Beyond Diet Wars: Practical Advice for Your Patient

By Mary Felando, MS, RD, CLS, FNLA
How Do the Diets Stack Up?

If you are shopping for a diet book, you have dozens to choose from. Any of them will help you lose weight if you stick to the plan, but the theories behind them vary widely. A sampling:

**Very Low Carb**

**Dr. Atkins' New Diet Revolution**

**What You Do**
During the diet's initial phase, eat unlimited meat and fat, but no more than 20 g of carbs a day, or about one slice of bread.

**Donts**
For the first 14 days, no fruit, bread, pasta, grains, milk or even ketchup. You'll add a few carbs back later.

**The Claim**
Low-carb levels trigger a state of ketosis, forcing your body to burn fat for energy.

**Bottom Line**
Short-term studies show the diet leads to weight loss, but long-term health effects are unknown. A 53-year-old man sued the Atkins estate last week, claiming the diet caused clogged arteries that required surgery.

**Low Carb**

**The Zone**

**What You Do**
Follow the 40-30-30 rule: 40% of calories come from carbs, 30% each from protein and fat. How much you eat depends on lean body mass and exercise.

**Donts**
Nothing is off limits, but some foods are better than others: e.g., favorable carbs include broccoli, celery and grapes; unfavorable ones are pasta, cereal, bagels and bananas.

**Bottom Line**
Cutting carbs usually means cutting calories, so you'll probably lose weight.

**Good/Bad Carbs**

**The South Beach Diet**

**What You Do**
Learn to steer clear of high-glycemic index foods, like white bread and beer, which raise your blood-sugar level too quickly.

**Donts**
During the first two weeks, no fruit, bread, sugary snacks, potatoes, pasta or rice.

**The Claim**
Avoiding high-glycemic index foods eliminates insulin resistance and promotes weight loss.

**Low Fat**

**Eat More, Weigh Less**

**What You Do**
Dr. Ornish supports a low-fat (10% of daily calories), high-complex carb, vegetarian-style diet. By cutting out most fats, he says, you can eat one-third more food without taking in more calories.

**Donts**
Avoid all meats, oils, nuts, high-fat dairy, alcohol.

**The Claim**
The body needs only 4% to 6% of calories from fat to maintain health, so 10% is plenty and more would be excessive.

**Bottom Line**
Healthy overall, but restricts good fats and is very hard to stick to.

(continued)
<table>
<thead>
<tr>
<th>Type</th>
<th>1 Gram =</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbohydrate</td>
<td>4</td>
<td>4 Cal</td>
</tr>
<tr>
<td>Protein</td>
<td>4</td>
<td>4 Cal</td>
</tr>
<tr>
<td>Fats</td>
<td>9</td>
<td>9 Cal</td>
</tr>
<tr>
<td>Alcohol</td>
<td>7</td>
<td>7 Cal</td>
</tr>
</tbody>
</table>
Comparison of Weight-Loss Diets with Different Compositions of Fat, Protein, and Carbohydrates

Frank M. Sacks, M.D., George A. Bray, M.D., Vincent J. Carey, Ph.D., Steven R. Smith, M.D., Donna H. Ryan, M.D., Stephen D. Anton, Ph.D., Katherine McManus, M.S., R.D., Catherine M. Champagne, Ph.D., Louise M. Bishop, M.S., R.D., Nancy Laranjo, B.A., Meryl S. Leboff, M.D., Jennifer C. Rood, Ph.D., Lilian de Jonge, Ph.D., Frank L. Greenway, M.D., Catherine M. Loria, Ph.D., Eva Obarzanek, Ph.D., and Donald A. Williamson, Ph.D.

N Engl J Med
Volume 360(9):859-873
February 26, 2009
Reduced calorie diets result in clinically significant weight loss regardless of which macronutrients they emphasize.

- Compliance with diets was not high.
- These findings together point to behavioral factors rather than macronutrient metabolism as the main influence on weight loss.
- They suggest that any type of diet, when taught for the purpose of weight loss, with enthusiasm and persistence, can be effective.
Calories Do Count!

Since almost everything we eat is 99% FAT FREE, how come we're still 99% fat?
More than weight loss...

- Lipid Management
- Blood Pressure
- Glycemic Control
- Systemic Inflammation
- Endothelial Dysfunction
- Clotting
- Cancer Prevention
- GI Health
- Good Night’s Sleep
- Mental Health
- And more...
Long-term effects of changes in cardiorespiratory fitness and BMI on all-cause and CVD mortality in men

<table>
<thead>
<tr>
<th>Variable</th>
<th>All-cause mortality, hazard ratio (95% CI)</th>
<th>Cardiovascular disease mortality, hazard ratio (95% CI)</th>
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</thead>
<tbody>
<tr>
<td>Fitness change, loss</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Fitness change, stable</td>
<td>0.70 (0.59-0.83)</td>
<td>0.73 (0.54-0.98)</td>
</tr>
<tr>
<td>Fitness change, gain</td>
<td>0.61 (0.51-0.73)</td>
<td>0.58 (0.42-0.80)</td>
</tr>
<tr>
<td>( p ) for trend</td>
<td>(&lt;0.001)</td>
<td>(&lt;0.001)</td>
</tr>
<tr>
<td>Per 1-MET increase</td>
<td>0.85 (0.80-0.89)</td>
<td>0.81 (0.74-0.89)</td>
</tr>
<tr>
<td>BMI, loss</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>BMI, stable</td>
<td>1.06 (0.90-1.26)</td>
<td>0.98 (0.71-1.34)</td>
</tr>
<tr>
<td>BMI, gain</td>
<td>1.03 (0.87-1.23)</td>
<td>1.26 (0.94-1.69)</td>
</tr>
<tr>
<td>( p ) for trend</td>
<td>0.68</td>
<td>0.14</td>
</tr>
<tr>
<td>Per 1-BMI increase</td>
<td>1.03 (0.98-1.08)</td>
<td>1.06 (0.97-1.14)</td>
</tr>
</tbody>
</table>

*Adjusted for age, examination year, parental cardiovascular disease, BMI, and maximal METs at baseline; the combination patterns of each lifestyle (smoking status, alcohol intake, and physical activity) and each medical condition (abnormal electrocardiogram, hypertension, diabetes, and

Changes in BMI status were not associated with mortality.
Best Diets

U.S. News evaluated 25 of the most popular diets and identified the best.
See top-rated diets »

Best Diets Overall

#1  DASH Diet
#2  TLC Diet
DASH
Dietary Approaches to Stop Hypertension

- Large, RCT funded by NIH, feeding study, 3 food plans tested
- Food plan high in potassium, magnesium, calcium and fiber lowered BP by 12.5 mm Hg/5.5 mm Hg
- Included 8-10 combined fruit/veg, beans or nuts daily, whole grains, nonfat/lowfat dairy & lean protein with 3000 mg sodium
- DASH sodium trials have since found lower sodium (1500 mg/d) to be better
- Encore study with DASH plus exercise and weight loss lowered BP by 16.9/9.9 mm Hg

N Eng J Med 1997;336:117
Arch Intern Med 2010;170:126
OmniHeart: Mean Change From Baseline After Eating Each Diet for 6 Weeks

<table>
<thead>
<tr>
<th>Metric</th>
<th>Baseline</th>
<th>Carb</th>
<th>Prot</th>
<th>Unsat</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBP (all)</td>
<td>131 mmHg</td>
<td>-8.2</td>
<td>-9.5</td>
<td>-9.3</td>
</tr>
<tr>
<td>SBP (HT)</td>
<td>147 mmHg</td>
<td>-12.9</td>
<td>-16.1</td>
<td>-15.8</td>
</tr>
<tr>
<td>LDL (all)</td>
<td>129 mg/dl</td>
<td>-11.6</td>
<td>-14.2</td>
<td>-13.1</td>
</tr>
<tr>
<td>LDL (&gt;130)</td>
<td>157 mg/dl</td>
<td>-19.8</td>
<td>-23.6</td>
<td>-21.9</td>
</tr>
<tr>
<td>HDL</td>
<td>50.0 mg/dl</td>
<td>-1.4</td>
<td>-2.6</td>
<td>-0.3</td>
</tr>
<tr>
<td>TG</td>
<td>102 mg/dl</td>
<td>0.1</td>
<td>-16.4</td>
<td>-9.3</td>
</tr>
<tr>
<td>Est 10 yr CHD risk</td>
<td>-16%</td>
<td>-21%</td>
<td>-19.6%</td>
<td></td>
</tr>
</tbody>
</table>
# Therapeutic Lifestyle Changes: Nutrient Composition of TLC Diet

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Recommended Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturated fat*</td>
<td>Less than 7% of total calories</td>
</tr>
<tr>
<td>Polyunsaturated fat</td>
<td>Up to 10% of total calories</td>
</tr>
<tr>
<td>Monounsaturated fat</td>
<td>Up to 20% of total calories</td>
</tr>
<tr>
<td>Total fat</td>
<td>25–35% of total calories</td>
</tr>
<tr>
<td>Carbohydrate†</td>
<td>50–60% of total calories</td>
</tr>
<tr>
<td>Fiber</td>
<td>20–30 grams per day</td>
</tr>
<tr>
<td>Protein</td>
<td>Approximately 15% of total calories</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Less than 200 mg/day</td>
</tr>
<tr>
<td>Total calories (energy)</td>
<td>Balance energy intake and output to maintain expenditure healthy body weight/ prevent weight gain</td>
</tr>
</tbody>
</table>

* Lower trans fatty acids; † Emphasize complex sources
AHA 2020 Impact Goals
Circulation 2010;121:586-613

- Calorie intake appropriate for energy balance
- Overall pattern consistent with DASH-type eating plan
- >4.5 cups of fruits and vegetables
- Fish, preferably oily, at least two 3.5 oz svc/wk
- At least 3 one oz servings of whole grains daily
- Less than 1500 mg sodium daily
- Less than 450 calories of sugar sweetened beverages (36 oz) weekly
- 4 svc/wk of nuts/seeds/beans; 0 to 2 svc/wk of processed meats; up to 7% sat fat
Low Prevalence of “Ideal Cardiovascular Health” in a Community-Based Population

- Evaluation of 1933 participants in the Heart SCORE study.
- 66% women, 44% black, 81% some college, half were intermed to high Framingham risk, 10% with CVD and rest low risk
- CV Health is a construct defined by AHA as 4 “ideal” health behaviors (nonsmoking, BMI <25, PA at goal and a healthy diet) and 3 ideal health factors (TC<200, BP<120/80 and glu<100).
- Only 1 participant met all 7 components of Ideal CV Health
- 61.3% consumed <3 servings of fruits and veg as measured by the self administered “PrimeScreen” questionnaire (ave intake past year)

Circulation 2011;123:850-857
Grade: F

Healthy Eating Index 31 out of 80

- N=555 subjects who were 1 yr post CHD dx
- Ave age 61 BMI 30 60% male 49% post high ed
- Dietary quality evaluated using the “Alternate Healthy Eating Index”
- Score 31 out of 80
- Hlth Prof F/U Study: 45
- Nurses Hlth Study: 38
- 10.7% saturated fat
- 3.4% trans fat
- 16.8 g fiber
- 12% compliant w fruit
- 8% compliant w veg
- Highlights the need for continued assessment of compliance with TLC

J Am Diet Assoc 2008;108:240-246
Use words like “lifestyle change”, “TLC”, “DASH food plan”, “eating style”, “physical activity” or “eating & activity habits”
Facilitate Change through Effective Counseling

- Provide rationale for changing behavior.
- Elicit Change Talk: What makes you want to change? Reflect!
- Assess readiness: How motivated are you to eat healthier/move more/lose weight on a scale 0 to 10? Why did you rate it as high as you did? What kept you from rating it higher?
- Provide lifestyle choices: What would you like to work on first?
- How can I help? What is the next step?
- There is no failure/success; only “what did you learn?”

Inclusion Paradigm

- Eat breakfast
- Include protein with most meals and snacks
- Fill half your plate with veggies
- Add beans
- Enjoy a handful of nuts daily
- Eat fruit for dessert
- Make most grains whole
- Include oily fish twice weekly
- Nonfat or 1% dairy
- Think Mediterranean (real food)
- Season with herbs and citrus
www.heart.org/facethefats and go to “My Fats Translator”
Understand the Nutrition Label

**Nutrition Facts**

<table>
<thead>
<tr>
<th>Amount Per Serving</th>
<th>1 cup (228g)</th>
<th>Servings Per Container 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>170</td>
<td>35</td>
</tr>
<tr>
<td>Calories from Fat</td>
<td>100</td>
<td>20</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Fat</td>
<td>11g**</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>Sat Fat</td>
<td>4g</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Trans Fat</td>
<td>0g</td>
<td></td>
</tr>
<tr>
<td>Polyunsat Fat</td>
<td>3.5g</td>
<td></td>
</tr>
<tr>
<td>Monounsat Fat</td>
<td>3.5g</td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td>0mg</td>
<td>0%</td>
</tr>
<tr>
<td>Sodium</td>
<td>390mg</td>
<td>16%</td>
</tr>
<tr>
<td>Total Carb</td>
<td>16g</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1%</td>
</tr>
<tr>
<td>Dietary Fiber</td>
<td>3g</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>Sugars</td>
<td>0g</td>
<td></td>
</tr>
<tr>
<td>Protein</td>
<td>2g</td>
<td></td>
</tr>
</tbody>
</table>

INGREDIENTS: ENRICHED FLOUR (WHEAT FLOUR, NICKEL, REDUCED IRON, THIAMINE MONONITRATE (VITAMIN B1), RIBOFLAVIN (VITAMIN B2), FOLIC ACID), PARTIALLY HYDROGENATED SOYBEAN OIL, DE-OIL WHEAT GERM, SUGAR, CORNSTARCH, HIGH FRUCTOSE CORN SYRUP, CORN SYRUP, SALT, MALT SYRUP, LEAVENING (CALCIUM PHOSPHATE, BAKING SODA), VEGETABLE COLORS (ANNATTO EXTRACT AND TURMERIC OLEORESIN), Malted BARLEY FLOUR.
<table>
<thead>
<tr>
<th>Sample Day:</th>
<th>CHO</th>
<th>PRO</th>
<th>FAT</th>
<th>SF</th>
<th>Na</th>
<th>Chol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole egg plus one white 1/4 avocado</td>
<td>0</td>
<td>11</td>
<td>5</td>
<td>1.5</td>
<td>112</td>
<td>212</td>
</tr>
<tr>
<td>One slice Ezekiel Bread</td>
<td>15</td>
<td>4</td>
<td>.5</td>
<td>0</td>
<td>75</td>
<td>0</td>
</tr>
<tr>
<td>Small banana</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Handful Almonds</td>
<td>0</td>
<td>6</td>
<td>15</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salad or soup (1.5 c veg)</td>
<td>15</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>500</td>
<td>0</td>
</tr>
<tr>
<td>1/2 cup beans</td>
<td>20</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>120</td>
<td>0</td>
</tr>
<tr>
<td>Hint of Salt Triscuit (5)</td>
<td>15</td>
<td>2</td>
<td>5</td>
<td>.5</td>
<td>38</td>
<td>0</td>
</tr>
<tr>
<td>Fresh Apple</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Greek Yogurt (0%) w fresh berries</td>
<td>23</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>65</td>
<td>5</td>
</tr>
<tr>
<td>5 oz lean protein</td>
<td>0</td>
<td>35</td>
<td>10</td>
<td>3</td>
<td>125</td>
<td>125</td>
</tr>
<tr>
<td>1.5 cup sauteed vegetables</td>
<td>15</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>60</td>
<td>0</td>
</tr>
<tr>
<td>1 tsp oil</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>.5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 prunes</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jarlsberg Lite Cheese 1 slice</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>1.5</td>
<td>95</td>
<td>10</td>
</tr>
<tr>
<td>100 calorie pack lite popcorn</td>
<td>22</td>
<td>3</td>
<td>2</td>
<td>.5</td>
<td>150</td>
<td>0</td>
</tr>
<tr>
<td>100 calorie stick of dark chocolate</td>
<td>7</td>
<td>1</td>
<td>8</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>177</td>
<td>108</td>
<td>69</td>
<td>15.5</td>
<td>1340</td>
<td>352</td>
</tr>
</tbody>
</table>
Sample Day Breakdown

- 1761 calories
- 41% carbohydrate
- 24% protein
- 35% fat
- 7.6% sat fat

- Contained 3 whole grains, 4 fruits, 6 vegetables, 2 dairy, nuts and beans, 3 unsat fats, < 6 oz flesh, 100 calorie extra
Patient Education Resources from the NHLBI

• “Facts About The DASH Eating Plan” A 24 page booklet that includes number of daily servings with 2 sodium levels, meal plans and recipes.

• “Your Guide to Lowering Your Cholesterol With TLC” An 80 page booklet that describes the TLC components as well as physical activity and weight management with meal plans at 1200 and 1600 calories.

• “Aim for a Healthy Weight” A 36 page booklet that reviews meal plans, dining out and behavioral tips.

Free of charge by calling 301-592-8573 or order/download online at http://emall.nhlbihin.net
FOR YOUR PATIENTS
Lifestyle Management

EAT MORE
• Emphasize dietary fiber. Include at least 4 ½ cups of vegetables and fruits daily and eat primarily fiber rich whole grains.
• Enjoy 3-4 ounce cooked portion (about the size of a deck of cards) of oily fish rich in omega-3 fatty acids at least twice weekly. These fish include salmon, trout, mackerel, herring, sardines and albacore tuna.
• Choose lean sources of meat protein, not to exceed 6 ounces (2 decks of cards) daily. Try a meatless source of protein, such as tofu, sorghum, nuts or beans at some meals.
• Choose healthier fats and oils such as liquid vegetable oils. Be mindful that all fats and oils are concentrated sources of calories and should be used in moderation.

EAT LESS
• Minimize foods rich in saturated fat. Read the Nutrition Facts on your food labels and compare the saturated fat to your personal limit, often between 10 and 16 grams daily. Calculate your personal saturated fat limit at www.heart.org/nutribetofacts and go to “My Fats Translator.” The American Heart Association recommends limiting the amount of saturated fat you eat to less than 7 percent of total daily calories. If you need about 2,000 calories a day, no more than 140 calories should come from saturated fat. That’s about 18 grams of saturated fat a day.
• Avoid foods containing “partially hydrogenated” oils or trans fat. Look for these on the “Nutrition Facts” label and on the ingredients list.
• Limit your intake of added sugars from sweets and sugary beverages. Daily sugar intake should not exceed 57 grams for men and 26 grams for women.

BALANCE
• Everyone’s calorie, dietary and exercise needs are different and vary based on your health status, body size and activity level. However, the basic formula is still the same. If you burn more calories than you take in, you will lose weight and if you consume more calories than you burn, you will gain weight.
• People tend to overeat processed foods rather than whole foods, so work on removing tempting salty and sweet processed foods from your home and workplace.
• The Physical Activity Guidelines for Americans recommend muscle strengthening exercises twice weekly and at least 150 minutes per week of moderate aerobic activity or 75 minutes per week of vigorous aerobic activity. Go to www.health.gov/paguidelines for more information.

Walking briskly is considered moderate activity. Consider purchasing a pedometer, a small device that clips on your waistband, to track your steps and motivate yourself to walk further by setting a daily goal of 6,000 to 10,000 steps.

INSTAD OF: 
Refined grains-white rice, bread, pasta, cornflakes and cereals made with white or enriched wheat flour
Whole grains-brown rice, oatmeal, quinoa, barley, and bread, pasta and cereals made with 100% whole grain.
Added sugars-white or brown sugar, agave, honey, and molasses syrup
Natural sugars found in whole fruit and non-fat or 1% dairy products.
Foods high in saturated fats-prime rib, meats, full-fat cheeses and roasts, fried foods, butter, whole and 2% milk, cheese, cream and ice cream
Foods lower in saturated fat-low salt, low fat poultry breast, fish, lean meats and lean beef (check the top round, flank, sirloin and 5% or less fat ground beef)
Oils high in saturated fat-palm, palm kernel and coconut
Oils lower in saturated fat—олов, safflower, sunflower, corn, soybeans, wheat and canola oils that are liquid at room temperature
Themselves fat-rich in some dairy cream, snacks foods, pizza, cookies, cakes, cakes, cookies, fried foods and some beverages
Healthier fats-oils listed above, natural nut butters, nuts, seeds and flax.

TRY THESE BETTER CHOICES:

Name: ___________________________ Date: ____________  Healthcare Provider: ___________________________

LDL Goals: ___________________________ Weight Loss Goals: ___________________________

Activity/Exercise Goals: ___________________________

Medications Recommended: ___________________________

Provided by the National Lipid Association
6816 Southpoint Pkwy, Ste. 1000 • Jacksonville, FL 32216 • www.learnourlipids.com

Healthcare Providers—access this tear sheet at www.learnourlipids.com

For help translating these tips into everyday habits, ask your healthcare provider for a referral to a Registered Dietitian, who can help personalize your lipid-lowering lifestyle. Go to www.eatright.org for more information.

— Mary N. Ferrari, MS, RD, CLS, FNLA  — Vanessa L. Milne, MS, NP
"You don't need a second opinion — you weigh 274 pounds."
Weight Management

It is the position of the American Dietetic Association that successful weight management to improve overall health for adults requires a lifelong commitment to healthful lifestyle behaviors emphasizing sustainable and enjoyable eating practices and daily physical activity.
Setting a Weight Loss Goal

- Patients entering weight management treatment expect to lose >30% of their body weight.
- Unrealistic expectations predict attrition and contribute to poor long term maintenance of weight loss.
- Medical weight loss is 5-10% of body weight. No more than 5-9% is observed in clinical trials.
- Help patients accept a modest sustainable weight change.
- Avoid words like ideal weight, normal weight and thin.
Useful Props

[Diagrams and tables related to diabetes prevention program and weight management]
What Works?

- Self Monitoring
- Structured Meal Plan
- Meal Replacements
- Goal Setting
- Problem Solving
- Social Support
- Motivational Interviewing
- Caloric Density
- Portion Control

Spahn, JM. Weight Management Matters 2009; Vol 7 No 1
Portion Distortion

- Mindful eating
- Use of smaller plates, bowls and cups
- Don’t eat out of large container
- Single portion packages
- Keep serving bowls in kitchen
- Split entrée when dining out
- Downsize consumption norms

Wansink, B “Mindless Eating” 2006

“Well, it’s my diet and I say it’s a small potato!”
Undesirable Terms: Fat, Large Size, Heaviness, Obese, Morbidly Obese

Desirable Terms: Weight, Excess Weight, Overweight, BMI

“Can we talk about your weight today?” “How are you feeling about your weight?” “What are your goals now?”

Encourage healthy behaviors and acknowledge “it isn’t always easy but it’s worth it”!

Identify personal bias and become sensitive to weight bias in your practice.

Explore resources to improve competency in caring for your overweight and obese patients at www.yaleruddcenter.org
Weight Loss Maintenance

1996

2008
Don’t Neglect Maintenance as a Goal

- Part One: Achieving an Energy Deficit to Lose Weight
- Part Two: Maintaining a New Lower Weight
- Maintenance requires a different set of skills
- Regain occurs when they realize they will not lose as much weight as they hoped; struggle with energy gap of 8 cals per lb lost; not worth all the effort and return to prior eating and activity habits
- Pt does not accept weight maintenance as a worthwhile goal
- Practitioner facilitates acquisition and practice of weight management skills

Over 5000 now registered
Have maintained at least a 30 lb weight loss for one year
78% eat breakfast
75% weigh themselves at least once weekly
62% watch less than 10 hours of TV per week
90% exercise (mostly walking), on average, an hour daily
45% lost weight on their own/55% used some type of program
Referrals

- Refer to a Registered Dietitian (www.eatright.org) for MNT: new CMS coverage for annual CVD nutrition counseling billed through a primary care MD
- Refer for cardiac rehabilitation
- Refer to Weight Watchers/other group program
- www.choosemyplate.gov for food tracking
- Online programs: www.calorieking.com
- CMS coverage for obesity counseling
Case Study

- 70 yr old male/importer/exporter/business owner
- MI/PTCA 1990  CABG 1-30-10
- 68" usual wt: 198  post op weight: 182 (BMI 27.7)
- Pre op 20 mg Zocor ; Discharge 80 mg Zocor
- Upset with high LDL at RD visit 3/22/10
- Pritikin follower 20 yrs/stressful yr/stopped regular exercise/gained from 185 lbs to 198 lbs
- Eating fat-free sweets/does not drink alcohol
- TC at time of mi  275
## Lipids

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Non-HDL = 146  Non-HDL Goal: < 100

RD visit: 3/22/10  Wishes wife were present  Goals: cut starch portion in half/nuts for snack/12 g sat fat per day/8-10 combined fruit and veg/salmon 6 oz/day/advise psychologist visit  Wt: 182
## Lipids

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Non-HDL = 146  
Non-HDL = 101

RD visits: 4/7/10 (Wt: 184) and 5/27/10 (Wt: 182) Brought wife, long list of questions, eating nuts, fruit for sweets, keeping weight down/exercising ½ hr most days/using sterol margarine
### Lipids

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Phone contact: 9/8/10 Non-HDL now 81. Maintaining wt loss (Wt:180)/exercising/healthy lower carb eating/added ½ oz dark chocolate

Email contact: 11/4/11 In Trinidad attending to a yacht retrofit. Eating native foods (mostly veg with beans) and hot cocoa/dark chocolate/lost more weight to 176 (BMI 26.8) and TC<130/taking 40 mg Zocor ““I feel absolutely great with incredible abundance of energy, more than ever before.””
Sample a refreshing change of taste!