

# The Slim-Fast® 3-2-1 Plan

## The size of the problem

Government figures show that more than half of all adults in the UK are heavier than recommended. Two in five adults are now classed as overweight and a further one in five as obese. It has been estimated that by next year there will be more than 12 million adults and 1 million children in England who will be obese if no action is taken<sup>1</sup>.

The overall cost to the country is estimated at up to 7.4 billion a year. Obesity is estimated to account for 18 million days lost to illness, to shorten lives by an average of 9 years and is the cause of 30,000 deaths per year.<sup>2</sup>

## The benefits of weight loss

Efforts should be made to help even the most intractably obese patients lose small amounts of weight because a relatively moderate weight loss will swiftly improve their health status by:

- Improving lipid profile
- Improving glycaemic control
- Reducing insulin resistance
- Reducing inflammatory markers

A 5-10% loss in weight immediately improves all metabolic markers for coronary heart disease – even in high risk patients.<sup>3</sup>

## What is the Slim-Fast® 3-2-1 Plan?

The Slim-Fast® 3-2-1 Plan is a range of calorie-controlled meal replacement and snack products. With the new Slim-Fast® 3-2-1 plan, you have three snacks, two meal replacements (shakes or meal bars), and one sensible meal (~600 calories). In total, the plan is designed to deliver between 1,200-1,400 calories per day. Users are also encouraged to keep physically active and drink at least 2 litres of water whilst on the plan.

Each day the user replaces two meals of their choice with a Slim-Fast® 3-2-1 meal replacement (e.g. meal bars, powdered shakes or ready to drink shakes). All of our meal replacement products deliver less than 240 calories per serving.

For the third meal, we offer users a number of tasty, healthy and nutritious recipes, which can be accessed on the Slim-Fast® website – [www.slimfast.co.uk](http://www.slimfast.co.uk) These recipes are designed to provide approximately 600 calories. We advise users that if they are to make up their own meals that 1/3 of their plate should be a lean protein source, a 1/3 from a starchy carbohydrate source, and a 1/3 from vegetables. Further details can be found on our consumer website.

The plan also includes up to three snacks a day, each to be less than 100 calories. While we offer users a variety of Slim-Fast® sweet and savoury snacks, we also advise users that they can make up their snacks from foods such as fruit, vegetables, nuts and seeds; further details on how to make up their snacks to 100 calories or less are found on the website.

## Meal replacement composition and formulation

Slim-Fast® meals provide balanced nutrition in a great tasting and economical meal. Every Slim-Fast® meal replacement is nutritionally complete and guarantees nutritional adequacy for dieters. Meal replacements are the only food based weight loss programme backed by specific legislation (Directive 96/8/EC), a specific directive within Directive 89/398/EEC on Foods for Particular Nutritional Uses (PARNUTS), implemented in the UK as The Foods Intended for Use in Energy Restricted Diets for Weight Reduction Regulations. [www.opsi.gov.uk/si/si1997/97218201](http://www.opsi.gov.uk/si/si1997/97218201)

PARNUTS foods are foodstuffs which, owing to their special composition, are suitable for their claimed nutritional purposes and they must fulfil the particular nutritional requirements of certain categories of persons who are in a special physiological condition and who are therefore able to obtain special benefit from controlled consumption of certain substances in foodstuffs.

*Slim-Fast!*®



The composition of PARNUTS foods for weight control was defined after examination by the Scientific Committee for Foods to the European Commission assessing need, safety and efficacy. Under PARNUTS definitions the overweight and obese are in a special physiological condition.

In line with European Legislation Slim·Fast® meal replacements give the user less than 250 calories, and contain 30% of the recommended daily amount of the 23 essential vitamins and minerals, as well as protein, carbohydrates, fibre, and essential fatty acids (linoleic acid).

## Meal replacement composition and formulation

<b>Protein</b> (% of total energy)	25-50%
<b>Fat</b> (% of total energy) Linoleic acid	Max 30% Min 1g
<b>Dietary fibre</b>	
<b>Vitamins and minerals</b> Required % of specified vitamins and minerals	Min 30% per meal
<b>Potassium</b>	Min 500 mg per meal

Vitamin A	(µg RE)	700
Vitamin D	(µg)	5
Vitamin E	(mg-TE)	10
Vitamin C	(mg)	45
Thiamin	(mg)	1.1
Riboflavin	(mg)	1.6
Niacin	(mg-NE)	18
Vitamin B6	(mg)	1.5
Folate	(µg)	200
Vitamin B12	(µg)	1.4
Biotin	(µg)	15
Pantothenic acid	(mg)	3
Calcium	(mg)	700
Phosphorus	(mg)	550
Potassium	(mg)	3,100
Iron	(mg)	16
Zinc	(mg)	9.5
Copper	(mg)	1.1
Iodine	(µg)	130
Selenium	(µg)	55
Sodium	(mg)	575
Magnesium	(mg)	150
Manganese	(mg)	1

It's a simple daily structure to follow: no counting, no complications and it's easy because patients eat frequently, in fact up to 6 times a day. This also means that your patients do not need to feel like they are starving themselves, nor being too restrictive.

Compliance is one of the most important issues in dieting, because the very fact of 'sticking to the plan' is motivating. Patients who 'stick' to a structured diet like Slim-Fast® are virtually guaranteed a good steady weight loss because the portions are calorie controlled, helping patients avoid the miscalculation that confounds so many diets.

## How long can users follow the Slim-Fast® 3-2-1 Plan for?

The plan offers users a flexible approach to dieting. Slim-Fast® 3-2-1 Plan can be safely used on a long-term basis. Dieters can remain on the plan until their target weight is reached. When weight loss is achieved, and one is just trying to maintain weight, this can be achieved by just replacing one meal per day with a meal replacement, and this can be done for as long as someone desires<sup>5</sup>. Slim-Fast® 3-2-1 Plan is also suitable for people who only want to lose a modest amount of weight in a relatively short period of time.

## Why use meal replacements?

### Cost effectiveness

When meal replacements were compared with a widely-prescribed anti-obesity pharmaceutical agent in the UK, not only were meal replacement plans found to be slightly more effective with regard to weight loss and quality of life but were calculated to save the NHS over £500 per patient per year.<sup>6</sup> Using a meal replacement also costs less than the meal they replace<sup>7</sup>, and is therefore a cost-effective method of weight loss<sup>5</sup>.

### Selecting appropriate candidates

In a 2003 study of four commercial weight loss programmes ('BBC Diet Trials'), including the Slim-Fast® meal replacement plan, all programmes produced clinically beneficial weight loss with reduced blood pressure and waist circumference.<sup>8</sup> The authors identified the following criteria to select candidates for weight loss using meal replacements:

- Overweight or obese but with no immediate need for medical intervention.
- Difficulty putting dietary advice into practice.
- Tending to be a poor judge of calorie content or portion size.
- Sometimes skips meals then overeats.
- Is concerned about meeting nutritional needs.
- Prefers convenience foods to meal preparation.

### Contraindications

Slim-Fast® is appropriate for any patient who needs to reduce their weight, but there are some conditions which need careful supervision and possible review of medication.

### Slim-Fast® and NICE guidance on obesity

Health care professionals should discuss the range of weight management options and help people decide what is best for them in the long term.

- *Options include meal replacements.*

Diets that have a 600 kcal/day deficit (that is, they contain 600 kcal less than the person needs to stay the same weight) or that reduce calories by lowering the fat content (low-fat diets) are recommended for sustainable weight loss.

- *The flexible Slim-Fast® 3-2-1 Plan can provide a deficit of 600 kcal/day by assessing body weight and activity levels.*

Low-calorie diets (1,000-1,600 kcal/day) may also be considered, but are less likely to be nutritionally complete.

- *Meal replacement plans are the only food based plans designed to be nutritionally complete at energy levels starting around 1,000 kcal/day, because of their compositional standards in legislation as 'Foods for Particular Nutritional Uses'.*

Healthcare professionals should check that any commercial, community or self-help weight management programmes they recommend to patients meet best-practice standards.

- *National Institute for Health and Clinical Excellence, National Collaborating Centre for Primary Care: December 2006; Obesity: The prevention, identification, assessment and management of overweight and obesity in adults and children.*

## What the Experts say about Meal Replacements

### Independent clinical recommendations

Major professional clinical groups and associations involved in the management of obesity have conducted their own independent reviews of meal replacements and reported their effective use on selected groups of patients:

#### British Dietetic Association (BDA)<sup>9</sup>

For people who have difficulty with self selection and/or portion control, meal replacements (e.g. liquid meals, meal bars and calorie-controlled packaged meals) may be used as part of the diet component of a comprehensive weight management program. Substituting one or two daily meals or snacks with meal replacements is a successful weight loss and weight maintenance strategy.

#### Meal replacements

- These can be an effective alternative to weight control for some people. They are designed to take the place of two meals a day, providing nutrients within a known calorie limit.

#### Would suit those who:

- Like a simple approach to weight loss without having to think about planning and preparing individual meals.
- Like to have the reassurance of calorie and portion control.
- Are able to be self motivated.

#### American Dietetic Association (ADA)<sup>10</sup>

Meal replacements have emerged as one of the most cost effective tools for empowering overweight and obese individuals to lose significant amounts of weight and maintain the weight loss over the long term.

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#### Dietitians in Obesity Management (DOM)<sup>11</sup>

Meal replacements provide a suitable option for some patients. These are structured diet plans normally involving the consumption of two meal replacement drinks per day, plus a self-prepared evening meal, fruit and vegetables, totalling approximately 1,200-1,400 calories daily. They are purchased from supermarkets and pharmacies.

“We consider there is sufficient evidence to support the inclusion of meal replacement approaches as one of a range of possible dietary treatments for the management of overweight and obesity.” None of the research published to date suggests any adverse effect of using this treatment. The commonly held belief that meal replacements are only helpful in the short term does not seem to be supported by current research.

Over recent years a number of randomised controlled trials have been published that support the longer term efficacy of meal replacements.

#### National Obesity Forum (NOF)<sup>12</sup>

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## Contact us

If you would like to know more information about Slim·Fast® products and how they can be used with your patients then please contact us on **0800 587 4471** or email [slimfast@unileverconsumerlink.co.uk](mailto:slimfast@unileverconsumerlink.co.uk)