Fat Mass Loss

Fayh, Lopes, da Silva, Reischak-Oliveira, and Friedman (2013) found that a 5% reduction in overall body weight in clinically obese participants improved their lipid profile and inflammation. Endothelial function which is associated with vascular disease risks was not significantly improved (Fayh et al., 2013). In Fayh's et al. (2013) study, "weight-loss" did not discriminate between fat mass and lean mass. However the finding is still significant, because it suggests that "any little effort still counts" and can still improve some aspects of health, especially for clinically obese individuals. It is better than doing nothing.

Generally when "weight-loss" is discussed, what most people really want is "fat mass loss"—decreasing the percentage of fat mass relative to overall total body mass, and increasing the percentage of lean muscle mass relative to overall total body mass. For overall wellness, a combination of both nutrition and exercise to address fat mass reduction and cardiovascular health/fitness seem to be the most effective (Landaeta-Diaz et al., 2012).

With 40-60% of adults in the western world attempting to decrease body weight at any given time, it is important to note that "fat mass loss" is the goal (Rojo-Tirado, Benitro, Atienza, Rincon, & Calderon, 2013). Rojo-Tirado et al. (2013) noted that the greatest peak in weight-loss was around 6 months after starting a weight-loss program, but individuals typically regained 30-35% of the initial weight lost within 1 year of the program. Only about 20% of individuals participating in a weight reduction program may be "successful", defined as losing at least 10% of one's overall body weight and maintaining that for at least 1 year (Rojo-Tirado et al., 2013).

Long-term health and wellness which includes maintaining cardiovascular fitness and a healthy body weight (with healthy proportions of body fat to lean body mass) extends beyond the period of a "weight-loss program". Health and wellness truly are lifestyle and behavioral changes that start from the "inside" with the effects shown on the "outside" (e.g. healthy body weight). It is that mind-body-soul connection to whole-person wellness that is missing from the majority of "weight-loss" programs.

Volger et al. (2013) studied the effects of providing basic counseling to patients via primary care physicians (PCPs). PCPs are in the unique position to reach and influence/motivate a large demographic. Volger et al. (2013) provided patients with either rudimentary education/information at their PCP appointment(usual care, UC); basic information at the PCP appointment plus monthly behavioral counseling (Brief Lifestyle counseling, Brief LC); or Enhanced Brief LC which included a choice of meal replacements or weight-loss medication. After 24 months, both the Brief LC and Enhanced Brief LC groups experienced significantly higher mean weight loss than the UC group (Volger et al., 2013).

Nakade et al. (2012) developed a trial behavioral weight-loss program (combining tailored counseling, nutrition, and exercise components), Saku Control Obesity Program (SCOP). The program focused on the individual (as opposed to "one size fits all" approaches) needs of nutrition and exercise as well as minimal counseling (to be cost-effective) (Nakade et al., 2012). The goal of SCOP was to improve diet, behavior, body weight, and maintenance (of healthier lifestyle (Nakade et al., 2012). During the program, the participants managed to lose weight,

increase physical activity (step counts), decreased "irregular eating" (improved eating/lifestyle habits), and managed to advance (progress) their stage in Prochaska and DiClemente's transtheoretical model (Nakade et al., 2012). At the 1 year follow-up, although the participants did regain some weight, they regained less or faired no worse than the statistics noted by Rojo-Tirado et al. (2013) (Nakade et al., 2012).

Many weight-loss programs address nutrition and exercise, but their approach is to take the individual in his/her current state and try to "fix" the problem (e.g. excessive fat mass) without honoring the individual's journey that precipitated the current "problem"--finding the real root cause. Without find the real root cause of the "problem", it is difficult to maintain long-term weight-loss and healthy lifestyles.

References

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