Ulf Risérus, PhD
After postdoctoral training at Oxford Centre of Diabetes, Endocrinology and Metabolism, Oxford University, Risérus´ was in 2009 appointed associate professor in clinical nutrition and metabolism at the Medical Faculty, Uppsala University, Sweden. He is leading a research group targeting dietary prevention of obesity and its related diseases. Specific expertise concerns the role of dietary fats and Nordic dietary patterns in cardiometabolic diseases. Risérus is since 2012 the president of the Diabetes and Nutrition Study Group of the European Association for the Study of Diabetes (EASD), a pan European study group that develops evidence-based nutritional guidelines for the treatment of type 2 diabetes.

The Nordic diet in diabetes

Dr Ulf Risérus, Clinical Nutrition and Metabolism, Department of Public Health and Caring Sciences, Uppsala University, Sweden

A Healthy Nordic diet consists of a combination of healthy foods occurring in recommended dietary patterns (e.g. Mediterranean diet and DASH-diet), and is mainly a plant-based fibre-rich diet that also includes fish. The Healthy Nordic diet is low in saturated fat, trans fat and red meats with the majority of fat coming from rapeseed oil, sunflower oil, seeds and nuts (e.g. hazelnuts, almonds) and fatty fish. Carbohydrate sources include wholegrain rye, barley and oats, but less from wheat. Fruits (e.g. apples and pears) and berries, as well as legumes, vegetables, root vegetables and cabbages are also key foods. Although no data exist in patients with diabetes, limited available data suggest promising results with regard to prevention of prediabetes, cardiometabolic disorders and reduction of mortality risk. Ongoing and future studies are needed to gain knowledge regarding the role of healthy Nordic foods in type 2 diabetes.

Learning objectives:
1. To know what a Healthy Nordic diet is
2. What is the scientific data on the effects on such diet on prediabetic states (e.g. metabolic syndrome and hyperlipidemia) and on diabetes and CVD risk factors
3. What is the association with CVD and mortality in observational studies
4. What are the key knowledge gaps in this field