

## Diet Versus Lifestyle

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Thin is in. Now, more than ever, Americans want to be thin and this includes your patients. Besides the obvious cosmetic advantages, researchers continue to publish studies linking better health with those who are not overweight. Much has been written on the benefits of weight loss for the cardiovascular system and more recently for blood sugar regulation.

As DCs, we know that when obese patients lose weight, their entire neuromusculoskeletal system benefits. Dieting has become a huge industry in this country. Many Americans pay large amounts of money for a plethora of diet centers, plans, programs, and books. If followed, people will generally lose weight (whether the weight loss is safe or not is a question to be looked at in a future article). Today's focus is the concept of dieting and what occurs at the conclusion of a diet.

When patients ask you about their diet, or which diet to start, what you should recommend is not to diet. Your patients will then think you have been working too hard and start to leave your office. You must quickly pull them back off the street into your office and begin to educate them. Teach them that the work and act of dieting implies a temporary period of displeasure and sacrifice one periodically endures to reach a desired weight level. It does not address what one does when that level is achieved. What many Americans do is return to normal consumption patterns and, thus, initiate another weight-gain cycle. The pounds your patients remove creep back on and in many cases exceed the level before the original diet was started. We must teach our patients that life does not have to consist of meal-replacement drinks or dehydrated food. What we need to emphasize is a lifestyle change with two key components: (1) low-fat, natural foods; and (2) moderate exercise.

Four concepts should be emphasized when instructing your patients about low-fat, natural foods, and good foods. They are:

1. Health food does not have to be poor tasting or bland.
2. People can eat as much as they want as long as it is the correct food.
3. A meal that is low in fat and high in complex carbohydrates can leave one fuller with fewer calories, and those calories are nutrient dense.
4. Bad foods are bad.

Cookies, ice cream, and foods of this type are high in fat and sugar and should not be called treats, or used as a reward system for your patients or their children.

Most people get the majority of their calories from approximately 15 foods. Ask your patients to write down what they have had for the last four or five breakfasts, lunches, dinners, and snacks throughout the day, and this will give you a general idea of their main calorie sources. I have found that many patients will say that what they have eaten in the last three or four days is not what they normally eat;

however, the fact is they are generally embarrassed by what they find when they write their foods down. Another method is to have the patients write down what they eat for a week. This, however, will tend to give you results that are a little less than realistic because the patient is now aware that what he is consuming is going to be analyzed by you and will make a conscious effort to eat better; thus, you will not get a true picture of what he is consuming. When your patients have detailed their food intake for the previous few days, the empty calorie foods like chips, sodas, and high-fat foods will jump out at you. You can then start to initiate the lifestyle change by food substitutions. As an example, teach them that instead of having a baked potato with sour cream and butter on it, or french fries, they should eat a baked potato with nonfat cottage cheese or nonfat yogurt on it. Instead of that bag of chips or cookies for the afternoon snack, substitute a large apple instead. Compose a food exchange list that lets your patients know where they can save hidden calories, such as low-fat salad dressing instead of full-oil dressings, water-packed tuna instead of oil-packed tuna -- things of this sort that, as DCs, we know but sometimes forget to share with our patients. It is amazing how many calories one can painlessly save with minor dietary adjustments. By instituting subtle consumption and habit changes, your patients will feel better, look better, and get off the diet merry-go-round.

Even with no dietary modifications whatsoever, if you can motivate your patients to begin a consistent exercise program, they will lose weight. It is physiologically impossible not to, assuming their caloric intake remains constant. I have found for those people who have not been exercisers, walking programs or stationary biking is an excellent way for the less-than-motivated patient to take off weight. Remember, it is consistency over time that gets you the results. Therefore, you must design an initial routine that is too easy. If it is not too hard or too long, your patients will not miss, which is what you are trying to do -- create a lifestyle change. Depending on your patient's initial fitness level, start with a program of five to ten minutes at three times per week.

Remember, some of these people have not done anything in years and it is, therefore, very important to start gradually. You do not want overuse injuries or mental burnout. Once a consistent pattern has been established and the patient has been on the 5 to 10 minute, 3 day a week regime for 4 weeks without missing, you can gradually increase his exercise time over a 6 to 8 week period to 20 to 30 minutes. You may then add a fourth day. After 4 weeks of 4, 20 to 30 minute days, you can then instruct your patient to increase his speed.

The key is designing a program that is schedule-friendly. It must be emphasized that you do not want the patients to miss, and that is what will achieve them permanent long-lasting results. Sit down with them and find out the time of day and the days in the week that are best for them, and create that positive habit. If there is flexibility and you have a choice, I recommend getting it done first thing in the morning, for the following reasons: (1) If a patient awakes and immediately does his or her walk or stationary bike ride first thing in the morning, before his morning shower, this reinforces his lifestyle change and hopefully carries over to food patterns as the day progresses. (2) A morning exercise session releases stored sugar in the muscles and liberates calories from stored fat. This will have an effect on the satiety center of decreasing hunger and especially the morning craving for sweets that many Americans have. Have you noticed how busy doughnut shops are in the morning, or how much sugared cereal you see sold in the supermarkets? People like to start their day with a sugar rush; but, if that sugar is being liberated from their muscles, then they are more apt to want fresh fruit or whole grains as opposed to sucrose when their hunger returns. (3) In the morning your patients are coming off an 8 to 12 hour fast where they have had no food. Therefore, there is less stored sugar in the muscles and the body needs to turn to fat stores sooner for energy than it would if they exercised later in the day. The same amount of calories are burned, whether it be in the a.m. or p.m. However, studies

have shown that in the morning, before eating, there is a 15-17 percent increase in calories burned coming from stored fat. (4) Those people who are really having a tough time getting into the exercise habit will tend to be the ones that procrastinate and will find excuses not to exercise at the end of the day. Therefore, by having the patient awoken 20 minutes earlier and getting that exercise done, it makes it that much less painless for those who do not relish the idea of physical activity.

In conclusion, emphasize that there is no free lunch and no quick fix. Remind your patients that it took a long time for them to get out of shape, and it is going to take some time for them to get back into shape. Positive habit changes will yield consistent, gradual results. Maintaining the low-fat diet and moderate exercise lifestyle insures the permanence of these results.

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