

Video low carb for doctors (part 13)

Dr. David Unwin: So many patients and doctors are worried about cholesterol. And this is one of the most important reasons that you are going to take a baseline lipid profile, not just the cholesterol. The other thing is to think about how you're going to discuss the lipid profile with patients.

So when I'm talking to patients we are talking about the headline cholesterol, the total cholesterol, in actual fact that normally drops a little, but not always. I'm explaining to patients that their whole lipid thing is more complex than just a simple cholesterol. So many patients have an idea, "What is my cholesterol? It's 5, it's 6?"

So I find it best to introduce the idea that it's more sophisticated than that, though we're looking at both helpful cholesterol and harmful cholesterol. That brings in the idea of the HDL-cholesterol, which you will have measured in the profile, so often you'll see the HDL go up. So that even if the total cholesterol goes up a bit, this is more than weight or counterweight by the HDL, which I find goes up significantly.

And it's so helpful for patients to get that next step of the ratio idea. I actually rather like discussing triglycerides. Triglycerides for me used to be a real problem because I didn't know what to say about a high triglyceride, but now showing an interest in triglyceride levels it works very well with the low-carb approach, because so often you are going to find significant improvements in triglyceride.

Very often at the end of the day you are going to end up with patients and some things have improved and some things have got slightly worse possibly. And the idea is to help your patient understand this more sophisticated approach to managing risk that yes your total cholesterol may have gone up a little perhaps, but actually weighed against that, your HDL has improved and your triglyceride is better and your blood pressure is better.

Because patients with their doctors have to make overall decisions about, "Was this a good idea or a bad idea?" But coming back to what I said at the beginning, in my own experience most patients see nothing but improvements. Now there has been some mention of hyper responders. These are people whose cholesterol jumps up significantly on the low-carb.

I've seen this twice in four and a half years and in both cases the cholesterol did go up very significantly, but at the same time so many other risk factors improved

substantially in terms of blood pressure, weight, how the patient felt about themselves, that these two patients on balance much preferred the low-carb approach and decided for themselves they were not worried about this high cholesterol, because they felt it was outweighed by the advantages of the approach.

So there are hyper responders, maybe not as many as some people would expect, and when that happens you have to deal with it in an individual basis as to what the risk is. My final thoughts on that is you could do calcium scoring on the coronary arteries and that would really tell you where that patient is in terms of risk.

And then you wouldn't really need to worry too much about cholesterol at all, but that's only going to these hyper responders that are rare. The majority of your patients are going to see on balance better lipid profiles in my clinical experience.