

Follow the Chisum Fitness Trail Article – Atkins

RE: Response to Atkins Article

The recently transmitted Chisum Trail Article on the Atkins Diet, has spawned the largest number of responses, compared to any I have published in the past. Five requests were received from medical physicians located throughout the United States, seeking permission to distribute this text to their patients and other medical personnel. Seven professionals, within the national fitness industry, have also made similar inquiries.

I have not kept a tally of the number of lay individuals asking for further clarification, or the use of this information. Most of these appeals were due to counseling their loved ones, friends, or acquaintances, as to the benefits and risks associated with this diet.

A subsequent research of the medical publications, to adequately address these inquiries, located an article which should be included within this discussion. The Dutch author (Raben, 2002. *Obes. Rev.*) performed a systematic review of the human intervention studies and diets.

Raben's inquiry involved both the low-glycaemic index diets (low GI), and high-glycaemic index diets (high GI). The focus was to note the effects these diets had upon food intake, energy expenditure, body weight, and appetite.

One important finding, within his research, was also reported in the Chisum Trail Article. There was a void of long-term studies. Raben made a professional statement concerning a must for clinical data to be generated where the subjects are allowed to determine how much of these foods to consume, and the subsequent calculated fluctuations within body weight. This lack of information is problematic not only for the effective evaluation of the weight control benefits, but also concomitant health alterations.

Raben found 31 short-term low GI studies with less than 3 months intervention. Fifteen reported greater satiety (fullness) or reduced hunger. Sixteen stated there was less satiety, or no overt differences.

The self-reported limitation in the mass of food eaten, when employing the low GI data, had similar results. Seven showed a reduction, while eight found no differences.

There were 20 longer-term articles. The intervention time was approximately 6 months for these studies.

The high GI diets were found to have induced weight loss in only two studies. Four of the 20 showed losses to occur in low GI diets. The remaining 14 studies found no measurable change in weight with either diet. The overall average weight loss for the low GI diet was 1.5 kg (3.3 pounds), and was comparable to that of the high GI diet of 1.6 kg (3.5 pounds).

Remember, this data was generated from studies in which the subjects were allowed to determine what foods, and what amounts of these foods, were to be consumed. Again, there were no studies located with intervention times greater than approximately 6 months. It is very critical to gather this information, as diets should be initiated for long-term health, rather than spot reduction of overall weight.

Jenkins et al. (2002. Metabolism) studied subjects with hyperlipidemia (elevated plasma fats). This short-term study (one month) was very low in fat, but high in plant sterols, soy protein, and viscous fibers. At the end of the month, the average LDL-C dropped 29%, while the LDL-Cholesterol ratio was reduced by 26.5%. The maximal results occurred at week 2 of the study. One subject completed 2 further diet periods; a low fat controlled diet and a control diet, plus the regular scripted dose of Lovastatin (20mg/d).

Again, this data was collected following a short-term study. The focus of the research team was to include only the foods easily found in supermarkets and health food stores, within the subject's residential area.

The reason why this type of study is important is that it represents a more accurate portrayal of potentials with individuals not confined to a weight-loss clinic. In other words, it closely characterizes what would be present in the general public.

If you have any questions, or require further clarification, please feel free to contact me.

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