

ENVIRONMENTAL NUTRITION



CELEBRATING THIRTY-FIVE YEARS

THE NEWSLETTER OF FOOD, NUTRITION & HEALTH

January 2012 Volume 35 Number 1

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The “Fit but Fat” Debate

We’ve heard the grim statistics time and time again: two-thirds of Americans are overweight or obese. And it’s pretty clear that if you’re overweight or obese, you are at a greater risk of disease and dying. A meta-analysis of 89 studies, published in the March 2009 issue of *BMC Public Health*, found significant associations between 18 health issues and being overweight, including type 2 diabetes, cancer, asthma, gallbladder disease, osteoarthritis and chronic back pain.

Yet, some overweight and obese individuals are diligent about eating a healthful diet and exercising, and have healthy cholesterol, blood sugar and blood pressure levels. This scenario raises an important question: Is it possible to be healthy, and be overweight? A body of science answers that question with a resounding “No,” but new research suggests that there may be a few exceptions.

What the research reveals. In a study of 855 coronary artery disease patients at Mayo Clinic (*American Heart Journal*, March 2011), researchers found that overweight, high-fitness (determined by cardiopulmonary exercise testing) subjects had a much lower risk of dying compared with normal-weight, low-fitness subjects.

How can this be? Scientists believe a number of protective factors may come into play, including where people carry their weight (abdominal weight is more dangerous than weight carried around the hips), good physical activity levels, and following a healthy weight-reduction diet, along with normal metabolic biomarkers, such as blood pressure, blood sugar, and blood lipid levels.

Being obese often goes hand in hand with a condition called metabolic syndrome, characterized by a cluster

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The “Fit but Fat” Debate Continues

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of risk factors that include abnormal glucose, blood pressure, inflammation biomarkers and cholesterol levels, and a larger waist circumference, that can raise your risk for heart disease and diabetes. Scientists have recently created a term for obese people who do not have metabolic syndrome: “metabolically normal but obese” (MNBO.)

Findings from a study published in the September 2011 *Journal of the American College of Cardiology* revealed that MNBO people were less likely to develop heart failure over a six-year period, compared to people of normal weight who had metabolic syndrome.

Weight loss still the goal. Though these findings appear to support the idea that you can be fit but fat, scientists note that the rate of MNBO is very rare within the obese population, and the risk for mortality is still high among the obese, regardless of whether they have metabolic abnormalities. Researchers also believe that one reason the MNBO might be protected from metabolic abnormalities is that they are undergoing a successful weight loss and exercise program.

Weight-loss challenges. If you’re overweight or obese, there’s no argument that your goal should be to get fit through diet, exercise, and slow, steady weight loss. But some people face a disadvantage when trying to achieve a healthy weight: genetics. Scientists have found associations between different genetic patterns and a dramatic variance in the number of calories people of similar size require in order to maintain their body weight.

Another common problem overweight people face is yo-yo dieting—going on and off restrictive, fad diets, which often results in a higher weight than they started with. Regaining weight may be so disheartening that it can lead to giving up on a weight-loss plan altogether.

“If it were easy, everyone would be skinny,” said John P. Foreyt, Ph.D., professor at Baylor College of Medicine, speaking on this issue at the American Dietetic Association Food & Nutrition Conference & Expo on September 25, 2011. He believes that our environment, rich in cues to overeat high-calorie,

high-fat, sugary foods 24 hours a day, promotes weight gain; essentially, our society makes gaining weight the norm. But don’t throw in the towel: sustainable weight loss is possible.

Reasonable weight loss goals win. Unrealistic weight loss goals are common among the overweight, which can offset success. According to a study presented at the Obesity Society meeting in Orlando, Florida, in October 2011, of 103,693 people who followed commercial weight-loss programs, only 4.5 percent achieved the personal weight loss goals

An Alternative Weight Loss Approach

Health at Every Size (HAES), a new movement aimed at promoting health for the overweight, has grown in popularity among both health care experts and their patients. HAES suggests that the negative attention focused on weight can do more harm than good. Linda Bacon, Ph.D., Associate Nutritionist at the University of California, Davis, discussed the benefits of HAES at the American Dietetic Association conference. She reported that a paradigm shift toward eating “intuitively” may help promote health among the overweight. Intuitive eating counteracts the chronic dieting mentality by focusing on issues such as eating for physical, not emotional, needs, and relying on internal hunger and fullness cues. “Several studies show intuitive eating leads to weight stability or weight loss. When we trust our bodies and let go of ‘rules’ and ideas about eating, our bodies get it right,” said Bacon.

Tips for Intuitive Eating

- ▶ Learn to rely on your own intuition to aid in weight loss.
- ▶ Rely on your internal hunger cues, such as physical hunger pangs, instead of external cues, like the clock or a TV commercial.
- ▶ Trust your internal satiety, or fullness cues, rather than whether you’ve cleaned your plate or finished your food.
- ▶ Give yourself permission to eat. Avoid food guilt and enjoy your food!
- ▶ Eat for physical reasons, not for emotions. Consider food as fuel rather than comfort.
- ▶ Minimize distracted eating, such as eating in front of the computer or television.
- ▶ Visit the Health at Every Size website (<http://www.haescommunity.org/>) to learn more about intuitive eating.

that they had established for themselves. But a clinically meaningful weight loss occurred much more frequently: one-third lost 10 percent of their body weight after three months and 79 percent lost five percent.

Foreyt reports that your chances of success increase if you set smaller weight loss goals. Even losing just five percent of your total weight reduces your risk for cardiovascular disease and cancer.

According to an analysis of dieters in the National Weight Control Registry presented at the Obesity Society meeting, steady, long-term weight loss is achievable. Data from 3,000 members, who started at an average weight of 224 pounds, revealed that they dropped an average of 69 pounds since 1994 and maintained a loss of 52 pounds after five years and 51 pounds after 10 years. How did they maintain the weight loss? About 98 percent of registry participants modified their diet intake in some way (45 percent on their own, 55 percent with the help of some type of program) and 98 percent increased their physical activity.

Be well, no matter your size. There’s not enough scientific basis to support the idea that most people can enjoy vibrant health and lower disease risk while being overweight or obese. However, we do know that numbers in the “normal” range for body mass index, waist circumference, blood pressure, blood cholesterol, and blood glucose levels, as well as regular physical activity and healthful dietary patterns, are associated with lower disease risk. No matter what your size, it’s vital that you strive to be healthy and fit. How?

- **Eat a mostly plant-based diet**, including plenty of cooked and raw produce and whole grains. Include more plant proteins like beans, and smaller amounts of lean animal proteins and low-fat dairy products.
- **Aim for 10,000 steps daily**; track them using a clip-on pedometer.
- **Get seven to eight hours of sleep each night**; adequate rest has been linked to healthy weight.
- **Keep tabs** on your blood pressure, blood sugar, triglyceride and cholesterol levels. **EN**

—Christine M. Palumbo, M.B.A., R.D.