

## **The War on Obesity: A Battle Worth Fighting?**

ADA FNCE Debate

September 25, 2011

Speakers: John Foreyt and Linda Bacon

Moderated by Christine Palumbo

This is an excerpt from Linda Bacon's rebuttal to John Foreyt's argument that dieting works and there is evidence of long term maintenance of weight loss.

A review paper in Nutrition Journal earlier this year concluded that weight management research seems to "enjoy special immunity from accepted standards in clinical practice and publishing ethics" and "fails to meet the standards of evidence-based medicine." Dr. Foreyt brought up two prominent trials that exemplify these concerns well.

First, he mentioned the Look Ahead trial. I've been paying close attention to this trial, as it is one of the few randomized controlled trials to measure long-term data. Last year, they made headlines, announcing proof that diets work and long-term maintained weight-loss is possible. It wasn't just in their press releases – I quote from the conclusion in their abstract: "Intensive lifestyle intervention can produce sustained weight loss." That's not what their data show, however.

They provided a convenient graph showing the weight loss trajectory. We see the usual trend: initial steep weight loss, followed by creeping regain, year after year. Their graph clearly shows that the weight regain curve hasn't leveled off: they are still regaining.

So this claim that Look Ahead has demonstrated that sustained weight loss is possible is disingenuous. It would be more accurate to say that the intervention slowed the weight regain trajectory. Until that weight curve flatlines, the researchers would do well to hold off on making claims of sustained weight loss. In fact, I suggest they postpone their victory lap until the intervention is over, as more weight gain is likely when the participants are on their own.

And the little bit of weight loss that has been sustained at the recently reported four year point doesn't meet their stated goals or the NHLBI recommendations. It's only 4.6%, though the researchers state a goal of maintaining 7 or 10% weight loss for clinical significance. That's also well below the NHLBI guidelines of 10% - and even the more relaxed standards of 5% that gets bandied about. The BMI reduction isn't very dramatic. Participants started at an average BMI of 36 and dropped to about 34. [I misspoke and said 35.] They're still considered "obese" and, by government definition, this still calls for further weight loss.

Dr. Foreyt described another prominent program devoted to countering the belief that no one succeeds at long-term weight loss, the National Weight Control Registry (NWCR), intended to track "successful" losers.

No doubt the NWCR has located some of the small minority of people who do indeed maintain weight loss long term. A small minority, indeed: One review, using conservative estimates, compares the number of people in their registry to the population estimate of dieters and calculates that the NWCR researchers "demonstrate a 'success rate' of .001 percent.

It gets worse. First, NWCR data is hardly long term: It includes anyone who has maintained a thirty-pound weight loss for one year or more. Meanwhile, the NIH has concluded that two thirds of most weight regain happens within two years, not one, and by five years, all the weight has usually returned. So some in the NWCR registry haven't yet passed these danger points. And even among this group, 72 percent are regaining!

The fact that NWCR considers one year a “success” came to life for me when a student of mine mentioned recently that she is in that database. She has since regained all of her weight, and more, but found there was no way to remove her name from the registry!

Lastly, it’s discouraging to see what NWCR success requires. To maintain her weight loss, the average woman in NWCR follows strict eating rules, limits calories to 1,306 a day, and exercises for 60 to 90 minutes *daily*. And while NWCR lauds these behaviors, at the same time eating disorder professionals view them as symptoms of eating disorders. Something is seriously wrong when we prescribe for fatter people the very habits that we diagnose as evidence of disease in thinner people. In effect, I believe this data gathered by the NWCR just substantiates other research: we don’t know of healthy methods that result in sustained weight loss.

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