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Which Diet is Better: Low-Fat or Low-Carb?

The debate among professionals and patients regarding the best diet for weight loss is still on. The low-carbohydrate and low-fat diets are among the most popular and used ones. The latter is about restricting the consumption of fat that makes it higher in carbohydrates and protein. On the contrary, the low-carb one limits intake of carbohydrate-rich foods substituting them with protein and fats. Low-carb diets such as Atkins, South Beach, or Eddies overshadowed the low-fat dietary guidelines popular in the 1970s (Chawla et al. 2). Until recently, they were more advised both by clinicians and spread by word of mouth. Although a low-carb diet is better for obese diabetics, both dietary plans are equally effective in shedding pounds.

Trendy low-carb nutritional therapy has recently lost its superiority in the eyes of researchers. A Californian study found no evidence that some individuals, due to their genetic characteristics or baseline insulin secretion, are more predisposed to a specific weight-reduction plan (Gardner et al. 677). New clinical trials are not in line with previous findings that suggested to apply a specific diet based on individual diet response. People involved in the 12-month weight loss intervention had been following their prescriptions linked to their low-carb or low-fat genotype for 12 months. As a result, both groups lost on average 5-6 kg annually. Although the low-carb group did a little better, the difference is insignificant, and the results are almost similar.

Moreover, contrary to expectations, people with poor insulin response have not significantly benefited from a low-carb diet. Genetic testing and blood tests failed to identify

the best-suited diet for individuals to combat obesity (Gardner et al. 678). There were individuals from both groups who lost more than others (30 kg), while some gained up to 10 kg. Both predisposing factors are not able to predict exact metabolic effects in patients while dieting.

The main difference between the two was found in its effect on blood lipid levels. Gardner et al. reported that HDL cholesterol increased in the low-carb group's blood, while the low-fat one revealed higher LDL cholesterol. The meta-analysis conducted by Chawla et al. discovered that low-carb diets are better in the short-run in weight loss (difference of 1.30 kg), triglycerides, and HDL (14). Nevertheless, this diet may lead to raised LDL and total cholesterol in the long-run associated with a higher risk of cardiovascular diseases. What is more, their findings suggest that in the long-run (more than 12 months), the difference in weight loss between the low-carb and low-fat diet diminishes. Hence, the decision to recommend one of the two options should be based on the patient's baseline levels and outlined intervention time.

For obese and overweight individuals, the low-carb diet is more suitable for better glycemic status and weight control. Another study found that normoglycemic patients tend to lose more weight adhering to a low-fat, high carbohydrate diet (Astrup and Hjorth 20). Hence, the type of glucose metabolism significantly affects the outcomes of a particular diet. The personalized dietary approach is needed to adjust the course according to changes in patients' body weight and health condition.

To conclude, there is no universal diet that would be suitable for every individual. Contrary to previous studies, recent studies suggest no gap in effectiveness between low-carb and low-fat dietary plans. The low-carb diet is more suitable for short-term interventions, while the low-fat performs better in the long run. To my mind, a personalized dietary approach is needed and should be based on baseline health indicators of overweighted

patients. The changes to the patient's health should be monitored to adjust the current eating pattern. Still, efficient calorie intake management plays a more significant role than diet type in reducing fatty deposits.

Works Cited

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