

Follow the Chisum Fitness Trail – Atkins

RE: Atkins Diet

The recent literature published within the news media, has spawned several questions from SMCC personnel, community members, and several readers across the country. It will be my attempt to provide an overview of the newly published material and their possible implications.

In the past several years, I have been inundated with questions concerning the high protein diets. The Atkins Plan is the best known within this group. In review, it is a variation of the Starr Diet published in the 50's. Doctor Atkins published his first book approximately 30 years ago.

Several new research papers on this topic have been quoted within Associated Press (AP) articles. They reported lower cholesterol concentrations, more weight loss, and lower blood pressure, in recently conducted studies.

A bevy of other research has exposed the deleterious effects this diet has upon the same factors. The only consistent factor between these two camps, resides within the weight loss capabilities. It is accepted that this diet will decrease the body weight very quickly.

The physiological factors in which this occurs, must be reviewed. Although somewhat controversial, the body has the potential to digest and assimilate a certain percentage of protein within the overall diet. The controversy hinges upon that precise percentage. Many professionals accept the standard as approximately 33%.

For example, this would equate to the following formula. If the diet was 60% protein, and only 33% was digested, the remaining 27% would be excreted without any effect from those calories. If the diet consisted of 2000 calories, this would equate to 540 less than the total, or about 1460 actual calories. The normal daily requirements for women are between 1800 and 2000, while the men are between 2200 and 2800. In effect, it is a low calorie diet!

It is also known that most people subscribing to this diet eat fewer calories over time. This phenomenon has been related to boredom in eating such a limited variety of foods. In effect, they have created a low calorie diet.

The new research studies have not been published in their complete form in any of the professional publications. If, and when they are, a greater scrutiny of their design will afford a much clearer understanding as to their validity (is the data truly accurate) and reliability (can this be replicated amongst all peoples).

The reported results published in several AP articles have shown a reduction in cholesterol, triglycerides, blood pressure, and overall weight loss, compared to those

subjects eating high carbohydrate foods. Yet, a bevy of other studies has reported the opposite results. Why is there such a discrepancy?

To answer this question, a quick review of the scientific research design is warranted. The length of a study is extremely important. The longer the duration, the more accurate are the results.

In weight management programs, keeping the weight off is as important, or more important than just the amount lost. At this juncture, there is a void of good research on any potential long-term benefits associated with the Atkins Diet.

In my professional work, the men and women, who have tried this diet and quit, have gained more weight than was lost. It is also very interesting to note that when their body fatness was taken both when they began this program and at the end, a significant amount of this loss was not fat. It appears that there may be a high percentage of muscle breakdowns as well. Again, this data is an overall view of my work with people trying to reduce their weight, and not a scientifically designed and analyzed project.

The number of subjects involved in the study, allow the research community to determine the “power” of the results. The question raised with a small number is directed toward the potential that the sample size be aligned with the public. If so, then it may work for a small homogenized group, but not applicable to the masses.

It is also extremely important in the study’s design, to eliminate or control bias and confounding variables. If this is accomplished, then the validity and reliability are confirmed.

Extreme alterations within the diets have produced interesting results. Over a decade ago, the American Medical Association adopted the American Heart Association Diet. It reduced the fat content to under 10%. The protein was reduced as well.

The results showed that in many individuals their cholesterol rose significantly. Once they were allowed more fat and protein, their cholesterol was reduced below their original levels.

With the Atkins Diet, a large influx of external cholesterol is being consumed. The liver is responsible for producing and excreting cholesterol into the cardiovascular system. Without this, the body would not be able to produce the male and female hormones.

It may be possible that due to the amount from an exogenous source, that the liver shuts down. This theory is consistent in studies with other outside chemical compounds such as anabolic steroids. In this case, the testes stop producing testosterone. They shrivel, and in many cases become so small, they are nonexistent.

A large number of those healthy individuals which I have been associated, have either noted increases in cholesterol, triglycerides, ketones (detrimental to diabetics), and other

negatively altered blood perimeters, or sharp increases when quitting this diet. The later issue was not discussed by any of the clustered research, within the AP articles.

In conclusion: The data is quite interesting, and warrants further review when the articles are published in peer-refereed journals. At that juncture, the importance of the findings can be illuminated.

The only safe way to proceed is to accept periodic blood tests throughout the term of this diet. If there are no residual harmful affects, then continue. If any problems are realized, cessation will be implemented prior to any long term adverse complications occur.

If you have any questions, please feel free to contact me.

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