Diets for Weight Management

Dana Issa Marbu'

Obesity

- In 2016, more than 1.9 billion adults aged 18 years and older were overweight and obese.
- In 2019, an estimated 38.2 million children under the age of 5 years were overweight or obese.
- Obesity is the second preventable cause of death in the United States, It Costs \$117 billion annually.
- The fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended

Obesity

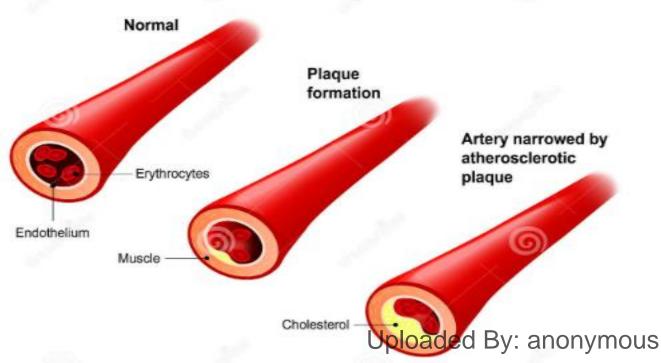
• Is a **Multifactorial** disease; biological, psychological, socioeconomic and environmental.

 Overweight and obesity increase the risk of type 2 diabetes, CVD, gallbladder disease, sleep apnea and some types of cancer.

 Obesity is associated with hyperlipidemia and pregnancy complications.

Obesity and CVDs

- Aetiology: It usually occurs due to impaired blood flow in the blood arteries due to development of a plaque.
- Accumulation of fatty deposits, smooth muscle cells and fibrous connective tissue in the artery walls), preventing the supply of oxygen and nutrients to the heart.
- Atherosclerosis.
- Beings to develop in childhood
- LDL < 100 mg/dl.
- HDL > 60 mg/dl.
- Cholesterol < 200 mg/dl.



Obesity and Diabetes

- Excess body fat causes insulin resistance, thus type 2 diabetes (diabesity).
- Adipose tissue encourages insulin resistance in a number of ways; it decreases the secretion of adiponectin, a hormone that reduces insulin resistance.
- Excess adipose tissue also secretes additional pro-inflammatory molecules (cytokines), which increase insulin resistance.
- Excess intra-abdominal fat is a feature among 4 out of 5 patients with type 2 diabetes

Obesity and Other Health Implications

• Fatty liver disease: conditions in which fat builds up in your liver, lead to severe liver damage, cirrhosis, or even liver failure.

 Gallbladder disease: Imbalances in substances that make up bile cause gallstones. Gallstones may form if bile contains too much cholesterol.

• Osteoarthritis: pain, swelling, and reduced motion in your joints, Putting extra pressure on your joints and cartilage

Obesity and other health implications

Pregnancy complications:

- 1- developing gestational diabetes.
- 2- Pre-Eclampsia.
- 3- cesarean section or C-section.

• Similar to General Diet, expect, the quantities based on patient needs and weight management goals.

 Weight management includes: nutrition therapy, physical activity and behavior therapy.

• Medical nutrition therapy may last at least for 6 months, or until the individuals reach their goal.

- Weight loss by reducing calorie needs by 500 to 1000 calories /day.
- Weight Maintenance by providing adequate calories based on energy expenditure once weight loss goal achieved.
- Serum lipid levels (cholesterol, LDL, HDL and TAG).
- Preventing long-term complications such as hypertension, cardiovascular disease, and diabetes.
- Improving overall health as well as behavior change.

Adequacy

- Very low calorie diets should only be taken under medical supervision.
- Calorie levels less than 1200 kcal for women and 1500 for men should not be recommended.
- They don't met DRIs and low in vitamins and minerals.
- The diet should be based on the individual nutritional needs

Diet Principles

- 1- Maintain a healthy weight either by weight loss or weight maintenance.
- 2- A 5% weight loss followed by 10 % promote a lower blood sugar, cholesterol, and blood pressure.
- 3- Safe weight loss of an average of 1 to 2 (0.5-1 kg) pounds per week.
- 4- Rapid weight loss occurs, the chance of regaining is greater.
- 5- Monitor food intake and weight by way of food diary or other means of recording.

Why Gradual weight loss is beneficial?
The answer is in the link

Magkos, F., Fraterrigo, G., Yoshino, J., Luecking, C., Kirbach, K., Kelly, S. C., de Las Fuentes, L., He, S., Okunade, A. L., Patterson, B. W., & Klein, S. (2016). Effects of Moderate and Subsequent Progressive Weight Loss on Metabolic Function and Adipose Tissue Biology in Humans with Obesity. *Cell metabolism*, 23(4), 591–601.

https://doi.org/10.1016/j.cmet.2016.02.005

- 6- Exercise a minimum of 30 minutes most days of the week, at least 5 days a week to help promote weight loss.
- 7- To maintain weight loss, 60 minutes 5 to 7 days per week may be indicated.
- 8- Spread meals and snacks throughout the day to prevent hunger periods.
- 9- Drink at least 1500-2000 ml of water daily, help maintain hydration as well as to promote a sense of fullness to aid with weight loss.

 Weight loss with the elderly population should be evaluated based on benefit for long-term outcomes.

 Weight loss with children should be evaluated and monitored by a healthcare professions.

Ideal body weight Hundreds of formulas and theories have been used to measure the ideal body weight.

Examples:

G. J. Hamwi Formula

```
48.0 kg + 2.7 kg per inch over 5 feet (man)
45.5 kg + 2.2 kg per inch over 5 feet (woman)
```

B. J. Devine Formula

```
50.0 + 2.3 kg per inch over 5 feet (man)
45.5 + 2.3 kg per inch over 5 feet (woman)
```

• %IBW = (current wt./IBW) X 100

80-90% mild malnutrition

70-79% moderate malnutrition

60-69% severe malnutrition

< 60% non-survival STUDENTS-HUB.com

Weight Management Diet/ BMI Classifications

| Severely underweight | MI less than 16.5kg/m^2 |
|--|--|
| Underweight | 18.5 kg/m^2 |
| Normal weight | BMI greater than or equal to 18.5 to 24.9 kg/m^2 |
| Overweight | BMI greater than or equal to 25 to 29.9 kg/m^2 |
| Obesity | BMI greater than or equal to 30 kg/m^2 |
| Obesity class I | BMI 30 to 34.9 kg/m ² |
| Obesity class II | BMI 35 to 39.9 kg/m ² |
| Obesity class III/ Severe, extreme, or massive obesity | BMI greater than or equal to 40 kg/m^2 |

Example

- Gender: Male, Wt.: 90 Kg, Ht.: 178 cm Age: 36 years old.
- calculating the following

- 1- BMI:
- 2- IBW:
- 3- IBW%:
- 4- EER:
- 5- The new EER

• Bariatric Diet is for morbidly obese patients who had undergo weight loss surgery.

• This diet is used for gastric bypass, laparoscopic adjustable band, and vertical sleeve gastrectomy.

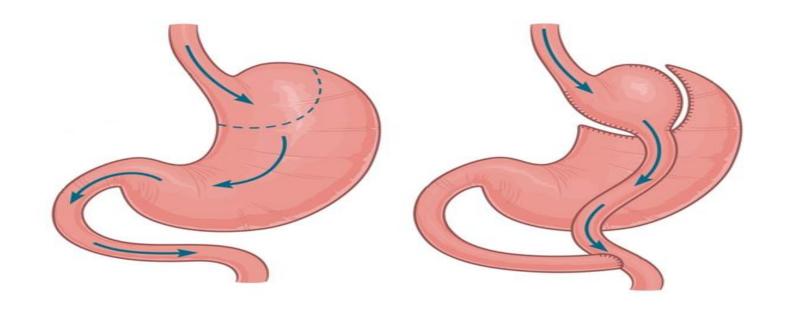
 It is important to determine what type of bariatric surgery was performed as the diet and nutrition plan could vary

- Bariatric surgery Criteria:
- They have a BMI of 40 kg/m2 or more,
- Between 35 kg/m2 and 40 kg/m2 and other significant diseases (for example type 2 diabetes or high blood pressure) that could be improved if they lost weight.
- Inability to achieve the desired goal by healthy diet and physical activity.
- Conformation from multidisciplinary team(specialized experience/training in bariatric surgeon, dietitian, exercise specialist and mental health professional

Gastric Bypass

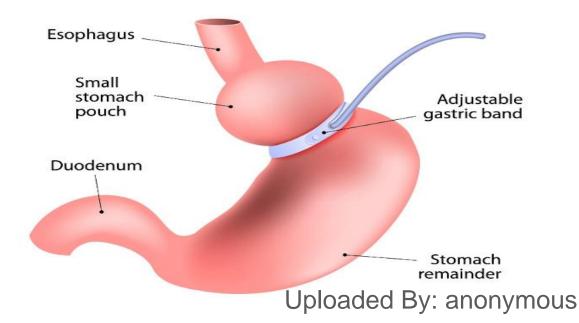
- Or Roux-en-Y gastric bypass, consists of three steps:
- 1- Creating a small pouch in the upper section of the stomach
- Result: stomach become smaller, thus feel full sooner.
- 2- Attaches the lower part directly to the small stomach pouch.
- Result: Food will bypass most of your stomach and the upper part of your small intestine; absorbs fewer calories.
- 3- Reconnects the upper part of the small intestine to a new location in the stomach.
- Result: This allows digestive juices in the stomach to fully digest the food.

Gastric Bypass



Adjustable Gastric Band

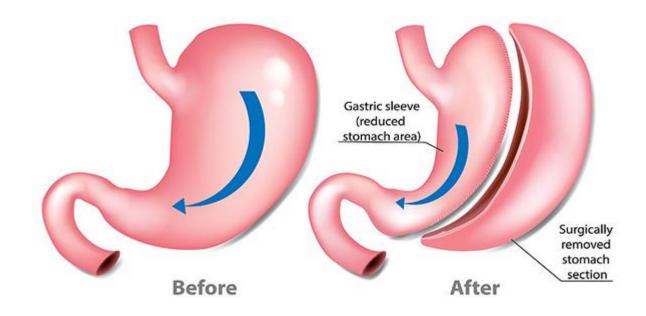
- Less commonly used compared to other methods.
- The surgeon places a ring round the top of your stomach to create a small pouch.
 - Result: makes the patient full after eating a small amount of food.
- The inner band can be resize (adjusted) Adjustable Gastric Band (LAP-BAND)



Vertical Sleeve Gastrectomy

- Surgeon removes most of the stomach, leaving a banana-shaped section.
 - Result: Reduces the amount of food in the stomach; feel full sooner.

SLEEVE GASTRECTOMY



- The postoperative diet for all types of bariatric surgeries should be started with clear liquid diet.
- Carbonated and caffeinated beverages are discouraged, empty calories food.
- The **full liquid diet** is recommended for 2 days, the diet should contain 60 to 80 g of protein whey protein.
- Liquids should not be consumed with solids; Liquids should not be consumed for at least 10 minutes before and no sooner than 40 minutes after a meal

Table 5.2 Diet progression following Bariatric surgery

| Day 1–2 | Clear liquids only (water, broth, diet Jell-O, Sugar-free |
|-------------------|---|
| | Popsicle, Isopure protein supplement. Make sure UGI is |
| | cleared before advancing diet. |
| • | Full liquid diet |
| | Whey protein supplements to provide a minimum of 60 g |
| | protein/day. |
| Days 15–30 | Pureed diet |
| | Whey protein supplements to provide a minimum of 60 g |
| | protein/day. |
| Day 30 and beyond | Soft/regular diet |
| | Avoid breads, dried meat, pasta, and rice |
| II ID a a rea | • Continue and of CO a marria and CA as marria. Unload |

STUDENTS-HUB.com

• Continue goal of 60 g protein and 64 oz water Uploaded By: anonymous

Diet Principles :

- 1- Eat three "meals" per day and maintain adequate protein.
- 2- Consume protein foods first, 60 g per day.
- 3- Consume no liquids with meals and 10 minutes before and 40 minutes after eating solids.
- 4- Supplement with multivitamin complete, calcium 1000 to 1200mg/day. (Additional vitamins such as iron, B12 sublingual may be needed.
- 5- Patients should be screened for vitamin D deficiency preoperatively and treated if a vitamin D deficiency is present. Why?

- Vitamin D and Bariatric surgery
- Check the link for the answer.

Lespessailles, E., & Toumi, H. (2017). Vitamin D alteration associated with obesity and bariatric surgery. *Experimental biology and medicine (Maywood, N.J.)*, *242*(10), 1086–1094.

https://doi.org/10.1177/1535370216688567

Assignment #2

Each student should find out the following about herself:

- BMI, IBW, % IBW, & BMR(then EER).
- Indicate the units of measurement.
- Indicate the formulas that you used.
- This Assignment should be handed in 25th April 2022