

## Vegetarian Diets and Weight Status

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*The increasing global health problems of overweight and obesity are associated with coronary heart disease, hypertension, diabetes, osteoarthritis, and certain cancers, among other health concerns. Vegetarian diets are associated with reduced body weight, lower incidence of certain chronic disease, and lower medical costs compared with non-vegetarian diets. We reviewed the literature to ascertain the extent to which and by what mechanism(s) a plant-based diet may mediate body weight.*

**Key words:** obesity, overweight, vegan diet, vegetarian diet, weight loss

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### INTRODUCTION

Overweight and obesity are increasing not only in the United States,<sup>1</sup> but also globally.<sup>2</sup> According to the 1999–2000 National Health and Nutrition Examination Survey (NHANES), 64% of US adults were overweight, as defined by a body mass index (BMI)  $\geq 25.0$  kg/m<sup>2</sup>, and 30% were obese (BMI  $\geq 30.0$  kg/m<sup>2</sup>). This represented an 8% increase in prevalence of overweight and a 7% increase in obesity from 1988–1994 NHANES data.<sup>3</sup> The World Health Organization (WHO) estimates that a total of 1.2 billion people are overweight or obese, and that these numbers are rapidly increasing.<sup>2</sup> Overweight and obesity are associated with coronary heart disease, diabetes, hypertension, osteoarthritis, and certain cancers, among other health problems.

Previous reviews have noted that vegetarians tend to have a lower body weight than non-vegetarians.<sup>4–7</sup> If such diets cause weight loss when adopted by overweight individuals, they may be of substantial clinical

value because they are also associated with other health benefits, including improved control of blood lipids,<sup>8,9</sup> blood pressure,<sup>10</sup> and diabetes,<sup>11,12</sup> reversal of cardiac atherosclerosis,<sup>8,13</sup> and a reduced incidence of certain cancers.<sup>14,15</sup> We therefore reviewed the published literature to ascertain the extent to which vegetarian diets are associated with reduced body weight and examined putative mechanisms that may explain these associations.

Vegetarian diets are based on plant-derived foods such as grains, beans, fruits, and vegetables. Ovo-lacto-vegetarians avoid meats but consume dairy products and eggs. Vegans avoid all food products of animal origin. References to vegetarians in this paper are to ovo-lacto-vegetarians, unless otherwise stated, as there are far fewer studies on vegans.

### METHODS

A Medline search (National Library of Medicine, Bethesda, MD) was conducted for scientific articles containing information on vegetarians and their weight status using the key words “vegetarian diet” or “vegetarianism” and “body weight” or “body mass index” or “BMI,” with the search limited to studies of adult humans published in the English language since 1966. Additional reports were identified from the references listed in these articles.

We examined each study for the presence or absence of confounding variables, particularly smoking and physical activity, body weight, and body-mass index (BMI), differences between vegetarians and non-vegetarians, and any reported differences in prevalence of overweight or obesity.

### RESULTS

#### Observational Studies

We identified 40 studies reporting the weight status of vegetarians and non-vegetarians. Twenty-nine of these studies reported that vegetarians weighed significantly less than non-vegetarians as measured by BMI or body weight.<sup>16–44</sup>

The BMI or body weight of vegetarians was ob-

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served to be lower than that of non-vegetarians in both genders,<sup>16,18,20,21,23-25,27,28,30-35,40,42</sup> and in African Americans,<sup>32,43,44</sup> Nigerians,<sup>19</sup> Caucasians,<sup>16-18,20-29,33,35-41</sup> and Asians<sup>30,42</sup> In addition, similar observations have been reported in widely separated geographic areas.<sup>25,27-30,33-35,39</sup>

Of the 11 observational studies that did not show a significantly lower weight among vegetarians, nine reported a non-significantly lower weight among vegetarians<sup>45-51,85,86</sup> compared with their non-vegetarian counterparts. Among these nine studies, three<sup>45-47</sup> had fewer than 30 participants. Two other groups reported that either weight or BMI was greater in vegetarians than in non-vegetarians.<sup>52,53</sup> Both of these studies had a small number of participants and included “health-conscious” volunteers.

The weight of female vegetarians ranged from 2.9 to 10.6 kg (6% to 17%) lower than the weight of female non-vegetarians. The weight of male vegetarians ranged from 4.6 to 12.6 kg (8% to 17%) lower than that of male non-vegetarians. In general, the BMI of female vegetarians ranged from 2.7% to 15.0% lower than that of non-vegetarian females, while the BMI of male vegetarians ranged from 4.6% to 16.3% lower than that of male non-vegetarians.

Because vegetarian populations may differ from non-vegetarians in their prevalence of non-dietary habits that influence body weight (e.g., smoking and exercise), investigators have controlled for these influences or compared populations with similar lifestyles but different dietary habits. As a group, vegetarians are less likely to smoke, a potential confounder in studies of body weight. However, the weight advantages of vegetarian diets persisted in studies that excluded smokers.<sup>16,22,23,26-31,33</sup> Researchers often have studied Seventh-Day Adventists (SDA), taking advantage of the fact that, while virtually all SDA avoid tobacco, caffeine, and alcohol, approximately half follow vegetarian diets, while half consume a moderate amount of meat products, providing a useful population for comparison. Melby<sup>31</sup> compared SDA vegetarians with SDA non-vegetarians, and Rouse<sup>36</sup> compared SDA vegetarians with Mormon non-vegetarians, both groups that proscribe smoking. In both studies, BMI and/or body weight was lower in vegetarians than in non-vegetarians. Melby<sup>31</sup> reported that the BMI of female vegetarians was 4.2 kg/m<sup>2</sup> lower than that of non-vegetarians ( $P < 0.0001$ ) and that the BMI of male vegetarians was 1.8 kg/m<sup>2</sup> lower than that of non-vegetarians (non-significant). Rouse<sup>36</sup> reported that female vegetarians weighed 3.6 to 7.9 kg ( $P < 0.01$ ) less than their non-vegetarian counterparts, while male vegetarians weighed 6.3 to 8.5 kg ( $P < 0.01$ ) less than non-vegetarian males. BMI was 1.8 to 2.2 kg/m<sup>2</sup> lower in female vegetarians ( $P < 0.01$ ) and 1.1 to 3.0 kg/m<sup>2</sup> ( $P < 0.01$ ) lower in male vegetarians compared with non-

vegetarians. Fraser<sup>20</sup> reported that a vegetarian male SDA weighed, on average, 6.4 kg less than his non-vegetarian counterpart ( $P < 0.0001$ ), and a vegetarian female SDA weighed, on average, 5.5 kg less than her non-vegetarian counterpart ( $P < 0.0001$ ). Nieman<sup>49</sup> compared dietary status and weight indices in a group of 37 elderly female SDA vegetarians with SDA non-vegetarians, and found that vegetarians weighed 2.5 kg ( $P = 0.13$ ) less, on average, than non-vegetarians.

Using a different strategy to control for lifestyle variables, Burr<sup>18,54</sup> compared the BMIs of vegetarians with non-vegetarians, all of whom were patrons of health food shops who presumably shared an interest in healthy living. The vegetarians had lower BMIs among both men (22.1 vs. 24.6;  $P < 0.001$ ) and women (22.3 vs. 23.7;  $P < 0.01$ ).

## Type of Diet

Several small studies in diverse locations have examined the effect of type of vegetarian diet on BMI or body weight. In a sample of 183 Dutch men, Knuiman<sup>25</sup> reported a gradation to both lower weights and lower BMI from non-vegetarians through near vegetarians (who eat meat and fish products less than once a week), to ovo-lacto-vegetarians and macrobiotic (who avoid most animal products and consume whole grains, beans, vegetables, and fermented soy products) men. In a study comparing the weights of 45 African-American vegans with 143 African-American ovo-lacto-vegetarians, Toohey<sup>43</sup> found lower weights among vegans ( $P < 0.05$ ).

Larger diverse studies have reported cross-sectional data obtained in the course of longitudinal studies.<sup>20,40,55</sup> The Coronary Artery Risk Development in Young Adults (CARDIA) study assessed dietary and health indicators of 5115 young adults.<sup>40</sup> Those who reported eating red meat and poultry less than once a week had lower BMIs than those who consumed these foods more than once a week. In a cohort of 34,192 California SDAs followed for 6 years, at the end of the study, BMI was higher in those subjects who consumed meat more frequently compared with those who consumed meat less frequently ( $P < 0.0001$ ).<sup>20</sup> These results were calculated for subjects between the ages of 45 and 60 years, but similar results were seen for both sexes and at other ages. Key and Davey<sup>55</sup> and Spencer<sup>41</sup> used the data collected for the European Prospective Investigation into Cancer and Nutrition (EPIC) study to examine the relationship between BMI and meat consumption. Among both men and women, mean BMI was highest among the meat eaters, intermediate among the fish eaters and ovo-lacto-vegetarians, and lowest among the vegans. These differences in BMI were equivalent to a 5.9-kg difference in weight between male meat eaters and vegans and a

4.7-kg difference between female meat eaters and vegans.

The data from these and other<sup>4,14,15,56,57</sup> large population studies suggest that, within each cohort, vegetarians have a BMI about 1 kg/m<sup>2</sup> lower than that of the non-vegetarians. The difference is similar in males and females and is seen in all age groups. In general, the BMI of vegans is lower than that of ovo-lacto-vegetarians, which, in turn, is lower than that of individuals who eat moderate amounts of meat. There were few data on the effect of length of time on a vegetarian diet on body weight or BMI. However, in studies reporting this finding, BMI was lower among those who had adhered to their diet for a longer period compared with those who had adhered to their diet for a shorter period.<sup>41,55</sup>

The overall lower mean BMI of vegetarians leads to a substantially lower prevalence of obesity among vegetarians.<sup>4,16,20,21,55,87</sup> In a cohort of 33,971 generally well-educated women (mean age 52 ± 9 years) in the UK Women's Cohort Study, although mean BMIs for all groups were low and levels of obesity were around 10%, the prevalence of obesity in the vegetarian groups was 5% to 6%.<sup>21</sup> In another study in the United Kingdom, Spencer<sup>41</sup> reported that the age-adjusted prevalence of obesity was <2% in both male and female vegetarians compared with about 5% in meat eaters. In this study, participants were excluded from the analysis if they reported conditions including cardiovascular or heart disease, hypertension, diabetes, high cholesterol, or cancer. In a recent study of 55,459 Swedish women, the prevalence of obesity or overweight was 40% among omnivores, 29% among both semi-vegetarians and vegans, and 25% among ovo-lacto vegetarians.<sup>34</sup>

## Randomized, Controlled Trials

Several randomized clinical trials have examined the effects of vegetarian diets on body weight. Some have combined vegetarian diets with other lifestyle interventions. Ornish<sup>13</sup> examined the effect of a combination of a low-fat vegetarian diet with a walking program and stress management in free-living adults with coronary artery disease and compared them with a group receiving care from their own physicians. After a year, the mean weight loss was 10.76 kg in the experimental group, compared with a gain of 1.44 kg in the usual-care control group. After 5 years of follow-up, the vegan group maintained a 5.74-kg weight loss.<sup>8</sup> In these studies, the effect of diet cannot be separated from that of exercise. Other studies, however, used dietary interventions in the absence of exercise recommendations.

In a small group of individuals with type 2 diabetes who were instructed not to alter their exercise patterns, Nicholson<sup>11</sup> reported that the consumption of a 10% fat

vegetarian diet for 12 weeks was associated with a loss of 7.2 kg in the experimental group compared with 3.8 kg ( $P < 0.005$ ) in a control group following a diet in accordance with American Diabetes Association guidelines. In the course of a crossover trial of the effect of diet on dysmenorrhea involving 35 women (mean BMI = 25.5 ± 5.2) who were asked not to change their exercise habits, a low-fat, vegan diet without exercise led to mean reductions in body weight of 2.5 kg ( $P < 0.001$ ) and BMI of 0.9 ( $P < 0.001$ ) in 6 weeks. Participants with a baseline BMI over 22 lost about 3.0 kg; those with a BMI under 22 lost 1.4 kg.<sup>9</sup>

In another study,<sup>58</sup> 64 overweight, postmenopausal women were randomly assigned to a vegan diet deriving approximately 10% of energy from fat or a diet based on National Cholesterol Education Program guidelines, and all were instructed not to alter their exercise patterns. After 14 weeks, body weight had dropped 5.8 ± 3.2 kg in the vegan group, compared with 3.8 ± 2.8 kg in the control group ( $P = 0.012$ .) In a regression model of predictors of weight change, diet assignment ( $P < 0.05$ ), thermic effect of food ( $P < 0.05$ ), and resting metabolic rate ( $P < 0.001$ ) were significant.

Three additional uncontrolled clinical trials compared final with baseline weight. McDougall<sup>59</sup> fed 500 men and women a 5% fat vegan diet for 12 days, which included intensive stress reduction and exercise intervention. This resulted in a 0.96% to 2.26% loss of body weight, approximately 2.5 kg for men and 1 kg for women. Lindahl et al.<sup>60</sup> placed 29 hypertensive patients on a vegan diet to assess the effect of the diet on hypertension. The patients were not encouraged to undertake regular fitness training. After 1 year, body weight decreased an average of 8.2 kg ( $P < 0.001$ ) compared with baseline.

In summary, in 31 observational studies that reported body weight, 18 showed a significant difference in body weight of vegetarians compared with non-vegetarians. The differences ranged from 4% to 20% (Table 1). Most of the remaining studies found a lower body weight among vegetarians that did not reach statistical significance. Obesity prevalence ranged from 0% to 6% in vegetarians and from about 5% to 45% in non-vegetarians. In short-term, randomized, controlled trials in which the effect of a vegetarian or vegan diet on body weight was compared with control values, weight loss ranged from 2.5 to 7.2 kg, depending on initial body weight. Longer-term, uncontrolled trials have shown that this weight loss generally persists<sup>8,60</sup> (Table 2).

## MECHANISMS

Population studies suggest that vegans and vegetarians consume diets that are higher in carbohydrate and

**Table 1.** Observational Studies on the Difference in BMI and/or Body Weight of Vegetarians Compared with Non-Vegetarians

Author	Country	Subjects	BMI	Weight (kg)	% Difference BMI VEG vs. NONVEG	% Difference Weight VEG vs. NONVEG
Appleby <sup>16</sup>	UK	1914 M, 3378 F; 20–89 years of age from the Oxford Vegetarian Study	M VEG: 22.05 <sup>*****</sup> M NVEG: 23.18 F VEG: 21.32 <sup>*****</sup> F NVEG: 22.32 (age-adjusted mean BMIs)	M: –4.87% F: –4.48%		
Armstrong <sup>17</sup>	Australia	418 SDA VEG; 290 SDA NVEG 30–79 y	M VEG: 4.6 kg <sup>***</sup> < M NVEG; F VEG: 2.9 kg <sup>***</sup> < F NVEG			
Armstrong <sup>85</sup>	Australia	106 pairs of VEG (mostly SDA) and NVEG; 17–79 y	Quetelet's index (g/cm <sup>2</sup> ): VEG: 2.30 ± 0.45 NVEG: 2.39 ± 0.39	VEG: 62.7 ± 11.6† NVEG: 65.5 ± 12.0 †(P = 0.03)	–3.77%	–4.27%
Armstrong <sup>86</sup>	Australia	Postmenopausal F: 28 SDA VEG; 40 NVEG; 50–79 y		VEG: 58.6 ± 10.7 NVEG: 60.2 ± 9.6		–2.7%
Barr <sup>53</sup>	Canada	F: 90 current VEG; 35 past vegetarians; 68 NVEG; 18–50 y	All subjects: 23.7 ± 4.7 VEG: 23.2 ± 3.7 Past vegetarian: 25.3 ± 5.2 NVEG: 23.5 ± 5.5	All subjects: 64.8 ± 13.8 VEG: 64.3 ± 11.3 Past vegetarian: 68.4 ± 14.9 NVEG: 63.6 ± 16.0	VEG vs NVEG 1.3%	VEG vs NVEG 1.1%
Burr <sup>18</sup>	UK	85 VEG; 214 NVEG; 28–80 y	M <60 VEG: 20.53 ± 2.09 <sup>*****</sup> M <60 NVEG: 24.53 ± 2.78 M 60+ VEG: 22.74 ± 2.98* M 60+ NVEG: 24.85 ± 3.13 F <60 VEG: 22.40 ± 2.52 F <60 NVEG: 23.02 ± 3.27 F 60+ VEG: 22.18 ± 3.72** F 60+ NVEG: 24.91 ± 3.92	M <60: –16.3% M 60+: –8.49% F <60: –2.69% F 60+: –10.96%		
Faber <sup>45</sup>	South Africa	14 M, 19 F VEG 10 M, 12 F NVEG; 18–40 y	M VEG: 23.9 ± 3.5 M NVEG: 24.6 ± 2.1 F VEG: 21.5 ± 3.1 F NVEG: 21.1 ± 1.5	M VEG: 75.7 ± 11.0 M NVEG: 77.8 ± 7.2 F VEG: 57.7 ± 9.7 F NVEG: 59.7 ± 7.5	M: –2.9% F: –1.9%	M: –2.7% F: –3.4%

**Table 1.** (Cont'd) Observational Studies on the Difference in BMI and/or Body Weight of Vegetarians Compared with Non-Vegetarians

Author	Country	Subjects	BMI	Weight (kg)	% Difference BMI VEG vs. NONVEG	% Difference Weight VEG vs. NONVEG
Famodu <sup>19</sup>	Nigeria	76 SDAs; 18–60 y	VEGAN: 26.9 ± 0.7 LOVEG: 28.9 ± 0.7 NVEG: 29.1 ± 0.6	VEGAN: 75.0 ± 1.9*** <sup>a</sup> LOVEG: 77.3 ± 1.8** <sup>a</sup> NVEG: 80.8 ± 1.8 <sup>a</sup> compared to NVEG	LOVEG vs. NVEG: -0.7%	LOVEG vs. NVEG: -4.3%
Fraser <sup>20</sup>	USA	34,192 California SDAs; 25 y or older	M VEG: 24.26*** <sup>a</sup> M SVEG: 25.18*** <sup>a</sup> M NVEG: 26.24*** <sup>a</sup> F VEG: 23.7*** <sup>a</sup> F SVEG: 24.83*** <sup>a</sup> F NVEG: 25.88*** <sup>a</sup> <sup>a</sup> diet status and BMI Monotonous low quantity omnivores: 25 ± 5*** <sup>a</sup> Health conscious: 24 ± 4*** <sup>a</sup> Higher diversity, traditional omnivores: 25 ± 4*** <sup>a</sup> Conservative omnivores: 25 ± 4*** <sup>a</sup> Low diversity vegetarians: 23 ± 4*** <sup>a</sup> High diversity vegetarians: 23 ± 4*** <sup>a</sup> <sup>a</sup> (dif between clusters) NVEG 25.5 ± 3.1 VEGAN 20.5 ± 2.5*** M VEG: 24.1 ± 3.1 M NVEG: 26.4 ± 3.3 F VEG: 23.6 ± 3.1 F NVEG: 25.8 ± 2.9 M VEG: 22.1 ± 2.8 M NVEG reference value: 22.0 F VEG: 21.8 ± 2.24 F NVEG reference value: 22.8	M: -7.55%; F: -8.31%		
Greenwood <sup>21</sup>	UK	33,971 F 35–69 y			-8%	
Haddad <sup>22</sup>	USA	NVEG 20 VEGAN 25 12 M; 12 F VEG			-19.6%	
Harman <sup>46</sup>	New Zealand	SDA; 11 M, 12 F NVEG			M: -8.7% F: -8.5%	
Hebbelink <sup>47</sup>	Belgium	SDA; 20–65 y 8 M 18–30 y 11 F 16–30 y compared with reference values		M VEG: 69.2 ± 5.7 M NVEG reference value: 72.3 F VEG: 59.3 ± 7.5 F NVEG reference value: 60.3	M: -0.5% F: -4.4%	M: -4.3% F: -1.7%
Hoffmann <sup>23</sup>	Germany	F, 25–65 y; Wholesome nutrition: 111 LOVEG, 132 low-meat eaters; 175 NVEG	BMI NVEG Low-meat LOVEG <19 4% 11% <sup>a</sup> 17% <sup>b</sup> 19–24 46% 68% <sup>a</sup> 64% <sup>b</sup> 24–30 39% 18% <sup>a</sup> 18% <sup>b</sup> >30 9% 2% <sup>a</sup> 1% <sup>b</sup> <sup>a</sup> LOVEG and NVEG; <sup>b</sup> low-meat eaters and NVEG			



**Table 1. (Cont'd) Observational Studies on the Difference in BMI and/or Body Weight of Vegetarians Compared with Non-Vegetarians**

Author	Country	Subjects	BMI	Weight (kg)	% Difference BMI VEG vs. NONVEG	% Difference Weight VEG vs. NONVEG
Kennedy <sup>24</sup>	USA	10,014 people from the 1994–1996 Continuing Survey of food Intake by Individuals (CSFII); 19 y and older	VEG men: 25.2 ± 0.35* NVEG men: 26.4 ± 0.10 VEG women: 24.6 ± 0.33* NVEG women: 25.7 ± 0.15		M: -4.6% F: -4.3%	
Knuiman <sup>25</sup>	Netherlands	M 30–39y	All VEG pooled: 21.5 ± 2.1** <sup>a</sup> Macrobiotic: 20.9 ± 2.1** <sup>a</sup> LVEG: 21.4 ± 1.7** <sup>a</sup> Semi-LVEG: 22.2 ± 2.3** <sup>a</sup> NVEG: 24.4 ± 2.3 <sup>a</sup> comparison with NVEG	All VEG pooled: 69 ± 8** <sup>a</sup> Macrobiotic: 65 ± 8** <sup>a</sup> LVEG: 69 ± 7** <sup>a</sup> Semi-LVEG: 72 ± 9** <sup>a</sup> NVEG: 77 ± 8 <sup>a</sup> comparison with NVEG	-12%	-10%
Knutsen <sup>26</sup> 1992	USA	5761 M VEG 9467 F VEG; 4706 M NVEG 7832 F NVEG; 25 y and older	M VEG: 24.2 ± 0.04 M NVEG: 25.7 ± 0.05** <sup>***</sup> F VEG: 23.6 ± 0.05 F NVEG: 25.2 ± 0.05** <sup>***</sup>		M: -5.8% F: -6.4%	
Krajcovicova-Kudlackova <sup>27</sup> 1995	Slovakia	29M, 38F VEG non-smokers 34–60 y; matched with 38 M, 37 F NVEG	M VEG: 22.6 ± 0.4** <sup>***</sup> M NVEG: 25.6 ± 0.3 F VEG: 22.7 ± 0.2** <sup>***</sup> F NVEG: 25.4 ± 0.4	M VEG: 69.4 ± 1.6 M NVEG: 79.9 ± 1.2 F VEG: 62.4 ± 0.7 F NVEG: 68.9 ± 1.1	M: -11.7% F: -10.6%	M: 13.1% F: -9.4%
Krajcovicova-Kudlackova <sup>28</sup> 1996	Slovakia	42M, 39F VEG, 29 M, 33 F NVEG	M VEG: 21.7 ± 0.2** <sup>***</sup> M NVEG: 23.5 ± 0.2 F VEG: 20.7 ± 0.1** <sup>***</sup> F NVEG: 23.0 ± 0.1	M VEG: 70.1 ± 0.8** <sup>***</sup> M NVEG: 76.6 ± 0.5 F VEG: 57.4 ± 0.4** <sup>***</sup> F NVEG: 61.8 ± 0.4	M: -7.7% F: -10.0%	M: -8.5% F: -7.1%
Li <sup>29</sup> 1999	Australia	18 M VEGAN, 43 M LOVEG, 60 M moderate meat-eaters, 18 M high meat-eaters; 20–55 y	VEGAN: 23.3 ± 3.5** <sup>***a</sup> LOVEG: 23.6 ± 2.8** <sup>***a</sup> Moderate meat-eaters: 26.4 ± 3.4 High meat-eaters: 27.0 ± 3.4 <sup>a</sup> compared to both moderate & high meat-eaters			Mod meat-eaters vs. LOVEG: -10.6% High meat-eaters vs. LOVEG: -12.6%

**Table 1. (Cont'd) Observational Studies on the Difference in BMI and/or Body Weight of Vegetarians Compared with Non-Vegetarians**

Author	Country	Subjects	BMI	Weight (kg)	% Difference BMI VEG vs. NONVEG	% Difference Weight VEG vs. NONVEG
Lin <sup>48</sup> 2001	Taiwan	Healthy nonobese subjects >50 y; 10 M, 10 F VEG 10 M, 10 F NONVEG	VEG: 23.1 ± 3.1 <sup>†</sup> NVEG: 24.8 ± 0.1 ( <sup>†</sup> ( <i>P</i> = 0.085))		-6.9%	
Lu <sup>30</sup>	Taiwan	109 long-term VEGAN and LOVEG matched with NVEG; 31-45 y; Taipei and Hualien areas	Taipei M VEG: 20.8 ± 3.0* Taipei M NVEG: 22.9 ± 2.4 Taipei F VEG: 20.0 ± 2.8* Taipei F NVEG: 22.5 ± 3.0 Hualien F VEG: 20.7 ± 2.6* Hualien F NVEG: 22.0 ± 2.6	Taipei M VEG: 59.4 ± 8.4* Taipei M NVEG: 66.0 ± 9.1 Taipei F VEG: 48.8 ± 7.6* Taipei F NVEG: 56.6 ± 8.1 Hualien F VEG: 51.1 ± 6.4* Hualien F NVEG: 55.4 ± 6.8	Taipei M: -9.2% Taipei F: -11.1% Hualien F: -5.9%	Taipei M: -10.0% Taipei F: -13.8% Hualien F: -7.8%
Melby <sup>31</sup>	USA	41 M, 93 F VEG, 12 M, 41 F NVEG; ≥20 y	M VEG: 25.3 ± 3.5 ( <i>p</i> = .16) M NVEG: 27.1 ± 4.9 F VEG: 23.9 ± 4.0***** F NVEG: 28.1 ± 5.3		M: -6.6% F: -15.0%	
Melby <sup>32</sup>	USA	SDAs: 27 black VEG; 37 black NVEG; 85 white VEG; 54 white NVEG; ≥55 y	black VEG: 27.0 ± 0.7** black NVEG: 31.7 ± 1.1 white VEG: 25.0 ± 0.5* white NVEG: 27.6 ± 0.7 <sup>a</sup> black VEG vs. NVEG <sup>b</sup> white VEG vs. NVEG	black VEG: 71.4 ± 2.4** black NVEG: 83.5 ± 2.3 white VEG: 66.8 ± 1.5 white NVEG: 72.1 ± 1.9 <sup>a</sup> black VEG vs. NVEG	Black -14.8% White: -9.4%	Black: -14.5% White: -7.4%
Melby <sup>44</sup>	USA	African-American SDAs: 66 VEG; 56 SVEG; 45 NVEG; mean 46-49 y	VEG: 26.8 ± 0.8 SVEG: 29.2 ± 0.8 NVEG: 28.6 ± 0.8	VEG: 74.7 ± 2.1** SVEG: 81.9 ± 1.9** NVEG: 79.4 ± 2.3 <sup>a</sup> VEG and SVEG vs NVEG	VEG vs. NVEG: -6.3%	VEG vs. NVEG: -5.9%
Milliet <sup>33</sup>	France	11 M VEG 26 F VEG 33 M NVEG 36 F NVEG; 35-50 y	Quetelet's index (kg/cm <sup>2</sup> ): M VEG: 0.212 ± 0.022 M NVEG: 0.247 ± 0.029***** F VEG: 0.200 ± 0.027 F NVEG: 0.233 ± 0.032*****	M VEG: 63.4 ± 5.2 M NVEG: 76.0 ± 9.5***** F VEG: 53.8 ± 4.4 F NVEG: 60.5 ± 8.5*****	M: -14.17% F: -14.16%	M: -16.6% F: -11.1%

**Table 1. (Cont'd) Observational Studies on the Difference in BMI and/or Body Weight of Vegetarians Compared with Non-Vegetarians**

Author	Country	Subjects	BMI	Weight (kg)	% Difference BMI VEG vs. NONVEG	% Difference Weight VEG vs. NONVEG
Neimait <sup>49</sup>	USA	F: 23 VEG 14 NVEG; >70 y (subset of Adventist Health Study)	VEG 22.8 ± 0.5 NVEG 24.2 ± 0.8	VEG 60.0 ± 1.7 NVEG 62.5 ± 3.1	-5.8%	-4.0%
Newby <sup>34</sup>	Sweden	F: 54257 OMNIV 960 SEMIVEG 159 LVEG 83 VEGAN	OMNIV 24.7 ± 3.9 SEMIVEG 23.6 ± 5.5*** <sup>a</sup> LVEG 23.4 ± 3.5*** <sup>a</sup> VEGAN 23.3 ± 3.8*** <sup>a</sup>	OMNIV 66.6 ± 10.9 SEMIVEG 63.6 ± 10.0** <sup>a</sup> LVEG: 64.0 ± 10.9** <sup>a</sup> VEGAN: 62.4 ± 10.7** <sup>a</sup>	-5.3%	-4.9%
Rottka <sup>35</sup>	Germany	matched pairs of VEG and NVEG; 37 M, 61 F, 21-77 y	M VEG: 22.1 ± 2.5*** <sup>a</sup> M NVEG: 24.4 ± 3.4 F VEG: 22.2 ± 2.8* F NVEG: 23.7 ± 3.6	M VEG: 68.2 ± 9.8*** <sup>a</sup> M NVEG: 74.4 ± 10.9 F VEG: 58.2 ± 6.3* F NVEG: 62.5 ± 8.9	M: -9.4% F: -6.3%	M: -8.3% F: -6.9%
Rouse <sup>36</sup>	Australia	98 SDA LOVEG; 82 SDA NVEG; 113 Mormon NVEG; NVEG; 25-44 y	M SDA VEG: 22.9 ± 3.3 M SDA NVEG: 24.7 ± 3.2* M Mormon NVEG: 25.1 ± 3.2** F SDA VEG: 23.3 ± 2.8 F SDA NVEG: 24.4 ± 3.5 F Mormon NVEG: 26.3 ± 5.4**	M SDA VEG: 68.8 ± 10.8 M SDA NVEG: 75.1 ± 10.7* M Mormon NVEG: 77.3 ± 9.2** F SDA VEG: 60.3 ± 7.0 F SDA NVEG: 63.9 ± 11.4 F Mormon NVEG: 68.2 ± 13.5** VEG: 58 ± 9 NVEG: 73 ± 15 Mean difference: 15 ± 16***	M SDA NVEG vs SDA VEG: -7.3% F SDA NVEG vs SDA VEG: -4.5%	M SDA NVEG vs VEG: -8.4% F SDA NVEG vs VEG: -5.6%
Sacks <sup>37</sup>	USA	115 pairs of VEG and NVEG; 16-62 y				-20.6%
Sanders <sup>38</sup>	UK	22 VEGAN; 22 NVEG; 21-66 y				difference in standard wt for ht: -10.8%
Shultz <sup>52</sup>	USA	20 M, 31 F SDA VEG; 20-83y 9 M 7 F SDA NVEG 24-38y 18M, 36 F non-SDA NVEG; 19-78 y	M SDA VEG: 24 ± 5 M SDA NVEG: 25 ± 2 M non-SDA NVEG: 24 ± 3 F SDA VEG: 23 ± 4 F SDA NVEG: 22 ± 2 F non-SDA NVEG: 24 ± 4	M SDA VEG: 76 ± 14 M SDA NVEG: 77 ± 10 M non-SDA NVEG: 78 ± 11 F SDA VEG: 63 ± 12 F SDA NVEG: 59 ± 13 F non-SDA NVEG: 65 ± 11	M SDA VEG vs NVEG: 4.0%; F SDA VEG vs NVEG: -4.6%	M SDA VEG vs NVEG: 1.3%; F SDA VEG vs NVEG: -6.7%



**Table 1. (Cont'd) Observational Studies on the Difference in BMI and/or Body Weight of Vegetarians Compared with Non-Vegetarians**

Author	Country	Subjects	BMI	Weight (kg)	% Difference BMI VEG vs. NONVEG	% Difference Weight VEG vs. NONVEG
Simons <sup>39</sup>	Australia	20 SDA VEG; 17 SDA NVEG; 38 NVEG		VEG SDA: 59 ± 8** NVEG: 70 ± 14 NVEG SDA: 70 ± 7		NVEG SDA vs VEG SDA: -15.1% kg
Slattery <sup>40</sup>	USA	5115 MF 18-30 y CARDIA study Frequency of meat consumption <1/wk->3/d	Meat consumption: <1/wk = 22.7 1-3/wk = 23.4** <sup>a</sup> >3/wk = 24.6*** <sup>a</sup> <sup>a</sup> (both grps compared to . <1/wk)		<1/wk vs. 1-3/wk = -3.0% <1/wk vs. >3 wk = -4.9%	
Spencer <sup>41</sup>	UK	37875 healthy M, F: 20-97 y participating in EPIC- Oxford	M VEGAN: 22.34 M VEG: 23.28 M fish-eaters: 23.29 M NVEG: 24.49 F VEGAN: 21.75 F VEG: 22.51 F fish-eaters: 22.60 F NVG: 23.69		M NVEG vs VEG: -4.94% F NVEG vs VEG: -4.98%	
Supawan <sup>42</sup>	Thailand	64 M VEG 68 F VEG 32 M NONVEG 36 F NONVEG	MVEG 19.8† M NONVEG 21.4 †(P. < 0.0017) F VEG 19.9† F NONVEG 20.6 †(P. < 0.0381)	M VEG 54.7† M NONVEG 59.8 †(P. < 0.0004) F VEG 47.9† F NONVEG 49. †(P. < 0.0036)	M -7.5% F -3.4%	M -8.5% F -3.6%
Taber <sup>50</sup>	USA	25 M, 24 F NVEG; 9 M, 11 F fish- eaters; 15 M, 13 F VEG; 20-50y	M VEG: 22.6 ± 8.12 M fish-eaters: 71.3 ± 9.26 M NVEG: 78.4 ± 11.83 F VEG: 59.8 ± 8.53 F fish-eaters: 57.1 ± 3.95 F NVEG: 60.1 ± 8.98	M VEG: 72.6 ± 8.12 M fish-eaters: 71.3 ± 9.26 M NVEG: 78.4 ± 11.83 F VEG: 59.8 ± 8.53 F fish-eaters: 57.1 ± 3.95 F NVEG: 60.1 ± 8.98	M: -7.4% F: -0.5%	
Toohy <sup>43</sup>	USA	14 M VEGAN 49 M LOVEG 31 F VEGAN 94 F LOVEG	M VEGAN: 23.6 ± 0.9 LOVEG: 26.1 ± .05 F VEGAN 25.3 ± 0.6 LOVEG: 26.7 ± 0.6	M VEGAN: 71.8 ± 3.2* LOVEG: 79.2 ± 1.9 F VEGAN: 66.5 ± 1.8* LOVEG: 69.6 ± 1.6	M VEGAN vs LOVEG -9.5% F VEGAN vs LOVEG: -5.2%	M VEGAN vs LOVEG: -9.3% F VEGAN vs LOVEG: -4.5% -1.32%
Toth <sup>51</sup>	USA	M: 17 VEG 40 NVEG; 18-36 y		VEG: 75 ± 10 NVEG: 76 ± 11		

LOVEG = ovo-lacto vegetarians; NONVEG = non-vegetarians; SDA = Seventh-Day Adventists; VEG = vegetarians  
\* = P < 0.05; \*\* = P < 0.01; \*\*\* = P < 0.005; \*\*\*\* = P < 0.001; \*\*\*\*\* = P < 0.0001.

**Table 2.** Randomized Controlled Studies on the Differences in Body Weight and/or Body-Mass Index (BMI) in Participants Placed on a Vegetarian or Vegan Diet

Author	Design	Body Weight	BMI
Barnard <sup>58</sup>	Randomized control (N = 64) Age range 41–73, postmenopausal, overweight • Treatment: low-fat vegan diet • Control: National Cholesterol Education guidelines 14 weeks	Low-fat vegan diet −5.8 ± 3.2. kg Control −3.8 ± 2.8 kg ( <i>P</i> = 0.012)	
Bernard <sup>9</sup>	Randomized crossover (N = 35) Age range 22–48, F • Low-fat vegetarian • Daily supplement pill Two menstrual cycles each	Low-fat vegetarian 66.9 ± 12.5 kg** Baseline 69.4 ± 12.9 kg (−3.6%)	Low-fat veg 24.6 ± 4.9** vs Baseline 25.5 ± 5.2 (−3.5%)
Lindahl <sup>60</sup>	Hypertensive patients (N = 26) Age range 25–70 yr Vegan diet for 1 yr	Vegan diet 70.4 ± 14.3 kg** Baseline 78.2 ± 15.3 kg (−10.0%)	
Margetts <sup>61</sup>	Randomized crossover (N = 1788) 25% F, 75% M Age range 39–61: • Group I: ovo-lacto vegetarian diet 1st 6 weeks • Group II: ovo-lacto vegetarian diet 2nd 6 weeks • Control	ND +2 kg	
McDougall <sup>59</sup>	Hypercholesterolemic patients (N = 500) 303 F 197 M Age range 40–65 yr Vegan diet for 12 days	Vegan diet vs baseline >50 yr (M, F) −1.01% to 2.26% ≥50 to <65 (M, F) −0.41% to −2.21% ≥65 (M, F) −0.52% to 2.20%	
Nicholson <sup>11</sup>	Randomized Control (N = 11) 5 F, 6 M Age range 34–74 yr • Low-fat vegan diet • Conventional low-fat diet (control) 12 weeks	Low-fat vegan diet 89.5 ± 14.4 kg* Baseline 96.7 ± 13.3 kg (−7.5%) Control 93.2 ± 22.2 kg Baseline 97.0 ± 22.9 kg (−3.9%)	
Ornish <sup>13</sup>	Randomized control (N = 41) 5 F, 36 M Age range 35–75 • Low-fat vegetarian • Usual care 1 year	Low-fat vegetarian 81.0 ± 11.4 kg*** Baseline 91.1 ± 15.5 kg (−11%) Control vs control baseline: ND	
Ornish <sup>8</sup>	Randomized control (N = 35) 3 F, 32 M Age range 35–75 yr • Low-fat vegetarian • Usual care 5-year follow-up to above study	Low-fat vegetarian 85.3 kg Baseline 91.1 ± 15.5 kg (−6.3%) Control vs control baseline: ND	

ND = no difference; \**P* < 0.005; \*\**P* < 0.001; \*\*\**P* < 0.001.

dietary fiber, lower in energy, protein, total fat, cholesterol, and saturated fat, and have a higher polyunsaturated fat to saturated fat ratio compared with the diets of non-vegetarian groups.<sup>4,22,24,62,63,67,76</sup> In controlled trials, vegetarian and vegan diets tend to reduce energy, fat, saturated fat, protein, and cholesterol, and increase intakes of carbohydrate and fiber.<sup>8,13,58,64</sup> These differences support physiological mechanisms that account for the observed weight loss.

## Total Energy

Energy intake of vegetarians may be lower than that of non-vegetarians.<sup>7,24,49,62,63</sup> In general, energy intake of vegans and vegetarians ranged from 5% to 22% lower than that of non-vegetarians.<sup>24,41</sup> In the short-term studies that reported energy intake of individuals who adopted a vegetarian diet, most showed a decrease in energy intake.<sup>8,9,13,58,64,65</sup> Although energy intake and portion size was not limited in studies of low-fat vegan diets,<sup>9,58,64</sup> mean body weight dropped significantly in the intervention groups.

## Fiber

The reduced energy intake on typical vegetarian diets appears to be mainly due to higher fiber content and, to a lesser extent, higher carbohydrate and lower fat content.<sup>20,22,66,67</sup> The EPIC-Oxford study<sup>16</sup> of 5292 persons between the ages of 20 and 89 years indicated that, of all of the components of the diet, dietary fiber contributed the most to the observed age-adjusted differences in BMIs, equivalent to body-weight differences of 3.6 and 2.7 kg for men and women, respectively. Davey<sup>76</sup> reported that fiber intake as non-starch polysaccharides was 41% higher in vegan men than in men who ate meat and 36% higher in vegan women than in meat-eating women. The results of a recent meta-analysis suggested that when energy intake is ad libitum, the consumption of an additional 14 g/d fiber is associated with a 10% decrease in energy intake and a body weight loss of 1.9 kg over 3.8 months.<sup>68</sup> Dietary fiber reduces energy density<sup>69</sup> and influences lean body weight via effects on satiety<sup>68</sup> and insulin control.<sup>70</sup>

## Carbohydrates

Diets that are low or moderate in fat but high in carbohydrates are associated more closely with lower BMIs than are diets low in carbohydrates.<sup>24,76</sup> People eating higher-carbohydrate diets may consume more food by weight compared with people eating lower-carbohydrate diets, but take in less total energy due to the low energy density of the foods consumed.<sup>24</sup> Typically,

vegetarian diets derive more than 50% of energy from carbohydrate from fruits, vegetables, legumes, nuts and whole-grain breads and cereals.<sup>22,63,66,67</sup> High-carbohydrate diets tend to increase postprandial energy expenditure (thermic effect of food), presumably by increasing insulin sensitivity and hence facilitating the entry of nutrients into cells, where they can be metabolized.<sup>58,71-73</sup>

## Fat

Data from the Continuing Survey of Food Intakes by Individuals (CSFII 1994–1996)<sup>24</sup> and other studies<sup>63,74,75</sup> have shown that vegetarians have a lower intake of total and saturated fat as a percentage of energy compared with non-vegetarians. Fat, of course, is the most energy-dense of the macronutrients. However, in both the vegan and vegetarian diet, there is also a consistently higher polyunsaturated fat to saturated fat ratio compared with the non-vegetarian diet.<sup>20,63,76</sup> Spencer<sup>41</sup> observed an inverse association between percent polyunsaturated fat in the diet and BMI. The mechanism by which total fat or the polyunsaturated fat to saturated fat ratio exerts an influence on body weight is unclear. McCarty<sup>77</sup> has suggested that since hepatic fatty acid oxidation promotes appetite control and lowers the respiratory quotient, a relative disinhibition of this pathway may play a role in appetite suppression in vegans and/or vegetarians.

## Protein

Protein (as percentage of energy intake) was correlated positively with BMI in the large EPIC-Oxford cohort, both within groups (except for vegans) and across groups, for both men and women.<sup>16,41</sup> Similar observations were reported in an EPIC cohort in Greece.<sup>79</sup> Most,<sup>22,24,40,62,80</sup> but not all,<sup>42,43</sup> studies support this finding.

The total amount of protein provided in a vegetarian diet, although adequate, is less than that provided in a non-vegetarian diet. However, all essential and non-essential amino acids can be supplied by plant sources.<sup>81</sup> Some investigators<sup>77,78</sup> have hypothesized that down-regulation of insulin and up-regulation of glucagon may occur in response to the relative amount of non-essential amino acids in the diet. Because “high-quality” animal protein has greater efficacy for releasing insulin, and “lower-quality” plant proteins have a greater impact on glucagon, a vegetarian diet may exert a downward effect on body weight. The role of plant proteins in modulating the insulinemic response in vegan diets merits further study.

## Health Benefits

Observational studies indicate that the weight and BMI of both male and female vegetarians, on average, is approximately 3% to 20% lower than that of non-vegetarians. Obesity prevalence ranges from 0% to 6% in vegetarians and from about 5% to 45% in non-vegetarians. Randomized trials suggest that dietary factors influencing energy intake and possibly thermic effect of food may be responsible for these differences. Because vegetarian diets are associated with reduced body weight and lower rates of obesity, vegetarians generally have a lower risk of coronary heart disease,<sup>82,83</sup> hypertension,<sup>10,84</sup> and diabetes.<sup>12</sup> A 1995 study estimated that vegetarians also incur significantly lower medical costs compared with non-vegetarians.<sup>88</sup> The positive effects of a plant-based diet on chronic disease prevention may be mediated, in part, by changes in body weight.

## REFERENCES

1. Office of the Surgeon General. *Healthy People 2010: Health Goals for the United States*. Washington, DC: Department of Health and Human Services; 2000.
2. World Health Organization Working Group on Obesity. *Obesity: Preventing And Managing The Global Epidemic*. Geneva: WHO; 1998.
3. National Center for Health Statistics, Centers for Disease Control. *Prevalence of Overweight and Obesity Among Adults: United States 1999-2000*. Available at: <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/obese/obse99.htm>. Accessed March 10, 2006.
4. Key TJ, Davey GR, Appleby PN. Health benefits of a vegetarian diet. *Proc Nutr Soc*. 1999;58:271-275.
5. Dwyer JT. Health aspects of vegetarian diets. *Am J Clin Nutr*. 1988;48:712-738.
6. Dwyer JT. Nutritional consequences of vegetarianism. *Ann Rev Nutr*. 1991;11:61-69.
7. Sabaté J. The contribution of vegetarian diets to health and disease: a paradigm shift. *Am J Clin Nutr*. 2003;78(suppl):502S-507S.
8. Ornish D, Brown SE, Scherwitz JHB, et al. Intensive lifestyle changes for reversal of coronary heart disease. *JAMA*. 1998;280:2001-2007.
9. Barnard ND, Scialli AR, Bertron P, Hurlock, Edmonds K, Talev L. Effectiveness of a low-fat vegetarian diet in altering serum lipids in healthy premenopausal women. *Am J Cardiol*. 2000;85:969-972.
10. Berkow SE, Barnard ND. Blood pressure regulation and vegetarian diets. *Nutr Rev*. 2005;63:1-8.
11. Nicholson AS, Sklar M, Barnard ND, Sarojini G, Sullivan R, Browning S. Toward improved management of NIDDM: a randomized, controlled, pilot intervention using a low-fat, vegetarian diet. *Prev Med*. 1999;29:87-91.
12. Jenkins DJA, Kendall CWC, Marchie A, et al. Type 2 diabetes and the vegetarian diet. *Am J Clin Nutr*. 2003;78:610S-616S.
13. Ornish D, Brown SE, Scherwitz JHB, et al. Can lifestyle changes reverse coronary heart disease? *Lancet*. 1990;336:129-133.
14. Thorogood M, Mann J, Appleby P, McPherson K. Risk of death from cancer and ischaemic heart disease in meat and non-meat eaters. *BMJ*. 1994;308:1667-1670.
15. Frentzel-Beymw R, Chang-Claude J. Vegetarian diets and colon cancer: the German experience. *Am J Clin Nutr*. 1994;59(suppl):1143S-1152S.
16. Appleby PN, Thorogood M, Mann JI, Key TJ. Low body mass index in non-meat eaters: the possible roles of animal fat, dietary fiber and alcohol. *Int J Obes Relat Metab Disord*. 1998;22:454-460.
17. Armstrong B, Van Merwyk, AJ, Coates HM. Blood pressure in Seventh-Day Adventists. *Am J Epidemiol*. 1977;105:444-449.
18. Burr ML, Bates CJ, Fehily AM, Leger AS. Plasma cholesterol and blood pressure in vegetarians. *J Hum Nutr*. 1981;35:437-442.
19. Famadu AA, Osilesi O, Makinde YO, Osonuga OA. Blood pressure and blood lipid levels among vegetarian, semi-vegetarian, and non-vegetarian native Africans. *Clin Biochem*. 1998;31:545-549.
20. Fraser GE. Associations between diet and cancer, ischemic heart disease, and all-cause mortality in non-Hispanic white California Seventh-Day Adventists. *Am J Clin Nutr*. 1999;70(Suppl):532S-538S.
21. Greenwood DC, Cade JE, Draper A, Barrett JH, Calvert C, Greenhalgh. Seven unique food consumption patterns identified among women in the UK Women's Cohort Study. *Eur J Clin Nutr*. 2000;54:314-320.
22. Haddad EH, Berk LS, Kettering JD, Hubbard RW, Peters WR. Dietary intake and biochemical, hematologic, and immune status of vegans compared with non-vegetarians. *Am J Clin Nutr*. 1999;70(suppl):586S-593S.
23. Hoffman I, Groeneveld MJ, Boeing H, et al. Whole-some Nutrition Study: relation between a health-conscious diet and blood lipids. *Eur J Clin Nutr*. 2001;55:887-895.
24. Kennedy ET, Bowman SA, Spence JT, Freedman M, King J. Popular diets: correlation to health, nutrition, and obesity. *J Am Diet Assoc*. 2000;101:411-420.
25. Knuffman JT, West CE. The concentration of cholesterol in serum and in various serum lipoproteins in macrobiotic, vegetarian and non-vegetarian men and boys. *Atherosclerosis*. 1982;43:71-82.
26. Knutsen SF. Lifestyle and the use of health services. *Am J Clin Nutr*. 1994;59(suppl):1171S-1175S.
27. Krajcovicova-Kudlackova M, Simoncic R, Babibaska K, et al. Selected vitamins and trace elements in blood of vegetarians. *Ann Nutr Metab*. 1995;39:334-339.
28. Krajcovicova-Kudlackova M, Simoncic R, Bededova A, Klvanova J, Brtkova A, Grancicova E. Lipid and antioxidant blood levels in vegetarians. *Nahrung*. 1996;1:S17-S20.
29. Li D, Sinclair A, Mann N, et al. The association of diet and thrombotic risk factors in healthy male vegetarians and meat eaters. *Eur J Clin Nutr*. 1999;53:612-619.

30. Lu SC, Wu WH, Lee CA, Chou HF, Lee HR. LDL of Taiwanese vegetarians are less oxidizable than those of omnivores. *J Nutr.* 2000;130:1591–1598.
31. Melby CL, Hyner GC, Zoog B. Blood pressure in vegetarians and non-vegetarians: a cross-sectional analysis. *Nutr Res.* 1985;5:1077–1082.
32. Melby CL, Goldflies DG, Toohey ML. Blood pressure differences in older black and white long-term vegetarians and non-vegetarians. *J Am Coll Nutr.* 1993;12:262–269.
33. Millet P, Guillaud JC, Fuchs F, Klepping J. Nutrient intake and vitamin status of healthy French vegetarians and non-vegetarians. *Am J Clin Nutr.* 1989;50:718–727.
34. Newby PK, Tucker KL, Wolk A. Risk of Overweight and obesity among semivegetarian, lactovegetarian, and vegan women. *Am J Clin Nutr.* 2005;81:1267–1274.
35. Rottka H. Health and vegetarian lifestyle. *Bibl Nutr Diet.* 1990;45:176–194.
36. Rouse IL, Armstrong BK, Beilin LJ. The relationship of blood pressure to diet and lifestyle in two religious populations. *J Hyper.* 1983;1:65–71.
37. Sachs PM, Castelli WP, Donner A, Kass EH. Plasma lipids and lipoproteins in vegetarians and controls. *N Engl J Med.* 1975;292:1148–1151.
38. Sanders TAB, Ellis FR, Path FRC, Dickerson JWT. Studies on vegans: the fatty acid composition of plasma choline phosphoglycerides, erythrocytes, adipose tissue, and breast milk, and some indicators of susceptibility to ischemic heart disease in vegans and omnivore controls. *Am J Clin Nutr.* 1978;31:805–813.
39. Simons LA, Gibson JC, Pino C, Hosking M, Bullock J, Trim J. The influence of a wide range of absorbed cholesterol on plasma cholesterol levels in man. *Am J Clin Nutr.* 1978;31:1334–1339.
40. Slattery ML, Jacobs DR, Hilner JE, et al. Meat consumption and its association with other diet and health factors in young adults: the CARDIA study. *Am J Clin Nutr.* 1991;54:930–935.
41. Spencer EA, Appleby PN, Davey GK, Key TJ. Diet and body mass index in 38,000 EPIC-Oxford meat-eaters, fish-eaters, vegetarians and vegans. *Int J Obes.* 2003;21:728–734.
42. Supawan V, Pongpaew P, Tungtrongchitr R, et al. Lipid profile, anthropometry and dietary intake of 132 Thai vegetarians. *Int J Vit Nutr Res.* 1992;62:324–329.
43. Toohey ML, Harris MA, Williams D, Foster G, Schmidt WD, Melby CL. Cardiovascular disease risk factors are lower in African-American vegans compared to lacto-ovo-vegetarians. *Am Coll Nutr.* 1998;17:425–434.
44. Melby CL, Toohey ML, Cebrink J. Blood pressure and blood lipids among vegetarian, semivegetarian, and non-vegetarian African Americans. *Am J Clin Nutr.* 1994;59:103–109.
45. Faber M, Gouws E, Benade' AJS, Labadarios D. Anthropometric measurements, dietary intake and biochemical data of South African lacto-ovovegetarians. *S Afr Med J.* 1986;69:733–738.
46. Harman K, Parnell WR. The nutritional health of New Zealand vegetarian and non-vegetarian Seventh-day Adventists: selected vitamin, mineral and lipid levels. *NZ Med J.* 1998;111:91–94.
47. Hebbelinc M, Clarys P, De Malsche A. Growth, development and physical fitness of Flemish vegetarian children, adolescents, and young adults. *Am J Clin Nutr.* 1999;70(suppl):579S–585S.
48. Lin CL, Fang TC, Gueng MK. Vascular dilatory functions of ovo-lactovegetarians compared with omnivores. *Atherosclerosis.* 2001;158:247–251.
49. Neiman DC, Underwood BC, Sherman KM, et al. Dietary status of Seventh-Day Adventist vegetarian and non-vegetarian elderly women. *J Am Diet Assoc.* 1989;89:1763–1769.
50. Taber LAL, Cook RA. Dietary anthropometric assessment of adult omnivores, fish-eaters, and lacto-ovo-vegetarians. *J Am Diet Assoc.* 1980;76:21–29.
51. Toth MJ, Poehlman ET. Sympathetic nervous system activity and resting metabolic rate in vegetarians. *Metabolism.* 1994;43:621–625.
52. Shultz TD, Leklem JE. Dietary status of Seventh-day Adventists and non-vegetarians. *J Am Diet Assoc.* 1983;83:27–33.
53. Barr SI, Broughton TM. Relative weight, weight loss efforts and nutrient intakes among health-conscious vegetarian, past vegetarian and non-vegetarian women ages 18 to 50. *J Am Coll Nutr.* 2000;19:781–788.
54. Burr ML, Butland BK. Heart disease in British vegetarians. *Am J Clin Nutr.* 1988;48:830–832.
55. Key T, Davey G. Prevalence of obesity is low in people who do not eat meat. *BMJ.* 1996;313:816–817.
56. Snowdon DA, Phillips RL, Fraser GE. Meat consumption and fatal ischemic heart disease. *Prev Med.* 1984;13:490–500.
57. Chang-Claude J, Frentzel-Beymw R. Dietary and lifestyle determinants of mortality among German vegetarians. *Int J Epi.* 1993;22:228–236.
58. Barnard ND, Scialli AR, Turner-McGrievy G, Lanou AJ. The effects of a low-fat, plant-based dietary intervention on body weight, metabolism, and insulin sensitivity in postmenopausal women. *Am J Med.* 2005;118:991–997.
59. McDougall J, Litzau K, Haver E, Saunders V, Spiller G. Rapid reduction of serum cholesterol and blood pressure by a twelve-day, very low fat, strictly vegetarian diet. *J Am Coll Nutr.* 1995;14:491–496.
60. Lindahl O, Lindwall L, Spangberg A, Stenram A, Ockerman PA. A vegan regimen with reduced medication in the treatment of hypertension. *Br J Nutr.* 1984;52:11–20.
61. Margetts BM, Beilin LJ, Vandongen R, Armstrong BK. Vegetarian diet in mild hypertension: a randomized controlled trial. *BMJ.* 1986;293:1468–1471.
62. Thorogood M, Roe L, McPherson K, Mann J. Dietary intake and plasma lipid levels: lessons from a study of the diet of health conscious groups. *BMJ.* 1990;300:1297–1301.
63. Appleby PN, Thorogood M, Mann JI, Key TJ. The Oxford Vegetarian Study: an overview. *Am J Clin Nutr.* 1999;70(suppl):525S–531S.
64. Turner-McGrievy GM, Barnard NB, Scialli AR, Lanou AJ. Effects of a low-fat diet and a step II diet on macro- and micronutrient intakes in overweight



- postmenopausal women. *Nutrition*. 2004;20:738–746.
65. Phillips F, Hackett G, Stratton, Billington D. Effect of changing to a self selected vegetarian diet on anthropometric measurements in UK adults. *J Hum Nutr Diet*. 2004;17:249–255.
  66. Larsson CI, Johansson GK. Dietary intake and nutritional status of young vegans and omnivores in Sweden. *Am J Clin Nutr*. 2002;76:100–106.
  67. Haddad EH, Tanzman JS. What do vegetarians in the United States eat? *Am J Clin Nutr*. 2003;78(suppl):626S–632S.
  68. Howarth NC, Saltzman E, Roberts SB. Dietary fiber and weight regulation. *Nutr Rev*. 2001;59:129–139.
  69. Rolls BJ, Ello-Martin JA, Tohill BC. What can intervention studies tell us about the relationship between fruit and vegetable consumption and weight management? *Nutr Rev*. 2004;62:1–17.
  70. Albrink MJ. Dietary fiber, plasma insulin, and obesity. *Am J Clin Nutr*. 1978;31:S277–S279.
  71. de Jonge L, Bray GA. The thermic effect of food and obesity: a critical review. *Obes Res*. 1997;5:622–631.
  72. Ravussin E, Acheson KJ, Vernet O, Danforth E, Jequier E. Evidence that insulin resistance is responsible for the decreased thermic effect of glucose in human obesity. *J Clin Invest*. 1985;76:1268–1273.
  73. Kuo CS, Lai NS, Ho LT, Lin CL. Insulin sensitivity in Chinese ovo-lactovegetarians. *Eur J Clin Nutr*. 2004;58:312–316.
  74. Alexander D, Ball, MJ, Mann J. Nutrient intake and haematological status of vegetarians and age-sex matched omnivores. *Eur J Clin Nutr*. 1994;48:538–546.
  75. Resnicow K, Barone J, Engle A, et al. Diet and serum lipids in vegan vegetarians: a model for risk reduction. *J Am Diet Assoc*. 1991;91:447–453.
  76. Davey GK, Spencer EA, Appleby PN, Allen NE, Knox KH, Key TJ. EOIC-Oxford: lifestyle characteristics and nutrient intakes in a cohort of 33,883 meat-eaters and 31,546 non meat-eaters in the UK. *Pub Health Nutr*. 2003;6:259–268.
  77. McCarty, MF. Vegan proteins may reduce risk of cancer, obesity, and cardiovascular disease by promoting increased glucagon activity. *Medical Hypothesis*. 1999;53:459–485.
  78. McCarty, MF. The origins of western obesity: a role for animal protein? *Medical Hypothesis*. 2000;54:488–494.
  79. Trichopoulos A, Gnardellis C, Benetou V, Lagiou P, Bamia C, Trichopoulos D. Lipid, protein and carbohydrate intake in relation to body mass index. *Eur J Clin Nutr*. 2002;56:37–43.
  80. Lovejoy J, DiGirolamo M. Habitual dietary intake and insulin sensitivity in lean and obese adults. *Am J Clin Nutr*. 1992;55:1174–1179.
  81. American Dietetic Association. Position of the American Dietetic Association: vegetarian's diets. *J Am Diet Assoc*. 1997;97:1317.
  82. Thorogood M, Appleby PN, Key JT, Mann J. Relation between body mass index and mortality in an unusually slim cohort. *J Epidemiol Community Health*. 2003;57:130–133.
  83. Key TJ, Fraser GE, Thorogood M, et al. Mortality in vegetarians and non-vegetarians: detailed findings from a collaborative analysis of 5 prospective studies. *Am J Clin Nutr*. 1999;70(suppl):516S–524S.
  84. Appleby PN, Key TJ, Thorogood M. Mortality in British vegetarians. *Public Health Nutr*. 2002;5:29–36.
  85. Armstrong B, Clarke H, Martin C, Ward W, Norman N, Masarei J. Urinary sodium and blood pressure in vegetarians. *Am J Clin Nutr*. 1979;32:2472–2476.
  86. Armstrong B, Brown JB, Clarke HT, et al. Diet and reproductive hormones: A study of vegetarian and non-vegetarian postmenopausal women. *J Natl Cancer Inst*. 1981;67:761–767.
  87. Singh PN. Body weight and mortality among adults who never smoked. *Am J Epidemiol*. 1999;150:1152–1164.
  88. Barnard ND, Nicholson A, Howard JL. The medical costs attributable to meat consumption. *Prev Med*. 1995;24:646–655.



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