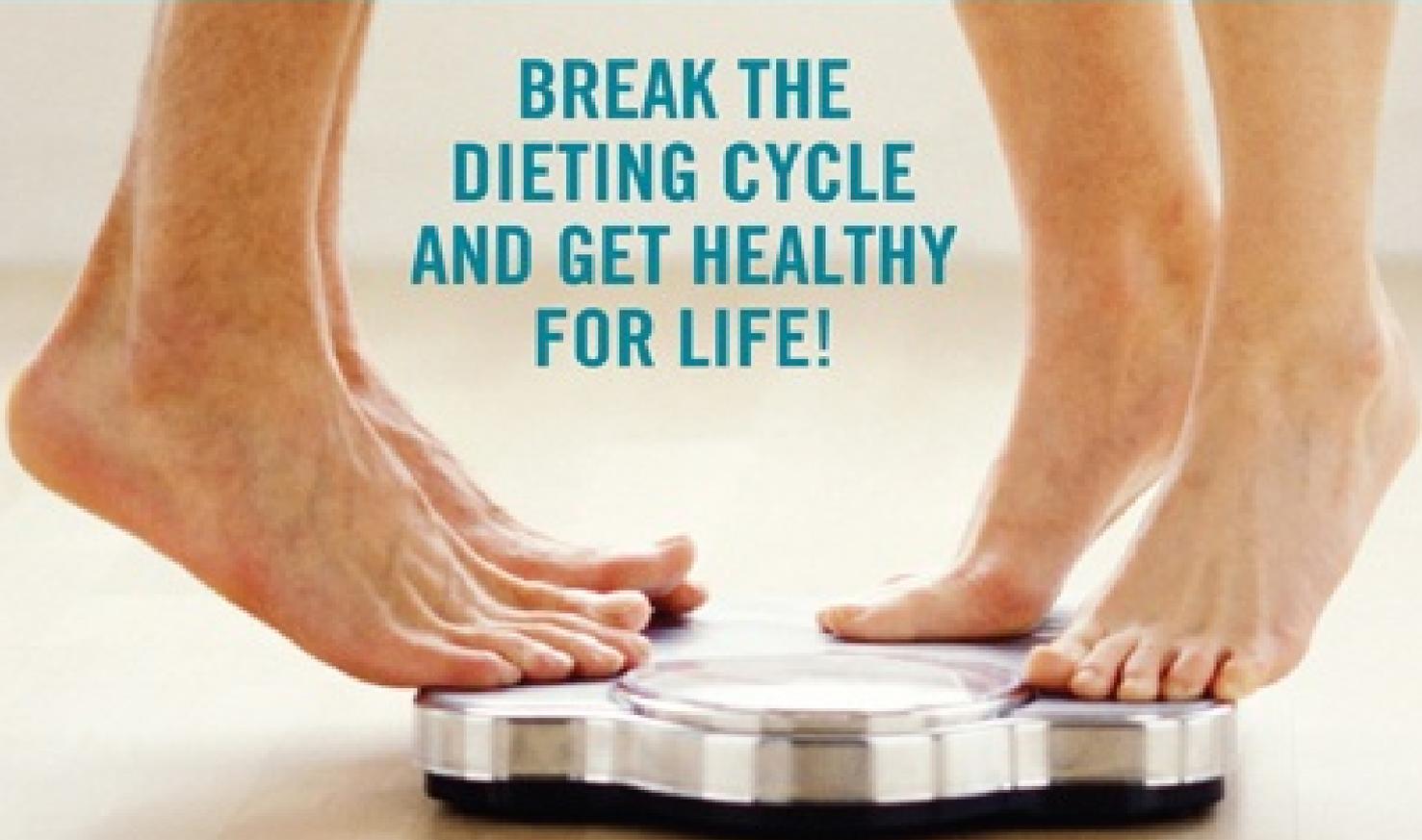


**ONE SIZE DOES NOT FIT ALL**

# **FIGHTING FAT**

A close-up photograph of a person's feet standing on a silver, circular digital scale. The person's feet are positioned on either side of the scale's center. The background is a plain, light-colored floor.

**BREAK THE  
DIETING CYCLE  
AND GET HEALTHY  
FOR LIFE!**

**STEVEN LAMM, M.D.**

# Fighting Fat

*Break the Dieting Cycle and Get Healthy for Life!*

One size does not fit all

Steven Lamm, M.D.



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The information contained in this book is not intended to replace professional advisement of an individual's doctor prior to beginning or changing an individual's course of treatment.

To my mother-in-law Yvonne Kovner, who demonstrated great courage, compassion, and caring in her life.

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# Introduction

Unless you have been living on a desert island or otherwise cut off from civilization, you know that weight problems have reached epidemic proportions in America. Two of every three adults are overweight or obese, driving up healthcare costs and disability and causing dramatic declines in productivity and quality of life. It is the health crisis of our lifetime. And to date, medicine has failed to help those struggling with its fallout.

For nearly a century, the medical establishment has considered obesity a condition of “unsatisfactory dietary bookkeeping,” where calories in exceed energy out.<sup>1</sup> This scientific viewpoint is the foundation for the blanket “diet and exercise” prescription doctors still continue to give most patients struggling with weight issues today.<sup>2</sup>

But, what we know about the biology of overweight and obesity has changed dramatically in the past 20 years, and exciting new scientific discoveries are expanding the tool set with which we have to work. Discoveries of key gut hormones and brain pathways that control weight gain and loss have led to new drug and surgical treatments. This is important, because the same body of research explains why, for the majority of people, the traditional prescription of diet and exercise is not enough to achieve significant, sustainable weight loss and related health benefits.

If you’ve picked up this book, you have probably experienced this firsthand. And, you’re looking for a solution to your weight and health issues that actually works. And, you’re now wondering why doctors are telling you to “eat less and move more” if it’s not a long-term solution for most people. You aren’t alone. I wonder why many in the medical profession continue to be satisfied with this advice when it clearly has not been effective. It’s obvious we’re missing something.

The simple answer is that the new obesity science we explore in this book is still unknown to most doctors who have been in practice for more than five years. But, before you pick up the phone to fire your doctor, understand that there’s a reason for this. All physicians learn their basic science and biology in medical school (myself included). Then there are years of hospital training before we start to practice. And, while we have access to new pharmaceutical and treatment options, staying up-to-date on advances in core science concepts requires time and resources most of us don’t have. So, we pick and choose our areas of focus, usually those that have the biggest impact on the patients we serve. That’s why we have medical specialties; there’s simply too much evolving medical science out there for one person to keep up with everything.

And that’s okay. As an internist, there are a lot of conditions that I am not up-to-date on, since I am not a specialist that treats them. I am not up-to-date on the latest

treatment for psoriasis, or multiple sclerosis, or Parkinson's disease. I don't see patients for these conditions, and if I do, I refer them to the dermatologist, or neurologist, or geriatrician who can provide them with the specialized care they need.

Obesity, however, is a different story. With two-thirds of Americans overweight or obese today, the odds are that every primary care provider in this country has a daily encounter with a patient needing informed guidance on weight-related health problems. To be on the front lines of primary care demands that we become educated in the science of weight management and understand the root of the problem. Internists such as myself, family practice doctors, pediatricians, cardiologists, and other physicians seeing these patients on a regular basis owe it to them to stay current in this field. We can't afford not to.

Recently, the *Journal of the American Medical Association* published an editorial that summed up the problem with traditional approaches to weight management beautifully: "Attempts to lower body weight without addressing the biologic drivers of obesity ... will inevitably fail for most individuals."<sup>3</sup> Now, it's not too often that I agree with editorials, but this one I applaud. Those biologic drivers the authors refer to change the way our metabolism, our hormonal systems, and nervous system wiring works in an adaptive effort to "protect" us against weight loss. The truth is that if you are struggling with excess weight, your body is working against you. We need to stop setting the obese and overweight up for failure by ignoring this fact.

Just as important as staying current in obesity science is that physicians recognize the very individual nature of each person who struggles with weight issues and set more effective goals focused on health, not pounds. Someone who is 100 pounds overweight and dealing with high blood pressure and joint pain can benefit tremendously from taking off just 20 percent of their excess weight versus focusing on the entire 100 pounds. On the other side of the coin, there are also people who are overweight, yet metabolically fit, who may not require any intervention at all.

You, the patient, play the most important role in the battle against obesity-related health. None of the available treatments we have will work without your commitment to real-life changes. Denial is one of the strongest and most protective emotional mechanisms we have; when it prevents us from recognizing the gravity of a weight-related health issue, it can be harmful, even fatal. To manage weight and health, you need to acknowledge the problem and give your doctor permission to help you.

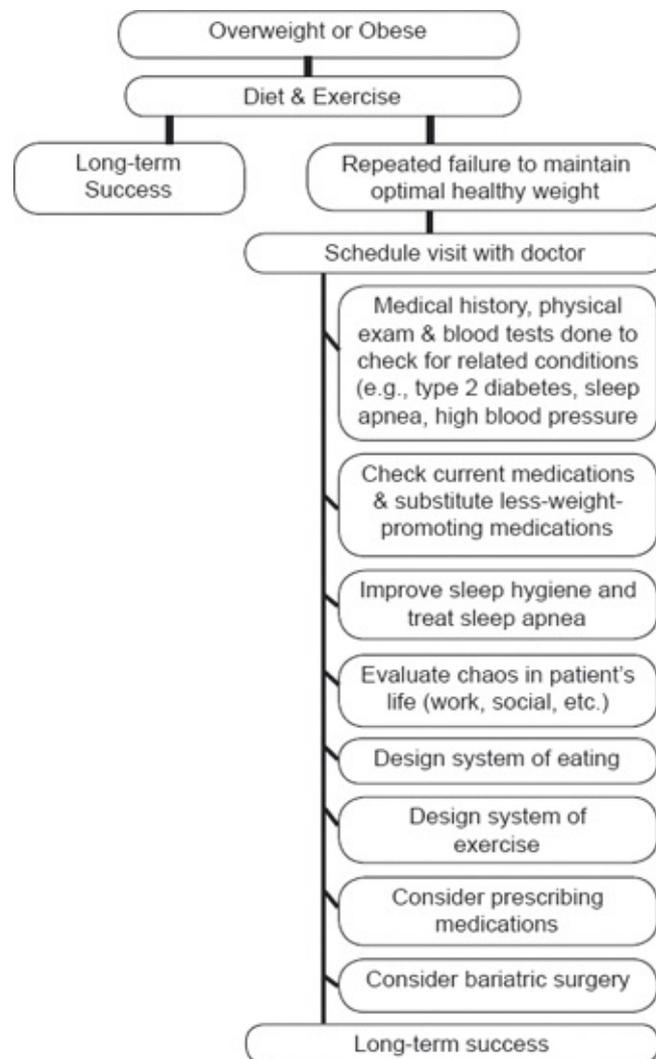
There is still a gap between the new science of obesity and the ability to translate and implement it into actionable treatments that make a clinical impact on weight-related health issues. The holy grail of weight management has not yet been discovered, but I have no doubt that with the way obesity science is progressing, it is coming. The gap is narrowing.

In the meantime, we have a pretty effective arsenal of treatment options that target the biological triggers of weight gain and take the patient's lifestyle and personal needs into consideration. For some, effective treatment is drug therapy, and for others surgery may be the answer. Many struggling with weight can benefit from better sleep hygiene (a variety of different practices that are necessary to have normal, quality nighttime sleep and full daytime alertness) and stress management. And, yes, the composition of the diet and changes in the intensity and the nature of physical activity do make a difference in your overall health and are part of the obesity equation (they

just aren't the whole solution for most people).

Wider and more affordable access to nutrient-dense foods is also a barrier to better health that a number of organizations are working to change (the resource section in the back of this book lists some of these programs). Just as important as finding these foods is understanding how to prepare them. I recently had the privilege of meeting David Bouley, a chef and award-winning restaurateur who is passionate about the science of nutrition. He understands food science and how to pick and prepare healthy foods for maximum nutritional benefit. Through educational programs integrating holistic health and nutrition science, Bouley and others like him are sharing those skills with others and changing the way the public and the healthcare profession think about food.

## Step-by-Step Plan for Fighting Fat



These types of real-world programs are a 180-degree change from the majority of diet books and commercial programs that have, in the past, been the fallback resource for most people struggling to gain health and lose weight. But, eating according to some astrological sign is not helpful advice for treating obesity. It diminishes the seriousness of the disease, and more importantly, it doesn't work long term. This is not

a diet book. You'll find no magic fat-burning food formula or prescriptive menu plans here. Instead, it's a road map to help you find your individual path to better health.

The first step on this path is your doctor's office. Bring this book with you to your next appointment. Use the checklists within it to prompt an open conversation about your weight and treatment options. If your doctor is not familiar with the new obesity science, this book is a great introduction for him. Together, you can find a way to work toward the goal of a healthier, happier you—focusing on wellness, not weight.

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## CHAPTER 1

# A National Crisis

### David's Story

David is a 41-year-old information technology (IT) executive who is visiting his doctor for an annual physical at the request of his wife. He doesn't want to be there. Since his last visit, two years ago, he has put on 30 more pounds. And, at that time, David's doctor mentioned that he should really be about 20 pounds lighter and told him to "watch what you eat and try to get to the gym more often." But with working long hours at a stressful job, neither of those things happened. David did drop about 20 pounds by going on a protein shake plan a coworker recommended, but six months later he had gained it all back and then some.

David's weight has been an issue all of his adult life, and he's tried just about every book, bar, shake, gadget, and gimmick out there. He knows he needs to lose weight—his doctor has told him to diet and exercise more than once. But, every time he makes some progress, he finds himself even heavier within a year. Now his weight is starting to infringe on his quality of life; he is finding it harder to breathe, his energy is low, his knees hurt, and he is having trouble sleeping. He feels like a failure and isn't sure where to turn.

### A National Crisis

The obesity epidemic represents what is arguably the biggest failure in the history of American medicine. More than two-thirds of the adult population is overweight or obese, and 17 percent of our children between the ages of 2 and 19 are obese.<sup>1</sup> Despite a lucrative \$60-billion-a-year consumer weight loss industry and several federal initiatives launched in the past decade to attack the obesity problem, we simply aren't making any headway.<sup>2</sup>

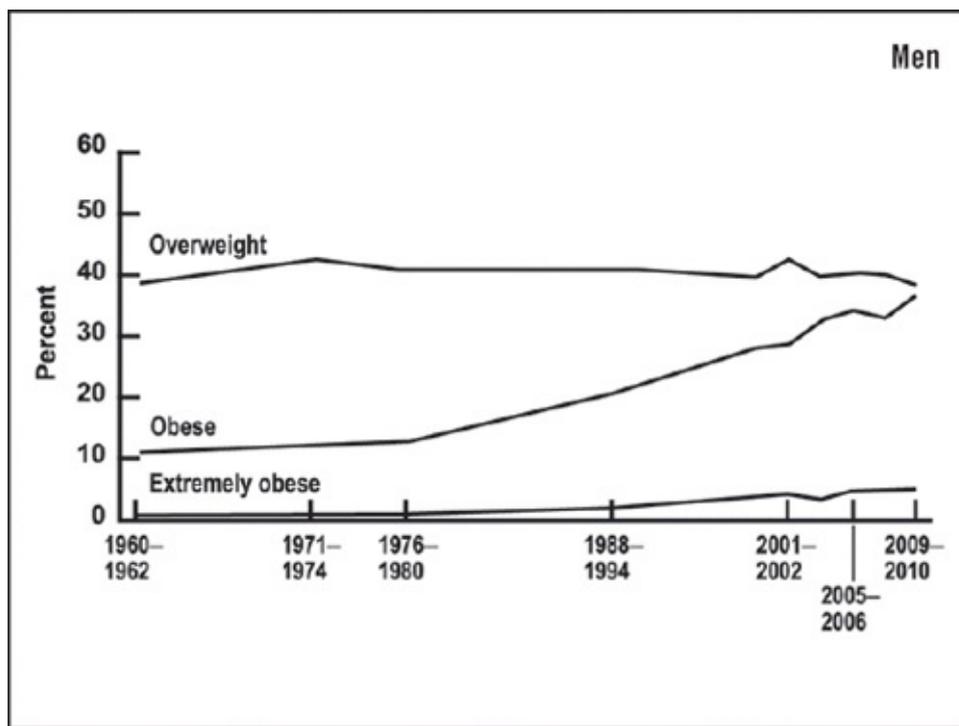
Over the past 50 years, obesity rates have steadily climbed (Figure 1). As a leading contributor to high-cost conditions such as heart disease, stroke, and type 2 diabetes, America's weight problem now represents our biggest health expense, estimated at upward of \$190 billion annually.<sup>3</sup> A person who is obese can expect to pay \$1,500 more in medical costs each year than someone who is not.<sup>4</sup> And, there's a higher price to pay, as one in five deaths in the United States can be linked to obesity. If the trend

continues unchecked, for the first time in over a century life-expectancy rates may actually start to decline in the United States.<sup>5</sup>

### Who Is at Fault?

Why aren't things improving? The answer is complex, and there's enough blame—or accountability—to go around. Let's start with the medical community that has historically left the challenge of weight loss to the private sector and continues to prescribe "diet and exercise" to patients struggling with weight, despite mounting scientific evidence that this is perpetuating the problem.

Then there's the long-held American attitude of obesity as a character flaw versus a very real biological condition completely unrelated to willpower. Unfortunately, even some healthcare providers continue to hang on to this bias. That's not to say that the patient has no responsibility, as too often those struggling with weight issues will not go to their physician for help and instead turn to fad diets and self-help books to try and solve the problem.



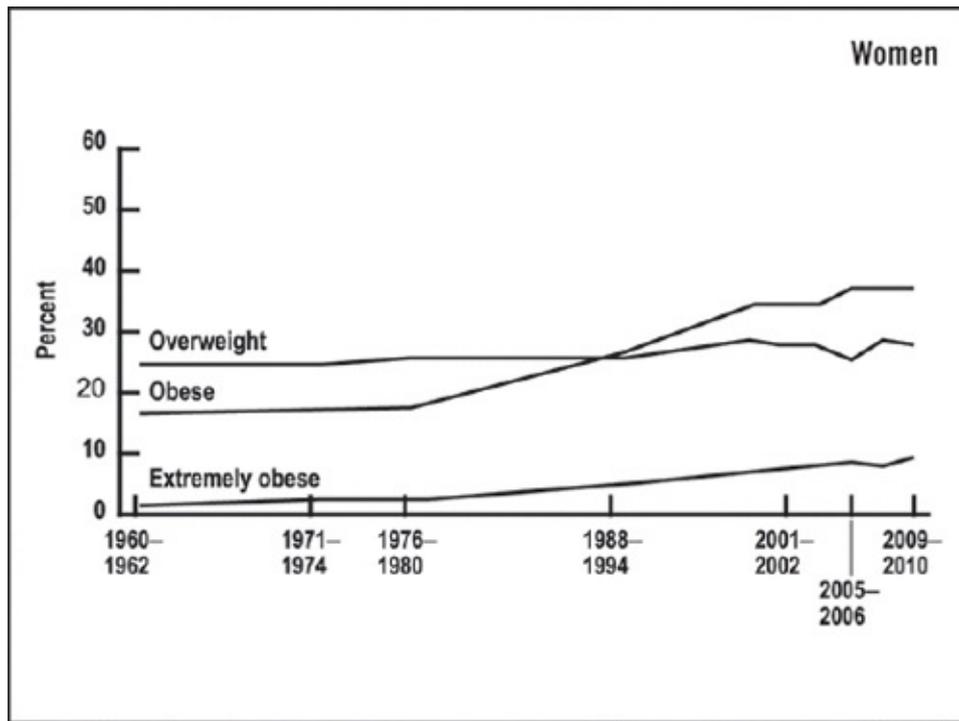


Figure 1. The graphs illustrate the rise of obesity and extreme obesity since 1960.  
Sources: CDC/NCHS, National Health Examination Survey.

Finally, our public and private sectors carry responsibility as well. A large proportion of the American food industry drives practices that make unhealthy eating an American’s most affordable option. We also have federal government programs that have subsidized and regulated our children out of healthy school lunches and have promoted dietary guidelines that may be contributing to the obesity problem.

So, you now see how our approach to obesity is collectively America’s biggest challenge. But, it can also be our biggest opportunity, for if we work together to tackle it across all these sectors, we can not only reduce obesity, but improve all Americans’ health and quality of life. We need a very bold new initiative, based on science and clinical experience, to push the needle down on the national scale.

### Shifting Our Fat Bias

One significant step toward this goal was taken in 2013, when the American Medical Association announced it would change policy to classify obesity as a chronic disease requiring a range of medical treatments and interventions. The change is expected to prompt insurers to reimburse for a wider range of obesity treatments and to heighten physicians’ awareness of the seriousness of obesity.

This policy also reflects our growing knowledge of the biology of obesity and the scientific discoveries we have made over the past 20 years. Our knowledge base and understanding of the biological mechanisms of weight gain are deeper than ever. Researchers are unlocking the secrets of hunger and the sense of fullness (satiety), metabolism, and the complex gut hormones that can help or hinder weight loss, and discovering the different parts of the brain that are involved with the regulation of eating and energy.

All of these advances mean that treatments are beginning to emerge that offer overweight and obese people real options beyond the traditional “diet and exercise” prescription. People struggling with weight problems and accompanying chronic health complications are finally getting some new tools to work with to regain their health. And this is a good thing, because long-term studies show that more than half of overweight and obese people who lose weight through a diet and exercise regimen will regain it all within five years thanks to the physiological changes that occur when we “diet.”<sup>6</sup> And only one in six obese Americans who manage to lose weight can sustain just 10 percent of that weight loss for a year.<sup>7</sup>

### **A Word on “Diet and Exercise”**

Despite this substantial fail rate of diet and exercise to sustain significant long-term weight loss, I want to be clear that eating healthy foods and being physically active certainly are of major benefit in promoting wellness for everyone. The quality of the food we eat plays an enormous role in weight management. Mounting research shows that carbohydrate control may be the real key to managing weight for the long haul, and America’s fixation on low-fat food products may be fueling our weight gain. And, of course, the myriad benefits of physical activity for our physical and mental health are indisputable.

I would venture to guess that if you’re reading this book, you have tried one or more of the commercial miracle diets out there. The “Results are not typical” disclaimer shown in fine print on the “After” photos in diet ads really should be taken to heart. Time after time, with every new diet that emerges, there is some temporary success for a small number of people, but ultimately, it’s not sustainable and the weight comes back. What may be setting us up for failure is the widespread perception of “diet and exercise” as an unrealistic, grueling short-term regimen to reach a goal versus a sustained lifestyle change that is enjoyable. In addition, our biology is working against us, as this kind of weight loss can trigger changes to hormonal systems that actually promote weight regain.

Now, diet and exercise obviously do work for some people who manage to keep that weight off for the long haul. The people who succeed with this approach are usually those who avoid short-term popular “diets” and instead pursue healthy eating habits for life. Their success also reinforces the very individual nature of weight control, in that there is no one blanket solution that works for everyone.

### **One Size Doesn’t Fit All**

One thing the new science has made clear to those of us in medicine is that when it comes to weight, every person requires an individualized approach. One size truly doesn’t fit all. Beyond the number on the scale, a person’s age, health history, occupation, social supports, and economic status each play a part in finding a path to weight control and wellness that will work for them.

So, the 40-year-old man who is 75 pounds overweight and who is suffering from a

potpourri of medical issues from sleep disorders to type 2 diabetes to sexual problems, whose occupation requires overnight shiftwork, and who has tried—and failed—to keep off the weight at least a dozen times, may need a surgical solution to regain his health.

But, the 40-year-old woman who is 30 pounds overweight, but is physically active and has perfect blood pressure, cholesterol levels, and overall health, may not need any medical intervention at all. And, a 22-year-old patient who is 15 pounds overweight and who has high blood pressure and prediabetes, and who lives alone and relies on fast food for 50 percent of his diet, may benefit from drug therapy.

The key is assessing each person holistically, both to look at how excess weight is affecting their health and quality of life and to find a solution that is realistic for their lifestyle.

### **Recalibrating the Goal**

In 2009, there were nearly 3 million obesity-related hospital admissions.<sup>8</sup> Being overweight is linked to a laundry list of serious chronic health conditions, including heart disease, high blood pressure, type 2 diabetes, osteoarthritis, and certain types of cancer. These conditions that obesity leads to result in greater mortality and a tremendous decrease in quality of life.

The good news is that, with a loss of as little as 5–10 percent of body weight, you can reap huge benefits by improving these health conditions. Moderate weight loss reduces the risk for heart attack and stroke;<sup>9</sup> improves self-esteem;<sup>10</sup> reduces the risk of developing type 2 diabetes;<sup>11</sup> improves long-term blood sugar control (A1C) and blood pressure;<sup>12</sup> lessens pain and improves mobility;<sup>13</sup> reduces liver inflammation and fatty change in the liver;<sup>14</sup> improves fertility;<sup>15</sup> and improves sleep quality for you and your partner resulting in increased energy.<sup>16</sup> [Figure 2](#) illustrates the health benefits of moderate weight loss in the obese.

This is why, as a doctor, I have a new goal for my overweight patients. It's not to achieve ideal body weight, but instead to reduce these medical complications associated with the weight. We don't yet have the knowledge or the tools to achieve ideal body weight, but we do have the capacity to help patients lose enough weight to lower blood pressure or better control their diabetes.

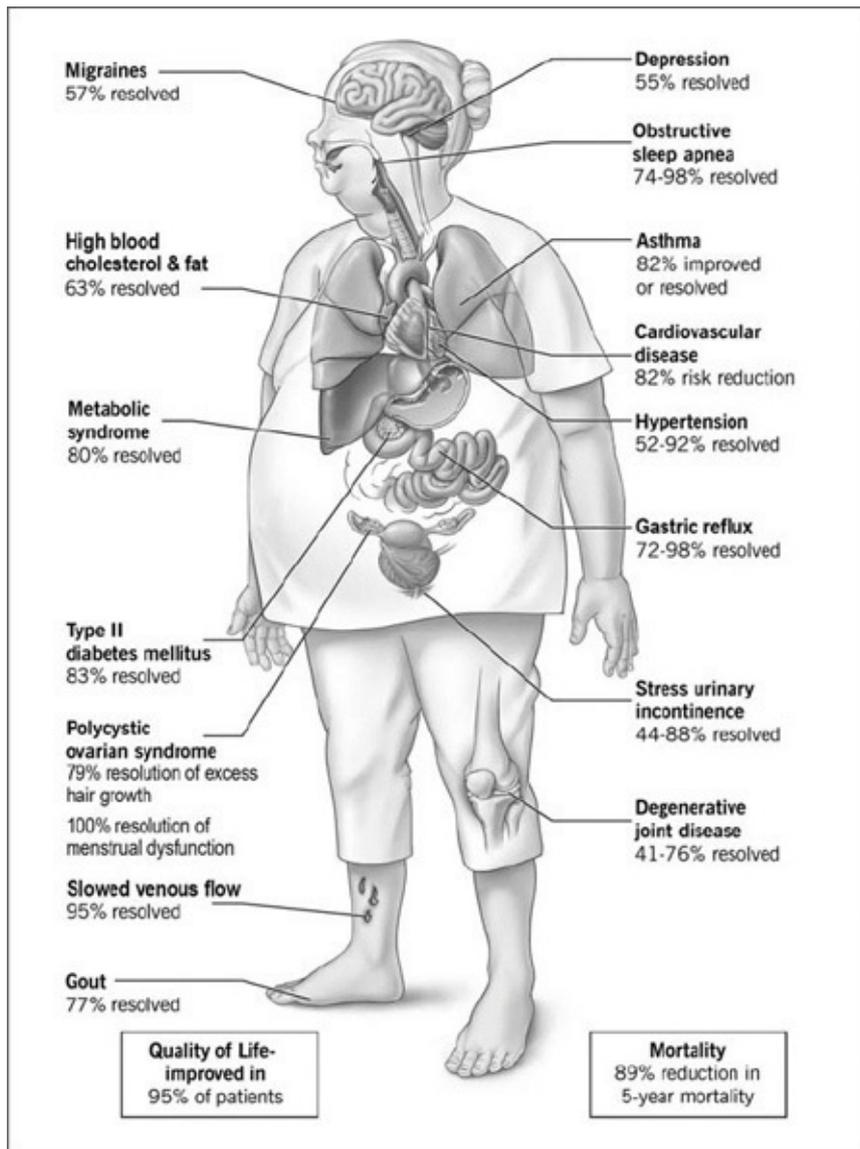


Figure 2. The health benefits with a loss of as little as 5–10 percent of body weight. Adapted from the Cleveland Clinic Foundation.

If I can guide my patients to drop enough weight to reduce the amount of medication they require, and to better manage or even eliminate their medical complications, that’s a success story. The bottom line is that it’s all about health gained, not weight lost.

### **A Moonshot Effort**

This brings us back to the challenge we are facing—working together to solve the enormous health crisis caused by obesity in this country. And, just as everyone has had a role in the problem, we all play a part in the solution.

What can doctors do? First, they need to ask their patient’s permission to discuss weight as a component of health. They can speak to their patients who are overweight at *every* visit. They can make it a real conversation, and not just say “lose weight,” and establish goals and provide specific and clear-cut steps for the patient to follow (see

[chapter 10](#) for a detailed look at my approach to a meaningful doctor’s visit). To do all of this, they need to learn and understand the new science. Fairly recent scientific discoveries such as leptin and ghrelin and neuropeptides (all covered in this book) are things that most doctors probably did not study in medical school.

For their part, patients can give their healthcare providers permission to broach the subject of weight with them. Overweight and obesity are medical issues requiring collaborative treatment. If you have a weight problem, stop trying to fix it all by yourself. Self-help books and packaged food programs are not the answer. If you had cancer or heart disease, you would go to a doctor for help. This is no different.

Friends, family, and coworkers of those struggling with weight problems: you play a role, too. Shed your fat bias. Take the time to read through this book and see the science that proves, unequivocally, that obesity is a disease process that can’t be managed through sheer willpower. Those who buy into the myth that excess weight is a character defect make it that much harder for those struggling with weight to seek professional help.

The roles of agriculture, government, and the food industry in stopping obesity are large and complex, and exploring them in depth is outside the scope of this book. But, to bring it back to basics, we need to reward industry for creative solutions that facilitate healthy eating and good nutrition and promote ways to make nutrient-dense food affordable to the masses and widely available everywhere—at the school cafeteria, local ethnic food shops, and in grocery stores across middle America.

Only with this monumental, collective effort, an effort that touches all Americans, will we start to reverse the tide of obesity in this country. Let’s start changing things today by working together as doctor and patient.

## **My Solution**

As an internist, I see a wide spectrum of patients with weight problems, from the obese who are suffering from serious related health problems to men and women who are overweight, but metabolically healthy. It’s critical that we understand—and respect—the individual needs of each patient and treat them thoughtfully and appropriately. In this book, I’ll tell you how I work with my overweight patients to get them on the right path to better health and share questions you should ask your doctor to ensure you are getting the best care available.

This journey should be a collaborative effort—between you, your doctor, and any appropriate specialists. This book is a reflection of that collaborative spirit. I’ve invited several leading physician specialists to contribute their knowledge of some of the most recent, cutting-edge advances in weight loss treatment. They, too, will explain what options are available for you to discuss with your doctor.

### **David, Revisited**

When David’s doctor started to repeat the same old “diet and exercise” refrain at his physical, David pleaded: “Please tell me what diet and exercise you’re talking about. Because I think I’ve tried all of them and I’ve yet to find the one that

actually works.” Realizing David’s level of frustration, and the less-than-helpful nature of his advice, David’s doctor apologized. They spent the next 15 minutes talking about David’s past efforts, the obstacles that prevented him from succeeding, and his goals for weight loss and health improvement. David left the appointment with a referral to a registered dietitian who specializes in weight management and the phone number of an exercise physiologist. Most importantly, David was given a follow-up appointment to have a more thorough discussion about the impact his weight was having on his health and life and to create a treatment plan.

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## Tips for Talking to Your Doctor

Which of my health problems are directly related to excess weight (if any)?

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What's the minimum amount of weight I should lose to start improving one or more of my weight-related health problems?

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What is my "action plan" for achieving that goal? (e.g., Do I need to see a specialist? Are drugs or surgery an option? Should I go to a dietitian?)

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