

C Fat Chances

Given the limited success of dieting—and the risks—is it better just to stay plump?

by Carol Ezzell, *staff writer*

I couldn't believe my eyes. But there it was, printed in an editorial entitled "Losing Weight—An Ill-Fated New Year's Resolution" in the January 1 *New England Journal of Medicine*: "Unfortunately, the data...showing the beneficial effects of weight loss are limited, fragmentary and often ambiguous."

For someone like me who has struggled with her weight for years, this dry pronouncement from the medical profession's equivalent of the Voice on High was nothing short of a revelation. As a chubby child, a "baby-fat" teenager and a Rubenesque woman, nearly all my visits to doctors have inevitably ended with some version of the statement, "If you could lose 10/20/30 pounds, you would sleep better/have more energy/have lower blood pressure/(fill in blank here)."

Lose weight? In theory, it's no problem. I'm an expert at counting calories, calculating fat grams and figuring out just how much time on the StairMaster absolves the sin of eating an Oreo. I'm a veteran of the Grapefruit Diet, Weight Watchers and Diet Center, and I even survived the deadly liquid-protein diets of the 1970s. I took my first diet drug—one of Mother's prescription tablets cut in half—at age 10. I calculate that since the age of 18, I've lost (and gained and lost again) a total of at least 120 pounds—and at 5'6" I've never weighed more than 196.

The pitfall to losing weight, as every serious dieter knows, is that what comes off doesn't usually stay off. A group of experts convened in 1992 by the National Institutes of Health concluded that at least 90 percent of dieters put the pounds right back on within five years. And losing weight and keeping it off becomes harder and harder as we get older; even thin people tend to gain between 10 and 20 pounds between their 20s and 60s.

So I found myself cheering inwardly when I read the *New England Journal* editorial. Could this mean that it's okay—healthwise, if not socially—to be fat? Should people like me call a truce in their battles with their bodies and just get on with life? Or would we just be deluding ourselves?

A Widening Problem?

There are a lot of us. Indeed, a startling percentage of women in the U.S. fall into the category "obese," including some who might be startled because they probably consider themselves simply plump. The National Center for Health Statistics says that more than one third of all American women are over-



weight, including nearly half of those between the ages of 55 and 64. The market for women's plus sizes (sizes 16 and up) is a booming \$22.7 billion a year.

African-American and Latin-American women are even more likely than Caucasian women to be obese: the Second National Health and Nutrition Examination Survey found that 44 percent of black women and 35 to 40 percent of Hispanic-American women are overweight, compared with 25 percent of white women.

Although socioeconomic factors and cultural differences in diet undoubtedly play a role in the racial breakdown of obesity, most obesity researchers believe genetics is also important. (That is, after all, why they study the genetics of mouse strains with names like Obese and Tubby.) In a telling study reported earlier this year, Claude Bouchard of the University of Laval in Quebec and his colleagues found that both members of 12 pairs of adult male twins who ate 1,000 extra calories a day for 100 days gained the same amount of weight. But the exact amount of weight the men gained varied up to sixfold between sets of twins. Such indications that human obesity has a genetic underpinning don't shock me: both my grandmothers and most of my great-aunts tipped the scales at 250 plus, even though the tallest was 5'5". (Of course, it could have been the family recipe for that time-honored Southern dish, pecan pie.)

The Risks of Being Fat

Despite the fact that obesity is so prevalent, sound medical advice is hard to come by. It's tough to know whom to believe. When launching the nonprofit organization Shape Up America! in 1994, former Surgeon General C. Everett Koop said obesity causes 300,000 deaths in the U.S. every year, second only to smoking. But in their January editorial, the *New England Journal's* top editors, Jerome P. Kassirer and Marcia Angell, called the 300,000 figure "by no means well established" and wrote that it is "derived from weak or incomplete data."

So what are healthy figures—both in terms of statistics and body weight? Prompting the editorial was a report published in the same issue of the journal by June Stevens of the Uni-



DAVID HURN/Magnum

More than one third of U.S. women are overweight. But many women have trouble weighing the risks of carrying extra pounds against the risks of dieting.

versity of North Carolina at Chapel Hill and her colleagues. Stevens and her co-workers reported the results of analyzing health data gathered from 262,019 female and 62,116 male non-smokers during the American Cancer Society's Cancer Prevention Study I, which was conducted between 1960 and 1972. The researchers found that excess body weight slightly increases the risk of death from any cause among people between 30 and 74 years of age.

The Stevens report was by no means an unusual finding: in 1995 the *New England Journal* published a study linking body weight and mortality in 115,195 women between 30 and 55 years old who were part of the

massive, ongoing Nurses' Health Study. And last year the *Journal of the American Medical Association (JAMA)* weighed in with two reports on the health hazards of obesity in women. In a separate report in *JAMA* on data from the Nurses' Health Study, a group from Harvard Medical School found that women who put on weight as adults were more likely to develop breast cancer after menopause. And in yet another report, some of the same researchers found that overweight women have an increased risk of stroke. Other studies have linked obesity with gallstones, noninsulin-dependent—or Type II—diabetes and joint degeneration.

But in most of these studies, the relative risk conferred by carrying some extra weight was less than 2.0, which means that fat women were not even twice as likely to die or suffer breast cancer or stroke than their thinner counterparts. In epidemiological terms, this just isn't much.

The Risks of Dieting

So if obesity confers only a modest increase in mortality, what about the risks of striving to be thin? Extreme diets are known to pose health risks by depleting the body of vitamins and nutrients. But what about the new wonder drugs?

They, too, can be dangerous. By now, most people have heard of the demise of the diet-drug combo fen-phen (fenfluramine/phentermine). Fen-phen crashed and burned last September when Wyeth-Ayerst Laboratories took half of the duo—fenfluramine—off the market at the behest of the Food and Drug Administration. The decision followed reports that some women who had taken fenfluramine developed abnormalities in their heart valves, apparently because the drug elevated blood levels of the neurotransmitter serotonin, the same neurochemical boosted in the brain by Prozac. Wyeth-Ayerst also pulled fenfluramine's chemical cousin, dexfenfluramine (Redux), from pharmacy shelves.

In the aftermath of fen-phen, Knoll Pharmaceuticals delayed marketing its new drug sibutramine (Reductil), which increases brain levels of serotonin and another neurotransmitter, nor-adrenaline. And on March 13, an FDA advisory committee

deadlocked over recommending Hoffmann-La Roche's orlistat (also called Xenical), which blocks the enzymes that break down fat in the intestines, allowing fat to pass through the gut undigested. The panel said it was confounded by evidence that the drug might cause or exacerbate breast cancer.

Confusion Reigns

So I'm back to where I was when I first saw the *New England Journal* editorial. Given the current state of affairs, no wonder we're all confused. Depending on your state of mind, you can find enough scary medical evidence to get you back to eating rabbit food or sufficient uncertainty to justify an apology for staying adipose.

The bottom line is that researchers still don't know why some of us are fatter than others. The interpersonal differences in body fatness can't be explained by food intake, physical activity, genetics or metabolism alone.

Some researchers argue that drugs such as fen-phen, sibutramine and orlistat will never eliminate obesity, because the system of body-weight maintenance is like a balloon: pinch it at one end, and it will compensate by swelling at the other. In the January issue of the *American Journal of Clinical Nutrition*, Jules Hirsch of the Rockefeller University wrote that the mechanisms that determine body weight are carefully balanced. Accordingly, taking a drug to reduce hunger might just cause a reduction in metabolism to save energy, and a drug that ramps up metabolism just might make someone eat more to keep up.

So, is it time to join the National Association to Advance Fat Acceptance? That's up to you. Myself, I draw comfort from a study published in *JAMA* last year by the Cooper Institute for Aerobics Research in Dallas that found that fat people who exercised on a regular basis were less likely to die prematurely than thin people with poor physical fitness. So I'm going to continue to Jazzercise, swing dance and scuba dive—and try to eat moderately and well. I'm not going to take any more diet drugs, but I'm also not going to give up the good fight to be healthy.

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Are You Obese? (You Might Be Surprised)

It's a loaded word that no one wants pinned to them. Think "obese," and an image like the circus Fat Lady pops into mind. That's right, of course: a consensus statement developed by the National Institutes of Health has defined "extreme obesity" as weighing twice the desirable weight for one's height or being 100 pounds over that desirable weight. But the NIH also indicated that being 20 percent heavier than the desirable weight for your height is considered obese.

Where do you fit? To find out, calculate your body mass index (BMI).

$$\text{Your BMI} = \frac{\text{Your weight in pounds} \times 700}{(\text{Your height in inches})^2}$$

Scientific studies have used a wide range of BMIs—from below 27 to over 30—to define obesity. But most researchers say if you're a woman and your BMI is greater than 27, you're obese. The optimal BMI is generally considered to be 21.

What does someone with a BMI of 27 look like? Emme, the plus-size supermodel and host of *Fashion Emergency on E!* Entertainment Television, wears a size 14 or 16 and weighs 190 pounds at 5'11". That makes her BMI 26.4. —C.E.

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