

7 SURPRISING FACTS about Low-Carbohydrate Diets



The efficacy of low-carbohydrate diets is backed by sound biochemical and physiological principles, as well as an ever-expanding body of strong scientific evidence. Still, misconceptions about this nutritional approach persist among patients and healthcare providers alike.

You may be surprised to learn that low-carbohydrate diets:

1 FIT WELL WITH OTHER HEALTHY EATING PATTERNS

Plant-forward diets like the vegetarian, Mediterranean and DASH diets, among others, can be maintained even when carb intake is reduced.

[Visit Atkins-HCP.com](https://www.atkins-hcp.com) for printable sample menus to show your patients what low-carb meal and snack choices can look like when following any one of these eating patterns.



3 PROVIDE ALL OF THE ESSENTIAL NUTRIENTS

Evidence shows, “despite macronutrient proportions not aligning with current national dietary guidelines, a well-planned low-carbohydrate/high-fat meal plan can be considered micronutrient replete.”⁵

A low-carb diet includes a balance and variety of nutrient rich foods: berries, colorful vegetables, avocados, fish, and other lean protein sources, plain yogurt, nuts and seeds – to name a few – all of which are relatively low in carbs and packed with nutrition.



2 SUPPORT CARDIOVASCULAR HEALTH

Mounting evidence demonstrates reducing carb intake can support cardiovascular health and improve related biomarkers, including triglycerides¹ and HDL cholesterol² as well as LDL phenotypes.³ Contrary to longstanding beliefs, studies increasingly show low-carb diets can be more effective in reducing CVD risk factors than a low-fat diet.⁴ Visit [Atkins-HCP.com](https://www.atkins-hcp.com) to [learn more about cholesterol and carbohydrates.](#)



4 CAN BE KETOGENIC

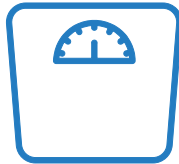
Restricting carbs to 50 grams or less per day will trigger ketosis for most people⁶, the natural physiological adaptation to dietary carb restriction wherein fat becomes the body’s primary fuel. While low-carb diets that allow up to 100 grams of net carbohydrates per day, like Atkins 100®, may not prompt ketosis, they can offer many health benefits, and a more flexible daily carbohydrate range that may be preferable for some patients.



5

OUTPERFORM
OTHER DIETS

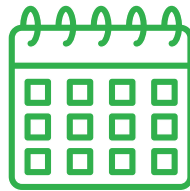
Studies have shown that carb-controlled programs result not only in greater weight loss, but also in better glycemic control and improved metabolic syndrome and lipid profiles compared to isocaloric low-fat diets.^{7,8} A meta-analysis revealed ketogenic diets produced better results in terms of weight loss, triglycerides, diastolic blood pressure and HDL cholesterol compared to low-fat diets.⁹



6

OFFER LONG-TERM
BENEFITS

Low-carb diets promote satiety to minimize the risk of yo-yo dieting while promoting greater energy expenditure long-term.¹⁰⁻¹² Beyond initial rapid weight loss, this eating pattern has also been shown to be as good as conventional low-fat diets after one and two years.¹³



7

ARE AS SAFE AS
THEY ARE EFFECTIVE

Both the amount of dietary protein and the level of ketone production on the Atkins Diet® are well within normal limits. Typical low-carb diets result in blood ketone levels between 1-3 mmol/L whereas ketoacidosis, a dangerous but rare condition, occurs at ketone levels above 10 mmol/L.¹⁴ [Learn more](#) about ketone levels and medication management.

Evidence also shows low-carb diets are safe for the kidneys.¹⁴⁻¹⁶ The Atkins Diet® also recommends ~4-6-ounces of protein per meal, an amount considered safe by major health organizations. Though this is slightly higher than the recommended dietary allowances (RDA) for protein, the RDA represents the *minimum* level needed to meet the requirements of most people.



REFERENCES:

- 1) Forsythe CE, Phinney SD, Fernandez ML, Quann EE, Wood RJ, Bibus DM, Kraemer WJ, Feinman RD, Volek JS. Comparison of low fat and low-carbohydrate diets on circulating fatty acid composition and markers of inflammation. *Lipids* 2008, 43(1):65-77
- 2) Shai I, Schwarzfuchs D, Henkin Y, et al. Weight loss with a low-carbohydrate, Mediterranean, or low-fat diet. *N Engl J Med*. 2008;359:229-241. doi:10.1056/NEJMoa0708681
- 3) Krauss RM. Dietary and genetic probes of atherogenic dyslipidemia. *Arterioscler Thromb Vasc Biol* 2005, 25(11):2265-2272
- 4) Sackner-Bernstein J, Kanter D, Kaul. Dietary Intervention for Overweight and Obese Adults: Comparison of Low-Carbohydrate and Low-Fat Diets. A Meta-Analysis. *PLoS ONE* 2015, 10(10): e0139817. doi: 10.1371/journal.pone.0139817
- 5) Zinn C, Rush A, Johnson R. Assessing the nutrient intake of a lowcarbohydrate, high-fat (LCHF) diet: a hypothetical case study design. *BMJ Open* 2018;8:e018846. doi:10.1136/bmjopen-2017-018846
- 6) Feinman RD, Pogozelski WK, Astrup A, et al. Dietary carbohydrate restriction as the first approach in diabetes management: Critical review and evidence base. *Nutrition* 2015, 31(1): 1-15 doi:10.1016/j.nut.2014.06.011
- 7) Tay J, Luscombe-Marsh ND, Thompson CH, et al. Comparison of low- and high-carbohydrate diets for type 2 diabetes management: a randomized trial. *Am J Clin Nutr*. 2015;102(4):780-790. doi:10.3945/ajcn.115.112581
- 8) Hyde PN, Sapper TN, Crabtree CD, et al. Dietary carbohydrate restriction improves metabolic syndrome independent of weight loss. *JCI Insight*. 2019;4(12):e128308. Published 2019 Jun 20. doi:10.1172/jci.insight.128308
- 9) Bueno NB, de Melo ISV, de Oliveira SL, da Rocha Ataide T. Very-low-carbohydrate ketogenic diet v. low-fat diet for long-term weight loss: a meta-analysis of randomised controlled trials. *British Journal of Nutrition*. 2013;110(7):1178-1187. doi:10.1017/S0007114513000548
- 10) Hoertel HA, Will MJ, Leidy HJ. A randomized crossover, pilot study examining the effects of a normal protein vs. high protein breakfast on food cravings and reward signals in overweight/obese "breakfast skipping", late-adolescent girls. *Nutr J*. 2014, 3:80. doi:10.1186/1475-2891-13-80
- 11) Latner JD, Schwartz M. The effects of a high-carbohydrate, high-protein or balanced lunch upon later food intake and hunger ratings. *Appetite*. 1999 Aug;33(1):119-28
- 12) Ball SD, Keller KR, Moyer-Mileur LJ, et al. Prolongation of Satiety After Low Versus Moderately High Glycemic Index Meals in Obese Adolescents. *Pediatrics*. 2003, 111:3:488-494
- 13) Tay J, Luscombe-Marsh ND, Thompson CH, et al. Comparison of low- and high-carbohydrate diets for type 2 diabetes management: a randomized trial. *Am J Clin Nutr*. 2015;102(4):780-790. doi:10.3945/ajcn.115.112581
- 14) Paoli A, Rubini A, Volek JS, Grimaldi KA. Beyond weight loss: a review of the therapeutic uses of very-low-carbohydrate (ketogenic) diets. *Eur J Clin Nutr*. 2013 Aug;67(8):789-96. doi: 10.1038/ejcn.2013.116. Epub 2013 Jun 26. Erratum in: *Eur J Clin Nutr*. 2014 May;68(5):641. PMID: 23801097; PMCID: PMC3826507.
- 15) Friedman AN, Ogden LG, Foster GD, et al. Comparative effects of low-carbohydrate high-protein versus low-fat diets on the kidney. *Clin J Am Soc Nephrol*. 2012;7(7):1103-1111. doi:10.2215/CJN.11741111
- 16) Suyoto PST. Effect of low-carbohydrate diet on markers of renal function in patients with type 2 diabetes: A meta-analysis. *Diabetes Metab Res Rev*. 2018;34(7):e3032. doi:10.1002/dmrr.3032
- 17) Tirosh A, Golan R, Harman-Boehm I, et al. Renal function following three distinct weight loss dietary strategies during 2 years of a randomized controlled trial. *Diabetes Care*. 2013;36(8):2225-2232. doi:10.2337/dc12-1846