Lifestyle Patterns Approach To Weight Control
Faculty

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Disclosures

- Dr. Kushner
  - Author of Dr. Kushner’s Personality Type Diet (St. Martin’s Griffin, 2004)
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  - Consultant diet.com
Overall Goal

• Learn new weight management tool/resource to use in addition to your current approach
Learning Objectives

• Discuss the rationale and philosophy of using a qualitative lifestyle patterns approach to weight management

• List and define the 21 eating, exercise and coping lifestyle patterns along with the targeted strategies for the 7 eating patterns

• Using case-based studies, demonstrate how the lifestyle patterns approach is used in clinical practice

• Become familiar with the online features and support tools of the lifestyle patterns approach website: www.diet.com
Background Perspectives

- Perspective 1: Obesigenic. Weight gain is a result of adapting to our environment.
- Perspective 2: Scaling Up. Each person gains/loses weight for different reasons.
- Perspective 3: One Size Doesn’t Fit All. Each person is different so they will need different/individualized treatment plans.
- Perspective 4: Multidimensional. Addressing eating, exercise, and coping is the key to weight management.
Perspective 1

We live in an “obesigenic” society.

Becoming overweight and obese is a consequence of ecology and economics of modern society.
People adapt to and harmonize with their environment (ecology).

People make decisions based on available resources and allocation of available time (economics).

Since we live in an environment where high calorie food is available 24/7 and technology has essentially engineered out the need for labor, a calorie imbalance and weight gain can be expected.

Thus, overweight, obesity and an unhealthy lifestyle could be considered the norm rather than the exception.
**The Effects of Food Pressures**

- Food Availability
- Abundance
- Snacking
- Convenience Stores
- Vending Machines
- Processed Foods
- Cooking Less
- Eating Out More
- Large Portions
- Fast Food Choices
- Value Meals
- Food Courts
- All You Can Eat Buffets

Should Eat Healthy Foods
Should Watch Portion Sizes
Should Cook More
Should Eat Only When Hungry
The Effects of Technological Advances

- Elevators
- Escalators
- Telephones
- Snow Blowers
- Remote Controls
- Cars, Buses, Trains
- Computers
- Email
- Drive-Thru Society
- Television
- Cable Channels
- Video Games
- VCR's: Home Movies

Healthy Choices

- Should Walk Up Stairs
- Should Park Car Farther Away
- Should be More Active
- Should Watch TV less
- Should Do Less Passive Activities

Unhealthy Environment
The Effects of Time Pressures

Living the Hurried Life
Always Rushing
Overscheduled
Overdoing It
Not Living in the Moment
Working Longer Hours
Less Leisure Time
Family Stresses
Juggling Schedules
Juggling Roles
No Time for Family
No Time for Self

Healthy Choices
Should Make Time to Exercise
Should Make Time to Eat Healthier
Should Make Time to Cook
Should Make Time to Relax

Unhealthy Environment
Perspective 2

The Scaling Up Syndrome

The constellation of life events--biological, environmental, social & cultural--that result in weight gain.
Scaling Up Syndrome

Your Weight Gain

- College
- Diet
- Exercise
- Marriage
- Pregnancy
- Diet
- Job Demotion
Scaling Up Syndrome

Your Weight Gain

- Menopause
- Personal illness
- Family death
- Stressful job
- Empty nest

Events:
- College
- Marriage
- Pregnancy

Time

Weight
Scaling Up Syndrome

Your Weight Gain

- RELatives commented a lot about my weight.
- Wedding

- 3 deaths & began seeing eating disorder: She encouraged "natural eating" rather than dieting.
Scaling Up Syndrome

Your Weight Gain

- Work Travel
- Work Travel
- Eating out
- Eating out
- Stop Smoking
- Athens
- Thyroid Disease
- Eating out
- Workout
- Workout
- Workout

Weight

Time
Scaling Up Syndrome

Your Weight Gain
Variety: 120 lbs

Variety with mood/activity level

Stopped working

1974 1974 79 82 84

Time

Weight

220 lbs

175 lbs

330 lbs
Perspective 3

“One size does not fit all”

People need an individualized tailored approach that addresses their own unique lifestyle & personality.
Different program examples
Why should a ...

- 52 year old traveling salesman who eats most meals on the road and isn’t comfortable exercising do well on the same program as a ...

- 35 year old mother of 3 who finishes her children’s food, wants to exercise but can’t find the time?

- These individuals have different lifestyles, responsibilities, support systems and obstacles.
Treatment must be multi-dimensional

Weight loss and health aren’t just about the ratio of carbs and protein on the plate, which is the one-dimensional focus of many weight loss programs.

Control of body weight and health must include eating, exercise and coping lifestyle patterns of behavior as well.
What do People Want?

- A targeted, individualized and personalized approach that is tailored to their lifestyle addressing preferences, habits, time availability, likes and dislikes, style, attitudes, abilities, culture, etc.
What do RD’s Want?

- A quick, easy, and effective tool to identify the specific areas patients need help in along with the strategies to achieve weight control
A New Theory to Treatment of Overweight: An Overview

• Weight gain, overweight and obesity are expected responses to our ‘obesigenic’ environment.

• Individuals have adapted to their environment by developing unique and identifiable eating, exercise and coping patterns. Unfortunately, many of these patterns are maladaptive to body weight and health.

• Targeting treatment of these maladaptive lifestyle patterns will lead to weight loss and improved overall health.
Lifestyle Personality Patterns

**Eating Patterns**
- Meal Skipper
- Nighttime Nibbler
- Convenient Diner
- Fruitless Feaster
- Steady Snacker
- Hearty Portioner
- Swing Eater

**Exercise Patterns**
- Couch Champion
- Uneasy Participant
- Fresh Starter
- All-or-Nothing Doer
- Set-Routine Repeater
- Tender Bender
- Rain Check Athlete

**Coping Patterns**
- Emotional Eater
- Self-Scrutinizer
- Persistent Procrastinator
- People Pleaser
- Fast Pacer
- Doubtful Dieter
- Overreaching Achiever
Lifestyle Patterns Approach to Obesity Management

- Takes into consideration the known multifactorial etiology of obesity and reinforces the importance of addressing diet, physical activity, and cognitive (coping) behaviors during treatment.

- By focusing on and changing one pattern at a time, the patient gains control, builds confidence, improves health, and remains motivated.
Symptom Pattern Approach is Commonly Used in Medicine

- **Problem**: Asthma
- **Goal**: To reduce asthma symptoms such as wheezing, coughing, or shortness of breath
- **Implementation**: What are the patient’s triggers (patterns)?
  - exercise
  - laughing or crying
  - environmental allergens
  - cold air or tobacco
Symptom Pattern Approach for Obesity: Dietary Treatment

- **Problem**: Caloric intake exceeds energy requirements
- **Goal**: To reduce caloric intake
- **Implementation**: What are the patient’s patterns?
  - Eats large portions of food
  - Skips meals
  - Nibbling into the night
  - Filling up on higher calorie foods instead of fruits & vegetables
Symptom Pattern Approach for Obesity: Exercise Treatment

- **Problem**: Caloric expenditure less than energy intake
- **Goal**: To increase physical activity
- **Implementation**: What are the patient’s patterns?
  - Hates to move
  - Wants to move but has no time
  - Has medical concerns and restrictions
  - Is embarrassed to exercise in front of others
Symptom Pattern Approach for Obesity: Coping Treatment

- **Problem**: Patient has difficulty focusing on & sustaining weight management program
- **Goal**: Improve coping skills
- **Implementation**: What are the patient’s patterns?
  - Procrastinates
  - Puts self low on priority list
  - Eating is triggered by emotions
  - Has unrealistic goals
Symptom Pattern Identification Questionnaire

- Patients are asked to complete a 5-10 minute questionnaire indicating their level of agreement to 66 statements.
- Each statement is scored (0,1,2,3) based on strength of agreement.
- Statement items are keyed into predetermined patterns.
- Percentile score is calculated for each pattern.

(Kushner et al, AJCN, 2002)
7 Eating Patterns

- Meal Skipper
- Nighttime Nibbler
- Convenient Diner
- Fruitless Feaster
- Steady Snacker
- Hearty Portioner
- Swing Eater
Food Pattern Profile

- Meal Skipper
- Nighttime Nibbler
- Convenient Diner
- Fruitless Feaster
- Steady Snacker
- Hearty Portioner
- Swing Eater
7 Exercise Patterns

» Couch Champion
» Uneasy Participant
» Fresh Starter
» All-or-Nothing Doer

» Set-Routine Repeater
» Tender Bender
» Rain check athlete
Exercise Pattern Profile

- Couch Champion
- Uneasy Participant
- Fresh Starter
- All-or-nothing Doer
- Set-Routine Repeater
- Tender Bender
- Rain Check Athlete
7 Coping Patterns

» Emotional Stuffer
» Self-scrutinizer
» Persistent Procrastinator
» People Pleaser

» Fast Pacer
» Doubtful Dieter
» Overreaching Achiever
The Importance of Coping

How patients’ view themselves, relate to others, and deal with stress has a major impact on their weight. For many, learning better coping strategies is the missing piece of their weight loss puzzle.
Coping Patterns Predominate as Most Prevalent Self-Identified Problems

- Personality Lifestyle Patterns Questionnaire was administered to 335 obese adults in the Wellness Institute at Northwestern Memorial.
- Most prevalent set of patterns was related to the coping symptoms; all 7 coping patterns endorsed by over 50% of patients, compared to 5 eating and 3 exercise patterns:
  - People Pleaser
  - Persistent Procrastinator
  - Overreaching Achiever

(Kushner et al., Obes Res, 2003)
Research Validation

- One year prospective study of 92 individuals treated in a group format using the personality patterns approach along with meal replacements, pedometers and tracking of physical activity.
- Average starting BMI 35 kg/m², age 45 yrs
- Average weight loss was 11 lbs or 5% of initial weight at one year (last observation carried forward (LOCF) analysis).

Lifestyle Patterns Treatment Approach

- Four specific strategies have been developed for each of the 21 symptom patterns.
- Patients self-select which patterns they want to tackle and in which order.
  - Start with highest scored patterns
  - Start with highest self-efficacy
  - Start with “linchpin” pattern, e.g. Persistent Procrastinator
Lifestyle Patterns Treatment Approach: Eating Patterns

• **Nighttime Nibbler**

• 4 strategies:
  – Redistribute calories
  – Calorie proof your home
  – Plan 1 nightly snack that satisfies
  – Reset your nighttime routine
Lifestyle Patterns Treatment

Approach: Eating Patterns

• **Steady Snacker**

• 4 strategies:
  – From mindless to conscious
  – Quantify munching
  – Refresh with healthier alternatives
  – Tame your triggers
Lifestyle Patterns Treatment Approach: Eating Patterns

- **Hearty Portioner**
- **4 strategies:**
  - Pace your mind and body
  - Proportion your plate
  - By savvy about servings
  - Overcome portion traps
Lifestyle Patterns Treatment
Approach: Eating Patterns

• **Couch Champion**

• 4 strategies:
  – Count all activity
  – Energize your body and mind
  – Find fun
  – Buddy up
Lifestyle Patterns Treatment Approach: Eating Patterns

• **Rain Check Athlete**

• **4 strategies:**
  – Add it naturally
  – Make an appointment with self
  – Multitask your exercise
  – Ask for help
Lifestyle Patterns Treatment Approach: Eating Patterns

- **Emotional Stuffer**
- 4 strategies:
  - Inventory food and mood
  - Acknowledge your feelings
  - Nurture emotions without food
  - Strengthen mind-body connection
Lifestyle Patterns Treatment Approach: Eating Patterns

- **Persistent Procrastinator**
- **4 strategies:**
  - Probe procrastination trait
  - Prompt yourself
  - Make it manageable
  - Enjoy small successes
Case Study 1

• S.O.
• 41 yr old high school teacher
• Married for 19 yrs, 2 children
• Medical problems:
  - pains of weight bearing joints
  - heartburn
  - Elevated blood cholesterol
• Weight 201 lbs, 5’6” 1/2 in., BMI 32 kg/m^2
• Waist circumference 85 in.
S.O.’s Scaling up Graph

Your Weight Gain

Weight

Time

College

Marriage

Reunion

Pregnancy

190

Pregnancy

210
# S.O.’s Past Weight Loss Programs

<table>
<thead>
<tr>
<th>Date</th>
<th>Program</th>
<th>Starting Weight</th>
<th>Ending Weight</th>
<th>Length of Program</th>
<th>% Weight Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>WW</td>
<td>160</td>
<td>120</td>
<td>6 mo</td>
<td>25%</td>
</tr>
<tr>
<td>1994</td>
<td>WW</td>
<td>190</td>
<td>175</td>
<td>5 mo</td>
<td>8%</td>
</tr>
<tr>
<td>1996</td>
<td>WW</td>
<td>195</td>
<td>187</td>
<td>3 mo</td>
<td>4%</td>
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<tr>
<td>1997</td>
<td>Redux</td>
<td>195</td>
<td>175</td>
<td>4 mo</td>
<td>10%</td>
</tr>
<tr>
<td>2000</td>
<td>WW</td>
<td>200</td>
<td>195</td>
<td>1 mo</td>
<td>2.5%</td>
</tr>
</tbody>
</table>
S.O.’s Baseline Eating Patterns

- Fruitless Feaster: 67%
- Steady Snacker: 67%
- Hearty Portioner: 67%
- Swing Eater: 44%

33%
S.O.’s Baseline Exercise Patterns

- Couch Champion: 58%
- Uneasy Participant: 58%
- Set Routine Repeater: 42%
S.O.’s Baseline Coping Patterns

- Self Scrutinizer: 92%
- Persistent Procrastinator: 67%
- Fast Pacer: 67%
- Doubtful Dieter: 78%
- Overreaching Achiever: 44%
Weight Loss Record, S.O.

- **Weight (lbs)**
  - 170
  - 175
  - 180
  - 185
  - 190
  - 195
  - 200
  - 205

- **Month**
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
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  - 54
  - 55

- **Patterns initiated**
  - 8.3% loss
  - 14% loss
S.O.’s 12 month Eating Patterns

Baseline
12 month

Fruitless Feaster
67%

Steady Snacker
67%

Hearty Portioner
67%

44%
S.O.’s 12 month Exercise Patterns

<table>
<thead>
<tr>
<th>Baseline</th>
<th>12 month</th>
</tr>
</thead>
<tbody>
<tr>
<td>58%</td>
<td>58%</td>
</tr>
<tr>
<td>Couch Champion</td>
<td>Uneasy Participant</td>
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<tr>
<td>42%</td>
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<tr>
<td>Set Routine Repeater</td>
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</table>
S.O.’s 12 month Coping Patterns

Self Scrutinizer: Baseline 92%, 12 month 67%
Persistent Procrastinator: Baseline 67%, 12 month 67%
Fast Pacer: Baseline 67%, 12 month 67%
Doubtful Dieter: Baseline 78%, 12 month 67%
Case Study 2

- L. M.
- 57 yr old catholic priest
- Lives in a residential community
- Medical problems:
  - Obstructive sleep apnea
  - Arthritis of feet, ankles, knees, low back
  - Prehypertension
- Weight 363 lbs, 5'11 1/2 in., Class III obesity, BMI 49.7 kg/m²
L.M.’s Past Weight Loss Programs

- Multiple self-imposed diet-focused attempts with weight losses ranging from 0 to 50 lbs., all non-sustained.
  - OTC SlimFast
  - Atkins
  - Others
- No registered dietitian
L.M.’s Scaling up Graph

Your Weight Gain

Time: 1961 - 2003

- Enter College
- Graduation
- Occupation
- Back Problems
L.M.’s Baseline Eating Patterns

- Meal Skipper: 67%
- Nighttime Nibbler: 50%
- Hearty Portioner: 100%
L.M.’s Baseline Coping Patterns

People Pleaser
L.M.’s 12 month Eating Patterns

- Meal Skipper: 67%
- Nighttime Nibbler: 50%
- Hearty Portioner: 44%
- Unknown: 100%
L.M.’s 12 month Exercise Patterns

- Couch Champion: 78%
- Fresh Starter: 89%
- Tender Bender: 50%
- Set Routine Repeater: 89%
L.M.’s 12 month Coping Patterns

- People Pleaser
- Overreaching Achiever
Lifestyle Patterns Approach to Weight Control
Online Support Website: Diet.com

• **Exclusively offers this personalized approach**
  - Members take the validated quiz that pinpoints their DOMINANT eating, exercise and coping patterns that cause weight gain
  - Members get their own diet personality profile
  - Members get weight loss strategies and a meal plan personalized just for them
  - Members are encouraged to retake the quiz monthly to keep advancing their weight loss program

• **Social Networking**
  - Personality specific discussion boards, online buddies, personal cheerleaders, email access to medical experts, online and offline support groups

• **Can complement your office-based weight management practice**
**Objective:** Partner with dietitians to develop a robust weight loss program that is personalized for each client.

**Key elements of the program:**

- Turn-key, personalized weight management program for your clients
- Free coaching from Dr. Kushner and Diet.com dietitians.
- Peer discussion boards for participating dietitians
- Up to 50 discounted premium accounts for clients (50% off)
- Private online coaching boards for your clients
- Welcome packet to help you and your clients get started
- Sign up today at [www.diet.com/professional](http://www.diet.com/professional)!
“Most people underestimate their power to change and grow. They think that yesterday’s pattern must be tomorrow’s.”

Dr. Nathaniel Brandon

*The Six Pillars of Self-Esteem*