



## PRESS RELEASE

16 February 2021

### **New study shows significant weight loss, improved blood pressure and better mental wellbeing from a 6-session low carb programme on Zoom**

A new study published today reveals it's possible to lose weight, improve blood pressure and boost mental wellbeing in just a few weeks – despite the restrictions of the Covid-19 pandemic.

Published in the journal *BMJ Nutrition, Prevention & Health*, [the study](#) followed 20 adults aged 40 to 80+ who took part in the Zoom-based Low Carb Real Food Lifestyle Programme offered to GP patients by registered charity the Public Health Collaboration.

Following just six 90-minute sessions, held fortnightly, participants lost a mean of 5.8 kg, representing 6.5% of bodyweight, and reported significant improvements to their mental wellbeing. For those who had access to blood pressure machines, mean blood pressure reduced. All these improvements were statistically and clinically significant – i.e. reported at levels likely to make a real difference to health. In patients with type 2 diabetes, HbA1c, a blood marker used to monitor blood sugar, also improved.

Programme participants also reported weight loss without hunger (67% of participants), reduced food cravings (67%) and increased confidence and hope that they could improve their health (83%). Although subjective, these findings suggest weight loss is a realistic ambition even in the difficult circumstances created by the pandemic, and could provide encouragement and hope, both to individuals wanting to lose weight and the GPs supporting them.

One of the study's authors, health coach and Public Health Collaboration ambassador Lou Walker says, "Being overweight or having diabetes increases the risk from Covid-19 infection, so losing weight and managing diabetes are really important, both for individuals, and public health in general. Unfortunately, for many, the pandemic has led to weight gain, and increased anxiety and mental ill health. So we're delighted our programme helped participants achieve meaningful weight loss and mental wellbeing improvements at such a challenging time."

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The programme used a low carbohydrate ('low carb') 'real food' approach. This entailed cutting out sugar and processed foods as much as possible, and avoiding starchy foods like pasta, bread, rice, potatoes and foods containing flour. Participants were encouraged to enjoy nutrient-dense 'real' whole foods such as meat, oily fish, dairy, healthy fats, vegetables, nuts and seeds and to cook from scratch as much as possible. There was no calorie restriction or carbohydrate counting. Instead, participants were encouraged to tune into their appetites, eating only when hungry and stopping when full. Participants were free to adapt the approach to suit their own health, goals and preferences and to experiment to discover what worked for them.

While initially focussing on food, the sessions, facilitated in groups of four or five participants, covered other lifestyle factors which affect health and weight such as sleep, stress management and physical activity. Help was also offered for practical subjects such as understanding food labels, breaking food-related habits, and low carb eating when away from home.

Changes to mental wellbeing during the programme were measured with a validated questionnaire, the Warwick Edinburgh Mental Wellbeing Scale, which found improvements at levels likely to be noticed by participants. This was illustrated by 89% saying their health and wellbeing had improved and 67% saying they had gained confidence in making good decisions about their health.

Says Walker, "Mounting research evidence illustrates the links between mental health and lifestyle factors such as diet quality, exercise, sleep quality and stress levels. The Low Carb Real Food Lifestyle Programme addressed all these, so a combination of factors could have contributed to improved mental wellbeing."

One participant, Jackie, 67, lost 7.2 kg (1 stone 2 lbs) on the programme and has continued to lose weight. She has now lost a total of 9.5 kg (1 stone 7lbs). She has dropped two dress sizes and has reduced her HbA1c from a diabetic level of 54 mmol/mol to a pre-diabetic level of 45 mmol/mol.

Says Jackie, "What has been remarkable is how easy I've found it to lose weight and cut out carbohydrates almost completely. I no longer eat rice, pasta or potatoes and only very occasionally eat bread. Following the programme has introduced us to some great new recipes and reawakened by enjoyment of cooking. Just one example: I have discovered celeriac, which makes amazing chips which are much tastier than potatoes! I no longer get out of breath on steep inclines and generally feel better in myself. I am very happy with my new way of life." Jackie's full case study can be found below.

"So many people are anxious about their health at the moment," says Walker. "An important message is that there are small changes anyone can make that will help. Avoiding sugar and processed foods is important, but going for a walk, prioritising sleep or taking steps to reduce stress can also make a real difference."

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Co-author, GP Dr Natalie Smith says, “It was so encouraging to see great results from participants both in terms of weight loss and blood sugar readings, but also wellbeing, and attitude and approach to food. The evaluation suggests that a low carb/real food approach is a very realistic option for weight loss and health improvement, and can be reliably offered to patients wishing to lose weight, improve diabetic control, or just lead a healthier life.”

Public Health Collaboration director, Sam Feltham says, “This evaluation really goes to show where there’s a will there’s a way. Ms Walker and Dr Smith have done an outstanding job creating an engaging programme which participants have enjoyed and massively benefitted from. It gives me hope that we’re able to build a better future by improving people’s health and saving money for the NHS through medication reduction.”

ENDS

## Notes to editors

The full study is open access, available to read in full here:

<https://nutrition.bmj.com/content/early/2021/02/14/bmjnph-2020-000219>

### For more information please contact:

Lou Walker: [lou@louwalker.com](mailto:lou@louwalker.com) 07764 189516

Dr Natalie Smith is available for interview. However, please contact Lou Walker first as Dr Smith will either be in surgery or vaccinating.

Jackie’s full case study can be found on page 4.

A brief Q&A on low carb eating can be found on page 5.

### About the Public Health Collaboration:

[www.phcuk.org](http://www.phcuk.org)

Public Health Collaboration (Charity no. 1171887) is a UK-based charity, whose mission is to help inform healthier decisions for better public health. The charity was founded in 2016 and has over 200 volunteers across the country, who liaise with local healthcare professionals to set up free lifestyle support groups. Please visit, <https://phcuk.org/> for more information about the PHC and to find your local volunteer.

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## Case study: Jackie, 67

- Weight loss at end of programme (Sept 2020): 7.2 kg (1 stone 2lb)
- Total weight loss by Feb 2021: 9.5kg (1 stone 7lb)
- Dress size: down from 16 to 12 by February 2021
- HbA1c change at programme end: from 54 (diabetic) to 45 (pre-diabetic)

I was diagnosed with diabetes approximately four years ago with an HbA1c of 48.1. Despite regular exercise and what I thought was a good diet, this gradually crept up to 54. I gained considerable weight due to comfort eating in the last couple of years of my mother's life, until I weighed almost 12 stone, the heaviest I had ever been.

At the beginning of March 2020, with the first lockdown, I was overeating 'treats' such as ice-cream and sugary desserts until I decided to take the diabetes more seriously. I gradually became aware that diabetes was not a disease to be taken lightly and that it could have long-term health implications if I did not take steps to control it. I wanted to lose weight and to try to reverse the diabetes if I could.

I had begun to make some progress with my weight when I was invited by my GP surgery to take part in the Low Carb, Real Food Programme, which I found immensely helpful. During the fortnightly Zoom meetings I was able to meet people dealing with similar issues, get useful information and new recipes to try. I think taking part in the programme helped me stay on track and helped me find tasty alternatives to the food I had previously been eating. Just one example: I have discovered celeriac, which makes amazing 'chips' which are much tastier than potatoes!

What has been remarkable is how easy I've found it to lose weight and cut out carbohydrates almost completely. I no longer eat rice, pasta or potatoes and only very occasionally eat bread. We have always tended to cook from fresh and had hardly any processed foods in our diet, but following the programme has introduced us to some great new recipes and reawakened an enjoyment of cooking.

I find walking easier and no longer get out of breath on steep inclines and generally feel better in myself. In some ways I think the pandemic has helped me in the sense that I have made time to take better care of myself.

Friends have been impressed with my progress and it has been an added bonus to be able to recommend both the programme and various books to people who have the same issues as I had. It is lovely to be in a position to offer them support and encouragement and I am very happy with my new way of life.

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## Q&A

### What is low carb eating?

There is no official definition of what constitutes low carb eating. UK dietary regulations recommend adults get at least 300g of carbohydrate per day – about 50% of their daily energy. Low carb eating is generally accepted to be 130g or less per day – or about 20-25% of daily energy. Very low carb eating or ‘ketogenic’ or ‘keto’ would be 20-50g per day or 10% of daily energy.

### What is carbohydrate?

Along with protein and fat, carbohydrate (‘carb’) is a macronutrient. Most foods comprise a combination of macronutrients. Carbohydrates include sugars (eg table sugar, honey, fruit sugar/fructose), starches (contained in foods like pasta, potatoes, rice, flour, breakfast cereals) and fibre – non-digestible types of carbohydrate found in plant cell walls. Although we don’t digest fibre, much is fermented by our gut microbiome and provides important metabolites such as vitamins and hormones vital to health.

### But don’t we need carbohydrate for energy? Our brain needs glucose...

Yes, glucose is a vital molecule in our body. However, we don’t need to eat it, because our bodies can make it through gluconeogenesis and glycogenolysis. Our body (and brain) can also use ketone bodies (types of fats) for energy. We start to make ketone bodies when we haven’t eaten for a while or if we follow a ketogenic diet. There are fats we cannot make (‘essential fatty acids’) and also amino acids - building blocks for protein – we cannot make (‘essential amino acids’) so we have to get them in our diet. There are no essential carbohydrates.