

PROFESSOR TRIM'S WAISTLINE

THE PROFESSOR'S FEATURES

VOLUME 4 NO 1 AUTUMN 2005

Weight Loss for Men — It's About Time

...and it's about the right type of program.

With all the interest in weight control today, there's one group that often misses out — men. Australian men die, on average, 8 years younger than women; they lead the death toll on the first 14 major causes of death, and they suffer more from most forms of disability, such as amputation, blindness and the kidney failure that comes from disease such as Type 2 diabetes.



The irony is that most of this is preventable. Over two-thirds of modern diseases have a lifestyle-based cause, grounded in the readily abundant processed foods, effort saving machinery and high stress occupations of modern industrial living.

The first sign of a problem is an increase in body weight. Surprisingly, over 67% of Australian men are

now classified as overweight or obese compared to 55% of women, and this is increasing at the rate of 1% per year.

Over one in three males born in 2000 and after, will now go on to develop Type 2 diabetes in their lifetime. Health authorities suggest that a return to 1950s level body weight could save the health system anything up to \$5 billion a year.

Sources of Help

While men obviously need help for weight loss more than women, there's little available for them. The more popular commercial programs have typically about 1% male clientele, and a casual browse at books and diet programs suggests that these are also predominantly female-specific.

The *GutBusters* program in Australia in 1990, was a first in this respect. For 12 years it attracted Australian males who refused to believe that starvation diets, total abstinence from alcohol, and counting calories were the only redemptions for those with a generosity of adiposity. *GutBusters* changed the scene by bringing men out of the pantry to a realisation that body weight is basically influenced by excess calories, not something mystical.

For over 100,000 men *GutBusters* worked a treat. But society changes and men change with it. Time is now a key factor, and men are now looking for a solution that involves the least inconvenience, but still enables them to be 'brawn again'.

In recognition of this, the Professor (who is really 10 of the world's best professors in this area — so there, the secret's out) has put together a state-of-the-art, 3 stage 'virtual +' program combining video lectures, meal

replacement product, an interactive website, expert advice and face-to-face contact where desired.

This is based on research with men which indicates that they:

- do want specific male-oriented weight control information
- would like more evidence-based information about this
- would like a program that can be done at home, but also involves the opportunity to meet face-to-face with other men;
- would like expert support and feedback

In light of this, the current copy is devoted to men's weight loss issues, although, in line with the underlying commonalities in homo sapiens, the principles apply to all genders.

The Professor Goes in to Bat for Men

It's been a very long innings, punctuated by some dashing drives and crashing cuts. There's also been the odd dropped catch and rejected appeal. But the Professor continues to confound his critics by doggedly staying at the wicket. Now, in a shift in style he's diverting his attention to a new field. Men have become the issue for the future, with all guns blazing at the obesity epidemic in the forgotten gender. This issue addresses the new age with a range of pheromonic items designed to draw the bee to the pollen, with the primary goal of lowering the collective male gut.

Why (and How) Men are Different to Women

... is it really relevant for weight loss?

It's a question he's asked frequently at Christenings and Bar Mitzvahs: Why do men need a different weight loss program to women?

The Professor's answer is always the same: Because men are different. Neat Huh? But how does this matter? Well here are some facts:

1. Men have less fat overall than women:

Fat content for the healthy male is between 12-24%; for the healthy female 15-35%. This is because females need extra fat stores to help them get through pregnancy in case of an emergency. Otherwise the human species would be in peril.

2. Male and female fat is different:

For the reason mentioned above, female fat needs to be more resistant than male fat. Hence stores are generally in smaller, tighter fat cells around the hips and buttocks (resulting in the classic female 'hour glass' shape); males on the other hand store fat in larger cells more around the stomach, to be used as a spare packet of sandwiches when the

hunting gets lean.

3. Male and female psychology is different:

While men store fat largely because of ignorance — of what not to eat and how to exercise; women store it as much for psychological reasons. Emotional eating and the use of fat as a deterrent for male advances, are examples. Treating excess fat stores therefore means treating the psychology of weight gain in females. In males, it more often means simple education.

4. The sociology of body weight is different for males and females:

Women have, for a long time, been put under more pressure than men to conform to an idealistic body image. In the last half century, this image has become unrealistic, with excess thinness and narrow hips based on the shape of a few super-models, and opposed to the natural female form discussed above. This has placed even more psychological pressure on women.

5. Energy use differs between the sexes:

Because of the differences in

lean body mass which come from greater fat masses in women, the energy expended for a given amount of activity in females is less. In other words, a typical female walking 1km would use less energy than a male of the same body weight. Hence the frustration of so many women who adopt weight loss programs with their male partners, only to see less benefits

6. Fat oxidation differs between the sexes:

If the above was not enough to frustrate the average woman, it also appears likely that the rate of fat burning (in contrast to sugars) is less for a given amount of effort in women than it is for men.

Most of the above differences appear to be designed to enable females to continue the human race through pregnancy, even during a famine. Men are less important in the reproductive stakes and die earlier. For that they get the benefit of easier weight loss. Isn't this what most women would want?

Waist and Weight Goals: a more realistic measure for men

When it comes to measuring progress in weight loss, the obvious first choice is just that — weight. But is this the best?

GutBusters, was the first program to use waist size as a measure of fat loss. It downplayed weight on the basis that males, having more muscle than females, are unfairly discriminated against on the scales; hence the notion of the healthy 'waist' cut-off.

Going on recognised scientific figures, *GutBusters* promoted the level of 100cm around the waist as a healthy cut-off for Caucasian males. This was dropped by 10cm for Indians and Asians, who suffer higher risk at a lower level of body fat, and raised by 10cm for Islanders, who can safely carry more fat.

The new waist cut-offs revolutionised men's programs in the 1990s. Instead of going for ridiculous body weight goals that might suit a marathon runner, muscular men were encouraged to aim more at the waist because, after all, that is where the health risks from excess fat lie.

Rationalising size cut-offs

But the goal of getting back to <100cm around the waist, while laudable for men whose habits had lead them to creep up to 110–120cm, were somewhat unrealistic for those whose starting size meant that they had to apply for two driver's licences. Enter Professor Robert Ross and his colleagues from Queen's University in Canada. Using figures from national surveys of health in Canada and the US, Dr Ross has shown

that ideal waist circumference is also dependant on total body mass. Hence the development of a whole new — and more realistic set of tables for goal waist size for men.

A man with a BMI of 30 for example, needs only to reduce his waist to 110cm to get real health benefits. At a BMI of 35, this is 120cm. A table of recommended levels has been developed from this to provide goals for men at different levels of body mass (*see table below*). While still to be verified in other research, and not yet providing figures for ethnic groups other than Caucasians, this table sets new, and more achievable, standards for reaching more realistic goals in men.

The Professor applauds these and has taken up the findings as a new set of standards for men.

Table 1: A guide for the measurement of waist circumference within BMI categories to measure health risk.

BMI Category (weight/height ²)				
Waist Circumference	Normal < 25	Overweight 25 - 29.9	Obese I 30 - 34.9	Obese II > 35
Men	> 90	> 100	> 110	> 125
Women	> 80	> 90	> 105	> 115

For reference:

Arden CI and others. Development of Health-Related Waist Circumference Thresholds Within BMI Categories. *Obesity Research*, 2004;12(7):1094-1103.

Useful Treatment Options

Necessity results in new options for weight control

We've said it before; there are many different ways to lose weight. Some work, many don't. Some work for some people, others work for others. Since the development of the National Health and Medical Research Council's Clinical Guidelines on the issue, new possibilities have arisen. Here's the latest run-down; together with an educated precise of the conditions under which each of these function best.

1. Lifestyle Modification

This remains the cornerstone of all weight loss treatments, and is likely to do so, at least for the foreseeable future. The need for changes in food intake and exercise output has been brought on by technological advances in developing societies, which have led to easy access to high energy-dense foods and effort saving devices. All of the following treatment approaches should therefore be seen as incorporating some form of lifestyle modification for long-term success.

2. Exercise and Diet Approaches

These are often attempted separately in the form of a 'diet book' or exercise program with most emphasis on one or the other. Some successes can come from either, but the best success comes from a combination of both. Diet is likely to be most effective in the early stages, as it is much easier to reduce eg. a 4,000 kcal a day food intake by 1000 kcals, than it is to increase exercise by 1000 kcals. Exercise on the other hand has been shown to be the most effective form of weight loss maintenance. Hence while both are important, the relative emphasis can change over time.

3. Medication

Prescription medication for weight loss has had a rather chequered history. To date there is no medication that started life specifically for weight loss. Reductil (Sibutramine) for example was a failed anti-depressant that caused weight loss as a side-effect. It now has some value as an adjunct to lifestyle change in reducing hunger levels. Xenical (Orlistat) is a fat absorber, which began as a cholesterol reduction agent, and which has some

value in educating those who are unaware of where fat is in foods.

Many weight loss medications have been withdrawn after big initial promise. The phentermine-fenfluramine (Phen-fen) combination, which was hailed as the big break through in the mid 1990s, has now been withdrawn from sale because of potential risk. Drugs therefore, while offering some benefit, also come with with some risk and are usually not as successful as is suggested by the accompanying hype.

4. Meal Replacements

Meal replacements generally take the form of very low calorie diet (VLCD) drink mixes which are used as a replacement for one or more meals a day. In the past these have not been recommended because they can cause quick regain after ceasing their use. Also, it has been difficult to guarantee nutritional adequacy with the mixes that have been available to date.



Recent research in the US however has shown that with close supervision of a weight loss counsellor, meal replacements can be very effective for quick, then steady weight loss. Improvements in food technology have now also increased the nutritional adequacy of the products available. A number of versions such as Optifast, Slimfast and KicStart are currently available, but should be used with experienced supervision.

5. Prepared Meals

Pre-prepared low calorie meals have been available from standard food outlets for some time. However taste and variety has been a limiting factor. This has improved with changes in our understanding of nutrient value in weight loss, leading to a

range of products based around low fat, low carbohydrate, or high protein.

Prepared meals are particularly useful to combine with meal replacements in the re-feeding stage after an early weight loss. They are also popular amongst busy executives and singles because of their convenience. Recommended brands include Lite 'N' Easy, McCains Healthy Life and Lean Cuisine.

6. Behaviour Modification

Behaviour modification involves strategies to alter behaviours, based around eating, exercise and stress that are counter-productive for weight loss. These should make up a part of all weight loss programs, but are often practiced by specialists with limited nutritional and exercise expertise.

Although it appears complicated, the most successful behaviour modification techniques are simple in concept and include such practices as self-monitoring, reward, managing negative situations, problem solving, stress management, social support and relapse prevention. Behaviour modification forms a part of lifestyle change and should be a component of all other weight loss treatments.

7. Surgery

In the past, bariatric surgery in different forms has been used as a last resort with very big people. Improvements in surgical processes however have now meant that simple laposcopic techniques can be performed without major hospitalisation. Lap-banding, which involves the placement of an adjustable band around the top of the stomach, was initially thought to decrease food consumption because of a reduced stomach capacity. It's now thought that the main effect is through the release of hunger reducing hormones.

Because of its high level of success (clearly the best weight losses of all techniques), surgery is now being used more and more in less severely obese patients, including children, and particularly where this is likely to reverse early stage disease complications such as diabetes.

For reference:

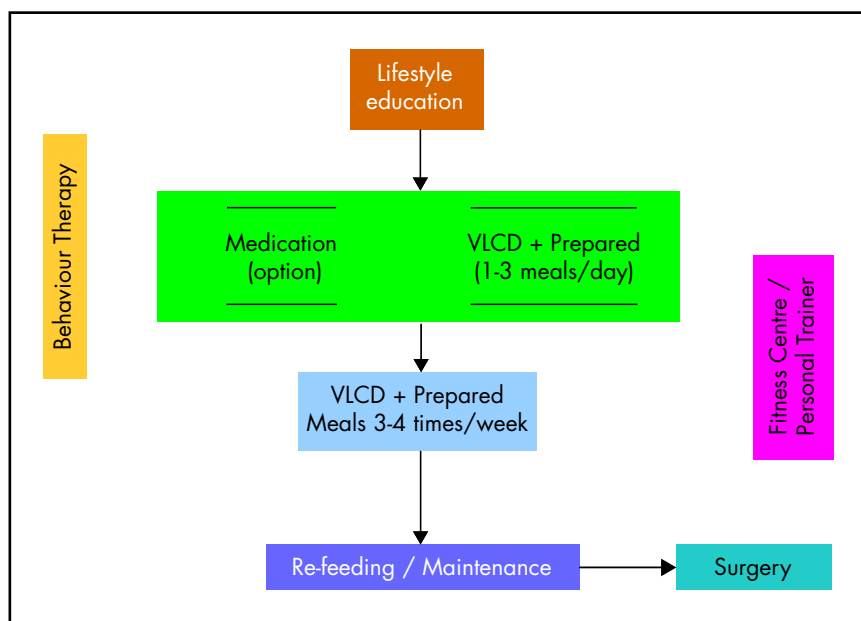
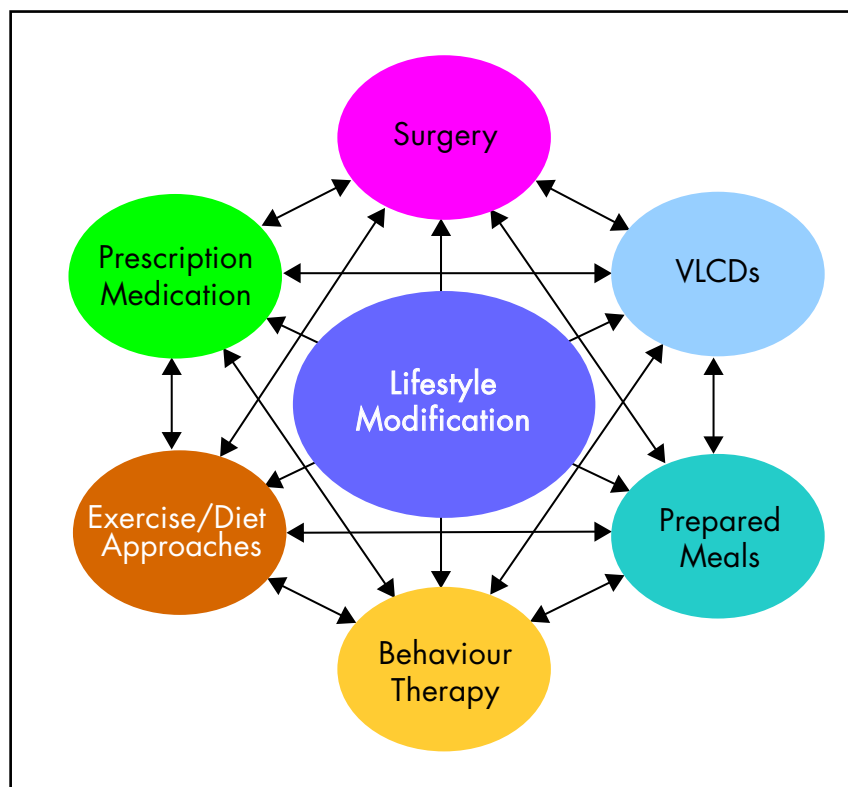
Egger G., Thorburn A., *Environmental and Policy Approaches: Alternative methods of dealing with obesity*. In Kopleson et al (Eds). *Clinical Obesity and Related Metabolic Disorders*. Blackwell Publishing, London, 2005.

Mixing it up

The state-of-the-art in Weight Loss Treatment

The range of acceptable weight loss strategies referred to here disguises a large number of methods within this. For example, there is an apparently infinite number of diet and exercise programs; lap-banding surgery represents just one of a wide range of surgical options; and existing medications can be used under a variety of conditions. There are also the less orthodox, and usually non evidence-based approaches such as herbal mixes, eastern techniques like acupuncture and acupressure, and psychological approaches like hypnosis.

Recent research indicates however that most modern successes will come from mixing and matching treatments.



Mixing and Matching Weight Loss Treatments Over Time

Different treatments can not only be used in combination, but the use of treatments should be 'dynamic', such that combinations can be changed over time according to the needs of the patient. An example of a dynamic combination of approaches which could be used over time is shown in the accompanying diagram.

For previous 'PT Waistline' items* related to this see also:

Evaluating diet plans Vol 3(1):2.

Do over-the-counter products actually work for weight loss? Vol 3(1):4

A change in thinking on (some) meal replacements for weight loss Vol 1(1):5

Liposculpture: Is it another alternative for weight loss? Vol 1(2):6

Weight loss surgery is catching on. But is it the ultimate solution? Vol 3(2):8

Weight loss surgery and hunger hormones: Could this explain the effect? Vol 2(6):2

The Professor lifts the lid on treatments Vol 2(6):5

Meal replacements get a kick along. Vol 2(1):4

* Waistline items from previous issues can be accessed through www.professortrim.com by members.

Components of a Good Weight Loss Eating Plan

Findings discussed in this issue of the *Waistline*, plus those reported in previous issues, now suggest that the following could be useful components of a successful weight loss diet:

1. Chillies or peppers before a main meal — could help reduce food intake at that meal
2. Eggs, or egg whites for breakfast — contain quickly digested amino acids to increase satiety
3. Beer, red wine or any alcohol — but drunk in small amounts frequently rather than in binge fashion
4. Low fat dairy products — could increase energy wastage through faecal losses
5. High fibre foods — fruit and vegetables containing large amounts of water can reduce hunger levels
6. Mono-unsaturated fats — like avocado can work as a replacement for saturated fats
7. High protein-low fat meats — in addition to the quickly digested variety, protein in general is satisfying and costs energy to store
8. Seafood — with it's good mix of fats and high protein, anything that comes from the sea (*cooked naturally*) can help keep you lean



VOLUMONICS™ — a Science for Weight Loss

It seems that, to be successful, all weight loss programs need to have a gimmick. There's little call for straight science or common sense. Yet that's really all that is required.

Hence, not to be outdone, the Professor has introduced the concept of 'volumonics' to the otherwise staid practice of men's weight loss.

Put simply, volumonics means that body weight (and excess fatness in particular), is determined solely by the volume of calories consumed in food (and drink), minus the volume of calories expended in physical activity, metabolism and heat loss.

As any moderately literate third-grader could tell you, this is the underlying principle explaining the success of any weight loss program, from 'Atkins' to 'Sugar Busters'. It follows the immutable 1st law of thermodynamics, which states that 'energy is neither gained nor lost, it merely changes form'.

Split into its two components of food/drink and physical activity (*we'll ignore metabolism and heat loss here*), the formulae for volume are:

Food/Drink

VOLUME = ENERGY DENSITY x PORTION SIZE x (Frequency of Eating)*.

In lay terms this translates to 'how rich', 'how much' and 'how often' food is eaten.

*NB: Frequency of eating is in brackets because, if total intake is kept constant, more frequent meals may actually result in weight loss.

Physical Activity

VOLUME = FREQUENCY x INTENSITY x DURATION

...or 'how often', 'how hard' and 'how long' physical activity is carried out.

Altering any, or all of the sub-components of these two formulae will alter the total volume of energy (calories) ingested, or expended, and hence alter body weight.

The optimal change for weight loss then involves a decrease in total food volume and an increase in total physical activity volume, by altering one or more (or preferably all) of these sub-components. It's as simple as that. No gimmicks, no tricks. But do you think it will sell? With men being more basic than women, the Professor thinks so.

TRIM'S TRIVIA

Drink often, drink small

The relationship between alcohol intake and obesity is a complex one. Several studies have shown an inverse association with alcohol intake — at least in men — such that regular drinkers have a lower body weight and waist size than non-drinkers. In women the relationship is somewhat more confusing, but some recent Danish research has tended to clarify the issue. Studying over 25,000 men and women, researchers at the Centre for Alcohol Research in Copenhagen have shown that while waist and weight are positively associated with the amount of alcohol consumed, for a given total intake of alcohol, those who drink often have a much lower weight and waist size than those who drink infrequently. (*International Journal of Obesity*, 2005 Jan 11). The message seems to be that drinking small amounts of alcohol frequently is the optimal for keeping body weight normal.

...but drink, red wine, beer...

While alcohol is now well established as having health benefits, there is still some confusion about the types of alcoholic drink that may be best and why this is the case. Red wine was originally thought to be the best (and only) form of alcohol with such benefits, but several recent studies indicate that the source of alcohol may not be important. Beer, on the other hand, has had a bad reputation for developing abdominal fat, affectionately known as a 'beer belly', despite the fact that there seems to be no relation between this and beer consumption. Japanese researchers have come out in favour of beer recently (*Biofactors*. 2004;22(1-4):303-10), by suggesting that isohumulones, a bitter derivative of hops, may be the anti-oxidative ingredient in beer that helps prevent cancer and osteoporosis and may help in obesity and the prevention of Type 2 diabetes. This, despite the fact that diabetics are often discouraged from drinking beer!

...or anything alcoholic!

To complete a trilogy of good news alcohol research: Scientists at the university of Massachusetts have shown that it really doesn't matter what type of alcohol you drink to help prevent the metabolic syndrome (*Obesity Research*,

2004 Sep;12(9):1375-85). The metabolic syndrome (MS) is a clustering of health risks including high cholesterol, high blood sugars and high blood pressure, beginning largely with increased abdominal obesity. The Massachusetts researchers examined drinking patterns and symptoms of the metabolic syndrome in 4,510 white Americans and extracted possible confounding effects. They found a progressive decrease in risk up to 24g of alcohol per day — irrespective of type, but an increase in risk (*although not back to that of non-drinkers*) with consumption over 24g/day. Summing this up with the other results discussed above it appears that moderate frequent alcohol consumption has benefits; large infrequent binges should be avoided.

Capsaicin explains the benefits of spicy foods

Capsaicin is the active ingredient of spices and peppers, which has been thought to aid weight loss. The possible mechanism for this is an increase in satiety and hence less food intake as a result of capsaicin ingestion, but this has not yet been convincingly proven. Dutch researchers have recently attempted to do so by examining the food intake of a group of people given either a placebo or 0.9g of red pepper in capsules or tomato juice 30 minutes before a main meal and then measuring their food intake over the next 16 hours (*International Journal of Obesity*, 2004; Dec 21). They found a reduction in satiety as measured by special visual analogue scales, as well as a decrease in total food intake, especially when the peppers were not disguised, as in the tomato juice. The implications for weight loss could be profound.

Fish and pollution

When the health advantages of fish were discovered in the early 1980s, there was a trend to increasing whole fish consumption. Then the use of fish oil capsules became popular as people sought to get the benefits of the oils without having to eat the whole fish. This was downplayed in the 1990s because of other benefits in whole fish, but now fish oil capsules are likely to become popular again due to reports from Harvard University suggesting that pesticides and pollutants from the environment may be stored in whole fish, but not in fish oil extracts. Watch this space.

TRIM'S TABLE



SEAFOOD SALAD

Serves 4; Fat Per Serve = 6.2gm

- 8x scallops
- 8x shelled prawns (leave tail end intact)
- 240gm salmon fillets (4x pieces)
- Mignonette lettuce
- 1x medium capsicum
- 1x medium yellow capsicum
- 8x asparagus spears, blanched
- ½ medium avocado
- 4x button mushrooms, sliced

Marinade

- 2 tablespoons freshly chopped coriander
- Lemon juice x 2 lemons
- 100ml balsamic vinegar
- 1 teaspoon fresh ginger
- Lime juice x 2 limes

Method

1. Marinade all seafood in lemon and lime juice, coriander and ginger, along with a dash of salt and pepper.
2. Place seafood onto a hot BBQ grill and drizzle over marinade.
3. Cook for approximately 2 minutes and then turn. drizzle marinade and cook for a further 2–3 minutes.

Salad

1. Arrange 3–4 lettuce leaves onto each plate.
2. Arrange prawns, scallops and salmon over lettuce.
3. Decorate with capsicum, mushrooms, asparagus and avocado.
4. Drizzle over dressing and serve immediately.

Dressing

- 50ml white wine vinegar
- 10ml olive oil
- 50ml lemon juice
- Salt and pepper to taste

TALKING TURKEY WITH TRIM



IN THIS ISSUE: Questions men most often ask about weight loss

Q. Do I have to give up alcohol to lose weight?

A. Surprisingly, although there are three biochemical pathways for the disposal of alcohol in the body, none of these result in the conversion of alcohol to fat. As a toxin, the body is keen to get rid of alcohol and so it is usually the 'first cab off the rank' when it comes to energy use (followed by carbohydrate, fat, then protein). Research on alcohol consumption and body weight has therefore been confusing. In general though (moderate) drinkers are less fat than non-drinkers. As alcohol does contain energy, it seems to come down to what you have with the alcohol that influences weight gain most. If calories, and particularly dietary fat calories, can be kept to a minimum, it seems that alcohol consumption is not an issue for weight loss. A good rule is to drink moderately (eg. up to 4 drinks a day) and frequently, with 1-2 AFDs (alcohol free days) a week.

Q. Going out for meals is a problem. My mother-in-law always expects me to eat too much.

A. Sometimes the only solution to this is an extra 'trading off' period i.e. if there is no way out, eat less, or exercise more on the following (or preceding day). Another useful tip for drinkers is to not start drinking until after a certain time of day (e.g. 6 pm). While it often may be difficult to leave food, it is possible to refuse whole servings such as desert, snacks and second helpings. If the total amount, or 'volume' of food can be reduced and trading off the next day can make compensation, this provides a compromise to the problem.

Q. I'm eating almost a vegetarian diet and am not losing fat. Why?

A. Vegetarian doesn't necessarily mean low energy density, or calories. In fact, many vegetarian foods are high in energy density because they add cheese, sauces etc. to make up for the taste they lose being vegetarian. Check particularly for ENERGY DENSITY and PORTION SIZE in the food (see story on 'volumonics' in this issue) more than whether it is vegetarian or not.

Q. I'm losing off the arms and shoulders, but it doesn't seem to be coming off the waist.

A. Fat cells on the male upper body are large and lipolytic i.e. they give up their fat as energy easily. The waist, for most men, is where they store reserves of fat last. It's a good, readily accessible fat store that can be accessed easily in hard times, such as famine.

But this doesn't mean fat isn't also stored elsewhere. It's a bit like blowing up a multi-shaped balloon. Different balloons pop out in different places when you blow. But ultimately all will expand totally if you blow hard enough. Generally, men store fat on the waist last. Hence this is the first place it comes off. But in some cases there will be losses off the arms, chin, chest etc., as well as the waist (usually there will be a corresponding decrease in waist). The idea is to keep at it. Eventually it will come off the waist as well.

Q. I'm exercising every day, but it's really taking up time. I don't know whether I can do it for ever.

A. There are two answers to this:

1. Try to organise your time better. With exercise, the same motto applies as "*...if you want something done, ask a busy man.*" The busiest men in the world — Presidents, Prime Ministers, top businessmen — all find time to be active. They have to in this day and age, because it doesn't occur normally in day-to-day life. It should be regarded as a priority, not a nuisance. Build your diary around this, not vice versa.

2. With many men the lack of time

is an excuse. The underlying reason is that they are not enjoying their exercise and hence should be looking for something active they do enjoy. Try something different, like walking, canoing, swimming, cycling, going to a gym or even using a mini-trampoline in the lounge room while watching TV. The main thing is to get moving.

Q. I don't like walking, (or I have an injury that prevents me from walking). Is there anything else I can do?

A. Lots. For a lower limb problem, weight supportive exercises like swimming, cycling or rowing are best. Walking in (*waist deep*) water is one of the best and easiest things to do. You might also consider buying some home gym equipment or going to a gym. If these are not suitable, a circuit routine using mainly upper body exercises can help - get a list of around 10 exercises and do them continuously in a circuit, 2-3 times each. The key is to increase the 'volume' of physical activity and this is done best by moving the large muscles of the body — if not the legs, then the shoulders and arms etc. — for an extended period, at a gentle rate.

Q. Weekends are a problem. You tend to go off your program, because it's different. What should I do?

A. This needs to be looked at carefully to see at what time of the weekend and why there is a problem. Some men like to relax with a few beers on Friday night. Some like to have a break from routine on Saturday and Sunday. It's most likely that eating out will occur on a Friday and Saturday and these are the times where recidivism is most likely.

There are two main approaches to weekends:

1. The first should be to attempt modify the weekend behaviour causing the problem. For those who like to drink more at night, the obvious solution is to exercise more during the day, or eat less over the weekend as a whole.

2. For some men, weekends are seen as a break from routine and nothing much will make them break this. If this is the case, compensation has to be made during the week by either (a) moving more and (b) eating less.

PROFESSOR TRIM'S WEIGHT LOSS FOR MEN

In it's new incarnation, Professor Trim's Mens' Weight Loss Program has dared to go where no others — apart from *GutBusters* — has dared. Into the realm of men's weight loss. But in doing so, the program has gained from the early experiences of its predecessor. In particular, it differs in;

- offering a three stage program with gradual progression;
- incorporating 'energy density' rather than fat or carbohydrate as the key nutrient in weight gain;
- utilising volume of activity, rather than 'exercise' for weight loss;
- using meal replacements – with supervision – for quick losses without rebound;

- having self-tests for determining a custom-made approach to weight loss based on individual psycho-genomics;
- using the concept of 'volumonics' (see story this issue) to explain the real difference between weight loss programs that work and those that don't

The Professor Trim Men's Weight Loss Program also uses state-of-the-art communication technology to help men in the target groups (ie. with excess abdominal adiposity). It represents a world first 'virtual +' program, so called because of the use of the Internet with live lectures, product supply, peer and expert interaction and ongoing support. The program is in three stages described below:

STAGE 1

Quick Start

Quick, Early Motivational Weight Loss

(21 Days)

'Quick Start' is a 21-day program aimed at getting quick results of around 5% weight and/or waist loss, to increase motivation for further improvements.

This stage involves the structured use of a nutritionally balanced meal replacement powder, along with a simple-to-follow approach to diet and exercise using the Volumonics™ principle. Quick Start includes 21-day's supply of meal replacements with meal schedule provided, 3x15 minute instructional video CDs, as well as workbook-based instruction, and food and exercise options and schedules, interactive tests, menus and tips, and the 'Professor Trim's Waistline' newsletter quarterly.

STAGE 2

Gutbusting

Continuing Healthy Weight Loss and Consolidation

(8 Weeks)

Professor Trim's 'Gut Busting' stage is a 10-12 week consolidation and continuing weight loss phase of the program, designed to gradually modify lifestyle and get men through inevitable weight loss plateaus on their way to long-term goals.

Stage 2 includes additional meal replacement product, a full information pack containing text, workbooks, pedometer and video CD instruction. It also incorporates monthly video instruction downloads, face-to-face meetings at a local service club, a virtual bulletin board for peer and expert support, interactive feedback off the Internet, and a toll-free advice number.

Trained GPs and Pharmacists are also available in selected areas for further medical and pharmaceutical help if required.

STAGE 3

Club Gut-Less

Ongoing / Long-term Loss, Men's 'Club' and Maintenance

(9 Months)

Membership to 'Club Gut-Less' guarantees on-going support from men's weight loss professionals as well as peers in the weight loss stakes. 'Club Gut-Less' is the ongoing weight loss and weight loss maintenance phase of the Professor Trim program, making up a full, 12 months of service.

'Club Gut-Less' includes face-to-face weigh-ins and motivational updates at local service clubs, video downloads, gym membership (if desired), a quarterly newsletter update, and on-line facilities for peer and expert support to help through difficult 'down' spots.

The Professor's Ethics

Because it's based on state-of-the-art scientific principles, Professor Trim's Men's Weight Loss Program **is not:**

- a quick-sale product based on fads or gimmicks;
- a typical female 'diet-based' program;
- a severe lifestyle change
- a 'sport's jock' program

it is based on:

- an understanding of male physiology and psychology
- helping you become 'brawn again';
- fitting you into lifestyle (including work and drinking);
- making you feel, look and perform better for life

For more information or membership enquiries about Professor Trim's Weight Loss Program for Men —

www.professortrim.com

Phone Toll Free 1 800 100 550