

Dean Ornish, M.D., Why I Disagree with this Study

A new comparison of four diets—including mine—is misleading and riddled with problems.

(referring to the JAMA article on March 6)

March 6, 2007 - A study came out today in the Journal of the American Medical Association (JAMA) claiming that you can lose more weight on an Atkins diet than an Ornish, Zone, or LEARN (Lifestyle, Exercise, Attitudes, Relationships and Nutrition) diet and—ta dah!—(drum roll, maestro), it's even better for your heart! I imagine that a lot of people are going to be saying, "You mean I've been eating fruits and vegetables for all these years for nothing when I could have been eating bacon and eggs? What was I *thinking!*"

The authors concluded, "Women assigned to follow the Atkins diet, which had the lowest carbohydrate intake, lost more weight and experienced more favorable overall metabolic effects at 12 months than those assigned to follow the Zone, Ornish, or LEARN diets." This is simply not true. If you read the study carefully, you will find that the authors found that *there was no significant difference in weight loss between the Atkins and Ornish or LEARN diets after one year!* (There was significantly more weight loss on the Atkins diet after one year only when compared with the Zone diet.) This directly contradicts the primary conclusion of their study.

As a result, many people may go on a diet that harms them based on inaccurate information. Other studies also found that **people who lost weight on an Atkins diet after six months gained it back after one year.**

This new JAMA study is seriously flawed and its conclusions misleading for other reasons. Here's why:

- Most study participants weren't following an Ornish diet, which is 10 percent fat. They reduced their fat intake from

an average of 35 percent to only 30 percent after one year. If they're not following the dietary recommendations, it's not surprising that they didn't show as much improvement. By analogy, two-thirds of people prescribed Lipitor aren't taking it only four months later. Lipitor is a very effective way to lower cholesterol levels, but only if you take it. It would have been helpful if the authors had reported findings on the subset of people who actually followed the different diets to see what happened to them.

- When people adhere to an Ornish diet, they have striking improvements. In a randomized controlled trial, [also published in JAMA](#), study participants who were asked to follow an Ornish diet showed a 25 pound weight loss after one year and kept off half that weight five years later. Also, they had a 40 percent average decrease in LDL-cholesterol without cholesterol-lowering drugs, and their apolipoprotein profiles improved. In a series of randomized controlled trials, patients showed some reversal of coronary heart disease after only one month, even more after one year, and even more after five years using state-of-the-art measures such as quantitative coronary arteriography and cardiac PET scans, also published in JAMA.

There was a direct correlation between how well people adhered to the diet and how much blockage there was in their coronary arteries. There were 2.5 times fewer cardiac events such as heart attacks, [and 99 percent of these patients stopped or reversed the progression of their heart disease](#). These are actual measures of heart disease, not just risk factors such as changes in cholesterol levels. So, for the study that came out today in JAMA to say that the Atkins diet is just as good for your heart as an Ornish diet makes me a little crazy, since they didn't measure heart disease, only risk factors.

Last year, my colleagues and I at the nonprofit Preventive Medicine Research Institute and the University of California, San Francisco, published the first randomized controlled trial showing that our diet and lifestyle program could stop or reverse the **progression of prostate cancer**. We also found this diet may reverse the progression of diabetes, high blood pressure and other chronic diseases.

- In contrast, **studies show that heart disease worsens on the Atkins diet**. This is consistent with published autopsy results on Dr. Atkins revealing that he had serious heart disease when he died. It's important to lose weight in a way that enhances health rather than ones that may harm it. These are summarized more extensively in a review article that I wrote, "Was Dr. Atkins Right?" that was **published in the Journal of the American Dietetic Association**.
- LDL ("bad" cholesterol) rose on the Atkins diet but came down on the Ornish diet in this new JAMA study.
- HDL ("good cholesterol") rose slightly on the Atkins diet but did not change after one year on the Ornish diet. However, not everything that raises HDL is good, which is summarized in a recent NEWSWEEK column, "**The Garbage Trucks in Your Blood**." Your body makes HDL to get rid of excessive saturated fat and cholesterol in your diet. If you eat a stick of butter, your HDL will go up, but that doesn't mean that butter is good for your heart. Pfizer recently had to stop a large trial of torcetrapib when it was found that this drug raised HDL but also increased the risk of heart attacks and strokes.
- This study did not test the effectiveness of different diets. It only tested how well people adhered to different diets simply by reading a book and having a few sessions with a dietitian. It's easier for people to follow an Atkins diet of bacon and brie than an Ornish diet that includes fruits, vegetables, whole grains, legumes, soy products and fish, so it's not surprising that people adhered better to an

Atkins diet. However, we need to distinguish what is healthful from what is easy. I'd love to be able to tell you that bacon and brie are good for your heart, but they're not. Enjoy them in moderation, if you wish, but don't kid yourself that these are health foods. Also, the diet is only one component of my lifestyle program. It's hard to adhere to a new way of eating unless you also practice stress management techniques and have psychosocial support, since many people overeat when they are under stress or feeling lonely and depressed.

- Given sufficient support, many people are able to follow our program of diet and lifestyle changes. Beginning in 1993, my colleagues and I at the nonprofit Preventive Medicine Research Institute began training hospitals in our diet and lifestyle program at hospitals throughout the country. Not just in San Francisco, Boston and New York, but also in Columbia, S.C., where they told me, "gravy is a beverage," as well as 10 hospitals in West Virginia, which is No. 1 in the country in the incidence of heart disease. We now have data from more than 3,000 patients who have gone through our program in three demonstration projects, including one with Medicare. We have consistently found bigger changes in diet and lifestyle, better clinical outcomes and larger cost savings than have ever before been documented.
- Medicare recently agreed to cover our program for reversing heart disease. Two years ago, we presented data from the first 2,000 patients to the Medicare Coverage Advisory Commission in an all-day hearing. These patients lost almost 20 pounds during the first year, their blood pressure decreased from 150/86 to 129/76, and their fasting blood sugar decreased from 150 to 125 mg/dl.

Having spent the past 30 years of my life conducting research showing what a powerful difference changes in diet and lifestyle can make, I'm concerned that this study may cause some people to forego eating a healthy diet in favor of one that may be

harmful to them. I'm tired of these diet wars. It's not low fat vs. low carb. It's both. An optimal diet is low in total fat and low in refined carbohydrates, emphasizing whole foods such as fruits, vegetables and whole grains.