WAIST DISPOSAL

WAIST DISPOSAL

THE ULTIMATE FAT LOSS MANUAL FOR MEN

Dr John Briffa

HAY HOUSE
Australia • Canada • Hong Kong • India
South Africa • United Kingdom • United States

First published and distributed in the United Kingdom by:
Hay House UK Ltd, 292B Kensal Rd, London W10 5BE. Tel.: (44) 20 8962 1230; Fax: (44) 20 8962 1239. www.hayhouse.co.uk

Published and distributed in the United States of America by:
Hay House, Inc., PO Box 5100, Carlsbad, CA 92018-5100. Tel.: (1) 760 431 7695 or (800) 654 5126; Fax: (1) 760 431 6948 or (800) 650 5115. www.hayhouse.com

Published and distributed in Australia by:
Hay House Australia Ltd, 18/36 Ralph St, Alexandria NSW 2015. Tel.: (61) 2 9669 4299; Fax: (61) 2 9669 4144. www.hayhouse.com.au

Published and distributed in the Republic of South Africa by:
Hay House SA (Pty), Ltd, PO Box 990, Witkoppen 2068. Tel./Fax: (27) 11 467 8904. www.hayhouse.co.za

Published and distributed in India by:
Hay House Publishers India, Muskaan Complex, Plot No.3, B-2, Vasant Kunj, New Delhi – 110 070. Tel.: (91) 11 4176 1620; Fax: (91) 11 4176 1630. www.hayhouse.co.in

Distributed in Canada by:
Raincoast, 9050 Shaughnessy St, Vancouver, BC V6P 6E5. Tel.: (1) 604 323 7100; Fax: (1) 604 323 2600

A catalogue record for this book is available from the British Library.

ISBN 978-1-84850-115-7

Printed and bound in Great Britain by CPI Bookmarque, Croydon, CR0 4TD.

CONTENTS

INTRODUCTION

Let's cut to the chase: The fact that you've picked up this book means, in all likelihood, that you're carrying a bit of a belly that you'd rather be rid of. Maybe you're a bit frustrated that despite spurts of healthy eating and get fit campaigns over the years, your weight has been on an unrelenting upward trend. Do you sometimes find yourself lamenting the fact that clothes that once fitted perfectly are now languishing in a wardrobe or drawer because you can no longer get into them? Maybe you've seen your doctor recently and have been warned that your weight is posing a risk to your health and wellbeing. Irrespective of the nature of your weight issue and whatever your goal, *Waist Disposal* is here to help.

In this book you will find comprehensive, practical and easy-to-apply information and advice designed for effective, permanent fat loss. An improved, more athletic physique can be yours, too. And all you need to transform your body for the better is to follow some simple dietary guidelines that have nothing to do with calorie counting or portion control (so no hunger), and exercise for just 12 minutes a day.

How can I be so sure that the information here works? Because, as a practising doctor specialising in nutritional medicine, I have spent over a decade and a half advising literally thousands of individuals on how to manage all aspects of their health, including their weight. This experience 'on the ground' has allowed me to see at first hand what works (as well as what *doesn't*) for shedding fat and enjoying significant improvements in other measures of health. The information contained in these pages is a distillate of my experiences with countless individuals who

have achieved their health goals. They've done it, and you can, too.

It would not be true to claim, though, that the information and advice offered here is purely based on my clinical experience. The fact is, it is science-based, too. In this book I refer to literally hundreds of scientific studies that reveal the true causes of excess weight, as well as the most effective remedies for it (the little numbers that appear in the text refer to specific studies that are listed towards the back of the book). There is a huge mound of evidence that demonstrates the most effective ways to shed fat and enjoy long-lasting health and vitality, so why not use it?

It is this science that shows how many nutritional concepts taken as 'fact' turn out not to be true at all. For example, in this book you'll learn how, when it comes to successful weight loss, just consuming fewer calories or burning more through exercise is very rarely effective. Other myths put to bed here include the notion that fat is inherently fattening, that animal fat causes heart disease, and that artificial sweeteners aid weight loss. You'll also learn what science shows are the true causes of obesity and ill-health, and how to protect yourself from them.

You may wonder as you read this book how and why the truth about how best to optimise our weight and health runs counter to conventional wisdom. One explanation is that inaccurate information can easily be passed through the ages if it is repeated often enough and the facts aren't checked. And there's always the possibility that certain commercial concerns (e.g. elements within the food industry) will perpetuate myths because it makes good commercial sense to do so. Using up-to-date research, *Waist Disposal* dispels these myths, and separates science fact from science fiction.

Waist Disposal dishes up a healthy dose of common sense, too. Leaving the science aside for one moment, logic dictates that the best diet for us as a species is one based on the foods that we've been eating longest in terms of our time on this planet. Why? Because those are the foods we're best adapted to through the process of evolution, and are therefore most likely to meet our nutritional, metabolic and physiological needs.

Evolutionists estimate that we've been on this planet nearly 2.5 million years. For the vast majority of our time here we have been 'hunter-gatherers', subsisting on a diet made up of what might be termed 'primal' foods such as meat, fish, eggs, fruits, vegetables, nuts and seeds. Only relatively recently (about 10,000 years ago) did we start to settle in communities to grow crops of grains such as wheat and corn. Condense the whole of human evolution into a year, and it turns out we started eating grains just a day and a half ago.

Evolution is a slow, creeping process and, genetically speaking, we are virtually identical to our ancestors from 10,000 years ago. What this means is that, on the most fundamental of levels – our genetic code – the diet we are best adapted to is the diet we ate *prior* to the introduction of grain. Other nutritional 'newcomers' we might view with suspicion include refined sugar, milk and vegetable oils. As you'll see, the idea of eating a 'primal' diet is not merely a theory, but something that is supported by abundant scientific evidence.

In addition to presenting the relevant science, this book will also sometimes refer to what I term 'The Primal Principle'. Here, we will marry our ancient nutritional heritage with what science tells us about the appropriateness of specific foodstuffs. Even if you forget most (or even all!) of the scientific detail in this book, simply seeing food from an

evolutionary perspective will allow you to make quick, easy and accurate decisions about the very best foods to eat.

The benefits of following the advice in this book can be profound. First and foremost, it can allow you to enjoy lasting, satisfying fat loss, including from around your midriff. This is not just important from an aesthetic standpoint. As you will discover in the first chapter (Toxic Waist), 'abdominal fat' has strong links with conditions such as heart disease and diabetes, and appears to speed our way to an early demise, too. The happy reality is that a shrinking waistline can translate into a diminishing risk of disease and premature death.

The fact that we men are prone to accumulating this most toxic form of fat is unfortunate, but there's good news for us, too. My experience in practice is that when men apply the strategies presented here, they can expect rapid results, and will generally see considerable progress within a few short weeks. This, by the way, contrasts somewhat with the generally less impressive fat losses experienced by women. One reason for this may be that men are less prone to sluggishness of the metabolism caused by, say, low thyroid function or repeated cycles of strict dieting. Whatever the explanation, the fact remains that while abdominal fat is both unsightly and unhealthy, it is something that men can almost always rid themselves of quite quickly, and without having to go to extreme lengths or superhuman effort, either.

You may have noticed that in this brief introduction I've referred repeatedly to *fat loss*, not merely weight loss. That's because when weight is lost, it's important to make sure as much of this as possible is fat, and not something more desirable like muscle. Also, if you were to lose fat and gain muscle, you might not see much change in your weight, though undoubtedly your *body composition* will

have improved. The first chapter (Toxic Waist) explores this, as well as the deficiencies of the standard weight measurement – the body mass index or BMI. This chapter also offers advice on more useful measurements including waist size and body fat assessment.

The second chapter (The Calorie Trap) focuses on the calorie principle which, simply put, dictates that those who want to lose weight need to eat less or exercise more (or both). While this law has underpinned weight-loss advice for half a century, you will learn how it is dangerously flawed. You'll also discover why applying its principles so often dooms many to failure in the long term. This chapter introduces the notion that different types of food have different propensities to form fat in the body, and that when it comes to weight loss, it's more than calories that count.

After that, we get down to the business of exploring the true causes, and cures, of excess weight. Each one of the major 'macronutrients' (carbohydrate, protein and fat) will be put under the scientific spotlight. The effects that each of these has on weight and health will be explored, as will the effectiveness of different types of weight-loss diets (e.g. high-protein, low-carb, low-fat). We'll also review the published research which reveals the sort of diet that is truly the most effective for shedding unhealthy and unwanted fat. In all of this, you'll learn which foods are least likely to promote the accumulation of fat in your body.

You will also come to understand the importance of focusing your nutritional efforts on foods that are most effective at sating the appetite. This strategy is critical if we are to contain our food intake without hunger or sense of sacrifice. *Waist Disposal* reveals the most satisfying foods in our diet, as well as identifying the foodstuffs that can actually stimulate appetite and encourage overeating. So important is appetite control in successful fat loss, that I've

devoted a whole chapter to it (Satisfaction Guaranteed).

But it's not all theory. *Waist Disposal* offers you a wealth of advice and information on the types of foods and meals that will assist you in your quest to banish your belly, as well as how to incorporate this dietary advice into your daily life. You'll also find recipes for tasty, easy-to-prepare meals that reflect the evidence-based nutritional principles laid out in this book. Don't worry, there's no need to be a Cordon Bleu chef – many of the recipes require very little real 'cooking', and can be knocked up in 15 minutes or less.

The nutrition information in this book is accompanied by advice regarding exercise, too. In the chapter on exercise (Muscle Bound), you'll learn that while exercise can be beneficial for a myriad of things, the rather shocking truth is that weight loss is not one of them. However, if you're serious about improving the size and strength of your musculature, then resistance exercise is a must. While this can be done in a gym, it doesn't need to be. Muscle Bound presents a daily home-based regime that can improve your muscular form in about the same time it takes to shower and shave.

While diet and exercise are cited as the two key components for weight-loss success, I suggest there is a third: our thoughts and beliefs. What goes on between our ears is a major factor in maintaining motivation for healthy habits. Plus, as you'll see, having the right mental attitude has the capacity to accelerate the benefits achieved by eating and exercising right. The final chapter (Mind Matters) offers advice on how to harness the power of your mind in order to transform your body.

Each element of *Waist Disposal* offers a truly powerful weapon for fighting flabbiness, while at the same time demanding surprisingly little in the way of effort or discipline.

No gritted-teeth determination is required here. Put the advice here to work and you can expect to be rewarded with one helluva body, but without having to go through hell to get it.

HOW TO USE THIS BOOK

If you read through this book from cover to cover, you'll perhaps recognise that the earlier chapters provide the background, much of it scientific, for the more specific and practical advice that comes later. *Waist Disposal* is written in this way because it's my belief that understanding *why* and *how* suggested changes bring about benefit helps us make and maintain those positive changes in our lives.

However, you may be an impatient sort of person, and keen to get on with things. In which case, you may want to skip a lot of theory and go to the parts of the book that are geared more to *what* to do (rather than *why* you should do it). In which case, I recommend starting at Chapter 7 (Sound Bites) and reading through to the end of the book.

However, if you do take this approach, I suggest you at least read the summaries which you will find at the end of each of the earlier chapters, under the heading 'Back to Basics'. Absorbing the key learning points here will, even without the detail, set the scene for the more practical information and advice later on. Reading these summaries may also convince you that there's enough interesting and important stuff in the earlier chapters that they're worth reading in full, even if that is at a future date.

Chapter 1

TOXIC WAIST

WHY YOUR EXPANDED WAISTLINE IS MORE THAN JUST AN EYESORE

Men and women can differ in many ways, including body shape. Differences in physique become especially pronounced when we gain weight. For men, fatty accumulation tends to be focused around the middle of the body or 'midriff'. On the other hand, women of childbearing age usually find their 'problem areas' to be the buttocks and thighs. As a result, an overweight man might be regarded as somewhat apple-like in form, while overweight women are usually more the shape of a pear.

As you'll learn in this chapter, these differences in fat distribution are not merely cosmetic. Research shows that *where* excess fat finds itself in the body influences its impact on the risk of chronic conditions such as heart disease and diabetes. And the bad news for men is that the evidence points to excess weight around the middle – known as 'abdominal obesity' – as the most toxic to health. You'll see how getting rid of your gut can have a bevy of benefits, not just in terms of how you look and feel, but for your wellness and wellbeing too.

As you apply the principles advocated in this book and see positive results, you might want to keep tabs on your progress. This chapter also reviews the usefulness of the major body measurements, starting with the most commonly used weight-related assessment of all – the body mass index or 'BMI'.

DOES THE BMI MEASURE UP?

The BMI is calculated by dividing an individual's weight in kilograms by the square of their height in metres. According to conventional wisdom, a BMI of 18.5–24.9 is regarded as 'healthy', while BMIs of 25–29.9 are considered 'overweight'. Those of 30 or above are classified as 'obese'. While the BMI usually forms the basis of the advice health professionals give to individuals about their weight, there are a number of reasons to be mistrustful of it.

First of all, the BMI tells us something about the relationship between height and weight, but nothing about *body composition*. It is entirely possible, therefore, to have a muscularly built, really very healthy individual whose BMI marks him out as 'overweight' or even 'obese'.

For example, during his playing days, rugby union back-row legend Laurence Dallaglio typically weighed in at 112 kg and stood 1.91 metres tall. Do the maths and it turns out that in his prime, Laurence Dallaglio's BMI was a shade over 30. That's right, at the top of his game our Laurence was officially *obese* (you tell him). This example demonstrates just how limited the usefulness of the BMI is in the real world.

Of course it can be that an 'obese' BMI can indeed reflect a not-so-healthy body composition. Now that Laurence Dallaglio is some way into his well-earned retirement, it's possible that his muscle mass will have dwindled, and that he may have gained some fat over time. Should this have

happened, then Laurence's scale-weight and BMI may not have changed that much. A relatively static BMI may belie the fact that muscle is being lost while fat is gained. In this way, the BMI can give a false sense of security. The same, of course, is true in reverse. Someone losing fat and gaining muscle might not see much change in their weight or BMI. The bottom line is that the BMI is a fat lot of good for assessing and tracking changes in your body's *composition*.

THE BMI AS A MARKER FOR HEALTH

The fact that the BMI tells us nothing about body composition means that, in all likelihood, it's unlikely to be a good indicator of health status either. While it might be enshrined in medical lore that a 'healthy' BMI is one that ranges between 18.5 and 24.9, there is a body of evidence which suggests that is not true at all.

When considering the relationship between BMI and health, it pays to take as wide a view as possible. This is because 'lifestyle factors' such as body weight, exercise and diet can increase the risk of some conditions and reduce the risk of others. For example, drinking moderate amounts of alcohol is associated with a reduced risk of heart disease, but an increased risk of cancer. Focusing on specific medical conditions can give a skewed sense of the overall impact that any factor may have on health. Much better assessments can be made by reviewing the relationship between lifestyle factors and *overall risk of death*.

So, if BMIs of 18.5–24.9 are deemed as being the most healthy, then individuals with BMIs in this range should be at the lowest risk of dying, right? Wrong.

The biggest and most comprehensive study ever to assess the relationship between BMI and risk of death was

published in *Journal of the American Medical Association* in 2007.[1] Some notable findings from this study included:

- **Being overweight was *not* associated with an increased risk of death from cardiovascular disease (e.g. heart attacks and strokes).**
- **Being overweight was *not* associated with an increased risk of death from cancer.**
- **Being overweight *was* associated with a *reduced* risk of death not due to cardiovascular disease or cancer.**
- **In individuals aged 25–59, risk of death from cardiovascular disease did not become significantly elevated until BMIs were above 35.**
- **There was no increased risk of death from cancer at any level of weight (even BMIs above 35).**

All things considered, this study showed that being overweight might be *better* for overall survival compared to having a 'healthy' BMI. And it's not the only study that suggests that the traditional BMI categories are wide of the mark.

In a more recent study, published in 2009, researchers followed more than 11,000 Canadians over a 12-year period. They then calculated overall risk of death in each category (e.g. 'underweight', 'healthy', 'overweight' and 'obese').[2]

The results of this study showed that, compared to individuals in the 'healthy' category (BMI 18.5–24.9), overall risk of death for the other categories was as follows:

- **underweight (BMI <18.5): 73 per cent increased risk of death**
- **overweight (BMI 25.0–29.9): 17 per cent *reduced* risk of death**

- **obese (BMI 30.0–34.9): no statistically significant difference in risk of death.**

Here we find that the lowest risk of death overall was found in individuals classified as 'overweight'. Another surprise result from this study was that being 'obese' did not appear to put individuals at a significantly increased risk of death. In fact, a significant increase in risk of death was seen only once BMIs rose above a really quite hefty 35.

Another way to assess the relationship between BMI and health is to plot a graph of risk of death on one axis, against BMI on the other. This way it is possible to ascertain what BMI is associated with the lowest risk of death. Studies of this nature typically reveal J-shaped curves, meaning that both very low and very high BMI scores are associated with an increased risk of death. In one review, the results of 19 relevant studies were lumped together.[3] This review revealed that the lowest risk of death corresponded with a BMI of 25 (technically in the 'overweight' category).

Another similar study assessed the relationship between BMI and overall risk of death in almost 360,000 adults across 10 European countries.[4] In men, the low-point of the death curve in this study corresponded to a BMI of 25.3. Again, the evidence here suggests that, on a population basis, the ideal BMI falls in the 'overweight' category.

Now, these studies are based on populations and, the thing is, what we know about populations doesn't always apply to individuals. So, while a BMI of 25 might be ideal from a population perspective, that does not mean it's the best BMI for *you*. Remember, on an individual basis, the BMI tells us nothing about body composition. So, not only may the BMI not be a great guide to health, it is really quite useless for tracking the benefits you'll get from applying

the information and advice contained in this book. I advise ignoring the BMI, as well as advice from well-meaning health professionals who tell you your BMI should fall in the 'healthy' category.

WHY WAIST?

At the start of this chapter we touched on the point that when we men gain weight, it tends to accumulate around our middles, and that it is this sort of fatty accumulation that appears to be most strongly linked with disease risk. Individuals who accumulate fat under the skin in the midriff also tend to be prone to deposition of fat *within* their abdomens, including in and around the organs here, including the liver. This type of fat – referred to as 'visceral fat' – is believed to be particularly hazardous to the body.

Over the last decade or so, doctors and scientists have given increasing attention to 'abdominal obesity', at least partly because of its links with chronic disease and ill-health. In fact, we have seen in relatively recent times the defining of a distinct medical condition – 'metabolic syndrome' – the cardinal feature of which is abdominal obesity.

While the exact definition of metabolic syndrome varies a bit according to whom you ask, there is general acceptance that its diagnosis depends on the presence of abdominal obesity accompanied by two or more of other common features associated with the condition.

- **Abdominal obesity**
  For the purposes of diagnosing metabolic syndrome, abdominal obesity is generally defined as a waist circumference of 94 cm (37 inches) or more for men.

The other features that are often used to establish the diagnosis of metabolic syndrome are:

- **Raised levels of triglycerides**
  Triglycerides are one type of fat that can circulate in the bloodstream. High levels of triglycerides are associated with an increased risk of heart disease. Triglyceride levels of more than 1.7 mmol/l (millimoles/litre) are generally regarded as elevated when metabolic syndrome is being considered.
- **Reduced levels of 'healthy' high-density lipoprotein (HDL) cholesterol**
  In most people's minds, cholesterol is viewed as a bad thing (more information about the relationship between cholesterol and health can be found in Chapter 4). However, it is widely accepted that one form of cholesterol – known as HDL-cholesterol – is associated with a *reduced* risk of cardiovascular conditions such as heart disease and stroke. Levels of less than or equal to 0.9 mmol/l are generally regarded as relevant when metabolic syndrome is being considered.
- **Raised blood pressure**
  High blood pressure is a risk factor for heart attack and stroke. A systolic pressure of more than 130 mmHg (pressure in torrs) and/or diastolic pressure of more than 85 mmHg is generally regarded as significant when metabolic syndrome is being considered.
- **Raised fasting blood glucose level or previously diagnosed type 2 diabetes**
  Type 2 diabetes is the most common form of diabetes, one of the features of which is an inability of insulin to function normally in the body – sometimes termed 'insulin resistance'. A fasting blood-sugar level of more than 5.6 mmol/l is generally regarded as significant when metabolic syndrome is being considered.

FATTY LIVER

Another potential feature of metabolic syndrome is a condition known as 'fatty liver'. This condition is characterised by, as its name suggests, deposits of fat within the liver. If left unchecked, fatty liver can lead to inflammation, fibrosis and even full-blown cirrhosis of the liver. For a long time it has been known that one dietary factor which can induce fatty liver and its later complications is alcohol. However, it is increasingly being recognized that fatty liver may have nothing to do with alcohol, and more to do with overconsumption of other foodstuffs. More about fatty liver and what dietary factors may drive it can be found in Chapter 3 (Carb Loading).

WHAT A WAIST

One way of assessing the extent of abdominal obesity is to measure the circumference of your waist. An alternative measurement is the waist-to-hip ratio (calculated by dividing the waist circumference by the circumference around the hips). Given the association between expanded waistlines and heightened disease risk factors, it's perhaps no surprise that big waists are associated with big problems for our health.

For example, large waist circumferences and high waist-to-hip ratios are associated with an increased risk of heart disease.[5] Abdominal obesity has quite a strong relationship with risk of death, too. For example, in the Europe-wide study mentioned above,[6] men with the highest waist circumferences had a more than two-fold increased risk of death compared to those with the lowest waist measurements.

BIG BELLIES MAY BE BAD FOR THE BRAIN, TOO

The evidence suggests that abdominal obesity is bad for the body, and other research suggests it might be bad for the brain in the long term, too. In one study, the relationship between abdominal obesity and risk of dementia was assessed over more than 30 years. Abdominal obesity was assessed by measuring the distance from the front of the belly through to the back (known as the *sagittal abdominal diameter*, or SAD).[7] The results of this study showed that individuals with the biggest SAD measurements were at an almost three-fold increased risk of dementia compared to those with the smallest.

If abdominal obesity does indeed turn out to increase the risk of dementia, how does it do it? Well, for a start, abdominal obesity is associated with an increased risk of cardiovascular disease, including stroke. Multiple, usually small, strokes in later life can cause parts of the brain to die off, and are clearly something that can compromise brain function (the medical term for this is 'multi-infarct dementia').

Another mechanism by which a big belly can affect the brain concerns blood-sugar balance in the body. Abdominal obesity, as we learned, is associated with metabolic syndrome, and in particular reduced ability to control blood-sugar levels. This is relevant because raised sugar levels can damage protein within the brain, effectively ageing this organ. This helps to explain why type 2 diabetes (characterised by raised blood sugar) and its precursor (known as 'impaired glucose tolerance') have been linked with impaired brain function in later life.[8]

Avoiding or reversing abdominal obesity and the biochemical imbalances that go with it could really help to preserve our mental faculties as we age.

TRACKING YOUR PROGRESS – WAIST CIRCUMFERENCE

We know that the BMI (or body weight) is a generally useless way to track changes in body composition and body fat levels. We also know that shedding belly fat is generally most important from an aesthetic perspective for most men, and is most relevant from a health perspective as well. With all this in mind, it makes sense for us to use waist size to keep tabs on our fat-loss progress over time. This can be done quite informally by, for instance, witnessing your ability to pull your belt in a couple of notches or finding yourself able to get into suit trousers you haven't been able to wear for some time.

However, if you want to be more precise about it, then tracking your waist circumference over time makes sense.

BELT UP – ONE MAN'S STORY

I'd never had much of a weight problem in my youth, but during my thirties the pounds just crept on. My problem areas were my belly and neck. I had a paunch and a double chin to match. For most of my adult life I had worn 30-inch-waist trousers. Eventually, I only felt truly comfortable in a 34. I decided to take action by getting my diet in order. We didn't have a set of scales in the house, so weighing myself was not an option. I did, however, set a goal of being able to get into 30-inch-waist trousers again.

Quite soon after changing my diet, maybe even within a couple of weeks, I found everyday trousers were feeling looser. A couple of months down the line and I was getting into stuff I hadn't worn in a while. Around this time I went away on business and took a belt I

hadn't used for some time. When I put the belt on in the morning I realized that even on the tightest setting, it was now too big for my waist. I had to borrow a penknife from a waiter at breakfast to make a new hole in it. I ruined the belt, but I got a lot of satisfaction out of needing to make that new hole!

There is some debate about the best way to measure waist size, including precisely where the tape measure should go. What is really important, though, is not *where* you take this measurement, but that you take it in the *same place* each time. I advise measuring waist circumference at the level of the belly button, which serves as a useful landmark. You need to make sure the tape is horizontal with the ground all the way round (it helps to check this in a mirror or have someone help you with it).

Recommendations are usually to take the measurement on the out-breath. However, slack abdominal muscles lead to a bigger reading than tauter muscle tone here. This becomes relevant if your abs are currently slack, and you remedy this situation with some sit-ups (see Chapter 10). One way to counter this is to breathe out and also tense your abdominal muscles before you take the waist measurement.

Waist size is an important measure, but not one that you can expect to change on a day-to-day basis. For this reason, I recommend checking it no more frequently than once a week for the first few weeks, and less frequently thereafter.

TRACKING YOUR PROGRESS – BODY FAT

Some individuals like to monitor their progress by assessing body fat levels, too. The most practical way to do this

is to measure the amount of fat under the skin (known as subcutaneous fat) at one or more points around the body using specially designed callipers. Commonly used sites include the waist, the back of the upper arm (over the triceps muscle), the front of the arm (over the biceps muscle), the chest (over the pectoral muscle), and front of the thigh. Skin folds are generally measured vertically or on the diagonal rather than horizontally.

Several measurements can be taken, and then a formula can be applied to convert these measurements into the total body fat percentage of the body. However, there are many different formulae, and even with the same skin-fold measurements, they can give quite different results. Basically, there is no one, single, correct way of assessing body fat percentage using skinfold callipers.

An alternative approach is to dispense with the idea of calculating body fat percentage, and just keep track of the calliper measurement scores either individually or totalled up. These simple measurements will give you a good indication of your fat-loss progress without the need for fancy formulae.

A lot of money can be spent on callipers, but there's really no need. The plastic callipers I have (Accu-Measure) cost a few pounds and do a good job. They come with the recommendation to measure just one site (2–3 cm above the front and top of the right pelvic bone). The callipers are accompanied by a chart which allows this one measurement to be converted into an overall body fat percentage.

Like waist circumference, body-fat calliper measurements do not change quickly over time, and I therefore recommend weekly measurements at most to begin with, and no more than monthly measurements in the longer term.

IF YOU MUST ...

Despite the fact that measuring weight doesn't yield much useful information and is not much cop at tracking progress, some of us will find it hard to resist its allure. Scales are easy to use, and a good set can detect small changes that are harder to capture using waist and skinfold thickness measurements. Do bear in mind, though, that any loss in weight can be due not just to fat loss, but loss of other things including water and glycogen (a storage fuel found in the liver and muscles). This is particularly true in the early stages of any weight-loss programme.

Another thing to consider is that the body can be prone to quite significant fluctuations in weight which may not have much to do with what you've eaten, and this can be misleading. For example, on a hot, dry day we can quite easily drop a kilogram or so because of dehydration. Conversely, during a hot, low-pressure spell the body tends to retain more water, causing our weight to spring up. Because of the potential for day-to-day fluctuations, I suggest weigh-ins should be no more frequent than weekly.

If you are committed to weighing yourself, then the accuracy of this endeavour will be improved by using a decent set of scales. Electronic scales, many of which are relatively inexpensive, will generally do a good job. Put them on a hard, level surface for maximum accuracy.

BACK TO BASICS

- **The BMI is a pretty useless guide to health, principally because it tells us nothing about body *composition*.**
- **The BMI is not useful for tracking changes in body composition or fat loss.**
- **Excess fat around the middle (abdominal fat) appears to be toxic to body and brain.**

- Tracking your waist measurement is a good way to monitor your fat-loss progress.
- The use of body-fat callipers can be useful from this perspective, too.