

"Low-Carbohydrate" Food Facts And Fallacies

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Ten years ago, weight-conscious Americans jumped on the fat-free bandwagon. Supermarket shelves were replete with products touting "reduced-fat" and "fat-free" labels, which implied that these products were healthier and lower-calorie alternatives to standard "high-fat" fare. Yet, in the same 10-year time interval, Americans have continued to struggle with ever-expanding waistlines, gaining an average of 1 lb/year. The prevalence of type 2 diabetes has risen simultaneously.

Thirty-eight percent of our population is currently attempting to lose weight. The latest trend in the highly lucrative, yet often fickle, diet industry is a resurgence of low-carbohydrate, high-protein, high-fat diets. Findings of a February 2004 survey by A.C. Nielsen, a leading market information company, revealed that 17.2% of households included someone on a low-carbohydrate diet. Slightly more, 19.2%, included someone who had tried a low-carb diet but had quit. This current diet trend directly counters the decade-old focus on low-fat diets and implicates carbohydrates as the culprit in America's obesity problem.

Implications of the Low-Carb Diet Trend

History tells us that popular diets, like fashion trends, tend to cycle. The currently fashionable low-carbohydrate diet trend has experienced periods of more and less popularity during the past 40 years. Unfortunately, this diet trend promotes misconceptions about carbohydrates and can cause people to restrict health-promoting nutrients while guiding them to consume liberal amount of nutrients, especially saturated fat and cholesterol, that can negatively affect health.

Perhaps the greatest risk of this diet trend is the impact it may have on eating behaviors of those individuals who have been unable to establish sensible relationships with food. Manipulations in food manufacturing and terminology that seemingly allow undesirable nutrients and, by association, their calories to magically disappear are psychologically appealing to dieters who are rationalizing how to eat more without having it count.

Individuals with diabetes should be offered sound guidance about how to interpret truths and mistruths of any diet trend. This is crucial within the context of the low-carb trend because claims about the glycemic effects of carbohydrate foods and their contribution to insulin resistance/hyperinsulinemia and weight gain tend to be a central philosophical feature. Confusing labeling lingo that has been contrived and printed on packages of manufactured foods can create unique challenges for individuals with diabetes who must accurately count grams of carbohydrate to achieve glycemic control, particularly individuals on intensive insulin therapy.

In truth, the rise in prevalence of overweight and obesity can largely be attributed to energy imbalance resulting from an increase in energy intake and decrease in energy expenditure-not to the excessive intake of any single nutrient. Diets that support severely restricting or omitting any single nutrient without offering psychosocial support and monitoring of metabolic parameters should be considered suspect. Severely restricting or omitting carbohydrates can have potential negative long-term health consequences, especially if healthful carbohydrate sources, such as fruits, vegetables, whole grains, and dairy foods, are severely restricted.

Thus, not only amounts, but also sources of carbohydrate should be a focus of any discussion about meal planning. Highly processed grains, cereals, and sugars should be replaced with minimally processed whole grains, fruits, vegetables, and dairy foods for optimal nutritional benefits. Sweets and sugars should be used with moderation, especially for those who need to lose weight. When these sensible, but not headline news-making, guidelines are applied, use of highly processed and manufactured foods that manipulate carbohydrates becomes unnecessary.