WHOLE HEALTH: CHANGE THE CONVERSATION
Advancing Skills in the Delivery of Personalized, Proactive, Patient-Driven Care

Choosing a Diet Clinical Tool

This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the Components of Proactive Health and Well-Being. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.
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We are bombarded by different recommendations regarding how to eat. There is always a “latest thing” in terms of diet that will solve all of our health problems. Patients often have questions about different diets. This clinical tool offers basic information about a number of current popular diets, along with relevant research, if available.

**Anti-inflammatory diet.**
Like other healthy diets, the anti-inflammatory diet encourages eating minimally processed whole foods, healthy fats (particularly omega-3 fats), and whole grains with a minimum of pro-inflammatory foods such as red meats, processed foods (those with a long shelf life), or dairy and dairy fats. There is good data on risk reduction for disease with anti-inflammatory diets, including research showing decreased incidence of cancer, cardiovascular disease, and asthma. See The Anti-Inflammatory Diet clinical tool for more information.

**Elimination diet.**
The elimination diet involves journaling food intake, watching for a correlation between foods and unwanted symptoms, and then removing possible culprits from the diet for set period of time, usually 2 weeks. Foods are then reintroduced to the diet to see if symptoms recur. This information is then used to create a new eating pattern. There has been positive research for the elimination diet for rheumatoid arthritis, irritable bowel syndrome (IBS), migraines, atopic dermatitis, and others. For more information, see the Elimination Diets clinical tool.

**Mediterranean diet.**
This diet follows the pattern of eating that is traditional in the countries surrounding the Mediterranean Sea. It emphasizes fruits, vegetables, legumes, and whole grains. Dairy and meats are limited, with most animal protein coming from fish. Olive oil is used for cooking. An important aspect of the Mediterranean approach to eating is enjoying meals in the company of others. When compared to low-fat diets, Mediterranean diets are more effective in sustaining long-term improvements in inflammatory markers and cardiovascular risk factors like blood pressure and weight. A recent study in the *Annals of Internal Medicine* showed that women who followed a Mediterranean-type diet were less likely to develop many types of cancer, diabetes, or Parkinson’s disease. They were also less likely to experience physical and cognitive decline.

**Paleo diet.**
The Paleo diet is designed to be similar to the diet of our hunter-gatherer ancestors, with the logic that our genes are evolutionarily adapted to this diet. This eating pattern allows more animal protein than the Mediterranean diet, in the form of lean meats, but it also
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Emphasizes fruits, non-starchy vegetables, fish, nuts, and seeds. The diet discourages eating grain, dairy, legumes, processed foods, refined oils, and sugars. Studies of the Paleo diet have largely been small (less than 30 patients), have lacked control groups, or have been of short duration.

**Vegetarian/vegan diets.**
Vegetarians do not eat meat, fish, or poultry. Vegans avoid those foods as well as any animal product such as cheese, dairy, honey, eggs, wool, silk, and leather. People become vegetarian or vegan for health, environmental, economic, or ethical concerns. It has been well established that a vegetarian diet meets all known nutrient needs, so long as a person is mindful to eat a variety of foods. On the whole, vegetarians enjoy better health, but this finding can be attributed to a multitude of confounding factors. Regardless, studies have found that vegetarians have decreased incidence of cardiac disease, and vegans with type 2 diabetes have better glycemic control than those who eat meat. There has also been a small study published recently that reports that type 2 diabetics following a vegan diet had improved neuropathic pain.

**Blood type diet.**
This diet, outlined in the book *Eat Right 4 Your Type* by Peter D'Adamo, suggests that our blood type is the main determinant for a healthy diet, with different recommendations for each blood type. Current criticism of this diet is that it lacks scientific validity, as there is very little research that supports its claim.

**DASH diet.**
DASH stands for Dietary Approaches to Stop Hypertension. It was initially recommended for those with hypertension or at risk for it, but subsequent studies have found that this diet is also helpful for improving cholesterol levels and insulin sensitivity. The diet encourages high intake of fruits, vegetables, nuts, and seeds, with a minimal consumption of animal meats, dairy, saturated fats, and sweets, with a goal of consuming 2,000 calories per day. In hypertensive patients, following the DASH diet resulted in a drop in systolic pressure of 11.6 mm Hg and a drop in diastolic pressure of 5.8 mm Hg.

**Diets for weight loss.**
When patients look for guidance regarding weight loss, it is most beneficial to look at their current health issues for guidance about focusing on a low-fat versus a low-carbohydrate approach. Decreasing overall calories is, of course, necessary for sustained weight loss, but for patients with diabetes or insulin resistance (an estimated 23% of the U.S. population), a low-carbohydrate diet like the Atkin's diet may prove most effective for them. For those with normal insulin sensitivity, high-carbohydrate, low-fat diets may prove more effective. It stands to reason that those on low-carbohydrate diets have greater success when eating leaner proteins and avoiding saturated fats. Likewise, those on high-carbohydrate, low-fat diets find increased success when their carbohydrates are more complex nature and of lower glycemic index.
There are a number of websites that give additional information about other popular diets. For example, WebMD has a list of dozens of diets with descriptions and data supporting the claims, if available. See [http://www.webmd.com/diet/evaluate-latest-diets](http://www.webmd.com/diet/evaluate-latest-diets). Another site that does this for over 600 different diets is [http://www.everydiet.org](http://www.everydiet.org), but it links into marketing materials for each diet.

### Whole Health: Change the Conversation Website

Interested in learning more about Whole Health? Browse our website for information on personal and professional care.


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### References

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