

1. Karbonhidrat içeriği sınırlı diyetler

- Düşük karbonhidrat içeren diyeti (50-150 g/gün)
- Çok düşük karbonhidrat içeren diyet (<50 g/gün/ketojenik diyet)
- Düşük Glisemik İndeks Diyeti

- Diyetin karbonhidrat içeriğini azaltarak enerji gereksinmesinin yağlardan sağlanması
- Ağırlık kaybı.... Kronik hastalık riskini azaltmak
- Özellikle 50 gramın altında karbonhidrat içeren diyetlerle oluşan ketozisin metabolik etkileri

Obesity Algorithm, 2019 Obesity Medicine Association

- Çok düşük enerjili ketojenik diyet
- Çok düşük CHO içeren ketojenik diyet
- Çok düşük kalorili diyet
- Düşük kalorili diyet

Çalışmaları değerlendirirken dikkat edilmeli

Rev Endocr Metab Disord (2020) 21:5-16

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Table 1 Characteristics of diets based on restriction of calorie and carbohydrates intake, ketosis and body weight loss

	Very-low-calorie ketogenic diet	Very-low-carbohydrate ketogenic diet / High-fat ketogenic diet	Very-low-calorie diet	Low-calorie diet	Iso-caloric ketogenic diet
Calorie restriction (<800 kcal/day)	Yes	No	Yes	No	No
Carbohydrates restriction (<50 g/day)	Yes	Yes	No	No	Yes
Ketosis	Yes	Yes	No	No	Yes
Body weight loss	Yes	Yes	Yes	Yes	No

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- Düşük Glisemik İndeks Diyeti

- CHO %40, Protein %30, Yağ %30
- Zone Diet, Sugar Busters, the Slow-Carb Diet --- Bu diyetlerde düşük GI diyeti temelindedir.

Obesity Reviews 2019; 20, 290-315
Nutr Clin Pract.2014;29:759-767

c. Düşük Glisemik İndeks Diyeti

- Tokluk hissi ↑
 - İnsülin direnci ↓
 - Serum trigliserit düzeyi ↓
 - Kan basıncı ↓
 - C- reaktif protein düzeyi ↓
- Obezite- Ağırlık Kaybı
DM
KVH

J Am Med Assoc. 2004; 292: 2482-2490

OBSIDITY

Ketogenic diet and adipose tissue inflammation—a simple story? Fat chance!

A new study in mice reveals time-dependent effects of a ketogenic diet on resident immune cells in visceral adipose tissue, which have consequences for whole-body metabolic homeostasis.

Brianna J. Stubbs and John C. Newman

- İnsanlar?
- Diğer diyetlerde benzer etki var mı?
- Uygulama süresi?

The insidious expansion of the global obesity epidemic and related chronic health complications such as cardiovascular disease, diabetes and cancer is impossible to ignore. Nutritional interventions to combat this epidemic are widely studied clinically, but much remains to be learned about their molecular mechanisms of action. One molecular hallmark of caloric excess and obesity is chronic inflammation, particularly in visceral adipose tissue (VAT). Over time, obese VAT becomes increasingly populated by pro-inflammatory immune cells, and the proportion of anti-inflammatory regulatory cells declines¹. In the current issue of *Nature Metabolism*, Goldberg et al. show that short-term feeding of a ketogenic diet (KD) changes the mix of innate immune cells in visceral adipose tissue, thus resulting in decreased inflammation and improved biomarkers of metabolic health². The results paralleled the authors' recent finding that the KD similarly reprograms the mix of innate immune cells in the lungs, thus protecting mice from influenza³. However, the authors went on to show that these beneficial effects

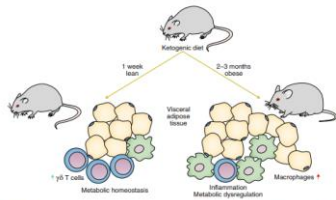


Fig. 1 | A ketogenic diet alters resident immune cells in visceral adipose tissue in a time-dependent manner. Mice fed a high-fat, zero-carbohydrate KD for 1 week show increased VAT-resident $\gamma\delta$ T cells with a unique protective gene expression signature, and a decrease in pro-inflammatory macrophages and IL-1 β levels. However, 2-3 months of the KD, which in these mice causes obesity, reverses these changes and decreases $\gamma\delta$ T cells while increasing macrophages. Knocking out $\gamma\delta$ T cells exacerbates the metabolic and immunological dysfunction of long-term obesogenic KD consumption.

[Nature Metabolism](#) volume 2, pages3–4(2020)

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- İnsanlar?

Competing interests

J.C.N. is a co-founder with equity interest of BHB Therapeutics Ltd., which is developing products related to ketone bodies. B.J.S. has an equity interest in HVMN, Inc., which markets products related to ketone bodies, and stock options in BHB Therapeutics Ltd. J.C.N. and B.J.S. are co-inventors on patents related to the use of ketone bodies.

The insidious expansion of the

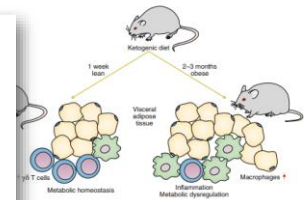


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Key findings: Mice fed a high-fat, zero-carbohydrate KD for 1 week show increased VAT-resident $\gamma\delta$ T cells with a unique protective gene expression signature, and a decrease in pro-inflammatory macrophages and IL-1 β levels. However, 2-3 months of the KD, which in these mice causes obesity, reverses these changes and decreases $\gamma\delta$ T cells while increasing macrophages. Knocking out $\gamma\delta$ T cells exacerbates the metabolic and immunological dysfunction of long-term obesogenic KD consumption.

[Nature Metabolism](#) volume 2, pages3–4(2020)

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Clinical and scientific debates on atherosclerosis

The ketogenic diet: Pros and cons

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HIGHLIGHTS

- Most diets are supported by little rigorous scientific evidence.
- The ketogenic diet requires a firm restriction of carbohydrates and allows liberal ingestion of fats.
- The ketogenic diet induces a rapid weight loss and reduction in hemoglobin A1c, but raises LDL cholesterol.
- Other diets are as effective, more sustainable and safer.

<https://doi.org/10.1016/j.atherosclerosis.2019.11.021>

Peki Hangi Diyet Tedavisi?

Obezitenin tıbbi beslenme tedavisi nasıl olmalı?

Sonuç

image disturbance.
Obesity management may reduce the need to treat co-morbidities by drugs [48,50] [level I].

Prevention of Further Weight Gain
In some patients, especially in those with overweight (BMI 25.0–29.9 kg/m²), prevention of further weight gain (through dietary advice and increase in physical activity) rather than weight loss per se may be an appropriate target (table 3) [RBP].

Weight loss objectives should be:

- realistic;
- individualised;
- aimed at the long term.

Practical weight loss objectives are:

- A 5–15% weight loss over a period of 6 months is realistic and of proven health benefit [51,52] [level I].
- A greater (20% or more) weight loss may be considered for those with greater degrees of obesity (BMI ≥ 35 kg/m²) [RBP].
- Maintenance of weight loss and prevention and treatment of co-morbidities are the two main criteria for success.

Obesity Facts 2008;1:106–116

Obesity Facts Clinical Information
The European Journal of Obesity
Obesity Facts 2008;1:106–116
DOI: 10.1159/000129822
Published online: April 18, 2008

Management of Obesity in Adults: European Clinical Practice Guidelines

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epr
right.

FROM THE ACADEMY
Position Paper

Position of the Academy of Nutrition and Dietetics: Interventions for the Treatment of Overweight and Obesity in Adults

Invited Review

aspen

**En iyi diyet:
Kişinin ömür boyu devam ettirebileceği,
uyguladığı beslenme şeklini yaşam tarzı
haline getirebildiği diyettir.**

European Guidelines for Obesity
Management in Adults

J Acad Nutr Diet. 2016;116:129-147
Nutr Clin Pract. 2014;29:759-767
Obes Facts 2015;8:402-424