



5 KEYS TO SENSIBLE WEIGHT LOSS

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5 Keys to Sensible Weight Loss

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Designed by Luke Daab

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FOREWORD BY DR. JAMES DOBSON

August 15, 1990, began much like any other day for me. I awoke early in the morning and headed to the gym for a game of basketball with a group of friends and colleagues—some of whom were as much as twenty or thirty years younger than I! Because I frequently hit the court with these “youngsters,” and because I had reached middle age with the lanky build that allowed me to still move easily, I assumed that I was in the prime of physical health.

A sharp pain in my chest on that late summer morning told me otherwise. I excused myself from the game and drove alone to the hospital (something I do *not* recommend to anyone who suspects he or she is experiencing a serious medical problem!). Hoping and praying that I was merely battling fatigue, I knew deep down that there was something else terribly wrong. It didn't take the doctors long to confirm that, sure enough, this “healthy” basketball enthusiast had transformed, in the blink of an eye, into a heart attack victim.

As I lay in the hospital in the days following that ordeal, I realized that, early-morning basketball games notwithstanding, my predicament was directly related to

my lifestyle choices and, in particular, the fatty foods I was allowing in my diet. I asked the Lord to give me another chance, resolving to use every resource at my disposal to safeguard my heart and my health through a combination of healthy diet and exercise. Despite some setbacks (I suffered a stroke in 1998 but recovered from it almost immediately), I have endeavored to keep that commitment, and, today, I am feeling better than ever.

Like so many Americans, prior to my heart attack, I was extremely busy—but not necessarily *active* in a way that would ensure optimal physical health. Indeed, statistics show that, despite our frantic pace of living and continued advances in the medical field, Americans suffer from an alarming number of health problems, many of which could be prevented or at least decreased by changing bad habits.

Research confirms just how serious the situation has become. The latest figures from the American Heart Association show that 13 million Americans have coronary heart disease; 5.4 million have suffered a stroke; and 65 million have been diagnosed with high blood pressure. Unfortunately, a large number of these cases are related, at least in part, to lifestyle choices. The AHA also reports that 48.5 million American adults (nearly 23 percent) are smokers. From 1995 to 1999, an average of 442,398 Americans died annually of smoking-related illnesses (32.2 percent of these deaths were cardiovascular related). The American Cancer

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Society estimates that 180,000 of the cancer deaths in 2004 could be attributed to smoking. Further, one-third of cancer deaths in 2004 were related to nutrition, physical inactivity, being overweight or obese, and other lifestyle issues. In other words, many of them were *preventable*!

As I suggested earlier, perhaps the biggest factors in maintaining proper physical health are diet and exercise. Unfortunately, a recent study revealed that a full 25 percent of Americans reported participating in *no* physical activity during their leisure time. Perhaps that is why more than 65 percent of adults in the United States are overweight, including 30 percent who are clinically obese. Between 1971 and 2000, the average daily caloric intake for men grew by about 7 percent, which translates into seventeen pounds of additional body fat per year. Obesity dramatically affects life span, as well. The life expectancy of a twenty-year-old white male who is clinically obese decreases by an estimated thirteen years, and for black males, an astonishing average of twenty years are lost due to obesity. One recent study revealed that the number of annual deaths attributable to obesity among adults in the United States is about 300,000. And perhaps most telling of all, airlines are telling us that they now have to carry additional fuel in order to transport more overweight customers.

This situation is sobering, but I am living proof that a dramatic change in eating habits, combined with a

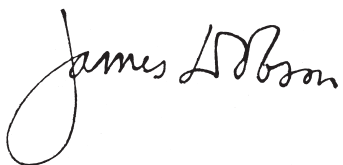
focused regimen of heart-strengthening exercise, can significantly improve one's overall health. I'll admit that the prospect of making such radical lifestyle changes can be daunting, but let me assure you that it is worth the investment. Choosing a healthy lifestyle *now*, while you still can, is infinitely preferable to being sidelined by a stroke, heart attack, cancer, or some other health crisis in the future.

This pocket guide and its parent book, the *Complete Guide to Family Health, Nutrition, and Fitness*, are excellent resources designed to answer many of the questions that may arise as you endeavor to put yourself and your loved ones on the road to a healthier life. You'll find information on preventing the three most common health problems—cardiovascular disease, cancer, and diabetes—as well as practical advice on those critical disciplines that I have mentioned several times already: *diet and exercise*. These books can help you discover answers to specific health-related questions for family members of all ages; foster *emotional* and *spiritual* health in addition to physical fitness; and so much more. The information presented here is based on the most up-to-date medical research as well as the firsthand experiences of members of Focus on the Family's Physicians Resource Council.

Perhaps you consider yourself generally healthy and are simply looking for a plan to help you stay that way. Or maybe you or someone you love is dangerously

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overweight or suffering from a serious health problem related to poor lifestyle choices in the past. Either way, this book will provide you with the tools you need—as a complement to the advice of your personal physician, of course—to live smarter and healthier. Change is never easy, but it is possible, and I pray that God will bless you as you endeavor to be a good steward of the body He has given you.

A handwritten signature in black ink that reads "James C. Dobson". The signature is written in a cursive style with a large, looping initial "J" and a long, sweeping underline.

James C. Dobson, Ph.D.

IF YOU WANT TO LOSE WEIGHT

I hate what I see in the mirror.

I can't fit into any clothes.

Normal-sized seats on an airplane or at a theater are uncomfortable or just too small for me.

My love life is nonexistent.

People don't treat me with respect, or if they do, they're just acting.

I've done every diet program on the planet, and I always gain back whatever I lose, with some extra pounds for good measure.

I'm such an utter failure.

For every person whose life is seriously affected by weight (and whose prevailing thoughts and feelings are as dark as these), there are many more who are annoyed and frustrated by a dozen or two extra pounds that they can't ever seem to shed. There are also a significant number who are overweight but not particularly concerned about it—at

least until the doctor, or an episode of chest pain, sounds the alarm.

Speaking of alarms, the impact of excessive weight extends far beyond personal image or social acceptance, as important as those issues are. According to the American Obesity Association, it has been estimated that, as a nation, the United States is more than 2.5 billion pounds overweight. The health fallout is staggering: Overweight and obesity may soon overtake smoking as the leading cause of excess death in this country. America's mushrooming weight problem has morphed from a nagging concern into a four-alarm fire among health professionals and federal policy makers alike. This is all well and good, and we will no doubt benefit in a number of ways from attending to this problem as a nation. But for now many of us have some important work to do as individuals.

Whether you are squaring off against a weight problem for the first time, or feel like an old pro with a line of notches in your belt for all of the programs that you've tried without success, what you'll find in this book is some hope: No matter what your scale says, no matter how long you've struggled, no matter how many times you've lost weight only to see it come back again (or even rise higher than ever), it's *never* too late to make changes that will have an impact on your weight, your health, and your sense of well-being. If you don't have a weight problem yourself, you no

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doubt know many others who do—including, perhaps, your spouse or one or more of your children. This book will offer some ideas that can help you give them both encouragement and practical support—along with a little basic training and a fair number of reality checks. The latter aren't terribly common in many best-selling, surefire, fat-melting miracle diet books, programs, and supplements that swallow billions of our hard-earned dollars every year. If any of these are actually working for you, by all means stay with them. For the other 95 percent of you, read on.

1

AM I OVERWEIGHT OR OBESE?

You might think that your mirror answers this question, but in fact the boundaries between normal and excessive weight have long been a thorny issue for nutrition experts and the general public alike. In order to get the most out of this book, you should know something about some widely used (and also useful) definitions of *overweight* and *obese*.

BODY FAT PERCENTAGE

We need to remember that our concern about weight is rarely focused on the bone, muscle, internal organs, and other miscellaneous tissue that are all part of our weight, but rather on excess fat.

How much fat is too much? One basic approach to this question is to consider your body fat percentage. How much of your total body weight consists of fat tissue? As a rule of thumb, a healthy adult male carries 12 to 20 percent body fat, and a healthy female 20 to 30 percent. (The difference between genders is a by-

product of changes during sexual maturation, as women acquire fat in breasts and hips under the influence of estrogen, while men more readily gain muscle mass in response to testosterone.) For a highly conditioned athlete, these numbers may be cut in half. At the other end of the spectrum, health problems are associated with:

- More than 22 percent body fat in younger men.
- More than 25 percent in men over forty.
- More than 32 percent in younger women.
- More than 35 percent in women over forty.

A time-honored, low-tech method of estimating body fat involves taking skinfold measurements. A fold of skin in any of several locations—most commonly the triceps, or underside of the upper arm—is pulled away from underlying muscle, and its width is measured using a calibrated device called calipers. The measurements are plugged into a formula to obtain the body fat estimate. The accuracy of this approach may be compromised by variations in technique, quality of calipers used, extremes in body fat, and even the basic assumption that fat under the skin in various locations accurately reflects total body fat.

There are a number of more sophisticated technical approaches to measuring body fat percentage, but many of these tests are expensive to perform and not available to the average individual. However, one measurement that estimates the percentage of body fat, known as

bioelectrical impedance, can be done using devices available in some health clubs and doctors' offices, although it is less accurate in severely obese individuals. These instruments measure the resistance to the flow of a harmless (and painless) electrical signal between two points in the body. Based on the fact that current flows more readily through some tissues than others (fat in particular does not conduct well), the devices calculate an estimate of body fat percentage. (Note: Bioelectrical impedance varies with a person's level of hydration and will overestimate body fat content if a person is dehydrated. When tracking progress over time, the most reliable results are obtained if measurements are carried out under similar conditions—at roughly the same time of day, for example, and with proper hydration.)

Knowing your body fat percentage can be motivating (especially if you have a lot of weight to lose), but it isn't that useful for week-to-week monitoring. For that job we rely on the scale. Not surprisingly, there has been considerable research on the relationship between height, weight, body fat, and health.

BODY MASS INDEX (BMI)

In recent years, the body mass index, or BMI, has become a widely used tool for determining a healthy body weight. Your BMI, which is based on your current height and weight, is calculated using the following formula:

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$$BMI = \frac{\text{weight in kilograms}}{(\text{height in meters})^2}$$

Since few people in the United States know their weight in kilograms or height in meters, the formula can be adapted for the more familiar pounds and inches system used in the United States:

$$BMI = \frac{\text{weight in pounds}}{(\text{height in inches})^2} \times 703$$

Those who don't want to do the math can find BMI calculators on several Web sites. Two of these are <http://nhlbisupport.com/bmi/bmicalc.htm> (courtesy of the National Heart, Lung, and Blood Institute) and <http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm> (Centers for Disease Control and Prevention, or CDC). Type in your height and weight, hit the button that says "calculate" or "compute," and you'll get the answer.

So what does the body mass index tell us? It correlates with body fat—not perfectly, but well enough to serve as a general indicator of the health risk associated with our weight. In 1998 the National Institutes of Health established the following categories for weight based on BMI among adults twenty years and older. These are now widely utilized among health professionals and researchers:

AM I OVERWEIGHT OR OBESE?

BMI	Weight Status
Below 18.5	Underweight
18.5 to 24.9	Normal
25.0 to 29.9	Overweight
30.0 to 39.9	Obese
Over 40.0	Extremely obese

The BMI is an important and useful number—and you should know yours—but there are some important things to keep in mind. The BMI calculation for an adult is based solely on height and weight, without reference to age or sex. This makes it easier to use—no need for separate calculations and tables for men and women, for example—but the relationship between BMI and “fatness” is not absolute. Women tend to have a higher percent of body fat than men with the same BMI, and older adults are likely to have more body fat than their younger counterparts with the same BMI. A young male bodybuilder might have a BMI of 27, which is classed as overweight, but he may actually have a lot of lean body mass (i.e., bulging muscles), so he would not be considered to have an excess of body fat.

Keep in mind that the various categories of BMI—normal, overweight, and so on—are not absolute boundaries. Experts have argued back and forth about where to draw these lines, and there is not a sudden transformation in health status when a few pounds of

weight loss bring a person from a BMI of 30 to 29.9, or from 25 to 24.9. Health risks generally rise with increasing BMI, and do so more dramatically as the BMI climbs past 30. In medical literature, a person with a BMI of 40 or more is said to have *morbid obesity*, reflecting the significant number of health problems associated with this level of excessive weight.

Also note that these categories do not apply to children and teenagers. Between the ages of two and twenty, excessive weight is based not only on BMI but also on age and gender. Your child's physician or dietitian can determine whether he or she has a weight problem using height and weight measurements along with standardized *BMI-for-age growth charts*.

APPLES AND PEARS

Weight-loss experts characterize overweight people as apple- or pear-shaped based on their fat distribution. Those with a prominent abdomen—shaped somewhat like apples—are thought to be at higher risk for health problems than those shaped like pears, with more fat deposited in the hips and thighs.

Two simple measurements related to apple and pear shapes tell us something about a person's health risk:

- **The waist circumference**, measured as the distance around the smallest area above the umbilicus (belly button) and below the rib cage. A measurement of more than forty inches in men and thirty-five inches in women

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is a cause for concern, because it suggests the presence of excessive fat within and around the abdomen. Fat stored here (a pattern more common in men) should be considered more dangerous to health than fat stored in the hips and thighs (a pattern more common in women). Note that waist circumference is a less meaningful measurement in adults five feet or under or with a BMI of 35 or more.

- **Waist-to-hip ratio** is another way to look at health risk from fat by comparing the amount of fat stored in the abdomen with the amount gravitating toward the hips and thighs. The waist circumference is measured as above, while the hip circumference is measured around the widest portion of the buttocks. Dividing waist by hip circumference gives the ratio, which ideally should be 0.90 or less in men and 0.80 or less in women. As you might expect from knowing that abdominal fat is more troublesome, a ratio of 1.0 or more (reflecting an apple- rather than a pear-shaped individual) suggests a greater health risk.

Several studies have suggested that an increased waist-to-hip ratio is associated with an increased risk for diabetes, high blood pressure, and coronary artery disease. However, compared to the waist-to-hip ratio, the waist circumference appears to be both a better indicator of abdominal fat content and a better predictor of future health problems. Indeed, waist circumference gives you an independent picture of your health risk above and beyond that of your BMI. For example, you should be concerned if your waist circumference is in the higher risk range (over forty inches for men, over

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thirty-five inches for women), even if your BMI is in the normal or modestly overweight range. However, if your BMI is over 35, measuring waist circumference offers little benefit, other than helping you decide what clothes are likely to fit.¹

¹National Institutes of Health, *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults—The Evidence Report*, NIH Publication No. 98-4083 (September 1998): 56–8.

A FINAL THOUGHT: THE BOTTOM LINE AND THE BIG PICTURE

If you flipped to the end of this book without reading what came first, hoping to find the single answer that will make your weight problem go away, you will be disappointed. If you have read this material carefully, you'll understand why someone looking for that one bottom line is taking the wrong approach.

There are many reasons why America is in the midst of an obesity epidemic. There are also two important reasons why efforts to lose weight so frequently fail:

1. We try to make it too simple. Specifically, we want a quick fix, a miracle cure, a single food (or food group) to eat or avoid that will make our fat go away, without looking carefully at how our life, our habits, our needs, even our hurts affect our eating.
2. We try to make it too complicated. We become fixated on whether or not to eat this type of fruit or that cut of meat, or whether we can combine one

type of food with another. Some families are divided at the dinner table over various members' allegiances to a particular dietary school of thought, missing opportunities for intimacy and harmony. Yes, there are clearly ways to eat smarter, but eventually the problem boils down to figuring out how to be satisfied with fewer calories and how to increase the amount of activity we engage in every day.

Achieving and maintaining a healthy weight requires a steady, livable, step-by-step, day-by-day effort. It usually involves work on multiple fronts, including food choices and quantities, exercise, environment, habits, and emotions. With rare exception it also requires more of our time than we would really like to give, which means that it may be necessary to make some fundamental changes in schedules, activities, and (above all) expectations. But the long-term benefits are definitely worth the effort. And, of equal importance, *anyone* can make these changes. A person doesn't need to be a nutritionist, a marathon runner, or a psychologist to bring them about. You do not need a will of steel, nor must you endure endless (or even short-term) hunger, to lose weight. Remember an important word in the first sentence of this paragraph: *livable*. What ultimately works are the adjustments that a person can live with indefinitely.

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