LETTER TO THE EDITOR

4th October 1986

Dear Sir,

My attention has just been directed to the interesting editorial by Al-Awadhi et al entitled "Do very low calorie diets have a place in the treatment of obesity?" published in the August number of your Journal. There are several inaccuracies in the editorial which I believe should be corrected.

1. There have been in fact "no cardiac arrythmias and sudden death" recorded in users of VLCDs. Deaths were recorded among users of the infamous "liquid protein diet" in the 1970s. The "liquid protein diet" was not complete in essential amino acids and was deficient in electrolytes, trace elements and vitamins. Current VLCDs which were developed over 8.5 years research[1] bear no relationship to the liquid protein diet, contain the daily recommended level of each of the dietary constituents and in over fourteen years of clinical experience amounting to some 7-10 million dieters all-together have not been associated with any serious adverse effects[2].

2. The Cambridge Diet is indeed available through Counsellors who are not required to have previous medical or nutritional qualifications, although many Counsellors come from medical and paramedical backgrounds. They are given training by experts in the field and the safety of the diet means that there is no inherent risk from the method of distribution. Studies[3] indicate that such a committed group is ideal for providing the personal support and encouragement which is essential for effective weight loss. Doctors and dieticians who have more important roles do not have time to provide this level of support.

3. I agree that there is no guarantee that those who are overweight but otherwise healthy shall see their own doctors, but this is true of all food or diet intake in a free society. However, Counsellors are forbidden to supply the diet except against a doctor's signature where there is another disease prevent or the prospective dieter is on medication. The same sutdies[3] indicate that this is indeed applied.

4. The suggested guidelines proposed in your editorial are based on the entirely false premise that VLCDs are dangerous. They have been shown not to be dangerous and hence the guidelines have no valid basis.

Yours faithfully,

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2. Howard A.N. (1986) Safety and efficacy of the Cambridge Diet. Fifth International Conference on Obesity September 14-19.

3. Kreitzman, S.N., Howard, A.N., Marks, J., Howard, R.B. (1986) Survey of the usage patterns and results of serious and prolonged dieting with the Cambridge Diet. Fifth International Conference on Obesity September 14-19.

REPLY :

Dear Sir,

In his letter responding to the editorial entitled "Do VLCD's have a place in the treatment of obesity?" Mr Marks alleges that several inaccuracies were contained in the editorial.

1. Mr Marks says that cardiac arrythmias and sudden deaths were only recorded amongst users of the liquid protein diet in the 1970's. He says there have been no recorded deaths or arrythmias amongst users of the Cambridge diet, which is cited as an example of a VLCD' in the editorial, but the editorial does not attribute the deaths specifically to users of the Cambridge diet; it says deaths have occurred amongst users of VLCD's to which category both the liquid protein and the Cambridge diet belong[1].

2. The current VLCDS do not meet the R.D.I. (recommended daily intake) of each dietary constituent as Mr Marks claims eg. the Cambridge diet does not meet the WHO recommendations for adult males, or the USA recommendations for adult males or females[2].

3. There is no error in our claim that certain VLCD's are available through counsellors who are not required to have medical or nutritional qualifications, while we are pleased to hear that more counsellors are coming from a medical or nutritional background, the ideal situation would be that all counsellors have to be medically or nutritionally trained.

4. The fact that all food or diet intake in a free society need not be approved bya doctor is not justification for a controversial product like VLCD's to be made freely available. The only way to guarantee that people do take a VLCD under proper medical supervision is to make it available by prescription only. There is no room for error with this method[3].

5. The medical profession should exercise prudence in any area of treatment, particularly when the treatment is a controversial one. VLCD's are a very controversial treatment, and the British Government has just established an independant committee of inquiry to investigate their use. Meanwhile it is the responsibility of the medical profession to protect the public from the possible hazards of VLCDS. Until the results of this investigation are made public, setting safe guidelines for the use of VLCD's and adhering to them is in our opinion the only proper course of action.

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1. Van Itallie TB, Yang MU. Cardiac dysfunction in dieters: a potentially lethal complication of rapid massive weight loss. Am J Clin Nutr 1984;39:695-702.

2. Passmore R, ed. World Health Organisation recommended intakes. USA recommended daily allowances. In: Human nutrition and dietetics. 8th ed. London: Churchill Livingstone, 1986;170-170.

3. Wadden TA, Stundard AJ, Brownell AD, Van Itallie TB. The Cambridge diet — more mayhem? JAMA 1983;250:20:2833-2834.