The protein-sparing modified fast for obesity-related medical problems

(MAY 1997) HIGHLIGHTS FROM MEDICAL GRAND ROUNDS

TO THE EDITOR: It is surely helpful in our efforts to clarify the problem of the management of obesity to have a presentation of obesity therapy offered at the Cleveland Clinic Grand Rounds (May 1997).[1] Obesity has been so badly neglected by the medical profession[2,3] that this forthright presentation of effective therapy adds substantially to the understanding that physicians have about this disease. Nevertheless, a few small statements in the text of the review could be misleading and it should be of some value to consider these issues.

One matter of concern is the assertion in the article that "eating real food helps change behavior" and that "drinking diet supplements does not teach the patient anything." It is very obvious indeed that overweight patients have been eating "real food" all of their lives. It is not the real food, or the ordinariness of the diet that helps people lose weight or to learn how to sustain their weight loss. Even the least sophisticated overweight patient does not typically fail simply for lack of information about what or how to eat. Many patients do not necessarily need real food, or usually even instruction in food selection, preparation or measurement. Their success often depends on capable instruction in how to develop and sustain strategies for managing food and eating in the realities of their everyday existence.

Similarly, the value of diet supplements (or formula diets) is not that this is a sustainable technique for maintenance but that it gives patients an opportunity (again, with capable instruction and support) to explore the complicated question of how they can manage their lives when they do not use food and eating as a primary way of managing their lives. The reversal of the inquiry; away from the question of "How shall I eat?" to the much more complicated (and perhaps, for many, a more valuable) question of "How shall I not eat?" is one of the most important features in the use of formula diets for weight loss. The simple dismissal of formula diets with the assertion of their failure to teach patients how to eat is to assume that patients fail simply for lack of knowledge about food and eating. The task of working with patients in their understanding of how they manage the strategies of eating may be a difficult one, but it has great value for many. Formula diets can contribute substantially to this understanding.

Another issue relates to the statement that hunger is suppressed because patients are in ketosis. I know of no way of measuring hunger in any quantitative or precise way. For most patients the physiologic sensation of hunger is so confounded by situational factors that its characterization probably should be left to poets who are able to describe love and beauty. In any case, it is clear that ketosis does not suppress hunger. If it did then starving (ketotic) humans would not have the sensation of hunger to drive the survival mechanism of food seeking and eating behavior. Ketotic patients using a formula diet may or may not be hungry and the same may be said for non-ketotic patients. If hunger could be suppressed by something as simple and as innocuous as ketones I suspect that we would use it for the management of obesity.

Finally, I am troubled by the citation of pessimistic statistics regarding the maintenance of weight loss with very low calorie diets. Diets alone — conservative or aggressive, standard or bizarre, rapid loss or slow — probably have very little impact on the statistics of long-term success or failure. Losing weight alone, regardless of how it is done, gives you no skills in maintenance. The success with the maintenance of weight loss appears to be independent of which diet has been used. What appears to be important is what patients do to change thinking, understanding and behavior. These kind of changes can accompany any diet. Similarly, they can be neglected in the use of any diet, regardless of how sophisticated or simple the diet may otherwise be.

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IN RESPONSE: We agree with Dr. Frank's comments regarding the importance of teaching weight maintenance skills, regardless of what weight loss method is chosen. It is important for patients to learn "how not to eat" in response to emotional or situational triggers. It is also true that most obese patients know what and how they "should" eat. However, eating food (lean meat and vegetables), allows them to practice the techniques of eating at regular times, low fat food preparation, slowed eating pace and appropriate selection of and requests for specific food items in a restaurant setting. These and other behavioral changes are more likely to become habits if practiced. Such practice is more readily accomplished on the protein-sparing modified fast than liquid formula diets.

Our patients universally report lack of physiologic hunger when in moderate to heavy ketosis. Craving for a specific food item or items occur, but typical hunger drive is attenuated. This facilitates success at weight loss with the very low calorie diets. This hunger drive recurs with refeeding and reversal of ketosis. These issues must be addressed at initiation of the diet and at the time of refeeding by all members involved in the weight loss team. The return of the physiologic hunger drive appears to be a significant limiting factor to long term weight maintenance in the reduced obese state.

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A proper role for organized medicine in the new era

(MAY 1997) EDITORIAL

TO THE EDITOR: I agree entirely with your editorial about the role of organized medicine (May 1997).[1] I would amend it, however, with the observation that as external forces mandate increasing costs (quality surveys, repeated payment denials, discounted fees), the economic viability of many medical specialties may be at risk. This risk is not in the interest of our patients or of the nation. Trying to modify federal and private payment policy to assure the survival of our ability to care for patients, in my view, is not only a valid professional activity, but completely necessary.

I also agree that unionization is very short-sighted, although one can counter that we all still feel that airline pilots are still, indeed, professionals.

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