

# Balance365 Episode 73 Transcript

Annie: Welcome to Balance365 Life radio, a podcast that delivers honest conversations about food, fitness, weight, and wellness. I'm your host Annie Brees along with Jennifer Campbell and Lauren Koski. We are personal trainers, nutritionists and founders of Balance365. Together we coach thousands of women each day and are on a mission to help them feel healthy, happy, and confident in their bodies on their own terms. Join us here every week as we discuss hot topics pertaining to our physical, mental, and emotional wellbeing with amazing guests. Enjoy.

Annie: Is long term weight loss possible? If you follow along with the research, you might feel like weight loss is nearly impossible and anyone who has lost weight is destined to eventually regain it, but today's guest happens to be an expert in weight loss and obesity management and has a much more optimistic perspective. Very early in his medical career, Dr Freedhoff realized that the medical community, himself included, was not adequately managing obesity. Though many patients requested weight loss advice, he had very little to offer as the management of obesity is simply not taught during medical school or during medical residency. As a result, Dr Freedhoff pursued additional training and since dedicating his professional career to the treatment and management of overweight and obesity, Dr Freedhoff is now an internationally sought off speaker and teacher who has been referred to as Canada's most outspoken obesity expert. On today's episode, we discussed with Dr Freedhoff how to determine your best approach to losing weight and keeping it off, moderating treats with your children and why enjoyability and sustainability are keys to lasting change. This entire episode is full of gold. You're going to love it. Enjoy.

Annie: Jen and Lauren, good morning. Jen, it's early where you are. You had to get up early for this special guest, didn't you?

Jen: Yeah, that's okay.

Annie: We're willing to make that sacrifice for this guest. Lauren, how are you this morning?

Lauren: I am wonderful. Thank you.

Annie: Are you so excited or what?

Lauren: I'm super pumped.

Annie: Yes. So welcome Dr Freedhoff to Balance365 Life radio. How are you? Dr. Freedhoff: I'm good. I'm sorry it's taken so long to get on your show.

Annie: Well, you know, you're worth the wait. We've been following your work and your blog, Weighty Matters for quite some time. Jen actually introduced us to you field of work being Canadian and you just have a really great perspective that I think aligns well with our perspective as well. And so we're excited to talk about some issues that are pretty present right now.

Dr. Freedhoff: Sure.

Annie: Yeah. Do you want to tell us a little bit about how you started your blog? Like how that came about?

Dr. Freedhoff: So it was pretty much serendipitous. I was, originally I started my career as a traditional family position and was working part time in a hospital and had a part-time family practice and had a lot of people asking me for advice regarding diet and nutrition and lifestyle. And quite honestly, it was not something that was covered in great detail in medical schools. So I sought out further education and it turned out I really enjoyed it. And in 2004, I opened a interprofessional office here in Ottawa that focused exclusively on a diet, nutrition, obesity, and that sort of thing. And early in the sort of days of the practice, I was talking to a friend of mine and I think I was probably boring him at dinner and he's like, "You've got a lot to say. You should write a blog." And I remember my response was, "What's a blog?" I did not know what that was.

Dr. Freedhoff: And so I started the blog and probably seven people read it and they were mainly my family members and eventually I guess it caught on to some degree. And as a consequence of that and the practice, over the years I've been able to do a lot of fun things, write a book. And currently our practice, we're still open. It's been, I guess, 15 years and now about 90% of what we do is funded by the government, by the Ministry of Health, where we run programs for parents of children with obesity. We run programs for people who've undergone bariatric surgery or who are undergoing bariatric surgery as well as a traditional sort of behavioral adult weight management program.

Annie: That's really amazing. Do you find that there's a lot of doctors in that

field of work or are you pretty unique or kind of on the up and coming trend?

Dr. Freedhoff: So I, I think there's more and more people who are focusing on this area. It's, you know, it's a real need, but at the same time it's understandable, I think, to a degree, why physicians aren't necessarily getting involved. It's complicated, but I think part of it has to do with, it's a very, you know, it's a challenging area of specialty that, to date, the road to what I'm doing has been paved, to a large degree, by quacks. And so, you know, getting involved in nutrition and weight management as a physician, I think it takes a special interest for sure. And meanwhile, physicians, when they're graduating, they're graduating with, I know I did, graduate with six figure debts and wanting to start families. And so to then try to do something like this, it's a big ask and you know, we're here in Canada where medicine is socialized and people don't pay to see their physicians. But there really isn't a way for physicians to be remunerated, unless like me, they've got contracts with the government and that's a difficult thing to obtain. And so it's complicated. I wish more physicians were involved. I think the younger ones I'm meeting as I teach them in my office are more interested. But I do think that this is going to be still an area where much of the heavy lifting is done by other healthcare professionals.

Annie: Sure. That makes sense. So, as you mentioned earlier, you work with a lot of people, they come to large in part because, or correct me if I'm wrong, they come to you because they're looking for more reasonable, trustworthy advice on how to lose weight, how to maintain weight loss. And you know, if you look at some of the research and the studies behind the long term, people's ability to keep weight off in the long term, it seems pretty gloomy. Is that what you found or should we be optimistic?

Dr. Freedhoff: Well, so I think you can be either, depending on what your goal posts are. So I do agree that the gestalt out there, what the world believes, is that it's impossible. I mean that's what we hear all the time and there is huge newspaper articles. I remember there was one in the New York Times a number of years ago, I think it was called The Fat Trap, you know, that basically spoke to the impossibility of long term success. And yet, you know many people, I know many people who have that long term success. I think where the disconnect is, is in part, many of the things people undertake, many of the strategies people use to lose weight are ridiculous and awful and go figure they don't last. But then people blame themselves rather than blaming the awful misery inducing approach that they took. Also, I think we've been fed a bill of goods that suggests that success is only losing every last ounce you had to begin with to lose.

Dr. Freedhoff: And I think if that's the metric, yeah, it's a rare person, for instance, who gets down to that so called healthy place with a BMI of 22 or 23. But for someone to lose 10, 20% of their weight and maintain that weight loss long term, the data on that, it's much, much more positive and again, that data includes a lot of those ridiculous approaches. And so I think with more thoughtful approaches and more realistic goalposts, people can lose meaningful amounts of weight that in turn improve their health and their quality of life. And that really should be what we're aiming for, not for some number on a scale.

Annie: You guys, we didn't even pay him to say that. I think our listeners are going to be so happy to hear that. I want to circle back to what you said initially talked to us about why people struggle to keep the weight off. What you said about why these restrictive diets or really kind of intense measures, why they don't work.

Dr. Freedhoff: Well, so food's not just fuel, I mean, if it were, we would take calorie pills and vitamin supplements and be whatever weight we want it to be. Food is pleasure. Food is comfort, it literally reduces our stress hormone levels. Food is social networking, food is life. You know, this is an important part of our lives. And yet many people believe that to succeed long term, they need to give up those aspects of food that it can't be enjoyable, that they can't go out anymore, that they can't have some food that they love because if they do, they are failures and they won't possibly succeed. And I think that that rigidity as well as the denial of foods ability to provide pleasure to people, leads people, understandably, over time to quit. I mean, we don't as a species suffer in perpetuity if we don't have to.

Dr. Freedhoff: And for something so seminally important as food and something that is so constantly provided to us and offered to us. And you know, our world really revolves around it. There's no event too small to not have food as a showpiece. It's unrealistic to expect people to suffer forever. And unfortunately still that is the message that gets put out there is that either you had to suffer forever or somehow you have to perceive this really restrictive diet as not in fact being suffering and I think, you know, for some, really restrictive diets are wonderful. Like there are people out there who love very strict diets or diets that I might find very strict. I think it's a personal thing. One person's best diet is another person's worst diet, but we're often told that there's only one right way.

Jen: You did a post a couple months ago on your Facebook page. I commented on it. There was sort of a sort of a little backlash on the page, which I noticed you actually, you just kind of don't engage with people who are

Dr. Freedhoff: Not typically, no.

Jen: Which I think is great.

Dr. Freedhoff: Getting involved isn't worth it.

Jen: Absolutely, we have learned that over the years as well. But you had said, I think because what I've Noticed is, you have really become a voice that speaks to the health at every size practitioners to say "Not everything you're putting out is accurate." And I actually find that movement is getting quite large and loud and hostile. And we have taken some flack from them as well. And you posted that not every person's definition of clean eating is the same as yours or not everybody's, you know, my diet may be restrictive to one person, but it is not restrictive to me.

Jen: And so, and you had a lot of backlash on that post and I tried to, I also commented just saying, "I understand what you're saying because the way I eat, for example, is very different to the way a family member of mine might eat. And for them to try and eat how I eat would feel like a diet for them. It would feel very restrictive. They would rebound against it. And so I just thought, I thought it was very interesting. I hope that backlash on the post was extremely interesting, even from nutritionists and dieticians and people who are working in the industry didn't seem to get it. But I just wanted you to know that I get it and we see it in our program Balance365 because it, the way people eat is different. Nobody, like nobody eats exactly the same and we see very clearly everybody has to find their own version of healthy and that will indicate, and it can change over time even, right?

Dr. Freedhoff: For sure, it can. So, you know, I think that this, there's a knee jerk out there for some people to assume that if there's a person who cares a great deal about what they're eating or how they're cooking, that there's an underlying eating disorder there, I mean, oftentimes that that's the language that is being used to describe that person, where that person may be very happy and very comfortable with the life that they're living and the foods that they're consuming. I don't think it's our place to judge. So as a clinician, as a physician, I would worry if a person's diet was such that it was a nutritionally deficient. So that would be a concerningly restrictive diet. And there's ways to actually test for micronutrient deficiencies. If someone's, for instance, on a Vegan diet and I'm

worried about B12 levels or iron, I can measure those sorts of things, I would also worry if there was a person whose quality of life was negatively affected by their diet, where from a mental health perspective or from a socializing perspective, their diets made it impossible for them to enjoy their lives.

Dr. Freedhoff: But if the diet's not having a negative effect on a person's health or on their quality of life, how could anybody describe that diet as unhealthy or disordered? I just don't think you can. And to your points about how diets evolve and change. I think about my own life, my own diet, and we consume probably 90-95% of the foods we have in our family we cook from fresh, whole ingredients. I exercise usually five, six days a week. But that's a place that I've got to over the course of the past 15 years. If I tried to live with my current lifestyle back when I started caring about this stuff, I'd have crashed and burned. It's an evolution. We try to continually improve and sometimes there's regression, whether it's an injury, whether, you know, a tragedy, I had my mother unfortunately passed away very suddenly a couple of years ago.

Dr. Freedhoff: Really changed sort of my lifestyle in and around that time because real life does affect our best efforts. And so what we preach in my office is people we encourage people to try to obtain what we call their best weight, which is whatever weight a person reaches when they're living the healthiest life they can actually and honestly enjoy. But that best place, the best you can do varies day to day. And people forget that too. So yeah, I agree with you. I think that there's a lot of judgment from the HAES community for people who are trying, in fact, to lose weight. I don't think there's anything wrong with having that as a desire where some HaES practitioners will say that you should not want that, but yet there are people for who their weight is affecting their health or their quality of life. And where is certainly the research was very clear.

Dr. Freedhoff: Five and 10% weight losses can improve those things in many cases. And there are people who sometimes lose more than that. And so all this to say I would have hoped that anybody who believes in, you know what, we need to respect the individual would respect the individual regardless of what their choices are. So long as their choices aren't leading them to any problems with their health or their qualities of life. And I guess that's where I'd come down. I mean, I'm strongly supportive of the idea you can improve your health regardless of your weight and even without weight loss, by changing diet and fitness and so forth, and that focusing on those things by themselves without ever even necessarily measuring yourself on the scale can provide benefits. But I'm certainly also not going to suggest that people cannot or should not ever consider weight loss.

Annie: Something I want to, I think this is a great segue into something that

you've shared is the Diet Score, and looking at enjoyability items that you think should kind of be evaluated or considered when you're looking at a way of eating or a way of living. And I think when I look at the list of items that you would recommend or have suggested being considered, it is very individual. You know, I can, like, even from Lauren to Jen and I, I can tell you that we would fall in different places on, on these scores. So can you review that with us? What items you would recommend looking at?

Dr. Freedhoff: Yeah, so the Diet Score is something that I proposed a long time ago. It was probably think it was 2012 when we first, when I first floated the idea. Basically the idea was, is there some kind of a test that a person can take that in turn would help that person sort of figure out, is this a diet that I could enjoy long term? And so, you know, the items that we were talking about and that we've actually started some research. I'm working with some people out in New Zealand on doing some research on whether this is useful. We looked at hunger, we looked at cravings, fullness, satisfaction, how much extra time it might take to cook, whether it precludes a person from being able to go out with their friends and family, energy levels, wellbeing, complexity, there's a lot of things that, you know, that a diet will affect.

Dr. Freedhoff: I guess all this to say that all of those things are subjective measures, you know, so there's people out there, again, living with diets that I would never want to live with personally, who are very happy with their diets, where their lives are not negatively affected. And so I think that having a means to score that might help people. It still hasn't been proven to be the case. We've got to do the research on it, but I think with the last round of a, we did an online survey. I think we had almost 1200 responses. And so hopefully they are going to be suggestive enough of there being a trend where what we're hoping to see is that people who are succeeding for longer periods of time, for instance, find by way of those scores that their diets are more enjoyable and vice versa. And if we notice that in the responses then we're going to hopefully roll it out in a more progressive manner where we start people on different diets and then look and see if scores predict whether they sustain those diets. Cause at the end of the day, that's what matters. I mean, whatever you do to lose the weight, if you stop doing it the weight comes back and so adherence is king more than anything else.

Annie: And I think I've read this in your work before that enjoyable is not the same as tolerating.

Dr. Freedhoff: Yeah, I would definitely say that. I mean we can tolerate suffering to a degree for sure. And that's I think what most dieters do is they tolerate their diets. Usually they can do so because the scale is whispering

sweet nothings in their ear. But eventually, just like with a relationship, if the scale starts whispering sweet nothings, you might then take a step back and reevaluate whether there's enough there for you to keep up with that relationship. And if you don't have enough there, if you aren't enjoying things inherently enough, you're no longer getting that positive feedback, you might just break up with that diet. And again, once you stop the intervention, whatever affect it had tends to dissipate when we go back to our old habits and diets and lifestyles.

Jen: You actually talked about this. You had a blog post recently. You've had several over the years. I think on set point theory and you have some criticisms of set point theory.

Dr. Freedhoff: I'm not fond of set points. The set point suggests that, you know, our bodies need to be a particular weight. Now, I will readily agree that the medical literature says there's something called metabolic adaptation. So when we lose weight, our bodies don't necessarily, so to speak, like it. And so the body trying to preserve weight sets in motion a whole cascade of events, which may in fact be permanent, where it slows down metabolism, it increases appetite. However it's not as if it does to a point where suddenly you must regain all of your weight. I think that, you know, the way to think about it is that yes, our bodies might prevent us from losing as much as would be fair. You know, we might be on paper living the life that should lead us to be lighter than we are, but because of metabolic adaptation, we aren't getting as far as we had hoped.

Dr. Freedhoff: That's real. But I think set point for most people is lifestyle related. And what I mean by that is that if you go on a diet and you lose x number of pounds, the reason when you quit that diet, you go back to where you were, is you then go back to all of the lifestyle patterns and foods that you were previously enjoying. But if you don't go back, so using a very basic example, let's say there's an individual who in their life on a regular basis is drinking 600 calories a day of soda and other liquid calories. And that's not an out of the realm of possibility number. And let's say that same person is going out to eat three or four times a week, which again, is not that uncommon these days. And that on each of those occasions, you know, they're having four to 600 more calories than they would if they were cooking for themselves at home.

Speaker 3: That person needs to make two changes, the liquid calories and the restaurants, not necessarily eliminating either, but reducing them, they're going to lose weight. There's no question. But their bodies aren't going to make them go back to drinking soda and going out to eat. That's their lifestyle and if they decide

to go back to that, they are absolutely going to regain their weight. But that's not a set point. You know, if I had a time machine and I could drop people off 80 years ago, I'm guessing that somehow those set points that we currently have will change. People are going to lose weight. 80 years ago the world was very different. Similarly, if we drop people to different countries and this happens, it's called immigration, like what we do see when people are coming from other countries, especially to North America, they gain weight not because North America changed their set point, but because the environment, the food environment, which in part is health dependent has changed, right?

Jen: We live in a very sedentary and food accessible country or continent, I would say

Dr. Freedhoff: and the research that Kevin Hall's doing and others on ultra processed food is fascinating where it does appear as if there is something to ultra processed foods that cause weight gain. So, I'm not sure if you folks saw his recent study that was published just a few weeks ago in Cell Metabolism and I've blogged about it awhile back, but basically he had people living in a hospital ward, a metabolic ward, providing them with all of their food for two months, so very controlled environments. And it was a crossover study, meaning that they started them on a whole foods diet and then they cross them over to a ultra processed food or vice versa where was matched and they were just told, "Listen, eat as much of this as you want." And what they found was when they were on ultra processed diets, they were consuming on average 500 more calories a day.

Dr. Freedhoff: And there's some theories as to why. It wasn't about taste and flavor because they rated the diets in that respect equally. Now the theories had to do with the speed people are able to eat ultra processed food. In a sense. It's like it's pre-chewed and there's less work involved. There may be something about protein and there's something called the protein leverage hypothesis where

they weren't getting as much protein in the ultra processed foods, so they had to eat more of them to get that amount of protein. But all this to say, the North American diet, regardless of the actual exact culprit is clearly one that is supportive of weight gain. And that we see this as this diet has been exported globally as countries industrialized, weight rises. And so we need to start addressing not the individual on a case by case basis, but really we need to explore how as a culture and as a society we use food. And that's where a legislative affects and efforts can really come to play, things like sugar sweetened beverage taxes, national school food programs, you know, the list can go on and on and on. But we need to change the food environment, not

keep telling people they need to resist the food environment.

Jen: Right? So environment, which we have a whole podcast about that with Doctor Traci Mann, I don't know if you're aware of her. She runs the Eating Lab at the University of Minnesota. And then also I see you address childhood obesity quite often. And these different policies about how schools should be offering food or not offering food. And even, so interesting, you and your wife tracked how much sugar was offered to your children in a year. And that was fascinating. Can you tell us about that?

Dr. Freedhoff: Yeah, so it was soon after I wrote my first book and I was thinking about, well, what should I write for my second book? And I thought that actually this would be an interesting topic and I'd still maybe want to write it one day. It's just, it's gotten a bit away from me. But so for a year, every night when the kids came home, I would chat with them about who offered them what. And it was very non judgmental. It wasn't, I wasn't vilifying the food or the people and we made it very clear that kids can take whatever they decide to take. I didn't want to change what their choices were, but rather just wanted to keep track of them. And in terms of the exact number, I think it was 96 cups of added sugar were offered to my three kids over the course of the year from some people you'd expect, like grandparents, they definitely offered a lot of sugar to my kids.

Speaker 3: What we were trying to quantify was, you know, people other than us as parents offering my kids junky food. Teachers, coaches, bank tellers, pharmacists, I mean, camp counsellors, the list really went on and on and on. And it was staggering. And what I was trying to sort of prove was that there's two arguments that often get trotted out to try to suggest that, "Oh, that's not a big deal." One is that "it's just one" argument, you know, where if you criticize somebody for offering your kids food and it's like, "Oh, chill out. It's just one, whatever." And it was something like 900 and something different offerings over the course of the year. So it certainly wasn't just one.

Dr. Freedhoff: And the other is the parents can just say no, and I wasn't there for any of those offerings. And these are the things that were happening when I was not around for the most part. And then the question is, well, should we be teaching our kids to say no? And I don't think we should be. I worry about, you know, my kid's relationship with food and relationship with people if I teach them to be incredibly strict and different around food. And so I think this is my fight, not my kids fight. And what that article was speaking to was for a magazine here in Canada called The Walrus. I was, you know, some recipes on how to push back. And you know, the basic recipe which we've employed in my kids' schools and

dance clubs and so forth is to start with praise. So you talk about how wonderful the school, the coach, the camp counselor is, and how much you value their help with your kids. Then you point out this one contradiction where, you know, they're so wonderful and caring, but yet they do this and then you've got to offer an alternative and then you've got to offer to help. And that recipe has worked in certain circumstances, including the kids school camp, synagogue. We made some changes, but it is a fight. There's no question.

Jen: Yeah, it definitely, I have experienced on the other end of the spectrum where my son, I was, I've come a long way, but I used to be extremely restrictive with not only my own diet but my children's to the point where when my son, my oldest son was five years old, I found he was hiding food in his bedroom, like sweets and things. So I've been on the other end where I see being extremely restrictive with your children can lead to a food preoccupation and hiding food and sneaking food. And now that I've eased up, we don't have that problem anymore. However, this is an adult problem. Right. And I also agree, I don't think, we can't put these restrictions on our kids. We can't expect our five year old children to be declining candy. That just doesn't seem sensible. And it's an adult and community wide problem. So, which are more complex to solve.

Dr. Freedhoff: I agree. I think that we can control our homes to a degree, but creating a home that's extremely restrictive has been shown to backfire. And so we, for instance, we do have nights where the kids know there's going to be dessert. It's just a given. It's not tied into whether or not they finish whatever. We never do that. There's research showing that that is also a problem. If you, you know, you can't have your dessert until you finish your green beans is going to make the kids dislike green beans more and enjoy dessert more, which is not what you're aiming for. And we have treats in the house too. And I guess all this to say that it's about trying to create an environment at home where the majority of the choices available are healthy choices, where there is some discussion perhaps around sort of thoughtful reduction.

Speaker 3: So the way we approach it, and Halloween's always a great time to do it, but you know, we talk to the kids about whatever treat they're considering, what's the smallest amount of it that's going to leave you happily satisfied. And so on Halloween before they go out, we'll ask them, how many candies do you think, you know, you need to have tonight to feel like it was a good Halloween and we don't then debate. But it provides them the ability to think it through. And so my kids tend to meter out their Halloween candy over the course of a year. But I think part of it is that we don't have this big sort of drama about food in the house on a regular basis. And we try to ensure that the meals we serve the kids

and the way we serve the kids helps with fullness because ultimately if kids are hungry, they're going to make poor choices like adults.

Dr. Freedhoff: And so my job as a parent is to encourage a dietary pattern that will leave my kids full, to ensure I've got healthy options available to them, if I see they're struggling with a particular thing, if there's one option that they're struggling to control, maybe I won't have that in the house anymore, but not to make this antiseptic home that only has healthy food that, you know, kids can never enjoy themselves with food because we do enjoy ourselves with food and to expect a kid because they, you know, they have obesity or they have other medical issue to simply control their intake because of that, when many adults struggle with that, I think it's very unfair and risky in terms of eating disorders, you dieting and so forth.

Jen: Same, on that topic of serving your kids satisfying foods. You also recently shared a study that showed in a breakfast program out east there when children were served a breakfast at school, mostly of simple carbs, the rates of obesity in those children increased.

Dr. Freedhoff: Yeah. And so there may be a couple of reasons for that. One is that there could be lots of kids in that program who are having a second breakfast and so that would provide more calories for sure. And it may just leave a person hungrier. So you know, the data on which diets best is very, very up in the air. But the data on protein being more filling is not up in the air. And so we try to emphasize the inclusion of protein with every single meal and snack for the kids. Our kids know that and they know that we encourage it so that they feel fuller so that they have more energy and attention at school, not because it's supposed to control their weight or their calories.

Jen: Right. Yeah.

Dr. Freedhoff: And so, you know, it's not an uncommon thing in my home, around breakfast time especially, to hear, you know, one of the kids asking, you know, is there enough protein in this? Or you know, grabbing something and saying, "Oh, don't worry daddy, I grabbed a hunk of cheese or I had some Greek yogurt or whatever along with the carbs." Because you know, those only carb meals may well lead a person to struggle more with hunger.

Annie: Right. All of this sounds like really great advice for adults to balancing your snacks, your meals. Not, you know, moderating treats and being really mindful. I loved your advice of "What's the smallest amount that will leave me satisfied?" I think that's a great tool that adults could use.

Dr. Freedhoff: Yeah, certainly that's what we teach our patients here and what I write about and in my work, there's no real rule. Again, it comes back to a diet that a person actually enjoys enough to sustain. But my experience in my office, and granted it's biased, right? And this is my practice. This is what we do. But my experience in the office is that the majority of people we work with here seem to do better with a more multiple meal and snack per day thing where there is an emphasis on protein with all of them. But that's not to say that there aren't people out

there who truly manage to enjoy themselves on intermittent fasting efforts, keto efforts. So whatever,

you know, we don't discriminate. If it works for you, it's good. But if you look to the medical literature

about what pattern of eating is best you can find an answer, you know, pretty much every pattern, you'll

find studies that suggest six meals a day or whether three meals, three snacks is best. You'll find studies

that say five, four, three, two, one. I mean, if you want to find it, you can in the medical literature and that's one of the problems is we can all support our beliefs and ideas through the ridiculous number of studies that have been done, not all of which are equivalently good, but that doesn't really matter when you're trying to promote your own sort of path. And so I'm very equal opportunity. Whatever floats your boat is good with me.

Annie: I like that approach. I know we're running out of time and I just want to leave our listeners with some kind of wrap up everything you've said here. And I think you kind of touched on this a little bit earlier with seasons of life and your best, what your best looks like can vary at various points of the year, your age, what's going on in your life, and you've encouraged people to embrace imperfection when it comes to their lifestyle choices. Can you explain that a little bit?

Dr. Freedhoff: Yeah. So, you know, one of the things that trips up a lot of people trying to undergo lifestyle change, whether it's for weight or for fitness or what have you is when they mess up, which we all do. And I use the word "mess up" purposefully. That's the word that people tend to use with me, they cheat, they mess up, they fall down, you know, those are all the words we hear in the office. They don't get back up again. And so it's not going to be perfect. Nothing in life is

a straight line. You know, we have disappointment. Sometimes they're understandable and predictable and sometimes they're just cause we're human beings. We get into funks but all this to say that if we fall down, getting back up is what we need to do. Rather than be pissed off that we fell down in the first place. We're going to fall down.

Dr. Freedhoff: And I think that most other areas of our lives, we're comfortable with that. We're comfortable knowing that, you know, our relationships, our employment, our education, they're going to have bumps in the road and it's not gonna always be, you know, wine and roses. When it comes to weight management specifically though a lot of people are looking for themselves to be perfect and to never have an unexplained reason for indulging. And that's not realistic. And the people who I think do best are the people who, you know, don't let those circumstances knock them off course. And even if it means regaining sometimes and having to lose that same weight out of the people who just consistently work on trying to live the healthiest life they can enjoy are the people who tend to, in fact, have long term success.

Jen: So you do see it, you do see long term weight loss all the time.

Dr. Freedhoff: We do. All the time. But it's not everybody. So the data would suggest that to sustain and the data, again, it's not perfect, but you know, I think that, you know, think about smoking cessation. So many people who are nonsmokers had to try many times before they finally found that one intervention, that one effort that stuck. I think this is the same. And so saying that, you know, there's a high failure rate, well, you could say that about smoking cessation too. But think of all the people who actually are now non-smokers. It's about finding the path that works for you. And that's where I think the modern diet culture fails because modern diet culture suggests there's only one path and that's, I think the message that, certainly the message that I think needs to change and one of the main reasons why we are so bad at this discussion and conversation in society today.

Annie: And to circle back to what you said at the beginning of the show, how you define that success rate, where your goal posts are, is it like you said, to lose every inch, every pound that you think you need to lose or is it to lose a more smaller percentage, a more moderate percentage.

Dr. Freedhoff: Well, we just can't set goals around numbers. That's the problem. And so when people let go of the numbers, I think they do better, generally

speaking. Meaning that you can't target a number on a scale anymore than you can target a grade in school. Like the best grade's A plus. Sure. But really all you can do is focus on going to class, doing your homework and studying your best and your best doesn't mean constant because you need have lives too. And so, and not every kid trying their best gets an A plus. But that doesn't mean they're not great kids and that it's not a great effort. You know, my kids are not getting perfect grades but I know they're working hard. That's all that matters. And we are good about thinking that way when it comes to others. We need to be good about thinking that way when it comes to ourselves as well.

Annie: Yes. Well said. Lauren, you've been kind of quiet. Any last parting words or questions you want to sneak in here?

Lauren: No, I've just been nodding my head along the whole time and Dr. Freedhoff has unknowingly affirmed a lot of the things we talk about, which is really fun to hear. And it's probably also because we follow a lot of his work, so

Annie: We're big fans.

Lauren: Yes, we are.

Dr. Freedhoff: Yeah. Well we won't keep you any longer, but this was a pleasure. This was so much fun. It was great to hear your perspective. I mean, I think we knew what you were going to say, but to hear it from the horse's mouth was a really special experience for all of us. So thank you very much.

Dr. Freedhoff: Thank you very much for having me on.

Annie: Alright, we'll talk soon.

Dr. Freedhoff: Bye.

Lauren: Bye.

Annie: This episode is brought to you by the Balance365 program. If you're ready to say goodbye to quick fixes and false promises and yes to building healthy habits and a life you're 100% in love with, then checkout [Balance365.co](https://Balance365.co) to learn more.