



THE BRITISH DIETETIC ASSOCIATION

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M e d i a R e l e a s e

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For immediate release

Sugar and yeast avoidance is no fix for fatigue

New dietetic research published today shows that chronic fatigue is not helped by low sugar, low yeast diets, compared to normal healthy eating. The research, funded by the ME Association and carried out by the infection and immunity group based at St Bartholomew's Hospital, looked at different dietary treatments of patients diagnosed with chronic fatigue syndrome.

ME or chronic fatigue syndrome affects around 250,000 people in the UK and is classified by the World Health Organisation as a neurological disorder but currently has no effective form of drug treatment.

Popular advice advocated by alternative nutritional therapists, suggests that chronic fatigue syndrome may be linked with an overgrowth of the yeast *Candida Albicans* in the body, and that foods that contain sugars or yeast should be avoided, along with alcohol and caffeine. Such diets are complicated and require the elimination of bread and most cereals, and of fruit, cheese and various other commonly consumed foods. These diets are often combined with anti-fungal drugs, probiotics and supplements.

In the research, 52 subjects were randomly selected to follow the anti-candidia diet, or a normal healthy diet. The results, after 24 weeks on the 2 different diets, showed no measurable differences on the assessment of levels of fatigue, mood state or quality of life measures¹.

Rhona Hobday who headed up the research is concerned that many people already feeling unwell with chronic fatigue syndrome may be misled over dietary advice, for which there is no proven benefit. After exclusion of recognised causes of fatigue, such as, low haemoglobin levels or impaired blood sugar regulation, normal healthy eating is advised until there is some further diagnosis.

The registered dietitian, and member of the British Dietetic Association, said: "The low sugar, low yeast diet is often suggested to people with chronic fatigue syndrome, but to date there has been little clinical research to investigate the benefits of these diets. People with chronic fatigue, should adopt a normal and pragmatic approach to healthy eating rather than unproven and complicated diets. Registered dietitians are concerned that too often people are advised to follow complicated diets for which there is no evidence of health benefit."

Dr Charles Shepherd, Medical Adviser for the ME Association added: "With no effective drug treatment on offer, many people with ME or chronic fatigue syndrome turn to the alternative health sector for advice on management. In some cases nutritional advice involves highly restrictive diets along with costly supplements and vitamins. People with this problem already have more than enough restrictions placed on their life - without adding unnecessary costs and changes to their diet. This study demonstrates that the anti-candida diet isn't worth the bother and should now be discarded as a treatment for ME or chronic fatigue syndrome."

Media enquiries to The British Dietetic Association should be directed to our media hotline on 0870 580 2517 or pr@bda.uk.com.

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Notes to Editors

1. Fatigue was measured by the Chalder Fatigue Score. Quality of Life was measured by Medical Outcomes Survey Short Form-36
2. Reference: Hobday RA, Thomas S, O'Donovan M, Murphy M, Pinching AJ. Dietary intervention in chronic fatigue syndrome. *Journal of Human Nutrition and Dietetics* 2008, Volume 21, Issue 2, pages 141-149.
3. The research - 52 people with ME/CFS were given either a low sugar, low yeast diet (LSLY) or a healthy eating (HE) diet and reassessed after a period of six months. The LSLY diet involved omission of all sugar-containing foods, refined carbohydrates, and yeast-containing foods, along with alcohol and caffeine. The HE diet involved increasing intake of fibre, fruit and vegetables to at least five portions per day, along with a reduction in fat and refined carbohydrates, and an increase in fish intake. There were no significant differences in fatigue or quality of life between the two groups at the end of the trial. 13 participants dropped out.
4. The *Journal of Human Nutrition and Dietetics* is the official journal of the British Dietetic Association. <http://www.blackwell-synergy.com/loi/jhn>
5. The British Dietetic Association, founded in 1936, is the professional association for registered dietitians in Great Britain and Northern Ireland. It is the nation's largest organisation of food and nutrition professionals with nearly 6,000 members. About two-thirds of members are employed in the National Health Service. The remaining members work in education, industry, research, sport settings or freelance.
6. Registered dietitians hold the only legally-recognisable graduate qualification in nutrition and dietetics. They are experts in interpreting and translating the science of nutrition into practical ways of promoting nutritional well-being, disease treatment and the prevention of nutrition-related problems. Their advice is sound and based on current scientific evidence. Registration, awarded by the Health Professionals Council, is an indication that a dietitian is fit to practise and is working within an agreed statement of conduct.
7. For further details about the British Dietetic Association, please visit our website: www.bda.uk.com.