

TOPICS FOR DISCUSSION

- **On you allocated week be prepared to (as a group):**
 - **introduce your chosen issue**
 - **explain why it is important**
- **Then, including the rest of the lecture group:**
 - **be prepared to debate the issue, highlighting different perspectives / views that exist for the topic**
 - **suggest ways forward to improve the situation - if possible!**
- **Topic for this week / next week**



FAD DIETS

BMPE6003

Week 6



QUICKLY RECAP OVER YOUR READING / RESEARCH OF THE TOPIC...

- What have you found?

WEIGHT LOSS - IMPORTANCE

- The World Health Organization (WHO) has concluded that obesity has reached epidemic proportions globally, with more than 1.9 billion adults being overweight and 650 million are obese, with the prevalence of obesity tripling since 1975.
- A modelling Study in the Lancet (Grover et al., 2014) concluded that:
 - Obesity can prevent 20 years of good health during a person's life
 - Can accelerate death by eight years.
 - No quick fix for obesity
- If no quick fix...Why are people still falling for the promises of a 'new' fad?
- What lures people in?



WHO DO FAD DIETS APPEAL TO?

WHY ARE FAD DIETS SO POPULAR?

- So why do people search the internet and social media looking for a miracle cure?
- A **trend** that promises **fast and easy weight loss**.

Plays to people's

- Insecurities – social media ideals
- Hopes
- Wishful thinking!

FAD DIETS:

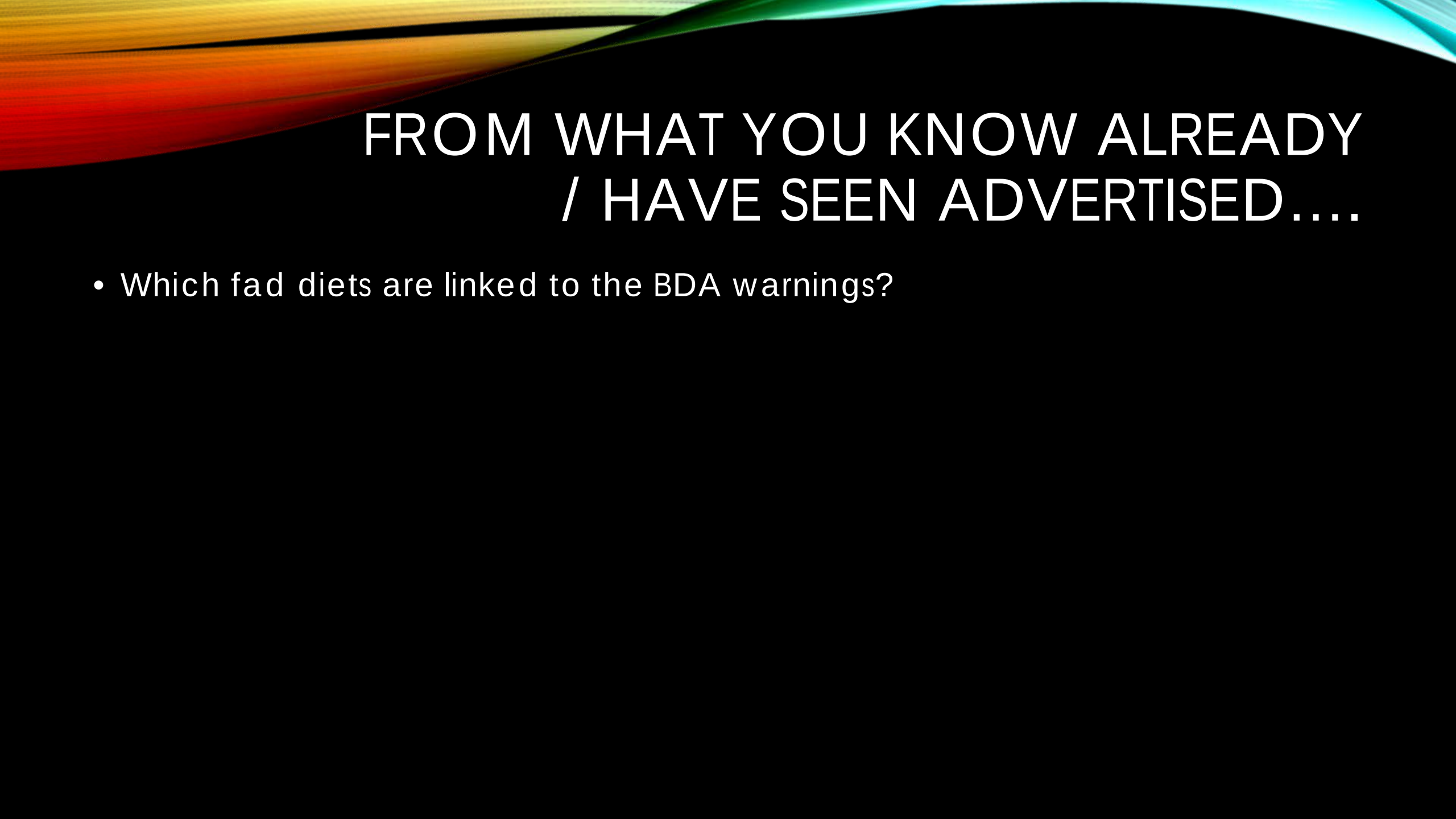
- A lot of people are impacted or struggling with obesity and desperate to manage their weight through the next fad for 'quick results'.
- Fad-diets can be tempting as they offer a quick-fix to a long-term problem.
- However, they can pose health risks (BDA, 2019).
- Fad diets are designed to fail! Economic model. Slimming World / Weight Watchers WW
 - Thrill of seeing quick weight reduction keeps many coming back,
 - The diet industry thrives off "repeat customers," rapid initial water loss **deceptive** (Polivy and Herman, 2002).
- Blame for failure?! Self esteem and body confidence?

People need to see beyond the intense false publicity, its unworthy promotion, labels and price tags (FACLM, 2019).

- Marketing for these diets is flexible environment - uses body transformation and thrives due to people sharing their findings and feelings.
 - Social media / websites / applications where people create and share content quickly, in real-time
 - E.g. 20 million+ posts on Instagram for #keto. #lowcarb – 23 million posts.
- Nutritional advice is highly unregulated on social media, with no shortage of celebrity and influencers all recommending the keto diet (Choi and Berger, 2009).

THE BRITISH DIETETIC ASSOCIATION RECOMMENDS PEOPLE STAY AWAY FROM ANY DIETS THAT:

- A promise to rapid weight loss without changing your lifestyle
- A recommendation to any fat-burning products
- A promise of rapid weight loss
- Advised to use large doses of vitamins and mineral supplements
- The selling of products and supplements
- Restricting the use of certain foods and replacing them with expensive alternatives
- Promoting the eating of only one type of food
- Any suggestion that weight is connected to food allergies
- The suggestion of eating foods based on your genetics or blood type
- The recommendation of a detox
- Any diet advocated by a celebrity without supporting evidence
- Liquid meals only
- Any diet focusing on appearance
- Recommending eating non-food items
- Recommendations on a single study
- Recommends the same diet for everyone
- It's a 'secret' that doctors are yet to discover



FROM WHAT YOU KNOW ALREADY / HAVE SEEN ADVERTISED....

- Which fad diets are linked to the BDA warnings?

WHICH DIETS ARE LINKED TO THE FOLLOWING?

- A promise to rapid weight loss without changing your lifestyle
- A recommendation to any fat-burning products
- A promise of rapid weight loss
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- Restricting the use of certain foods and replacing them with expensive alternatives
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EXAMPLE: LOW CARBOHYDRATE DIETS VS LOW-FAT DIETS

You will already have covered many fad diets in your studies...

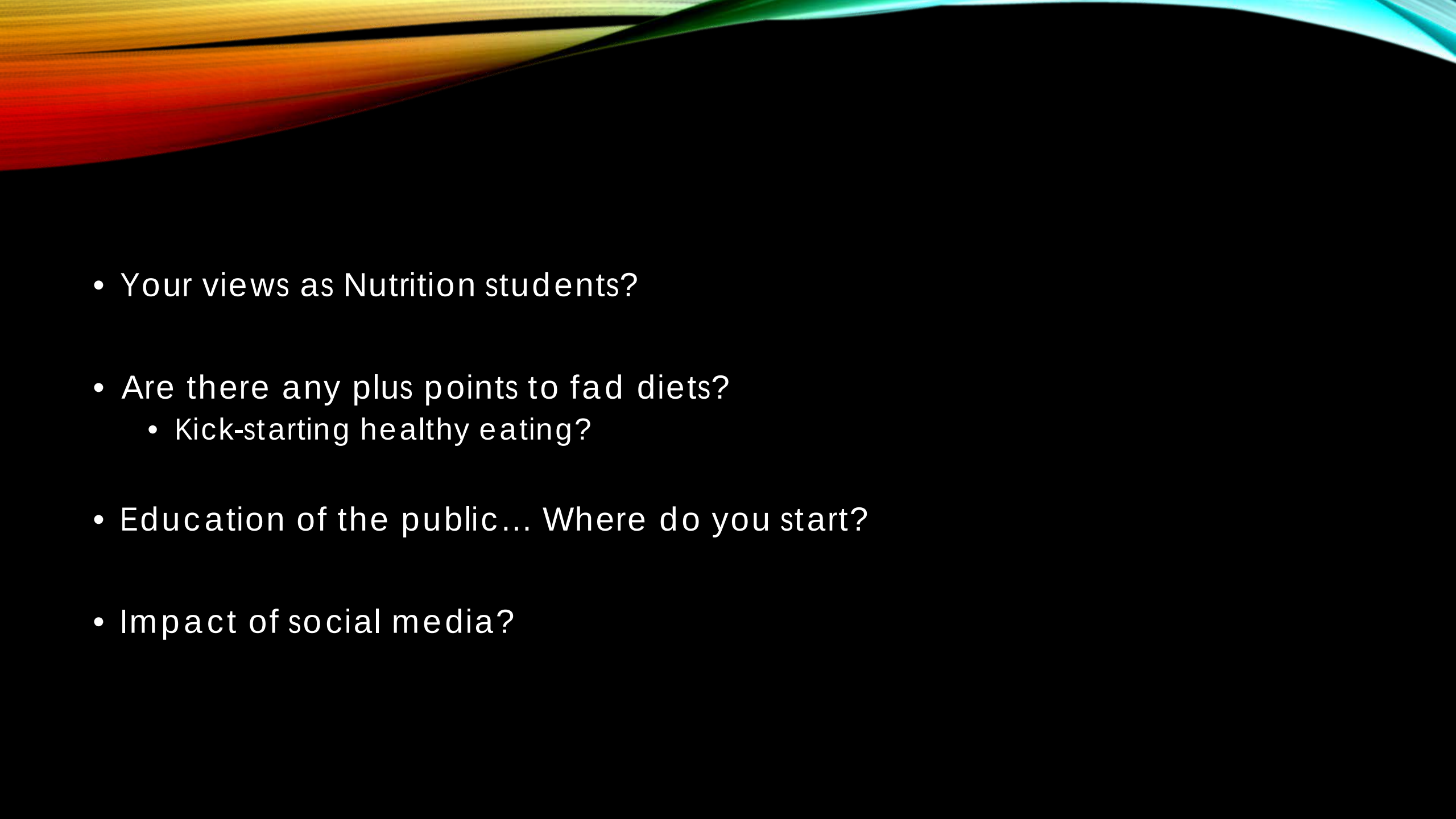
When research becomes involved...

- The ketogenic diet frequently mentioned in research - many studies comparing low-carbohydrate diets against low-fat diets.
- Convenience?
- Diet suits people who do not want to calorie count - time-consuming and tedious.
- Summary table of the main outcomes of six out of twenty-seven similar trial studies carried out between 2003 and 2007.
- Randomised controlled trials, conducted on people with health problems, including being overweight / obesity.
 - Each trial consisted of two groups: low-fat diet vs low carbohydrate diet.
 - The main outcomes measured (biomarkers) were weight loss (total body weight), total cholesterol, LDL cholesterol, HDL cholesterol, triglycerides and blood sugar levels.

Trial	Main Outcomes
1. (Foster, Wyatt and Hill, 2003)	63 overweight individuals participated for twelve-months. Only the low-fat group was calorie restricted. Weight loss of 7.3% on the low-carb diet against 4.5% in the low-fat group. The low-carb group showed improvements in blood triglycerides and HDL cholesterol, other bio markers were similar between groups.
2. (Samaha et al., 2003)	132 individuals with severe obesity (mean BMI of 43) participated for six-months. Only the low-fat group was calorie restricted. Weight loss average of 5.8kg in the low-carb group against only 1.9kg loss in the low-fat group. The low-carb group had improvements in blood triglycerides, total cholesterol and blood sugar levels.
3. (Sondike, Copperman and Jacobsen, 2003)	30 overweight adolescents participated for twelve-weeks. Neither group had calorie restrictions. There was a weight loss average of 9.9kg in the low-carb group against 4.1kg loss in the low-fat group. Decreases in triglycerides and HDL cholesterol were had in the low-carb group, with Total and LDL cholesterol decreasing in the low-fat group.
4. (Meckling, O'Sullivan and Saari, 2004)	40 overweight individuals participated for ten-weeks. Calories were matched between groups. Weight loss average of 7.0kg in the low-carb group against 6.8kg in the low-fat group. Triglycerides and blood sugars decreased in both groups, Total, HDL and LDL cholesterol decreased in the low-fat group with HDL cholesterol going up in the low-carb group.
5. (Nickols-Richardson et al., 2005)	28 overweight menopausal women participated for six-weeks. The low-fat group was calorie restricted. Weight loss average: 6.4kg in the low-carb group compared to 4.2kg in the low-fat group. Insignificant difference in the biomarkers with both groups.
6. (McClernon et al., 2007)	119 overweight individuals participated for six-months. The low-fat diet was calorie restricted. Weight loss average: 12.9kg in the low-carb group compared to 6.7kg in the low-fat group. The low-carb group had the greatest improvements in all biomarkers but after two months the effects diminished.

THOUGHTS ON THE RESEARCH FINDINGS?

- Support for weight-loss.
- Strong celebrity support – books / plans / products.
- Anecdotal reports of ‘success’.
- Conflicts of interest from professionals?

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- Your views as Nutrition students?
 - Are there any plus points to fad diets?
 - Kick-starting healthy eating?
 - Education of the public... Where do you start?
 - Impact of social media?

WHAT IS THE WAY FORWARD?

- Increasingly obesogenic environment

FORM A PLAN FOR THE STRUCTURE OF YOUR GROUP ASSESSMENT PRESENTATION.

- Include the following information as a group submission:
- Question / issue to be discussed
- Individual contributions (including contributions to the introduction and summary)
- Resources – types identified so far
- Structure – sections (what is to be included within these / how do the sections and individual contributions link together)
- Findings so far