

VIDEO_ David Unwin - Interview (Breckenridge 2017)

Dr. Eenfeldt: Can low-carb make it fun to be a doctor again? I'm going to talk to Dr. David Unwin, who is the NHS Innovator of the Year. I'm Andreas Eenfeldt from DietDoctor.com and I'm here with Dr. David Unwin. Thank you for being here.

Dr. Unwin: You're welcome.

Dr. Eenfeldt: So the NHS innovator of the year. Can you tell me what that is?

Dr. Unwin: So once a year everybody who works in the NHS, that's public health service...

Dr. Eenfeldt: In the UK.

Dr. Unwin: ...everybody is entitled to apply for an award, which is to do with something innovative, do something different and it includes general practitioners, surgeons, midwives, porters, anybody who works in the NHS. And I won and I'm proud because I think it's the first time a GP has ever won it.

Dr. Eenfeldt: So how did that come about? I know it has something to do with low-carb, but...

Dr. Unwin: It's quite a long story. So if we got time we'll go back. So that's just me now cheerful and amazed and enjoying general practice and something I expected to retire years ago and I'm still there. And perhaps the interest is contrasting that with where I was about five years ago.

Dr. Eenfeldt: Where were you?

Dr. Unwin: So five years ago I was thinking of retiring. I was disappointed in myself I think, because it didn't feel I was making a difference. I was thinking about why had I become a doctor. And when I was young I wanted to be a doctor to make a difference to people and I had an idea I'd make a big difference and they would be grateful and it would be wonderful.

But as the years went by it felt that maybe I let the patients down, because I was measuring things all the time and sometimes I didn't even care that much about the things I've measured. And then I felt I was just giving them drugs and then they got a bit more poorly say hypertension or something, then I gave them more drugs... And it wasn't fulfilling because I didn't feel I was really making a difference.

Because I didn't see people who really looked better. Obviously sometimes maybe they had a chest infection or something and then they were much better, but many of the chronic diseases, they didn't look any better. They just seemed to deteriorate slowly and it sounds a bit disappointed. So I was coming to retirement and I thought, "I'll do something else." And then I particularly remember... I am a runner... my wife and I we're doing a run together and you think really well when you run.

I said to my wife, "I think it's probably time I finish now pretty soon." She said, "Don't talk like that." I said, "I am not sure I have achieved as much as I'd hoped." She said, "Why don't we do one last thing? Why don't we do one thing together? Something that has nothing to do with making money, nothing to do with targets or anything measured or something that other people have made you do. Why don't we do something that we really believe in that would benefit patients?"

And she's a clever one and she said, "Let's do something hard. So what are the hardest group of people that you feel worst about?" I said, "I think it's the overweight type 2 diabetics."

Dr. Eenfeldt: Why did you feel that was the hardest thing?

Dr. Unwin: Because they were the group I felt I'd let down most in... If I'm honest, I was annoyed that they didn't get better. So was it my fault or they were not taking my advise? I don't know. So much so that I actually was senior partner and I had a very kind, younger partner and he took over the entire control of diabetes for the practice. So I abrogated that utterly.

Dr. Eenfeldt: You didn't want to do it.

Dr. Unwin: No, I didn't do any of it. But I felt kind of bad about that. So they were the group that I thought... And then we thought, "What could we do?" And just so happens that my wife had read a wonderful book by John Briffa. I think is called "Beat the Diet Trap". And that was our first introduction to the low-carb diet. And so there was another group of patients I felt bad about.

Around that time we were screening all our patients for pre-diabetes and we knew who they were in the practice, we got hundreds of them. And we had to do the screening, I expect we were paid to do it. But what was so disappointing is we would tell people that they had pre-diabetes, but we didn't really do much about it and we weren't doing much. And so then the particular group we started with where... We lacked confidence to try low-carb on the type 2 diabetics.

And we thought we might draw attention to ourselves by doing that because it was a bit controversial. So we thought, "Why don't we try the pre-diabetics?" And we

reasoned that the pre-diabetics, who were most at risk or the young pre-diabetics, and we knew who they were... So we could get the names off the computer system and we wrote to them...

I think it was the pre-diabetic under 54 and we thought we'd just start with those and we had an idea, "Let's do this in our own time." So we did it on a Monday night, about 6:30, so nobody was disadvantaged by me doing this. Because the partners could have thought I ought to be doing really sick people. Also men, working people could come. So we did them in batches of 20 on a Monday night.

Dr. Eenfeldt: So it was like a group meeting?

Dr. Unwin: Yeah but it was completely new and so interesting because we've never done group work.

Dr. Eenfeldt: When was this?

Dr. Unwin: It was about 2012 when we started out. And the first group of 20... We bought each of them a copy of John Briffa book. and said, "Here is a present. Read that and let us know what you think." And they read the book and then we started all together on the low-carb. So my wife and I, we went low-carb experimenting just like they were. And then we meet once a week on Monday and we'd be talking how was it going, what have we learned, what could we teach each other. And the results we started getting were amazing.

Dr. Eenfeldt: What kind of results?

Dr. Unwin: The weight loss. Some of these people were very heavy and they were losing loads of weight. The first thing they noticed was increase in energy. I think that was first thing that they noticed. They looked healthier and this is what I haven't seen before. These were people coming back looking so different in their face. Particularly around their eyes was the first thing I noticed that they had more energy. And I was so proud because they were taking control and they were doing better than they thought.

Dr. Eenfeldt: This was quite different from what you talked about before this chronic disease, you know, getting worse every year.

Dr. Unwin: Yeah, that's right, it was intensely exciting. And initially I thought it was some kind of a fluke really with the first lot. But then we started doing the blood tests. Now normally for a GP, having to process very large numbers of blood tests is a chore, but for me it suddenly started getting really exciting because in amongst there with the improving lipid profiles, the hemoglobin A1c's were improving.

Dr. Eenfeldt: So cholesterol values and blood sugar values.

Dr. Unwin: They were improving and I hadn't seen that before. What I particularly noticed early on was improving liver function. Some of those liver functions, they just drop really fast in the first few weeks, which again is difficult to believe.

Dr. Eenfeldt: Could be fatty liver, do you think?

Dr. Unwin: Yeah, I think. I mean one of the cases, they have all consented to have the data shared... one of the early cases... so she had fatty liver, nonalcoholic fatty liver, with total white-out of the liver. And so happened she joined us and her liver function tests went completely to normal and the ultrasound cleared completely of the fat from the liver in 12 weeks.

I didn't even know that was possible, but I've never seen it. And I didn't know what was going on, it was so very exciting. And then also at the early stages I particularly remember there was one guy and he'd come as a pre-diabetic, but he wasn't, he actually had type 2 diabetes because when I allowed him into the group I had him have a second blood test, and the second blood test confirmed diabetes.

But he was so keen to come because all of his relatives have type 2 diabetes and he wanted a chance. And I particularly remember his results, so his hemoglobin A1c was 52, I think in about 12 weeks that came down to 37...

Dr. Eenfeldt: So from slightly elevated to very low.

Dr. Unwin: He went all the way from definitely diabetes through pre-diabetes into reversed. Now in the first 25 years of being a GP I don't remember a single case where I had seen diabetes reversed. I saw it as a progressive disease, a chronic progressive disease. And I used to explain to patients, "Unfortunately you have a chronic progressive disease. And I'm going to give you this drug now but in the future you may need more."

Dr. Eenfeldt: And this guy, how long did it take did you say?

Dr. Unwin: 12 weeks.

Dr. Eenfeldt: 12 weeks and it's gone?

Dr. Unwin: Yeah. I think what's really great about this guy... So he is the first one I actually helped reverse the diabetes. I think it's better to say it's in remission, because if he starts eating carbs again... But what's very exciting is people in the early days said it won't last. And he was the first one I did and his hemoglobin A1c came in I think three weeks ago... This is years on and it's still a completely normal

hemoglobin A1c. I mean I can't say what will happen in the future, but without medication he has done so well and he's taking complete charge of his health.

Dr. Eenfeldt: So how does he feel?

Dr. Unwin: He is very proud, because his expectations about diabetes compared to his relatives is that that would be progressive and deteriorating. I particularly remembered him buying lots of new shirts. He was so proud because he said... He had a big tummy and probably as you know that's one of the first things you notice. He has kept one of his early shirts just to remind him. It was an enormous shirt... Which no longer has.

So just getting back to the story, he was the first one with diabetes. And the groups were going really well and the blood tests were reassuring me. I was particularly nervous about the lipid profiles, because these people on the whole were probably on high carb but low-fat diet. I was really nervous and worried... Was I going to be responsible?

Dr. Eenfeldt: What's going to happen with their cholesterol.

Dr. Unwin: Yeah, would I be responsible for something serious?

Dr. Eenfeldt: So did anything--?

Dr. Unwin: Yes, stuff did happen and I have since done many more. What's very interesting is the total cholesterol in the group went down by a significant extent. The LDL went down, the HDL, the protective cholesterol, went up. And the triglycerides would fall quite heavily.

Dr. Eenfeldt: So it's all good things.

Dr. Unwin: Yeah. And it was amazing, nothing prepared me for that. It was mad, really, because I've been giving advice for years and years about "Don't eat eggs, skim milk"... And I was having skim milk and not having eggs.

Dr. Eenfeldt: And now you're telling people to eat eggs.

Dr. Unwin: Yes, I've been worried about eggs, so it's been...

Dr. Eenfeldt: How many eggs can you eat?

Dr. Unwin: I just don't count them anymore. I've gone through periods when I've got three a day and not worry about it. It just doesn't worry me about. The only thing I noticed was the blood pressure started improving and that was another thing early on... Many of the patients were on medication already, many of them were on ACE

inhibitors and that kind of thing, and the blood pressures were dropping significantly, the systolic and the diastolic was dropping.

So I was taking them off the drugs I was previously prescribing and that felt really sort of clean, it felt like it was really making a difference. So these people are proud and they make this difference and they are amazed when I am taking them off some of the medication for their blood pressure. I just felt I stumbled on a new world.

Dr. Eenfeldt: And what did you do? New World, new paradigm? What did you do?

Dr. Unwin: I felt I wanted to share this thing I discovered because it was leading to happy patients, happy doctor. One of the first things I noticed, of course, when we began... So we started sort of secretly on a Monday night doing this and we had a brilliant practice nurse, Heather, who started with us. Because she also felt that heard nursing was not...

She didn't feel fulfilled, she didn't really believe in the nagging that she was doing about cholesterol. So she joined us and that was the beginning, but gradually the other partner started doing it and then they saw patients and the practice manager went low-carb and both of the practice nurses and quite a few of the receptionists. So we ended up with a reasonably low-carb practice.

Dr. Eenfeldt: The whole clinic, huh?

Dr. Unwin: Yeah. And of course by now we're starting to offer it as an alternative to all of our type 2 diabetics. So we discovered that it was better to get people information, maybe differently, better than advice... So if you give people information like... so you are grown-up... So I'll give you this information, particular the information to do with starchy carbs, so that if you have type 2 diabetes I'm explaining that sugar is a problem for you, that you should give up sugar, so I'd say that you do that, but then once you've done that, the next stage is are you up for further improvement?

In which case you need information about where sugar can come from in terms of starchy carbs. But it's better to give people information and let them choose what they do and work at it as a collaboration, so we work together, than it is to say to a patient like, "This is what you must do. Just go away in this." And I think that is because of the group we started with, we started working in a far more collaborative way with patients showing an interest, what are their goals, what are they hoping for and then working together to achieve some of their goals.

I remember particularly a patient who had very poor health and for him my thing was I was worried about his diabetes and his fatty liver, but he wasn't very interested in

that at all. He was interested in, "Can I breathe better? I'm youngish and I can't play with my children and I would like to do that." So that was his goal. So I worked on his goal but used it by... You know, "Are you interested? Maybe if we lost weight, this could help." So we used his goal and then I gave him information about weight loss and then he did it. And I thought that was rather more powerful than me telling him what to do.

Dr. Eenfeldt: So how did you do it?

Dr. Unwin: He wasn't interested in the hemoglobin A1c.

Dr. Eenfeldt: So what about his goal - breathing better and playing with his kids?

Dr. Unwin: Well, he lost very significant amounts of weight, because you and I both know that somebody who's insulin resistant with type 2 diabetes, with a very large tummy-- You'd take away the carbs, take away the insulin. And it shrinks down and then he got really excellent diabetic control. And he has a bonus to breathing better and having...

Dr. Eenfeldt: So you got it all. Because your goal was finding his goals.

Dr. Unwin: And that was really great because his wife was so delighted and that felt like really good, exciting medicine. And again you know you I'm clicking on the computer looking at people's results and I'm really excited now because I've got loads of it in my head and I wonder, "Oh, let's see, that is a bit better." Obviously sometimes people don't do as well. But another thing I've learned and this is new for me as well is that...

You know, all of us through our lives learn stuff from mistakes so I'm now the product of a lot of mistakes and I'm trying to do things better, but patients of course were exactly the same, so if you've had Christmas and you gained weight instead of me being annoyed by that, maybe that's an opportunity to think, "Next Christmas how would you do it differently?" So that is more cheerfully, isn't it?

So rather than telling people, "Oh, you've just gained 5 kg, I'm so disappointed." Is better to say, "Well that's the past, But is there anything number one... How did you feel when you weighed less?" And they said, "I felt better." "Why don't you do that again? What would you do differently to get to that same point?"

And this is far more sophisticated medicine in a way. I owe a lot of it to my wife, because she's a clinical health psychologist and she's fascinated by changing behavior. And really when you think about chronic disease, so much of it is about changing

behavior. And she has taught me a great deal about how would you help patients change.

Dr. Eenfeldt: Do you have any other things that you would suggest to other doctors, nurses and health professionals when it comes to changing behaviors, stuff that you've learned that have been helpful?

Dr. Unwin: Yes, number one for me is a genuine inquiry into what are the personal health goals of the patients there, what are they hoping for. Another thing is wherever possible to give hope so that even if I tell patients the diabetes... I'm so sorry, you have type 2 diabetes, diabetes is a progressive deteriorating condition, I've just taken hope right away from you and that's so depressing.

But we could say the same thing differently. I could say, "You got type 2 diabetes. "What happens to you in the future, "the good news is you could really change this. "You don't have to have this progressive deteriorating condition. "If you're prepared to change your behavior, things could be even better, you could have better health than you have now." That's giving hope and I think that's very powerful.

And is so much more cheerful for me as well. So rather than dealing with people I'm telling off, people who I'm threatening, people who I'm just waiting for them to deteriorate at which point I'll add in the next drug. I'm trying to give them hope. I think hope is immensely powerful. And here's another thought. We've all heard of the placebo effect. Now normally in medicine we're always trying to get rid of the placebo effect.

Dr. Eenfeldt: Why not use it instead?

Dr. Unwin: Yeah, exactly. So the placebo effect is I give you a red tablet, you take the red tablet and you think, "Oh, my pain is better." What just happened in that transaction is I just gave you hope." Because you think, "If I take this tablet, I'm going to feel better." So maybe hope is powerful. The placebo effect in any experiment you ever do, it's there. Because you hope for something better, so why don't we use hope in our patients?

Why don't we give them hope if we can? And what is so amazing is that the type of cases, the very cases where previously I didn't have any hope, as my confidence improved, my hopes were better. And then I was giving them hope and then they lost the way they change stuff and they're coming in then telling me, "I'm so happy I have done that." And it's come to a point now where every working day I'm thanked sincerely by people.

Dr. Eenfeldt: Did that happen before?

Dr. Unwin: No... Well, it did to an extent, but nothing like every working day. I see cheerful people who have taken control, changed behavior and I weigh them and, "Oh, they've lost weight." "When should we do a blood test?" "Well, quite soon, because I'm hoping it might be better." And the interaction is so cheerful and it's humbling really, because they thank me. And really it's them that have done this thing.

Dr. Eenfeldt: So it's really good job.

Dr. Unwin: Yeah, I'm getting thanks which is mad, because they have changed, they've done such amazing things. Now I'm saying, "No, it's you that has done this wonderful thing." But you know, it's great. And that's something that was not happening before.

Dr. Eenfeldt: So before you started doing this, you're thinking about retiring and you were sort of depressed about the way things were. How do you feel now?

Dr. Unwin: I think this is wonderful medicine. Where we are making a difference, we're not even using drugs. In my own practices we're actually saving money on drugs for diabetes and we are making a difference to people's lives. And the other thing I'd say is before my model of disease was like... hypertension, diabetes over here, heart disease here, your painful knee and your back, all these things and tiredness, all different things, each of which required a different tablet.

What am I actually seeing which is so fascinating is that patients are losing weight, they're more hopeful, they're more cheerful, they are more energetic, their blood pressure is definitely improving significantly, the lipid profile is improving, the liver is improving, but on top of that they are saying, "My knees don't hurt quite as much. My back pain isn't quite as bad." Or, "I'm having a bit more energy recently so I've decided to join the gym."

So this is not something that deals with one. It's kind of... We have intervened and changed somebody's... And I've got a particular patient I remember and she said that, "Diet is something you are on and will come off." But Dr. Unwin, this is a lifestyle and it improves your whole lifestyle and that's why I won't change. And I thought that she said it so well. So we're improving not just diabetes, but if you lose significant weight, you have more energy.

And maybe a lot of diabetes drugs cause side effects. So I've had patients who have had diarrhea particularly with metformin, which is quite common for metformin. And then we managed to really improve their type 2 diabetes and they've come off that. And then they suddenly are free of diarrhea.

And not only this, they get so many things. And if that isn't cheerful medicine! And now it's a really brilliant because a number of young doctors say, "It's very rare for me to see a cheerful old guy" and now there's a number of young doctors who will come and watch me work.

Dr. Eenfeldt: So you're spreading this to other places.

Dr. Unwin: Yeah, one came all the way from South Africa, came overnight on a bus from London just to watch me work and if that isn't cheerful!

Dr. Eenfeldt: Fantastic, and you had a presentation early at this conference and you showed that in your clinic you pay way less money for diabetes drugs than other clinics in your area. So you even save money.

Dr. Unwin: It's so interesting because we started this with deliberately no interest in finance. And we didn't know, although we didn't realize we were using a lot less drugs for type 2 diabetes in the years that were passing by. And then the practice pharmacist pointed out to me one day, "Did you know that we spend the least in our entire area on drugs for diabetes?" We didn't even realize that's what happened.

But it did happen because we now make it a point of policy that if the patient is diagnosed with type 2 diabetes, at that point we offer them a choice; "Would you like to change your lifestyle "or shall we prescribe the medication? We don't mind which we do, you choose." But in four years not a single patient has asked me for metformin. Not one, not a single patient.

Each one of them said, "I'd quite like to try lifestyle first, Dr. Unwin." And I offered them support. So if you keep doing that then of course your drug budget will fall. At the same time as we've had people on many drugs, who we can then take them off and if you do that...

So my practice is 9000 people, so if you do that for the number of diabetics we have, we now find that we spend 40,000 pounds per year less than the average in our area, but the results in terms of the quality of diabetic control as measured by hemoglobin A1c, we are very good. We also have a very low rate of referral to any kind of diabetic clinic, because we don't need them.

Dr. Eenfeldt: So you're saving the healthcare system a lot of money.

Dr. Unwin: Yes, we are. The irony is the treasury gets to keep a lot of money and we don't get any of it. So the actual clinic... what we do is self finance. But the point is it costs us money to do this.

Dr. Eenfeldt: You should get a portion of it...

Dr. Unwin: We should.

Dr. Eenfeldt: ...so that other people would want to do this, right?

Dr. Unwin: I've got to speak at the treasury recently about that and I said, "I'm saving you money. How can I--?"

Dr. Eenfeldt: You should encourage other people to do--

Dr. Unwin: How can I get other doctors to take this on if significant savings in medication can't be rolled back into patient services. And I suppose that's one of the next things. And that's why we won the Innovator of the Year thing, was because we were able to demonstrate that we were spending less money with patients who were happy, using choice and collaboration with patients. And that was the innovation partly in groups of 20, that was unusual as well.

Dr. Eenfeldt: Quite an amazing story! What's next for you? Would you keep doing what you're doing?

Dr. Unwin: Lots of other things have happened. I mean the other thing, the interesting point on this was I discovered there was an enormous low-carb community who were ridiculed by their health professionals. Despite the wonderful results they had and that made me so sad. I didn't know... I knew of it... There was one community diabetes.co.uk that had a low-carb forum and at that time there were 40,000 people on that.

And they were doing wonderful things, supporting each other, getting good results and then being ridiculed by health professionals. And that made me so sad that these people were doing good things and being criticized for that I'm told off. And so I decided I would try and represent that community and trying to think what would be the best way I could help them.

And so I started investigating research and publishing results. Initially I didn't know how to do any of that, because I had no idea of how to collect stats or do the simplest test, but I was really lucky because Prof. Roy Taylor from Newcastle, you must have heard of.

Dr. Eenfeldt: I have, yeah.

Dr. Unwin: Well he heard of my work and he said, "I'll do the stats for you." And I will always be grateful to him because he lifted my game. That's how I got my first paper published in the peer, you know. And that for an old GP like me who has never done anything for 25 years to get a paper published meant a great deal. And it also meant a lot to the community. Because they said what they saw here was some locally done

research and in primary care is very little research. And that was my first paper. I think I've had four since then published and I've got a good one in the British Medical Journal.

Dr. Eenfeldt: That's really nice. Well done!

Dr. Unwin: Yeah, it was a huge achievement. So I started off this idea of, "could I help people with type 2 diabetes? Could I represent the low-carb community and try and help them?" Because they liked an advocate. Of course now what's wonderful is I'm not alone. And there are quite a few doctors now doing low-carb and your work is a lot better than mine and there are now quite a few...

Dr. Eenfeldt: I don't work with patients anymore, so you get all the credit for that.

Dr. Unwin: So that was why I started doing and thinking about what could I do to spread the magic and what could be published and who is influencing policy. I think what's really good in the UK were two things; We're really now in primary care getting the idea of collaborating with patients. So we're now encouraging doctors to find out what are the health goals of the patients and individualizing care, so that instead of you just get whatever... And that's coming right from the Royal colleges.

Dr. Eenfeldt: Do you still have like 10 minutes with every patient?

Dr. Unwin: Yes, I use 10 minutes.

Dr. Eenfeldt: How can you individualize everything? It's got to be hard, right?

Dr. Unwin: You'd think so, wouldn't you. But it depends in that 10 minutes what are you going to concentrate on. So that's a very interesting subject, what would you do in that 10 minutes. Is it more useful to find out what the patient's goal is?

Dr. Eenfeldt: Maybe it is.

Dr. Unwin: Perhaps it is. I think also complementing patients when they do good, sincere compliments every time, why not? And then we're increasing resilience, because patients begin to see themselves as intelligent and resourceful beings, my equal, rather than, "I know best, you do as I say." So even in 10 minutes you can do something about sincere compliments, finding out about what are the patient's goals.

And how about, "What are they hoping for next?" So if they've got a major goal, which might be breathing better or whatever, or would be a small goal on the way. So that they might say, "I'm going to give up biscuits." It's quite a common one. "Good, and the next time you see you, do you think you will manage to do that?" "Well, I hope so." "I'll remember."

So even in 10 minutes you can add in that sort of thing and all of it leads I have found to more cheerful medicine. But I owe a lot of that to my wife, because she told me to look for patient's goals and look for positive things where possible.

Dr. Eenfeldt: Cheerful medicine, I like that. And low-carb can be helpful. At least when you're dealing with type 2 diabetics, right? Making it more cheerful.

Dr. Unwin: I wrote a paper some years ago and it's called "From Heart Sinks to Heroes". So that, horribly, I used to have an idea, some of my patients were heart sinks. By which I mean if I saw the name on the list I would say, "Oh, no." Because I had a feeling of impotence, I didn't know how to help them. But what is good is so many of those you can actually turn them into heroes, just because they have a difficult life and they have multiple morbidity does not mean that they can't have goals that you can help bring about. And that's been something I'm trying to roll out and teach other doctors how to do that.

Dr. Eenfeldt: It's been an inspiring interview.

Dr. Unwin: Thank you.

Dr. Eenfeldt: Thank you so much.

Dr. Unwin: You're very welcome.

Dr. Eenfeldt: And if people want to find you online can they find you anywhere?

Dr. Unwin: That's always a difficult thing, isn't it. I am @lowcarbGP on Twitter.

Dr. Eenfeldt: I would encourage people to look up. You tweet interesting stuff like for example, "The biggest improvement in blood glucose in a diabetic in history." What is the record?

Dr. Unwin: That keeps going, so I'm trying to encourage other doctors with the low-carb thing. So I think if you could make it into a bit of fun, so much to the better. So we are setting up these things which is a challenge to GPs out there... who couldn't help a patient drop their hemoglobin A1c to the greatest extent in about a year.

Dr. Eenfeldt: So blood sugar level?

Dr. Unwin: Yeah.

Dr. Eenfeldt: So what is the record?

Dr. Unwin: We're bouncing between the States and the UK.

Dr. Eenfeldt: No sweets?

Dr. Unwin: No, there is no sweets. So I think we've had at the moment, it depends what you'd do it, in percentage of millimoles per mole, but we have certainty, I think, the highest we've had was 170 mmol per mole coming down I think to 48 or something, which is a massive drop.

Dr. Eenfeldt: That's insane.

Dr. Unwin: It's a very great drop. That's one from the States but we have also got one from the UK very similar.

Dr. Eenfeldt: So if people want to follow this struggle... ...the challenge then to follow the low-carb--?

Dr. Unwin: The other thing I would say is if there are doctors who would like any help with how to implement a low-carb, and keep it safe, and keep it within guidelines, then I have some resources that I would be very happy to share with other doctors, if they're interested.

Dr. Eenfeldt: Can they send you a direct message on Twitter?

Dr. Unwin: They can contact me through Twitter.

Dr. Eenfeldt: That's perfect. Thanks so much for the interview.

Dr. Unwin: You're welcome.

Dr. Eenfeldt: Very inspiring.

Dr. Unwin: Thank you.