

“Losing Weight in the New Year: Fads and Facts”

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In the holiday season, the thoughts of many turn to—food. Then comes the New Year and the dreaded New Year's Resolutions, around which, again, the thoughts of many turn to—food, especially what eating too much of it does to one's size and shape. Of course, those resolutions concerning a particular size and shape our patients don't like are often related not to what they just ate but to what they have been eating, and not eating, over a period of many years.

Most patients who are concerned with weight loss, for one reason or another, know what road they should be taking to achieve success, the latter being defined as follows: losing an amount of weight in the range of what one can reasonably expect to lose and then keeping it off indefinitely. “Reasonably expect to lose” is best defined in terms of where the person is now and how long it took them to get there.

For example, a patient of yours standing 5'10" and weighing 285 lbs. who has been at that weight for quite some time cannot, in many cases, reasonably

expect to get down to what is considered “normal” for him, around 165-175 lbs. (although some, with a great deal of dedication, can). But a 50-60 lb. weight loss, done over the course of a year, is reasonable, and might be feasible, depending upon his weight gain and previous dieting history. Similarly, it is unreasonable for a 5'5"

tall woman weighing 185 lbs. to expect to get down to a size six. But again, a 40 lb. weight loss, done over the course of nine months, is reasonable, and might be feasible, depending upon her weight gain and previous dieting history.

Most of your patients who, with your help, set reasonable goals for themselves and decide, again with your help, how to go about reaching them, know that the surest pathway to success is, in one way, the simplest. (It's also slow and boring, its two drawbacks.) The first part is to “eat a healthy diet.” This is best achieved primarily—whatever the current fad in dieting may say—by lowering the amount of fat one takes in, both for the overall health benefits of fat-intake reduction and to reduce caloric intake (for fat is much more calorie-dense than is protein or carbohydrate).

A reduction in caloric intake is best achieved by substituting for that fatty food healthy carbohydrates: grains, fruits, and vegetables, without, of course, overdoing it so that total caloric intake is increased even if the calories are found in otherwise healthy foods. By the way, most of the “anti-carb” stuff you hear these days is meaningless. Carbs by themselves do not lead to weight gain (any more than fats eaten in small enough quantities do). Too much of any kinds of carbs, but especially the wrong kinds of carbs, of course will lead to weight gain.

The second part of any healthy weight loss program is, as our readers know well, to get onto a suitable program of regular exercise.

Does this approach work? Well, when one has set reasonable goals, yes. While national data indicate that only 5-10% of the total of weight-loss efforts are successful, data from at least one study (1) showed that up to 50% of weight-loss efforts by people doing it on their own and following the slow, boring, “healthy eating and exercise” regimen are successful. A recent large-scale survey done by Consumer Reports



Jonas crossing the finish line of the 1998 World Master's Game Triathlon, Hagg Lake, OK

showed had even more striking results: about 85% of successful weight losers did it on their own, simply with healthy eating and exercise (2).

Why don't more prospective weight-losers follow that pathway? First of all, as most readers of this article will know well, "eating healthy" and "exercising regularly" are easier said than done. Second of all, one has to be prepared for "slow and boring." And so, some, actually many in this country, turn to "fad" diets. Some of the latter intuitively don't make sense: "eat only one kind of food," or "eat your food in a particular pattern." Others are downright nutritionally unhealthy in the long run: "lower your carbohydrate and increase your intake of fats and protein." (Should any of these diets work for any individual, by the way, they do so because the way that particular person uses the diet leads them to reduce their caloric intake.) The Atkins Diet is the one that has gotten the most publicity over the years, but there have been many versions of it. For a solid analysis of its deficiencies and the deficiencies of the recent publicity the Atkins Diet has gotten, see Bonnie Liebman's article in a recent issue of *Nutrition Action* (3).

What's the main attraction of these "diets?" For one thing, they are all accompanied by some version of the "lose ten pounds in seven days" or "forty pounds in eight weeks" claim. Second, they are always described as "easy" and requiring "no will-power." Third, they invariably tell the dieter exactly what to eat. No responsibility, no food choices to make. Just follow the dotted line (something that is not at all helpful for changing the way one eats over the long term, which one must do if any weight lost is to stay off). And last, if the fad diet addresses the dreaded issue of regular exercise, it does so in passing or as an afterthought. So the approaches to weight loss are easy, or seem to be.

But why do most nutritionists and weight-management scientists recommend against them? Because to the

degree we can gather information (and for a variety of reasons the purveyors of these approaches do not and indeed cannot provide scientifically sound evaluations of their efforts), experience shows that for most people, over the long run, they don't lead to long-term success and do lead to "yo-yo" dieting, and are often otherwise unhealthy.

Nevertheless, sometimes one fad diet or another does produce success as defined above, for one person or another, for several reasons. One is that different people gain weight in different ways: slowly, quickly, as adults, as children, from over-eating, from under-exercising, from pregnancy, from yo-yo dieting. Over time, different weight gain patterns have different effects on metabolism. Unfortunately, this is a subject that has been little studied. But we can be sure that if there are different "sizes" of weight gain, surely one size of weight-loss diet cannot fit all. Thus, a given patient's metabolism may be one with which a given fad diet can work to produce permanent weight loss.

Second of all, some of those who achieve success seemingly through a fad diet did it by starting out on that diet, achieving early, seemingly easy, weight-loss, but then were able to switch over on their own to the "healthy-eating/regular-exercise" pattern for the long run. How many people fall into that category? Since that question has never been studied, we have absolutely no idea.

What, then, are we saying here? In a nutshell, your patient should first set reasonable goals for him or herself and make sure that they are their goals, set for themselves, not for someone else. Second, they should think about trying the tried-and-true healthy-eating and regular-exercise approach. And finally, if a patient is tempted by one of those fad or nutritionally-unhealthy-on-their-face diets, he or she should not expect to be able to achieve long-term success (unless they are one of the fortunate few) without eventually getting onto a

healthy-eating/regular-exercise regimen. Thus, thinking about that fad diet as a starter package only is something that selected patients might find helpful.

Epilogue: On the Efficacy and Utility of Fad Diets

About five years ago, I appeared on a Fox Cable TV health program panel on weight loss. The three panelists were myself, a bright young "personal success story" spokeswoman for Weight Watchers, and Dr. Robert Atkins. Both the young lady from Weight Watchers and I were endorsing the "healthy eating and exercise" approach to weight loss. Dr. Atkins was, of course, promoting his "high fat/low carbohydrate, exercise as an afterthought if at all" approach.

Both the Weight Watchers lady and I appeared to be of normal weight, wore a healthy complexion, and looked reasonably fit. We each allowed that we had gotten to where we were by following what we recommended for everyone. Dr. Atkins looked to me to be of sallow complexion, completely out of shape, and significantly overweight, I guessed in the 30-50 lb. range.

As panel members we each briefly talked about our approaches to weight loss. Dr. Atkins' turn came last. He said words to the effect of: "there's only one way to lose weight, and that's mine. Furthermore, everyone who tries the Atkins Diet achieves success with it." I was sorely tempted to ask the good doctor whether the fact that he was obviously overweight and out-of-shape meant simply that he had never tried The Atkins Diet himself, or that, heaven forefend, he was simply the one failure. The show's producer had asked me beforehand if I would engage in controversy on the show. I told her that that was not my style. Thus I let the urge to ask that question pass, and after the show just had a good chuckle about the matter with my colleague from Weight Watchers.

References:

1. Kayman, S., Bruvold, W., Stern, JS. "Maintenance and Relapse after Weight Loss in Women: Behavioral Aspects." *American Journal of Clinical Nutrition*, 1990; 52, 800-807.
2. "The Truth About Dieting," *Consumer Reports*, June, 2002, p. 26.
3. Liebman, B., "Big Fat Lies: The Truth About the Atkins Diet," *Nutrition Action*, 2002; Vol. 29, No. 9, p. 1.