

# American Dieting Madness

by Jennifer Ward, RD, LDN, CLC

The focus on dieting in America began in the 1970's. The concept of dieting seemed innocuous enough; after all, it was presented as a way to help us look better and in turn, improve our self-worth. Unfortunately, over the past thirty years, the average American's weight has continued to persistently increase. Each time a new weight loss strategy is publicized, it is distorted in a way that increases our obsession with food, results in poorer food choices and ultimately, more weight gain.

Initially, we were told to cut calories by reducing our sugar intake. However, we weren't willing to sacrifice the taste of sweetness. So we tried substitutes like NutraSweet® and saccharin. However, a number of potentially dangerous side effects like short-term memory loss and increased risk of cancer came to be associated with these substitutes. Above all, they couldn't replace the original—sugar—and often left us dissatisfied.

It wasn't until fat became the new targeted culprit in the obesity crisis that sugar began to take second stage. Everything would be fine as long as we avoided fat. The “low-fat” message was originally intended to encourage consumption of naturally no/low fat foods with minimal processing such as fruits, vegetables (yes, even starchy ones) and whole grains. However, we didn't want to give up the snacks, American demand for these foods, manufacturers came up with a solution: a fat-free version of everything.

With the advent of fat-free foods, we could eat the processed foods we wanted, with little guilt. When we did eat something with fat, adding something to it that was fat-free made it okay. For example; we could eat a slice of peach pie, as long as we added fat-free vanilla frozen yogurt to it. No one seemed to notice, or care, that many of the calories removed by eliminating fat were replaced with added sugar—and tons of it! The truth was that many fat-free foods contained similar, if not more calories than their original versions.

In all fairness, there was an effort by a few different food manufacturers to create fat replacers, but with limited success. One notable example was Olestra, which was lower in calories, but had severe negative side effects. For many, spending life in a restroom in pursuit of weight loss was unacceptable and impractical. Admittedly, some consumers may have considered the accelerated, temporary weight loss from gastrointestinal distress a bonus.

After a few years, we missed fat, missed feeling full and missed “real food”. So it was not surprising that we willingly embraced high-protein/fat, low carbohydrate diets like the Zone, Protein Power, Atkins and South Beach Diet (especially Atkins). According to Dr. Atkins, Americans had become overweight and unhealthy because of excess carbohydrate intake (not calories). Therefore, he recommended reducing the intake of carbohydrates—and not just the ones in the form of added sugars. Fruit, bread, pasta, vegetables (especially starchy ones) and even carb-containing dairy products were also on the hit list. He recommended limiting skim milk, but not heavy cream. Eggs (as many as you wanted) every morning for breakfast were fine, but watch out for toast!



Few were willing to entertain the possibility that weight loss on Atkins and other high-protein/fat, low carbohydrate diets was a direct result of feeling more satiated from fat and protein, reduced caloric intake or the fact that the variety of foods to choose from was drastically reduced. When people went “off” their high fat/protein, low carbohydrate diets, they believed that carbohydrates were the sole reason for their instantaneous weight gain (not from overeating after being overly deprived or that their body was desperately trying to replenish its glycogen (stored carbohydrate) and water reserves).

While there is no quick fix to losing weight, Americans are, more often than not, quick to choose an all or nothing approach; and in doing so, we lose the value of each diet’s lessons. However, there is some good news. Over the years, as dieting went from one extreme (high carbohydrate, low everything else) to the other (high fat/protein, low carbohydrate), the healthy range of daily caloric intake from carbohydrate, protein and fat has broadened. The Dietary Reference Intakes were recently updated, encouraging people to consume 45%-65% of their total calories from carbohydrate, 10% to 35% from protein and 20% to 35% from fat. This gives us a lot more flexibility.

Regardless of what the latest and greatest diet trends are: eating plans that are successful in promoting healthy, permanent weight loss should incorporate the principles listed below.

1. The diet should encourage gradual changes. You are better off making a couple of changes, using your current eating patterns as a base, rather than trying to adopt a way of eating that is totally foreign to you.
2. It should be something that you can maintain for life.
3. It should not forbid entire food groups, especially fruits and vegetables, which are minimally processed and have cancer and disease-fighting properties.
4. It should not encourage excess.
5. It should not require the purchase of supplements.
6. It should make you feel better. You should physically feel more energetic and healthier (not just happy that you are losing weight).
7. No single diet is guaranteed to work for EVERYONE.
8. Weight loss is never effortless. Anyone that claims that their diet is effortless is lying.
9. The diet should allow for the enjoyment of eating and establish a feeling of being “at peace” with food.

If you are on a diet that is inconsistent with these principles, then you should consider modifying it or trying a different plan. If you are interested in running a group weight loss program designed to meet the needs of your Spinning® population while incorporating important components of long-term weight loss success, check out the Spinning® 8-Week Weight Loss Program online at [www.spinning.com](http://www.spinning.com).

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