

## When and how to lose weight

Most of us know that being overweight is bad for us, and that we should try and stick to a healthy diet and keep active. But many of us have been on diets of one sort or another and know just how difficult losing weight can be.

This issue of *Treatment Notes* discusses the problems of being overweight and some possible solutions.

### What's inside

- Are you overweight?
- Heavyweight risks
- Ways to lose the extra weight
- What else?

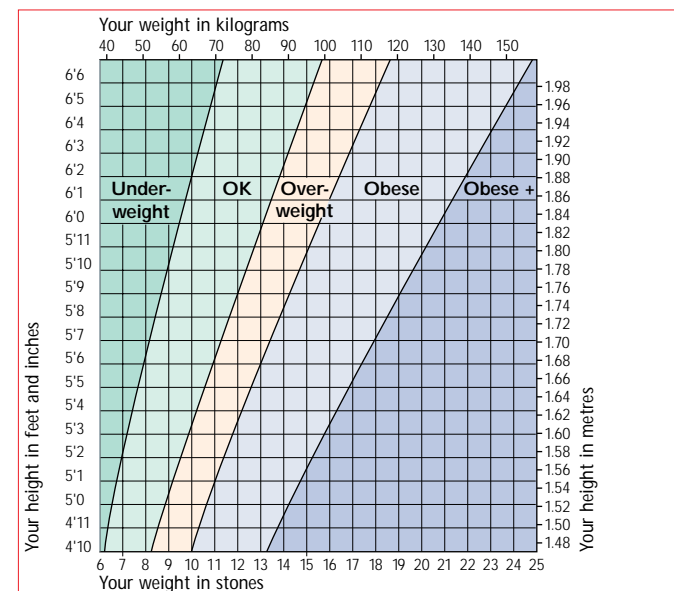
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### Are you overweight?

You can get a rough idea of whether you're overweight from your **body mass index (BMI)** – based on your weight and height. The chart, below, can give you an idea which BMI range you're in. Or the box, right, explains how to work it out exactly. Remember, your BMI is only a rough guide. For example, people with a lot of muscle may weigh quite a lot, and so have a high BMI, without being overweight.

Also important is how much fat you've got around your waist – the bigger your waist, the greater your health risks. In general, women with a waist size over 88cm (35 inches), and men over 102cm (40 inches), are more likely to get diseases like diabetes and heart disease.

<b>BMI ranges</b>	18.5–24.9	healthy weight
	25 – 29.9	overweight
	30 – 39.9	obese
	40 +	severely obese



### Working out your BMI

Using a calculator makes this easy:

Take your weight in kilograms (kg) and divide it by your height in metres (m), then divide the result by your height again.

#### Example:

You are 1.74m tall and weigh 82kg. Your BMI would be: 82 divided by 1.74, which gives 47.13, divide this again by 1.74 and you get 27.08.

So your BMI is about 27, which puts you in the 'overweight' range.

Your weight:

Your height:

Your BMI:

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## Heavyweight risks

If you're overweight, you're more likely to get health problems. Examples include heart disease, diabetes, high blood pressure, arthritis, heartburn, gallstones or certain cancers. Generally, these problems are more likely, or become worse, the more overweight you are. And for all sorts of reasons, overweight people are more likely to die early. But the good news is that losing some excess weight can reduce many of these health risks. It can also improve your self-confidence and quality of life.

## Ways to lose the extra weight

If you're overweight, losing some weight is sensible. The best way of doing this is by eating a healthy diet, being more physically active, and weighing yourself once a week. Once you reach a healthier weight, you'll need to keep up all these new habits to keep the weight off.

If you're overweight and already have health problems such as heart disease or diabetes, your GP may suggest you have extra help. For example, this might include seeing a dietitian to get advice about healthy eating.

### Be realistic

The best way to lose weight, and to keep it off, is to be realistic – aiming to be too thin isn't sensible or healthy. Your nurse or doctor can help advise how much you need to lose to cut down your health risks. Even losing as little as a twentieth (5%) of your weight may have important health benefits – that's just 4kg (9lb) if you weigh 80kg (12st 8lb).

Losing weight gradually is healthier, and will almost always work better in the long run, than more drastic



Photograph: Cephas

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steps, such as crash diets (when you eat almost nothing). A realistic goal might be to lose ½kg (1lb) per week until your weight moves to a lower BMI range.

## Food for thought

People often think they must stick to salads to lose weight. But this isn't true or healthy. Instead, the trick is to have three meals a day and eat food that's healthy and filling but has less energy than you usually eat.

Fat contains around twice as much energy as the same weight of carbohydrates, such as bread and potatoes. Sugar is also very high in energy. So the simplest way to cut down on how much energy you eat is to have less fat and sugar, but plenty of fruit, vegetables and starchy carbohydrates. The box, right, tells you more about these foods. Fast foods and fizzy drinks are usually very high in energy, so it's wise to avoid these. Food labels and recipes often give details of the fat and energy in foods, so look out for these. Your nurse, dietitian or doctor can also give you more advice about healthy eating.

## Get a move on

Being more active and eating a healthy diet is likely to be more successful than healthy eating on its own. People who only diet tend to put the weight back on within 2–3 years.

There are lots of ways to increase how active you are. In fact, virtually any extra activity is good, including swimming, cycling, dancing, walking up stairs, gardening and housework. For example, you could try walking for 20–30 minutes a day (perhaps broken up into 10–15 minute sessions). This will burn energy and can give you extra health benefits, including some protection from heart disease and stroke. Try to pick something you enjoy – you don't have to go to the gym.

## Food facts

Foods very high in fat include butter, cream, cheese, oil and fried foods. Cakes, biscuits, pastry, pies, crisps and processed meat (such as sausages and pies) may also contain lots of fat.

Carbohydrates (starchy foods) include bread, pasta, potatoes and rice.

Fruit and vegetables are low in fat, tend to be low in calories, and are high in fibre, vitamins and minerals. They also help protect against heart disease. Ideally, you should eat at least 5 portions a day. One portion is a piece of fruit or around 2–3 tablespoons of veg.

Fibre ('roughage') can fill you up without too many calories. It's found in foods such as fruit and veg, wholemeal bread and pasta, and certain breakfast cereals.

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## When old habits die hard

To lose weight, you may need to change lifelong habits, such as snacking between meals. You could also try avoiding situations where you're tempted to overeat, and to separate eating from other activities like watching TV. Your GP may suggest you discuss this with a dietitian or someone else who can help with changing habits. Local slimming clubs can also be great for advice, support and motivation.

## What else?

If you're extremely overweight and/or you also have serious health problems due to being overweight (such as high blood pressure or diabetes), you may be able to try a medicine. But your doctor should only prescribe this for you if healthy eating and increased physical activity really haven't worked. And you'll still need to have a healthy lifestyle while taking the medicine. You should also get advice and support from your practice nurse, dietitian or GP.

Two medicines – orlistat (known as Xenical) and sibutramine (Reductil) – can help some people lose weight, although they do tend to gain the weight again when they stop the medicines. For a few people, an operation might be an option – see the box, right.

## Orlistat

Orlistat is only suitable for people who've already lost some weight (at least 2.5kg – about 6lbs – over 4 weeks). It can be taken for up to 2 years and works by reducing how much fat (and so energy) is absorbed from food. So fat passes straight through the gut and out in the stools. Because of this, orlistat causes side-effects if people don't reduce the amount of fat they eat – such as wind, leaking oil from their bottom and smelly, oily stools.

## An operation?

An operation might be an option for certain extremely overweight people – those with a BMI over 40, or over 35 with other risks (such as high blood pressure) – who've failed to lose weight despite changing their lifestyle.

Such operations generally involve making the stomach much smaller so that only a small amount of food can be eaten at a time – sometimes known as 'stomach stapling'. The gut can also be made shorter so that less food can be absorbed.

These operations are definitely a last resort. There are always risks with any operation, especially major ones like these. And the effects to the bowel or stomach are permanent.

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## Sibutramine

Sibutramine, which can only be taken for one year, reduces the amount you need to eat to feel full. It can cause side-effects such as a dry mouth, constipation and sleep problems. More worryingly, it may increase heart rate and blood pressure – so these need checking regularly. And sibutramine isn't suitable for anyone with, for example, heart disease, high blood pressure that's not controlled with medicines, or mental health problems.

## So, which one's best?

Either orlistat or sibutramine may help some people lose some weight. But because orlistat can be taken for twice as long as sibutramine, it might help keep the weight off for longer. Also, sibutramine can cause serious side-effects, so anyone taking it needs regular check-ups. Because of this, orlistat seems the better medicine for weight loss.

## Summary

If you're overweight, losing weight can make you feel better and improve your health. Healthy eating and increased physical activity is the best option. If this fails, taking the medicine orlistat too might be an option for a few people. An operation is a last resort for seriously overweight people.

## Further information

Your nurse, doctor, pharmacist or dietitian can help you on everything covered here. You can also try **NHS Direct** at [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) or 0845 46 47.



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*Treatment Notes* contains general medical information that will not always apply to you. Don't start, or stop, prescribed medicines without speaking to your doctor or pharmacist first.

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