

## What is Weight Loss Resistance?

Many people who want to lose weight put themselves on a diet. However, we know that more than 95% of all diets end in failure and that weight loss resistance has become a wide spread problem that qualifies as an epidemic. Weight Loss Resistance is the inability or difficulty with losing weight.

Some people find it to be a major struggle to lose even the smallest amount of weight. The reality is there are a number of factors that contribute to weight loss resistance in the body.

Weight Loss Resistance happens for a variety of reasons including:

- Cravings due to low brain chemicals (serotonin and/or dopamine) [1,2]
- Depressed Metabolism due to low Fat Free Mass from chronic dieting [3,4,5,6,7]
- Hypothyroidism [8]
- Insulin Resistance [9]
- High Cortisol Levels due to Chronic Stress [10,11,12]
- History of Failure with Weight Loss [13]
- Allergies and Gut Dysbiosis [14]
- The use of medications or toxic chemicals that cause weight gain or make it difficult to lose weight [15,16]
- Chronic sleep deprivation [17]

As you can see from this list, weight loss resistance is a complex issue resulting from a variety of factors.

In order to lose fat and maintain or increase lean body mass, you need to have a healthy metabolism. This becomes a process of healing so that you can get healthy and lose weight. The more damaged your metabolism is, the longer it can take to heal it before you see significant weight loss. Let me say it again, you must be healthy to lose fat.

It is critical to measure the success in your program by more than just the pounds you have lost. Changing your lifestyle by incorporating positive habits and reducing & eliminating factors that are contributing to your weight loss resistance takes time, effort and focus.

Of course, the sooner you can identify which factors are contributing to your problems and fix them, the sooner you can overcome weight loss resistance. This is why it is critical to take the "Are You Weight Loss Resistant" Quiz and work with a health care provider who understands how to help you through the healing process.

### References:

1. Fernstrom JD. Dietary precursors and brain neurotransmitter formation. *Annu Rev Med.* 1981;32:413-25
2. Pooley EC, Fairburn CG, Cooper Z, Sodhi MS, Cowen PJ, Harrison PJ. A 5-HT<sub>2C</sub> receptor promoter polymorphism (HTR2C - 759C/T) is associated with obesity in women, and with resistance to weight loss in heterozygotes. *Am J Med Genet.* 2004 Apr 1;126B(1):124-7
3. Shah M, Miller DS, Geissler CA. Lower metabolic rates of post-obese versus lean women: thermogenesis, basal metabolic rate and genetics. *Eur J Clin Nutr.* 1988 Sep;42(9):741-52
4. Scalfi L, Coltorti A, Sapio C, Caso G, Contaldo F. Basal metabolism and postprandial thermogenesis in anorexia nervosa and constitutional leanness *Minerva Endocrinol.* 1991 Jan-Mar;16(1):43-6
5. Segal KR, Lacayanga I, Dunaif A, Gutin B, Pi-Sunyer FX. Impact of body fat mass and percent fat on metabolic rate and thermogenesis in men. *Am J Physiol.* 1989 May;256(5 Pt 1):E573-9
6. Wabitsch M, Hauner H, Heinze E, Bockmann A, Benz R, Mayer H, Teller W. Body fat distribution and steroid hormone concentrations in obese adolescent girls before and after weight reduction. *J Clin Endocrinol Metab.* 1995 Dec;80(12):3469-75
7. Welle SL, Amatruda JM, Forbes GB, Lockwood DH. Resting metabolic rates of obese women after rapid weight loss. *J Clin Endocrinol Metab.* 1984 Jul;59(1):41-4
8. Nishiyama K, Nakamura H. Thyroid hormone receptors and its disorders *Nippon Rinsho.* 2002 Feb;60(2):379-84
9. Beuschlein F, Borgemeister M, Schirra J, Goke B, Fassnacht M, Arlt W, Allolio B, Reincke M. Oral glucose tolerance testing but not intravenous glucose administration uncovers hyper-responsiveness of hypothalamo-pituitary-adrenal axis in patients with adrenal incidentalomas. *Clin Endocrinol (Oxf).* 2000 May;52(5):617-23
10. Leal-Cerro A, Soto A, Martinez MA, Dieguez C, Casanueva FF. Influence of cortisol status on leptin secretion. *Pituitary.* 2001 Jan-Apr;4(1-2):111-6
11. Khani S, Tayek JA. Cortisol increases gluconeogenesis in humans: its role in the metabolic syndrome. *Clin Sci (Lond).* 2001 Dec;101(6):739-47
12. Brindley DN. Role of glucocorticoids and fatty acids in the impairment of lipid metabolism observed in the metabolic syndrome. *Int J Obes Relat Metab Disord.* 1995 May;19 Suppl 1:S69-75

13. Elliot DL, Goldberg L, Kuehl KS, Bennett WM. Sustained depression of the resting metabolic rate after massive weight loss. *Am J Clin Nutr.* 1989 Jan;49(1):93-6.
14. Bhat K, Harper A, Gorard DA Perceived food and drug allergies in functional and organic gastrointestinal disorders. *Aliment Pharmacol Ther.* 2002 May;16(5):969-73
15. Cheskin LJ, Bartlett SJ, Zayas R, Twilley CH, Allison DB, Contoreggi C. Prescription medications: a modifiable contributor to obesity. *South Med J.* 1999 Sep;92(9):898-904
16. Fernstrom MH Drugs that cause weight gain. *Obes Res.* 1995 Nov;3 Suppl 4:435S-439S
17. Scheen AJ. Does chronic sleep deprivation predispose to metabolic syndrome? *Rev Med Liege.* 1999 Nov;54(11):898-900

## **What is Weight Loss Resistance?**

**By JJ Virgin, CNS, CHFI**