



KELLOGG NUTRITION SYMPOSIUM

KELLOGG SUR LA NUTRITION

Brought to you by the Team of Registered Dietitians & Nutrition Professionals at Kellogg Canada Inc.

Written by Valerie Steele, MHSc, RD

INTRODUCTION

THE GREAT DIET DEBATE – A NEW PERSPECTIVE

Highlights of the 2003 Kellogg Nutrition Symposium

Presented in conjunction with the Dietitians of Canada Annual Conference in Calgary, Alberta

Friday, May 30th, 2003

DIETITIANS PLAY A PIVOTAL ROLE IN PROMOTING HEALTHY WEIGHTS

Christine Lowry, MSc, RD, Vice President, Nutrition and Corporate Affairs, Kellogg Canada Inc.

Almost half of Canadians are overweight and one in six is obese, despite the fact that many have made an effort to lose weight. So important is this growing problem of obesity that the federal government has dedicated \$15 million in funding to the Canadian Institutes of Health Research for studies on the treatment and prevention of obesity, and maintenance of healthy body weights.

This coordinated effort is a very important step towards addressing the current obesity epidemic in Canada.

Dietitians play an equally important role in understanding how the proper mix of food intake, diet, exercise, and attitudes can result in successful weight loss and weight management. This year's Kellogg Nutrition Symposium brought together esteemed speakers to explore various weight loss approaches and challenge some of our current personal attitudes and practices in this area.

Weight Management is a Growing Concern - Consider some of the Facts

- 64.1% of adult females and 35.9% of adult males were on a diet in Canada in 2001¹
- Women are more likely than men (41% versus 23%) to attempt to lose weight, even though they already have a healthy weight.²

References:

1. NDP Group Canada Inc. National Eating Trends Canada, March 2002.
2. Health Canada. Towards a Healthy Future – Second Report on the Health of Canadians, September 1999.

HEALTH AND NUTRITIONAL EFFECTS OF POPULAR DIETS

Eileen Kennedy, DSc, RD, Global Executive Director, International Life Sciences Institute, Washington, DC



Dr. Eileen Kennedy summarized what is known about the range of effects of popular diets on weight loss and weight maintenance.

North Americans are turning to popular diets to lose weight.

Although surveys consistently show that the majority of adults are trying to lose or maintain weight, the prevalence of obesity continues to rise in North America. Most people who are trying to lose weight are not using the recommended combination of reducing caloric intake and increasing physical activity.

Instead, they are turning to "Popular Diets" that promise quick results and simplify decisions about what to eat to lose weight.

Most popular diets fall into 3 categories.

Type of Diet	Carbohydrate (% Energy)	Fat (% Energy)
Low Carbohydrate	< 20% (or < 100g)	55%
Very Low-Fat	75-80%	10%
Moderate Fat	55-60%	20-30%

Dietary intake data from the United States Department of Agriculture (USDA) national nutrition monitoring system was used to compare dietary patterns, energy intakes, diet quality, and body mass index (BMI) in over 10,000 free-living adults. A summary of the findings regarding the effectiveness of various diets for weight loss follows.

High carbohydrate diets appear to promote healthier energy & fat intakes.

Dramatic differences in diet quality were identified between those following high and low carbohydrate (CHO) diets. High CHO diets were associated with significantly better diet quality than low CHO diets. Energy intakes were significantly lower in the high CHO group (1895 Kcal/day) compared to the low CHO group (2026 Kcal/day). Saturated fat intakes were almost two times higher in the low CHO group (16% calories from saturated fat) than in the high CHO group (8% calories from saturated fat). Energy density was greater with high CHO diets (1301g/1000 Kcal) compared to low CHO diets (1138g/1000 Kcal). BMIs were lower in those consuming high CHO diets.

The Food Guide Pyramid is associated with better diet quality.

Among people with high carbohydrate intakes, those who have dietary patterns consistent with the Food Guide Pyramid have significantly better diet quality and lower total and saturated fat intakes. Although those following the Food Guide Pyramid have higher energy intakes, they have lower BMIs. This difference can be attributed to the fact that those who follow the Food Guide Pyramid also tend to be more physically active.

Any diet with lower energy intakes will result in weight loss.

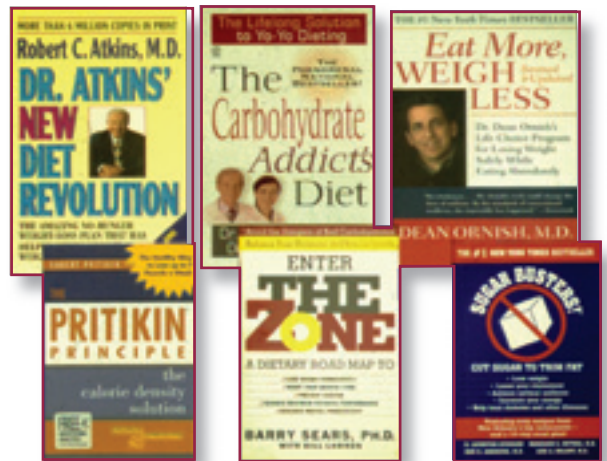
A review of the current literature indicates that weight loss is independent of diet composition. The notion in some popular diets that "calories don't count" is not supported by scientific evidence. For example, individuals who self-select high fat, low carbohydrate diets, also reduce their energy intake. Regardless of fuel source, weight loss results in metabolic benefits including healthier blood lipid profiles, improved glycemic control and lower blood pressure.

Healthy lifestyle behaviours promote long term weight loss.

The US National Weight Control Registry has helped to identify key factors for effective weight loss. Data from over 3,000 adults who have lost an average of 60 pounds and kept it off for an average of six years indicate that lower fat (24% of energy), higher carbohydrate diets promote the maintenance of healthy weights. Those who successfully maintain healthy weights also engage in other healthy habits including regular physical activity, weight monitoring and eating breakfast.

Suggested Reading:

1. Kennedy E et al. Popular Diets: Correlation to Health, Nutrition and Obesity, JADA 2001; 101(4):411-420
2. Freedman et al. Popular Diets: A Scientific Review. Obesity Research, 2001; 9 (Supplement 1)



IS DESIGNING THE OPTIMAL DIET THE REAL ISSUE? A RANGE OF PERSPECTIVES

Mary Bush, MSc, RD, Director General, Office of Nutrition Policy and Promotion, Health Canada, Ottawa, ON



Mary Bush explored consumer, health professional, national and international perspectives related to eating patterns and body weight.

Body weight is a complex issue with no simple solutions.

Unhealthy body weight results in considerable physical, psychological and economic costs. Although nutrition and physical activity are important, many other factors affect body weight. Societal and environmental factors have a tremendous influence on our eating and activity patterns.

Canadians appear to be knowledgeable about healthy eating.

Consumer research conducted by Health Canada indicates that Canadians understand the importance of balance, variety and moderation. They are able to identify foods to choose more often, such as fruits and vegetables, and foods to limit, such as high fat foods. However, they seem to lack awareness about the importance of grain products.

Consumers tend to react negatively to the word "diet".

The word "diet" conveys a sense of restricting or making sacrifices in one's eating with the short-term objective of losing weight. However, weight control and better long-term health are considered key motivators and benefits of healthy eating. Reported barriers to healthy eating include time, being away from home, cost and stress. Taste may also override health concerns.

Consumers recognize the link between diet and health

- 93% agree or strongly agree that what they eat will affect their health
- 84% claim to know "a great deal" or "something" about healthy eating
- 95% are currently trying to eat healthier
- 81% feel they are currently doing all they can to eat healthy meals

Many are trying to lose weight

- 43% are currently trying to lose weight
- 22% have been advised to lose weight by a health professional

From: Health Canada. Consumer Perspectives on Healthy Eating: Summary of Quantitative Research. Ottawa, ON:2003. Available at www.healthcanada.ca/nutrition

Health Canada has released new guidelines for health professionals.

Health professionals have differing views on ideal body shape and weight ranging from "healthy weights" to "health at any weight". This impacts upon approaches adopted for the management of overweight and obesity. The new Canadian Guidelines for Body Weight Classification In Adults provide a common basis for identifying health risks, and establishing priorities for policy, intervention and evaluation strategies.

These new guidelines are available at: www.healthcanada.ca/nutrition

Energy consumption has increased dramatically in the last decade.

According to Statistics Canada estimates of food consumption, after remaining stable for a period of over 20 years, from 1970 to the early 1990's, energy consumption has climbed steadily since 1992.¹ On the other side of the energy equation, data from the Canadian Community Health Survey suggests that only 41% of Canadians were active or moderately active in their leisure time in 2000/01.² The number of adults with a BMI greater than 30, based on self-reported heights and weights, grew by 24% from 1994/95 to 2000/01.²

The WHO has identified obesity and overweight as a global epidemic.

The WHO and FAO are currently working on a global strategy to reduce the burden of chronic disease.³ They emphasize the need to create environments that support health. Collaboration between communities, governments and food industry as well as local school and workplace initiatives are encouraged.

The Bottom Line

"Diet" is only one of many factors to be considered in promoting healthy weights. Strategies must address the underlying societal causes of obesity such as transportation, environment, work facilities, education, health and food policies, and social and economic policies. This requires coordinated action from all relevant sectors. Federal, provincial and territorial governments are committed to working together on an integrated national Healthy Living Strategy.

References:

1. Statistics Canada. Food Consumption Highlights. Ottawa, ON. 2003
2. Statistics Canada. Canadian Community Health Survey: A First Look. The Daily. Wednesday, May 8, 2002.
3. World Health Organization. The Global Strategy on Diet, Physical Activity and Health. 2003. Available at www.who.in/hpr/NPH/docs/gs_global_strategy_general.pdf

THE PSYCHO-SOCIAL ASPECTS OF DIETING

Barry Simon, MD, Psychiatrist and Psychoanalyst, University of Toronto and Program Director of Mindful Living, Toronto, ON



Dr. Simon provided insight into the management of obesity as a psychosomatic illness and how to deal with deeper resistance to change.

Your therapeutic relationship with your patient impacts the outcome.

Weight management is about more than healthy eating and activity. Food is an emotional issue and weight management is affected by psychosocial factors. Listening to patients report their experiences is a critical part of assessing your relationship with them – "do they trust you?", "are they ashamed?" or "do they resent you?"

Keys to Dealing With Chronic Resistance

1. Check your attitude towards your patient.
2. Check the patient's attitude towards the intervention.
3. Check the patient's attitude towards you.
4. Realize that all of the above are shifting through a limited number of permutations.

Your mindset is critical for your patients' success.

Your efficacy and optimism as a dietitian will shift with your own state of mind and your preconceived notion of your patients' ability to succeed. Consider your degree of optimism on whether you can facilitate weight loss in this patient. How does that affect how you feel about yourself as a dietitian? What do you believe about your patient's ability to succeed or to work with your suggestions? How is this expressed in your actions and how does it impact your patient?

Try these basic interventions:

1. "It's very important for me to understand not only that you are eating well, but how our relationship is working out. How do you feel about coming here each week?"
2. "Many people become upset, frustrated or even want to quit if they haven't lost as much weight as they had hoped. Are you concerned that you have lost X pounds in 5 weeks?"

The patient's attitude towards the intervention matters.

If, for example, you are asking a patient to fill out a food diary - you want to know if they feel competent about it and are they optimistic that it will help.

Try these basic interventions:

1. "Many patients find that a lot of feelings come up when they fill out their food diary, how do you feel filling it out?"
2. "I guess if you felt fine, you'd probably fill it out. How about filling in this statement: Filling in my food diary is...."

Each person has multiple identities that impact your relationship.

You are working with multiple relationships with each patient: the self that is enthusiastic and wants to change; the self that is resentful and sees you as controlling; and, the self that turned to food after being neglected or harmed.

Try these basic interventions:

1. "Many people start to feel stressed about coming here to weigh in, others feel fine regardless of whether their weight changes. How do you feel?"
2. "Many people are frightened to tell me that things aren't going the way they wanted? Do you have any concerns?"
3. "Many people feel embarrassed having their weight monitored. I think it is quite courageous myself. Are you finding it hard to let me know about any of your slip ups?"

The Bottom Line

Overeating is a symptom for the inner rejection of some part of oneself. Many people who are chronically contemplating or recurrently relapsing on their weight management program are suffering from a disconnection between the mind and the body. Permanent change requires a shift back to an awareness of the mind-body connection.

To learn more about helping patients strengthen the mind-body connection visit: www.mindfulliving.com





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WINNING AT WEIGHT CONTROL: WHAT WE CAN LEARN FROM MAINTAINERS

Anne Fletcher, MS, RD, Health/Nutrition/Medical Writer and Consultant, Mankato, MN

Anne Fletcher challenged common myths about weight control in this presentation conducted as an interview by dietitian Fran Berkoff.



INTERVIEW BY Fran Berkoff, RD



Who better to help us lose weight than those who have been there?

Ms. Fletcher shared findings from the National Weight Control Registry (NWCR) and her own research with weight-loss "masters" – men and women who have lost an average of over 60 pounds and who have maintained their weight loss for an average of 11 years. Her insights from studying successful weight maintainers challenge the common myths about weight control that follow:



Myth: Almost no one who loses weight keeps it off.

Fact: The odds of success appear to be about four times greater than we've been led to believe – with about a 20% success rate.

Myth: To be considered successful at weight management you have to be "thin".

Fact: Many "masters" and NWCR members are not "thin". Moderate weight loss is successful.

Myth: If you've been overweight since childhood, it's impossible to lose weight and keep it off.

Fact: Seven out of 10 "masters" and NWCR members had been heavy since childhood or adolescence. Many had at least one parent who was overweight. It's important not to dwell on the odds, because if you say you can't you won't.

Myth: If you lose weight by dieting, you're bound to gain it back.

Fact: Many "masters" and NWCR members lost weight by dieting (usually with a sensible diet). When asked, "What was the difference when you finally succeeded?" 63% said, "My diet was stricter when I finally succeeded."

Myth: There's no hope for yo-yo dieters.

Fact: People who lose weight and maintain it successfully have usually made many prior attempts. Most "masters" had been on at least three to five diets. NWCR members had a mean total lifetime loss of 270 lbs – representing many attempts.

Myth: To lose weight and keep it off means a lifetime of deprivation.

Fact: The "masters" don't feel deprived. The overwhelming majority enjoy food and the number one way they handle cravings is to "have a little". They have gotten rid of the "dieting" mentality and accepted that they needed to change for life.

Myth: If you want to lose weight and keep it off, it's wise to stay away from the scale.

Fact: Self-monitoring is an important strategy during the maintenance phase. Most "masters" weigh-in at least once a week. They usually keep their weight within a 5 lb range and have an action plan to nip small weight gain in the bud.

The Bottom Line

The "masters" stay motivated by celebrating life as a thinner person and never forgetting the difficulties of being heavy. A diary is a key tool for those who aren't there yet. Encourage clients to keep a diary of how much better life is along the way. Note small, positive changes in body, mind, and spirit. Keep comparing "then" and "now". When discouraged, they can pull out their diary for motivation.

References from Anne Fletcher:

Thin for Life: 10 Keys to Success From People Who Have Lost Weight and Kept It Off.

Weight management approaches for teens:
www.justrightteens.com

