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Strictly Embargoed until 00:01 hours (GMT), 18th July 2007

This release focuses on two Cochrane Systematic Reviews on diet publishing next week in The Cochrane Library, 2007, Issue 3.

To receive a full copy of the Reviews highlighted, or to arrange an interview with an author, contact Jennifer Beal +44 (0)1243 770633 or by email, jbeal@wiley.co.uk.

Reviews highlighted in this newsletter:

- **Obesity: lentils better than white bread for dieting**
You have a greater possibility of losing weight if you eat a diet that is high in foods like lentils that release energy slowly once they have been consumed, rather than one that is high in foods that rapidly release sugar into the blood stream such as white bread, a Cochrane Systematic Review has concluded.
- **Adult type 2 diabetes – poor information on diet, but exercise seems good**
There are no high quality data to assess how well dietary treatments for type 2 diabetes work in people who have just been told they have the disease, but there is evidence that taking on exercise seems to be one way of improving blood sugar levels, according to the findings of a Cochrane Systematic Review.

Obesity: lentils better than white bread for dieting

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When foods are eaten the body breaks them down into their components, and one component will be sugar. Different foods break down at different rates. Lentils, for instance, generate a long, gentle release of sugars, while foods like white bread send a sudden rush of sugar into the blood stream. Foods that release sugars rapidly are said to have a high glycaemic index – those that release it slowly have a low glycaemic index.

A team of Cochrane Researchers set out to search for carefully conducted research trials that looked at the effects of eating high and low glycaemic index foods. They found six randomised controlled trials that involved a total of 202 participants. The trials ran for between five weeks and six months.

Their conclusion was that people eating low glycaemic index diets lost a mean of one kilogram more than those on similar energy high glycaemic index diets.

“Low glycaemic index diets appear to be particularly effective for people who are obese,” says lead author Dr Diana Thomas, the Scientific Director of the Centre for Evidence Based Paediatrics Gastroenterology and Nutrition, in Westmead, Australia.

“It may be easier to adhere to a low glycaemic index diet than a conventional weight loss diet, since there is less need to restrict the intake of food so long as the carbohydrates consumed have a low glycaemic index,” says Thomas.

Thomas DE, Elliott EJ, Baur L. Low glycaemic index or low glycaemic load diets for overweight and obesity. *Cochrane Database of Systematic Reviews* 2007, Issue 3. Art. No.: CD005105. DOI: 10.1002/14651858.CD005105.pub2.

Adult type 2 diabetes – poor information on diet, but exercise seems good

There are no high quality data to assess how well dietary treatments for type 2 diabetes work in people who have just been told they have the disease, but there is evidence that taking on exercise seems to be one way of improving blood sugar levels, according to the findings of a Cochrane Systematic Review.

Type 2 diabetes leaves a person at danger of having elevated levels of sugar (glucose) in their blood. This high sugar content then causes damage to blood vessels, which in turn harms many organs including the eyes, nerves, kidneys and heart.

When people are first diagnosed with this disease they are given dietary advice in the hope that this will enable them to take more control over the level of sugar in their blood. However, after searching published scientific literature, a team of Cochrane Researchers was unable to find high quality data that showed whether dietary advice did indeed alter the risk of developing long-term complications, affect overall quality of life or the likelihood of dying.

“We did find 36 published articles that reported work from 18 different trials which included a total of 1467 people with type 2 diabetes, but only a minority of these trials examined hard clinical endpoints such as death or vascular disease, and those that did offered no details; most talked about factors that are easier to measure such as weight or blood sugar control,” says lead researcher Nield, a researcher at the University of Teesside in Middlesbrough, UK.

The team did, however, find data suggesting that if people with type 2 diabetes increase the amount of exercise as an adjunct to dietary advice they do, then they can see an improvement in their blood sugar levels after six and twelve months.

“There is an urgent need for well-designed and well-reported studies which examine a range of interventions and see how they influence many of the features that are important in type 2 diabetes,” says Lucie Nield.

The researchers point out that there is some good news, in that one promising study is already underway.

Nield L, Moore HJ, Hooper L, Cruickshank JK, Vyas A, Whittaker V, Summerbell CD. Dietary advice for treatment of type 2 diabetes mellitus in adults. *Cochrane Database of Systematic Reviews* 2007, Issue 3. Art. No.: CD004097. DOI: 10.1002/14651858.CD004097.pub4.

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Notes for editors

1. The Cochrane Library contains high quality health care information, including Systematic Reviews from The Cochrane Collaboration. These Reviews bring together research on the effects of health care and are considered the gold standard for determining the relative effectiveness of different interventions. The Cochrane Collaboration (<http://www.cochrane.org>) is a UK registered international charity and the world's leading producer of systematic Reviews. It has been demonstrated that Cochrane Systematic Reviews are of comparable or better quality and are updated more often than the Reviews published in print journals^a.
2. The Cochrane Library can be accessed at <http://www.thecochranelibrary.com>. Guest users may access abstracts for all Reviews in the database, and members of the media may request full access to the contents of the Library. For further information, see contact details below.

A number of countries have national provisions by which some or all of their residents are able to access The Cochrane Library for free. These include:

Australia	http://www.nicsl.com.au/Cochrane
England	http://www.library.nhs.uk
Finland	http://www.terveysportti.fi
India	http://www.icmr.nic.in/
Ireland	http://www.thecochranelibrary.com
Latin and Central America and Caribbean	http://cochrane.bireme.br
New Zealand	http://www.moh.govt.nz/cochranelibrary or http://www.nzgg.org.nz/ or http://www.cochrane.org.nz/
Norway	http://www.cochrane.no
Poland	http://www.aotm.gov.pl
Scotland	http://www.nes.scot.nhs.uk
Spain	http://www.update-software.com/Clibplus/ClibPlus.asp
South Africa	http://www.sahealthinfo.org/evidence/databases.htm
Sweden	http://www.sbu.se
Wales	http://www.thecochranelibrary.com
The Canadian Province of New Brunswick	http://www.gnb.ca/0003
The Canadian Northwest Territories, Nunavut, Yukon	http://www.thecochranelibrary.com
The Canadian Province of Saskatchewan	http://www.thecochranelibrary.com
The Canadian Province of Nova Scotia	http://www.library.dal.ca/kellogg/ahkp/cochrane.htm
The US State of Wyoming	http://wyld.state.wy.us/dbloginform.html

3. There are also several programmes, such as the Health InterNetwork Access to Research Initiative (HINARI) that provide access in developing countries. To find out whether your country is included in any of these programmes/provisions, or to learn how to get access if you don't already have it, please visit: <http://www.thecochranelibrary.com>.

If you would like to see a full list of Reviews published in the new issue of The Cochrane Library, or would like to request full access to the contents of The Library, please contact:

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^a Jadad AR, Cook DJ, Jones A, Klassen TP, Tugwell P, Moher M, et al. Methodology and reports of systematic Reviews and meta-analyses: a comparison of Cochrane Reviews with articles published in paper-based journal.