

## Evidence Based Dietary Pattern in South Asian Patients: Setting Goals

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**Abstract :** Introduction: The South Asian population experiences unique health challenges that predisposes this demographic to cardiometabolic diseases at lower BMIs. South Asians may therefore benefit from recommendations specific to their cultural needs. Here, we focus on current BMI guidelines for Asians with a discussion of South Asian dietary practices and culturally tailored interventions. By integrating traditional dietary practices with modern nutritional recommendations, this manuscript aims to highlight effective strategies to improving health outcomes among South Asians. Background: The South Asian community, including individuals from India, Pakistan, Bangladesh, and Sri Lanka, experiences high rates of cardiovascular diseases, cancers, diabetes, and strokes. Notably, the prevalence of diabetes and cardiovascular disease among Asians is elevated at BMIs below the WHO's standard overweight threshold. As it stands, a BMI of 25-30 kg/m<sup>2</sup> is considered overweight in non-Asians, while this cutoff is reduced to 23-27.4 kg/m<sup>2</sup> in Asians. This discrepancy can be attributed to studies which have shown different associations between BMI and health risks in Asians compared to other populations. Given these significant challenges, optimizing lifestyle management for cardiometabolic risk factors is crucial. Tailored interventions that consider cultural context seem to be the best approach for ensuring the success of both dietary and physical activity interventions in South Asian patients. Adopting a whole food, plant-based diet (WFPD) is one such strategy. The WFPD suggests that half of one meal should consist of non-starchy vegetables. In the South Asian diet, this includes traditional vegetables such as okra, tindora, eggplant, and leafy greens including amaranth, collards, chard, and mustards. A quarter of the meal should include plant-based protein sources like cooked beans, lentils, and paneer, with the remaining quarter comprising healthy grains or starches such as whole wheat breads, millets, tapioca, and barley. Adherence to the WFPD has been shown to improve cardiometabolic risk factors including weight, BMI, total cholesterol, HbA1c, and reduces the risk of developing non-alcoholic fatty liver disease (NAFLD). Another approach to improving dietary habits is timing meals. Many of the major cultures and religions in the Indian subcontinent incorporate religious fasting. Time-restricted eating (TRE), also known as intermittent fasting, is a practice akin to traditional fasting, which involves consuming all daily calories within a specific window. TRE has been shown to improve insulin resistance in prediabetic and diabetic patients. Common regimens include completing all meals within an 8-hour window, consuming a low-calorie diet every other day, and the 5:2 diet, which involves fasting twice weekly. These fasting practices align with the natural circadian rhythm, potentially enhancing metabolic health and reducing obesity and diabetes risks. Conclusion: South Asians develop cardiometabolic disease at lower BMIs; hence, it is important to counsel patients about lifestyle interventions that decrease their risk. Traditional South Asian diets can be made more nutrient-rich by incorporating vegetables, plant proteins like lentils and beans, and substituting refined grains for whole grains. Ultimately, the best diet is one to which a patient can adhere. It is therefore important to find a regimen that aligns with a patient's cultural and traditional food practices.

**Keywords :** BMI, diet, obesity, South Asian, time-restricted eating

**Conference Title :** ICOM 2024 : International Conference on Obesity Medicine

**Conference Location :** Seattle, United States

**Conference Dates :** September 05-06, 2024