

Diet and Die.

How dieting, and the diet industry, is ruining our health.

The serious consequences to overall health as a result of dieting were starting to become recognized in 1935 by Carl Malmberg in his book, "Diet and Die". This wasn't the first time that someone had spoken out strongly against weight loss. Too bad no one listened to Hippocrates 2400 years ago when he said, "dieting that causes excessive loss of weight ... is beset with difficulties" (Gaesser 1996 p, 164). Today, more clearly than ever we now see the problems dieting can cause. Every person suffering from anorexia or bulimia started out with a simple diet. These disorders are a very serious threat to health. But what are some of the health concerns for those who just lose weight and don't develop eating disorders?

"Big Fat Lies" is the name of a book written by Dr. Glen Gaesser, an exercise physiologist who has looked at the research that has promoted weight loss, and has uncovered many of the lies that we have been taught about obesity and health. For a century now, the messages to consumers has been "being fat will kill you", "thinner is healthier" and "diet your way to health". It seemed a logical, reasonable assumption to make, or so we have been told, that if many of our health problems are related to obesity, then the cure is to lose weight any way you can. Many health professionals are now challenging this assumption and are digging deeper to find the truth.

Obesity is supposedly guilty of causing clogged arteries, and contributing to high blood pressure and high cholesterol/ triglycerides and to type 2 diabetes. According to new research, the facts are:

- *obesity is a very poor predictor of hypertension. Typically, over 95% of the variation in blood pressure within a population is found to have nothing to do with obesity.
- *obesity is a very poor predictor of hyperlipidemia.
- *obesity is shown to be completely unrelated to the presence of atherosclerosis or its progression.
- *most people with type 2 diabetes (non-insulin dependent) can substantially improve their condition through changes in diet and exercise without significant weight loss even if they still remain markedly overweight (Gaesser 1996 p. 62).

The messages have been: "Lose weight to improve your health", but studies are showing that weight loss itself is dangerous. Treatment of obesity can result in heart injury,

Editor's Notes.

Research has shown that a very high fat diet, alcohol, smoking and a sedentary lifestyle all have a causative effect on ill health. The same is not true, however, for obesity. As indicated in our lead article, the assumption that weight loss leads to better longevity is false - quite the opposite is true. Unfortunately, dieting has become big business, worth hundreds of millions of dollars each year. Between the diet "gurus" who promote their version of the truth (without the benefit of much, if any, scientific data to support them), the huge companies like Jenny Craig or Nutrisystems promoting weight loss, and the drug companies that brought us life threatening drugs like Redux and fenfluramine to "help" with weight loss, we don't very often hear about any research that would tell us dieting is bad for our health. Yet, as we are reminded on the popular television series The X Files, "the truth is out there". It isn't hidden, just obscured by people whose income is generated within the dieting industry.

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Suggested reading:

Big Fat Lies; By Glen Gaesser, Fawcett Columbine, 1996

Losing It. By Laura Fraser, Plume, 1998

Feeding on Dreams; By Diane Epstien & Kathleen Thompson, Macmillan, 1994.

Nutrition Tip

Green peas are a great source of iron, vitamin C, potassium, fibre, folate and carbohydrates. Hidden by their green chlorophyll is a healthy dose of beta-carotene, making them a good source of vitamin A. Serve lightly steamed to preserve most of their benefits.

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This newsletter is a publication of the Westwind eating disorder recovery centre, and is intended for general information only. It is not intended to provide personal medical or psychological advice, which should be obtained from a qualified health professional.

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increased risk for gall stones, uric acid kidney stones, electrolyte imbalances (eg. low potassium which can lead to cardiac arrhythmia), hormonal imbalances which cease ovulation and menstruation, constipation, dehydration, emotional stress, anxiety, depression, fatigue, weakness and fainting and even sudden death (Berg 1994 p. 187).

In the 1970's, 58 people died suddenly while fasting on liquid formula diets such as the "Cambridge diet". It is scary to think that the weight loss industry is not regulated by health authorities and it is a buyer beware market. The diet companies themselves are not aware of the risks of their programs or they do not give advance warning to their customers even when directly asked (Berg, 1994 p. 186).

Between 1983 and 1993, **15 studies were published that showed that weight loss increased the risk of premature death by up to 260%**. (Only two studies during this same time showed a decrease in death rates. In one of those studies, longevity was increased only 11 hours/lb lost.) The increase in mortality was regardless of whether the weight was lost intentionally or unintentionally. The younger the person, the less overweight they were, the more damage that seemed to be done. While even small amounts of weight loss (5% of body weight) did increase mortality (death rates), **weight gain did not increase mortality** (Gaesser 1996, p.155-156). This certainly goes contrary to all the advice we've had over the years that obesity is such a damaging disease and weight loss is the best solution.

When the term "diet" is used in this article, it is important that the reader understand that it is not referring to a **therapeutic diets** given by doctors or dietitians related to specific health conditions (such as diabetes, low cholesterol diets or low sodium diets etc.) The primary purpose of these diets is to **correct metabolic imbalances**.

These diets are not necessarily geared towards weight loss, but if they are it is using sound, balanced nutritional guidelines. The kind of dieting that this article is critical of is the low calorie diet, that does not allow for adequate intake of all food groups in a balanced way. It is usually the latest "fad" diet with all kinds of special foods and rules regarding foods.

Yo-yo dieting refers to repeated episodes of dieting and weight loss over many years. Many studies are pointing to the damage that occurs when someone begins dieting to lose weight over and over again. **Even on a one time basis there seems to be significant damage.** Blood pressure seems to be easily affected as well as damage to the heart muscle and coronary blood vessels. In a study done on Harvard graduates by Drs. Lee and Paffenberger, where people were separated as to whether they had been relatively weight stable all their lives compared to those who had yo-yo dieted, they found that the dieters had an 80% higher rate of heart disease and a 123% higher rate of type 2 diabetes. Frequent dieters had nearly double the risk for hypertension compared to the group who did not diet. (Gaesser 1996, p. 164).

Even with just one incident of starving/dieting, there seems to be a very negative relationship between dieting, starving or fasting and cardiovascular health - even if the person keeps the weight off!!! **So it may not be the obesity that is the problem, but the fact that many obese people have made many attempts at weight loss which has damaged their health.**

One example of this is the situation during World War II when Germany laid siege to Leningrad. For five months, the Germans cut off food supply, thereby putting the population on a starvation diet very similar to those being followed today by people trying to lose weight. Not surprisingly, people lost weight and hypertension was reduced. After the siege was lifted, the

results were shocking. In the spring of 1943, Russian physicians examined 10,000 men and women and compared the results with a similar sampling from 1940. The incidence of high blood pressure shot up by 100-400% depending on age. Hypertensive related vascular disease that was noted to be only 6% from autopsies performed before the siege also skyrocketed up to 55% (Gaesser 1996, p 168).

High Protein Diets:

One last factor that may be important in discussing the risks of weight loss is the type of diet that people actually go on. A very popular diet that came into vogue in the seventies, but actually dates back to the mid 1800's is the Low Carbohydrate diet; or the High Protein diet. This diet claims that you can eat all the protein (and fat) you want, and you will lose weight. You may lose weight, but at a high cost to your health.

Cost #1

Not only can damage be done through one episode of dieting, to the blood vessels and heart, but the person who chooses to go on a High Protein high fat diet, is taking a serious risk of increasing their "bad" low density lipoprotein (LDL) cholesterol and their total cholesterol even if it is for a relatively short duration. Atherosclerosis is not necessarily a slow steady, narrowing of the arteries. It happens over time, but in sudden bursts in the growth of cholesterol-loaded fat deposits. Just a couple of weeks of staying at a high cholesterol count could do more harm than several years at just a slightly higher than recommended level (Gaesser 1996, p. 172-173).

One diet like this was studied for its effects on health. It is called the "Dr. Atkin's Diet Revolution". Two thirds of the calories were from fat, with cholesterol being three times the recommended amount, and the rest was from protein. After 8 weeks of this regime, the twenty four obese men and

women in the study found their LDL cholesterol increased on average 19%, with the women being even worse at 33%. The "good" high density lipoprotein (HDL) cholesterol decreased 10% (Gaesser 1996, p, 172). They lost weight, but they paid a great price to get it and it probably didn't last. Here is a clear picture of how much worse their health became directly because of dieting.

Cost #2

There are far greater levels of nitrogenous waste products in the body from the breakdown of protein. This adds extra strain on the kidneys which would be particularly harmful if someone had a history of kidney problems.

Cost #3

Without adequate carbohydrate, fat digestion is incomplete. Instead of producing water and CO₂, the products formed are called ketones. These are undesirable as they can upset the acid base balance in the blood. Ketones are what cause many dieters to feel lightheaded, flushed, nausea, dizzy and headaches when dieting. Not exactly a pleasant way to live.

Cost #4

The high protein diet is very inadequate. Food groups such as the Grains group is eliminated and the fruits and vegetables are limited to low carbohydrate vegetables. This has serious implications in that the diet will be inadequate in B vitamins, vit A, C and E, folate, and especially fiber.

Who knows how dangerous it is to health to eliminate these essential nutrients so completely for even a month at a time. We know that scurvy can occur in just a few weeks. What if our body stores aren't even high to begin with? How will health and immunity be affected by these major omissions to the diet for extended periods of time?

Cost #5

Of course the last danger of any kind

of diet is the fact that all eating disorders began with a diet. The reasons for this are many. The person begins by trusting in the diet rather than her body; she battles intense hunger signals until they have passed in order to stay on the diet (this leads to eventual binges because they are so starved, then purging to prevent weight gain). With weight loss comes the thrill of success and a sense of self control which becomes the all consuming motivation. Eventually the person loses touch with what their body truly needs and they become "trapped" in the thing that in the beginning they had so much control over. This doesn't happen to everyone, but for those who are vulnerable, dieting can be a very dangerous activity. Perhaps we should be renaming eating disorders as dieting disorders!

References

Berg, Frances. 1994. *Health Risks of Weight Loss*. Healthy Weight Journal. Special Supplement.

Gaesser, Glen A. Ph.D. 1996 *Big Fat Lies; The Truth About Your Weight and Your Health*. Fawcett Columbine, New York.

Nutrition Tip

If you think you can get enough **calcium** from vegetables, think again. Because of substances called oxalates and phytates in foods such as spinach, rhubarb and broccoli, you only absorb 10% of the available calcium. The absorption rate from dairy products, however, is much higher - at around 35%. Dairy products are also an excellent source of protein, vitamin A and Riboflavin, so they are a great addition to any meal.

Also keep in mind that calcium is not metabolised without **vitamin D**. Vitamin D is manufactured by the body when we are exposed to sunlight. In northern

Hope

A rainbow so high, I wish I could fly
A dove coos - bidding his kind peace
Leading me, is a power stronger than I
Dancing high, swooping low
His serenity, I want only a piece, to halt
nor cease

The wild, the sensual and the free
Exploring new things, searching morally
Digging into my soul, centering my mind
Amongst the old, new treasures I can
find

I was blessed this morning
Not only with the gift of a new day
But that Gods presence, surrounded me
in every way

The air - his breath
The ground - his stability
His voice - in precious life around me
United by grace - separated in peace

I dream of the worlds around me
Coming to union as one
Energy swarming - swaying in the glow
Flying freely, my journey has just begun!

—
sally

latitudes (say Chicago, Boston) there are just not enough daylight hours from fall to spring to make enough vitamin, and we draw on what has been stored in fatty tissues. It is, however, added to milk - not milk products, just milk. Another reason to add it to your daily meal plan.

The Hunger Scale : Learning to reclaim our body.

It is a well-known common experience, for those who have gone on fasts for various spiritual or health reasons, that for the first 2-3 days they experience extremely strong hunger pangs which ebb and flow but are generally very powerful. However, by about the third day, the hunger pains cease and the person now feels somewhat euphoric and even more energetic. Hunger is no longer an issue. The longer one fasts, the more difficult it is to resume normal eating again even for the person who has no problems with food. It seems that there is no desire to eat. However, for the person who fears food the ability to eat again becomes extremely difficult.

Hunger sensations and satiety or the feeling of fullness can be disrupted in many ways. One way is through fasting or allowing hunger signals to pass until the point that the metabolism is temporarily slowed down as a result of lack of food intake. This can happen rather quickly and disrupt the normal variation in appetite. The person soon begins to lose touch with how hungry they are feeling and how full they are becoming as they eat. Some people exercise so much control over their intake that they only allow themselves to eat when extremely hungry rather than when only slightly hungry. When they do eat, their stomach is not used to having food in it, so any amount, feels full or over full. It becomes increasingly difficult to know what "normal" feelings of hunger and fullness are.

The other way hunger sensations are disrupted is when emotional states interfere with the brains regulatory balance of neurotransmitters. Serotonin is the main brain neurotransmitter that is responsible for appetite, sleep, depression, anxiety and sex drive. When one of these areas of life are

disrupted, it tends to affect all the others to one degree or another. So when someone is feeling extremely anxious, fearful, or depressed, the sense of appetite may be either dampened or augmented and result in either inability to eat or a compulsion to eat beyond physical need.

Foods can also affect our mood. A snack with mostly carbohydrate (like toast and jam or a muffin and fruit) can make us relaxed and almost sleepy which would be beneficial before bed. A meal high in protein (like grilled chicken strips in a salad) make us more keenly awake and alert which would be beneficial if you had an exam to write in the afternoon. Foods high in fat actually release endorphins which are the chemicals that are released after heavy

exercise. This is what creates the "runner's high". It actually gives them a better than normal feeling which is why they can become addicted to it. So foods can help (to some degree) to alleviate the depression or anxiety that we may be experiencing. Can you spell recipe for food addiction?

There are actually positive reinforcements for eating

when not really hungry, it helps us to feel somewhat better, at least in the short run.

So how does one overcome this confusion of hunger signals? Firstly, one needs to understand the difference between emotional hunger or "heart hunger" and true stomach hunger. One is a physical pain in the stomach, the other is an ache in the heart that is soothed with eating, not because of fullness but because the nurturing act of eating good tasting foods. One must learn to separate the two and learn to deal with the emotional pain in an appropriate way and to realize that eating is not going to address the feelings or solve any problems in a tangible way.

The person loses touch with how hungry they are feeling, and how full they are becoming as they eat.

Second, in order to learn how to distinguish true hunger, there must be a way of learning to tune into the body's hunger. As one practices "tuning in" to their body's hunger signals, they become increasingly more sensitive to know exactly what their body needs at any given point in the day that will prevent them from becoming too hungry or too full. The following is called a hunger scale which is a commonly used tool to help a person become more sensitive to exactly when they start to become hungry and how full they are becoming as they are eating. Everyone would benefit from using this scale because most weight control issues are related to not paying attention to how much their body really needs.

The following is a rating scale from 1-10 that rates the different levels of hunger and fullness.

- 1 - Extreme hunger resulting from starving for a day or longer. Feeling weak, light headed or headaches, irritable, constantly focused on food and what you are going to eat. Eating may be ravenous and out of control. High likelihood of overeating.
- 2 - Very hungry - Stomach is growling, hollow, empty and almost in pain. May also feel weak and light headed at the end of a day when very little is eaten.
- 3 - Hungry - Beginning to feel the beginnings of stomach growls. Starting to feel more emptiness in the stomach. Feeling like you need to eat soon.
- 4 - Starting to think about food. Not feeling any of the unpleasant effects of hunger, but noticing that the stomach is empty.
- 5 - Neither hungry for full. Not thinking about or looking for food, because the stomach feels just satisfied. Feeling content.
- 6 - Politely satisfied - a very small amount of food can curb hunger to get rid of the empty feeling. But you may not feel satisfied until you've had a bit more food.
- 7 - Satisfied - No longer wanting food.

Feel satisfied that you have eaten enough both psychologically and physically. Comfortably full.

8. - Full- Now the stomach is starting to feel distended. You don't really want another mouthful because it doesn't taste as good as it did when you first start to eat. If you stop now, it won't be uncomfortable.

9 - Uncomfortably full - For whatever reason, you ate more than you needed to feel satisfied. Now your stomach feels uncomfortable and you may start feeling like you want to get rid of the food. You want to try to avoid eating this much, because this would be considered overeating (unless any amount of food makes you feel this way which requires a different solution). Relax and remind yourself that a single meal will make little difference to overall weight gain or loss.

10 - Extremely full - It's too late, you ate way too much. You may feel out of control and didn't listen to how full your body was getting. Now you may feel that "must" either purge or exercise or fast to get rid of the calories. What happened that triggered this kind of eating?

The intention of this scale is to stop and think before each meal "how hungry am I" and to rate it honestly. Then as one begins to eat the meal in a **relaxed manner**, (remember anxiety blocks satiety cues) they should be mentally considering how their sense of fullness is moving up the scale perhaps from hungry (3) to neutral (5) to politely satisfied (6) and now to (7) where they feel comfortably full and satisfied.

In the next issue:

We look at issues of self acceptance, ideal body weight, and the power of the mind-body connection in promoting good health, peace of mind and happiness.

Many people eat so fast that it takes a few minutes for the fullness to register. Eating at a relaxed pace should help to increase the awareness of a slow gradual increase in fullness - **as you are eating**. This may take time and practice to learn to retrain the body's hunger signals to work again. For some, it will take very little to feel full. Others may "over shoot" for the first few weeks until they become more tuned in to their body. For some, forcing themselves to eat, despite feeling full, is going to be your greatest challenge. But the reason you are feeling full is a psychological and physical problem which will improve with time and recovery.

The intention of the scale is **not to skip meals if you are not hungry**. Skipping meals only leads to chaotic, unstructured eating and likely an unhealthy diet. Using the hunger scale only helps to determine how much food is needed in order to feel satisfied at each meal. Snacks are what may be most variable throughout the day, depending on hunger needs.

Throughout the day, after each meal, begin to notice when you feel less full (6), when you feel neither full nor hungry, but

just neutral (5). Notice when you start to think about food because there is a slight emptiness in the stomach (4) and then notice when you are hungry and would like something to eat (3) to take the edge off of the emptiness or discomfort. If you can do this, and allow yourself to eat something as a snack that would be just enough to bring you back to a level of non-hunger (5) but would allow you to become either a 3-4 on the hunger scale again for your next meal, then you have mastered tuning into your body's needs. There is much to learn through trial and error about what foods are the "perfect" satisfying snack at different times of the day, what foods feel the most satisfying at meals and what are good bed-time snacks. However, using the principle of not allowing the body to become hungry past the point of 3 and not overeating beyond level 7-8 is the key to successful weight control and to nourishing our bodies with the energy they need to function well each day. There's lots to learn, so be patient with yourself and just start tuning in to the signals from your body. You'll be amazed at how much it really has to say if you are willing to listen.

The Westwind Foundation

Just a comment to let people know that we are in the process of establishing a charitable foundation to allow us to raise money for a patient endowment fund. This fund would allow clients to have part of the cost of treatment covered. The fund itself will be separate from the Westwind Centre, and will be overseen by a board of directors. Revenue Canada has not yet given the Foundation a tax number as a registered charity, as they are waiting for a list of people who are willing to be on the board. Once we have the foundation set up, we will be able to move forward in fund raising efforts. None of the money raised will come directly to the treatment centre itself, but instead will be applied for by clients of the centre to cover their fees. Our philosophy is that money raised must go directly to benefit the clients in obtaining treatment.