## Worksheet E The science of dieting





## **Diets R Us**

Meeting once a week to lose a few pounds ~ nothing faddy.



What might they do?

## Feel Good Club



Meeting once a week as the feel good club ~



**FACT! Science:** What has happened to their weight at two years? How do they feel?

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Imagine you are in a room with the other course participants. I'm there too, and I ask people to stand in a line according to something random, like where their birthday falls in the year. Then I split the group into two at half way along this line, group A and group B.

2. Scenario: group 1 have decided they want to feel healthier and agree to meet up once a week for 2 years and encourage each other to lose a few pounds. Note that they plan to go about this sensibly, through eating well, including allowing for treats, and doing more exercise and no-one is going to go on a crash or fad diet.

3. Group 2 have also decided they want to feel healthier and agree to meet up once a week for 2 years and do things they feel better for – could be going for a meal, cooking together, going for a walk, meditating, colour-me- beautiful, bit of art/music, an outing etc etc. What would you enjoy?

4. The 2 years are up and you all meet again in this room. Welcome back!

5. Question: statistically speaking, what is likely to have happened to people's weight in each group – ie. according to the research evidence is it likely to have gone up, reduced, or stayed about the same? For group A who wanted to lose a few pounds? For group B, aiming to be a feel good group? What makes you say that?

6. There is heaps and heaps of evidence from attempted weight loss trials. According to what's known as "evidence-based medicine" the best available evidence comes from a type of research study called a randomised controlled trial or RCT. A collection of RCT results is known as a systematic review of RCTs. In order to be meaningful, we need to have data on what happens to people's weight in the medium- to long-term, in other words, not just after a couple of weeks.

If you're interested, here's a link to an academic article that is a systematic review of RCTs showing outcomes of attempted dieting at two years. This means that these research findings are the most highly regarded within the framework of evidence-based medicine used in western science.

In case you prefer the summary, the scientists found that up to two thirds of people who attempted weight loss actually gained weight long-term. Moreover, instead of just considering the impact of dieting on weight change they also seriously considered how trying to lose weight might influence health, for better or for worse.

Does it surprise you to know that they found there were health risks of trying to lose weight?

They concluded that "the benefits of trying to lose weight were too small, and the potential gains too great, for dieting to be recommended as a safe and effective treatment..."

This is not the same as saying no-one's weight ever changes. We will probably all know people who have changed weight, and maybe you know people who have lost weight and kept it off longterm. It's saying telling people to diet is unethical because it can causes harm to personal health. Acting as if dieting is safe and health-enhancing ignores the evidence.

Instead, we can help people focus on health-gain and body respect for all. And also focus on building fairs and safe world. Going back to our groups, this means group A are likely to have poorer health and group B likely to have enhanced health. Many folk in group A will have increased in weight and folk in group 2 are likely to have maintained a stable weight. As I will explain later on, maintaining a stable weight has health benefits.

This is the text that could be in the box on the other side of this teach sheet: "The benefits of dieting are simply too small and the potential harms of dieting are too large for it to be recommended as a safe and effective treatment ..." "one third to two thirds of dieters regain more weight than they lost on their diets" (and these studies likely underestimate weight regain due to bias in the methods used)