I'm a Loser and Proud of It.

Presented by James T.W. Lockman

Torch Club of Western Maine, October 1, 2003

So much of our lives is permeated with competition. To be a winner is paramount to some; in business and in home life. How many parents stand on the sidelines, encouraging their children to work harder, play longer, and to not be a loser in their sports? Lack of all-star performance is grounds for punishment in some homes. Young musicians endure hours of practicing at the expense of social lives in order to maintain first chair in the school orchestra. High school scholars try to out-do each other at the science fair year after year to the point that high school papers are, in some cases, on par with some graduate research. Parental pressure on these children is enormous, and can drive them to illness or violence. Fortunately for my children, I am not one of these parents.

I feel comfortable bragging about my kids. I have one who plays the piano and another who shows quite a bit of sports aptitude. Of course, they have many other talents that I would be happy to share with you after the talk tonight. Both are very bright, and I can say with confidence that they are well behaved. Their good behavior and good attitudes come from their mother and from me. We have learned that treating children with respect and not living vicariously through them affords them a healthy environment for them to develop their skills and personalities at their own pace. We have been rewarded with a pair of super kids that continue to be the apples of our eyes, allowing us to share their joys and sorrows, not co-opt them for our own self aggrandizement.

In business, this winning attitude is pervasive. Publicly held companies are just as happy to move production offshore while leaving thousands of loyal employees without work. From the shareholders perspective, this is a great thing, because labor costs often drive profitability. The workers and managers who have to either move or lose their jobs do not share this enthusiasm for bottom line. Nevertheless, they are happy to be part of a winning team, to have their 401(k) plans grow, and to get their bonuses when the company is doing

well. The stock market responds favorably to companies perceived as being "winners," shunning and devaluing the "losers."

Losing is something that most people would want to avoid. Nevertheless, I stand before you tonight as a self-professed loser. For many years, I had been a winner. In my unconscious quest to be an overachiever in one aspect of my life, I was way ahead of the game. It was easy to be a winner. In fact, it came almost naturally and without any special effort on my part. My success got noticed. I got special treatment in certain shops. Family members commented on my success and asked me about it. The one comment that got my attention, though, was the one I spied on a medical chart a year ago that described me as "morbidly obese." It turns out that I was a winner at gaining weight.

The Author with his Bride, Rori, Fall, 1992

I did not see my weight as a problem. Of course, I had to pay extra for clothes and airline tickets, but I was not unhappy. I was just a big guy, not a fat guy, and certainly not obese. Only sick people with heart conditions and diabetes were obese. I had a low heart rate and low cholesterol. My blood sugar was great. Only people who gasped for air at the slightest effort to move themselves were obese. I had no loss of activity; I still chopped my wood and could play catch with the kids. Folks who ate whole chickens or four Big Macs at a time were obese. Sumo wrestlers were obese. President William Howard Taft was famously obese; he had a special chair made for him at Yale for when he would come to campus for concerts. It's almost twice as wide as the rest of the chairs in Woolsey Hall. I refused to admit, though, that it was the most comfortable chair on the auditorium. By the time he left the White House, he weighed around 340 lbs[1]. I only weighed 320 lbs, so I could not be in any trouble. Of course, what I could not see what how I looked to others who saw me. To my doctor, I was Morbidly Obese. I was going to die any minute. The note on my medical chart spurred me to take action. What action, though? What method of weight loss would lead not only to

dramatic loss of weight but also to long-term success at keeping the weight off? Answering these questions requires some background on the causes of obesity.

Many experts claim that America and, perhaps, the whole world, has a weight problem. According to the Center for Disease Control and Prevention,

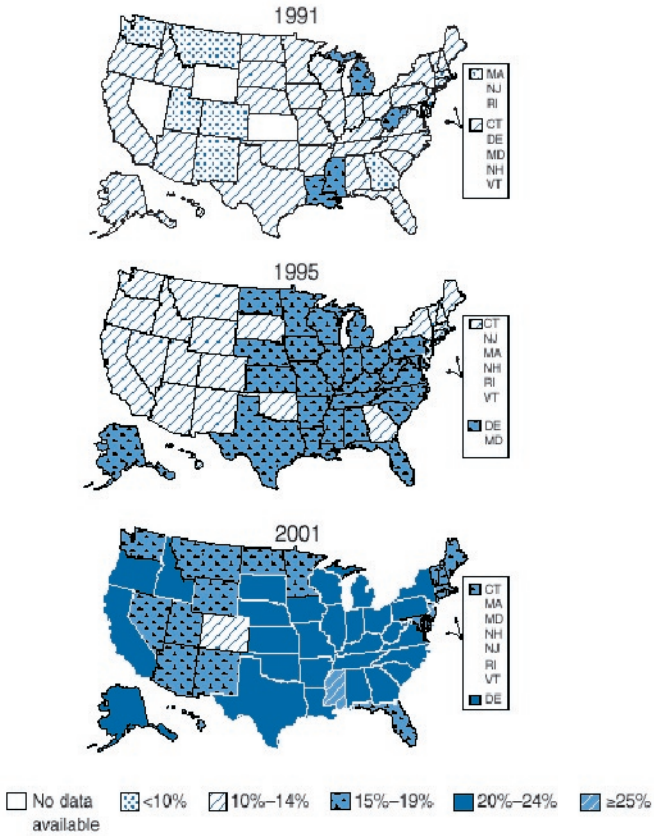
> Recent results of the National Health and Nutrition Examination Survey (NHANES) 1999 indicate that an estimated 61 percent of U.S. adults are either overweight or obese, defined as having a body mass index (BMI) of 25 or more.
>
> - Among U.S. adults aged 20-74 years, the prevalence of **overweight** (defined as BMI 25.0–29.9) has increased an estimated 2 percent since 1980, increasing from 33 percent to the 35 percent of the population in 1999 (based on NHANES II and NHANES 1999 data).
> - In the same population, **obesity** (defined as BMI greater than or equal to 30.0) has nearly doubled from approximately 15 percent in 1980 to an estimated 27 percent in 1999. [2]

In the same article, the term overweight "refers to increased body weight in relation to height, when compared to some standard of acceptable or desirable weight"[3] Obese means "an excessively high amount of body fat or adipose tissue in relation to lean body mass."[4] BMI is a weighted ratio of weight in kilograms to height squared in square meters.

The Author with his Brother, David, Summer, 2000

Over time, the problem of overweight and obesity has increased dramatically. The CDC, in an article on Physical Activity and Good Nutrition, shows graphically the rise in adult

obesity in the US since 1991. [5] The trend is clear and the experts are in agreement. Those same experts do not all agree on the cause of this trend. As a nation, we eat too much fatty foods, say some. Others claim that it is our love of carbohydrates that makes us obese. Still others say that it is not the preponderance of fat or carbohydrates in the diet, but rather the gigantic portions we are served when we sit down for a meal. What about our sedentary lifestyles? Surely this is the sole culprit. Let us examine first the factors that influence weight, and then see how different weight management techniques address these factors.



Percentage of population classified as obese
http://www.cdc.gov/nccdphp/aag/aag_dnpa.htm

Food intake. Volume and composition of food is very important to understanding how we manage weight. Our bodies require food in order to grow, to heal, and to maintain themselves. A properly balanced diet provides our bodies with all of the materials necessary to maintain a healthy body. When we eat more than we need for maintenance or growth, our bodies will store away some of that food as fat for later use. Our portion sizes have been steadily increasing in restaurants and at home, so it is easy to see how we might be putting on a few extra pounds over time. What we eat matters, too. Certain food components, like animal or vegetable fat, are easy to convert to fat in the body. Complex carbohydrates are more difficult to convert to fat, but still the body is very efficient at making fat from sugars. Dietary fibers are hard to digest, and can add bulk to a meal without leading to weight gain. In general, balance and moderation is necessary for healthy growth and tissue maintenance.

Excess of fats or sugars can lead to weight gain, and if unchecked, overweight and obesity. Once again, though, the results of swinging the mix too far toward fat or sugar can be counterintuitive.

The late Dr. Robert Atkins promoted a diet high in fats and proteins and low in carbohydrates. According to the Atkins web site, his theory of nutrition and weight loss works as follows:

> Our bodies have only two fuel delivery systems to provide us with energy. Our primary fuel is based on carbohydrate and is delivered as glucose. People who eat three so-called balanced meals every day get virtually all their energy from glucose. But the alternate backup fuel is stored fat, and this fuel system delivers energy by way of ketones whenever our small supply of glucose is used up (in a maximum of two days).
>
> When a person doing Atkins releases ketones, he or she is in ketosis. Ketosis occurs when you are taking in a very low level of carbohydrate from the food you eat, as you will during much of the weight-loss phases of Atkins. Ketones are secreted in the urine (and at times in one's breath), a perfectly normal and natural function of the body. The more ketones you release, the more fat you have dissolved.[6]

The conditions for ketosis are achieved by drastically reducing carbohydrates and elevating protein in a person's diet. Exercise is also a factor in the success of the Atkins plan. Although it seems like adding fat to the diet would result in weight gain, people do in fact lose weight using the Atkins nutritional plan. What of the long-term effects of the Atkins and similar plans? There are many claims that high protein, low carbohydrate diets can lead to diabetes, constipation, and elevated cholesterol. Others claim that since sugars are so important for our normal metabolic function, there may be severe unknown consequences to reducing the levels of carbohydrates so drastically. The Atkins proponents assert that there are no long-

term adverse effects from their diet. Unfortunately, there are no long-term studies of large groups to answer this question.

Metabolism. Metabolism is a biological process regulated by chemicals in our bodies. These chemicals control our appetites as well as how our bodies process what we eat into energy or fat. Certain weight management drugs affect metabolism, while others affect appetite. The appetite suppressants fenfluramine and phentermine were approved more than 20 years ago as INDIVIDUAL agents for short-term use in the medical management of obesity. When taken together, they were effective in helping people manage their weight. Unfortunately, there was a high correlation between this combination of drugs and valvular heart disease, which led the FDA to issue a Public Health Advisory warning against the use of the drugs in combination. The appetite suppressant Meridia, Abbot Laboratories' name for Sibutramine Hydrochloride, came on the scene in 1997 and promised to fill the void left by the departure of Phen-fen. Since then, it has been sold worldwide as an anti-obesity drug. Claims have been made, however, that there are serious and potentially fatal side effects to using the drug. A lawsuit filed by Public Citizen seeks to remove Meridia from the marketplace. Xenical, Roche's name for Orlistat, was approved in 1999. It acts on the body's ability to digest fats and promises to help severely obese people lose weight and maintain weight loss. Of course, there are also the promises made by herbal and natural supplements in late-night infomercials. These supplements are often not regulated by the FDA and in many cases have no scientific research to support their claims of effectiveness. They are often powerful stimulants or appetite suppresssants that lead to rapid weight loss, which can result in severe problems with several organ systems in the body. They will also require regular renewals of the prescriptions or resupply of the supplements, which can be very costly. There are many pharmaceutical approaches to changing metabolism, but all seem to carry risks and all are expensive.

Exercise. Exercise builds muscle mass, which is denser than fat and requires energy to maintain. Converting body tissue from fat to muscle helps to keep the metabolic rate up and

therefore can lead to a reduction in weight. In otherwise healthy people, there seems to be no detrimental effects from exercise. It is true that too much exercise can lead to injuries, but moderation or selecting less strenuous activities can still lead to a more muscular body with increased metabolism. Walking is a favorite activity for many people who are trying to manage their weight. In Maine, the State Department of Human Services has created Healthy Maine Walks, a program to help people find walking routes near them. It also offers a Home Fitness Kit, which promotes physical activity in and around the home. Health clubs abound, as do town recreation departments. Opportunities for exercise and physical activity surround us, making it easy to become more active.

It seems intuitive that if we eat a lot of food, we will get fat. If we have a slow metabolism, we will tend to be fat. If we do not exercise, our bodies tend to have less muscle and more fat. Food intake, metabolism, and exercise are sometimes related in counterintuitive ways. Roger J.M. McCarter of the Department of Physiology, University of Texas Health Science Center writes in his paper *Energy Metabolism, Nutrition and Ageing,* that "relative constancy of body weight over the adult lifespan is determined by balancing energy input (nutrient intake) with energy output (total energy expenditure, or metabolic rate) over a sustained period of time. A constant daily energy expenditure in the face of decreased nutrient input will lead to loss of weight, to a decrease in amount of metabolically active tissue and in turn to a decrease in metabolic rate."[7] This means that if you reduce the amount of food you eat, but keep your activity the same, your metabolism will slow down. Consequently, if you increase your exercise and reduce your food intake too much, you may actually gain weight. Balance is essential to any successful weight loss strategy.

In the absence of drugs, we have two factors that we can control ourselves: food intake and exercise. The Atkins plan suggests that by changing the composition of our food, we lose weight. Programs like Weight Watchers and Nutri-System advocate reducing the overall volume and the composition of food, favoring a low fat, low carbohydrate diet with lots of fruits, vegetables, fiber and water. Weight loss is a gradual process in these programs, not

sudden like many of the drug-based programs. They also employ specific food guidelines and support programs, leading to long-term behavior modification that makes long-term success more likely. All major weight loss programs advocate exercise. The obvious question, therefore, is which strategy is better in the long run?

Comparing the known body of research on the Atkins and similar programs led to a report in the Journal of the American Medical Association by Dr. Dena M. Bravata, Dr. Dawn M. Bravata and others, which concluded that "there is insufficient evidence to make recommendations for or against the use of low-carbohydrate diets, particularly among participants older than age 50 years, for use longer than 90 days, or for diets of 20 g/d or less of carbohydrates. Among the published studies, participant weight loss while using low-carbohydrate diets was principally associated with decreased caloric intake and increased diet duration but not with reduced carbohydrate content."[8] In other words, portion reduction, not food composition, is the key to successful and sustained weight loss.

In order to keep portion size down, behavior modification is necessary. A support group can be very helpful and often can make the difference between success and failure. About ten years ago, I went to a nutritionist to help me lose some weight. I learned some techniques for realizing how much I was actually eating, but it was a lonely process that I eventually abandoned. I did lose about 50 lbs under her guidance, but eventually gained it all back. A year ago, when I read the report of my doctor, I realized that I needed to make a change and soon. After some careful consideration, I joined Weight Watchers, partly for the program and mostly for the support group which had been lacking for me previously.

After a year, I am a proud loser, 80 lbs lighter than when I started the program. My family has been tremendously supportive. My eldest son, who tries to emulate me in every way, has even taken to asking how a particular meal fits onto my program. In a quiet way, he has changed his eating behaviors, too, and has slimmed down considerably from a year ago. How much more do I plan to lose? That question will be answered by my doctor, who is very

pleased with my progress to date. The American heart Association suggests that I lose at least 60 more lbs in order to be no longer obese. That would make a total loss of 140 lbs for me, but I'll be happy to stop at 100.

Endnotes

[1] http://www.doctorzebra.com/prez/g27.htm
[2] http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm
[3] Ibid.
[4] Ibid.
[5] http://www.cdc.gov/nccdphp/aag/aag_dnpa.htm
[6] http://atkins.com/Archive/2001/12/18-590441.html
[7] http://www.cas.flinders.edu.au/iag/proceedings/proc0023.htm
[8] JAMA. 2003 Apr 9;289(14):1837-50.

Photos courtesy of the Author and Michael Marsland