

# Number of People with Diabetes Increases to almost 26 Million

In addition to the 25.8 million with diabetes, another 79 million people are estimated to have pre-diabetes.



The Metabolism Society is dedicated to minimizing the problems of obesity, diabetes & cardiovascular disease through public awareness and education using current nutritional science.

**ADA 2010 Statistics:**

**A Total of 25.8 Million People Have Diabetes**

**8.3 Percent of the Population Have Diabetes**

**Diagnosed: 18.8 Million People**

**Undiagnosed: 7 Million People**

**70 million US citizens have pre-diabetes!**

**500,000 of these people are New Yorkers  
Another 200,000 New Yorkers have diabetes  
And do not know it yet**

Source: NYC Health Department

The most recent figures from the Centers for Disease Control and Prevention show that 65 percent of U.S. adults, or about 129.6 million people, are either overweight or obese.

In addition to decreasing quality of life and increasing the risk of premature death, in 2008, medical costs associated with obesity were estimated at \$147 billion; the medical costs paid by third-party payors for people who are obese were \$1,429 higher than those of normal weight

NIH website

2010 State Obesity Rates							
State	%	State	%	State	%	State	%
Alabama	32.2	Illinois	28.2	Montana	23.0	Rhode Island	25.5
Alaska	24.5	Indiana	29.6	Nebraska	26.9	South Carolina	31.5
Arizona	24.3	Iowa	28.4	Nevada	22.4	South Dakota	27.3
Arkansas	30.1	Kansas	29.4	New Hampshire	25.0	Tennessee	30.8
California	24.0	Kentucky	31.3	New Jersey	23.8	Texas	31.0
Colorado	21.0	Louisiana	31.0	New Mexico	25.1	Utah	22.5
Connecticut	22.5	Maine	26.8	New York	23.9	Vermont	23.2
Delaware	28.0	Maryland	27.1	North Carolina	27.8	Virginia	26.0
District of Columbia	22.2	Massachusetts	23.0	North Dakota	27.2	Washington	25.5
Florida	26.6	Michigan	30.9	Ohio	29.2	West Virginia	32.5
Georgia	29.6	Minnesota	24.8	Oklahoma	30.4	Wisconsin	26.3
Hawaii	22.7	Mississippi	34.0	Oregon	26.8	Wyoming	25.1
Idaho	26.5	Missouri	30.5	Pennsylvania	28.6		

The data shown in these maps were collected through the CDC's Behavioral Risk Factor Surveillance System.

The Society believes that the therapeutic potential of carbohydrate restricted diets for the treatment of obesity, diabetes and cardiovascular disease is under-investigated and under-utilized.

## **Atkins diet surprisingly effective in large-scale comparison study**

By Mike Stobbe , *The Associated Press*

## **A low-carbohydrate diet is more effective in reducing body weight than healthy eating in both diabetic and non-diabetic subjects**

P. A. Dyson, S. Beatty and D. R. Matthews, Oxford Centre for Diabetes, Endocrinology and Metabolism

## **A Steady, High-fat Diet Is Bad, But The News Gets Worse**

*ScienceDaily (Apr. 23, 2007)*

## **Sirt1 protects against high-fat diet-induced metabolic damage.**

Department of Psychiatry, Obesity Research Center, Genome Research Institute, University of Cincinnati College of Medicine

**Our mission is to create a paradigm shift by disseminating unbiased research**

Current recommendations have given way to large increases in disease.

Despite scientific research telling us what constitutes a healthy diet, we are told by governing organizations to eat foods that have been proven to contribute to decline in public health.

- ❑ Things like potato chips, candy, cookies, cakes, crackers, and fried foods contain a lot of fat or sugar. They aren't as nutritious as vegetables or grains. Keep your servings small and save them for a special treat!
- ❑ In the past, people with diabetes were warned to completely avoid sugar. Now experts agree that you can eat foods with sugar as long as you work them into your meal plan as you would for other carbohydrate-containing food.
- ❑ People with diabetes can eat the same foods the family enjoys. About one-fourth of your plate should be filled with grains or starchy foods such as rice, pasta, potatoes, corn, or peas. Then, add a glass of non-fat milk and a small roll ...
- ❑ Carb-containing foods include bread, tortillas, rice, crackers, cereal, fruit, juice, milk, yogurt, potatoes, corn, and peas. For many people, having about 45 to 60 grams at meals is about right.

Source: [ADA Website August 2008](#)

Our mission is to have the governing agencies eliminate the current dietary guidelines, acknowledge the scientific research supporting health through proper nutrition and fund further research in this area.

Weight Loss on a Low Carbohydrate, Mediterranean or Low Fat Diet

Dietary carbohydrate restriction induces a unique metabolic state positively affecting atherogenic dyslipidemia, fatty acid partitioning, and metabolic syndrome

Eggs modulate the inflammatory response to carbohydrate restricted diets in overweight men

Comparison of Low Fat and Low Carbohydrate Diets on Circulating Fatty Acid Composition and Markers of Inflammation

Comparison of Low Fat and Low Carbohydrate Diets (416.56 kB)

Arguments in favor of ketogenic diets

A Randomized Trial Comparing a Very Low Carbohydrate Diet and a Calorie-Restricted Low Fat Diet on Body Weight and Cardiovascular Risk Factors in Healthy Women

A Low-Carbohydrate, Ketogenic Diet versus a Low-Fat Diet To Treat Obesity and Hyperlipidemia, A Randomized, Controlled Trial

Study Shows Low-Carb Diet Improves Cholesterol

Effects of a low-carbohydrate diet on weight loss and cardiovascular risk factor in overweight adolescents

New Duke Findings Corroborate Earlier Studies Demonstrating Benefits of Low-Carb Diet  
University of Connecticut Studies Indicate Ketosis is Safe

Saturated Fat Does Not Pose Heart Disease Risk in Healthy Men

The low fat/low cholesterol diet is ineffective

# Voices of New York:

**Jun 22, 2008, Richard K Bernstein MD, New York**

I've had type 1 diabetes for 64 years and have an HgbA1c of 4.6% thanks to a low carbo diet. I have a coronary artery calcium score of "1" at age 74. My patients with similar A1c's enjoy similar cardiac health.

**Jun 20, 2008, Jeffrey Morgan, New York**

This is truly important and requires the highest priority. Research by cutting edge individuals like Dr. Feinman, Westman and Volek must be funded! Yours truly, Jeff Morgan

**Jun 20, 2008, Keith Berkowitz, New York**

In my practice, I find a carbohydrate restricted diet has a tremendous positive impact on type II DM - improving quality of life and overall risk factors.

# Voices of New York:

Jun 20, 2008, Jacqueline Eberstein, New York

Since 1974 I have managed my weight, lipid parameters and risk of diabetes using a low carb lifestyle. Contrary to common misconceptions, low carb can and is done all of the time. After more than 30 years of clinical experience using this lifestyle the benefits are immeasurable. **Research has been done and supports clinical findings. It's time to include this evidence-based and effective lifestyle as a healthy plan both for the treatment and prevention of diabetes.**

Jun 20, 2008, Charles Fries, New York

I am a surgeon involved in obesity care including low carb diet and, on occasion - obesity surgery. ALL of my patients who can live with limitation of pasta - bread - potatoes - sugar (white food) have lost weight and **reduced or eliminated signs of diabetes.**

Jun 19, 2008, Fred Hahn, New York

**As a health care professional I have seen a low carbohydrate diet help my clients to control and reverse their type II diabetes as well as cure their obesity.**

For the NIH to continue to disregard the facts on low carbohydrate dieting is abhorrent, absurd and downright disgusting.

Shame on you NIH.

# Comments: Low Fat Diets

Jun 27, 2008, Patricia Beninato, Virginia

Thanks to politics and conflicting personalities, diabetes has skyrocketed because of the mistaken belief that a high carbohydrate/low fat diet is the optimal regime for good health. Since adopting a low carb diet I have been able to discontinue blood pressure medication, lost weight, and improved my overall health significantly. **On the low fat/high carb diet I suffered weight gain, high blood pressure, and dental problems.** Please retract this statement and stop allowing personal politics to wreak havoc in millions of lives.

Jun 27, 2008, Victoria Kron, South Carolina

I was diagnosed in July 2007 with type 2 Diabetes, and had all of the symptoms... high blood sugars, over 170, A1c of 7.0, constant fatigue, ongoing weight gain - even when eating low fat, high carb diet... I began a low carb way of eating and I now exercise each day. **The results have been quite dramatic. All of my symptoms of diabetes type 2 have cleared up. I have lost over 30 pounds.**

9:10 am PDT, Jun 26, Jeri Sessler, Arizona

It is unconscionable that the NIH is ignoring the robust proof that recent studies have provided on restricting carbohydrate consumption significantly improving the health of type 2 diabetics, as well as others with Insulin resistance, PECOS, etc. It is an exercise in futility to continue to promote the low fat/low calorie diet as a way to prevent heart disease, obesity, etc. since it is grossly apparent that lipid profiles do not significantly improve on that diet alone, unlike low carbohydrate diets which have been shown to quickly and thoroughly improve lipid profile performance. **The continued emphasis on low fat is killing people. Plain and simple.**

# Comments: Low Fat Diets

Jun 24, 2008, Ruth Earley, Ohio

It's as if NIH is afraid of low carbohydrate diets. It is hard to admit that low fat diets may not be the answer for all. Unfortunately, the alternative is harm to thousands of people. **Come clean.**

Jun 24, 2008, Mary Ruth Kolk, Ohio

Good and caring doctors almost killed my husband with drug therapy for type 2 diabetes! He suffered for over 20 years, ... my husband went on a low carb lifestyle. Within 2 months he was completely off of insulin!!!! His fasting blood sugars went from 175, 200 to 100, 95, 85. He lost 80 pounds within 9 months (before low carb he couldn't lose weight at all).

His doctors were astonished. Lord, please help these doctors to wake up and truly help their patients by informing them of the "cure" for diabetes --- Low Carb eating. .... **Stop the low fat fallacy!!**

Jun 23, Connie Weems, Oklahoma

My doctor treated me with drugs, increasingly for 8 years. Blood sugar became 400 fasting. I began a Atkins style low carb almost three years ago. I have lost 50 pounds and blood sugars are good. Last A1c was 5.7.

**Why do our doctors continue to put our lives at risk with the same old low fat, high carb nonsense and lots of drugs?**

# Nutrition and Metabolism Society

## Metabolism Society Scientific Board:

**Richard D. Feinman, PhD:** Dr. Feinman is Professor of Biochemistry at Downstate Medical Center (SUNY) in New York. Dr. Feinman's original area of research was in protein chemistry and enzyme mechanism. His current interest is Nutrition and Metabolism, specifically in the area of diet composition and energy balance. His work in this area is stimulated by, and continues to influence, his teaching in the Medical School where he has been a pioneer in incorporating nutrition into the biochemistry curriculum. Dr. Feinman is the chief organizer of the June 2006 Downstate-Kingsbrook Conference on Nutritional and Metabolic Aspects of Low Carbohydrate Diets. He is director of the Metabolism Society and co-Editor-In-Chief of the Open Access online journal, Nutrition&Metabolism. Dr. Feinman received his BA from the University of Rochester and a PhD in chemistry from the University of Oregon.

**Jeff Volek, PhD :** Dr. Volek is an associate professor and exercise and nutrition researcher at the University of Connecticut. He is a Registered Dietitian (R.D.) and holds a PhD from Penn State University, where his major fields of study were exercise physiology and nutrition. He has authored/co-authored 145 scientific manuscripts as well as several book chapters, conference proceedings, technical reports and editorials. Dr. Volek's primary area of research is focused on physiological adaptations to diet with emphasis on outcomes related to metabolic syndrome, diabetes, and cardiovascular disease. He has received several million dollars in extramural funding from a variety of corporate and foundation sources.

**Jay Wortman, MD:** Dr. Wortman is a Metis physician from northern Alberta. For the past several years, Dr. Wortman has served in senior management positions in the First Nations and Inuit Health Branch of Health Canada where he is currently the Regional Director of the Pacific Region. He is presently on a research interchange at the University of British Columbia Faculty of Medicine where he is studying the role of traditional diet in the prevention and treatment of obesity, metabolic syndrome and type 2 diabetes in First Nations.

**Valerie J. Berkowitz, M.S., R.D., C.D.N., C.D.E.** Valerie J. Berkowitz, M.S., R.D., C.D.N., C.D.E., is a licensed registered dietitian, certified diabetes educator and certified lifestyle counselor practicing for over 15 years. She is the Director of Nutrition at the Center for Balanced Health. Prior to this, Valerie worked as a nutritionist at The Atkins Center for Complementary Medicine (ACCM). While employed at The Atkins Center for Complementary Medicine, her efforts focused on bridging the gap between conventional and complementary nutritional practice and included educating patients, mentoring nutrition students, speaking at events for consumers and health care professionals, in addition to assisting in research efforts. Ms. Berkowitz was also a clinical dietitian for the Long Island Jewish Medical Center/ Schneider Children's Hospital as well as a nutrition and wellness counselor in private practice. Ms. Berkowitz received her B.S. in Nutrition from the University of Rhode Island and her M.S. in Nutrition from New York University.

**N.J. Robillard, PhD:** Dr. Robillard, is the President and Founder of The Digestive Health Institute. He has conducted research in the fields of microbiology and molecular biology both for universities and for major pharmaceutical and biotech companies prior to serving in several quality management roles supporting the GMP production of therapeutic proteins. Dr. Robillard received his doctoral degree from the University of Massachusetts and completed post doctoral training at Tufts University, Dept. of Molecular Biology.

**Gil Wilshire, M.D., FACOG** Dr. Wilshire is a Reproductive Endocrinologist with expertise in diabetes and metabolism. He has first-authored scientific research in such journals as Clinical Endocrinology and Metabolism and Fertility and Sterility. He earned his bachelor's degree in chemistry from the University of Michigan and his M.D. from the Robert Wood Johnson Medical School. He did his sub-specialty Fellowship in Reproductive Endocrinology at UMDNJ-New Jersey Medical School. He served as the Medical Director of Technology Catalysts International Corporation. In 2006 Dr. Wilshire joined Mid-Missouri Reproductive Medicine & Surgery.

# For more information:

Visit the Metabolism Society website:

[www.NMSociety.org](http://www.NMSociety.org)

The journal Nutrition & Metabolism:

[www.nutritionandmetabolism.com](http://www.nutritionandmetabolism.com)

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