Even Merck sees the connection between dietary carbs and DM T2

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http://www.merck.com/mmpe/sec12/ch158/ch158b.html

Diet adjusted to individual circumstances can help patients control fluctuations in their glucose level and, for type 2 patients, lose weight. In general, all diabetics need to be educated about a diet that is low in saturated fat and cholesterol and contains moderate amounts of carbohydrate, preferably from whole grain sources with higher fiber content. Although dietary protein and fat contribute to caloric intake (and thus, weight gain or loss), only carbohydrates have a direct effect on blood glucose levels. A low−carbohydrate, high−fat diet improves glucose control for some patients, but its long−term safety is uncertain. Patients with type 1 DM should use carbohydrate counting or the carbohydrate exchange system to match insulin dose to carbohydrate intake and facilitate physiologic insulinreplacement. Counting the amount of carbohydrate in the meal is used to calculate the pre−meal insulin dose. In general, patients require 1 unit of rapid−acting insulin for each 15 g of carbohydrate in a meal. This approach requires detailed patient education and is most successful when guided by an experienced diabetes dietician. Some experts advise use of the glycemic index to delineate between rapid and slowly metabolized carbohydrates, although others believe the index adds little. Type 2 diabetics should restrict calories, eat regularly, increase fiber intake, and limit intake of refined carbohydrates and saturated fats. Some experts also recommend dietary protein restriction to d 0.8 g/kg/day to prevent progression of early nephropathy (see Glomerular Diseases: Diabetic Nephropathy). Dietitian consultation should complement physician counseling; the patient and the person who prepares the patient's meals should both be present. (See also the ADA Position Statement on Nutrition Principles and Recommendations in Diabetes.)

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