

# 5 HEALTH CARE MYTHS

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**Unfortunately, much current health care for obesity** is based on misinformation, myth and size bias, not on accurate scientific information. Consider these myths and controversies:

**Myth #1. Obesity causes severe health risks. *Fact:*** We don't know, but it seems doubtful. Obesity has been associated with, and assumed to cause, higher risk for type 2 diabetes, hypertension, and cardiovascular disease. More recent CDC research questions even the association. The evidence suggests these disease risks, as well as obesity, are likely caused by other factors, including genetics and inactivity. Increased physical activity dramatically reduces risk factors without weight loss.<sup>1, 2, 3, 4, 5, 6, 7</sup>

**Myth #2. "Healthy weight" defines the range of lowest health risk. *False.*** The weight associated with the *lowest* death rate is in the "overweight" range (BMI 25 to 29.9), with almost no related risk up to a BMI of 35, according to the latest CDC research. This confirms an earlier NIH review of 236 controlled studies with similar findings. (Despite this evidence, federal agencies continue to define *healthy weight*, or *normal weight*, as a BMI of 18.5 to 24.9, and to recommend weight loss above this level.)<sup>8, 9, 10</sup>

**Myth #3. Health is always improved by weight loss. *False.*** Long-term studies indicate *higher risk* with weight loss. At least 15 large comprehensive studies show higher death rates after weight loss, including the Framingham Heart Study, Harvard Alumni Study, and NHANES I follow-up. Researchers suggest that loss of lean mass from muscle, organs and bone, and weight cycling can jeopardize health.<sup>11, 12, 13, 14, 15</sup>

**Myth #4. Current weight loss treatments are safe and effective. *False.*** All methods must be considered experimental. *None* are proven long-term safe and effective. *Dieting* causes short-term weight loss followed by regain or weight cycling, which has its own risks, and leads to food preoccupation, bingeing, dysfunctional eating and sometimes eating disorders. *Drugs* offer only minimal weight loss (5-11 pounds) and must be taken long-term, with increasing risk: of 6 million adults who took fen-phen/Redux, FDA reports one-third developed leaky heart valves; others died of primary pulmonary disease. *Bariatric surgery* carries risk of nearly 5 percent death rate (nearly 50 percent for patients age 75 and over) and over 60 complications including severe infection, leaks, blood clots and malnutrition.<sup>16, 17, 18, 19, 20, 21, 22</sup>

**Myth #5. Scare tactics and pressures to be thin help prevent obesity, promote weight loss, and do no harm. *False.*** Increasing the social and medical pressures to be thin over the last two decades has not worked and may have backfired: studies link repeated weight loss to increased weight. These pressures have failed to help people lose weight or prevent obesity. In addition, they have done harm by leading to nutrient deficiencies, dangerous weight loss, eating disorders, size discrimination, body hatred, stress, anxiety, immune suppression, lasting injury and even death.<sup>23, 24, 25, 26, 27, 28, 29</sup>

**These five myths benefit the diet industry,** but not the individual or society. The fiction they keep alive is that overweight and obesity are severe health risks that threaten the lives of most Americans and add greatly to health care costs; therefore weight loss is urgently needed, even though it is not safe or effective.

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## 5 Health Care Myths *(continued)*

Increasingly, however, health providers are moving ahead to the **Health at Every Size** approach (also known as *Health at Any Size*). This new paradigm focuses on active living, normal eating, self-acceptance, and physical, emotional and spiritual well-being for everyone of every size.

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