Weight as a Measure of Health VS. **Health at Every Size Society for Nutrition Education and Behavior** 49th Annual Conference – 2016

Glenn Gaesser, PhD Arizona State University (glenn.gaesser@asu.edu)

Takes on the fat phobia that permeates so much of the research about obesity and health.



Learn the astonishing facts.

THE TRUTH ABOUT Your weight AND Your health

GLENN A. GAESSER, PH.D.

Non-weight-loss-centered approach to treating "obesity-related" health conditions



Two Billion Reasons for a New Perspective on Obesity Prevention and Treatment

THE SCIENCE OF FAT

After 'The Biggest Loser,' Their Bodies Fought to Regain Weight Contestants lost hundreds of pounds during Season 8, but gained them back. A study of their struggles helps explain why so many people fail to keep off the weight they lose.

By **GINA KOLATA** MAY 2, 2016

Original Article OBESITY BIOLOGY AND INTEGRATED PHYSIOLOGY Obesity

Persistent Metabolic Adaptation 6 Years After "The Biggest Loser" Competition

Erin Fothergill¹, Juen Guo¹, Lilian Howard¹, Jennifer C. Kerns², Nicolas D. Knuth³, Robert Brychta¹, Kong Y. Chen¹, Monica C. Skarulis¹, Mary Walter¹, Peter J. Walter¹, and Kevin D. Hall¹

Obesity, 2016

Weight, fat-free mass, and fat mass changes after 30 weeks of Biggest Loser competition and 6 years later



Figure 2 Individual (•) and mean (gray rectangles) changes in (A) body weight, (B) fat-free mass, and (C) fat mass at the end of "The Biggest Loser" 30week weight loss competition and after 6 years. Horizontal bars and corresponding P values indicate comparisons between 30 weeks and 6 years. *P < 0.05 compared with baseline.

Changes in RMR and Metabolic Adaptation after 30 weeks of Biggest Loser competition and 6 years later



Figure 4 Individual (•) and mean (gray rectangles) changes in (A) resting metabolic rate and (B) metabolic adaptation at the end of "The Biggest Loser" 30-week weight loss competition and after 6 years. Horizontal bars and corresponding P values indicate comparisons between 30 weeks and 6 years. *P < 0.001 compared with baseline.

Probability of an Obese Person Attaining Normal Body Weight: Cohort Study Using Electronic Health Records

Alison Fildes, PhD, Judith Charlton, MSc, Caroline Rudisill, PhD, Peter Littlejohns, MD, A. Toby Prevost, PhD, and Martin C. Gulliford, FFPH, MA

American Journal of Public Health, July 16, 2015 (online)

- United Kingdom's Clinical Practice Research Datalink from 2004 to 2014
- 76,704 obese men and 99,791 obese women
- 9 years of follow-up

Results

- 1283 men and 2245 women attained normal body weight
- Annual probability of attaining normal weight:
 - 1 in 210 for men; 1 in 124 for women,
 - 1 in 1290 for men and 1 in 677 for women with BMI 40.0–44.9
- Annual probability of achieving a 5% weight reduction was 1 in 8 for men and 1 in 7 for women with BMI 40.0-44.9

Two Billion Reasons for a New Perspective on Obesity Prevention and Treatment

Obesity Prevalence by State, 1985 - 2010



No Data 410% 10%-54%

Source: Behavioral Risk Factor Surveillance System, CDC.



COC

A. 000







Obesity Trends* Among U.S. Adults BRFSS, 2005 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

Source: Behavioral Risk Factor Surveillance System, CDC.







0 0 0 0 0 10% 0 10%-10% 0 10%-10% 0 20%-20% 0 20%-20% 0 20%-20%

Source: Behavioral Risk Factor Surveillance System, CDC.



A. 000

Source: Behavioral Risk Factor Surveillance System, CDC.

System, CDC.

Obesity Trends* Among U.S. Adults BRFSS, 2010

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults

Prevalence of Weight Loss Attempts 1980's – 2000's



Yaesmiri et al, *Int J Obes* 2011; Bish et al, *Obes Res* 2005; Serdula et al, *JAMA* 1999; Serdula et al, *Am J Publ Health* 1994 Cumulative Weight-Loss Attempts by U.S. Adults, 1980 - present

- ~ 2 Billion weight-loss attempts
- ~ 7 weight loss attempts for <u>every U.S. adult</u> during the past thirty years



Hi, I'm James Zeta, and I'm going to show you how I lost . . . TDuys!



BURN FAT LOSE WEIGHT! Reduce Belly Fat! with 5 key all natural super-foods

BURN BELLY FAT VGet a Huge ENERGY BOOST SHED INCHES **DETOXIFY** while losing fat ACCELERATED calories burned



WEIGHT LOSS KIT

"The plan was easy to follow and I was never hungry. Because it included my favorite treats like chocolate, chips and wine.I could stick to it until I lost all the weight." hisa Samuel

LOSE

WEIGHT

4EVER

Lisa Samuel

lost 58

pounds!





New Weight-Loss "Wonder Nutrient" Helps Women and Men Lose 10-25-50 lbs or More!





Lose 20 Lbs In Just 10 days!







Garcinia Cambogia as reviewed on Dr OZ



Dr. Oz Announced Saffron Extract to be a Miracle Hunger Suppressant to Kill your Hunger

Dr. Oz Reports:



"This Miracle Pill Can Burn Fat FAST!" Learn More >>

after







Prevalence of Desire to Weigh Less

National Health and Nutrition Examination Surveys 2003-2008



Yaemsiri et al, Int J Obes 2011;35:1063-1070

Prevalence of Trying to Lose Weight Among BMI Categories BRFSS 2000



Bish et al. Obes Res 2005; 13:596-607

Most obese persons will not stay in treatment for obesity.

Of those who stay in treatment, most will not lose weight and of those who do lose weight, most will regain it.

--Albert Stunkard, 1958

Nurses' Health Study II: 1989 -1993 Binge Eating and Weight Control Practices by Weight Cycling Status



Field et al. Int J Obes 2004; 28: 1134-1142

Published Risks Associated With Weight Cycling:

- Higher mortality rates
- Cardiovascular Disease
- Metabolic Syndrome/Diabetes
- Hypertension
- Higher HbA1c
- Hyperinsulinemia
- Dyslipidemias; lower HDL
- Decreased resting and endothelium-dependent myocardial blood flow
- Decreased adiponectin
- Inflammation (elevation in CRP)
- Gall bladder disease; cholecystectomy

Published Risks Associated With Weight Cycling:

- Endometrial cancer
- Renal Cancer
- Colorectal cancer
- Lymphohematopoietic cancers
- Decreased Natural killer cell activity (compromised immune function)
- Poor physical function
- Attenuated improvements in health markers with weight loss
- Android fat pattern
- Decreased BMD
- Forearm fractures
- Hip fractures
- Decreased telomere length
- Loss of lean body mass



25 30 35 BMI

20

Fitness versus Fatness: Which Influences Health and Mortality Risk the Most?

Glenn A. Gaesser, PhD; Wesley J. Tucker, MS, RD; Catherine L. Jarrett, MS, RD; and Siddhartha S. Angadi, PhD

Current Sports Medicine Reports, 2015

Association of BMI and all-cause mortality in U.S. adults [from Flegal et al, JAMA 2013]



Association of cardiorespiratory fitness, BMI, and allcause mortality in U.S. adults [from Barry et al, *Prog Cardiovasc Dis, 2014*]



Long-term Effects of Dieting: Is Weight Loss Related to Health?

A. Janet Tomiyama¹, Britt Ahlstrom¹ and Traci Mann^{2*} ¹UCLA ²University of Minnesota

We believe the ultimate goal of diets is to improve people's long-term health, rather than to reduce their weight. Our review of randomized controlled trials of the effects of dieting on health finds very little evidence of success in achieving this goal. If diets do not lead to longterm weight loss or long-term health benefits, it is difficult to justify encouraging individuals to endure them.

Social & Personality Psychology Compass, 2013

Change in systolic and diastolic blood pressure by amount of weight loss maintained



Weight Loss Maintained (Kg)

Figure 1 Change in systolic and diastolic blood pressure (mmHg) by amount of weight loss (kg) maintained. Symbol size refers to sample size, with, from smallest to largest symbol, $n \le 100$, $100 < n \le 500$, $500 < n \le 1000$, and n > 1000. Percent dropouts from each study are depicted by the opaqueness of the symbol (>20% or <20%). The statistical significance of the difference between diet and control groups in amount of weight lost is depicted by color, with green = statistically significant difference, red = no statistically significant difference, and yellow = unknown statistical significance.

Change in blood glucose by amount of weight loss maintained



Figure 2 Change in blood glucose (mmol/L) by amount of weight loss (kg) maintained. Symbol size refers to sample size, with, from smallest to largest symbol, $n \le 100$, $100 < n \le 500$, $500 < n \le 1000$, and n > 1000. Percent dropouts from each study are depicted by the opaqueness of the symbol (>20% or <20%). The statistical significance of the difference between diet and control groups in amount of weight lost is depicted by color, with green = statistically significant difference.

Change in cholesterol and triglycerides by amount of weight loss maintained



Figure 3 Change in cholesterol and triglycerides (mmol/L) by amount of weight loss (kg) maintained. Symbol size refers to sample size, with, from smallest to largest symbol, $n \le 100$, $100 < n \le 500$, $500 < n \le 1000$, and n > 1000. Percent dropouts from each study are depicted by the opaqueness of the symbol (>20% or <20%). The statistical significance of the difference between diet and control groups in amount of weight lost is depicted by color, with green = statistically significant difference.

Non-weight-loss-centered approach to treating "obesity-related" health conditions



BRFSS 2000

Prevalence of Dieting and Physical Activity <u>Among</u> <u>Those Trying to Lose Weight</u>



Bish et al. Obes Res 2005; 13:596-607

