
The 10 Percent Solution: Losing a Little Brings Big Gains

By LESLIE BERGER, New York Times – Modified by Joel Roffman, M.D. for office use

More than half of American men and women are overweight or obese, and as they age they are likely to gain more weight and become unhealthier. But despite this seemingly unstoppable trend, an increasing number of nutrition and weight experts are offering what may seem surprising advice: never mind thin — just get real and lose a little weight.

It could be called the 10 percent solution: in recent years a steady stream of research has found that losing as little as 10 percent of body weight, or sometimes even less, has a disproportionately positive effect in improving health. Small weight losses significantly reduce the risk of a wide range of illnesses that have been linked to obesity, from heart disease and diabetes to some kinds of cancer.

In one national study, for example, patients who lost a mere 7 percent of their total body weight reduced their risk for diabetes by 58 percent. A study in Finland found the same benefit with only a 5 percent weight loss. Similar improvements have been documented for hypertension and even sleep apnea.

Armed with these results, weight-loss experts have concluded that dieters might have better luck focusing on their hearts instead of on their hips.

"I always get asked by magazines, 'How do you lose that last 10 pounds?' " said Dr. Louis J. Aronne, an obesity specialist at the New York Weill Cornell Center in Manhattan. "And I always say: 'Never mind the last 10. It's the first 10 that's the important 10.'"

"People drive themselves insane trying to be perfect, and to get to better health, you don't have to be perfect," Dr. Aronne said.

According to the Centers for Disease Control and Prevention, more men than women are overweight or obese: 67 percent compared with 62 percent. But obesity is more prevalent among women: 34 percent of women are obese, C.D.C. figures show, compared with 27.7 percent of men. (Obesity means that their body mass index — a ratio of weight to height — is 30 or more; the overweight body mass index is 25 to 29.9.)

The risk of weight-related diseases like diabetes is also greater in women than it is in men, said Dr. Samuel Klein, the president of the North American Association for the Study of Obesity in Silver Spring, Md. For example, a woman with a body mass index of 23 — considered normal weight — has three times the risk for diabetes as a woman with a body mass index of 22. For a man, the risk does not increase until he reaches a body mass index of 24, Dr. Klein said. The risk grows exponentially with every pound. For women with body mass indexes of 35, which is considered extremely obese, their risk of diabetes increases 93 times. Men with the same body mass index have 42 times the risk of diabetes, Dr. Klein said.

The onset of menopause adds even more risk to a woman's medical profile. "You have a double whammy there because as you hit perimenopause there's both weight gain and a worsening of risk factors," said Dr. Eva Obarzanek, a research nutritionist at the National Heart, Lung and Blood Institute who has worked on weight-loss studies.

Is the 10 percent solution a surrender, then, to a problem that is incredibly difficult to control?

"It's a compromise," Dr. Obarzanek said, "but if research has shown it works, then why not stress that? The best policy, of course, would be prevention and maintaining a healthy weight from the get-go."

Dr. F. Xavier Pi-Sunyer, the director of the Obesity Research Center at St. Luke's-Roosevelt Hospital in New York, said that it made sense to think in terms of small, attainable steps.

"At the moment, what we're saying is try to lose 10 percent, try to keep it off for a year," Dr. Pi-Sunyer said. "If you keep it off for a year, then try to lose some more. But don't try to lose all your weight. It's just very hard for people to do that and then they fail and get depressed."

Realistic goals are crucial, agreed Dr. Klein, a professor of medicine and nutritional sciences at the Washington University School of Medicine in St. Louis. "If you set unrealistic goals, you'll be unlikely to maintain your weight even if you lose any," he said.

Joyce Clark knows about unrealistic goals. The first time she joined a Y.M.C.A., hoping to lose weight, she paid for a year's membership and never returned. A retired New York City municipal employee and a widow who was once proud of her wasplike waist, Mrs. Clark was embarrassed to be seen in gym clothes. At 5 feet 7 inches tall, she needed to lose nearly 100 pounds to reach her ideal weight, a task so overwhelming she saw no point in trying.

THESE days, by dwelling on vigor instead of vanity, Mrs. Clark, age 67, wears a size 16 instead of a size 22, thanks to her participation in the Diabetes Prevention Program, a study financed by the National Institutes of Health. Her weight now hovers at around 210, down from a high of about 245. Her blood pressure, glucose and cholesterol have all dropped — no small triumph for someone whose genes and Southern-fried upbringing seemed to conspire against her. "Changing expectations was part of the program," she said.

The science of obesity is complicated and not fully understood. What researchers know is that too many calories put the body into a state called oxidative stress, meaning that it cannot use all the extra fuel it is receiving and therefore accumulates it as fat. Because the liver cannot break down the extra foodstuffs, blood sugars, blood fats and blood pressure all become elevated.

"It may not be the weight loss itself that causes the improvements, but the fact that you've lowered the amount of calories the body has to deal with every day," Dr. Pi-Sunyer said.

While the amount of exercise and its intensity remain a subject of debate, limiting calories is nonnegotiable, especially in beginning a fitness program.

Debates about what to eat and what to avoid may never end. But weight-loss experts can find much more

common ground when it comes to how to eat. Changing the patterns of food consumption is essential to developing long-term habits that will help to keep weight off. Here are some tips:

- Keep a food diary that records everything you put in your mouth. "Of all the behavioral advice ever given, keeping a food record is one that's been shown to work consistently," said Dr. Louis J. Aronne, an obesity specialist at the New York Weill Cornell Center in Manhattan. "It's like looking in the mirror."
- Eat breakfast; skipping it will make you more likely to overeat later. Avoid morning sweets and starch. A big insulin surge early in the day may stimulate the appetite later on, Dr. Aronne said.
- Do not eat before bedtime. "If you eat after 8, you gain a lot of weight," said Dr. Pamela Peeke, a weight specialist in Bethesda, Md.
- Cut down on sodas, juices and other high-calorie drinks. Drink water instead. If you are craving something fruity, eat a piece of fruit.
- Start meals with soup, salad or vegetables (minimize the dip!), which fill you up with fewer calories, and save meat and starch for eating after that.
- When eating outside the home, "control your environment by planning ahead," said Dr. Samuel Klein, the president of the North American Association for the Study of Obesity. For instance, at parties, Dr. Klein said, eat ahead of time, do not sit near the food, and avoid too much alcohol, which is an appetite stimulant.
- When ordering in a restaurant, don't feel compelled to finish everything on your plate. Ask to have half your portion automatically put in a doggie bag. Save the leftovers for the next day. Or share a portion with a companion. Restaurant portions have become huge – containing far more calories than are needed to satisfy one's appetite.