

[a trimmer you] BY TERRI D'ARRIGO

MEAL REPLACEMENTS

Safe And Effective?

With sales of over \$1 billion a year, meal replacement shakes and bars are staples for American dieters. The idea behind these products is to replace a meal with a lower-calorie shake or bar twice a day, then eat one “regular” meal.

Sounds simple enough, but are they safe? And do they work?

The answer to both questions is yes—but there are a few things to consider.

Safety First

“Meal replacements are as safe for people with diabetes as they are for the general public,” says Marion J. Franz, MS, RD, CDE, a nutrition health consultant in Minneapolis, Minn. “Most of them are well fortified with vitamins and minerals.”

Franz recommends that you read labels very carefully, both for nutritional content and for carbohydrate count. Taken by themselves, many meal replacements are high in carbohydrate. However, they’re often lower in carbohydrate than the meals

you’re using them to replace. That will affect how much diabetes medication or insulin you need.

“Talk to your doctor or diabetes educator about your medications because your meds are set up to cover the foods you eat,” says Franz. “If you dramatically cut back on your food intake [by using meal replacements], you’ll need to adjust your insulin or medications accordingly.”

Effectiveness

Meal replacements may be safe, but can they help you lose weight?

“They can and do work,” says John Bantle, MD, professor of medicine at the University of Minnesota and researcher in the multicenter Look AHEAD trial, a study of the health benefits of weight loss in people with type 2 diabetes. Some participants in this trial are using meal replacements as part of an intensive weight-loss program. (For more on the trial, see Research Shorts on page 27.)

“Each shake or bar is about 200 to 250 calories. If you have one of those instead of a burger and fries or a tuna sandwich with chips, that will be fewer calories, and fewer calories means weight loss,” Bantle says.

He says the convenience and

packaging of meal replacements may be key to their effectiveness. “There’s your can or your bar, and you have that, and that’s all,” he says. “But with food, many of us will eat a meal and if there’s anything left on the table, we’ll eat that, too. It’s human nature to nibble.”

Bantle points to a German study that shows the effectiveness of meal replacements. “There was a significant weight loss of 11 percent among two-thirds of the participants at 27 months,” he says. “On the other hand, a third of the participants dropped out.”

That high dropout rate is an indication of a potential problem, Bantle says. “It gets boring. After a while, you can get tired of [using them]. Also, they don’t fill you up the same way as eating a meal, so there’s a question of satiety.”

In short, using meal replacements works, as long as you stick to it. “Whatever you do for weight loss, you have to do it long term to be successful,” Bantle says.

Franz agrees. “It’s up to the individual,” she says. “Like many other weight-loss interventions, they work when people follow them.”

Terri D’Arrigo is an associate editor of Diabetes Forecast.



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