Everyone's Going Keto – Should You?

In a 2019 survey about New Year’s resolutions, Insider Publications found the most popular diet among those aged 18-29 to be a “low carb” diet. And in the last year or so, the most extreme of “low carb” diets, the ketogenic diet (or keto diet), has soared in popularity. Are you wondering if you should “go keto” too?

A true “keto diet” is actually lower in carbohydrate and protein and higher in fat than typical “low carb plans”, like the Atkins Diet Plan. Keto plans are as high as 75% fat, and as low as 5% carbohydrate. Protein is kept moderate, at around 20%. If you’re following this plan, you’ll be cooking with a lot of oil and eating lots of avocados, cheese, butter, whipping cream, sour cream, green leafy vegetables, celery, cucumbers, and asparagus. You’ll be including the following types of foods in moderate amounts: meat, fish, eggs, and lower-carb veggies like bell peppers, cherry tomatoes, broccoli, and cauliflower. You'll be mostly avoiding grains/starches (bread, crackers, pasta, tortillas, potatoes and corn), whole grains as well as yogurt, milk, and most fruit…and definitely no candy, sweetened beverages, fruit juice, pastries, or desserts.

A ketogenic diet involves depriving your body of carbohydrate (your tissues’ preferred energy source) to the point that your body turns to fat and ketones as its fuel source. It can take extreme carb-restriction for 3 days – 2 weeks to achieve a state of ketosis (the ultimate goal of the ketogenic diet). After that, a single occurrence of eating too many carbohydrates can take you out of ketosis, negating the potential benefits of this strict eating plan. Especially at the beginning of this plan, it’s important to check your ketone levels to: a) make sure you’re following the plan correctly (if you’re not detecting ketones in your blood and/or urine, you’re eating some “hidden” carbs somewhere!) and b) determine your personal “carbohydrate-threshold” to maintain a state of ketosis – everyone is different. Presence of ketones in the urine is proof that you are likely in a state of ketosis. You can purchase urine-ketone strips at the pharmacy; they are an easy, inexpensive way to monitor ketosis; however, they are not as accurate as using a blood ketone monitor. A pharmacist or diabetes educator can provide you proper instructions for the use of a blood ketone monitor.

The keto diet is one of the most popular diets for weight loss these days, but originally the diet was used to control epilepsy many years ago. Although researchers don’t completely understand how the diet favorably impacts seizure activity, the diet’s effect on brain chemistry has led to further research on the diet as part of the treatment for several other neurological diseases (like Alzheimer’s, Parkinson’s, and autism) as well as certain kinds of cancer. Most studies at this point are theoretical in nature, very small human studies and/or animal studies (that we cannot always assume will translate to human results). This research is indeed, intriguing and somewhat promising, but is by no means conclusive.

There is some research that shows that the keto diet can be good for weight loss, at least for the short-term. At the very beginning of the diet, those that follow keto plans (or other non-ketogenic low carb plans) tend to lose weight at a slightly faster rate than
those on a standard diet (reduced-calorie, lower fat), but multiple studies show that over time, weight loss is similar, regardless of if the diet was ketogenic, low-carb, or traditional reduced-calorie.

Responses to the ketogenic diet vary. Many that follow a keto diet plan report less hunger than those on traditional reduced calorie diets, and often, as a result, eat fewer calories. It’s the high fat content of the diet that is thought to be responsible for lower hunger levels. Another reason some do well on the ketogenic plan is that they are “allowed” to eat many of the foods that are “banned” from a traditional reduced-calorie/fat diet, like steak, bacon, cream, etc. Others that attempt ketogenic plans report depressed mood and lower energy levels.

There can be some side effects associated with the keto diet; these are often referred to as the “keto flu” and can include symptoms like nausea, headache, fatigue, and muscle cramping. These are usually only temporary, as one’s body adapts to the diet (lasts a few days to about 2 weeks). Some of the symptoms may be attributed to dehydration, because your body excretes more water and electrolytes while in a state of ketosis. Extra water and salt/electrolytes may help (consider: Gatorade Zero Sugar, pickles, chicken broth).

The research on the long-term effects and safety on the ketogenic diet is scarce, partly because the diet is so restrictive, few followers continue on following the plan longer than 6 months to a year (many studies are 6 weeks in length; a few studies follow participants for 2 years). The current studies on the safety of such plans is inconsistent – while most demonstrate significant weight loss with the keto plan (many with loss of body fat while preserving lean body mass) some studies show that keto diets lead to increased markers of inflammation in the blood and higher levels of LDL (“bad”) cholesterol while others demonstrate that the ketogenic plan leads to better insulin sensitivity and a favorable increase in HDL (“good”) cholesterol. As a general rule, those with type 1 diabetes should not follow a ketogenic diet – it can lead to dangerously low blood sugar levels.

Admittedly, it is difficult to get all the vitamin and minerals in recommended amounts when following the ketogenic diet; this could lead to nutritional deficiencies down the road. It’s typically quite low in fiber too, possibly affecting bowel regularity, cholesterol levels and cancer risk. Supplements are usually recommended. You’ll be better off nutritionally, if you choose wholesome, “real” foods that are naturally keto-friendly, like meats, nuts, eggs, spinach, olive oil, avocados, leafy greens, celery, cheese, sour cream, etc. Ideally, you should try to limit the highly processed/refined, less nutrient-dense products that are marketed toward keto fans (like “Bang Keto Coffee”, “Keto Glam Protein Shake”, “Ketologic Buffalo Crisps”). While these products may be convenient, they aren’t going to offer the same nutrients as whole, natural foods. If you’re interested in following a ketogenic plan, you’ll want to talk to your doctor and/or registered dietitian nutritionist about an individualized supplementation plan.
BOTTOM LINE: The truth is that eating habits are personal and metabolic responses to the ketogenic diet are likely to be variable as well. There is some evidence that suggests a ketogenic plan may be appropriate for some people, perhaps those that have high insulin/blood sugar levels...or those that have had a hard time following traditional lower calorie/fat plans in the past. This eating plan does not come without risks and the long-term effects haven't been well-documented yet. Diets as strict as the keto diet can be difficult to follow. Continually struggling to "stick to the diet" and/or "stay in ketosis" can lead to feelings of failure, self-doubt, and "fear" of certain foods, as well as feeling "left out" of certain social situations and experiences that revolve around food. Some self-reflection about what works best for you may be in order before determining your best strategy for healthy eating. If you’d like some help evaluating the pros and cons of the ketogenic diet or have any other questions related to nutrition, be sure to set up a nutrition assessment with Campus Recreation’s registered dietitian nutritionist, Annie Bell. Appointments are individualized to address your needs, questions, and concerns and last about an hour – oh, and they’re free! Follow the prompts here to register:

https://campusrec.utsa.edu/nutritionregistration

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