Very Low Calorie Diets

By Dr. Joseph E. Donnelly

Weight management for our clinical research group began in 1986 with a grant from The National Institutes of Health to examine the use of very-low-calorie-diets (VLCD). We have conducted numerous research studies using this approach and have had thousands of individuals lose weight using VLCD. Diets containing between 500 and 800 calories per day are considered VLCD and originally were taken in the form of lean meat, poultry and fish. Modern VLCD are generally taken in the form of shakes and come in a variety of flavors that can be further modified for consistency and taste. Additionally, they can be taken cold or hot, depending on the flavors. Modern VLCDs contain all recommended amounts of protein, carbohydrate and fat, and all vitamins and minerals. They are very convenient, easy to use, easily transported (e.g., travel), and have very long shelf lives. Although counter intuitive, hunger is not an issue for the vast majority of individuals as appetite is greatly diminished when consuming VLCD.

Medical clearance is necessary to participate in VLCD and medical monitoring is necessary to track changes in blood pressure, medications and other health issues an individual may have. Weight loss is impressive. The average weight loss in our studies and clinics is 22% in 3 months. This is generally accompanied with positive changes in risk factors such as blood pressure, blood lipids (e.g., cholesterol), glucose and insulin (e.g., diabetes), joint pain, and numerous other medical conditions. Notably, medications normally decrease, sometimes dramatically, and in turn medication expense decreases.

If you have more than a few pounds to lose you may wish to talk to your physician and contact our clinic to determine if VLCD is an appropriate option for your weight loss.

Weight Management Clinic:
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"Intermittent" Diets- A Primer By Dr. Matt Schubert

A recent buzzword making the rounds in the nutrition community is intermittent dieting. Other terms thrown around include alternate day fasting and intermittent fasting. Intermittent fasting involves restricting energy intake (from food and beverages) for set, clearly defined periods of time, and eating ad libitum (at one’s pleasure) the remaining time. While this form of energy restriction has been around for millennia, it only has come to the attention of researchers recently – largely due to the 2012 London Olympics occurring during the Ramadan holiday.

Within this research paradigm are several sub-designs. These include alternate day fasting, where days of complete abstention from energy intake are alternated with ad libitum eating days; modified fasting, such as the 5:2 diet, where energy intake is severely restricted (20-25% of energy needs) on two non-consecutive days and free-feeding the other 5; and time-restricted feeding, where energy intake is to set periods. Intermittent fasting has been trumpeted as an effective weight loss tool, with better adherence and fewer adverse side effects than continuous diets that involve energy restriction. Recently, two very comprehensive reviews examined these questions based on existing literature and provided some conclusions:

1-Adherence to the dietary regimen is no different between continuous and intermittent diets.
2-Similar levels of weight loss occur regardless of energy restriction.
3-Influences of intermittent dieting on mood and subjective states are unclear when compared to continuous diets.
4-Metabolic improvements in glucose and insulin are similar between intermittent and continuous dieting.
5-Reducing or eliminating night-time eating as a form of intermittent dieting may lead to greater weight loss when following an energy-reduced diet.

Many questions about the potential of intermittent dieting remain to be answered, including interactions with exercise (as fasted exercise has its own health benefits), but evidence suggests that this may be a practical alternative to conventional diets for individuals who do not become susceptible to hunger but do not want to be in a state of continuous energy restriction.

Squash: A Favorite Fall Vegetable By Dr. Lauren Ptomey

The fall season is a great time to start putting more fruits and vegetables on your plate. One great way to get more vegetables in is by consuming more squash. Squash comes in many varieties, including acorn, butternut, pumpkin and spaghetti. Spaghetti squash is available year-round, with its peak season in early fall through winter. Spaghetti squash is easy to add to meals because the inside of it has strands that look like spaghetti noodles. Because of this resemblance, it can be easily substituted for noodles, for about a quarter of the calories. Although the mild flavor of spaghetti squash will not replace pasta’s taste, it pairs wonderfully with sauces you would normally put over pasta. You can even add lean meats and other vegetables to the dish. When selecting your spaghetti squash, it should be hard all over and heavy for its size. Inspect the squash to make sure there are no scratches, punctures or blemishes. The freshest spaghetti squash will be bright yellow and without discoloration.
Tips for a Healthier Holiday Season  By Dr. Jeannine Goetz

The holiday season is quickly approaching and for many of us this means time with family, friends and lots of food! In fact, some refer to this time of year as the “national eating season” which starts with Halloween and stretches on until the start of the New Year. While most Americans only gain a few pounds over the holidays, research shows these extra pounds tend to stick with us long after the holidays are over. This holiday season, avoid the extra pounds by considering the following strategies: Plan, plan, plan- When attending a party, balance out your intake during the rest of the day by planning healthier, low-calorie meals and getting some extra physical activity. Don’t try to compensate by skipping meals – arriving at the party hungry will only lead to consuming more calories. In fact, eating something before you go to the party may actually help you eat less! Many holiday parties feature huge buffet-style meals – try filling the majority of your plate with fruits and vegetables and limit your meal to one trip through the line. Avoid further temptation by socializing in a location not directly near the food table. Finally, having accountability during the holiday season is especially important. Consider joining our Phase II (weight management) program to learn additional holiday strategies and to increase your motivation to stay healthy this holiday season!

Genes & Weight  By Dr. Amanda Reed

Recent advance in genomic testing have lead some overweight and obese patients to blame their genes for their weight problems rather than their behaviors. As a health educator, I commonly hear, “I can’t lose weight because my genes won’t let me”, or “I’m not the problem it’s the way I was born.” Although it is true that genomic make-up may contribute to an individual’s risk of becoming overweight or obese this doesn’t mean you should just give up and not to attempt to lose weight through a behavioral weight loss program. Instead, it’s time to face the facts: 1) there are hundreds of genes that may affect weight in small ways, there is no way your physician can test all of them to find out which one is the blame, 2) to date, there are no known gene therapies for these genetic mutations. Therefore, transferring the blame for your weight to your genes or your physician is not logical.

Although your genes may pre-dispose you to be overweight or obese it doesn’t mean you are a lost cause; genetics is only half the battle, literally. In some case 50% of your weight battle may be due to genes (i.e., nature) while the other 50% is due to what you DO (i.e., nurture). This means that although you may have a hard time controlling your hunger when you venture through the bakery at the store, it doesn’t mean you actually have to place the cookies in your cart. Making good food decisions and being physically active every day can make a big difference and actually modify the way your genes are expressed. So the next time you try to put on your favorite pair of jeans, just remember that it’s not entirely your genes fault, you are just as much to blame. And if you can’t seem to make it right on your own through good food decisions and physical activity, the Center for Physical Activity and Weight Management is here to help.
Staying Active Through the Holidays
By Erik Willis, M.S.

Contrary to popular belief, losing weight is the relatively easy part of weight management, with the biggest challenge being maintaining the weight you have lost. Unfortunately, the numbers are against you. The National Institutes of Health and other studies show that as much as 98% of people who lose weight gain it back within five years. Additionally, 90% of those who regain weight gain back more weight than they originally lost.

How can you be an exception to this trend? Exercise is perhaps the greatest predictor of weight maintenance. Data from the National Health and Nutrition Examination Survey observed that men who reported low levels of physical activity were associated with 3x greater risk of major weight gain and almost a 4x increase in risk in women compared to those who were active. When it comes to the amount of exercise needed for weight maintenance more is better. The fact is, that people who are successful at maintaining their weight over time, do as much and typically more exercise then they did while losing weight. It is recommended that exercise levels of 225 to 300 min/week are necessary to prevent the transition of normal weight to overweight or overweight to obese. Thus exercise is important for everyone, even if you are currently normal weight, and certainly if you are at risk for becoming overweight or obese.

Tips to Staying Active
- Find an activity you enjoy. Choose activities that appeal to you. You are more likely to keep to an exercise plan if you like it.
- Add variety to your routine. It gets monotonous if you’re doing the same thing over and over. By varying your routine you can increase your enjoyment of exercise and this leads to greater adherence.
- 10 minutes at a time is fine. Exercise can be done at one time or intermittently throughout the day. Breaking exercise up in to short 10 minute bouts throughout the day can provide positive health benefits.
- Involve your family. Plan family outings and vacations that include physical activity (hiking, backpacking, swimming, etc.)
- Sign up for local races and events. Having a goal to work toward and an exact date will help you to stick to your exercise plan. Many people do better when they have something specific to work toward.
- Join an exercise class or have an exercise buddy. Having additional accountability helps when trying to adhere to an exercise routine.
- Wear a physical activity monitor or keep an exercise log. One major behavioral interventional strategy for weight management and lifestyle change is self-monitoring. Tracking your exercise can provide positive feedback or a reminder to incorporate more exercise or physical activity into your daily routine.
- Plan exercise into your day. A successful exercise routine takes planning. Prepare your workout clothes and shoes the night before. Pack your gym bag with a change of clothes and other post-workout essentials. Finally, map out your exercise plan. Know which days you'll work out and what exercises you'll do.
Success Story: Karen & Rick

This program has been a life changer for my husband and me! In fact, almost every day he thanks me for finding out about it and scheduling our orientation. We both wonder where we’d be without it.

I’ve actually always cooked fairly healthy meals, but each of us had steadily put on weight over the past 20 years through a combination of sedentary jobs, lack of activity, poor portion control, and, to be honest, emotional eating. My doctor had been telling me that I was one of his healthiest obese patients, but, that that couldn’t last. He wanted me to get the weight off before my mild symptoms worsened. At my last physical with him, he encouraged me to look into weight loss surgery because the risks of that were less than the risks of being obese. One thing he said that really resonated with me: There is a reason you rarely see elderly people who are obese; obese people die before they reach old age.

I had tried every diet imaginable, so I was certain that surgery was the only answer. I attended an informational meeting about gastric bypass, but discovered my insurance had an exclusion and wouldn’t cover it. I thought I was destined to struggle with my weight the rest of my (shortened!) life until last April when I serendipitously saw a Facebook post from a former coworker who said she’d lost about 80 pounds. I immediately contacted her, and she told me about KU’s WCRP, both the low calorie (LC) option with food and the very low calorie (VLCD), shakes only. She was in week 24 of VLCD, and she insisted that once she’d gotten past the first two or three weeks, the “shakes only” diet had become almost effortless. She sounded sincere when she said she never dreamed it would be so easy for her to lose so much. I was skeptical that I could hang on that long drinking only shakes, but my husband and I went to the orientation, signed up for the program, and we’ve never looked back!

Each day we’d drink five shakes and lots of water and other calorie free drinks. There are hundreds of recipes for the shakes, but we kept it simple—usually either chocolate or vanilla, rarely with additional flavorings added. Our weight steadily decreased, but we rarely felt hungry or missed food. Recording our steps on our pedometers encouraged us to increase our overall activity, and we both started walking programs. We lost between 3 and 6 pounds almost every week. By the end of our 24th week, I had lost almost 60 pounds, and my husband about 75! I’m actually buying clothes in the “regular” women’s department...something I didn’t think I’d ever do again! As we both wean back onto food, we know the momentum of our loss and the knowledge we gained about food in our weekly class will help us continue to stay on track to reach our goals.

We can’t express how much better we feel physically and mentally! Walking has become a necessity for both of us—we really hate to miss a day. Besides burning calories, our increased activity has helped with flexibility and balance, and my chronic knee pain has disappeared! The endorphin high that comes with exercise is addictive, too.

We tell anyone who asks how life-changing this program has been for us. Granted, we had each other as support throughout, which we know made our experience easier than others’, but the bottom line is that if you’re willing to follow it, the program works. There’s definitely something to be said for taking food out of the equation to lose weight! If you think you’ve tried everything and that nothing will ever work, give this program a try.

As for the practicalities, our health educator, Kelsey Stock, was fantastic! She couldn’t have been more encouraging and knowledgeable. Our health throughout the program was well monitored and all of our “numbers” showed improvement. The costs for us were no more per week than what we would have spent at the grocery store or eating out. And most of all, we feel fantastic and probably added years to our lives! We highly recommend WCRP!

Karen & Rick
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