

The House of Representatives
Standing Committee on Health, Aged Care and Sport
PO Box 6021, Parliament House
CANBERRA ACT 2600

Parliamentary Inquiry into Diabetes in Australia.

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As a nutritionist specialising in the low carbohydrate lifestyle, I see people who have diabetes or pre-diabetes not only manage, but reverse, their conditions. Many years ago I worked at The International Diabetes Institute and told people with diabetes that fat was the culprit (because that is what I had been taught). I had people with diabetes tell me I was wrong and that sugar was to blame, because they knew what they had eaten in excess prior to diagnosis. This was the first time I ever questioned the narrative I'd learned. Now, having done a lot more independent research, I have concluded that sugar and refined carbohydrates are at the root cause of Type 2 diabetes. And I have seen reversal of diabetes and massive symptom reduction with a low carb approach. I have even witnessed eyesight go from blurry to clear within a matter of days after cutting down on carbohydrates.

I myself was obese and heading towards diabetes. Not only have I found a low carbohydrate lifestyle to be the easiest 'diet' I've ever been on, but it's the only one I have ever managed to sustain (I'm up to 5 years). I know doctors who do not prescribe low carb eating as they don't believe it's sustainable. The question is why? I have a client who came to me because her doctor told her to 'do keto and intermittent fasting' and when she asked how, he said 'Google'. Clearly eating in such a different way to the 'norm' requires support. No matter how appropriate the advice, if there is no guidance or follow up, it will be unlikely to succeed.

Doctors and diabetes specialists need to be educated in this amazing dietary therapy so that they can give their patients the choice to attempt an alternative to medication. It is not just knowing what to eat, but also the psychology behind behaviour change that is crucial to long term success. There are now many low carb products available, and online communities happy to answer questions. It is getting easier and easier to adopt this lifestyle, but will only truly become mainstream when it is endorsed by Government bodies, and relevant health professionals gain the training they need to support their patients.

One of the main problems I see is that doctors are taught to diagnose when a person has diabetes, but not how to help someone with pre-diabetes avoid the progression to diabetes. The introduction of CGMs has helped so many people to discover their personal threshold for carbohydrates and allowed them to alter their diets in such a way that the disease progression can be halted and even reversed. Clearly CGM's are invaluable for Type 1 diabetics, but I can see great value in not only subsidising them for Type 2 diabetics, but also those with insulin resistance or pre-diabetes as an effective preventative strategy.

Although there is plenty of evidence for low carbohydrate diets in those with type two diabetes, it has always been assumed that Type 1 diabetics need 'sufficient' carbohydrates, and they can just adjust their insulin accordingly. The problem is that when their insulin levels get consistently too high, they end up with similar issue to Type 2 diabetics. There is emerging research to show that Type 1 diabetics can safely eat a low carbohydrate diet in conjunction with appropriate medical advice and insulin adjustment to optimise their health and wellbeing (Turton et al, 2023).

In summary, I urge you to consider the value of a low carbohydrate lifestyle as an option for those with all forms of diabetes as well as pre-diabetes. In addition, I suggest wider use of CGM use, low carb training for medical professionals and low carb resources to help support lifestyle change in those who choose to use this effective dietary therapy.