THE BATTLE AGAINST OBESITY

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The problems of overweight veterans are more than physical: obesity usually is a product of—and perpetuated by—psychological circumstances. Practitioners in the eating disorders clinic at VAMC Washington, D.C., help patients to handle internal and external conflicts and lead more healthful lives.

Ten years ago, B. presented to the emergency room of VAMC Washington, D.C., holding a loaded .38-caliber gun. Alcoholism had not only destroyed his self-respect, but his career as well. "I wanted help so bad, I was ready to kill myself if the VA wouldn't let me in," B. explains. "But they did and thanks to the help I received, I've been sober for over eight years now." He says he owes his life to the VA.

Eight years later, B. came to the Eating Disorders Clinic at VAMC Washington, D.C., weighing more than 320 pounds. Once again, he wanted to die, but this time it was food, not alcohol, that was making him suicidal. He could not face the fact that he, a former athlete, was now a self-described "fat slob." A onetime boxing star and celebrity's bodyguard, he was now losing the fight against his weight.

People did not want to sit beside him on the bus. Children jeered at him, and his stomach was now so large he could barely fit behind the steering wheel of his cab. Sometimes potential customers refused to ride with him because of his size. His obesity was affecting his sexual functioning and his self-esteem. In many ways, B. found himself the object of "fat prejudice." The general tendency to view the obese as dirty, sloppy, lazy, mean, ugly, and incompetent, and as lacking in intelligence, ambition, and sex appeal, is well documented. Overweight persons also have been found to suffer from discrimination in educational and vocational opportunities.[1,2]

"I was laughing on the outside and crying on the inside," B. explains. Every day he would resolve to diet, only to end up giving in to food. After each sexual failure or taunting remark, the refrigerator seemed to call his name. Like many compulsive overeaters, B. used food to cover up his negative self-image and to express his hopelessness about ever being able to lose weight. However, the behavior only served to reinforce the bad feelings and create even more, leading him to handle the problems of daily living passively.

Research has shown that in general, the obese do not differ from persons of normal weight in measures of intelligence, neuroticism, or psychoticism. However, the former have been found to score lower on measures of assertiveness and self-esteem.[3] Although some of those tendencies may be attributable to dysfunctional family backgrounds, individual personality problems, or certain negative life experiences, much of it stems from the stigma of being obese in a society that values thinness and external cosmetic attractiveness.[1,3,4]

Yet few veterans—male or female—have come to the eating disorders clinic simply for the purpose of improving their looks. The majority come for health or job-related reasons. Considerable controversy exists in the medical literature today as to whether obesity exacerbates heart disease, sleep apnea, hypertension, arthritis, diabetes, lower back pain, and other medical problems.[1,4] Nevertheless, many veterans are being warned by their physicians that being overweight definitely contributes to their particular medical problems. Some cancer and open heart patients, for example, have been instructed to lose a certain amount of weight or else forgo needed surgery.

Bulimic veterans often must postpone dental work until their vomiting phase ends. Stomach acids introduced into the mouth during purging have played a role in the development of severe dental conditions. However, these problems cannot be rectified if the veteran continues to purge.

Obese mailmen, jockeys, police officers, firefighters, physicians, and others who wish to remain in their jobs

frequently have problems due to their weight. Obese cab drivers may fall asleep at the wheel as the result of food overdoses. Obese women have been dismissed or pressured to resign from receptionist, secretarial, educational, and managerial positions because of their appearance.[1] Bulimics (both male and female) may have high absentee rates because of the time taken to recuperate from the emotional and physical effects of binging and purging.

Almost all clinic patients realize that their abnormal weight or eating patterns seriously impede their career development and limit their chances for promotion. Some obese veterans simply need nutritional information and/or increased daily activity to achieve their medically desirable weight. Middle-aged and elderly veterans, in particular, need to be advised that they cannot eat as much as they used to and still hope to maintain a stable weight, due to metabolic and other changes that accompany aging. In many cases, these veterans have become obese not by means of gluttony, but by becoming more sedentary without decreasing their food intake.

Many obese veterans are not compulsive overeaters. They do not use food as a means of coping with their emotional conflicts or with the stresses of daily living, nor do they tend to come from families or communities in which overeating is a way of life. They are willing to follow their dietitians' and physicians' suggestions and only slip into occasional overeating. However, veterans such as B. have great difficulty staying on medically prescribed food plans, feel they are "addicted" to certain foods (especially to sugars, fats, and white-flour products), and have used overeating as a psychological survival or coping mechanism for many years.

This is not to say that all compulsive overeaters are obese. Bulimic or anorexic veterans are of normal weight but are destructive and compulsive with respect to food. Normal weight is maintained through vomiting, compulsive exercising, or laxative abuse. The male bulimic is a clinical abnormality, but those who have attended the eating disorders clinic were almost normal in weight and even had well developed athletic bodies. Often, much of their identity was invested in their physical appearance or they were in occupations that demanded them to maintain a low or normal weight. Consequently, when they found themselves engaging in unwanted eating binges, they felt they had to resort to purging as a means of weight control. The vomiting also had psychological significance for some, who may have been battered as children or who may have been suffering from untreated post-traumatic stress disorder (PTSD).

For some bulimics, normal weight is maintained through vomiting, compulsive exercising, or laxatives

Also included in the compulsive overeater category are veterans who are not necessarily obese or bulimic, but who are mentally preoccupied with food to such an extent that they are unable to maintain relationships or concentrate on tasks. Some have squandered small fortunes on eating, or have traveled hundreds of miles just to obtain a special meal or food item.

Compulsive overeating is more than a matter of ingesting too much food. It is the effect of the food that makes someone a compulsive overeater, not the amount of food eaten or the degree of obesity. If the obsession negatively affects the veteran's mood or ability to relate, work, or play, he or she probably does suffer from compulsive overeating or an addiction to food, actual body weight notwithstanding.[2]

Medically, patients are considered obese when they are 20% over their ideal weight.[5] More technically, obesity is defined as an excessive accumulation of adipose tissue that contains fat stored in the form of triglyceride. Derived from the Latin prefix ob (over) and the verb deter (to eat) the literal translation may be misleading, since many obese people actually eat less than their peers but expend relatively less energy.[5]

In recent years, more and more practitioners have acknowledged that obesity is usually more than a matter of eating too much and exercising too little, although those are certainly important factors. Today, obesity is viewed not as a single disorder, but as a heterogeneous group of regulatory disturbances involving the interaction of biochemical, central nervous system, metabolic, genetic, and psychosocial factors.[5,6]

According to Rodin, just 5% of obesity cases can be attributed to underlying causes such as brain damage, endocrine dysfunction, and hereditary diseases.[6] For many Americans, obesity is simply the result of easy access to highly palatable foods combined with a sedentary lifestyle. Given the abundance of food in our culture and our low levels of physical activity, it is no surprise that Americans are getting heavier each year.[7]

To date, approximately one third of the adult population in the U.S. is more than 20% overweight. In addition, approximately five million women (7%) and three million men (5%) are morbidly obese in that they are more than 100 pounds overweight or have been double their ideal weight for at least three years.[2,4]

Studies show that obesity is related to social class, affecting a disproportionate number of the poor (especially women) and the downwardly mobile. It is hypothesized that the deprivations, humiliations, and stressors associated with poverty contribute to emotional eating among this group.[1,4]

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Heredity also can play a role in the etiology of obesity. A number of studies confirm the genetic component of the condition.[4,6] Some individuals will gain weight more rapidly than others, despite equal caloric intake. In this regard, the obese veteran who claims that he or she does not binge or otherwise overeat may be telling the truth. Although some veterans deny their secret rendezvouses with cakes, cookies, and two-pound steaks, others adhere strictly to the VA dietitian's food plan but lose weight slowly or not at all.

According to several investigators, powerful physiological mechanisms serve to maintain the excess weight in obese persons. Investigators who have conducted considerable research on obesity explain that overweight people are caught in a bind once they become fat: Their enlarged adipocytes and hyperinsulinemia prime their metabolic apparatus to make and store fat, and their obesity increases their physical inactivity—further affecting metabolism and influencing energy expenditure. People who are already obese also seem to need fewer calories to maintain high levels of body weight than do individuals who overeat but are not yet obese.[6]

For some obese veterans, giving up excess food means coping with stifled anger

Strange as it may sound, dieting leads to binging. It comes as a shock to many obese patients that the first suggestion of the eating disorders clinic is not a diet, but a nutritionally sound food plan. Many of our obese patients are overweight yet malnourished, since most of their caloric intake consists of empty calories derived from high-fat or high-sugar junk food. Part of their overeating is motivated by their body's hunger for nutrients.

Patients in the eating disorders clinic are routinely sent to the VAMC's dietary service to obtain food plans. Fad diets and commercial weight-loss products are discouraged. A veteran's unwillingness to follow suggestions may indicate that he or she is using food as a response to psychological stimuli. Anger, emotional pain, sexual problems, and trouble in relationships are leading causes of overeating.

For some obese veterans, giving up excess food means coping with stifled anger. This is especially evident in veterans who present with PTSD, who have been victimized by racial or ethnic discrimination, or who were physically or sexually abused as children or adults. With recent reports indicating that anywhere from 12–38% of girls and 3–10% of boys have been sexually assaulted, and that domestic violence affects 15–50% of marriages, it is not surprising to encounter veterans who come from violent homes or who were sexually or physically abused as children.[8–10] In fact, several clinic patients state that they joined the military in order to escape such environments.

For these veterans, obesity has served as a defense against the emotional pain, the rage, and the self-hate associated with abuse, especially if the abuser was a family member, spouse, or trusted loved one. Reducing food intake may cause suppressed rage and sorrow to surface. In such cases, the veteran needs support in finding constructive rather than destructive ways of expressing anger. For all clinic patients, especially those with unresolved anger, the exercise component of the eating disorders developed by the corrective therapy department is highly recommended, medical conditions permitting.

Grief can be another emotion that leads to excessive eating behavior, and for many obese veterans, losing weight may force them to mourn a loss that food had once helped them handle. One of our patients gained 20 pounds

continued

Medical school enrollments drop

Applications to U.S. medical schools have declined for the 1987–88 academic year and first-time enrollments fell for the sixth consecutive year, according to *JAMA* (August 26, 1988).

The number of women matriculating in and graduating from medical schools continues to rise, although the number applying has declined, states *JAMA*'s 88th Annual Report on Medical Education in the United States. Women accounted for 37% of 1987–88 medical school applicants (58% of that subset was accepted), 36.5% of all individuals entering classes, 34.3% of total enrollment, 32.7% of MD graduates, and 28% of residents in graduate medical education programs. Female residents are found in nearly all specialties, but two thirds are training in family practice, internal medicine, obstetrics/gynecology, pediatrics, or psychiatry.

There has been little change in the percentage of medical students from minority groups over the last few years, although the number of enrollments has fluctuated. However, the number of white males entering medical school has declined in the last five years, whereas the number of blacks, Asians, and women from the Pacific Islands has increased.

Anne E. Crowley, PhD, AMA Office of Medical Education Information Analysis, reports that there were 3,200 fewer applicants to U.S. medical school for the 1987–88 academic year than in the previous year. Of 28,123 applicants, 17,027 were accepted for fall 1987 enrollment.

The number of students expected to graduate in 1988 is an estimated 15,947, which is 111 more than a year earlier; 55 percent accepted residency positions in primary care specialties. As of September 1987, 81,410 residents were on duty in accredited programs in the U.S.—4,595 more than a year earlier—with more than two-fifths in family practice, internal medicine, or pediatrics programs.

every February for no apparent reason. Counseling sessions revealed that during a previous February, one of his children had been killed in a car accident. "Men don't cry," he said, "but I guess now for me it's cry or eat." "Anniversary eating" also occurs among obese veterans who are unconsciously mourning the loss of a mate, lover, job, or social status.

In some cases, the veteran's weight loss is sabotaged by family members who are threatened by his or her departure from the usual eating habits. Some relatives may feel threatened by the veteran's increased physical attractiveness. Although a spouse may sincerely want the veteran to look better and be more productive on the job, insecurity may send the former into the kitchen to prepare the dieter's favorite foods. Presented with such temptations and pressures, some veterans have relapsed into unhealthful eating. If their weight loss has disturbed the emotional equilibrium in their home or primary relationship, they may find it emotionally safer and more comfortable to be overweight.

Some veterans fear that their improved physical appearance will lead them to indulge in promiscuity or extramarital sex. They have used food to stay sexually "safe" or to cover up feelings of sexual inadequacy.[11] To sustain a weight loss, these individuals must examine their attitudes and feelings toward their sexuality and their present love relationships. For male veterans approaching midlife or old age, information about changes in sexual functioning also is required. After weight loss, some veterans in their late forties and early fifties expected their sexual performance to improve, and punished themselves with eating for their various "failures."

Today, B. boasts a 55-pound weight loss. His success refutes two myths: that it is easy to lose weight, and that it is impossible. For him and for many other veterans who struggle with obesity or with an eating disorder, recovery entails a lot of hard work, both physical and emotional. Physically, B. finds that he must do his best to adhere to his food and exercise program. Emotionally, he must address the issues that caused him to overeat initially, as well as the current stressors that could easily plummet him back into that habit.

To supplement the medical and psychological care he receives, B. attends Overeater's Anonymous (OA) meetings. "All my life I've stuffed my feelings down with food," he says. "In OA, I can share my heart honestly with others who understand." OA is a self-help group for people who want to stop compulsive eating. It is not a diet club and it has no dues or fees. Modeled after Alcoholics Anonymous, OA views compulsive overeating as an addictive illness necessitating both physical and emotional recovery. B. finds his participation in OA an essential supportive measure that helps him deal with what was, and still is, the biggest fight of his life.

Overeaters Anonymous is a self-help group for people who want to stop compulsive eating

(OA is a worldwide organization that holds more than 7,000 meetings per week. Information can be obtained from Overeater's Anonymous, P.O. Box 92870, Los Angeles, California 90009.)

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BUYING FOOD

1. Go grocery shopping as infrequently as possible. The fewer times you go, the less you will be exposed to food stimuli which may stimulate your appetite and desire for food. If possible, set aside certain days of the week when you will do your shopping. Ideally, go only once a week, or even less frequently.

2. Do not go grocery shopping as a form of leisure or entertainment. Try and shop as quickly and efficiently as possible. Always shop from a list.

3. Never shop before a meal or while you are hungry, that way you will be less tempted to buy foods which you cannot have. Also, you you will be less tempted to nibble or eat at the store.

4. Resist "sale" items which are not on your food plan. Perhaps you think you are "saving money" by purchasing these items, but you are only wasting your health. Think of the money you will spend on doctor bills due to the obesity related health problems you may acquire due to the additional pounds.

5. Buy the amounts you need, not more, or you may be tempted to eat more because the food is there. Often larger quantities are "cheaper", but they are'nt cheaper in the long run if you are going to be tempted to eat more.

6. If your family likes certain foods which you can't have, see if you can purchase them in <u>small</u> quantities. Once again, your prime concern is not saving money, but your health. For example, if your children like ice cream, don't buy a half a gallon for them because it's "cheaper". Buy just enough for one night for them, or better yet, take them out for a cone.

7. Avoid impulse buying. Don't take impulse buyers with you.

8. Read product labels carefully. Avoid foods with added starch, sugar, oils, etc.

9. Shop for produce first: fresh fruits and vegetables.

10. Buy canned fruit packed in natural juices; tuna packed in water, pickles that don't contain sugar.

11. If you are going to make a treat for your children, church, etc., buy the ingredients ONLY when you know you are actually going to bake. If you have the ingredients on hand before hand, you might be tempted to snack on them.

12. Low fat yogurt may still contain sugar.

13. Try to avoid aisles with your favorite binge foods. Promise yourself some non-food reward for bypassing those old eating spots. Go only down aisles that have foods on your list.

A Meal Plan That Works: The Psychological Aspects

1. Extreme diets lead to exhaustion, anemia, cardiac weakness, and overeating or binging. You need a good solid diet, with the right amount of protein, vitamins, etc. You can be overweight, but undernourished. If you are not recieving enough of the right kind of nutrients, your body will go wild trying to get what it needs. Your body will scream for more food, in hopes of getting the right amount of certain essential proteins and vitamins, and you will binge. Dieting leads to binging. This is a proven scientific fact.

2. Rid your mind of the idea of a diet. A diet is something that you go on temporarily to lose weight. Then you plan to eat again, right? If you want to not only lose weight, but maintain the loss, you have to give up the idea that you can go back to your old eating habits and that you can return to using food as a way to handle the problems of living. While you may be able to eat more (a <u>little</u> more) after you reach your goal weight, you will probably <u>never</u> be able to eat all you want or all you feel you deserve.

3. Get it in your head that you have a <u>food plan for life</u> You are not on a diet, which implies deprivation, but on a food plan which will give you the energy you need to do the things you need to do. The purpose of your food plan is to help you live, to feed the body, to eat to live, not live to eat.

4. Don't think about not being able to give up certain foods forever. Just decide that <u>for today</u> you will stay away from foods you don't need or that hurt you.

5. Your food plan should be suited to your schedule, your bodily needs, medical problems, as well as your psychological needs. For example, if you simply can't just have a cup of coffee while your family has desert, save up some of your fruit allowance to have at that time. Another example: you may do better with 4 or 5 small meals rather than two or three regular meals.

6. The important thing is that you <u>plan</u> your food. If you must snack, <u>plan your snack</u>. What you want to eliminate is uncontrolled, unplanned eating, which leads to guilt and then to more eating.

7. Select a food plan. Stick with it six weeks. Then evaluate whether or not you need to change it.

8. Skipping meals is setting yourself up for a binge, for sweets, etc. Skipping meals during the day paves the way for nighttime eating. First, it creates hunger as well as a psychological calorie debt. Night eaters often feel that because they have been good during the day, they deserve an extra treat at night.

9. Eat three full planned meals every day. Even if you overate the day or night before, eat your three meals. Otherwise you will make up for it later by eating more.

10. If you eat three nutritious meals a day, then you can tell yourself, "I've fed my body what it's needed. Now if I want to eat, it's my appetite speaking, not my hunger."

11. It's important to have a reasonable sized breakfast and lunch and not to make dinner the overwhelmingly largest meal of the day.

12. Evenings tend to be a problem time for many oveweight persons. Plan your evening. Plan activities that will help fight boredom, loneliness and anxiety.

13. Plan interesting meals. Don't have a boring food plan. Include variety.

14. Try to take time with your meal. If you're too busy shoveling in the food, you might not notice when you're full. Also, you are not allowing food to be the sensual pleasure it can be.

15. Extra food can elevate your feelings. But remember that the food elation lasts only a short time. Remember, to lose weight and keep it off, you must change the way you live.

16. Summary Essentials of a good food plan: provides all essential nutrients, offers enough food to control hunger, provides sufficient variety so that food interest can be sustained.

17. Tell yourself you'll stay on your food plan for today. Whether you ever do it again is unimportant. JUST FOR TODAY I will stick with a food plan. This is your day. You needn't discuss it with anyone else. This food plan is for you. You don't have to tell anyone else about it. Everybody has a diet for you, advice about how to lose weight, etc.. If you are pressured to tell about your food plan, be vague. Say, "I'm on a plan today. If it works, I'll tell you about it.

18. Be ready for moments when you want to slip. Have your diet soda, ~~club soda~~, etc., ready. Or have a big glass of ice water. The water or low calorie drink is yours. The other food is not!!

19. If you're totally honest, you will try to get rid of the garbage in your house. If foods you can't have are around, tell yourself that if you eat them you are stealing from others and you will have to go to the store and replace what you ate.

20. Keep lots of vegetables around.

21. Once again, only eat at your table. NEVER EVER in the supermarket, your car, your bed, standing up, etc..

22. Measure your food, at least at the beginning, until you learn to eyeball certain amounts. Our minds can decieve us easily. For example, you may think a pork chop is 4 oz. but it's really only 2 ounces of protein. The other two ounces are bone and grissel. On the other hand, it's possible to underestimate and be eating a half a pound of hamburger, thinking it's four ounces.

23. Protein is the bulwark of any food plan. It carries you for at least four hours.

24. Keep it simple. Think of food as fuel. Your fuel is healthy simple food. NO sauces, no fried foods.

25. Make your food look like alot. We tend to feel the urge to eat until we think we've had enough to eat. Somehow, it has to look like alot to feel like alot. Increase bulk: put lots of vegetables and salad on your plate. Eat on a 7 inch plate so that the food appears to be more.

26. Drink water before each meal.

27. Sit for a full minute before you eat and think about wanting to stay on your food plan for that meal.

28. Cut the food into small pieces, even a banana.

29. Eat the food highest in nutrition first. Your stomach will be better able to digest it and the message "you've had enough" will get to your brain faster.

30. DO NOT paste pictures of yourself overweight or of models on the refrigerator. DO NOT call yourself a "pig", a "turtle", or any other derogatory names. Such practices may cause you to eat more.

31. Don't plan to lose so much weight by a certain date or event. You can't really control your weight loss. All you can do is stay on a good food plan, for today. Weight loss will follow, athough it may not be at the rate you expect or desire.

32. It's up to you whether you want to eat alone or with others. If someone in your life has taken it upon themselves to be your policeman at the table, you need to discuss how to handle this person with a friend or counselor. Also, you'll need to think hard about whether or not to eat while this person is around. The little food you can eat should not be spoiled by a critic at the table.

33. Research shows that obese people seem to be more at ease when the diet is settled once and for all, without the dilemma of choice or self-denial. MAKE A PLAN FOR THE DAY IN THE MORNING AND STICK WITH IT: DON'T KEEP CHANGING YOUR MIND.

34. Many diet plans will tell you that when faced with peanuts, cookies, and other snack foods, that you should plan in advance how many you should have. For example, you should have only ten, or fifteen, etc. But the experience of many overeaters is that once they start on something like peanuts or a favorite snack food, just tasting the food sets up the craving for more. Therefore, the best plan is not to have any of it at all. If necessary, bring along a sack of vegetables or a piece of fruit.

35. Don't let a slip get you down, or set off a series of slips. If you slip off your plan, get back on it IMMEDIATELY. Progress, not perfection, should be your motto. If you've had a problem overeating most of your life, don't expect to stick to a food plan perfectly, ever. Just keep trying to stay on your food plan, ONE DAY AT A TIME, ONE MEAL AT A TIME.

Eating rules (adapted from Spira, 1982)

1 Shop for food as soon as possible after a meal, not when your stomach is empty
2 Make a list of the foods you intend to buy. Keep that list in your hand and stick rigidly to it
3 Limit the amount of money you take with you to that which you will need for the food on your list and no more
4 List the shops at which you intend to buy food and don't enter other food shops
5 Avoid excessive hunger by having regular planned meals. Plan these meals daily and stick to them
6 Eat only if and when you are hungry
7 When eating at home eat all your meals in one room in the house only
8 Always eat in the same place in the one room in which you have your meals
9 Eat only when you are sitting at a dining table
10 Never put anything in your mouth (except a toothbrush) while standing
11 While eating, periodically ask yourself, 'Am I still hungry?' If your honest answer is 'No', stop eating
12 Allow no other activity to take place whilst you are eating
13 Always use a knife, fork or spoon for ALL solid food
14 Put down your knife, fork or spoon for a few moments between mouthfuls
15 Cut up your food into as many small pieces as you can
16 Serve your food on to a small plate and spread the food over the plate
17 Do not keep serving dishes on the table whilst you eat
18 Chew each mouthful for as long as possible
19 Reduce the number of mouthfuls per minute so that you eat more slowly
20 Swallow all food in your mouth before putting any more into your mouth
21 After finishing your meal dispose of any leftovers immediately
22 Leave the table as soon as you have finished eating
23 Let *others* get their own chocolates and sweets from the cupboard (better still, don't keep them in the house!)
24 Adopt a positive attitude. Exchange energy-burning activities (i.e. exercise) for energy-consuming ones (i.e. eating). Modify your whole lifestyle to this end, and enjoy your life all the more

It is very important that the patient's spouse or someone close who cooks, or at least shares, the meals at home also reads the rules. This is because it reduces the pressure to eat huge meals lovingly prepared at home, and trying to lose weight in total isolation is far more difficult than doing so with the active, continuing support and encouragement of someone who can act as a day-to-day eating monitor.

The presence or absence of such a person may spell the difference between success and failure for the patient. As an example, I have often seen a young housewife failing dismally in her attempts to lose weight until her husband has become actively involved as her monitor. His interest, underlined by the occasional tangible sign of encouragement such as a new dress two sizes too small bought for a special treat a few weeks ahead, can be enormously motivating [illegible] the patient.

[illegible]he first consultation it is [illegible]he patient understands [illegible]vereating because she [illegible]ppropriately. Usual- will agree with this in the rare instance when she steadfastly denies overeating I ask her to keep an eating diary for a few days in which she records every single morsel of food and every drop of liquid that passes her lips. Such a diary is revealing to both doctor and patient and often has a highly therapeutic effect in itself.

Before the patient embarks on her weight-reducing programme she must understand that although the weight might be shed quickly in the first week or two this is largely due to loss of fluid. An average weekly weight loss of 0.5 to 1kg (1 to 2lb) after that is all that should be expected. To encourage the patient I offer her a target weight and if this is, say, 12kg (28lb) less than her present weight I point out that this weight will be achieved in about three months if 1kg (2lb) is lost each week. I warn her that there may be a plateau from time to time and that premenstrually her weight may actually increase from fluid retention.

I suggest to the patient that she has three meals a day with no snacks whatever between meals. As I have already mentioned a low energy diet may be offered although I prefer to allow the patient a free diet—that is, a diet in which she eats all the foods she normally eats but in smaller quantities. The only dietary restriction is the exclusion of sugar in any form (which includes soft drinks for which low-energy substitutes should be encouraged). I also remind the patient of energy savings to be made in the preparation of food, such as grilling instead of frying, using a non-stick pan so that no oil need be added for, say, a fried egg, a single rather than a double pastry on pies, spreading butter and marmalade on toast thinly rather than thickly. I also persuade her to try to think imaginatively about other energy savings that can be made.

The patient must be encouraged to adopt a positive attitude and to modify her lifestyle (see Rule 24). Until she has gained complete confidence in her approach she should be seen often (preferably fortnightly) because moral support and constant remotivation are valuable commodities that a doctor can provide.

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So you th ık you don't eat much sugar?

...ere are the approximate amounts of re... ...ed sugar (added sugar, in addition to the sugar naturally present) hi... ...es in popular foods.

Food Item	Size Portion	Approximate Sugar Content in Teaspoonful of Granulated Sugar
Beverages		
...a drinks	1 (6 oz bottle ... glass)	3½
...rdials	1 (¾ oz glass	1½
...ger ale	6 oz	5
...nball	1 (6 oz glass	2½
...ngeade	1 (8 oz glass	5
...t beer	1 (10 oz bot...)	4½
...ven-Up®	1 (6 oz bottl... ...r glass)	3¾
...da pop	1 (8 oz bottl...	5
...eet cider	1 cup	6
...iskey sour	1 (3 oz glass	1½
Cakes and Cookies		
...gel food	1 (4 oz piece	7
...ple sauce cake	1 (4 oz piece	5½
...nana cake	1 (2 oz piece	2
...eese cake	1 (4 oz piece	2
...oc. cake (plain)	1 (4 oz piece	6
...oc. cake (iced)	1 (4 oz piece	10
...ffee cake	1 (4 oz piece	4½
...p cake (iced)	1	6
...uit cake	1 (4 oz piece	5
...ly roll	1 (2 oz piece	2½
...ange cake	1 (4 oz piece	4
...ound cake	1 (4 oz piece	5
...onge cake	1 (1 oz piece	2

Food Item	Size Portion	Approximate Sugar Content in Teaspoonful of Granulated Sugar
brownies (unfrosted)	1 (¾ oz	3
chocolate cookies	1	1½
Fig Newtons®	1	5
gingersnaps	1	3
macaroons	1	6
nut cookies	1	1½
oatmeal cookies	1	2
sugar cookies	1	1½
chocolate eclair	1	7
cream puff	1	2
donut (plain)	1	3
donut (glazed)	1	6
Candies		
average choc. milk bar	1 (1½ oz)	2½
chewing gum	1 stick	½
chocolate cream	1 piece	2
butterscotch chew	1 piece	1
chocolate mints	1 piece	2
fudge	1 oz square	4½
gumdrop	1	2
hard candy	4 oz	20
Lifesavers®	1	½
peanut brittle	1 oz	3½
Canned Fruits and Juices		
canned apricots	4 halves and 1 T syrup	3½

Makers of Calcident® tablets

...arch is converted ... to sugar by the body but mo...e slowly

EASY DOES IT -- BUT DO IT

WHY EXERCISE IS IMPORTANT

1. Exercise not only helps you reduce, but

   a. Improves health of heart and circulatory systems in several different ways, e.g., helps prevent buildup of cholesterol in the blood stream, cuts down on the amount of fat that's already there.

   b. Improves your mood: helps reduce the level of tension and stress in daily life; helps you to rest and sleep better; helps to reduce your appetite; helps to improve your mood; helps to improve your concentration and enthusiasm for work play; heps to improve your self-confidence.

      From Act Thin, Stay Thin, by Richard Stuart, W.W.Norton and Co., New York, 1978, p.186

2. Don't say you don't have time. How much time did you spend eating, shopping, thinking about food, and hating yourself for overeating?

The increased vigor and efficiency you will derive from exercising will more than make up for the time spent.

3. Don't think: I won't, I can't. I'm to embarassed, I'm too fat to be seen in a swimming suit, Jogging outfit, etc.

You can and it really doesn't matter what others think of how you look. This is a selfish program. Your health is number one. Besides, not all physical activity requires special sweat suits, etc., and there are more and more places selling exercise outfits for larger persons.

4. Exercise decreases appetite.

5. A certain minimum amount of execise per week has been shown to reduce the risk of heart attack.

6. Exercise helps relieve premenstrual sluggishness, can help keep varicose veins in check, improves complexion, helps insomnia, reduces the risk of osteoporosis (loss of bone strength that comes with age), helps control the side effects of diabetes, specifically the tendency for blood to clot, and helps relieve boredom.

When you're tired at the end of a day, what you may need is some exercise, then a nap.