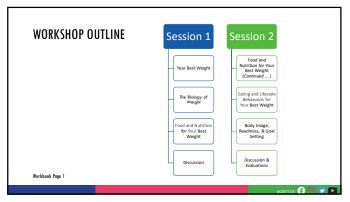
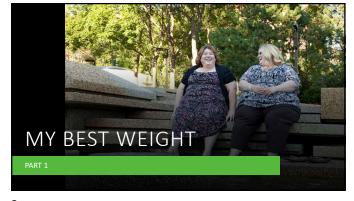


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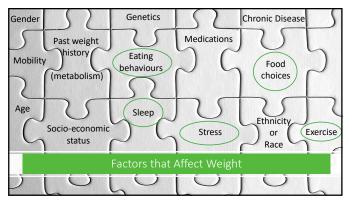
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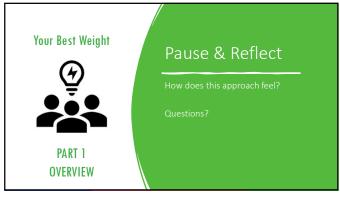
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WHAT WE HAVE LEARNED FROM RESEARCH UP TO THIS POINT 1. Obesity is highly genetic. ➤ Over 70-80% of our BMI is determined by our genes. 2. Our body defends itself against weight loss and promotes weight re-gain. ➤ 80% of people who lose 5% of their weight regain it within 5 years ➤ In most studies that look at diet and exercise, any weight that is lost is regained within 4-7 years ➤ When a significant amount of weight is lost, hormonal cues change so that we feel an increased level of hunger and decreased satiety (fullness). 3. Diets do not work in the long run. Workbook Page 3 Section 2.1

CHRONIC DIETING IMPACTS OUR WEIGHT AND HEALTH

What happens when we are always "dieting?"

- Metabolism slows down
- With each diet, it becomes more difficult to lose weight and keep it off
- \hline Our body is in a chronic state of stress
- It can lead to nutrient deficiencies and sometimes an eating disorder
- It wreaks havoc on our emotional health and self-confidence
- Dieting can result in strained relationships and does not provide an opportunity for healthy role modeling

Workbook Page 3 Section 2.1

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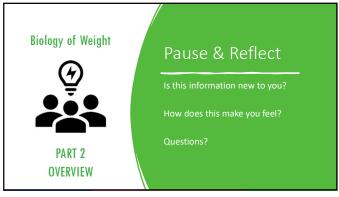
FOCUS ON BEHAVIOUR CHANGE, NOT WEIGHT

"The biggest change you can make to improve your health is by focusing on healthy behaviour changes rather than trying to control your weight through restrictive dieting or extreme exercising."

THIS APPROACH WILL <u>NATURALLY</u> TAKE YOU TO YOUR BEST WEIGHT.

Workbook Page

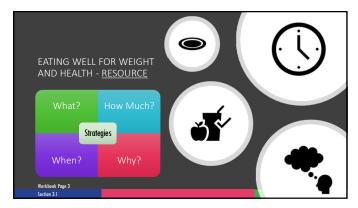
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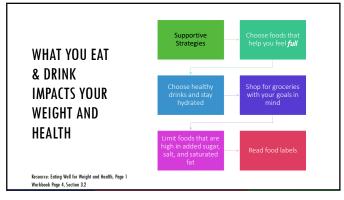
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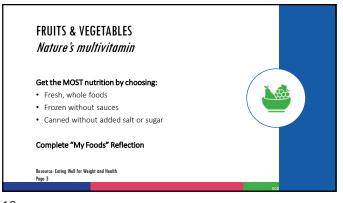
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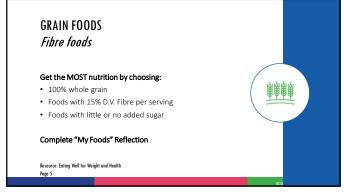
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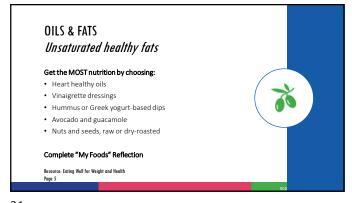
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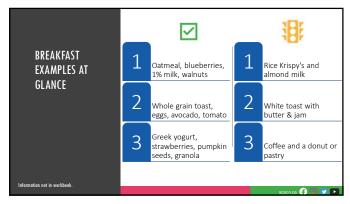
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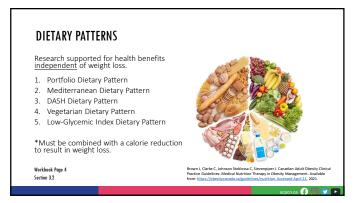
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MACRONUTRIENT-BASED DIETARY APPROACHES Carbohydrate-restricted diets Defined as less than 130 grams carbohydrate/day Evidence of greater weight reduction in the short-term (6-12 months) No clinical difference in weight loss over 12 months when compared to other dietary approaches Typical weight loss achieved ranges between 1.5-9.0 lbs. (0.7-4.0 kg) Considerations: Risk of nutrient deficiency; ketogenic diets pose the highest risk Long-term adherence is challenging Ketogenic diets are NOT recommended in pregnancy or those with kidney stones

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MACRONUTRIENT- <i>Protein</i>	BASED DIETAR	Y APPROACHES			
Protein may help with mass	weight loss by pro	moting satiety and inc	creases to muscle		
 Recommended to incl 	ude protein at ever	y meal <u>and</u> snack			
Choose proteins low in	n saturated fat, i.e.,	<10% D.V. Saturated	Fat		
Protein supplements a	are <u>not</u> necessary to	reach daily intake re	commendation.		
 Suggested* daily prote to help preserve lean 		during active weight l	oss and maintenance		
Height	5′ 0″ to 5′5″	5'6" to 5'11"	6'0" to 6'5"		
Daily Protein Suggestion Per Meal/Snack Suggestion	60-105 grams 15-26 g 4x/day	65-130 grams 16-33 g 4x/day	130-145 grams 33-36 g 4x/day		
Workbook Page 5 Section 3.2	*Protein amounts are guidelines only and are not to be interpreted as an individual nutrition prescription. Those requiring a modified protein diet, e.g., low protein diet, should not use these protein guidelines.				
			scpcn.ca 👍 🧭	9 🖪	

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Protein sources in the diet			
Food source	Portion size	Grams of protein (approximate)	
Beef, poultry, pork, fish	75 grams or 2 ½ oz.	21	
Cottage cheese, eggs, high protein milk and Greek yogurt	1/2-1/4 cup or 2 eggs	15	
Legumes, lentils, firm tofu, cheese	% cup or 50 g (1 ½ oz.)	12	
Peanut butter, almond butter, hemp hearts, pumpkin seeds	2 Tbsp.	8	
Cow/soy milk, regular yogurt	% to 1 cup	8	
Grains Bread products, cereals, cooked pasta, cooked rice	35 grams or ½ cup	4	
Fruit and vegetables Plant-based beverages (almond, cashew, coconut, rice)	½ cup or 1 fruit 250 mL or 1 cup	1	
Salad dressing, oil, butter, margarine	1 tsp. to 1 Tbsp.	0	

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MACRONUTRIENT-BASED DIETARY APPROACHES Protein • Protein may help with weight loss by promoting satiety and increases to muscle mass • Recommended to include protein at every meal and snack • Recommended amount is 1.2-1.6 g/kg per ideal body weight during active weight loss and maintenance to help preserve lean body mass • Type of protein recommended is low in saturated fat (animal, plant, or both) • Protein supplements are not necessary Workbook Fage 5 Section 3.2

MACRONUTRIENT-BASED DIETARY APPROACHES
FAT

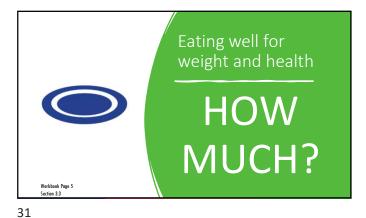
High fat intake is generally associated with higher weight status.
Fat is the most calorie dense macronutrient in the diet.
Very low-fat and high-fat diets are not recommended and have a low adherence rate.
Include healthy fat foods in small amounts, e.g., 1-2 servings per meal or snack, throughout your day.

Workbook Page 5
Section 3.2



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RECOMMENDED CALORIE LEVEL FOR WEIGHT LOSS

General Guideline
250-500 calorie reduction/day from baseline level

Women

• Minimum of 1200-1500 calories/day

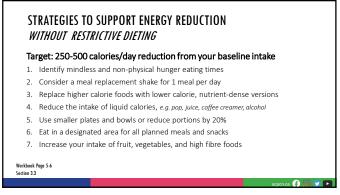
Men

• Minimum of 1500-1800 calories/day

*Intakes below these levels increase your risk of metabolic disturbance, nutrient deficiency, and disordered eating.

Werkbook Page 5
Serdine 3.3

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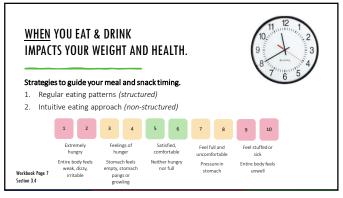
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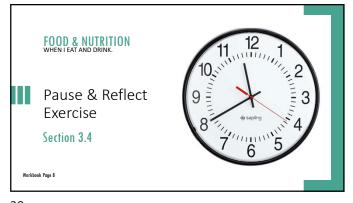
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Programme of the discontinuous calorie restriction methods, there is no added advantage to intermittent fasting as evidence is a sevidence is lacking to recommend the use of intermittent fasting as a treatment for weight loss and obesity Intermittent fasting is NOT recommended in those with diabetes, pregnancy, lactation, those who need to take food with medications, or those with eating behaviours or anxiety disorders.

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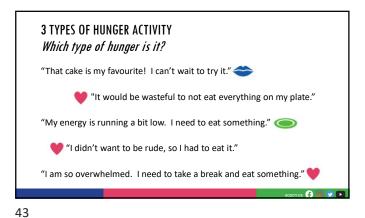
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FACTORS THAT INFLUENCE FOOD INTAKE Factors that affect our intake are complex. Some of these include: 1. Hunger, i.e., the physical need to eat 2. Appetite, i.e., the desire to eat 3. Our thoughts and thinking patterns, e.g., "I don't want to waste it." 4. Emotions, e.g., overwhelm, frustration, boredom, happiness 5. Environment, e.g., restaurants, parties, family dinners, work kitchen Workbook Page 8 Section 3.5

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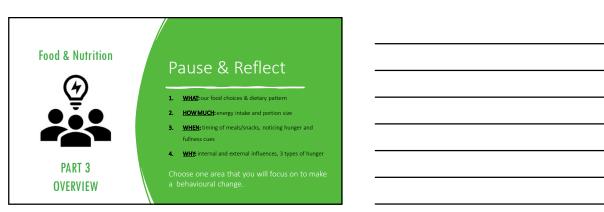


FOOD & NUTRITION
WHY LEAT AND DRINK.

Pause & Reflect
Exercise
Section 3.5

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PHYSICAL ACTIVITY GUIDELINES

Weight Loss

150-420+ minutes per week e.g., 20-60 minutes per day

Weight Loss Maintenance

200-300+ minutes per week e.g., 28-42 minutes per day

Workbook Page 9

Considerations for physical activity

- This level of physical activity may not be realistic for everyone.
- Those who successfully lose and maintain their weight have less sedentary time overall in their dayto-day life.
- Plan your activity into your week as if it were an appointment.
- Choose to engage in activities that you enjoy.
- Focus on movement as a way of taking care of yourself.

Boulé NG, Prud'homme D. Canadian Adult Obesity Clinical Practice Guidelines: Physical Activity in Obesity Manag

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HEALTH BENEFITS WITH WALKING

It's more than just weight loss and maintenance!

- 1. Increased heart and lung fitness
- 2. Reduced risk of heart disease and stroke
- Improved management of high blood pressure and cholesterol, diabetes, joint and muscular pain or stiffness
- Increased muscle strength and endurance
- Increased self-confidence and body positivity

Workbook Page 9 Section 4.1



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There are adverse health outcomes for those that sleep less than 5 hours or more than 9 hours. Some studies show a disruption in appetite hormones – increased hunger and decreased satisfaction Increased preferences for high fat and sugary foods Increased reward signaling in the brain to crave high fat, high calorie foods Increased abdominal fat storage Poorer diet quality Decreased insulin sensitivity Workbook Page 10 Section 4.2

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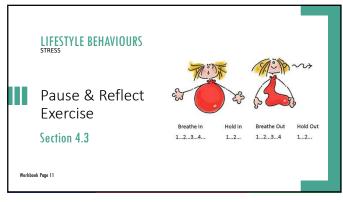
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Executive functioning and self regulation **EFFECTS OF CHRONIC** interference STRESS ON WEIGHT Behaviour changes Induces overeating Many pathways connect stress and • Drives the consumption of foods high in calories, fat, obesity. and sugar · Decreases physical activity · Shortens sleep Weight stigma itself can induce a stressful state. Physiological changes Reward centers in the brain are increased Hormonal changes · Increases hunger and decreases satiety • Promotes fat storage

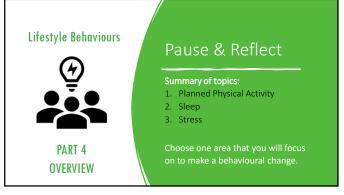
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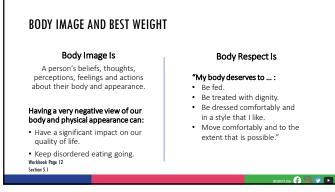
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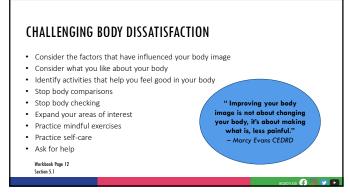
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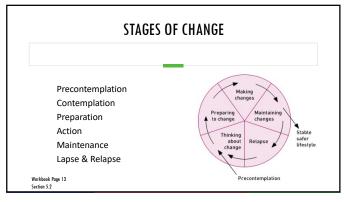
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	WLIGHIN	IU IIIL I KU	JO & CUNS	OF CHAN	JL
Decision	onal Balance G	rid Exercise		No Change	Change
Benefits of	No Change What are the benefits to not changing?	Change What are the benefits if I change?	Benefits of	Less effort More free time Food and alcohol help me de-stress I can just be myself	Improved self- esteem and confidence Feel better More energy for work and life Better Mood
Costs of	What are the potential costs if I do not change?	What are the potential costs if I change?	Costs of	Health deteriorates Economic cost of health Can't play with kids Burden on family	I can't eat whatever I want Exercise makes me uncomfortable Lots of effort required

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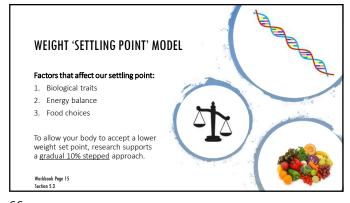
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HEALTH BENEFITS OF 5-10% WEIGHT LOSS Modest weight loss results in significant health benefits! 1. Increased HDL-Cholesterol, lowering your risk of developing heart disease 2. Decreased triglycerides, lowering your risk of heart attack and stroke 3. Lower systolic and diastolic blood pressure by 5 mmHg 4. Lower Alc by 0.5%, this is similar to some blood sugar medications! 5. Significantly improve insulin resistance 6. Improve sleep apnea, sometimes enough to get off a c-pap machine 7. Decreased production of inflammatory substances, lowering your risk of strokes and heart attacks. Workbook Page 11 Nadia B. Pietrykowska. Benefits of 5-10 Percent Weight-Loss. Retrieved April 30, 2021 from https://www.obesity.ecton.org/community/artide-library/benefits-of-5-10-percent-weight-Loss/

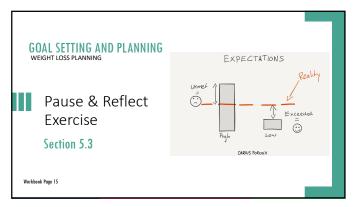
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WEIGHT PLATEAUS 1. Weight plateaus are normal and should be expected • Metabolic adaptation occurs – weight loss lowers the number of calories the body burns • Endocrine changes occur – weight loss changes circulating hormones which increases hunger and decreases satiety (fullness) 2. There are no behavioural strategies that can combat these changes 3. These changes are considered a significant contributor to long-term weight loss and weight maintenance. Werkbook Page 1415 Section 5.3 **Expense **Page 1415 Section 5.3 **Expense **Page 1415 **Exercise 5.3 **Expense **Page 1415 **Expense 5.3 **E

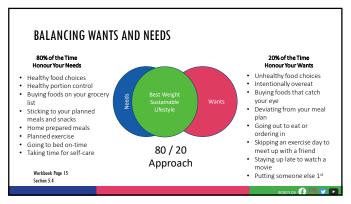
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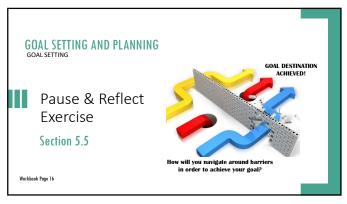
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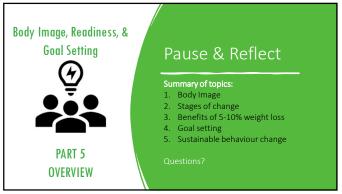
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TOP TIPS FOR SUSTAINABLE BEHAVIOUR CHANGE 1. The closer your dietary changes are to your baseline intake, the greater the success rate of short and long-term adherence. 2. Self-monitoring is a strong predictor of dietary change and weight outcome due to an increased awareness of food intake. 3. Long-term and frequent contacts between you and a health professional 4. Lapses are normal and should be expected 5. Learn from lapses and create a plan for how to deal with them is an important step to prevent a relapse from occurring Werkbeek Page 16 Section 5.5

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