

NUTRITION

Weight Control: More Than Just Tight Clothes!

If you're unsure why so many public health officials in the United States have become alarmed about the surge in overweight and obesity in the US, then one only needs to evaluate what the future holds for the obese. Obesity and its precursor overweight have been linked to such life threatening medical conditions as: heart disease, certain types of cancer, type 2 diabetes, stroke, arthritis, breathing problems, and psychological disorders such as depression. Consider what this means to society when according to the Surgeon General of the United States 61% of its population is overweight leading to as many as 300,000 premature deaths each year with associated costs of \$117 billion in the year 2000.

Being overweight does not seem to be making people happier either. According to The Harris Poll® conducted with a nationwide cross section of 1,011 adults during the period of January 16-21, 2002,

most people (60%) say they would like to lose weight, including 72% of those who are currently overweight. This indicates the majority of people in our country would like to reduce their medical risk and lead healthier lives.

Unfortunately, the causes of overweight and obesity are many and complex. However, some facts are undeniable. Our bodies work best when they are in balance. Energy balance is attained when energy intake equals energy output. Weight gain occurs when energy intake is greater than energy output. As we all remember from our algebra classes, any adjustment to the equation must have a simultaneous adjustment to the other side of the equal sign or the equation becomes unbalanced. In this case, even an additional can of soda (150 calories) a day without a compensatory 150 calories of activity, can add 1050 calories a week and over a year will contribute an additional 8 pounds of body fat.

Another fact that we all know to be true is that, other than infants who are fed and carried by a parent, we are all in control of our own forks and feet. We must therefore empower those who seek weight loss to find ways gain control over their response to an environment that encourages incessant eating behavior and convenience rather than physical activity.

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Dieting: Lessons Learned

Even the word “dieting” is capable of imparting a sense of hopelessness and depression.

Very few people in the United States have not experienced the feeling of deprivation and lethargy often associated with severe calorie restriction. It is no wonder that The Natural Marketing Institute found in a survey reported in

FoodTechnology (April, 2002) that 61% of consumers felt the most successful method of managing their weight is by taking prescription medication.

Obviously this problem is complex and not easily solved. Obesity neither sneaks up or disappears quickly. Perhaps we can learn from the successful experience of members of the National Weight Control Registry (NWCR) whose members have successfully maintained a weight loss of 30 pounds for at least one year. What is most interesting about the success of people on the National Weight Control Registry is that about 50% of the participants lost weight on their own without any type of formal program or help and that two thirds were overweight as children. This information indicates that overweight children are not destined to be overweight throughout life and that individualizing a diet and lifestyle plan to fit each person’s needs can be successful.

In a study reported in the *Journal Obesity Research* 10:78-82 (2002), 78% of the 2,313 subjects from the NWCR reported regularly eating breakfast every day of the week. This finding is not surprising in that research has shown that those subjects who regularly eat breakfast snack less during the day and consume fewer calories throughout the entire day.

So, what can one say to help those struggling with a weight dilemma? One can encourage each person to set realistic goals as a way to achieve better health, physiques and measurements. Try to be positive about each step that brings one closer to good health and make small achievements possible. Give the impression that an individual does not need to conform to an unnatural diet or routine, but should find ways that they can adjust their lifestyle to reach greater success.

Here are five reasonable steps that once undertaken can result in a lifetime of better health.

What to eat: The American Institute for Cancer Research and scientists in the United Kingdom are promoting a plate design that suggests two-thirds of



the plate should be covered by fruits, vegetables, whole grains and/or beans. The remaining third should be composed of meat, fish, cheese or eggs.

When to eat: As mentioned previously, breakfast is important to those who are successful in maintaining weight loss. Making breakfast count by eating foods that provide protein and some fat will prevent rapid stomach emptying and the resultant snacking to alleviate hunger. Reduce snacking especially on beverages and foods that offer few nutrients other than calories. If one frequently feels hungry between meals, planning to incorporate a mid-day snack of dried fruit or nuts or even yogurt can offer nutrients missing from meals.

Where to eat: Dining seems to be a lost art in our modern society. Taking the time to enjoy our food and focus on the satisfaction that food supplies is necessary to prevent overeating. If meals are consumed in a comfortable setting without the distractions of work, reading, driving or other non-food enhancing activities, then satisfaction of hunger will most likely result.

Why to eat: Each person should take a moment to decide what is motivating their eating behavior. Once convinced that they are feeling a physical sense of hunger, they should seek the most nutrient dense remedy to satisfy the hunger. Unconscious eating behaviors will often be detected when a food diary is kept. After reviewing each day’s eating records, the person seeks to find better choices that can be made in the future. In this way, the individual is more likely to be invested in the process of building a better lifestyle.

How to eat: Choose nutrient dense foods and cut portion sizes. This will help in a big way toward reaching a goal of maintaining a healthy weight. A trick that seems to help is cutting a large portion in half before eating commences and saving the rest for a later occasion. If leftovers can not be saved, they should be made inedible or offered to a companion, even if that is the dog.

Since we all have complex environments composed of genetic make-up and learned eating behaviors which influence our body weight, it is not possible to expect compliance with a standardized dietary program. Seeing each day as a clean slate, where we get a new chance to correct yesterday’s mistakes, makes the concept of “dieting” more palatable and certainly more likely to be successful.

Screening and Diagnosis

How does one know if they are at risk for obesity related diseases? Using an estimation of what is a healthy body weight can give some guidance. Since these standards were developed as tools for determining population risk, they must be viewed as a single step toward determining an accurate individual healthy body weight. Factors such as current weight and health, lean body mass (muscle and bone tissue) and degree of fitness are part of a more complete estimation of a healthy body weight. Measures such as total percentage body fat and body fat distribution are also useful tools which can provide a more accurate determination of healthy weight.

Health professionals use the Body Mass Index (BMI) to determine a body weight associated with health and longevity. This standard does not apply to children, adolescents, frail elderly persons, pregnant and lactating women or highly muscular individuals. It can easily be calculated and if interpreted correctly, gives a healthy range of body weights for various heights.

Research has shown an increased risk for disease when the BMI is lower than 19 or above 25. Many authorities agree that a small change in BMI can make a big difference in health risk.

Does BMI alone give a correct picture of who is at a healthy body weight? If so, we would need to provide medical attention to some of our most famous movie and fashion icons. Britney Spears and Russell Crowe would both be considered unhealthy since their BMI's fall outside the ideal range. This is why other factors such as percentage body fat and body fat distribution must be taken into consideration along with BMI.

Percentage body fat offers additional

information to get a more accurate picture of weight measurement. Desirable body fat percentage for men is about 8 to 24% while 21-35% is considered desirable for women. Women need more body fat because some fat is associated with reproductive function.

- Skin fold thickness is the most widely used method of determining percent body fat however there are limits to its accuracy. To measure body fat percentage clinicians often use calipers that pinch the fat layer directly under the skin in several sites.
- Bioelectrical impedance, based on the degree of resistance to the flow of electricity per unit of body height, is a quick means for measuring percent body fat as well. If the body is normally hydrated, then bioelectrical impedance analyzers can convert electrical resistance to estimated total body fat.
- The most recent method to become popular as an analytical tool is the dual x-ray photon absorptiometry (DEXA). This x-ray system provides the clinician with data on the percent body fat, fat-free soft tissue and bone mineral. DEXA provides information regarding bone density as well, which can be used to predict risk of osteoporosis.

It is not just how much one weighs that puts them at health risk but where they store the excess body fat. Generally, people store body fat in either of two areas, in the abdominal area (upper body obesity), which is closely associated with high risk for cardiovascular

disease and type 2 diabetes, or the buttocks and thigh areas (lower body obesity) which is the more typical female pattern. Some refer to these patterns as apples and pears respectively.

High blood testosterone, which is considered a male hormone, seems to encourage upper-body obesity, as does alcohol intake. By quantitative analysis a waist circumference more than 40 inches in men and more than 35 inches in women indicates upper body obesity. After menopause, when women experience a decline in blood estrogen, upper-body fat storage is favored and is associated with increased health risk.

If a weight associated health risk is established, it is encouraging to know that researchers have found that only a 10% weight loss is associated with a lowered risk for developing most weight related diseases. Therefore setting an individualized goal of 10% weight loss will not only serve as a reward and encouragement when the goal is met, but will provide important health benefits.

Body Mass Index(BMI)		Waist less than or equal to 40" in men or 35" in women	Waist less than 40" in men or 35" in women
18.5 or less	Underweight	N/A	N/A
18.5-24.9	Normal	N/A	N/A
25.0-34.9	Overweight	Increased	High
30.0-39.9	Obese	High	Very High
36.0-39.9	Obese	Very High	Very High
40 or greater	Extremely Obese	Extremely High	Extremely High

Use this chart to see whether your weight puts you at increase risk for health problems. Find your BMI in the left hand column. Then locate your waist size in one of the top columns. The box where the two meet shows your level of risk.

Find your Body Mass Index (BMI)

BMI	19	20	21	22	23	24	25	26	27	28	29	30	35	40	45	50
Height	Weight in pounds															
58"	91	96	100	105	110	115	119	124	129	134	138	143	167	191	215	239
59"	94	99	104	109	114	119	124	129	133	138	143	148	173	198	223	247
60"	97	102	107	112	118	123	128	133	138	143	148	153	179	204	230	256
61"	100	106	111	116	122	127	132	137	143	148	153	158	185	211	238	264
62"	104	109	115	120	126	131	136	142	147	153	158	164	191	218	246	273
63"	107	113	118	124	130	135	141	147	152	158	163	169	197	225	254	282
64"	111	116	122	128	134	140	145	151	157	163	169	174	204	232	262	291
65"	114	120	126	132	138	144	150	156	162	168	174	180	210	240	270	300
66"	118	124	130	136	142	148	155	161	167	173	179	186	216	247	278	309
67"	121	127	134	140	146	153	159	166	172	178	185	191	223	255	287	319
68"	125	131	138	144	151	158	164	171	177	184	190	197	230	262	296	328
69"	128	135	142	149	156	162	169	176	182	189	196	203	236	270	304	338
70"	132	139	146	153	160	167	174	181	188	195	202	207	243	278	313	348
71"	136	143	150	157	165	172	179	186	193	200	208	215	250	286	322	358
72"	140	147	154	162	169	177	184	191	199	206	213	221	258	294	331	368
73"	144	151	159	166	174	182	189	197	204	212	219	227	265	302	341	378
74"	148	155	163	171	179	186	194	202	210	218	225	233	272	311	350	389
75"	152	160	168	176	184	192	200	208	216	224	232	240	279	319	360	400
76"	156	164	172	180	189	197	205	213	221	230	238	246	287	328	369	410

"Find your height in the left hand column. Then, move across the row to your weight. The number at the top of the column is your BMI."

Adapted from Weight Loss: Finding a Weight Loss Program that Works for You. The Partnership for Healthy Weight Management. www.consumer.gov/weightloss

Finding The Right Path: Exercise



What is the number one reason that people don't exercise? Whatever the excuse, it boils down to the fact that we don't care enough about ourselves. We say that we don't have time, money, equipment or knowledge but generally, it's because we don't consider our own well being to be a priority. We are so busy completing projects or shuttling kids here and there, that we overlook the long-term personal benefits of physical activity and exercise. We all need to be more selfish and take the long way instead of the shortcut.


There is a great deal of evidence to show that a successful weight control program, must include some form of physical exercise. A recent *Consumer Reports* (June 2002) survey found that more than 80% of successful weight losers who maintained a 10% lose for one year did so by including exercise at least three times a week. More than 70% increased their physical activity in daily routines like using stairs instead of elevators.

Many overweight/obese people may be intimidated by the emphasis on athletics rather than activity. The thought of successfully running a mile or competing in a tennis tournament may keep one from starting any exercise. It is key to understand that what is done today is an individual

baseline and each successive day's accomplishments will become easier. The goal should be a personal goal of improvement rather than one of winning. Each person should look at their daily activities and find ways to incorporate more exercise into routine functions. Creative thinking will help in finding a path to better health.

Determining negative influences that keep one from getting exercise is just as important. If safety is a problem for those who say they can't walk, then establishing a neighborhood walking program through the local church or community center may foster camaraderie as well insure safety. Walking in shopping malls during inclement weather is another excuse-proof way to get exercise. If strength training is needed, expensive equipment is not necessary. Filling empty gallon milk containers with sand can make inexpensive weights that can be lifted while sitting or walking.

What if exercise and daily activity don't make one a runway model or The Rock? In a nutshell, one can be both fit and fat, in fact, researchers at the Cooper Institute for Aerobics Research found "the health benefits of fitness are limited to fit men, and being fit may reduce the hazards of obesity." (*Am J Clin Nutr* 1999). Therefore, being thin does not guarantee health but fitness can prevent some of the health risks associated with overweight and obesity.

The following table shows different activities that can be incorporated into any daily routine. The best part about exercise is that feeling of well-being that one gets when they have done something good for themselves. 

Exercise for all "walks of life"

Stay-At-Home-Parent:

- Sweep floors, patio and front walk every day.
- Play with your kids instead of watching them play. Go to the park, push them in a stroller, play ball, dance with them.
- Go for a short walk before breakfast, lunch and dinner.
- Park at the opposite end of the mall from your destination. While shopping,
- walk around the mall a couple of times.
- At the supermarket, carry packages to the car instead of using a wagon. Park far from the entrance.

Office Worker:

- Take public transportation and walk to the bus or train stop.
- Take the stairs-not the elevator.
- Walk during your lunch hour.
- Get up and visit your co-workers instead of e-mailing them.
- Do stretching exercises at your desk.
- Have a walking meeting; meet with a co-worker to walk somewhere.
- Suggest an interoffice walk, softball game or bowling league.

Weekend Warrior:

- Mow the grass with a push mower.
- Manually wash the car.
- Walk the dog daily.
- Be opportunistic. If you're watching your child's soccer game, walk around the field.
- Walk the golf course instead of using a cart.
- Schedule regular walks around the neighborhood with your kids, or hike the trails outside of town.

Couch Potato:

- Stretch while you watch TV. Buy an exercise bike and pedal during TV shows or during phone calls.
- Ditch the remote and get up to change channels.
- Schedule dinner 30 minutes earlier and go for a walk afterward.
- Instead of heading for a snack during commercials, walk to the corner or around the outside of your house 5 times.

Traveler:

- Take a walk around the terminal while you're waiting for your flight.
- Do sit-ups, push-ups and stretching exercises in your hotel room.
- Book a room in hotel with an exercise facility and use it.
- Get up early and walk the neighborhood around your hotel.
- Use the stairs instead of the elevator.

USEFUL WEBSITES

Federal Government Initiatives:

The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity:

www.surgeongeneral.gov/topics/obesity

NIH National Heart Lung and Blood Institute, Obesity Education Initiative:

www.nhlbi.nih.gov/guidelines/obesity/ob.

NIH National Institute of Diabetes and Digestive and Kidney Diseases: Health Information: Weight Loss and

Control: www.niddk.nih.gov/health/nutrit.

Partnership for Healthy Weight Management: www.consumer.gov/weightloss

Professional Organizations:

American Dietetic Association: www.eatright.org

American Obesity Association: www.obesity.org

The Mayo Clinic: www.mayoclinic.com

Centers for Obesity Research and Education: www.uchse.edu/core/

North American Association for the Study of Obesity: www.naaso.org

Calorie Control Council: www.caloriecontrol.org



A Dietitian's Cheat Sheet for Weight Control

- Although each person is an individual and needs to follow his/her own drummer, here's some guidance for those who are interested in finding their own healthy weight.
- Find ways to improve lifestyle and diet rather than achieving a specific weight.
- Review one week's dietary records to establish an eating pattern. Use the same meal and snack times and establish an acceptable pattern of eating frequency. Continue keeping dietary records if desired.
- Organize meal patterns to allow the highest consumption of protein and moderate fat intake prior-to periods when hunger is most likely. Include water and non-calorie beverages between and with meals.
- Read food labels and choose foods that provide the greatest satiety with the most nutrient density. Consume foods that are grilled or baked, rather than fried. Use less dressings and added fats.
- Balance dietary intake to include a variety of foods with greatest levels of fiber, vitamins and minerals. Use the 2/3 vegetable+starch, 1/3 protein plate plan. Make sure that no portion is larger than one's own palm.
- Review current level of activity. Determine good times and activities that increase energy output. Add acceptable activities or exercise to current daily pattern to total a minimum of 30 minutes daily. Increase time and intensity as endurance grows.
- Find rewards that are not food related. Set up a rewards schedule for after an assigned period of time or activity. Seek motivators and decrease interferences in the environment that have impeded progress previously.



Nutrition Realities welcomes your Questions from the Clinic. If you have questions or comments, please send them by mail, FAX, or e-mail to:

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Recipes from the clinic



Pare-Down Pizza

4 servings

- 1/2 cup all purpose flour
- 1 tablespoon grated parmesan cheese
- 1/2 teaspoon garlic salt
- 1/4 teaspoon oregano leaves, crushed, or italian seasoning, crushed
- 8 egg whites
- 1 teaspoon cream of tartar
- 1 can (8 oz.) tomato sauce
- 1/2 pound fresh mushrooms, sliced, or 1 can (4 oz.) sliced mushrooms, drained
- 1 medium green pepper (about 3 oz.), cut into rings
- 1/2 cup (2 oz.) shredded low-moisture part-skim mozzarella cheese

Stir together flour, parmesan cheese, garlic salt and seasoning. Set aside. In large mixing bowl, beat egg whites with cream of tartar at high speed until stiff but not dry, just until whites no longer slip when bowl is tilted. Gently, but thoroughly, fold in reserve flour mixture. Spread evenly in greased 12-inch diameter pizza pan or 13 x 9 x 2-inch baking pan. Bake in preheated oven at 375°F oven until firm and delicately browned at edges, about 8 to 10 minutes. Remove from oven. Spread with tomato sauce. Top with mushroom slices, pepper rings and mozzarella cheese. Return to oven and continue baking until cheese is melted and lightly browned, about 7 to 10 minutes. To serve, cut into wedges or squares.

Arroz Con Huevos

2 servings

- 1 cup water
- 1/2 cup rice
- 1/4 cup chopped onion
- 1 clove garlic, minced
- 1/2 teaspoon salt, optional
- 1/2 cup chopped green pepper
- 2 tablespoons salsa or taco sauce
- 1/2 cup chopped tomato
- 2 eggs
- 2 tablespoons (0.5 oz.) shredded reduced-fat cheddar cheese

In a medium saucepan, combine water, rice, onion, garlic and salt, if desired. Cover. Over high heat, bring to boiling. Reduce heat to keep water simmering. About 10 minutes before rice is done, stir in pepper and salsa. Re-cover and cook until rice is tender, about 10 minutes longer. Stir in tomato. Remove from heat, cover and keep warm while poaching eggs.

To poach eggs: in saucepan or deep omelet pan or skillet, heat 2 to 3 inches of water to boiling. Reduce heat to keep water simmering. Break cold eggs, 1 at a time, into custard cup or saucer. Holding dish close to water's surface, slip eggs, 1 by 1, into water. Cook until whites are completely set and yolks begin to thicken but are not hard, about 3 to 5 minutes. With slotted spoon, lift eggs out. Drain in spoon or paper towels. Trim any rough edges, if desired.

To serve: spoon 1 cup of the reserved rice mixture onto each of 2 plates. Top each with a poached egg. Sprinkle each egg with 1 tablespoon of cheese.

Nutritional information per serving of 1/2 recipe without salt using salsa: calories 294, total fat 7g, cholesterol 218mg, sodium 286mg, potassium 300mg, carbohydrate 44g, protein 13g and 10% or more of the RDI for vitamins A and C, niacin, riboflavin, thiamin, calcium, iron and phosphorus.

Quick Microwave Creamy Scrambled Eggs

Serves 1

Eggs can be eaten out of the cup on the "go" or piled on a mini bagel.

Ingredients

- 1 large egg
- 1 teaspoon cream cheese

Directions

Break egg into styrofoam cup or small oven-proof baking dish. Add cream cheese and mix into egg. Cover container loosely with a paper towel or wax paper. Microwave on high for 20 seconds. Stir. Microwave on high another 20 seconds. Stir before serving.

Nutritional information

calories 91, protein 7g, carbohydrate 1g, total fat 7g, cholesterol 218mg, and sodium 77mg.

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