

part two

managing your weight

"Losing weight is only half the battle. The real work is keeping it off. When I finally told myself that everything I did to lose those 10 pounds is everything I have to do to keep them off, I was finally successful. I said goodbye

preventing weight gain

"I used to be able to just add a little exercise or cut back a little to manage my weight. Now I have to exercise at least three or four times a week and watch what I eat all the time. It's a real struggle!"

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For many women (myself included), weight control is a major concern. Since I was a teenager I've had to watch what I eat and exercise regularly in order to maintain a healthy weight. Some women, on the other hand, find that staying trim comes naturally and they don't have to work very hard at it. But as menopause approaches, many of these same women find that for the first time in their life, it becomes more difficult to take off a few unwanted pounds. Or they complain about a "softening around the middle" despite their best efforts at weight control. Many of my clients have also found that weight gain is an annoying side effect of hormone replacement therapy. One reason is that hormone replacement therapy causes fluid retention. Yet, despite its uncomfortable side effects of bloating and fluid retention, hormone replacement may actually prevent the accumulation of body fat around the middle that's often reported by post-menopausal women.

Israeli researchers studied 63 early post-menopausal women for one year; one-half of these women took estrogen and progestin replacement therapy and the other half refused hormone therapy. At the end of 12 months, body weight and body fat had increased significantly in both groups. However, there was a significant shift from lower body fat to abdominal fat in the women who did not take hor-

mones. This redistribution of body fat from the hips to the waist was not seen in the women taking hormone replacement therapy!¹ It would seem that at menopause, some women see a shift in their weight, not necessarily an increase on the scale. Others definitely experience weight increases and difficulty keeping the extra pounds off.

perimenopausal weight gain

There are a number of reasons why women have a difficult time controlling their weight during the perimenopausal years. It's not true that menopause itself makes women gain weight. In fact, no evidence supports the notion that a deficiency of estrogen causes body fat to accumulate. However, as the Israeli study above demonstrates, hormones may affect the activity of our fat cells and influence how our fat is distributed. Recently, scientists from the University of Maryland in Baltimore discovered that enzymes needed to store fat are more active in post-menopausal women compared to perimenopausal women. What's more, the breakdown of stored fat may be reduced after menopause.

What are some other factors that contribute to perimenopausal weight gain? We know that our metabolic rate, which determines the speed at which our body burns calories, slows with aging. I have always maintained, however, that regular workouts, consisting of aerobic exercise and weight training, can prevent much of this age-related slowdown. In fact, the most common cause of weight gain—at any age!—is inactivity. But here's something that you might not have known—a woman's metabolic rate increases during the last 14 days of her menstrual cycle (just in time to help us handle those chocolate cravings!). With menopause, then, comes a loss of this cyclic increase in metabolic rate, and this may account for some weight gain.

For the most part though, mid-life weight gain is a result of poor eating habits and too little exercise. The most common dietary mis-

takes include the following:

- Eating too much starch—bagels, pasta, bread, low-fat muffins, and the like.
- Enjoying desserts and sweets too often.
- Drinking too many alcoholic beverages.
- Not eating at regular intervals throughout the day.

All of these habits will impact your ability to manage your weight. I have helped scores of peri- and post-menopausal women lose weight, both women taking hormone replacement and those not doing so. Making smart changes in what you eat, how you eat, and how you exercise can help you fit comfortably into your clothes once again.

CALORIES OR FAT?

I'm sure you're familiar with the notion that if you cut back on fat and don't worry about counting calories, you'll lose weight. Cutting back on fat isn't all you need to do to lose weight, but there is some truth to this idea. The foods we eat contain three basic nutrients: carbohydrate, protein, and fat. All three provide our bodies with calories. Some foods, like milk and yogurt, are made up of a combination of all three nutrients, while other foods—oils or grains for instance—are mostly made up of one nutrient (in this case, fat and carbohydrate, respectively). One gram (less than a teaspoon) of protein gives your body four calories, one gram of carbohydrate also provides four calories, and the same amount of fat packs nine calories, more than double. That's the rationale for cutting back on fat to help oneself lose weight. Calories from fat add up quickly and reducing the amount of fat you eat can make a big impact on your calorie intake. So, at the end of the day, it still comes back to eating fewer calories. Note also that the cutting back on fat strategy will only work if you're actually eating a high-fat diet; these days many of us are careful when it comes to fat.

Indeed, you've probably heard nutritionists quoted in the media,

lamenting that we are heavier than ever, despite the fact that we eat less fat than we did 20 years ago. Besides not exercising enough, what are we doing wrong? It seems we are eating more carbohydrate than ever. In our state of fat phobia, whether in an effort to shed a few pounds or to lower our cholesterol, we're eating baked potato chips, fat-free cookies, and muffins, bagels, and plenty of pasta with tomato sauce. We seem to think that as long as it doesn't contain fat, it's free for the taking. Well, all nutrients, be it fat, carbohydrate, or protein, have calories and if you eat too much of any of them, your body stores the excess as fat. For instance, eating that low-fat bagel (it certainly seems like a better choice than a fat-laden muffin) is actually the same thing, calorie-wise, as eating four or five slices of bread. When's the last time you sat down to five pieces of toast for breakfast? By the time you've finished your Italian meal of pasta and bread, you've probably had the equivalent of six (or more) slices of bread! In other words, even though your calories aren't coming from fat, they are still adding up.

dietary approaches

FOURTEEN FAMOUS WEIGHT LOSS BLUNDERS

- 1 Not exercising regularly.
- 2 Going on a binge the week before going on a "diet."
- 3 Fasting to lose weight.
- 4 Skipping a meal in an effort to save up calories for the next.
- 5 Going to a salad bar and heaping on cheeses, meats, pasta mixed with mayonnaise, marinated vegetables, and salad dressing.
- 6 Having an "on-a-diet" or an "off-a-diet" mentality, rather than eating moderately and carefully all the time.
- 7 Thinking of higher-calorie foods as "bad" or "forbidden," rather than as something that can be enjoyed now and then.
- 8 Expecting to lose more than two pounds per week.
- 9 Losing weight to look good for someone else.

- 1 0 Losing weight so that you can become a wonderful person—you've forgotten that you already are a wonderful person.
- 1 1 Thinking of losing weight as something you have to do, rather than as something you're choosing to do.
- 1 2 Thinking you're overweight when you're not.
- 1 3 Not giving yourself enough time to buy, prepare, or eat your meals.
- 1 4 After reaching your desired weight, not taking charge the moment you discover that your weight has crept up a few pounds.

TODAY'S FAD DIETS

The question remains, how should you eat to successfully lose weight? Should you eat a high-carbohydrate, low-fat diet? Or should you try one of the high-protein, low-carbohydrate diets? Is there any truth to food combining? To choosing foods based on your blood type? Well, I can understand if you're confused. These days there is certainly no shortage of diet books on the market, each claiming that its own special formula is guaranteed to make those readers who diligently follow the protocols given become thin and healthy. To help you sort out the useless from the useful, I've summarized today's popular (but not necessarily sound) weight loss diets. And in Appendix 1, I'll give you my own weight loss diet plan. Now, let's take a look at some of the most popular diets on the market today.

Dr. Atkins' Diet and The Protein Power Plan

Both of these diets are high in protein, fairly high in fat, and contain almost no carbohydrate. They don't allow you to eat more than 20 to 30 grams of carbohydrate each day—the amount found in one and one-half slices of bread or one-half of a medium-size banana. These diets promote "ketosis," an abnormal metabolic state. The brain and central nervous system rely on carbohydrate as a fuel source and after two days without carbohydrate, they must adapt to a new

energy source. That adaptation is called ketosis. In this state, the body breaks down fat into ketones, which are then used by the brain and central nervous system as fuel.

These diets are intended for short-term use only. Studies suggest that being in ketosis for a long period of time increases the risk of heart disease by damaging your low density lipoprotein (LDL) cholesterol. Once LDL cholesterol is damaged, it is more likely to stick to artery walls. You'll find more detailed information on LDL cholesterol in Chapter 9, "Reducing Your Risk of Heart Disease."

Dr. Atkins' New Diet Revolution

This diet involves a strict 2-week "induction" (induction of ketosis) then a gradual reintroduction of carbohydrate. Most people who come off this diet gain weight quickly. That's because when you start eating carbohydrate again your body rebuilds its glycogen (carbohydrate) stores in your liver and muscles. For every gram of carbohydrate stored, you store three grams of water. The net result? Rapid weight gain. The Atkins diet is not the answer for long-term weight control. It's a diet you go "on and off" of. It doesn't change your eating habits over the long term. Furthermore, no studies have been published on the long-term success of high-protein, very low-carbohydrate diets.

Protein Power

Written by medical doctors Michael and Mary Eades, Protein Power is another plan that puts you into ketosis. The first phase of the diet allows you to eat no more than 30 grams of carbohydrate each day (the equivalent of two small slices of bread) and lasts for four to six weeks. Then you enter the second phase, in which you're allowed to eat a little more carbohydrate (a whopping 55 grams a day). This level of carbohydrate intake is followed until you reach your weight and health goals. Then the maintenance phase has you gradually increase

your carbohydrate intake at each meal. So once again, the Protein Power diet is not a diet for life. It does, however, encourage you to eat more fiber and healthier types of fat than the other protein-based diet discussed above and recommends a multivitamin and daily potassium supplement. That's because the authors recognize that ketosis is a powerful diuretic and causes your body to lose fluid and minerals, especially potassium and sodium. Not replacing lost potassium can have serious health consequences. While a pill might take care of your potassium needs for a time, does this high-protein approach sound like a healthy way to lose weight?

There are other health risks associated with high-protein diets. In order to prevent dehydration while on these diets, you must drink plenty, and I mean plenty, of water. As just mentioned, ketosis causes your body to excrete large amounts of water, sodium, and potassium. If you choose fatty meats and cheese as your main protein foods you run the risk of high blood cholesterol levels. Your liver uses saturated fat in animal food to manufacture blood cholesterol. And because you're allowed virtually no fruit or dairy products on these diets, you won't be meeting your needs for certain nutrients, especially vitamins C, D, and folic acid, and the mineral calcium. What's more, these diets often cause constipation due to a lack of fiber.

If you take medication for high blood pressure, high cholesterol, or diabetes, and you decide to try a high-protein diet, your doctor should monitor you. These diets are definitely not appropriate for people with kidney problems, since high amounts of protein stress the kidneys. And if you're someone who exercises regularly, these diets won't provide fuel for your muscles. Whether you are a weight trainer, a jogger, or a tennis player, it's carbohydrate that fuels your workouts.

The Zone

The Zone describes a low-carbohydrate, moderate-protein, low-fat diet developed by Dr. Barry Sears. The Zone diet does not cause ketosis because it doesn't eliminate carbohydrates (I'll give it points for this). Rather, Dr. Sears advocates eating meals and snacks that are made up of 40 percent carbohydrate, 30 percent protein, and 30 percent fat. Supposedly this combination of nutrients promotes the right balance of two hormones important in blood sugar regulation, called insulin and glucagon. If your diet encourages you to produce less insulin, says the author, your body will burn your fat stores and cause you to lose weight.

While no clinical study has proven that the Zone diet results in weight loss attributable to achieving a certain balance of hormones in your bloodstream, the plan does have a few nutritional merits. For one, the diet recommends you eat those starchy foods that are slowly converted to blood glucose. (Eating such foods results in lower insulin secretions after a meal.) And researchers are finding that the type of carbohydrate you eat just might affect your ability to lose weight.

Nutritionists are now classifying carbohydrate foods according to their ability to cause a rise in blood sugar, something referred to as a food's "glycemic index." A high glycemic index food (white bread, sugar) is converted to blood glucose quickly. A rapid rise in blood glucose causes your pancreas to secrete a large amount of insulin into your bloodstream. Insulin's job is to lower your blood sugar and store carbohydrates as glycogen, or if you've overeaten, as fat. The end result of high insulin production is that your blood sugar will drop off sooner and you'll soon feel hungry again. Foods with a low glycemic index (oatmeal, yogurt) take longer to digest and lead to a gradual, slow rise in blood glucose. You don't get a surge of insulin production and the energy from the food circulates in your bloodstream longer. Thus you don't feel hungry as quickly after eating foods with a low glycemic index.

RESEARCH FILE

Glycemic index and weight loss

You've already learned that starchy foods can impact the rate at which your pancreas releases insulin, the hormone that puts circulating blood sugar into storage. Starchy foods with a high glycemic index get converted to blood glucose quickly and cause an exaggerated insulin response. And the more insulin your body produces, the more sugar is removed from your blood, and the sooner you're likely to be hungry again. Indeed, researchers have found a strong link between avoidance of high glycemic foods and successful weight control.

A recent American study offered overweight teenage boys unlimited snacks for five hours after giving them meals with low (vegetable omelet and fruit), medium (regular oatmeal), or high glycemic (instant oatmeal) foods. The boys ate nearly twice as much in snacks after the high glycemic meal as compared to after the low glycemic meal. The researchers also found that the boys' blood sugar and insulin rose the highest and fastest after a high glycemic index meal, but then crashed. A crash in blood sugar, as already explained, leads to hunger and possibly overeating.²

My advice? If you're going to eat a starchy meal accompanied by very little protein, choose a meal emphasizing a low glycemic food like pumpernickel bread, whole grain rye bread, legumes, barley, brown rice, yams, sweet potato, whole wheat pasta, All-Bran cereal or Red River cereal.

The Zone diet also encourages the consumption of protein foods lower in fat, like chicken breast and fish, and it promotes the use of healthy fats and oils. Sounds fine so far. Are there any drawbacks to this diet? Well, I'll warn you right now that The Zone is a complicated book to understand and you may find the instructions highly impractical. A Zone lunch might include 3 ounces (90 grams) of lean protein, one-quarter of a pumpernickel bagel, and low glycemic index

vegetables. For the most part, following this diet means bringing your meals to work or school. Many people find that the carbohydrate portions from bread, grains, fruits, and vegetables are very limiting. For instance, you might be allowed three carbohydrate servings (called blocks) at a meal. A carbohydrate serving could be one-quarter cup (50 milliliters) kidney beans, one-half apple, one-fifth cup (30 milliliters) of brown rice, or one-quarter cup (50 milliliters) of pasta. It's easy to see that you'll be eating much less carbohydrate from starchy foods and fruit. This diet also lacks calcium. A small one-half cup (125 milliliters) portion of plain yogurt or low-fat milk is allowed only as a daily snack, not at meals. According to my calculations, this diet provides at most 500 milligrams of calcium per day. If you decide to follow it, you'll definitely need to take a supplement to reach your daily requirement of 1,000 to 1,500 milligrams.

Sugar Busters!

Sugar Busters! is by four medical doctors: H. Steward, M. Bethea, S. Andrews, and L. Balart. Like the diet given in *The Zone*, this diet is based on the concept of eating foods that minimize the amount of insulin your body secretes. The authors contend that if you produce less insulin, you won't store body fat and, even better, you'll mobilize your fat stores. This diet limits your portions of starchy foods and only carbohydrates with a low glycemic index are recommended. That means that if you follow this diet, you can't eat white bread, white rice, white pasta, watermelon, potatoes, corn, or even beets. That leaves you with brown rice, whole-grain pastas, pita bread, rye bread, high-fiber cereals, sweet potatoes, legumes, most fruits, and green vegetables as better choices.

This diet does not require you to eat carbohydrate, protein, and fat in specific proportions at each meal. Starchy foods are eaten only at one or two meals daily, never at all three. On the suggested two-week meal plan, you're allowed only three servings of starch or grains each day (most balanced weight loss programs allow at least four to

six servings of grain, depending on your exercise level). Although the authors do mention that portion control is important, serving sizes are not given for any of the plan's acceptable foods, not even in the 14-day meal plan.

If you're trying to lower your cholesterol level the Sugar Busters! plan might not be the best to follow, since consumption of cheese, pâté, bacon, and plenty of red meat are encouraged. This diet has also incorporated the concept of food combining. Fruit is allowed only before or after a meal, never with a meal. The authors say that eating fruit separately leads to improved digestion, less heartburn, and less bloating. So you can forget those berries on your bowl of cereal! Calcium is another concern if you follow this diet—the daily menus provide nowhere near the recommended daily intake.

Eat Right for Your Type

This diet is based on the theory that your blood type reflects the diet and behavior of your ancestors. The author, naturopathic physician Dr. Peter D'Adamo, says that the ancestors of Type O individuals were hunters and gatherers and therefore should eat animal protein, especially red meat. Type O people are told to limit grain and legume consumption, as these are said to encourage weight gain. The ancestors of people with Type A blood, says D'Adamo, were cultivators and supposedly do best on a vegetarian diet. They're told to limit meat, wheat, and dairy consumption. If you have type B blood then your ancestors were nomads, so you can eat a more varied diet. But corn, lentils, peanuts, sesame seeds, and wheat will apparently cause you to gain weight.

On what does Dr. D'Adamo base his advice? That's a good question. Dr. D'Adamo believes that all foods contain protein molecules called lectins, which are capable of "sticking" to the structures found on the surfaces of cells. When you eat a food that contains a lectin incompatible with your blood type, the lectins cause blood cells to clump together, usually in the vicinity of a particular organ or tissue.

D'Adamo says that because of these "sticky" effects, food incompatible with your blood type can interfere with digestion, slow down your metabolism, affect insulin levels, and cause water retention. I certainly agree that the wrong foods can cause these problems in sensitive people, but until I see studies that validate this theory of how food lectins interact with blood type, it's a stretch for me to believe that such reactions have to do with blood type. Dr. D'Adamo's diet is based on observations made by his father with patients (he was a naturopathic physician, too). In my view, people experience weight loss on the blood type diets because they tend to eat fewer calories—all of the blood type diets cut out wheat. That means no bread, pasta, bagels, crackers, cookies, or cereal. If you don't make an effort to incorporate the grain foods for your blood type, which might be rice, buckwheat, spelt, or sprouted wheat, you may very well lose weight on your blood type diet.

Fit for Life

Harvey and Marilyn Diamond were the first to popularize food combining for weight loss in the early 1980s with their book *Fit for Life: A New Way of Eating*. In a nutshell, here's the rationale behind food combining: your body uses certain enzymes to digest starch and other enzymes to break down protein. When you eat protein and starch together in the same meal, these enzymes neutralize each other and can't digest the food. So the meal ends up sitting in your stomach, rotting and forming toxins. These toxins, in turn, cause you to gain weight. On this diet then, starchy foods can only be combined with vegetables, never with protein foods like meat or chicken. Only fruit is allowed throughout the morning, and after noon it must be eaten on an empty stomach. Dairy products are forbidden, because they are a combination of protein and carbohydrate. Food combining was originally intended as a way to maximize a person's digestion and energy, and of course weight loss is an inevitable side effect for most

people. Doesn't it sound like you'd be eating less food on this program? The Fit for Life diet is also low in calcium, and potentially deficient in protein.

I wonder what the next "breakthrough diet" will be? It seems we've come full circle. From the high-protein Scarsdale and Atkins diets of the '70s to the Protein Power of the '90s. And food combining has resurfaced in Michel Montignac's *Eat Yourself Slim* and Suzanne Somers's *Get Skinny*. Is there any truth to all these diet prescriptions? I'm not talking about the high-protein diets, which put you into ketosis (they're a whole different ball game than the other diets and I don't recommend them). But does minimizing insulin levels, combining the proper foods, or eating meals to match your blood type hold the key to long-term weight control? Well, people do lose weight on these programs. But usually that's because once they start following these diets, people eat less food, plain and simple. All of these diets eliminate junk food and usually one whole food group. When you can no longer have a bagel for breakfast or a plate of pasta for dinner, you are going to eat fewer calories because you'll be eating a lot less starch (not to mention less peanut butter, cream cheese, and pesto sauce!). When you can no longer combine tuna or turkey with bread, you're going to be eating a lower-calorie sandwich. With the exception of the diet outlined in *Eat Right for Your Type*, the magic of these diets lies in the fact that most of them provide about 1,200 to 1,400 calories each day. And that's a weight loss diet. They work because they force people to eat less food, period.

And many people do report feeling healthier and more energetic on these programs. When you cut back your food intake and make healthier choices you will feel better. And that's a good thing. If you do decide to give one of these diets a try (I don't mean the ketosis diets), just make sure you are making up for any missing nutrients. It might be a wise idea to consult your local dietitian for advice on what supplements you might take. If you have access to the Internet, visit

the American Dietetic Association website (www.eatright.org) to locate a consulting dietitian in your community.

If you're thinking about spending money on a commercial weight loss program, whether it's Weight Watchers, Jenny Craig, or a program at your local hospital, first determine if the program is right for you. The questions I've outlined in "Choosing a Program," below, will help you decide if the program is credible and if it will suit your needs.

choosing a program

Before you sign up for a weight loss program, ask yourself the following questions, and check off the ones that apply. When you're finished, take a look at how the pros and cons of the program you're interested in stack up.

Pros

- n Does the program include a nutrition education component?
- n Will I learn healthy eating skills?
- n Does the program emphasize weight maintenance?
- n Does the program promote and emphasize exercise?
- n Does the program incorporate behavioral therapy and/or stress management techniques?
- n Does the program address how to create social support systems that will back your attempt at weight loss?
- n Are the counselors clearly well qualified?

Cons

- n Does the program exclude any one food group?
- n Does the program rely on any type of meal supplement?
- n Does the program rely on specially purchased foods?
- n Is the same approach used for men and women?
- n Do the counselors seem not well qualified or experienced?

Your call

n Does the program offer one-on-one and/or group sessions?

LESLIE'S DIET STRATEGIES FOR WEIGHT LOSS

Before I give you my advice on how to lose weight or prevent weight gain, let me say that I don't for one minute believe that one diet, or one way of eating, is right for all people. When I develop weight loss plans for clients I ask about their food preferences, frequency of food cravings, exercise routine, past weight loss attempts, and other lifestyle issues. This information helps me determine the best type of diet for my client. In some cases, high-carbohydrate/low-fat works well, and in other situations a higher-protein diet is a better approach. In Appendix 1, you'll find my recommended meal plan for achieving and maintaining a healthy weight. But before you decide to cut back your food intake, take a minute to assess your current weight by looking at the following section.

Do I really need to lose weight?

While being overweight can increase your risk of heart disease and breast cancer, your risk is only partially determined by the number you see on the bathroom scale. Once you complete this assessment, you'll have a more complete picture of how your weight is likely to affect your health. Don't worry, the meanings of all the calculations will be explained once you've done them!

What's your BMI?

Calculate your body mass index (BMI) as follows:

- 1 Divide your weight in pounds by 2.2 = weight in kilograms (kg).
- 2 Multiply your height in inches by 2.54 = height in centimeters (cm).
- 3 Divide your height (cm) by 100 = height in meters.
- 4 Square your height in meters (multiply the number representing your height by itself).

5 Your BMI = weight (in kg) divided by the number obtained in calculation (4) above.

Long-term studies show that the overall risk of developing chronic disease is generally related to your BMI as follows:

- BMI of 20 to 25: Risk is very low; healthy range.
- BMI of 25 to 27: Your risk is starting to increase; caution zone.
- BMI over 27: Moderate risk; overweight.
- BMI 30 or more: High risk; obese.

Waist/hip ratio

Calculate your waist/hip ratio as follows:

- 1 Using a tape measure, measure the circumference of your waist at its narrowest point, when your stomach is relaxed.
- 2 Next, measure the circumference of your hips at their widest. (Sorry girls! This is where your buttocks stick out the most.)
- 3 Finally, divide your waist measurement by your hip measurement.

When it comes to your waist/hip ratio, a healthy target is less than 0.8. At this ratio, you're not carrying excess weight around your middle. It's especially fat around the abdomen that can lead to health problems. You might not appreciate hefty hips and thighs, but at least they don't increase your health risk.

You must remember that there are factors other than weight that increase your risk of disease. Poor diet, excessive alcohol consumption, a lack of exercise, smoking, and the presence of high blood pressure are other important risk factors for disease.

Is the time right?

If you've done the calculations and it seems that losing some weight would be a good idea, you need to take one more step before embarking on a weight loss program. You need to determine if this is a good time for you to make a lifestyle change. Otherwise your

Potato	3 2 3	Cookies	1 2 0
Fish	2 2 5	Bananas	1 1 8
Oatmeal	2 0 9	French fries	1 1 6
Oranges	2 0 2	Bread, white	1 0 0
Apples	1 9 7	Muesli	1 0 0
Pasta, whole wheat	1 8 8	Ice cream	9 6
Beef steak	1 7 6	Potato chips	9 1
Grapes	1 6 2	Peanuts	8 4
Popcorn	1 5 4	Candy bar	7 0
Bran cereal	1 5 1	Doughnut	6 8
Cheese	1 4 6	Cake	6 5
Crackers	1 2 7	Croissant	4 7

chances of success are slim. Think about the following questions:

- How motivated are you this time? Compare your present level of motivation to your state of mind during previous attempts to change your eating habits and exercise patterns. Is there something special about the way you're feeling now?
- Are you looking at a long-term commitment? Can you envision yourself still cooking healthy foods and working out a year from now?
- Is your life full of outside stresses? If so, now is probably not the time to start a lifestyle change.
- How much weight do you expect to lose? How quickly? Are your goals realistic?
- How do you feel about fitting exercise into your daily schedule?
- Do you have friends, family members, or coworkers who will support you in your efforts? If not, would you consider joining a support group or starting one?
- Are you easily swayed from your healthy habits by social occasions?
- Do you eat when you feel lonely, bored, anxious, or depressed?

If so, do you feel ready to come up with alternative responses to these feelings?

- When you go off your plan or miss a workout, how quickly can you get back on track?
- If you binge, use laxatives or diuretics, or induce vomiting, do you have strategies for changing this behavior by yourself? If not, would you consider seeing a therapist or eating-disorder specialist?

Strategic weight loss

If you're still reading, it's likely that the numbers say you need to lose weight—and that you feel ready to tackle the challenge. Here are some of the key strategies I encourage clients to implement so that they will successfully lose weight—and keep it off.

Set a realistic goal Take a look at what your weight has been for the past 10 to 15 years. If you want to weigh 130 pounds, but you haven't been there since your early 20s, keep in mind that your goal might be more difficult to achieve. In fact, depending on your lifestyle today, it may be unrealistic. Also, don't think you have to rely on the scale to set a goal. You might choose a size of clothing as your target. Or measure your success by improvements in physical fitness, blood cholesterol or blood pressure readings. If you do decide on a number on the scale, make sure you pick a five-pound weight range that you want to stay within. It's not realistic to expect yourself to remain a constant weight. You need a little room for holidays

and entertaining.

Have the right mindset Think long-term lifestyle change instead of short-term quick fix. People who approach losing weight with this attitude are far more successful. Before you

embark on a weight loss program, ask yourself what your motivation is. Are you trying to fit into a dress for your son's wedding? Or do you want to be healthier and have more energy? The right mindset also

means being comfortable with slow and steady weight loss. Any weight loss plan shouldn't cause you to lose much more than two pounds per week. When you lose weight faster, you're likely losing muscle and water. And the more muscle you lose, the slower you burn calories.

Get social support If you need help from a spouse, family member, coworker, or friend, ask for it. It often helps to have a workout partner, especially if you're just beginning an exercise program. If your partner pulls out potato chips every night after dinner, ask that person to be mindful of your attempt to change your eating habits. If you want positive reinforcement from someone, let that person know.

Start an exercise program If you're not already active, it's time to get moving. Exercise burns calories, and by building up muscle it helps your body burn more calories while at rest. New guidelines released in September 2002 advise us to accumulate one hour of exer-

cise per day to stay healthy and maintain a normal body weight. All types of activity count—brisk walking, jogging, sports, dancing, even gardening. If you don't get much exercise, don't be discouraged—any amount of exercise is better than no exercise. To help you lose body fat, aim to get four cardiovascular workouts each week (brisk walking, jogging, stair climbing, swimming, cross-country skiing, aerobics classes). Start exercising for 20 minutes per session, and gradually build up to a minimum of 30 minutes each session. When you're ready, add two or three weight training sessions per week. Studies have found that adding weight training to a weight loss program speeds up weight loss. If you're currently completely sedentary, remember to consult your doctor before starting an exercise program.

Eat at regular intervals Eating a meal or snack every four to five hours will help to boost your metabolism, improve your energy level, and help you maintain a consistent

blood sugar level. Eating regularly prevents hunger and helps to eliminate snacking or overeating at the next meal.

Don't eat dinner late Ideally, finish eating dinner before eight o'clock. Remember that as the evening approaches, your body's metabolism naturally slows down. Dinnertime is actually when your body needs the smallest meal (but of course this is when most of us eat the bulk of the day's calories). If you get home late, tell yourself that you've missed dinner. Just because you walk in the door doesn't mean you have to have dinner. Have a light snack instead—some yogurt, a piece of fruit, or a bowl of soup.

Snack wisely If any two of your day's meals will be more than five hours apart, plan to snack between them. Between-meal snacks are important to help keep your energy levels up and prevent snacking on sweets (or some other unhealthy food). Depending on the meal, your blood sugar will drop three to four hours later. Since your blood sugar is the only source of fuel for your brain, a post-meal dip can make you feel sluggish and tired. Often this is when people go in search of a "pick-me-up." So instead of letting a blood sugar low push you into rash action, plan to give yourself the needed energy boost at the right time. But here's my rule—no snacking on starchy foods like bagels, pretzels, low-fat cookies, low-fat crackers, or fat-free muffins. Because these foods are quickly converted to blood glucose (remember, they're high glycemic index foods) they're more likely to lead to further hunger and sweet cravings. (For a look at the glycemic index of various foods, check out my Research File, "Choosing Low Glycemic Carbs," on page 83.) Better snacks include yogurt, milk, homemade smoothies, and whole fruit, which will also help you get more fiber and calcium into your diet.

NUTRITION TIP

Diet-friendly foods

Feeling hungry but don't want to sabotage your healthy eating plan?

Researchers at the University of Sydney have created what they call a

satiety index of various foods. They tested the ability of 240 calories' worth of particular foods to satisfy one's appetite. All foods were compared to white bread, which was given a satiety index rating of 100. As you'll see, 240 calories' worth of some foods were only half as satisfying as white bread, while others were three times more satisfying.³ Take a look.

Eat enough protein Be sure to get at least six servings of protein-rich foods each day. Not only will this allow you to meet your protein needs, but protein will also help to maintain your blood sugar levels longer. I recommend splitting your protein servings between lunch and dinner. Some people prefer to include some protein at breakfast, too. See Appendix 2 for what constitutes one protein serving.

Lower your starch intake When you have pasta, don't eat bread. If you have a meal that includes rice or potatoes, don't eat bread. Too much starch adds extra calories to your day. Even though bread on its own is low in fat, it still has calories and adds up. For example, one large bagel is equivalent in calories to five slices of bread! Here are a few tips that might help prevent you from overeating starchy foods:

- Say no to the bread basket in restaurants.
- When you have pasta or stir-fries, skip the bread.
- At breakfast, have cereal or toast, not both.
- Keep your pasta portion to one cup cooked (appetizer size).
- If you find you tend to overeat foods like pasta, rice, or potatoes, you might consider skipping the starch at dinner. Enjoy grilled fish, chicken, or lean meat with plenty of vegetables.

Eat more low glycemic carbohydrates Low glycemic carbohydrate foods take longer to digest than high glycemic carbohydrates and lead to a gradual, slow rise in blood glucose. You don't produce a surge of insulin when you eat them (insulin takes sugar out of the bloodstream), and the energy from the food therefore lasts longer. To stay satisfied longer after a snack or meal, choose legumes, barley, brown rice, baked potatoes, whole grain rye bread, whole wheat

pasta, All-Bran cereal, oatmeal, cream of whole wheat or brown rice, apples, oranges, milk, and yogurt. High glycemic foods include white rice, instant rice, mashed potatoes, white bread, whole wheat bread, corn flakes, muesli, puffed rice, bananas, and raisins.

NUTRITION TIP

Choosing low glycemic carbs

Nutritionists assign carbohydrate foods a glycemic index (GI) ranking based on how quickly they increase blood sugar levels. In this system, foods are compared to bread (white or whole grain), which has a reference value of 100. In the list below, instant rice has a glycemic index ranking of 124; chickpeas of 47. That means the rice increases blood sugar more quickly than bread, whereas chickpeas boost sugar levels only half as quickly as bread.

To aid weight loss, choose more foods with lower GI values (less than 90). Remember, the faster your blood sugar rises, the more insulin your pancreas secretes, and the faster your blood sugar falls. After a steep blood sugar drop, you'll tend to have increased hunger, carbohydrate cravings, and less energy for your brain! Studies also show that eating low GI foods at two meals daily can help lower elevated blood sugar, cholesterol, and triglyceride levels!

FOOD GLYCEMIC INDEX (GI) VALUES

Breads and crackers

Rice cakes	117
Soda crackers	106
Bagel	103
Melba toast	100
White bread	100
Brown bread	96
Stoned Wheat Thins	96

Pita bread	88
Linseed rye bread	82
Pumpernickel (whole grain)	66

Grains

Rice, instant	124
Rice, brown	79

Corn	7 8
Bulgur	6 8
Rice, parboiled	6 4
Pasta	40 to 70
Barley	3 6

Potatoes

Instant	1 1 8
French fries	1 0 7
Boiled and mashed	1 0 4
Baked	8 5
New, whole	8 1
Yam	7 3

Cereals

Corn Flakes	1 1 9
Rice Krispies	1 1 7
Corn Bran	1 0 9
Cheerios	1 0 6
Cream of Wheat	1 0 5
Shredded Wheat	9 9
Oatmeal	8 7
Special K	7 7
Red River	7 0
All Bran Buds	6 7
All Bran	6 0

Beans

Baked beans	5 7
Chickpeas	4 7
Lima beans	4 6
Split peas	4 5

Continued on next page

Lentils, green	4 2
Kidney beans	4 2
Soybeans	2 5

Fruit

Watermelon	1 0 3
Raisins	9 1
Papaya	8 3
Mango	8 0
Fruit cocktail	7 9
Banana	7 6
Kiwi	7 5
Grapes	6 2
Orange	6 2
Apple	5 2
Peach	5 1
Apricots, dried	4 4
Plum	3 4
Cherries	3 2

Milk products

Yogurt (with sugar added)	4 7
Skim milk	4 6
Yogurt (artificially sweetened)	2 0

Sweets and sweeteners

Honey	1 0 4
Arrowroot cookies	9 9
Table sugar	9 2
Ice cream	8 7
Graham wafers	7 4
Oatmeal cookies	5 4

Don't eliminate fat You need some fat to stay healthy. Just remember to keep your intake of added fats and oils to a moderate level. Aim to get three to four fat servings each day. See Appendix 2 for what constitutes one fat serving.

Treat yourself Treat yourself to a serving of sweets, dessert, or candy once a week. Enjoy a "real" serving of whatever you really want once a week. If sweets aren't your thing, make it French fries or chicken wings. Make this weekly treat part of the plan and don't feel guilty for enjoying it. Remember that any changes you make to lose weight have to be sustainable. Can you really see yourself giving up your special treats for good?

Avoid excess sugar I certainly don't mind a little jam on your toast or a teaspoon of sugar in your coffee. But beverages like regular pop, fruit drinks, and fruit juice only add extra calories to your day. I'd rather you quenched your thirst with water and got your fruit servings as whole fruit. You'll cut back on calories, and you'll also boost your fiber intake.

Limit alcohol Keep your alcohol intake to no more than seven drinks per week. I explained to you earlier that one gram of pure fat has nine calories, more than double the amount in one gram of protein or carbohydrate. Well, a gram of alcohol in beer, wine, or liquor has seven calories—they add up. Perhaps even more important, I also find that alcohol consumption tends to lower one's willpower, making it more difficult to stick to a healthy meal plan. If you do drink alcohol, one drink per day is not considered to increase your risk of disease. If you're out for an evening, try sticking to one alcoholic drink and rounding out your evening with a low-calorie alcohol-free beverage (mineral water, club soda, Clamato juice, cranberry and soda). One drink is equivalent to six ounces (175 milliliters) of wine, one bottle (375 milliliters) of light beer or 1.5 ounces (45 milliliters) of liquor.

Deal with lapses We're all human. That means our weight is not intended to always measure one certain number on the scale. When

you have a busy social calendar or you're spending three wonderful weeks enjoying the wine and food of Italy, you're bound to put on a few pounds. The key to long-term weight maintenance is nipping small weight gains in the bud. That's why I advised you earlier to choose a weight range to stay within. If you want to stay trim, you've got to catch that five pound gain before it becomes ten. And if you're not watching things carefully, that 10 pounds can quite easily turn into 20. I'm sure many of you know just what I mean. I recommend monitoring your weight on a regular, weekly basis. When you see a few pounds creep on, have a plan of action to take them off. You might decide to keep a food diary for a few weeks. When you have to write down all the foods you eat, you're more likely to make healthy choices. And keeping a daily record of the food you eat gives you focus and serves as a reminder of your goals. Or you might add an extra workout to your week for a month. Some people give up sweets until the pounds are back down. Do whatever will work for you.

WEIGHT MANAGEMENT

Listed below are the major behaviors associated with successful weight control. Place a check next to those behaviors that are a regular part of your life. Then comes the hard part. Take a look at the behaviors that aren't yet part of your daily routine. Choose one and begin practicing it until it is. Then choose another behavior you're currently not practicing and do the same thing until every behavior on this list is part of your life!

- n I maintain a positive, optimistic attitude about my ability to control my weight.
- n I set small, bite-size goals on the way to my weight target.
- n I keep a food and activity record, so I always know how well I'm doing and why my weight is fluctuating the way it is.
- n I recognize and reward my successes.
- n I monitor my weight by how my clothes fit, not only by what the scale reads.

- n I make healthy eating choices that are consistent with my lifestyle needs.
- n I select low-fat milk and milk products.
- n I eat breakfast regularly.
- n I go no longer than five hours at a time without eating.
- n I spend at least 20 minutes eating each meal.
- n I stop eating when I feel satisfied, not when I'm full.
- n I stay aware of the portion sizes I am eating.
- n I enjoy eating meals with family and friends.
- n I recognize when I eat for reasons other than hunger.
- n I reserve high-fat or sweet treats for special occasions, rather than vowing never to eat them again.
- n I include a variety of physical activities in my lifestyle.

vitamins and minerals

MULTIVITAMIN AND MINERAL SUPPLEMENTS

Should you take a "multi" if you're on a lower-calorie diet? I say yes. If you are following a low-calorie diet (less than 1,500 calories daily) you'll likely experience a shortfall of vitamins and minerals. Even when you aren't cutting back on calories, it is a challenge to meet your requirements for certain nutrients important in long-term health. For instance, each day women need 400 micrograms of folate (folic acid), a B vitamin that plays a role in protecting us from heart disease. To get the minimum 400 micrograms, you'd have to make sure you eat plenty of whole grains, and a serving of spinach, lentils, or orange juice on a daily basis. A low-calorie diet also presents a challenge as far as meeting your iron requirements is concerned. And if you're over 50, you need to get vitamin B12 from a supplement or from fortified foods. That's because as we get older, our stomachs produce less hydrochloric acid, making it more difficult to absorb B12 from our foods.

So you can see that a multivitamin and mineral supplement offers you a little extra nutritional insurance. A good one will provide you with the recommended daily amounts of all the key vitamins and minerals,

except for your daily rations of calcium, vitamin E, and possibly iron. Here's what you should look for when choosing a product:

- When it comes to iron, premenopausal women should buy a supplement containing at least 10 milligrams of iron, preferably 18 milligrams. Post-menopausal women have lower iron requirements and can choose a multi containing 10 milligrams or less.
- Look for a supplement that offers 0.4 to 1.0 milligrams of folic acid.
- A multivitamin/mineral should contain beta carotene, vitamin A, and vitamins D, B1, B2, B6, B12, and folic acid. Biotin and pantothenic acid aren't important since they're easily supplied by food.
- In terms of minerals, a supplement should contain iron, copper, zinc, magnesium, iodine, selenium, and chromium. Don't worry if you don't see phosphorus or potassium since these minerals are widely available in food.
- Take your supplement with food to allow for better breakdown and absorption of the pill. Plan to take your supplement at the meal you are most likely to remember it. For me it's breakfast, the meal I am always home for unless I travel. And if I do travel, I put my vitamins in a special pill container I bought at the drugstore. Actually, I fill this container once a week and use it every day. It saves me the hassle of opening up a number of bottles every morning. Those other bottles, of course, contain vitamin E and calcium.
- Don't pay much attention to such terms as "natural," or "slow release." (Remember, though, that you should seek out "natural source" vitamin E.) Don't be impressed by the addition of amino acids, ginseng, or other herbs. Some multivitamins contain small amounts of protein, other nutrients, or herbs. The tiny dosage you'll receive from a multivitamin supplement won't add any benefit to your body, however. (The main purpose of such additions is probably to add market appeal to the product.)

IRON

You've already heard me say that if you're following a low-calorie diet, chances are you're not getting enough iron. If you are still getting a period you need 18 milligrams of iron each day; if you've hit menopause, 8 milligrams daily is sufficient. A daily multivitamin and mineral pill will help you meet your needs. But also make an effort to boost the iron content of your diet. See page 46 for a list of foods rich in iron.

Only iron found in animal foods (called heme iron) is well absorbed by your body. That's why red meat is such a good source. Not only does it pack a fair amount of the mineral, but what it contains is also well absorbed. Ironically, the iron-rich foods we eat the most of—whole grains, beans, dried fruit, and vegetables—offer a less available form of iron (called non-heme iron). If this is the first chapter of this book you've read, I'll bet you didn't know that if you have a source of vitamin C with plant foods rich in iron, your body will absorb up to four times more of the iron! So here are a few iron boosting combinations:

- Whole grain cereal with strawberries.
- Stoneground toast with orange juice.
- Cream of Wheat cereal with dried cranberries.
- Whole wheat waffles topped with kiwi slices and blueberries.
- Spinach salad with orange segments.
- Broccoli and red pepper stir-fry with brown rice.
- Whole wheat spaghetti with rapini and olive oil.
- Brown beans in tomato sauce.

Here are a few other tips that will help you enhance your body's absorption of non-heme iron:

- Include a little animal protein with your meal. The presence of heme iron in a meal will enhance the absorption of the non-heme iron eaten at that same meal. It only takes a few ounces of meat, fish, or eggs to achieve this effect.
- Don't drink coffee or tea with meals rich in iron. The tannins in

