COMMENTS AND RESPONSES

Prevalence of Nonalcoholic Fatty Liver Disease and Its Association With Cardiovascular Disease Among Type 2 Diabetic Patients

Response to Talim

e appreciate Dr. Talim's comments (1) on the results of our study (2) on type 2 diabetes and the risk of Parkinson's disease. We agree that polyunsaturated rich vegetable oils may be associated with the risk of both type 2 diabetes and Parkinson's disease. In recent years, several prospective studies have assessed the association between specific types of fat consumed and the risk of type 2 diabetes and Parkinson's disease separately. Higher vegetable fat and polyunsaturated fat intake are associated with

a lower risk of type 2 diabetes in the Nurses' Health Study and the Iowa Women's Study (3,4). In the pooled analyses of the Health Professionals Follow-up Study and the Nurses' Health Study, the associations of total and individual polyunsaturated fatty acid intake on the risk of Parkinson's disease were examined (5). No significant associations were found between the risk of Parkinson's disease and intake of total polyunsaturated fatty acids, linoleic, α -linolenic, or long-chain n-3 fatty acids, including eicosapentaenoic acid and docosahexaenoic acid. A higher baseline intake of arachidonic acid tended to be associated with a lower risk of Parkinson's disease. However, no studies assess the association between specific types of fat consumed and the risk of both type 2 diabetes and Parkinson's disease. Further studies are needed to test this association, since we do not have data on fat consumption.

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