

Dr. Mike's Key Points for Weight Management

Bottom Line: Don't diet.

Instead "retrofit" your weekly schedule for a better life. Rather than focusing on short term weight loss, concentrate on combining a good understanding of your personal caloric intake with developing your skills in time, stress, and change management.

Reality check

A healthy lifestyle requires significant planning, expertise in making healthy choices and estimating portion sizes, and diligence in monitoring caloric intake and activity, all of which take time to develop and maintain. Are you ready to change?

"It's not that some people have willpower and some don't. It's that some people are ready to change and others are not."

— James Gordon M.D.

Rethinking weight loss

Your old approach	Evidence	Your new approach
I need to diet	<ul style="list-style-type: none"> It depends how you measure success: Most diets work in the short term but not in the long-term. ⁱ It is not the specific diet that makes a difference- it is how much you stick to the diet you select. Some diets, such as Atkins, might help you lose weight in the short term but they are not healthy in the long run. 	<ul style="list-style-type: none"> Don't diet. Look at your caloric intake and cut 500 calories, or whatever is appropriate for you. Increase your self-awareness by identifying cues that trigger unhealthy eating and learn new responses to themⁱⁱ
I need to lose this much weight	<ul style="list-style-type: none"> Most people have a set weight driven by genetics Many people will not get to an ideal body weight 	<ul style="list-style-type: none"> Your "wedding weight" may not be a realistic goal. Pick a goal that you can achieve and sustain. You know what this is.
I need to lose quite a bit of weight to make a difference to my health	<ul style="list-style-type: none"> A weight loss of 5-7% in heavy people with pre-diabetes reduced progression to diabetes by 58%.ⁱⁱⁱ Most people seek weight losses that approximate 30% reductions.^{iv} 	<ul style="list-style-type: none"> You can make a significant improvement in your health by a relatively small amount of weight loss.
There is a secret	<ul style="list-style-type: none"> Individually it comes down to 2 things: calories in (eating) and calories out (activity) However, there are many big picture predictors of weight such as television, culture, location, genes, etc. 	<ul style="list-style-type: none"> There is no secret. Know the big picture but focus on keeping your strategy simple, e.g. reduce your calories and walk more.
I lack willpower	<ul style="list-style-type: none"> Negative thoughts frequently are associated with negative outcomes. e.g. You overeat and think, "I've blown my diet," and then proceed to eat even more because of feelings of failure and hopelessness. 	<ul style="list-style-type: none"> It is not all about willpower- it is about your ability to change and sustain that change. People who are good at sustaining change are good at managing their stress and their negative thoughts.

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The 5 top questions answered.

1. How do I know whether my weight is at a level where it might be harmful to my health?

Most people know where they are at but there are three scientific strategies:

1. Using a BMI (Body Mass Index) table which looks at your height compared to your weight. It is a very good way of looking at the big picture in society, but it can over-call (muscular people) or under-call (obese people with skinny legs- a.k.a. potato on toothpicks) individuals. You can [calculate your BMI on HealthyOntario health tools.](#)
2. **Measuring your waist circumference (WC):** Measured at the end of normal expiration, while the person is standing with feet hip width apart. Find smallest measurement below rib cage and above your belly button. The WHO considers ≥ 102 cm or 40 inches in men and ≥ 88 cm or 35 inches in women to indicate a high risk for diabetes, hypertension and coronary heart disease.
3. **Measure your waist to hip ratio:** Take your WC and then compare it to the widest part around your hips. Health risks are significant for waist/hip ratios of > 0.95 for men and 0.80 for women. This will tell you if you are an "apple" or a "pear". You can [calculate your waist to hip ratio on HealthyOntario health tools.](#)



2. Why bother?

Good question. Of course there is the vanity aspect but the best reason is the improved quality of life when you are at a healthy weight.

- Hippocrates said that "Corpulence is not only a disease itself, but the harbinger of others". Obesity increases the risk for all [heart diseases](#), [arthritis](#), [sleep apnea](#), gallbladder disease, cough and wheezing, various cancers, fatty liver, low back pain, and emotional distress and stigmatization.
- Analysis of the Framingham Heart Study data showed a 3-7 year decrease in life expectancy among obese individuals compared to persons of normal weight.^v

3. a) Which diet works best?

Diet is a short term concept. Research tells us that successful weight loss does not come from a specific diet but rather whichever one that you can stay on. A 2005 trial^{vi} compared the success of 4 popular but quite different approaches: Atkins (carbohydrate restriction), Zone (macronutrient balance), Weight Watchers (calorie restriction), or Ornish (fat restriction).

- The Atkins and Ornish diets were slightly harder to stick to.
- The Weight Watchers and Ornish diets are the best for your overall health

When they looked at weight loss and healthy heart blood tests, such as cholesterol and blood sugar, the bottom line was that it didn't matter which diet you were on. The only thing that mattered was how well you stuck to the diet that you were put on.

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3. b) How are the various programs different?

Program	Description	Comment
<u>Weight Watchers</u>	<ul style="list-style-type: none"> • Low-calorie, low-fat, high-fibre program with intensive group support • Founded in 1963 and is presented to clients as a point exchange system so that the participant must tally up points each day, with a total allowable dependent on current weight. • Each "point" equals roughly 50 calories, and most participants aimed for 24 to 32 points daily. Lists provided by the Weight Watchers Corporation determined point values of common foods. • Self-monitoring and frequent (weekly) meetings serve to foster better adherence and long-term success. • "When I am making that food decision, I think of that woman by the scale who is going to weight me and that pushes me to make the healthy choice." 	<ul style="list-style-type: none"> • Probably my favourite • No formal physical activity program • Compared to other commercial programs long-term trial data for the Weight Watchers program are the most compelling because of the number of subjects (65 obese men and 358 obese women) studied and the duration of follow-up; after 2 years, a weight loss of 3.2% was reported.
The Ornish Diet	<ul style="list-style-type: none"> • More than a decade ago, Dean Ornish and colleagues attempted to prove that radical lifestyle change (10% fat dietary plan with moderate aerobic exercise, stress management training, smoking cessation, and group psychosocial support) could make a difference in your coronary arteries. It did and you can. 	<ul style="list-style-type: none"> • Good for your waist line, but also, more importantly, your health. • Are you ready for vegetarianism? • The caveat is that this was an extremely low fat diet and 27% of the women and 21% of the men did not complete the 1 year follow-up.
Atkins diet	<ul style="list-style-type: none"> • Low carbohydrate diet that derives large proportions of calories from protein and fat. • Reflects some of a typical North American diet and so some people find this easier to adhere to initially. • 	<ul style="list-style-type: none"> • Recent trials support the Atkins approach in the short term, but at one year the outcomes seem no better than a low calorie diet. • Many clinicians have concerns that this high protein approach can be bad for the heart or the kidneys.
Mediterranean Diet	<ul style="list-style-type: none"> • High in fruits, vegetables, legumes and whole grains. It includes fish, nuts and low-fat dairy products and emphasizes the use of olive oil. • A recent Greek study showed that when people stuck to this diet they 	<ul style="list-style-type: none"> • I like this diet for 2 reasons: 1) many of my patients can stick to it and 2) the outcome that this diet was looking for was not just shedding pounds but rather to live longer without heart disease or cancer^{vii}. The

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Program	Description	Comment
	reduced their risk of death by 25%, especially from heart disease and cancer.	benefit was greater in women, in persons older than 55 years, in those who have never smoked, in heavier people, and in sedentary persons.
Zone Diet	<ul style="list-style-type: none"> 40% carbohydrate, 30% protein, and 30% fat eating plan that specifically advocates sparing use of grains and cereals. This diet plan is a lower carbohydrate, high-protein, yet low-fat diet. The premise behind this ratio is to shift the insulin:glucagon ratio to one that facilitates fat catabolism. 	<ul style="list-style-type: none"> No quality evidence to support the fat catabolism theory as superior. It may be easier to adhere to.
South Beach	<ul style="list-style-type: none"> Moderate in fat and carbohydrate content, though it initially does require patients to restrict carbohydrates. 	<ul style="list-style-type: none"> The South Beach (SB) diet actually reflects a mix of both the Atkins and the Mediterranean diets. It has yet to be looked at in quality trials over 3 months.

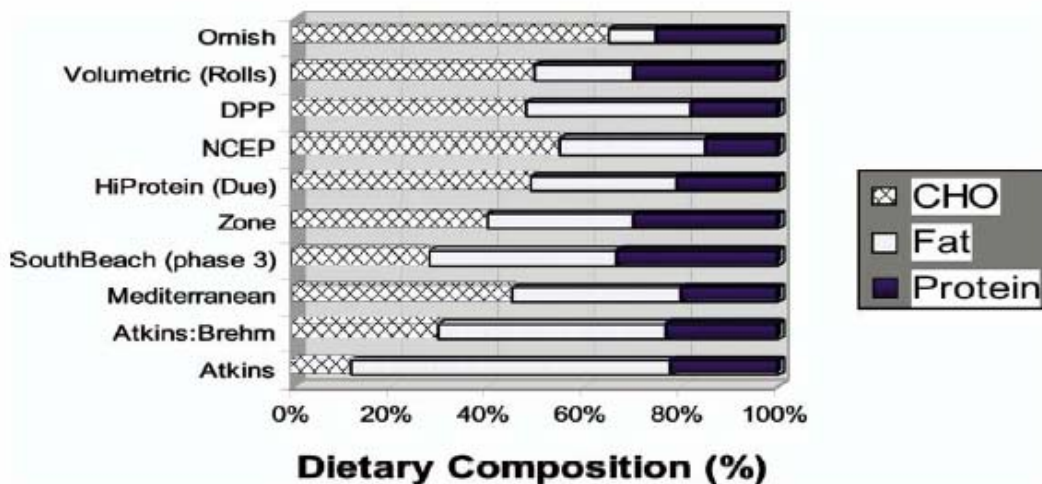


FIG 10. Dietary composition as a proportion of food energy of selected dietary plans aimed to promote weight loss. CHO = carbohydrate.

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4. What are the secrets of people who are successful at weight loss?

When more than 4000 people in the U.S. National Weight Control Registry lost 10% of their weight and continued to keep it off, they were asked how they did it, this is what they said:

- Registry members report that weight loss has led to significant improvements in self-confidence, mood and physical health. Surprisingly, 42% of participants report that maintaining their weight loss is less difficult than initially losing the weight.
- Two-thirds of these successful weight losers were overweight as children and 60% report a family history of obesity.
- Approximately 50% of participants lost weight on their own without any type of formal program or help.
- These people do 1 hour a day of activity such as brisk walking (this is double the typical recommendation of 30 minutes a day).
- They had less than 3 meals a week out, with less than 1 fast food meal a week on average.
- Individuals who lose weight appear to eat breakfast. In fact, only 4% missed eating breakfasts. A common species, at least in my patients, is the nighttime nibbler who skips breakfast, has coffee and a muffin for lunch, and then is so hungry that they have huge dinner followed by ice cream out of the tub.
- They got feedback on how they were doing. Successful weight managers, like other good managers, get feedback on how they are doing. 44% of registry members self-monitored their weight daily and 31% did it weekly.
- There was not just one pathway to limiting calories. Most (88%) restricted certain foods, some limited quantities (44%), and some counted calories (43%).
- Results indicated that participants who reported a consistent diet across the week were 1 ½ times more likely to maintain their weight within 5 lb over the subsequent year than participants who dieted more strictly on weekdays. A similar relationship emerged between dieting consistency across the year and subsequent weight regain; individuals who allowed themselves more flexibility on holidays had greater risk of weight regain. Allowing for flexibility in the diet may increase exposure to high-risk situations.
- These people were good stress managers. I often wonder if we are missing the boat when we focus on weight instead of looking at stress management. We can all benefit from self-awareness and having strategies to defend against overwhelming depression and anxiety. For people who are attempting to control their weight this translates into consciously avoiding inevitable smaller regains from becoming larger relapses.



5. How much do I have to lose to make a health difference?

Most people target a 25% reduction of their weight. In fact, just a 5-10% weight loss leads to very significant health benefits.

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Dr. Mike's 5 Simplified Steps to a Healthy Weight

1. Pick a program. Either

- ✓ Choose a diet that you are most likely to continue in the long term (I would push you towards Weight Watchers, or Mediterranean/ Ornish if you have any heart problems) and focus on how you are going to make your new approach not only a diet but also a lifestyle.

and/or

- ✓ See a dietitian to review your current eating habits and work out a way to drop 500 calories or whatever is appropriate for you from your daily intake. This will typically lead to a weight loss of 1-2 lbs. or 2-4 kg. each week. At 6 months most will have met the target of 10% weight loss and a maintenance program can be implemented.

2. Make a realistic goal. If you want to lose 20 lbs. for a wedding in 2 months then pick a diet, any diet, and go for it. However, if you want to truly optimize your life maybe you should start with changing your goals. I believe we start at the wrong end when we make a health resolution. Instead of focusing on losing weight, why don't we think about what would make our lives better?

- ✓ **Write out your typical week** of meals and activity. Now write in what would make your life better.
- ✓ **Make 2 small changes:** For example drop the muffin and orange juice and replace it with high fibre bread with almond butter or low fat cream cheese and water. Or add 2 walks with a good friend to your favourite book store for some green tea or a skim latte.
- ✓ **Become more self aware:** Know that fast food makes you feel bad but that you do it out of habit. Realize that eating junk food is not something 'you have to do' but instead it just makes you feel better when you do it. It works temporarily for four of the most common problems I see (fatigue, insomnia, depression, and pain).

3. Know thyself. Contemplate your unique pattern of vulnerability.

Your Style	Your Solutions
The Meal skipper (Misses breakfast, fast food small lunch on the go, huge dinner)	<ul style="list-style-type: none"> • Focus on making and eating a high fibre breakfast • Identify healthy lunch options that are do-able.
The Keep it Simple Someone	<ul style="list-style-type: none"> • Nothing white • In bed by 10 • No food after 8 pm • If I make it to the gym 2 times a week for the next 6 weeks I get an Ipod or some other reward.
The Grazer (Passive over-consumption of foods)	<ul style="list-style-type: none"> • Become aware of your eating (consider tracking for even just one day) • Sit down with a dietitian and see exactly what is in the food you eat • Reduce and replace with low calorie alternatives •

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Your Style	Your Solutions
The Social Schmooser	<ul style="list-style-type: none"> • Set up activities with a group or a friend. If you miss you will let your friends down. • Make public your desire to make lifestyle change. Know that there will be the occasional relapse but that you will try your hardest to stay on track.
The Rusher. (Dashes and dines, typically buying fast and convenience foods to save time.)	<ul style="list-style-type: none"> • Pull out your calendar and book 4 recurring appointments: 2 for activity and 2 for healthy meals. • Find the convenient option that is most healthy (e.g., salad at the fast food joint). You'll feel better after. • Sit down with the dietitian and itemize some healthy snack options that you can stock up on for quick access.
The Hungry Man (Can't stop at a few nibbles, eats everything on the plate)	<ul style="list-style-type: none"> • Recognize that it is O.K. to leave something on your plate (even though the opposite may have been ingrained in your behaviour.) • Recognize that your partner may be able to do this but you can't. • It takes 20 minutes to feel full- so slow down. • Healthy pre-meal snack
Hires the "Professional"	<ul style="list-style-type: none"> • Make an appointment with a <ul style="list-style-type: none"> • A dietitian • A personal trainer • A "pro" in your sport • A psychologist
The Stressed out Stuffer	<ul style="list-style-type: none"> • Make the connection between stress and eating behaviour. • Focus on stress management instead of eating patterns.
The Tracker (Needs to get feedback to make change)	<ul style="list-style-type: none"> • Develop tracking mechanisms • Consider Weight Watchers • Make appointments with health care providers • Beware short term goals

What I'm trying to say is that my advice to each of these "species" would be quite different. Also it is important to realize that the people around you may be a different "species" than you and therefore have different strengths and vulnerabilities. For example, your partner may cook all sorts of rich foods and be able to eat just a small portion, whereas you find it difficult to stop. Like most things in life, creating a supportive environment at home and at work can make a big difference in your success.

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4. Manage your stress well and you will manage your weight well:

The trick here is to make sure the inevitable small setback does not turn into a major relapse. There are four major skill sets developed by people who manage stress well and limit depression:

- I. Understand negative thinking.** When things happen to you, you react in a certain way. Often this reaction includes an automatic or "hot" thought. These negative thoughts tend to surf into our consciousness almost unnoticed and do their damage without us registering their significance. Since we do not challenge them, they can be completely incorrect and wrong; however this does not diminish their harmful affect. You expect failure, fear the future, take things personally by putting yourself down, being self-critical, and doubt your abilities. Negative thinking damages confidence and paralyzes your problem-solving ability. This can not only make your cup half empty, but also fill your plate with comfort foods that won't solve your problems.
- II. Active problem-solving:** This skill is action oriented and often the trickiest part is identifying the true problem. People who are good at this seek to confront a problem, often changing the environment or situation.
- III. Positive Emotional Interpretation:** We might not have the power to change the situation, but we manage stress by changing our interpretation of the situation and the way we feel about it. Changing from: *"I should never have ordered all those nachos last night. I am fat and a failure. What's the use?"* — To: *"The occasional setback is going to happen. I need to learn from it, create a defensive plan for next time I am in that situation, and get back on the healthy lifestyle track."*
- IV. Coping with what you can't control:** The reality is that you don't have control over everything. Somebody dies; you get a new nightmare boss, a daughter is in crisis. You need to recognize what you can't change and focus on surviving the stress. The "tincture of time" is usually key.

"Getting my lifelong weight struggle under control has come from a process of treating myself as well as I treat others in every way."

— Oprah Winfrey

- 5. Work activity into your day.** I believe the major role of activity^{viii} is not so much to lose weight but rather for two other key reasons: 1) keeping the weight off and 2) making your life better. People who are active have less anxiety and depression, less arthritic pain, better sleeps, less low back pain, and they feel more attractive. There is a typical cycle with activity: The first few days it feels mostly good and a little bad, then it becomes a bit harder, then, after a while, it becomes addictive. If you don't exercise, you feel worse.

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