

*“I feel that I am overweight  
and I am having health consequences,*

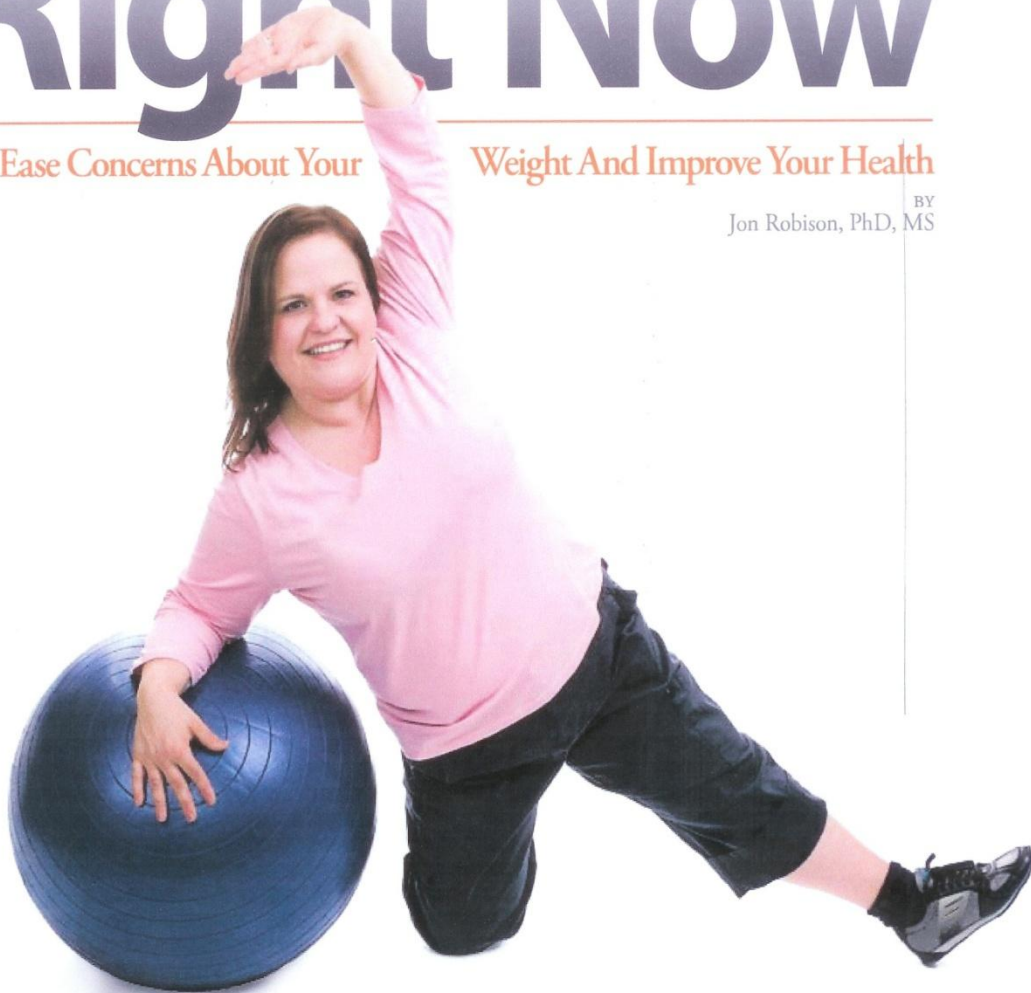
*Or I am concerned  
about having them in the future.*

*What can I do  
to ease my concerns  
and improve my health?”*

# 10 Things You Can Do Right Now

To Ease Concerns About Your Weight And Improve Your Health

BY  
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To Ease  
Concerns  
about  
Your Weight  
and  
Improve  
Your Health

# #1 – SAVE YOUR TIME & MONEY

Don't spend another minute or another  
dime on anything or anybody  
that even remotely suggests that  
it or they  
will help you lose weight permanently!

# THE LEGACY OF FAILURE

Meridia (Sibutramine) Xenical (Orlistat)

Over 50,000 users - Persistence with therapy

1 year → <10%

2 years → 2%

# THE LEGACY OF FAILURE

## Medicare's Search for Effective Treatments

*“From one-third to two-thirds of dieters will weigh more four to five years after the diet ends than they did before the diet began.”*

American Psychologist, April, 2007

# THE LEGACY OF FAILURE

## Medicare's Search for Effective Treatments

*“In sum, there is little support for the notion that diets lead to lasting weight loss or health benefits.”*

American Psychologist, April, 2007

# THE LEGACY OF FAILURE

## Medicare's Search for Effective Treatments

*“ The benefits of dieting are simply too small and the potential harms of dieting are too large for it to be recommended as a safe and effective treatment for obesity. ”*

American Psychologist, April, 2007

# THE LEGACY OF FAILURE

## Medicare's Search for Effective Treatments

*“This conclusion comes from studies that are biased toward showing successful weight loss maintenance...and must be considered a conservative estimate of the percentage of individuals for whom dieting is counterproductive.”*

# THE LEGACY OF FAILURE

## Medicare's Search for Effective Treatments

- ◆ Most studies do not control for exercise
- ◆ Self-reported weights by phone or by mail
- ◆ People on other diets since end of study
- ◆ Very low long term follow-up rates (33%)

# THE LEGACY OF FAILURE

- ◆ 426 originally enrolled for diet study
- ◆ 154 included in analysis
- ◆ 112 people's follow up weights included
- ◆ 73% follow-up rate claimed (really 26%)
- ◆ 15 - 42 people in long-term follow-up points

## #2 – JUST SAY NO!

Do not use (or let anyone else use)  
your weight or BMI  
or any other measurement  
of body size or composition  
as an indicator of health.

# OBESITY & MORTALITY

*“For overweight and obesity combined, our estimate was 25,814 excess deaths”*

# OBESITY & MORTALITY

*“The associations are not necessarily causal. Even if body weights were reduced to the reference level, risks might not return to the level of the reference category.”*

# OBESITY & MORTALITY

*“Other factors associated with body weight, such as physical activity, body composition, visceral adiposity, physical fitness or dietary intake might be responsible for some or all of the apparent association of weight with mortality.”*

# THE COCKROACH EFFECT

## Faulty Data that Will Not Die

- ◆ 300,000 deaths due to obesity
- ◆ Decreased lifespan for kids
- ◆ Sugar and hyperactivity in kids
- ◆ Dangers of high fructose corn syrup

National Population Health Survey, Statistics Canada - 12,000 adults followed for 12 yrs

# WEIGHT & MORTALITY

## National Longitudinal Study - Canada

- ◆ Underweight → RR = 1.73
- ◆ “Normal” weight → RR = 1
- ◆ Overweight → RR = .83
- ◆ Obesity Class 1 → RR = .95
- ◆ Obesity Class 11 → RR = 1.36

# WEIGHT & MORTALITY

## National Longitudinal Study - Canada

*“ Our results are similar to those of other recent studies...when compared to the acceptable BMI category, overweight appears to be protective against mortality. Obesity I was not was not associated with an increased risk of mortality. ”*

# BENEFITS OF EXTRA POUNDS?

## “Obesity Paradox”

*“Among patients with cardiovascular illness, the finding that obese patients fare better is not restricted to patients with chronic heart failure. Indeed, in other chronic illnesses like chronic obstructive pulmonary disease, cancer, renal failure, or liver cirrhosis, obese patients show better survival.”*

# BENEFITS OF EXTRA POUNDS? “Obesity Paradox”

*“Obesity must be a marker of something positive if it is not of itself of benefit.”*

## #3 – ASK FOR ANSWERS

If you have a health issue commonly considered to be *weight-related*, and a health professional recommends weight loss as a solution, ask him/her the following questions:

## #3 – ASK FOR ANSWERS

- ◆ What is the **long-term** success rate of the approach you are suggesting ?
- ◆ What is likely to happen to my health condition if I lose weight and regain it?
- ◆ Is there a way to treat this condition that does not involve a focus on weight?

## #3 – LOOK FOR THESE ANSWERS

- ◆ The success rate is no better than 5% and it is likely that you will gain the weight back.
- ◆ It is quite possible that your health issues (BP, diabetes, cholesterol, etc.) will get worse.
- ◆ All of these conditions can be helped with lifestyle changes with little or no weight loss.

# WHAT ABOUT DIABETES?

Numerous studies have shown that these so called 'weight-related' health problems can be treated effectively with lifestyle interventions without significant weight loss and in individuals who remain markedly 'obese' by traditional medical standards.

## #4 – USE YOUR IMAGINATION

If you do not have a health condition but are worried you will develop one if you don't make some changes to lose weight, try the following:

## #4 – USE YOUR IMAGINATION

- ◆ Imagine you are, **right now**, at the weight you believe will be healthier for you
- ◆ Make a plan of changes you might be able to sustain to remain healthy at that weight
- ◆ Implement that plan, **right now**, at your current weight

# HEALTH AT EVERY SIZE

The New Peace Movement



Making Peace With Our Bodies & Our Food

# HEALTH AT EVERY SIZE

- ◆ Self-Acceptance - feeling good about self
- ◆ Movement - being comfortably active
- ◆ Normal Eating - natural, relaxed eating

# “PREJUDICE”

*“An adverse judgment or opinion  
formed beforehand  
without knowledge of the facts.”*

# OBESITY KILLS?

*“To assess the impact of poor diet and physical inactivity on mortality, we computed annual deaths due to overweight.”*

Allison, JAMA, 2004;291(10)1238-1245

# “PREJUDICE”

*Judging people’s intelligence, health  
or behaviors based on how they look  
is not science,  
it is prejudice.*

## #5 – MOVING YOUR BODY

If you are relatively sedentary,  
consider finding ways  
to move your body  
that feel good to you.

## #5 – THE GOOD NEWS!

- ◆ For most people fitness is a much more important indicator of health than fatness
- ◆ The greatest gains are achieved when people go from being sedentary to getting even small amounts of physical activity
- ◆ 3-ten min. bouts as good as 1-30 min. bout
- ◆ All kinds of movement count!

## #6 – DECLARE INDEPENDANCE

Don't let anyone  
(that's right – anyone!)  
tell you how to eat,  
what to eat, or  
how much to eat

## #7 – INTERNAL WISDOM

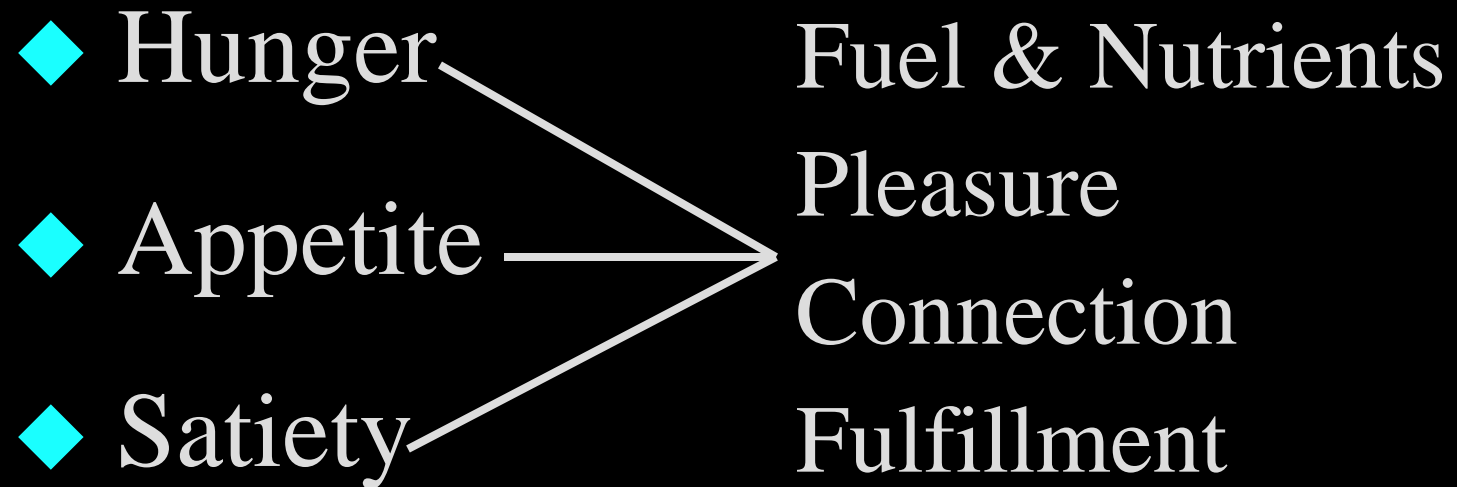
Learn to eat by listening to internal cues

- appetite, hunger & satiety.

Pay attention to these and avoid  
having to pay someone else to tell you  
what and how much to eat!

# NORMAL EATING:

Based on internal cues:



## NORMAL EATING:

Is flexible. It varies in response to your emotions, your schedule, your hunger and your proximity to food.

Ellyn Satter, *How To Get Your Kid To Eat...But Not Too Much*, 1987.

# ORTHOREXIA NERVOSA

“obsession with eating healthy food.”

*Ortho* - right      *Orexia* - eating

*Nervosa* - obsession

# THE BLOWN APERITIF CRAZE

*“You must treat food as if it were a drug. You must eat food in a controlled fashion and in the proper proportions – as if it were an intravenous drip.”*

Barry Sears

## #8 – DIETARY GUIDELINES

Over the years the  
Dietary Guidelines  
have become too complex,  
too prescriptive and too focused on  
disease prevention and weight control

# DIETARY GUIDELINES

*“Nearly Everyone fails to meet  
Dietary Guidelines,  
suggests study”*

Journal of Nutrition, (sept) 2010;140:1832-1838

# DIETARY GUIDELINES

- ◆ Enjoy Your Food
- ◆ Eat a W – I – D – E Variety of Food
- ◆ Listen to Internal Cues Whenever Possible
- ◆ Share Your Food with Someone Needy  
(gratitude is deeply nourishing)

## #9 – WHAT REALLY MATTERS?

Take notice of any changes  
that take place over time  
with this approach  
– Ask yourself:

## #9 – WHAT REALLY MATTERS?

- ◆ What health-related changes have I seen?
- ◆ Do I feel differently about food?
- ◆ Do I feel differently about myself?
- ◆ Am I spending less time and energy worrying about my food and my weight?

# SHOW ME THE DATA!

- ◆ 78 Obese, Caucasian, female, chronic dieters, 30-45 years old
- ◆ 6 months of weekly intervention, 6 months of monthly after-care support
- ◆ Diet vs Non-Diet group

# SHOW ME THE DATA!

## Diet Group

- ◆ Restrict fat & energy intake
- ◆ Food diary, weekly weigh-in
- ◆ Walk in “training” heart rate range
- ◆ Fat grams, exchanges, labels, etc.
- ◆ “Learn” Program – behavior mod.

# SHOW ME THE DATA!

## Non-Diet Group

- ◆ Body and self-acceptance
- ◆ Internally-regulated eating
- ◆ Barriers to joyful movement
- ◆ Cultural weight prejudice

# SHOW ME THE DATA!

## Comparisons

- ◆ Weight, BMI
- ◆ Metabolic fitness, energy expenditure
- ◆ Eating behavior (EI, EDI-2)
- ◆ Psychology (depression, self esteem, body image)
- ◆ Attendance, dropout
- ◆ Participant satisfaction

# SHOW ME THE DATA!

<b>Dropout</b>	Diet:	41% (16)
	Non-Diet:	8% (3)
<b>TEE</b>	Diet:	Decrease
	Non-Diet:	Increase
<b>Success &amp; Failure</b>	Diet:	51% (38%)
	Non-Diet:	93% (5%)

# SHOW ME THE DATA!

## ◆ Health At Every Size

Maintained weight

Improved in all outcome variables

Sustained improvements

## ◆ ~~Diet group~~

~~Initial weight loss – weight regained~~

~~Improved variables at 1 year~~

~~Little improvement sustained~~

# SHOW ME THE DATA!

*“ The Health At Every Size approach enabled participants to maintain long-term behavior change; the diet approach did not.”*

*Encouraging size acceptance, reduction in dieting behavior, and heightened awareness and response to body signals resulted in improved health risk indicators for obese women.”*

# #10 – CELEBRATE!

That's Right!

Congratulate Yourself!

If you follow these suggestions

it is very likely

that you will:

## #10 – CELEBRATE

- ◆ End your time on the diet rollercoaster
- ◆ Increase your self-esteem & body image
- ◆ Take charge of your eating
- ◆ Settle at a natural, healthy weight
- ◆ Open up time, energy and money
- ◆ Improve health with / without weight change

# HAES: IN PRACTICE

## Health vs. Weight-Centered Care

- ◆ Q: “So, does HAES mean that we tell everyone they are currently at a healthy (natural) weight?”
- ◆ A: No, it means that we tell people if they eat normally and are physically active they will settle at a weight that is healthy (natural) for their body.

# HAES: IN PRACTICE

## Health vs. Weight-Centered Care

- ◆ Q: “So, if someone learns to listen to internal signals and becomes a normal eater will they lose weight?”
- ◆ A: If they were above their natural weight they may lose. If they were below their natural weight they may gain.

# HAES: IN PRACTICE

## Health vs. Weight-Centered Care

- ◆ Q: “But what about people with high blood pressure, cholesterol and glucose – shouldn’t they be told to lose weight?”
- ◆ A: No. Weight loss is not likely to be sustained, all these conditions can be improved without weight loss & weight cycling can make all of them worse.

# HAES: IN PRACTICE

## Health vs. Weight-Centered Care

- ◆ Q: “So, if I am working with a fat person with type II diabetes and I don’t do weight loss, what can I do instead?”
- ◆ A: Do the same thing that you would do with a thin person with type II diabetes.

# 1 FINAL QUESTION

If I do all of this  
will I lose weight?

## 3 POSSIBILITIES

1. You will lose weight
2. You will gain weight
3. Your weight will not change

## 3 POSSIBILITIES

Which of the 3 will occur is often not predictable. In any case, most people will end up being healthier and much less concerned about their weight.

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