What patients should know about losing weight—and keeping it off

AUG 6, 2021

Timothy M. Smith
Senior News Writer

Helping patients lose weight is important, but showing them how to keep it off is a much bigger test of a physician’s mettle.

A podcast offered via the AMA Ed Hub™ features an insightful conversation of how a low-carbohydrate diet can help patients lose weight and then keep it off by boosting energy expenditure during weight-loss maintenance.

The AMA Ed Hub is an online learning platform that brings together high-quality CME, maintenance of certification and educational content you need—in one place—with activities relevant to you, automated credit tracking and reporting for some states and specialty boards.

The free online podcast “Low-Carb Diets and Energy Expenditure During Weight Loss Maintenance,” developed by the Obesity Medicine Association, is enduring material and designated by the AMA for a maximum of .25 AMA PRA Category 1 Credit™. It is one of seven podcasts from the Obesity Medicine Association with evidence-based obesity management techniques based on the four pillars of clinical obesity treatment: nutrition, physical activity, behavior and medication.

Why weight is so tricky

A landmark 2018 study in the British medical journal BMJ, “Effects of a Low-Carbohydrate Diet on Energy Expenditure During Weight Loss Maintenance,” looked at people who had lost weight through dietary changes to see which factors contributed to keeping the weight off.

It stratified people based upon carbohydrate intake—high, moderate and low—and found that lower intake helped maintain higher energy expenditure during weight loss maintenance.
“This research article gives us hope because we know that to lose weight, we can do that lots of different ways,” said Karli Burridge, the director of weight management services at Lifeway Bariatrics in Downers Grove, Illinois, adding that weight maintenance is where we tend to struggle.

“We know that energy expenditure or metabolism goes down with weight loss,” she said, noting that levels of ghrelin, which is known as the hunger hormone, increase as satiety hormones decrease.

“With surgical weight loss, we see the opposite, right? We often see a decrease in hunger hormones, increase in satiety hormones, and we don't see that shift in metabolism that we do with non-surgical weight loss,” Burridge said. “So that's one of our biggest hurdles when it comes to long-term weight management. How do we overcome that?”

**Diet is vital, but so is activity**

“It's important for all of us to be active,” Burridge said, adding, however, that “to ask a patient or anyone to have to exercise 60 to 90 minutes a day to keep their weight off—that's very hard for people to do.”

But with a lower-carb nutrition plan, “you don't need to do as much physical activity,” she said.

In fact, these two things combined—physical activity and low-carbohydrate nutritional intake—can really drive down insulin levels.

“We saw a graph of insulin levels and lipolysis,” Burridge said, noting that “as insulin levels go up, lipolysis goes down, and lipogenesis goes up.”

So she now checks a fasting insulin level on all of her patients.

“I calculate their HOMA 2 insulin resistance score and I base their nutrition plan on a lot of that information,” she said. “It’s very helpful for patients to see those numbers when you're talking to them about a nutrition plan. Because then it makes sense to them, what you're asking them to do or what you would agree upon to do with that patient.”

The key, she noted, is giving patients options.
“There's not one nutrition plan that works for everyone,” Burridge said. “But if patients have a better understanding of why you might be suggesting one nutrition plan over another, or what the benefits might be one nutrition plan versus another nutrition plan, then they are better able to make an educated decision about which path they'd like to go.”

The module includes a brief quiz to test your knowledge of the subject matter.