Unit 8 Contemporary Weight Loss Programs
Lesson 2: Weight Loss Programs

“The health of the body depends on the wisdom of the mind”
Ronna Kabatznick, PhD. Author of The Zen of Eating: Ancient Answers to Modern Weight Problems.

Introduction

This lesson introduces you to an overview of 16 popular weight loss programs. Each of the weight-loss programs are briefly described with the behavioral approach used by the program identified, and examples of the products and services offered. As the Williams’ text discusses, there are “At least three prevention strategies for dealing with the current epidemic of obesity: education, regulation, and modification of the supply. A number of popular diet programs base their approaches using the same concept advanced by Williams – reducing food supply ad well as energy density. (2008, page 377, ¶6) This lesson also reviews information related to a call for increase governmental regulation of weight-loss claims by the weight-loss industry.

Conceptual Approach to Weight-loss Programs

When the first prevention strategy of “...education about good nutrition and healthy weight fails due to the use of educational strategies alone...” (2008, page 377, ¶6) another approach is needed. Schlenker and Long point out that a second prevention strategy related to improved food labeling might be effective in helping consumers and food service providers determine appropriate serving sizes does not address what to do if prevention fails. (2008, page 377, ¶6)

“Modification in some components of the food system is a third and most important strategy because the energy we eat comes from food” and “we need to modify this system to provide smaller portions and less energy density if we are to succeed in combating the epidemic of obesity” (2008, page 377, ¶6)

Popular Diet Programs

According to Schlenker and Long, “Popular diets have been published for more than 150 years, and obviously if any diet were significantly better than the others it would have “won the battle” and the others would have disappeared” (2008, page 377, ¶9)

The popular diets, according to the Williams text, can be grouped into several categories:

- Low-energy (calorie) (American Health Association)

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• Low-fat (Ornish)
• Low-carbohydrate (Atkins diet)
• High-protein (Zone diet)
(2008, page 378, ¶1)

with “...low-fat diets...superior to the control diet and ...very-low-calorie diets” producing the most weight loss over time (one year). (2008, page 378, ¶1)

**Influence of Obesigenic Eating Environments**

Gail Frank discusses the impact of “Obesigenic eating environments which often reflect larger portions sizes of inexpensive, palatable, energy-dense foods. Portion sizes have become mammoth, especially for foods that are consumed outside the home” (2008, page 329, ¶6) This means that restaurant servings or portions are often equal to or larger than the recommended daily number of servings from several food groups in only one serving. (2008, page 329, ¶6) Frank summarizes the problem by stating how the consumption of food and beverages away from the home “...create an almost constant exposure to large portions” (2008, page 330, ¶61).

Because of this obesigenic environment which is promoted and supported by the fast food industry, large portion sizes, and eating habits of consuming large quantities of food away from home, obesity continues to be a major health risk for Americans.

**Strategies for Weight Loss**

Strategies for weight-loss include altering dietary changes by changing eating patterns. A combination of approaches is commonly used to achieve this change. The reduction of total calories, changing the amount of fat calories consumed as well as the use of protein or fat substitutes and increased physical activities can result in weight loss. (Frank, 2008, page 785)

As Gail Frank points out, “Successful dieting is a result of controlled calorie intake, but maintaining weight loss for a 6- to 9- month period becomes the challenge. Lifestyle changes that can be permanent and contribute to weight loss maintenance are preferred” (Frank, 2008, page 785, ¶4).

To help consumers deal with weight-loss (and make money on products and services), the weight-loss industry has seen a number of popular diet programs emerge over time. The following table summarizes the key points of some of the more well-known diet programs including spiritual, religious, do-it yourself, nonclinical and clinical approaches.

**Popular Diet Programs**

Table 1: Popular Diet Programs

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## Popular Diet Programs

<table>
<thead>
<tr>
<th>Name of Diet Plan</th>
<th>Philosophy and Approach Used</th>
<th>Products and Services Offered</th>
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<tbody>
<tr>
<td><strong>American Heart Association</strong></td>
<td>Nonclinical Program Do-It Yourself Program</td>
<td>Online Education: No-Fad Diet, Delicious Decisions, Nutrition Facts, Diet and Lifestyle Recommendations, Heart-Healthy Grocery Shopping Made Simple</td>
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<tr>
<td></td>
<td>Low carbohydrate</td>
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<td>American Heart Association No-Fad Diet Are you fed up with fads and want a diet that can provide a lifetime of effective weight control? If so, the <em>No-Fad Diet</em> is the book for you! Lose weight and feel great without taking chances with your health! Learn how to Think Smart, Eat Well, and Move More to stay on track for a lifetime of successful—and safe—personalized weight control. (2008)(^{13})</td>
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<tr>
<td></td>
<td>Behavior modification: food plan and eating habits, support approach.</td>
<td>Atkins, R., M.D. (1997). <em>Dr. Atkins’ New Carbohydrate Gram Counter</em></td>
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<td>The Atkins Nutritional Approach is a powerful, long-term plan for weight loss and weight management that works unlike any diet you’ve ever seen or tried. Atkins is a totally different way to look at food – it will show you that eating the right foods can actually change the way your body works – change you from a fat storing to a fat burning machine. (2008)(^{14})</td>
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<td></td>
<td>According to Gail Frank, “Author Robert Atkins was a medical doctor and self-proclaimed nutrition pharmacologist” (2008, page 378, Table 15-4: A Comparison of Popular Protein Diets,)(^{15})</td>
<td>Atkins, R., M.D. (1997). <em>Dr. Atkins’ Quick &amp; Easy New Diet Cookbook</em></td>
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“Eating too many carbohydrates causes obesity and a variety of other health problems. Author believes ketosis leads to decreased hunger and results in a metabolic advantage” (2008, page 378, Table 15-4: A Comparison of Popular Protein Diets).\(^{16}\)

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<thead>
<tr>
<th>Jenny Craig®</th>
<th>Nonclinical Program</th>
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|             | Behavior modification, food plan and changing eating habits and portion-size approach. According to Gail Frank, “Personal weight management menu based on Jenny Craig’s cuisine with additional store-bought feeds. Minimum 1,200 calorie diet based on regular supermarket food and Diet Center offerings of prepackaged cuisine as optional. Clients are encouraged to visit center daily for weigh-in. (2008, page 799, Exhibit 15-3: A Comparison of Popular Protein Diets).\(^{17}\)

Offers both local centers and Jenny Direct Online program. Founded in 1983, Jenny Craig, Inc. is one of the largest weight management service companies in the world. The Company offers a comprehensive weight management program that helps clients learn about portion control, develop a healthy relationship with food, increase their energy level through simple activity, and build more balance into their lives for optimal weight loss and well-being.\(^{18}\) |

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<th>Medifast©</th>
<th>Clinical Program</th>
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<td>According to Gail Frank Medifast is a physician-supervised, very low-calorie diet program of fortified meal replacements containing 450-500</td>
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Membership required
Sells products and services such as food and counseling


Medifast© Variety Packages are an easy, economical way to order our most popular Medifast© Meals. Whether you choose 4- or 2-week packages, you get all the Medifast© Meals you need for your 5 & 1 Plan.

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- 28 Bars (Oatmeal Raisin, Lemon Yogurt, Chocolate Mint, Chocolate)
- 14 Oatmeals (Apple Cinnamon, Maple & Brown Sugar)
- 7 Scrambled Eggs
- 21 Soups (Cream of Tomato, Chicken Noodle, Chicken & Wild Rice)
- 7 Tropical Punch Fruit Drinks
- 7 Chocolate Puddings
- 7 Cappuccinos

*This package cannot be customized. If you would like specific products, you can order them individually. 4 weeks requires 20 boxes of Medifast© Meals. Depending upon availability, we may substitute comparable products.

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<th>Nutri/System®</th>
<th>Nonclinical Program</th>
<th>Free Membership</th>
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<tr>
<td>A full 28 days of satisfying NutriSystem® Advanced™ food NEW easy-to-follow daily meal planner,</td>
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<tr>
<td>Medifast© for Women 4-Week Package is $299.50</td>
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everything delivered right to your door; FREE exercise DVD and Mindset Makeover™ Guide FREE weight loss counseling and FREE membership with access to online tools, articles, and MORE


Vegetarian Approach.

According to MedicineNet, “Unlike other diet books that make big promises, *Eat More, Weigh Less*, by Dean Ornish, MD, soft-pedals the health claims for this diet for the masses, adapted from his regimen to reverse heart disease. Ornish is well known in the medical community because of his success in reversing blockages to the heart, once thought impossible without surgery or drugs. Ornish also runs his own health and diet site at WebMD21 which can give you additional details about his plan (2008).”

| Overeaters Anonymous (OE) | Do-It Yourself Program | OA charges no dues or fees; it is self-supporting through member contributions. Web sites, local chapters, support groups.

OA Program of Recovery: OA is not just about weight loss, obesity or diets; it addresses physical, emotional and spiritual well-being. It is not a religious organization and does not promote any particular diet. To address weight loss, OA encourages members to develop a food plan with a health care professional and a sponsor.

Overeaters Anonymous offers a program of recovery from compulsive overeating using the Twelve Steps and Twelve Traditions of OA. Worldwide meetings and other tools provide a fellowship of experience, strength and hope where members respect one another’s anonymity.

Unlike other organizations, If you want to stop your compulsive eating, welcome to Overeaters Anonymous.

Pritkin Diet

Nonclinical Program Do-It Yourself

The Pritkin program is a famous diet and philosophy of health developed by Nathan Pritkin [nutritionist]. In the minds of many people, the Pritkin Program is imagined to be a Spartan, no-frills, uninteresting, and—worst of all—unpalatable diet. The Pritkin Program is also thought of as a “last resort” program that participants join because they have no other choices left. (n.d.)

Today, no other diet-and-exercise program has been more highly praised by the scientific community. More than 100 studies in top medical journals have found that people who adopt the Pritkin Program achieve dramatic results in just a few weeks, with more benefits long-term. More recently, the World Health Organization (WHO), The Food and Agriculture Organization (FAO) of the United Nations, and the United States Departments of Agriculture and Health and Human Services determined that the healthiest, most effective diet for fighting the obesity epidemic and building long-term health is a diet that closely mirrors the Pritkin Program.

Scarsdale Diet

Nonclinical Program Do-It Yourself

The Scarsdale Diet is one of the most popular diets ever created. The Scarsdale Diet achieves your weight loss goals and the creator, Dr Herman Tarnower insists the Scarsdale Diet will allow you to lose 20 pounds in two weeks. The Doctor claims that the Scarsdale Diet has miraculous results and allows you to

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| The Makers Diet | Nonclinical Program  
Do-It Yourself | Book:  
Lake Mary, FL: Siloam: A Strang Company. |
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<tr>
<td>The makers diet</td>
<td>Biblically based and “...scientifically proven” (Rubin, 2004, Back matter)²⁵ faith-based approach to changing food habits, boosting the immune system, improving physical appearance, improving digestion, increasing energy, and attaining and maintaining ideal weight.</td>
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</table>
| The Sonoma Diet | Developed by Dr. Connie Guttersen, R.D., PhD.  
The Sonoma Diet is a unique weight loss plan combining the art and science of food. Based on the concept of “Sonoma cuisine...a state of mind and reflection of the way eating” and daily foods enjoyed by the people who live on or near the Mediterranean Sea” (Guttersen, 2005, page 12) | Book:  
| The South Beach Diet | Nonclinical Program  
Do-It Yourself | Online Membership |
|----------------|-------------------|--------------------------------------------------|
| Both South Beach and Atkins diets are the creation of medical doctors. The father of the South Beach diet is cardiologist Arthur Agatston, MD, director of the Mount Sinai Cardiac Prevention Center in Miami Beach, Fla.  
Both the South Beach and Atkins diets are best-selling diet books. Only someone living in a cave hasn't, by now, heard of Agatston's The South Beach Diet: The Delicious, Doctor-Designed, Foolproof Plan for Fast and Healthy Weight Loss.  
Both South Beach and Atkins diets restrict carbohydrates -- carbs, as diet dilettantes like to say. True, "good carbs" are allowed. But South Beach dieters must say goodbye to potatoes, fruit, bread, cereal, rice, pasta, beets, carrots, and corn for the first two weeks. After that, most of these foods remain strongly | Book:  

Lake Mary, FL: Siloam: A Strang Company.
http://www.webmd.com/content/pages/15/96038.htm
Both South Beach and Atkins diets have a more severe induction phase, followed by a long-term eating plan.

The difference, really, boils down to two things:

- **Fats.** The South Beach diet bans unhealthy fats but strongly promotes healthy ones.
- **Carbs.** The South Beach diet doesn’t count grams of carbs. The Atkins diet seeks to change a person from a sugar-burning machine into a fat-burning machine. The South Beach diet looks at how much sugar is in a carb. Low-sugar carbs -- those with a low glycemic index (they don’t cause the blood sugar levels to rise and fall as quickly) -- are good (this point may sound very familiar to fans of the Sugar Busters diet).

As Agatston says, this means his diet is not -- exactly -- a low-carb diet or a low-fat diet. (WebMD, 2008).

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### The Zen of Eating

**Nonclinical Program**

**Do-It Yourself**

"The health of the body depends on the wisdom of the mind" according to author Kabatznick who discusses how "...eating from a Buddhist perspective is a disorder of desire and emotional appetites. Applies the Buddha’s formula to help find freedom from eating problems and they tyranny of desire that creates them” (1998, Back matter).

**Book:**


### The Zone Diet

**Nonclinical Program**

**Do-It Yourself**

**Book:**

“Author Barry Sears has a PhD in biochemistry and no formal training in the area of nutrition” (2008, page 378, Table 15-4: A Comparison of Popular Protein Diets).  

“Eating the right combination of foods leads to a metabolic state (lower insulin levels and desirable eicosanoid levels) in which the body works at peak performance, leading to decreased hunger, weight loss, and increased energy” (2008, page 378, Table 15-4: A Comparison of Popular Protein Diets).

**TOPS**

**Do-It Yourself Program**

The TOPS (Take Off Pounds Sensibly) Club Inc. is a nonprofit weight loss support group where members meet weekly in over 10,000 chapters in the U.S., Canada, and worldwide.

TOPS began over 55 years ago and has helped people lose millions of pounds, while encouraging them to live a healthy lifestyle. The basic theory behind the plan is that "calories in" should equal "calories out." But in order to make dietary and other lifestyle changes, the ‘Take Off Pounds Sensibly Club, Inc.’ realizes the desire must come from within. Once you have lost the pounds, KOPS: Keeping Off Pounds Sensibly is the next step. Maintaining the weight lost is a key component that reflects real success and improvement in health and lifestyle. The most effective way to sustain change is having a supportive environment, a key factor in the TOPS philosophy.

**Weight Watchers®**

**Nonclinical Program**

Behavior modification: food plan and eating habits, support approach.

Membership required for Online or on site participation; sells products and services such

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**Success or Failure of Diet Programs**

Gail Frank points how “Few scientific studies evaluate the effectiveness and safety of weight-loss methods...and that...some weight loss strategies may be harmful. Individuals should examine the scientific date on effectiveness and safety of the weight-loss program before adopting it” (2008, page 784, ¶4).

The success or failure of any weight-loss program includes a number of variables including program length, motivation of the individual to loose weight, amount of weight lost, ability to maintain the weight loss and program or plan completion.

**Need for Increased Regulations Related to Weight-loss Claims**

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WASHINGTON - A coalition of prominent academic researchers and authors of best-selling diet books today said that “Americans are lurching from one diet plan to another.” They called on the National Institutes of Health (NIH) to sponsor research to evaluate popular diet plans and provide the best possible advice for overweight consumers.

In the past 20 years, obesity rates have shot up in adults, teens, and children. According to the Centers for Disease Control and Prevention, more than half of all adults are overweight or obese, and the rates of obesity in children and teens have doubled since the late 1970s. Obesity increases the risk of diabetes, heart disease, stroke, and other health problems. Each year obesity causes tens or even hundreds of thousands of premature deaths and costs the public tens of billions of dollars.

According to Dr. George Blackburn, associate professor of nutrition and surgery at Harvard Medical School and an organizer of the coalition, "Despite the popularity of commercial weight-loss programs, dietary supplements, and diet books, obesity is more widespread than ever. Some books advise a high-carbohydrate, low-fat diet; some advocate a low-carbohydrate, high-fat diet; while others say just cut down on calories. And too many popular weight-loss programs do not disclose data on how much weight their customers lose and keep off. Most plans provide limited scientific research on the safety and effectiveness of their plan. It’s no wonder that people are confused... and fat.”

In their letter to Dr. Allen M. Spiegel, Director of the National Institute of Diabetes and Digestive and Kidney Diseases, the diet experts said, “The debate will not end — and overweight people will not have reliable information to guide their attempts to lose weight — until well-designed independent research investigates the effectiveness of different approaches.”

Dr. Robert C. Atkins, author of the best-selling *Dr. Atkins’ New Diet Revolution*, said, “Most of the information as to the efficacy and safety of the many diets that have been offered has been based on speculation rather than scientifically established observation. It is unlikely that such research will ever be funded privately. Therefore, the ideal solution would be for the government to take on that responsibility.”

Dr. Kelly Brownell, a Yale University professor of psychology who has studied obesity, noted that on one Sunday last fall, six out of 10 books on *The Washington Post*’s best-seller list were weight-loss books. “People who are trying to lose weight need and deserve scientifically supported guidance on how to lose weight safely and permanently,” said Brownell. “What we have now is mostly advertising hyperbole and anecdote.”

Dr. Walter Willett, chairman of the nutrition department at the Harvard School of Public Health, said, “The kind of research we are suggesting is not just critically important, but quite economical because the number of participants needed is in the hundreds, not thousands. The research should determine which diets work best for losing weight and keeping it off, and what risks may be associated with various diets. Considering obesity’s

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costs, in terms of both health and dollars, a modest investment in research could have an enormous pay-off.”

Professor Blackburn also urged Congress to call on NIH to sponsor research on obesity. “For 30 years, Americans have been trying every sort of weight-loss diet imaginable, but there is precious little research on the safety and effectiveness of any of them. Because NIH hasn’t sponsored the research on its own, Congress should insist it do so,” Blackburn said.

Michael F. Jacobson, executive director of the Center for Science in the Public Interest, applauded the experts’ letter, saying: “It’s high time the government did more to help the millions of people who are desperately trying to lose weight, but have no basis for figuring out which program is most effective over the long run.”

(Center for Science in the Public Interest, n.d.)

Summary

This lesson examined conceptual approaches to weight-loss programs, Obseigenic eating environments and the contribution to the US obesity epidemic, strategies for weight loss including a review of approaches, products and services of popular diet programs. As we learned, success or failure of weight-loss programs depend on a number of individual and societal factors including motivation, body image, health concerns and level of commitment to making dietary changes.