

## **Why Don't All Doctors Like Low Carb? Part 5 – Dr. Eric Westman**

Why does your doctor hate low-carb?

If it's so effective, why do so many doctors not recommend it?

I'll talk about that with Dr. Eric Westman who is an expert in low-carb.

So what do you say, Eric?

Why is there still quite a lot of resistance to low-carb diets?

Even though there's been a lot of studies

showing a good effect on weight and risk factors,

there's still a lot of resistance.

There's still a lot of resistance against low carbohydrate diets.

Probably my experience can explain it.

I had several patients doing a low-carb diet

and I knew nothing about the diet.

This is back in the 1990s, so I was against it.

I didn't know anything about it.

Well, they then went and did the diet, lost 40 pounds

and so I couldn't argue that it didn't work.

But I thought "Well, it couldn't be safe."

Because this one person was eating steak and eggs, and that was it.

And I knew the cholesterol will go up.

But one of my patients said "Why don't you measure my cholesterol?"

And so I did and it got better.

So, two in a row, these patients doing the low-carb high-fat diet had better cholesterol levels, even though everyone said that the cholesterol levels would get worse.

So I knew that at least some people could have a good improvement in the cholesterol by doing a high-fat diet.

Well, turns out a whole generation of doctors and dietitians and the general public were taught about high-fat diets, not by data about high-fat diets, but by predictions about what would happen.

So when the studies came out, the evidence over the last 5 to 10 years, that the cholesterol actually mostly goes down, it improves when you do a high-fat diet, this goes against the advice and training that just about every doctor today and dietitian and general public has received.

So we do a lot of education.

So your doctor may be against low-carb, because they don't know anything about it.

And there's a general human response, professional response, to be against it if you don't know anything about it.

Then if you do it

and the cholesterol levels change and get better, then there's always the fear of the eating the fat will cause a heart disease, even though the cholesterol got better.

And then what we've been able to do was collect evidence and collect data for every one of these criticisms, and then we present data about it and then there will be yet another reason. So now, you know, "But eating high-protein causes kidney disease." That's another comment.

No, if you have normal kidneys, eating high-protein doesn't cause kidney disease.

But the diet we are talking about isn't even high in protein.

So there you go again to the superficial knowledge about the area and snap judgments are made based on the wrong information.

So what are the main reasons that doctors are negative?

So you're bringing up ignorance, not knowing anything about this kind of diet, fear about cholesterol, fear about heart disease...

That's not really based on any good studies.

And then the kidney--

Fear of eating fat.

And the atherosclerosis heart disease is probably the main one.

Most doctors were taught a low-fat diet will fix all those things.

But we even have recently the Women's Health Initiative study, which studied the low-fat diet and it didn't help prevent heart disease.

But not many people have heard that data.

So the education I try to provide is pointing people to the background material,

to show that the low-fat diet really doesn't help anything.

So that you can erase that baggage and then show the evidence.

And it's relatively recent in the research world in the last five years,

Although now you can "Wikipedia" medical evidence on low-carb diets

and dozens of studies come up.

So if people look for the evidence, is there.

And they can bring it to the doctor perhaps.

I mean there are still a lot of experts that claim

that there is no good science on low-carb diets.

And that's probably a sign of ignorance. Right?

Right. Well, we do a lot of teaching for medical education.

But another thing that went against the "proper teaching" among dietitians

is that in the low-carbohydrate method you don't talk about calories

in the teaching.

And so dietitians are taught if you're going to help someone lose weight,

you have to instruct them in a low-calorie diet,

and use that language and instruct based on that.

But you don't have to, there's another way to go about it.

When you restrict the carbohydrates, the hunger goes down

and people eat fewer calories.

It's just another way to go about it.

But it gave a lack of credibility among dietitians for a long time,

because we didn't talk about calories.

So it's just another way to go about it.

But how do you persuade your doctor?

If you have some doctors who are skeptical about low-carb,  
what do you say to them?

Well, best way to do it is to go in with results.

To go in with the weight loss, the blood improvements,  
the blood sugar is better, the cholesterol is better.

So don't wait for--

Or don't be stalled to do it by what they think it's going to happen.

Do it, collect the data, and then most doctors will say,

"Gosh! It looks fine!"

But you know, in my area,

doctors come on board after we share patients.

So I'll take their patient

that they've been treating and not being able to fix,

I'll fix them and send them back.

And so, but if you are going to imagine you're the doctor  
and the patient comes through in January...

"Oh, well it looks like that was good!"

and then they don't have another shared patient for six months,

the second patient comes through and the doctor says,

"Well, maybe this can happen more than once."

So, each doctor needs to see

repeated exposures to the improvement of individuals,

because we are going against the teaching

and we are violating the idea that you can't eat fat,

we're violating the idea that you shouldn't have salt...

The international guidelines that are against these things.

So, it takes the individual--

It's almost like grass routes within the doctor's office

so that they can see the success.

So what happened to you?

You saw a couple of patients who did really well on low-carb.

Was that enough to convince you?

No, so I was early in my clinical research career.

So I was training into be a clinical "trialist",

someone who does clinical research, a physician who does that...

So I was curious and I wrote Dr. Atkins,

who was one of the prominent low-carb doctors who had a clinic at the time

and said "What are you doing?"

And he called me back on the phone

and he invited me up to his clinic in New York City to see what was happening.

When was this?

This was in 1998, so 16 years ago now.

But it took that visit for me to see it in action

to go against everything I had learned.

So how was it going up to New York to meet Dr. Atkins?

Can you tell us that story?

Well, you know even on the phone he said "It's all in my book."

And I said "With all due respect, what's in your book are a few anecdotes.

And there really are no clinical studies."

So this was before our first publications.

Most recent study was in 1980, so about 18 years before.

So one thing led to another, he finally decided

the only way to get through to me would be to have me come visit.

I think that must be what he was thinking.

So we spent a day in their office.

Jackie Eberstein is a nurse that worked with Dr. Atkins at the time.

And I saw her seeing patients who were put on this high-fat low-carb diet

and I saw their weight getting better,

their blood cholesterol was getting better,

But that really gave me enough confidence

to say "We should study that."

How many patients did he have... Dr. Atkins?

They estimated 60,000 patients over 30 years.

-That's a lot. -Yeah.

Yeah, but just seeing it in practice, that wasn't enough to convince me.

But it did me the confidence to ask "Let's go home and do a study about it!"

So my colleagues back home at Duke were saying, you know,

"Be careful. Don't get into that area."

Why do you think?

The fear of the fat--

At the time there was a phobia about the Atkins name even.

Was kind of a lightning rod for the media attention about low-carb.

But the data looked solid in our first study that we did.

There were 50 patients over six months.

So we went back and said "Let's do a second study!

Let's do a randomized trial, compare low-carb to low-fat."

And that came out positive as well.

But these first studies that we did were funded by Dr. Atkins

and then the Atkins foundation.

So people didn't necessarily believe

that you were doing it right, or what?

I mean if you were funded by Atkins--

Well, so the first study came under some criticism,

because it was funded by Dr. Atkins,

even though we were an entirely independent group.

I mean, I guess there's this fear or suspicion

that the funding source can influence the people who do the study.

But that wasn't the case for us.

But you know, even then, the first time you see a study is great,

you want to get the replication to make sure it's happening--

And there's been plenty of replication?

Today, yeah, over the last 15 years, there's been lots of replication.

Even without any Atkins' money or Mitch money or whatever people--



Well, people who were even funded and they wanted to show bad, would come out and say it was actually good.

But that's a long time ago.

Most people don't care about that anymore.

Although does help you understand why there may be resistance among doctors, especially older doctors, who remember all of that history.

So, where do you go from here?

I mean if someone still has a--

A doctor is not really on board with low-carb...

You say test it, then get good results and go show them.

Anything else?

Well, so you can train your own doctor, or at least come to the compromise that

"You may not agree with how I'm doing it, but will you still monitor me?"

So I do recommend that if you're doing a low-carb diet, you get monitored like you would even if you weren't doing a low-carb diet.

It's really not much different.

We've been teaching at the American Society of Bariatric Physicians meetings for the last five or six years about the low-carb diet.

The bariatric physicians handle obesity, weight-management and diabetes, so it's a natural fit there.

That organization has a website and a find-a-clinician section on it and that's one way to find a doctor who's familiar with the low-carb method.

For other doctors and other healthcare professionals,  
is there anything special when they have a patient on a low-carb diet,  
something they should follow, something they should test, or--?  
Is there anything special to think about?

Not really.

So, the main thing for a doctor who's not familiar with the methods,  
they need to understand what can happen  
when you change the food in a way that changes the metabolism.

So if the doctor doesn't know  
that they need to reduce the diabetes medicine on the first day.

They need to know that, but you know you would do that  
with any kind of metabolism-changing diet.

So the diet that we're using is actually as powerful as five or six medications.

And this is one reason why many dietitians  
are afraid of the low-carb diet, because it's too powerful.

Most dietitians are not in charge of the medications  
and can't just let them down,  
which is what we need to do right away when changing the diet.

So diabetes medications must be changed right away.

Except maybe Metformin is okay to keep.

Metformin would be fine.

Other drugs you need to be aware of?

Any side effects or I mean having to reduce doses--?

What do you say?

Sure, the other most common ones that could have serious complications

are the high blood pressure medicines.

If the blood pressure goes too low you might feel faint, you might pass out

and so we measure the blood pressure as people go on the medicine.

Then when the blood pressure comes down, we take them off the medication.

So if anyone is starting a low-carb diet

and they are on blood pressure medications,

and they feel they would faint and start falling down,

then they should really check their blood pressure. Right?

Check the blood pressure, so have a monitor...

It's easy to do, or check in with your doctor.

Anything else except for diabetes medication and blood pressure medication?

Anything else to think about for patients and doctors?

Those are the ones that have the most serious problems that can occur.

Things like heartburn medicines that we take away,

high blood pressure, high cholesterol medicines,

that's something that can be taken away over time.

It's not such an urgent matter,

so a doctor doesn't have to be specially trained in that.

What often happens is someone comes back after a month

and I ask them "Are you having heartburn?",

they are on medication for heartburn...

And they say "No, I haven't", because we didn't really talk about it.

And so we take people off the medicine on a trial basis

and if their heartburn stays away, that's great.

If the heartburn comes back, you just go back on the medication.

So it's not very difficult,

it's not rocket science to me that kind of decision.

But the diabetes, the high blood pressure, the high cholesterol medicines need to have some sort of medical monitoring when you do it.

So, to rep up, if people have problems with the doctors or if doctors feel that they need to know more about low-carb, where could they find more information that's helpful?

For a physician level--

Yeah, for physicians or for patients who want teach their physician.

I participated in writing a book called "The New Atkins for a New You."

It came out a few years back.

The last two chapters of that book were written for doctors and health providers.

It's a summary of the effect of the low-carb diet on the metabolic syndrome, which is a cause of atherosclerosis, and it also has a chapter on the effect of the diet on diabetes.

So that's a good source, "The New Atkins for a New You."

It's an inexpensive thing that you can give as a gift to your doctor.

The physician level training, I think the best place to go is the American Society of Bariatric Physicians meetings.

Those meetings are held twice a year, and there's a lot of-- not only just lifestyle education, but obesity training in general at those meetings.

Yeah, it's a good opportunity.

We're at one of those meetings now.

So it's a good place to go if you're interested for sure.

You know there were some talk about carbohydrate restrictions at this meeting.

Quite a bit.

There was.

So thank you for shedding some light on this subject.

We did quite a few of these videos,  
short videos on different topics related to low-carb,  
so if you want to watch more videos,  
you can find them at [DietDoctor.com](http://DietDoctor.com)

So thank you for this part of this interview series.

My pleasure.