

INTRODUCTION

“The food here is terrible...And the portions are so small.”

—Writer/director Woody Allen

The idea for this book began at a wedding.

Who doesn't love a good wedding? The clothes, the flowers, the romance, the food...

Ah, the food. As we moved into the banquet hall, the culinary feast was on everyone's minds. It was all anyone seemed talk about. But for some reason, guests weren't conversing about the dishes being served; they were swapping stories of diets they had heard about from friends, magazine articles, even celebrities on talk shows.

I'm a registered dietitian with a master's degree in nutritional science and years of clinical and health education experience. I've counseled thousands of patients and clients on all of these diets. But hearing the guests only momentarily distracted me from my horrible faux pas of wearing white (gasp!) to a friend's wedding.

“I'm on the Blood Type Diet,” said a woman with an impossibly high bouffant hairdo. “You've heard of that, haven't you? It's the one where you choose your foods based on your blood type. I'm an AB, so I'll be having the fish.”

“Really?” her friend replied. “I *swear* by the gluten-free diet. I'm on it, my daughter's on it, and my granddaughter's on it.”

I happened to know her granddaughter was six and didn't have a gluten sensitivity or celiac disease.

Then there was the stocky guy who was trying to impress one of the bridesmaids. "I'm a paleo man myself," he said, piling his plate high with beef kebabs. "It gives me more stamina, know what I mean? It puts me in touch with my inner caveman. There's a restaurant near my apartment that's paleo friendly. Maybe we can grab a bite there sometime, or...Hey wait, where are you going?"

And there were three Weight Watchers sisters who typed furiously on their phones and argued over their meals' point values. Apparently there was some discrepancy between their various apps, and the sisters' discussion was becoming more heated by the moment.

I'm past the point of being surprised by the wide range of weight-loss strategies—some worthless, some crazy, some quite reasonable—being tossed around. In the past few years, there has been a tidal wave of diets washing up on the shores of our nutritional consciousness. Celebrities prance across our screens, promoting a variety of weight-loss schemes on talk shows and infomercials. Medical doctors star in their own syndicated television programs, exposing millions to weight-loss techniques, often unsupported by medical research. Other diets get traction on the Internet, racing all over the globe in social media posts, YouTube videos, and annoying spam e-mails. It's hard to walk past a shopping center vitamin store without being approached by salespeople trying to pitch the latest weight-loss supplements. It seems that everyone wants a piece of the pie; the American diet industry tops \$60 billion annually.

It's classic information overload. You can't blame people for being confused by all the diets out there, even as crazy as some of them may sound. I didn't speak up to my fellow wedding guests that day, but it occurred to me they would benefit from some hard facts about the diets they so ardently follow.

So during the toasts, I thought to myself, *I should write a book.*

I counsel clients on these matters each week, giving them information they need to make the best choices for their health and waistlines. I find that all too often there's *nothing* to the diets that are presented to me in my counseling sessions and classes. They just plain don't work, particularly over the long term. And some of them are harmful, even potentially lethal. But it's also unhealthy to carry extra weight on our frames. So how do we separate good diets from the bad?

In the chapters to come, we'll take a good, hard look at the various weight-loss plans out there. I'll pull no punches in my professional evaluation of some of the most wildly popular diets, both bad and good, of the past few years. And along the way, I'll explore tried-and-true strategies for losing weight, based on my years of hospital experience, weight-loss seminars, and community outreach efforts. More often than not, the best answer is not a trendy celebrity-endorsed diet, but instead a few easy-to-follow guidelines that I've seen work in literally thousands of cases.

Enough is enough. It's time for the madness—and the diets—to stop.

ONE

Dieting...Who Hasn't?

"I feel like banging my head against the wall when I am asked what I think about the HCG Diet, Grapefruit Diet, or the Atkins Diet. Have we become so naïve as to believe that taking some homeopathic HCG drops will fix 20 years of poor eating? The sales say we have."

—**Josh Hodnik, staff writer for VPX sports and Muscle Evolution**

Holy cow, I'm fat! I've turned into a completely out-of-shape blob. I'm standing here looking in the mirror, and some stranger is staring back at me. Surely that's not me. Maybe if I put my glasses on...No, I'm still the same tub of lard. Bummer.

I don't know how this happened, or maybe I do a little bit. But it just doesn't seem possible. I feel like just yesterday I was slim and trim, but now I can't button my pants. Aha, now I know why I've become so fond of stretch pants, baggy shirts, and sweaters...and Spanx.

This weight crept up on me, and now no matter what I do I can't get rid of it. I don't feel good about myself or like the way I look. And I think my health may be suffering because of it. I'm so depressed. I think I'm just going to go eat cake.

Sound familiar? Could that be you talking? If it is, join the club. A club, by the way, with many members. It's ever expanding. For some of us, this may be a scary first experience. You've been at a healthy weight all of your life...until now. Or you've had to watch what you eat, but still managed to maintain a comfortable weight. For others, this isn't your first go-round with this type of self-talk. There are many of us who've been up and down this path more than once. You might be in that vicious circle we like to call "yo-yo" dieting (a dieter's carousel, if you will)—repeated weight loss through dieting followed by a regain of the pounds lost. A 2012 study found the following:

- *26 percent of dieters in the United States adhered to their diets for less than a month*
- *36 percent followed theirs for a period of one to six months*
- *11 percent stuck to their diets for seven months to a year*
- *Only 27 percent stayed the course on their diet plans for over a year*

And it's not a surprise that almost 40 percent of Americans make their New Year's resolution about weight. And it's not shocking that only 8 percent keep it.

Weighty Matters

Dieting. It's almost easier to count those who *haven't* been on a weight-loss regimen sometime in their life than those who have. Have you ever gone on a diet? How about two, three, four, five, or more? I know that more than a few of you are nodding your heads vigorously. Or perhaps you're shaking your head in frustration. Don't worry, you're not alone.

The word *diet* means more than just what we do to lose weight. It also refers to what we eat and drink every day. It includes a prescribed diet, such as what a doctor or dietitian recommends for someone with, for example, diabetes or hypertension. And, of course, *diet* also means changing and/or cutting back on our regular food and drink habits in order to lose weight. We'll talk about all of these definitions in this book.

Just because I'm a dietitian doesn't mean I'm not human. I come from a family where many of us struggle to maintain a healthy weight. It definitely takes work for me to do so. And as I've aged, it has become harder. If I'm not diligent, I seem to expand almost overnight.

So, I'm in the weight management game with all of you. I know how you feel and the questions, challenges, and concerns you face. And with a master's degree in nutritional science and my licensure and experience as a registered dietitian, I know what works. I can help you.

Recently I had quite the unpleasant shock. I have a doctor's scale at home. The weights weren't set correctly, and I thought I weighed seven pounds less than I actually did. Ouch! I knew my clothes were a bit snug, but I'd chalked it up to a combination of temporary bloating and shrinking clothes. If only...

Weight-loss plans and diet products are a huge business in the United States. In 2012, Americans spent approximately \$60 billion in their quest to lose pounds. Yes, you read it correctly. We spend a lot of dough in our effort to avoid being doughy. And over half of Americans (63 percent of females and 48 percent of males) would rather lose \$1,000 of their own money than gain twenty pounds.

The desire to lose pounds and maintain a healthy weight isn't a bad idea. In fact, it's a really good one. But we don't always choose the best route to achieve this often elusive goal. Consequently, many of us are unsuccessful in our weight-loss attempts. Let's look at some statistics:

- *Three in ten Americans (25 percent of males and 32 percent of females) are currently trying to lose weight. About 55 percent of males have attempted to lose weight an average of four times each, while 73 percent of females have tried to shed pounds on average around seven separate times.*
- *A 2011 Gallup poll reported that about 52 percent of all US adults were successful at losing weight sometime in their life.*
- *In Britain, the average forty-five-year-old has already been on sixty-one diets.*
- *And while 62 percent of Canadians in one survey reported losing five or more pounds over a five-year period, most didn't maintain it; 70 percent of those who were*

overweight or obese gained back all, or sometimes more, of the pounds they shed after their initial weight loss.

So many of us go round and round on the diet wheel. Do you remember when you weren't on a diet? Has it become a way of life for you? And how many different diets have you tried? Are you already looking for the next new thing? Perhaps you're one of the 35 percent of "occasional dieters" who move on to what's been termed "pathological dieting," or disordered eating. If that's you, aren't you tired of it?

There are certainly good reasons to lose weight. Carrying too much weight on our frames isn't healthy, but that's not stopping a lot of us from packing on the pounds. Obesity is also a negative trend we're seeing around the globe. The highest rates are in Oceania and the Middle East. Oh, and in the United States two-thirds of us are overweight or obese. It's a very dubious distinction. Here are the top-ten heaviest countries in the world, based on their 2013 overweight and obesity rates:

#1 *American Samoa (94 percent)*

#2 *Kiribati, Central Pacific (82 percent)*

#3 *French Polynesia (74 percent)*

#4 *Saudi Arabia (73 percent)*

#5 Panama (67.4 percent)

#6 United States (66.9 percent)

#7 Germany (66.5 percent)

#8 Egypt (66 percent)

#9 Kuwait (64 percent)

#10 Bosnia and Herzegovina (63 percent)

Kudos to the eight countries in Asia that have the lowest worldwide obesity rates.

They are Vietnam, Laos, Indonesia, China, Japan, South Korea, the Philippines, and Singapore.

The obesity epidemic is a problem that must be dealt with. In 2013, the American Medical Association took a major step by labeling obesity as a disease. While this brought on some controversy, it should result in a change in how health care providers look at and treat obesity in individuals. That's a good thing.

Fad or Fallacy

Carrying extra body weight can be quite bad for our health. It puts us at risk for a variety of diseases such as prediabetes, diabetes, hypertension, high cholesterol, joint problems, heart disease, sleep apnea, certain cancers, and more. Who wants that?

So what do so many of us do to combat our expanding girths? We go on a diet, often what would be termed a “fad” diet. And we’ve been doing this for a lot longer than you might think.

Fad diets go back to at least 1087 when William the Conqueror came up with the alcohol-only diet. What was he thinking? Maybe he was too drunk to construct a more balanced one. Not surprisingly, this diet didn’t work out for William. He died a year later after actually gaining weight.

The fad diet as we know it today arrived on the scene in the nineteenth century, when Sylvester Graham came up with the Graham diet. It focused on caffeine-free beverages and vegetarian meals. Not a bad idea, but it gets a bit weird. Part of the diet actually included eating graham crackers (go figure), as not only a way to assist in weight loss, but also to inhibit masturbation and the supposed blindness it caused. I’m not making this up.

In 1876, Englishman William Banting introduced the low-carbohydrate diet. A lot of us are familiar with this one. He lost fifty pounds with his plan and wrote the *Letter on Corpulence* discussing it. His weight-loss plan became so popular that in Britain the word *banting* became

synonymous for dieting. A later version of this, the Atkins diet, would become very popular and is still being followed today.

Other early fad diets included Horace Fletcher's Great Masticator diet, which in 1903 suggested people chew their food thirty-two times. After doing this, they weren't to swallow it, but had to spit it out. That was certainly a low-calorie diet. And a lot of work for nothing.

The year 1928 gave us the Inuit diet, where followers could choose between eating either meat or the fat from it. Not both. There was also the bananas-and-skim-milk diet. And as recently as the late 1960s, Herman Taller, MD, advanced the "Calories Don't Count" diet. Before you embrace this concept, read on. It involved eating whatever you wanted and not worrying about quantity. The important aspect of this diet was that after you ate, you drank vegetable oil as a kind of chaser. Yuck. I'm sure that worked out well.

There are a lot of diets out there. Some are good. Many aren't. I'll talk about a lot of them throughout this book. I'll be your guide to choosing a healthy eating path and will give you the tools to navigate it. What I won't do is steer you toward a fad diet. In fact, I recommend you turn your back on them.

Fad diets are temporary and can be unhealthy. Very often they're restrictive. And many times they are, let's face it, a bit crazy.

People are drawn to fad diets because of the allure of quick results, which they sometimes deliver. But typically the weight loss can't be sustained long term. We're then faced with the disappointment and adverse health effects of reverting back to our prior weights. Or perhaps we may carry a heavier burden...on our bodies.

Close to 60 percent of adults in the United States want to shed at least twenty pounds.

It would be fantastic if we'd go to sleep one night and wake up the next day twenty pounds lighter. That's a good dream. But it's not realistic. So many of us want it to be true, and we try a lot of weight-loss programs with the hope that we'll be proven right. Optimism is high at the beginning. Some do have success that's maintained in the long term. Most don't.

Fad diets can be very difficult to adhere to for life. Even following them for months can be hard. We can also suffer ill effects from them such as headaches, nausea, constipation, diarrhea, nutritional deficiencies, hair loss, weakness, dizziness, fatigue, bad breath, loss of muscle, and more. Not fun.

Diets also affect the diseases we have. People with diabetes, kidney disease, and other conditions need to take care that these diets don't aggravate their conditions. More about health risks will be discussed in chapters to come.

Here's a crucial question: What's a fad diet? Some are easier than others to spot. Let's review some of their characteristics:

- *They promise a quick result.*
- *Statements are made about them that seem too good to be true or realistic.*
- *Simple conclusions are taken from involved studies.*
- *They take information from studies that haven't been peer reviewed. (Peer review and duplication of results is an important aspect of drawing reliable conclusions.)*
- *Statements of fact may be based on only one study. Again, results need to be tested and replicated to determine their quality.*
- *They rely on studies that don't have a large research group, or use those that look at only one segment of the population, such as African American males between the ages of thirty and forty-five or Caucasian women ages sixty-five to eighty.*
- *Assertions are made that highly regarded medical- and science-based organizations refute.*
- *Their statements or recommendations are used to try to sell us their products.*
- *They promote "special elixir" type foods or specific food combinations.*
- *They suggest that food can affect body chemistry.*
- *Foods are identified as either "bad" or "good."*
- *They eliminate foods or food groups.*

Do any of these ring a bell? Have you researched or tried a diet with one or more of the above characteristics? Who's nodding? Here are some of the fad diets you might've explored:

3-Day diet

Apple-cider-vinegar diet

Atkins diet

Beverly Hills diet

Blood Type Diet

Cabbage-soup diet

Cleanses

Coconut-oil diet

Dukan diet

Grapefruit diet

hCG diet

Hollywood Diet

Paleo Diet

South Beach Diet

Zone Diet

My husband is on the brown diet. It's a simple one. If it's brown, he eats it. This isn't healthy, as it's filled with items like fried chicken, french fries, and pizza. He's getting better, though. I got him to get rid of the fryer he had in his bachelor days. But he's still a work in progress.

The online pharmacy UKMedix.com found that 71 percent of women had tried a fad diet. Here's the breakdown of the diets they tried:

Laxatives: 47 percent
Fasting: 45 percent
Cabbage soup diet: 39 percent
Liquid diet: 35 percent
Body wraps: 29 percent
Cereal diet: 26 percent
Baby food diet: 26 percent
Raw food diet: 24 percent
Small plates: 18 percent
Eating foods known to make you sick: 14 percent

I question more than a few of these diets. Do you? If not, you should.

It's Not a Clique, It's a Group

Restrictive, low-calorie, and other types of fad diets aren't only challenging to follow, they can also be nutritionally unbalanced. For example, cutting out entire food groups or a significant portion of them may result in not getting adequate calories, vitamins, minerals, and more. Or we may get an overabundance of something. This can cause health issues for some, like potential kidney problems from excessive protein. Too little or too much of something isn't a good thing. Our bodies like balance.

Protein, fruits, vegetables, grains, dairy, and healthy fats should all have a place in our diets. Our bodies use all of these for a variety of things. Making the more nutritious choices out of these groups is, of course, important. And each of them does have healthy members. When we cut out a food group or a significant part of it, we're short-changing ourselves. We'll talk more about the food groups later on.

Knowledge Is Power

Another key component of weight loss and maintenance is gaining the tools we need to manage our eating for life. It requires knowledge and behavior change. The former isn't likely difficult for most of us, although there are a lot of less credible sources out there. The latter can be a seemingly impossible task. This book will help you tackle both.

We're so lucky to live in a day and age in which books, magazines, journals, newspapers, websites, blogs, and more are so readily available and abundant. The Internet has expanded our

horizons and our learning ability to such an amazing degree. Practically any information we want or need is just a keystroke away. But we must make sure that what we're reading, even relying on, is quality and expert.

When I first went to college back in the day, personal computers didn't exist. I know, can you imagine? All research had to be done at the library. And we had to use card catalogues to find our material. It was slow going.

I've thought about this often while writing my books. It's certainly quick to tap into my own knowledge, which I do extensively. But when I want to look something up, I'm happy that it's easy and convenient to find.

When looking for nutrition information on the web, I recommend perusing the sites that you know are science-based. Medical and government websites such as mayoclinic.com and cdc.gov are reputable. So are sites like eatright.org and choosemyplate.gov. You can also go to registered dietitian sites like mine at consultthediétitan.com. You have a question? I'll answer it. For other online sources, please review appendix A for more sites that I like and trust.

Experts in the field can be great sources. Registered dietitians are a fantastic go-to for information about nutrition. But there are so many other people out there, including celebrities, who have their own diet plans or champion them. It's important to note that these people often don't have the training necessary to assess and recommend an appropriate diet plan. Tread lightly there. Designations like RD, RDN, RN, and MD signify experts in health care, including diet and nutrition.

In Britain, 47 percent of people who are watching their weight will try a diet because a celebrity is on it.

I counsel many people each year regarding a variety of health issues, including weight management, prediabetes, diabetes, high cholesterol, hypertension, heart disease, kidney disease, malnutrition, and more. Many of them are well-versed in self-care and have solid facts and plans to achieve and maintain good health. Others could use some help.

Television shows, magazines, books, our families, friends, neighbors, coworkers, personal trainers, vitamin store personnel, and others often share advice. Many of us take that and run with it. Sometimes we shouldn't.

It's essential that we use a filter and common sense when sorting through the barrage of information that comes our way. If it sounds too good to be true, it most likely is. The promise of five pounds of weight loss in several days or ten pounds in one week, for example, isn't healthy or advisable. It's tempting, I know. But in this case, slow and steady wins the race.

So what do you need to get started on a healthy eating plan for you? A great beginning is to understand the pros and cons of all the major diet plans out there. Having reliable facts and figures, determining your desire and willingness to change, and setting some goals are important. Knowing recommended portion sizes and the balance of the food groups is essential. The contribution of physical activity and the effectiveness of using measuring and benchmark tools help round out a powerful weight-management arsenal. I can help you with all of these, and there's no time like the present. It's time to stop the diet and get on with a long-term eating plan for life.

So let's get off the dieting merry-go-round. Our healthy weight lies ahead.