Paleo, low carb, vegan, intermittent fasting...

What's the best diet?

JOHN BERARDI, PHD, CSCS

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From an award-winning journalist:

I've visited your website and I'm still not sure: Do you guys believe in... Paleo? Or is your advice closer to... Canada's food guide?

From a TV broadcaster:

Your coaching program sounds great. But, if I were to sign up for it, would I have to cut out all my carbs?

From a production assistant on a TV program:

I have a friend who's vegan and she's super healthy. I'm thinking of trying it... what do you think?

Paleo?

Mediterranean?

Vegan?

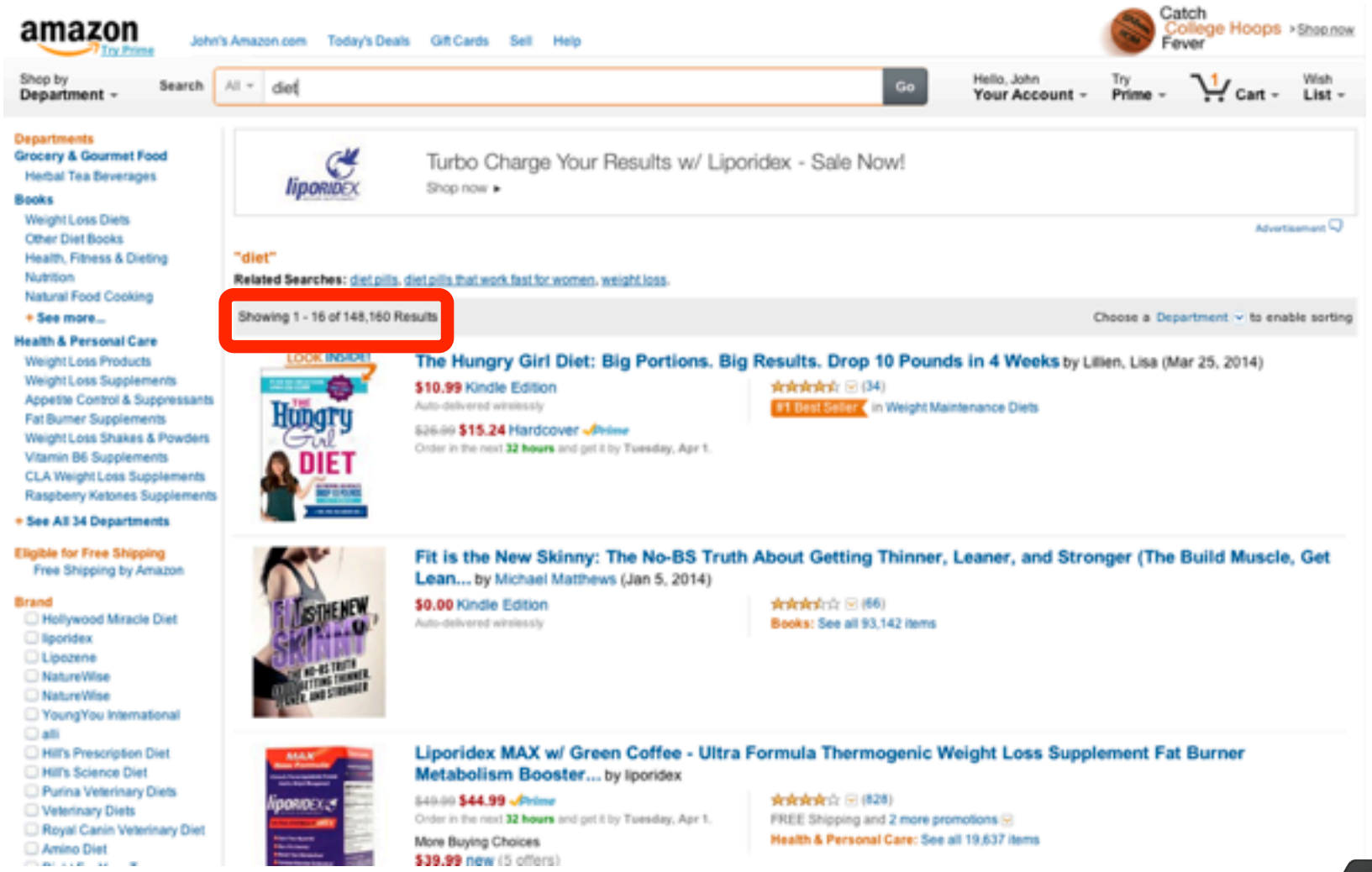
Low Carb?

High Carb?

Fasting?

Breakfast?

What's the best diet?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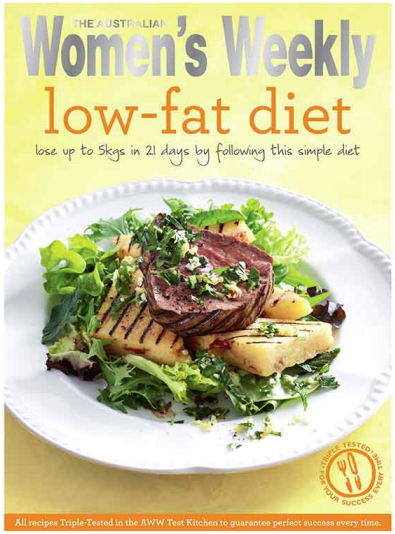
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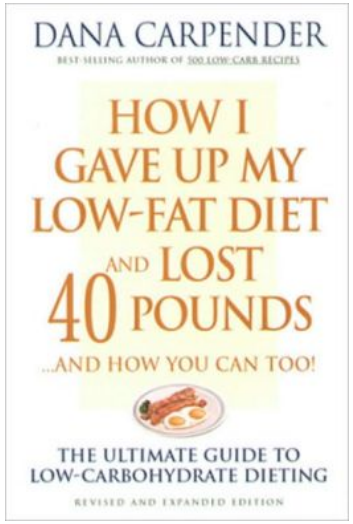
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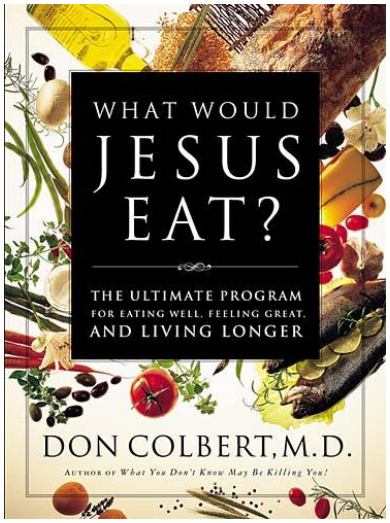
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THE ULTIMATE PROGRAM FOR EATING WELL, FEELING GREAT, AND LIVING LONGER
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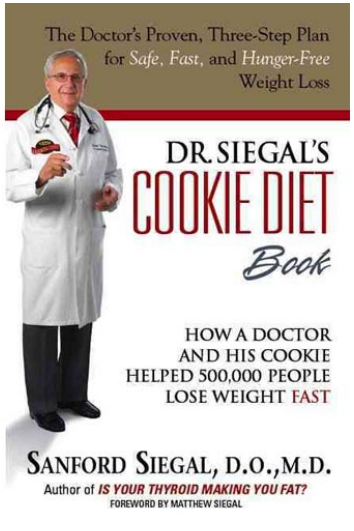
Anita Lover
THE DEVIL'S DIET
Becoming a Slimmer Sinner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HOW A DOCTOR AND HIS COOKIE HELPED 500,000 PEOPLE LOSE WEIGHT FAST
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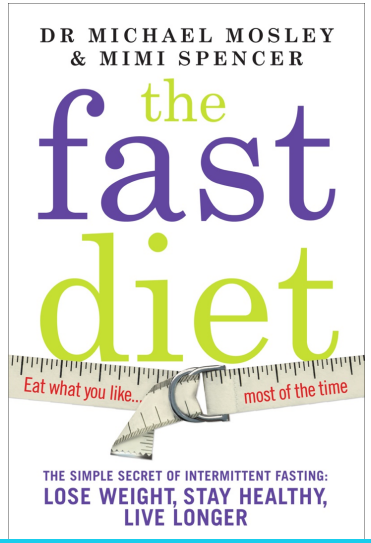
Author of IS YOUR THYROID MAKING YOU FAT?
FOREWORD BY MATTHEW SIEGAL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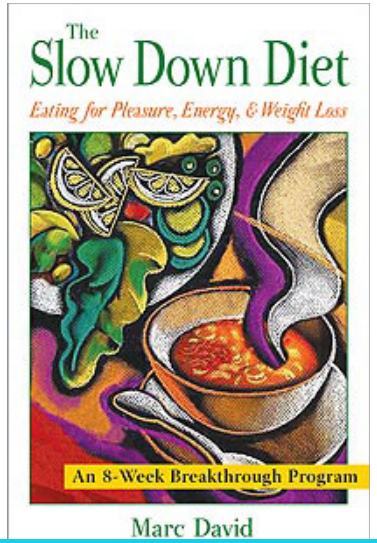
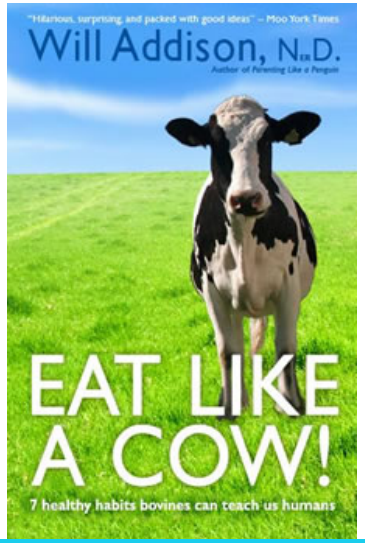
the fast diet
Eat what you like... most of the time
THE SIMPLE SECRET OF INTERMITTENT FASTING:
LOSE WEIGHT, STAY HEALTHY, LIVE LONGER


The Slow Down Diet
Eating for Pleasure, Energy, & Weight Loss
An 8-Week Breakthrough Program
Marc David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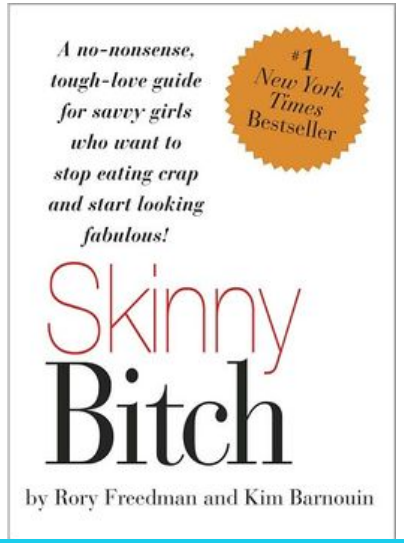
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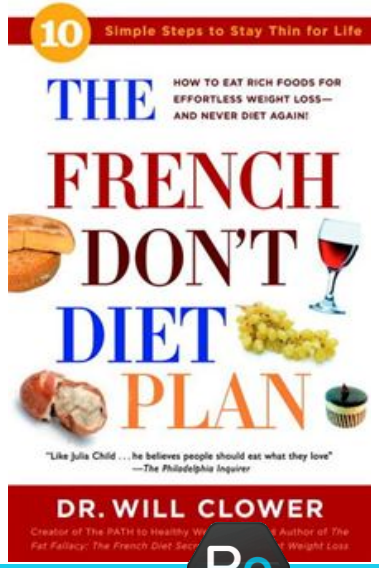
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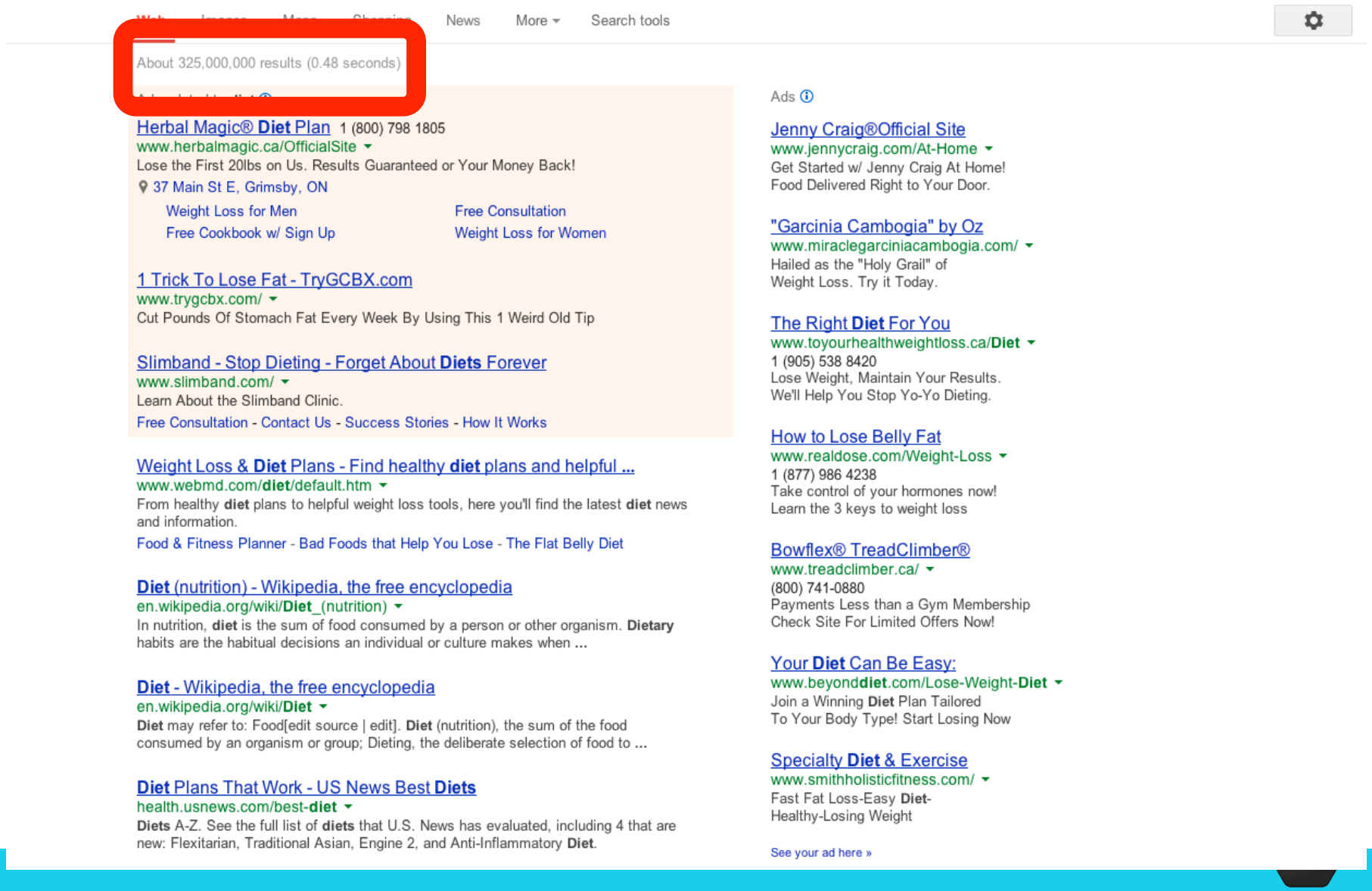
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Let’s answer the question once and for all:

Let’s answer the question once and for all:

- The Paleo Diet!

Let’s answer the question once and for all:

- The Mediterranean Diet!

Let’s answer the question once and for all:

- The Plant-Based Diet!

Let’s answer the question once and for all:

- Intermittent Fasting

What's the best diet?

This is the wrong question to ask.

(And the wrong one to answer.)

Let’s put an end to the diet debates.

VIEWPOINT

A Call for an End to the Diet Debates

Sherry L. Pagoto, PhD
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Bradley M. Appelhans, PhD
Rush University Medical Center, Chicago, Illinois.

Author Reading at jama.com

As the obesity epidemic persists, the time has come to end the pursuit of the "ideal" diet for weight loss and disease prevention. The dietary debate in the scientific community and reported in the media about the optimal macronutrient-focused weight loss diet sheds little light on the treatment of obesity and may mislead the public regarding proper weight management. Numerous randomized trials comparing diets differing in macronutrient compositions (eg, low-carbohydrate, low-fat, Mediterranean) have demonstrated differences in weight loss and metabolic risk factors that are small (ie, a mean difference of <1 kg) and inconsistent. In the past year alone, 4 meta-analyses of diet comparison studies have been published, each summarizing 13 to 24 trials.[1-4] The only consistent finding among the trials is that adherence—the degree to which participants continued in the program or met program goals for diet and physical activity—was most strongly associated with weight loss and improvement in disease-related outcomes. The long history of trials showing very modest differences suggests that additional trials comparing diets varying in macronutrient content most likely will not produce findings that would significantly advance the science of obesity. Progress in obesity management will require greater understanding of the biological, behavioral, and environmental factors associated with adherence to lifestyle changes including both diet and physical activity.

> The ongoing diet debates expose the public to mixed messages emanating from various trials that have yielded little but have heavily reinforced a fad diet industry

Macronutrient content may influence dietary adherence via the satiating properties of protein, carbohydrates, and fat. However, dietary content is only one of many factors influencing adherence. The assumption that one diet is optimal for all persons is counterproductive because this assumption ignores the variation in adherence influenced by food preferences, cultural or regional traditions, food availability, and food intolerances. These are independent of direct physiological effects of macronutrient composition on weight loss. The most important question is how to improve behavioral adherence.

There are 2 reasons the diet debates persist. First, the commercialization potential of breakthrough diets is substantial. Fad diets have created a multibillion-dollar industry. The difference between fad diets is almost entirely related to macronutrient composition (eg, Zone, Atkins, South Beach, Dukan, Paleo). A second factor is the assumption that lifestyle interventions are ineffective. Poor adherence (and consequent weight regain) following the intervention is cited as evidence that these interventions do not work.[5] This conclusion can be challenged because it assumes a definition for efficacy more stringent than that applied to other forms of preventive care.

Termination of treatment or nonadherence almost always results in reduced benefit. The effects of cholesterol-lowering agents, hypertension drugs, and diabetes medications do not have long-lasting effects after patients stop taking them, with effects declining within a matter of hours (eg, metformin) to months (eg, statins).

Just like medical therapies, behavioral interventions should only be expected to be effective when treatment is active. That lifestyle interventions are viewed as ineffective is especially surprising given that 3 large long-term trials demonstrated that the effects of a lifestyle intervention on diabetes prevention are actually sustained long after the intervention ends.[6-8] The Finnish Diabetes Prevention Study compared a 4-year lifestyle intervention with health education and found a reduction in diabetes incidence for as long as 13 years,[6] 9 years after the active intervention ended. The China Da Qing Diabetes Prevention Study showed that a 6-year lifestyle intervention more effectively reduced diabetes risk than a control group for 20 years,[8] 14 years after the intervention ended. The Diabetes Prevention Program compared a lifestyle intervention with metformin and placebo, but exposed the latter 2 groups to the lifestyle intervention 3 years into the study.[7] Even though all groups eventually received some amount of lifestyle intervention, at 10 years the cumulative incidence of diabetes was lowest in the lifestyle intervention group; this intervention delayed onset of diabetes by 4 years relative to 2 years in the metformin group. Current efforts need to understand the common factors of these trials, all of which involved multipronged interventions involving dietary and exercise counseling and behavioral modification. The pursuit of the ideal macronutrient content diet is unidimensional, ignoring 2 of the 3 major components of standard lifestyle interventions: behavioral modification and exercise. To consider lifestyle interventions as diets ignores their complexity, with behavioral modification as the piece that specifically addresses adherence.

Another important research question is how to improve the scalability of lifestyle interventions. Despite the evidence, lifestyle interventions may have been used sparingly in clinical practice because reimbursement is inadequate. In December 2011, the Centers for Medicare & Medicaid Services (CMS) announced that it would reimburse lifestyle interventions but limited this coverage to primary care physicians, physician assistants, and nurse practitioners. The restriction to primary care practitioners will limit implementation of lifestyle interventions because primary care practitioners are not usually familiar with behavioral counseling for weight loss. These clinicians also may not have the time or resources to deliver intensive lifestyle interventions, as evidenced by a recent steady decline in obesity counseling by primary care physicians.[9] The number and duration of visits that will be reimbursed by CMS are also less than that studied in clinical trials.

In a shrinking funding environment for both health care and research, it is puzzling that the diet debate continues when lifestyle interventions with well-established long-term efficacy are available but have not received the necessary support to be widely implemented. The ongoing diet debates expose the public to mixed messages emanating from various trials that have yielded little but have heavily reinforced a fad diet industry that derives billions of dollars from a nation that is not getting healthier. Because behavioral adherence is much more important than diet composition, the best approach is to counsel patients to choose a dietary plan they find easiest to adhere to in the long term. Patients should develop an appropriate physical activity program and learn behavioral modification to promote long-term adherence. Although research specifically focused on improving adherence is ongoing, the number of studies being conducted is small compared with head-to-head macronutrient-focused diet comparison studies. Advancing obesity treatment requires emphasis on the biological, behavioral, and environmental factors influencing adherence to lifestyle changes and developing reimbursement strategies to support lifestyle interventions.

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ARTICLE INFORMATION

Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Dr Pagoto reported that she is on the Advisory Board of Mobile Wellbeing Inc.

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JAMA: The macronutrients don't matter!

"Numerous trials comparing diets differing in macronutrient composition has demonstrated ...

... very small (< 1kg) and inconsistent differences in weight loss and metabolic risk factors."

JAMA: Adherence is the only thing that matters.

"In 2013 four meta-analyses were published summarizing between 13 and 24 major trials...

... adherence is the only consistent factor associated with weight loss and disease-related outcomes."

What's the bottom line?

It's not about the food!

A look at traditional diets:

-Arctic Inuit and African Masai

-South Pacific Kitavans

-New Zealand Tokelau

The human body is amazingly adaptable to varied food conditions.

Taking it a little further:

It’s not just about the food!

Other factors at work:

-Food preferences

-Food tolerance

-Cultural or religious tradition

-Food availability

-Food budget

And other factors:

-Body type

-Starting Point

-Nutrition beliefs

-Time availability

-Food know-how

Imagine:

“I know you have a super-low budget for food. But if you sell your car, or maybe one of your children, you’ll be able to afford the organic and free-range whole foods we recommend in our program. That’s the ONLY way to get healthy and fit.”

Imagine:

“Carbs? You’re not alone. We all like ‘em. But this program is all about cutting way back. Low carb is what works, period. Insulin is the enemy. So say goodbye to past. Potatoes too. And rice. And sugar...”

Imagine:

“Sure, I understand the moral and ethical obligation you feel. But eating animal foods...that’s how we do it. You need the protein and the fat. And that’s how our ancestors ate. So suck it up, throw a steak on the grill, and let’s get the party started.”

Belonging to one nutrition camp is the anthesis of good care.

To be a good practitioner, you have to be a nutritional agnostic.

The diet debates are fantastic:

For the diet industry,

which collects billions in revenue...

But horrible for medicine,

crippling obesity & metabolic costs...

And it's obviously not helping w/the weight or health of the average person.

It's time to seize our biggest opportunity:

-Put an end the misguided diet (macronutrient) debates.

-Stop engaging in "what diet is best?" discussions altogether.

-Start focusing on the real factors that lead to sustainable body change.

How do we accomplish that?

This is NOT how it works:

TAKING THE GUESSWORK OUT OF THE HCG DIET

All your meals + fruits and breadsticks conveniently delivered to your home or office.

HCG PERSONAL CHEF

SAMPLE WEEK

MON	TUE	WED	THU	FRI	SAT*	SUN*
LUNCH	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
Pesto Chicken Rustic Tomato Soup *1 Protein, 1 Vegetable*	Carne Asada Spinach Salad with Mexican Dressing *1 Protein, 1 Vegetable, .5 Fruit*	Gingered Steak Mixed Greens with Citrus Ginger Dressing *1 Protein, 1 Vegetable, .5 Fruit*	Caribbean Jerk Tilapia Cucumber Salad *1 Protein, 1 Vegetable*	Italian Chicken Lemon Roasted Asparagus *1 Protein, 1 Vegetable*	Citrus Fish Sautéed Spinach *1 Protein, 1 Vegetable, .5 Fruit*	Ground Beef Stuffed Tomatoes *1 Protein, 1 Vegetable, 1 Bread*
SNACKS	**SNACKS**	**SNACKS**	**SNACKS**	**SNACKS**	**SNACKS**	**SNACKS**
1 Orange 1 Apple, 2 Breadstick *2 Fruit, 2 Bread*	5 Strawberries .5 Orange 1 Breadstick *1.5 Fruit, 1 Bread*	.5 Orange 1 Apple 2 Breadsticks *1.5 Fruit, 2 Bread*	.5 Grapefruit 5 Strawberries 2 Breadstick *2 Fruit, 2 Bread*	5 Strawberries .5 Orange 2 Breadsticks *1.5 Fruit, 2 Bread*	.5 Orange 1 Apple, 2 Breadsticks *1.5 Fruit, 2 Bread*	.5 Grapefruit 5 Strawberries 1 Breadsticks *2 Fruit, 1 Bread*
DINNER	**DINNER**	**DINNER**	**DINNER**	**DINNER**	**DINNER**	**DINNER**
Thai Spiced Ground Beef Thai Cucumber Salad *1 Protein, 1 Vegetable*	Cajun Baked Tilapia Sautéed Asparagus *1 Protein, 1 Vegetable, 1 Bread*	BBQ Chicken Grilled Tomatoes *1 Protein, 1 Vegetable*	Hamburger Coleslaw *1 Protein, 1 Vegetable*	Sweet Orange Pepper Shrimp Asian "Rice" *1 Protein, 1 Vegetable, .5 Fruit*	Bistec Entomatado *1 Protein, 1 Vegetable*	Ginger Soy Grilled Chicken Soy Cucumber Salad *1 Protein, 1 Vegetable*

*** DELIVERED WITH FRIDAY'S MEALS**

Sustainable nutrition interventions:

Build habits slowly, strategically, and progressively over time.

Seemingly opposite interventions can all work:

-Raise awareness and attention

-Focus on food quality

-Help eliminate nutrient deficiency

-Control appetite and food intake

-Promote regular exercise

How can we implement such an approach?

Only one new practice at a time.

-1 thing = 85% chance of success

-2 things = 35% chance of success

-3 things = 10% chance of success

Ideal practices:

-Done daily

-Easy to understand/measure

-Feel small but strategic

-Inspire confidence

Ideal practices:

But they must also tackle the most important limiting factors first.

What's the framework?

-What really matters?

-How can you measure it?

-What should you recommend?

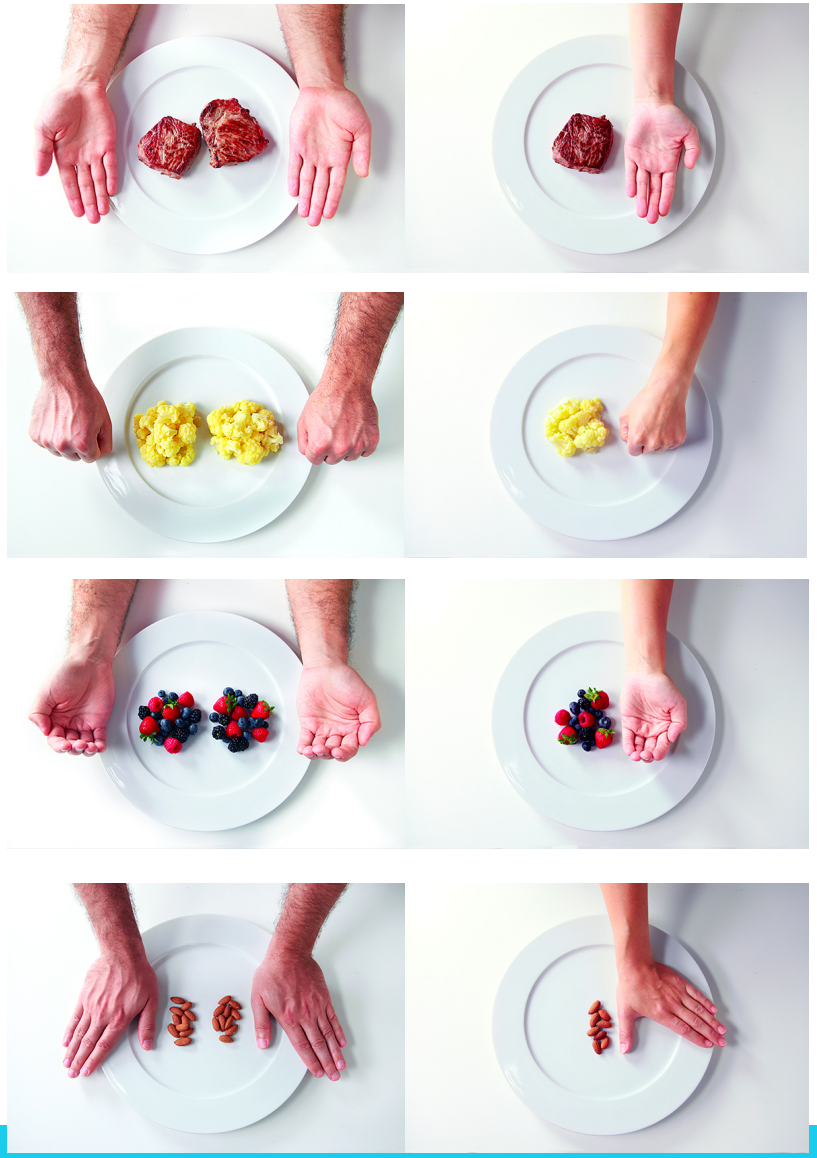
-How do you follow-up?

The most important things:

- Nutrient deficiencies
    - Water
    - Vitamin/mineral
    - Protein
    - Omega 3s

The most important things:

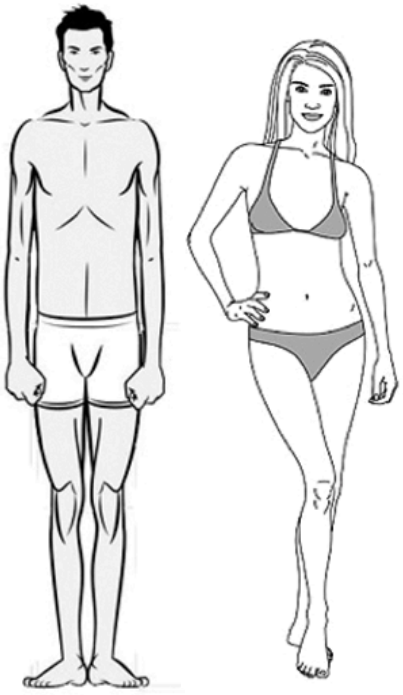
- Food amount
    - No calorie counting
    - Use visual depictions of portions

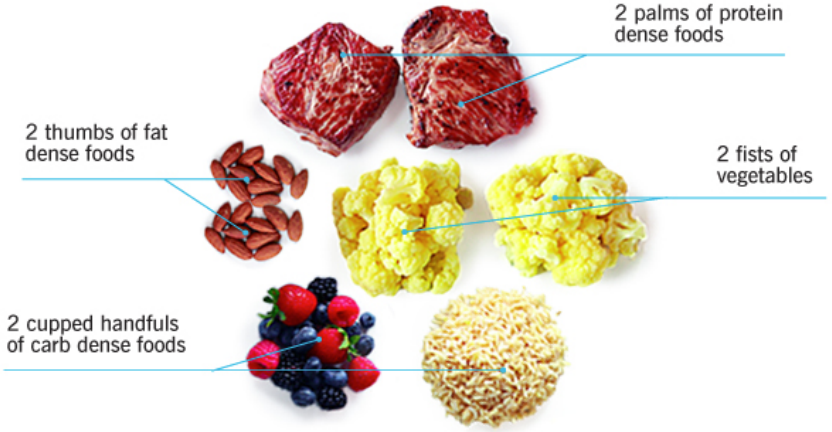


The most important things:

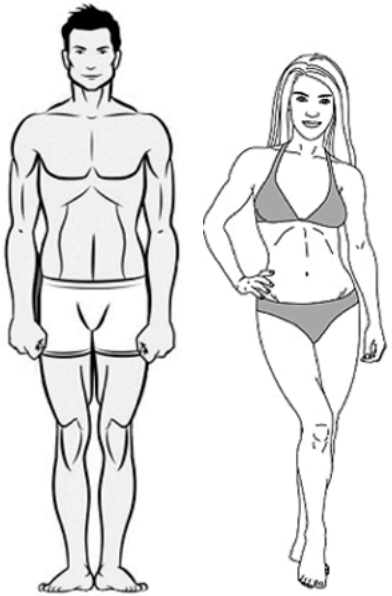
-Food and nutrient breakdown

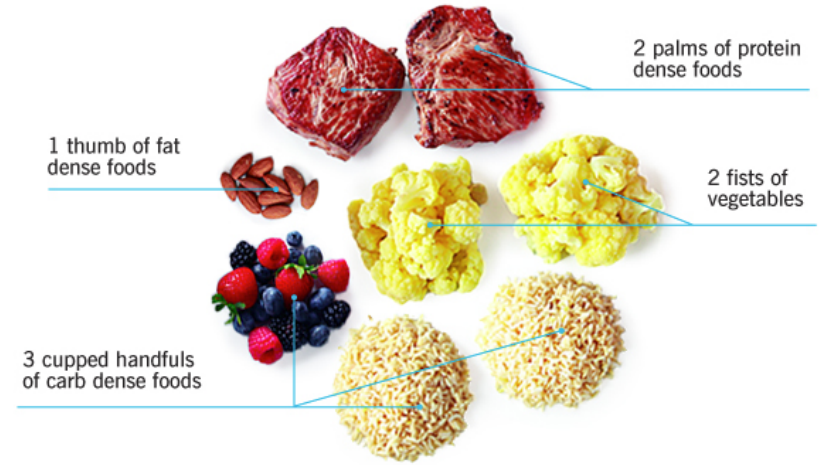
-Body type recommendations



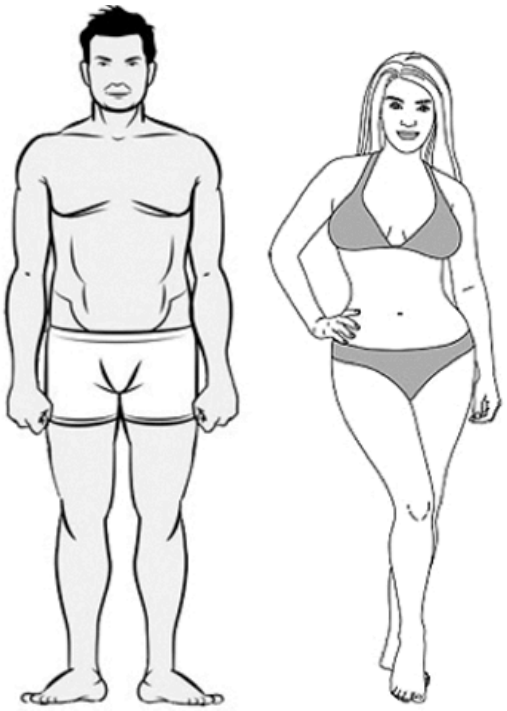

2 palms of protein dense foods
2 thumbs of fat dense foods
2 fists of vegetables
2 cupped handfuls of carb dense foods


1 palm of protein dense foods
1 thumb of fat dense foods
1 fist of vegetables
1 cupped handful of carb dense foods




2 palms of protein dense foods
1 thumb of fat dense foods
2 fists of vegetables
3 cupped handfuls of carb dense foods


1 palm of protein dense foods
2 cupped handfuls of carb dense foods
1 fist of vegetables
0.5 thumb of fat dense foods




2 fists of vegetables
1 cupped handful of carb dense foods
2 palms of protein dense foods
3 thumbs of fat dense foods


1 palm of protein dense foods
2 thumbs of fat dense foods
1 fist of vegetables
0.5 cupped handful of carb dense foods

Summary:

-Stop the “which diet is best” game

-Start looking for common themes

-Use what we know about change

-Anchor around a triage system

For presentation notes:

www.precisionnutrition.com/best-diet-seminar

Questions?