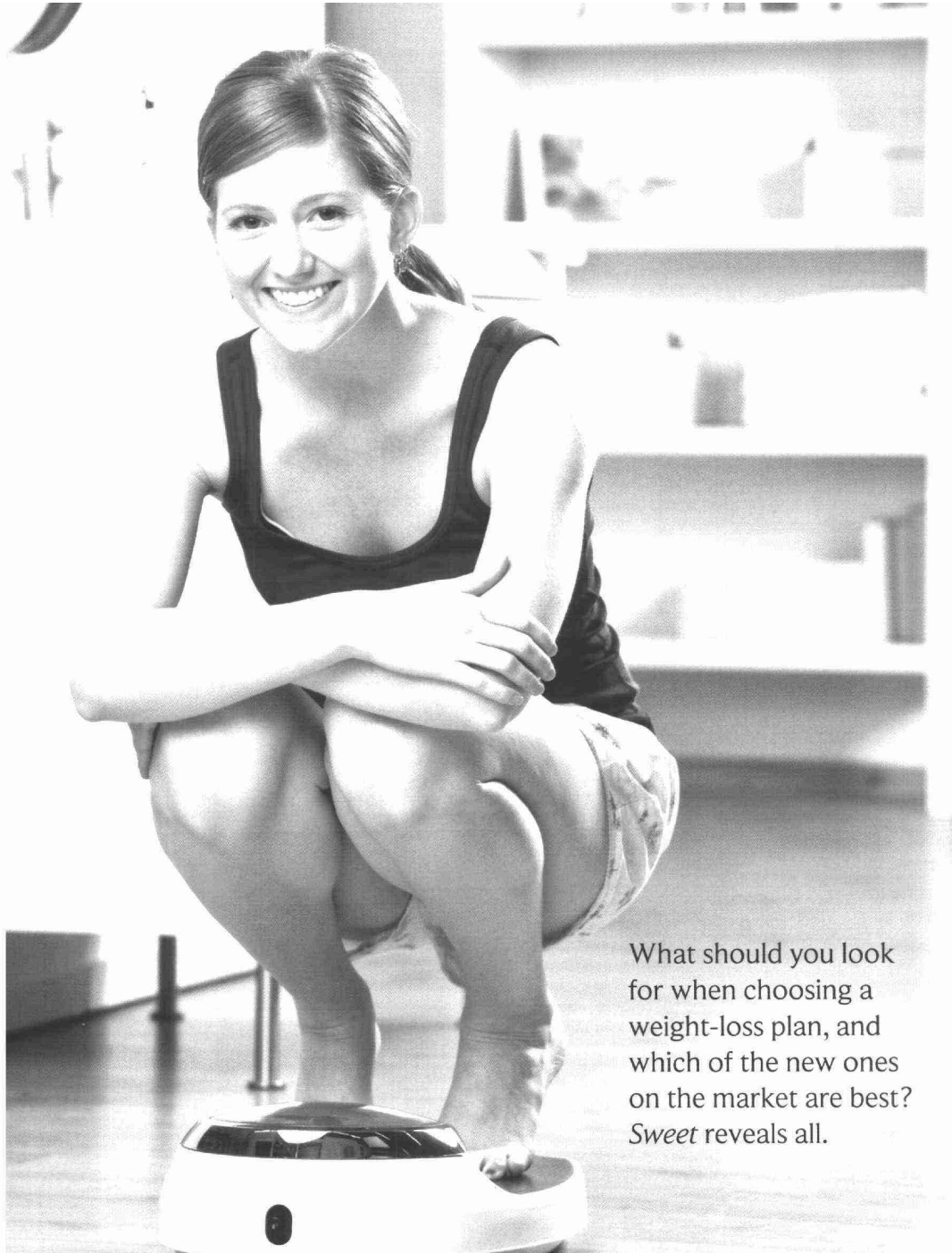


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**LighterLife**
Life in balance



What should you look for when choosing a weight-loss plan, and which of the new ones on the market are best? *Sweet* reveals all.

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Sweet life/hot topic

The best new ways to slim

Easier! Quicker! Better! Safer! Every year, dozens of new ways to lose weight arrive on the scene, each one promising to be the breakthrough that slimmers long for: a magic wand to end our battles with the bulge.

And if some health experts had their way, most of them would be banned. For example, writing in the *British Medical Journal* last November, Professor Mike Lean, professor of human nutrition at Glasgow University, stated: 'Of hundreds of products on sale, only appropriately delivered diets and exercise, orlistat and sibutramine [prescription drugs] and bariatric surgery are safe, efficacious, and cost effective. The remainder should not be marketed until we have evidence for their effectiveness and safety.'

Professor Lean argues that as obesity is classified as a disease, ways of treating it should be tested just as rigorously as we insist on for treatments for cancer or arthritis.

It's a debate that's raging among health professionals and policymakers: should the condition of obesity be 'medicalised', so that the use of drugs and surgery becomes much more widespread? Or is it a 'community' issue, best treated with education about lifestyle and local support?

If the medicalisers win, it may be that eventually your GP becomes the only approved source of weight-loss advice and all those diet books and pills will disappear from the shops.

Decisions, decisions

For that to happen though, GPs will have to accept a huge increase in their workloads – and, some believe, adopt a different attitude towards overweight patients too.

As Dr Nick Finer, clinical director of the Wellcome Clinical Research Facility at Addenbrooke's Hospital in Cambridge, said at a conference recently: 'Despite NICE [National Institute for Health and Clinical Excellence] guidelines, there is a reluctance of primary care doctors to treat obesity... there remains a strong antipathy from many doctors, primary care trusts and specialist commissioning groups to invest in obesity management.'

Perhaps it's just as well that any major change in this area is likely to be years off.

But in the meantime, where does that leave the millions of us who'd like to lose some weight, but don't know how to choose between all the weight-loss products and services on offer? It's even harder when they all seem to work in such different ways; for instance, how can you compare joining a slimming club with going to the gym or having a gastric band fitted?

Obey the law

Fortunately there is one easy way – a proper scientific way – for anyone to judge whether a weight-loss method is likely to work or not. It's about the first law of thermodynamics,

which despite the rocket-science name is very simple: if we take in fewer calories (less energy) from food than we expend in activity we will lose weight, and vice versa.

It's easy to see how calorie-controlled diets and exercise programmes obey this law: cutting calories affects the 'energy in' side of the equation, while gym workouts address the 'energy out' side. The medical methods – drugs and surgery – also work on the 'energy in' side, although they don't all attack it in the same way. The prescription drug orlistat (Xenical) for example, reduces our calorie intake by making us digest less of the fat that we eat; sibutramine (Reductil) achieves the same aim by suppressing our appetite so we eat less, while surgery physically prevents us digesting so much food.

In fact, all the serious research into weight loss that has ever been done has concluded that there is only one way to get slim and stay slim: eat less, be more active, and stay that way for life.

Looking ahead, a new range of therapies may emerge as researchers discover more about the genes that may make some people put on weight more easily than others. But at present, choosing a way of losing weight is about finding a system that helps you rebalance your own personal 'energy in, energy out' equation.

The one for you

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So in other words, it's not about finding the weight-loss plan that works best: it's about finding the one that works best for you. And the definition of 'works best' shouldn't just be what gets the weight off quickest. There's little point losing your spare tyre to improve your

What do you really need?

As long as the plan you follow is healthy, there is no right or wrong choice; pick the one that seems to offer the most help in aspects of losing weight that you personally would benefit from most. For example:

- **Hunger:** if you fear small portions or long spells between meals, choose a plan where you 'eat to appetite'.
- **Support:** a group or online community can help if you are going it alone.
- **Control:** if you like planning and routine, go for a plan where you monitor and record your progress.
- **Discipline:** some people respond well to having to eat a strict set diet or obey a text message to go running.
- **Flexibility:** if you can't always plan your meals, choose a system that still makes it easy to stay on track.

health if you're putting it at risk in other ways by following a crash diet that's low in vital nutrients, or an extreme exercise plan that leads to an injury.

And if you think about it, judging a weight-loss plan on the basis of 'will it help me?' puts the control back where it belongs — with you. All too often, we embark on a new diet or exercise programme worrying whether we'll be able to meet its demands, and then blame ourselves for 'failing' if we can't. It's daft; after all, we wouldn't blame ourselves if we test-drove a car and didn't like it.

So with all that in mind, here are some of 2009's new kids on the block: which one will help you reach your target this year?

Alli

A lower-dose version of the prescription weight-loss drug orlistat (Xenical), Alli is already on sale over the counter in the USA and is tipped to appear in the UK soon, costing around £1 per day. Like its stronger sibling, Alli works by making the body absorb less dietary fat and has similar side effects, principally wind and diarrhoea, which some people find acute. Evidence suggests that taking orlistat produces a better weight loss than a diet and exercise alone — but you have to follow a healthy lifestyle to get the benefits.

All-New Atkins

Slimmers loved the high-protein, high-fat, low-carb Atkins plan when it appeared in the 1990s; healthcare professionals were much less keen, warning of strain on the kidneys, liver and heart. The 2009 version allows a few more carbs and vegetables but is definitely not for you if you love your bread, potatoes and pasta. You're also advised to take several food supplements a day, which adds to the cost. And if you have diabetes, check with your care team.

LighterLife Lite

The LighterLife approach of very-low-calorie dieting, using foodpacks, plus weekly counselling, has not so far been available to people with less than 3 stone to lose. LighterLife Lite is a modified version in which a conventional meal is added to the foodpacks during the weight-loss phase, so that you take in around 850 calories a day, and you attend counselling in four-week modules instead of 12 or 13. LighterLife claims to offer special help for people who are 'addicted' to food and who feel better for a complete break from their eating habits, but this comes at a price: £198 for four weeks. People with type 1 diabetes, heart problems and psychiatric conditions are not allowed to join LighterLife; in any event, check with your GP first.

MiLife

If you like a hi-tech approach to eating and activity, you'll love MiLife; it's a clever

system that links special bathroom scales to a computerised wristband and personalised website, so that you can upload all your data — weight, food in and activity out — and monitor your progress. Commit to an activity plan each week, and it will text or email you to remind you to, well, just do it! It comes with a calorie-counting guide and recipe book but adapts to whatever diet you're following: you can also use it to maintain your target weight and activity levels. Backed by Unilever research, MiLife's greatest claim to fame is as a motivational tool — since that is the element that so often lets us down. A complete set-up pack plus a year's membership costs £99 or £149 for a couple.

Slimming World Extra Easy

Food Optimising, Slimming World's eating plan, is based on the concept of 'Free Foods': healthy foods you can eat without limit to satisfy appetite. The theory is that being free

'It's daft to blame yourself if you can't meet the demands of a diet'

of the fear of hunger gives you the confidence to make healthier choices. With the Extra Easy plan, the choice of Free Foods you can eat at one meal or in one day is wider than ever, and weighing and measuring is kept to an absolute minimum, so if you hate calorie-counting it should appeal. Support is available either at weekly meetings or online, and regular activity is encouraged. Joining Slimming World costs £5 to sign on plus £4.50 a week, with discounts available for groups.

WeightWatchers Discover Plan

At WeightWatchers you count 'Points', not calories: slimmers are allocated between 16 and 40 Points a day and you can earn more by exercising. The Discover Plan is based on these but encourages you to make your Points

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go further by focusing on 'Filling Foods'; there is also a 'Simply Filling' option, where you focus on eating Filling Foods three times a day with minimal counting, and eating out is made simpler too.

The Discover Plan is available at weekly groups or online. Group membership costs £5.50 per week; online membership is £9.95 per month plus a £29.95 joining fee. ■

Find out more

All-New Atkins Advantage
Stuart L. Trager with Colette Heimowitz
St Martin's Press, £11.50

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