

Healthy Weight Loss → Healthy Life!

The essential guide to long-term, healthy weight loss for Australian adults

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Disclaimer

The information contained in this publication is for education purposes only and should not replace medical advice. Readers should consult a medical practitioner before making any adjustments to their diet or exercise regime. Don't try to diagnose or treat yourself of any medical condition either – that would be silly.

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Part 1

Introduction and Background Information

Introduction

The purpose

Here we go again; yet another weight loss book. The health section of the local bookstore is cluttered up with weight loss books enough already isn't it; why do we need another one? That's the question I'm sure a lot of people will be asking me when I tell them that I've written a book about weight loss, especially given that I am known to be outspoken in my criticism of commercial weight loss schemes, books, products and down-right scams.

The actual idea for this book came about when I began to cover weight loss issues on a weekly radio program I used to do. Because there are so many very different weight loss schemes, products and books out there, people started asking me which were the best, and which I'd recommend. I had to have a good think about this, and went down to my local bookstore to start rifling through the shelves to try and suss out which ones I thought contained reliable information to help people with *long term, healthy* weight loss. Despite pouring desperately through the pages of just about every book I could find buried amongst the shelves, my hopes of finding at least one which I could consider credible enough to recommend, came crashing into disappointment to realize that there were none.

During my little expedition through the bookshelves, I did however manage to discover a few common trends that weight loss books apparently share. These trends are presumably designed to provide their authors with a competitive marketing advantage, the importance of which seemed apparently more significant than providing honest, reliable and scientifically accurate information (so much so in fact that I started to wonder whether I had accidentally wandered into the fiction section).

Anyway, it seems pretty clear that to write a best selling weight loss book, there are 3 fairly obvious marketing strategies you need to employ.

Something new

The first marketing strategy is to come up with something completely new and revolutionary. When you think about it, why would you bother reading about old news? The type of people who buy lots of different diet books are typically what we call "yo-yo dieters"; people who go from diet to diet and try everything new before failing and moving onto the next one. For authors, this means that unless you can come up with some kind of new, miraculous, break-through diet "revolution", your chances of making the best sellers seem pretty slim.

Here's the problem. Science is pretty slow. It takes a long time before we learn new things, and in the last decade or so, scientists haven't really learnt all that much about successful weight loss than what they already knew; at least not enough to write a whole book about. The unfortunate truth is that there are no new and exciting weight loss breakthroughs.

Whilst it may be great marketing, if someone is trying to sell you something that's significantly different to the good old (but boring) principles recommended by reputable health authorities (such as Nutrition Australia) then it's probably something you'd be best to do without. If it's a

book we're talking about, and it has the words "breakthrough", "revolution", "secrets" or "the [insert trendy name here] diet" in its title, then there's a good chance that it's not much more than a work of fiction and should probably be left on the shelf.

Simplicity

The second marketing principle that will pretty much guarantee you a successful diet book or weight loss scheme is the concept of "simplicity". People generally don't want to have to go to any extra effort to do something if there is something or someone else out there who can take all the effort out of it for them. Nobody really wants to have to worry about complex scientific issues and have to go and learn new food choosing skills if they don't have to. Basically, the simpler the weight loss scheme is, the more money it will generate.

The simplest schemes of all are weight loss pills, (it doesn't get much easier than popping a pill to fix all your problems) though meal replacement shakes have become another popular way of getting people to lose more money than weight. The other common strategies that weight loss promoters and authors often use is to actually write out a specific dietary formulation which, if followed precisely, will help you lose weight. Some of the popular commercial companies (such as Jenny Craig) do this, and their diets are usually pretty healthy, unlike many of those written out in popular diet books; the nutritional quality of which is surely questionable.

The simplicity of these strategies is that they tell you precisely what to eat and when to eat it. Usually, they tell you what to eat for breakfast, morning tea, lunch, etc – and may even have different meals for different days of the week, or may even change from week to week. This seems to be the most common kind of strategy, especially used by diet book authors, though other more simplified versions just tell you to avoid certain food groups (like all cereals / grains and sugar containing foods; a typical simplified approach used by low-carb proponents) or combinations of them (such as avoiding carbs and proteins in the same meal; a silly approach used by food separation / combining proponents)

By following these types of plans, you don't need to think much about what you are doing, and you certainly don't need to worry about how to balance your diet by yourself, read labels and all the other seemingly complex skills you would need to be able to choose your own foods, yet still lose weight and do so in a healthy manner. Unfortunately, offering to teach someone how to learn these skills just doesn't sell books. It's like the old saying "if you give a man a fish, you feed him for a day, but if you teach him how to fish, you feed him for a lifetime". If we compared this analogy to weight loss, the fish markets are raking in much more than the fishing teachers, as it's a lot easier for people to just go and buy the damned things, and leave it up to someone else to worry about how to catch them.

Rapid Weight Loss

The third marketing strategy that weight loss promoters also use to help put their kids through private schools is the concept of rapid weight loss. Weight loss pushers will often promote that their products, schemes or books will make you lose "10 kilos in 10 weeks" or words to that effect (I often come across flyers sticky taped to telegraph poles announcing "lose 15kg's fast!" As obviously silly as that sounds, it never fails to amaze me to always see plenty of the phone number tags torn off by the skeptically deficient) Some schemes will even guarantee that you will lose a certain number of kilos in a certain number of weeks, or your money back! (Market research shows that people ripped off by money-back guarantee scams rarely actually ask for

their money back because they are too embarrassed) Likewise, it's not uncommon for weight loss authors to tell us all how fast you can lose weight on their program by putting it in the actual title, like "7 days to strip fat forever" or "burn fat in 30 minutes a day" or something along these lines.

Whilst speedy weight loss and quick results may be a great marketing strategy, it is not only unhealthy and potentially dangerous but it is typical of a fad which is probably doomed to fail. If you are losing weight that rapidly, then it's more than likely that whatever you are doing is outstandingly different and radical to what your normal eating or exercise habits are. Although you may have gotten all excited and motivated about starting a new weight loss regime, after a while (maybe 2, 3 or up to 6 months or so) the motivation is going to wear off (it always does). Once it does, (and it will) the further away your new activities are from your old ones, the more likely you are to crash back down into your old ways. Old habits die hard as they say! (More about this topic in Chapter 7)

Changing your habits: a gradual process.

The key to long-term, healthy weight loss is to develop subtle changes in your pre-existing habits instead of trying to suddenly adopt totally new and completely different practices to what you're used to. Adopting subtle changes to the habits you already have might not make the scales show your kilos rolling off overnight, but it is a lot more likely to mean *long term* success. To do this however, you need to learn a few facts, a few scientific concepts and above all, you need to learn a bunch of new skills. These skills will enable you to go out there into the big wide world and fill your shopping trolley up with foods by choosing them for yourself, without having to rely on simplified instructions from weight loss guides.

Being able to do this requires a bit more motivation than what you would need if you were simply trying to rely on a simplified scheme which supposedly takes all the confusion and fuss out of weight loss for you, by trying to sell you a quick fix or tell you what to eat and when to eat it (the "feeding a man for a day" technique). This is not going to be a simple process, and whilst I will try to explain these concepts in as simple-to-understand terms as I can, if you were looking for simplicity, you are reading the wrong book.

Speaking of which, that brings me back to the beginning, and why it is that I've bothered to write this book when there are already so many other books on the same topic. Whilst most of the books I have looked at focus largely on providing something radical and revolutionary, basing it on simplicity (i.e., telling you precisely what to eat or which food groups to avoid) and promise rapid results, I have been thus far unable to find any books which give you the plain old facts, (as boring and non-revolutionary as they may be) which aim for slow, gradual weight loss and which do so by teaching you how to fish for yourself so to speak, instead of offering some kind of quick fix solution tainted with scientific inaccuracy. Basically, it seems like the boring old facts have become so untrendy that they've completely disappeared from popular view, creating a bloody big hole that I figured I'd try patching up a bit with this book.

Healthy Weight Loss

There are two focuses of this book, as suggested by its title. The first is "healthy weight loss".

As great for your health that losing weight will be, not all methods are going to do so in a healthy manner. In reality, you could probably lose weight by eating dirt and cockroaches (they're low in

Calories, so would inevitably lead to weight loss). You could lose weight by starving yourself, by removing part of your digestive tract or by undertaking just about any of the plethora of schemes which are based on simplicity and speed.

Just because it makes you lose weight however, doesn't mean that it's a healthy way of doing it. Unfortunately, most of the popular weight loss books or commercial schemes range from being sub-optimally healthy because they are unbalanced (they may contain inadequate proportions of dairy foods, meats, grain etc) or being not much better than eating dirt and cockroaches (the nutritional inadequacy of meal replacement shakes comes to mind.)

No matter what weight loss dietary intervention you use, if you are serious about your health, then it needs to be comprised of a healthy, well balanced diet that includes optimal proportions of fruits, veggies and whole grains with a healthy balance of lean meats and dairy. The best recommendations to explain what a healthy balanced diet should consist of is accurately described by the Dietary Guidelines created by the Department of Health's National Health and Medical Research Council (NHMRC), and also well illustrated by the Healthy Eating Pyramid, created by Nutrition Australia.

Whilst Nutrition Australia and the NHMRC may not have had *rapid* weight loss in mind when they created these guidelines, they were thinking of *long term* health benefits. Both the Healthy Eating Pyramid and the Dietary Guidelines are designed to minimize the risk of diet related diseases, which include (but are not limited to) heart disease, stroke, cancer, type 2 diabetes and yes, even obesity. These recommendations are based on many years of intense scientific research; an explanation of which is fairly long and complicated.

Suffice it to say, that people whose diets are balanced in the proportions described by these recommendations, have a statistically better chance of leading a longer and healthier life by decreasing their risk of these serious diseases which are statistically more likely to kill us than any other. (Cancer accounts for 30% of all deaths, Heart Disease for 25% and Stroke for 15%) If your health is truly what you are concerned about, then you need to think about things in the long term, not just how you're going to benefit in the next few months. By looking at long term health, you need to ensure your diet is balanced to include healthy proportions of foods with disease fighting abilities.

Unfortunately, most weight loss schemes are primarily focused on weight loss and weight loss only. Other than for aesthetic purposes, what's the point of losing weight if you're not doing so healthfully?

Healthy Life!

The other major focus of this book is to help ensure that the habits you will adopt over the next few weeks or months, will last you your entire life. This is perhaps the hardest part, because it requires two things, only one of which I can give you (that will last a long time at least). The first is to provide you with some basic knowledge of some complex concepts and teach you the skills you will need to go out into the big wide world and know how to choose which foods to put in the shopping trolley and which ones to leave behind.

This is not going to be terribly easy, but once you have gained the necessary knowledge and skills, I can assure you that you won't be forgetting them in a hurry. Whether you continue to apply them for weeks, months or years however is up to you, and requires a bit of habit

correction, a bit of motivation and a lot of hard work. If you were expecting this to be easy, I'm sorry to disappoint you, but it isn't. If you are looking for a quick fix, then you've come to the wrong place.

1. Get your priorities straight

Health is popular

It pleases me to see that an ever increasing number of people are beginning to pay particular attention to their health, and therefore go out of their way to do (or not do) certain things which they believe will affect the quality of their health and their risk of disease. In other words, health is becoming more popular. I'm glad.

One thing that never fails to surprise me however is the number of people who have decided to pay special attention to their health by focusing on some silly, nonsensical fad which in reality, probably has no real significant impact on their health at all. There seems to be no end to the plethora of people who go out of their way or spend huge amounts of money on things like bottled water (or even magnetic water!), organic foods, special supplements that are supposed to be far superior to others, and all sorts of weird and wonderful ideas that I'm sure sound great, but probably make no real difference to their actual quality or quantity of life.

Of all the things in your life that may influence how long you will live and how healthy your life will be, there's really not that many that will really make such an enormous impact. Eating a good quality diet which includes a variety of foods in the healthiest proportions (illustrated by the healthy eating pyramid) and keeping physically active are certainly going to be significant, but it's not likely that a single food or food group is going to increase or decrease your risk of a disease by any more than about 10%, with the exception of perhaps alcohol, which can increase it by a lot depending on how much of it you consume (why are the good things always so damn bad!?)

Other than smoking, perhaps the most significant *modifiable* factor (that which we have control over) that will influence your life expectancy and quality of health is your body fat. People often don't realize that obesity can wreak almost as much havoc with your health as what smoking can. Despite this, there seems to be a never ending supply of people who want to ask me if the \$60 a month supplement they are taking will be better for them than the very similar \$20 a month one, or insist that they have to drink only bottled or filtered water, or who believe in the magical power of juices from Noni or Goji berries (which although are not really more healthy than ordinary fruit juice, cost about 100 times more)....the list goes on. Sometimes the most unusual thing (and the thing that I find the most mind-boggling) is that many of these people are often overweight.

Russian Roulette



I sometimes like to compare the modifiable risk factors in life to playing Russian roulette. Let's say for example we had a 6 chambered revolver. No matter what, you are never going to have all 6 chambers filled, and you will never have all chambers empty. This would give you a guaranteed result, and unfortunately in life, there are no guarantees; (other than the death and taxes thing of course) it's all a matter of odds / statistics.

Already having one bullet chambered, let say that if you have an unhealthy, unbalanced diet (with the wrong proportions of fruits, whole grains, veggies, animal foods and alcohol etc) so you add another bullet. Now let's say that you don't get enough regular exercise and live a fairly sedentary life; add another bullet. Now you decide to take up smoking, so add another bullet. And finally if you're overweight or obese, add another one. You've now got 5 out of 6 chambers full. Of course, there's always the chance that when you point the gun to your head and pull the trigger, you may be lucky enough to get the empty chamber. Likewise, if you only had one bullet, there's always the chance you are going to be the unlucky sod that blows his brains out with only one round in there.

I mention this because there will always be someone who tells me about great uncle Fred who smoked like a chimney, drank like a fish and ate 3 quarter pounder meals a day, though he managed to live till he was 91. Likewise, there will always be someone who will tell me about their uncle Bob who was healthy, lean and fit as a fiddle, though he dropped dead of a heart attack at the age of 35. No matter what, there are always the exceptions to the rule. Having said this however, if you did have to play Russian roulette, despite the fact that there's still an element of luck involved; wouldn't you try to do everything you could to take out as many bullets as possible to give yourself the best possible odds?

In reality, it's not quite as statistically simple as each of these factors representing a 1 in 6 risk. For example, being physically inactive might represent a 9mm bullet (standard police weapon) Having a poor diet and drinking too much alcohol might be like adding a .44 magnum bullet (Dirty Harry style). If you smoke, you should perhaps add a .303 rifle bullet (used to shoot big game animals) whereas being obese might as well mean adding a bazooka! There are always the little things like not eating enough fruits and veggies (add a few buck shot pellets) or eating too much meat (add a few more pellets). When it comes to not choosing things like organic foods, then maybe add a plastic air rifle pellet. When it comes to not shelling out for super dooper vitamins, antioxidants and \$70 a litre magic juice, then it may as well be a starter's pistol cap (it may look significant, but doesn't really do anything).

The actual mathematical science of attributing various lifestyle factors with what specific percentage they increase or decrease the risk of serious diseases (called epidemiology) is a lot more complicated than comparing them with different types of ammunition (and a lot less fun) but I think this way puts a clearer picture into your mind if you are not acquainted to the very complex (and very boring) science of statistics.

The bottom line is that if you are really interested in optimal health and longevity, then you need to get your priorities right. Whilst the simple things (like healthy eating, avoiding tobacco, staying active and maintaining a healthy body weight) may sound a bit boring and not as exciting (or lucrative) as the “miracle” “secrets” that fill the shelves in book shops and health food stores, they are the things that you really need to focus your health-related energy on. In other words, you need to stop wasting time, money and effort trying to avoid pee shooter pellets when you’ve got heavy artillery to worry about.

2. A Medical Disaster

I’m sure that for many people, the major incentive to be thin is for aesthetic reasons. This is because obesity is typically associated with being unattractive or unsightly; something which can cause a significant amount of frustration, anxiety and even depression for those affected. I say “obesity” because as I will explain in more detail below, I think it is fair to say that most people who are medically “overweight” are probably perceived as being relatively normal by today’s standards and not necessarily seen as being obviously “fat”.

Admittedly, the reason that many people (especially women) spend so much money (on average between \$200-450 a year!) and effort (often misguided) on trying to lose weight is because of their appearance. Regardless of people’s motivation to avoid obesity however, carrying unfavorably large amounts of body fat is far more serious than being just an aesthetic matter; it is a medical disaster.

Obesity, like smoking, is one of those things which causes (or increases the risk of) just about every chronic disease in the book. To start off with, obesity increases the risk of cardiovascular disease, (CVD) (heart disease and stroke) which probably wouldn’t be so much of a problem if it weren’t for the fact that CVD wipes out about 40% of the Australian population.

Although obesity increases the risk of a cardiovascular related death itself, it also tends to be the cause of other problems, which, in turn, also increases the risk of CVD, but have their own significant problems. Some of the most common examples include high blood pressure (hypertension) and obstructive sleep apnea.

Hypertension

The purpose of our heart is to act as a pump; used to push blood around our entire body to provide our tissues with oxygen and nutrients. When we are carrying excess amounts of body fat (tissue which also needs a blood supply) our heart has to work overtime to push enough blood to all the extra tissue. As a consequence, the extra force puts additional pressure on our blood vessels (high blood pressure) which in-turn damages the inside lining of the arteries; a process which speeds the progression of their narrowing and hardening (atherosclerosis). The damaged arteries are therefore more likely to clog up and thus result in a heart attack or stroke.

In addition to cardiovascular risk, severe long-term hypertension may cause kidney damage and in some cases even chronic headaches, or even a condition called edema; a problem typically

characterized by painful, swollen extremities such as the ankles. This occurs because the additional pressure on the arteries is greater than the pressure used to bring the blood back through the veins (our body relies on exercise to do that) and so the blood fluid tends to build up in the interstitial tissue (the area between the capillaries and the actual cells).

Although excess body fat is not always the sole cause of a person's high blood pressure, it is usually a contributing factor. In fact, for many (but not all) hypertensive people, all they need to do is to lose weight and their blood pressure will return to normal. Sometimes it may be a combination of weight loss and adjusting the intake of electrolytes (such as sodium, potassium, calcium and magnesium). Sometimes however, it may also require medication; it depends on the individual and their circumstances.

Sleep Apnea

The other cardiovascular risk I mentioned was obstructive sleep apnea. This is where the muscles in the back of the throat accidentally relax whilst the person is asleep, causing the passage of air to become blocked. As a consequence, the person literally ceases breathing for short periods of time, but when it happens many times throughout the night, it can result in low oxygen levels in the blood. For the persons partner or people sleeping nearby (perhaps even the neighbors if severe enough!) this can be something which is simply a nuisance, as it causes the person to snore very loudly and very unusually. For the sufferer themselves however, the short term problems include waking up with a headache and feeling extremely tired and fatigued throughout the day. The major long term problem however is that it significantly increase the risk of heart disease.

As is the case with high blood pressure, for many people, weight loss is the simplest solution (the disease is far more common in middle aged men who are overweight or obese). For others however, the only solution (short of surgery) may be having to have a very expensive and relatively annoying device attached to your face every night called a CPAP machine, which pushes air down your throat whilst you sleep. Given the expense, the inconvenience and the long term health problems, I think it's fair to say that if weight loss is an option, it is probably the best one.

Pregnancy Complications

For younger women, a significant problem that obesity may result in is problems associated with pregnancy. For starters, being overweight or obese can make it difficult to conceive in the first place (and no, not for the reason that those with a darker sense of humour might be suspecting!). Once an obese woman does fall pregnant, she is much more likely to experience problems throughout the pregnancy as well, such as miscarriage, birth defects, problematic labor and delivery, polycystic ovarian syndrome, hypertension, edema, pre-eclampsia (a hypertensive disorder) and gestational diabetes.

If an obese woman does fall pregnant and is worried about these risks, it's probably best not to start some crash diet all of a sudden, as this can do more harm than good. It's not a good idea to even start trying to lose weight right after giving birth either, as it may affect the quality of the breast milk; so the best thing to do in this case would be to wait it out and then make sure that a healthy weight is obtained before the next pregnancy.

Type 2 Diabetes

That last disease I mentioned in that list above (gestational diabetes) is very similar to another condition which obesity is largely responsible; type 2 diabetes. Type 2 Diabetes accounts for approximately 90% of all cases of diabetes; the other being type 1 diabetes. Unlike type 1 diabetes where the body does not produce enough insulin (and requires injections) type 2 diabetics do produce enough insulin, it just fails to work properly because it becomes “resistant”.

Insulin’s basic job is to get the sugar out of our blood and put it into our body’s cells so we can use it as energy. (Sugar in our blood doesn’t necessarily come from sugar in our diet either, but that’s a long explanation). The actual pathophysiological process is quite complex, but to put it in layman’s terms: when we carry too much body fat, our insulin has to work over-time to be able to cope with all the additional body mass it has to deal with. Insulin could be compared to a car in a way; the more miles it clocks up, the worse condition it is in and the more likely it is to break down; regardless of how old it is. When our insulin has been over-worked for long periods of time, it starts to malfunction (insulin resistance or “pre-diabetes”) , and eventually fails to work properly at all. As a consequence, when our blood sugar levels start to rise, our body produces insulin as per normal; it simply doesn’t do its job properly, so our blood sugar level continues to rise out of control and take a lot longer than usual to fall back within normal levels. Over time, this causes damage to the blood vessels and can result in poor peripheral circulation (particularly to the feet, which often results in necessary amputations), blindness, kidney disease, heart disease and stroke. Basically, it’s bad news, and one which is making the headlines all too frequently these days; the increase in prevalence a direct result of the increase in obesity.

Obesity is by far the greatest risk factor for type 2 diabetes; far more than poor diet, family history and all the other typical risk factors. In fact, type 2 diabetes used to be called “adult onset” or “late onset” diabetes because it typically occurred in middle age. With the increase in childhood obesity however, it is now being diagnosed in younger people, which is why we don’t call it this anymore.

The association that type 2 diabetes has with obesity means several things. Firstly, it is very rare to find a type 2 diabetic who is not obese. Secondly, the more obese a person is and the longer they remain obese, the greater their risk of developing type 2 diabetes (especially if they have other risk factors such as a family history of the disease). The third thing is that for people who do have the disease, weight loss is often the most effective treatment strategy. Studies have shown that type 2 diabetics who are able to improve their weight (and keep it that way!) are less likely to have health complications and more likely to live a longer, healthier life than they would have otherwise.

I should stress however that weight loss treatment for type 2 diabetes is not a cure; far from it. Type 2 diabetics who obtain and maintain a healthy body weight will live a longer and healthier life than those who don’t, but they still have the disease, and always will. The blood sugar levels of a lean type 2 diabetic may be better than an obese one, but they are generally still higher than a non-diabetic. The reason I must stress this is that an obese person reading this may get the idea that perhaps they shouldn’t have to worry too much unless they actually get diabetes; then they can go and lose weight and “Bob’s your uncle” (it will be okay); it won’t. Like many things associated with diet-related problems; prevention is definitely better than treatment (I say treatment instead of the usual “cure” here because for most of these problems, there is no cure).

Other Problems

Obesity is associated with a number of other chronic health conditions as well such as fatigue (who wouldn't become fatigued after carrying the equivalent of several dumbbells around with them all day?) the painful wear-and-tear joint disease called osteoarthritis (there's no better way to wear and tear your lower joints than by carrying around excess body weight on them for years) as well as many others. Perhaps the most significant down-side to obesity (as if these things weren't enough) is a decreased life expectancy (early death). Even though the average life span of Australians has been steadily increasing over the past century, experts predict that due to the massive increases in the prevalence of obesity, it may only be a few years before we see the average life span gradually beginning to decline. To illustrate, whenever you visit a retirement home or another facility where the residents are typically older than average life expectancy, take a look around to see how many obese people there are, and you will generally find little or none. Sadly but simply, obese people generally don't live long enough to see their retirement.

3. We're getting fatter.

Whilst I was growing up, one of my mothers closest friends (let's call her Cathy.....seeing as that's her name) was someone I always perceived as being overweight; so much so in fact, that our family jokingly referred to her as "fat Cath" in private. She moved to another part of Sydney when I was about 10, so I didn't see "fat Cath" for many years until only recently when she was back in the local area. When I saw Cathy again after all those years, I wondered to myself why we had ever called her "Fat Cath" in the first place, given that now she didn't seem to be terribly fat at all (maybe only a little bit overweight at best.) Searching through some family photos not long after that, I found a few that Cath was in, and realized that she was in fact a lot thinner back then when I was a kid than what she was now, though for some reason, she didn't strike me as being particularly "fat" anymore. It then dawned on me why Fat Cath didn't seem terribly fat anymore (even though she was): it's because now she just looks like everyone else. Unfortunately, we're all getting fatter!

The most recent large study in Australia to look at the prevalence of obesity was called the Australian Diabetes, Obesity and Lifestyle Study, published in 1993 in the Australian Medical Journal. The study surveyed more than 20 thousand adults randomly selected throughout the country; about half of which were even measured to assess their waist lines and Body Mass Index (BMI). I'm not sure what was most disturbing; the fact that almost two thirds of the people studied were found to be overweight or obese, or the fact that this figure was more than twice that recorded only a decade before hand. Either way, Australians are too fat or we're only getting fatter.

That study was published over a decade ago now, and there haven't really been any large-scale studies to assess how we are doing at the moment, but given that the prevalence had more than doubled between the 80's and the 90's, I think it's relatively safe to assume that the problem has not gotten any better since then.

Of course there are always going to be the odd ridiculously underweight fashion models who inspire starvation and self induced purging among teenage girls, (a significant problem in its own right) but the decrease in average weight of fashion models should not be confused with a decrease in average weight expectancy for the general public; quite the reverse is true. As I described above; the fatter everyone around us becomes, the more normal being overweight appears, and the less abnormal obesity appears to be. After all, how can we be expected to be concerned if it's almost perceived as being "normal"?

4. Why are we getting fatter?

I think this one's a bit of a no-brainer, but just for the sake of being clear, I'll state (what I thought would have been) the bleeding obvious. If you consume the same amount of Calories / Kilojoules as what you use up, then your body fat levels will stay about the same. If you consume less than what you use, then they go down, and if you consume more, you get fatter. You would think that this would be simple, but there seems to be no end to the number of ways that people will try to lose weight by searching for some kind of magical secret that will help them get around this very simple law; something I will discuss further on when it comes to weight loss methods.

Throughout the ages, man, like any animal, has had to work hard for its food. Whether it was running through the jungle trying to spear it, or whether it was toiling all day on the farm trying to grow it; our species has just about always been expending a lot of energy just in an attempt to do what is necessary to consume it (food). With the onset of the industrial revolution however, we have been having to do less and less in an attempt to feed ourselves (and just about everything else) whilst at the same time, we have found ourselves inundated with the availability of high Calorie, sweet and fatty foods, and can't seem to think of a reason why we shouldn't just scoff them down whenever we please. The fact that our species has not been used to this way of life is not really the reason we have become fat, it's just the reason why we have become fatter than what we were before. (I mention this because the good old "It's the way nature intended" argument is often used to justify a lot of nonsensical claims, which I'll discuss later on.)

To be more precise, although our average Calorie intake has probably not increased all that much in the last 20 years or so, the amount of time we spend sitting down has. Many decades ago, people would have thought it silly to think that future generations would actually have to put time aside, just to do something as simple as walking; let alone spend thousands of dollars on machines which allow us to walk on the spot (treadmills). Only a couple of decades ago however, this kind of behaviour might have been seen as trendy; people going to the gym or working out in an effort to stay lean and become fit. Sadly however, we have now reached the time where medical professionals need to instruct their patients to undertake this kind of behaviour in order to save their life.

To be strictly scientific, most published research has found that the major correlation with the risk of obesity was the amount of time spent sitting; particularly whilst watching television. That's not to say that watching television is the direct cause of widespread obesity; it just happened to be the most common activity people would be doing whilst they were sitting on their bums. Now with the widespread use of video games and the internet, I really doubt the problem will be getting better any time soon.

5. The Body Mass Index (BMI)

Some people may not realize that they are overweight, or perhaps think that they are only overweight when they are in fact obese. The most accurate way to measure this is by calculating your body fat percentage, which can only be done by a trained expert using skin fold calipers. (There is another way which involves immersing the person under water, but this is a bit too inconvenient for most of us) The easiest way to calculate what category you fall into is by using the Body Mass Index (BMI). The formula is to calculate your weight in kilograms, and divide it by your height in metres squared.

$$\text{BMI} = \frac{\text{Weight (Kg)}}{\text{Height}^2(\text{metres})}$$

For example: If your weight was 70kg and your height was 1.75 metres (175cm), you would divide 70 by 1.75 squared (which is 3). The answer would be $70 / 3 = 23.3$. Once you have calculated your BMI, you need to figure out what category you call into. They are:

Very Underweight:	Below 17
Underweight:	17-18.5
Healthy Weight:	18.5-24.9
Overweight:	25-29
Obese:	30-39
Morbid Obesity:	40 and above

A lot of people are shocked to learn that they may not fall into the category they expected to. Many people have expressed confusion to me about this, saying that there must be something wrong with the BMI scale, because it says that they're overweight when obviously, they don't think that they are.

The thing to realize is that these categories are very conservative and are based on the relative risk of medical diseases, and not based on what today's society may perceive as being "fat" to look at. It's important to understand that the risk of these diseases has a linear association with body fat. This means that the more overweight you are, the greater your risk.

For example, the risk for someone with a BMI of 39 is significantly higher than that of someone with a BMI of 30, even though they both fall into the same category (obese). The difference in risk between a BMI of 29 and 30 however is much smaller, even though they are in different categories. So when people tell me that they don't understand how they can be considered "overweight" when they don't think that they are (remember that 'Fat Cath' probably doesn't look terribly overweight anymore either) I explain to them that even though they may not be carrying huge amounts of unsightly body fat, their risk of the diseases I mentioned above are still greater than what they would be if they were carrying a bit less; despite the fact that they may not consider themselves to look obviously "fat".

The major problem with the BMI scale however, is that it doesn't take excess muscle mass into consideration. For example, a body builder or particularly muscular person may have low body

fat percentage but still be heavy due to excess muscle, so they may appear to be more overweight than they really are on the BMI scale. With the exception of very muscular people however, the BMI scale is a relatively accurate predictor for the rest of the population.

6. Why me?

This is a question that I think we are all inevitably going to ask ourselves from time to time about something or other. If you are the type of person who feels that you can put on 5 kilos just by looking at a box of doughnuts and wonder why your friend manages to be able to down a box a day and keep slim, then you are probably wondering “why me?” when it comes to your weight. You’ve probably noticed that your body seems to have no difficulty at all in putting weight on, but when it comes to taking it off, it would rather go on vacation.

It’s quite understandable that you would feel confused and frustrated by this, and may even start wanting to shift the blame and just put it all down to your genetics, metabolism or some other unfortunate uncontrollable factor. I’ve even come across people who have struggled with their weight for so long, that they have simply given up hope by accepting the fact that they are always going to be obese because it’s out of their control. In reality, whilst there is some element of truth to this (that uncontrollable factors play a role) it’s not out of their hands at all; they probably have a lot more control over it than they realized.

Having said that however, one could reasonably want to know why it is that some people gain weight so very easily whilst others remain slim. Unfortunately, there is no simple answer, as this is a very complex issue that is poorly understood, though there are a few theories on the matter.

Whilst a person’s metabolism (the vast array of chemical reactions that take place in the body) will definitely influence the rate at which you burn Calories in the body, it’s suspected that a person’s genetics can influence the rate at which this occurs. Whilst you can’t control your genetics, there is an aspect of your metabolism you can manipulate; exercise. Physical activity (exercise) speeds the rate at which you burn Calories, so even if your genetics are telling your metabolism to slow down, there’s a simple way to make them shut up!

It’s also thought that some people may not absorb as much fat as others, depending on their small intestine (which is why shortening the small intestine surgically will result in weight loss, but not without many complications). Another theory is that the amount of brown adipose tissue (a special type of body fat) may play a role, as its metabolism tends to release energy as heat rather than storing it in the bonds of fat molecules.

The major hypothesis at this time however involves the regulation of various hormones such as leptin which control our appetite, satiety and desire to eat. It could also be speculated that the desire to be physically active (or sedentary) may also be preprogrammed into our genetics, though this would be difficult to establish.

Other than the way in which it may affect our appetite and perhaps the way our metabolism deals with excess energy, the genetic aspects of body fat regulation are poorly understood. We do know however that obesity tends to run in families. Whether this is entirely due to genetic make

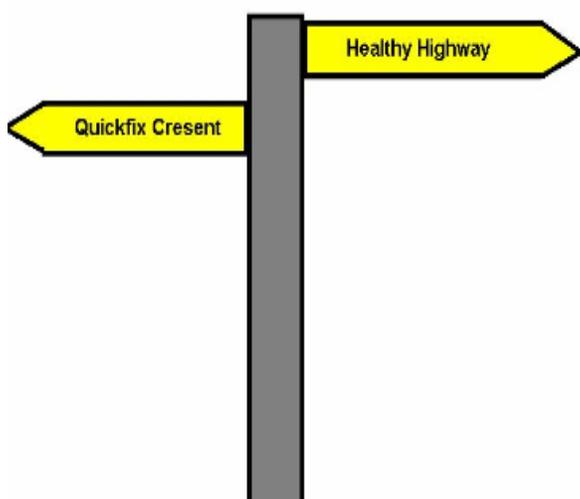
up or not is debatable, because poor dietary habits also tend to be inherited, not through the genes of course, but through behaviour.

For example, if you are brought up to become accustomed to eating lots of sugary, fatty “junk” foods, then it’s likely that when you have kids of your own, you will not only continue eating that way your whole life but bring your kids up to eat that way as well; thus continuing a vicious cycle if you will.

To some extent, this kind of behaviour can be partly attributed to ones cultural background. For example, many Asian populations typically eat lots of plant foods and little fat, Australians (and other Anglo Saxon populated western countries) often eat a lot of fast foods / junk foods whilst Polynesian cultures often eat huge amount of fat in their diet; contributing to their high prevalence of obesity and related diseases

Having said this however; you need to understand that despite your culture, upbringing or even genetics, if you are serious about your health and your family’s health, you won’t use these as an excuse. In fact, you won’t look for any excuses at all. You may be unfortunate enough to have been dealt an unfortunate hand of genetics. You may have been unfortunate enough to have been raised to be used to bad eating habits. You may be unfortunate enough to have unlucky metabolism, brown adipose tissue stores, hormonal regulation or any other genetically related aspects hypothesized to influence your physiology. It doesn’t mean you can’t lose weight, and it doesn’t mean you can just give up: it just means you might have to work a bit harder at it. In reality, the people most successful in their pursuit of long term healthy weight loss are not the ones with the luckiest genetics; it’s the ones who work the hardest. It’s as simple as that.

7. Slow & Steady.....



It's no secret that many people will struggle with their weight throughout much of their lives. Out of frustration, confusion and desperation, many people trying to shed those extra kilos will often seek advice and information in the wrong place; often trying to find whatever "secret" method of weight loss will make it easier for them to do so. This often results in people going from fad diet to fad diet, trying useless weight loss pills and potions, and wasting money on books and weight loss programs that do little or no good. Even if they do manage to shed a great deal of their excess flab, it's extremely unlikely that they will keep it off.

Premature Celebrations

To give you an example; the mother of a good mate of mine I grew up with has been quite obese for as long as I can remember. I do recall that over the years, there have been a handful of occasions that she's taken on some kind of faddish weight loss program and managed to lose quite a few kilos, though each time she managed to put it all back on again within a year or two.

Not all that long ago she went on some "new" weight loss scheme following whatever the latest "revolutionary" "breakthrough" was at the time, and in less than a year she managed the grand old task of losing just over 30kg. When I caught up with my friend's family, everyone was enthusiastically congratulating her on her wonderful effort and marveling at what an achievement it was. Being the only actual health care professional in the room, somebody asked me why it was that I had not congratulated her on her accomplishment.

My response was that although she had shown a lot of determination over the past few months, she had not really accomplished anything terribly significant at all, and therefore didn't really deserve being congratulated; at least not with the enthusiasm that everyone else who knew her had expressed. As you can imagine, this response provoked a lot of angry faces, and people started asking me how on earth it was that I could not be impressed by what she had achieved. I told them that basically, anyone can lose weight; it's really not that terribly difficult. People lose large amounts of weight all the time, and being a trained nutritionist, I knew exactly why the actual physiological process was nothing all that significant enough to get excited about.

I went on to explain that it was keeping the weight off long-term which was the really difficult part, and therefore the only achievement truly worthy of congratulations. To be able to keep it off for the rest of their life would be an accomplishment worth applauding, but even to keep it off for at least 5 years would be significant enough to be considered a real accomplishment.

Even still, I promised that in as little as 3 years time, if she had still managed to keep the weight off and maintain approximately the same body mass that she had currently obtained, then (and only then) I would travel to see her and personally offer her my sincere congratulations.

After she put all the weight back on (and more) about 12 months later however, I think that they finally understood the basis of my reluctance to get excited.

So what went wrong?

As I explained briefly in the introduction; sudden bursts of motivation we all get from time to time are rarely permanent, and my friend's mum was no exception. She got a case of the dieting bug which lasted for a little over a year, but once it had faded away again, so too did the eating practices she had been using to lose weight.

Like many of the eating regimes responsible for yo-yo dieter's temporary "success", instead of searching for a long-term, healthy solution to her problem (poor food choice skills) she chose a quick fix, just as she had done on the handful of occasions in previous years she'd been bit by the dieting bug. She had previously tried meal replacement shakes and prescription medications, though this time she got sucked into the latest and greatest best selling diet book; the program of which she followed almost religiously until of course her motivation plummeted in approximate correlation with the book's popularity (by that time, the current affairs programs were praising a

new miracle diet, one which is several generations of miracle diets back from where they're up to at present).

The diet program this book (and most others) had set out was not terribly difficult to actually follow, so long as its readers maintained the motivation to give up the habits they've just taken the last few decades to develop and instead dump everything for the new and exciting diet scheme its author had to offer. The unfortunate thing however is that the excitement tends to die away with its newness (nothing stays new forever). As I mentioned in the introduction; adopting radically new dietary strategies based on simplicity, which simply tell you what to eat but don't teach you how to make these choices for yourself, are pretty well doomed to fail. (If they do try to teach you how to make your own food choices but guide you to doing so using simple methods such as avoiding whole food groups or combinations of them, then they're simply not the healthiest means to use.)

Although my friend's mum was expecting everyone to marvel at the enormous amount of work she had put into her achievements, I knew damned well that her results were not the result of hard work but her attempt for a quick fix by choosing the simplest means possible to try and actually get around having to do as much work as she could (in this case, she followed a guide which told her precisely what to eat, thereby taking the thought process (one of the most difficult parts) out of it). As it turned out, this led to her downfall, yet again. I wonder what fad she'll try next in a few years' time.

You need to get serious

As I've already described, it is likely that the sudden motivational "high" that's caused you to start considering weight loss is unlikely to last with you forever. The question you need to ask yourself is just how serious are you about doing this? If your motivation is simply because you want to look good, then I'm afraid that your chances of long term healthy weight loss aren't looking good.

Whilst the typical yo-yo dieter gets a quick burst of health consciousness every now and then, it's probably going to take a bloody good reason before most people will get really serious about long term healthy weight loss. Unfortunately, in many cases, the motivation to get serious comes from a newly diagnosed life threatening disease like diabetes or heart disease. I'd like to be able to get in earlier than that if possible; wouldn't you?

For some unknown bloody reason, in my earlier days I seemed to enjoy the painful practice of lugging massive amounts of supplies on my back whilst trekking through bush land I'd never explored before. If you've ever been silly enough to enjoy the kind of "very difficult" level of hiking like I did, then you'll know that carrying a weeks worth of supplies can be a nightmare if you have to negotiate torturously difficult terrains to reach your destination. You're basically going to want to take whatever trail will get you there in the least amount of time possible by using the least amount of energy possible (which usually means avoiding steep hills and rocky terrain).

I recall a particular occasion where a mate and I were hiking the most notoriously difficult trail in the state, and doing so for the first time. We were coming up to a part of the track which we'd been told was a steep, rocky terrained day's worth of back breaking torture. Despite not being on the map, we had been assured (by a guy in a pub of all things) that there was a shortcut through

the middle which was mostly downhill and took almost half as much time to negotiate; the only trick was to find where to turn off in order to find the shortcut.

At the time, we weren't terribly certain whether we could trust some drunken bogan we'd just met in an outback pub, but after several days of backache and blistered feet, you'd be surprised what you'd be willing to do and who'd you be willing to trust in the hope of finding an easier route.

Suffice it to say that we should have gone with our initial instincts; there was no shortcut, at least not one that we could find. We did however lose over a day's hiking and ended up traveling many more kilometers than what we should have (not to mention the amount of energy wasted) just in the hope of finding some way to simplify our journey. Had we of course just bit the bullet and taken the road we knew actually existed (which wasn't nearly as bad as we had expected) then we would have saved ourselves more trouble than what was necessary (so much so that we almost considered giving up at one stage and calling for someone to pick us up by 4WD)

I hope you can forgive the corny analogy, but when I see so very many people fail in their attempts either to lose weight or to keep it off long term, I can't help but be reminded of our little hiking expedition that went so terribly wrong. Time and time again, people fail to maintain their long term weight loss goals, almost always because they had tried to find a simpler road to take (shortcut) which led them back to where they started and thereby wasting a lot of time, money and effort.

If you are serious about long-term healthy weight loss, then there are two things that you need to focus on; doing it healthfully and doing it long-term. If you're not concerned with how healthfully you lose the weight, then you may as well go and get surgery, take meal replacement shakes, follow fad diets that focus too much on weight loss and not enough on long term health, or any of the other million and one ways that you *could* lose weight (you could even eat dirt and cockroaches for a few months; even that would work). If you're more concerned about your friends marvelling at how many kilos you dropped in a short amount of time and just want to focus on getting in shape to fit a swimsuit for next summer, then you're not thinking long-term success here.

If you really are focused on making a healthy approach to long-term weight management, then that's what I'm here to try to teach you in the chapters that follow from here. To be quite honest, it's going to be a real pain in the bum, but if you're serious about healthy weight loss, then you need to stop looking for short cuts and start climbing the road that's actually on the map.

Where do we go from here?

The next section of this book is designed to provide you with some basic background knowledge you will need in order to understand how to make the healthiest food choices. I will explain what energy is, where it comes from and how to balance your diet in order for you to make the healthiest possible choices. The next section will teach you how to actually put these concepts into practice, how to read food labels, how to replace foods your used to with healthier versions, and how to know which pitfalls are the most likely to get in your way.

Part 2

Some basic concepts you need to understand