AFRICAN INSTITUTE FOR PROJECT MANAGEMENT STUDIES

NAME :ANGUA GETRUDE

REG. NO. :16/2/302/DLJ/009

COURSE : HUMAN NUTRITION

ASSIGNMENT FOUR

**QUESTION ONE.**

**Identify at least four characteristics of a healthful weight.**

A healthy weight is considered to be a BMI of 24 or less. A Body Mass Index (BMI) of 25 to 29.9 is considered overweight, Individuals who fall into the BMI range of 25 to 34.9, and have a waist size of over 40 inches for men and 35 inches for women, are considered to be at especially high risk for health problems.

Maintaining a healthy weight is important for health. In addition to lowering the risk of heart disease, stroke, diabetes, and high blood pressure, it can also lower the risk of many different cancers.

**The characteristics are as follows.**

1. **Forward-thinking.**

Healthy individuals have a prevention-oriented mindset when it comes to their health. These people don’t just react to illness or disability, they take an active role in maintaining wellness. The strategies are numerous, from nutrition and exercise, to proven medical screening tests and therapies, but the outcome is the same–these people tend to live longer and healthier.  One strategy to employ is the practice of an annual complete physical. You can read more about the benefits of a complete physical in one of our previous articles.

1. **Attentive.**

Equal attention to the three pillars of human health, the physical, emotional and spiritual, is a key for healthy people. The physical dimension is obvious, but healthy people also practice strategies designed to enhance their emotional well-being, thereby decreasing the risk of anxiety and depression. Just as important is the spiritual being, which is often forgotten and likewise needs to be nourished for optimal health.

1. **Community Oriented.**

Healthy people refuse to be loners and isolate. Instead, they have a strong social network, such as family and close friends, that they associate with. Helping others through volunteerism is another common, health-generating characteristic that is frequently found.

1. **Healthy Weight.**

Healthy individuals maintain an ideal weight through proper nutrition and exercise. Obesity and inactivity significantly increase the risk of a number of diseases, from diabetes and heart disease to various cancers.

1. **Strong Genetic Stock.**

This unfortunately is based on the “luck of the draw”, as some people have a hereditary health advantage over others. However, those who are genetically disadvantaged may employ a number of medical strategies designed to detect, treat and cure certain diseases before they become life-threatening.

**QUESTION TWO.**

**Can you increase your basal metabolic rate? Is it wise to try? Defend your answer.**

The basal metabolic rate (**BMR**) is the amount of energy that is expended at rest in a neutral environment after the digestive system has been inactive for about 12 hours. It is the rate of one’s metabolism when waking in the morning after “fasting” during sleep.

The BMR is enough energy for the brain and central nervous system, heart, kidneys, liver, lungs, muscles, sex organs, and skin to function properly. People who are overweight or obese do not necessarily have a slow BMR. In fact, their BMR is usually faster to accommodate for extra fat and for their body to work harder to perform normal body functions. Building lean muscle mass can increase BMR, but there is a limit for both men and women as to how much lean muscle mass can be built. Some supplements may increase BMR, but also only to a limit, and they may have serious side effects.

Expending extra calories through increased physical activity is the most sensible way to increase metabolism. When a person diets, BMR slows down to conserve energy and protect vital organs. A regimen of reasonable dieting with increased exercise maintains or increases BMR and promotes weight loss and weight maintenance. It all depends on calories and caloric balance.

Yes

Metabolic rate increases as weight, height, and surface area increase (Body composition). Fat tissue has a lower metabolic activity than muscle tissue. As lean muscle mass increases, metabolic rate increases.

**Factors that influence basal metabolic rate are:**

* Body size: Metabolic rate increases as weight, height, and surface area increase.
* Body composition: Fat tissue has a lower metabolic activity than muscle tissue. As lean muscle mass increases, metabolic rate increases.
* Gender: The basal metabolic rate (BMR) averages 5 to 10 percent lower in women than in men. This is largely because women generally possess more body fat and less muscle mass than men of similar size.
* Age: A decrease in lean muscle mass during adulthood results in a slow, steady decline of roughly 0 3 percent per year in BMR after the age of about 30. This can be largely avoided by strength training throughout adulthood.
* Climate and body temperature: The BMR of people in tropical climates is generally 5 to 20 percent higher than their counterparts living in more temperate areas because it takes energy to keep the body cool. Exercise performed in hot weather also imposes an additional metabolic load. Body fat content and effectiveness of clothing determine the magnitude of increase in energy metabolism in cold environments; it takes energy to keep the body warm if you work or exercise in very cold weather.
* Hormonal levels: Thyroxine (T4), the key hormone released by the thyroid glands has a significant effect upon metabolic rate. Hypothyroidism is relatively common, especially in women near or after menopause. Everyone with a weight problem should have their thyroid function checked by their doctor and treated appropriately if it turns out to be low.
* Health: Fever, illness, or injury may increase resting metabolic rate two-fold.

**Is it wise to try and can be achieved by the followings?**

1. **Eating Plenty of Protein at Every Meal.**

Eating food can increase your metabolism for a few hours. This is called the thermic effect of food (TEF). It's caused by the extra calories required to digest, absorb and process the nutrients in your meal. Protein causes the largest rise in TEF. It increases your metabolic rate by 15–30%, compared to 5–10% for carbs and 0–3% for fats, eating protein has also been shown to help you feel more full and prevent you from overeating, eating more protein can also reduce the drop in metabolism often associated with losing fat. This is because it reduces muscle loss, which is a common side effect of dieting.

1. **Drinking More Cold Water.**

People who drink water instead of sugary drinks are more successful at losing weight and keeping it off, this is because sugary drinks contain calories, so replacing them with water automatically reduces your calorie intake. However, drinking water may also temporarily speed up your metabolism, Studies have shown that drinking 17 ounces (0.5 liters) of water increases resting metabolism by 10–30% for about an hour, this calorie-burning effect may be even greater if you drink cold water, as your body uses energy to heat it up to body temperature. Water can also help fill you up. Studies show that drinking water a half an hour before you eat can help you eat less, one study of overweight adults found that those who drank half a liter of water before their meals lost 44% more weight than those who didn't.

1. **Doing a High-Intensity Workout.**

High-intensity interval training (HIIT) involves quick and very intense bursts of activity. It can help you burn more fat by increasing your metabolic rate, even after your workout has finished, this effect is believed to be greater for HIIT than for other types of exercise. What’s more, HIIT has also been shown to help you burn fat One study in overweight young men found that 12 weeks of high-intensity exercise reduced fat mass by 4.4 pounds (2 kg) and belly fat by 17%

1. **Lift Heavy Things.**

Muscle is more metabolically active than fat, and building muscle can help increase your metabolism. This means you will burn more calories each day, even at rest. Lifting weights will also help you retain muscle and combat the drop in metabolism that can occur during weight loss in one study, 48 overweight women were placed on a diet of 800 calories per day, along with either no exercise, aerobic exercise or resistance training After the diet, the women who did the resistance training maintained their muscle mass, metabolism and strength. The others lost weight, but also lost muscle mass and experienced a decrease in metabolism.

1. **Stand up More.**

Sitting too much is bad for your health. Some health commentators have even dubbed it "the new smoking." This is partly because long periods of sitting burn fewer calories and can lead to weight gain, in fact, compared to sitting, an afternoon of standing up at work can burn an extra 174 calories. If you have a desk job, try standing up for short periods to break up the length of time you spend sitting down. You can also invest in a standing desk.

1. **Drink Green Tea or Oolong Tea.**

Green tea and oolong tea have been shown to increase metabolism by 4–5%, These teas help convert some of the fat stored in your body into free fatty acids, which may increase fat burning by 10–17%. As they are low in calories, drinking these teas may be good for both weight loss and weight maintenance It's thought their metabolism-boosting properties may help prevent the dreaded weight loss plateau that occurs due to a decrease in metabolism. However, some studies find that these teas do not affect metabolism. Therefore, their effect may be small or only apply to some people.

1. **Eat Spicy Foods.**

Peppers contain capsaicin, a substance that can boost your metabolism. However, many people can't tolerate these spices at the doses required to have a significant effect. One study of capsaicin, at acceptable doses, predicted that eating peppers would burn around 10 additional calories per meal. Over 6.5 years, this could account for 1 pound (0.5 kg) of weight loss for an average-weight male. Alone, the effects of adding spices to your food may be quite small. However, it may lead to a slight advantage when combined with other metabolism-boosting strategies.

1. **Get a Good Night's Sleep.**

Lack of sleep is linked to a major increase in the risk of obesity. This may partly be caused by the negative effects of sleep deprivation on metabolism.

Lack of sleep has also been linked to increased blood sugar levels and insulin resistance, which are both linked to a higher risk of developing type 2 diabetes. It's also been shown to boost the hunger hormone ghrelin and decrease the fullness hormone. This could explain why many people who are sleep-deprived feel hungry and struggle to lose weight.

1. **Drink Coffee.**

Studies have shown that the caffeine in coffee can boost metabolism by 3–11%. Like green tea, it also promotes fat burning. However, this seems to affect lean people more. In one study, coffee increased fat burning by 29% for lean women, but only 10% for obese women. Coffee's effects on metabolism and fat burning may also contribute to successful weight loss and maintenance. Drinking coffee can significantly increase your metabolism and help you lose weight.

1. **Replace Cooking Fats with Coconut Oil.**

Unlike other saturated fats, coconut oil is relatively high in medium-chain fats. Medium-chain fats can increase your metabolism more than the long-chain fats found in foods like butter. In one study, researchers found that medium-chain fats increased metabolism by 12% compared to long-chain fats, which raised it by just 4%. Due to the unique fatty acid profile of coconut oil, replacing some of your other cooking fats with it may have modest benefits for weight loss.

**QUESTION THREE.**

**Identify at least four societal factors that may have influenced the rise in obesity rates in the United States since 1963.**

Obesity is one of the most pressing public health disorders in the United States and other westernized societies. Its prevalence is increasing worldwide and it is associated with concerning medical comorbidities, most notably the metabolic syndrome and type 2 diabetes. Hence, innovative research that defines the causes of obesity has become an increasingly important focus for the National Institutes of Health. A challenge to this mission, however, is that fact that obesity is a “complex disorder.” For most individuals in the population, obesity results from multiple genetic and environmental factors that may interact with, or may be correlated with, each other.

The topic of genetic and social environmental influences on obesity, and how they interact, is a unique topic for which conceptual frameworks are scarce. Research within each domain appears to have advanced largely within independent “camps,” each of which has undergone major advances in the past decade. Research into the genetics of human obesity has become increasingly sophisticated with respect to molecular technologies, biostatistics, and efficient design strategies; however, as illustrated, these studies generally did not measure specific aspects of the social environment. Research into social environmental influences on obesity has expanded its scope of coverage from interpersonal variables to potential consequences of a broader “toxic environment;” however, these studies generally did not collect DNA or use genetically informative designs. Hence, there appears to be room for greater scientific synergy between the domains.

There are overarching aims to the present report to review evidence of social-environmental influences on obesity and the types of methodologies used to establish these associations. The report strives to foster ideas for new research that bridge the idea on social-environmental research, as they relate to obesity and obesity-promoting behaviors.

**The social-environmental influences on obesity and obesity-promoting behaviors.**

This section reviews evidence for potential social-environmental influences on obesity and obesity-promoting behaviors, corresponding to paths The social-environmental variables include two “macro environmental” variables and two “micro environmental” variables. Macro environmental factors operate across larger communities or populations, specifically, exposure to components of the “toxic environment” and socioeconomic status (SES); “micro environmental” factors, on the other hand, refer to smaller groups of individuals or family members, specifically, the “social facilitation” of overeating that occurs in group settings and parent-child feeding dynamics. The social-environmental variables reviewed below are not necessarily independent of each other, but are presented individually for ease of presentation.

**Macro environmental Influences.**

The two macro environmental factors reviewed below are exposure to the “toxic environment” and Socioeconomic Status (SES). These particular factors are reviewed because there is a reasonable database providing information on these variables and because of their potential relevance for obesity prevention.

1. **Exposure to the “Toxic Environment”.**

The term “toxic environment” refers to a pervasive series of social and economic changes that have occurred in the United States during in the past several decades and that these changes have caused the rising obesity prevalence, even though strong causal inferences cannot be easily made from these observational trends but include the increased portion sizes and the “super-sizing” of commercially available foods, the proliferation of fast-food restaurants, the reduced cost of fast-food products, the increasing access to energy-dense foods in schools, the increased use of labor saving devices that reduce physical activity, and reduced opportunities for physical activity in schools and at safe playgrounds.

Data have been published that are consistent with the notion that some of these changes may have contributed to the rising obesity prevalence for example, data on national food supply and utilization from the U.S. Marketing System indicate that the overall energy availability per capita in the United States increased by 10 to 15 percent between 1960 and 1994, a period during which there was also an increase in per capita availability of dietary fat, increased consumption of added fats (commonly found in snack or confectionary foods), reduced milk intake, and increased soft-drink intake. During this period, there was an increased number of households with two or more television sets, home video recorders, and home computers.

Finally, it has not been tested whether exposure to the toxic environment is related to genotype. That is, individuals with obesity-predisposing genes may be particularly responsive to the effects of such a “toxic” environment. In addition, certain individuals may be more likely to seek out or expose themselves to aspects of the toxic environment.

1. **Socioeconomic Status (SES)**

Several studies have documented an inverse relationship between SES and obesity in previous years. In a recent review, Ball and colleagues examined 34 articles to test the hypothesis that persons from lower SES strata are at increased risk of weight gain. Their hypothesis was supported for predominantly non-African American samples, but not for African American samples. Reviewing relevant studies, they found little support for a relationship between SES and weight gain among African Americans. In contrast, depending on the particular indicator for SES that was used (i.e., occupational status, education, and income), they found that lower SES was associated with an increased risk of weight gain in non-African American individuals. Specifically, the authors found an inverse association between occupational status and weight gain for men and women. When SES was assessed using education as the indicator, the relationship became less strong (particularly among men). Using income level as the particular indicator for SES, findings for associations between weight gain and SES were inconsistent for both men and women. Finally, the authors noted a differential rate of weight gain by SES and attributed that finding to an early onset of weight gain in a person’s life, when parental SES may still be influential.

Prospective analyses of the National Longitudinal Survey of Youth found that children from lower SES families were more likely to have been overweight during the prior year than children from higher SES families. Negative associations between obesity status and household income and parental education were found even when controlling for ethnicity and other demographic variables.

The relationship between SES and obesity may also be influenced by differential costs of less or more nutritious foods. For instance, in a series of elegant analyses documented that the cost of healthy, nutrient-dense foods such as fruits and vegetables were reliably more expensive than more energy-dense, less nutritious foods. Possibly for this reason, the availability of fruits and vegetables in adolescents’ homes was shown to be greater among families from high compared to low SES strata. These data suggest that families from lower SES strata have overall fewer monetary resources to purchase more nutrient-dense, healthy foods.

Reduced access to recreational facilities or parks in deprived neighborhoods also may contribute to diminished energy expenditure and thus increased body weight in individuals of lower SES.

In summary, lower SES may contribute to the onset of obesity in that it provides an environment which promotes the intake of calorically dense foods while it reduces the need or the opportunity for physical activity.

**Micro environmental Influences**

The micro environmental influences reviewed in this section are social facilitation of eating and parental feeding practices. These particular factors are reviewed because there is a reasonable database providing information on these variables and, in regards to feeding practices, because of its potential relevance for obesity prevention.

1. S**ocial Facilitation of Eating.**

There is reliable evidence that total energy intake at meals is increased significantly when eating in the presence of other people, a phenomenon termed “social facilitation”. This phenomenon would be represented by pathway showing that about 63 adults who maintained a 7-day continuous food diary and recorded the number of people present at each meal. Results indicated that energy intake during meals that were eaten alone was significantly lower compared to energy intake during meals that were consumed in the presence of others. This was observed for total energy intake (410 vs. 591 kcals), carbohydrate intake (190 vs. 241 kcals), fat intake (157 vs. 230 kcals), and protein intake (65 vs. 100 kcals). Satiety ratings were 30 percent greater following meals eaten with others compared to meals eaten alone.

Additional analyses of de Castro’s data indicated that the social facilitation effect was greater for meals consumed in the presence of a spouse, family member, or friend compared to less familiar or unknown companions, suggesting that enhanced social interactions and discussions were the underlying mechanisms. Indeed, de Castro and de Castro argued that physiological signals that relate to appetite and meal size can be overridden by social interactions. Specifically, they found that reported total energy intake at meals was positively correlated with time since prior meal consumption, but only for meals eaten alone. When others were present at meals, there was no longer a significant association, suggesting that post-prandial meal regulation may be “disrupted by the presence of other people”.

The mechanism underlying social facilitation of eating has been termed “time-extension” and has received the most empirical support. Specifically, the presence of people at a meal serves to lengthen meal time which, in turn, promotes further energy intake. The point is important to the present paper because, as presented in Section, there is evidence that the tendency to eat with others may be genetically influenced. Thus, the fact that some individuals are more likely to eat in the presence of others may not be a random event; rather, eating in the presence of others may be a trait that is influenced by genes that indirectly promote social facilitation of eating at meals.

1. **Parental Feeding Practices: Breast-Feeding vs. Bottle-Feeding**

An area of active research concerns parental feeding practices and parent-child feeding dynamics that might promote a positive energy balance and overweight in young children. Review of this literature reveals two specific feeding practices that are prospectively associated with increased body weight and weight gain in infants and children. These practices are, first, bottle-feeding as opposed to breast-feeding, and, second, parental use of restrictive child feeding practices. With respect to breast-feeding practices, prospective epidemiology studies have shown that childhood and adolescent obesity rates were reduced among infants who were breast-fed as opposed to never breast-fed and among infants who were breast-fed for longer compared to shorter durations. Among children who were mostly or exclusively breast-fed during the first 6 months of life, compared to children who were mostly or exclusively formula-fed, the odds ratio for being overweight was 0.78. This held true when controlling for maternal BMI and other variables reflecting SES and lifestyle activities. It should be noted that not all studies replicated this significant association, and that one study found the association to be true in non-Hispanic white families but not African American families.

The mechanisms for the apparent protective effect of breast-feeding on overweight development were unknown, although recent data implicate parental feeding patterns as a possible factor. Specifically, mothers who breast-fed their infants were less restrictive in their feeding practices (as measured by self-report questionnaire) than mothers who bottle-fed their infants. As discussed in the next section, restriction of child eating may impede a child’s ability to self-regulate food intake and instead teach a child to eat in response to external cues. Whether or not this is the actual mechanism needs to be clarified in future research.

1. **Parental Feeding Practices: Restrictive Feeding Practices**

An extensive literature has examined which parental feeding practices, if any, are associated with increased child food intake during meals and increased weight status. Investigators have measured feeding practices by parent-report questionnaires, direct observation, or analysis of videotapes, with the most common assessment tool being the parent-report Child Feeding Questionnaire. A recent review of this literature concluded that, across the range of parental feeding domains that have been studied, only restriction of child eating was consistently associated with increased child total energy intake and weight status. Parents who restrict their children’s access to foods tend to have heavier children. No other feeding domains were associated with childhood obesity, including use of food to calm infants and children, feeding on schedule, pushing child to eat more, and provision of structure during feeding, or using food as a reward.

Several mechanisms by which parental restriction may promote increased child energy intake and body weight have been proposed. First, restrictive feeding practices may impede on a child’s ability to adhere to internal hunger and satiety cues (i.e., impaired self-regulation) and thereby teach children to eat in response to external cues (e.g., portion size, time of day). Among preschool children, the ability to self-regulate food and energy intake across meals was poorer among children whose parents reported elevated efforts to control child eating. Second, restricting children’s access to foods may have the counterproductive effect of making those “forbidden” foods more desirable. Third, restriction of foods may teach children to eat in the absence of hunger, that is, to continue eating despite being full when food is available.

At the same time, the body of evidence suggests that parental restriction of child eating is elicited, at least in part, by a child’s increased body weight. Indeed, in one study, the association between restrictive feeding practices and increased child weight gain was only seen in children who were born at high risk for obesity. As in other realms of child development, there appears to be a bidirectional association such that parental restriction of child eating partially is*elicited* by child’s weight, which in turn may exacerbate further child weight gain. This also suggests a possible gene-environment correlation such that genes and environmental conditions that promote childhood obesity are interrelated.

**QUESTION FOUR.**

**Your friend Misty joins you for lunch and confesses that she is discouraged about her weight. She says that she has been trying “really hard” for 3 months to lose weight but that no matter what she does, she cannot drop below 148lb. based on her height, you know Misty is not overweight, and she exercises regularly. What questions would you suggest she think about? How would you advise her?**

Sticking to a conventional diet and exercise plan can be difficult. However, there are several proven tips that can help you eat fewer calories with ease. These are effective ways to reduce your weight, as well as to prevent weight gain in the future. Here are some of the ways to lose weight without diet or exercise.

1. **Eliminate Sugary Drinks.**

Added sugar may very well be the single worst ingredient in the diet today. Sugary beverages like soda have been associated with an increased risk of many diseases. It's very easy to consume excess calories from sugary drinks because liquid calories don't affect fullness the way solid food does. Staying away from these beverages entirely can provide enormous long-term health benefits. However, note that you should not replace soda with fruit juice as it can be just as high in sugar. Healthy beverages to drink instead include water, coffee and green tea, Sugary drinks have been linked to an increased risk of weight gain and many diseases. Your brain doesn't register liquid calories as it does solid foods, making you eat more.

1. **Eat Plenty of Protein.**

Protein has powerful effects on appetite. It can increase feelings of fullness, reduce hunger and help you eat fewer calories. One study found that increasing protein intake from 15% to 30% of calories helped participants eat 441 fewer calories per day and lose 11 pounds over 12 weeks, on average, without intentionally restricting any foods. If you currently eat a grain-based breakfast, you may want to consider switching to a protein-rich meal, such as eggs. In one study, overweight or obese women who had eggs for breakfast ate fewer calories at lunch compared to those who ate a grain-based breakfast. What's more, they ended up eating fewer calories for the rest of the day and during the next 36 hours.

Some examples of protein-rich foods include chicken breasts, fish, Greek yogurt, lentils, quinoa and almonds. Adding protein to your diet has been linked to weight loss, even without exercise or conscious calorie restriction.

1. **Eat Fiber-Rich Foods.**

Eating fiber-rich foods may increase satiety, helping you feel fuller for longer. Studies also indicate that one type of fiber, viscous fiber, is particularly helpful for weight loss. It increases fullness and reduces food intake. Viscous fiber forms a gel when it comes in contact with water. This gel increases nutrient absorption time and slows down the emptying of your stomach. Viscous fiber is only found in plant foods. Examples include beans, oat cereals, Brussels sprouts, asparagus, oranges and flax seeds. Viscous fiber is particularly helpful in reducing appetite and food intake. This fiber forms gel that slows down digestion.

1. **Drink Water Regularly.**

Drinking water can help you eat less and lose weight, especially if you drink it before a meal. One study in adults found that drinking half a liter (17 ounces) of water about 30 minutes before meals reduced hunger and lessened calorie intake. Participants who drank water before a meal lost 44% more weight over a 12-week period compared to those who did not. If you replace calorie-loaded drinks — such as soda or juice — with water, you may experience an even greater effect. Drinking water before meals may help you eat fewer calories. Replacing a sugary drink with water is particularly beneficial.

1. **Sleep Well and Avoid Stress.**

When it comes to health, people often neglect sleep and stress. Both, in fact, have powerful effects on your appetite and weight. A lack of sleep may disrupt the appetite-regulating hormones leptin and ghrelin. Another hormone, cortisol, becomes elevated when you're stressed. Having these hormones fluctuate can increase your hunger and cravings for unhealthy food, leading to higher calorie intake. What's more, chronic sleep deprivation and stress may increase your risk of several diseases, including type 2 diabetes and obesity. Poor sleep and excess stress may imbalance several important appetite-regulating hormones, causing you to eat more.

1. **Chew Thoroughly and Slow Down.**

Your brain needs time to process that you've had enough to eat. Chewing your food thoroughly makes you eat more slowly, which is associated with decreased food intake, increased fullness and smaller portion sizes. How quickly you finish your meals may also affect your weight. A recent review of 23 observational studies reported that faster eaters are more likely to gain weight than slower eaters. Fast eaters are also much more likely to be obese. To get into the habit of eating more slowly, it may help to count how many times you chew each bite. Eating your food slowly can help you feel more full with fewer calories. It is an easy way to lose weight and prevent weight gain.

1. **Use Smaller Plates for Unhealthy Foods.**

The typical food plate is larger today than it was a few decades ago. This trend could contribute to weight gain, since using a smaller plate may help you eat less by making portions look larger. On the other hand, a bigger plate can make a serving look smaller, causing you to add more food. You can use this to your advantage by serving healthy food on bigger plates and less healthy food on smaller plates. Smaller plates can trick your brain into thinking you're eating more than you actually are. Therefore, it's smart to consume unhealthy foods from smaller plates, causing you to eat less.

1. **Store Unhealthy Foods out of Sight.**

Storing unhealthy foods where you can see them may increase hunger and cravings, causing you to eat more and this is also linked to weight gain.

One recent study found that if high-calorie foods are more visible in the house, residents are more likely to weigh more than people who keep only a bowl of fruit visible. Store unhealthy foods out of sight, such as in closets or cupboards, so that they are less likely to catch your eye when you're hungry. On the other hand, keep healthy foods visible on your countertops and place them front and center in your fridge. If you keep unhealthy foods on your counter, you are more likely to have an unplanned snack. This is linked to increased weight and obesity. It’s better to keep healthy foods — like fruits and vegetables — in plain sight.

1. **Serve Yourself Smaller Portions.**

Portion sizes have increased during the last few decades, especially at restaurants. Larger portions encourage people to eat more and have been linked to an increase in weight gain and obesity. One study in adults found that doubling the size of a dinner appetizer increased calorie intake by 30%. Serving yourself just a little less might help you eat significantly fewer calories. And you probably won't even notice the difference. Larger portion sizes have been linked to obesity and may encourage both children and adults to eat more food.

1. **Eat Without Electronic Distractions.**

Paying attention to what you eat may help you consume fewer calories. People who eat while they're watching TV or playing computer games may lose track of how much they have eaten. This, in turn, can cause overeating. One review of 24 studies found that people who were distracted at a meal ate about 10% more in that sitting. Additionally, absent-mindedness during a meal has an even greater influence on your intake later in the day. People who were distracted at a meal ate 25% more calories at later meals than those who were present. If you regularly consume meals while watching TV or using electronic devices, you could be inadvertently eating more. These extra calories add up and have a massive impact on your weight in the long term. People who eat while distracted are more likely to overeat. Paying attention to your meals may help you eat less and lose weight.

**References**

1. **Basal Metabolic Rate**

McNab BK (1997). "On the Utility of Uniformity in the Definition of Basal Rate of Metabolism". [*Physiological Zoology*](https://en.wikipedia.org/wiki/Physiological_Zoology). **70** (6): 718–720. [doi](https://en.wikipedia.org/wiki/Digital_object_identifier):[10.1086/515881](https://doi.org/10.1086%2F515881)

1. **Sweetened beverage consumption and risk of coronary heart disease in women.**

[Fung TT](https://www.ncbi.nlm.nih.gov/pubmed/?term=Fung%20TT%5BAuthor%5D&cauthor=true&cauthor_uid=19211821)1, [Malik V](https://www.ncbi.nlm.nih.gov/pubmed/?term=Malik%20V%5BAuthor%5D&cauthor=true&cauthor_uid=19211821), [Rexrode KM](https://www.ncbi.nlm.nih.gov/pubmed/?term=Rexrode%20KM%5BAuthor%5D&cauthor=true&cauthor_uid=19211821), [Manson JE](https://www.ncbi.nlm.nih.gov/pubmed/?term=Manson%20JE%5BAuthor%5D&cauthor=true&cauthor_uid=19211821), [Willett WC](https://www.ncbi.nlm.nih.gov/pubmed/?term=Willett%20WC%5BAuthor%5D&cauthor=true&cauthor_uid=19211821), [Hu FB](https://www.ncbi.nlm.nih.gov/pubmed/?term=Hu%20FB%5BAuthor%5D&cauthor=true&cauthor_uid=19211821).

[**Author information**](https://www.ncbi.nlm.nih.gov/pubmed/19211821)

Department of Nutrition, Simmons College, Boston, MA 02115, USA. [fung@simmons.edu](mailto:fung@simmons.edu)

1. **Water consumption increases weight loss during a hypocaloric diet intervention in middle-aged and older adults.**

[Dennis EA](https://www.ncbi.nlm.nih.gov/pubmed/?term=Dennis%20EA%5BAuthor%5D&cauthor=true&cauthor_uid=19661958)1, [Dengo AL](https://www.ncbi.nlm.nih.gov/pubmed/?term=Dengo%20AL%5BAuthor%5D&cauthor=true&cauthor_uid=19661958), [Comber DL](https://www.ncbi.nlm.nih.gov/pubmed/?term=Comber%20DL%5BAuthor%5D&cauthor=true&cauthor_uid=19661958), [Flack KD](https://www.ncbi.nlm.nih.gov/pubmed/?term=Flack%20KD%5BAuthor%5D&cauthor=true&cauthor_uid=19661958), [Savla J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Savla%20J%5BAuthor%5D&cauthor=true&cauthor_uid=19661958), [Davy KP](https://www.ncbi.nlm.nih.gov/pubmed/?term=Davy%20KP%5BAuthor%5D&cauthor=true&cauthor_uid=19661958), [Davy BM](https://www.ncbi.nlm.nih.gov/pubmed/?term=Davy%20BM%5BAuthor%5D&cauthor=true&cauthor_uid=19661958).

[**Author information**](https://www.ncbi.nlm.nih.gov/pubmed/19661958)

Department of Human Nutrition, Foods and Exercise, Virginia Tech, Blacksburg, Virginia, USA.

1. **Protein, weight management, and satiety.**

[Paddon-Jones D](https://www.ncbi.nlm.nih.gov/pubmed/?term=Paddon-Jones%20D%5BAuthor%5D&cauthor=true&cauthor_uid=18469287)1, [Westman E](https://www.ncbi.nlm.nih.gov/pubmed/?term=Westman%20E%5BAuthor%5D&cauthor=true&cauthor_uid=18469287), [Mattes RD](https://www.ncbi.nlm.nih.gov/pubmed/?term=Mattes%20RD%5BAuthor%5D&cauthor=true&cauthor_uid=18469287), [Wolfe RR](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wolfe%20RR%5BAuthor%5D&cauthor=true&cauthor_uid=18469287), [Astrup A](https://www.ncbi.nlm.nih.gov/pubmed/?term=Astrup%20A%5BAuthor%5D&cauthor=true&cauthor_uid=18469287), [Westerterp-Plantenga M](https://www.ncbi.nlm.nih.gov/pubmed/?term=Westerterp-Plantenga%20M%5BAuthor%5D&cauthor=true&cauthor_uid=18469287).

[**Author information**](https://www.ncbi.nlm.nih.gov/pubmed/18469287)

Department of Physical Therapy, The University of Texas Medical Branch, Galveston, TX 77555-1144, USA. [djpaddon@utmb.edu](mailto:djpaddon@utmb.edu)

1. **Prebiotic fiber modulation of the gut microbiota improves risk factors for obesity and the metabolic syndrome.**

[Parnell JA](https://www.ncbi.nlm.nih.gov/pubmed/?term=Parnell%20JA%5BAuthor%5D&cauthor=true&cauthor_uid=22555633)1, [Reimer RA](https://www.ncbi.nlm.nih.gov/pubmed/?term=Reimer%20RA%5BAuthor%5D&cauthor=true&cauthor_uid=22555633).

[**Author information**](https://www.ncbi.nlm.nih.gov/pubmed/22555633)

Faculty of Kinesiology, University of Calgary, Calgary, Alberta, Canada.

1. **prebiotics in the gastrointestinal tract.**

[Macfarlane S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Macfarlane%20S%5BAuthor%5D&cauthor=true&cauthor_uid=16918875)1, [Macfarlane GT](https://www.ncbi.nlm.nih.gov/pubmed/?term=Macfarlane%20GT%5BAuthor%5D&cauthor=true&cauthor_uid=16918875), [Cummings JH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Cummings%20JH%5BAuthor%5D&cauthor=true&cauthor_uid=16918875).

[**Author information**](https://www.ncbi.nlm.nih.gov/pubmed/16918875)

Dundee University Gut Group, Division of Pathology and Neuroscience, Ninewells Hospital and Medical School, Dundee, UK. s.macfarlane@dundee.ac.uk