

DIET, DIABETES AND LARGE BOWEL CANCER - A REAPPRAISAL

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Together with atherosclerotic vascular disease, obesity and alcohol abuse, maturity onset diabetes (MOD) and large bowel cancer constitute the principal nutritionally-related problems of affluent society. Although MOD has a strong genetic determination, its emergence almost always requires the presence of obesity. Most (80-90%) of Australian diabetics are obese MOD and, therefore, most diabetes in this country is avoidable. Additionally, the abnormality of glucose tolerance seen in diabetes is minimised by the intake of a high carbohydrate (eg 55% of energy intake), high dietary fibre (probably greater than 30 g/day) diet in contrast to the previously recommended lower carbohydrate (40%) and lower fibre (about 15 g/day) diets (1). This means that diabetics should prefer whole grain cereals, fruits and vegetables to meat and dairy products in their diets. An added benefit of such a dietary approach is that the blood fats, cholesterol and triglyceride will be lower (2). The risk for atherosclerotic vascular disease, the major cause of death and morbidity in diabetics, should thereby be reduced.

A low fat, high dietary fibre diet may also decrease the risk of colon (large bowel) cancer (3-5). In particular, it would appear that dietary cholesterol is a strong independent dietary determinant of colon cancer (6). Vegetables may, apart from their fibre content, protect against bowel cancer in other ways because, for example, of their indole content (3). The food intake and colon cancer mortality differences between different ethnic groups in Australia may allow these questions to be examined in more detail.

Overall, it would seem that in respect of Australia's principal nutritional problems, a move away from the prevailing level of meat and dairy food consumption towards a higher whole grain cereal, fruit and vegetable intake is desirable.

REFERENCES:

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