

## The Accidental Diet Doctor

### A Q&A with Dr. Arthur Agatston, creator of *The South Beach Diet*

When it comes to diet books, Americans have an insatiable appetite, spending an estimated \$40 billion annually on these and other weight-loss products. The reigning title, published in 2003, is *The South Beach Diet* by Arthur S. Agatston, M.D. (’73), which has held firm on *The New York Times* Bestseller List for nearly four years. More than 21 million copies of Dr. Agatston’s books, which include numerous spinoffs, are in print worldwide. Dr. Agatston, who also completed a fellowship in cardiology at NYU, is Associate Professor of Medicine at the University of Miami School of Medicine. His father, Howard, and grandfather Sigmund both shared ties with the School, the former as an alumnus, the latter as a faculty member. Instead of following in their footsteps, however, Dr. Arthur Agatston shunned ophthalmology. Nevertheless, he too is a man of vision, as NYU PHYSICIAN learned during a recent conversation with him.

**You call yourself “the accidental diet doctor.” Why is that?** I never set out to create a diet. In fact, I was very skeptical about nutrition in general. But by following the national guidelines for low-fat, high-carbohydrate eating, my patients were getting heavier. I was getting heavier. The country was getting heavier. While statins are wonder drugs, they prevent only about one-third of heart attacks and strokes, and don’t do anything for diabetes and obesity. My goal was to develop a diet that mimics those of pre-industrialized societies, where heart attacks, strokes, and obesity are much less common. What you want is nutrient-dense, fiber-rich carbohydrates, good fats, lean protein, and low-fat dairy. My basic message is: Eat whole, unprocessed foods. I never considered myself a diet doctor. I still don’t.

**When your first book was published, your office was located north of South Beach. So why “The South Beach Diet”?**

A local TV station reported on our findings, presented at the American College of Cardiology, and asked me to put all of South Florida on the diet. Before long it was a national phenomenon. The original name was the “Modified Carbohydrate Diet.” I don’t remember how “South Beach” got attached. I think I did it. My wife thinks she did. It was probably my wife.

**Restricting carbohydrates was advocated by Dr. William Osler as far back as 1892. What makes your approach different from most?**

I was the first to emphasize that weight control is not about low fats and low carbs, but rather the right fats and the right carbs. In Osler’s time, refined, processed carbohydrates and fast food weren’t really a problem.

**What is the glycemic index?**

The higher the glycemic index of a food, the faster it will make your levels of blood sugar swing, and the hungrier you’ll be after a meal. If you don’t consume carbohydrates that are high on the glycemic index, such as potato chips, cakes, cookies and muffins, and candy bars, you can do very well on a high-carbohydrate diet. Our patients showed dramatic improvement.

DR. ARTHUR AGATSTON RINGS IN THE NEW YEAR AT TIMES SQUARE, THE SITE OF COUNTLESS RESOLUTIONS TO LOSE WEIGHT.



**The CDC reports that 75 percent of Americans are trying to lose or maintain weight. What does that say about our society?**  
Our expectations are unrealistic. I call it “the *Cosmo* effect.” Many people go on crash diets to slim down for an event rather than to adopt a healthier lifestyle. You can be overweight and be fit.

**Since most people regain within a year the weight they’ve lost, can any diet alone compete with Mother Nature?**

If you restrict calories, you lose weight over the short term. But unless you make the right food choices, the weight comes right back. Some 66 percent of Americans are either overweight or obese, and 40 percent of those over the age of 40 are pre-diabetic. You’re particularly at risk if your excess weight is centralized. Belly fat is metabolically different from subcutaneous fat. It’s a sign of insulin resistance, or pre-diabetes. It indicates that our body is not handling sugars and fats optimally after we eat, creating high insulin levels. For early man, if he was able to store some fat in the belly when food was plentiful, then he could survive during a famine. But today in the U.S.A. there’s no famine, only feast.

**Have you ever fought the battle of the bulge?**

I had always been athletic, but during middle age I developed a belly. I was eating a lot of low-fat baked goods, which I thought I could enjoy with impunity. I do best when I’m not traveling, which is when I tend to cheat. Chocolate is my weakness. My latest transgression was chocolate-covered macadamia nuts.

**Do you see yourself as a crusader?**

Given the bully pulpit I now have, I hope to help change the way America eats. My goal in writing *The South Beach Heart Program*, my newest book, is to speed the pace of the cardiac prevention revolution currently taking place in this country. If I had written the prevention book first, of course, very few people would have read it. I want to accelerate the time it takes cardiologists to move from a plumbing approach to a healing one. One of the best-kept secrets is that many doctors who practice aggressive prevention have essentially stopped seeing heart attacks and strokes among their patients.

**How did your training as a student and fellow at NYU School of Medicine shape your later thinking about heart disease, obesity, and weight loss?**

In those days cardiology was where the action was. Heart attacks were a big killer. Dr. Marty Dolgin (‘43M), then Chief of the Manhattan VA, taught me precision with language. Dr. Shirley Rubler taught me a logical approach to the heart. Dr. Frank Spencer, who memorized everybody’s name before the first day of class, taught me the value of a good bedside manner. A lot of people stimulated my intellectual curiosity.

**Your critics contend that the initial 8–13 pound weight loss comes from water rather than fat, and that there’s no scientific evidence for using the glycemic index.**

**Are they off base?**

Yes. Water loss is certainly part of the initial weight loss. But by losing a good amount of weight in the first two weeks, the dieter gets positive reinforcement and his or her cravings are curbed. By now, the scientific principles behind the glycemic index are well accepted. These are criticisms I heard early on, but not much anymore. I never said calories weren’t important. I said counting calories doesn’t work if you’re making poor food choices.

**How has success changed your life and career?**

I have more gadgets and more freedom, but not much else has changed. I can practice medicine the way I want to. I have my own research foundation that lets me pursue what interests me most. At a time when most physicians are finding it tougher and tougher, I’m enjoying my profession more than ever.

**Have you received any touching testimonials?**

When a fellow doctor, especially a cardiologist, recommends my book to patients, it’s very rewarding. A former president of the American College of Cardiology is on the diet, and I hear he’s doing well. I recently met Bill Clinton at a fund raiser. He said he was still following the principles of the diet and enjoying it.

**What’s the biggest myth you try to dispel?**

That heart disease is inevitable. It is relatively preventable. Another is that all chocolate is bad for you. As a healthy food, dark chocolate is looking better and better, which is good news — especially to me.

**What’s your advice to young physicians?**

Love what you do. Be passionate and persistent. If you do, good luck will find you.

***Time* magazine ranked you one of the world’s most influential people in 2005. How does it feel for a kid from Long Island to be in the company of the president and the pope?**

Yeah, that was a real shocker. *The New York Times* described me as a “mini celebrity,” but I actually shy away from celebrities. The measure of coronary calcium is called the Agatston Score, and the protocol for calcium screening is called the Agatston Method. That was all the celebrity I needed or deserved. My day-to-day life keeps me pretty grounded. Occasionally, when I speak to a large lay audience, I feel like a rock star. But when I call the hospital, I still get night nurses who say: “Dr. Who?”

— Thomas Ranieri