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The rationale behind low carbohydrate diets for weight loss

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Introduction & Aim: Low carbohydrate high protein diets have been prescribed from 1797 and are taken seriously by many researchers, although in main stream dietetics and medicine the diet can still be received with skepticism. Insulin Resistance (IR) is the result of a cascade of physiological events, starting with leading to a positive energy balance and weight gain. Patients with IR gain weight easily and have trouble losing weight on diets with normal carbohydrate content, because of the highly elevated insulin levels. A diet for patients with IR must therefore tackle this problem to make weight loss possible. In this review the evidence on the diet short and long-term, effects on comorbidities and difference with Mediterranean diet are discussed.

Method: A search was carried out in PubMed for articles of obesity management, IR, low carbohydrate/high protein diets and weight loss combined with comorbidities, several nutrients and the Mediterranean diet between 1995 and 2017. Outcomes were hyperphagia pared to patient observations from dietary practice in weight loss management. Diagnosis can easily be made by measuring waist circumference. The diet should be low carbohydrate/high protein but not provoking ketosis; energy and macro nutrient requirements should be individually assessed. Fat is not low but also not ad libitum, focusing on unsaturated fats. The intake of vitamin D, iodine and magnesium needs to be optimal. Alcohol consumption is not part of first phase of the diet. Exercise (endurance and resistance) is an essential part of the therapy. For patients with type 2 Diabetes medication, diet and glucose values need to be meticulously observed.

Conclusion: Low carbohydrate/high protein diets should be considered as a serious treatment option for all obese patients with and without comorbidities. They should be administered by specialized dieticians working in a multi-disciplinary team.

Biography

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