes over time.

- Usually develops in adults over the age of 45 years but is increasingly occurring in younger age groups including children, adolescents and young adults
- Is more likely in people with a family history of type 2 diabetes or from particular ethnic backgrounds
- For some the first sign may be a complication of diabetes such as a heart attack, vision problems or a foot ulcer
- Is managed with a combination of regular physical activity, healthy eating and weight reduction. As type 2 diabetes is often progressive, most people will need oral medications and/or insulin injections in addition to lifestyle changes over time.

Diabetes in Australia
Diabetes globally
Donate now

The *Type 2 diabetes* section states “most people will need oral medications and/or insulin injections...”

Amongst the list of Corporate Partners of Diabetes Australia, the majority are pharmaceutical companies...

Strategic Plan 2020-25
Annual reports
Governance
Board
Ambassadors
Corporate Partners
Ways to give
Careers
Donate now
There are many ways to donate to Diabetes Australia and help support our cause.
Donate
Contact your State or Territory organisation
For further information about individual diabetes management membership or the NDSS - you can contact your state or territory diabetes office.
Read more

Corporate Partners

Diabetes Australia is incredibly fortunate to work with organisations that share our mission; to reduce the impact of diabetes on our community. Click here to find out how you can support Diabetes Australia.

Diabetes Australia Corporate Partners

Specsavers
Specsavers believes that no Australian should have to live with vision loss or blindness that could have been avoided. Through its network of 300+ stores, Specsavers works to raise awareness, make vital diagnostic technology accessible, enhance industry communication and collaboration and provide evidence of patient outcomes. Specsavers is a proud partner of iSeeSight and has committed \$5 million to see it improve patient health outcomes over the next five years.

Roche
With more than 35 years' experience, Roche Diabetes Care is a pioneer in the area of diabetes management. Roche Diabetes Care is strongly committed to further enhance diabetes care structures in the developed as well as the emerging markets to reduce the serious consequences diabetes has on health and economies.

AstraZeneca Diabetes
AstraZeneca Australia is a global biopharmaceutical company engaged in the research, development, manufacture and supply of medicines that aim to make a real difference to the lives of Australians.

Abbott Diabetes Care
Abbott Diabetes Care is a global healthcare company devoted to improving the development of products and technologies that span the breadth of healthcare. For 120+ years, Abbott has been focused on a single goal: to advance medical science to help people live healthier lives.

Bayer
Bayer is a global enterprise with core competencies in the fields of health care, nutrition and high-tech materials. The company's products and services are designed to benefit people and improve their quality of life.

Pharmaceutical companies who have a vested interest in keeping people medicated with type 2 diabetes. Who perhaps don't like the idea of dietary solutions that aren't making them profits.

Or we could look to the Dietitians Australia website...

The screenshot shows the Dietitians Australia website header with a green background. The logo is on the left, and navigation links are on the right. Below the header, there is a section titled 'Events & Marketplace' with a sub-section 'Advertise with us'. A red arrow points from the 'Advertise with us' link to a large white box containing the text 'Why advertising with us works for you' and a bulleted list. The list item is underlined in yellow. To the right of the white box is a vertical sidebar with several empty rectangular boxes.

Source: www.dietitiansaustralia.org.au
1121, 25 Oct 2020

Events & Marketplace

Advertise with us

Advertise with us

Why advertising with us works for you

- Unparalleled opportunity to reach more than 7000 DA members, the most influential group of healthcare professionals in the Australian food and nutrition space
- Showcase your commitment to improve the health and wellbeing of all Australians
- Engage in the food and nutrition space – it's relevant to all Australians

Why advertising with us works for you

- Unparalleled opportunity to reach more than 7000 DA members, the most influential group of healthcare professionals in the Australian food and nutrition space

An organisation that still receive payments from industry to advertise their products, and in return garner an "Unparalleled opportunity to reach more than 7,000 DA members, the most influential group of healthcare professionals in the Australian food and nutrition space."

Vested interests are not only shaping what we eat and driving chronic disease in our society, they are also shaping how we treat these diseases.

I ask that patients with type 2 diabetes be given an opportunity. An opportunity to put their disease into remission.

An opportunity that's free from vested interests.

And I ask that healthcare professionals be given an opportunity. An opportunity to guide their patients through an effective and clinically proven dietary solution to their type 2 diabetes.

An opportunity that's free from vested interests.

Presently, in Australia and across the globe, many GPs, dietitians, and exercise physiologists, are helping patients to put their type 2 diabetes into remission, albeit unsupported by their regulatory authorities.

And many patients are taking it upon themselves to attempt to reverse their disease. They're going it alone.

Even the President of the Australian Medical Association, Dr Omar Khorshid, was recently able to reverse his pre-diabetes with dietary interventions.

The inclusion of remission of type 2 diabetes as a major goal in the National Diabetes Strategy would give all healthcare professionals the comfort that they can offer this management option to their patients without fear of recrimination. Of going outside the rigid boundaries of the Australian Dietary Guidelines. And receiving an unwanted investigation by their regulatory authority.

It's costing our health system over half a billion dollars every year to filter the blood of patients with kidney failure caused by type 2 diabetes...



This money, indeed a fraction of this money, could be better spent on creating dietary guidelines for Australians with pre-diabetes, to prevent them from going on to develop full blown type 2 diabetes.

And on creating guidelines for patients with type 2 diabetes, to prevent their disease from progressing and to prevent them from developing its unwelcome complications.

The health benefits would be astronomical.

It's costing our health system over half a billion dollars every year to manage patients who are losing limbs to gangrene caused by type 2 diabetes...



A fraction of this money could be better spent on educating healthcare professionals and giving them effective tools to limit the progress of type 2 diabetes in their patients. Or to even put the disease into remission.

The cost savings would be astronomical.

We have an incredible opportunity here, and its time for our government to take action.

To create dietary guidelines which are based on solid science, are free from vested interests, and relevant to all Australians.

And to support healthcare professionals and their patients in ridding our country of this cursed disease.

All doctors are taught in medical school to do no harm.

The Hippocratic Oath guides us...



“I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.”

Our current medical model favours giving deadly drugs to patients with type 2 diabetes. Drugs that are doing harm.

And...“I will apply dietetic measures for the benefit of the sick. I will keep them from harm and injustice.”

Our current dietetic model is not benefitting the sick. Not keeping them from harm and injustice.

We need to change the way Aussies are eating.

And we need to change the way we're managing type 2 diabetes.

Enough is enough.

We need to break down the barriers.

And remove the vested interests driving our dietary disaster.

We are only doing more harm by being silent.

With over 15,000 lives lost to type 2 diabetes and \$20 billion dollars spent on this disease every year, we can't afford to be silent... anymore.

Thank you.