

VIRGINIA COOPERATIVE EXTENSION SERVICE

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Lesson 9 Diet, Exercise, and Behavior Modification (Weight Control by Mail)

Dear Weight Control Member:

The whole point of going on a diet is to look better and to feel better. However, you can end up with just the opposite result if you go about dieting in the wrong way. A large number of fad diets are in existence. Many of you probably have had questions pertaining to these popular diets for weight reduction. It is sometimes difficult for the consumer who does not have adequate nutrition knowledge to evaluate the nutritional adequacy of certain fad diets and dietary aids promoted for rapid weight reduction. You may not be aware of how much damage crash diets or dietary aids can do to health. In this lesson we will discuss various quick weight loss schemes, their potential dangers, and compare these with safer, nutritionally adequate weight reduction regimens. Read over the material included. Don't try to digest it all at once. Read part of it today and a bit more tomorrow if that suits you. As you read, think of any fad diets you have read about in popular magazines. How do they measure up? Have you tried any of these yourself? Are you likely to try them again after reading through this lesson?

Sincerely,

Extension Agent

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We are all aware that serious health problems, including an increased risk of high blood pressure, diabetes, heart and blood vessel disease, and diseases of the kidney and liver, accompany overweight. Equally disturbing is the fact that a great many people will do anything possible to get thin. Their main approach to weight loss is the fad diet, any currently popular crash diet designed for quick and easy weight loss. The idea of losing weight quickly is appealing to all of us; thus, a large number and variety of fad diets all based on one of millions of diet myths have come into existence. A rich tradition of nutrition nonsense has developed, centering on the belief that certain foods or systems of dieting have value beyond that of established facts of diet therapy in the treatment of obesity. Many are promoted on the basis of unlimited consumption of certain foods. Eat all you want. Calories don't count. All diets, balanced or unbalanced, fad or crash will produce weight loss if caloric intake is lower than caloric requirement. No diet will result in weight loss if the principles of the conservation of energy are ignored. Other fad diets are based on the notion that certain food combinations are less fattening than others. Such diets are likely to be inadequate in several essential nutrients. Fad diets do not educate an individual about the personal or environmental factors which led to weight gain originally or provide an opportunity to develop new and improved eating habits.

Since knowledge in the field of nutrition is, at best, hazy in certain areas, fad diets are often based on scientific half-truths or unproven theories. One-half of what is written concerning fad diets may be accurate. The other half is not. The individual consumer, then is faced with the difficult problem of separating fact from fiction. Are you one of the many people who are confused by the barrage of books and magazines proclaiming new miracle reducing diets, promising effortless weight loss, and allowing you to eat all you want while you lose those hated extra pounds? If so, you aren't alone. In this lesson we will discuss some of the popular quick weight loss diets and dietary aids, potential dangers associated with their use, evaluation of various dietary regimes, and the formulation of safe, nutritionally adequate diets.

1. Low Carbohydrate, High Protein, High Fat Diets. Much interest in recent years has focused on ketogenic diets. Several such diets, low in carbohydrate content in combination with a liberal fat and protein intake, are popular today. Examples of these include Dr. Stillman's Quick Weight Loss Diet, Dr. Atkin's Diet Revolution, the Mayo Egg or Mayo Reduction Diet, Taller's Calories Don't Count Diet, the Drinking Man's Diet and the Air Force Diet. Let's look at some of these individually.

Dr. Stillman reports that on his diet the body burns 275 calories more per day than when meals of similar caloric content but containing higher levels of carbohydrate are consumed. Scientific research does not support the notion of "minus-caloric foods," or the concept that more calories are used up in digesting certain foods or food combinations than were actually taken in. In spite of this, Dr. Stillman's diet is often promoted with the phrase "If you have to cheat, cheat on protein." This implies to the unknowing consumer that protein, even in excess amounts, cannot supply enough calories to be stored in the form of fat. This is simply not true. Excess calories, whether supplied in the form of fat, carbohydrate, or protein, will be converted to and stored as fat in the body.

Dr. Atkins states that carbohydrates (not fats) are the principal elements in food which fatten people. They do this presumably by preventing the burning up of body fat and stimulating the production of more fat. When carbohydrate in the diet

is replaced by fat and protein, Dr. Atkins says that the body produces a fat mobilizing hormone which converts stored fat to carbohydrate. No such hormone has been identified in the human. Body fat is burned when total caloric intake is inadequate, regardless of carbohydrate content of the diet. Body fat is synthesized from dietary fat and protein as well as dietary carbohydrate. Dr. Atkins claims that rapid weight loss on his diet (in spite of high caloric intake) results from the excretion of ketone bodies, products of fat breakdown. It has been shown that ketone loss from the body on such a diet accounts for the loss of approximately 100 calories per day, insufficient to explain the rapid weight loss. The weight loss can be explained as a loss of body water rather than body fat. Weight lost as water will be quickly regained.

The Air Force Diet, not in any way associated with the United States Air Force, is another low carbohydrate, high protein diet. Essentially it consists of lean meat, eggs, certain cheeses and certain low calorie vegetables. The Mayo Egg or Mayo Reducing Diet, again not associated with the Mayo Clinic, allows grapefruit, eggs, and bacon in the diet. It is claimed that the acid from the grapefruit dissolves body fat. This is an untruth. Taller's Calories Don't Count Diet, with a low carbohydrate and liberal fat and protein content, promoted the claim that safflower oil "flushed fat from the system." The Food and Drug Administration discredited promoters of this diet for false advertising of safflower oil. The Drinking Man's Diet is a variation of the Calories Don't Count Diet in which alcohol is substituted for dietary carbohydrate. Alcohol supplies calories but little else of nutritive value in the diet.

What dangers are associated with diets allowing liberal intake of protein and fat while at the same time restricting carbohydrate intake? An excessive amount of protein in the diet can cause blood protein levels to rise. In an attempt to reduce blood protein, the kidney resorbs additional water in order to rid the body of excess protein through excretion in the urine. The load of work performed by the kidney can increase to potentially harmful levels. A liberal fat intake can cause an elevation in blood lipid and cholesterol to undesirable levels. Such high levels can contribute to the development of blood vessel and/or heart disease. The body requires approximately 100 grams of carbohydrate each day to maintain blood glucose levels, spare body protein from being used as an energy source, and to ensure normal body function. In the presence of inadequate carbohydrate intake, body muscle tissue and fat depots are broken down and used as an energy source. This is an inefficient and expensive way for the body to meet energy needs. While weight loss does occur on low-carbohydrate diets, there is no evidence for a greater loss over the long-term than on a well-balanced diet provided that total caloric intake is the same. Carbohydrates help to retain sodium, a key regulator of fluid balance, in the body. On a low carbohydrate diet, therefore, sodium and fluid are lost rapidly. Much of the weight lost on such a diet is an illusion created by water loss and is quickly regained when carbohydrate consumption increases and, therefore, water retention occurs. Short-term changes in weight loss have very little meaning if the composition of such weight loss is largely water.

2. Low Protein Diets. The diets mentioned above all contain a high amount of protein. At the other end of the spectrum, low protein diets are promoted as the best way to lose weight. Low protein diets became popular in the 1950's when the Rockefeller Diet was written up in a scientific journal. This low protein diet was never intended for wide-spread use by the public but was somehow "discovered" by promoters of the fad diet cycle and used for sometime. A more recent low protein diet with which you are probably familiar is another of Dr. Stillman's. This time it's the Quick Inches Off Diet. Low protein diets can result in protein loss from

the body, depleting muscle and organ tissues. They can be dangerous particularly if followed by a person suffering from liver or kidney damage, or heart problems. In the growing child, a low protein diet can result in stunted growth and the development of anemia.

3. Lecithin, Kelp, Vitamin B6 Diet. A diet, popular in recent years, is the Crenshaw Super Diet. Many of you will recognize this as the Lecithin, Kelp, Cider Vinegar, and Vitamin B6 Diet. Lecithin, cider vinegar, and vitamin B6 in the amounts recommended in this diet are probably harmless. Lecithin is a natural emulsifier and is produced in the body. It does not act as a diuretic, lower blood cholesterol, or redistribute body weight as is suggested by promoters of the Crenshaw Diet. The promotion of cider vinegar for its potassium content seems absurd. One-half of a grapefruit supplies approximately three times as much potassium on this diet as does the amount of cider vinegar recommended. Normal individuals on a balanced reducing diet should not need to increase their potassium intake. Vitamin B6 is said to "burn fat away." Actually vitamin B6 functions in protein metabolism. Kelp has a high iodine content and could be potentially harmful in excessive amounts over long periods of time. The dosages suggested by this diet could affect thyroid activity and lead to complications in individuals with undiagnosed goitrous conditions. Iodine can be obtained in the diet in sufficient amounts by consuming reasonable amounts of seafood and iodized salt. The Crenshaw Diet suggests that the above foods be consumed in combination with other foods to supply a maximum of 1000 calories in the diet. Adherence to any 1000 calorie diet would produce weight loss regardless of the lecithin, kelp, cider vinegar, or vitamin B6 content.

4. Total Fasting. Many people are turning to complete fasting as a means of rapid weight loss. Fasting is heavily promoted in many popular women's magazines. Fasting should never be carried out for long periods of time without medical supervision. However, many individuals, anxious to lose weight rapidly, choose to ignore the warnings of dangers associated with total fasting and follow such a regime with no professional advice. Fasting can result in weakness, confusion, low blood sugar, low blood pressure, and high blood fat and protein due to mobilization of body stores. During the first two weeks of a fast, 50 to 65 grams of protein are lost from the body daily. After this period, protein loss decreases to approximately 25 to 40 grams per day. Fasting generally results in a loss of 35 percent of body fat tissue and 65 percent of muscle or lean body tissue. The lean tissue (and therefore, weight) is rapidly regained when eating is resumed. Mineral loss from the body during fasting is related to the amount of lean body mass lost. An excessive loss of water, sodium, and potassium can lead to muscle spasms. One concern associated with prolonged fasting, especially in the case of adolescent girls, is the possible development of anorexia or loss of desire to eat, long after a desirable amount of weight has been lost.

5. Protein-Sparing Modified Fasts. Most recently, protein-sparing modified fasts have become extremely popular. Each year brings its own wonder diet. The most well-known protein-sparing fast is the Last Chance Diet. It promises a weight loss of 7 to 15 pounds within one week with a minimal amount of fatigue. The diet consists of a cherry flavored syrupy amino acid mixture which supplies approximately 300 calories per day. The theory behind this diet is that it is a safe nutritional diet regimen which meets daily protein requirements, thus preventing or reducing lean body tissue loss. However, no amount of protein supplement will keep body metabolism on an even keel while you starve yourself. There is some evidence that liquid amino acids may disturb body chemistry. The Last Chance Diet is potentially hazardous to health if carried out without medical supervision. It is certainly not a practical way of maintaining weight loss, as it provides no education in terms of long-range sound eating habits.

The pre-digested protein mixture consumed on a protein-sparing modified fast was available in many brands sold over drug store counters often without any information on potential hazards.

The common protein source used was a liquid extract of beef hide with a protein quality much lower than the egg or lean beef used when the protein-sparing modified fast was initially developed. After a number of deaths associated with the liquid protein diet, the Food and Drug Administration banned the sale of these products.

6. Dietary Aids. In addition to fad diets there are a number of slimming aids on the market that promise to reduce weight fast and painlessly. Dietary aids used in weight control include preparations which fall into several different groups. The ones we will discuss in this lesson include:

- a. Dietary aids which increase bulk in the gastro-intestinal tract
 - b. Diuretics
 - c. So-called low calorie foods
 - d. Dietary aids containing glucose to stimulate the satiety center in the brain
 - e. Appetite suppressants containing phenylpropanolamine
 - f. Hormones
 - g. Artificial sweeteners
- a. **BULK-PRODUCING AGENTS**--Bulk-producing agents are represented by Melozet wafers and are available in your local drugstore. They consist essentially of non-digestible methylcellulose in a wheat flour base together with sugars, salt, and flavors. One to two wafers are taken one-half hour before meals or when the dieter feels hungry. The wafers absorb water, increase in volume, exert a filling effect, and theoretically decrease the desire to eat through distention of the gastrointestinal tract. Are these bulk-forming agents effective in controlling hunger? Not really. In fact, the swelling does not take place until the wafers reach the small intestine. Therefore, their effect in easing hunger is limited. They are no more effective than a low calorie, high residue diet alone. Drinking fluids or eating bulky fruits and vegetables would exert the same filling effect as two Melozet wafers. It has been suggested that such bulk-producing agents used in excessive amounts could result in absorptive damage to the surface of the small intestine.
 - b. **DIURETICS**--Many preparations available on the market contain a mild diuretic to help you "lose excess water weight." Diuretics stimulate the kidneys to resorb additional water from the blood filtrate and excrete it as urine. Weight lost by this means is water loss and will be quickly replaced when fluids are consumed. Water lost from the body in excessive amounts as a result of diuretic action must be replaced in order to prevent dehydration and weakness.
 - c. **LOW CALORIE PREPARATIONS**--Liquid formula diets representative of low calorie food have become popular in the past ten years. Examples of liquid formula diets include Carnation Slender, Sego, and Proslim. They consist primarily of soy protein isolates, nonfat dry milk solids or gelatin, sugar, flavoring, and water. Such formula diets are generally nutritionally balanced and supply 225 calories per can. The contents of four cans are consumed daily, providing 900 calories. For a short period of time, liquid formulas, used

to replace one or two meals a day, are probably harmless. However, many individuals in an attempt to lose weight will consume nothing but a liquid formula for four to five weeks at a time. Such a diet does not correct faulty eating habits. No knowledge of food or nutrient value is needed to follow such a simple, rigid regimen. The lack of bulk in a liquid diet may cause digestive disturbances. In the long-range, an individual on such a diet reverts to his or her original eating patterns and regains lost weight. It should be pointed out that such formula diets are developed to meet the nutrient needs of normal adults and should not be used during periods of special need such as pregnancy or adolescence. The question has been raised as to the place of a liquid formula in the diet of an elderly person. Since these formulas are nutritionally balanced, they could reasonably be used for one meal per day by an elderly person.

- d. GLUCOSE-CONTAINING PREPARATIONS--An example of a dietary aid containing glucose is Ayds candy. They contain corn syrup, sugar, whole milk solids, flavoring, and stabilizers and are taken with a hot liquid before each meal. The theory behind the Ayds diet plan is that the glucose provided in one piece of candy raises blood glucose concentrations, thus causing cells in the satiety center of the brain to utilize glucose at a rapid rate which in turn inhibits the appetite center. It is questionable whether the amount of sugar provided in one piece of candy has much effect on blood sugar levels or on the rate of glucose utilization by cells in the satiety center. If one piece of candy does provide adequate glucose, the same effect could be accomplished at much less expense by taking one teaspoon of corn syrup, honey, or sugar in water just before meals. It has been suggested that the hot beverage taken with the Ayds candy exerts a filling effect in the stomach, thereby decreasing appetite.
- e. PREPARATIONS CONTAINING PHENYLPROPANOLAMINE--In the 1950's and 60's, amphetamine or "speed" was a popular ingredient in diet pills. Currently, appetite-depressants containing amphetamines or any derivative are available only with a doctor's prescription. Phenylpropanolamine, similar to amphetamine but much less potent as a central nervous system stimulant, has been cleared for sale over-the-counter. Preparations containing this appetite depressant include Bio Slim T, Prolamine, Super Odrinex, and Appedrine. These preparations are sold in tablet or capsule form and are taken two to three times per day. Most of these products also contain caffeine, "a mild stimulant to overcome that depressed feeling associated with dieting." The dose of phenylpropanolamine provided in these preparations (25 mg) has been considered to be ineffective. Overuse of such preparations can become habit forming and dangerous. Individuals have found that they become dependent on such dietary aids and with cessation experience fatigue, depression, irritability, and other personality changes.
- f. HORMONES--Hormones which increase metabolic rate and, therefore, rate of caloric utilization have been used in the treatment of obesity. Hormones should be used only under medical supervision. They can be dangerous and may actually be of little use except in the treatment of extreme obesity. Thyroid hormone is probably the most commonly used preparation. A diet popularized within the past few years is Dr. Simeon's Diet. It consists of a 500 calorie diet in combination with the hormone human chorionic gonadotropin (HCG). Twenty-three injections of the hormone cost \$450. The safety and effectiveness of the hormone treatment has not yet been established and there is increased concern among health professionals about

its widespread growing use throughout the country. It stands to reason that weight loss will occur on this regimen since caloric intake is restricted to 500 calories per day. Whether HCG has an added effect beyond that of the low calorie diet has not been proven.

- g. ARTIFICIAL SWEETENERS--The current interest in saccharin has created much confusion and controversy about artificial sweeteners in general. Artificial sweeteners, the sodium salts of such products as cyclamates and saccharin, are characterized by intensely sweet tastes and can, therefore, be used in extremely small amounts to produce sweetness in a product. Cyclamate, a substance 30 times as sweet as sucrose, was banned in 1970. Saccharin, 400 times as sweet as sucrose, is presently making headlines as its safety for human use is being seriously questioned. Extremely high dosages fed to rats (equivalent to the consumption of 800 12-ounce cans of diet soda per day in the human) have been shown to produce bladder cancer. Such studies are based on the reasoning that if large doses of the chemical produce deleterious effects over an animal's short lifetime, smaller dosages consumed over the human lifespan might produce similar risks. If saccharin is eventually banned, there is no reason for the American public to increase sugar consumption. Indeed there appear to be good health reasons for decreasing even further our consumption of sugar.

Sugar, in large quantities, is a comparative newcomer in our diets and is supplied principally in the form of processed foods and soft drinks. Sugar contributes little of nutritive value to our diet. We should probably all learn to adjust to lower sweetness levels and learn to enjoy low-sugar products rather than trying to reproduce extremely sweet flavors through the use of non-caloric sweeteners. Many individuals are concerned that they will gain weight if non-caloric sweeteners become unavailable. There is no evidence to show that the use of saccharin has had any long-term positive effect on weight reduction. The fifteen milligrams of saccharin needed to sweeten 1 cup of coffee only replaces 15 calories in one teaspoon of sugar. Such low calorie coffee is often consumed along with dessert which is where the real weight control problem lies. If saccharin is banned it will be available to diabetics over-the-counter. Therefore, they will have no need to increase sugar intake to satisfy any cravings for something sweet.

It should be emphasized here that any of the above dietary aids to weight control will not cause weight loss or maintenance of weight loss unless there is a concomitant decrease in caloric intake. They are of limited usefulness and their use involves certain risk factors.

7. Evaluation of Fad Diets. The majority of the diets and special dietary aids which we have discussed are not based on sound nutrition principles, although many are promoted as being nutritionally safe regimens. How can the consumer, not formally trained in nutrition, tell the difference between a weight reduction diet that is based on sound nutrition principles and one that is not? There are several points to look for when you are evaluating a diet for its nutritional adequacy. (1) First of all, does the diet supply fewer calories than are needed to maintain present weight? To lose weight, energy intake from food must be decreased and/or energy expenditure must be increased. Weight loss will simply not occur on an eat-all-you-want diet unless it is deficient in caloric intake in relation to needs. In addition, no combination of foods will cause a miraculous fat-burning process unless the total diet supplies fewer calories than are needed.

(2) Does the diet supply all the essential nutrients in adequate amounts? A nutritionally sound diet includes a wide variety of foods and is based on a flexible diet plan. A nutritionally sound diet does not restrict food intake to a limited list of permissible foods. If one of the major food groups is omitted from the diet, it is likely to be inadequate in certain nutrients. If a diet supplies less than 1200 calories per day it becomes difficult to meet nutritional needs. (3) Does the diet include carbohydrate, protein, and fat? A nutritionally balanced diet should contain moderate amounts of all three macro-nutrients, rather than totally eliminating or concentrating on only one of these nutrients,

(4) A nutritionally adequate diet should leave an individual feeling relatively satisfied. (5) It should be readily adapted from family meals with only slight modifications and some portion control. (6) Such a diet should be reasonable in cost. Exotic or expensive out-of-season or special dietetic foods are not necessary on a weight reduction diet. (7) A nutritionally adequate reducing diet should help an individual establish new and constructive eating patterns different from those which led to weight gain in the first place. With only slight changes, a reducing diet should be readily adaptable to a lifetime maintenance diet.

Many of the fad diets which we have just discussed do not measure up to these standards. Most do not supply adequate amounts of all essential nutrients. Many omit one or more of the four food groups. Others omit carbohydrates and allow unlimited amounts of protein and fat. Some limit all foods. Most could not be adapted to familiar eating patterns or teach constructive dietary habits. None could serve as a lifelong maintenance diet. Words or phrases such as painless, melt away pounds, nothing to it, wonder diet, etc. should serve as a warning that the diet is probably a fad and nutritionally unsound.

8. Nutritionally Sound Weight Reduction Diets. A sensible reducing diet should reduce weight with a minimum of risk to the individual and least variance from a diet of commonly used foods. Such a diet should result in a slow gradual decrease of pounds and a reforming of new eating habits. There is no easy way to lose weight. Weight control requires self-discipline, patience, and the development of a diet restricted in calories but balanced in terms of nutrient content which can be followed over a lifetime. If a diet is going to be relatively easy to follow over a lifetime, it should fit into your lifestyle and satisfy your tastes and habits of eating as closely as is reasonably possible. Such a diet should enable an individual to eat at home and outside the home without the feeling of being different. It should contain as many familiar foods as possible with necessary changes in methods of preparation and/or portion sizes.

One way to choose foods which will supply the essential nutrients without supplying excess calories in the diet is to follow a reliable food plan. The USDA's Daily Food Guide is one such plan. In it, nutritionally important foods are arranged into four groups: milk and milk products, meat and meat alternates, fruits and vegetables, and breads and cereals. Choices within each group are broad enough to allow for personal tastes and differences in food budgets when planning a weight reduction diet.

Weight should be lost at a rate not exceeding one to two pounds per week. One pound of body fat represents an excess of 3500 calories eaten and not burned up. Therefore, 3500 calories must be eliminated from a diet (which would allow weight maintenance) in order to lose one pound of fat. A loss of one pound per week can

be achieved by eliminating 500 calories per day from the diet for one week. A loss of two pounds in a week can be achieved by eliminating 1000 calories per day from the diet. Weight lost at this slow safe rate is not as likely to be regained as weight lost rapidly (largely in the form of lean body tissue). It is not recommended that a growing child be put on a diet which would cause actual weight reduction, and perhaps interfere with normal growth. However, the child's habits must change from overconsumption and underactivity to healthy eating and exercise. Although it is not necessary or desirable for the overweight growing child to lose weight, it is necessary to slow down or stop the rate of weight gain so that growth in height catches up with weight. As the child grows taller, he will, therefore, become thinner. Muscle and bone tissue will make up a larger proportion of body composition while percentage of body fat will decrease. The weight on the scales may not change but the youngster will look different.

In any realistic long-range weight loss plan, then, the approach to dieting is extremely important. The ideal weight reduction diet brings about the desired change in weight at a safe rate of loss, supplies ample quantities of all the essential nutrients (except calories), and results in a long-term improvement in eating habits.

9. Summary

- a. We are very ignorant about the whole subject of gaining and losing weight. The measure of our failure is the 79,000,000 Americans estimated to be overweight. A sound reduction diet is one that is nutritionally adequate, reeducates an individual to a new way of eating, and facilitates maintenance of weight loss for life. It is based on sound nutritional and physiological principles. None of the much publicized diet fads or aids we have talked about qualifies. They are generally unsafe measures for temporary weight loss. No one can go through the rest of life eating skim milk, grapefruit, bananas, or even steak three times a day. Therefore, none of these diets solves the underlying problem over the long-term. A well-balanced reduction diet has the advantage in that it can become the basis for a long-range plan of eating that will maintain the most desirable weight and nutritional health over a lifetime.

Attached to this lesson are several worksheets for your information. Answer the Question Game for Weight Control (348-219) before you read the answer page (348-220). The attached Fad Reduction Chart (348-218) points out the shortcomings of some popular fad diets.

For the second time during this series of weight control lessons we are asking you to record your food intake for a 24-hour period. Write down all foods and amounts on the RECALL worksheet attached. Return the worksheet to us. We will put the information through the computer again and return the printout to you. You can compare your nutrient intake now with that at the beginning of this program. Have your eating habits and nutrient intake improved?

b. Objectives Checklist

You should now be able to:

- ___ 1. List 3 points you would consider in evaluating the nutritional inadequacy and dangers of fad diets and dieting aids.
- ___ 2. Name 3 fad diets or dieting aids and their associated dangers.

c. Activities Checklist

- ___ 1. Do Question Game for Weight Control and correct. KEEP
- ___ 2. Go over Fad Reduction Chart.
- ___ 3. Keep up diet plan and weight record. (You CAN do it!)

Trade and brand names are used only for the purpose of information and the Virginia Cooperative Extension Service does not guarantee nor warrant the standard of the product, nor does it imply approval of the product to the exclusion of others which may also be suitable.