Geachte diëtist(e),

Uw klant gebruikt mijn boek SLIM – op uw juiste gewicht om gewicht te verliezen. In mijn boek behandel ik een aantal lichamelijke stoornissen die gewichtstoename kunnen veroorzaken zoals hypothyroïdie, hyperinsulinemie, een verlaagde verbranding enz. In mijn boek ga ik er van uit dat afvallen, door op voeding en beweging te letten, meer succes heeft als er ook aandacht is voor deze onderliggende stoornissen.

Door het toepassen van mijn differentiaal diagnostische model heeft uw klant

hyperinsulinemie bij zich zelf herkend.

Hyperinsulinemie is, zoals u weet, een vast onderdeel van het metabool syndroom. Een verhoogde taille / heup ratio (vrouwen > 0,8 mannen > 1) is één van de kenmerken. Bij hyperinsulinemie zit het gewicht bij vrouwen voornamelijk rond de taille, mannen hebben een zogenaamde “bierbuik”. Bij hyperinsulinemie is de insulinespiegel chronisch verhoogd terwijl de bloedsuiker nog een normale waarde heeft[1,2]. Insulineresistentie is de oorzaak van hyperinsulinemie[3].

Recent Nederlands onderzoek geeft aan dat bij ongeveer één miljoen Nederlanders jonger dan 60 jaar de hormonale stoornis hyperinsulinemie voor komt[17]. Dat is 25% van alle Nederlanders onder de 60 jaar. Door de combinatie insulineresistentie en een verhoogde insulinespiegel worden de koolhydraten (glucose) uit voeding niet verbrand maar als vet opgeslagen[4,5]. Dit gebeurt vooral na een koolhydraatrijke maaltijd[9].

Het is daarom belangrijk dat uw klant geen koolhydraten vlak voor of na de training gebruikt. Optimaal zou zijn als uw klant vroeg in de morgen, voor het ontbijt als de insulinespiegel op zijn laagst is, bij een sportschool traint. Hierdoor wordt insulineresistentie gedurende de verdere dag verminderd waardoor de insulinespiegel wordt verlaagd[6,7]. Bovendien heeft sporten vroeg in de morgen het voordeel van een verhoogde verbranding gedurende de rest van de dag[8].

Verder adviseer ik uw klant in mijn boek om laag glycemische voeding (GI < 35) te kiezen en de hoofdmaaltijden wat kleiner te maken door laag glycemische (GI < 35) tussendoortjes in te voeren. Onderzoek bevestigt dat mensen die vaker kleinere porties eten minder snel honger hebben en daardoor ook minder eten[10,11,12]. Hierdoor worden ook pieken van de suiker- en insulinespiegel voorkomen. Zou u uw klant kunnen helpen met het invoeren van deze voedingsinterventie.

Ik zou u willen vragen om bij uw klant het gebruik van toegevoegde fructose (natuurlijke vruchtensuiker) zo veel mogelijk te verminderen. Fructose verhoogt ook het risico op insulineresistentie[13,14], dit veroorzaakt hyperinsulinemie en overgewicht. Bovendien wordt de aan onze voeding toegevoegde fructose in verband gebracht met een hoger risico op het krijgen van het metabool syndroom[15,16].

Voor eventuele vragen over dit programma ben ik via telefoon en email voor u beschikbaar.

Met vriendelijke groet,

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Referenties

Belangrijk: print deze referentielijst ook uit aan uw diëtist(e)

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