Why diets fail? A role for "Eat-ology" as a disruptive weight loss methodology

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Abstract

Obesity has become a global epidemic, which is rapidly spreading at phenomenal rates. The gravity of this "Globosity" epidemic goes beyond sheer numbers, as it is directly linked to numerous diseases that pose serious health risks and are responsible for escalating health care expenditures. Obesity is the single most important contributor to development of type 2 diabetes along with other metabolic disorders, all of which individually increase cardiovascular morbidity and mortality. Though the solution seems straightforward with weight reduction being the best cure, however, achieving and maintaining weight loss is extremely challenging. Diets have disappointingly had limited short term benefits with lack of sustainability and even rebound weight gain. In addition to their restrictive nature, there are even more complex personal behaviour and social factors affecting food ingestion that current day "diets" do not address. This lecture will highlight these shortcomings and explore dietary behaviour patterns promoting weight gain that may be critical in sabotaging weight loss efforts. Our GERG research group has undertaken a number of research initiatives including a multicentre survey aimed at understanding eating habits in overweight and obese individuals in our region. The published data will be shared for interactive discussion. Furthermore, a recently published novel eating behaviour modification concept called "Eat-ology" will be introduced. This intervention empowers individuals to identify their own specific "Eating Errors" and imparts techniques to convert them into "Eating Essentials." In this way, Eat-ology not only circumvents many of the shortfalls of today's "diets," but through non-restrictive, simple and practical principles it may enable the transformation of one's "way of eating" to support weight loss and its long-term maintenance.

It is quite interesting to explore how excess weight around the waist can in fact impact climate change. Simplistically, similar to stresses exerted by the extra weight on our joints, so does the additional food consumed beyond our requirements, which lead to strains on our ecosystem. It is easy to understand how overconsumption can result in more greenhouse gas emissions from the supplementary required resources for food production and processing. Although it has been estimated that the average American generally consumes substantially more calories than they need, overweight and obese individuals seem to contribute to it disproportionately. This major association between obesity and global warming has been extensively studied and various theories have been proposed for their significant interaction.[8] On the basis of theoretical modeling, comparing a population mix with a high percentage of overweight individuals to that with a normal proportion, Edwards and Roberts estimated that the overweight population require 19% more food energy. This would then result in increased carbon dioxide emissions of between 0.4 and 1.0 gigatons per year, not only from the required increases in food production but also from obesity-related lifestyle needs. This is exemplified by preference to drive rather than walk, need for larger cars, and consequent increased fuel requirement for larger cars and heavier persons.[10] In addition, it has been reported by the Centre for Disease Control (CDC) that for every 10 pounds gained by the average American, airlines consume 350 million more gallons of fuel to carry the additional weight, generating an estimated 3.8 million extra tons of carbon dioxide. Carbon footprint was also assessed by Serafini and Toti, whereby they introduced the idea of metabolic food waste (MFW) quantification which is defined as the food eaten in excess of physiological needs. They suggested that the average amount of MFW was 63.1 and 127.2 kg/capita in overweight and obese persons, respectively. It is easy to appreciate how these numbers can become astronomically exaggerated from a population-level perspective.

Biography

Samra Abouchacra has had extensive clinical and academic experience in Canada and UAE. She has Canadian & American Board certification in Internal Medicine & Nephrology and Masters in Science from the Toronto Institute of Medical Sciences. She is the founder and previous chairperson for Academic Affairs department and previous chairperson of Nephrology department at Tawam Hospital.

She also served as medical director of Urology Kidney Disease Service Line Council for the Emirate of Abu Dhabi and has recently held the post of Director of Outpatient Services at Tawam and now Al Ain Hospital in preparation for commissioning of the new facility. She has been actively participating in teaching and research activities with numerous publications in peer review journals and among country investigators for the International Dialysis Outcomes and Practice Patterns Study

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