



By Mark Harris

Modern medicine can do a great deal to prevent and treat illness and disease. However, our health and well-being begin with the choices we personally make to stay healthy. These include practices such as following a balanced and nutritious diet, engaging in regular physical activity, getting sufficient sleep, managing stress effectively, maintaining healthy relationships, and other aspects of a healthy lifestyle.

A major component of healthy living is nutrition. The everyday diet we follow is essential to our health and well-being. A healthy diet protects us not only from malnourishment but also from chronic diseases such as heart disease, stroke, diabetes, and cancer, according to the World Health Organization (WHO).¹

Unfortunately, the modern world is not always user-friendly when it comes to supporting healthy food choices. The advent of modern industrial food production has created a food economy largely based on the consumption of highly processed food

products. Consequently, foods high in fats, sodium, and sugar constitute a major portion of the American diet. In fact, nearly 60% of the average adult diet in the United States involves consumption of highly processed (or ultra-processed) foods. For children, these processed foods account for nearly 70% of daily intake.²

Measuring Up the Matter

The condition of being overweight or obese is very common. In fact, close to 3 of every 4 U.S. adults age 20 or older have either overweight or obesity as a condition. For children and teens, obesity affects nearly 1 in 5 of the population.³ The prevalence of obesity in U.S. adults was 40% between August 2021 and August 2023, with the highest rate among adults ages 40–59, according to the National Center for Health Statistics. Further, the occurrence of severe obesity was 9% and higher in women than in men across all age groups.⁴

Notably, WHO classifies obesity as a “chronic complex disease” characterized by the presence of excessive fat deposits that

can impair health.⁵ As such, overweight and obesity may be defined by calculating the body mass index (BMI). This involves measuring a person’s weight and height and then calculating the weight in kilograms divided by height in meters squared, rounded to one decimal place.⁴

As a measure, BMI is a simple, accessible, and ingrained screening tool for health care providers to evaluate overweight and obesity in patients to signal increased risk for certain chronic conditions. However, natural variations in sex, age, and ethnicity limit the accuracy of BMI. Moreover, calculating one’s BMI does not directly measure fat, thereby not accounting for body fat distribution,⁴ and does not capture the complex relationship between one’s body composition and health risks. In fact, the BMI formula, first developed approximately 200 years ago, and its subsequent standardized category cutoffs were determined through studies that included only non-Hispanic white men.⁶ For these reasons, waist circumference, visceral fat, genetic and metabolic factors, and

One Size Does Not Fit All

Weight Management Plans for Individuals



the body adiposity index are more useful measurements for clinicians to assess risk in patients.^{5,6}

Fighting Tooth and Claw?

Certainly, many factors can contribute to overweight and obesity, from dietary patterns to lack of sleep or physical activity, genetics and family history, medications, and other influences. Whatever the contributing factors, weight loss management can be a crucial component of an individual's efforts to be healthy.

In 1980, the U.S. Department of Agriculture and U.S. Department of Health and Human Services published the first *Dietary Guidelines for Americans*, a compendium of food and nutritional recommendations that provide a foundation for federal nutrition standards.⁷ As such, the guidelines provide a good starting point for understanding the role and challenges of nutrition and diet in fostering health.

Since 1990, Congress has required the guidelines to be updated every five

years. Accordingly, *Dietary Guidelines for Americans, 2025-2030* will soon replace the current *Dietary Guidelines for Americans, 2020-2025*.⁷

The most recent guidelines review four key categories that cover information on the following⁸:

- Following healthy dietary patterns at every life stage
- Customizing nutrient-dense food and beverage choices for various individuals and populations
- Meeting food group needs within calorie limits
- Observing dietary limits on added sugars, saturated fat, sodium, and alcoholic beverages

Within this framework, the guidelines provide the following recommendations:

- Limiting added sugars to less than 10% of calories per day for ages 2 and older and avoiding added sugars for infants and toddlers.
- Limiting saturated fat to less than 10%

of calories per day starting at age 2.

- Limiting sodium intake to less than 2,300 mg per day (or even less if younger than 14).
- Limiting alcoholic beverages (if consumed) to two drinks or less a day for men and one drink or less a day for women.⁸

While these recommendations provide a solid foundation for a healthy diet, weight loss diets can vary considerably in their approach. In fact, many popular diet plans are promoted as solutions to improved health and weight loss, such as the Mediterranean, low-carb, vegan, and plant-based diets. There are also different approaches to calorie control, from consistent daily calorie restriction to alternatives such as calorie cycling, intermittent fasting, and other methods.

Admittedly, it can be confusing for individuals to know what dietary approach is personally best for them. For those who want to start a healthy nutrition program, especially when a health diagnosis is involved, it can

be helpful to identify their weight and health goals and develop a plan to achieve them. As many diet and nutrition experts emphasize, the focus on weight loss should be viewed in the broader context of one's overall health and how to improve it sustainably.

"My overall philosophy toward nutrition and weight management is centered around balance, sustainability, and personalization," says Kristen Smith, MS, RDN, an Atlanta-based spokesperson for the Academy of Nutrition and Dietetics. "I believe that healthy eating should enhance your life—not restrict it. Rather than focusing on rigid diets or short-term fixes, I emphasize building habits that can be maintained over time, rooted in evidence-based nutrition principles."

"Balance is a key part of this approach—balance across food groups, macronutrients, and, importantly, in mindset," suggests Smith. "A healthy eating pattern includes a wide variety of foods, allowing for both nutrient-dense options and foods that bring enjoyment. I encourage clients to focus on progress, not perfection, helping them develop a positive relationship with food and their bodies. The key challenges to achieving and maintaining weight loss for most adults include unrealistic expectations, restrictive diets, and the difficulty of sustaining long-term behavior changes amid busy lifestyles and social pressures."

A successful diet plan should be tailored to the individual, with a realistic focus on a person's particular needs and goals. "Trying to fit yourself into someone else's idea of healthy is not healthy," says Jennifer Bruning, MS, RDN, LDN, a spokes-

The U in Nutrition

"Determining the best dietary strategy for a patient or client is highly individualized and depends on several factors, including personal preferences, cultural background, health status, and lifestyle. I focus on finding an approach that aligns with a person's goals and is both nutritionally balanced and sustainable long term, rather than promoting one diet for all my clients. By assessing what's realistic and enjoyable for the individual, I can help them adopt habits they're more likely to maintain, leading to lasting health benefits and improved overall well-being."

—Kristen Smith, MS, RDN

person for the Academy of Nutrition and Dietetics in Chicago. "Nutrition must be personalized to be what is healthy for you! The weight loss philosophy that I see being effective for many people is: don't focus on weight loss. Making 'I want to lose weight' the primary goal is often [unsustainable], because that is not something you can actually *do*, as in, that's not an action you can take. What you can do is focus on strength training and have a goal of weight-lifting sessions, for example. Or, you can have a daily fiber intake goal or a modest calorie deficit goal, and take the steps of logging your food intake. Weight loss can then be the result or side effect of actions that you take."

Experts Weigh In

While many people start a diet on their own, in many instances, meeting with a registered dietitian nutritionist (RDN) can

be beneficial. "A person should seek the assistance of a registered dietitian nutritionist when they need expert guidance on nutrition for managing medical conditions such as diabetes, heart disease, gastrointestinal disorders, or obesity or when they want personalized support for achieving health and wellness goals," says Smith. "While referrals

are often made through a primary care provider for managing medical conditions, many individuals also choose to self-refer for support with weight management and overall wellness goals.

"As part of the health care team, RDNs collaborate closely with physicians, nurses, and other allied health professionals to provide evidence-based nutrition care," adds Smith. "They assess individual needs, develop tailored nutrition plans, monitor progress, and communicate findings to ensure a coordinated approach that supports the patient's overall treatment plan and long-term health outcomes."

Indeed, a timely referral to an RDN can be an essential step in ensuring patients receive comprehensive care. "Collaborating with an RDN can happen at any point in your health care or weight loss journey, but most people find it most impactful if you

can meet with a dietitian at the outset," remarks Bruning. "Whether that is a weight loss goal or help with a new diagnosis, working with an RDN can help you with realistic goal setting and advice on how to change habits to meet that goal."

"It's worth asking your [general practitioner] if they have a dietitian they can refer you to," says Bruning. "Often, we see

Calorie Cycling

One popular alternative to consistent calorie-restrictive diets is calorie cycling (or calorie shifting). Calorie cycling is a dietary approach that involves alternating between high- and low-calorie days to lose weight. Advocates believe the approach can improve diet adherence, boost metabolism, and curb hunger by increasing hormones such as leptin and dopamine, which play a role in appetite regulation.

Calorie cycling involves increased food intake on select days to provide energy and maintain and repair muscle. These higher-calorie days are accompanied by low-calorie days to establish a consistent overall calorie deficit over the week, which is necessary for weight loss. The diet may be a flexible option for those who find it difficult to adhere to a consistent calorie-restriction diet.¹¹

this more with specialists like a gastroenterologist. Many dietitians specialize just like [physicians] do, so these collaborations make a lot of sense for all health care professionals involved, as well as patients or clients. You may need a referral in certain specialized cases, usually involving Medicare. But if your [physician] doesn't work with an RDN, you don't necessarily need a referral for general questions or for help with weight loss."

If a person's physician does not work with an RDN, Bruning suggests they use the "Find a Nutrition Expert" resource available on the Academy of Nutrition and Dietetics website. This database lists credentialed nutrition and dietetics practitioners by location, specialty, language, and insurance and payment options. The database also includes telehealth options.

With so many dietary strategies to choose from, how does Bruning determine what dietary approach might be best for a particular client? "What the client is already doing; what foods they like, have access to, and can afford; what they know how to prep or cook; how much time they have for shopping and cooking; and what allergies or intolerances they have are important considerations," she observes. "Adding in past and current health status, what medications a person takes, foods or cooking practices of cultural importance, viewpoints on sustainability or animal welfare, family considerations, etc., helps to round out who your client is and what foods or patterns might work well for their individual situation."

The key to success is perhaps finding recommendations that actually work for the individual. "Diet patterns or plans can

Dietary Guidelines for Americans

An underlying premise of the *Dietary Guidelines for Americans* is that nutritional needs should be met primarily from nutrient-dense foods and beverages. These provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium.

These core elements make up a healthy dietary pattern:

- **Vegetables of all types**—dark green, red and orange, starchy, and other vegetables
- **Fruits**, especially whole fruit
- **Grains**, at least half of which are whole grains
- **Dairy**, including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives
- **Protein foods**, including lean meats, poultry, and eggs; seafood; beans, peas, and lentils; and nuts, seeds, and soy products
- **Oils**, including vegetable oils and oils in food, such as seafood and nuts¹⁰

give helpful guidance, but those plans need to be altered to fit what works for the person [rather than] the person having to give up important aspects of their life to fit a diet," says Bruning. "For example, if someone is of a culture that is not part of the Mediterranean region, then assigning them a Mediterranean diet plan may not be the best fit, unless they have a goal of eating more Mediterranean foods. However, the pattern represented in the Mediterranean diet can be applied to individual eating plans based on that person's preferences or heritage: in this case, it would be a focus on lots of vegetables and fruits, whole grains, [and] animal protein from fish and seafood with less poultry and limited red meat. An individual can fill those broad categories with the foods that matter to them. An individualized approach is something that you can expect from working with a qualified nutrition professional like a registered dietitian."

Paws and Effect

In primary care and other medical settings, the role of an RDN goes beyond offering general nutritional or dieting advice. As licensed and credentialed professionals, RDNs are integral members of the health care team, providing medical nutrition ther-

apy (MNT) to manage a variety of health conditions and diseases. In turn, RDNs may also have certification in specialized areas of care such as oncology, pediatrics, and renal care.

"[MNT] differs from general nutrition or dietary counseling in that it is a clinical, evidence-based approach used to manage or treat specific medical conditions through individualized nutrition assessment, diagnosis, intervention, and monitoring," explains Smith. "For example, a patient newly diagnosed with type 2 diabetes may

receive MNT to support blood glucose management. The RDN would evaluate the patient's current eating habits, medications, and [laboratory] results, then develop an individualized meal plan focused on carbohydrate consistency, portion control, and overall balanced nutrition. During follow-up visits, the RDN would review glucose records, make necessary adjustments to the plan, and collaborate with the health care team to help achieve optimal outcomes."

MNT provides practitioners with a "systematic problem-solving method" to aid their decision-making and safely address nutrition-related health problems.⁹ "General nutrition *counseling* provides guidance for behavior change, while nutrition *education* provides information only," adds Bruning. "Medical nutrition *therapy* encompasses not only nutrition education and counseling, but the medical aspects of an individual's life, like past and current diagnosis or medical concerns, plus medications and/or treatments that impact nutrition status—think dialysis or chemotherapy. RDNs are uniquely qualified to create appropriate and medically supervised nutrition plans to treat or manage various health conditions."

"In the example of a client seeking support for weight loss, general information like,

‘you need to be in a calorie deficit to lose weight—try eating foods with more fiber to stay full, and track your eating with a nutrition data app,’ would be nutrition counseling and education,” says Bruning. “If the client needs individual considerations to be taken into account, it then becomes a situation of needing medical nutrition therapy. In this example, that could look like a client sharing a diagnosis of diabetes, [a] past eating disorder, or [an] allergy to certain foods. That is why working with an RDN is the best bet for most people. Rarely does a person have such a straightforward health status that no medical nutrition therapy is needed.”

No Patient Too Small

In his work with young patients and their families at Advocate Lutheran General Hospital in Park Ridge, Illinois, pediatric cardiologist David Thoele, MD, is a strong believer in establishing healthy nutritional and lifestyle practices from an early age.

“My philosophy about caring for all children is that you’re better off to build healthy hearts from the get-go by leading a healthy lifestyle, with a focus on prevention,” says Dr. Thoele. “What many people get sick and die from—heart attacks, strokes, cancer, diabetes, [and] kidney disease—are often preventable by eating healthy food, exercising, and having good relationships. For instance, even if I’m seeing a baby for a heart murmur, I will spend a fair amount of time talking to the parents about the importance of setting up a healthy lifestyle—eating fruits, vegetables, and whole grain foods; avoiding junk food; [not smoking or vaping]; [brushing] and [flossing] your teeth; and so on. These concerns

The Bear Necessities

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are not [yet] relevant for a baby but will be down the road.” He emphasizes these issues for patients of all body types.

How does Dr. Thoele approach care for pediatric patients who are overweight? “Patients referred to me who are overweight very often have comorbidities such as high cholesterol, high triglycerides, and high blood pressure,” he reports. “They might have pre-diabetes or type 2 diabetes, which can be related to lifestyle. I always take an overall inventory of patients with these issues. I go into detail in terms of their diet; ask what they eat for breakfast, lunch, and dinner; ask about exercise; and emphasize

my concern for them.”

The latter point is especially vital, says Dr. Thoele: “I always try to develop a relationship and connection with my patients. Even if you are giving good advice, if you don’t have a good therapeutic relationship with a patient, if they don’t know you care about them, they may be less likely to listen to you. I also pretty much never emphasize a need to lose weight. ... I have found that when people repeatedly tell a person they’re overweight, that they need to lose weight, it doesn’t work. It’s just not successful. However, if you emphasize the importance of a healthy lifestyle, that can sometimes get the person to make positive changes.”

In his patient-centered approach, Dr. Thoele strives to motivate and empower patients to make healthy changes in their daily routines. “If the patient is doing something right, and they usually are doing something right—eating vegetables or fish or exercising, for example—I’ll start with emphasizing what they’re doing right and applaud and encourage that,” he says. “I’ll then make specific suggestions, which often

involve things like cutting down on ... junk food, or maybe even eating more food. For instance, people who are overweight often will not eat breakfast. I might suggest they have something for breakfast, because if they skip breakfast, they’re likely going to go to lunch very hungry. They are more likely to overeat then and not eat the healthiest foods for lunch.”

To engage with patients, Dr. Thoele might also share with patients and their families what he personally does to feel good and stay healthy, including his diet, exercise habits, and other lifestyle choices. “I try

Bear with Me

“With weight loss and diet, patient education is very important. The provider obviously has the ultimate say about what kind of diet or nutrition strategy the patient needs. But the medical assistant’s [role] can be to hone in and educate or reinforce the provider’s recommendations.

“In my family, heart disease is very prevalent. My grandfather, uncle, and, more recently, mother all died from cardiac arrest. I noticed that after [my mother] retired, she would take care of her family, picking up the grandkids from school or day care, but during the day, she would sit a lot. Looking back, I think her not moving and being as active as she could have been really contributed to her [cardiologic] complications along with her family history.

“Consequently, my brother and I have gone through extensive cardiology work-ups, including lipoprotein panels for total cholesterol, familial cholesterol, and lipoprotein a. I also work with a nutritional therapist to overcome that familial history and break that cycle. In terms of heart health, I think a lot of it comes down to what you eat every day and how you move. For myself, it’s not so much a specific diet but a clean and healthy diet with more fiber, taking fish oil, and moving, walking—even very minimal strength training with 5-pound weights is helpful.”

—Melody P. Gibson, MHRD, CMA (AAMA), CPT (ASPT), Associate Dean of Allied Health Programs at Gaston College in North Carolina

to recommend whole-grain carbohydrates and including some protein with every meal,” he suggests. “The proteins I like are foods with a lot of omega-3 fatty acids [e.g., a group of essential polyunsaturated fats obtained through diet or supplementation] such as fish, walnuts, almonds, and pumpkin seeds. As for exercise, I tell patients the best exercise is the one you will actually do. For myself, I like bicycle riding.”

While he emphasizes the long-term health benefits of a nutritious diet and exercise, Dr. Thoele also reminds patients of the short-term benefits. “They’re actually going to feel better now,” he says. “They will have more energy and get through the day better—maybe have less anxiety or depression. And hopefully, down the road, they will not have other health problems. In my experience, I have found that if I hang in there with my patients, very often they’ll make some changes and have success with their health goals.”

Patient Care Just Right

As Dr. Thoele and other experts suggest, working with patients who need and want to lose weight requires both sensitivity and a positive, nonjudgmental approach to care. This message resonates with Kelsie Spetelunas, CMA (AAMA), a team lead in primary care at Dartmouth Hitchcock Medical Center in Lebanon, New Hampshire.

“I struggled with my weight growing up and had gastric bypass surgery in 2020,” says Spetelunas. “I think it’s very important for staff to be sensitive to the stigma that patients with obesity or weight issues can feel about their condition. I’m kind of a point person now in our clinic to answer questions patients might have about weight management on a more personal level. Not only have I lived it myself, but I am helping patients who have questions they might not feel comfortable asking someone who hasn’t gone through these personal challenges.”

“One question I get quite often involves the stigma around being obese and how I dealt with that,” says Spetelunas. “I also get a lot of questions from patients regarding the support system that I have. I talk about

these issues freely with people. I think just being open and honest with patients, letting them know it’s not a quick fix to address these issues [and that] it’s a lifelong journey, and [recommend using] a support system is incredibly needed for these patients.”

Spetelunas agrees that many obese or overweight patients can benefit from working with an RDN. “Working with a dietitian is important at any stage,” she says. “Whether you need to lose weight or you’ve already lost the weight and want to make sure you are maintaining and doing it properly, [at] every stage of the journey it is important to work with your dietitian. They can help if you get in a rut—if you end up having what’s called a stall. They can help you work through that. I continue to see my dietitian yearly. My dietitian is someone I can rely on if I’m having a hard time. I can send an email, and she’ll respond and help me walk through that hard time.”

In the clinic, Spetelunas says she finds it very rewarding to be a support for patients. “I’ve had some great experiences with patients,” she reports. “One recent experience was with a patient I spoke with about weight loss, who had told me how important it was for her to become a mom. That was her goal. She has now lost 40 pounds and just recently found out that she is pregnant. This was after trying for years and years. She came to the clinic just to tell me the news. She didn’t even have an appointment. She was so excited to let me know that I had made a difference in her life. And that felt really good.”

Patients should know that their primary care team is there to help, not to judge, and to make sure they are healthy and making the right choices, says Spetelunas. In turn, she encourages patients to advocate for themselves, to ask for help from their providers when they need it, and to understand that weight management is not just about taking medication or undergoing surgery but about making positive daily choices that support their health over the course of a lifetime. ♦

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