

# Here's why dieting doesn't work

**By Nan Windmueller**

Special to The Times Union

If dieting were the solution to obesity, Americans would be the leanest people on Earth.

Why, in a country whose people spend more than \$30 billion a year on diets, diet food and diet pills are 40 percent of adult Americans fat? The answer lies in the complex nature of obesity and the simplistic approach offered by most diets.

One cannot assume that overeating is the only cause of obesity. Numerous studies have shown many fat people consume no more calories than their lean counterparts. Surveys of adult adoptees reveal that their body shape and composition more closely resembles that of their biological parents than their adoptive parents. Therefore, genetics, more than eating style, is responsible for body type.

While endocrine ("thyroid") imbalances are an unusual cause of obesity, there undoubtedly are other regulatory systems at work which determine the number and size of fat cells in one's body. These predisposing factors, and others yet to be determined, plus inactivity interact with eating habits to produce fat.

Under the influence of our culture's obsession with thinness, the typical overweight American well might decide to go on a diet to lose weight. Advertisements for diet products promise rapid weight loss, implying that one need only be deprived for a short time to achieve a more attractive body and better health. Quick results are mighty tempting, but their promise may well have contributed to the dramatic increase in eating

See CON/ C-5

*Windmueller, who holds a master's degree in health education, is a nutrition counselor in private practice in Albany. She is a member of the board of directors of the Capital Region Association of Eating Disorders (CRAED).*

*Continued from C-1*  
disorders in the past decade.

To achieve rapid weight loss, one must severely restrict caloric intake. The human body, being designed for survival, is very intelligent. It knows famine when it hits, and it quickly adapts to what feels like life in Ethiopia.

Within the first 24 to 48 hours, the body slows the metabolism by 15 percent to 30 percent, making it more difficult to shed pounds as the diet progresses. It is even more difficult to keep them off when the diet is over.

Repeated cycles of dieting and weight gain — the yo-yo syndrome — actually increase the activity of an enzyme in fatty tissue that encourages fat accumulation. In other words, dieting, especially repetitive dieting, actually may be responsible for at least some of our obesity. Rapid weight loss also seems to lead to a redistribution of

fat to the upper trunk, which has been associated with increased risk of heart disease and diabetes.

Deprivation (dieting), even the anticipation of deprivation, leads to cravings and bingeing. After deciding to start our diets on Monday, we generally spend the whole weekend eating everything in sight. Bingeing is a logical, rebound response which often follows a diet. By its very nature, a diet is something you "go on" then "go off."

Most diets teach how *not* to eat by the dieter exercising willpower over nasty habits. But, when it is over, the dieter has to know how to live with an infinite variety in foods. Surely there is a way to eat deliciously, satisfyingly and still lose weight.

Statistics show that most diets fail more than 90 percent of the time. Long-term studies of liquid formula dieters indicate that even with a multi-disciplinary approach, including behavior modification and group support, only half complete the program, and of that number only 12 percent maintain their weight loss.

*The Medical Letter* reported in 1989 that these physician-dispensed diets have "no long-term advantage over less elaborate dietary measures." They also cite the physicians' cost for a week's supply of formula as \$16 to \$28.70, while *The New York Times* reported in 1988 that a 26-week formula diet program costs the patient \$3,000 to \$5,000.

Because deprivation diets are unsuccessful in the long term, 80

percent to 90 percent of the time, the overweight consumer has to do some serious thinking before subjecting herself or himself to the probability that eventually she or he will wind up heavier than before. Would the wise consumer retain an attorney who lost 80 percent to 90 percent of his patients? Or, buy a product which failed 80 percent to 90 percent of the time? Since the obvious answer to these questions is "no," the solution to obesity must be found elsewhere.

If you need to lose weight, find a trained nutrition counselor who does not believe in deprivation. Make sure she or he recognizes that food is a great sensual pleasure, and that its preparation can be creative, artistic and may reflect ethnic tradition.

It is the responsibility of the nutrition professional to teach clients who are overweight, but otherwise healthy, to avoid rapid weight loss and the feast-or-famine mentality by encouraging the use of *all* foods in the weight loss plan. The focus should be on a food plan tailored to meet the client's taste preferences, health needs and schedule, while attending to portion control and moderate exercise.

Given the body's intelligent adaptation to caloric restriction, permanent weight loss may be achieved by convincing the body that the new food plan represents modification rather than famine. The overweight consumer will achieve permanent weight management only when she or he learns *how* to eat rather than how to *not* eat.

**Nan I. Windmueller, M.S. (H.Ed.), R.D.T.**

NUTRITION COUNSELING

St. Peter's Hospital Professional Bldg.  
317 Manning Blvd., Suite 280  
Albany, NY 12208  
(518) 482-4414  
ACCREDITED BY AMERICAN DIETETIC ASSOCIATION

