

Dutch dietary guidelines for people with type 2 diabetes

No. 2021/41e, The Hague, November 16, 2021

Executive summary

Health Council of the Netherlands



In the *Dutch dietary guidelines 2015*, the Health Council specifies the recommended intake of foods and beverages to prevent chronic diseases. These guidelines are meant for the general population. This includes people with type 2 diabetes, a condition that affects around one million people in the Netherlands. At the time, it was not separately assessed whether the *Dutch dietary guidelines* are entirely appropriate for people with type 2 diabetes. For this group, disease-specific adjustments or additions to the *Dutch dietary guidelines* may be required.

At the request of the State Secretary of Health, Welfare and Sport, the Health Council is now advising on this matter. The Permanent Committee on Nutrition prepared the advisory report.

Striving for weight reduction

A large number of people with type 2 diabetes are overweight or obese, and weight reduction can have significant health benefits for these people. People's energy balance is inextricably linked to dietary intake, which is why the Committee has also addressed weight reduction for people with type 2 diabetes in this advisory report. In case of overweight or obesity, the Committee recommends to strive for a weight reduction of at least 5%, and to maintain this in the long term. For people that aim to lose weight, an energy-restricted diet can be compiled based on the *Dutch dietary guidelines*. However, weight reduction is complex and usually requires addressing multiple factors, including lifestyle-related factors, at the same time. The Committee stresses that a multi-factorial approach is important, but does not discuss the broad range of options that can

contribute to weight reduction and maintenance in this advisory report.

No deviations from the *Dutch dietary guidelines* needed

Foods and beverages

The *Dutch dietary guidelines 2015* contain several guidelines for the intake of foods and beverages. Of these, the Committee evaluated the guidelines relating to vegetables, fruit, whole grain foods, legumes, sugar-containing beverages, dairy products, coffee and salt for people with type 2 diabetes. This selection was based on existing dietary guidelines for people with type 2 diabetes and on the expert judgement of the Committee.

The Committee evaluated the effects of these foods and beverages on the same outcome measures as used in the *Dutch dietary guidelines*: mortality and morbidity caused by the top ten chronic diseases in the Netherlands,



body weight, LDL cholesterol and blood pressure. For this advisory report it also examined, among other things, the effects on glucose metabolism. The Committee found a limited number of studies in people with type 2 diabetes that addressed these outcome measures, and although too little research had been done to arrive at a conclusion in some cases, the outcomes were, generally speaking, in accordance with the *Dutch dietary guidelines*. The Committee therefore sees no reason to deviate from the *Dutch dietary guidelines 2015* for people with type 2 diabetes.

Dietary patterns

The *Dutch dietary guidelines* make the overarching recommendation to eat more plant-based foods and fewer animal-based foods, based on evaluations of studies on different dietary patterns, such as Mediterranean, DASH (Dietary Approaches to Stop Hypertension) and vegetarian dietary patterns. Based on existing dietary guidelines for people with type 2 diabetes, the Committee

concludes that this overarching recommendation also applies to people with type 2 diabetes.

A carbohydrate-restricted dietary pattern was not evaluated for the *Dutch dietary guidelines*, but is covered in existing dietary guidelines for people with type 2 diabetes. The Committee has therefore considered whether to include carbohydrate restriction in the *Dutch dietary guidelines for people with type 2 diabetes*.

The studies evaluated by the Committee included either severe or moderate carbohydrate restrictions, replacing carbohydrates with fats, proteins or both. Both the carbohydrate-restricted diets and the diets with which they were compared were, in general, calorie-restricted diets. The Committee can therefore only make statements about the effects of prescribing a carbohydrate restriction in conjunction with energy restriction. The participants in the studies had type 2 diabetes and were overweight or obese. The studies show that for these people, severe carbohydrate restriction can contribute to weight reduction in

the short term (3 to 6 months) and, possibly as a result, improve glucose metabolism compared to a different dietary pattern. However, the studies show there is no difference any more when comparing severe or moderate carbohydrate restriction for 12 months to other dietary patterns. Therefore, for the promotion of long-term health, the Committee sees no reason to recommend severe or moderate carbohydrate restriction for people with type 2 diabetes. There are hardly any studies on the health effects of long-term severe or moderate carbohydrate restriction.

People with type 2 diabetes who wish to reduce their energy intake are advised to do so under the guidance of a dietician. A dietician can ensure that the *Dutch dietary guidelines* are taken into account in the compilation of the diet, and that the diet provides sufficient quantities of important nutrients, including for people who prefer to reduce their energy intake by restricting their carbohydrate intake.



Integrated approach

The Committee's recommendations can be used in public information on nutrition and nutritional care for people with type 2 diabetes, for example by the Netherlands Nutrition Centre and dietitians. The Committee stresses that other lifestyle-related factors, such as physical activity, are also important for people with type 2 diabetes. In treating type 2 diabetes, the *Dutch dietary guidelines* should therefore be part of a broader set of interventions that also focus on other lifestyle-related factors.



The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is “to advise the government and Parliament on the current level of knowledge with respect to public health issues and health (services) research...” (Section 22, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare and Sport, Infrastructure and Water Management, Social Affairs and Employment, and Agriculture, Nature and Food Quality. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity. The reports are available to the public.

This publication can be downloaded from www.healthcouncil.nl.

Preferred citation:

Health Council of the Netherlands. Dutch dietary guidelines for people with type 2 diabetes.

The Hague: Health Council of the Netherlands, 2021; publication no. 2021/41e.

All rights reserved

