Helping Patients to Break Through the Weight Loss Plateau

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Washington, D.C.
The Weight Loss Plateau

- **Weight**
- **Goal Weight**
- **Time**
Assumptions

1. You have already educated them on a whole food plant-based diet

2. Exercise has been addressed
   – FIT (Frequency, Intensity, Timing)

3. The patient is overweight or not at their ideal weight
   – BMI
   – HAMWI Formula

4. No organic cause suspected
   – Examples: Hypothyroidism, Cushing’s Syndrome, PCOS

5. The patient has realistic expectations and has indeed plateaued
5W/2H System

Who?
What?
Where?
When?
Why?
How?
(How much?)
I keep six honest serving-men
(They taught me all I knew);
Their names are What and Why and When
And How and Where and Who.

Rudyard Kipling, 1902
3 Key Areas

1. FOOD CONTENT
   - WHAT?

2. FOOD RELATIONSHIP
   - WHY?
   - WHEN?
   - HOW/HOW MUCH?

3. FOOD ENVIRONMENT
   - WHERE?
   - WHO?
3 Key Areas

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Caloric Density
# Calories

1 lb of food
CALORIE DENSITY

WHAT 500 CALORIES LOOK LIKE

OIL  CHEESE  MEAT  POTATOES, RICE, BEANS  FRUITS & VEGGIES

...and why whole plant-based foods will help keep you lean and satisfied.

forksoverknives.com
Caloric Density of Various Food Groups

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Calories/lb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables</td>
<td>100</td>
</tr>
<tr>
<td>Fruits</td>
<td>300</td>
</tr>
<tr>
<td>Unprocessed Carbs</td>
<td>500</td>
</tr>
<tr>
<td>Legumes</td>
<td>600</td>
</tr>
<tr>
<td>Animal Prod</td>
<td>1000</td>
</tr>
<tr>
<td>Processed Carbs/Dried Fruit</td>
<td>1400</td>
</tr>
<tr>
<td>Sugars</td>
<td>1500</td>
</tr>
<tr>
<td>Junk Food</td>
<td>2300</td>
</tr>
<tr>
<td>Nuts/Seeds</td>
<td>2800</td>
</tr>
<tr>
<td>Oil/Fat</td>
<td>4000</td>
</tr>
</tbody>
</table>
500 Calories

OR

5 oz bag of gummi bears

OR

7 lb watermelon
800 Calories

OR

1 cup cashews
(~ 3-4 oz)

5 med-sized baked potatoes
What average caloric density should I aim for?


567 calories/lb

Source: WCRF/AICR’s recommendations on caloric density.
“Eat to the left of the **RED LINE**” (Chef AJ)
The Hawaii Diet (Shintani)

• 29 Hawaiians, 21 days

• Changed from standard american diet to “ad-libitum” very-low fat (7%) high carb (78%) WFPB Diet

• Results
  – 40% cal drop (2594 -> 1569 cal/day)
  – 22 lb avg wt loss
  – 15% avg chol drop
  – BP decreased by 11.5/8.9

• Repeat study similar results

“10-point checklist” for maximal weight loss

1. No animal products
2. No added oil
3. No added sugar
4. No/minimal added salt (leads to overconsumption)
5. No flour products (bread, crackers, cereals, etc)
6. No dried fruit
7. No juice, sweetened beverages, or alcohol
8. 1 oz or less of nuts and seeds per day
9. Sequence your meals
10. 50/50 plate method at each meal (serving of fruit for dessert)
THE PLANT-BASED PLATE

Use this plate to help you portion your food in a healthy way and make meal planning easier. Portions are based on a small dinner plate.

Fill one-quarter of your plate with healthy grains or starches, such as brown rice, whole-wheat pasta, quinoa, bulgur, corn, peas, barley, farro, amaranth, one slice of whole-grain bread, two corn tortillas, or one whole-wheat tortilla.

Fill half of your plate with non-starchy vegetables, such as carrots, broccoli, spinach, cabbage, green beans, peppers, zucchini, onions, greens, tomatoes, or romaine lettuce.

For good nutrition also choose each day:

• 3 fruit servings. A serving is a small orange, banana, or apple, or 1 cup of berries or melon.
• 2 to 3 cups of a milk substitute, such as almond, soy, or hemp.
• A small amount of healthy fats, such as extra virgin olive or canola oil, or a small handful of nuts.

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How you eat is as important as what you eat. Eating mindfully is key. Take time and enjoy what you eat.

Dr. Dean Ornish
<table>
<thead>
<tr>
<th>Fitness Spectrum</th>
<th>Nutrition Spectrum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress Management Spectrum</td>
<td>Love &amp; Support Spectrum</td>
</tr>
</tbody>
</table>
BLUE ZONES

LONGEVITY HOTSPOTS

BLUE ZONE LIFE LESSONS

- MOVE NATURALLY
- RIGHT TRIBE
- RIGHT OUTLOOK
- EAT WISELY

LOMA LINDA
CALIFORNIA

SARDINIA
ITALY

ICARIA
GREECE

OKINAWA
JAPAN

NICOA
COSTA RICA
How do you tell if your patient has a problem in his/her **relationship** with food?

<table>
<thead>
<tr>
<th>Question</th>
<th>Example Patient Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why?</strong></td>
<td>I frequently eat when I am stressed and anxious. I also eat when I am bored.</td>
</tr>
<tr>
<td><strong>When?</strong></td>
<td>I cannot tell you how many times a day I eat. I snack frequently between meals as a means of dealing with stress.</td>
</tr>
<tr>
<td><strong>How?</strong></td>
<td>I usually eat in front of the computer or while driving. I scarf my meal in under ten minutes so that I can get on with my day. During dinner I eat in front of the television.</td>
</tr>
<tr>
<td><strong>How Much?</strong></td>
<td>I frequently eat until I am stuffed and have to unbutton my pants.</td>
</tr>
</tbody>
</table>
### Eating Behavior Inventory:
(Adapted from “The Mindful Diet” by Wolever and Reardon)

<table>
<thead>
<tr>
<th></th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I eat until I’m uncomfortably full</td>
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<tr>
<td>2. I eat until I’m stuffed</td>
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<tr>
<td>3. I eat in response to stress or anxiety</td>
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<tr>
<td>4. I eat in response to anger or frustration</td>
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<tr>
<td>5. I eat in response to boredom</td>
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<tr>
<td>6. I eat in response to feeling sad or depressed</td>
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<tr>
<td>7. I eat very quickly, finishing a meal in less than 10 minutes</td>
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<tr>
<td>8. I eat while standing up or walking</td>
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<tr>
<td>9. I eat while driving</td>
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<tr>
<td>10. I eat in front of the computer</td>
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<tr>
<td>11. I eat while watching television</td>
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<tr>
<td>12. I eat even when I’m not hungry</td>
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<td></td>
<td></td>
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<tr>
<td>13. I snack without thinking</td>
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<td></td>
<td></td>
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<tr>
<td>14. I snack after dinner</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How do we improve our relationship with food?
Awareness + Intention
### Awareness & Intention in Practice

<table>
<thead>
<tr>
<th>Question</th>
<th>Example Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why?</strong></td>
<td>I will eat primarily to nourish my body and promote my overall health. I will avoid eating out of boredom, stress, anxiety, anger, frustration, or sadness.</td>
</tr>
<tr>
<td><strong>When?</strong></td>
<td>I will generally eat three meals a day. I will not snack between or after meals out of habit or when I am not truly hungry. If I do get hungry in between meals, I will eat a healthy snack such as a piece of fruit, or carrots with no-oil hummus.</td>
</tr>
<tr>
<td><strong>How?</strong></td>
<td>I will eat slowly and mindfully and take at least 30 minutes for each meal. I will enjoy each bite. I will not eat in front of the television, computer, i-phone, or while driving.</td>
</tr>
<tr>
<td><strong>How Much?</strong></td>
<td>I will eat until I am comfortably full (&quot;Hara Hachi Bu&quot;), and not until I am stuffed. I will not feel compelled to finish my plate.</td>
</tr>
</tbody>
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The Delboeuf Effect

Figure 4. Dinnerware size and the Delboeuf illusion. a. Food on large versus small plate. b. Delboeuf illusion.
2015 Cochrane Review

• Looked at 72 RCTs to assess impact of portion sizes on food consumption

• *People consistently ate more food or drank more non-alcoholic drinks when offered larger-sized portions, packages or items of tableware than when offered smaller-sized versions (~ 12% - 16% difference).*

“Overall, this review provides the most conclusive evidence to date that acting to reduce the size, availability and appeal of larger-sized portions, packages and tableware has potential to reduce the quantities of food that people select and consume by meaningful amounts.”

Willpower is a finite resource.
We can optimize our environment in two ways:

1. **WHERE:** our physical environment

2. **WHO:** our social environment
WHERE (physical environment)
Make unhealthy behavior more difficult...
.. And make healthy behavior easier.
WHO (social environment)
Make unhealthy behavior more difficult...
.. And make healthy behavior easier.
In Summary...

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Caloric Density

Awareness + Intention

1. Make unhealthy behavior more difficult.
2. Make healthy behavior easier.
It's not whether you get knocked down, it's whether you get up.

(Vince Lombardi)
THANK YOU!