

The End Goal is Metabolic Health

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COMMENTARY

The End Goal is Metabolic Health

Medical Director and board-certified obesity specialist Dr. Tony Hampton discusses the importance of a diet support system, culturally familiar foods, and bio-individuality with Spearhead Director of Community Research Tobias Roberts.

With well over four out of every ten adults in the United States overweight, it should come as no surprise that interest in weight loss diets has never been higher. People want to lose weight and want to do it quickly. One recent CDC poll found that [49 percent of Americans](#) said they would like to lose weight. Unfortunately, the vast majority of Americans look to fad diets as a quick and easy solution to meet their weight loss goals.

The [esteemed Mayo Clinic says that](#) "when it comes to weight loss, we'd all like a quick fix. And plenty of diets promise that advertising results that sound too good to be true...Fad diets are attractive because they seem to promise something we all want: an easy way to lose a lot of weight." The clinic equates fad diets with nutritional programs that promise rapid weight loss via eliminating entire food groups, require strict and rigid rules, and severely restrict calories or other nutritional parameters.

The Keto Diet is easily one of the most popular diets in the United States. Besides regularly being the "most Googled diet" on a yearly basis, the global ketogenic diet market size was valued at USD 9.57 billion in 2019 and is expected to expand at a [compound annual growth rate \(CAGR\) of 5.5% from 2020 to 2027](#).

Part of the popularity of the Keto diet is that it does seem to offer a quick pathway towards practical weight loss. However, many popular Keto advocates encourage nutritional practices that fit the Mayo Clinic's definition for fad diets. The strict requirement of limiting carbohydrate intake to under 20 grams per day often leads to complete abstinence from certain food groups such as grains or legumes.

Within the "low-carb community," however, more coherent and reasoned voices seek to combine a nutritional program focused on lowering carbohydrate intake with a more holistic healthier livelihood plan. Dr. Tony Hampton is a board-certified obesity specialist who works with patients individually in the clinic and with small groups enrolled in the diabetes prevention program (DPP). As one of only just over 3,000 board-certified obesity medicine specialists in the United States, he's been able to use his knowledge to help develop and support programs that reduce the obesity burden, especially amongst marginalized communities in South Chicago.

Dr. Hampton is also especially passionate about removing barriers to health and equipping patients and his colleagues with the education and resources they need to take charge of their health.

Much of his work has focused on identifying social determinants of health among at-risk patient populations. This work has allowed him to develop education around nutrition and weight loss that helps patients set realistic and attainable goals based on their life experiences.

We recently chatted with Dr. Hampton about his work and his perception of the current state of the low-carb keto diet craze.



DR. TONY HAMPTON

THE IMPORTANCE OF CULTURAL AND STRUCTURAL SUPPORTS FOR ANY WEIGHT LOSS PLAN

Helping people realistically meet their weight loss goals goes far beyond a simple meal plan or carbohydrate or calorie restriction parameters. Not everyone can jump in their car and visit their local farmer's market to purchase \$20/pound of grass-fed beef. Nor do many people have the time to prepare three meals from scratch daily.

Much of Dr. Hampton's work is focused on addressing these social limitations and constraints that contribute to unhealthy diets and obesity. He has also been instrumental in the launch of the Food Farmacy (that's FARM-acy with an "F") at Advocate Trinity Hospital. This program aims to increase access to fresh, healthy food for patients and community members who live in urban food deserts.

"The purpose of the Food Farmacy was to help bridge that gap with the Chicago Food Depository since so many of the food options are limited in the community I serve (predominately African American)," he tells us. Similarly, the healthy living program helps educate patients about the benefits of lifestyle interventions with a focus on nutrition, stress reduction, sleep, and exercise.

"The program includes large educational sessions with 75-200 people where clinicians teach these principles in a live setting. Research was done in the community to align with what food is available with the food recommendations while also attempting to partner with grocers to increase access to fresh foods," he explains.

Many nutritionists, doctors, and other medical professionals who see patients dealing with obesity, metabolic disease, and other nutrition-related issues find that too often, certain marginalized communities simply do not have the cultural and structural supports that help them make the necessary dietary-related changes for their health.

Rather than simply bringing in the latest diet guru, Dr. Hampton makes an effort to help the community he serves to understand that healthier nutrition and lifestyles are not a privilege of the wealthy but fully accessible and attainable to their community and reality.

"I make sure our speakers (in the Healthy Living Program) look like the communities we serve, but not to exclusion.

That way, we can talk about foods that are common without the risk of offending (I can talk about cornbread because I grew up eating cornbread and am African American). We talk about removing old belief systems that don't serve us anymore. Yes, it's okay to eat greens without cornbread because the extra 30 plus carbs don't serve me anymore. It's also important to remind them that most "soul food" is keto-friendly. Greens, cabbage, okra, etc., are all keto-friendly if consumed without cornbread, for example. And the greens can be cooked with fat and meat. Once they realize we are not asking them to remove culturally familiar foods, they understand how doable it is," Dr. Hampton says.

A FOCUS ON HEALTHIER LIFESTYLES FOR BETTER METABOLIC HEALTH

Dr. Hampton certainly believes that reducing the number of empty carbohydrates from highly processed and refined products is a central aspect of healthier nutrition and lifestyles. "Most diets that recommend whole foods are better than the standard American diet," he believes. In his opinion, randomized controlled trials (RCTs) have shown superior metabolic benefits of low-carb diets. However, instead of instinctively recommending a certain carb threshold or other aspects of a low-carb diet, he attempts to look at the specific and contextual elements of the individual patient.

"I do believe in bio-individuality, so if I have a patient thriving on a low-fat diet, there is no need to change. But considering that most Americans are insulin resistant, it's more logical to suggest a low carb diet as a starting point. Metabolic syndrome and its related conditions benefit from a low carb approach and include medical conditions like PCOS, diabetes, hypertension, dementia, fibroids, and many, many more," he says.

To this end, Dr. Hampton's nutritional advice generally focuses on helping his patients cut out empty carbohydrates from highly refined foods. Instead of simply focusing on dietary changes, however, he also believes that exercise and other lifestyle changes are essential to ensure that weight loss is sustainable over the long term.

"That's where exercise becomes the focus," he says. "I educate (my patients) that movement is key but remind them that aerobic exercise is best for fat burning. I give simple examples. If you are sprinting, you will need fast fuel like glucose. If you are walking, you have time to liberate "slow fuel" like ketones. Bonus, it's much easier to take a walk than to sprint."

Although Dr. Hampton advocates for lowering carbohydrate intake as part of a holistic approach to healthier lifestyles, he is also worried about some of the "Keto myths" that are beginning to take hold given the current popularity of the Keto diet

across the world. Specifically, Dr. Hampton worries about the role of drastically increasing the amount of fats that many Keto supporters advocate for.

"The major myth is the myth that we have to go crazy adding fat," he says. "I once recommended bullet coffee with MCT oil as the standard. Now, I encourage my patients to just get the carbs under 50 or 20 grams and allow the body to produce endogenous ketones instead of depending on exogenous ketones. I also discourage "keto-friendly snacks" to avoid triggering patients if they have a processed food addiction. Snacking is generally not needed when in ketosis, but if a patient doesn't have a processed food addiction, they fair pretty well with a keto-friendly snack."

"If their blood glucose responds favorably, then there is no reason to avoid that food if they enjoy it... The goal is metabolic health, not keeping the carbs at a certain level. I believe patients need to focus on setting realistic goals, have a team to support them, accept incremental change, and celebrate their successes."

Dr. Hampton also believes that promoting total abstinence from food groups such as grains and legumes can also be detrimental in the long run.

"I generally tell patients they are not lab rats, and each person is different," he says. "I ask them to consider using a continuous glucose monitor and see how their body responds to foods that are considered ones to avoid. If their blood glucose responds favorably, then there is no reason to avoid that food if they enjoy it."

A focus on bio-individuality allows Dr. Hampton to help his patients discover a personalized plan towards healthier eating habits. "If (a patient) decides that a cup of Quinoa with 39 carbs is something they enjoy... that's a reasonable approach. I also have some patients who become metabolically healthy, increase their daily carbs a little, maybe to 75 grams if they seem to tolerate it. The goal is metabolic health, not keeping the carbs at a certain level. I believe patients need to focus on setting realistic goals, have a team to support them, accept incremental change, and celebrate their successes." ■

Tobias Roberts, BSc. Department of Community Research, El Salvador.