

Nutrition Nibbles

Break through common nutrition myths, see what's trending, catch up on latest research, and get great tips from our team of Registered Dietitians.

MYTH

FACT

Raspberry ketone supplements can help you lose weight.

Raspberry ketone is the compound that gives raspberries their strong aroma and flavour. A synthetic version is used in cosmetics, processed foods and weight loss supplements. Raspberry ketones have a similar molecular structure as two known fat burning compounds. They can make isolated fat cells break down fat and release a hormone called adiponectin. Some studies in mice and rats show that raspberry ketones can protect against weight gain and fatty liver. However, these studies used massive dosages, much higher than you would get with supplementation. There is currently no evidence that raspberry ketone supplements can cause weight loss in humans.



The Ketogenic Diet

The “classic” ketogenic diet is a high fat, low carbohydrate diet that helps to control seizures in some people with epilepsy. It is prescribed by a physician and carefully monitored by a dietitian. It is usually used in children with seizures that do not respond to medications. The ketogenic diet is 80-90% energy from fat, 2-10% energy from carbs (typically <5%), and 6-15% energy from protein. This is a VERY low carb diet when compared to the recommend macronutrient guidelines being 20-35% fat, 45-65% carb and 10-35% protein.

In recent years, it has become a trend to use the “keto” diet for weight loss purposes. Our bodies use glucose as our main energy source, however with the ketogenic diet, it forces our bodies to convert dietary fat into ketones and use this as energy. Ketosis is the production of these ketone bodies, and people assess whether they are in ketosis through testing urinary ketone levels. The side effects of the ketogenic diet include: headache, “brain fog”, decreased cognitive functioning (related to the fact that the brain is not getting glucose), acetone breath, constipation/diarrhea, nutrient deficiencies and lean tissue loss. Moreover, there may be a concern with possible refeeding syndrome once individuals revert to a more balanced diet.

While there is some evidence that a keto diet can result in weight loss, and possibly benefits in A1c for type 2 diabetics, there is no consistency in macronutrient ranges used. Also, most of the studies have a very small number of participants. There is an argument as to whether it is the calorie reduction of the diet or the ketogenic part which results in weight loss. Proponents of this idea argue that any low calorie diet can result in weight loss. Additionally, long term data (12 months), has shown ketogenic diet to have same outcomes for weight and A1c lowering as the typical low fat diet used in weight loss studies. There are also concerns regarding increases in LDL levels with ketogenic diet, as well as fatigue and possibly reduced desire for activity. One study found an increase in inflammatory markers amongst individuals following the ketogenic diet, and advised that individuals with renal/liver issues should not follow this diet. There is the additional argument that once the diet is stopped, that weight will regain, as is the argument for all weight loss diets.

Practice Paper of the Academy of Nutrition and Dietetics: Classic and Modified Ketogenic Diets for Treatment of Epilepsy

[Ketogenic low-carb diets have no metabolic advantage](#)

[Keto for RDs \(youtube\)](#)

[Short-term safety, tolerability and efficacy of a very low-calorie ketogenic diet interventional weight loss program](#)

[Effects of low-carb vs low-fat diets on weight loss](#)

[The Keto Diet - What This Dietitian Actually Thinks](#)

[Systematic review and meta-analysis of dietary carbohydrate restriction in patients with type 2 diabetes](#)



The Paleo Diet

The Paleo diet is based on the foods that our ancestors are thought to have eaten during the Paleolithic era. This hunter-gatherer style of eating includes fruits and vegetables, nuts and seeds, lean meats (grass-fed or wild-game), eggs, fish (wild-caught), and plant-based oils. It excludes grains, dairy, potatoes, legumes, peanuts, sugar, salt, alcohol, and processed foods.

This eating pattern has the potential to include many nutrient-rich foods. However, its focus on wild and grass-fed animals may be too costly for some; if meats high in saturated fat are included, this can increase the risk of heart disease and certain cancers. By excluding dairy it eliminates a source of calcium which, if not replaced with alternatives, may have a negative impact on bone health. Whole grains and legumes are also excluded; these foods are important sources of nutrients, fibre and carbohydrates.

One study (2007) compared the Paleo diet to a Mediterranean-type diet; the Paleo group showed improved glucose tolerance. Another study (2009) compared the Paleo diet to a diabetes diet; the Paleo group showed improvements in A1c, HDL, TG, and diastolic BP. More recently (2014) the Paleo diet was compared to a diet based on the Dutch Health Council guidelines; the Paleo group showed improvements in BP, TChol, TG, and HDL. Also recently (2014), compared to a diet based on the Nordic Nutrition Recommendations, the Paleo group showed improvements in waist circumference and abdominal obesity (although there were no significant differences between the groups at 24 months) and in TG. Overall, research suggests that a Paleo diet could have some short-term positive effects on heart health and diabetes. More well-controlled long-term studies are needed before any conclusions can be drawn.

[Paleo diet: What is it and why is it so popular?](#)

[A Palaeolithic diet improves glucose tolerance more than a Mediterranean-like diet in individuals with ischaemic heart disease.](#)

[Beneficial effects of a Paleolithic diet on cardiovascular risk factors in type 2 diabetes](#)

[Favourable effects of consuming a Palaeolithic-type diet on characteristics of the metabolic syndrome](#)

[Long-term effects of a Palaeolithic-type diet in obese postmenopausal women](#)

The Intermittent Fasting Diet

Intermittent fasting (IF) is an eating pattern that includes alternating cycles of fasting and eating. There are several different approaches to IF: alternate-day, whole-day, and time-restricted. Fasting periods may consist of a total or partial energy restriction.

This diet is reported to aid with weight loss, improve metabolic health and extend lifespan, but there is inadequate evidence to support these statements. There are several proposed theories for the benefits of IF. Some believe that starvation induces cellular stress. Consequently, cells respond by adapting to stress, and becoming more resistant to disease. Others suggest that IF causes an immune response that repairs cells and reduces inflammation associated with chronic disease. Fasting is also hypothesized to influence metabolic regulation via effects on circadian biology and the gut microbiome.

Some researchers suggest that the health benefits associated with IF are the result of weight loss and an overall reduction in calorie intake, and not the fasting state. When IF is compared to continuous energy restriction, most studies indicate no significant differences in weight loss weight regain, body composition, or metabolic changes.

Possible drawbacks of IF include excessive hunger during fasting periods, which in turn may lead to overeating and bingeing. IF may also result in difficulties concentrating, increased pre-occupation with food, increased fatigue and poor mood. Additionally, the focus of many IF diets tends to be on calories rather than nutrition quality. Research on IF has been mostly small, short-term trials. Long-term, randomized controlled, human studies are required to assess the safety and efficacy of IF.

[Intermittent fasting: the science of going without](#)

[Metabolic Effects of Intermittent Fasting](#)

[Diet Review: Intermittent Fasting for Weight Loss](#)

[Fasting: The Ultimate Diet?](#)

[Effect of Alternate-Day Fasting on Weight Loss, Weight Maintenance and Cardioprotection Among Metabolically Healthy Obese Adults](#)

Talk to your Registered Dietitian for more information

Recipe of the Month

No Bake Energy Bites

Pick and choose your own combination of ingredients depending on your tastes – the possibilities are endless!

Base

Start with 1 cup of quick cooking oats.
Leave whole or whirl them in a food processor for a finer texture.

Additions

Dump in the goodies you desire. Again, you can leave them whole or process, chop or dice them for a finer texture.

Nuts

Pecans, peanuts, almonds, walnuts, cashews, pistachios, hazelnuts, pumpkin seeds, sunflower seeds, flaxseeds, hemp hearts, chia seeds.

Dried Fruit

Raisins, cherries, cranberries, apricots, dates, figs, apples, goji berries, banana chips, mangos, blueberries, coconut.

Extras

Chocolate chips, carob chips, cocoa, citrus zest, sea salt, cinnamon, nutmeg, ginger, cayenne pepper.

Binder

Mix with approximately 8 Tbsp of something sticky: honey, coconut oil, maple syrup, agave nectar, nut butter. You can use a combination of binders.

Finish

Form into tightly packed 1 inch balls and chill. Alternatively, make power bars by lining a pan with wax paper, dump mixture into pan, pack everything down firmly and chill for an hour or so before cutting into bars. Keep in the fridge in a tightly sealed container for an easy grab and go breakfast or snack.

NOTE: Freezer friendly!



Chocolate Peanut Butter Bites

1 cup oats
1/3 cup chocolate chips
2 Tbsp ground flax
2 Tbsp honey
6 Tbsp peanut butter

Dark Chocolate Chia Bites

1 cup oats
1/4 cup cocoa
6 dates, chopped
1/4 cup chia seeds
1/2 tsp cinnamon
2 Tbsp molasses
5 Tbsp coconut oil

Cranberry Coconut Almond Bites

1 cup oats
1/2 cup dried cranberries
2 Tbsp almonds
2 Tbsp maple syrup
6 Tbsp almond butter
3 Tbsp coconut, shredded to roll them