



Beta-Hydroxybutyrate (BHB)

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KETO VALE

What is the best diet? Many of you may have read Prof Giovanni's recent blogs, expressing his view on the best diet for pwMS. In his first blog he talks about the benefits of a low carbohydrate diet. This by default means it has to be high in fat. This is the opposite to the diets that many people follow and the opposite to the OMS diet (Overcoming MS diet).

https://multiple-sclerosis-research.org/2020/10/dietspeak-is-there-an-ideal-ms-diet/

The theory is that following a very low carbohydrate diet makes your body produce ketones. These may have a protective effect, working in the same way as dimethylfumarate (Tecfidera). Ketones can be produced by either a very low carbohydrate or by fasting. Obviously long term fasting isn't an option, as this would lead to malnutrition.

There are several considerations with this diet – (This is just 3 of a longer list).

- Achieving a state of ketosis and maintaining it is not easy. It involves a huge amount of planning and following a very restrictive diet. To stay in ketosis you have to avoid many fruits and vegetables as well as the main starchy foods. Just cutting out bread, potato etc is often not sufficient. If you just follow a low carbohydrate diet and do not achieve ketosis you won't get the theoretical benefits of the diet. Intermittent fasting (which can lead to short term ketosis) is an easier approach, but we don't know how long you you have to stay in ketosis to gain any real benefit.
- 2. A very low carbohydrate will be much lower in many of the micronutrients, vitamins and minerals and other important compounds such as flavanols, phytochemicals etc. All of which are essential for good health and may help reduce inflammation in the body (which is important with MS).
- 3. The diet is likely to be low in fibre, this could make bowel problems worse and increase the risk of bowel cancer .

However this doesn't mean that a low fat, high carbohydrate is the best option either. Many of you who know me will know that I am not fan of any diet that claims to have the ultimate answer, diets such as the OMS diet, SWANK diet etc just do not have the research to back them up.

In response to his initial blog Prof G wrote a second blog. This blog is to respond to the "torrent of abuse" that he received regarding the evidence behind saturated fats and health.

https://multiple-sclerosis-research.org/2020/10/dietspeak-saturated-fats-challenging-the-dogma/





This is a debate that is still open, and although I am not sure it has been completely disproved it is another example of the need to look at the overall diet, not a specific component. I certainly agree that full fat milk products are not a concern (full fat milk is essentially still only 4% fat). But as with all diet recommendations it is complicated.

What I do like about this blog is the reference to the need for research. Prof G states nine essential requirements. These are a bit complicated, but the message is that unless research is of a certain standard any results can not be taken as true. Sadly much of the research that is published is not of a high enough standard that we can definitely say that changing one thing will definitely then affect a specific health outcome.

So what should we eat?

- At the moment the best advice is to have a varied diet, plenty of fruit and vegetables (at least 5 portions a day), lots of different coloured foods,
- Eat what is in season,
- Where possible eat real (i.e. minimally processed foods. However this may not always be possible if disability limits shopping and cooking. Include all the food groups.
- Eat mindfully and do not let what you are eating be a source of stress in your life.

What next?

- This article may have raised more questions that it has answered.
- If you have a specific individual clinical questions remember you can be referred to me for individual advice (ask any of the centre clinicians or therapists).
- If you would like more general information on a particular topic, or have a question let me know and I can answer it in the nutrition corner or if sufficient interest organise an online webinar or similar.

ClairefenIon@chilternsmscentre.org

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