Dieting: really harmful, merely ineffective or actually helpful?

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Dieting has developed a negative reputation among many researchers and health care professionals. However, ‘dieting’ can refer to a variety of behavioural patterns that are associated with different effects on eating and body weight. The wisdom of dieting depends on what kind of dieting is involved, who is doing it, and why. Thus, depending on what one means by the term, dieting can be quite harmful, merely ineffective or actually beneficial. The present paper considers examples of all three. In particular, we argue that judgements about the desirability of dieting should consider the likely consequences to particular individuals of engaging in, or not engaging in, dieting behaviour.

Dieting: Behavioural patterns

Over the past 25 years dieting has developed a negative reputation. This reputation, which is based on several different types of evidence, includes findings showing that:

1. Conscientious objectors who rapidly lost about 25% of their body weight and were then re-fed developed a variety of emotional and binge-eating problems (Keys et al. 1950);
2. Obese dieters develop a variety of untoward emotional reactions when they lose weight (Stunkard, 1956; Garner & Wooley, 1991);
3. Most weight lost by dieting is eventually regained (Garner & Wooley, 1991; Brownell & Rodin, 1994);
4. Repeatedly losing and regaining weight (weight cycling) has negative physiological and psychological effects (Brownell et al. 1986; Polivy & Herman, 2002);
5. Dieting in women represents a psychologically unhealthy focus on reshaping the body as a way of conforming with societal norms and expectations for women (Striegel-Moore et al. 1986; Brownell, 1991);
6. Dieting plays a causal role in the aetiology and maintenance of eating disorders (Russell, 1979; Polivy & Herman, 1985; Wilson et al. 1997);
7. Restrained eating creates a vulnerability to emotional eating and problems with eating regulation (Herman & Polivy, 1983);
8. Being on a diet creates problems in the efficient processing of information (Jones & Rogers, 2003).

On the other hand, there are many studies and review papers suggesting that the negative effects of restrained eating and dieting are often illusory or, when they exist, have been exaggerated (Smoller et al. 1987; Lowe 1993, 2004; Brownell & Rodin, 1994; French & Jeffrey, 1994; Lowe et al. 1996, 1998). The present paper will not attempt to review all of the ‘pros and cons’ of dieting behaviour, as several such reviews have already been done (Garner & Wooley, 1991; Lowe, 1993; Brownell & Rodin, 1994; French & Jeffrey, 1994; Foster & Wadden, 2002).

Harmful?

Perhaps the best-known study of extreme weight loss was conducted by Keys et al. (1950). In the course of the study, a group of normal-weight men was put on a restrictive diet, resulting in a weight loss of 24% of their starting body weight. After 6 months of food restriction, participants went through a period of re-feeding. The dramatic weight loss had a variety of negative physical and psychological consequences, including preoccupation with food and hunger, depressed mood, irritability, decreased sociability and apathy (Franklin et al. 1948). During the re-feeding phase, the negative effects of semi-starvation were slow to dissipate and were, to some degree, still present after the 12-week phase was over. After the experiment was completed, a small group of men were asked to remain; they were allowed to consume food freely at the weekends. This allowed for the efficient processing of information (Jones & Rogers, 2003).

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Clinically, the link between extreme weight-loss dieting and binge eating is apparent in the development of bulimia nervosa. Dieting is a risk factor for the development of bulimia nervosa (Stice & Agras, 1999; National Task Force on the Prevention and Treatment of Obesity, 2000). Many bulimic individuals who present for treatment are in the normal weight range. However, though their normal weight status would usually be viewed as unremarkable, most bulimic individuals’ pre-morbid weights are well above their presenting weights. Most bulimic individuals, like all anorexic individuals, lose a large amount of weight in the process of developing their disorder (Garner & Fairburn, 1988; Russell, 1979). This suppression of weight at an abnormally low level may explain the nutritional deficiencies and hypometabolism found in many individuals with bulimia (MR Lowe, W Davis, D Lucks, R Annunziato and M Butryn, unpublished results). In these results, Lowe et al. predicted that weight suppression (measured as the difference between highest weight ever and current weight) would prospectively predict weight gain during in-patient treatment for bulimia. Controlling for length of hospitalization, weight suppression at admission did in fact predict weight gain during hospitalization (which on average lasted 17 d). Controlling for current dieting and previous highest weight (to determine if weight suppression per se was in fact predictive) strengthened this finding. Weight suppression in that study was defined in both absolute and relative terms. Absolute weight suppression referred to the extent to which body weight was below the desirable body weight for a given height, whereas relative weight suppression referred to the extent to which an individual’s current body weight was below his or her highest body weight ever. As can be seen in Fig. 1, the two types of weight suppression combined additively to predict weight gain. Those who were highest in absolute weight suppression and in relative weight suppression gained somewhat more weight than the two groups with mixed scores, and gained four times as much weight as those who scored low in both types of weight suppression. Those scoring highest in both types of weight suppression differed significantly from those scoring lowest in both types. Weight gain during hospitalization was also related to clinical improvement on several measures. These results suggest that the existence of a large discrepancy between bulimic individuals’ current and highest weights ever may contribute to the maintenance of bulimic symptomatology.

Another recent study found additional evidence that weight suppression could be causally related to the maintenance of bulimia (ML Butryn, MR Lowe, DL Safer and WS Agras, unpublished results). In a reanalysis of data from a multi-site bulimia treatment outcome study (Agras et al., 1994) and in the sixteen comparison studies was quite similar (see Fig. 2), indicating that those who intentionally seek and participate in a weight-control programme reap no weight-control advantage relative to those whose weight loss is neither intentionally sought nor instructionally facilitated.

Fig. 1. Relationship of relative and absolute weight suppression to weight gain in bulimic in-patients. I, Low absolute weight suppression; II, high absolute weight suppression. (From ML Butryn, MR Lowe, DL Safer and WS Agras, unpublished results.)

Merely ineffective?

In the general population, the type of dieting described earlier involving large, sustained weight loss is relatively rare. Much more common is the more moderate weight losses of overweight dieters. Though many weight-loss programmes are effective in the short term, within several years most or all of the lost weight is regained (Sarwer & Wadden, 1999). Interestingly, a study by Hensrud et al. (1994) found that this weight regain is not just found among individuals who seek out and participate in formal weight-loss programmes. Hensrud et al. recruited a group of obese women without mentioning weight loss as the goal of the study. These women lost an average of 10 kg of their starting weight through a controlled diet, but were not taught anything about how to lose weight or maintain a weight loss. These women were then followed for 4 years and their weight regain was compared with the average weight regain of participants who had enrolled in sixteen previous studies of behaviour modification treatment for obesity. The pattern of weight regain in the participants of the study of Hensrud et al. (1994) and in the sixteen comparison studies was quite similar (see Fig. 2), indicating that those who intentionally seek and participate in a weight-control programme reap no weight-control advantage relative to those whose weight loss is neither intentionally sought nor instructionally facilitated.

These results are consistent with the conclusion that in the long-term dieting in overweight individuals is neither beneficial nor harmful, but rather simply ineffective. A similar conclusion has been reached when the psychological effects of diet-induced weight loss in overweight individuals has been studied (Foster & Wadden, 2002). The beneficial effects of weight loss on self-esteem, body image, binge eating, etc. gradually erode when lost weight is regained. That is, after regaining weight, overweight individuals are neither better off nor worse off psychologically; they essentially return psychologically toward their pre-treatment status.
Similarly, there are a number of studies that have found measures of current dieting and restrained eating prospectively predict weight gain over time (Klesges et al. 1989, 1992; French et al. 1994; Stice et al. 1999; Stice, 2001). However, there is little reason to think that dieting causes people to gain weight; rather, dieting may simply be a relatively ineffective means of countering biological and environmental influences that promote weight gain (Lowe, 2003). Thus, dieters do not gain weight because they’ve been dieting, they gain weight despite their dieting.

Actually helpful?

In considering whether there are types of dieting that may actually be helpful, it is critical to determine why someone is dieting in the first place. If dieting is undertaken to counteract a predisposition that produces overeating or weight gain, then dieting may have mostly beneficial effects. For instance, when obese individuals who engage in binge eating lose weight by dieting, their binge-eating frequency is substantially reduced (National Task Force on the Prevention and Treatment of Obesity, 2000) and remains improved even when weight is regained (Foster et al., 1996).

Normal-weight individuals may also benefit from short-term diets. Restrained eaters typically eat more after they consume a high-energy preload than after consuming no preload: the so-called counter-regulatory eating effect. However, restrained eaters who say they are currently dieting will depend on who is dieting and why they are dieting (e.g. to lose weight or to avoid weight gain). In particular, the debate over dieting has largely ignored the significance of a person’s propensity toward weight gain. Dieting to lose weight is far more appropriate for an overweight, middle-aged man with risk factors for heart disease than it is for a normal-weight female teenager who is not susceptible to weight gain, but nonetheless feels like she is too fat. We should put behind us general conclusions about the appropriateness of the catch-all term ‘dieting’ and base such judgements on a thorough specification of the contextual factors upon which such evaluations should be based.

Implications

The purpose of the present brief review is to illustrate several points. First, the merits of ‘dieting’ cannot be determined without first specifying exactly what one means by the term (Lowe, 1993; French & Jeffrey, 1994). Second, the potential advantages and disadvantages of dieting will depend on who is dieting and why they are dieting (e.g. to lose weight or to avoid weight gain). In particular, the debate over dieting has largely ignored the significance of a person’s propensity toward weight gain. Dieting to lose weight is far more appropriate for an overweight, middle-aged man with risk factors for heart disease than it is for a normal-weight female teenager who is not susceptible to weight gain, but nonetheless feels like she is too fat. We should put behind us general conclusions about the appropriateness of the catch-all term ‘dieting’ and base such judgements on a thorough specification of the contextual factors upon which such evaluations should be based.

References


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