

Insulin Resistance

The evolution of legitimate scientific inquiry

Insulin resistance once was discussed in terms of diabetes and few medical conditions; now the broader medical community is looking at the more profound implications of this condition.

When I first started talking about insulin resistance 7 years ago, I was a voice in the dark. Clients looked at me with disbelief. I was actually advocating eating a higher fat, higher protein, more moderate carbohydrate diet for some people. Since then “The Zone”, “Thin Tastes Better”, “Protein Power”, and a resurrection of “The Adkin’s Diet” has overwhelmed the lay press while many in the medical field dismissed the publications as gimmicky and unscientific. In too many ways, the scientists are right. The books are gimmicky and even if the authors are partially on target regarding insulin resistance, they all did a miserable job of translating the biochemistry into a reasonable approach to eating (much less enjoying) food.

Whether the recommendation is to restrict carbohydrates to less than 30 or 60 grams a day (a surefire way to induce ketosis and lose lots of muscle and water weight), or a more moderate restriction of 40% total carbohydrates (as well as being told you can’t eat carrots), the nutrition advice is way off mark.

THE QUESTION IS NOT: Carbohydrate or Protein? THE QUESTION IS: What pattern of carbohydrate, protein and fat will work best for me?

The first problem with most of the books is either the author’s or the publisher’s need to convince the public that they have found the answer. And the answer they have is magic for everyone. This means everyone needs to follow the diet and everyone needs to buy the book, the tape, the infomercial product, the...well, you get the idea. The problem with this approach is that it is far more about profits and not at all about the real phenomena of insulin resistance: There is no one diet or approach to food that is ideal for all persons.

Insulin resistance is a state of being. The spectrum is huge. “Normal” weight people (without disease, non-obese individuals) are thought to have a 10-fold range of relative insulin sensitivity/insulin resistance (the two ends of the spectrum). People fall all over the map on this spectrum. And while one may be genetically predisposed to insulin resistance (any diabetes in your family?), there are many environmental factors that either increase or decrease one’s relative insulin resistance.

Environmental factors include physical movement, stress response, drug use or substance abuse, presence of specific diseases, and hormonal shifts during puberty, a woman’s menstrual cycle and menopause—and most likely factors we haven’t begun to look at yet. The interplay of these dynamics is complex. How could one dietary approach possibly address all of these factors, much less the interaction of any number of these factors in one individual?

I continue to promote a open-minded, problem solving approach to address the nutritional concerns for each individual. In fact, I started presenting workshops for dietitians and therapists this last year to promote my approach. In addition to presenting these workshops I have two new endeavors in mind: First, a supervision group designed for nutritionists and therapists working

with food related issues. This I hope to initiate next spring with the help of colleague and psychotherapist, Nancy Sokolow, LCSW. I will be sending out information after the first of the year.

Second, I have developed materials for presenting a shorter workshop for the general public. Since I don't have a lot of time to market and promote these workshops, I would appreciate your support. If you have had clients or you have been a client and enjoyed the benefits of finding a better pattern of food intake for you, consider co-sponsoring a workshop. Contact me at the number on page one and let's see if we can make something happen

METABOLIC FITNESS: A REAL ISSUE OR JUST ANOTHER SOUND BITE?

Since the 1970's Americans have been bombarded with dietary and exercise advice. Most of it can be summarized with: eat less fat, exercise more. While the benefits of eating less fat have been under considerable scrutiny (now leading researchers are saying it doesn't seem to matter if fat content is 18% or 40% of calories—that diets high in fat are not the primary cause of obesity), the recommendations for exercise have typically been consistent: exercise as much as you can, as hard as you can. For starters, the best benefit is seen in the first 20 minutes at least 3 times per week. Now even that advice is changing.

Research by Despres, et al, 2 have shown that for some conditions — specifically insulin resistance — it is far more effective to exercise moderately (ie: 50% of maximum heart rate—basically the pace of a brisk walk) but longer periods of time. Forty-five to sixty minutes on almost a daily basis is seen far more effective at achieving “metabolic fitness”

In the long run, metabolic fitness means improving how your body metabolizes energy, improving your sense of vitality, and reducing risk for truncal obesity (belly fat—the stuff that makes one look like an apple as opposed to a pear). To that end it is also about reducing the risk for diabetes, cardiovascular disease, including hypertension, and a list of associated maladies. This is moving in the right direction.

1. Berg, F. *The Healthy Weight Journal* (12) 4:52-57) July-August, 1998

2. Despres, JP. and Lamarche, B. Low-intensity endurance exercise training, plasma lipoproteins, and the risk of coronary artery disease. *J. Intern. Med.* 236:7-22.