5 HEALTH CARE MYTHS

by Francie M. Berg

Many health professionals today have moved on to a *healthy living* approach of sound and compassionate care in dealing with weight issues. Unfortunately, however, many others promote and provide care that is based on misinformation, myth and size bias, rather than accurate and up-to-date scientific information. Consider these myths and controversies:

Myth #1. Obesity causes severe health risks. *Unknown, but it seems doubtful*. Obesity has been associated with in the past and assumed to cause a higher risk for type 2 diabetes, hypertension and cardiovascular disease. More recent federal research questions this. The evidence indicates these risks, as well as obesity itself, are likely caused by other factors, especially genetics and inactivity. (Increased physical activity dramatically reduces risk without weight loss.) [1, 2, 3, 4, 5, 6, 7]

Myth #2. Thinner is healthier. *False.* The *lowest death rate* according to the latest federal research is within the "overweight" range (BMI of 25 to 29.9) and up to BMI 35. Lower weight and extremes of higher weight are linked to increased risk in a "U" curve. This confirms much earlier research, including a 1998 review of 236 controlled studies by the National Institutes of Health that found the lowest risk associated with a BMI of about 25 to 27. (Despite this evidence from their own studies, federal agencies continue to define *normal or healthy weight* at a much lower point, a BMI of only 18.5 to 24.9.) [8, 9, 10]

Myth #3. Losing weight reduces risk. *False.* Long-term studies indicate *higher risk* with weight loss. Higher death rates weight loss are shown by more than 15 large comprehensive studies, including the Fram-ingham Heart Study, Harvard Alumni Study and NHANES follow-up. Researchers suggest the loss of lean mass from bones, muscle, heart and organs may be jeopardizing health, especially for older people.[11, 12, 13, 14, 15]

Myth #4. Obese people can lose weight safely and permanently. *False.* No current methods are proven safe and effective; all can be considered experimental. *Dieting* causes short-term weight loss lasting no more than six months, followed by regain, and leads to food preoccupation, bingeing, dysfunctional eating and sometimes eating disorders; also it causes weight cycling, a known mortality risk. *Drugs* offer only minimal weight loss (5-11 pounds) and must be taken long-term, with increased risk; of 6 million adults who took fen-phen/Redux, FDA reports one-third developed leaky heart valves, some fatal, and others died of primary pulmonary disease. *Gastric surgery* carries risk of nearly 5% mortality rate in the first year (nearly 50% death rate for age 75 and over) in a recent Medicare study, as well as over 60 complications, including severe infection, leaks, blood clots and malnutrition.[16, 17, 18, 19, 20, 21, 22]

Myth #5. Scaring people about overweight promotes weight loss and obesity prevention, and does no harm. *False.* Research shows that the increasing pressures to lose weight over the past 30 years are paralleled by increases in obesity. Far from doing no harm, these pressures appear to have backfired and led to widespread nutrient deficiencies, dangerous weight loss efforts, eating disorders, malnutrition, occasional deaths, body hatred and size harassment. [23, 24, 25, 26, 27, 28, 29]

These five myths benefit, not the public or health community, but primarily the weight loss industry. The fiction the myths keep alive is that overweight is a severe health risk that threatens most adults and

adds greatly to health care costs; therefore, weight loss is urgently needed – even when unsafe and ineffective. A more appropriate *healthy living* approach emphasizes moderate and regular activity, normal eating without dieting, acceptance, respect, and physical, emotional and spiritual well-being for children and adults of all sizes.

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