

# ASSOCIATE PARLIAMENTARY FOOD AND HEALTH FORUM

Chairman: Lord Rea  
Joint Vice-Chairmen: Tony Baldry MP, Dr Ian Gibson MP  
Secretary: The Earl Baldwin of Bewdley Treasurer: Baroness Gibson of Market Rasen

## **The Atkins Diet: Is a balanced view possible?**

**Tuesday, 29 June 2004**

**Committee Room 16, House of Commons**

**CHAIRMAN:** Lord Rea

**SPEAKERS:** Dr Sarah Brewer, Medical Adviser to Atkins Health and Medical Information Services

Jack Winkler, Food and Health Research

### **Introduction**

1. Lord Rea welcomed everyone and invited Sarah Brewer to address the meeting.

### **Sarah Brewer**

2. Sarah Brewer began by explaining her involvement with Atkins stemmed from the difficulties she experienced as a GP in persuading her patients to lose weight, until she came across the Atkins Diet. She found it achieved excellent results in helping people to lose weight.

### **Obesity**

3. Recent studies have shown that more than half of the adult population of England (two thirds of men and half of women) are overweight and 20% of these are obese. 1,000 people in England reach the stage of obesity every day, a development that can be attributed to a general pattern of a lack of regular exercise as well as an increase in the consumption of convenience foods.
4. The emphasis on 'fat phobia' has also created a climate where people are concentrating on reducing their fat intake, but low fat diets are often high in refined carbohydrates. The over consumption of refined carbohydrates stimulates insulin secretion which in turn has a significant impact on weight gain and retention; and swings in blood glucose trigger

cravings for increased consumption. A diet that has a high intake of refined carbohydrates results, therefore, in a 'blood sugar roller coaster'.

5. Many 'healthy' products derive at least 50% of calories from refined carbohydrates; these include popular foods such as cooked pasta, cooked rice, baked potatoes and flavoured yoghurts.

### **Atkins Nutritional Approach (ANA)**

6. ANA was founded by a cardiologist and is an easy-to-follow four-phase controlled carbohydrate programme. Initially, the dieter cuts back significantly on carbohydrates to lose weight and then gradually adds back a variety of 'good' carbohydrates as they get closer to their goal weight. The ANA brings the dieter's nutritional intake into balance, helping them to re-energize, lose weight and lay the foundation for a healthy life.
7. The ANA helps each individual to find their tolerance level for Net Carbohydrates (carbohydrates that impact blood sugar levels) first to lose weight and then maintain a healthy weight for life. It cuts out processed foods and promotes a variety of foods. It does not mean eating no carbohydrates, eating only steak, bacon and eggs or eliminating fruit and vegetables; but it means retaining carbohydrates that are full of nutrients and are found in foods like dark green leafy vegetables, nuts and berries.
8. **Phase 1:** Carbohydrate consumption should be limited to 20 grams of net carbohydrates per day for a minimum of two weeks - this should satisfy appetites with foods that combine protein and fat. A balance of healthy natural fats should be consumed and manufactured fats found in processed foods should be avoided. A large amount of water should be consumed along with the appropriate nutritional supplements. Regular exercise should be taken.
9. **Phase 2:** The daily intake of carbohydrates should be increased in increments of 5 grams to slow down weight loss. Additional carbohydrates should be chosen wisely by slowly adding back nutrient-dense foods. Once weight loss has stopped, the daily intake of carbohydrates should be dropped to continue losing weight slowly.
10. **Phase 3:** The last few pounds should be lost very slowly to help ease the dieter into a permanently changed way of eating. Each week, more grams of carbohydrates should be added to the daily allotment. As long as weight loss continues, moderate amounts of foods such as lentils and other legumes should be gradually introduced. When the goal weight is achieved and maintained for at least a month, the Atkins Carbohydrate Equilibrium (ACE) will have been established.
11. **Phase 4:** In order to maintain the goal weight, the dieter must stay at their ACE. The average number of carbohydrates grams should range between 40 and 120 per day depending on the individual's metabolism and other factors.

### **New England Journal of Medicine**

12. A number of trials have been carried out in an attempt to identify the effectiveness of low carbohydrate diets. The New England Journal of Medicine (200) undertook a one-year controlled trial involving 63 obese men and women. The randomised experiment (low carbohydrate or low fat diet) found that those on the low-carbohydrate diet had a

Associate Parliamentary Food and Health Forum

1 Millbank • Westminster • London • SW1P 3JZ • Tel 020 7222 1265 • Fax 020 7222 1250 • [www.fhf.org.uk](http://www.fhf.org.uk)

---

statistically significant weight loss for the first 6 months and maintained greater weight loss at 12 months. There was little difference in the LDL-cholesterol between the two groups and both diets significantly decreased diastolic blood pressure and the insulin response to a known intake of glucose. Those on the low-carbohydrate diet had greater improvements in serum triglycerides and HDL-cholesterol than those on the conventional diet. The researchers concluded that “the low-carbohydrate diet was associated with a greater improvement in some risk factors for coronary heart disease ... the changes are greater than those expected from a moderate weight loss alone”.

### **American Heart Association**

13. The American Heart Association (2003) funded a study involving 53 obese females following a very low carbohydrate diet or a calorie-restricted low fat diet. Both groups reduced their calorie consumption by comparable amounts and the total intake of saturated fat was not excessive. Those who were following the low-carbohydrate diet observed that they did not feel hungry whilst following the diet. The low carbohydrate group lost more weight and more body fat than the low fat group and there was no adverse effect on cardiovascular risk factors. The authors concluded that “a very low-carbohydrate diet is more effective than a low-fat diet for weight loss and, over six months, is not associated with deleterious effects on cardiovascular risk factors in women.” This trial, and others, suggests that a low-carbohydrate diet provides a metabolic advantage: “for the greater weight loss in the low-carbohydrate diet to result from decreased calorie consumption alone, the group would have to consume 300 fewer calories per day over the first three months compared with the low-fat diet group.”

### **New England Journal of Medicine 2**

14. A second experiment in the New England Journal of Medicine involved 132 severely obese subjects randomly assigned to a low carbohydrate diet or a low calorie, low fat diet. 39% of the subjects had diabetes and 43% metabolic syndrome. Of the 79 subjects that completed the study, (low fat dieters were twice as likely to drop out), those following a low carbohydrate diet lost more weight than those on the low fat diet irrespective of their use or non-use of drugs to lower blood glucose or cholesterol levels. 9 out of 64 people on the low carbohydrate diet eventually lost at least 10% of their body weight compared with only 2 out of 68 people on the low fat diet. Low fat diets do suit some people and the Atkins message is that if it works for you – great!

### **Annals of Medicine**

15. After one year, the Annals of Internal Medicine published research following the reassessment of the 132 severely overweight adults with the researchers concluding that, “participants on a low-carbohydrate diet had more favourable overall outcomes at one year than did those on a conventional diet.”
16. Another study from earlier this year in the Annals of Internal Medicine involved 120 obese people with high total cholesterol, LDL cholesterol and/or raised triglycerides. The experiment was randomised to a low-carbohydrate or low fat diet. The low fat group was told to eat 500-1000 kcals less than they needed. 76% of the low-carbohydrate group completed the 24-week study compared with 57% of the low fat group with the average weight loss: 12kg low-carbohydrate vs 6.5kg low fat. The researchers concluded that,

“compared with a low-fat diet, a low-carbohydrate diet programme had better participant retention and greater weight loss.”

### **Conclusions – The Atkins Diet**

17. People have focused on low-fat diets for 50 years and it has not worked. Well-controlled, peer reviewed research has demonstrated that following a controlled carbohydrate approach results in significantly decreased triglyceride levels, increase HDL, and decreased LDL levels in many people, as well as a reduction in postprandial triglyceride levels. More than 700 published peer-reviewed studies support the concepts underlying ANA. At least 29 studies focusing on the ANA have all supported the safety and efficacy of the controlled carbohydrate approach. The findings of these trials are too important to be ignored.

### **Conclusions – Low Fat Diets**

18. Low fat diets have failed; the anticipated outcomes have not been achieved. Obesity and diabetes are at epidemic levels and an alternative is needed. Controlling carbohydrates via the ANA has been scientifically validated and is worthy of further research and consideration.
19. Lord Rea thanked Sarah Brewer for her presentation and invited Jack Winkler to address the meeting.

### **Jack Winkler**

20. The current debate surrounding Atkins and traditional diets is an example of a classic phase in science – in this case, the position of existing science is challenged by a new diet. In his book, *The Structure of Scientific Revolutions*, Thomas Kuhn said that, “paradigm pattern occurs only after persistent failure to solve a noteworthy puzzle has given rise to crisis. And even then it occurs only after the sense of crisis has evoked an alternative candidate for paradigm ... testing occurs as part of the competition between two rival paradigms for the allegiance of the scientific community”.
21. The Atkins Diet was first published in 1972 but had no real effect. The second Atkins Diet was published in 1992 and has gone on to become a global phenomenon. The second diet has to be taken within the context of the global rise in obesity where alternative diets are proving to be ever more popular.
22. Kuhn is a historian scientist – he looks back from a position where he knows who won. He came up with the ‘paradigm shift’ term where an established explanation is defeated – in the future, it is therefore difficult to know what may happen. Kuhn is a good guide to the present as he only describes the behaviour of the people with whom he is engaged. Looking at the arguments surrounding the Atkins and Low Fat diets, he is generous to the scientist and those who hold onto the old theories. He goes on to say “lifelong resistance is not a violation of scientific standards but an index to the nature of scientific research itself. The source of resistance is the assurance that the older paradigm will ultimately solve all its problems.
23. Most discussions on the Atkins Diet take as their starting-point that it is Atkins in confrontation with the rest of the world and this misrepresents the significance of what is

Associate Parliamentary Food and Health Forum

1 Millbank • Westminster • London • SW1P 3JZ • Tel 020 7222 1265 • Fax 020 7222 1250 • [www.fhf.org.uk](http://www.fhf.org.uk)

---

going on. There are many low carbohydrate diets - Atkins has become the symbol of low carbohydrate diets in the same way as McDonalds is the symbol for fast food.

24. In his 2004 work, *Living the Low Carb Life*, Jonny Boden identifies 14 low carbohydrate diets:

- Atkins
- Carbohydrate Addicts Diet
- Fat Flush Plan
- GO-Diet
- Lindora Programme
- Neanderthin
- Paleo Diet
- Protein Power
- Scarsdale Diet
- Schwarzbein Principle
- Somersizing
- South Beach Diet
- Sugar Busters
- The Zone

25. The book is an American book which does not mention any foreign diets – and, in particular, no Australian or British diets. The book also underestimates the number of books out there on carbohydrate diets. On a recent trip to a New York bookstore, a survey of the shelves on diets revealed most were on the subject of nutrition – 95% of the books were on weight loss and almost all referred to low carbohydrate diets. In popular bookstores, there were over 100 books on low carbohydrate diets; in comparison, there were 45 titles on diabetes. Books on the Atkins diet were available in all forms and there were many of them.

26. Arthur Agatston's *South Beach Diet* claims it is “not low-carb nor is it low-fat.” This indicates to what extent the selling of diets is now a part of a competitive market: success depends upon having an unique selling point. It is essential to maintain that a diet is different from the Atkins and to demonstrate the distinctive features. The sector is now one big industry and in order to challenge the dominant male (Atkins) you have to have a selling point and, in this case, it has to be anti- Atkins.

27. We are no longer talking about low fat versus low carbohydrate. The fat theory has receded and has been replaced by low carbohydrate theories. Carbohydrates have an ability to influence weight loss and weight gain through the relationship with insulin resistance. David Ludwick from Harvard is currently doing research on low fat/low carbohydrate – he describes the theory as being hardly contentious. We are talking about Atkins vs AMA . This is about a fundamental engagement with a different approach and the conduct of the debate does not always relate the significance. There are lots of scare stories out there and rather than concentrating on the scientific aspects of the diets, supporters of low fat and low carbohydrate diets are throwing mud at each other. It is possible to make a number of interesting observations:

- Hyperbolic language – the medical and scientific risks are repeatedly being criticised with exaggerations and scare stories becoming the norm

- Selective evidence – Robert Atkins once said that his critics did not read beyond the first chapter; others query the evidence put forward by Atkins.
  - Effect of Atkins – in the media, there is much speculation about the side-effects of the Atkins Diet. These include heart disease, bad breath and, even today, the media have been claiming that the Atkins Diet makes people infertile. Robert Atkins contended that following his diet could have benefits for every tissue in the body.
28. There are a lot of commercial organisations with vested interests in the success or failure of the Atkins Diet and their support or opposition is determined by this viewpoint. A number of trade bodies have also emerged – some of which are even dedicated to Atkins. The Partnership for Essential Nutrition was formed in the US last week and, as is the norm, all sides attempt to suppress the opposition’s arguments. Unusual actions such as television advertising are employed. In the US, the Committee of Physicians is threatening to sue doctors if they recommend to patients that they take up the Atkins Diet. However, as the phenomenon demonstrates, Atkins has many advocates.
29. Looking to the future, it is possible that we may have a paradigm shift – perhaps this will be a defeat for Atkins. In recent years, there has been an attempt to move the debate onto ‘good’ and ‘bad’. This is not new – we are used to this sort of debate with a range of issues including cholesterol and fats; good and bad sugars; and good and bad carbohydrates. However, there is a potential compromise solution. On 18 January, Atkins accepted for the first time that saturated fats should be controlled. The question is whether the low fat advocates will buy the compromise. History says that scientific revolutions take a long time – it is therefore difficult at this stage to see whether the compromise happens.
30. Further research on the genetics of obesity is continuing but this will take a while before firm results can be shown. At a recent conference where an annual review of genetics relating to obesity was being calculated, 440 separate known genes were identified. When better research becomes available, the debate will change enormously. But in all surveys of statistics supporting any type of diet it must also be remembered that overweight people tend to under report.. All tests are vulnerable to this problem. An NIH study found that people recognise there is no measure of food intake where the results can be entirely trusted.
31. Jack Winkler concluded by saying that he does not believe the results of any surveys whether they are pro-Atkins or pro-low fat diets.
32. Lord Rea thanked both speakers for their presentations and invited questions from the audience.

## Question and Answer Session

33. **Paul Clayton, Royal Society of Medicine**, asked why aspartame was not recommended as part of the Atkins Diet. **Sarah Brewer** said that the case for aspartame was not clear-cut and Atkins himself was not in favour and preferred the use of sucrose instead. **Jack Winkler** stated that Tesco is in favour of labelling products according to a glycemic index. Paul Clayton recommended, in view of the differences in research, Atkins should take into account recent findings on this issue.

34. Responding to a question from **Robert Pickard**, British Nutrition Foundation, about people with a pre-existing medical problem (and specifically people with renal problems) undertaking the Atkins Diet, **Sarah Brewer** emphasised the importance of following closely the Atkins instructions and said that people with pre-existing kidney diseases should not follow the diet, although she added that research has been carried out which has concluded that there is no associated risk. **Jack Winkler** said that all low carbohydrate diets are phased diets - Atkins is a four-phase diet. The difference between them is the introduction of carbohydrates back into the diet; human beings are genetically adapted to a high protein diet.
35. **Alan Long, VEGA**, stated that as there was so much uncertainty about diets, should people be focusing on their intake of supplements. Sarah Brewer said that supplements are not essential when following the Atkins Diet although she emphasised the importance of carnitine.
36. **Jack Winkler** re-asserted his main contention that Atkins is a success of marketing rather than anything else calling it a 'phenomena of overwhelming proportions'. He also pointed out that **Robert Atkins** was overweight when he died. The irony of this was briefly debated; **Sarah Brewer** explained that Atkins weight gain was due to a medical condition that resulted in extreme fluid retention.
37. **Lord Rea** thanked everyone for attending and contributing to another interesting meeting. He explained that the next meeting, following the summer recess would be on **Tuesday 19 October 2004** where the subject being discussed will be **Convenience Foods**.

## Appendix

### Biographies of Speakers

#### **Dr Sarah Brewer, Medical Adviser to Atkins Health and Medical Information Services**

Dr Sarah Brewer graduated from Cambridge University as a doctor in 1983. She was a full-time GP for five years and now works in nutritional medicine. She writes widely on all aspects of health, including complementary medicine and the sensible use of supplements. She has written 40 popular self-help books and was voted Health Journalist of the Year 2002. Sarah is currently completing a Masters degree in Nutritional Medicine at the University of Surrey.

#### **Jack Winkler, Food and Health Research**

Jack Winkler is a specialist research, policy analyst, writer, lecturer and consumer advocate on food, nutrition and health issues.

He trained as a sociologist at the London School of Economics and Stanford University and held academic posts at the University of Kent, Imperial College, London and Cranfield University working on many fields of economic and social policy. Since the early 1980s, he has concentrated on nutrition policy, first establishing a research programme at Cranfield before going to the King's Fund Institute. He now has his own independent consultancy, Food and Health Research.

Jack is currently the visiting lecturer on nutrition policy at University College, London and at London Metropolitan University. He is the author of numerous articles, reports, papers and documents relating to food health policy. Recent publications include a major research report of sugar claims, papers on future scientific trends in nutrition and specialist foods for weight management. His current research interests include functional foods, genetics and nutrition, food claims, obesity, advertising regulation and food policy in Brazil.