The Simple Approach to Weight Control
According to the National Institutes of Health, approximately one-fourth to one-third of adult Americans are overweight.\(^1\) Data taken from the Metropolitan Life Insurance Company indicate that about 30\% of the total population above the age of 40 is not just overweight, but obese (20\% or more above one's ideal weight.)\(^2\) Between the 1960s and 1970s, childhood obesity increased 54\%. Today, one in four American kids are overweight.\(^3\) “Obesity is probably the most common chronic disease in our country,” says the Medical Sciences Bulletin.\(^4\)

Research has shown that all this excessive weight increases the risk for high blood pressure, heart disease, stroke, diabetes, gallstones, and cancers of the prostate, colon, breast, and ovaries.\(^5\) Obese individuals ages 20-44, for example, have a 3.8 times greater risk of type II diabetes, 5.6 times greater risk of high blood pressure, and 2.1 times greater risk of high blood cholesterol.\(^6\) Overweight individuals in general have a 50\% greater risk of cardiovascular disease and a 50\% increase in the risk of hernia and intestinal obstruction over those whose body weight is optimal.\(^2\) In fact, reports say that 300,000 deaths in the U.S. each year can be attributed to obesity, and that's not counting the disability, disease, and depression it causes.\(^5\)

Consequently, as doctors know, weight control has become more of a medical concern than ever before. And Americans, whether for reasons of health, self-image, appearance, or fitness, are spending $33 billion a year on weight-loss efforts.\(^1\) At any one time, 33-40\% of adult women and 20-24\% of adult men are trying to lose weight, while 28\% of both men and women are struggling to maintain their current weight.\(^1\) Even 44\% of female and 15\% of male high school students are struggling to take off the pounds.\(^1\)

The bad news in this common epidemic is that much as many people need to lose weight, and much as they may try through various diets or weight-loss programs, they often fail. According to Edwin Bayrd, author of The Thin Game, “Only 12 out of every 100 dieters actually succeed in losing an appreciable amount of weight, even on the most rigid of regimens — and only two of those 12 manage to maintain their new weight. What this means is that 98\% of the money spent on diet foods and diet aids is misspent.”\(^7\)

Under such discouraging news, how is one to truly obtain optimal weight, and more importantly, maintain that weight? And what about the side effects of repeated dieting? Should one attempt weight loss at all? Years of research have resulted in methods more effective than ever in defining the severity of excess weight and the associated risk of disease. Consequently, you can now

“If all Americans were to achieve a normal body weight, it has been estimated that there would be a three year increase in life expectancy, 25\% less coronary heart disease, and 35\% less congestive heart failure and stroke.”\(^6\)
determine, with more accuracy than ever, if your weight needs changing. In addition, years of study and clinical trials have pointed to a three-pronged weight-loss approach that allows for gradual, permanent weight loss without causing the adverse effects that yo-yo dieting, starvation, and certain medications can. Best of all, it encourages slow changes that can fit easily and naturally into your lifestyle.

**Should You Lose Weight?**

“A health paradox exists in modern America,” says the National Institutes of Health. “On the one hand, many people who do not need to lose weight are trying to. On the other hand, most who do need to lose weight are not succeeding.” So how are we to know if we should try to get rid of those extra pounds or simply change our attitude and accept our bodies as they are?

For years, charts such as the one on this page were used to determine ideal weight. However, such methods have come under attack because the weights may be based on inaccurate sampling of the population as a whole. These figures often don't take into account different body types or genetic mixes. In addition, they can be discouraging in that they may tell you you're more overweight than you actually are, and make getting to your optimal weight seem an overly daunting task.

Current and more accurate methods in the assessment of overweight include three key measures: Body Mass Index, waist circumference, and risk factors for disease.

**Body Mass Index**

Body mass index (BMI) is a widely used means to define overweight (figured by weight [pounds or kilograms] divided by height [meters or inches squared]). The federal guidelines on the identification, evaluation, and treatment of overweight and obesity in

---

**Approximate Desirable Weights**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight in Pounds (Without Shoes)</th>
<th>Weight in Pounds (Without Clothing)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WOMEN</strong>&lt;br&gt;Small frame</td>
<td>Medium frame</td>
<td>Large frame</td>
</tr>
<tr>
<td>5'0&quot;</td>
<td>100</td>
<td>109</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>104</td>
<td>112</td>
</tr>
<tr>
<td>5'2&quot;</td>
<td>107</td>
<td>115</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>110</td>
<td>118</td>
</tr>
<tr>
<td>5'4&quot;</td>
<td>113</td>
<td>122</td>
</tr>
<tr>
<td>5'5&quot;</td>
<td>116</td>
<td>125</td>
</tr>
<tr>
<td>5'6&quot;</td>
<td>120</td>
<td>129</td>
</tr>
<tr>
<td>5'7&quot;</td>
<td>123</td>
<td>132</td>
</tr>
<tr>
<td>5'8&quot;</td>
<td>126</td>
<td>136</td>
</tr>
<tr>
<td>5'9&quot;</td>
<td>130</td>
<td>140</td>
</tr>
<tr>
<td>5'10&quot;</td>
<td>133</td>
<td>144</td>
</tr>
<tr>
<td>5'11&quot;</td>
<td>137</td>
<td>148</td>
</tr>
<tr>
<td>6'0&quot;</td>
<td>141</td>
<td>152</td>
</tr>
</tbody>
</table>

| **MEN**<br>5'3" | 118 | 129 | 141 |
| 5'4" | 122 | 133 | 145 |
| 5'5" | 126 | 137 | 149 |
| 5'6" | 130 | 142 | 155 |
| 5'7" | 134 | 147 | 161 |
| 5'8" | 139 | 151 | 166 |
| 5'9" | 143 | 155 | 170 |
| 5'10" | 147 | 159 | 174 |
| 5'11" | 150 | 163 | 178 |
| 6'0" | 154 | 167 | 183 |
| 6'1" | 158 | 171 | 188 |
| 6'2" | 162 | 175 | 192 |
| 6'3" | 165 | 178 | 195 |

* Chart from U.S. Department of Agriculture
adults recommend that BMI be determined in all adults, and that people with normal BMI be reassessed every two years.8

To determine your BMI, measure your height in inches (without shoes) and your weight in pounds (without clothing). Multiply your weight by 700. Divide that number by your height. Then divide again by your height. For example, if you weigh 130 pounds and are 5’4” (64”) tall, your BMI is (130x700)/64/64 = 22.2. According to the National Heart, Lung and Blood Institute, your BMI score means the following:

- **Underweight**: Below 18.5
- **Normal**: 18.5 - 24.9
- **Overweight**: 25.0 - 29.9
- **Obesity**: 30.0 and Above

Though this method isn’t free of flaws — for example, some very muscular people may have a high BMI without health risks — it is the method most used by doctors and scientists today. Dr. F. Xavier Pi Sunyer, director of the Obesity Research Center, St. Luke’s/Roosevelt Hospital Center, says, “The evidence is solid that the risk for various cardiovascular and other diseases rises significantly when someone’s BMI is over 25 and the risk of death increases as the body mass index reaches and surpasses 30.”8,9

Once you’ve diagnosed your BMI, you have a pretty good idea of whether or not you need to lose weight. However, there is more to consider. For example: Where is that extra fat located?

### Abdominal vs. Other Fat

All fat cells may look the same through a microscope, but they don’t act the same. Fat cells in the abdomen area have several unique properties. For example, they have high levels of an enzyme called *lipoprotein lipase*. When the body has an excess of calories, these enzymes will be the first to jump at the chance to convert those calories to fat.5 In addition, they tend to release large amounts of free fatty acids, which impair the normal breakdown of insulin. Over time, this can contribute to diabetes. Free fatty acids also stimulate the liver to overproduce *triglycerides*, blood fats that can increase the risk of heart disease.5

Lower-body fat, which accumulates in the thighs and buttocks, is considered less hazardous than upper-body fat.6 According to *Harvard Men’s Health Watch*, “All in all, abdominal obesity is strongly linked to an increased risk of heart disease and stroke and is far more hazardous to health than lower-body obesity.”5

A good way to check your abdominal fat is to place a measuring tape snugly around your waist. A measurement over 40” for men and over 35” for women shows an increase risk for disease. Another indicator is your *waist-to-hip ratio*, which is determined by measuring your waist at its narrowest—usually at the navel—and then measuring your hips at their widest, usually at the bony prominence. Divide your waist size by your hip size to learn your ratio. The risk of heart attack and stroke increases progressively in men with ratios above 1.0; in women, with ratios starting at 0.8.5

---

**Diet Methods That Ultimately Don’t Work**

1) **Starvation**: The starving body burns lean mass, not fatty tissue.1 In addition, starvation slows metabolism, which actually decreases the rate at which the body burns fat.2 It can also increase the risk for gallstones in certain individuals.3

2) **The Quick Fix**: Many dietary regimes may help you lose 15 pounds a week, but much of this is from water and muscle. According to J. Bland, author of *Your Health Under Siege*, “To burn up a pound of fat requires approximately 4,000 calories of expended energy. Putting it another way, you would need to jog approximately 30 miles at 8 minutes per mile to burn up a pound of fat. Therefore, if you were to lose 15 pounds in a week and it all came from fat, you would have to expend 60,000 calories for the week, or more than 8,000 per day. The average person who is dieting expends no more than 3,000 calories a day.”

---

“All in all, abdominal obesity is strongly linked to an increased risk of heart disease and stroke and is far more hazardous to health than lower-body obesity.”

— *Harvard Men’s Health Watch*
Risk Factors for Disease
Even if you have a higher-than-normal BMI, waist circumference, and/or waist-to-hip ratio, there are still other things to consider before deciding to lose weight. Why? Because weight cycling — losing, then regaining weight, then losing again — has been associated with adverse effects like faster weight regain, increased risk for gallstones and acute gallbladder disease, fatigue, and loss of lean body mass. Consequently, anyone with increased risk for these diseases needs to consult a physician before attempting weight loss.

Still, the overwhelming evidence puts the odds in favor of weight loss, because it has shown to prevent the onset of high blood pressure, reduce the incidence and severity of noninsulin-dependent diabetes, and lower cholesterol levels. In people with diabetes, it has shown to improve glycemic control. Prevalence and severity of sleep apnea (a sleep disorder in which patients stop breathing for a short period of time) can be substantially reduced by weight loss. And most epidemiologic studies suggest that weight loss is associated with decreased mortality. Other benefits include better self-esteem, less joint pain, and more. (See sidebar below.)

Therefore, research seems to conclude that if the danger of yo-yo dieting can be avoided, if weight can come off without excess stress to the body, and if weight loss can be maintained, the benefits far outweigh any risk. Fortunately, all this is possible … with the right approach.

Benefits of Weight Loss
- Reduced risk of heart attack, stroke, diabetes, and cancer: four of the top ten leading causes of death in the U.S.
- A lower risk of developing gout, varicose veins, and work-related injuries like carpal-tunnel syndrome
- Less joint pain
- Lower blood pressure and LDL “bad” cholesterol
- Higher HDL “good” cholesterol
- Increased self-esteem
- Lower risk of depression and hostility
- Can lead to fewer backaches
- Can strengthen the immune system

Diets That Don’t Work … and Why
Every year Americans spend over $30 billion on weight-loss efforts. Unfortunately, much of that money is spent on diets that are based more on hype and marketing ploys than on true, scientifically proven results. Consequently, what dieters get is maybe a short-term weight loss, followed by a discouraging regain of every frustrating pound — and sometimes more. It has been estimated that 95% of all diets ultimately fail to produce permanent weight loss.7

Why don’t most of these diets work? And even if some of them do, why doesn’t the benefit last? Researchers have concluded that, in general, most of these diets focus on the wrong things. Either they go for the “quick fix” (promoting speedy water and muscle loss rather than fat), the “easy way” (diet without exercise), the “starvation” route (which leaves the body in a weakened state), or some other avenue that doesn’t solve the real problem.
Part of the dilemma is that Americans themselves are hoping for an “easy” answer. Ask a doctor and most likely he/she will recommend a balanced diet, calorie and fat restriction, exercise, and a modified lifestyle. Yet, according to Edwin Bayrd, “[S]o strong is our conviction that obesity is nothing more than a puzzle awaiting solution — in the form of a new pill, a new fad diet, a new combination of vitamins and exercise — that we willingly subscribe to one patently bogus weight-reducing program after another.”

The sidebar on pages 4-5 shows many of the diet “types” that are touted on bookshelves and in television ads, and the failings often associated with each one.

**What Makes People Fat?**

Fat cells are better known in the medical community as adipose cells. They have many positive functions, like serving as a warehouse for vitamins A, D, E, and K. (See sidebar, lower left.) It is when these fat cells become too large, or when we gain too many of them, that we become overweight and obese. For instance, all overweight individuals have fat cells that are themselves too fat, gorged with stored energy that the body will never conceivably use.

The unfortunate news is that once fat cells are created, they are with you forever. To lose weight, you reduce the size of these cells by extracting their energy. The best way to do that? In the heat of carbohydrates.

The body extracts energy from fat by combining the hydrogen in fat cells with the oxygen you breath — to form water. This process depends on oxygen, but is “helped along” with carbohydrates. “It is very difficult for your muscles to use fat for energy without the presence of carbohydrates,” says Time-Life Books.

Carbohydrates are found in all plants and in most of the foods made from them (fruits, vegetables, etc.). These are your body’s principal source of energy. As your digestive system releases the energy from carbohydrates, it converts those carbohydrates into glucose, a form of sugar carried in the blood and transported to the cells for energy. Any glucose that isn’t used by the cells is stored in the muscles and liver as glycogen. The body has only a limited storage capacity for glycogen. Consequently, when that limit is reached, the rest of the glucose is converted into fat.

So why do people become fat? In the simplest of terms, their calorie intake (the amount of energy that can be taken from carbohydrates, fats or protein) exceeds their energy expenditure. This can occur from eating too much, exercising too little, or making the wrong food choices. It can be established in a person’s genes, in their upbringing, or in their lifestyle. The answer to permanent weight loss, however, remains surprisingly simple: calorie and fat restriction, exercise, and behavior modification. Rather than dieting for three months — or feeling miserable for a period of time and then regaining the weight — the National Institutes of Health recommend “a lifelong commitment to a change in lifestyle, behavioral responses, and dietary practices.”
The Three-Step Approach to Permanent Weight Loss*

1) Calorie and Fat Restriction

“To lengthen thy life, lessen thy meals,” Benjamin Franklin told readers of Poor Richard’s Almanac. Indeed, if you’re trying to lose weight, it only makes sense to take in fewer calories; i.e., less energy to be converted into fat. Author Jeffrey Bland, Ph.D., of the Bellevue-Redmond Medical Laboratory, says, “The low-calorie mixed diet, which uses the basic food groups in balance, taken in reduced amounts, is without question the safest diet and the one that shocks your body least. However, it is the diet that … leads to the slowest rate of weight loss — something on the order of 1 to 2 pounds per week.” The good thing about this slow weight loss? When combined with exercise, it’s more apt to be permanent.

“Downsizing” your food intake doesn’t have to be drastic or unpleasant, however. For example, simply removing one food item from your regular diet can have a tremendous long-term effect on your weight. Eliminating one pat of butter daily can result in five pounds lost in one year. Passing on that can of soda four times a week will take away four pounds. Saying “no” to French fries just twice a week will take away six pounds. In contrast, add one piece of chocolate cake more than your body needs every day and you could gain as much as forty pounds in a year.

Starvation, however, is not the answer. Nor is skipping meals. Even counting calories is out, as that only reminds you that you’re dieting, which adds to the unpleasantness of it all and makes it less likely that you’ll stick with your resolve. Instead, researchers advise that you make simple choices. Eliminate one food, like bacon or sausage, from your weekly regime. Think first of vegetables when you think of snacks. (Yes, snacks are good! See sidebar, p.8.) Avoid processed dishes that are heavy in salt and fat. Rediscover potatoes — a medium-sized baked potato contains only 90 calories, and seasoned with nothing but salt and pepper, is a nourishing, low-fat food. Try replacing butter with other toppings like jam, low-fat yogurt, low-fat cream cheese, or apple butter. Eat more fiber in cereals, whole-wheat grains, and fruits. Whatever you do, cut something out, and cut down your portion sizes, but balance your meals and don’t skimp on nutrition.

What About Fat?

Cut down on how much fat you eat, and you’ll bolster your weight-loss efforts. Why? Several reasons:

1) It costs very little energy — only three calories — to convert 100 calories of fat into new body fat. In other words, according to author Robert Cooper, “Dietary fat is already pure fat that’s ready to glide effortlessly into your fat-storing cells.”

2) Eating fat often makes you want to eat more fat, according to researchers at the Rockefeller University in New York City — possibly because of a chemical in the brain called galanin that triggers a specific craving for fat.

3) Growing evidence indicates that the longer you eat a high-fat diet, the more your body shifts toward storing fat instead of burning it for energy.

4) Research has shown that the fat in high-fat foods causes mental and physical fatigue.

* Before beginning any weight-loss program, be sure to check with your physician, especially if you’re pregnant, nursing, have a health problem, are under the age of 18, or intend to lose more than 30 pounds or 15% of your starting weight. Rapid weight loss without medical supervision may be associated with health problems.
Eating low-fat foods, however, doesn’t mean it’s okay to overeat. “Low-fat” on the package doesn’t mean low-calories. In fact, one fat-free fig cookie contains 70 calories, while the regular type has only 50 calories. Consequently, eating low-fat is smart, but just don’t eat the whole package of Healthy Choice® cookies, for example. It’s the combination of calorie and fat restriction has shown to have the best weight-losing effects. For example, one 20-week study found that people who restricted fat and calories lost significantly more weight and a higher percentage of body fat than people who restricted fat intake alone.

**Remember Nutrition**
When cutting back on calories, it’s easy to forget nutrition. Many people who try dieting can often experience fatigue or depression because they suddenly aren’t getting the nutrients their bodies need. The answer to this is to eat a balanced diet high in nutrition and low in fat, while using supplements to make sure you’re getting all the vitamins and minerals you need. An easy solution for many people is the weight-loss shakes, or “meal replacements” which, according to Janis Jibrin, R.D. and a nutritionist in Washington, D.C., “are nutritionally balanced.” In other words, should you choose to begin your weight loss efforts with a diet shake, which can be both convenient and satisfying to your sweet tooth, it may supply a large portion of the nutrients you need as well. (See sidebar, page 9.)

**2) Exercise**
Edwin Bayrd asserts that “walking a steady pace for 30 minutes each day will produce a net loss of thirteen pounds in a single year. Every ounce of that will be fat — not water, not lean body mass — and the only requirement for losing that weight is walking.” Studies seem to support this view. For example, Dr. Arthur Leon found that young men who walked vigorously 5 days per week for 90 minutes each day lost an average of 16 pounds over only 16 weeks without changing their diets. (They also saw an increase in their HDL “good” cholesterol levels and a decrease in their LDL “bad” cholesterol levels.) Obese women who added to their daily schedule 30 minutes of physical activities — like taking the stairs instead of the elevator or walking instead of driving short distances — lost as much weight as obese women who attended step aerobic classes three times a week for four months.
Can losing weight really be as simple as walking? Many researchers, including Dr. Steven N. Blair, president of the American College of Sports Medicine and director of epidemiology at the Cooper Institute for Aerobics Research in Dallas, believe so. “Any activity that increases your metabolic rate and burns more calories provides benefits,” Dr. Blair says. John Duncan, Ph.D., exercise physiologist at the Cooper Institute, agrees. “It’s not the intensity of the physical activity that leads to better health. It’s the total number of minutes you spend each week exercising.”

The best thing about making any sort of exercise a habit is its long-term effects on weight loss. Calorie and fat restriction will help you lose the weight, but exercise will help you maintain that loss. Robert Baron, M.D., of the UCSF Division of General Internal Medicine, says, “When exercise is directly compared to diet, or when exercise plus diet is compared to diet alone, exercise results in greater preservation of lean body mass. That is, for each pound of weight lost, less fat and more muscle is lost during weight loss programs without exercise.” But if you’re out to lose weight, what does it matter if you lose a little muscle? It matters because with that muscle goes your ability to burn more fat.

**Keeping Your Metabolism Hot**

According to author Robert Cooper, “Fading muscle tone is a powerful fat-maker.” In fact, Covert Bailey, author of *The New Fit or Fat*, states that “[o]f all the calories burned in the body, 50 to 90 percent are burned by the muscles — even when you sleep.” That’s because muscle fibers help your body produce fat-burning enzymes that use fat to fuel the action of each muscle fiber. When muscles get weaker, as happens without exercise, the signal for the fat-burning enzymes gets weaker, and it’s easier for the body to take dietary fat and store it as body fat.

Most adults begin to lose muscle starting in their mid-20s — up to a pound each year. However, with regular exercise, research is showing that this loss may be arrested until even the age of 90.

**Why is the Idea of Exercise So Difficult?**

If exercise is such a vital part of any weight-loss program, why does it seem so difficult to so many people struggling with excess weight? Researchers point to many reasons. First, people often think that only strenuous exercise has any impact on weight loss, so they become discouraged trying to find the time and “energy” for such exercise. Not true. In fact, according to Edwin Bayrd, “…where weight loss is the objective, strenuous activity may be the least valuable form of exercise. Above the body’s ‘caloric threshold,’ exercise does not result in significant weight loss — which is why swimming, which consumes 400-500 calories per hour, is a recommended form of exercise, while athletic competition, which burns three times as many calories, is not.”

Second, researchers have discovered that people who tend to be overweight or obese have an uncanny knack for conserving energy. For example, overweight children, when involved in a tennis match, stood still 65% of the time, while thinner children stood still only 15% of the time. The same was true in volleyball, with thin
children remaining still only 30% of the time, and the overweight children 80%. “All these youngsters,” Dr. Jean Mayer of this study said, “seem to be terribly affected by their obesity in a way that tends to perpetuate that obesity.” Other research shows that overweight homemakers walk half as far in the course of their daily chores as thin ones do, even though both are performing essentially the same duties.29

Therefore, overweight individuals may have a difficult time with exercise simply because of habit. Yet it doesn’t take an expensive membership to a health club or an unpleasant two hours of sweating each day to break bad habits and reap the benefits of exercise. All it takes is a new way of looking at life.

3) Behavior Modification

According to the National Institutes of Health, “A fundamental principle of weight loss and control is that for almost all people, a lifelong commitment to a change in lifestyle, behavioral responses, and dietary practices is necessary.”1 Jeffrey Bland of Bellevue-Redmond Medical Laboratory agrees: “Weight gain is more than just a biochemical problem. It is a psychosocial problem dealing with your whole food-supply system and food selection habits.”30 For example, when you were a child, did your parents reward good behavior with candy or other fatty snacks? Was food an escape for you or members of your family? Did your parents make a habit of eating candy or ice cream while watching television? Is it your daily habit to come home from work, plop down on the couch and watch television?

No matter what your habits, if you are overweight, they can probably use some changing. The National Institutes of Health as well as many researchers and doctors recommend behavior modification to assist in weight-loss efforts, but more importantly, to maintain the new weight.

What is Behavior Modification?

Behavior modification is simply changing your daily habits to help you reach and maintain your target weight. First, set your goals, but be careful: If you try to lose too much weight too fast, you’ll end up discouraged. “Most people trying to lose weight focus on just that one goal: weight loss,” says the National Institutes of Health. “However, the most productive areas to focus on are the dietary and exercise changes that will lead to that long-term weight change.” The recommended amount to lose? One to two pounds a week.

To do that, the institute recommends, set goals that are specific and attainable. “Exercise more,” isn’t specific. Try “walk 30 minutes a day,” or “eat only one serving of fries a week” instead. Reward yourself when you succeed with non-food items, like CDs, time away with the family, or a quiet afternoon of reading. Get support from your friends, your family, or a reputable weight-loss program.31 And try simple suggestions like those on the next page to help change your daily habits. Most important, however, is that you start today … start down the path to choosing healthier foods, incorporating exercise into your daily routine, and making minor adjustments to your habits so you can begin living a healthier, more fulfilling life.
Suggestions for Change

• Shop only from a prepared list
• Shop only after eating
• Transfer your sweet and fatty snacks to coffee cans or cookie tins and store on the highest shelf
• Never skip meals, especially breakfast
• Keep your refrigerator full of healthy snacks like fruit, vegetables, low-fat cottage cheese, yogurt, iced tea
• Eat from a small plate — it will make smaller portions seem bigger
• Chew everything carefully – take your time eating, for it takes a while for your body to realize you’re full
• Drink more water — you may think you’re hungry when you’re actually thirsty
• When a commercial break comes, get up and walk instead of raiding the refrigerator
• Devise your own system of punishment and rewards that are meaningful to you
• Make any change you make gradually
• Snack smart, and usually in the mid-morning and mid-afternoon
• Do nothing but eat when you eat — if you read, watch TV or sort laundry, you will be less conscious of what you’re eating
• Eat from a plate, not the container — eating from the bag or box hides how much you’re consuming
• Weigh yourself no more than once a week
• Eat a variety of high fiber, low-fat foods
• Cut back on sugar and salt
• Get at least five minutes of activity first thing in the morning
• Get enough sleep — studies show people eat more when they’re tired
• Rather than eating, use physical activity, deep breathing, or other methods to deal with stress
• Eat dinner earlier in the evening, to give your body a chance to burn off the calories before bedtime

Eat Healthy When Eating Out

Believe it or not, you can eat healthy when eating out. The National Heart, Lung and Blood Institute recommends the following tips to help make your dining experience pleasant and good for you:

WILL THE RESTAURANT:
• Serve margarine rather than butter with the meal?
• Serve fat-free or 1% milk rather than whole milk or cream?
• Trim visible fat from poultry or meat?
• Leave all butter, gravy or sauces off a dish?
• Serve salad dressing on the side?
• Accommodate special requests?
• Use less cooking oil when cooking?

SELECT FOODS THAT ARE:
• Steamed • Garden fresh • Broiled • Baked
• Roasted • Poached • Lightly sauteed or stir-fried
1 Methods for Voluntary Weight Loss and Control. NIH Technol Assess Statement Online, 1992 Mar 30-Apr 1; (10).
5 “Abdominal Obesity: The Shape of Man,” Harvard Men's Health Watch (April, 1999).
6 Baron RB, “Understanding Obesity and Weight Loss,” UCSF Division of General Internal Medicine (February 1995).
21 National Heart, Lung and Blood Institute Obesity Education Initiative, “Fat Matters, but Calories Count”:
31 “Guide to Behavior Change,” National Heart, Lung, and Blood Institute, NHLBI Obesity Education Initiative: