Geoffrey Livesey, B.Sc, Ph.D

Geoff is a nutritional biochemist now in consultancy worldwide as director of Independent Nutrition Logic Ltd (UK). Formerly he was at the Universities of Surrey (B.Sc 1st. Biochem), Keele (Ph.D. Cell biol.), Oxford (Post-doc clin metab) and East Anglia (lecturer) in the UK. His first post was with Marie Curie MF Cancer Res (Surrey, UK). His research interests has seen associated with several university hospitals, Radcliff (Oxford), Addenbrooks (Cambridge) and Norfolk and Norwich (Norfolk), and he was Principal scientist at the Institute of Food Research (Norwich, UK). Geoff's interest in metabolic research began while at the MRC Metabolic Research Laboratory (Oxford) led by Sir H. A. Krebs. Geoff had grants and commissions from various organisations (EC, FAO, MRC, AFRC/BBSRC, MAFF, ILSI, EPA, CCC) and contributed to the work of several expert groups (BNF,LSRO, ILSI, FAO, WHO, HC). Current memberships include AfN, ASN, NS, Diabetes UK, RSM, ICQC, SENSE, and Acumentia.

Achieving low glycaemic response diets within food-based approaches to healthy eating

Dietary advices on heathy diets from various national authorities are based on food categories and on diet compositions. The simplest advice is generally "eat more fruit and vegetables" through to more complex advice informing on up to ten food categories. Often the advice is considered to result in diets of low glycaemic index (GI), implying there is no need to inform about this property of a food or diet to achieve a healthy diet. But can such food-based advice be optimal for limiting the incidence of T2D or CHD? Meta-analysis of the International GI Tables suggests not. Might another component of diet (e.g. protein content) be important, too? Meta-analysis of prospective cohort studies suggest yes. Is there evidence of effectiveness across the continuum from healthy persons to persons with diabetes? Meta-analysis indicates yes. Is there are role for prebiotics, for example, isomaltulose and inulin? Analyses will be presented.

Learning objectives:

1. Learn why current national food based advices are suboptimal for limiting the incidence and management of T2D and CHD.
2. Learn why dietary protein and GI together appear highly important in dietary risk assessment for T2D and CHD.
3. Learn the extent prebiotics appear to have a role in the management blood glucose.