

[MUSIC PLAYING]

VICKI MARCH: What I want to talk about is healthy lifestyle and weight loss, and how to make that easier for your patients or yourselves, even. So today but I'm going to be talking about is why lifestyle change is important, and why we focus on lifestyle change rather than diet. The word diet has a couple of different meanings. I like so just think of it as a way of eating, not losing weight to be on or off a diet. And I'll go over that a bit.

Referral options-- you need to know where to refer patients if you feel this is not something you want to deal with. Or if it is something you want to deal with and you get stuck, what do you do? Where can you send patients for help?

And what exactly does it mean when we say lifestyle change? How aggressive do we have to be? What does it really mean? Because people get a little confused. There's so much information everywhere now. Why is lifestyle change so difficult, how to make it easier, and what your role might be in helping people and guiding people through that kind of a journey.

As was just discussed, weight management does affect cancer survival. It reduces original cancers. There are many cancers which seem to be promoted by the presence of obesity, possibly because it is an inflammatory state. It also reduces weight loss and weight management, healthy lifestyle, reduces rate of recurrence of a primary breast cancer. And fitness, physical fitness, as was discussed previously, improves tolerance to treatment and survival.

Dr. Henderson, I'm not sure what exactly she's going to talk about, but maybe talk about how a person who is not fully-abled might be able to participate in physical activity, and how you can get them through physical medicine and rehabilitation to move more.

The desire to survive-- when you diagnose someone with cancer, there may be, as you mentioned earlier, a teachable moment. Not really so much teachable as internal motivation, as to, I now been diagnosed with cancer or any disease. And I need to realize I am mortal now. And I want to live my life with as best quality as I possibly can.

And that will mean feeling well, and being able to do all the things I want to do with whatever life I have left, whether it's a complete long life or a shorter life. I need to have a good quality. And that is a good moment to work on lifestyle change. This is when you may get a person who's feeling quite motivated, especially if they've just gone through very vigorous chemotherapy or radiation, and not feel so well, and want to feel the way they used to.

So what are the pillars of weight management? I'm going to be discussing lifestyle change, as I mentioned. Lifestyle change is the key part of any type of weight loss program. You can't really lose weight in a sustained way, in a healthy way, unless you change or do something to your lifestyle. This lifestyle really includes diet-- what you're eating, exercise-- what your physical activity is, and behavior. Because you can know what to do and not be able to implement it. And the implementation is your behavior.

So this is today's focus. Also, if you need to be more aggressive and have more aggressive intervention, pharmacotherapy can be used perfectly legitimately for BMIs 27 and above. And weight loss surgery is usually recommended for massive or more significant weight loss at 35 or above.

So when you want to get started with someone and address their weight, how do you do this? You want to have a good relationship with a patient in order to be able to do this. You can't do this without a good relationship. You have to be able to listen to them, and bond with them, and reflect actively. You want to have active listening.

That means not only listening and nodding your head, but engaging in the discussion. Asking certain types of questions. And not probing with questions, but asking a question or two, then reflecting upon what they've said. And this is part of what we call motivational interviewing, which is difficult to achieve. We all think we do it. We probably don't all do it. And it's very difficult. But listening, just learning how to listen is very important.

How can you assess if someone's ready? The easiest way to do that is to see what their language is like. If a person has sustained talk, that means they're not ready. If they have change talk, that means they may be ready to make some changes.

An example of sustained talk, which I'm sure you've heard a lot, is I really want to do this but. So if a person uses the word but, it means that they're really not quite ready. You might be able to help them get ready. But they're not right then.

If a person says, I have done this already. I have joined a gym. I am going today. I plan on reducing the amount of soda. I've already cut down to 2 liters a day from 3 liters. Then a person might be actually making change and be ready. And that's change talk.

You are a catalyst, not a director. People must identify their own reasons for change. And you can help them talk about that. They may not have actually talked about this with anyone. They may say, I really have to lose weight. You can say, well, why do you want to lose weight? What are your reasons? Everybody has a different reason.

Help them by collaborating with goal setting. But again, don't tell them what to do because none of us like to be told what to do by anyone ever. So you really want to have them tell themselves what to do. And you have to also help them with expectations. As a health care provider, and professional, and authority, you can give them statistical evidence of what their expectations for weight loss should be, which can be very helpful in how they proceed.

You should know that these are the typical results that you can get with these different types of interventions. There's always a bell-shaped curve with everything, as you know, a Gaussian distribution. But on the average, people with just lifestyle alone, diet and exercise-- if they really adhere to it will lose about 5% to 10% of their total weight just with that. That's not a whole lot, but it's clinically meaningful and metabolically meaningful.

Sustaining that is very good. Even not sustaining it, you can take a metabolic burden off of them even if they yo-yo diet. At the lower weights, they take burdens off their pancreas, and they can have sustained improvement of their glycemic control even if they only have pre-diabetes.

Lifestyle plus medication can give you an additional 5% to 10% when you add it to lifestyle change. There are meal replacements like OPTIFAST. This is a very intense, medically supervised plan with very limited intake of food. Nutritionally sound, but low in calories, stimulus reduction.

It's usually three months for the weight loss. And you can lose up to 20% of your original weight. Keeping it off is another thing. So people have to enter a maintenance phase. But it can be done quickly. And if someone needs to lose weight quickly, this is a good way if it's medically supervised.

Lifestyle plus surgery can yield a 30% to 50% total weight loss. You usually hear about it in terms of excess weight loss. But when you talk about the total weight loss, the numbers are, of course, a little lower. And that would be 30% to 50%.

So if people get this information, they may feel discouraged because, oh my god, I'm only going to lose 5% to 10% of my weight. But still, you can manage that by telling them how clinically meaningful it is. Also, it can be very helpful when they lose 5% to 10% of their weight because maybe they won't get to their high school dream weight, but they are improving their health, feeling better, and there are non-weight related rewards, non-scale related rewards that you can help them see.

People also revert to old habits. People regain weight because they're discouraged, because they then revert to old habits, because they have an all-or-nothing approach. No sugar, no soda, no alcohol, no cookies, no French fries-- and then all of a sudden, people will feel very deprived, bored with what they're doing, sorry for themselves, and just start eating something they haven't eaten for months, and just keep going and not be able to stop because they feel they've failed.

But that's not true. An all-or-nothing approach is not that helpful. And if you see that in someone, you can point it out.

The macro and micro environment make it very, very difficult. Your internal environment, your metabolism, your pathways, and the external environment, your built community, your supermarkets, the fast food restaurants, your workplace, your home-- all of these things can make a very big difference in whether a person is successful, and if they become discouraged and it becomes too difficult. You want to help people make it easy for themselves.

Metabolic adaptation-- has anybody heard of metabolic adaptation? Raise your hand if you've heard of this. So you have. Metabolic adaptation is the body's way to defend its old weight. The people who lose weight often will regain it, sometimes even more. Because you have much lower calorie needs when you lose weight, even lower than a person who's already been at the weight that you've achieved.

You have lower calorie needs then, partly because of lower muscle mass, partly because of the weight having gone down, but also because your body becomes more efficient because it wants to get back to its old weight. And when you get back to your old weight after regaining, you still need fewer calories to sustain that weight than you did earlier.

So that's why people will overshoot their old weight. It's very complex, and it depends on a lot of pathways. And some people have more problem than others, but it's a very tough problem. That's what happened with *The Biggest Loser* and when people regained the weight after that.

So how do you know what to do with a person in terms of intensity? People will start trying to lose weight on their own through various fads, through the lay literature, through cutting back on junk food and soda, through online apps like my MyFitnessPal, going to the gym and those types of things. And some people will succeed. Most people won't succeed in the long term, especially if they have to lose a lot of weight-- more than 5% to 10%.

Commercial programs can be very good. And the ones that are quite good are Weight Watchers and Jenny Craig. Nutrisystem is also good. There are pluses and minuses to these. But they've all been evidence-based demonstrated to cause significant weight loss and help people keep off some weight.

Under medical supervision, that is the most aggressive type of weight loss program. And even UPMC has the phone coaching. They have free phone coaching, which is called Prescription for Wellness. And all you have to do is order this for a patient. And weight loss is part of it. And I've had a few patients do that, and they've done OK. The trouble is there's really no good maintenance for that. But people can re-up and do it again, and again if they want to. They don't know that at the beginning, but you can tell them that.

Telemedicine is something that people are using so that people don't have to keep coming into the office to help guide people to keep their weight off. There is in-person interventions with groups and individuals. There are many things available. There's the Group Lifestyle Balance Program, which is excellent, which you may see all over the place advertised at various times of year.

And medication is also part of medical supervision. How do you know if a program is good? Well, it just so happens that the American Heart Association, the American College of Cardiology, and the Obesity Society have put out standards of care in about 2013.

The intensity of a program is important. Usually the gold standard is 14 visits within six months. Some programs, like mine, can't do that. But we still have pretty intensive visits, regular visits one to two times a month. How long is the program? Is maintenance included in the program? It should be three to six months with ongoing maintenance available.

Whatever diet style you choose should be lower in calories in order to lose weight. Calories are important-- they're not everything, but they are important. Behavioral strategies have to be part of a good program, such as cognitive behavioral therapy or approach. Exercise recommendations should also be part of the program.

And if a program recommends supplements, sells supplements, has a proprietary vitamin that they're selling, these are not considered to be legitimate programs. A lot of programs out there do that.

So here's an example of a medically-supervised program. My program at Magee is a medically supervised program. I have several dietitians, two APPs. I'm the M.D. There are one-on-one and group options. We have now an OPTIFAST option, which we use a lot for pre-surgical patients who have to lose weight. Lifestyle is part of it. I prescribe medications when appropriate, but not to everyone. And if appropriate, recommend bariatric surgery. And I am connected with the bariatric surgery group.

Throughout UPMC, there are increasing numbers of board certified obesity medicine physicians. And they are at area hospitals like Mercy, St. Margaret's, McKeesport, further outlying like at Hamot. There's a whole bunch of doctors out there who are doing obesity medicine now.

Lifestyle change versus diet-- I said I would talk about this. So people always like to say, I can't, I'm on a diet. Or I wish I could, but I'm on a diet. Oh, I'm off my diet. I can eat whatever I want. Well, that's not what we want people to do. That's not what people should do.

People should get and stay healthy through sustained lifestyle change, learn how to enjoy these changes, avoid boredom and deprivation, which are usually present in diets. So you don't want people to go on diets. You want to just help people lead a healthy lifestyle, which will lead to weight loss.

You want to have people eat differently. That doesn't necessarily mean eating less. A really, really big head of lettuce may have a hundred calories. And a tablespoon of peanut butter has a hundred calories. So you can not get too full on a tablespoon of peanut butter, but you might get full on a head of lettuce. Not that that's the only thing, but that's an extreme example.

Moving more versus exercise-- so people hate the word exercise. If you tell them, just move more and tell them how they can do that, that sometimes makes it more palatable for people. Modify people's expectations, as I mentioned earlier. They should not expect too much too fast, especially if their lifestyles are not that healthy right now. And lifestyle change, as opposed to diet, has a beginning but no end.

So healthy eating styles are numerous. You can eat healthy in many, many different ways. It's based on individual preference, first of all. Some people like to be very flexible, and some people do better with a tremendously strong imposed structure. All healthy eating is nutritionally sound by definition, and transition to maintenance is part of healthy eating for weight loss.

So the dietary options for healthy weight loss should be very similar to dietary options for people who want to just stay a healthy weight and don't have to lose weight. However, if you want to lose weight, no matter what you choose, you have to restrict something. And here are some examples of what people might restrict.

So in the healthy plate option, where you have that plate, half of its vegetables, a quarter protein, and a quarter of carbs, that is restricting your portion size. The ketogenic diet strongly restricts carbohydrates to less than 30 grams a day, which is very, very low. That is making your body use ketone bodies from fatty acids when your glycogen stores in the liver are used up.

There are also intermittent fasting, where you are limiting the amount of time per day or per week that you can actually eat. So you're restricting that. There's a lower carb, lower fat diet. Not quite as extreme, but you're still restricting starches, refined sugars, saturated fats. Meal replacement reduces or restricts the stimuli that you're exposed to. All of these do reduce calories by limiting or restricting.

A plant-based diet limits animal products or eliminates them. A Mediterranean diet, again, reduces refined foods, processed foods, saturated fats. A paleo diet restricts or excludes agricultural products, including legumes in some cases. And whole foods just eliminates or reduces processed foods.

Fads are not a good idea. Fads are very restrictive, not nutritionally sound, and make people miserable. So you don't want that. Grapefruit diet, cabbage soup diet, apple cider, vinegar, and cayenne pepper diet, ice cream diet, cake diet-- the list could go on, and on, and on. And it does. The problems are, as I said, not sustainable and unhealthy.

This is the E word-- exercise. Language that you use reframes exercise. People should be encouraged to move more, but that doesn't mean they have to be uncomfortable. People who really want to get into a good exercise routine and don't mind some discomfort will experience discomfort, and that's OK for them. But for people who are in a lot of pain, and have a lot of joint pain and muscle pain, those people are not going to be able to do anything more than just do some moving more. But you can help them with that.

Helping people be fit how helps prevent cancer or cancer recurrence, helps people live longer. If you move you manage your stress better. It's a good way for emotional management of stress. It boosts your metabolism because it prevents loss of muscle mass and burns some calories. It improves immunity. And so people will become less susceptible, even to things like colds.

So you want to tell people don't overthink it. Don't talk yourself out of it. Just figure out a time you're going to do it. Don't let anything stop you. Get everything ready in your gym bag, and just go. Just do it.

Some strategies-- start slow. A person who does nothing and doesn't want to do anything might be OK walking a minute every hour, getting up and walking around. A person who has terrible pain might just need to be prescribed some physical therapy to help them out of the pain or help them manage the pain. Pool therapy is very good for people with weight-related joint problems because the weight changes in the pool. And it doesn't hurt. It doesn't hurt people to exercise.

Short bursts of activity-- again, one minute every hour. Stretch every hour. Walk around every hour. Or just do five minutes three times a day for walking. If you say to somebody, you can only watch your video if you are walking in place. Or you can only do that if you're on a treadmill. Or can only listen to your podcasts or music if you're on a treadmill or an elliptical, that means that you're pairing something pleasant with something that's less pleasant to a person, and they're more likely not to mind the activity and to do it.

People who buddy up with a trainer, with their dog, with a friend, or a spouse will have somebody to be accountable to with physical activity. Have fun. Try something new, like a dance class, like hiking, like mountain climbing, like bouldering. Get a gadget like a Fitbit. This makes it more fun. Compete, or have a goal like a 5K that you would like to try.

If you can have a person learn how to talk to themselves and say, 15 minutes. That's all I have to do in a 24 hour period. And I only have to do this three days a week. I can do that. You know, just make it seem much smaller and less burdensome by having them talk to themselves that way.

So as I said before, behavior change is implementing your lifestyle that you want. And people will tell you they know what to do, but they just don't do it. Behavior change means remaining mindful so that you know exactly what it is you're doing. Also, remembering your reasons for doing it and keeping that in the front of your mind can really help you stay on track.

Setting goals both short and long-term are important. Too long-term, and then you fall off. Too short-term, like, I just want to lose weight for my daughter's wedding-- that's not great. Because once you get to the wedding, what are you going to do? So you have to have some short-term goals, and then long-term goals, and then continue to have more goals and why you want to stay a certain weight. It takes two to six months to change habits and make them solid. So people need to expect that they will take them a while.

Behavior change-- one of the best tools for that is tracking because that's what keeps you mindful. When you track, you can do it on any type of device or even just write it down. And you can track what you eat, how much you eat, what you drink, how much you drink. Your physical activity can be documented. Feelings-- if you get upset and you stress eat, then writing down your feelings may delay eating, or may make you more mindful of your behavior. And of course, monitoring your weight. But not too often, maybe once a week.

And again, this increases accountability. You notice what your barriers are. You stop doing the mindless eating, bites, licks, and tastes when you're cooking, or when you're eating with your children and they leave food on their plate. All that mindless eating can stop if you're tracking it and noticing it. It's been shown in many studies over and over again to work. It's no money at all to do it. And it helps prevent lapse, relapse, and collapse of a lifestyle.

So why don't we do it? Why don't people like it? You'll ask them if they track, and they'll say I hate tracking. I hate it. And why is that? Some people say they're too busy. Some people say it's boring and tedious. I just really just don't want to do that when I have free time. I have so little free time.

People forget to do it and then stop doing it. They can't face what they've done if they go off track. They feel guilty and ashamed. And so these are just some of the reasons people don't do it. It's very hard to make people feel that they want to do this.

So how do we self-monitor, especially if someone is resistant to this? You want to make it more palatable-- whatever works for a particular person. They don't have to be perfect. They don't have to do it every day. They don't have to do it for every meal. But every once in a while, a couple times a week, commit to that. Written or apps, devices, checklists. Food scales can help with measuring cups and spoons. Weigh-ins-- weekly weigh-ins, or even weigh-ins with you will help people feel accountable. And expect only progress, not perfection.

Who has heard about SMART goals? So a SMART goal-- there are SMART goals and stupid goals. So a SMART goal is Specific-- S is Specific. Measurable is the M. A Is Attainable. R is Realistic. And T is Time bound.

So for exercise, for example-- I'll give you an example of a stupid goal and a SMART goal. The stupid goal is I'm going to do more exercise because that's none of these things. A SMART goal is, I'm going to get on the elliptical machine. And I am going to do this for a half an hour three times a week at the gym. And that is also attainable. And I'm going to do it for the next three weeks.

So this is good because it tells you exactly what you're going to do, exactly when you're going to do it, and how long you're going to do it. It's attainable because the person who's saying they're going to do it, presumably, can actually get on an elliptical and do the exercise. And it's realistic because it's only three times a week for a half hour, not seven times a week for two hours. And it's, as I say, time bound.

That's a SMART goal. And that's what they can do for everything. People can do that for menus and shopping lists. The same type of goal for preparing food in advance, for cooking and freezing food in advance, for making sure you're stocked up for staples for home, work, and travel. You can have a SMART goal for doing that.

A SMART goal for how to fit in the activity, how you can actually make yourself do it by figuring out what days of the week, what time of day. How to create a healthy routine-- just one little piece of your routine you can do with a SMART goal. Learning how to have a plan B-C-D so that if one thing doesn't work, you have something else to do.

How to eat out at restaurants, how to handle saboteurs, setbacks, parties, holidays, birthdays, football games-- how to handle all of those very difficult things. And you can do one at a time. You can do one a week. You don't have to do all of them at once. But just pick one thing and do that.

So we want to talk a little bit about stimulus control. If you have everything around that's tempting to you, you are going to have a very hard time resisting it. So how do you manage that? Well, at home, you can get rid of the junk. People don't want to do that. But in order to make it easier for themselves, it's a good idea.

They don't have to throw it away. They could, but they could also donate it, hide it, bring it to work, have your spouse bring it to work, have your kids bring it to school. Make healthy foods accessible to you. So make them in front of the refrigerator, cut up the vegetables, make everything available to you that's good for your health and everything that's not great for your health, make very hard to find or have in front of you.

At work, have your own little refrigerator. If there is another refrigerator, you can store things in it that are perishable. Have some shelf stable products at work that you can use if you get hungry. Don't let yourself be in a position-- and I'm saying yourself, but I mean your patients.

Don't let yourself be in a position where you are going to be starving, and then there are donuts there and you don't have anything to eat. You have to always have something around so that you don't have that starvation feeling, which will make it very hard for you to resist things. Plus, everyone has some sort of a snack area at their workplace. Just avoid that area. It's dangerous.

On the road-- have an emergency stash. That goes for any type of travel. If it's air travel, it can be fruit or it can be protein bars, things like that. If you have a cooler if you're on the road, if you're actually driving you can have a little cooler with lots of very nice things.

And how do you stay motivated? Non-food rewards-- that means don't treat yourself to a sundae if you've been on track all week. What you want to do is maybe say, I'm going to go to the FIPS and look at the exhibit, or get a manicure, or go for a hike with a friend in beautiful weather. If you achieve a long term goal, you may want to plan a really nice adventure trip. There are many ways of having a good time without eating, and doing things you really like that maybe you haven't had a chance to do.

Non-scale victories are when a person may get on the scale and not see a weight loss, but you can point out to them, well, what's your waist size? Have you measured your arms, and waist, and hips? Have they gotten smaller? That can be a non-scale victory. Your clothes fitting better, getting smaller sizes, breathing better, being able to get down on the floor with your grandchildren and be able to get up, walking upstairs doesn't cause you to breathe too hard, and you can move better.

So there are many, many things that people notice that they don't-- they may notice, but you have to call it to their attention. And then they may realize how much better they feel.

Self-talk is very important. I know I'm guilty of negative self-talk, and most of us are. But if you have a setback, if you say something to yourself-- have these little trite sayings that are very helpful-- they're trite, but they're helpful. Saying things to yourself like, a setback is a setup for a comeback and things like that. Or if God made it, you can eat it. If it's made by humans, don't eat it. You know, that's processed versus growing foods, or animals, or something. So what I'm saying is there are certain things you can say to yourself. That Nike phrase, just do it, is another one. It can really help you.

And also, if you go off track, get right back on track. It's OK if you go off track. Even if you gain 5 pounds in one day, that is not weight that's going to stay on. You just have to work through it, get right back on track to a pattern of eating and exercise that you actually enjoy. And then it's not so hard to get right back.

So in summary, it's important to keep your expectations realistic. And again, I mean your patients and you. Most important tool is self-monitoring for staying on track. The most important qualities for both you and your patients to have are persistence, positivity, and patience when it comes to weight loss because it can take a very long time. Remember that your goal is as a guide and collaborator, that your job is to reflect not direct.