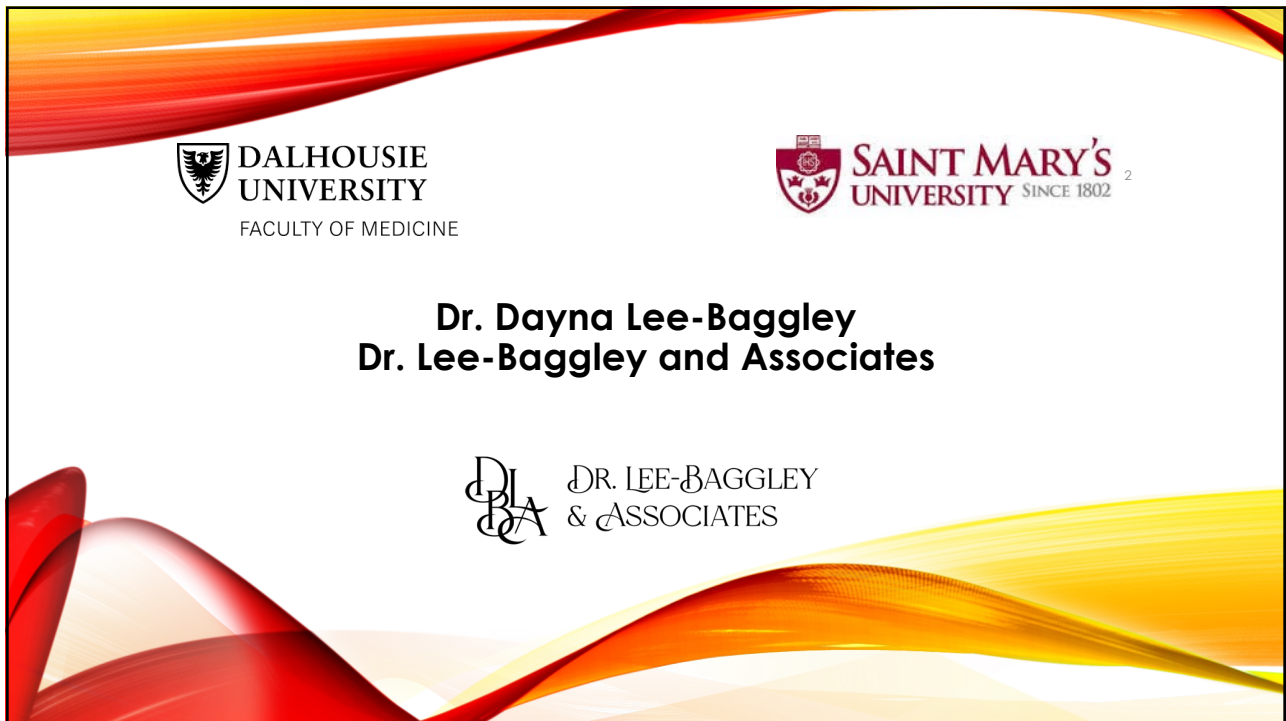



HEALTHY HABITS SUCK SESSION 1


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@drleebaggley

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 DALHOUSIE UNIVERSITY
FACULTY OF MEDICINE

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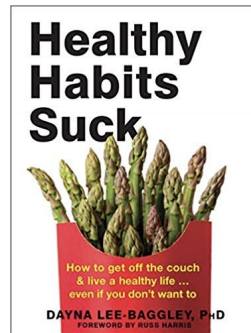
Dr. Dayna Lee-Baggley
Dr. Lee-Baggley and Associates

 DR. LEE-BAGGLEY & ASSOCIATES

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ADDITIONAL RESOURCES



<http://www.newharbinger.com/43317>

3

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ADDITIONAL RESOURCES

Session	Topic	Related chapters from the book
Session 1	Healthy habits suck; SMART goals	Intro; Chap 2
Session 2	Values	Chap 1
Session 3	Managing thoughts	Chap 3
Session 4	Managing feelings	Chap 4
Session 5	Mindfulness; Present moment awareness	Chap 5
Session 6	Self-compassion	Chap 6
Session 7	Managing other people	Chap 7
Session 8	Getting back on track and next steps	Chap 8 and 9

4

OBESITY AS A CHRONIC DISEASE

- **Definition of obesity: excess weight causing medical or psychological complications**
- **Weight (or BMI) is not the best indicator of health**
- **Obesity management should focus on health and well-being and not simply weight loss**
- **Managed as a chronic disease**

5

Obesity: A Disease of the Brain?

It's time to stop shaming and blaming people for their weight and start treating obesity for the chronic, relapsing disease science says it is.



Obesity is a chronic disease
 characterized by the accumulation of excess body fat that can have a negative impact on our physical, mental or metabolic health, as well as our overall quality of life. Science has made important advances in understanding what's happening in the body when it comes to weight gain, and who is susceptible to it.

Weight has more to do with genetics and what we are exposed to in the womb than individual choices about exercise or food.



European Association for the Study of Obesity
www.easo.org



www.obesitycanada.ca

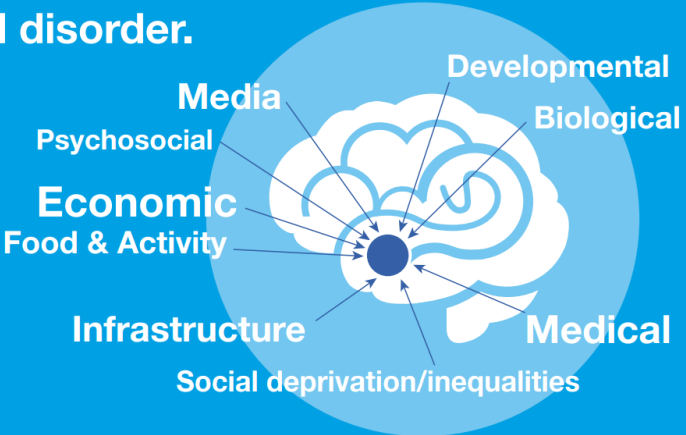
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Here's what research tells us about obesity:




Obesity is a brain-related disorder.

The hypothalamus regulates energy intake and expenditure to maintain weight, but its normal function can be disrupted by biological and environmental factors. **Once disrupted, our feelings of hunger and fullness (satiety) can be affected.**





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Obesity is highly genetic.



The more of these genes you have, the more probable it is that you will develop obesity by age 18. And, if you have a high number of these genes, your risk for developing severe obesity (defined as body mass index* ≥ 40 kg/m²) is **15** times that of someone without the genes.

Genes dictate a lot of our physical attributes. For example, 85% of your height is genetic. When it comes to weight, **70%-80% of our BMI is determined by genes.***

Studies of identical twins raised apart found they had similar BMIs despite living in different environments.



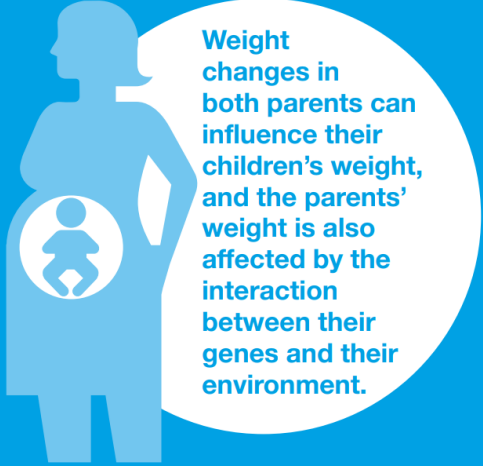
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Our weight as adults can be predetermined before we are born.

Babies born to mothers who have obesity when they become pregnant (or who gain significant weight during it) are more likely to be born large for gestational age and **are at greater risk for developing obesity.**

Many factors influence pregnancy weight gain—**maintaining healthy behaviours at any weight is important for mothers and babies alike.**

Weight changes in both parents can influence their children's weight, and the parents' weight is also affected by the interaction between their genes and their environment.



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Our bodies defend against weight loss.

For most of human history, it was hard for people to get enough to eat, so we evolved to be genetically programmed against weight loss and in favour of weight regain. After significant weight loss, our hormones change to cause more hunger and less satiety (fullness), resulting in increased food intake.

 Our body also reacts by switching into an energy-saving mode, making it difficult to compensate for weight gain even with regular, vigorous exercise and reduced calories.

In most studies looking at dietary and exercise interventions, **any achieved weight loss disappears after 4 to 7 years.**

80%
of people who lose 5%
of their weight
**regain it over
5 years.**

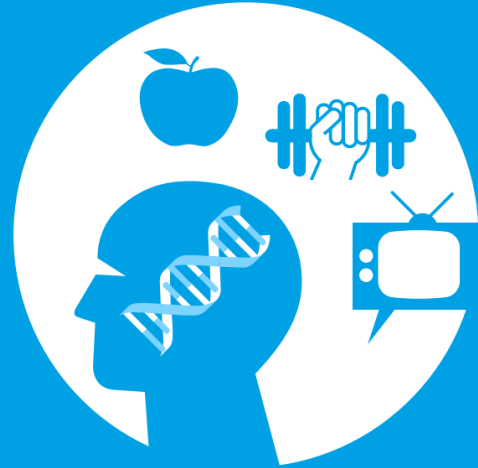





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Our genes also affect how we respond to simplistic diet and exercise approaches to weight management.

Everyone is unique, so how we respond to raised or lowered caloric consumption and expenditure varies from person to person. Research has even shown that our body's reaction to different diets and even television food advertising are influenced by our genes!



EASO
European Association for the Study of Obesity
www.easo.org

Obesity Canada
www.obesitycanada.ca

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What about the 20%-30% of our weight that is influenced by environmental factors?

Here's the good news: If you are genetically predisposed to have a larger body, the degree to which you gain weight can be managed by behavioural interventions, psychological support, medications and/or surgery, and by addressing environmental influences where possible.



EASO
European Association for the Study of Obesity
www.easo.org

Obesity Canada
www.obesitycanada.ca

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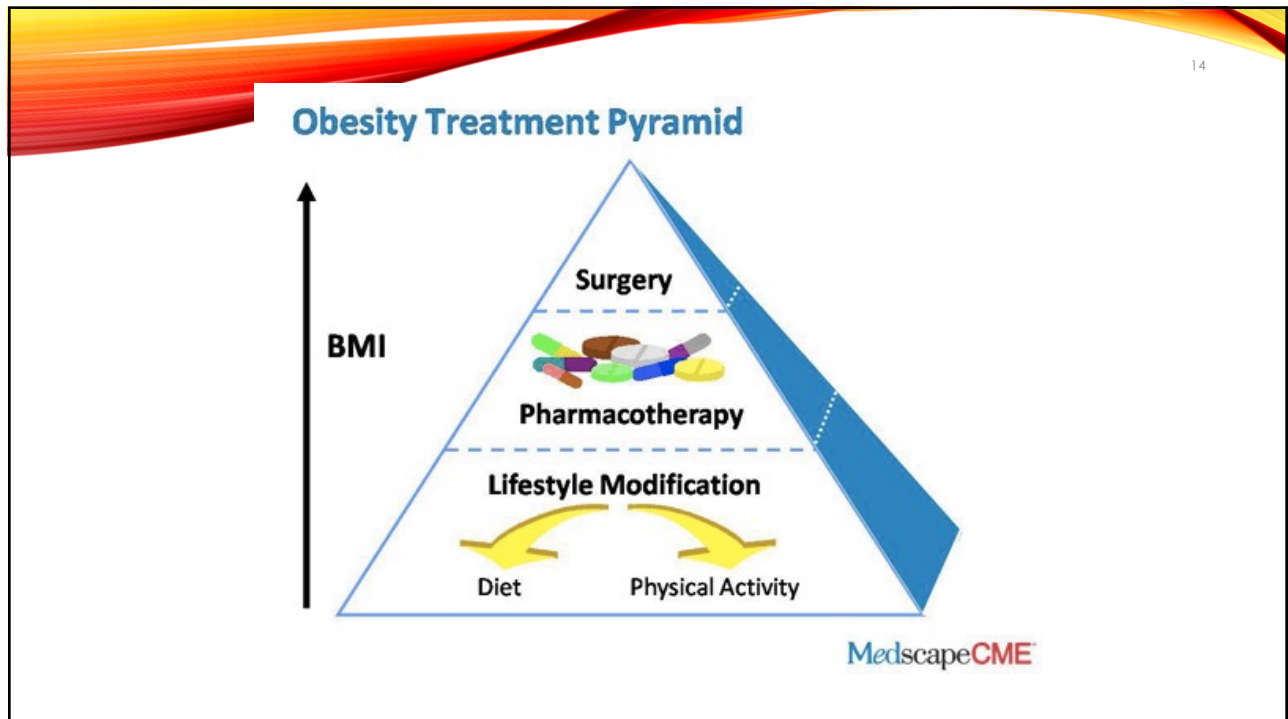
As a society, we therefore must:

EASO
European Association for the Study of Obesity
www.easo.org

Obesity Canada
www.obesitycanada.ca

-  **Recognise obesity as a chronic disease requiring lifelong medical treatment and support**
-  **Address the underlying biological and environmental factors leading to obesity**
-  **Work on prevention and treatment approaches simultaneously**
-  **Challenge and eliminate obesity stigma**

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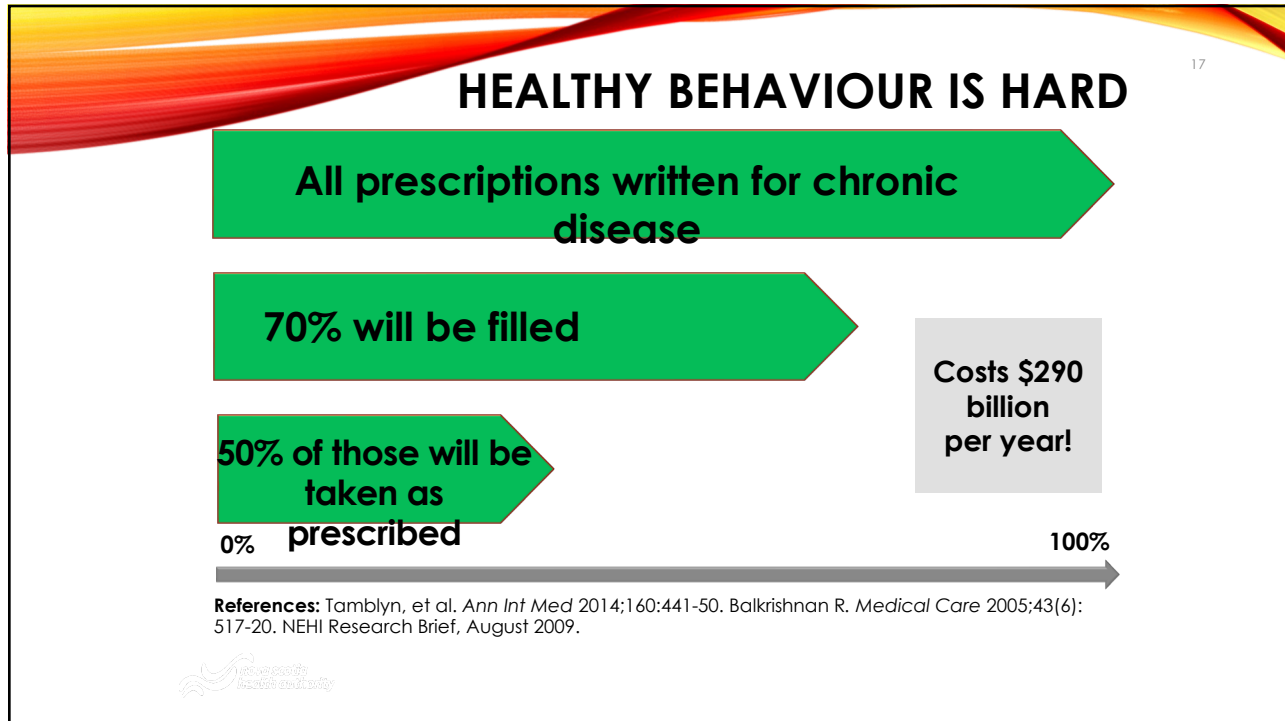
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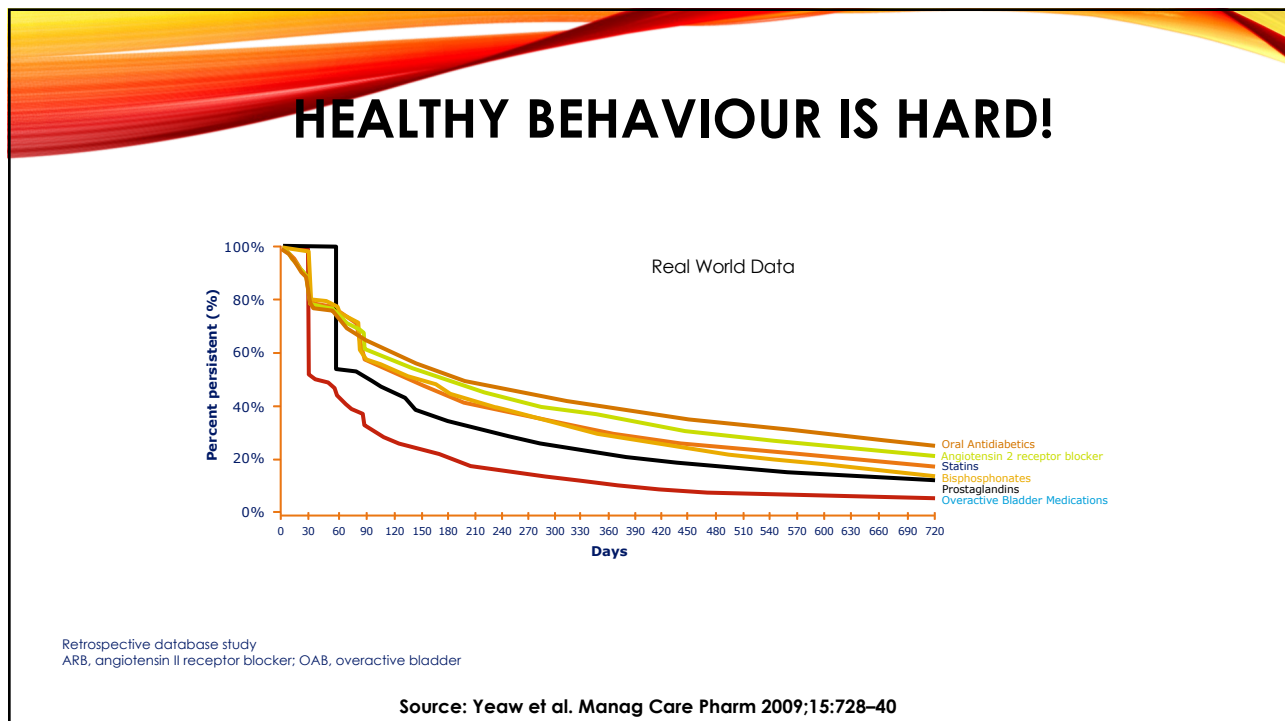
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WHY ARE HEALTHY HABITS SO HARD?

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HOW HUMANS ARE WIRED



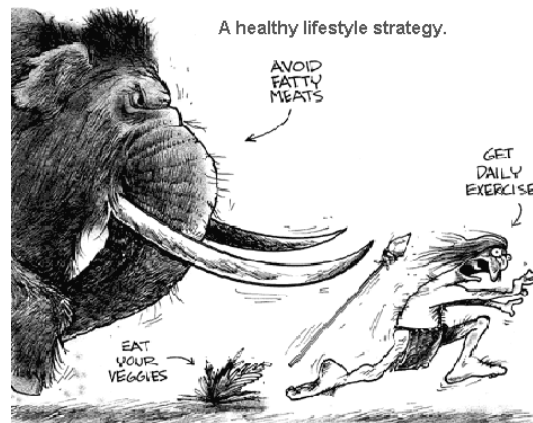
Source: Evolution of the Mind by Russ Harris on YouTube

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HOW HUMANS ARE WIRED

We have evolved over time to:

- seek pleasure
- avoid pain
- do the thing that takes the least amount of effort
- live for today

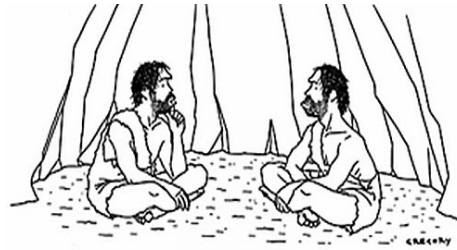


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HOW HUMANS ARE WIRED

Healthy behaviour requires us to:

- avoid pleasure
- accept pain
- do the thing that takes the most amount of effort
- live for the future
- **Healthy behaviour is abnormal!**

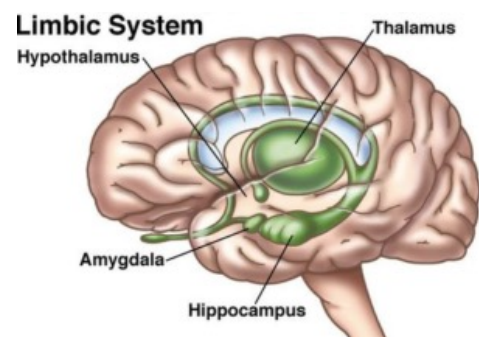


"Something's just not right—our air is clean, our water is pure, we all get plenty of exercise, everything we eat is organic and free-range, and yet nobody lives past thirty."

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SURVIVAL BRAIN

- Paleomammalian brain
- Built for survival
- Functions automatically and unconsciously



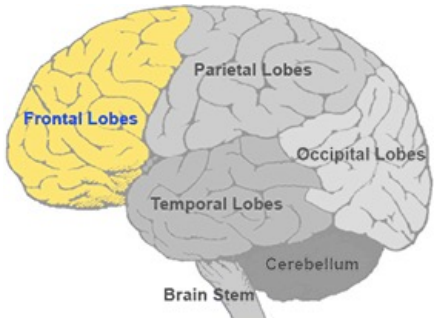
Source: Roxo et al, 2011

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FRONTAL LOBE

- Pre frontal lobe
- Controls behavior
- Like a battery



Source: Lowe, Reichelt, & Hall, 2019

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THE PANDEMIC AND THE “NEW NORMAL”

Survival
brains are
on fire

Frontal lobe
batteries
are spent

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BURNOUT

- Long term outcome of chronic stress
- Emotional exhaustion
- mental distancing, cynicism
- reduced professional efficacy

Source: International Classification of Diseases (ICD-11)

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OBESITY MEDICATION

- How do obesity medications impact brain functioning?

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THE ADAPTIVENESS OF WEIGHT

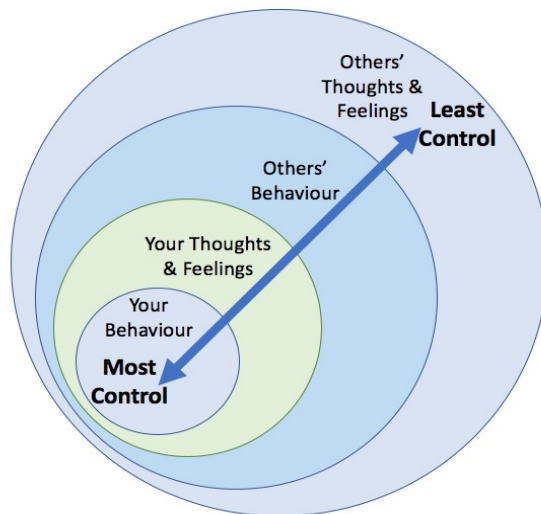
“No Roofs, No Roads, No Bread: Cyclone Causes Emergency in Southeastern Africa”



**The
New York
Times**

March 25, 2019

WHAT DO WE CONTROL?



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MISSION:IMPOSSIBLE
YOUR MISSION, SHOULD YOU CHOOSE TO ACCEPT IT

- Tomorrow: weigh 395 lbs
- Next day: weigh 179 lbs
- Next day: weigh 205 lbs

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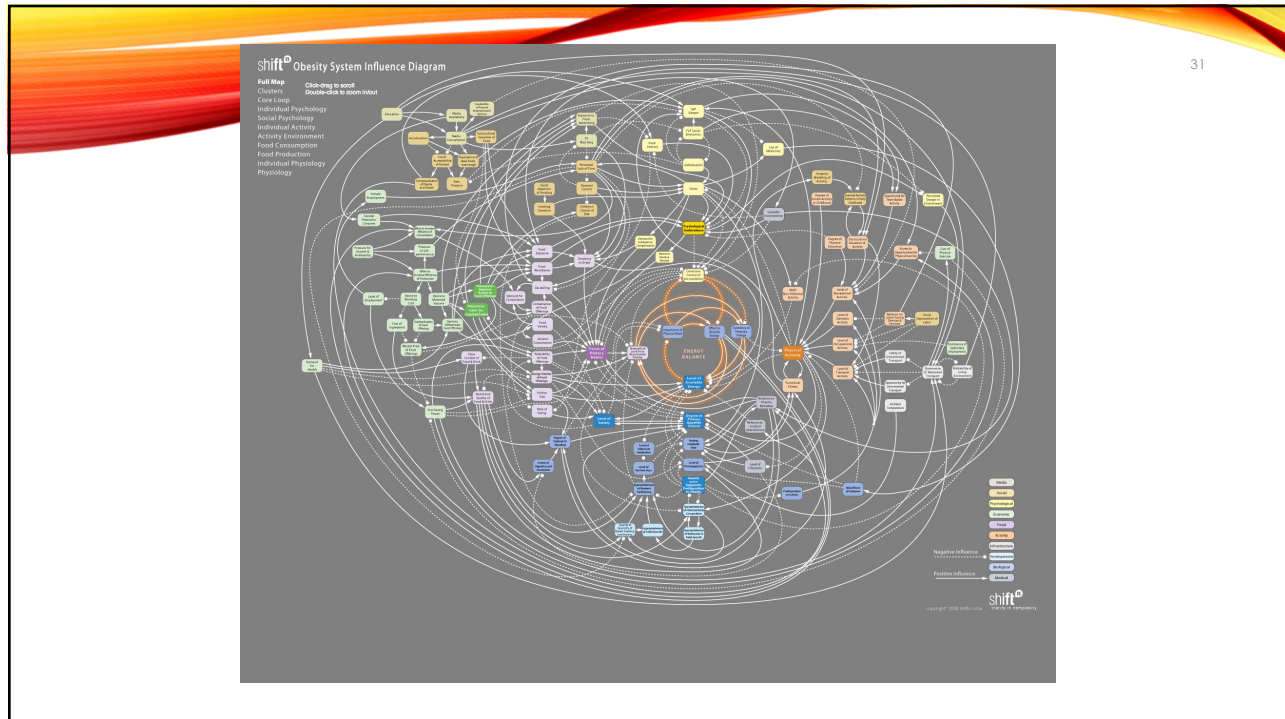
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- Tomorrow: drink 1L of water
- Next day: walk for 10 minutes
- Next day: eat 1 cup of something green

*We don't control our weight.
We can influence our weight but
we don't control it.*

30



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WEIGHT RELATED HEALTH BEHAVIOURS

- Walking
- Eating more whole foods
- Hydration
- Sleep routine
- Mindfulness
- Stress management

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- **A behavioural goal:**
- Choose a behaviour (something that someone else can see you do)
- Not a feeling or a thought

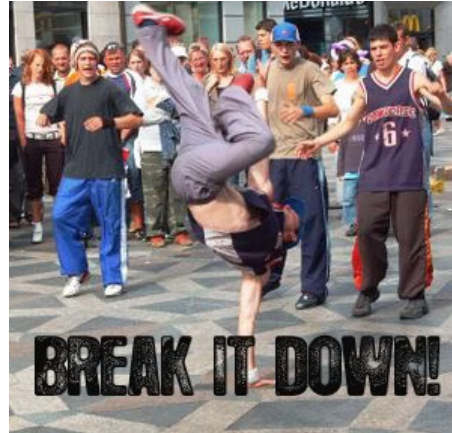


Source: Ramnero & Torneke (2011)

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- **The 90% goal:**
- Break down a large goal into smaller pieces.
- Success breeds success.

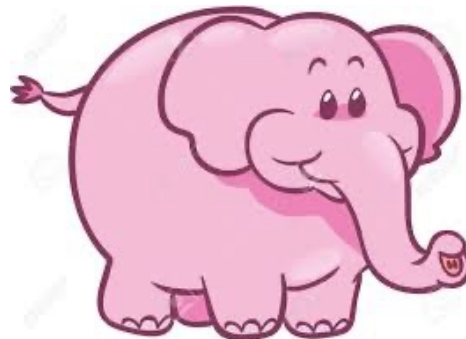


Source: Ramnero & Torneke (2011)

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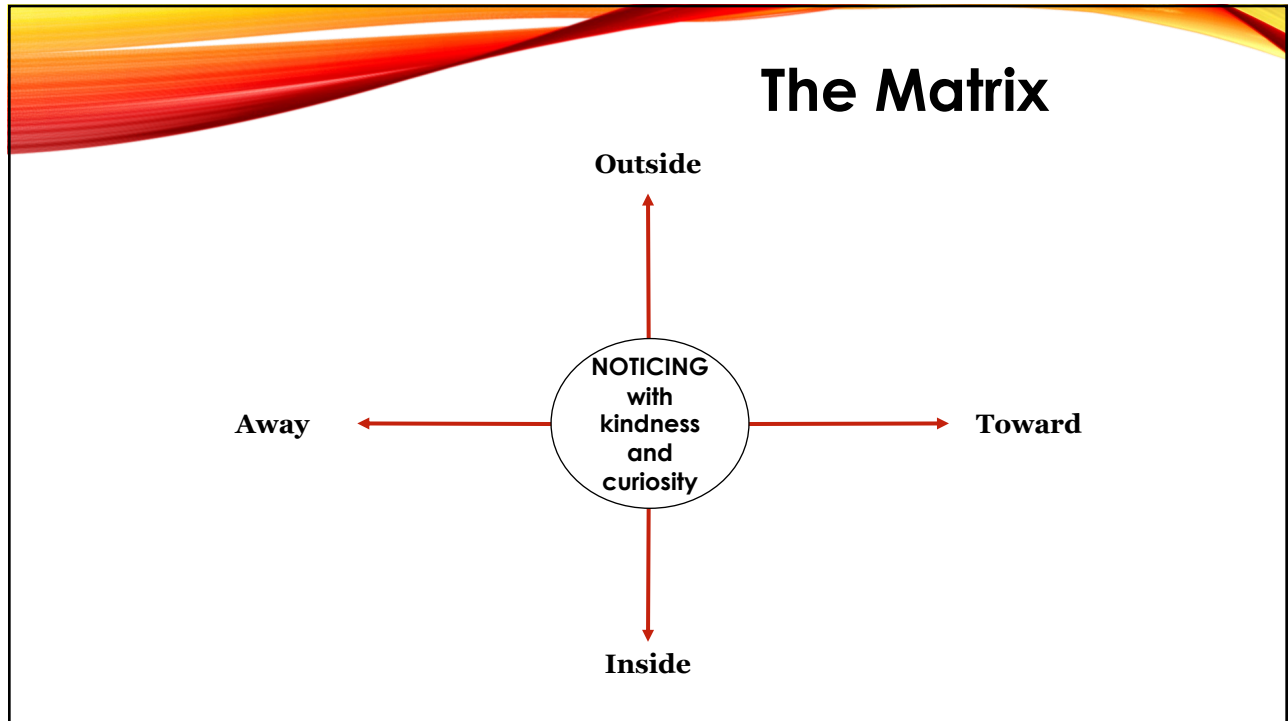
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- **The “do instead” goal:**
- Pink elephants.
- Add instead of take away

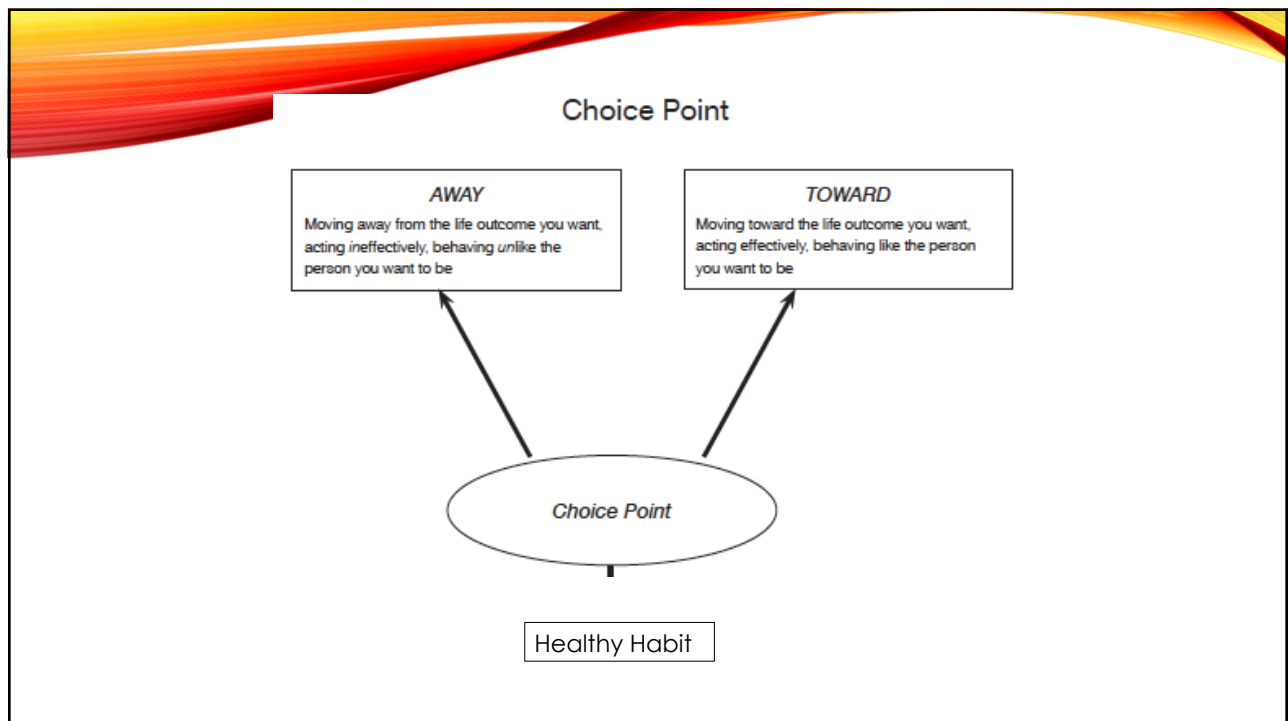


Source: Ramnero & Torneke (2011)

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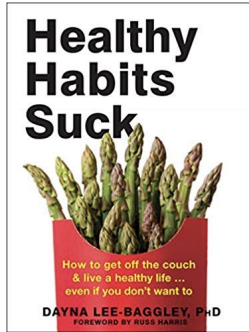


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SUGGESTED PRACTICE



- Read Intro and Chapter 2
- Complete handout "Do It Anyway: Committed Action"

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Thank you 

