

Limiting choice as an approach for obesity management

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Limiting choice as an approach

- ▶ A healthful lifestyle requires:
 - ▶ significant planning
 - ▶ proficiency in making appropriate choices and estimating portion sizes
 - ▶ diligence in monitoring energy intake and activity
- ▶ All of this takes time to develop and maintain
- ▶ Simplifying the process and making it more practical can help:
 - ▶ Decrease time spent meal planning
 - ▶ Decision making around food
- ▶ Helps to “divorce food” focusing on health behaviours (eating to live, no skipped meals, meal balance/timing)

Benefits of Meal Replacements

- ▶ Lowers choice, avoiding chance of choosing unhealthy foods to incorporate into the diet
- ▶ higher rate of compliance compared with diets based on self-selected foods
- ▶ help with issues facing self selection and portion control
- ▶ Reduce caloric intake and deviate the focus off the stimulus of food choice
- ▶ Multi-disciplinary weight management approaches, including use of Meal Replacements can be effectively used to facilitate initial weight loss and help with weight maintenance

Points to consider

- ▶ Not considered a High Protein/ Low carbohydrate approach
- ▶ Meets requirements for calories, protein, carbohydrates and fat in addition to vitamins and minerals
- ▶ Safe for people living with diabetes
- ▶ Potential need for medication adjustments by family doctor as a result of weight loss
- ▶ The diet is successful partly because of the limited choice, therefore follow it closely
- ▶ Can be used to help develop health behaviours supportive of weight loss/ management, overtime can transition back to foods continuing to use meal replacements as a tool

Guidelines

▶ Indications

- ▶ Multiple failed attempts at weight loss
- ▶ Frustration with “traditional approaches”
- ▶ Understand the diet and recommendations that accompany it

▶ Contraindications

- ▶ Myocardial infarction or unstable angina within 3 mo
- ▶ TIA or recent stroke
- ▶ Pregnancy and lactation
- ▶ Coumadin, Lithium, Phenothiazines (unless closely followed by GP)
- ▶ Acute thrombophlebitis within 3 mo
- ▶ Active Bulemia (use caution when using with patients with any history of ED)

Nutrition Assessment

- ▶ Weight history
- ▶ Dieting history
- ▶ Current eating patterns
- ▶ Nutritional intake
- ▶ Environmental factors
 - ▶ Time or financial constraints
- ▶ Exercise history
- ▶ Readiness to change



Nutrition Assessment: Energy Requirements

- ▶ Resting Metabolic Rate: Mifflin St-Jeor Formula
- ▶ Most accurate equation using actual weight to estimate RMR for individuals who are overweight or obese

Men: $\text{RMR (kcal/d)} = [10 \times \text{kg}] + [6.25 \times \text{cm}] - [5 \times \text{yrs}] + 5$

Women: $\text{RMR (kcal/d)} = [10 \times \text{kg}] + [6.25 \times \text{cm}] - [5 \times \text{yrs}] - 161$

Nutrition Assessment: Food and Nutrition Related Needs

▶ Protein Requirements

- ▶ 1.0 - 1.5g/kg IBW/Day
 - ▶ Ideal body weight BMI: 24.9 (not to be interpreted as pt ideal body weight)
- ▶ 20-30g protein/meal
- ▶ 5-10g protein/snack
- ▶ Sufficient high quality protein (Meats, fish, milk, yougurt, legumes, lentils, eggs, nuts, beans, soy etc.)

▶ Fluid requirements

- ▶ 1.2-2L/day minimum
- ▶ Assess quality/consumption habits and timing

▶ Carbohydrates

- ▶ 130 grams/day

1200 Calorie Limited Choice Diet

- Breakfast** 1 liquid Meal Replacement
- Snack** 1 individual tub of low fat yogurt (50 calories or less)
1/3 cup All Bran Buds
- Lunch** 1 liquid Meal Replacement
- Snack** 1 piece fresh fruit
- Supper** 4 oz chicken, fish, lean pork or beef (no skin, oil or coating)
1 cup salad greens with 1 cup chopped raw vegetables
1 tbsp low fat salad dressing
1 cup cooked vegetables (no potato, peas, or corn)
½ tsp margarine
- Snack** 1 liquid Meal Replacement

Additional recommendations

- ▶ Drink at least 8 cups fluid every day
- ▶ Aim to achieve 30-60 minutes exercise every day
- ▶ Keep daily food, fluid and activity log
- ▶ Take one adult complete multivitamin and 1000 IU Vitamin D everyday
- ▶ Support for choosing appropriate meal replacement

Options to Add

- ▶ Approximately 100 calories each

Increase Protein	Increase Carbohydrates	Increase Fats
<ul style="list-style-type: none">• 1 Tbsp nut butter• 1 oz low fat cheese• ½ cup Greek yogurt• 1 egg	<ul style="list-style-type: none">• 1 serving fresh fruit• 8 whole grain crackers• 1 slice whole grain toast• 1 cup milk or alternative	<ul style="list-style-type: none">• 2 tsp olive oil or canola oil• 1/3 avocado• ¼ cup shelled nuts/seeds

	1200 Calorie	1500 calorie	1800 calorie
Breakfast	Meal Replacement	Meal Replacement <i>1 sl WG toast 1 egg OR 1 Tbsp nut butter</i>	Meal Replacement <i>1 egg</i>
Snack	½ cup yogurt 1/3 cup Bran Buds	½ cup yogurt 1/3 cup Bran Buds	½ cup yogurt 1/3 cup Bran Buds
Lunch	Meal Replacement	Meal Replacement	Meal Replacement <i>Sandwich or wrap (WG bread/wrap, 1 oz protein OR 1 Tbps nut butter) ½ cup raw veg or soup</i>
Snack	Fresh Fruit	Fresh Fruit <i>1 oz cheese OR 12 almonds</i>	Fresh Fruit <i>6-8 whole grain crackers 1 oz cheese OR 12 almonds</i>
Supper	4 oz Protein 1 cup salad greens with 1 cup chopped raw veg 1 tbsp salad dressing 1 cup cooked vegetables ½ tsp margarine	4 oz Protein 1 cup salad greens 1 cup chopped raw veg 1 tbsp salad dressing 1 cup cooked vegetables ½ tsp margarine	4 oz Protein 1 cup salad greens with 1 cup chopped raw veg 1 tbsp salad dressing 1 cup cooked vegetables ½ tsp margarine
Snack	Meal Replacement	Meal Replacement	Meal Replacement

Additional recommendations

- ▶ Monthly check in's
 - ▶ Assess weight/BMI
 - ▶ Symptoms
 - ▶ Adherence
 - ▶ Motivation
 - ▶ Exercise
 - ▶ Barriers
- ▶ Lab work at baseline and 3 months
 - ▶ AC glucose, A1C, Hbg, Creatinine, liver enzymes, Vit B12, Vit D, Lipid profile, TSH, Folate, Ferritin
- ▶ After 3 months assess transition to balanced meals/snacks including use of Meal Replacements as a tool for maintain weight loss

Thank you!