

## Video Low\_carb\_for\_doctors\_(part\_15)

**Dr. David Unwin:** Thinking about patients who are further into the low-carb approach and some of the challenges that you might be going to face. I think the commonest thing is people are disappointed with their weight loss. So they say, "Right, well, I've done the low-carb thing." I actually find that most often these are women actually who are disappointed because they are not losing as much weight.

Often the hemoglobin A1c has improved, their blood pressure is better, but they haven't lost as much weight as they think. The first thing I think is check the diet, what's their understanding of the low-carb. Some of them have adapted the low-carb over the years and low-carb has become higher carb overtime, where carbs have crept back in.

A common thing is like sweet potato chips or something like that, where they thought they're not that bad. So go back to square one with the diet. The best way I've found to do this is everybody has a phone now that takes photos and if somebody wants it taking seriously, I suggest they take a photo of every single thing they eat to form a food diary for three days.

And I've had such interesting food diaries and really been able to help patients where they hadn't realized that a banana or they haven't realized that potatoes were carby or these kinds of things. So these food diaries if your patient is prepared to do it can really help move the case on and gets you and the patient in the same place knowing what they eat.

It's so tempting to give advice before you've got the information that you need. So that's the first thing for those plateauing. Another thing is go back to the patient goals, why... what is it they're hoping for, why are they disappointed. Because sometimes I've misunderstood that an example would be people who want to be physically very fit.

And actually the weight loss hasn't been as great as they expected, because they've put on muscle mass. So some of these people have joined a gym, they look fabulous, but the weight hasn't dropped as much as they think because muscle actually weighs more than fat. So that their initial graph dropping dramatically has stopped doing so, because they're gaining muscle mass and that's another thing to check with.

However when you've dealt with all of those you're still going to have people who are disappointed with the weight loss and they wonder what to do next. If they are low-carb, I am beginning to explore the idea of intermittent fasting. I have had some really good personal results with this and also some of my patients have. I recommend Jason Fung's book, it is a good way to find out about this.

But just to shorten it down I've got a lot of patients who might experiment by having taking breakfast at work, but not having it until midmorning. And then a little while later they're finding they are not even eating their breakfast, so they're doing without breakfast and just having lunch. So you're narrowing down the window during which they are eating. And that for some of them does the trick, just moves them on.

And then I've got other patients who are brave enough to try full 24 hours on fasting, maybe with some salty drinks, that seems to help. And some of them have had some dramatic weight loss where they... it's really shifted what they're able to do. And then they say that the advantage of that is that they are no longer worried about journeys, times when they can't get low-carb food, because they can just do without food.

So I think that's quite a useful thing for people to move onto, who are already low-carb and are wondering what to do next. Some of the other patients increase or you can encourage them to think about activity, exercise, and the only thing with that is sometimes exercise can make you hungry, so it doesn't always mean that you lose weight.

But it's another thing too to put in the mix. Always keeping an eye open thinking again about problems for people whose diabetes is deteriorating. So I've had one or two who seemed to be doing very well and then maybe their insulin resistance was worsening and so the diet that was appropriate two years ago needs to be revisited, because the hemoglobin A1c is again beginning to rise. And some of them need to look again at the carbs and cut down a little more and then get results they want.

So I think that's most of the things for me in terms of... somebody that's low-carb, where they might go next which I suppose is all of us around a journey starting low-ish carb and then where does it go next, maybe lower carb or it might be intermittent fasting, which for me I must say it's been very useful.