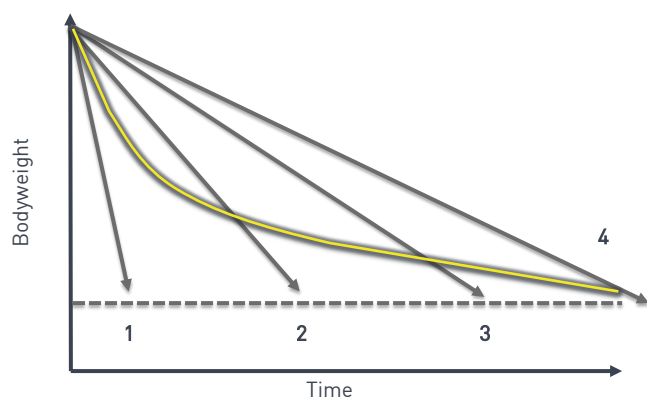


TABLE TASK:

What Are Some Common Assumptions/Concerns Regarding Fast Rates of Weight Loss?

Assumptions of Fast Rates of Weight Loss

- ❖ Lower adherence
- ❖ More weight regain
- ❖ More hunger
- ❖ Slowed metabolism
 - Especially due to 'yo-yo dieting'
- ❖ More muscle loss
- ❖ No behaviour change
- ❖ Leads to bingeing/Eds
- ❖ Menstrual cycle dysfunction
- ❖ *More than what? Moderate rates?*

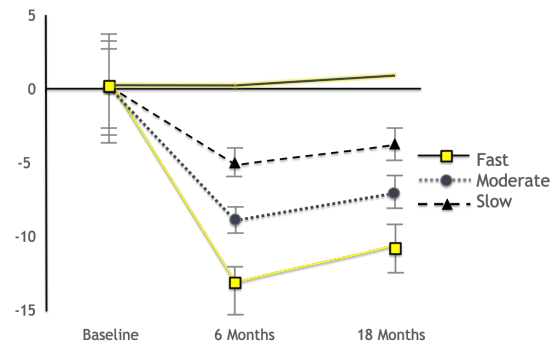


Faster Rates = Better Adherence?

④ >0.68kg vs 0.23-0.68kg vs <0.23kg/week

- FAST group had more adherence to programme
 - Attended significantly more sessions, completed more food records, consumed fewer Calories

“Collectively, findings indicate both short- and long-term advantages to fast initial weight loss”



What About Weight Regain?

“95% of pEoPLe rEGaiN all their lost weight”

- ④ “Patients did not gain weight from the end of the VLCD up to 18 months”
- Jazet et al. (2007)
- ④ After 3-years, nearly 80% of people engaged in the programme had maintained a clinically meaningful weight loss $\geq 5\%$ - Rolland et al. (2013)
- ④ “25% of our patients were maintaining a 10% reduction in body weight at 7y” - Anderson et al. (1999)
- ④ Individuals maintained 67% of their weight loss at 1y, 44% at 2y, 32% at 3y, 28% at 4y - Anderson et al. (2001)

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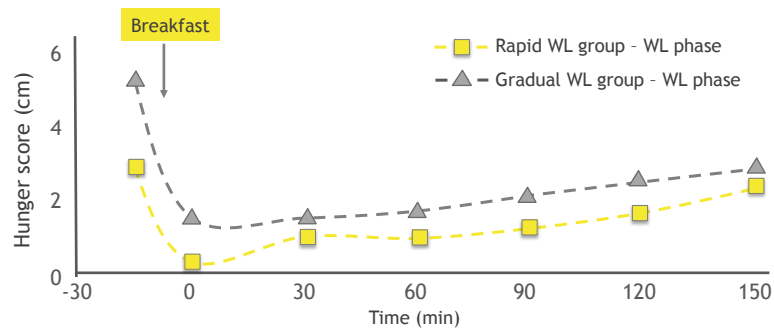
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Fast Rates = Less Hunger?

④ 2lb vs 4lb weight loss/week

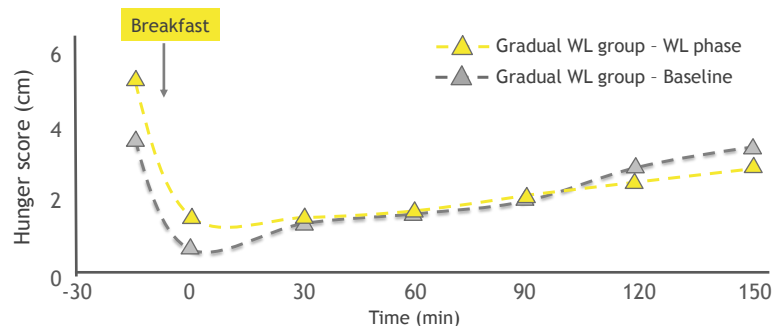
- Hunger was lower in the fast group
 - *WL led to decreases in RMR in both groups & “WL rate does not seem to have a significant impact on compensatory mechanisms”*



Fast Rates = Less Hunger?

④ 2lb vs 4lb weight loss/week

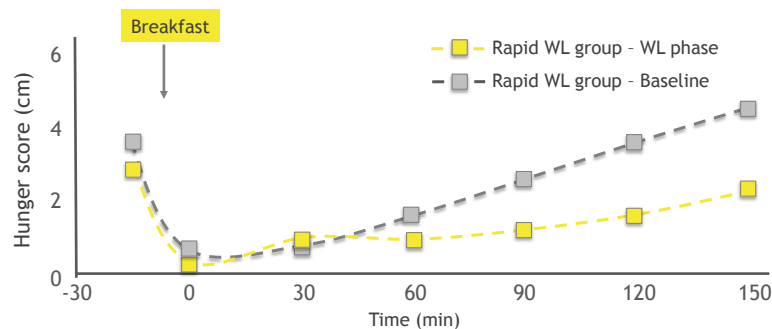
- Hunger was lower in the fast group
 - *“Fasting hunger increased significantly with gradual WL only”*



Fast Rates = Less Hunger?

Ⓜ 2lb vs 4lb weight loss/week

- Hunger was lower in the fast group
 - *“Postprandial hunger decreased significantly with rapid WL only”*



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Coutinho et al. [2018]



Michelle Scerri, MN.Nutr - Testimonial

Ⓜ Aggressive Fat Loss Strategy

- 58 years old
- Started at 61.8kg
- Finished at 55kg
 - with a couple of maintenance weeks
- The pic here is just after 4 weeks



Ⓜ “I actually found RFL surprisingly easy”

Ⓜ “I was surprised that I hardly ever felt hungry.”

Ⓜ “Almost no hunger, no bloating, balanced energy levels and great sleep.”

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Other Supposed Issues?

❖ Does aggressive dieting increase binge eating?

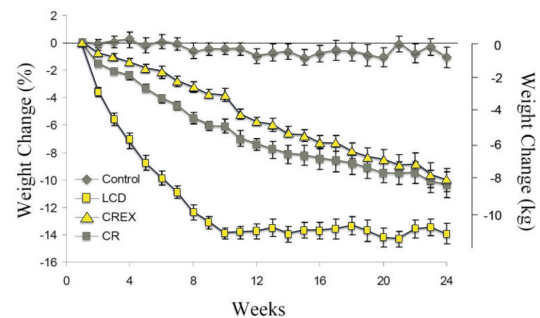
- ❖ "We conclude that clinically supervised severe dietary energy restriction...does not necessarily trigger binge eating in those without BED" - Daluz et al. (2015)
- ❖ "Among individuals with clinically relevant pre-treatment BED, severe dietary energy restriction significantly decreased Binge Eating during the WL programme." - Daluz et al. (2015)

❖ Does aggressive dieting slow metabolism?

- ❖ Diet alone (25% restriction)
- ❖ Diet + exercise (12.5% + 12.5% restriction)
- ❖ VLCD (43% restriction) ~890kcal/day
- ❖ Fast rate dieted 8-11 weeks with no greater reduction in metabolism than other groups - Heilbronn et al. (2006)

❖ Does weight cycling have morbidity risks?

- ❖ "...evidence for an adverse effect of weight cycling appears sparse, if it exists at all" - Mehta et al. (2014)
- ❖ "The overwhelming majority of evidence suggests that weight-cycling is not associated with any adverse effects in BW, body composition & metabolic rate" - Sanaya et al. (2024)



Huge Anti-inflammatory Effects of ADs

❖ 2 weeks of a VLED (800kcal/day) reduced C-reactive protein and interleukin-6 in severely obese adults - Baldry et al. (2017)

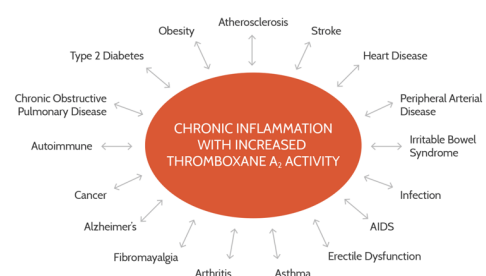
❖ 12-16 weeks of VLED (640kcal/day) associated with significant positive effects on

- disease activity in joints, entheses and skin in patients with Psoriatic Arthritis - Klingberg et al. (2019)

❖ 8 weeks of VLED (410kcal/day) improved

- lung function, symptoms, number of acute episodes and quality of life in obese people with asthma - Stenius-Aarniala et al. (2000)

DISEASES OF CHRONIC INFLAMMATION



When Aggressive Dieting Might Not be Appropriate

Ⓜ Athlete Athletes – just don't!

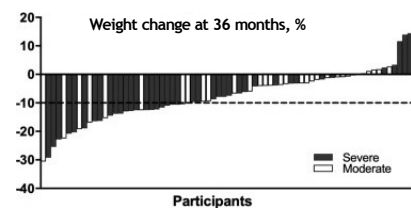
- In particular, lean athletes

Ⓜ When adherence IS an issue for whatever reason

- When reductions in NEAT undermine a larger kcal deficit by significantly reducing EE

Ⓜ In females who are susceptible to menstrual cycle disruption???

- (or wanting to conceive)



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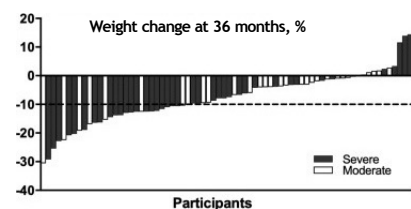


When Aggressive Dieting Might Not be Appropriate

Ⓜ When there is no basis for a 'maintenance diet'

Ⓜ Unmedicated post-menopausal women?

- Considerations for BMD? - Seimon et al. (2019)
 - But... you can protect bone with RT - Murphy & Koehler (2020)



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