Lifestyle Modification for Prevention and Management of Diabetes Mellitus

Live CHAMPS Webcast, 04/15/09, Presented by Michael T. McDermott, MD

Webcast Follow-Up: Responses to Questions Posed During the live Event

1. Which bariatric surgery would you more likely recommend for a patient with obesity and Type II diabetes?

It depends on their body weight and their goals. Each patient who is considering bariatric surgery should sit down with the bariatric surgeon and discuss which procedure is best and safest for them. I prefer the gastric bypass roux y procedure for most because it gives the best weight loss.

2. In regards to studies comparing the effects of various diet types, were the various diets the same amount of calories?

No. The low carbohydrate diets in some studies had unrestricted calorie intake, based on the premise that people on low carbohydrate, higher fat diets tend to automatically reduce their calorie intake, since that is one of the underlying effects of this type of diet. In the slide set, I have indicated whenever there was specific calorie restriction.

3. On the second slide regarding the Whitehall II Study, does "CI" stand for "confidence interval"?

Yes. Confidence Interval is correct.

4. Do you know of any studies on utilizing behavioral health professionals with patients' attempts to make lifestyle modification?

Yes. There are some that I have seen presented in lectures and are published, although I do not have the specific references. One of the studies I showed during my talk (Yamaoka K, Diabetes Care 2005; 28:2786) evaluated the effect of formal lifestyle education. Look up that article and use it and its reference list.

5. Where does Type 1.5 come into the picture, and is it more related to type 1 or 2?

Type 1.5 DM is more related to Type 1 DM. Some people use the term Type 1.5 DM to mean Latent Autoimmune Diabetes of Adults (LADA), which actually is just Type 1 DM developing in adults, in my opinion. Others use the term Type 1.5 DM to refer to adults with autoimmune insulin deficiency (Type 1 DM) and features of metabolic syndrome (obesity, hypertension, hypertriglyceridemia, low HDL, insulin resistance). In either case, beta cell destruction is a primary event and is autoimmune in nature in the vast majority, which makes it more like pure Type 1 DM than like Type 2 DM.