

10 Things You Can Do Right Now

To Ease Concerns About Your Weight & Improve Your Health

A Special Report by Jon Robison, PhD, MS



“I am concerned because I have been told that I need to lose weight to address health problems I have now or prevent ones that might develop in the future.”

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

Given the focus on weight by the health establishment, the government and the media, it is not surprising that many people in this country are anxiously asking the same question. And there certainly is no shortage of recommendations out there directing people to lose weight with this or that diet, lifestyle program or eating regimen.

Unfortunately, the research over the last 25 years is quite clear. There is no evidence that any of these approaches results in long-term weight loss for the vast majority of people who engage in them. **There are no exceptions** and none of the approaches (low fat, low calorie, low carb, etc.) work any better than any of the others.

Even more unfortunately however, this complete lack of evidence does not stop people from being seduced into trying to lose weight with the latest reincarnation of these approaches. Yet, despite the huge time, money and emotional investment, successful long term weight loss is achieved by only a handful of people. The result is widespread confusion and anxiety about food and pervasive weight cycling - people losing and regaining weight over and over again. Furthermore, the relentless pressure, particularly on women and children, to lose weight increases the likelihood of eating disorders, disordered eating and body hatred.

Is there no answer to this question that so many people are asking? Is there nothing people can do to ease their concerns about weight and health? The good news is that there is indeed. By substituting a **Health-Centered Approach** for the

traditional **Weight-Centered Approach**, people can reduce their anxiety about food and weight while at the same time promoting good health.

The **Health-Centered Approach** targets lifestyle factors such as physical activity, quality of diet and stress. It is **weight-neutral** because it treats weight as an outcome of these factors combined with genetics rather than as a direct target for treatment. While this differs substantially from the traditional wisdom about weight and health, please keep in mind that the traditional wisdom in this case is clearly not working or helping and may, in fact, be causing considerable harm.

The following 10 suggestions, based on this **Health Centered Approach**, can go a long way towards helping people to ease the concerns about their weight, while at the same time improving their health and the quality of their lives. References for further reading on each suggestion can be found at the end of the piece.

1. SAVE YOUR TIME & MONEY

Don't spend another minute or another dime on anything (book, clinic, TV show, etc.) or anybody (doctor, dietitian, relative, talk show host, etc.) that even remotely suggests they will help you lose weight permanently.

Nothing in the health and medical fields has been proven more soundly, over and over again for as long a period of time as the fact that focusing on weight loss is unlikely to lead to permanent weight loss and more likely to lead to weight cycling and weight gain. People who diet repeatedly over the years end up weighing more than they would have if they had never dieted. Weight cycling can make all the health problems weight loss supposedly helps (diabetes, hypertension, lipid abnormalities, etc.) worse.

NOTE: If you are a health professional, read claims made by weight loss researchers with great care. The National Institutes of Health says 5 years should be considered long-term success for weight loss programs. Anything less should be viewed with suspicion. Just as importantly, be sure to check and see how many people started in the study and how many people's data were actually used in the final analysis. It is not unusual for weight loss studies to claim as a success a relatively small amount of weight loss in a small subset of the people who began the study. This is bad science at best.

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.

None of these has been shown to be strongly related to or predictive of health. People can be healthy at a wide range of weights, BMI's, body fat percentages, etc. Similarly, people with "normal" or "optimal" body size and composition measurements can have the same health problems that are often referred to as weight-related.

3. ASK FOR ANSWERS

If you have a health condition commonly considered to be "weight-related," (most likely candidates are hypertension, abnormal cholesterol, abnormal blood glucose) and a health professional recommends weight loss as a solution, ask her/him the following questions:

1. What is the success rate of the approach you are suggesting? (What is the likelihood I will regain the weight I lose?)
2. What is likely to happen to my health condition if I lose the weight and then regain it?
3. Is there any way to treat this condition that does not involve a focus on weight loss? (How would you treat a thin person who had this condition?)

The answers given by your health professional to these questions should look something like:

1. The success rate is no better than 5%, so it is quite likely that you will gain back all of the weight that you lose and perhaps a bit more.
2. It is quite possible that your health issues (high blood pressure, diabetes, abnormal cholesterol, etc.) will get worse after you regain the weight.
3. All of these conditions can be helped through lifestyle changes with little or no weight loss. (**A Health-Centered Approach**) The best treatment for a fat person for any of these conditions is the same treatment that would be recommended for a thin person. *

Note: If you don't get something like these answers, consider seeking help elsewhere.

**For the Special Case of Diabetes, see section at the end of the article*

4. USE YOUR IMAGINATION

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

- ★ Imagine that you are, right now, at the weight that you believe will be healthier.
- ★ Work out a plan (with a health professional if desired) of the kinds of lifestyle changes you think you might be able to sustain to remain healthy at that weight.
- ★ Implement that plan, right now, at your current weight

Be sure your plan **does not** include any type of externally determined caloric intake or food restriction, since these have been proven not to work for most people. Steps 5-8 below refer to the kinds of changes that are most likely to help prevent and ameliorate these so-called "weight-related" health conditions. They will also help your body to settle around its natural (genetically programmed) healthy weight.

5. CONSIDER MOVING YOUR BODY

If you are relatively sedentary and you think engaging in more physical activity would help you to be healthier - Find ways to move your body that feel good to you.

The most up to date information on exercise is encouraging; especially for people who have been sedentary and have had difficulty trying to live up to the ever-changing, complicated and demanding exercise recommendations from the government and health establishment.

- ★ For the vast majority of people, **fitness is a much more important indicator of health than fatness.**
- ★ The greatest gains in health-related fitness are achieved when people go from being sedentary to getting even small amounts of physical activity.
- ★ Physical activity does not have to be done all at once to achieve significant health benefits - 3-ten minute periods of exercise are as good as one 30 minute period.
- ★ All kinds of movement count, including walking, gardening, dancing, sports and running after your kids.

6. DECLARE YOUR INDEPENDENCE

Don't let anyone (that's right - anyone!) tell you what or how much to eat to lose weight.

Our bodies have wonderful, intricate mechanisms to help us to know how much to eat to maintain a healthy weight. No set of rules, guidelines or regulations provided by experts can come close to the precision of the complex interactions among hunger, appetite and satiety that naturally help us regulate our food intake and our weight if we pay attention to them. Ignoring these internal cues by following endless sets of external ones (Weight Watchers, Jenny Craig, The Food Pyramid, etc) is likely to result in more rather than less disordered eating. A growing body of research suggests that adults and children who diet are more likely to gain extra weight as they get older than those who don't.

7. LISTEN TO YOUR INTERNAL WISDOM

Learn to eat according to your internal signals; appetite, hunger and satiety. By paying attention to these signals, you can avoid having to pay someone else to tell you what and how much to eat.

NOTE: For some people, eating can become a stand-in for other hungers that are not being satisfied. These may be related to a search for life balance,

connection or meaning and purpose. Sometimes, there may also be deep-seated struggles with depression, anxiety and trauma that get played out with food. It is critical that these underlying issues be addressed. It is even more critical that no matter how much of a problem food and weight have become for an individual, with few exceptions, external food restriction will almost certainly cause more harm than good.

8. CONSIDER DR. ROBISON'S SIMPLIFIED DIETARY GUIDELINES

The original Four Food Groups were designed to help us to get the nutrition we need to grow and thrive. Over the years The Dietary Guidelines for Americans have become too complex, too prescriptive and too focused on disease prevention and weight control.

Some people may have a medical condition that requires them to eat or not eat particular foods. But, for most people, the following guidelines can help establish the foundation for a nutritious diet while at the same time minimizing the constant worry about everything we put into our mouths - a seemingly ever-present stressor that is decidedly unhealthy! - Here they are:

- ★ Enjoy Your Food
- ★ Eat A Wide Variety of Food
- ★ Pay Attention to Internal Signals Whenever You Can
- ★ Share Your Food With Someone Who Is Needy - Gratitude is Deeply Nourishing!

Bon Appetite!!

9. TAKE NOTICE OF WHAT REALLY MATTERS

Notice any changes that occur over time with this approach - Ask yourself:

- ★ What health-related changes have I experienced?
- ★ Do I feel differently about food?
- ★ Do I feel differently about myself?
- ★ Am I spending less time and energy worrying about my weight and what I am eating?

10. CELEBRATE

That's Right! Congratulate yourself! It is very likely that you have:

- ★ Ended your time on the frustrating rollercoaster that is dieting.
- ★ Increased your self esteem and body image.
- ★ Taken charge of your eating by paying attention to your body instead of paying someone else to tell you what to do.
- ★ Helped your body settle near the weight it is genetically programmed to achieve.
- ★ Opened up potentially significant amounts of time and energy that you used to spend worrying and fretting about your weight and food.
- ★ Ameliorated or normalized any of the so-called weight-related health conditions you may have had whether or not you experienced any change in weight.

THE "SPECIAL CASE" OF TYPE II DIABETES

But Dr. Robison, don't we need to recommend weight loss for people with type II diabetes? The answer to this question is a resounding **No!** Here is why:

- ★ There is no evidence that weight loss interventions work for people with Type II Diabetes (most likely they work even less well than for the general weight loss-seeking population).
- ★ Losing weight and then gaining it back can contribute to a worsening of blood glucose problems. Since most people will gain their weight back, this is a significant issue.
- ★ The good news is that research clearly demonstrates that problems with blood glucose can be helped greatly by using **A Health-Centered Approach** without significant weight loss and even in people who gain body fat during the course of the study.

NOTE: Diabetes is a serious disease that causes great hardship and suffering for those who have it. However, the idea that we are currently experiencing an "epidemic" of diabetes has been oversold. According to the U.S. Centers for Disease Control, during the 1990's, when the "explosion" of overweight and obesity was said to occur, the most accurate data suggest only a small increase in the incidence of diabetes. Statements to the contrary are often based on physician's anecdotal reports or large phone interviews, neither of which can substitute for representative population data.

FINAL THOUGHTS

Because the concepts that *thin equals healthy* and *weight loss equals better health* are so deeply ingrained into the fabric of our culture, after examining this different approach people will often still ask this final question: **If I do all of this will I lose weight?** The answer to this question goes straight to the heart of the difference between the **Health-Centered** and **Weight-Centered Approaches**. The answer is that, if people follow the suggestions outlined here, there are three and only three possibilities:

1. They will lose weight
2. They will gain weight

3. Their weight will not change

What is wonderful about this answer, unlike almost any other answer related to this topic, is that it is undeniably scientific and unarguably true. If people are above their natural weight, they may lose some weight. If people are below their natural weight, they may gain. If people are close to their natural weight, they may stay the same. Which one of these outcomes will occur is often not predictable. What is predictable is that people will end up healthier and much less concerned about their weight and their health.

ABOUT DR. ROBISON

Jonathan Robison holds a doctorate in health education/exercise physiology and a master of science in human nutrition from Michigan State University where he is adjunct Assistant Professor. A former co-editor of the journal Health At Every Size - he has been helping people with weight and eating-related concerns for more than 20 years.

From Keynotes to Intensive Training Workshops, Dr. Robison is available to help both lay and professional groups understand and implement Health-Centered Approaches for helping people with weight- and eating-related struggles. You can learn more about Dr. Robison's work by visiting his website at www.jonrobison.net and he can be contacted via email at robisonj@msu.edu.



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REFERENCES

1. Success & Safety of Dieting For Weight Loss

Miller WC. Fitness and Fatness in Relation to Health: Implications for a Paradigm Shift. *Journal of Social Issues*; 55(2):207-219.

Mann T, Tomiyama J, Westling E, Lew A, Samuels B, Chatman J. Medicare's Search for Effective Obesity Treatments. *American Psychologist* 2007;62(3):220-233.

Matz Judith and Frankel Ellen. *The Diet Survivor's Handbook: 60 Lessons in Eating, Self Acceptance and Self-Care*. Sourcebooks Inc, Naperville, Illinois, 2006.

2. BMI and Health

Franzosi MG. *www.thelancet.com* 2006;368:624-625

Wildman RP, Munter P, Reynolds K, McGinn AP, Rajpathak S, Wylie-Rosett J, Sowers MR. The Obese Without Cardiometabolic Risk Factor Clustering and the Normal Weight With Cardiometabolic Risk Factor Clustering. *Arch Intern Med* 2008;168(15):1617 - 1624.

3, 4. Improving Health Without Weight Loss

Gaesser, G. A. (2002). *Big fat lies: The truth about your weight and your health*. Carlsbad, California: Gurze Books

Campos P, Saguy A, Ernsberger P, Oliver E, Gaesser G. The epidemiology of overweight and obesity; public health crisis or moral panic? *International Journal of Epidemiology* 2006;35(1):55-60

*The "Special" Case of Diabetes

Bjorntorp P et al. The effect of physical training on insulin productivity in men. *Metab Clin Exp* 1970;19:631-638

Lamarche B et al. Is body fat loss a determinant factor in the improvement of carbohydrate and lipid metabolism following aerobic exercise training in obese women? *Metab Clin Exp* 1992;41:1249-1256.

Centers for Disease Control, Morbidity and Mortality Weekly Report. 9/5/2003; 52(35):833-837.

5. Physical Activity, Weight & Health

Gaesser G. Fatness, Fitness, and Health: A Closer Look at the Evidence. *WELCOA, Absolute Advantage* 2006;5(3):18-21.

6,7. Eating According To Internal Cues

Satter, Ellyn. *Secrets of Feeding A Healthy Family*. Kelcy Press, Madison, Wisconsin, 2008.

Satter, Ellyn. *Your Child's Weight: Helping Without Harming*. Kelcy Press, Madison, Wisconsin, 2005.

8. Dietary Guidelines

Satter, Ellyn. *Dietary Guidelines and Food Guide Pyramid Incapacitate Consumers and contribute to Distorted Eating Attitudes and Behaviors*. www.ellynsatter.com/resources.jsp

Marantz PR, Bird ED, Alderman MH. A Call for Higher Standards of Evidence for Dietary Guidelines. *American Journal of Preventive Medicine* 2008;34(3):234-240.

9,10. Evaluating Outcomes

Bacon, L., Keim, N.L., Van Loan, M.D., Derricote, M., Gale, B., Kazaks, A., Stern, J.S. (2002). Evaluating a "non-diet" wellness intervention for improvement of metabolic fitness, psychological well-being and eating and activity behaviors. *International Journal Of Obesity*, 26, 854-865.

Bacon, L., Stern, J.S., Van Loan, M.D., Keim, N.L. (2005). Size acceptance and intuitive eating improve health for obese, female chronic dieters. *J Am Diet Assoc.*, 105(6), 929-936.