Q. What’s wrong with dieting to lose weight?
A. The first thing that’s wrong is that it almost never works. Consider the Women’s Health Initiative, the largest randomized controlled study to look at long-term weight loss. More than 20,000 women followed a low-fat diet and increased their activity levels. Eight years into the study, contrary to the popular wisdom that no one can stay on a diet, they were, on average, eating about 360 calories less – and they were exercising more. Sure, they lost weight in the beginning, but by study end – despite maintaining their diets - their average weight returned to baseline – and their average waist circumference actually increased. So much for dieting to lose weight! Those results have been repeated again and again. A panel of experts from the National Institutes of Health acknowledged that no matter what diet plan people follow, almost all of them regain weight. There’s simply no evidence that diets lead to lasting weight loss or health benefits.

Q. But aren’t there some successful losers out there?
A. Of course. But very, very few. They really are outliers. To insist that everyone do what only a very, very small fraction of people are able to do is to set the majority of people up for failure. Studies conducted on dieters have allowed us to identify the physiologic mechanisms that underlie the resistance to weight loss. It’s not that dieters fail – it’s the concept of dieting that fails. And even in those instances where people can manage to sustain their weight loss, there’s little evidence that they are healthier as a result of the weight loss itself – as opposed to the lifestyle changes they made. There is also much evidence to suggest that dieting is harmful to health.

Q. But isn’t it important to be thinner? What about all the warnings we’ve heard about the dangers associated with being overweight--from high blood pressure risk to diabetes?
You’re right. There have been lots of warnings. But the evidence that being fat itself poses a health risk is pretty slim. Take hypertension. Obese people are two or three times more likely than thin people to have high blood pressure. Public health experts have been quick to jump to the conclusion that being fat
causes high blood pressure. But the evidence shows that body mass index, or BMI, correlates with hypertension much more strongly than percent body fat. In other words, lean muscle mass is more strongly associated with high blood pressure than fat. Of course you don’t hear public health experts advising people to lose lean muscle mass.

Let me make another point. High blood pressure may have more to do with the yo-yo dieting that results from trying to control weight than the actual weight itself. When European researchers looked at more than 12,000 middle-aged “obese” men and women, they found that people whose weight fluctuated over a two-year period were much more likely to develop hypertension than the people whose weight remained stable. Obese women who have never dieted are less likely to have high blood pressure than those who have dieted.

Q. So can dieting be hazardous to your health?
Absolutely. There are many hazards to dieting, including increased stress, cortisol production, and inflammation, all of which are risk factors for disease. Dieting has also been shown to lower bone mass, which increases the risk for osteoporosis.

There is also good evidence that weight cycling, which is the reality for most people who diet, poses risks. Weight cycling is associated with a host of concerns, including raised cholesterol levels, higher blood pressure, increased inflammation, depressed immune function – and even shorter lifespan. It may also increase insulin resistance, which can lead to diabetes.

There are also many studies that show that dieting is a better predictor of weight gain than weight loss!

Q. So why has the public health message focused so much on weight?
A. It’s an interesting question, and not easy to answer. As a culture we’ve been obsessed with weight. And that obsession has tended to see cause and effect where it doesn’t exist. Once we drop that assumption, it opens us up to seeing the other issues that are involved. As an example, consider type 2 diabetes, which is much more common in larger people. However, type 2 diabetes is also more common in people of lower socioeconomic status. There is convincing evidence that poverty and marginalization are more strongly associated with type 2 diabetes than weight.

Q. If weight isn’t the issue, what should the public health message be?
We can put the focus on behavior rather than a physical attribute. The public health message should be focused on things that we know will make people healthy—being physically active, eating nutritious
foods, and reducing stress, among them. Those things are all do-able. We know they make people at any weight much healthier. The goal shouldn’t be losing weight. It should be making healthy changes, regardless of your weight.

**Q. So much dietary advice is focused on weight loss. What should we focus on instead?**

Let me start by saying what doesn’t work – and that’s dietary rules. My basic rule of thumb is “eat to feel good!” We should be encouraging people to pay attention to how foods make them feel. Eat a diet that’s low in fiber and you’ll probably feel constipated and low energy. But pump up the fiber and you don’t need to keep magazines in the bathroom anymore. You’ll probably notice more sustained energy throughout the day. You just feel better – so you want to make more nutritious choices. People get to a place where eating is comfortable and unconflicted once they pay attention to how foods make them feel, as opposed to following dietary advice. Research that I conducted clearly showed that when you dump the rules and listen to your body, you make better choices. It may be hard to believe that you don’t have to control and restrict yourself, but there is a large body of evidence that demonstrates that people make better choices – and don’t eat to excess – when they allow themselves to eat what they want. Of course, this entails eating mindfully – in addition to honoring your cravings, you also pay attention to the cues that tell you to stop eating.

**Q. What about people who want to lose weight because they don’t like the way they look? What’s your message to them?**

People come in all shapes and sizes. And our bodies have very strong compensatory mechanisms. Any time we try to manipulate our weight, the body fights back. So first off, we need to acknowledge that dieting doesn’t work for most people. And we need to resist the notion that being thin is the path to happiness. It isn’t. Trying to become thin can make people very unhappy—with themselves and with their bodies. By focusing on weight, the prevailing messages have done lots of harm. Think about how a larger kid feels when she sees a poster or a public service announcement about preventing childhood obesity. The message is: We don’t want people to look like you. For thin kids, the message is that it doesn’t matter what they eat or do as long as they’re thin. Both of those scenarios are damaging. We’d all be much healthier and happier if we honor weight diversity and focus on healthy choices, letting our weight fall where it may naturally. The fact is, it’s only in the last 100 years that we’ve believed that thinner is healthier and more attractive. Before that we believed that fatter bodies were both more beautiful and healthier. We’ve become so obsessed with weight that it’s a major revolution for people
to say, hey I’m wonderful just the way I am – I can choose to see myself as attractive. But it’s an important step toward moving on – and to a genuinely healthy and happy life.