

How to set an aggressive diet up The Really Practical Stuff

The First Few Days – Practical Tips

Be wholly flexible!

• With clients, this is the time to be 'on hand'

- > Overprepare protein foods I use baked chicken
- > Overprepare pleasant vegetables I use carrots and red peppers
- If for whatever reason, life, stress, need to sleep, you need to increase kcals
 - > Choose protein+fat options I use 0% Greek Yoghurt + Almonds for Mastication before bed...
- Oconsider backloading kcals before bed!
- Oconsider elevating electrolyte intake
 - Potassium and Sodium losses can be increased
- Consider NOT going all the way to max fat loss straight off





What to Eat – This isn't supposed to be 'sustainable'

- Fish oils and a multivitamin and mineral is probably wise!
- Less food/taste/meal variety will help PHYSIOLOGICALLY
 - YOU need to use experience to understand what the right psychology is
 Lots of people report AD can help 'reset' hunger & cravings
- Protein is going to make up the MAJORITY of your kcals!
 - A consideration around meal frequency/hitting leucine threshold TBD
- Making meals tasty may seem like a good idea but BE REFLECTIVE!!!
 - Food variety causes an appetite- stimulating mechanism due to renewed palatability and interest in eating food – Yeomans et al. (2004)
 - Reducing sugar intake may help with adherence due to food reward Stice et al. (2013)
 However, avoid demonising foods. Adherence may be worse Loria-Kohen et al. (2012)
 AD might change taste perception i.e. bland food becomes tastier!





What to Eat

High Protein Foods

Lean Meats e.g. Chicken, Turkey Fish e.g. Tinned Tuna, White Fish 0% Greek Yoghurt Whey/Casein Protein Egg Whites Low Fat Cottage Cheese

Miscellaneous

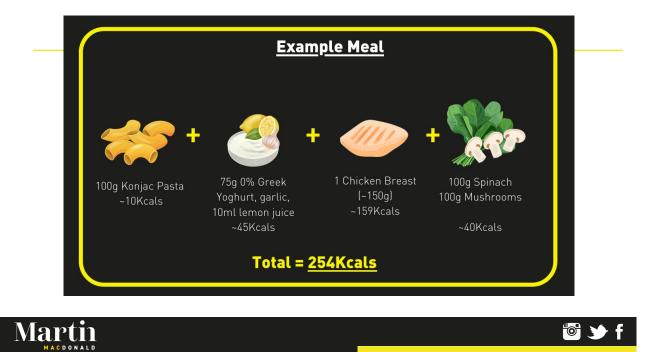
Konjac (Noodles/Pasta) Soup + 0% Greek Yoghurt Broths High Fibre Veg Lentils/Beans

Low Calorie Sauces/Flavourings

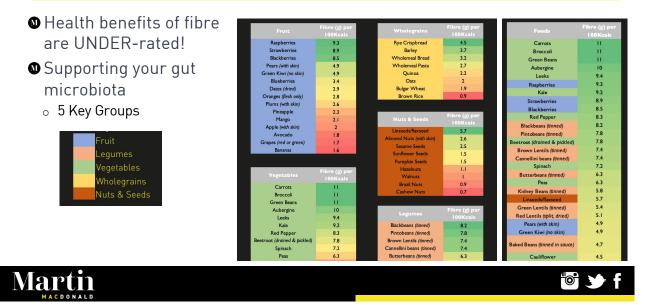
Low Calorie Vinaigrette Spices/Herbs/Salt/Pepper Garlic granules



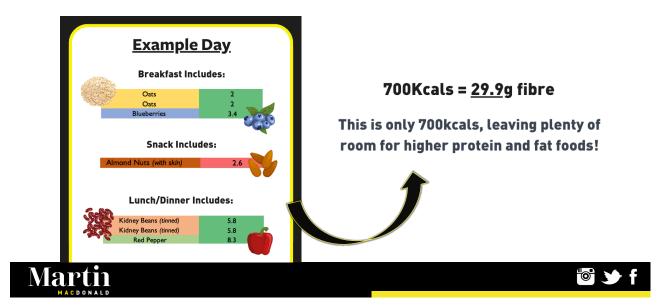




Stay ahead of the research on fat loss...



Fibre Day Example



How Often to Eat

- Remember: "no evidence that weight loss on hypoenergetic regimens is altered by meal frequency" - Bellisle et al. (1997)
 - "In conclusion, our findings indicate that there is little robust evidence that reducing meal frequency is beneficial (for energy intake)" Schwingshackl et al. (2020) "Eat Little and Often"

FAKE NEWS

• However, eating too frequently might be an issue "Eat

- Aim to consume 0.4-0.5g/kg protein per meal
 - > Leucine threshold (likely increases during an extreme deficit)
 - > Potential 'threshold' for maximally reducing hunger per feeding



Tracking vs "Eat as little as you can"

Tracking is better done with RANGES!

- Use ranges so that it's not seen as 'fail' on a hungry day e.g. (-15% to +35%)
- Non-tracking possibly for the more experienced Agg. Dieter!
 - Choose foods that are high on the satiety index Holt et al. (1995)
- Sometimes when tracking you can naturally give yourself LESS flexibility!
- 'Eating as little as I can' sometimes means you're more flexible with kcals



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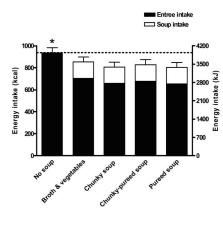
• Obsession is what you want to get AWAY from!!

> You can increase kcals to a more moderate deficit, as and when you need to

Vari

A Note on Soup!

- There was a significantly greater suppression of hunger after chunky soup than after vegetables & water" - Himaya & Louis-Sylvestre (1998)
- Consuming low-energy-dense soup at the start of a meal can reduce subsequent food intake, leading to significant reductions in total energy intake at the meal" - Flood & Rolls (2008)
- The type of soup matters!
 - Opt for broths rather than creamy varieties, I recommend looking for <60kcals/100g



Flood & Rolls (2008)

Coke is great for weight loss (Diet Coke)

A Note on hydration

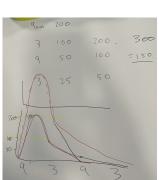
- Diuresis is common so keeping well hydrated is important
 Constipation, headaches, maintenance of energy levels
- Monitor urine colour & adjust fluid intake accordingly
- Remember: Salt/Electrolytes
- Sugar/Calorie-free drinks
 - Diet drinks, black coffee, water/sparkling water

Coke is great for weight loss (Diet Coke)

Caffeinated drinks

- Effect on appetite is fairly equivocal but it may improve fat loss & acutely reduce energy intake at subsequent meals Tabrizi et al. (2019); Schubert et al. (2017)
 - > Don't forget half-life!







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12 x 500m





A Note on Artificial Sweeteners

- Meta-analyses show use of NNS resulted in a significant reduction in
 - $\circ~BMI$, fat mass and waist circumference Miller & Perez (2014)
 - Body weight and fat mass Movahedian et al. (2023)
- Stevia lowers appetite sensation and does not further increase food intake and postprandial glucose levels. It could be a useful strategy in obesity and diabetes prevention and management" - Farhat et al. (2019)
- But what about gut health??
 - "The scientific community still has no unanimous consensus on the appropriate outcomes and biomarkers that can accurately define the effects of NNS on the gut microbiota" - Conz et al. (2023)





Be 'active' e.g. walking, NEAT

Minimal glycogen-depleting, intense exercise

- This will increase the risk of LBM loss and/or will increase the need for refeeds
 - > Planned exercise may also reduce NEAT Di Blasio et al. (2012)





A few comments on TRAINING

- Although PSMFs and the ketosis/starvation response reduces MPB, resistance training is essential for maximal muscle retention
 - This does not mean lighter weights. Keep training with intensity.
 > Probably don't do CrossFit/Hyrox
 - RT also attenuates reduction in NEAT during WL Hunter et al. (2015)
- Will training feel harder?
 - No difference in RPE during aerobic exercise (70% of V0² max) between EA of 10-45kcal/kg LBM – Loucks & Thuma (2003)



Training – What NOT To Do

Lots of aerobic exercise combined with heavy kcal restriction is likely to lead to lots of negative effects!

- Reduction in T3 Loucks & Heath (1994)
- Reduced metabolic rate Jampolis (2004)
 - > High training volume (10-12hours/week) + low energy intake (1000-1200kcals) resulted in a measured RMR that was 28% lower than predicted

OProbably try not to exacerbate within-day energy deficiencies

- e.g. avoid fasted training & don't train and then not eat...
- Within-day energy deficiency is associated with reduced RMR, metabolic disturbance & menstrual dysfunction despite no differences in 24h energy balance Torstveit et al. (2018); Fahrenholtz et al. (2017)



How Long Should you Aggressively Diet for?

• There simply isn't a singular answer to this

- Longest ever recorded?
 - > 290 days of fasting plus low kcals for a total of about 1.5 years...
 - > 382 days complete fast...

Best practice IMO is 2-4 week (blocks)

- 1 week isn't enough to actually see/feel the benefits
- 5+ weeks is difficult and also hormonally makes me uneasy
- **D**BUT
 - Make the most of the first aggressive deficit
 - > Consider moving from AD to a moderate deficit to benefit from reduced hunger





Troubleshooting Making Adjustments

Common Occurrences

Disturbed Sleep

- Many report a dramatically reduced need for sleep not necessarily an issue...
- If appetite is impacting your sleep, aim to put your largest feeding pre-bed
- Daily fluctuations in energy...
- Daily fluctuations in hunger...
 - Not an issue, just be flexible and REFLECTIVE
 - Consider sleep, psychological stress and training intensity/volume
- Reduction in resting HR and increase in HRV



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Common Occurrences Specific to Digestion

Reduced bowel frequency and/or changes in bowel habits

- **O**IBS Improvement
 - Although beware if client is going from v. low fibre to higher





Common Occurrences Specific to Digestion

Constipation – can be mitigated

- Have the majority of CHOs in a single meal on one day
 - > If major issue could increase carbs on that day thorugh increased kcals or reduced fat
 - > Oats + Linseed is possibly the powerful natural fix
- Consider Fibogel/Psyllium husk
- 10g of Flaxseed/day reduces constipation (Soltanian et al, 2018)
 - > Defatted Ground Linseed
- Dulcolax (stool softener)



Common Occurrences Cont...

Headaches

- o Diuresis keep hydrated!!
- $_{\odot}$ Ketosis know it's temporary (more likely in the first few days)
- ° Consider this in terms of the DAY you start!
- Oedema (water retention)
 - $_{\circ}~$ Trust the process
 - $_{\odot}~$ Consider elevating kcals slightly for a day/Doing a maintenance day (30:30:30)
- Other minor adverse effects associated with VLCDs (longer term)
 - $_{\circ}~$ Cold Intolerance, Dry skin, Hair loss



