

Editorial

Nutrition is still the foundation of type 2 diabetes treatment

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Type 2 diabetes (T2D) has a devastating effect on societies due to its high prevalence, multiple organic complications, and high morbidity and mortality burden. In Colombia, recent population-based surveys have estimated the adult urban prevalence of diabetes at a figure between 10% and 11% (1,2), which represents between 3.5 and 3.9 million affected individuals. Diabetes complications are serious, lethal, and disabling and carry an enormous burden of costs for the health system. More importantly, they are almost entirely preventable through integral metabolic control. Data from the Colombian health system demonstrate that sustained attainment of a triple goal –encompassing systolic blood pressure <130 mmHg, HbA1c <7.0%, and LDL cholesterol <100 mg/dL– results in a substantial reduction of total mortality, reaching up to 81% over 4 years (3). However, only one in four patients with diabetes in the Colombian system reaches and sustains such a basic triple goal (4).

One of the main barriers to effective diabetes control is the lack of emphasis and scientific approach that historically has been given to

non-pharmacological diabetes management. Compared to the amount and quality of education on medications, the training that we physicians have traditionally received concerning nutrition and physical activity is almost negligible (5). In addition, the participation of non-medical professionals has not been incorporated or valued enough in healthcare teams (6), resulting in insufficient results for patients and additional burdens for health systems. In an analysis of usual dietary intake by patients with diabetes in the five main cities of Colombia, the proportion not reaching recommended goals for saturated fats (94.4%), sodium (86.7%), fiber (84.4%), and trans fats (80%) was unacceptably high (2).

With the objective of closing this knowledge and action gap, this number of the Revista Colombiana de Endocrinología, Diabetes y Metabolismo hosts the “Expert consensus on medical nutrition therapy for people with type 2 diabetes” (7). This consensus provides guidance on concrete actions for the nutritional management of people with T2D from the first level of attention up. It was developed following a clear and detailed

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methodology and contains sections on topics of great relevance and timeliness, such as specific dietary patterns (Mediterranean, low-carb, plant-based, intermittent fasting, keto, paleo, etc.), chrononutrition, drug-nutrition interactions, non-caloric sweeteners, supplements, and specialized medical foods.

We believe the consensus will provide clear, practical, and solid recommendations that facilitate advances towards better metabolic control among patients with diabetes in our country. After all, and despite the major recent pharmacological advances, nutrition is still the foundation of type 2 diabetes treatment.

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Ethical implications

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