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Is it dangerous to get high cholesterol on a low-carb diet?

And if so, what should you do about it?

I'm Andreas Eenfeldt from DietDoctor.com and I'm here with Dr. Sarah Hallberg.

-Thank you for being here.

-Thank you, thank you again for having me.

Cholesterol and low-carb - this is like a hot topic.

Lots of people have different opinions about it.

Is cholesterol dangerous?

Could you get high bad cholesterol on a low-carb diet

and do you need to be careful about it?

What do you think?

Well, let me point out two things that you said

that I think are really core essential to this issue.

Number one - it's a hot topic and it should be,

because we don't understand it.

And the second thing you said is there are a lot of opinions about it.

And I want to stress that because that's exactly true.

There are a lot of opinions about it.

But we can't treat people based on opinions.

We have to treat people based on what we know.

And the unfortunate situation here is there is a lot we don't know.

So let's really quickly recap what we know.

We know a low-carb high-fat diet will do a wonderful job with decreasing cholesterol...

Excuse me, decreasing triglyceride part of your cholesterol panel

and often times increases your HDL or what is considered your "good" cholesterol.

And when it comes to triglycerides, honestly there is no medication in the world

that can do quite as good of a job at decreasing triglycerides in most people

than a low-carb high-fat diet.

And we struggle medication wise to try to find something...

I mean so much money has been spent

attempting to find something that will increase our HDL, our good cholesterol

and well a low-carb high-fat diet can do that without medication.

So those are some of the most consistent things.

The inconsistent thing is the effect on LDL-cholesterol.

So when we look at studies and we look at a group of people,

when it comes to LDL-cholesterol, it generally speaking stays the same

and often time decreases slightly.

But individuals we know are different than groups.

So in individuals LDL-cholesterol can go up

and in some people it goes up quite a bit.

Now one thing is that we have always talked about LDL-cholesterol

as something called LDL-C.

And I really strongly encourage anyone

who's LDL-cholesterol has gone up on a low-carb high-fat diet

to get a LDLP - a little different study.

So what's--? A very brief explanation of the difference.

So LDLC is just telling us

how much cholesterol is being carried around total in your lipoprotein particles.

LDLP tells us a much more important thing,

which is how many particles do you have.

So you could have very high LDLC.

But risk probably no greater

if your total number of particles is low.

So I encourage everybody to get an LDLP test and really base your decisions on that.

But again many people will have LDLP numbers go up on a low-carb high-fat diet.

People say, "On a low-carb high-fat diet everything else is better.

So that doesn't represent any increased risk."

And I will say everything else is better,

but I don't yet know that that doesn't represent increased risk.

So for those people I encourage them to take that part seriously.

I hope we can get some more studies done on this and we can get a better answer.

But until that answer comes,

if you are someone who's had an increase in your LDLP

on a low-carb high-fat diet,

I suggest probably decreasing some of the saturated fat in your diet,

increasing some of the especially omega-3 and mono unsaturated fat in your diet

and then have your numbers repeated.

Anything else you could do than less saturated fat and more polyunsaturated fat?

Is like swearing in a low-carb church saying that--?

Exactly.

-Right, right. -Could be a good thing, but--

It's if you are someone who's on a ketogenic diet for example.

One of the considerations may be to actually back away from that, increase the carbs.

And by increasing the carbs I don't mean by any stretch of the imagination going back to our typical Western diet.

I mean maybe increasing them if you were doing 20 or 30 carbs a day, increasing to 50.

In that way allowing you to have slightly less fat in the diet.

Should you still do the bulletproof coffee in the morning?

Possibly not.

I mean a lot of times when I have someone whose cholesterol goes up and I find out that they are doing the bulletproof coffee in the morning, you know, putting tons of butter and coconut oil on everything that they can possibly put it on, what I will tell them is, "Just stop that and let's see what happens."

So what happens?

So a lot of times there cholesterol will go down.

This is something again that doesn't mean automatically that you must go on medication to treat this cholesterol.

It just means you have to understand that everybody is a little bit different and we can manipulate our dietary intervention differently on one person than we do on another.

So I just think we need to be cautious of making blanket statements for everyone.

Especially when it comes to something like cholesterol,
which we know is associated with heart disease.

And we understand that many things get better on a low-carb high-fat diet,
but until we know for sure in each individual patient,
we have to be very cautious of unintended consequences.

So you talk about unintended consequences and you talk about high LDL-cholesterol.

Could you use some sort of guidelines as to what level you would consider risky?

Yes, so if you're someone who still has diabetes,
our guidelines will really encourage you to have LDL that's much lower,
an LDLP of 1000 or less.

Now one of the things that I like to do in my clinic
is to make people not diabetic any longer
and then our tolerance for their LDL level is up.

Then we can have someone who's got an LDLP level of under 1300.

So again we have a higher number that we don't get quite as concerned about.

And the more common LDLC number
that I'm sure that many people watching may have tested.

Do you think it's useful to give some sort of guideline on where is high?

I really shy away from it, because when you're looking just at LDLC,
you are not getting the whole picture.

And if you're considering changing your dietary intervention
that has otherwise worked for you,
or you're considering starting a medication,
those are big decisions

and we take them very lightly in common medical care these days.

But they're not. They're big decisions.

So if you're going to make a big decision,
you don't want to make it with inadequate information.

So if that's the case, if your LDLC has gone up and you're not sure what to do,
get more information.

That's when you want to get the LDLP value.

How about statins? Who should be on statins in your view?

Well, I do put people on statins.

Like cholesterol-lowering medications...

Yeah, I do keep people on statins.

But I think there are two views on this by a lot of people and that is,

"no one should ever be on a statin" and "everyone should be on a statin."

I'm pretty sure the truth is somewhere between there.

The truth as so often is, is somewhere in between.

So I've already said this, but I'll reiterate because I think it's so important,
one of my big goals is to make people's metabolic health better,
have them not be diabetic anymore
and then our guidelines are so much different for those people.

I mean that's my favorite way to treat cholesterol.

Is improving their entire metabolic profile.

And I will tell you that that works in most patients.

Now for someone who has pre-existing heart disease,
who has very advanced diabetes that we can't completely resolve,
just because they're not making any insulin anymore,
there truly may be a type 1 what has become a type 2 in the long haul,

a high-risk person and maybe has peripheral vascular disease,
has suffered from a stroke or a TIA,
you know, in those people statin medications are probably appropriate for them.
We just don't need to put everybody on it.
Not just for having cholesterol over 200--?
No, no, again it's a knee-jerk reaction.
We see one lab--
Because then you would have to put most of the population on statins. Right?
Right. And is that really our solution?
I think that majority of us would realize that that's not just it.
So, if I understand you correctly,
it's mostly people with pre-existing heart disease.
Oh yeah, I think most people that I put on statin medications
are those with pre-existing heart disease or other vascular disease.
I think in those people it's a different ballgame.
And we have to make sure-again, my job as a doctor is to make sure
that I'm taking the very best care of each individual patient that I can.
And I'm not going to say, "Well, I think, my opinion is
that this rise in LDLP is not a problem."
I'm not going to do that, because I'm taking care of that individual patient.
And until we have more information, that individual patient--
they count, they matter.
And if they have a rise that many other people don't have,
I'm going to treat that seriously and do whatever it takes so that I feel comfortable
that I have helped them reduce all the risk as much as we possibly can.

Yes, and just to reiterate before we close up,
you said, number one, you could move from saturated fat to more unsaturated fat
like olive oil or fatty fish,
maybe get up on the carbs a little bit like from 20 to 50...

Right.

And how about intermittent fasting... Could that help?

I think it could, right.

I mean I'm not the expert in intermittent fasting,

I'll tell you my enter to intermittent fasting is I always tell my patients,

"I love it when you accidentally intermittent fast."

That's what I always call it in my clinic.

You accidentally intermittent fasted, because you just were hungry,
you skipped a meal and everybody gets all excited and worries about that
and I will say, "No, congratulations, you've now just mastered low-carb high-fat."

Yeah, it's the secret, not being hungry.

So thank you so much for the interview.

Absolutely.