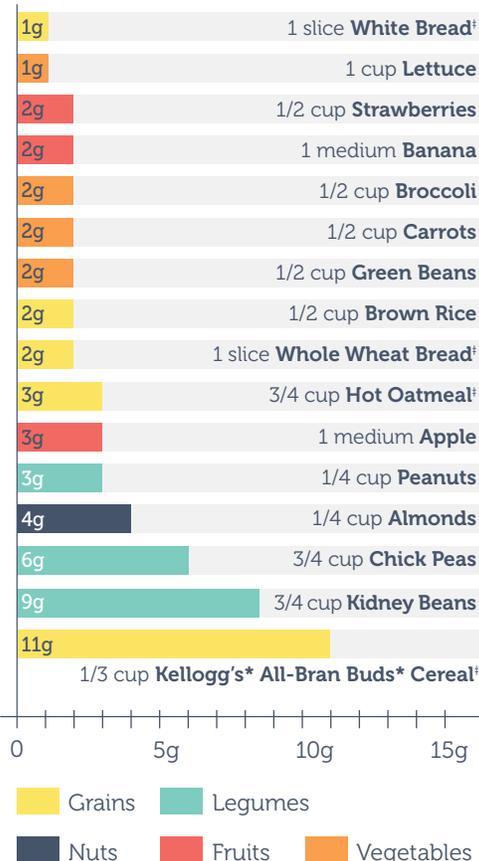


Saving Millions in Healthcare Costs Can Start with What's for Breakfast



Fibre Content of Common Foods

Fibre rounded to nearest gram



[†]Provides cereal fibre.

Source: Health Canada, Nutrient Value of Common Foods and Canadian Nutrient File



Nutrition counselling is a critical part of the treatment and management of type 2 diabetes, and fibre is a key component of the conversation. The health benefits of fibre are well-recognized and 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.¹

Did You Know?

A recent study revealed 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.²

A higher level of cereal fibre, which is found in cereal grains such as wheat and oats, is associated with the lowest risk for type 2 diabetes,^{3,4} and cardiovascular disease,^{5,6} compared to fibre from vegetables or fruit.

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

get enough. Canadian women consume only about 16 grams of dietary fibre per day, and men about 19 grams per day.⁷

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.⁸

There are many ways to increase fibre intake, starting with breakfast.

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.⁹

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.

*© 2016, Trademark of Kellogg Company used under licence by Kellogg Canada Inc.

¹ Howlett JF, et al. The definition of dietary fiber—discussions at the Ninth Vahouny Fiber Symposium: building scientific agreement. *Food Nutr Res* 2010;54:5750. ² Abdulah 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. ³ Cho 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: 10.3945/ajcn.113.067629. ⁴ InterAct 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. ⁵ Mozaffarian 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. ⁶ Threapleton DE, et al. Dietary fibre and risk of cardiovascular disease: systematic review and meta-analysis. *BMJ* 2013;347:f6879. doi:10.1136/bmj.f6879. ⁷ Health Canada, Statistics Canada. Canadian Community Health Survey, Cycle 2.2, Nutrition (2004). ⁸ Dworatzek 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. ⁹ Institute 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.