Why diets often don’t work

- Unrealistic weight loss goals
- Don’t focus on healthy eating & balance
- May not incorporate physical activity changes
- Limit types of foods you consume
- Become boring
- Not long term solutions
- Nutritionally deficient
Characteristics of a Fad Diet

- Promises a quick fix or rapid weight loss
- Warnings of dangers from a product or regimen
- Claims that sound too good to be true
- Recommendations based on a single study or testimonials
- Dramatic statements that are not based on scientific research
- Often written by someone or persons with no substantive expertise (clinical or research) in human obesity.
Characteristics of a Fad Diet

- Lists of 'good' and 'bad' foods
- Rigid menus (eating only one certain foods in large or small amounts)
- Recommendations made to help sell a product
- Eliminates 1 or more of the 5 food groups
- Does not include physical activity
Wondering about a specific diet?

- Follow the link below to read reviews from the American Dietetic Association

  http://www.eatright.org/Media/content.aspx?id=264
Brief review of some popular diets

- Atkins diet; A high protein, high fat, very low carbohydrate diet
- The diet has undergone several modifications to better define the type of fats consumed and to allow so called “good carbs”.
- Very limited randomized clinical trial data with little evidence for long term sustainability. It is typically associated with rapid weight loss over the first 3-6 mths but this is invariably entirely regained within a year of initiation
The Pritkin Principle; This is a very low fat, high carbohydrate eating plan. The focus is on eating vegetables, fruits and high fiber grains while restricting fats to less than 10% of total daily caloric intake

The principle overall reduces calorie density and does encourage daily exercise. It may assist with satiety due to the meal volumes and fiber content

The severe fat restriction is way less than the standard recommendations from even the American Heart Association for cardiac rehabilitation and the recommended general dietary reference intakes of fat of ~ 20-35%

The long term safety of diets based on this principle of severe fat restriction has not been established in long term randomised controlled clinical trails.
Popular “diets” continued

- The Zone diet; this is a high protein, low carbohydrate fat controlled eating plan. It suggests that optimal body function is based on fixed dietary proportions of 40% calories from carbs, 30% from protein and 30% from fats (the 40-30-30 formula).
- The diet does not have any major macronutrient restrictions and the higher protein content could aid satiety.
- Its concept of carbohydrates rather than calories as the source and problem in obesity is not borne out by the major research results and there are no long term randomized clinical trials confirming its sustainability or safety compared to standard calorie restriction balanced meal plans.
Popular “diets” continued

- The South Beach diet; It is somewhat similar to the Zone diet in being a high protein, low carbohydrate, fat controlled eating plan.
- It does offer a structured meal plan which is largely balanced and offers numerous useful recipes.
- The suggested mechanism for weight loss again is based on flawed science regarding the role of carbohydrates in weight gain and sustenance.
- The so called initiation phase of the program offers a program that is not nutritionally balanced, not sustainable and though may be associated with dramatic initial weight loss may be unhealthy and can result in subsequent weight cycling.
- Once again well designed long term randomised controlled clinical trials comparing the program to standard balanced caloric restriction plans to demonstrate sustained efficacy and safety are lacking.
The Ornish diet plan; This is a plan designed with the intent to reduce the risk for heart disease and was developed based on basic observations from clinical trials.

The basic principle is consumption of high fiber, low fat, vegetable rich diet with limited dairy products (not an absolute vegan diet). The carbohydrates in the plan are mainly from plant sources; fruit, vegetables and whole grains while the fats are largely unsaturated plant sourced fats and oils.

Physical activity increase and counseling is a major adjunct of the program.

The major limitation of the Ornish diet is that as vegetarian based program it has no meat access and the overall fat content is rather small. This may influence sustenability. Limited meat addition as a modification may enhance long term compliance.
The various pre portioned controlled meals including Jenny Craig, nutrisystem, optifast, weight watchers, Medifast, Tops, HMR etc all offer systems by which the portion sizes and caloric content of meals are predetermined for participants. They often have considerable variety, online resources, support group meetings and various degrees of counseling options in addition to other resources on behavior and lifestyle modification as well as exercise and physical activity enhancement. The major limitations though these programs often work is the capacity for sustainability. In addition the accumulated cost for the resources provided is considerable and it difficult to demonstrate the lack of relapse once patients are no longer engaged in the respective programs.
Why consider gastric surgery?

- Last resort when other weight loss attempts have failed
- Works in conjunction with healthy lifestyle behaviors to improve body mass index (BMI)
- Decreases weight related co-morbidities
- Improves quality of life
Our Team

- Bariatric Surgeon
- Medical Consultants
- Psychiatry
- Registered dietitian
- Nurse Support/Coordinator
Who’s a candidate for the weight management clinic?

- BMI > 35 with co-morbidities, such as diabetes, sleep apnea, heart disease, high cholesterol, joint disease, physical problems affecting way of life, failed attempts at weight loss
- BMI > 40
Types of Surgery

- Laparoscopic adjustable banding
- Sleeve gastrectomy
- Roux-en-Y gastric bypass
Laparoscopic Banding

- Volume restriction
- Band is placed on the upper portion of the stomach & a small pouch is created
- Band is adjusted (by using port on outside of body) to promote weight loss
- Needs vitamin supplementation initially (Calcium w/ Vit D, and Multivitamins)
Roux-en-Y gastric bypass

- Gastric volume reduction & malabsorptive procedure
- Small gastric pouch is made, the rest of stomach & duodenum is bypassed & re-routed to jejunum
- Needs lifetime supplementation of vitamins (B12, Multivitamins, Calcium w/Vit D)
Sleeve gastrectomy

- Gastric volume restriction
- Longitudinal gastrectomy
- Needs vitamin supplementation initially (Calcium w/Vit D & Multivitamins)
Coverage

- Accepting private insurance
- Accepting Medicaid
Referral Form

- Please print out a copy (from the link below), have your doctor sign it & fax it to 504.903.1605 to set up an appointment

- [http://www.lsuhsc.edu/hcsd/cmo/hcet/ebmcrl/LIH%20Endocrinology%20Clinics/Endo%20(Clinic%20Main)%20030209.pdf](http://www.lsuhsc.edu/hcsd/cmo/hcet/ebmcrl/LIH%20Endocrinology%20Clinics/Endo%20(Clinic%20Main)%20030209.pdf)
What if I don’t qualify for surgery or don’t want surgery?

Available options:

- Intensive lifestyle balance counseling program over ~ 12 weeks with didactic individual and group setting teaching on basic diet, weight loss and weight maintenance principles as well as setting reasonable weight loss goals.

- Assistance with developing a personalized, balanced calorie deficit plan to assist with reasonable weight loss achievement.

- Access to ongoing regular consulting access to dieticians, psychiatry/psychology, medical consultants (for considerations of medical weight loss adjuncts, medication adjustments and exclusion of secondary medical problems that may be contributing to excess weight and/or difficulty with weight loss and weight maintenance).

- Referral access to exercise therapy and physical activity prescription programs to serve as adjunctive therapy to weight loss efforts.

- Access to ongoing medical surveillance while in weight loss program and consulting access for management of any potential complications.
Location

1450 Poydras Street
New Orleans, LA 70112

Appointment Desk: 504.903.2373
Fax: 504.903.1605

- A doctor’s referral is required before appointment can be made