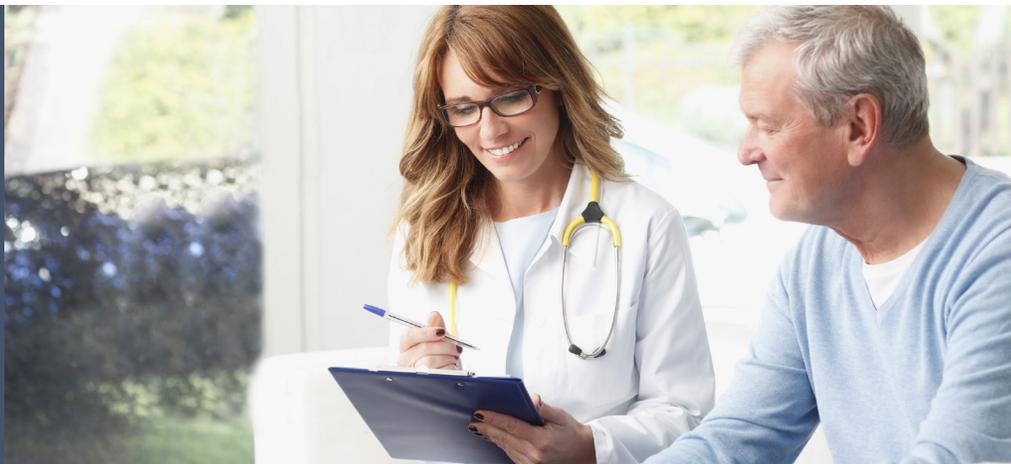


New Research Shows that Increasing Dietary Fibre is a Healthy Investment



Dr. Peter Jones,
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Centre for Functional Foods and Nutraceuticals, shares the results of a new study he led on the impact of cereal fibre consumption on Canadian healthcare system costs.



Q: What do the results of the cost-of-illness analysis reveal about the impact of Canadians' fibre intake?

A: The results reveal that increasing the fibre intake of Canadians can improve their health and generate significant healthcare cost savings. **The study showed that if Canadian adults increased their intake of cereal fibre by just 1 gram per day, annual healthcare costs related to type 2 diabetes and cardiovascular disease could be reduced by up to \$143.2 million.**¹

As these are two of the most costly diet-related diseases in Canada,¹ this data demands a fresh look at fibre.

Q: What should Canadian healthcare professionals know about dietary fibre?

A: The health benefits of a high-fibre diet are already well-recognized. Dietary fibre has been associated with a lower prevalence of type 2 diabetes and cardiovascular disease,^{2,3,4} as well as a reduced risk of digestive disorders and obesity.^{5,6} Diets with higher levels of cereal fibre, which is found in cereal grains like wheat and oats, are associated with the lowest risks of type 2 diabetes,^{7,8} and cardiovascular disease,^{9,10} as compared to fibre from vegetables or fruit. The protective effects of this "powerhouse" nutrient are related to its ability to lower cholesterol, improve blood sugar control, promote regularity and increase satiety to assist with weight management.¹¹

Canadian women consume only about 16 grams of dietary fibre per day, and men about 19 grams per day.¹² These amounts are far below the Canadian Diabetes Association's recommendation of 25 to 50 grams of fibre per day for adults living with diabetes.¹³

Despite the health benefits of dietary fibre and the potential impact on Canada's healthcare costs, many Canadians do not get enough.

Q: How can healthcare professionals help boost their patients' fibre intakes?

A: Healthcare professionals play a critical role in informing their patients living with type 2 diabetes that they may not be getting enough fibre and educating them about strategies on how to consume more cereal fibre.

This includes increasing awareness of sources of cereal fibre, such as bran-based or whole grain cereals and breads, and discussing how high-fibre sources can be easily integrated into their patients' existing diets.

For more information about the benefits of dietary fibre, the impact that fibre can have on healthcare system costs and for tools to support counselling with your patients, visit startwithfibre.ca.

A Key Ingredient for Reducing Healthcare Costs

Kellogg's* All-Bran Buds* cereal is one of the simplest and most effective ways to help your patients get more fibre. It provides 11 grams of fibre and 70 calories in just a 1/3 cup, and contains a unique combination of psyllium and wheat bran fibres. Psyllium fibre has been shown to lower cholesterol and improve blood sugar control, and wheat bran is the best fibre to promote regularity.¹⁴

Talk to your patients about high-fibre foods, such as **Kellogg's* All-Bran Buds*** cereal, which can be added to many everyday foods and dishes that your patients already eat. For great ways to boost the fibre in a variety of recipes visit allbran.ca.



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¹Abdullah MMH, et al. Cost-of-illness analysis reveals potential healthcare savings with reductions in type 2 diabetes and cardiovascular disease following recommended intakes of dietary fiber in Canada. *Front. Pharmacol.* 2015;6:167. doi: 10.3389/fphar.2015.00167. ²Merchant AT, et al. Dietary fiber reduces peripheral arterial disease risk in men. *J Nutr* 2003;133:3658-3663. ³Kendall C, et al. The link between dietary fibre and human health. *Food Hydrocoll.* 2010;24:42-48. doi: 10.1016/j.foodhyd.2009.08.002. ⁴Chen GC, et al. Dietary fiber intake and stroke risk: a meta-analysis of prospective cohort studies. *Eur J Clin Nutr* 2013;67:96-100. doi: 10.1038/ejcn.2012.158. ⁵Petruzzello L, et al. Review article: uncomplicated diverticular disease of the colon. *Alimen Pharmacol Ther* 2006;23:1379-1391. doi:10.1111/j.1365-2036.2006.02896.x. ⁶Liu S, et al. Relation between changes in intakes of dietary fiber and grain products and changes in weight and development of obesity among middle-aged women. *Am J Clin Nutr* 2003;78:920-927. ⁷Cho SS, et al. Consumption of cereal fiber, mixtures of whole grains and bran, and whole grains and risk reduction in type 2 diabetes, obesity and cardiovascular disease. *Am J Clin Nutr* 2013;98:594-619. doi: 103945/ajcn.113.067629. ⁸InterAct Consortium. Dietary fibre and incidence of type 2 diabetes in eight European countries: the EPIC-InterAct Study and a meta-analysis of prospective studies. *Diabetologia* 2015; 58:1394-1408. doi: 10.1007/s00125-015-3585-9. ⁹Mozaffarian D, et al. Cereal, fruit, and vegetable fiber intake and the risk of cardiovascular disease in elderly individuals. *JAMA* 2003;289:1659-1666. doi:10.1001/jama.289.13.1659. ¹⁰Threapleton DE, et al. Dietary fibre and risk of cardiovascular disease: systematic review and meta-analysis. *BMJ* 2013;347:f6879. doi:10.1136/bmj.f6879. ¹¹Howlett JF, et al. The definition of dietary fiber — discussions at the Ninth Vahouny Fiber Symposium: building scientific agreement. *Food Nutr Res* 2010;54:5750. ¹²Health Canada, Statistics Canada. Canadian Community Health Survey, Cycle 2.2, Nutrition (2004). ¹³Dworatzek PD, et al. Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada: nutrition therapy. *Can J Diabetes* 2013;37(suppl 1):S45-S55. ¹⁴Institute of Medicine of the National Academies of Sciences. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fatty Acids, Cholesterol, Protein and Amino Acids. *The National Academies Press*. Washington, DC, 2002/2005.