

## 授課講師學經歷

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課程名稱(主題)	產後不復胖生活型態策略
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## 授課內容摘要

產後減重及維持是一件困難的工作，有決心和毅力是成功關鍵，建議如下

### (一) 目標設定

建議設定一個體重的目標，要鼓勵產婦在 3-6 個月內達到這個目標，並繼續維持。

### (二) 以減少熱量攝取當作目標

早期的減重介入是降低熱量攝取，研究顯示限制脂肪攝取是降低整體熱量攝取重要的方式，這是因為脂肪熱量密度高的關係。然而，其他的方法也可以改善飲食習慣的方式，例如，可使用固定份量或代餐等。

### (三) 增進體能活動

增加體能活動是維持減重最重要的預測因子，應鼓勵產後婦女增加日常生活的體能活動，最近的研究顯示越多的體能活動可以達到越多的減重效果，因此，剛開始最好設定每週運動 150 分鐘，經過一段時間，要將運動增加到每天 60-90 分鐘來達到長期維持減重效果的目的。

### (四) 讓病人覺得自己是有義務並時時自我警惕

改變飲食及運動習慣是很困難的，產婦必須改變原有的飲食型態與體能活動習慣，社會支持系統以及環境的架構要能支持這個改變，自我監控飲食與活動、每天量體重、規律的與治療人員接觸等都是很重要的自我警惕方式。

### (五) 教導解決相關問題的技巧及預防復胖

教導產婦預見體重控制會發生的困難並預先計畫應付的辦法，一般常見的困難或狀況包括正面的社會事件(例如，派對、假期)和負面的事件(例如，沮喪、生氣、無聊)，病人需要瞭解不管他們的計畫如何，他們都會偶而經歷懶惰或偏離健康飲食和運動習慣的情形，重要的是如何快速的矯正這些現象避免復胖。

### (六) 讓產婦瞭解成功減重及維持是可以做到的

社會上有許多相當負面的宣傳，認為體重控制對許多人而言是不可能的事，這個預期失敗的心理可能導致病人真的減重失敗。因此，只要有信心，產後肥胖一樣也可以長期減重成功。



## Relapse Management of Obesity

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肥胖防治中心  
劉燦宏

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### Definition of Weight Loss Maintenance

- 5~10% of body weight
- Maintained for 6 months
- Greater initial weight loss more likely to weight regain
- Greater loss regain more, but achieve the best long-term outcomes.

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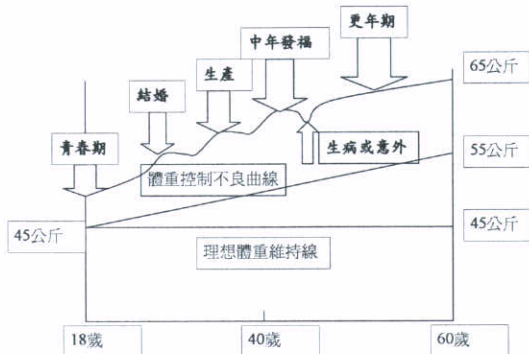
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### 女人體重演化期



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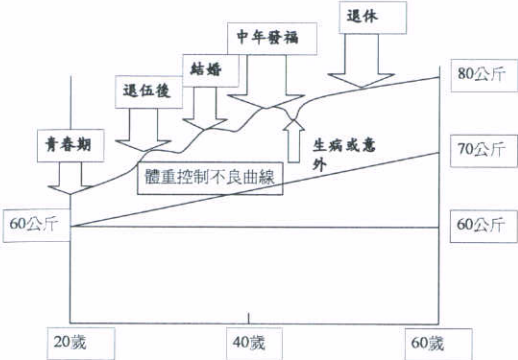
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### 男人體重演化期




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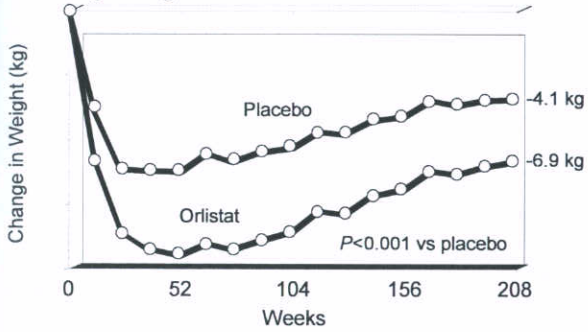
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### Effect of Long-term Orlistat Therapy on Body Weight



Torgenson et al. Diabetes Care 2004;27:155

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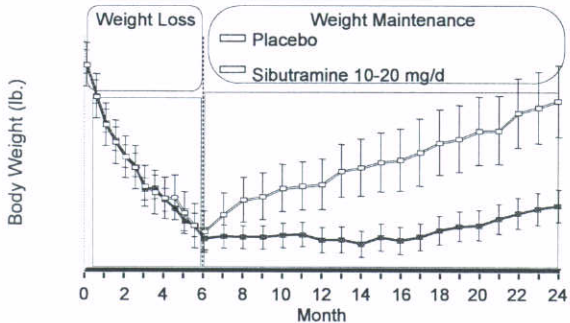
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### Initial Responders to Sibutramine Can Maintain Long-term Weight Loss



Randomization at 6 months in those with  $\geq 5\%$  weight loss.

James et al. Lancet 2000;356:2119.

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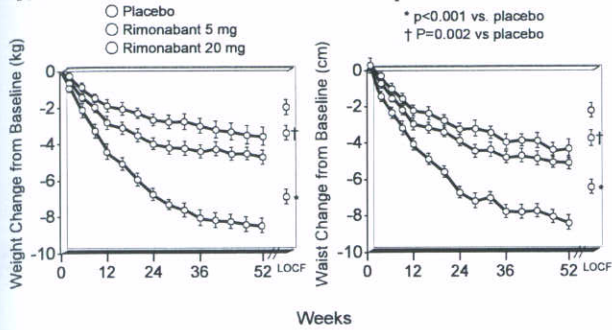
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### Change from Baseline in Body Weight and Waist Circumference: RIO-Europe



Van Gaal LF et al. *Lancet* 2005;365:1389-1397.

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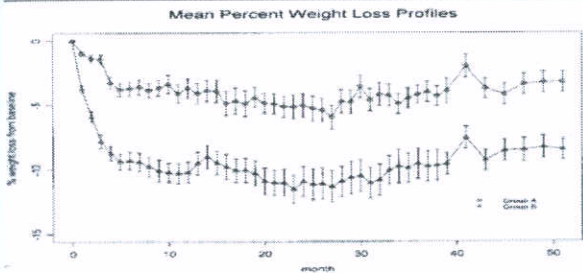
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### Meal Replacement and Weight Maintenance



Obes Res 2000;8:399-402

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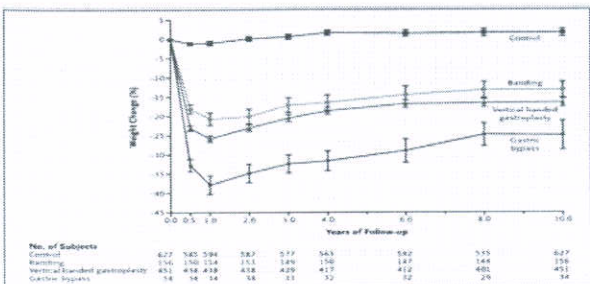
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### Bariatric Surgery and Weight Maintenance



N Engl J Med. 2004;351:2683-93

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## Yo-yo effect

根據門診經驗  
8成民眾採用飲食控制法  
追求短暫快速瘦身效果



溜溜球效應

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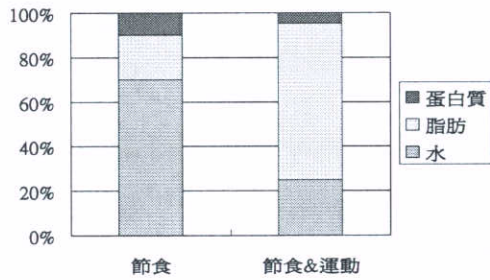
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## Diet and Exercise, alone and combined




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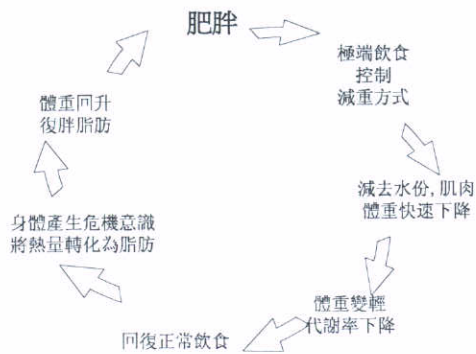
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## Yo-yo effect




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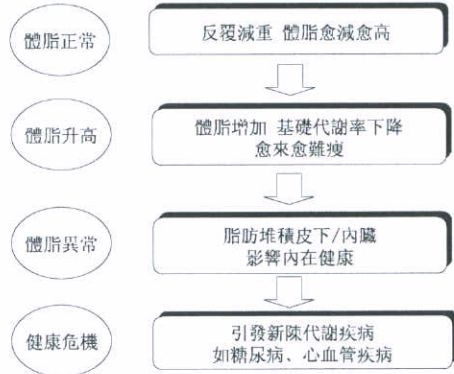
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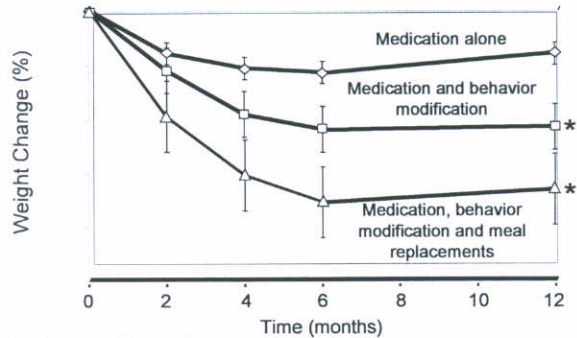
## 溜溜球效應的危機



## Dietary Intake in Long-term Weight Control

- Total calories
  - Calories and fat intake
  - LCD Vs. VLCD
- Macronutrient
  - Low fat Vs. low CHO
  - Adherence
- Simplicity
  - Meal replacement

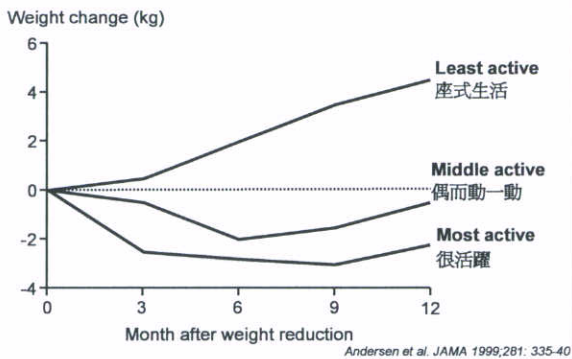
## Additive Effects of Behavior and Diet Therapy with Pharmacotherapy for Obesity



Wadden et al. Arch Intern Med 2001;161:218.

### 如何避免復胖？

#### Body weight changes and physical activity



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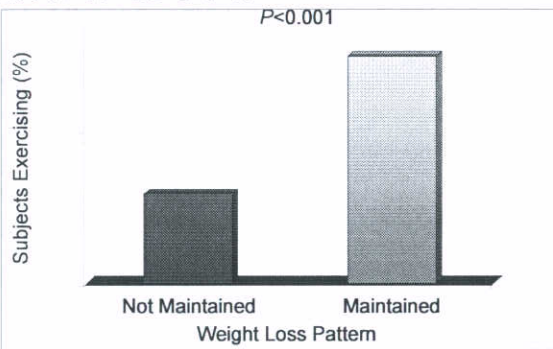
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### 運動與減肥後的維持



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### Improving Long-term Adherence to Physical Activity

- Short bouts
- Home exercise equipment
- Small incentives
- Pedometers
- Group and supporter

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## Behavioral Strategy in Weight Maintenance

- Extended contact
- Clinical visit
- Phone call
- Internet
- Social support
- Problem solving and Relapse prevention

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## Experience from NWCR

- Self-monitoring
  - Weight self regularly (at least once/week)
  - Count calories
- Dietary Intake
  - Consume a low-calorie, low-fat diet
  - Eat breakfast regularly
  - Limit portion sizes
  - Limit intake of high fat/high calorie foods
- Physical Activity
  - Engage in high levels of physical activity (>300 min/week)

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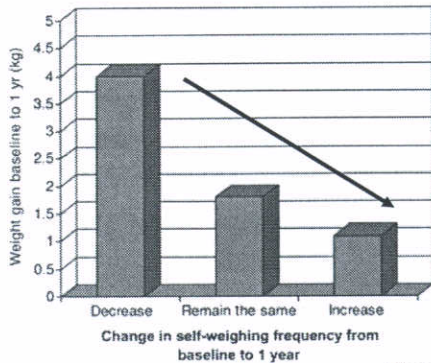
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## NWCR



Obesity, 2007;15:3091

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## Summary of Commercial Weight Loss Program

Program	Staff Qualifications	Diet	Physical Activity	Behavior Modification	Support
<b>Weight Watchers</b>	Registered Dietitian members Behavioral therapists Trainers	Low-calorie, low-fat/higher protein diet, drinks, proteins and meals	"Cut Moving" therapist distributed	Behavioral weight counseling	Group classes, weekly meetings
<b> Jenny Craig</b>	Company-trained dietitians Company support counselors	Low-calorie diet w/ pre-portioned meals Craig meal kits	Audiocassettes for walking	Manual on weight loss strategies provided	Individual program weekly contact
<b>E.A. Wright Low</b>	Company-trained dietitians	Low-calorie diet drinks provided w/ meals	Physical therapy videotapes	Included in counseling materials	Individual counseling group meetings
<b>Health Management Resources</b>	Registered dietitians and other health care professionals	Low-calorie diet with low-calorie snacks provided through meal replacement products	Dietician and dietitian consult services in doctor's office	Included in the study manual at, meal replacement and diet replacement materials	Group programs and weekly classes with telephone support
<b>OPTIFAST</b>	Dietitian program and other health care professionals	Low-calorie diet provided through meal replacement products	Physical activity monitoring device in doctor's office	Included in dietary counseling materials and meal replacement materials	Group classes and individual counseling with telephone support
<b>Weight Watchers Shape Up Live</b>	Not applicable	Meal kit w/ very low-calorie diet provided through meal replacement products	Diet for included in Shape Up Live	Meal kit included in Shape Up Live	Included in Shape Up Live
<b>Diets.com</b>	Company-trained dietitians and company dietitians	Low-calorie diet provided through "Virtual dietitian" program, dietary program, meal replacement	Physical activity monitor as part of Diets.com program	Included in Diets.com Lifestyle, stress management and meal replacement materials	Individual and group counseling support
<b>Take Off Pounds Sensibly</b>	Group leader directed by local chapter	Low-calorie diet with change plan and meal replacement	Behavioral meal plan with meal replacement	Included in curriculum materials	Group format, weekly sessions
<b>Diets.com Analytix</b>	Volunteer chapter leaders	Meal-specific meal replacement	Behavioral meal plan with meal replacement	12-day program	Group format, weekly sessions, group

Ann Intern Med 2005;142:56-66

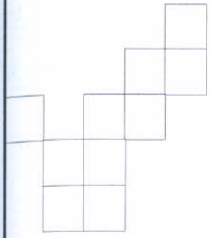
## Cost of Commercial Weight Loss Program

Program	Membership Fee or Initial Cost	Periodic Fees	Meal Plan	Other	Estimated Cost of 3-Month Program
<b>Weight Watchers</b>	\$35 for first week (with membership fee)	\$12/week on a pay-as-you-go basis	Not required	None	\$35
<b>Jenny Craig</b>	\$199 for 6 weeks, \$164 for 1 yr	None	\$70-\$105/week \$120-\$150	\$50 for 2hr of 2 weight loss classes \$50 for optional walking instructor	\$1249
<b>E.A. Wright Low</b>	\$88	Lifetime cost of \$7/week multiplied by the number of weeks calculated by weight and weight loss goal	None	\$50 for optional walking instructor	Not calculable
<b>Health Management Resources</b>	\$63-\$140 for medical evaluation	\$50/week for medical visits and behavioral modification classes, \$20 for laboratory tests	\$45/week (\$80/week for very low-calorie diet plan)	Maintenance visits at extra cost	\$1700-\$2700
<b>OPTIFAST</b>	\$700-\$900 for medical evaluation	\$18/week for medical visits, \$10/week for behavior modification classes, \$10 for laboratory tests	\$87/week for "full fat" meal replacement	Maintenance visits at extra cost	\$1900-\$2900
<b>Weight Watchers Shape Up Live</b>	None	Not required	\$70/week or \$80/week (with meal replacement)	Physician visits at extra cost	\$808
<b>Diets.com</b>	None	\$69/3 meal	None	Individual counseling with experts at extra cost	\$69
<b>Take Off Pounds Sensibly</b>	\$50	\$1-\$5 to \$1/week	None	None	\$26
<b>Diets.com Analytix</b>	None	Dietician	None	None	\$0

Ann Intern Med 2005;142:56-66

## Summary

- Goal setting
- Targeting decreased caloric intake
- Increasing physical activity
- Making patients accountable and vigilant
- Teaching skills related to problem solving and relapse prevention
- Helping patients realize that successful weight loss maintenance is possible



Thanks for your attention

劉燦宏

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