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# Fed Up? The Truth About Low-Fat Diets

## Dr. Dean Ornish takes a hard look at the recent study about low-fat diets.

By Dean Ornish, M.D.

### Studying the Low-Fat Diet

In Woody Allen's movie "Sleeper," a man wakes up 200 years in the future to find that science has proved deep-fried foods to be healthy. Is the future here already?

This week, the *Journal of the American Medical Association*

published a series of articles from the Women's Health Initiative. The 49,000 women who participated in this study are heroes. They gave their most precious commodity -- their time -- to help answer one of the most important health questions of our time: will a "low-fat diet" reduce the risk of coronary heart disease, stroke, breast cancer, and colon cancer?

It didn't.

Around the world, headlines blared, "Low-Fat Diet Does Not Cut Health Risks." Around the office cooler, many people were saying, "I'm thoroughly exasperated by all this contradictory information. If the doctors can't make up their minds, to hell with 'em, I'll just eat and do whatever I want and quit worrying about it!"

That would be most unfortunate. Science can help people distinguish what's true from what isn't, what sounds good from what's real. Nowhere are the claims more conflicting than in the area of diet and nutrition. This is an area where misinformation can make a huge difference to your health and well-being.

Unfortunately, the study was not designed very well. Even if a study of a diet has 49,000 women and spends \$450 million, it's not going to show very much if people don't follow the diet. And it's not going to show very much if both groups changed their diet about the same. That's what happened.

The problem with this study is that the women didn't change their diet very much. They were asked to reduce their dietary fat down to 20% of calories, but they only reported reducing it to 29%. It's unlikely they even did that well, since they reported reducing their caloric intake from 1,700 to 1,500 calories a day, but they didn't lose weight. (It's very common for people to report that they're following a diet better than they really are.) Their LDL ("bad") cholesterol levels decreased only 2.6% more in the low-fat diet group than in the comparison group, hardly any difference at all. Blood pressure decreased hardly at all in either group, only about 2% in both groups.

Given how small the changes in diet were, it's not surprising that there were little effects. If you don't change much, you don't improve much.

By analogy, it's as though the women in one group reduced the number of cigarettes they smoked each day from 60 to 57 and in the other group from 60 to 55. You wouldn't expect to see much difference in the rates of lung cancer in these two groups. In other words, they didn't test the hypothesis.

It's hard to quit smoking, but people who quit experience a lot of benefits. Within two years of quitting, your risk of having a heart attack goes down almost as much as if you never smoked.

As everyone knows, it's not easy to make changes in our diet and lifestyle. However, we need to distinguish what's true from what's easy. In the Women's Health Initiative study, the risk of a heart attack and breast cancer was reduced in the subgroup of women who made the most changes in their diet.

## Change Your Diet and Lifestyle

For almost 30 years, my colleagues and I at the non-profit Preventive Medicine Research Institute have developed effective strategies in motivating people to make comprehensive lifestyle changes. We've learned what works, what doesn't, for whom, and under what circumstances. Not only in San Francisco and New York, but in Omaha, Des Moines, West Virginia, and South Carolina (where they told me, "gravity is a beverage"). We have collected data from thousands of people who have shown bigger changes in diet and lifestyle, better clinical outcomes, and larger cost savings than have ever before been reported.

In our research, we found that people who made bigger changes in diet and lifestyle were able to stop or reverse the progression of coronary heart disease. The frequency of chest pain (angina) decreased by more than 90% in the first few weeks, and most people became pain-free. Men and women. They not only felt better, in most cases they were better. We used expensive, high-tech, state-of-the-art measures to prove the power of low-cost, low-tech, and ancient interventions such as diet and lifestyle.

We measured improved blood flow to the heart in only a few weeks. After one year, even severely blocked coronary arteries became measurably less blocked. There was even more reversal after five years than after one year. And there were 2.5 times fewer cardiac events (such as heart attack, bypass surgery, and angioplasty) in the group that made comprehensive lifestyle changes when compared to a randomized control group of patients who made changes similar to those in the Women's Health Initiative.

Also, we recently published the first randomized controlled trial showing that these intensive changes in diet and lifestyle may stop or even reverse the progression of prostate cancer in men. What's true for prostate cancer is likely to be true for breast cancer as well.

In both heart disease and prostate cancer, we found that the more people changed their diet and lifestyle, the more improvement we measured. In order to reverse disease, people needed to make much bigger changes than most doctors had been recommending. If you can reverse disease, then it's even easier to prevent it.

Having seen what a powerful difference these changes in diet and lifestyle can make, it concerns me that the Women's Health Initiative study may discourage many people from making changes that could be so beneficial to them.

I'll be writing a monthly column in *Reader's Digest* starting in the September issue. In it, I'll share with you what we've learned about how to successfully make and maintain lasting changes in your diet and lifestyle. You have a spectrum of choices; it's not all or nothing. You don't need to make such big changes to prevent disease (the "ounce of prevention") as to reverse it (the "pound of cure"). I'll describe how you can customized a diet and lifestyle program that's just right for you, based on your own needs, genetic predisposition, and preferences.

To the degree you move in a healthful direction on the spectrum, you're likely to look better, feel better, lose weight, and gain health. Stay tuned.

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