

COMMENTS AND
RESPONSES

**Response to
Comment on:
Wheeler et al.
Macronutrients, Food
Groups, and Eating
Patterns in the
Management of
Diabetes: A
Systematic Review of
the Literature, 2010.
Diabetes Care
2012;35:434-445**

We appreciate the comments from Drs. Esposito and Giugliano (1) concerning our systematic review (2). Each issue will be addressed as outlined in their letter.

Wrong statement about results of published articles (reference 104): We acknowledge that the results were misquoted in the systematic review and appreciate the identification of the error. The correct data have been substituted in the online version of the article.

Reporting of one triplicate study (references 105–107): The three publications include different patients from the same hospital, different meals consumed, and, to some extent, different methodology used. The authors (personal communication with Smaragdi Antonopoulou, PhD on 22 February 2012) have confirmed that the publications are three separate studies.

Missing published studies: The two other clinical trial references provided (3,4) do meet the inclusion criteria for the systematic review and should have been included in the review. However, because both of these studies had a retention rate of <80%, according to our systematic review procedure, they would not have been included in the key summary for each topic area. Further, the diet that significantly improved A1C over the control diet in the

three-arm study by Elhayany et al. was a combination of a Mediterranean diet and a moderately low-carbohydrate diet (35% carbohydrate, 45% fat); the traditional Mediterranean diet (50–55% carbohydrate, 30% fat) did not demonstrate an advantage for A1C over the control diet.

Two other studies provided—a cross-sectional study (5) and a systematic review (6)—also meet our inclusion criteria and should have been included in the review. However, neither would have affected the summary statement. The cross-sectional study would not have been included in the summary as it did not compare the Mediterranean diet to any other type of eating pattern, and the systematic review did not add any additional studies that fit our inclusion criteria.

To clarify, our review does not suggest that the Mediterranean diet should be avoided in patients with diabetes; we simply state that “there appears to be no advantage in using the Mediterranean-style eating pattern compared with other eating patterns for glycemic control.” From our review, we found that several different eating patterns, including the Mediterranean diet, show promise for achieving glycemic control. There was, however, not one particular eating pattern with definitive evidence as being better than the others. This leaves health care providers the opportunity to work with individuals to adopt eating patterns honoring their own culture, food preferences, and food availability while still achieving glycemic control.

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