

Dietary approaches

In general, the most important factors to consider when determining the success of a diet are whether nutritional needs are being met and whether a person can maintain positive changes long-term. Dietary recommendations (page 19) outline evidence-based eating recommendations consistent with the Eating and Activity Guidelines (Ministry of Health 2015). Should a person prefer to follow a particular diet, a very brief summary is provided below.

Very-low energy diets

There is some evidence from systematic reviews that very-low energy diets (VLEDs) (diets with a median energy content of 1937 kJ/day (463 kcal/day),⁷ with a median duration 10 weeks) can lead to long-term weight loss, reduced CVD risk and obesity co-morbidities (Mullholland et al 2012, Johansson et al 2014, Parretti et al 2016).

The most frequently reported adverse events after a VLED were transient alopecia, tiredness, dizziness and cold intolerance. One case of gallstones leading to removal of the gallbladder was the only serious adverse event reported in any of the studies (Parretti et al 2016).

Practice points for very-low energy diets

Consider the following if recommending a VLED.

- Follow a VLED for only short periods (such as six to 12 weeks) at a time.
- People on VLEDs need regular follow-up.
- People on VLEDs need to continue a weight maintenance programme to reduce weight regain after transition to non-meal replacements.
- Discuss the following with people on VLEDs:
 - options to supplement meal replacements (eg, non-starchy vegetables and fruits)
 - the importance of achieving ketosis to suppress hunger and self-testing urine for ketosis
 - the importance of avoiding carbohydrate supplementation
 - the need for a small quantity of fat each day (eg, 1 tablespoon of olive oil on salad or vegetables) to contract the gall bladder and prevent gallstones
 - the importance of drinking water/tea when thirsty
 - the importance of abstaining from alcohol and sugar sweetened drinks.
- VLEDs are unsuitable for pregnant or lactating women; children (aged under 16); older people (aged over 65 years); people with moderate to severe renal insufficiency (GFR <45ml/min); and people with severe psychological disturbances, alcohol or drug abuse, porphyria, recent myocardial infarction or unstable angina.

7. One kilocalorie is equivalent to 4.184 kilojoules