Comparing diet patterns

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For weight loss, the diet you can stick with matters more than its carb-to-fat ratio.

Why it matters: Every diet book claims its approach beats the rest. Head-to-head trials show the weight-loss differences are small, so you can choose on taste, budget and lifestyle. Heart health is a separate question with a different answer.

The details: For heart health, the Mediterranean pattern has the strongest trial evidence among the patterns covered here.

Go deeper

The big picture: For weight loss, diets work mainly by helping people eat fewer calories, so which foods get cut matters less than whether the diet lasts. For blood pressure and heart disease, the pattern of food matters more.

Low-carb vs. low-fat:

- The 2018 DIETFITS trial assigned 609 overweight adults to a healthy low-fat or a healthy low-carb diet for a year [1].
- The low-fat group lost 11.7 lb (5.3 kg) and the low-carb group 13.2 lb (6.0 kg). The difference was not significant.
- The two predictors the trial tested, a genotype pattern and a measure of insulin secretion, did not predict who would do better on which diet.

At equal calories:

- A 2017 analysis pooled 32 tightly controlled feeding studies that swapped carbs for fat while holding calories steady [2].
- Lower-fat diets came out slightly ahead, with 26 more calories burned and 16 more grams (about half an ounce) of fat lost per day.
- That edge runs opposite to what low-carb advocates predicted, and it is too small to matter much in daily life.

Named diets head to head:

- A 2020 network meta-analysis pooled 121 trials with 21,942 adults on 14 popular named diets [3].
- At six months, low-carb diets took off about 10.2 lb (4.6 kg) and low-fat diets about 9.6 lb (4.4 kg) more than usual eating.
- Both lowered systolic blood pressure by about 5 points. Low-fat diets lowered LDL cholesterol more.
- By 12 months, weight loss had shrunk on every diet, and the heart-health gains had mostly faded except on the Mediterranean diet.

Sticking with it:

- A 2005 trial assigned 160 adults to Atkins, Zone, Weight Watchers or Ornish for a year [4].
- Average weight loss ranged from 4.6 to 7.3 lb, and 35% to 50% of each group dropped out.
- How closely people followed their diet predicted weight loss. Which diet they followed did not.

The Mediterranean diet and the heart:

- The PREDIMED trial assigned 7,447 Spanish adults at high heart risk to a Mediterranean diet with extra olive oil, one with extra nuts, or a reduced-fat control diet [5].
- Over a median of 4.8 years, the combined rate of heart attack, stroke or heart-related death was 31% lower with olive oil and 28% lower with nuts. That combined result does not show a significant drop in each event on its own.
- The original 2013 report was retracted after problems were found in how some participants were randomized. The 2018 reanalysis statistically accounted for those departures and found nearly the same results.

DASH and blood pressure:

- A 1997 trial fed 459 adults one of three diets for eight weeks while holding salt intake steady [6].
- The DASH diet, rich in fruits, vegetables and low-fat dairy and low in saturated fat, lowered blood pressure by 5.5/3.0 points compared with a typical American diet.
- In people with high blood pressure, the drop was 11.4/5.5 points.

What people believe: A keto diet improves cholesterol. You should eat for your blood type. Your body type (ectomorph, mesomorph, endomorph) decides which diet works for you.

Keto and LDL cholesterol:

- In a 2021 feeding trial, 17 healthy, normal-weight young women ate a strict ketogenic diet and a standard diet for four weeks each. LDL cholesterol rose on keto in every participant, by an average of about 70 mg/dL [8].
- Responses vary, and keto often lowers triglycerides. If you try it, get your cholesterol checked after a few months.

Blood-type and body-type diets:

- In a 2014 study of 1,455 adults, following a "blood-type" diet was linked to some better heart-risk numbers, but the benefit was the same whatever a person's blood type [9]. The diets are simply healthier than average.
- We found no trials showing that body-type (somatotype) diets work better than any other pattern. In DIETFITS, even a genetic test didn't predict who did better on low-carb or low-fat [1].

Intermittent fasting:

- A 2022 trial put 139 adults with obesity on a reduced-calorie diet for a year, and half also ate only between 8 a.m. and 4 p.m. [7].
- The time-limited group lost about 17.6 lb (8.0 kg) and the other group about 13.9 lb (6.3 kg). The difference was not significant.

Reality check: Many diet trials lose a large share of participants, and weight loss usually shrinks after six months. The Mediterranean results come from older Spanish adults at high heart risk.

How sure are we: Strong that adherence matters more than the carb-to-fat ratio for weight loss. Moderate for the Mediterranean pattern and heart health, which rests mainly on one large trial in high-risk adults.

Choose your own diet pattern

For weight loss:

1. **Pick a pattern you could still follow in a year.** Low-carb and low-fat performed about equally.
2. **Pair it with a calorie gap.** The calories article explains how to set one. Expect progress to slow around six months, and adjust rather than switch diets.

For heart health: Lean Mediterranean. Build meals around vegetables, legumes, fish, nuts and olive oil.

For high blood pressure: Borrow from DASH. Eat more fruits, vegetables and low-fat dairy, and less saturated fat.

Also worth knowing: If you go low-carb and your LDL cholesterol is high, get it rechecked after a few months. An eating window is optional; use one only if it makes eating less easier for you.

Sources

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