

14 WEIGHT LOSS REQUIRES
ENERGY DEFICIT

16 ELDERLY NEED GOOD EGGS

19 DETERIORATING PATIENTS
NEED PARADIGM SHIFT

Weight loss requires energy deficit



VISITING UK PROFESSOR AND CAMBRIDGE WEIGHT PLAN DIRECTOR, PROFESSOR ANTHONY LEEDS TELLS DAVID HUTCHINS AUSTRALIAN DOCTORS AND NURSES SHOULD BE OBESITY TRAINED TO ADDRESS AUSTRALIA'S WEIGHT LOSS CHALLENGES.

FEW people will contest that obesity is a key cause of numerous health problems such as diabetes, heart disease and stroke, but Australian doctors and nurses practitioners should direct patients to the most “appropriate” weight loss plans, even if they are from the commercial sector, says Professor Anthony Leeds.

Leeds, an English medical academic, authority on diabetes, and obesity specialist at London's Central Middlesex Hospital, is currently Medical Director of the Cambridge Weight Plan (CWP).

It is a “scientific diet” developed by Cambridge University in the 60s. Leeds came to Australia to launch of the program.

He says CWP is one of the most successful diet programs in the world. It is used by dietitians, endocrinologists, heart and bariatric surgeons as a weight loss solution and treatment for obesity-related conditions, like asthma, diabetes, high blood pressure, cholesterol, sleep apnoea, knee osteoarthritis and heart problems.

He says the “nutritionally complete, very low calorie” program was so successful “it was launched to the market and sold via health professionals and accredited consultants and in almost three decades has helped make real changes to the lives of men and women throughout the world.”

Leeds acknowledges over-promotion of miracle cures and negative experiences around contracts and fees has generated scepticism about the weight loss industry.

“All weight loss methods must be evidence based. Many of the providers of so-called ‘miracle cures’ have been allowed to trade and



WEIGHT LOSS PROGRAMMES MUST ACCOUNT FOR THE VARIATIONS IN HUMAN BEHAVIOUR (ACKNOWLEDGING THAT SERIOUS EATING BEHAVIOURAL DISORDERS DO OCCUR), VARIATIONS IN HUMAN KNOWLEDGE AND UNDERSTANDING (MANY OVERWEIGHT AND OBESE PEOPLE HAVE ONLY RUDIMENTARY KNOWLEDGE OF NUTRITION AND HOW THEIR BODY WORKS) AND VARIATIONS IN PERSONALITY (IMPULSIVE VERSUS CONTROLLED).

advertise despite a lack of sound evidence.

Weight loss programmes must account for the variations in human behaviour (acknowledging that serious eating behavioural disorders do occur), variations in human knowledge and understanding (many overweight and obese people have only rudimentary knowledge of nutrition and how their body works) and variations in personality (impulsive versus controlled).

“Repeated use of self-selected diets results in multiple nutritional deficiencies – one of the great benefits of using a formula diet is that nutritional deficiency can be improved while weight is lost (this has been published – Christensen P, *European Journal of Clinical Nutrition* December 2011),” he says.

Leeds advocates a more comprehensive approach, such as the balanced method CWP incorporates, as essential if people are going to lose the weight and keep it off.

“Weight gain after weight loss is common for several reasons: (1) After weight loss the body needs about 25kcal/d less for each kg of weight lost. So someone who has lost 10kg needs to consume about 250cal/d less in order to maintain the new lower weight.

“A common error is to revert to the former eating habits and food levels – hence weight regain occurs. Those with eating behavioural disorders struggle to maintain weight after weight loss.

“However, the characteristics of successful ‘weight-maintainers’ is known: They are controlled rather than impulsive characters, they eat breakfast, they select lower-fat foods, they have higher fibre intakes and they tend to do 45 to 60 minutes of exercise daily (at the equivalent of brisk walking),” he says.

Leeds says CWP saw successful weight maintenance in Scandinavian trials (Johansson et al 2009 & Riecke et al 2010), by:

1. getting a good initial weight loss which is very motivating, especially if associated with a major symptom improvement
2. providing good education about nutrition, how the body works, shopping, cooking, strategies for politely refusing food,

3. providing support throughout maintenance as well as during weight loss

4. encouraging appropriate higher levels of physical activity by raising awareness of physical inactivity

5. providing an opportunity to replace one meal each day with formula product

6. providing an opportunity to use more formula – product of weight rises by more than 2kg.

“This notion of a tight monitoring and availability of a ‘rescue package’ is an important part of weight maintenance. It is comparative to ‘stop smoking’ interventions where a smoker who has successfully stopped smoking restarts, and is then given a further option to go through a smoking cessation programme,” he says.

Distilled down, Leeds says, obesity has many causal factors and effective solutions must be founded on delivering an energy deficit (less dietary energy than the body needs) and a behavioural change to facilitate compliance during weight loss and to prevent long-term weight regain.

He maintains the CWP can deliver weight losses of more than 10kg, is evidence-based*, nutritionally sound, and is proven to be followed by weight maintenance and maintenance of health benefits. He claims scientific evidence from well-designed clinical trials has been published in peer-reviewed journals, verifies the program.

“Cambridge Weight Plan can deliver impressive weight losses and patient acceptability. Patient acceptability has been proven by the very low drop-out rates indicated in clinical trials.

“Average weight losses (after the initial high weight loss occurring in the first week which is usually largely due to loss of body water) are approximately: 1.5 to 2.5 kg/week in men and 1.0 to 2.0 kg/week in women.

“The time taken to lose the weight will depend on the weight loss needed. Usually an initial weight loss programme might last twelve weeks. Many people can lose 20kg in 10 to 12 weeks. A weight loss of 20kg will improve metabolism in someone with diabetes and

improve mobility in the osteoarthritic individual and would ‘cure’ one in six people with obstructive sleep apnoea,” he says.

The Scandinavian trials, Leeds says, confirms CWP as “a highly acceptable form of weight loss therapy” with a remarkably low drop-out rate, which he attributes to the motivating effects of early and strong results. .

“In the Danish study on weight loss in older Danes with knee osteoarthritis, dropouts in the first eight weeks were: 8 out of 96 subjects on very low calorie diets (415 to 540kcal/d) and 6 out of 96 on low calorie diets (810 kcal/d).

“These drop-out rates are extraordinarily low and reflect the highly motivating effect of a rapid early weight loss with a symptom benefit (early reduction of knee-pain),” he says, adding that such results and CWP’s ongoing regard to patient safety also assist acceptance.

“Patient safety is ensured with the very strict protocols of the CWP. All potential users are reviewed in terms of medical history for previous and existing medical conditions and current drug use.

“The type of CWP diet chosen must accord with the conditions described and the patients weight and body mass index. These protocols can be made available for examination,” he says, adding that the importance of this process is underscored by the fact that plan is not available over the counter or for purchase online.

“In terms of cost, customers are not charged an administration or joining fee when they first visit the consultant. They simply pay for the products purchased from the consultant or healthcare professional. The client is also not charged for the visit.

“If the customer is on medication, then he/she must first obtain a doctor’s signature before commencing the diet. The customer must commit to following all phases of the Weight Plan, from preparation and weight loss, through to stabilisation and maintenance. This is so that he/she is educated in how to eat healthily and also the correct portion size so that they can maintain their weight long term, Leeds says. **HA**