Nutrition: Weight Loss – Part 2

So the third principle is that carbohydrate intake must support activity levels. Some patients do great on a really low-carb diet, but others crash and burn. The amount of exercise and the intensity of exercise are the biggest drivers of the need for carbohydrate. A low-carb intake plus high-intensity exercise can lead to stalled weight loss plus poor health outcomes like thyroid dysfunction, HPA axis dysregulation, hormonal imbalances, sleep disturbances, etc. But while relatively sedentary patients generally do well with low-carb diets, at least for a period of time, patients who are highly active or train in glycolytic-type activities will need additional carbohydrates in most cases. There are some low-carb athletes who do these kinds of activities who seem to be able to pull it off, but I can tell you that they're definitely in the minority, and you can learn that just by studying the diets of some of the highest-performing athletes. So refer back to the presentation that I did earlier on athletes and topics like carbohydrate back-loading for more on this.

The fourth principle is to move throughout the day and to increase non-exercise physical activity. So this isn't just about exercise, which is important, although studies have suggested that exercise is probably more important for maintaining weight loss than it is for weight loss itself, but moving throughout the day is, I think, particularly important. Sitting too much has been shown to reduce the benefits of exercise and stall weight loss. Just the difference between standing, working at a standing desk versus working at a sitting desk, can be pretty profound in terms of calorie expenditure. So these changes can actually have a bigger impact than just the patient going to the gym three times a week, so standing up at work, taking walking meetings, commuting partway to work via car and then walking the rest of the way, or bicycling to work if possible, all of these things are important changes that can be made that can have a pretty big impact.

The fifth step is to include whole-life modifications. So, there's more to weight loss than just diet and exercise. Getting proper sleep, managing stress, and social support can affect weight as well. You want to aim for seven to nine hours of sleep per night; have the patient practice regular stress management, things like yoga and meditation; connect with friends and family who can support weight loss goals; and consider having them join the 14Four program, which I specifically created because I know from experience that weight loss goes beyond diet and exercise. So in 14Four we also talk about sleep and stress management and some of these other topics, but we focus on diet, physical activity, not just exercise and then sleep and stress management because those are the four pillars I've found, not only in weight loss but of health overall.

The sixth principle is to have your patient consider tracking their calorie intake. The Paleo approach, as I mentioned, doesn't require calorie tracking for weight loss, but sometimes losing the last 10 or 20 pounds can require more attention, and tracking can help prevent either overeating or undereating, and like I said, depending on the patient, one or the other may be more of an issue. So this can be pretty enlightening for folks; sometimes people are pretty far off in terms of what they're estimating for their calorie intake, and also their macronutrient intake,

particularly of carbohydrates, so doing just a few days using any of the popular apps and NutritionData.com or MyFitnessPal.com, there are many iOS and Android apps now that can help patients to do it, it can be an illuminating exercise.

Let's talk a little bit more about exercise. Which is more important for weight loss, diet or exercise? Pop quiz—it turns out that diet is more important than exercise according to the research that we have. You generally cannot exercise out a bad diet, and the type of exercise seems to be less important than consistency. Regular exercise of any type is beneficial for weight loss, but as I said before, it seems to be more important for maintaining weight that's already been lost. The most important factor for considering exercise is if the patient likes it, because if they don't like it, they're not going to stick with it for the most part. So the long-term consistency of exercise is dependent on that enjoyment, and I would advise you to encourage patients to choose exercise or types of physical activity that they'll stick to, not the "best one for weight loss." As a general rule, a mixture of resistance training and cardio type of exercise is probably best for weight loss.

So what do you do when you've done all this stuff and weight loss doesn't happen? There are several things to consider. One would be to look at underlying mechanisms like HPA axis dysregulation, cortisol levels, gut inflammation, all the stuff that we're talking about in this program, because if the patient has some of those underlying problems, they're not going to be able to lose weight successfully, and I will often tell patients when they come to me and weight loss is their goal, I say we have to fix your health first, basically, and we're going to focus on these underlying mechanisms, and when we do that, in many cases the weight loss will just start on its own, and if it doesn't, then we can take more specific steps to address your weight, but doing that from a place of health, where you don't have these dysfunctional mechanisms, is going to be a lot more effective. Now having said that, if the patient's weight is contributing significantly to their health problems, then you may need to address the weight right away as part of addressing those underlying pathologies, so again, it's a case-by-case basis. You may want to reevaluate calorie intake; the patient may be eating too many calories to lose weight, or they may have been on a profound calorie-reduced diet for too long, and that's engaged those hardwired survival mechanisms that work against them. You may want to try any of these more advanced strategies with them if you haven't already tried them.

Another thing to consider is the patient's weight loss goal. So, is their goal appropriate for their age, lifestyle, and health conditions? Some patients will come to you and they'll express a weight loss goal, and that goal may not actually be compatible with health; it may be something that's more related to an ideal that they have culturally or a weight that they were at 15 or 20 years ago that may no longer be appropriate or attainable given their current circumstances, so you want to be sure that their goal is not too low for good health. You want to explore the possibility of them being happy at the weight they're currently at, if it's healthy and if it's one that is not going to be associated with health problems. So you may need to dig into why they want to lose weight and how they imagine that losing that extra weight will improve their lives. Of course, many people believe that weight loss and looking good naked will make their lives better, but that's generally untrue, and it's actually been shown in some studies. We can help to encourage happiness, contentment, and enjoyment in life in our patients regardless of their current weight, and again

we're talking about weight that's in the healthy range, it's not going to be associated with health problems, and for many of us we're not … it may be better to refer patients out to a trusted therapist colleague that can have this discussion with them instead of doing this yourself, but I think as clinicians it's important to have at least these initial conversations and bring our patients' attention to them. Instead of a pure weight goal, you could consider advising your patient to switch to a more health- or performance-oriented goal. Focusing strictly on weight can lead to frustration and disappointment if that goal weight is not obtained, but if you shift the focus to health or physical fitness or performance or energy or other goals, that can actually help to reduce the perceived stress that the patient feels about the weight goal itself.

And then of course, as clinicians we always want to be on the lookout for disordered eating patterns. Many people with a history of weight loss cycling have disordered eating tendencies, like skipping meals, and I'm not talking about intermittent fasting here, I'm talking about more kind of anorexia nervosa or bulimia, binging, food restricting, self-punishment with food restriction, that kind of stuff. Disordered eating is a significant stressor for the body; it's been shown to lower metabolic rate and make healthy weight loss a challenge, so I would highly encourage you to refer out to a mental health professional that specializes in eating disorders or body dysmorphia, if that's a concern, because as I'm sure you know that's an area that requires significant expertise to work with, and most clinicians, myself included, don't really have the training in that area.

Okay, that's it for now, we'll see you next time.