



Types of Diets

DASH Diet

The DASH Diet (Dietary Approaches to Stop Hypertension) was originally developed as a diet for patients with hypertension. It is considered a balanced-nutrient, moderate-calorie approach.

The DASH diet is rich in fruits, vegetables, and low-fat or nonfat dairy. It also includes mostly whole grains, lean meats, fish and poultry, and nuts and beans. It is high in fiber and low-to-moderate in fat.

Numerous studies have shown that DASH is a good choice for weight management, particularly for weight reduction in persons with obesity.

In a randomized, controlled trial conducted in 116 patients with metabolic syndrome, three diets were prescribed for 6 months: a control diet, a weight-reducing diet emphasizing healthy food choices, and the DASH diet.¹ Women randomized to the DASH diet achieved a 15-kg weight loss and men achieved a 16-kg weight loss, compared with 13 and 12 kg, respectively, in patients randomized to the weight-reducing diet.

1. Azadbakht L, et al. *Diabetes Care*. 2005;28:2823-2831.

Mediterranean Diet

The Mediterranean Diet emphasizes fruits, vegetables, whole grains, and legumes. It also emphasizes monounsaturated fatty acids (MUFAs), including olive oil, nuts, canola oil, avocados, olives, and nut butters. MUFAs reduce cardiometabolic risk factors, but they are high in calories and should be consumed in moderation. Red meats are limited in the diet and fish and poultry are eaten at least twice a week. Herbs and spices replace salt. Red wine is recommended in moderation if the patient drinks alcohol.

The Mediterranean Diet “has the most consistent and robust scientific support in reducing atherosclerotic cardiovascular disease risk.”¹

1. Obesity Medical Association. Obesity Algorithm 2016-2017.

Atkins/Scarsdale/Carbohydrate Addict's Diets

These diets take the low-carbohydrate, high-protein, high-fat approach and promote quick weight loss.¹ They can be too high in saturated fat and low in carbohydrates, vitamins, minerals, and fiber. These diets may not be practical in the long-term because of their rigidity and lack of food choices.

1. Bray GA, et al. *Endocrinol Metab Clin N Am*. 2016;45:581-604.

Pritikin and Ornish Diets

These diets take the low-fat or very-low fat, high-carbohydrate approach. They limit animal protein, nuts, and other fats and emphasize vegetables, whole grains, legumes, and nonfat dairy. Long-term adherence may be difficult because of the low level of fat.¹

1. Bray GA, et al. *Endocrinol Metab Clin N Am*. 2016;45:581-604.

Zone, Sugar Busters, South Beach Diets

These diets take the higher-protein, moderate-carbohydrate, moderate-fat approach. They can be difficult to maintain because they are very structured and time consuming.¹

In an observational study of the South Beach Diet in people with metabolic syndrome, the mean baseline weight was 93.5 kg; mean weight after phase 1 of the diet (2 weeks) was 90.4 kg; and mean weight after 10 weeks on phase 2 of the diet was 88.3 kg.²

1. Bray GA et al. *Endocrinol Metab Clin N Am*. 2016;45:581-604.

2. Hayes MR, et al. *J Nutr*. 2007; 137:1944-1950.

Weight Watchers®, NutriSystem®, Jenny Craig®

These commercial weight-loss programs are based on balanced-nutrient, moderate-calorie diets. Some commercial diet programs, such as Jenny Craig, offer personal counselors. Some, such as Jenny Craig and NutriSystem, provide packaged food. In a meta-analysis, Weight Watchers participants achieved at least 2.6% greater weight loss at 12 months compared with those assigned to control/education; Jenny Craig resulted in at least 4.9% greater weight loss at 12 months than control/education; and NutriSystem resulted in at least 3.8% greater weight loss than control/education at 3 months. The authors concluded that “clinicians could consider referring patients with overweight or obesity to Weight Watchers or Jenny Craig. Other popular programs such as NutriSystem show promising weight loss results; however, additional studies evaluating long-term outcomes are needed.”¹ Another review found preliminary evidence of

few differences in short-term (3 months) benefits with respect to mean changes in weight, waist circumference, and blood pressure among these three programs.²

1. Gudzone KA, et al. *Ann Intern Med*. 2015;162:501-512.
2. Vakil RM, et al. *BMC Public Health*. 2016;16:460.

Volumetrics

The Volumetrics Diet Plan is a balanced-nutrient, moderate-calorie diet that emphasizes consumption of foods with low energy density: foods that contain a small number of calories relative to their size. For example, a pound of carrots, a low-density food, contains as many calories as an ounce of peanuts, a high-density food. Low-density foods, such as fruits and vegetables, are often rich in water.

In a clinical trial enrolling 97 women with obesity, participants were randomly assigned to a group that was counseled to reduce their fat intake or a group that was counseled to reduce their fat intake and increase their intake of water-rich foods, especially fruits and vegetables. At the end of one year, mean weight loss was 7.9 ± 0.9 kg (17.4 ± 1.9 lb) in the reduced-fat/increased water-rich foods group and 6.4 ± 0.9 kg (14.1 ± 1.9 lb) in the reduced-fat group.¹

1. Elio-Martin JA, et al. *Am J Clin Nutr*. 2007; 85:1465-1477.

SlimFast®

The SlimFast program replaces meals with shakes and snack bars. In a 2006 study, participants who used SlimFast lost 6 lb over 4 weeks.¹ However, a recent systematic review of commercial weight loss programs found the results for SlimFast “mixed.”²

Meal replacement programs such as SlimFast should not be confused with medically supervised very low-calorie diets such as Optifast and Medifast, which are also based on meal replacement but require medical supervision.

1. Truby H, et al. *BMJ*; 2006;332:1309-1314.
2. Gudzone KA, et al. *Ann Intern Med*. 2015;162:501-512.

Optifast® and Medifast®

These diets are known as very low-calorie diets (VLCD): patients consume <800 kcal/d. They require medical supervision and replace all meals with shakes, bars, soups, and other meal replacements. Rapid weight loss of 3 to 5 pounds per week is possible.¹ These diets reduce

fasting glucose, insulin, triglycerides, and blood pressure. Risks include fatigue, nausea, constipation, diarrhea, hair loss, brittle nails, cold intolerance, dysmenorrhea, electrolyte imbalance, and cardiac dysrhythmia. If patients are not taught about proper nutrition when they transition to self-prepared foods, they will regain lost weight.²

1. Bray GA et al. *Endocrinol Metab Clin N Am*. 2016;45:581-604.
2. Obesity Medical Association. *Obesity Algorithm 2016-2017*.