

A study published in the *British Medical Journal* shows that whole fruits, but not fruit juice, may significantly reduce the risk of type 2 diabetes. Fruits with the greatest impact on the reduction of diabetes risk were blueberries, grapes and apples.

Increased whole fruit consumption may lower risk of type 2 diabetes

Fruits are rich in many nutrients including antioxidants, fiber, and other phytonutrients that are beneficial to health. The recommended intake of fruits is based primarily for prevention of many chronic diseases, including type 2 diabetes. Less is known, however, about how individual fruits may impact the risk of type 2 diabetes.

In a study published in the *British Medical Journal*, researchers examined the associations of individual fruit consumption in relation to risk of type 2 diabetes in U.S. adults. The analysis included 66,105 women from the Nurses' Health Study (1984–2008), 36,173 men from the Health Professionals Follow-up Study (1986–2008), and 85,104 women from the Nurses' Health Study II (1991–2009) who were all free of major chronic diseases at the beginning of these studies. Data was collected every four years from questionnaires that provided information on dietary habits, food frequencies and health status, including diabetes.

During the follow-up period, 12,198 subjects developed type 2 diabetes. Total whole fruit consumption was only weakly associated with a lower risk of type 2 diabetes. When individual fruits were analyzed, however, several had significant impacts on diabetes risk. For every three servings/week of blueberries there was a 26% decreased risk of type 2 diabetes, and grapes and apples reduced risk by 12% and 7% respectively.

The results of this study show that consumption of specific whole fruits, especially blueberries, grapes, and apples, is significantly associated with a lower risk of type 2 diabetes. Fruit intake as juice, not whole fruit, is related to an increased risk of type 2 diabetes.

Isao Muraki et al. Fruit consumption and risk of type 2 diabetes: results from three prospective longitudinal cohort studies. *BMJ* 2013;347:f5001.