# How to implement a carbohydrate restricted diet into your practice

James R. Bailes Jr. MD.
Associate Professor of Pediatrics
Marshall University School of Medicine

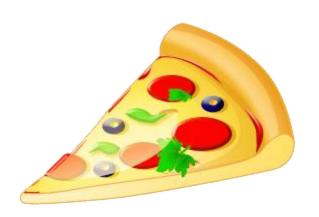
# **Pediatric Obesity**

- Increasing in epidemic proportions
- We MUST do something to REVERSE this trend or the healthcare system we have will crumble do to the added costs of diabetes
- We MUST start now!!!
- Who is a candidate for weight loss?......
  Any child with an elevated BMI for age

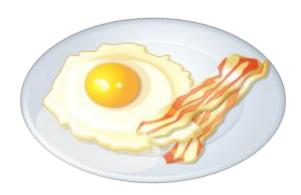
# Barriers we face in developing a successful weight loss program

- Education...
- Lack of education?
- Too much education?
- WRONG EDUCATION!!!

Preconcieved ideas calories vs. low-fat vs. low-carb







#### Fat Free Fallacy









- 1973 American Heart Association statement1988 US Surgeon General statement
- If fat is bad then low-fat must be good
- Americans went on a fat free binge and consumed more fat free foods in the 80's and 90's than the previous four decades combined
- If fat was causing obesity then by eating less fat we should lose weight

- Obesity Skyrocketed!!!
- Fat is not bad for you but being fat is!



- Insulin stimulates fat storage
- We can lower our insulin secretion by lowering our carbohydrate intake
- This leads to fat breakdown and weight loss



# What is required?

- Program must be successful
- Easy to explain
- Easy to understand
- Not too time consuming

# 4 Simple Rules

- #1 KEEP TOTAL CARBS 30 g DAILY or LESS for WEIGHT LOSS
- ▶ 60-80g daily younger kids or special circumstances
- Carb counting book essential
- Keep accurate food/carb diary... write down EVERYTHING
- Unlimited protein and fat
- Take a daily multivitamin

# 4 Simple Rules cont.

- ▶ #2... DO NOT DRINK ANY CARBS
- NO Milk, NO juice, NO sugar sweetened beverages
- NO sports drinks unless ZERO carbs
- What can we drink???..... WATER, sugar free drinks, diet sodas

# 4 Simple Rules cont.

- #3 EAT WHEN HUNGRY BUT DO NOT EAT WHEN NOT HUNGRY
- Movies
- TV
- Boredom
- Parents must provide snack foods that are easy to grab and eat

# 4 Simple Rules cont.

**EXERCISE DAILY!!!** 



# Team Approach Essential

- EVERYONE MUST BE INVOLVED
  - \*Both parents --
  - \*Grandparents --
  - \*Teachers --
  - \*Caretakers
  - \*Friends

- Divorce
- Sabotage
  - Rewards

# Follow-up mandatory

- Visits every 2 months
- Look at results and praise if appropriate
- Evaluate the plan First question addressed to child....What do you eat for breakfast? Lunch? school vs packed lunch?
- How many total carbs are you shooting for daily?
- Are you keeping a journal?

# Follow up cont.

- Individualize each plan to foster compliance and stress long-term health
- May need to increase total carbs to 60-80 g daily
- 30 g may be unrealistic for some families
- Overall much better compliance with a restricted carb diet compared to low-fat approach

# Follow up cont.

- If not losing weight then probably not compliant
- Reinforce need for weight loss
- Stress long-term health and preventing diabetes
- Sugar alcohols?
- Lack of understanding?
- Honesty?

#### Maintenance

- Individualize
- Typically 60–100 g daily total carbs
- May use 3 day increments
- Keep journal
- Very easy to lapse into old habits
- Constant battle... need a plan

# Barriers we face in developing a successful weight loss program

- #1 TIME (most important) especially from the physician's standpoint \*needs to be 15-20 minutes or less \*includes time necessary to take a medical hx. and exclude endocrinologic causes of obesity ie. Cushing's disease, hypothyroidism
  - \*includes time necessary to educate family

- SCHOOLS
  - \*school lunch programs very high carbohydrate content.... Tries to follow USDA food pyramid
  - \*parties... teachers often reward with candy
  - \*pop machines out 100% fruit juices in

PICKY EATERS definitely a challenge autistic children parents must be creative kids won't starve to death

#### More barriers

- Not realizing child is overweight or falsely believing child will slim down with puberty
- ▶ 75 % of obese 10 –14 year olds will be obese in their twenties

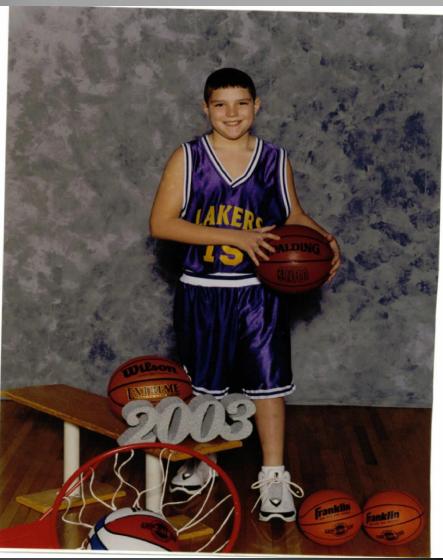
EXPENSE

#### **Bottom line**

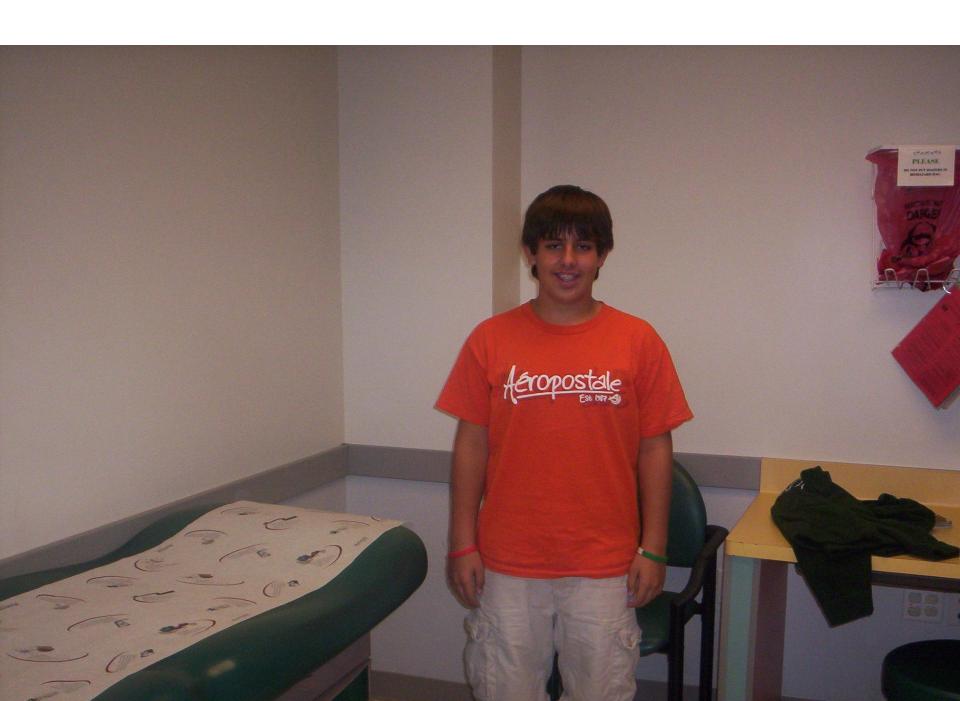
- It's easy to follow
- It's easy to understand
- It's safe
- ▶ IT WORKS!!

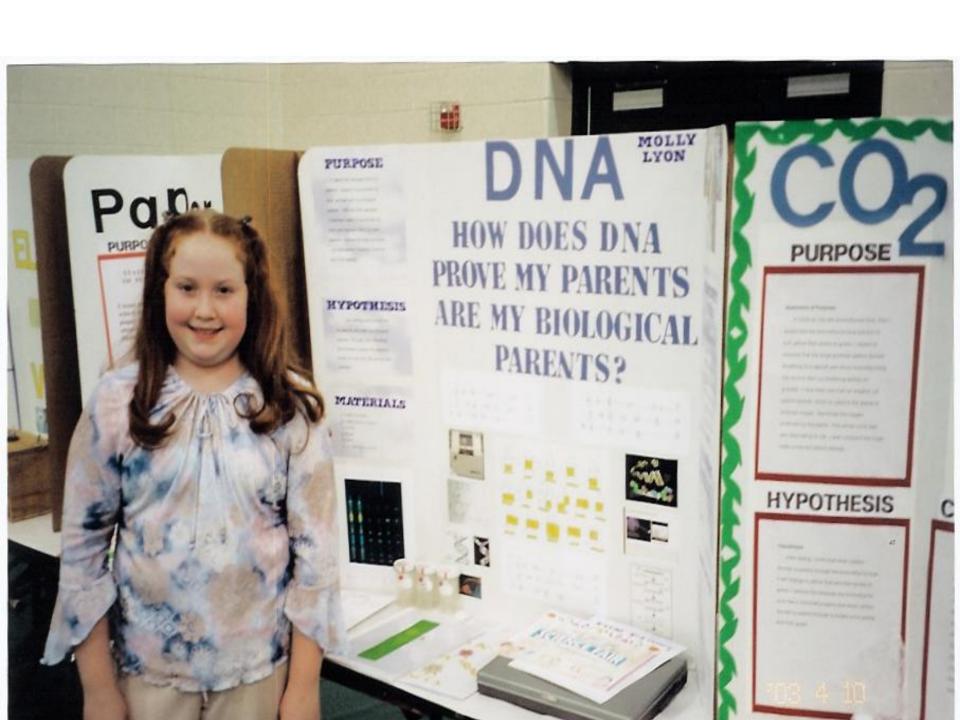
# 50 # over 6 months











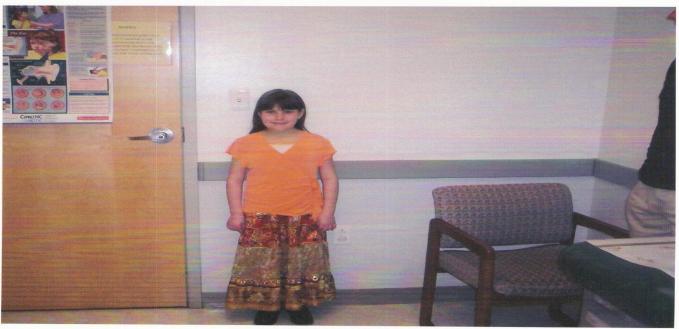












- ▶ 13 y.o. male evaluation of obesity
- 5 '6" 288 # Acanthosis nigricans
- ▶ BP 128/84 screening glucose 341
- HgbA1c 9.8 dx. Diabetes type 2
- Carb restrictions 30 g daily

- ▶ 2 ½ months later
- 24 # weight loss
- ▶ BP 100/68
- No glucose value over 105
- ▶ A1c 5.8
- Feels great!

- ▶ 18 y.o. female with Down syndrome
- > 321# 4 ft 8 inches tall
- right sided heart failure secondary to OSA
- Carbohydrate restricted diet

- To date has lost 135 #
- off all meds





