LOSING WEIGHT

WHAT WORKS. WHAT DOESN'T.

In the first large-scale survey of the major weight-loss programs—reported on page 353—we found that no program is very effective. Here's why diets usually don't work, and how you can manage your weight more wisely.

Fifty million Americans are dieting at any given time, and these days, most of them are thoroughly confused. After decades in which medical authorities, the fashion industry, and most ordinary people agreed that the pursuit of thinness was an unmitigated good, the wisdom of dieting has come into question. Researchers have found that yo-yo dieting, the common cycle of repeatedly losing and regaining weight, may be as bad for you as weighing too much in the first place. Sobered by that research—and by the realization that many dieters become yo-yo dieters—members of a growing antidiet movement have urged people to throw away their calorie counters and eat whenever they're hungry.

Despite those developments, it is still possible and worthwhile for some people to lose weight. But a review of the scientific literature, interviews with experts in the field, and CU's own research show that a major shift in thinking about weight loss is in order. For the typical American dieter, the benefits of weight loss are no longer certain—and the difficulty of losing weight permanently has become all too clear.

Medical researchers have suspected for years that most diets end in failure; studies done at weight-loss clinics in medical centers showed that people almost always regained the weight they lost. But it was never clear whether people at those clinics had an unusually poor success rate because they were "hard cases" who needed special help.

Now CU has undertaken the first large-scale survey of people on ordinary diet programs and shown that they, too, usually fail at losing weight in the long term. We collected information from 95,000 readers who had done something to lose weight over the previous three years, including some 19,000 who had used a commercial diet program. As we report on page 353, our survey showed that people do lose weight on these programs—but the great majority of them gain back most of that weight within two years.

Although different weight-loss programs use different diets and strategies, none have been able to overcome this basic pattern. The problem is that losing weight is much more than a matter of willpower: It's a process that pits the dieter against his or her own physiology.

Why people get fat

A small number of people have struggled with obesity since childhood and are massively overweight as adults. A greater number are not overweight when they enter adulthood, but become so as they gain 10, 20, or 30 pounds over the course of two or three decades. And about three-quarters of American adults are not overweight at all.

What makes for the difference? Primarily, it's the genes. An individual's body size, studies have conclusively shown, is genetically coded as surely as the shape of a nose. Inheritance overwhelms other factors in determining an individual's normal range of weight, which may be relatively high for one person, low for another. While diet and exercise certainly play a role, they do so within limits set by heredity.

A clash of ideals The woman on the right—5-foot-4 and 130 pounds—has an ideal body type from a health standpoint. But many women her size long to attain a thinner ideal: the super-svelte body, shown in the mirror, that only a tiny fraction of the population can ever match.

Over and over again, researchers have observed the human body's remarkable resistance to major weight change. Dr. Rudolph Leibel, an obesity researcher at Rockefeller University in New York City, describes how extremely obese people repeatedly enter the university's weight-loss clinic, lose dozens of pounds, go home, and return six months later having regained precisely the amount of weight they lost. Other clinicians have reported similar, if less dramatic, results.

What's less widely known is that the body resists major weight *gain* as much as it resists a major loss. In a classic study conducted in the 1960s

The first modern diet book
In 1863, the Englishman William Banting published his "Letter on Corpulence Addressed to the Public." His advice: Cut back on carbohydrates.

by Dr. Ethan Allen Sims of the University of Vermont, a group of 20 prisoners of normal weight volunteered to gain as much weight as possible. Only by forcing themselves to overeat—some by thousands of extra calories a day—were the men able to add 20 percent to their weight and keep it on. Once the study ended, almost everyone returned quickly to his starting weight.

No one knows just how the body keeps weight within a fairly narrow range; researchers posit the existence of some sort of biochemical control system, but they haven't found it. Whatever the mechanism is, however, it allows weight to drift slowly upward as people get older. Two major changes take place with age. People tend to become less physically active. And, partly as a result of inactivity, people lose lean muscle mass, which burns calories more rapidly than fatty tissue.

No wonder, then, that the prime time for dieting is the mid-40s. "That's when people start to look fat or study a height-weight table and say to themselves, 'Gee, I've crossed over a line,' " says David Williamson, an epidemiologist who studies weight patterns for the Centers for Disease Control and Prevention.

Weight and health

Even if some people are genetically programmed to be fatter than others, their natural body size may not necessarily be a healthy one. Researchers are now struggling with a difficult question: At what point do the risks of overweight make the effort to lose weight worthwhile?

To begin to answer that question, scientists have used a measure called the body mass index, or BMI, which incorporates both height and weight to assess a person's level of fatness. You can find your own BMI by following the instructions on the opposite page. Scientists consider a BMI of 25 or less to be desirable for most people. A BMI between 25 and 30—mild or moderate overweight—carries a slightly increased risk of weight-related health problems such as high blood pressure, high blood cholesterol, heart disease, and Type II (adult-onset) diabetes. At a BMI of 30 or more—considered truly overweight—the risk of developing those conditions and others rises sharply.

There is little doubt that people with a *lifelong* BMI of 25 or less have the lowest risk of disease and premature death (except for cigarette smokers, who are both lean and suffer high rates of cancer, chronic lung disease, and cardiovascular disease). But the benefits of thinness may be greatest for people who have always been thin. Someone who starts out overweight and then slims down is still worse off than someone who never was overweight at all.

The people with the hardest decision to make about their weight are those who are mildly to moderately overweight, with a BMI between 25 and 30. If they have diabetes or cardiovascular risk factors, such as high blood cholesterol or high blood pressure, they may have a medical reason to try to reduce; if not, they may be relatively safe.

Age also affects the risk for this middle group. Americans' median weight rises steadily between the ages of 20 and 55, and a number of studies indicate that isn't necessarily dangerous. The overall risk of moderate overweight apparently diminishes, or even disappears altogether, with advancing age. The reason is not entirely clear, and the data have been the subject of much debate. However, most researchers now accept the phenomenon as fact, as does the U.S. Government. Since 1990, the Government has published weight guidelines for Americans that give different ranges for older and younger adults.

One other critical variable has emerged in the last several years: the waist-to-hip ratio, calculated as the measure of a person's waist at its smallest point divided by the circumference of the hips at their widest point. This ratio distinguishes "apples"—that is, people who carry excess weight above their waist—from "pears," whose extra fat settles around the hips and buttocks. The higher the waist-to-hip ratio, the more apple-shaped the figure. Most men are apples, with the classic beer belly; most women are pears, although there is a significant minority of female apples.

The correlation between the waist-to-hip ratio and cardiovascular disease has been investigated in at least a half-dozen long-term studies, with consistent results: The higher the ratio, the greater the risk of disease, especially among people who are at least moderately overweight. Many scientists even believe that the waist-to-hip ratio predicts cardiovascular disease better than the degree of overweight. For men, the risk seems to rise above a waist-to-hip ratio of 0.95; for women, the cutoff point is 0.80. Paradoxically, surveys show that overweight men, most of whom are apples, are much less likely to try to lose weight than women, whose fat distribution is more benign.

Scientists think that abdominal fat does its damage because it is more metabolically active than below-the-waist fat. It's also associated with increased insulin resistance (a precursor to diabetes) and may be a cause of hypertension.

Why diets don't work

Even the most optimistic weight-control professionals admit that traditional dieting—cutting calories to lose weight—rarely works in the long term. Clinicians have tried everything to make diets more effective. They've devised ultra-low-calorie regimens that produce fast, large weight losses. They've brought patients in for months, even years, of behavior modification to help them deal with "impulse" eating and distract themselves from hunger pangs. The results are unvarying: When treatment stops, weight gain begins.

Scientists can't yet fully explain this nearly inevitable pattern, but the explanation may lie in our prehistoric roots. According to one hypothesis, humans evolved under the constant threat of famine. As a result, the human body is programmed by evolution to respond to caloric restriction as if starvation were at hand. After a few weeks on a low-calorie diet, the body goes on a sort of protective red alert. The basal metabolic rate—the speed at which the body burns calories when at rest—begins to decline. In addition, the body uses lean muscle mass as fuel in an effort to preserve fat, which is the major long-term source of energy. Both changes mean that the body burns fewer calories, making it more difficult to maintain a weight loss.

Finally, hunger—true, physiological hunger—increases. And, faced with hunger, "people are not able to keep up with the food restrictions required to maintain a lower weight," says David Schlundt, a psychologist at Vanderbilt University who specializes in obesity. Although the folklore of dieting says that hunger can be overcome by anyone with a decent amount of willpower, this basic biological drive is exceedingly difficult to ignore.

Most obesity researchers now believe that stringent dieting is actually a major trigger for binge eating. This connection was shown vividly in an experiment conducted during World War II by University of

Minnesota physiologist Ancel Keys with a group of young, healthy men. Keys put the men on a balanced diet that provided about half their usual caloric intake—a regimen that he called "semistarvation" but that was remarkably similar to the diets prescribed by today's commercial weight-loss programs. When the men were released from the diet after six months, they went on massive eating binges, eating up to five meals and 5000 calories a day until they had returned to their normal weight. The lesson: "Going back to eating after a period of starvation is as natural as taking a breath," says Susan Wooley, a University of Cincinnati psychologist who specializes in obesity and eating disorders.

Is weight loss safe?

In addition to the high physical and emotional cost of dieting, new epidemiological evidence suggests that the practice may actually carry a greater health risk than staying overweight for some people.

For years everyone assumed that if overweight damaged a person's health, losing weight would improve it. That assumption seemed to be well-founded: Many studies have shown that as soon as dieters start to lose weight, their blood cholesterol levels and blood pressure drop and their insulin resistance declines.

Surprisingly, however, not a single long-term epidemiological study has ever proven that losing weight extends life. And over the past year, two important studies have provided evidence to the contrary.

One, headed by Elsie Pamuk of the Centers for Disease Control and Prevention, used the results of the First National Health and Nutrition Examination Survey, a Government survey of the health status of thousands of Americans. When they entered that study in the early 1970s, participants were given a complete checkup that, among other things, recorded what they weighed then

IS YOUR WEIGHT BAD FOR YOUR HEALTH?

While being overweight can raise the risk of disease, especially cardiovascular disease, your risk is only partially determined by the number you see on the scale. By completing this worksheet, you can get a fuller picture of how your weight is likely to affect your health. The approach used here is largely adapted from work by Dr. George Bray of the Pennington Biomedical Research Center at Louisiana State University and psychologist Thomas A. Wadden of Syracuse University. To begin, you need to calculate your body mass index (BMI) and your waist-to-hip ratio.

Finding your BMI

Using a calculator, you can calculate your BMI as follows: Multiply your weight in pounds by 700, divide by your height in inches, then divide by your height again.

BMI _____

Finding your waist-to-hip ratio

Using a tape measure, find the circumference of your waist at its narrowest point when your stomach is relaxed.

Waist: _____ in.

Next, measure the circumference of your hips at their widest (where your buttocks protrude the most).

Hips: _____ in.

Finally, divide your waist measurement by your hip measurement.

Waist/hip = _____ Waist-to-hip ratio

Determining your risk

Long-term studies show that the overall risk of developing heart disease is generally related to BMI as follows:

BMI of 25 or less—Risk is very low to low.
BMI between 25 and 30—Risk is low to moderate.
BMI of 30 or more—Risk is moderate to very high.

The BMI determines your likely range of risk. But where you fall within that range depends on the factors at right. The more items you have in the "High-Risk Factors" column, the higher your risk; the more you have in the "Low-Risk Factors" column, the lower your risk. Bear in mind that these factors give you only an approximation of your risk; your physician can give you more precise advice. (It's also possible for someone with a large number of high-risk factors to have a high risk of heart disease at any weight.)

HIGH-RISK FACTORS

- Being male
- Under age 40 with BMI above 25
- Waist-to-hip ratio greater than 0.80 for women or 0.95 for men
- Sedentary life-style
- Smoking
- High blood pressure
- Blood cholesterol of more than 200 mg/dl
- HDL less than 35
- Heart disease or Type II (adult-onset) diabetes—personal or in family history

LOW-RISK FACTORS

- Being female
- Waist-to-hip ratio of less than 0.80 for women or 0.95 for men
- Regular exercise
- Normal blood pressure
- Blood cholesterol of less than 200 mg/dl
- HDL more than 45
- No personal or family history of heart disease or diabetes

and what was the most they had ever weighed. A decade later, the Government scientists tracked the participants to see who had died, and of what causes.

Recently, the CDC team analyzed the records of 5000 men and women who had been between the ages of 45 and 74 when they entered the Government study. The goal was to see whether those who had once been overweight but had lost weight lived longer than peers who had stayed fat. The team eliminated from the analysis anyone who had died within five years of starting the study, to make sure a pre-existing disease had not made them thin. They also adjusted their data to account for the effects of smoking, age, and gender.

The analysis did confirm one piece of conventional wisdom: Maintaining a stable adult weight and avoiding severe overweight is the best possible course. The data also supported the view that moderate overweight is not necessarily detrimental in middle age: Over the period of the study, men and women with a stable BMI between 25 and 30 had death rates as low as those with a stable BMI of 25 or less.

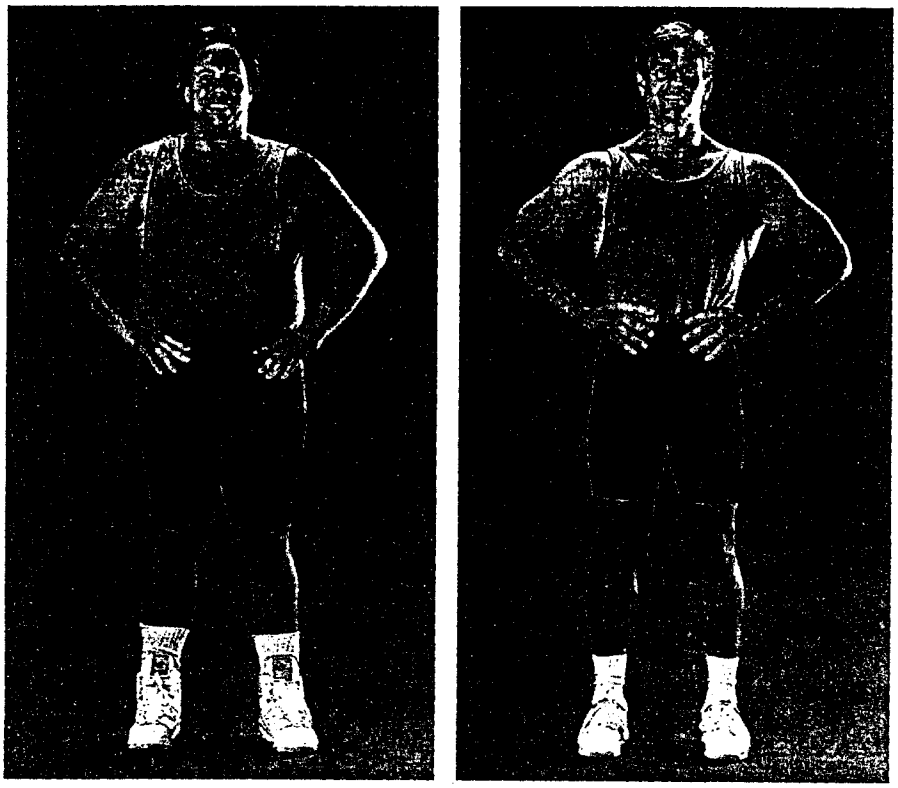
But when the CDC analysts looked at the effect of weight loss, what they found upset all their expectations: Instead of improving health, losing weight seemed to do the opposite. Women who lost *any* amount of weight had a higher death rate than those who didn't; the more weight they lost, the higher their risk. Among the fattest group of men, who began with a BMI of 30 or above, those who had a moderate weight loss had a slightly lower than average death rate. But those who lost 15 percent or more had a higher death rate—unless, surprisingly, they were so fat that their weight loss still left them overweight.

The second study was even larger: It included 11,703 middle-aged and elderly Harvard alumni whose weight was recorded in the early 1960s and again in 1977. Like the CDC study, the Harvard study controlled for pre-existing disease.

In 1988, the researchers checked alumni records to see who had died. The men whose weight changed least between the 1960s and 1977 had the lowest death rates, whether the researchers looked at deaths from all causes, deaths from cancer, or, especially, deaths from cardiovascular disease. Any significant weight change, whether up *or* down, markedly increased the risk of dying from cardiovascular disease.

Researchers are hard-pressed to explain the findings of the CDC and Harvard studies. The most likely explanation, however, is that people whose weight changed the most over time were more likely to have had cycles of yo-yo dieting in between—especially if they were overweight. Since our culture stigmatizes fatness, anyone who has been overweight for more than a few years has very likely gone through at least one cycle of significant weight loss and regain. Of the 95,000 respondents to our diet survey, 40 percent had had two or more weight-loss cycles within the previous five years; in that survey, overweight people cycled more often than people of normal weight.

Other studies have suggested that repeatedly losing and gaining weight is hazardous to health. One recent analysis used data from the Framingham Heart Study, a long-term study of some 5000 residents of a Boston suburb that began in 1948. Compared with subjects whose weight remained the most stable, those whose weight fluctuated frequently or by many pounds had a 50 percent higher risk of heart disease.



Same weight, different physique Weight is only one determinant of physical health. The man at left is 6 feet tall and weighs 240 pounds; the man at right is almost identical in height and weight, at 6-foot-1 and 230. But the man on the left is a classic "apple," with a high risk of heart disease, while the man on the right is muscular and at low risk.

Weighing your options

Studies like those will animate seminars at scientific meetings for years to come. But they're confusing to people who must decide right now what, if anything, to do about their weight.

For some groups, the decision is relatively clear-cut. People who are not already overweight should place top priority on avoiding weight gain through a combination of moderate eating habits and exercise. Most seriously overweight people—those with a BMI of 30 or more—should attempt to lose some weight; for them, the evidence favoring weight loss is greater than the evidence against it. Most adult-onset diabetics should also reduce, since blood-sugar control usually improves with even relatively small amounts of weight loss. Given the possibility that large losses and regains may be hazardous, however, the best strategy is to stay away from quick weight-loss

diets and aim instead for slow, modest, but permanent weight loss using the approaches we'll describe below.

The choice for nondiabetic, moderately overweight adults is not so clear. They should do what they can to avoid gaining more weight. But it is not certain that losing weight in and of itself will reduce their risk—especially if they gain it back again.

Fortunately, there is an approach to losing weight through diet and exercise that doesn't involve low-calorie quick-weight-loss plans. It's safer than conventional dieting; it's more likely to be effective; and it can lessen the risk of cardiovascular disease dramatically, even if it doesn't result in a large weight loss.

The importance of exercise

Apart from the risk of developing shinsplints or being chased by a dog, there's almost nothing bad to be said about regular, moderate physical exercise. And a number of studies now show that exercise can be very effective in weight control.

In one recent study, Stanford University researchers put 71 moderately overweight men and women on a low-fat diet for a year, and another, matched group of 71 on a diet with the same kinds of foods—plus a three-day-a-week program of aerobic exercise. After a year, the diet-plus-exercise group had lost more weight overall and more pounds of fat, even though they actually ate more calories per day than the diet-only group. Other studies have shown that exercise can help people lose weight even if they don't change their regular diet at all.

The explanation lies in the nature of human metabolism. More than half the calories we take in are burned up by what's called basal metabolism—the energy expended just to stay alive. In addition to increasing the number of calories burned in activity, exercise increases the basal metabolic rate, so the body burns more calories even at rest. Studies have shown that the basal metabolic rate is closely linked to the amount of muscle on the body, which is built up through exercise.

For most people, exercise alone will be enough to prevent future weight gain; for many, it will enable them to lose weight effectively and safely. In addition, even if exercise doesn't help you lose pounds, it may help you become thinner. A pound of muscle takes up less space than a pound of fat. So as you build muscle and lose fat, you can lose inches even without actually losing any weight.

Exercise plays a critical role not only in burning fat, but in keeping weight off. That was shown dramatically in a study of 184 mildly overweight Massachusetts policemen and civil servants. All were put on a low-calorie diet, and half were also put through three 90-minute exercise sessions per week. After eight weeks, everyone had lost weight. But when the men were re-examined three years later, those who had never exercised—or who had stopped once the study ended—promptly regained all or most of the weight they had lost. In contrast, exercisers who kept at it maintained virtually all their initial weight loss.

The rationale for exercise goes well beyond becoming thinner. "A lot of the health benefits that people are seeking from weight loss can be achieved by exercise, even in the absence of any weight loss," says Steven Blair, director of epidemiology at the Institute for Aerobics Research in Dallas.

In 1970, scientists at that institute began keeping records on more than 13,000 then-healthy middle-aged men and women to determine the effects of physical fitness on cardiovascular risk. The results are now coming in: Exercise seems to protect against disease and death even in people whose risk factors would otherwise put them in danger. Physically fit men in the study who had high blood pressure, insulin resistance, a high BMI, or an unfavorable family history were less likely to die than unfit men with none of those risk factors. Overall, the fittest men in the study had a death rate less than one-third that of the least fit; for women, there was a five-fold difference. The rates for cardiovascular disease were even more dramatically affected by fitness.

This study has now been followed up by a number of others showing that, among people with almost any known cardiovascular risk factor, exercisers do better than nonexercisers. In addition, exercisers develop adult-onset diabetes about 40 percent less often than nonexercisers, according to a study of 21,000 male American doctors.

It may even be that lack of exercise, rather than excess body fat itself, is the true culprit behind many of the ill effects of obesity. Since inactivity often leads to weight gain, overweight may turn out to be more a result of an unhealthful life-style than a cause of ill health.

Despite the evident benefits of exercise, most people with a weight problem still choose dieting instead. One reason has been the exercise community's historic fixation on high-intensity aerobic exercise, with its intimidating target-heart-rate charts and elaborate workout schedules. Most people simply won't attempt such demanding, time-consuming regimens—especially not the sedentary, overweight people who have the greatest need to exercise.

But intense exercise may not be necessary. Blair's study at the Institute for Aerobics Research suggests that the chief benefits of exercise come when people go from a sedentary life-style to moderate activity—not when they move from moderate exercise to intense athletics. In that study, men in the moderate-fitness group had a death rate from all causes nearly 60 percent lower than that of the sedentary group. In contrast, the very fittest men had a death rate only 23 percent lower than that of the moderately fit group. (Moderate exercise was defined as the equivalent of 30 to 60 minutes a day of brisk walking, either in small spurts or all at once.)

Influenced by these findings, Blair has become a prominent advocate of what might be called opportunistic exercise, which is essentially the art of devising an activity plan that can mesh with any schedule, no matter how frenetic. Blair, like many fitness experts, recommends looking for exercise everywhere you can. Park at the far edge of the mall lot instead of next to the front door; get off a bus one stop early and walk the rest of the way; pace the floor while you're on the phone; use an old-fashioned reel-type mower instead of a gasoline-powered one; take the stairs instead of the elevator. Any kind of exercise, however mundane, has potential benefits.

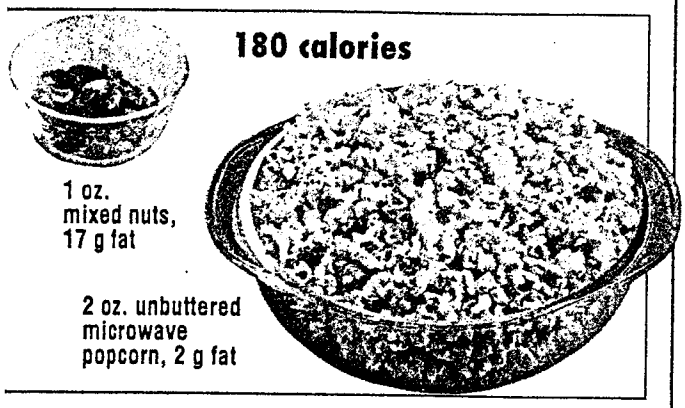
Eat less fat, lose fat

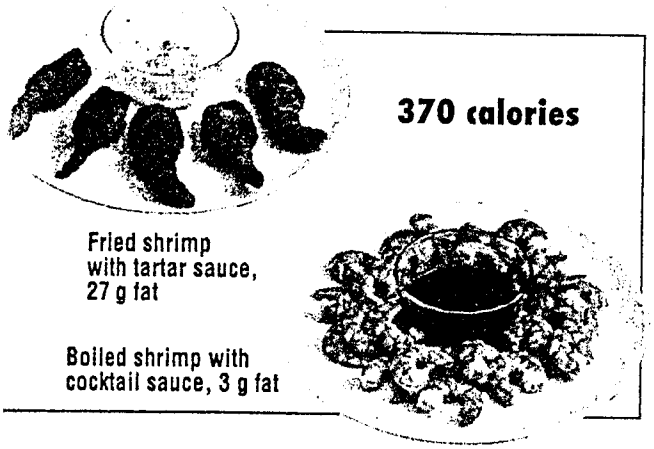
In addition to exercise, changing the kinds of food you eat—even without changing the caloric content—can improve both weight and health. Despite the decades-old wisdom that a calorie is a calorie is a calorie, some recent studies have suggested that calories from fat follow a straighter trajectory to the hips or the belly than calories from other sources. The body can store fat very efficiently. But the body's ability to store carbohydrates is limited, so when people eat more than their bodies can use, the excess is burned.

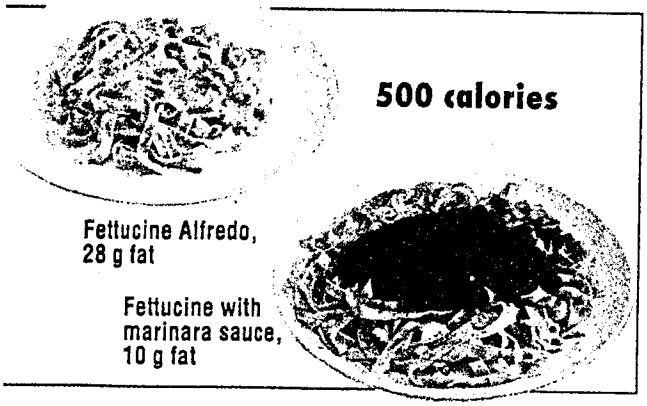
Trading pounds for lung cancer? Smoking tends to make people thinner, and cigarette manufacturers once promoted their products as if they were diet aids. In 1928, the American Tobacco Company introduced the slogan, "Reach for a Lucky instead of a sweet."

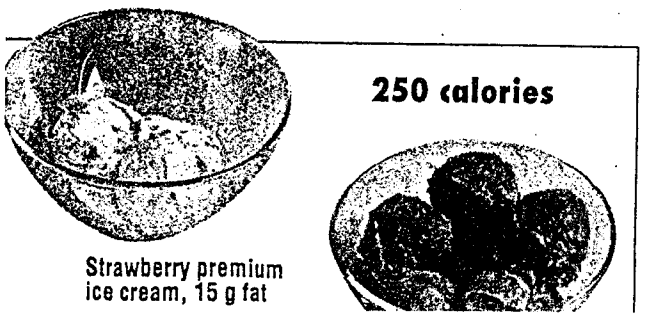
SAME CALORIES, DIFFERENT FOODS

When you switch from high-fat to low-fat foods, you can actually eat more food for the same number of calories—as the examples shown below demonstrate.









For that reason, researchers have found that the composition of the diet may be more important than the number of calories in determining who gains and who loses weight. The percentage of fat in the diet was the single strongest predictor of subsequent weight gain, for example, among 294 adults monitored for three years by Memphis State University investigators. By contrast, the total calorie consumption they reported had only a weak relationship to weight gain for women, and none at all for men.

If a high-fat diet can add pounds, a low-fat diet may help take them off. Researchers at the University of Illinois at Chicago switched 18 women volunteers from a diet that derived 37 percent of calories from fat—roughly the fat content of the average American's diet—to a diet that was only 20 percent fat. Over the 20-week experiment, the women lost four to five pounds, even though they increased their caloric intake.

One way to reduce fat intake without feeling chronically hungry is to fill up on something else, namely fruits, vegetables, and whole grains. Those foods are all high in carbohydrates, and a diet rich in fruits and vegetables seems to lower the risk of cancer and cardiovascular disease.

Some high-fat foods are easier to give up than others, as scientists at Seattle's Fred Hutchinson Cancer Research Center found in a study of the relationship between dietary fat and breast cancer. They taught a large group of women simple ways to reduce their fat consumption, and tracked down some of the participants after a year to see if they'd kept up their low-fat habits. The easiest changes to sustain turned out to be those that were least noticeable from a sensory standpoint: switching to low-fat milk, mayonnaise, margarine, and salad dressing; trimming fat from meats and skin from chicken; having occasional vegetarian meals. Hardest to give up were the foods for which fat was an integral part of the food's appeal: pastries and ice cream, butter, hamburgers, lunch meats, and cheese.

Fortunately, the fat-reducing strategies that are easiest to follow can yield a significant decrease in total fat consumption. A group from Pennsylvania State University calculated the effect of such changes on an average woman's diet. They determined that by substituting skim milk for whole, switching to lower-fat meats and fish (such as skinless chicken and water-packed tuna), and using low-fat dressings and spreads, a woman could cut the fat in her diet from 37 percent of calories to 23 percent.

Your natural weight

Exercising and eating less fat are healthful changes that can benefit anyone, and may lead to weight loss as a bonus. But for many people, especially those who have been overweight all their lives, even faithful adherence to healthful habits won't slim the body to the thin ideal our culture holds dear.

Janet Polivy, an obesity researcher at the University of Toronto, believes that people should learn to be comfortable with their "natural weight"—the body size and shape that results after a person adopts a healthful diet and gets a reasonable amount of exercise. Similarly, Kelly Brownell, a Yale University psychologist who has done extensive research on behavioral obesity treatments, speaks of a "reasonable weight" as an attainable goal. "It's the weight that individuals making reasonable changes in their diet and exercise patterns can seek and maintain over a period of time," he explains. Brownell suggests that people who want to lose weight should start by losing a moderate amount, 10 pounds or so, and should then see how comfortably they can maintain that lower weight before trying to lose a bit more, stabilizing again, and so on.

Accepting the goal of a "natural" or "reasonable" weight may involve giving up long-held fantasies of a slim, youthfully athletic body, and being content with the realities of a middle-aged shape instead. It means accepting a slower rate of weight loss, or none at all. For long-term dieters, many of whom have spent years monitoring everything they put into their mouths and suppressing hunger pangs, it also means learning anew how to eat normally—eating when hungry and stopping when full.

Nevertheless, we believe this moderate approach to weight control is the only one worth trying for most people. It makes sense whether you are trying to maintain your current weight, reverse middle-age spread, or deal with a weight problem that's plagued you all your life. If you change your eating and exercise patterns gradually, and maintain the changes over time, you will almost certainly look and feel better, have more energy, and reduce your risk of cardiovascular disease, whether or