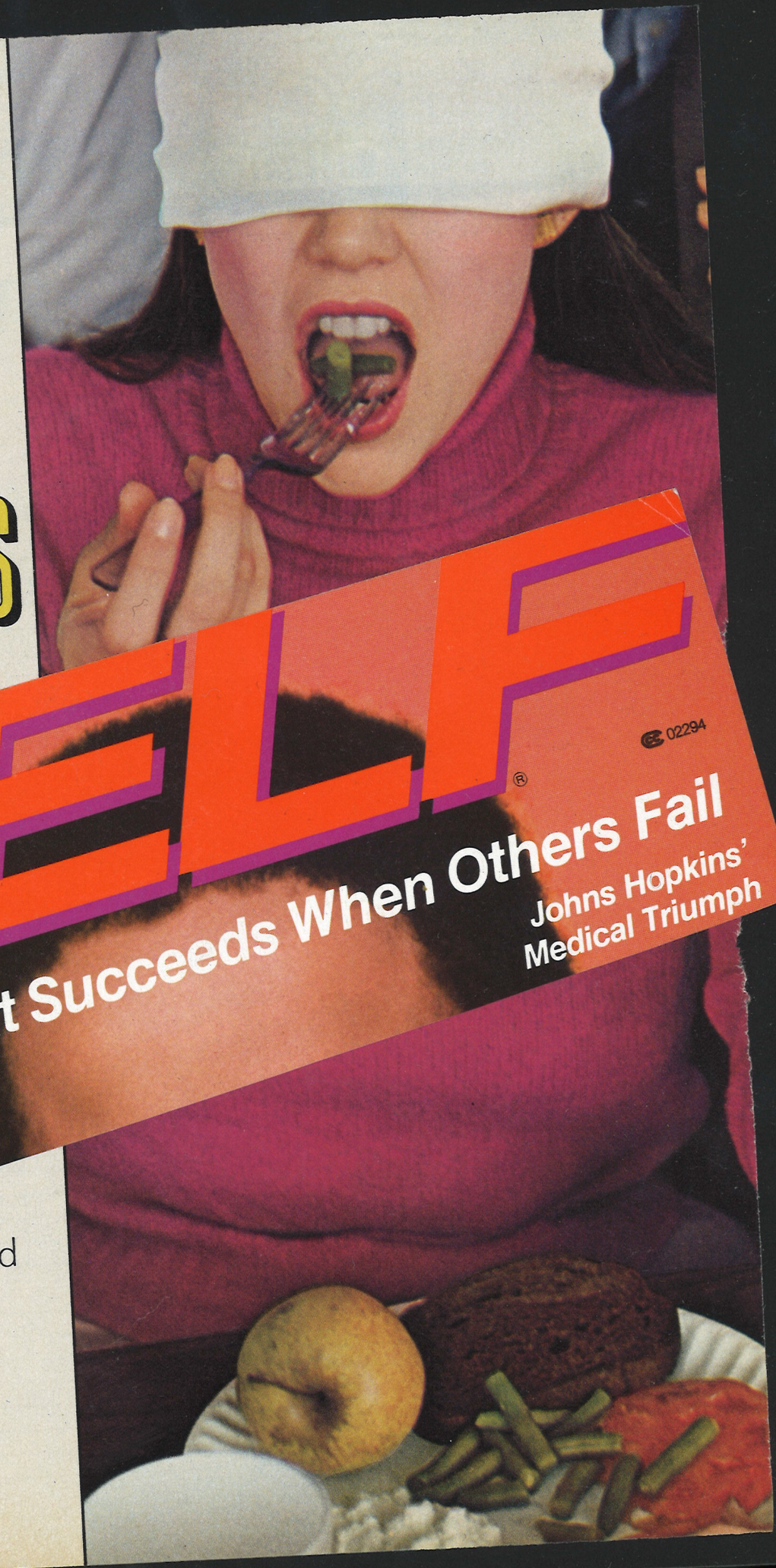
JOHNS HOPKINS'
MEDICAL TRIUMPH:

THE DIET THAT SUCCEEDS WHEN



...nal plan
for weight loss and
health gain

BY MELINDA BLAU

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The Diet That Succeeds When Others Fail

Johns Hopkins' Medical Triumph

The scene is a group therapy session at the Johns Hopkins Hospital Health and Weight Program, Baltimore, Maryland. The speakers are all ages and from different walks of life. The stories echo familiar themes: marital conflict, financial difficulties, problems with children, feelings of alienation, failure and rejection. They talk about "the yo-yo syndrome" and "food binges" and "feeling like a caged tiger in the kitchen." Some are only ten pounds overweight; others want to shed more than a hundred pounds. But all of them have enrolled in the Johns Hopkins program to accomplish what they have been unable to manage either on their own or through other methods: successful weight loss.

The Johns Hopkins program is no luxury spa, and offers no promises of instant weight loss, no sophisticated gadgetry, no cosmetic pampering. What it does provide is expert medical, psychological and nutritional guidance, and a well-designed, medically sound weight reduction program that works. It is, according to documented statistics and research by medical authorities, one of the most successful weight control programs in the country. In addition, Johns Hopkins is the only university in the U.S. that has an AMA-accredited training program in the nutritional and psychological aspects of obesity that is attended by physicians and health care professionals from all over the world.

Since its inception in 1969, the Health and Weight Program has guided more than 43,000 men and women beyond the traditional concept of "dieting." Participants are evaluated periodically for eighteen months to two years after leaving the program. Only those who are no more than five to seven pounds over their graduation weight and in good health physically and emotionally are considered "successful." At one year following graduation from the program, approximately 72 percent of the participants meet these criteria for success. But shedding extra pounds is not the benefit that Maria Simonson, Ph.D., director of the program, likes to emphasize. Real success, in her mind, is not weight lost, it's health gained.

The Johns Hopkins plan works because it understands that every aspect of your life affects how you eat

"We're not a *weight control* clinic," she insists. "This program is preventive medicine." Statistics back her up. While "obesity" is rarely cited as the cause of death, it is recognized as a contributing factor in over 20 diseases. Recent statistics from the U.S. Public Health Department show that some 70 million Americans—nearly 40 percent of the population—run the risk of obesity. But you don't have to be obese or even slightly overweight to appreciate the wisdom of the Johns Hopkins Health and Weight Program philosophy.

"The key is awareness," stresses Dr. Simonson. "It's not enough to say, 'I eat because my mother-in-law makes me depressed.' You have to know *why* she has that effect on you."

Overweight is not always directly related to emotional factors, and not all people under stress eat to ease frustration. But you can't separate an overweight body from the person who's inside it.

The total person approach

"We develop a 'total person profile' for each patient," Dr. Simonson explains. Viewing the excess weight as a "symptom," the program's staff looks at physical, psychological, environmental and nutritional factors. "We wait two weeks before putting anyone on a diet."

A doctor's examination provides medical data. A battery of psychological tests and consultation with staff therapists helps pinpoint underlying emotional problems, and in many cases signals the need for more intensive counseling. A five-page demographic questionnaire focuses on family size and makeup, lifestyle, economic status, occupational demands, and other environmental factors. Each participant is also asked to keep a diary, a record of what is eaten and when, and to answer a food questionnaire designed to review eating habits and uncover nutritional imbalances.

Dr. Simonson explains that all possible precipitating factors are considered before determining an appropriate course of action for a particular person. Studying the records of "graduates" for the last ten years, Hopkins researchers have been able to pinpoint 26 "eating types" and have demonstrated interrelationships between overweight and other factors relating to life-style. They've found, for instance, that middle-income women often have unrealistic expectations about their own weight; they also tend to be the most gullible when it comes to fad diets. As women climb the social ladder, increasing both status and income, there's a greater tendency to lose—and watch—weight. The reverse is true of men in upwardly mobile positions: Success often means long lunches, extra martinis and more sedentary activities. Facts such as these help the Hopkins staff classify men and women according to eating habits and then to suggest realistic and individualized programs for them.

Once the profile is completed, a nutritional counselor makes dietary recommendations. Millicent Kelly, director of the nutritional outpatient clinic at the Johns Hopkins Hospital, explains that her staff tries to help people see *why* they eat and teaches them to become more aware of *what* they eat. She says, "Food is the most important factor affecting our health. Food also represents security, love, protection—from the moment we're born. No wonder we turn to it when anything goes wrong."

The total person approach works because it promotes an understanding of how every aspect of life affects eating patterns. The diet prescribed is tailored to each individual, is nutritionally adequate and is realistic, not severely restrictive. It is modified for *(Continued)*

Chances are the lure of food lies predominately in its appearance and aroma. To prove it try this simple test, *left*: Blindfolded, and with your nasal passages blocked with cotton, taste an assortment of foods, including your favorite. Object: Finding that the food you love is no more satisfying to your taste buds than any other should make it easier to resist. Wool sweater, by A. Peter Pushbottom, $35.

Bruce Plotkin

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other health problems, such as diabetes, high blood pressure, hypoglycemia, heart and kidney diseases, etc. Most important, the program provides a supportive, nurturing environment that helps people believe in themselves. In addition to group therapy, participants attend classes on food-planning and nutrition and on the psychological and medical aspects of obesity. ("... You can start identifying what's happening in your own body. You should know why you're tired, why you're not losing weight, why you're depressed.")

The Health and Weight Control Program is open to anyone; however, a doctor's referral letter is necessary for enrollment. Most patients come from within a 50-mile radius, but some drive even farther to attend weekly meetings. People who enroll in the Johns Hopkins program must attend a minimum of ten weeks' sessions, though many continue longer. (A few come from a greater distance and stay at a nearby hotel for only a few days while undergoing testing and evaluation.) The one-day-a-week commitment is a first step—but the other six days are even more important. It's what a person takes home that really counts:

"I had to face that fact that my fat problem was really here (points to head) and not here (points to body)." *Translation: I now understand why I overeat.*

"You feel you have support, like a family." *Now someone will listen to my feelings—I don't have to eat in order to comfort myself.*

"Even if I pigged out one week, I know it's still okay to come here." *I'm not bad if I overeat.*

"I don't want to lose it for my mother—I want to lose it for me." *I really care about myself.*

Doing it yourself

Anyone can take home the Johns Hopkins philosophy. Start by conducting your own demographic survey: Take a realistic look at who you are and what your life is like. If you're single and living alone, you have different considerations than someone with a family of four. Do you work odd hours? Eat out often? Have late-night meals? Give lots of dinner parties? Think about how these factors affect your eating habits, how much time you can, and want to, devote to shopping and cooking.

Examine your eating habits in the same way. Keep a diary. Look at what you're doing and what's going on when you reach for food. Hunger is a basic need, but it implies more than food. Behind the eating are feelings—get to know what they are.

Then ask for support. You don't have to be in group therapy to get it. If you have a family, start there. Support means that they eat what you eat. If the kids have to have snacks that you can't eat, ask them not to eat them at home or in front of you.

Ask friends for support, too. A true friend will never insist that you have that extra serving. Having a companion to exercise with or to call when you're down can save you a trip to the refrigerator. Beware of the sabotaging of a spouse or a jealous friend.

Most important, get support from yourself. Never try to diet under extreme stress, after an illness, or, especially, during a depressive mood. Once you decide to lose weight, know that there are no shortcuts. Dieting, as Millicent Kelly puts it, is "a long, laborious process. It takes time to rebuild habits. If you don't lose weight this week, don't compound it by losing confidence in yourself, too."

Make "diet" a way of life—not a short-term punishment. Accept the fact that you *do* want to eat, and allow yourself to think about food—you will anyway! Be creative in planning new low-calorie ways to prepare and present meals. (Use the exchange lists on page 85 to help vary the menus.)

The success of the Johns Hopkins program, says Dr. Simonson, is "teaching overweight people to love and respect themselves." One of her colleagues, consultant psychologist Timothy Ohnmeiss, Ph.D., presents this idea to the participants more graphically: "The next time you're about to binge, ask yourself a question. Would you stuff all that food down the throat of someone you loved?"

For further information, send a self-addressed, stamped envelope to:

The Johns Hopkins Health and Weight Program,
Department of Psychiatry
304 Phipps Clinic
Johns Hopkins Hospital
Baltimore, MD 21205

If you do not live in an area accessible to the Johns Hopkins Hospital, Dr. Simonson will try to put you in touch with professional help nearest you.

Bruce Plotkin

SEEING IS REMEMBERING. Rather than memorizing calorie charts, give yourself visual cues. To help dieters remember the approximate carbohydrate content of various foods, Johns Hopkins nutritionist Millicent Kelly suggests a "sugar cube" memory aid: One serving from the vegetable exchange list (such as the tomato salad, *left*) equals one "cube" of carbohydrate; a serving of fruit gets two cubes; and of bread, three cubes.

The diet and how it works

The diets of the Johns Hopkins Health and Weight Program are based on one simple idea, developed jointly by the American Diabetes Association and the American Dietetic Association in 1976: Every approved food (and there are nearly 150 of them) is categorized into one of six lists--milk, vegetable, fruit, bread, meat and fat--and any portion of food on a list can be exchanged for any other food portion on the same list. Together, the lists are called *The Exchange Lists for Meal Planning*, and the exchange system works because all of the food portions, or "exchanges," on each list are similar in calorie content and basic nutrients. At Johns Hopkins, a nutritionist calculates the number of calories for a patient's weight loss and then devises a nutritionally balanced "Meal Pattern" (see sample, *below*). The pattern contains a certain number of exchanges from each list. Once the pattern's set, the dieter can choose what she wants from each list. Thanks to this simple idea, monotony--the killjoy of most diets--is out the window.

Women tend to become thinner as they become more successful. Men tend to become plumper

How to use the exchange lists

Say your diet calls for one vegetable exchange at lunch. You could have ½ cup of carrots or ½ cup of string beans or ½ cup of any vegetable listed. If your diet called for two vegetable exchanges at lunch, you could have ½ cup each of two different vegetables or one cup of any single vegetable. The same procedure applies to each list. That's it.

A sample 1,100 calorie diet

The following is an example of an 1,100-calorie-a-day diet. The exchanges could be divided into three meals (see sample Meal Plan, *next page*) or into three meals and a snack. High-fiber foods such as raw fruits, leafy vegetables, and whole grain breads and cereals are encouraged; refined sugars and sweets, high-fat meats and "snack foods" are eliminated.

- 2 milk exchanges (skim)
- 6 meat exchanges (lean)
- 3 fruit exchanges
- 3 vegetable exchanges
- 4 bread exchanges
- 3 fat exchanges (vegetable fat recommended)

SAMPLE MEAL PATTERN

BREAKFAST:
1 Fruit choice
1 Meat choice
1 Bread choice
1 Fat choice
1 Cup skim milk
Beverage as allowed

NOON MEAL:
2 Meat choices
1 Vegetable choice
2 Bread choices
1 Fat choice
1 Fruit choice
Beverage as allowed

EVENING MEAL:
3 Meat choices
2 Vegetable choices
1 Bread choice
1 Fat choice
1 Fruit choice
1 Cup skim milk (or save for bedtime snack)
Beverage as allowed *(Continued)*

1 BREAD CHOICE

BREAD	
Commercial loaf bread	1 slice
Bagel, small	½
English muffin	½
Plain roll, bread	1
Hamburger or hot dog bun	½
Dried bread crumbs	3 T.
Tortilla, 6-inch	1
CEREAL	
Bran flakes	½ c.
Other ready-to-eat cereal	¾ c.
Puffed cereal (unfrosted)	1 c.
Cooked cereal or grits	½ c.
Rice or barley (cooked)	½ c.
Pasta--spaghetti, noodles, macaroni (cooked)	½ c.
Popcorn (popped-no fat)	2 c.
Cornmeal (dry)	2 T.
Flour	2½ T.
Wheat germ	¼ c.
CRACKERS	
Arrowroot	3
Graham (2½-in. sq.)	2
Matzos (4-in. x 6-in.)	½
Melba toast	5 slices
Oyster crackers	20
Pretzels (3-⅛-in. long x ⅛-in.)	25
Rye wafers (2-in. x 3-½-in.)	3
Saltines	6
Soda (2-½-in. sq.)	4
STARCHY VEGETABLES	
Corn	⅓ c.
Corn on cob	1 small
Dried beans or peas (cooked)	½ c.
Lima beans	½ c.
Parsnips	⅔ c.
Peas, green	½ c.
Potato, mashed	½ c.
Potato, white	1 small
Pumpkin	¾ c.
Winter squash	½ c.
Yam or sweet potato	¼ c.

1 MEAT CHOICE

Meat, fish or poultry (lean)	1 oz.
Low-fat cheese	1 oz.
*Egg	1
Low cholesterol egg substitute	¼ c.
Clams, oysters, *shrimp (med.)	5
Crabmeat or lobster	¼ c.
Salmon or tuna (water-packed or drained)	¼ c.
Sardines (medium, drained)	3
Cottage cheese	¼ c.

1 FAT CHOICE

*Avocado (4-inch)	⅛
*Bacon (crisp)	1 slice
*Butter	1 tsp.
Margarine	1 tsp.
Mayonnaise	1 tsp.
Salad oils	1 tsp.
French or Italian dressing	1 T.
*Cream, light or sour	2 T.
*Cream cheese	1 T.
Salad dressing	2 tsp.

*High in cholesterol and/or saturated fat

1 VEGETABLE CHOICE

(1 SERVING = ½ C. COOKED OR 1 C. RAW)

Asparagus	Salad Greens:
Bean sprouts	Beets
Beets	Chards
Broccoli	Collards
Brussels sprouts	Dandelion
Cabbage	Kale
+Carrots	Mustard
Cauliflower	Spinach
Celery	Turnip
Cucumbers	Sauerkraut
Eggplant	String beans
Green pepper	(green/yellow)
Mushrooms	Summer squash
Okra	+Tomatoes
+Onions	Tomato juice
Rhubarb	Turnips
Rutabaga	Vegetable juice cocktail
	Zucchini

+1 serving ½ C. raw or cooked

The following raw vegetables may be used as desired: chicory, Chinese cabbage, endive, escarole, lettuce, parsley, radishes, watercress

1 FRUIT CHOICE

Apple	1 small
Apple juice	⅓ c.
Applesauce (unsweetened)	½ c.
Apricots, fresh	2 medium
Apricots, dried	4 halves
Banana	½ small
Berries:	
Blackberries	½ c.
Blueberries	½ c.
Raspberries	½ c.
Strawberries	¾ c.
Cherries	10 large
Cider	⅓ c.
Dates	2
Figs, fresh	1
Figs, dried	1
Grapefruit	½
Grapefruit juice	½ c.
Grapes	12
Grape juice	¼ c.
Mango	½ small
Melon	
Cantaloupe	¼ small
Honeydew	⅛ medium
Watermelon	1 c.
Nectarine	1 small
Orange	1 small
Orange juice	½ c.
Papaya	¾ c.
Peach	1 medium
Pear	1 small
Persimmon, native	1 medium
Pineapple	½ c.
Pineapple juice	⅓ c.
Plums	2 medium
Prunes	2 medium
Prune juice	¼ c.
Raisins	2 T.
Tangerines	1 medium

Cranberries may be used as desired if no sugar is added.

SAMPLE MENU

BREAKFAST
¾ c. fresh strawberries
1 oz. low-fat cheese
½ English muffin, toasted
1 tsp. margarine
1 c. skim milk
Coffee or tea

LUNCH
2 oz. sliced turkey on 2 slices whole wheat bread (toasted or plain)
with
1 tsp. mayonnaise and lettuce as desired
with
2 to 3 slices tomato
1 small apple
Coffee, tea or sugar-free diet soda

DINNER
3 oz. broiled tenderloin
½ c. steamed broccoli with lemon juice
1 cup tossed salad - raw vegetable (plus free vegetables as desired; see list) with Spicy Vinegar Dressing (see recipe, *right*)
Small baked potato with
2 T. sour cream
½ c. orange and grapefruit sections
Coffee or tea
1 c. skim milk (or plain skim milk yogurt; this can be saved for bedtime snack)

LOW-CALORIE SPICY VINEGAR DRESSING
1 c. vinegar
2 T. finely chopped onions
2 T. onion juice
2 T. lemon juice
Artificial sweetening equal to 6 teaspoons of sugar
1 T. dry mustard
1 tsp. paprika
Dash of red pepper
Salt to taste

CELERY SEED DRESSING
¼ c. vinegar
¼ c. water
1 tsp. celery seeds
Artificial sweetening to taste

The program sees excess weight as a symptom. It looks for causes in your physical, psychological, emotional and nutritional lives

Tips for weight control

1. Follow your meal pattern and maintain regular times for meals.
2. Since fats are the most concentrated source of calories, meats must be lean and cooked by baking, broiling, steaming or stewing.
3. Flavor vegetables with herbs, spices, bouillon or broth from which the fat has been removed.
4. Artificial sweeteners are permitted.
5. Vegetable soups, stews or casseroles can be made if only those foods listed in your diet in the amounts allowed are used.
6. Drink 6 to 8 cups of fluid daily. This may include water, coffee, tea, bouillon, lemonade and iced tea flavored with artificial sweeteners, and sugar-free sodas. Artificially sweetened gelatin may also be used.
7. Chicory, Chinese cabbage, endive, escarole, lettuce, parsley, radishes and watercress are not restricted if eaten raw.
8. Any good weight reduction program should be accompanied by increased activity. Begin a routine exercise activity.

How to tell a good weight loss program from a fraud

Last year, Americans spent over eighty million dollars trying to lose weight. While 9.5 million people are on a dietary regimen of some kind at any given time, only one in five manages to take weight off permanently.

Pills, exercise gadgets, weight control groups, hypnotism, fad diets, special foods, reducing garments—Dr. Simonson says consumers have more than 28,000 methods to choose from. Referring to her ten-year file on weight reduction techniques, she estimates that "no more than 6 percent of them are both safe and effective."

How can consumers tell the difference? Here are some guidelines, based on the Johns Hopkins program, to help you avoid the 94 percent that not only do not work but may be dangerous.

There's no such thing as one diet that's "right" for everyone. A weight control program has to be individualized and be concerned with the *whole* person, not just how much the body weighs. Your medical history, personality, physique, lifestyle and occupation make up a picture of who you are—and how much you should weigh.

Beware of programs that use fear tactics that make you embarrassed or ashamed if you don't lose, or that set up "competition" among dieters. Support is crucial to success. A good program has built-in support and helps dieters see themselves in a positive light, encouraging them to ask for help.

Weight loss shouldn't be a program's only goal. When you don't understand the "whys" of your extra pounds, you may lose weight, but the reason you gained is still there. Since you're not dealing with the real issue, chances are you'll regain the weight.

Avoid anything—or anyone—that offers to "do it" for you. A good program is one that makes you an active participant in the process.

The goal of weight control should be good health, not simply good looks. A good program teaches about nutrition and health and helps people understand the dangers of improper eating habits.

You don't have to be a martyr to lose weight. "Diet" shouldn't have a negative connotation—it can be healthful and emotionally satisfying. If you feel you're sacrificing, you're more likely to "cheat" or "binge". And if a diet is nutritionally imbalanced or if weight loss is too fast, it can cause other medical problems as well. At Johns Hopkins Hospital, diets of less than 1,000 calories a day are not recommended; the suggested weight loss is two pounds a week.

If you're enrolling in a weight loss program, find out who's running it. What kind of credentials do they have? Dr. Simonson is critical of "self-styled nutritionists" and "registered dietologists" who prescribe diets without proper qualifications and with little concern for individual differences among dieters. "They often present a more dangerous hazard than a dose of amphetamines!" □