

A New “Old” Method of Glycemic Control in Diabetes: The Very-Low-Carbohydrate Diet!

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While there are certainly risks to sharing information via social media, there can also be benefits. Take parents of children with type 1 diabetes who are always looking for new ways to better control this illness in their offspring. While insulin has been the focus for establishing better control of blood sugars for nearly 100 years, diet is quickly becoming another area for exploration. One way to learn about new dietary treatments is through networks of groups of patients who share information with each

other through the Internet and social media about their dietary habits. Lennerz et al. ([10.1542/peds.2017-3349](#)) surveyed an international social media group of parents of children with type 1 diabetes who they discovered had placed their children on a very-low-carbohydrate diet (VLCD) (≤ 30 grams per day of mostly fibrous vegetables and nuts) for at least three months. Interestingly, a VLCD was a treatment used in the pre-insulin era. The authors identified 131 parents whose children had type 1 diabetes (validated by medical records and provider surveys) and asked detailed questions about the diet their children were on as well as metrics of glycemic control. The study group participants reported their children being on this unique VLCD diet for a mean of 2.2 years and that they had a mean carbohydrate intake of on average 36 grams. What is remarkable is that they also reported that the mean Hgb A1C of children on this diet (average age 16 years), was 5.67% with only a small number of hospitalizations in the past year, 4 for ketoacidosis and 2 for hypoglycemia. You have to be impressed with the low level of HgbA1C achieved in association with this diet as well as the low rate of hospitalizations, despite over 130 children being included in this survey study. Yet it's a survey study and thus does not prove a causal role for the very-low-carbohydrate diet—or does it?

We asked endocrinologist Dr. Joyce Lee and nutritionist Carly Runge to further explore the implications of this study in an accompanying commentary ([10.1542/peds.2018-0957](#)). They share their excitement about the findings in this study but also caution readers to be aware of possible limitations a study like this can

have—such no way to prove that children stayed on this diet for the entire time or what they specifically ate over that time. Drs. Lee and Runge call for a future randomized controlled trial, as should all readers of this study to determine if this diet is really a therapeutic option. While we hope your thoughts about this exciting new “old” dietary finding for managing diabetes stay under control, we also hope you will read the study and commentary in more detail, so you can weigh the benefits and risks of having your patients on a VLCD diet, if they ask you about it as a result of this study gaining the public attention it is likely to do.

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