

Bilaga 1. Metoder för kostregistrering i stora kohortstudier

Avsikten med denna sammanställning är att ge en uppfattning om validiteten i de metoder som använts för att mäta intaget av makronutrientier och fibrer i stora kohortstudier. Vi tar i första hand upp de ”food frequency questionnaires” (FFQ:s) som används i de stora amerikanska kohortstudierna (vilka även influerat FFQ använda i europeiska kohortstudier). För dessa är översikten någorlunda uttömmande. Litteratursökningen har skett via referenslistor i de studier som ingår i rapporten – den uppfyller alltså inte kriterierna för systematisk litteratursökning. Sammanställningen har kompletterats med nedslag i några valideringar av instrument som använts i de europeiska EPIC-studierna samt i studier där instrumentet ”Kristal’s fat related diet behavior” använts för att studera ätbeteende med avseende på fettintag.

1. ”Amerikanska FFQ”

1.1 Olika versioner

Alla de stora amerikanska kohortstudierna mäter kostintag med hjälp av FFQ. Samtliga FFQ som används i dessa studier (och flera av de europeiska) härstammar från en och samma semikvantitativa FFQ. Den sammanhållande kraften i utvecklingen av de amerikanska FFQ är Walter Willett vid Harvard University.

Den första valideringsstudien, publicerad 1985, är den som oftast refereras till i olika publikationer från de stora kohortstudierna [1]. Ursprungsversionen med 61 ”items” har genom åren modifierats och ibland modifierats för att anpassas till olika kulturer. De vanligast använda varianterna är:

- Ursprungsversionen, Willett och medarbetare 1985 [1]
- 116-item-version, Willett och medarbetare 1987 [2]

- 131-item-version, Rimm och medarbetare 1992 [3] och Feskanich och medarbetare 1993 [4]
- Iowa-version, 129 items, Munger och medarbetare 1992 [5]
- Brittisk version, 127 items, Brunner och medarbetare 2001 [6]

1.2 Tillämpningar

Någon variant av Willetts FFQ har använts i åtminstone följande stora kohortstudier, med säkerhet ännu fler (USA om inte annat anges):

- Atherosclerosis Risk in Communities Study (ARIC)
- Cardiovascular Health Study
- Framingham Heart Study
- Health Professionals Study och Health Professionals' Follow-Up Study
- Iowa Women's Health Study
- Nurses' Health Study
- Physicians' Health Study
- Women's Health Study
- Whitehall II, Storbritannien

1.3 Studiekarakteristika

Förstaförfattare År, referens	Validering av	Antal personer, kön	Kaloriintag per dag enligt FFQ
Willet 1985 [1]	Makronutrient, fibrer	173 kvinnor ^a	1 371–1 418 kcal
Willet 1987 [2]	Makronutrient, fibrer	15 kvinnor 12 män	2 114 kcal
Salvini 1989 [7]	Livsmedel	173 kvinnor ^a	Ingen uppgift
Giovanucci 1991 [8]	Alkohol	173 kvinnor ^a , 136 män	Ingen uppgift
Rimm 1992 [3]	Makronutrient, fibrer	127 män ^b	2 014–2 092 kcal

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Tabell 1.3 fortsättning

Förstaförfattare År, referens	Validering av	Antal personer, kön	Kaloriintag per dag enligt FFQ
Munger 1992 [5]	Makronutrientier, fibrer, alkohol	56 kvinnor	1 767–1 793 kcal
Feskanich 1993 [4]	Livsmedel	127 män ^b	Ingen uppgift
Hu 1999 [9]	Livsmedel och kostmönster	127 män ^b	Ingen uppgift
Liu 2001 [10]	Glycemic load	185 kvinnor	Ingen uppgift
Brunner 2001 [6]	Makronutrientier och fibrer	860 män och kvinnor	2 290 kcal

^a Troligen samma grupp kvinnor i tre studier.

^b Troligen samma grupp män i tre studier.

1.4 Reproducerbarhet

Första- författare Referens	Korrelations- koefficient mellan mätningarna, genomsnitt	Särskilt låg korrelation	Särskilt hög korrelation
Willett* [1]	Cirka 0,60	Fleromättat fett (0,45)	Kolhydrater, totalt (0,72)
Salvini [7]	0,57	Grönsaker, bönor (0,28–0,58)	Drycker (0,74–0,93)
Rimm* [3]	0,60	Fleromättat fett (0,44)	Kolhydrater (0,81)
Hu [9]	Cirka 0,60	Grönsaker (0,32)	Kaffe (0,92)
Munger [5]	0,61–0,76	Mättat fett (0,45–0,70)	Alkohol (0,99)

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Tabell 1.4 fortsättning

Första-författare Referens	Korrelations-koefficient mellan mätningarna, genomsnitt	Särskilt låg korrelation	Särskilt hög korrelation
Giovannucci [8]	Kvinnor 0,90 Män 0,92	Kvinnor starksprit (0,78) Män vin (0,85)	Kvinnor alkohol totalt (0,90) Män alkohol totalt (0,92)
Feskanich [4]	0,59	Grönsaker (oftast 0,20–0,35)	Drycker (oftast 0,70–0,80)

* Energijusterade korrelationskoefficienter.

1.5 Samstämmighet med kostdagbok

Första-författare Referens	Kost-dagbok	Korrelations-koefficient, genomsnitt	Särskilt låg korrelation	Särskilt hög korrelation	Utfall av kate- gorisering
Willett* [1]	4 x 1 vecka	Oftast 0,35–0,50	Total fett (0,35)	Fibrer (0,49)	68–71% i samma eller närliggande kvartil/kvartil
Willett [2]	1 år (!)	0,43–0,61	Protein (0,43)	Fibrer (0,61)	---
Salvini [7]	4 x 1 vecka	0,44–0,52	Grönsaker, bönor (oftast 0,2–0,3)	Drycker (oftast omkring 0,8)	---
Rimm* [3]	2 x 1 vecka	0,60	Fleromättat fett (0,44)	Kolhydrater (0,81)	
Hu [9]	2 x 1 vecka	Prudent diet 0,34–0,41 Western diet 0,51–0,64	---	---	---
Giovannucci [8]	Kvinnor 4 x 1 vecka Män 2 x 1 vecka	Kvinnor 0,90 Män 0,86	---	---	---

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Tabell 1.5 fortsättning

Första-författare Referens	Kost-dagbok	Korrelationskoefficient, genomsnitt	Särskilt låg korrelation	Särskilt hög korrelation	Utfall av kategorisering
Feskanich [4]	2 x 1 vecka	0,63	Grönsaker och bönor (oftast 0,2–0,3)	Drycker (oftast 0,7–0,85)	---
Brunner* [6]	7 dagar	Oftast 0,35–0,5	Proteiner (0,34–0,37)	Fibrer (0,60–0,62)	Andel i samma kvartil 32–42%, andel i motsatt extremkvartil 2–7%

* Energijusterade korrelationskoefficienter.

^a Troligen samma grupp kvinnor i tre studier.

^b Troligen samma grupp män i tre studier.

1.6 Samstämmighet med biomarkörer

Första-författare Referens	Kostvariabel	Biomarkör	Korrelation
Hu [9]	Kostmönster (Prudent/Western pattern)	Kolesterol Triacylglycerol	Svaga korrelationer (0,03–0,24) i "rätt" riktning
Giovanucci [8]	Alkoholintag	HDL-kolesterol	r=0,40
Liu [10]	Glycemic load (GL) och glycemic index (GI)	Triacylglycerol HDL-kolesterol	GL p<0.001 respektive p=0.03 GI p=0.03 respektive 0.10
Brunner [6]	Intag av fetter/fettsyror	Fettsyror	Män r=0,3–0,5 Kvinnor r=0,4–0,7

* Energijusterade korrelationskoefficienter.

HDL = High density lipoprotein

1.7 Övriga valideringar

Förstaförfattare Referens	Validering mot	Korrelation	Särskilt låg korrelation	Särskilt hög korrelation
Munger* [5]	5 x 24 timmar recall	Oftast 0,4–0,6	Protein (0,16)	Enkelomättat fett (0,62)

* Energijusterade korrelationskoefficienter.

2. EPIC

2.1 Varianter och tillämpningar

De europeiska kohortstudier som är knutna till EPIC (The European Prospective Investigation into Cancer and Nutrition) har använt olika instrument för kostregistreringar. Av publicerad litteratur framgår det inte om det förekommit någon form av samordning när de tagits fram. Här presenteras valideringsdata från tre av dem:

- Malmö Diet Study, Elmståhl och medarbetare 1996 [11] och Riboli och medarbetare 1997 [12].
- EPIC Dutch cohorts, Ocké och medarbetare 1997, 1997 [13,14].
- EPIC-Potsdam Study, Tyskland, Kroke och medarbetare 1999 [15].

2.2 Studiekarakteristika

EPIC-center	Förstaförfattare, år Referens	Validering av	Antal pers., kön	Kaloriintag per dag, FFQ
Malmö	Riboli, 1997 [11,12]	Makronutrienten, fibrer, alkohol	680 män och kvinnor	Män 2 771–3 093 kcal Kvinnor 1 768–2 039 kcal
Dutch	Ocké, 1997 [13]	Livsmedel	63 män 58 kvinnor	Ingen uppgift

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Tabell 2.2 fortsättning

EPIC-center	Förstaförfattare, år Referens	Validering av	Antal pers., kön	Kaloriintag per dag, FFQ
Dutch	Ocké, 1997 [14]	Makronutrient, fibrer, alkohol	63 män 58 kvinnor	Män 2 770 kcal Kvinnor 1 900 kcal
Potsdam, Tyskland	Kroke, 1999 [15]	Makronutrient, fibrer, alkohol	75 män 59 kvinnor	2 160 kcal (könen inte särredovisade)

2.3 Reproducerbarhet

Förstaförfattare Referens	Korrelationskoefficient mellan mätningarna, genomsnitt	Särskilt låg korrelation	Särskilt hög korrelation
Ocké* [13]	Oftast 0,6–0,8	Fisk hos män (0,45–0,49)	Alkohol (0,91)
Ocké* [14]	Män oftast 0,64–0,80 Kvinnor oftast 0,7–0,85	Fett hos män (0,64)	Alkohol (0,89–0,94)

* Energijusterade korrelationskoefficienter.

2.4 Samstämmighet med andra kostregistreringsmetoder

Förstaförfattare Referens	Valideringsmetod	Korrelationskoefficient, genomsnitt	Särskilt låg korrelation	Särskilt hög korrelation	Utfall av kategorisering
Ocké* [13]	12 st 24 timmar recall	Män 0,61 Kvinnor 0,53	Grönsaker och fisk (0,21–0,37)	Alkohol, mjölk, bröd (0,71–0,91)	---
Ocké* [14]	12 st 24 timmar recall	Män 0,59 Kvinnor 0,58	Fett (0,61–0,63)	Alkohol (0,85–0,87)	---

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Tabell 2.4 fortsättning

Första-författare Referens	Valideringsmetod	Korrelationskoefficient, genomsnitt	Särskilt låg korrelation	Särskilt hög korrelation	Utfall av kategorisering
Ocké* [14]	Bio-markörer	Kväveintag vs U-kväve 0,37–0,56	---	---	---
Riboli* [12]	Kostvägningar 6 x 3 dagar	Enbart FFQ oftast 0,5–0,7 FFQ + kostregistrering oftast 0,5–0,75	Fett hos kvinnor vid enbart FFQ (0,22–0,37)	Alkohol (0,67–0,86)	Enbart FFQ: samma eller närliggande kvartil 81–83%, motsatt extremkvartil 4–5% FFQ + kostregistrering: samma eller närliggande kvartil 81–83%, motsatt extremkvartil 5–6%
Riboli* [12]	Bio-markörer (fettfraktioner)	Enbart FFQ oftast 0,55–0,62 FFQ + kostregistrering 0,40–0,56	---	---	---
Kroke [15]	3 st 24 tim recall	Oftast 0,55–0,70	Kolhydrater (0,58)	Alkohol (0,86)	Samma eller närliggande kvartil oftast omkr 75%, motsatt extremkvartil 0–4%
Kroke [15]	Bio-markörer	Proteinintag vs U-kväve r=0,46 Energiintag vs dubbelmärkt vatten r=0,48	---	---	Proteinintag 23% lägre och energiintag 22% lägre med FFQ än med dubbelmärkt vatten

* Energijusterade korrelationskoefficienter.

3. ”Kristal’s fat-related diet behavior”

3.1 Tillämpningar

”Kristal’s fat-related diet behavior” lanserades 1990 som ett instrument att mäta ätbeteende med avseende på totalt fettintag snarare än kostens innehåll av makronutrientier [16]. Det har sedan dess använts i bl a några av de studier av lågfettkost som ingår in denna rapport [17–19].

3.2 Studiekarakteristika

Förstaförfattare, år Referens	Validering av	Antal personer, kön	Energiintag per dag, FFQ
Kristal, 1990 [16]	Makronutrientier, fibrer, alkohol	99 kvinnor 45–59 år	Anges inte (27–40 E% från fett)

3.3 Reproducerbarhet

Första-författare Referens	Korrelations-koefficient mellan mätningarna	Särskilt låg korrelation	Särskilt hög korrelation
Kristal [13]	Intern konsistens 0,54–0,76 Test-retestreliabilitet 0,67–0,90	Endast totalt fettintag testat	Endast totalt fettintag testat

3.4 Samstämmighet med andra kostregistreringsmetoder

Första-författare Referens	Validerings- metod	Korr-koefficient	Utfall av kategorisering
Kristal [13]	4-dagars kostregistrering vid två tillfällen samt FFQ vid ett tillfälle (endast analyserat totalt fettintag)	0,68 ojusterat; 0,60 efter justering för ålder, inkomst och BMI	Anges inte, men 5 kategorier utifrån Kristalskalan skiljer sig tydligt i E% fett

BMI = Body mass index

4. Sammanfattande kommentarer

4.1 Allmänt om studierna

- De amerikanska valideringsstudierna är många men de flesta utgår från samma material (för kvinnor Nurses' Health Study och för män Health Professionals' Study). Att de kommer till likartade resultat är därför inte förvånande.
- De flesta valideringsstudierna är genomförda på amerikansk hälso- och sjukvårdspersonal. De är därför relevanta för de kohortstudier som genomförts inom dessa grupper, men är inte säkert representativa för befolkningen i stort.
- I regel har bara en mindre del (typiskt 20–25 procent) av de inbjudna accepterat att delta i och fullföljt dessa krävande studier. De avspeglar alltså förhållandena hos en alldeles särskild grupp envetna människor.
- Det mycket låga energiintaget registrerat i Willetts första FFQ-version från 1985 har ofta framförts som argument mot metoden. Senare FFQ-studier (med utvidgade instrument) har dock inte visat extremt låga energiintag.

4.2 Reproducerbarheten

Reproducerbarheten, dvs möjligheten till samma svar vid upprepade mätningar, mäts typiskt efter 6 eller 12 månader för att undvika att man minns svaren vid föregående registrering. Ändrade kostvanor kan därför influera utfallet. Å andra sidan handlar kohortstudierna om utfall på många års sikt och en intraindividuell variation blir en faktor att räkna med.

I regel är reproducerbarheten:

- måttlig med korrelationskoefficienter 0,5–0,6
- lägre ju längre tid som förflyter mellan kostmätningarna (i de flesta studier är intervallet 6–12 mån; typiskt sjunker korrelationskoefficienten med 0,02–0,10 från 6 till 12 månader [14])

- högre för frekventa än för mindre frekventa livsmedel
- högst för drycker (mjölk, kaffe, alkohol)
- lägst för grönsaker
- lägre för fetter än för proteiner och kolhydrater.

4.3 Referensmetoder som använts

- Den klart vanligaste referensmetoden är upprepade 1-veckors kostdagböcker, men även 24 timmar ”recall” och biomarkörer förekommer.
- Referensmetoderna kostdagbok och 24 timmar ”recall” är i sig metoder som är behäftade med allvarliga felkällor – ingen av dem utgör gyllene standard. Upprepade kostregistreringar tenderar att minska felen.
- Kostvägningar närmar sig gyllene standard. De har använts bara i en av dessa studier [12].
- De biomarkörer som använts är ofta mycket ospecifika – de påverkas av så mycket annat än kosten.

4.4 Korrelationer till referensmetoder

Det är slående att korrelationerna mellan FFQ och kostdagbok i stort följer samma mönster som FFQ:s reproducerbarhet. De korrelationer som anges rör oftast den/de sista mätningen/arna av flera, något som tenderar driva r-värdena uppåt.

Korrelationerna är:

- typiskt i storleksordningen 0,4–0,6; de får betecknas vara måttliga.
- genomgående högst för drycker (kaffe, mjölk och särskilt alkohol)
- ofta låga för fetter och grönsaker
- relativt höga för fibrer
- utan uppenbara könsskillnader.

FFQ:s korrelationer är lägre till biomarkörer än till kostregistreringar.

Av ett par av artiklarna [4,5,7] framgår att livsmedel som allmänt anses vara nyttiga överskattas och onyttiga underskattas i FFQ-mätningarna. Till de förra hör frukt (+85 procent) och grönsaker (+102 procent), till de senare mejeriprodukter, ägg, kött och starksprit [4].

4.5 Felklassificeringar i kohortstudier

Det framhålls ofta att FFQ inte primärt är avsett för mätningar av absolut intag av livsmedel/nutrientier. Istället är det relativa skillnader man är ute efter. Därför klassificeras studiedeltagarna i kvartiler eller kvintiler.

Risken att helt felklassificeras, dvs hamna i ena extremkvartilen/kvintilen i FFQ trots att man enligt kostdagboken skulle vara i den andra extremen, är cirka 5 procent. Chansen att hamna i samma eller närliggande kvartil/kvintil förefaller vara något större i de europeiska än i de amerikanska studierna. Någon gång är den chansen inte mycket större än vad slumpen ger.

4.6 Metoder att öka precisionen

Ett par metoder brukar användas för att öka precisionen i FFQ-mätningarna:

1. *Energijustering*

I regressionsanalyser justeras intaget av makronutrientier och fibrer för energiintaget. Detta har syftet att minska inflytandet av skillnader i totalt energiintag i epidemiologiska studier, särskilt då inflytandet från de deltagare som rapporterar extremt låga energiintag (denna andel följer sociala mönster, [6]). Effekterna av energijustering varierar kraftigt. Oftast ökar korrelationen till referensmetoden, men den kan också minska påtagligt.

2. *Eliminering av "low energy reporters"*

Basalmetabolismen beräknas utifrån antropometriska data. Personer som rapporterar energiintag <1,2 gånger basalmetabolismen elimineras i beräkningarna. Metoden minskar överensstämmelsen med referensmetoden något. Den har lanserats av brittiska forskare men används sällan [6].

- *Justeringsmetod för intraindividuell variationer ("de-attenuated data")*

Denna justeringsmetod kräver upprepade FFQ-mätningar. Den kan användas både för livsmedel och för makronutrientier. Typiskt ökar korrelationskoefficienterna 0,05–0,15 för vanligt förekommande livsmedel. För livsmedel som konsumeras oregelbundet kan de de-attenuerade värdena sjunka. De-attenuering blir svår/omöjlig när fördelningen är skev och det finns många 0-värden [13].

4.7 Effekten av låg precision i kostmätningar

Vid en "bias factor" på 0,5 (som ofta uppmätts i valideringarna) kommer en sann relativ risk på 2 att reduceras till 1,5 [14]. Möjligheten att påvisa kosteffekter minskas alltså drastiskt, något som kan uppvägas om studiegruppen är mycket stor och variationerna är små. Detta är sällan fallet i studier av diabeteskosters långtidseffekter.

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Bilaga 2. Sökstrategier

Low fat diets – RCT's

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Diabetes mellitus (Me)	AND	Diet, fat restricted (Me)	AND	Randomized controlled trial (PT)
Diabetes (TiAb)		Low-fat (TiAb)		OR Randomized (TiAb)
Diabetic (TiAb)		Fat intake (TiAb)		OR Random (TiAb)
NIDDM (TiAb)		Fats (Me)		OR Randomly (TiAb)
IDDM (TiAb)		Dietary fats (SN)		OR Multicenter (TiAb)
Prediabetic state (Me)		Weight watchers (TiAb)		OR Controlled (Ti)
Hyperglycemia (Me)		New glucose revolution (TiAb)		OR Controlled clinical trial (PT)
Prediabetes (TiAb)		Diabetes mellitus/DH (Me)		OR Multicenter study (PT)
Prediabetic (TiAb)		Diabetic diet (Me)		OR Meta analysis (PT)
Hyperglycemia (TiAb)				OR Prospective (Ti)
Hyperglycemic (TiAb)		Ornish (TiAb)		OR Long term (Ti)
Glucose intolerance (TiAb)		OR Zone (TiAb)		OR Secondary prevention (TiAb)
Impaired fasting glucose (TiAb)		OR Life style (Me)		OR Risk (Ti)
High fasting glucose (TiAb)		AND Diet/s (TiAb)		OR Incidence (Ti)
Impaired fasting plasma glucose (TiAb)				OR Incident (Ti)
High fasting plasma glucose (TiAb)				OR Risk factors (Me)
Impaired fasting blood glucose (TiAb)				OR Review (PT)
High fasting blood glucose (TiAb)				AND Systematic (TiAb)
Impaired glucose tolerance (TiAb)				NOT Cohort studies (Me)
IGT (TiAb)				OR Case control studies (Me)
IFG (TiAb)				OR Observational (Ti)
Insulin resistance (Me, TiAb)				OR Comment (PT)
Metabolic syndrome (TiAb)				OR Letter (PT)
				OR Editorial (PT)
				OR Animals (Me)
				NOT Humans (Me)

("diabetes mellitus"[mesh] OR diabetes[tiab] OR diabetic[tiab] OR NIDDM[tiab] OR IDDM[tiab] OR "prediabetic state"[mesh] OR "hyperglycemia"[mesh] OR "prediabetes"[tiab] OR prediabetic[tiab] OR "hyperglycemia"[tiab] OR "hyperglycemic"[tiab] OR "glucose intolerance"[tiab] OR "impaired fasting glucose"[tiab] OR "high fasting glucose"[tiab] OR "impaired fasting plasma glucose"[tiab] OR "high fasting plasma glucose"[tiab] OR "impaired fasting blood glucose"[tiab] OR "high fasting blood glucose"[tiab] OR "impaired glucose tolerance"[tiab] OR "igt"[tiab] OR "ifg"[tiab] OR "insulin resistance"[mesh] OR "insulin resistance"[tiab] OR "metabolic syndrome"[tiab]) AND ("diet, fat restricted"[mesh] OR "low-fat"[tiab] OR "fat intake"[tiab] OR Fats[mesh] OR "dietary fats"[Substance Name] OR (("ornish"[tiab] OR "zone"[tiab] OR "life style"

[MeSH Major Topic]) AND ("diet"[tiab] OR "diets"[tiab])) OR "weight watchers"[tiab] OR "new glucose revolution"[tiab] OR "diabetes mellitus/diet therapy"[mesh] OR "diabetic diet"[mesh]) AND ("randomized controlled trial"[pt] OR randomized[tiab] OR random[tiab] OR randomly[tiab] OR multicenter[tiab] OR controlled[ti] OR "controlled clinical trial"[pt] OR "multicenter study"[pt] OR (review[pt] AND "systematic"[tiab]) OR "meta analysis"[pt] OR "prospective"[ti] OR "long term"[ti] OR "secondary prevention"[tiab] OR "risk"[ti] OR "incidence"[ti] OR "incident"[ti] OR "risk factors"[mesh]) NOT (("cohort studies"[mesh] OR "case control studies"[mesh] OR "observational"[ti] OR comment[pt] OR letter[pt] OR editorial[pt]) OR ("animals"[mesh] NOT "humans"[mesh]))

Low fat diets – Observational studies

PubMed (NLM) september 2009

Diabetes mellitus (Me)	AND	Diet, fat restricted (Me)	AND	Systematic (SB)
Diabetes (TiAb)		Low-fat (TiAb)		OR Cohort studies (Me)
Diabetic (TiAb)		Fat intake (TiAb)		OR Cohort (Ti)
NIDDM (TiAb)		Fats (Me)		OR Prospective (Ti)
IDDM (TiAb)		Dietary fats (SN)		OR Long term (Ti)
Prediabetic state (Me)		Ornish (TiAb)		OR Observational (Ti)
Hyperglycemia (Me)		Zone (TiAb)		OR Secondary prevention (TiAb)
Prediabetes (TiAb)		Weight watchers (TiAb)		OR Case control (TiAb)
Prediabetic (TiAb)		New glucose revolution (TiAb)		OR Case control studies (Me)
Hyperglycemia (TiAb)				OR Risk (Ti)
Hyperglycemic (TiAb)				OR Incidence (Ti)
Glucose intolerance (TiAb)				OR Incident (Ti)
Impaired fasting glucose (TiAb)				OR Risk factors (Me)
High fasting glucose (TiAb)				OR Review (PT)
Impaired fasting plasma glucose (TiAb)				AND Systematic (TiAb)
High fasting plasma glucose (TiAb)				NOT Randomized controlled trial (PT)
Impaired fasting blood glucose (TiAb)				OR Randomized (Ti)
High fasting blood glucose (TiAb)				OR Comment (PT)
Impaired glucose tolerance (TiAb)				OR Letter (PT)
IGT (TiAb)				OR Editorial (PT)
IFG (TiAb)				OR Animals (Me)
Insulin resistance (Me, TiAb)				NOT Humans (Me)
Metabolic syndrome (TiAb)				

("diabetes mellitus"[mesh] OR diabetes[tiab] OR diabetic[tiab] OR NIDDM[tiab] OR IDDM[tiab] OR "prediabetic state"[mesh] OR "hyperglycemia"[mesh] OR "prediabetes"[tiab] OR prediabetic[tiab] OR "hyperglycemia"[tiab] OR "hyperglycemic"[tiab] OR "glucose intolerance"[tiab] OR "impaired fasting glucose"[tiab] OR "high fasting glucose"[tiab] OR "impaired fasting plasma glucose"[tiab] OR "high fasting plasma glucose"[tiab] OR "impaired fasting blood glucose"[tiab] OR "high fasting blood glucose"[tiab] OR "impaired glucose tolerance"[tiab] OR "igt"[tiab] OR "ifg"[tiab] OR "insulin resistance"[mesh] OR "insulin resistance"[tiab] OR "metabolic syndrome"[tiab]) AND ("diet, fat restricted"[mesh] OR "low-fat"[tiab] OR "fat intake"[tiab] OR Fats[mesh] OR "dietary fats"[Substance Name] OR "ornish"[tiab] OR "zone"[tiab] OR "weight watchers"[tiab] OR "new glucose revolution"[tiab]) AND ((review[pt] AND "systematic"[tiab]) OR systematic[sb] OR "cohort studies"[mesh] OR "cohort"[ti] OR "prospective"[ti] OR "long term"[ti] OR "observational"[ti] OR "secondary prevention"[tiab] OR "case control"[tiab] OR "case control studies"[mesh] OR "risk"[ti] OR "incidence"[ti] OR "incident"[ti] OR "risk factors"[mesh]) NOT (("randomized controlled trial"[pt] OR randomized[ti] OR comment[pt] OR letter[pt] OR editorial[pt]) OR ("animals"[mesh] NOT "humans"[mesh]))

Low fat diets – RCT's

EMBASE.COM (Elsevier) september 2009

Diabetes mellitus (Exp)	AND	Low fat diet (TiAb, De)	AND	Controlled clinical trial (Exp)
Hyperglycemia (TiAb, De)		Diabetic diet (TiAb, De)		OR Meta analysis (De)
Diabetes (TiAb)		Fat (De)		OR Systematic review (TiAb, De)
Diabetic (TiAb)		Fat intake (Exp)		OR Randomized (TiAb)
NIDDM (TiAb)		Diet therapy (De)		OR Randomised (TiAb)
IDDM (TiAb)		Low-fat (TiAb)		OR Random (TiAb)
Prediabetes (TiAb)		Fat intake (TiAb)		OR Randomly (TiAb)
Prediabetic (TiAb)		Weight watchers (TiAb)		OR Controlled (Ti)
Hyperglycemic (TiAb)		New glucose revolution (TiAb)		NOT Cohort analysis (De)
Glucose intolerance (TiAb)				OR Case control study (Exp)
Impaired fasting glucose (TiAb)		Ornish (TiAb)		OR Observational study (De)
High fasting glucose (TiAb)		OR Zone (TiAb)		OR Observational (Ti)
Impaired glucose tolerance (TiAb)		OR Life style (TiAb, De)		OR Letter (De)
		OR Lifestyle modification (De)		OR Editorial (De)
		AND Diet/s (TiAb)		

('diabetes mellitus'/exp OR 'hyperglycemia':ti,ab,de OR 'diabetes':ti,ab OR 'diabetic':ti,ab OR 'NIDDM':ti,ab OR 'iddm':ti,ab OR 'prediabetes':ti,ab OR 'prediabetic':ti,ab OR 'hyperglycemic':ti,ab OR 'glucose intolerance':ti,ab OR 'impaired fasting glucose':ti,ab OR 'high fasting glucose':ti,ab OR 'impaired glucose tolerance':ti,ab) AND ('low fat diet':ti,ab,de OR 'diabetic diet':ti,ab,de OR 'fat':de OR 'fat intake'/exp OR 'diet therapy':de OR 'low-fat':ti,ab OR 'fat intake':ti,ab OR 'weight watchers':ti,ab OR 'new glucose revolution':ti,ab OR (('ornish':ti,ab OR 'zone':ti,ab OR 'life style':ti,ab,de OR 'lifestyle modification':de) AND ('diet':ti,ab OR 'diets':ti,ab))) AND ('controlled clinical trial'/exp OR 'meta analysis':de OR 'systematic review':ti,ab,de OR 'randomized':ti,ab OR 'randomised':ti,ab OR 'random':ti,ab OR 'randomly':ti,ab OR 'controlled':ti) NOT ('cohort analysis':de OR 'case control study'/exp OR 'observational study':de OR 'observational':ti OR 'letter':de OR 'editorial':de) AND [embase]/lim

Low fat diets – Observational studies

EMBASE.COM (Elsevier) september 2009

Diabetes mellitus (Exp)	AND	Low fat diet (TiAb, De)	AND	Cohort analysis (De)
Hyperglycemia (TiAb, De)		Diabetic diet (TiAb, De)		OR Case control study (Exp)
Diabetes (TiAb)		Fat (De)		OR Observational study (De)
Diabetic (TiAb)		Fat intake (Exp)		OR Observational (Ti)
NIDDM (TiAb)		Diet therapy (De)		OR Meta analysis (De)
IDDM (TiAb)		Low-fat (TiAb)		OR Systematic review (TiAb, De)
Prediabetes (TiAb)		Fat intake (TiAb)		NOT Controlled clinical trial (Exp)
Prediabetic (TiAb)		Weight watchers (TiAb)		OR Randomized (Ti)
Hyperglycemic (TiAb)		New glucose revolution (TiAb)		OR Randomised (Ti)
Glucose intolerance (TiAb)				OR Letter (De)
Impaired fasting glucose (TiAb)		Ornish (TiAb)		OR Editorial (De)
High fasting glucose (TiAb)		OR Zone (TiAb)		
Impaired glucose tolerance (TiAb)		OR Life style (TiAb, De)		
		OR Lifestyle modification		
		AND Diet/s (TiAb)		

('diabetes mellitus'/exp OR 'hyperglycemia':ti,ab,de OR 'diabetes':ti,ab OR 'diabetic':ti,ab OR 'NIDDM':ti,ab OR 'iddm':ti,ab OR 'prediabetes':ti,ab OR 'prediabetic':ti,ab OR 'hyperglycemic':ti,ab OR 'glucose intolerance':ti,ab OR 'impaired fasting glucose':ti,ab OR 'high fasting glucose':ti,ab OR 'impaired glucose tolerance':ti,ab) AND ('low fat diet':ti,ab,de OR 'diabetic diet':ti,ab,de OR 'fat':de OR 'fat intake'/exp OR 'diet therapy':de OR 'low-fat':ti,ab OR 'fat intake':ti,ab OR 'weight watchers':ti,ab OR 'new glucose revolution':ti,ab OR (('ornish':ti,ab OR 'zone':ti,ab OR 'life style':ti,ab,de OR 'lifestyle modification':de) AND ('diet':ti,ab OR 'diets':ti,ab))) AND ('cohort analysis':de OR 'case control study'/exp OR 'observational study':de OR 'observational':ti OR 'meta analysis':de OR 'systematic review':ti,ab,de) NOT ('controlled clinical trial'/exp OR 'randomized':ti OR 'randomised':ti OR 'letter':de OR 'editorial':de) AND [embase]/lim

Low fat diets

Cochrane central registry of controlled trials (CENTRAL; wiley) september 2009

Diabetes mellitus (KW)	AND	Diet, fat restricted (KW)	NOT	Meeting (SO)
Diabetes mellitus, type 1 (KW)		Diabetic diet (TiAb, KW)		Conference (SO)
Diabetes mellitus, type 2 (KW)		Low fat (TiAb)		Abstract (Ti)
Prediabetic state (KW)		Fat intake (Ti)		Proceedings (SO)
Hyperglycemia (Ti, KW)		Weight watchers (Ti)		
Diabetes (Ti)		New glucose revolution (Ti)		Congress (TiAb)
Diabetic/s (Ti)				OR Meeting (TiAb)
NIDDM (Ti)		Ornish (TiAb)		OR Proceedings (TiAb)
IDDM (Ti)		OR Zone (TiAb)		AND International (TiAb)
Prediabetes (Ti)		OR Life style (TiAb, KW)		OR World (TiAb)
Prediabetic (Ti)		AND Diet/s (Ti)		OR Annual (TiAb)
Hyperglycemic (Ti)				
Glucose intolerance (Ti)				
Impaired fasting glucose (Ti)				
High fasting glucose (Ti)				
Impaired glucose tolerance (Ti)				

((diabetes mellitus):kw OR (diabetes mellitus, type 1):kw OR (diabetes mellitus, type 2):kw OR (prediabetic state):kw OR (hyperglycemia):ti,kw OR (diabetes):ti OR (diabetic):ti OR (diabetics):ti OR (NIDDM):ti OR (IDDM):ti OR (prediabetes):ti OR (prediabetic):ti OR (hyperglycemic):ti OR (glucose intolerance):ti OR (impaired fasting glucose):ti OR (high fasting glucose):ti OR (impaired glucose tolerance):ti) AND ((diet, fat restricted):kw OR (diabetic diet):ti,ab,kw OR (low fat):ti,ab OR (fat intake):ti OR (weight watchers):ti OR (new glucose revolution):ti OR (((ornish):ti,ab OR (zone):ti,ab OR (life style):ti,ab,kw) AND ((diet):ti OR (diets):ti))) NOT ((meeting):so OR (conference):so OR (abstract):ti OR (proceedings):so OR (((congress):ti,ab OR (meeting):ti,ab OR (proceedings):ti,ab) AND ((international):ti,ab OR (world):ti,ab OR (annual):ti,ab)))

Low carbohydrate diets

PubMed (NLM) september 2009

Diabetes mellitus (Me)	AND	Diet, carbohydrate restricted (Me)	AND	Randomized controlled trial (PT)
Diabetes (TiAb)		Carbohydrate restricted (TiAb)		OR Randomized (TiAb)
Diabetic (TiAb)		Low carbohydrate (TiAb)		OR Random (TiAb)
NIDDM (TiAb)		Low carb (TiAb)		OR Randomly (TiAb)
IDDM (TiAb)		South beach (TiAb)		OR Multicenter (TiAb)
Prediabetic state (Me)		Atkins diet (TiAb)		OR Controlled (Ti)
Hyperglycemia (Me, TiAb)		High fat diet (TiAb)		OR Controlled clinical trial (PT)
Prediabetes (TiAb)		High protein diet (TiAb)		OR Multicenter study (PT)
Prediabetic (TiAb)		LCHF (TiAb)		OR Meta analysis (PT)
Hyperglycemic (TiAb)		LCHP (TiAb)		OR Cohort studies (Me)
Glucose intolerance (TiAb)		LCKD (TiAb)		OR Cohort (Ti)
Impaired fasting glucose (TiAb)		Ketogenic diet (TiAb)		OR Prospective (Ti)
High fasting glucose (TiAb)		Dietary carbohydrates (Me)		OR Long term (Ti)
Impaired fasting plasma glucose (TiAb)				OR Observational (Ti)
High fasting plasma glucose (TiAb)		Dietary fats (Me)		OR Secondary prevention (TiAb)
Impaired fasting blood glucose (TiAb)		OR Dietary proteins (Me)		OR Case control (Ti)
High fasting blood glucose (TiAb)		AND Carbohydrate/s (TiAb)		OR Case control studies (Me)
Impaired glucose tolerance (TiAb)		OR Carb/s (Ti)		OR Risk (Ti)
IGT (TiAb)		OR Carbohydrates (Me)		OR Incidence (Ti)
IFG (TiAb)				OR Incident (Ti)
Insulin resistance (Me, TiAb)				OR Risk factors (Me)
Metabolic syndrome (TiAb)				OR Review (PT)
				AND Systematic (TiAb)
				NOT Comment (PT)
				OR Letter (PT)
				OR Editorial (PT)
				OR Animals (Me)
				NOT Humans (Me)

("diabetes mellitus"[mesh] OR diabetes[tiab] OR diabetic[tiab] OR NIDDM[tiab] OR IDDM[tiab] OR "prediabetic state"[mesh] OR "hyperglycemia"[mesh] OR "prediabetes"[tiab] OR prediabetic[tiab] OR "hyperglycemia"[tiab] OR "hyperglycemic"[tiab] OR "glucose intolerance"[tiab] OR "impaired fasting glucose"[tiab] OR "high fasting glucose"[tiab] OR "impaired fasting plasma glucose"[tiab] OR "high fasting plasma glucose"[tiab] OR "impaired fasting blood glucose"[tiab] OR "high fasting blood glucose"[tiab] OR "impaired glucose tolerance"[tiab] OR "igt"[tiab] OR "ifg"[tiab] OR "insulin resistance"[mesh] OR "insulin resistance"[tiab] OR "metabolic syndrome"[tiab]) AND ("diet, carbohydrate restricted"[mesh] OR "carbohydrate restricted"[tiab] OR "low carbohydrate"[tiab] OR "low carb"[tiab] OR "south beach"[tiab] OR "atkins diet"[tiab] OR "high fat diet"[tiab] OR "high protein diet"[tiab] OR "lchf"[tiab] OR "lchp"[tiab] OR "lckd"[tiab]

OR "ketogenic diet"[tiab] OR "dietary carbohydrates"[mesh] OR (("dietary fats"[mesh] OR "dietary proteins"[mesh]) AND (carbohydrate[tiab] OR carbohydrates[tiab] OR carb[ti] OR carbs[ti] OR carbohydrates[mesh]))) AND ("randomized controlled trial"[pt] OR randomized[tiab] OR random[tiab] OR randomly[tiab] OR multicenter[tiab] OR controlled[ti] OR "controlled clinical trial"[pt] OR "multicenter study"[pt] OR (review[pt] AND "systematic"[tiab]) OR "meta analysis"[pt] OR "cohort studies"[mesh] OR "cohort"[ti] OR "prospective"[ti] OR "long term"[ti] OR "observational"[ti] OR "secondary prevention"[tiab] OR "case control"[tiab] OR "case control studies"[mesh] OR "risk"[ti] OR "incidence"[ti] OR "incident"[ti] OR "risk factors"[mesh]) NOT ((comment[pt] OR letter[pt] OR editorial[pt]) OR ("animals"[mesh] NOT "humans"[mesh]))

Low carbohydrate diets

EMBASE.COM (Elsevier) september 2009

Diabetes mellitus (Exp)	AND	Low carbohydrate diet (De)	AND	Controlled clinical trial (Exp)
Hyperglycemia (De, TiAb)		Carbohydrate restricted (TiAb)		OR Meta analysis (De)
Diabetes (TiAb)		Low carbohydrate (TiAb)		OR Systematic review (TiAb, De)
Diabetic (TiAb)		Low carb (TiAb)		OR Randomized (TiAb)
NIDDM (TiAb)		Low-carbohydrate (TiAb)		OR Randomised (TiAb)
IDDM (TiAb)		Low-carb (TiAb)		OR Random (TiAb)
Prediabetes (TiAb)		South beach diet (TiAb)		OR Randomly (TiAb)
Prediabetic (TiAb)		Atkins diet (TiAb)		OR Controlled (Ti)
Hyperglycemic (TiAb)		High fat (TiAb)		OR Cohort analysis (De)
Glucose intolerance (TiAb)		High-fat (TiAb)		OR Case control study (Exp)
Impaired fasting glucose (TiAb)		High protein (TiAb)		OR Observational study (De)
High fasting glucose (TiAb)		High-protein (TiAb)		OR Observational (Ti)
Impaired glucose tolerance (TiAb)		Protein rich (TiAb)		NOT Letter (De)
		LCHF (TiAb)		OR Editorial (De)
		LCHP (TiAb)		
		Ketogenic diet (TiAb)		
		LCKD (TiAb)		
		Fatty acid (Exp)		
		AND Carbohydrate (De, TiAb)		
		OR Carbohydrates (TiAb)		

('diabetes mellitus'/exp OR 'hyperglycemia':ti,ab,de OR 'diabetes':ti,ab OR 'diabetic':ti,ab OR 'NIDDM':ti,ab OR 'iddm':ti,ab OR 'prediabetes':ti,ab OR 'prediabetic':ti,ab OR 'hyperglycemic':ti,ab OR 'glucose intolerance':ti,ab OR 'impaired fasting glucose':ti,ab OR 'high fasting glucose':ti,ab OR 'impaired glucose tolerance':ti,ab) AND ('low carbohydrate diet':de OR 'carbohydrate restricted':ti,ab OR 'low carbohydrate':ti,ab OR 'low carb':ti,ab OR 'low-carbohydrate':ti,ab OR 'low-carb':ti,ab OR 'south beach diet':ti,ab OR 'atkins diet':ti,ab OR 'high fat':ti,ab OR 'high-fat':ti,ab OR 'high protein':ti,ab OR 'high-protein':ti,ab OR 'protein rich':ti,ab OR 'lchf':ti,ab OR 'lchp':ti,ab OR 'ketogenic diet':ti,ab OR 'lckd':ti,ab OR ('fatty acid'/exp AND (carbohydrate:ti,ab,de OR carbohydrates:ti,ab))) AND ('controlled clinical trial'/exp OR 'meta analysis':de OR 'systematic review':ti,ab,de OR 'randomized':ti,ab OR 'randomised':ti,ab OR 'random':ti,ab OR 'randomly':ti,ab OR controlled:ti OR 'cohort analysis':de OR 'case control study'/exp OR 'observational study':de OR 'observational':ti) NOT ('letter':de OR 'editorial':de OR rat:ti OR rats:ti OR mouse:ti OR mice:ti) AND [embase]/lim

Low carbohydrate diets

Cochrane central registry of controlled trials (CENTRAL; wiley) september 2009

Diabetes mellitus (KW)	AND	Diet, carbohydrate restricted (KW)	NOT	Meeting (SO)
Diabetes mellitus, type 1 (KW)		Carbohydrate restricted (TiAb)		Conference (SO)
Diabetes mellitus, type 2 (KW)		Low carbohydrate (TiAb)		Abstract (Ti)
Prediabetic state (KW)		Low carb (TiAb)		Proceedings (SO)
Hyperglycemia (Ti,KW)		South beach (TiAb)		Congress (TiAb)
Diabetes (Ti)		Atkins diet (TiAb)		OR Meeting (TiAb)
Diabetic/s (Ti)		High fat diet (TiAb)		OR Proceedings (TiAb)
NIDDM (Ti)		High protein diet (TiAb)		AND International (TiAb)
IDDM (Ti)		LCHF (TiAb)		OR World (TiAb)
Prediabetes (Ti)		LCHP (TiAb)		OR Annual (TiAb)
Prediabetic (Ti)		LCKD (TiAb)		
Hyperglycemic (Ti)		Ketogenic diet (TiAb)		
Glucose intolerance (Ti)		Dietary carbohydrates (KW)		
Impaired fasting glucose (Ti)				
High fasting glucose (Ti)		Dietary fats (KW)		
Impaired glucose tolerance (Ti)		OR Dietary proteins (KW)		
		AND Carbohydrate/s (TiAb)		
		OR Carb/s (Ti)		
		OR Carbohydrates (KW)		

((diabetes mellitus):kw OR (diabetes mellitus, type 1):kw OR (diabetes mellitus, type 2):kw OR (prediabetic state):kw OR (hyperglycemia):ti,kw OR (diabetes):ti OR (diabetic):ti OR (diabetics):ti OR (NIDDM):ti OR (IDDM):ti OR (prediabetes):ti OR (prediabetic):ti OR (hyperglycemic):ti OR (glucose intolerance):ti OR (impaired fasting glucose):ti OR (high fasting glucose):ti OR (impaired glucose tolerance):ti) AND ((diet, carbohydrate restricted):kw OR (carbohydrate restricted):ti,ab OR (low carbohydrate):ti,ab OR (low carb):ti,ab OR (south beach):ti,ab OR (atkins diet):ti,ab OR (high fat diet):ti,ab OR (high protein diet):ti,ab OR (lchf):ti,ab OR (lchp):ti,ab OR (lckd):ti,ab OR (ketogenic diet):ti,ab OR (dietary carbohydrates):kw OR (((dietary fats):kw OR (dietary proteins):kw) AND ((carbohydrate):ti,ab OR (carbohydrates):ti,ab OR (carb):ti OR (carbs):ti OR (carbohydrates):kw))) NOT ((meeting):so OR (conference):so OR (abstract):ti OR (proceedings):so OR (((congress):ti,ab OR (meeting):ti,ab OR (proceedings):ti,ab) AND ((international):ti,ab OR (world):ti,ab OR (annual):ti,ab)))

Individual foods, glycemic index, mufa-enriched food and dietary fiber

PubMed (NLM) september 2009

Diabetes mellitus (Me)	AND	Glycemic index (Ti)	AND	Randomized controlled trial (PT)
Diabetes (TiAb)		OR Glycemic load (Ti)		OR Randomized (TiAb)
Diabetic (TiAb)		OR GI diet (Ti)		OR Random (TiAb)
NIDDM (TiAb)		OR Low sucrose (Ti)		OR Randomly (TiAb)
IDDM (TiAb)		OR Low sugar (Ti)		OR Multicenter (TiAb)
Prediabetic state (Me)		OR Reduced sucrose (Ti)		OR Controlled (Ti)
Hyperglycemia (Me, TiAb)		OR Reduced sugar (Ti)		OR Controlled clinical trial (PT)
Prediabetes (TiAb)		OR MUFA (Ti)		OR Multicenter study (PT)
Prediabetic (TiAb)		OR PUFA (Ti)		OR Meta analysis (PT)
Hyperglycemic (TiAb)		OR Fatty acids (Ti)		OR Cohort studies (Me)
Glucose intolerance (TiAb)		OR Avocado (Ti)		OR Cohort (Ti)
Impaired fasting glucose (TiAb)		OR Peanut butter (Ti)		OR Prospective (Ti)
High fasting glucose (TiAb)		OR Nuts (Ti)		OR Long term (Ti)
Impaired fasting plasma glucose (TiAb)		OR Almonds (Ti)		OR Observational (Ti)
High fasting plasma glucose (TiAb)		AND Diet/s (TiAb)		OR Secondary prevention (TiAb)
Impaired fasting blood glucose (TiAb)				OR Case control (Ti)
High fasting blood glucose (TiAb)		Mediterranean diet (Ti)		OR Case control studies (Me)
Impaired glucose tolerance (TiAb)		South European diet (Ti)		OR Risk (Ti)
IGT (TiAb)		Glycemic index (Me)		OR Incidence (Ti)
IFG (TiAb)		Dietary carbohydrates (Me)		OR Incident (Ti)
Insulin resistance (Me, TiAb)		Fatty acids, unsaturated (Me)		OR Risk factors (Me)
Metabolic syndrome (TiAb)		Diet, mediterranean (Me)		OR Review (PT)
		Dietary fiber (Me)		AND Systematic (TiAb)
		Fiber (Ti)		NOT Comment (PT)
		Cereals (Me, Ti)		OR Letter (PT)
		Fruit (Me, Ti)		OR Editorial (PT)
		Vegetables (Me, Ti)		OR Animals (Me)
		Vegetable (Ti)		NOT Humans (Me)
		Legumes (Ti)		
		Whole grain (Ti)		
		Seafood (Me, Ti)		
		Fishes (Me)		
		Fish (Ti)		
		Fish intake (TiAb)		
		Dietary fish (TiAb)		

("diabetes mellitus"[mesh] OR diabetes[tiab] OR diabetic[tiab] OR NIDDM[tiab]
 OR IDDM[tiab] OR "prediabetic state"[mesh] OR "hyperglycemia"[mesh]
 OR "prediabetes"[tiab] OR prediabetic[tiab] OR "hyperglycemia"[tiab] OR
 "hyperglycemic"[tiab] OR "glucose intolerance"[tiab] OR "impaired fasting glucose"[tiab]
 OR "high fasting glucose"[tiab] OR "impaired fasting plasma glucose"[tiab] OR "high
 fasting plasma glucose"[tiab] OR "impaired fasting blood glucose"[tiab] OR "high fas-
 ting blood glucose"[tiab] OR "impaired glucose tolerance"[tiab] OR "igt"[tiab] OR
 "ifg"[tiab] OR "insulin resistance"[mesh] OR "insulin resistance"[tiab] OR "metabolic
 syndrome"[tiab] AND (((("glycemic index"[ti] OR "glycemic load"[ti] OR "GI diet"[ti]
 OR "low sucrose"[ti] OR "low sugar"[ti] OR "reduced sugar"[ti] OR "MUFA"[ti]
 OR "PUFA"[ti] OR "fatty acids"[ti] OR "avocado"[ti] OR "peanut butter"[ti] OR
 "nuts"[ti] OR "almonds"[ti]) AND ("diet"[tiab] OR "diets"[tiab])) OR "Mediterranean
 diet"[ti] OR "South European diet"[ti] OR "Glycemic Index"[Mesh] OR
 "Dietary Carbohydrates"[Mesh] OR "Fatty Acids, Unsaturated"[Mesh] OR "Diet,
 Mediterranean"[Mesh] OR "dietary fiber"[mesh] OR "fiber"[ti] OR "cereals"[mesh] OR
 "fruit"[mesh] OR "vegetables"[mesh] OR "cereals"[ti] OR fruit[ti] OR "vegetable"[ti]
 OR "vegetables"[ti] OR "legumes"[ti] OR "whole grain"[ti] OR "Seafood"[mesh]
 OR "seafood"[ti] OR "Fishes"[mesh] OR "fish"[ti] OR "fish intake"[tiab] OR "die-
 tary fish"[tiab] AND ("randomized controlled trial"[pt] OR randomized[tiab] OR
 random[tiab] OR randomly[tiab] OR multicenter[tiab] OR controlled[ti] OR "controlled
 clinical trial"[pt] OR "multicenter study"[pt] OR (review[pt] AND "systematic"[tiab])
 OR "meta analysis"[pt] OR "cohort studies"[mesh] OR "cohort"[ti] OR "prospective"[ti]
 OR "long term"[ti] OR "observational"[ti] OR "secondary prevention"[tiab] OR "case
 control"[tiab] OR "case control studies"[mesh] OR "risk"[ti] OR "incidence"[ti]
 OR "incident"[ti] OR "risk factors"[mesh]) NOT (comment[pt] OR letter[pt] OR
 editorial[pt] OR ("animals"[mesh] NOT "humans"[mesh]))

('diabetes mellitus'/exp OR 'hyperglycemia':ti,ab,de OR 'diabetes':ti,ab OR 'diabetic':ti,ab OR 'NIDDM':ti,ab OR 'iddm':ti,ab OR 'prediabetes':ti,ab OR 'prediabetic':ti,ab OR 'hyperglycemic':ti,ab OR 'glucose intolerance':ti,ab OR 'impaired fasting glucose':ti,ab OR 'high fasting glucose':ti,ab OR 'impaired glucose tolerance':ti,ab) AND (((('glycemic index':ti OR 'glycemic load':ti OR 'GI diet':ti OR 'slow carbohydrates':ti OR 'slow carbs':ti OR 'low sucrose':ti OR 'low sugar':ti OR 'reduced sucrose':ti OR 'reduced sugar':ti OR 'reduced fructose':ti OR 'low fructose':ti OR 'MUFA':ti OR 'PUFA':ti OR 'fatty acids':ti OR 'fish':ti OR 'avocado':ti OR 'peanut butter':ti OR 'nuts':ti OR 'almonds':ti OR 'carbohydrates'/exp OR 'unsaturated fatty acid'/exp) AND ('diet':ti,ab OR 'diets':ti,ab)) OR 'South European diet':ti OR 'Mediterranean diet':ti,de OR 'Glycemic Index':de OR 'dietary fiber':de OR 'vegetable'/exp OR 'fruit'/exp OR 'fiber':ti OR 'vegetable':ti OR 'vegetables':ti OR 'fruit':ti OR 'legumes':ti OR 'grain'/exp OR 'whole grain':ti) AND ('controlled clinical trial'/exp OR 'meta analysis':de OR 'systematic review':ti,ab,de OR 'randomized':ti,ab OR 'rando-mised':ti,ab OR 'random':ti,ab OR 'randomly':ti,ab OR 'controlled':ti OR 'cohort analysis':de OR 'case control study'/exp OR 'observational study':de OR 'observational':ti) NOT ('letter':de OR 'editorial':de) AND [embase]/lim

Individual foods, glycemic index, mufa-enriched food and dietary fiber

Cochrane central registry of controlled trials (CENTRAL; wiley) september 2009

Diabetes mellitus (KW)	AND	Glycemic index (Ti)	NOT	Meeting (SO)
Diabetes mellitus, type 1 (KW)		OR Glycemic load (Ti)		Conference (SO)
Diabetes mellitus, type 2 (KW)		OR GI diet (Ti)		Abstract (Ti)
Prediabetic state (KW)		OR Slow carbohydrates (Ti)		Proceedings (SO)
Hyperglycemia (Ti,KW)		OR Slow carbs (Ti)		
Diabetes (Ti)		OR Low sucrose (Ti)		Congress (TiAb)
Diabetic/s (Ti)		OR Low sugar (Ti)		OR Meeting (TiAb)
NIDDM (Ti)		OR Reduced sucrose (Ti)		OR Proceedings (TiAb)
IDDM (Ti)		OR Reduced sugar (Ti)		AND International (TiAb)
Prediabetes (Ti)		OR Reduced fructose (Ti)		OR World (TiAb)
Prediabetic (Ti)		OR Low sugar (Ti)		OR Annual (TiAb)
Hyperglycemic (Ti)		OR MUFA (Ti)		
Glucose intolerance (Ti)		OR PUFA (Ti)		
Impaired fasting glucose (Ti)		OR Fatty acids (Ti)		
High fasting glucose (Ti)		OR Fish (Ti)		
Impaired glucose tolerance (Ti)		OR Avocado (Ti)		
		OR Peanut butter (Ti)		
		OR Nuts (Ti)		
		OR Almonds (Ti)		
		AND diet/s (TiAb)		
		Mediterranean diet (Ti)		
		South european diet (Ti)		
		Glycemic index (KW)		
		Dietary carbohydrates (KW)		
		Fatty acids, unsaturated (KW)		
		Diet, mediterranean (KW)		
		Dietary fiber (KW)		
		Fiber (Ti)		
		Cereals (Ti,KW)		
		Fruit (Ti,KW)		
		Vegetables (Ti,KW)		
		Vegetable (Ti)		
		Legumes (Ti)		
		Whole grain (Ti)		

((diabetes mellitus):kw OR (diabetes mellitus, type 1):kw OR (diabetes mellitus, type 2):kw OR (prediabetic state):kw OR (hyperglycemia):ti,kw OR (diabetes):ti OR (diabetic):ti OR (diabetics):ti OR (NIDDM):ti OR (IDDM):ti OR (prediabetes):ti OR (prediabetic):ti OR (hyperglycemic):ti OR (glucose intolerance):ti OR (impaired fasting glucose):ti OR (high fasting glucose):ti OR (impaired glucose tolerance):ti) AND (((glycemic index):ti OR (glycemic load):ti OR (GI diet):ti OR (slow carbohydrates):ti OR (slow carbs):ti OR (low sucrose):ti OR (low sugar):ti OR (reduced sucrose):ti OR (reduced sugar):ti OR (reduced fructose):ti OR (low sugar):ti OR (MUFA):ti OR (PUFA):ti OR (fatty acids):ti OR (fish):ti OR (avocado):ti OR (peanut butter):ti OR (nuts):ti OR (almonds):ti) AND ((diet):ti,ab OR (diets):ti,ab)) OR (mediterranean diet):ti OR (south european diet):ti OR (glycemic index):kw OR (dietary carbohydrates):kw OR (fatty acids, unsaturated):kw OR (diet, mediterranean):kw OR (dietary fiber):kw OR (fiber):ti OR (cereals):ti,kw OR (fruit):ti,kw OR (vegetables):ti,kw OR (vegetable):ti OR (legumes):ti OR (whole grain):ti) NOT ((meeting):so OR (conference):so OR (abstract):ti OR (proceedings):so OR (((congress):ti,ab OR (meeting):ti,ab OR (proceedings):ti,ab) AND ((international):ti,ab OR (world):ti,ab OR (annual):ti,ab)))

Beverages

PubMed (NLM) september 2009

Diabetes mellitus (Me)
Diabetes (TiAb)
Diabetic (TiAb)
NIDDM (TiAb)
IDDM (TiAb)
Prediabetic state (Me)
Hyperglycemia (Me, TiAb)
Prediabetes (TiAb)
Prediabetic (TiAb)
Hyperglycemic (TiAb)
Glucose intolerance (TiAb)
Impaired fasting glucose (TiAb)
High fasting glucose (TiAb)
Impaired fasting plasma glucose (TiAb)
High fasting plasma glucose (TiAb)
Impaired fasting blood glucose (TiAb)
High fasting blood glucose (TiAb)
Impaired glucose tolerance (TiAb)
IGT (TiAb)
IFG (TiAb)
Insulin resistance (Me, TiAb)
Metabolic syndrome (TiAb)

AND Beverages (NoExp)
Alcoholic beverages (Me)
Carbonated beverages (Me)
Coffee (Me, TiAb)
Milk (NoExp, TiAb)
Cultured milk products (Me)
Tea (Me, TiAb)
Hot chocolate (TiAb)
Soft drink/s (TiAb)
Beer (TiAb)
Cider (TiAb)
Wine/s (TiAb)
Spirits (TiAb)
Liquor/s (TiAb)
Decaffeinated (TiAb)
Beverage/s (TiAb)
Coca cola (TiAb)
Energy drink/s (TiAb)
Juice/s (TiAb)
Dairy (TiAb)
Dairy products (Me)
Alcohol drinking (Ti)
Alcohol consumption (Ti)
Alcohol intake (Ti)

Alcohol drinking (Me)
OR Alcohol intake (TiAb)
AND Diabetes mellitus, type 2/CI (Me)
OR Diabetes mellitus, type 2/EP (Me)
OR Diabetes mellitus, type 2/ET (Me)

AND Randomized controlled trial (PT)
OR Randomized (TiAb)
OR Random (TiAb)
OR Randomly (TiAb)
OR Multicenter (TiAb)
OR Controlled (Ti)
OR Controlled clinical trial (PT)
OR Multicenter study (PT)
OR Meta analysis (PT)
OR Cohort studies (Me)
OR Cohort (Ti)
OR Prospective (Ti)
OR Long term (Ti)
OR Observational (Ti)
OR Secondary prevention (TiAb)
OR Case control (Ti)
OR Case control studies (Me)
OR Risk (Ti)
OR Incidence (Ti)
OR Incident (Ti)
OR Risk factors (Me)
OR Review (PT)
AND Systematic (TiAb)
NOT Comment (PT)
OR Letter (PT)
OR Editorial (PT)
OR Animals (Me)
NOT Humans (Me)

("diabetes mellitus"[mesh] OR diabetes[tiab] OR diabetic[tiab] OR NIDDM[tiab] OR
 IDDM[tiab] OR "prediabetic state"[mesh] OR "hyperglycemia"[mesh] OR "prediabetes"
 [tiab] OR prediabetic[tiab] OR "hyperglycemia"[tiab] OR "hyperglycemic"[tiab] OR
 "glucose intolerance"[tiab] OR "impaired fasting glucose"[tiab] OR "high fasting glucose"
 [tiab] OR "impaired fasting plasma glucose"[tiab] OR "high fasting plasma glucose"[tiab]
 OR "impaired fasting blood glucose"[tiab] OR "high fasting blood glucose"[tiab] OR
 "impaired glucose tolerance"[tiab] OR "igt"[tiab] OR "ifg"[tiab] OR "insulin resistance"
 [mesh] OR "insulin resistance"[tiab] OR "metabolic syndrome"[tiab]) AND ("Beverages"
 [Mesh:noexp] OR "Alcoholic Beverages"[Mesh] OR "Carbonated Beverages"[Mesh] OR
 "Coffee"[Mesh] OR "Milk"[Mesh:noexp] OR "Cultured Milk Products"[Mesh] OR "Tea"
 [Mesh] OR "hot chocolate"[tiab] OR "milk"[tiab] OR "soft drink"[tiab] OR "soft drinks"
 [tiab] OR "beer"[tiab] OR "cider"[tiab] OR "wine"[tiab] OR "wines"[tiab] OR "spirits"
 [tiab] OR "liquor"[tiab] OR "liquors"[tiab] OR "coffee"[tiab] OR "decaffeinated"[tiab]
 OR "tea"[tiab] OR "beverage"[tiab] OR "beverages"[tiab] OR "coca cola"[tiab] OR
 "energy drink"[tiab] OR "energy drinks"[tiab] OR "juice"[tiab] OR "juices"[tiab]
 OR "dairy"[tiab] OR "Dairy products"[mesh] OR "alcohol drinking"[ti] OR "alcohol
 consumption"[ti] OR "alcohol intake"[ti] OR ("alcohol drinking"[mesh] OR "alcohol
 intake"[tiab]) AND ("diabetes mellitus, type 2/chemically induced"[mesh] OR "diabetes
 mellitus, type 2/epidemiology"[mesh] OR "diabetes mellitus, type 2/etiology"[mesh]))
 AND ("randomized controlled trial"[pt] OR randomized[tiab] OR random[tiab] OR
 randomly[tiab] OR multicenter[tiab] OR controlled[ti] OR "controlled clinical trial"[pt]
 OR "multicenter study"[pt] OR (review[pt] AND "systematic"[tiab]) OR "meta analysis"
 [pt] OR "cohort studies"[mesh] OR "cohort"[ti] OR "prospective"[ti] OR "long term"
 [ti] OR "observational"[ti] OR "secondary prevention"[tiab] OR "case control"[tiab]
 OR "case control studies"[mesh] OR "risk"[ti] OR "incidence"[ti] OR "incident"[ti]
 OR "risk factors"[mesh]) NOT ((comment[pt] OR letter[pt] OR editorial[pt]) OR
 ("animals"[mesh] NOT "humans"[mesh]))

Beverages

EMBASE.COM (Elsevier) september 2009

Diabetes mellitus (Exp)	AND	Beverage (Exp)	AND	Controlled clinical trial (Exp)
Hyperglycemia (De, TiAb)		Hot chocolate (TiAb)		OR Meta analysis (De)
Diabetes (TiAb)		Milk (TiAb)		OR Systematic review (TiAb, De)
Diabetic (TiAb)		Soft drink/s (TiAb)		OR Randomized (TiAb)
NIDDM (TiAb)		Beer (TiAb)		OR Randomised (TiAb)
IDDM (TiAb)		Cider (TiAb)		OR Random (TiAb)
Prediabetes (TiAb)		Wine/s (TiAb)		OR Randomly (TiAb)
Prediabetic (TiAb)		Spirits (TiAb)		OR Controlled (Ti)
Hyperglycemic (TiAb)		Liquor/s (TiAb)		OR Cohort analysis (De)
Glucose intolerance (TiAb)		Coffee (TiAb)		OR Case control study (Exp)
Impaired fasting glucose (TiAb)		Decaffeinated (TiAb)		OR Observational study (De)
High fasting glucose (TiAb)		Tea (TiAb)		OR Observational (Ti)
Impaired glucose tolerance (TiAb)		Beverage/s (TiAb)		NOT Letter (De)
		Coca cola (TiAb)		OR Editorial (De)
		Energy drink/s (TiAb)		
		Juice/s (TiAb)		

('diabetes mellitus'/exp OR 'hyperglycemia':ti,ab,de OR 'diabetes':ti,ab OR 'diabetic':ti,ab OR 'NIDDM':ti,ab OR 'iddm':ti,ab OR 'prediabetes':ti,ab OR 'prediabetic':ti,ab OR 'hyperglycemic':ti,ab OR 'glucose intolerance':ti,ab OR 'impaired fasting glucose':ti,ab OR 'high fasting glucose':ti,ab OR 'impaired glucose tolerance':ti,ab) AND ('beverage'/exp OR 'hot chocolate':ti,ab OR 'milk':ti,ab OR 'soft drink':ti,ab OR 'soft drinks':ti,ab OR 'beer':ti,ab OR 'cider':ti,ab OR 'wine':ti,ab OR 'wines':ti,ab OR 'spirits':ti,ab OR 'liquor':ti,ab OR 'liquors':ti,ab OR 'coffee':ti,ab OR 'decaffeinated':ti,ab OR 'tea':ti,ab OR 'beverage':ti,ab OR 'beverages':ti,ab OR 'coca cola':ti,ab OR 'energy drink':ti,ab OR 'energy drinks':ti,ab OR 'juice':ti,ab OR 'juices':ti,ab) AND ('controlled clinical trial'/exp OR 'meta analysis':de OR 'systematic review':ti,ab,de OR 'randomized':ti,ab OR 'randomised':ti,ab OR 'random':ti,ab OR 'randomly':ti,ab OR 'controlled':ti OR 'cohort analysis':de OR 'case control study'/exp OR 'observational study':de OR 'observational':ti) NOT ('letter':de OR 'editorial':de) AND [embase]/lim

Beverages

Cochrane central registry of controlled trials (CENTRAL; wiley) september 2009

Diabetes mellitus (KW)	AND	Beverages (TiAb, KW)	NOT	Meeting (SO)
Diabetes mellitus, type 1 (KW)		Alcoholic beverages (TiAb,KW)		Conference (SO)
Diabetes mellitus, type 2 (KW)		Carbonated beverages (TiAb,KW)		Abstract (Ti)
Prediabetic state (KW)		Coffee (TiAb,KW)		Proceedings (SO)
Hyperglycemia (Ti,KW)		Milk (TiAb,KW)		
Diabetes (Ti)		Cultured milk products (TiAb,KW)		Congress (TiAb)
Diabetic/s (Ti)		Tea (TiAb,KW)		OR Meeting (TiAb)
NIDDM (Ti)		Hot chocolate (TiAb)		OR Proceedings (TiAb)
IDDM (Ti)		Soft drink/s (TiAb)		AND International (TiAb)
Prediabetes (Ti)		Beer (TiAb)		OR World (TiAb)
Prediabetic (Ti)		Cider (TiAb)		OR Annual (TiAb)
Hyperglycemic (Ti)		Liquor/s (TiAb)		
Glucose intolerance (Ti)		Wine/s (TiAb)		
Impaired fasting glucose (Ti)		Spirits (TiAb)		
High fasting glucose (Ti)		Decaffeinated (TiAb)		
Impaired glucose tolerance (Ti)		Beverage (TiAb)		
		Coca cola (TiAb)		
		Energy drink/s (TiAb)		
		Juice/s (TiAb)		

((diabetes mellitus):kw OR (diabetes mellitus, type 1):kw OR (diabetes mellitus, type 2):kw OR (prediabetic state):kw OR (hyperglycemia):ti,kw OR (diabetes):ti OR (diabetic):ti OR (diabetics):ti OR (NIDDM):ti OR (IDDM):ti OR (prediabetes):ti OR (prediabetic):ti OR (hyperglycemic):ti OR (glucose intolerance):ti OR (impaired fasting glucose):ti OR (high fasting glucose):ti OR (impaired glucose tolerance):ti) AND ((beverages):ti,ab,kw OR (alcoholic beverages):ti,ab,kw OR (carbonated beverages):ti,ab,kw OR (coffee):ti,ab,kw OR (milk):ti,ab,kw OR (cultured milk products):ti,ab,kw OR (tea):ti,ab,kw OR (hot chocolate):ti,ab OR (soft drink):ti,ab OR (soft drinks):ti,ab OR (beer):ti,ab OR (cider):ti,ab OR (liquor):ti,ab OR (liquors):ti,ab OR (wine):ti,ab OR (wines):ti,ab OR (spirits):ti,ab OR (decaffeinated):ti,ab OR (beverage):ti,ab OR (coca cola):ti,ab OR (energy drink):ti,ab OR (energy drinks):ti,ab OR (juice):ti,ab OR (juices):ti,ab) NOT ((meeting):so OR (conference):so OR (abstract):ti OR (proceedings):so OR (((congress):ti,ab OR (meeting):ti,ab OR (proceedings):ti,ab) AND ((international):ti,ab OR (world):ti,ab OR (annual):ti,ab)))

Other diets

PubMed (NLM) september 2009

Diabetes mellitus (Me)	AND	Diet (NoExp)	AND	Randomized controlled trial (PT)
Diabetes (TiAb)		Diet fads (Me)		OR Randomized (TiAb)
Diabetic (TiAb)		Diet, protein-restricted (Me)		OR Random (TiAb)
NIDDM (TiAb)		Diet, reducing (Me)		OR Randomly (TiAb)
IDDM (TiAb)		Diet, sodium-restricted (Me)		OR Multicenter (TiAb)
Prediabetic state (Me)		Diet, vegetarian (Me)		OR Controlled (Ti)
Hyperglycemia (Me, TiAb)		Diet therapy (NoExp)		OR Controlled clinical trial (PT)
Prediabetes (TiAb)		Diet/s (Ti)		OR Multicenter study (PT)
Prediabetic (TiAb)		Food/s (Ti)		OR Meta analysis (PT)
Hyperglycemic (TiAb)		Macronutrient/s (Ti)		OR Cohort studies (Me)
Glucose intolerance (TiAb)		Nutrition (Ti)		OR Cohort (Ti)
Impaired fasting glucose (TiAb)				OR Prospective (Ti)
High fasting glucose (TiAb)				OR Long term (Ti)
Impaired fasting plasma glucose (TiAb)				OR Observational (Ti)
High fasting plasma glucose (TiAb)				OR Secondary prevention (TiAb)
Impaired fasting blood glucose (TiAb)				OR Case control (Ti)
High fasting blood glucose (TiAb)				OR Case control studies (Me)
Impaired glucose tolerance (TiAb)				OR Risk (Ti)
IGT (TiAb)				OR Incidence (Ti)
IFG (TiAb)				OR Incident (Ti)
Insulin resistance (Me, TiAb)				OR Risk factors (Me)
Metabolic syndrome (TiAb)				OR Review (PT)
				AND Systematic (TiAb)
				NOT Comment (PT)
				OR Letter (PT)
				OR Editorial (PT)
				OR Animals (Me)
				NOT Humans (Me)

("diabetes mellitus"[mesh] OR diabetes[tiab] OR diabetic[tiab] OR NIDDM[tiab] OR IDDM[tiab] OR "prediabetic state"[mesh] OR "hyperglycemia"[mesh] OR "prediabetes"[tiab] OR prediabetic[tiab] OR "hyperglycemia"[tiab] OR "hyperglycemic"[tiab] OR "glucose intolerance"[tiab] OR "impaired fasting glucose"[tiab] OR "high fasting glucose"[tiab] OR "impaired fasting plasma glucose"[tiab] OR "high fasting plasma glucose"[tiab] OR "impaired fasting blood glucose"[tiab] OR "high fasting blood glucose"[tiab] OR "impaired glucose tolerance"[tiab] OR "igt"[tiab] OR "ifg"[tiab] OR "insulin resistance"[mesh] OR "insulin resistance"[tiab] OR "metabolic syndrome"[tiab]) AND ("Diet"[Mesh:NoExp] OR "Diet Fads"[Mesh] OR "Diet, Protein-Restricted"[Mesh] OR "Diet, Reducing"[Mesh] OR "Diet, Sodium-Restricted"[Mesh] OR "Diet, Vegetarian"[Mesh]

OR "Diet Therapy"[Mesh:NoExp] OR "diet"[ti] OR "diets"[ti] OR "food"[ti] OR "foods"[ti] OR "macronutrient"[ti] OR "macronutrients"[ti] OR "nutrition"[ti]) AND ("randomized controlled trial"[pt] OR randomized[tiab] OR random[tiab] OR randomly[tiab] OR multicenter[tiab] OR controlled[ti] OR "controlled clinical trial"[pt] OR "multicenter study"[pt] OR (review[pt] AND "systematic"[tiab]) OR "meta analysis"[pt] OR "cohort studies"[mesh] OR "cohort"[ti] OR "prospective"[ti] OR "long term"[ti] OR "observational"[ti] OR "secondary prevention"[tiab] OR "case control"[tiab] OR "case control studies"[mesh] OR "risk"[ti] OR "incidence"[ti] OR "incident"[ti] OR "risk factors"[mesh]) NOT ((comment[pt] OR letter[pt] OR editorial[pt]) OR ("animals"[mesh] NOT "humans"[mesh]))

Other diets

EMBASE.COM (Elsevier) september 2009

Diabetes mellitus (Exp)	AND	Diet (De)	AND	Controlled clinical trial (Exp)
Hyperglycemia (De, TiAb)		Macrobiotic diet (De)		OR Meta analysis (De)
Diabetes (TiAb)		Protein diet (De)		OR Systematic review (TiAb, De)
Diabetic (TiAb)		Carbohydrate diet (De)		OR Randomized (TiAb)
NIDDM (TiAb)		Vegetarian diet (De)		OR Randomised (TiAb)
IDDM (TiAb)		Vegetarian diet (De)		OR Random (TiAb)
Prediabetes (TiAb)		Diet therapy (De)		OR Randomly (TiAb)
Prediabetic (TiAb)		Diet/s (Ti)		OR Controlled (Ti)
Hyperglycemic (TiAb)		Food/s (Ti)		OR Cohort analysis (De)
Glucose intolerance (TiAb)		Macronutrient/s (Ti)		OR Case control study (Exp)
Impaired fasting glucose (TiAb)				OR Observational study (De)
High fasting glucose (TiAb)				OR Observational (Ti)
Impaired glucose tolerance (TiAb)				NOT Letter (De)
				OR Editorial (De)

('diabetes mellitus'/exp OR 'hyperglycemia':ti,ab,de OR 'diabetes':ti,ab OR 'diabetic':ti,ab OR 'NIDDM':ti,ab OR 'iddm':ti,ab OR 'prediabetes':ti,ab OR 'prediabetic':ti,ab OR 'hyperglycemic':ti,ab OR 'glucose intolerance':ti,ab OR 'impaired fasting glucose':ti,ab OR 'high fasting glucose':ti,ab OR 'impaired glucose tolerance':ti,ab) AND ('diet':de OR 'macrobiotic diet':de OR 'protein diet':de OR 'carbohydrate diet':de OR 'vegetarian diet':de OR 'diet therapy':de OR 'diet':ti OR 'diets':ti OR 'food':ti OR 'foods':ti OR 'macronutrient':ti OR 'macronutrients':ti) AND ('controlled clinical trial'/exp OR 'meta analysis':de OR 'systematic review':ti,ab,de OR 'randomized':ti,ab OR 'randomised':ti,ab OR 'random':ti,ab OR 'randomly':ti,ab OR 'controlled':ti OR 'cohort analysis':de OR 'case control study'/exp OR 'observational study':de OR 'observational':ti) NOT ('letter':de OR 'editorial':de) AND [embase]/lim

Other diets

Cochrane central registry of controlled trials (CENTRAL; wiley) september 2009

Diabetes mellitus (KW)	AND	Diet (KW)	NOT	Meeting (SO)
Diabetes mellitus, type 1 (KW)		Diet fads (KW)		Conference (SO)
Diabetes mellitus, type 2 (KW)		Diet, protein-restricted (KW)		Abstract (Ti)
Prediabetic state (KW)		Diet, reducing (KW)		Proceedings (SO)
Hyperglycemia (Ti,KW)		Diet, sodium-restricted (KW)		Congress (TiAb)
Diabetes (Ti)		Diet, vegetarian (KW)		OR Meeting (TiAb)
Diabetic/s (Ti)		Diet therapy (KW)		OR Proceedings (TiAb)
NIDDM (Ti)		Diet/s (Ti)		AND International (TiAb)
IDDM (Ti)		Food/s (Ti)		OR World (TiAb)
Prediabetes (Ti)		Macronutrient/s (Ti)		OR Annual (TiAb)
Prediabetic (Ti)				
Hyperglycemic (Ti)				
Glucose intolerance (Ti)				
Impaired fasting glucose (Ti)				
High fasting glucose (Ti)				
Impaired glucose tolerance (Ti)				

((diabetes mellitus):kw OR (diabetes mellitus, type 1):kw OR (diabetes mellitus, type 2):kw OR (prediabetic state):kw OR (hyperglycemia):ti,kw OR (diabetes):ti OR (diabetic):ti OR (diabetics):ti OR (NIDDM):ti OR (IDDM):ti OR (prediabetes):ti OR (prediabetic):ti OR (hyperglycemic):ti OR (glucose intolerance):ti OR (impaired fasting glucose):ti OR (high fasting glucose):ti OR (impaired glucose tolerance):ti) AND ((diet):kw OR (diet fads):kw OR (diet, protein-restricted):kw OR (diet, reducing):kw OR (diet, sodium-restricted):kw OR (diet, vegetarian):kw OR (diet therapy):kw OR (diet):ti OR (diets):ti OR (food):ti OR (foods):ti OR (macronutrient):ti OR (macronutrients):ti) NOT ((meeting):so OR (conference):so OR (abstract):ti OR (proceedings):so OR (((congress):ti,ab OR (meeting):ti,ab OR (proceedings):ti,ab) AND ((international):ti,ab OR (world):ti,ab OR (annual):ti,ab)))

Economic aspects

PubMed (NLM) september 2009

Diabetes mellitus (Me)	AND	Search strings for individual	AND	Cost/s (Ti)
Diabetes (TiAb)		dietary interventions		Economic (Ti)
Diabetic (TiAb)				Costs and cost analysis (Me)
NIDDM (TiAb)				/EC
IDDM (TiAb)				
Prediabetic state (Me)				
Hyperglycemia (Me, TiAb)				
Prediabetes (TiAb)				
Prediabetic (TiAb)				
Hyperglycemic (TiAb)				
Glucose intolerance (TiAb)				
Impaired fasting glucose (TiAb)				
High fasting glucose (TiAb)				
Impaired fasting plasma glucose (TiAb)				
High fasting plasma glucose (TiAb)				
Impaired fasting blood glucose (TiAb)				
High fasting blood glucose (TiAb)				
Impaired glucose tolerance (TiAb)				
IGT (TiAb)				
IFG (TiAb)				
Insulin resistance (Me, TiAb)				
Metabolic syndrome (TiAb)				

((("diabetes mellitus"[mesh] OR diabetes[tiab] OR diabetic[tiab] OR NIDDM[tiab] OR IDDM[tiab] OR "prediabetic state"[mesh] OR "hyperglycemia"[mesh] OR "prediabetes"[tiab] OR prediabetic[tiab] OR "hyperglycemia"[tiab] OR "hyperglycemic"[tiab] OR "glucose intolerance"[tiab] OR "impaired fasting glucose"[tiab] OR "high fasting glucose"[tiab] OR "impaired fasting plasma glucose"[tiab] OR "high fasting plasma glucose"[tiab] OR "impaired fasting blood glucose"[tiab] OR "high fasting blood glucose"[tiab] OR "impaired glucose tolerance"[tiab] OR "igt"[tiab] OR "ifg"[tiab] OR "insulin resistance"[mesh] OR "insulin resistance"[tiab] OR "metabolic syndrome"[tiab]) AND ("diet, fat restricted"[mesh] OR "low-fat"[tiab] OR "fat intake"[tiab] OR Fats[mesh] OR "dietary fats"[Substance Name] OR ("ornish"[tiab] OR "zone"[tiab] OR "life style"[MeSH Major Topic]) AND ("diet"[tiab] OR "diets"[tiab])) OR "weight watchers"[tiab] OR "new glucose revolution"[tiab] OR "diabetes mellitus/diet therapy"[mesh] OR "diabetic diet"[mesh])) OR ("diabetes mellitus"[mesh] OR diabetes[tiab] OR diabetic[tiab] OR NIDDM[tiab] OR IDDM[tiab] OR "prediabetic state"[mesh] OR "hyperglycemia"[mesh] OR "prediabetes"[tiab] OR prediabetic[tiab] OR "hyperglycemia"[tiab] OR "hyperglycemic"[tiab] OR "glucose intolerance"[tiab] OR "impaired fasting glucose"[tiab] OR "high fasting glucose"[tiab] OR "impaired fasting plasma glucose"[tiab] OR "high fasting plasma glucose"

[tiab] OR "impaired fasting blood glucose"[tiab] OR "high fasting blood glucose"[tiab] OR "impaired glucose tolerance"[tiab] OR "igt"[tiab] OR "ifg"[tiab] OR "insulin resistance"[mesh] OR "insulin resistance"[tiab] OR "metabolic syndrome"[tiab]) AND ("diet, carbohydrate restricted"[mesh] OR "carbohydrate restricted"[tiab] OR "low carbohydrate"[tiab] OR "low carb"[tiab] OR "south beach"[tiab] OR "atkins diet"[tiab] OR "high fat diet"[tiab] OR "high protein diet"[tiab] OR "lchf"[tiab] OR "lchp"[tiab] OR "lckd"[tiab] OR "ketogenic diet"[tiab] OR "dietary carbohydrates"[mesh] OR ("dietary fats"[mesh] OR "dietary proteins"[mesh]) AND (carbohydrate[tiab] OR carbohydrates[tiab] OR carb[ti] OR carbs[ti] OR carbohydrates[mesh])))) OR ("diabetes mellitus"[mesh] OR diabetes[tiab] OR diabetic[tiab] OR NIDDM[tiab] OR IDDM[tiab] OR "prediabetic state"[mesh] OR "hyperglycemia"[mesh] OR "prediabetes"[tiab] OR prediabetic[tiab] OR "hyperglycemia"[tiab] OR "hyperglycemic"[tiab] OR "glucose intolerance"[tiab] OR "impaired fasting glucose"[tiab] OR "high fasting glucose"[tiab] OR "impaired fasting plasma glucose"[tiab] OR "high fasting plasma glucose"[tiab] OR "impaired fasting blood glucose"[tiab] OR "high fasting blood glucose"[tiab] OR "impaired glucose tolerance"[tiab] OR "igt"[tiab] OR "ifg"[tiab] OR "insulin resistance"[mesh] OR "insulin resistance"[tiab] OR "metabolic syndrome"[tiab]) AND (("glycemic index"[ti] OR "glycemic load"[ti] OR "GI diet"[ti] OR "slow carbohydrates"[ti] OR "slow carbs"[ti] OR "low sucrose"[ti] OR "low sugar"[ti] OR "reduced sucrose"[ti] OR "reduced sugar"[ti] OR "reduced fructose"[ti] OR "low sugar"[ti] OR "monounsaturated fatty acids"[ti] OR "MUFA"[ti] OR "high-MUFA"[ti] OR "MUFA-enriched"[ti] OR "polyunsaturated fatty acids"[ti] OR "PUFA"[ti] OR "high-PUFA"[ti] OR "PUFA-enriched"[ti] OR "fatty acids"[ti] OR "unsaturated fatty acids"[ti] OR "fish"[ti] OR "avocado"[ti] OR "peanut butter"[ti] OR "nuts"[ti] OR "almonds"[ti]) AND ("diet"[tiab] OR "diets"[tiab])) OR "Mediterranean diet"[ti] OR "South European diet"[ti] OR "Glycemic Index"[Mesh] OR "Dietary Carbohydrates"[Mesh] OR "Fatty Acids, Unsaturated"[Mesh] OR "Diet, Mediterranean"[Mesh]) OR ("diabetes mellitus"[mesh] OR diabetes[tiab] OR diabetic[tiab] OR NIDDM[tiab] OR IDDM[tiab] OR "prediabetic state"[mesh] OR "hyperglycemia"[mesh] OR "prediabetes"[tiab] OR prediabetic[tiab] OR "hyperglycemia"[tiab] OR "hyperglycemic"[tiab] OR "glucose intolerance"[tiab] OR "impaired fasting glucose"[tiab] OR "high fasting glucose"[tiab] OR "impaired fasting plasma glucose"[tiab] OR "high fasting plasma glucose"[tiab] OR "impaired fasting blood glucose"[tiab] OR "high fasting blood glucose"[tiab] OR "impaired glucose tolerance"[tiab] OR "igt"[tiab] OR "ifg"[tiab] OR "insulin resistance"[mesh] OR "insulin resistance"[tiab] OR "metabolic syndrome"[tiab]) AND ("Beverages"[Mesh:noexp] OR "Alcoholic Beverages"[Mesh] OR "Carbonated Beverages"[Mesh] OR "Coffee"[Mesh] OR "Milk"[Mesh:noexp] OR "Cultured Milk Products"[Mesh] OR "Tea"[Mesh] OR "hot chocolate"[tiab] OR "milk"[tiab] OR "soft drink"[tiab] OR "soft drinks"[tiab] OR "beer"[tiab] OR "cider"[tiab] OR "wine"[tiab] OR "wines"[tiab] OR "spirits"[tiab] OR "liquor"[tiab] OR "liquors"[tiab] OR "coffee"[tiab] OR "decaffeinated"[tiab] OR "tea"[tiab] OR "beverage"[tiab] OR "beverages"[tiab] OR "coca cola"[tiab] OR "energy drink"[tiab] OR "energy drinks"[tiab] OR "juice"[tiab] OR "juices"[tiab] OR "dairy"[tiab] OR "Dairy products"[mesh] OR "alcohol drinking"[ti] OR "alcohol consumption"[ti] OR "alcohol intake"[ti] OR ("alcohol drinking"[mesh] OR "alcohol intake"[tiab]) AND ("diabetes mellitus, type 2/chemically induced"[mesh] OR "diabetes mellitus, type 2/epidemiology"[mesh] OR "diabetes mellitus, type 2/etiology"[mesh])))) OR ("diabetes mellitus"[mesh] OR diabetes[tiab] OR diabetic[tiab] OR NIDDM[tiab] OR IDDM[tiab] OR "prediabetic state"[mesh] OR "hyperglycemia"[mesh] OR "prediabetes"[tiab] OR prediabetic[tiab] OR "hyperglycemia"[tiab] OR "hyperglycemic"[tiab] OR "glucose intolerance"[tiab] OR "impaired fasting glucose"[tiab] OR "high fasting glucose"[tiab] OR "impaired

fasting plasma glucose"[tiab] OR "high fasting plasma glucose"[tiab] OR "impaired fasting blood glucose"[tiab] OR "high fasting blood glucose"[tiab] OR "impaired glucose tolerance"[tiab] OR "igt"[tiab] OR "ifg"[tiab] OR "insulin resistance"[mesh] OR "insulin resistance"[tiab] OR "metabolic syndrome"[tiab]) AND ("Diet"[Mesh:noexp] OR "Diet Fads"[Mesh] OR "Diet, Protein-Restricted"[Mesh] OR "Diet, Reducing"[Mesh] OR "Diet, Sodium-Restricted"[Mesh] OR "Diet, Vegetarian"[Mesh] OR "Diet Therapy"[Mesh:noexp] OR "diet"[ti] OR "diets"[ti] OR "food"[ti] OR "foods"[ti] OR "macronutrient"[ti] OR "macronutrients"[ti] OR "nutrition"[ti])) AND (costs[ti] OR cost[ti] OR economic[ti] OR "costs and cost analysis"[mesh] OR "economics"[MeSH Subheading])

Economic aspects

NHS economic evaluations database (NHSEED; wiley) september 2009

Diabetes mellitus (KW)	AND	Diet (KW)	NOT	Meeting (SO)
Diabetes mellitus, type 1 (KW)		Diet fads (KW)		Conference (SO)
Diabetes mellitus, type 2 (KW)		Diet, protein restricted (KW)		Abstract (Ti)
Prediabetic state (KW)		Diet, reducing (KW)		Proceedings (SO)
Hyperglycemia (Ti,KW)		Diet, sodium-restricted (KW)		Congress (TiAb)
Diabetes (Ti)		Diet, vegetarian (KW)		OR Meeting (TiAb)
Diabetic/s (Ti)		Diet therapy (KW)		OR Proceedings (TiAb)
NIDDM (Ti)		Diet/s (Ti)		AND International (TiAb)
IDDM (Ti)		Food/s (Ti)		OR World (TiAb)
Prediabetes (Ti)		Macronutrient/s (Ti)		OR Annual (TiAb)
Prediabetic (Ti)		Nutrition (Ti)		
Hyperglycemic (Ti)				
Glucose intolerance (Ti)				
Impaired fasting glucose (Ti)				
High fasting glucose (Ti)				
Impaired glucose tolerance (Ti)				

((diabetes mellitus):kw OR (diabetes mellitus, type 1):kw OR (diabetes mellitus, type 2):kw OR (prediabetic state):kw OR (hyperglycemia):ti,kw OR (diabetes):ti OR (diabetic):ti OR (diabetics):ti OR (NIDDM):ti OR (IDDM):ti OR (prediabetes):ti OR (prediabetic):ti OR (hyperglycemic):ti OR (glucose intolerance):ti OR (impaired fasting glucose):ti OR (high fasting glucose):ti OR (impaired glucose tolerance):ti) AND ((diet):kw OR (diet fads):kw OR (diet, protein-restricted):kw OR (diet, reducing):kw OR (diet, sodium-restricted):kw OR (diet, vegetarian):kw OR (diet therapy):kw OR (diet):ti OR (diets):ti OR (food):ti OR (foods):ti OR (macronutrient):ti OR (macronutrients):ti OR (nutrition):ti) NOT ((meeting):so OR (conference):so OR (abstract):ti OR (proceedings):so OR ((congress):ti,ab OR (meeting):ti,ab OR (proceedings):ti,ab) AND ((international):ti,ab OR (world):ti,ab OR (annual):ti,ab)))

Economic aspects

Health economic evaluations database (HEED; wiley) september 2009

Diabetes (AF)	AND	Diet/s (AF)
Diabetic (AF)		Food/s (AF)
Diabetics (AF)		Beverage/s (AF)
NIDDM (AF)		Nutrients (AF)
IDDM (AF)		Macronutrients (AF)
Prediabetes (AF)		Nutrition (AF)
Prediabetic (AF)		
Hyperglycemia (AF)		
Glucose intolerance (AF)		
Impaired fasting glucose (AF)		

(diabetes OR diabetic OR diabetics OR NIDDM OR IDDM OR prediabetes OR prediabetic OR hyperglycemia OR (glucose intolerance) OR (impaired fasting glucose)) AND (diet OR diets OR food OR foods OR beverage OR beverages OR nutrients OR macronutrients OR nutrition)

Economic aspects

EMBASE.COM (Elsevier) September 2009

Diabetes mellitus (Exp)	AND	Search strings for individual dietary interventions	AND	Health economics (Exp)
Hyperglycemia (De, TiAb)				Economy (Ti)
Diabetes (TiAb)				Economic (Ti)
Diabetic (TiAb)				Economics (Ti)
NIDDM (TiAb)				Cost/s (Ti)
IDDM (TiAb)				
Prediabetes (TiAb)				
Prediabetic (TiAb)				
Hyperglycemic (TiAb)				
Glucose intolerance (TiAb)				
Impaired fasting glucose (TiAb)				
High fasting glucose (TiAb)				
Impaired glucose tolerance (TiAb)				

(('diabetes mellitus'/exp OR 'hyperglycemia':ti,de OR 'diabetes':ti OR 'diabetic':ti OR 'NIDDM':ti OR 'iddm':ti OR 'prediabetes':ti OR 'prediabetic':ti OR 'hyperglycemic':ti OR

'glucose intolerance':ti OR 'impaired fasting glucose':ti OR 'high fasting glucose':ti OR 'impaired glucose tolerance':ti) AND (('beverage'/exp OR 'hot chocolate':ti OR 'milk':ti OR 'soft drink':ti OR 'soft drinks':ti OR 'beer':ti OR 'cider':ti OR 'wine':ti OR 'wines':ti OR 'spirits':ti OR 'liquor':ti OR 'liquors':ti OR 'coffee':ti OR 'decaffeinated':ti OR 'tea':ti OR 'beverage':ti OR 'beverages':ti OR 'coca cola':ti OR 'energy drink':ti OR 'energy drinks':ti OR 'juice':ti OR 'juices':ti) OR ('diet':de OR 'macrobiotic diet':de OR 'protein diet':de OR 'carbohydrate diet':de OR 'vegetarian diet':de OR 'diet therapy':de OR 'diet':ti OR 'diets':ti OR 'food':ti OR 'foods':ti OR 'macronutrient':ti OR 'macronutrients':ti) OR ('low carbohydrate diet':de OR 'carbohydrate restricted':ti OR 'low carbohydrate':ti OR 'low carb':ti OR 'low-carbohydrate':ti OR 'low-carb':ti OR 'south beach diet':ti OR 'atkins diet':ti OR 'high fat':ti OR 'high-fat':ti OR 'high protein':ti OR 'high-protein':ti OR 'protein rich':ti OR 'lchf':ti OR 'lchp':ti OR 'ketogenic diet':ti OR 'lckd':ti OR ('fatty acid'/exp AND (carbohydrate:ti,de OR carbohydrates:ti))) OR ('low fat diet':ti,de OR 'diabetic diet':ti,de OR 'fat':de OR 'fat intake'/exp OR 'diet therapy':de OR 'low-fat':ti OR 'fat intake':ti OR 'weight watchers':ti OR 'new glucose revolution':ti OR (('ornish':ti OR 'zone':ti OR 'life style':ti,de OR 'lifestyle modification':de) AND ('diet':ti OR 'diets':ti)) OR ('dietary fiber':de OR 'vegetable'/exp OR 'fruit'/exp OR 'fiber':ti OR 'vegetable':ti OR 'vegetables':ti OR 'fruit':ti OR 'legumes':ti OR 'grain'/exp OR 'whole grain':ti) OR (((('glycemic index':ti OR 'glycemic load':ti OR 'GI diet':ti OR 'slow carbohydrates':ti OR 'slow carbs':ti OR 'low sucrose':ti OR 'low sugar':ti OR 'reduced sucrose':ti OR 'reduced sugar':ti OR 'reduced fructose':ti OR 'low fructose':ti OR 'monounsaturated fatty acids':ti OR 'MUFA':ti OR 'high-MUFA':ti OR 'MUFA-enriched':ti OR 'polyunsaturated fatty acids':ti OR 'PUFA':ti OR 'high-PUFA':ti OR 'PUFA-enriched':ti OR 'fatty acids':ti OR 'unsaturated fatty acids':ti OR 'fish':ti OR 'avocado':ti OR 'peanut butter':ti OR 'nuts':ti OR 'almonds':ti OR 'carbohydrates'/exp OR 'unsaturated fatty acid'/exp) AND ('diet':ti OR 'diets':ti)) OR 'South European diet':ti OR 'Mediterranean diet':ti,de OR 'Glycemic Index':de) AND ('health economics'/exp OR economy:ti OR economic:ti OR economics:ti OR cost:ti OR costs:ti) AND [embase]/lim)

Abbreviations

/CI	Chemically induced (MeSH Subheading)
/EC	Economics (MeSH Subheading)
/EP	Epidemiology (MeSH Subheading)
/ET	Etiology (MeSH Subheading)
AF	All fields
De	Descriptor (EMBASE)
Exp	Explode (EMBASE)
GI	Glycemic index
IDDM	Insulin dependent diabetes mellitus
IFG	Impaired fasting glucose
IGT	Impaired glucose tolerance
KW	Keyword (Cochrane Library)
LCHF	Low Carbohydrate High Fat
LCHP	Low Carbohydrate High Protein
LCKD	Low Carbohydrate Ketogenic Diet
Me	Medical Subject Headings (MeSH, PubMed)
MUFA	Monounsaturated fatty acids
NIDDM	Non-insulin dependent diabetes mellitus
NoExp	MeSH No Explode (PubMed)
PT	Publication type
PUFA	Polyunsaturated fatty acids
SB	Subset
SN	Substance Name
SO	Source
Ti	Title
TiAb	Title/Abstract

Bilaga 3. Granskningsmallar

Granskningsmall för RCT (Mat vid diabetes)

Alternativet "kan inte svara" används när uppgiften inte går att få fram från texten.

Alternativet "ej tillämpligt" väljs när frågan inte är relevant.

Författare	
År	
Artikelnummer	

1. Relevans	Ja	Nej	Kan inte svara	Ej tillämpligt
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1.1 Rekrytering av prövningsdeltagare

a) Är den population som deltagarna togs från, klart beskriven och acceptabel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Är sättet att rekrytera deltagare acceptabelt? (här bedöms faktorer som annonsrekrytering, konsekutiv rekrytering etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Är inklusionskriterierna tydligt formulerade och acceptabla?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Är exklusionskriterierna tydligt formulerade och acceptabla?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Framgår det hur många personer som exkluderades före randomiseringen och varför?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Är redovisningen av de personer som inte deltog trots att de var valbara ("eligible") acceptabel? (antal, orsaker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Summering rekrytering: Är studiepopulationen jämförbar med den aktuella svenska populationen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 Kostintervention

a) Är de undersökta kosterna tydligt definierade avseende makronutrientier, energi, livsmedel och/eller fiberinnehåll?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Kan interventionen genomföras under svenska förhållanden med rimliga insatser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ger studien grund för breda kostrekommendationer (dvs avser inte ett enskilt livsmedel)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Om svaret på alla dessa fyra frågor är Ja är studiens relevans **Hög**.
 Om tre av frågorna besvarats med Ja är studiens relevans **Medelhög**.
 Om en eller två av frågorna besvarats med Ja är studiens relevans **Låg**.
 Om ingen av frågorna besvarats med Ja är studiens relevans **Otillräcklig**.

Summering relevans:

Hög	<input type="checkbox"/>
Medelhög	<input type="checkbox"/>
Låg	<input type="checkbox"/>
Otillräcklig	<input type="checkbox"/>

2. Studiekvalitet: Randomisering, jämförbarhet	Ja	Nej	Kan inte svara	Ej tillämpligt
<i>2.1 Tilldelning av åtgärd/intervention/behandling</i>				
a) Är randomiseringsproceduren beskriven på ett tillfredsställande sätt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Användes en randomiseringsmetod som inte kan manipuleras?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Var randomiseringen utförd så att fördelningen blev oförutsägbar och slumpmässig?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Har randomisering skett på ett adekvat sätt? (summering a-c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>2.2 Gruppernas jämförbarhet</i>				
a) Redovisas egenskaper hos deltagarna (t ex ålder, kön, sjukdoms svårighetsgrad) som kan påverka resultatet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Var grupperna väl balanserade vid baseline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Om det fanns obalanser, gjordes några försök att korrigera dem i den statistiska analysen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Studiekvalitet: Följsamhet, bortfall	Ja	Nej	Kan inte svara	Ej tillämpligt
<i>3.1 Följsamhet (compliance, adherence)</i>				
a) Har följsamhet till interventionen uppmätts på adekvat sätt och redovisats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>3.2 Bortfall (antalet deltagare som inte har följts upp enligt studieprotokollet, avser ej följsamhet)</i>				
a) Redovisas hur stort bortfallet är, och anges orsakerna till bortfallet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Är bortfallet lågt (6 mån <20%, 12 mån <30%, 24 mån <40%)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Är bortfallet acceptabelt (6 mån <30%, 12 mån <40%, 24 mån <50%)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

På dessa tre frågor krävs svaret JA för HÖG studiekvalitet

Om svaret på någon av dessa frågor är NEJ har studien som högst LÅG studiekvalitet

4. Studiekvalitet: Utfallsmått, resultat och analys	Ja	Nej	Kan inte svara	Ej tillämpligt
a) Redovisade artikeln någon hypotes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Uppgavs det primära effektmåttet/resultatvariabeln och baserades slutsatsen på det måttet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Var effektmåttet kliniskt relevant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Studiekvalitet: Utfallsmått, resultat och analys	Ja	Nej	Kan inte svara	Ej tillämpligt
d) Var sekundära effektmått definierade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Är personer med primärt effektmått adekvat identifierade/diagnostiserade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Var den som analyserade resultaten omedveten om vilken åtgärd som gavs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Mättes biverkningar/komplikationer på ett tillfredsställande sätt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Har resultaten beräknats med hjälp av en ITT (intention-to-treat)-analys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Studiekvalitet: kostspecifika frågor	Ja	Nej	Kan inte svara	Ej tillämpligt
a) Är metoden för kostregistrering valid? ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Har man justerat resultaten med avseende på energiintag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Studiekvalitet: Resultat och precision	Ja	Nej	Kan inte svara	Ej tillämpligt
<i>6.1 Resultat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Mättes observatörsöverensstämmelsen på ett acceptabelt sätt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Var den minsta kliniskt relevanta effekten definierad på förhand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Är den valda minsta kliniska relevanta effekten av rimlig storlek?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>6.2 Undersökningens statistiska styrka</i>				
a) Är de överväganden och beräkningar som ligger till grund för urvalsstorleken ("sample size") tydligt beskrivna? ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Är den statistiska styrkan (power) tillfredsställande hög?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Studiekvalitet: Bindningar och jäv	Ja	Nej	Kan inte svara	Ej tillämpligt
a) Finns en förteckning över eventuella bindningar och jäv? (conflict of interests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Bedömer du att studiens resultat inte påverkats av intressekonflikter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

På dessa två frågor krävs svaret **JA** för **HÖG** studiekvalitet

Om svaret på denna fråga är **NEJ** har studien som högst **LÅG** studiekvalitet

¹ Om hela kohorten bedöms vara homogen i detta avseende anges alternativet "Ej tillämpligt".

Summering av studiekvalitet

För HÖG studiekvalitet krävs svaret JA på följande frågor:	Ja	Nej
2.1 d) Har randomisering skett på ett adekvat sätt?	<input type="checkbox"/>	<input type="checkbox"/>
3.1 a) Har följsamhet uppmätts på adekvat sätt och redovisats?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 b) Är bortfallet lågt (6 mån <20%, 12 mån <30%, 24 mån <40%)?	<input type="checkbox"/>	<input type="checkbox"/>
4. e) Är personer med primärt effektmått adekvat identifierade/diagnostiserade?	<input type="checkbox"/>	<input type="checkbox"/>
5. a) Är metoden för kostregistrering valid?	<input type="checkbox"/>	<input type="checkbox"/>

Om svaret på någon av följande frågor är NEJ är studiekvaliteten som mest LÅG	Ja	Nej
2.1 d) Har randomisering skett på ett adekvat sätt?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 c) Är bortfallet acceptabelt (6 mån <30%, 12 mån <40%, 24 mån <50%)?	<input type="checkbox"/>	<input type="checkbox"/>
4. e) Är personer med primärt effektmått adekvat identifierade/diagnostiserade?	<input type="checkbox"/>	<input type="checkbox"/>

Det kan finnas ytterligare kvalitetskriterier som framgår av granskningsmallen som kan visa på andra förtjänster eller brister i studiedesign eller genomgörande än de som listats här. Dessa kvalitetskriterier kan vägas in för att höja eller sänka graden av studiekvalitet. Notera i så fall dessa kriterier här:

Summering relevans:

Hög	<input type="checkbox"/>
Medelhög	<input type="checkbox"/>
Låg	<input type="checkbox"/>
Otillräcklig	<input type="checkbox"/>

Granskningsmall för observationsstudier (MVD)

Författare	
År	
Artikelnummer	

1. Övergripande frågor	Ja	Nej	Kan inte svara	Ej tillämpligt
a) Är frågan/hypotesen klart formulerad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Relevans	Ja	Nej	Kan inte svara	Ej tillämpligt
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2.1 Rekrytering av studiens deltagare

a) Är sättet att rekrytera deltagare acceptabelt? (här bedöms faktorer som annonsrekrytering, konsekutiv rekrytering etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Är inklusionskriterierna tydligt formulerade och acceptabla?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Är exklusionskriterierna tydligt formulerade och acceptabla?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Redovisas antalet personer som inte deltog trots att de var valbara ("eligible") och redovisas orsakerna till att de inte deltog?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Summering studiedeltagare: Är studiepopulationen jämförbar med den aktuella svenska populationen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 Kostintervention

a) Är de undersökta kosterna tydligt definierade avseende makronutrier, energi, livsmedel och/eller fiberinnehåll?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Kan interventionen genomföras under svenska förhållanden med rimliga insatser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ger studien grund för breda kostrekommendationer (dvs avser inte ett enskilt livsmedel)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Om svaret på alla dessa fyra frågor är **Ja** eller **Ej tillämpligt** är studiens relevans **HÖG**.
 Om **tre** av frågorna besvarats med **Ja** eller **Ej tillämpligt** är studiens relevans **MEDELHÖG**.
 Om **en eller två** av frågorna besvarats med **Ja** eller **Ej tillämpligt** är studiens relevans **LÅG**.
 Om **ingen** av frågorna besvarats med **Ja** eller **Ej tillämpligt** är studiens relevans **OTILLRÄCKLIG**.

Summering relevans:

Hög	<input type="checkbox"/>
Medelhög	<input type="checkbox"/>
Låg	<input type="checkbox"/>
Otillräcklig	<input type="checkbox"/>

3. Studiekvalitet: Jämförbarhet	Ja	Nej	Kan inte svara	Ej tillämpligt
<i>3.1 Jämförelse/referensgrupp</i>				
a) Är jämförelse/referensgruppen eller grupperna adekvat valda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Är det en kliniskt relevant jämförelse/referensgrupp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>3.2 Jämförbarhet och förväxlingsfaktorer (confounders)</i>				
a) Har man justerat för skillnader i utbildning eller socioekonomisk status? ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Har man justerat för andra viktiga förväxlingsfaktorer (confounders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Finns det några väsentliga skillnader mellan grupperna (obalanser) i baslinjedata?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Är risken för selektions- eller indikationsbias acceptabelt låg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Ange viktiga möjliga förväxlingsfaktorer som inte har studerats?				

3. Studiekvalitet: Följsamhet, bortfall	Ja	Nej	Kan inte svara	Ej tillämpligt
<i>3.3 Följsamhet (compliance, adherence)</i>				
a) Framgår det i vilken utsträckning deltagarna under observationstiden fortfarande tillhörde den kostgrupp de allokerats till?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Var andelen som fullföljde behandlingen acceptabel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>3.4 Bortfall (antalet deltagare som inte har följts upp enligt studieprotokollet)</i>				
a) Redovisas hur stort bortfallet är? Anges orsakerna till bortfallet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Är bortfallet acceptabelt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Studiekvalitet: Utfallsmått	Ja	Nej	Kan inte svara	Ej tillämpligt
a) Är det primära effektmåttet väl definierat? Baserades slutsatsen på detta mått?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Är personer med primärt effektmått adekvat identifierade/diagnostiserade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Var de som bedömde utfallen/resultaten omedvetna om vilken intervention individerna/patienterna fått?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Bedömer du att risken för betydande registrerings-/mätningbias är låg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Är storleksskillnaderna kliniskt relevanta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

På dessa frågor krävs svaret **Ja** eller **Ej tillämpligt** för **HÖG** studiekvalitet

Om svaret på någon av dessa frågor är **Nej** har studien som högst **LÅG** studiekvalitet

¹ Om hela kohorten bedöms vara homogen i detta avseende anges alternativet "Ej tillämpligt".

5. Studiekvalitet: Statistisk styrka	Ja	Nej	Kan inte svara	Ej tillämpligt
a) Är de överväganden och beräkningar som ligger till grund för urvalsstorleken (sample size) tydligt beskrivna? ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Är den statistiska styrkan (power) tillfredsställande hög?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Studiekvalitet: Analys	Ja	Nej	Kan inte svara	Ej tillämpligt
Har den statistiska analysen av osäkerhet hanterats på ett adekvat sätt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Studiekvalitet: Biverkningar	Ja	Nej	Kan inte svara	Ej tillämpligt
Mättes biverkningar/komplikationer på ett tillfredsställande sätt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Studiekvalitet: Bindningar och jäv	Ja	Nej	Kan inte svara	Ej tillämpligt
a) Finns en förteckning över eventuella bindningar och jäv? (conflict of interests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Bedömer du att studiens resultat inte påverkats av intressekonflikter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Studiekvalitet: Kostspecifika frågor	Ja	Nej	Kan inte svara	Ej tillämpligt
a) Är metoden för kostregistrering valid? ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Har man justerat resultaten med avseende på energiintag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

På denna fråga krävs svaret Ja eller Ej tillämpligt för HÖG studiekvalitet

² Vid negativt resultat kan powerberäkning vara en kritisk kvalitetsindikator.

³ 24 h recall upprepat vid med än 3 tillfällen, matdagbok förd under minst 3 dagar eller validerad food frequency questionnaire (FFQ).

Summering av studiekvalitet

För HÖG studiekvalitet krävs svaret JA el. EJ TILLÄMPLIGT (ET) på följande frågor:	Ja/ ET	Nej
3.2 a) Har man justerat för skillnader i utbildning eller socioekonomisk status?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 b) Har man justerat för andra viktiga förväxlingsfaktorer (confounders)?	<input type="checkbox"/>	<input type="checkbox"/>
4. b) Är personer med primärt effektmått adekvat identifierade/ diagnostiserade?	<input type="checkbox"/>	<input type="checkbox"/>
9. a) Är metoden för kostregistrering valid?	<input type="checkbox"/>	<input type="checkbox"/>

Om svaret på någon av följande frågor är NEJ är studiekvaliteten som mest LÅG	Ja	Nej
3.2 b) Har man justerat andra viktiga förväxlingsfaktorer (confounders)?	<input type="checkbox"/>	<input type="checkbox"/>
4. b) Är personer med primärt effektmått adekvat identifierade/ diagnostiserade?	<input type="checkbox"/>	<input type="checkbox"/>

Det kan finnas ytterligare kvalitetskriterier som framgår av granskningsmallen som kan visa på andra förtjänster eller brister i studiedesign eller genomförande än de som listats här. Dessa kvalitetskriterier kan vägas in för att höja eller sänka graden av studiekvalitet. Notera i så fall dessa kriterier här:

Studiekvalitet:

Hög	<input type="checkbox"/>
Medelhög	<input type="checkbox"/>
Låg	<input type="checkbox"/>
Otillräcklig	<input type="checkbox"/>

Additional File 1 – AMSTAR

<p>1. Was an ‘a priori’ design provided? The research question and inclusion criteria should be established before the conduct of the review.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't answer <input type="checkbox"/> Not applicable
<p>2. Was there duplicate study selection and data extraction? There should be at least two independent data extractors and a consensus procedure for disagreements should be in place.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't answer <input type="checkbox"/> Not applicable
<p>3. Was a comprehensive literature search performed? At least two electronic sources should be searched. The report must include years and databases used (e.g. Central, EMBASE, and MEDLINE). Key words and/or MESH terms must be stated and where feasible the search strategy should be provided. All searches should be supplemented by consulting current contents, reviews, textbooks, specialized registers, or experts in the particular field of study, and by reviewing the references in the studies found.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't answer <input type="checkbox"/> Not applicable
<p>4. Was the status of publication (i.e. grey literature) used as an inclusion criterion? The authors should state that they searched for reports regardless of their publication type. The authors should state whether or not they excluded any reports (from the systematic review), based on their publication status, language etc.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't answer <input type="checkbox"/> Not applicable
<p>5. Was a list of studies (included and excluded) provided? A list of included and excluded studies should be provided.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't answer <input type="checkbox"/> Not applicable
<p>6. Were the characteristics of the included studies provided? In an aggregated form such as a table, data from the original studies should be provided on the participants, interventions and outcomes. The ranges of characteristics in all the studies analyzed e.g. age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases should be reported.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't answer <input type="checkbox"/> Not applicable

<p>7. Was the scientific quality of the included studies assessed and documented? 'A priori' methods of assessment should be provided (e.g., for effectiveness studies if the author(s) chose to include only randomized, double-blind, placebo controlled studies, or allocation concealment as inclusion criteria); for other types of studies alternative items will be relevant.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't answer <input type="checkbox"/> Not applicable
<p>8. Was the scientific quality of the included studies used appropriately in formulating conclusions? The results of the methodological rigor and scientific quality should be considered in the analysis and the conclusions of the review, and explicitly stated in formulating recommendations.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't answer <input type="checkbox"/> Not applicable
<p>9. Were the methods used to combine the findings of studies appropriate? For the pooled results, a test should be done to ensure the studies were combinable, to assess their homogeneity (i.e. Chi-squared test for homogeneity, I^2). If heterogeneity exists a random effects model should be used and/or the clinical appropriateness of combining should be taken into consideration (i.e. is it sensible to combine?).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't answer <input type="checkbox"/> Not applicable
<p>10. Was the likelihood of publication bias assessed? An assessment of publication bias should include a combination of graphical aids (e.g., funnel plot, other available tests) and/or statistical tests (e.g., Egger regression test).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't answer <input type="checkbox"/> Not applicable
<p>11. Was the conflict of interest stated? Potential sources of support should be clearly acknowledged in both the systematic review and the included studies.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't answer <input type="checkbox"/> Not applicable

Bilaga 4. Checklista för bedömning av hälsoekonomiska studiers relevans och kvalitet

Instruktion

Fråga 1 besvaras av projektets medicinska experter.

Frågorna 2–4 besvaras av projektets ekonomiska experter.

Svarsalternativ för frågorna 2–4: Ja Nej ? (när oklart) # (ej relevant)

Författare:

Titel:

Tidskrift/År/Volym/Sidor:

1. Bedömning av studiens kvalitet vad gäller medicinska data

(projektets medicinska experter avgör, ange med ett kryss i tillämplig ruta)

Hög kvalitet	Medelhög kvalitet	Låg kvalitet	Otillräcklig kvalitet

2–4. Bedömning av studiens kvalitet vad gäller ekonomiska aspekter

Frågorna 2–4 besvaras av projektets ekonomiska experter, fråga 4 avser bedömning av studiens kvalitet.

Svarsalternativ för frågorna 2–4: Ja, Nej, ? (när oklart), # (ej tillämpligt), markera med ett kryss.

2. Frågor om studiens relevans ("PICO") för projektets frågeställningar med krav på Ja-svar för inklusion	Ja	Nej	?	#
Är studerad patientpopulation relevant?				
Är interventionen relevant?				
Är jämförelseinterventionen relevant?				
Är utfallsmåttet relevant (t ex QALY, LYS)?				

3. Frågor om ekonomi med krav på Ja-svar för inklusion	Ja	Nej	?	#
Anges studiens perspektiv eller framgår detta indirekt?				
Studeras både kostnader och effekter (eller anges lika effekt)?				
Är effekterna värderade på rätt (adekvat) sätt?				
Är sjukvårdsorganisationen relevant för svenska förhållanden?				
Är relativpriserna relevanta för svensk sjukvård?				
Är jävsförhållandena utan problem för studien?				

4. Frågor för bedömning av studiens kvalitet vad avser den ekonomiska analysen	Ja	Nej	?	#
Presentation av studiens resultat				
Är frågeställningarnas ekonomiska betydelse redovisad?				
Är vald form av ekonomisk analys motiverad med avseende på frågeställningarna?				
Anges sättet för datainsamling?				
Är slutsatserna välgrundade och tydligt uttryckta?				
Bestämdes om skattningar från subgruppsanalys vid studiestart?				
Har jämförelser gjorts med andra studier?				
Visas generaliserbarhet?				
Diskuteras fördelningsfrågor?				
Visas negativa resultatutfall?				
Finns adekvat konsekvensanalys?				
Förs resonemang om alternativkostnader?				

Känslighetsanalys				
Har lämpliga statistiska metoder använts?				
Är spridningen på utfallsmått acceptabel?				
Är utfallet robust för undersökta variabelvärden?				
Ingår patientföljsamhet i analysen?				
Inkrementell analys				
Har inkrementell analys gjord av både kostnader och effekter?				
Diskontering (vid studier längre än 1 år)				
• av kostnader?				
• av effekter?				
Modellstudie				
Är modellen relevant för aktuell frågeställning?				
Är modellen transparent?				
Är vald tidshorisont rimlig jämfört med empiriska data?				
Markov: Är tidscyklerna tydligt beskrivna?				
Markov: Är tidscyklerna motiverade?				
Summera svaren för relevanta frågor under fråga 4				

Vägledning för bedömningen av studiens kvalitet

Förutsättning: Ja-svar på frågorna i Avsnitt 1–3,
samt andelen Ja-svar på de relevanta frågorna i Avsnitt 4:

Över 80%	Hög kvalitet
>60 till <80%	Medelhög kvalitet
>40 till <60%	Låg kvalitet
Under 40%	Otillräcklig kvalitet

Ev kommentarer till studien:

Kriterier, förtydliganden av några punkter på checklistan (under punkt 4):

Är resultaten generaliserbara?

Ja = Resultaten är rimligt överförbara med avseende på ”setting” dvs den miljö där studien genomförts (jfr generaliserbarhet för en studie utförd vid universitetsklinik och studiens generaliserbarhet för patienter i primärvården)

Diskuteras fördelningsfrågor?

Ja = Diskussion med avseende på nationella prioriteringar; diskussion med avseende på ålder, kön, geografisk hemvist, socioekonomiska aspekter osv

Visas negativa resultatutfall?

Ja = Negativa resultatutfall återfinns i text eller i figur, eller anges att negativa resultat ej förekommer (t ex inga biverkningar av läkemedel)

Finns adekvat konsekvensanalys?

Ja = Konsekvensanalys av studiens resultat helst från samhällsperspektiv, men åtminstone från sjukvårdsperspektiv

Förs resonemang om alternativkostnader?

Ja = Förekommer åtminstone i diskussionsavsnittet

Är spridningen för utfallsmått acceptabelt?

Ja = Smala konfidensintervall; låg variationskoefficient (standardavvikelse jfr med medelvärde)

Bilaga 5. Exkluderade studier

Exklusionskriterier: Ej diabetes/IGT; Fel studiedesign; Gruppstorlek för liten; Uppföljningstid för kort; Intervention ej relevant; Effektmått ej relevant; "Fel" språk.

American Diabetes Association Task Force for Writing Nutrition Principles and Recommendations for the Management of Diabetes and Related Complications. Nuposition. American Diabetes Association position statement: evidence-based nutrition principles and recommendations for the treatment and prevention of diabetes and related complications. *J Am Diet Assoc* 2002;102:109-18.

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Adeney KL, Williams MA, Schiff MA, Qiu C, Sorensen TK. Coffee consumption and the risk of gestational diabetes mellitus. *Acta Obstet Gynecol Scand* 2007;86:161-6.

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Al-Maatouq MA, El-Desouki MI, Othman SA, Mattar EH, Babay ZA, Addar M. Prevalence of osteoporosis among postmenopausal females with diabetes mellitus. *Saudi Med J* 2004; 25:1423-7.

Alvarez Leon EE, Henriquez P, Serra-Majem L. Mediterranean diet and metabolic syndrome: a cross-sectional study in the Canary Islands. *Public Health Nutr* 2006;9:1089-98.

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Bilaga 6. Praxisenkät om kostråd till personer med diabetes

SBU genomför en systematisk kunskapsöversikt över det vetenskapliga underlaget för de kostråd hälso- och sjukvården ger till personer med diabetes. I anslutning till denna översikt görs en kartläggning av dagens svenska praxis på området. I denna kartläggning riktar vi oss till läkare, sjuksköterskor och dietister som ger råd i livsstilsfrågor till personer med diabetes. Såväl primärvård som vård vid medicin- och barnklinikernas öppenvårdsmottagning täcks in.

Vi frågar om kostråd för dels typ 1-diabetes, dels typ 2-diabetes. Speciella förhållanden, t ex graviditetsdiabetes eller diabetes med njursvikt, täcks inte in av enkäten.

* Med "konventionell diabeteskost" avses en kost som är:

- energianpassad till den enskilda individens behov
- snål på mättade fetter
- rik på "långsamma" men fattig på "snabba" livsmedel
- fiberrik
- jämn fördelning av måltiderna över dagen

1. Vilka patienter ger du kostråd till:

- Ger du kostråd både till patienter med typ 1-diabetes och typ 2-diabetes JA
- Ger du kostråd bara till patienter med typ 2-diabetes JA

2. Hur stor andel av de personer med diabetes som du ger råd till uppskattar du får råd som i huvudsak handlar om "konventionell diabeteskost"?

a) Typ 1-diabetes

- ≥90% 50–89% ≤49% Osäkert/ej tillämpligt

b) Typ 2-diabetes

- ≥90% 50–89% ≤49% Osäkert/ej tillämpligt

Vi ber dig nu att ange hur ofta du ger olika kostråd på en femgradig skala

3. Mer frukt

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

4. Mer grönsaker

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

5. Bönor, linser och andra baljväxter i utbyte mot potatis och andra snabba kolhydrater, helt eller delvis

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

6. Nötter, avokado och olja i utbyte mot spannmålsprodukter och potatis

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

7. Nötter, avokado och olja i utbyte mot mättade fetter (feta mejeriprodukter, konditorivaror, snacks/chips m m)

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

8. Fiberrika spannmålsprodukter (t ex bröd och flingor) i utbyte mot mättade fetter (feta mejeriprodukter, konditorivaror, snacks/chips m m)

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

9. Protein (kött, fisk, fågel och/eller mjölkprodukter) i utbyte mot spannmålsprodukter och potatis

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

10. Fisk i utbyte mot rött kött/charkuteriprodukter

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

11. Lågkolhydrat (t ex Atkins, LCHF)

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

12. Måltidsersättning med mycket lågt energiinnehåll (VLCD)

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

13. Annat, ange vad



a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

14. Känner du osäkerhet kring vilka kostråd som är evidensbaserade vid diabetes?

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

15. Ifrågasätts de kostråd du ger av dina patienter?

a) Typ 1-diabetes

- Alltid Ofta Ibland Sällan Aldrig

b) Typ 2-diabetes

- Alltid Ofta Ibland Sällan Aldrig

Något om dig själv

Vi vill kartlägga om de praxisvariationer som kan förekomma kan knytas till kön, yrke, var man arbetar och när/var man fått sin grundutbildning

16. Kön

- Man
 Kvinna

17. Yrke

- Läkare
 Sjuksköterska
 Dietist

18. Arbetar i/vid

- Primärvård
 Medicinklinik
 Barn/ungdomsklinik
 Annat, ange vad i nedan fält:

19. När avslutade du din grundutbildning till ditt nuvarande yrke?

- Före 1980
 På 1980-talet
 På 1990-talet
 På 2000-talet

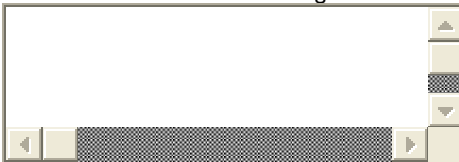
20. Inom vilken sjukvårdsregion genomgick du merparten av din grundutbildning?

- Norra
- Uppsala-Örebro
- Stockholm
- Sydöstra
- Västsvenska
- Södra

21. När fick du senast professionell vidareutbildning om kostråd vid diabetes?

- Senaste året
- 1 till 5 år sedan
- 6 till 10 år sedan
- Mer än 10 år sedan
- Aldrig

Vad handlade den om/i vems regi/vilken föreläsare



22. Ange postnummer för din arbetsplats (ej mellanslag)

23. Hur många patienter med diabetes behandlas vid din klinik?

- Mindre än 20
- 20 till 50
- 50 till 100
- 100 till 400
- Över 400

Bilaga 7. Praxisundersökning

Bakgrund

Det finns begränsad kunskap om i vilken utsträckning olika kostråd ges till personer med diabetes. Till exempel finns inga register motsvarande dem som finns för läkemedel och många andra behandlingsmetoder. För att närmare kartlägga praxis kring kostrådgivning vid diabetes genomfördes en enkätstudie. Syftet var att få en översikt av vilka kostrekommendationer som läkare, sjuksköterskor och dietister idag ger vid diabetes samt att kartlägga eventuella skillnader som kan förklaras av rådgivarens yrke, utbildningstidpunkt och arbetsplats. Dessutom undersöktes förekomsten av geografiska skillnader. Resultaten av praxisundersökningen sammanfattas i Kapitel 6 i rapporten.

Metod och genomförande

Som undersökningsmetod valdes anonym webbenkät med flervalfrågor (se Bilaga 6). Kontaktpersonerna för samtliga kliniker anslutna till Nationella Diabetesregistret (NDR) fick ett mejl med en länk till enkäten och uppmanades att vidarebefordra denna till en läkare, en sjuksköterska samt en dietist på sin klinik. Enkäten tog mindre än 10 minuter att besvara och en pilotstudie med 20 deltagare visade att ingen av frågorna var svårbesvarad. Data samlades in mellan 27 september och 13 november 2009. Under denna period skickades ett introduktionsmejl och tre påminnelser.

På flera ställen i enkäten hänvisas till ”konventionell diabeteskost”, som definierades som en kost som är:

- energianpassad till den enskilde individens behov
- snål på mättade fetter
- rik på ”långsamma” men fattig på ”snabba” livsmedel
- fiberrik
- jämn fördelning av måltiderna över dagen

Svarsfrekvens

Enkätlänken nådde 1 093 kontaktpersoner i diabetesregistret. Totalt 557 svar registrerades från 454 unika postnummer. Eftersom enkäten var anonym kunde inte enskilda personer eller kliniker identifieras, men under antagandet att varje klinik var ensam om sitt postnummer beräknades att svar inkommit från 42 procent av de tillfrågade klinikererna.

Bortfallsanalys

Generellt sett finns i den här typen av undersökningar en risk för snedvridning eftersom de som är mest intresserade och engagerade av en viss typ av diet kan antas vara mer benägna att besvara enkäten än de som inte har lika starka åsikter. Studiedesignen medger tyvärr inte någon djupgående bortfallsanalys.

Resultat

Resultaten av denna praxisundersökning baseras på sammanlagt 557 svar. Av dessa gav 359 personer enbart råd till personer med typ 2-diabetes medan 198 även gav råd till personer med typ 1-diabetes. Jämförelser gjordes med utgångspunkt från typ av diabetes, rådgivarens yrkesgrupp, geografisk region, rådgivarens examensår och klinikers storlek. Den låga svarsfrekvensen gör dock att resultaten måste tolkas med stor försiktighet.

Bakgrundsfakta

Av de svarande var 431 sjuksköterskor (78 procent), 91 läkare (16 procent) och 34 dietister (6 procent). Fyrahundrasextiotvå arbetade inom primärvården (84 procent) och 76 på medicinkliniker (13 procent). Tre procent har angivit andra arbetsplatser, t ex specialistmottagning, företagshälsovård eller barn/ungdomsklinik. Av de svarande var 479 kvinnor (87 procent) och 74 män (13 procent). De svarande var jämnt fördelade över landet.

a) Råd vid typ 1- respektive typ 2-diabetes

Ungefär två tredjedelar av de svarande uppgav att de ger råd om konventionell diabeteskost till över 90 procent av sina patienter. Mindre än en tiondel ger råd om konventionell diabeteskost till mindre än hälften av sina patienter. Jämförelsen visar att personer med typ 1-diabetes får råd om konventionell diabeteskost i samma utsträckning som personer med typ 2-diabetes (Tabell 1).

Tabell 1 Svartsfördelning på frågan: "Hur stor andel av de personer med diabetes som du ger kostråd till uppskattar du får råd som i huvudsak handlar om konventionell diabeteskost?"

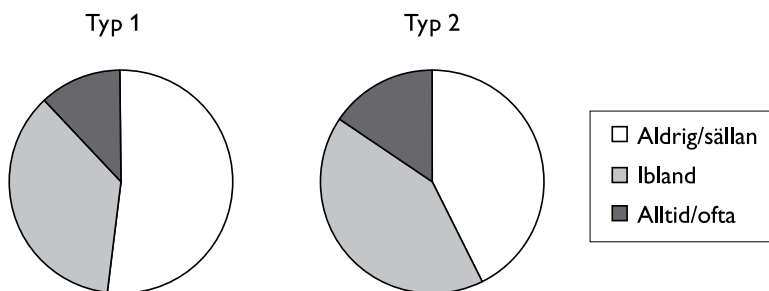
	>90%	50-89%	<49%
Typ 2 (n=557)	65%	26%	9%
Typ 1 (n=198)	69%	25%	5%

Råd till personer med typ 1-diabetes om frukt och grönsaker samt livsmedelsutbyten som syftar till att ersätta mättat fett och "snabba" kolhydrater med omättat fett, protein och "långsamma" kolhydrater skiljer sig inte väsentligt från råd till personer med typ 2-diabetes (Tabell 2). Detsamma gäller råd om måltidsersättning med mycket lågt kaloriinnehåll. Däremot är det vanligare att personer med typ 2-diabetes får råd om lågkolhydratkost än personer med typ 1-diabetes.

Tabell 2 Andel av de svarande som uppger att de ger följande kostråd alltid, ofta eller ibland till personer med typ 1- respektive typ 2-diabetes.

	Typ 1- diabetes (n=198) %	Typ 2- diabetes (n=557) %
Mer frukt	81	87
Mer grönsaker	96	100
Bönor, linser och andra baljväxter i utbyte mot potatis och andra snabba kolhydrater, helt eller delvis	75	88
Nötter, avokado och olja i utbyte mot spannmålsprodukter och potatis	43	52
Nötter, avokado och olja i utbyte mot mättade fetter	81	88
Fiberrika spannmålsprodukter i utbyte mot mättade fetter	75	82
Protein i utbyte mot spannmålsprodukter och potatis	49	61
Fisk i utbyte mot rött kött/charkuteriprodukter	74	81
Lågkolhydrat (t ex Atkins, LCHF)	8	18
Måltidsersättning med mycket lågt kaloriinnehåll (VLCD)	4	7

Det finns en något större osäkerhet om vilka kostråd som är evidensbaserade vid råd till personer med typ 2-diabetes (Figur 1). Denna skillnad beror sannolikt på att de som ger råd till båda typer av diabetes uppger sig vara säkrare på vad som är evidensbaserat än de som bara ger råd till personer med typ 2-diabetes. Personer med typ 2-diabetes ifrågasätter dessutom kostråden oftare än personer med typ 1-diabetes (Figur 2). Denna siffra (cirka 50 procent känner sig ibland, ofta eller alltid ifrågasatta av personer med typ 2-diabetes) var oberoende av om de rådgivande bara arbetar med typ 2-diabetes eller med bägge typer.



Figur 1 Känner du osäkerhet kring vilka kostråd som är evidensbaserade vid diabetes?



Figur 2 Ifrågasätts de kostråd du ger av dina patienter?

b) Yrkestillhörighet

Man kan se vissa skillnader för vad de tre olika yrkesgrupperna rekommenderar sina patienter, och dessa skillnader var oberoende av typ av diabetes. Här diskuteras därför enbart resultaten angående råd till personer med typ 2-diabetes.

Dietister uppger sig i högre grad än de läkare och sjuksköterskor ge råd om *konventionell diabeteskost* (Tabell 3). Läkare är den yrkesgrupp som i högst grad rekommenderar sina typ 2-patienter *lågkolhydratkost* (25 procent) medan inga av de svarande dietisterna uppger att de gör det (Tabell 4).

diabetes som du ger råd till uppskattar du får råd som handlar om konventionell diabeteskost?”.

	>90%	50–89%	<49%
Dietist	85%	12%	3%
Läkare	63%	27%	10%
Sjuksköterska	70%	26%	4%

Dietisterna skiljer sig från läkarna och sjuksköterskorna också i fråga om råd om livsmedelsutbyten som syftar till att ersätta mättat fett och ”snabba” kolhydrater med omättat fett, protein och ”långsamma” kolhydrater. De rekommenderar oftare *utbyte av mättade till omättade fetter* samt i linje med detta *ersättning av kött med fisk*. De är betydligt mindre benägna än de andra yrkesgrupperna, att *ersätta spannmål och potatis* med vare sig *baljväxter, omättade fetter* eller *animaliska proteiner*. Dessutom är de mer benägna att rekommendera *måltidsersättning med mycket lågt kaloriinnehåll*. Läkare är något mindre benägna än dietister och sjuksköterskor att rekommendera *utbyte av mättade till omättade fetter* samt *ökat grönsaksintag*. Sjuksköterskor är minst benägna att *rekommendera måltidsersättning med mycket lågt kaloriinnehåll* (Tabell 4).

Tabell 4 Andel i procent som uppger att de ger följande kostråd alltid, ofta eller ibland.

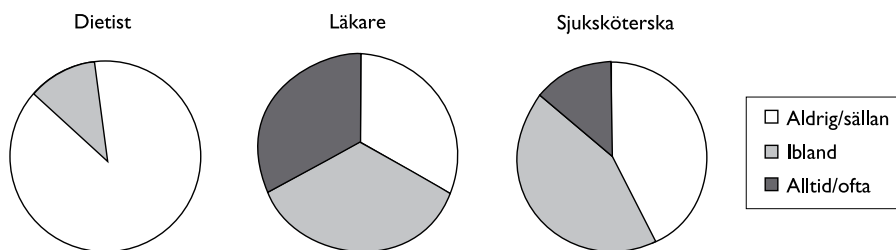
Kostråd (till personer med typ 2-diabetes)	Dietister %	Läkare %	Sjuksköterskor %
Mer frukt	88	81	89
Mer grönsaker	100	100	100
Bönor, linser och andra baljväxter i utbyte mot potatis och andra snabba kolhydrater, helt eller delvis	82	92	87
Nötter avokado och olja i utbyte mot spannmålsprodukter och potatis	16	51	55

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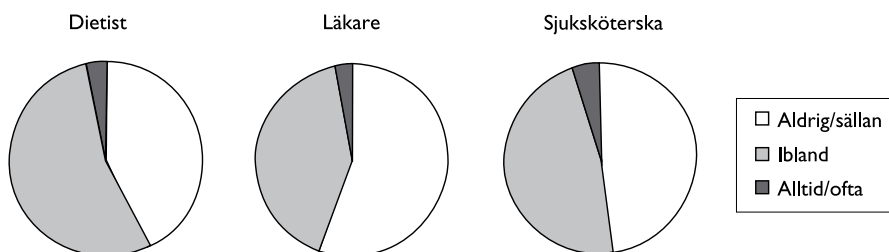
Tabell 4 fortsättning

Kostråd (till personer med typ 2-diabetes)	Dietister	Läkare	Sjuksköterskor
	%	%	%
Nötter, avokado och olja i utbyte mot mättade fetter	100	83	88
Fiberrika spannmålsprodukter i utbyte mot mättade fetter	72	83	83
Protein i utbyte mot spannmålsprodukter och potatis	39	66	62
Fisk i utbyte mot rött kött/charkuteri-produkter	94	83	80
Lågkolhydrat (t ex Atkins, LCHF)	0	25	18
Måltidsersättning med mycket lågt kaloriinnehåll (VLCD)	21	13	5

Läkarna är den yrkesgrupp som uppger att de känner störst osäkerhet kring vilka kostråd som är evidensbaserade medan de flesta dietister uppger att de sällan eller aldrig upplever osäkerhet (Figur 3). Läkarna är däremot den yrkesgrupp som i minst grad upplever att deras råd ifrågasätts av patienterna (Figur 4). Samtliga upplever att patienter med typ 2-diabetes oftare ifrågasätter kostråden än de med typ 1-diabetes.



Figur 3 Känner du osäkerhet kring vilka kostråd som är evidensbaserade inom diabetes? (typ 2-diabetes).



Figur 4 Ifrågasätts de kostråd du ger av dina patienter? (typ 2-diabetes).

c) Geografisk indelning

I SBU:s praxisrapport har klinikerna delats in i sjukvårdsregioner för att se om det finns några geografiska skillnader i de kostråd som ges. Svarande som ger råd till personer med typ 1-diabetes är, när man delar in dem i sjukvårdsregioner, för få för att några slutsatser ska kunna dras. Därför har endast svar om kostråd till personer med typ 2-diabetes analyserats avseende geografisk indelning.

Tabell 5 Andel i procent som uppger de ger följande kostråd alltid, ofta eller ibland (typ 2-diabetes).

	Norra (n=81) %	Uppsala- Örebro (n=119) %	Stock- holm (n=72) %	Syd- västra (n=86) %	Syd- östra (n=59) %	Södra (n=105) %	Hela riket (n=557) %
Mer frukt	81	92	92	86	91	88	87
Mer grönsaker	99	99	100	100	100	100	100
Bönor, linser och andra baljväxter i utbyte mot potatis och andra snabba kolhydrater, helt eller delvis	89	87	82	92	89	90	88
Nötter, avokado och olja i utbyte mot spannmålsprodukter och potatis	58	53	49	49	53	51	52
Nötter, avokado och olja i utbyte mot mättade fetter	85	91	86	90	78	91	88
Fiberrika spannmålsprodukter i utbyte mot mättade fetter	84	81	89	86	81	76	82
Protein i utbyte mot spannmålsprodukter och potatis	70	58	59	67	63	57	61
Fisk i utbyte mot rött kött/ charkuteri-produkter	83	85	81	84	80	78	81
Lågkolhydrat (t ex Atkins, LCHF)	28	16	13	13	16	17	18

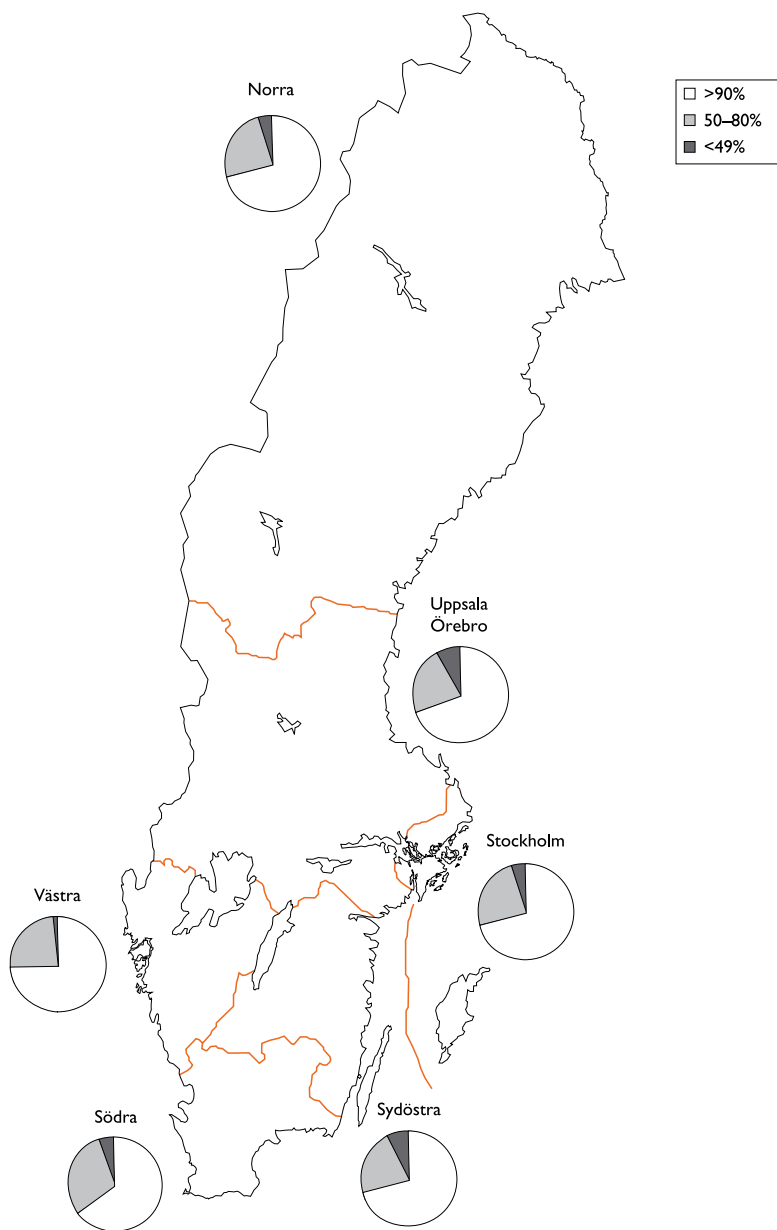
Måltidsersättning med mycket lågt kaloriinnehåll (VLCD)	3	7	4	13	10	6	7
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Skillnaderna i kostråd beroende på geografisk placering är inte så dramatiska. Några tendenser som kan skönjas är dock att man i Sydöstra regionen i minst utsträckning rekommenderar *omättade istället för mättade fetter*, och att man i Västra regionen i störst utsträckning rekommenderar *måltidsersättning med mycket lågt kaloriinnehåll* (13 procent).

Norra regionen är den region som mest avviker från de andra. Här ger 28 procent sina patienter åtminstone ibland råd om *lågkolhydratkost* vilket är tio procentenheter högre än riksgenomsnittet. Samtidigt är man i Norra regionen minst benägna att rekommendera *måltidsersättning med mycket lågt kaloriinnehåll*. I Norra regionen ger man oftare än i övriga regioner råden att *ersätta spannmål med protein och omättade fetter* och rekommenderar i minst utsträckning patienterna att *äta mer frukt*.

Konventionell diabeteskost

Den regionala utbredningen av rekommendationer om konventionell diabeteskost illustreras i Figur 5. Konventionell diabeteskost rekommenderas i högst utsträckning i Västra sjukvårdsregionen. Skillnaderna mellan övriga regioner i detta avseende är mindre.



Figur 5 Hur stor andel av de personer med diabetes som du ger råd till uppskattar du får råd som handlar om konventionell diabeteskost?

Osäkerhet och ifrågasättande

I Norra sjukvårdsregionen känner man i störst utsträckning osäkerhet kring vilka kostråd som är evidensbaserade. Minst osäkerhet upplever man i Stockholm, Västra och Sydöstra regionen (Tabell 6). Inga regionala skillnader kunde uppmätas för hur ofta rådgivaren upplever att patienterna ifrågasätter kostråden.

Tabell 6 Andel i procent som uppger att de känner osäkerhet kring vilka kostråd som är evidensbaserade vid diabetes.

	Aldrig/sällan %	Ibland %	Alltid/ofta %
Norra	28	45	27
Uppsala-Örebro	41	46	13
Stockholm	50	40	10
Västra	49	36	15
Sydöstra	49	37	14
Södra	40	45	14

d) Grundutbildning och storlek på klinik

I enkäten inhämtades dessutom uppgifter om när grundutbildningen avslutats och klinikens storlek. Dessa variabler saknade dock betydelse för eventuella skillnader i kostråden till personer med diabetes.

Diskussion och slutsats

Syftet med praxiskartläggningen var att få en översiktlig bild av hur dagens praxis gällande kostrådgivning ser ut, samt om det finns skillnader i rådgivningen beroende på egenskaper hos den rådgivande eller dennes klinik. Då svarsfrekvensen blev relativt låg (42 procent) och man kan anta att de som valt att svara skiljer sig från de som inte svarat t ex

genom ett större intresse för kostfrågor är det svårt att dra alltför långtgående slutsatser.

Praxisenkäten visar att majoriteten av de svarande rekommenderar personer med diabetes konventionell diabeteskost i hög utsträckning. Dietister är mer benägna, och läkare mindre benägna, att göra detta.

Majoriteten av de som ger råd till personer med typ 2-diabetes rekommenderar livsmedelsutbyten som syftar till att ersätta mättat fett med omättat fett eller fiberrika spannmålsprodukter och att ersätta ”snabba” med ”långsamma” kolhydrater. Ungefär hälften av de svarande rekommenderar livsmedelsutbyten som syftar till att ersätta ”snabba” kolhydrater med omättade fetter eller protein. Alla svarande rekommenderar ökat intag av grönsaker, och något färre rekommenderar ökat intag av frukt.

Dietisterna som deltog i denna undersökning skiljer sig betydligt från läkarna och sjuksköterskorna i sina kostråd genom att de mer konsekvent rekommenderar konventionell diabeteskost och aldrig lågkolhydratkost. Dietisterna tycks också vara mindre benägna att rekommendera utbyten av spannmål och potatis med baljväxter, omättade fetter eller animaliska proteiner. Då enbart 34 dietister svarat på enkäten är det svårt att dra några långtgående slutsatser ur dessa fynd.

Läkarna uppger oftare än sjuksköterskor att de rekommenderar lågkolhydratkost. Läkarna är också den yrkesgrupp som i lägst grad rekommenderar ökat intag av frukt, och i högst grad rekommenderar utbyte av ”snabba” kolhydrater mot baljväxter och protein, råd som är förenliga med principerna för lågkolhydratkost.

I Norra sjukvårdsregionen får personer med diabetes i större utsträckning än i övriga regioner råd som är förenliga med lågkolhydratkost, men det är också i Norra regionen som rådgivarna upplever störst osäkerhet om vilka kostråd som är evidensbaserade.