

BMJ 1995;310:1075 (22 April)

The way we eat now

The Gargantuan woman at the supermarket smiled, showing her huge unevenly spaced teeth. We were both studying cheeses--mostly valued at two to four dollars per package and some as high as 200 calories per ounce. Already her shopping cart was overflowing with meats, chicken, bread, breakfast foods, and cartons of soft drinks. Waiting at the checkout, she opened a bottle of Pepsi and gulped it down before she had even had time to pay for it. She then settled her account with three \$20 bills of government food stamps, of the kind that the new welfare bill passed by Congress is trying to reign in. She must have weighed at least 300 pounds (136 kilos). Her lumbar spine seemed precariously balanced as it made an almost 90 degree backward turn. She waddled away from the counter, quite possibly to pick up some ibuprofen from the clinic.

She clearly represents an extreme form of overweight. Yet obesity, when defined as 25 to 30 pounds (11-13 kilos) above a person's desirable weight, now afflicts one third of American adults and already 21% of 12-19 year olds. Despite a \$40-50 million a year flourishing diet industry, obesity has reached epidemic proportions, the result of reduced physical activity, more television watching, and more food--the so called 3700 calorie a day problem.

Keeping track of such intakes has become easier since the Food and Drug Administration has required manufacturers to list the calories per serving on all food containers. Shocking indeed is the revelation that hundreds of empty calories lie hidden in innocuous looking cartons of chips, popcorn, or pretzels--let alone cakes and chocolate bars. Equally disturbing is the news that the common sandwich is full of fat, the worst being "vegetarian with avocado and cheese" (40 g fat), chicken salad with extra mayonnaise (46 g), "Reuben" (50 g) and "tuna salad with extra mayonnaise" (56 g fat). Worse still, a recent study indicates that during dieting the body strives to maintain an even weight by reducing its energy expenditure, suggesting that losing weight requires an even greater calorie restriction than is currently recommended.

Clearly a new approach is needed, because dieting rarely works and drastic methods such as jaw wiring and stomach plication never caught on. I may indeed have stumbled across such a potential approach some 20 years ago, when I prescribed penicillamine for a heavy set woman with rheumatoid arthritis and very painful knees, who had not been helped by anti-inflammatory drugs. Within weeks she developed ageusia and as her food now had no taste she experienced dramatic weight loss. As a result her knees improved so much that she was jumping around the office like a young kangaroo. Then her husband insisted that she stop taking the drug, because it was depriving him of his only pleasure left in life, eating out. She complied, and sadly regained all the weight she had lost. Worse still, her husband died soon afterwards, leaving her widowed, overweight, and with painful knees. Yet the concept of ablating the sense of taste may have some merit, in the face of a deadly epidemic that so far has left the medical profession helpless.

Its seriousness, indeed, is borne out by the story of the young woman who went to see her doctor and came back very discouraged. She had found that the diet had worked well at first, and her doctor had indeed lost quite a bit of weight. But then he put it all back on again, so that now he weighed over 300 pounds.