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Diets and Lost Pleasure

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Unfortunately, we live in a toxic built environment which fosters weight gain because it encourages overeating and sedentary lifestyles beyond high levels of stress and uncertainty. To make things worse, the impact of obesity on health is enormous but preventable. That's the reason why so many people around the world try to solve the problem dieting. Nevertheless, most of them tend to gain all the weight back over time.

Some years ago with my colleagues of the Obesity Work.

Group of the Argentine Society of Nutrition (SAN) we decided to study the dieting prevalence in our country among young adults.

Our investigation included 1.000 female and male students from three different universities. Of the total of the participants almost a quarter (23,7%) was on a diet although they were normal weight and did not suffer from any disease that would justify weight loss.

Not surprisingly 45% of them did it without any professional advice as already shown in the results of the National Weight Control Registry cohort in which 44.6% reported losing the weight entirely on their own [1].

Dieting is a public health issue and unfortunately its prevalence is upward.

But dieting not only occurs in the obese. Many normal weight individuals live restricting and avoiding entire groups of foods. In a world with more than 2 billion people suffering from hidden hunger it is worrying that so many choose to diet without having reasons to do so.

Another important issue is that scientific evidence shows that hedonically or calorically restrictive diets don't work. There are several studies which compared the outcomes in terms of weight loss of different popular diets. All of them concluded that despite millions of dollars spent on popular diets, data are insufficient to identify one single diet as being more beneficial than the others [2-5]. On the contrary, dieting seems to be the best predictor of weight gain during the following years. Evidence shows that those people who undergo very restrictive diets are generally more at risk of becoming obese because our bodies are not hardwired to resist food and that restriction works against our biological imperative to survive. In 1962, James Neel suggested that exposure to periods of famine during human evolutionary history resulted in selection pressures in favors of a thrifty genotype that led to highly efficient fat storage during periods of abundance [6].

In her paper entitled "Diets are not the answer" published in 2007, Tracy Mann concludes that one third to two thirds of dieters regain more weight than they lost. There is little support for the notion that extreme diets lead to lasting weight loss or health benefits [7].

In addition to predicting weight gain, diets are considered a marker of body dissatisfaction and restrictive behaviors utilized as a strategy to improve it imply an absolute abstinence from pleasure.

In a world dominated by the burden of the obesity epidemic we do need wise and evidence based regulations of the food market but it is surprising the absence of pleasure in the clinical or public health debate.

Pleasure is not an extra! It is the most powerful engine of our life. It is one of the main drivers of the food and drinks we choose.

Some economists have begun to measure the cost benefit analysis of sanitary regulations. They are beginning to include the "lost pleasure" or "consumer surplus" as a new variable in the calculation of the cost and benefit evaluations. This technical term expresses the cost that arises when a person must abandon pleasurable behavior.

The conflict is obvious. There will always be a latent tension between an "uncomfortable" body (triggered by corpulence in obesity, by risk in diabetes, by distortion of body image in an eating disorder or just by a generally unattainable aesthetic ideal) and the act of eating, inescapable, inexorable, impossible to avoid.

Being in favor of pleasure does not imply being in favor of gluttony. To be healthy we must consume an adequate level of nutrients and calories.

Although how the obesity epidemic emerged is a question with an open ending dieting is not the answer. Excess intake in humans is not only a passive response to toxic environmental stimuli but is related to bad choices. The ways humans resolve their conflicts between passion and reason have major implications in health. The ventromedial prefrontal cortex has been implicated in the neural circuit necessary to make advantageous decisions when several options appear available. Subjects with higher BMI showed more difficulty choosing the best option. They make worse decisions (eating more) even if the future consequences are unfavorable (gaining weight). The eating behavior of these people seems to be dominated by the presence of immediate, delicious, indulgent, quickly available, pleasant and preferred food.

The maintenance of a healthy weight depends, among other factors on self regulation skills, a mental process corresponding to the frontal- parietal inhibitory cerebral cortex. Self-regulation depends on balance between top-down regulation and bottom-up signals from the limbic system [8].

Dopamine has long been known to play an important role in how we experience rewards from a variety of natural sources, including food. It is a "seeking" brain chemical, it causes us to want, desire, work and search.

Researchers have discovered that dopamine levels in our brains vary in situations where we are unsure if we are going to be rewarded. During unpredictable conditions there is an increase dopamine release [9].

Primatologist Robert Sapolsky argues that what make humans special is anticipation and that dopamine is higher when things are unpredictable.

In fact dopamine levels rise dramatically if the level of uncertainty is high which seems to tell us " make the effort", "work hard because you will attain a great reward", "it is better than expected" [10].

When I discuss with fanatic experts in the field of nutrition who believe that we only are thermo dynamical machines that consume and spend calories, I try to explain them that "*No Dieta*" is a non dieting approach that does not imply eating "everything", does not imply defending in any way an obesity state which is a chronic and serious pathology. The idea is to go back to the common sense: eating healthy in the right portions without forbidding [11]. Of course we need public health policies to redesign a healthy environment. But diets are not working. So, what is the problem with diets? They are based on uncertainty! They tell you to avoid your preferred food until reaching your ideal weight and nobody can predict you when you will reach it. So, they generate higher levels of the seeking hormone dopamine.

There is no a suggestion that sustaining a healthy eating behavior is easy but if we want to succeed in tackling obesity we urgently need a paradigm shift: we need to stop searching for the ideal diet and even more important, we need stopping prescribing it. The best diet is the one that allows better adherence.

Bibliography

1. Rena R Wing and Suzanne Phelan. "Long-term weight loss maintenance". *The American Journal of Clinical Nutrition* 82.1 (2005): 222S-225S.

2. Dansinger ML., *et al*. "Comparison of the Atkins, Ornish, Weight Watchers, and Zone diets for weight loss and heart disease risk reduction: a randomized trial". *Journal of the American Medical Association* 293.1 (2005): 43-53.

3. Gardner CD., *et al*. "Comparison of the Atkins, Zone, Ornish, and LEARN diets for change in weight and related risk factors among overweight premenopausal women: the A TO Z Weight Loss Study: a randomized trial". *Journal of the American Medical Association* 297.9 (2007): 969-977.

4. Alhassan S., *et al*. "Dietary adherence and weight loss success among overweight women: results from the A TO Z weight loss study". *International Journal of Obesity* 32.6 (2008): 985-991.

5. Atallah R., *et al*. "Long-term effects of 4 popular diets on weight loss and cardiovascular risk factors: a systematic review of randomized controlled trials". *Circulation: Cardiovascular Quality and Outcomes* 7.6 (2014): 815-827.

6. Neel JV. "Diabetes mellitus: a 'thrifty' genotype rendered detrimental by 'progress'?" *American Journal of Human Genetics* 14.4 (1962): 353-362.

7. Mann T., *et al*. "Medicare's search for effective obesity treatments: Diets are not the answer". *American Psychologist* 62.3 (2007): 220-233.

8. Kelley WM., *et al*. "In search of a human self-regulation system". *Annual Review of Neuroscience* 38 (2015): 389-411.

9. David H Zald., *et al*. "Dopamine Transmission in the Human Striatum during Monetary Reward Tasks". *Journal of Neuroscience* 24.17 (2004): 4105-4112.

10. Sapolsky RM. "Behave: The biology of Humans at our best and worst". Penguin Press. NY (2017).

11. Katz M and Groisman VS. "Metodo no Dieta". Editorial: Aguilar, Buenos Aires (2018).

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