



Women & Obesity

Ask Meredith Meyers if she was overweight as a child and she honestly doesn't know. Her mother certainly thought she was. She put Meredith on one diet after another, beginning at age eight.

"Every summer her goal was to see how much thinner I could be to go back to school in the fall," Meredith recalls. Yet Meredith never shopped in the "big" girls' clothing sections, never got teased about being overweight, and doesn't appear as anything other than a normal, healthy little girl in pictures from that time. Nonetheless, her mother, who had her own weight issues, insisted that Meredith was too heavy.

While much of Meredith's early life focused on dieting, now she has shifted her focus to healthy eating and exercise and thinks she finally is on the right path. Today, at barely 5 feet and 44 years old, she weighs 165 pounds—27 pounds less than she weighed three months ago thanks to major lifestyle changes she's making. Her weight and height combine to give her a body mass index (BMI) that classifies her as obese.¹

"I have no doubt that my current issues with weight were heavily influenced by my mother's unending desire for me to be thin and all that goes with that, i.e. happy and popular and successful," she says. "In fact, when my husband and I bought the house we now live in, my mother's response to the news was, 'You'll have to go on a diet. You wouldn't want to be the fattest one in the neighborhood.'"

She's definitely not the fattest girl in the neighborhood any longer. Throughout the country, an estimated one out of three women are considered obese, while two out of three are either overweight (a BMI of 25 or higher) or obese (a BMI of 30 and higher).² Although there are more overweight men than women (57 percent vs. 43 percent) there are significantly more obese women than men (54 percent vs. 46 percent men).

What's more concerning, however, is that overweight women have more than six times the amount of disease as men, and obese women nearly twice as much as obese men. Obese women are also more likely to die early than overweight or obese men. The numbers are so significant that in the not-too-distant-future they may wipe out the longevity advantage women have over men, says Peter Muennig, MD, MPH, a professor at Columbia University in New York, who published a study on this topic.³

Why does being overweight seem to hit women so much harder than men? Part of the reason may be related to the stigma of being overweight, says Dr. Muennig, since there's more pressure on women to be thin. Other research shows that stigma—whether related to weight, race, sexual preference or mental illness—can be deadly. That's because such stigma—regardless of what it's directed against—unleashes a cascade of inflammatory chemicals implicated in everything from heart disease and high blood pressure to possibly even cancer. Ironically, those same chemicals increase your risk of obesity—creating a vicious circle.^{4,5}

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There is some good news amidst all this: The numbers of overweight and obese women have remained steady between 1999 and 2004, even as the numbers increased for men and children.²

And that's enough to give hope to nutrition and weight experts like George L. Blackburn, MD, PhD, associate professor of nutrition at Harvard Medical School. "It gives you optimism, because women are always the leader in this area," says Dr. Blackburn. Women are often the ones who shop and cook for their families, he says, and they keep their fingers on the pulse of their families' health. "If they've 'got it' and are not increasing their weight, that's big news."

What women are apparently "getting" is the seriousness of what many health experts call an epidemic of overweight in this country. A 2006 national survey conducted by the National Women's Health Resource Center, in which nearly two-thirds of the respondents were clinically obese, revealed that women overwhelmingly understand the health risks associated with being overweight.

Still, today, an estimated 66.3 percent of adult Americans weigh too much, compared to just 33 percent who were overweight between 1988 and 1991.⁶ The reasons for the rise are numerous: bigger portions, less physical activity, more processed foods, greater stress. "We live in a perfect storm of obesity-causing factors," says David Katz, MD, associate professor of public health at Yale University School of Medicine and the author of several books on nutrition and weight loss. "You can either let the floodwaters overtake you or learn how to swim."

Global Epidemic with No Easy Answers

If there's any comfort, America isn't the only fat country in the world. The World Health Organization (WHO) notes that obesity has reached epidemic proportions globally, with more than one billion adults overweight and at least a third obese. Ironically, countries with high levels of malnutrition, such as India, also have co-existing levels of overweight and obesity. The epidemic is also not restricted to Western countries with fast food restaurants on every street corner; in fact, the increase in overweight population is often rising faster in developing countries. Wherever the problem occurs, the WHO says it is attributable to increased consumption of foods high in sugar and saturated fats and low in nutrients, combined with reduced physical activity.⁷

The answer to the epidemic isn't as simple as putting the world on a diet. There's little evidence that restrictive-calorie diets work in the long-term, primarily because by their very nature they're designed to be short-term, unnatural ways of eating. Think about it. Would you only eat protein and fat if you had a choice? Would you spend the rest of your life counting "points" if you didn't have to? Would you deliberately set out to get less than 20 percent of your calories from fat? Yet that's just what three of the most popular diet plans—Atkins, Weight Watchers and Ornish—call for. By the way, in case you were wondering, a major study found none any better than the others when it came to long-term weight loss.⁸

Meredith Meyers knows that well. She figures she's lost and regained more than 100 pounds over the years on at least six diets. "My opinion of

‘diets’ is that they are, by name alone, too overbearing,” she says. “There has to be a fresh approach to the whole concept and elimination of the particular four-letter word ‘diet.’”

In fact, “yo-yo” dieting like Meredith practiced for years—in which you lose weight on a diet then gain it back in a process known as “weight cycling”—is associated in some studies with a greater risk for obesity and a reduction of “good” HDL cholesterol.^{9,10}

Instead of trying to stick to the latest restrictive “fad” diet, focus on eating a diet high in fruits and vegetables, complex carbohydrates and lean protein, and low in saturated fat and added sugars. And downsize your serving portions.

One study compared this way of eating combined with moderate physical activity and training to recognize signs of hunger and fullness and eliminate eating in response to “emotional cues” to a more traditional diet that restricted calories in obese women. After two years, both groups maintained the same weight (yes, even the dieters, who initially lost weight but then regained it). Unlike the dieters, the intervention group experienced significant declines in “bad” LDL cholesterol and blood pressure levels and quadrupled their physical activity levels. Just as important were the improvements in self-esteem and depression that the women in the intervention group experienced, improvements none of the dieters showed. In fact, the study found that the dieters’ self-esteem plummeted.¹¹

Measuring Weight-Related Health Risk

Just because you’re overweight doesn’t mean you’re unhealthy. It can take some time for weight-related health issues to surface. “We know that obesity significantly raises your risk for developing high blood pressure, unhealthy cholesterol levels, diabetes, sleep apnea, heart disease and certain cancers,” says Dr. Katz, so it pays to act preventively.

“The best way to gauge your risk for health problems is with a tape measure,” says Dr. Katz. That’s because the fat that collects around your middle is the same fat that puts you at risk for many of these weight-related diseases, including diabetes and cardiovascular disease. Women should be concerned if they have a waist size over 34 inches.

“What you see is that people’s weight may be a marker for other things that are going on their lives,” says Dr. Muennig. So, for instance, someone who is very overweight is probably not eating many fruits, vegetables, whole grains and healthy fats, all of which can help prevent disease. They’re probably also not getting the 30 minutes a day or more of physical activity that studies find can reduce the risk of many diseases. These healthful lifestyle habits, when pursued consistently for the long term, can help to reduce weight gain.

It wasn’t her own health that finally led Meredith Meyers to get serious about losing weight. Her blood pressure is fine, and she doesn’t have diabetes or heart disease. But her mother has had

bypass surgery. “So given my size, my doctor and I wanted to attack my weight before it got worse and before any health issues did start,” says Meredith.

Her doctor prescribed phentermine (Fastin), the “Phen” in the combination “Phen-Fen” medication. The second part of the combo—fenfluramine (Pondimin)—was withdrawn from the market in the late 1990s after it was linked to serious heart problems. Like all weight-loss drugs, a pill wasn’t enough to lead to significant weight loss. (See Ask the Expert on page 7 for more on weight-loss medication.) Meredith also had to change her lifestyle.

She started by ridding her diet of all coffee, tea, soda, caffeine and processed sugary sweets as a way to clean out her system. “This has cleansed my palate,” she says, “and the natural sweetness of fruit is now satisfying for a dessert or evening snack.”

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There’s little evidence that restrictive-calorie diets work in the long-term, primarily because by their very nature they’re designed to be short-term, unnatural ways of eating.

Definitions

Body mass index (BMI): A number calculated from weight and height that provides a reliable indicator of body fat for most people.

You can learn how to calculate your BMI at www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/about_adult_BMI.htm.

Overweight: In adults, a BMI greater than 25; in children, a BMI between the 85th and 95th percentile for their age.

Obese: In adults, a BMI greater than 30; in children, a BMI in the 95th or higher percentile for their age.

Visceral fat: Metabolically active fat that accumulates in and around abdominal organs, including the liver.

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Overweight women have more than six times the amount of disease as men, and obese women nearly twice as much as obese men.

Then her seven-year-old daughter joined a gymnastics team that practiced for two hours, three times a week. The gym was right around the corner from a local fitness center where Meredith began working out three hours a week.

She also starts her meals with just two things on her plate—lean protein and vegetables. “If I focus on the protein and the vegetable, my hunger is satisfied enough that the lure of yummy, quickly satisfying carbs is eliminated or at least diminished enough that I have more control over portion or food choice,” she says.

She doesn’t focus on individual foods or meals, but, rather, her entire pattern of eating. “Whereas in the past I would have been critical of each and every meal or snack, my concentration is now focused on a whole day’s worth of calories and food choices and the ability to enjoy some previously forbidden foods without ruining the whole diet,” she says. “By managing the negative feelings, it is

much easier to stay the course for the long haul as opposed to micromanaging each misstep.”

Finally, and just as important, she redefined her goal for weight loss. “A few years ago, my goal would have been to be a particular number on the scale,” she says. “But this time it’s to be healthier and stronger.”

She defines that not by the size of the clothes she wears, but by whether she has more energy to play with her daughter. “I don’t care what the scale says,” she says. “I feel better, and I’m stronger. Today, I view weight as a byproduct of all the other parts of your life.”

She has two messages for other women who are overweight: First, “When the time is right for you to make that lifestyle change, you’ll know it.” And second, “Just because you’re overweight doesn’t mean you’re unhealthy.”

Most important, she adds, “Being overweight doesn’t mean you’re a bad person.”✕

Resources

The American Obesity Association (AOA)
202-776-7711

www.obesity.org

A nonprofit organization dedicated to promoting education, research and community action that can improve the quality of life for people with obesity.

Shape Up America!

www.shapeup.org

A nonprofit national initiative to raise awareness of the importance of healthy eating and increased physical activity for weight management and disease prevention.

TOPS (Take Pounds Off Sensibly) Club, Inc.
800-932-8677

www.tops.org

A nonprofit, non-commercial, weight control support group with approximately 10,370 chapters that focuses on weight reduction through sensible dieting, regular exercise and group support.

Weight Control Information Network (WIN)
877-946-4627

win.niddk.nih.gov/index.htm

Established by the National Institutes of Health as a national source of information on weight control, obesity and weight-related nutritional disorders for health professionals and the public.

The Second Annual *WomenTalk* National Survey

In the summer of 2006, the National Women’s Health Resource Center hired Harris Interactive to survey 1,087 women ages 18 and older about various health-related issues, including their weight. Although the majority of women in the survey were found to be clinically overweight or obese most were taking steps to help themselves or family members lose or maintain a healthy weight, primarily by making better selections at the grocery store (79 percent), starting an exercise program (49 percent) and reading books about healthy cooking (42 percent). In addition, 80 percent of women think it’s extremely or very important that they maintain a healthy weight, yet 70 percent report that they are worried about themselves or a family member being overweight.¹²

Visit www.healthwomen.org for more survey findings.

Women & Metabolic Syndrome

Measured your waist lately? If not, you should. Whether you're overweight or not, if your waist is more than 34 inches around, you may be looking at the tip of the proverbial iceberg when it comes to health problems. That's because a large waist is one sign of metabolic syndrome.

Metabolic syndrome is not pre-diabetes, insulin resistance or glucose intolerance.

It's not even a disease. Rather, it's a cluster of risk factors associated with obesity. Identifying the syndrome is important because, like that tip of the iceberg, it represents a very serious, yet hidden, danger to your health.¹³ You have metabolic syndrome if you have any three of the following five risk factors:

- A waist circumference more than 34 inches (more than 40 inches in men)
- A fasting blood glucose level of 110 mg/dL or higher (considered a marker for insulin resistance), or if you are taking medication for high glucose levels
- Triglycerides at or above 150 mg/dL
- An HDL-cholesterol level below 50 mg/dL (at or below 40 mg/dL in men), or if you are on medication to increase HDL
- A blood pressure level at or above 130 mm Hg systolic

(the top number) or 85 mm Hg diastolic (the bottom number) or you are taking medication for high blood pressure.

An estimated 24 percent of Americans over age 20 and 44 percent of Americans over 50, have metabolic syndrome.^{14,15}

Why should you care? Because metabolic syndrome significantly increases your risk of developing atherosclerosis, a buildup of plaque in your coronary arteries that contributes to heart disease, stroke and peripheral vascular disease. You're also up to 3.5 times more likely to die from coronary heart disease if you have metabolic syndrome than someone who doesn't have it.¹⁴

And while it's not a direct cause of diabetes, metabolic syndrome is a strong predictor of the disease. It's very rare to have diabetes without also having metabolic syndrome. Even more important, the two together push your risk of heart disease up by 50 percent compared to having diabetes without metabolic syndrome.¹⁵

So how do you find out if you

have metabolic syndrome? Ask your doctor to evaluate you on the five markers listed above. This is particularly important if you have polycystic ovarian syndrome (PCOS), a hormonal condition that often affects fertility, since women with the condition are 11 times more likely to have metabolic syndrome than those without.¹⁶

As for treatment, your best option is to lose weight and exercise. These are the only two approaches that can improve every one of the five markers.¹⁷ One large study found metabolic syndrome completely disappeared in 30 percent of participants who rode a stationary bike three times a week (starting at 30 minutes a session and working their way up to 50 minutes) for 20 weeks.¹⁸ Otherwise, your doctor will need to address each marker separately with medication—and who wants to take three or four pills for something they could improve on their own?

So what do you do? “You make better choices,” says David Katz, MD, associate professor of public health at Yale University School of Medicine and the author of several consumer books on nutrition and weight loss. That means foods closer to nature that don't have long ingredient lists.✕

Identifying the syndrome is important because, like the tip of the iceberg, it represents a very serious, yet hidden, danger to your health.

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As frightening as the overweight epidemic is in adults, it's nothing compared to what's happening with children. Today, one in five children ages two to five is overweight or obese, as is one in three children ages six to 19. Those numbers have doubled for kids 6 to 11 in the past 20 years; tripled for those 12 to 19.¹⁹

“It's the most serious medical disease that's ever hit children,” says pediatrician William Sears, MD, an associate clinical professor of pediatrics at the University of California-Irvine. That's because kids rarely grow out of their weight problems, with an overweight adolescent having an 80 percent chance of being overweight through adulthood.²⁰

Overweight kids also face significant health challenges. About 60 percent have at least one risk factor for cardiovascular disease, including high cholesterol, elevated insulin levels and elevated blood pressure; 25 percent have two or more.²¹ Today pediatricians treat ever-increasing numbers of children with type 2 diabetes, sleep apnea, osteoarthritis, back pain and other weight-related conditions.

The bottom line: unless American families change the way they eat and live, the U.S. Centers for Disease Control and Prevention (CDC) predicts one in three children born in 2000 will develop diabetes in their lifetime.²²

There's no one reason for the epidemic, not even fast food companies. Studies find connections between everything from the amount of TV kids watch and having a television in their bedroom to skipping breakfast, less physical education in school and the demise of the family dinner.^{23, 24}

“The entire environment is the problem,” says Robert H. Lustig, MD, professor of clinical pediatrics in the Division of Endocrinology at the University of California, San Francisco. “It's toxic.”

As with adults, diets are not the answer, warns Dr. Sears. “Parents need to stay away from crash diets,” he says. “Eating needs to be pleasurable.” Plus, children's nutritional needs are much greater than adult needs. Even a 100-calorie a day reduction without professional oversight could lead to nutritional deficiencies in a child.

The most successful weight-loss programs for kids use a comprehensive approach, including behavioral modification therapy. They also tend to involve the entire family, not just the child. “My personal bias is that parents who try to make changes *for* their kids aren't going to have that much success,” says Joseph A. Skelton, MD, assistant professor of pediatrics at the Medical College of Wisconsin, who directs a program for overweight children at Children's Hospital of Wisconsin. “If you do it as a family, though, you're changing the micro-environment.”

And don't try to change everything at once, he warns. “Focus on those things you can get the

biggest bang for the change,” he says, like cutting out soda and other sweetened beverages; eating out once a month instead of five times; going for a walk or bike ride three nights after dinner instead of plopping down in front of the TV.

Dr. Sears uses a similar approach in his program, LEAN (lifestyle, exercise, attitude, nutrition), which the state of California is piloting in Boys' and Girls' Clubs and YMCAs. He asks children to make one change a day and write it down. So instead of a bag of chips, they might choose an apple. “Often, one ‘instead of’ healthy choice a day is all they need,” he says. “The average child is only 100 calories a day over what they need to be.”

He also doesn't focus on weight. “Instead, we start with the child, and the first thing we ask is ‘What would you change if you could?’” says Dr. Sears. “And they say, ‘I'd like to run faster,’ so we say, ‘OK, call this ‘Dr. Bill's Run Faster program.’”

And he, like Dr. Skelton, believes parents must be involved. “Parents have to take this seriously,” he says. “I use scare tactics sometimes, because the parents are not getting the message. I say, ‘I know you love your child, but if your child continues on this track, she's going to get diabetes, arthritis, cardiovascular disease, behavior and learning problems, vision problems and self-image problems.’” Then, he says, they start to listen.✕

Commonly Asked Questions & Answers about Obesity

Q I've been overweight most of my adult life. I've heard there are medications you can take to help you lose weight. Do they work and are they safe?

A You are correct. There are several medications approved by the U.S. Food and Drug Administration for obesity, including Xenical (orlistat), and Meridia (sibutramine). Some antidepressants can also help with weight loss, as can stimulants like phentermine, dexamphetamine and methamphetamine. The drugs either help you reduce the amount of food you eat, alter your metabolism so you burn more calories, or increase the amount of energy you expend. Used properly in combination with lifestyle changes, including reducing calories and increasing physical activity, they are safe, although all have side effects. I think as we recognize that obesity is a disease, just like hypertension and low levels of HDL cholesterol (the "good" cholesterol), we're going to have to have the helping hand of medications to help people get to a healthier body weight. To remain there may require prolonged use for some people. As for which is the

best ... just as there is no "best" diet, there is no "best" medication. It depends on the individual.

Q When should I consider taking a weight-loss medication?

A Just because you're overweight is no reason to start taking a medication. You have to consider your quality of life. How rested are you when you wake up in the morning? How energetic are you with your family, at work and at play? Clearly, if you're gaining weight—such as a five-pound weight gain when you're already obese—you should run, not walk, to talk to your doctor. Also make sure you talk to your doctor about the risks and benefits of any weight-related medication.

Q What about the weight loss surgery I've heard about?

A This is a serious surgery, although studies find it the most effective means of treating

severe obesity. It involves restricting the storage capacity of the stomach (gastroplasty), using a band to divide the stomach into a small pouch and a large remnant (gastric banding), or altering the stomach to create a small pouch that prevents you from eating a large meal (gastric bypass). Several studies find that gastric bypass has the lowest rate of health risks.^{25,26} Having had the surgery, however, patients have to take nutritional supplements and follow a strict eating plan for the rest of their lives. If you're interested in this procedure, you will have to undergo a comprehensive analysis by several health professionals, including a mental health therapist. Most centers won't do the surgery unless you are very obese (a BMI over 40) and have other weight-related conditions, like diabetes and hypertension.

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10 Tips for Healthier Living

Don't worry. I'm not just going to sit here and tell you that if you just ate right and exercised more you'd lose weight and live happily ever after.

Life just ain't that easy. What I *am* going to tell you is to stop worrying about your weight. That's right. Forget the scale, buy the clothes that feel comfortable, learn to love the body you have. As long as you start focusing on your *health*.

Confused? Don't be. It's all part of what you've been hearing and reading about all over the place. You don't have to be thin to be healthy—and you don't have to be overweight to be sick. So here are my top 10 recommendations for things you can do today to live your way to better health:

- 1. Limit yourself to two processed or pre-made foods a day.** So, for instance, if you have a danish instead of oatmeal and a Hot Pocket instead of a sliced turkey sandwich, you're done with processed foods for the day. Processed foods are swimming in salt, sugars and unhealthy fats and are deficient in all-important fiber.
- 2. Have a piece of fruit or a vegetable with every meal.** Having toast with melted cheese for breakfast? Slice up some strawberries. Fixed a sandwich for lunch? Dip some raw broccoli in low-fat ranch dressing to go alongside.
- 3. Walk wherever you can.** If you're going less than six floors, take the stairs—up *and* down. Park at the far end of

the parking lot and walk into the building; park and walk into the restaurant instead of zooming through the drive-through; get up and go talk to your coworker down the hall instead of sending an e-mail. At the end of the day, those steps add up.

- 4. Don't buy food you know you shouldn't eat.** I've never understood people who say they can't resist the chips and ice cream in their house—but keep buying it! And if you're buying it for the kids, stop. They don't need it any more than you do.
- 5. Limit eating out to once a month.** Your waist and pockbook will thank you.
- 6. Schedule at least three hours a week for yourself.** This is time you're not driving the kids around, not cleaning the house, not at work, not doing anything to please anyone except yourself. This time is yours to do with as you like. Women need stressbusters like this to help reduce the dangerously high levels of stress hormones we walk around with all day, hormones that lead to numerous diseases, as well as pack on the fat around our middles.
- 7. Wear a pedometer and aim for 10,000 steps a day.** The evidence on these little battery-operated machines is amazing. One major study found that

couch potatoes who met a daily goal of 10,000 steps improved their fitness level, blood pressure and body fat just as much as a group that followed a traditional gym-based aerobic program.²⁷ Overall, studies find that getting 8,000 to 10,000 steps (about five miles) helps you lose weight, while adding 2,000 steps to your current level, or about one mile a day, helps maintain your current weight and stop gaining weight.

8. Keep a food diary. Not so much to track *what* you eat, but to track *why* you eat. Too many people eat as a way to smother emotions or relieve boredom. If you find you're doing this, you need to talk to someone about finding a healthier way to cope.

9. Stop drinking soda and fruit juice. They are huge sources of extra calories not to mention unhealthy sugars that don't pack much nutritional benefit. Instead, stick to low-fat or skim dairy, water or unsweetened iced tea.

10. Find a physical activity you enjoy. It could be gardening, kayaking, golf (but walk the course), tennis, hiking, biking or rock climbing. You'll meet new people, become more physically active and reduce stress—all at the same time.✕



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