

# Fit and Fat

It is well documented that being overweight or obese is associated with numerous serious health risks. However, researchers have been finding that people can be healthy, fit *and* fat. Philip Walker, MS, managing partner of the Dallas-based Walker Wellness Clinic, a comprehensive eating disorder treatment center incorporating psychotherapy, medication management, nutrition therapy and exercise prescription, offers insights into this issue.

## 1. The Way Obesity Is Measured Can Be Misleading.

In 1998 the National Heart, Lung and Blood Institute released the first federal guidelines on identifying, evaluating and treating overweight and obesity in adults. These guidelines lowered the thresholds for being obese and overweight, instantly putting many more people in these categories. The institute defined being overweight as having a body mass index (BMI) of 25 to 29.9 and being obese as having a BMI of 30 or above. (BMI is calculated as weight in kilograms divided by height in meters squared.)

Using BMI as an obesity measurement has its limitations. BMI is not a reliable predictor of fitness level or blood pressure and does not distinguish between lean and fat tissue (the single most important factor in determining obesity). Moreover, BMI does not take into account race, ethnicity, age or gender. For these reasons, some researchers have warned that using BMI as the sole measurement of healthy weight may do more harm than good.

**2. Research Says You Can Be Fit and Fat.** To the question “Can a person be healthy *and* fat?” an increasing number of experts are answering, “Yes!” Researchers examined 21,925 men of all shapes and sizes. The investigators assessed the men’s body composition and then closely monitored their medical histories for an average of 8 years. They found that the men who were fat and fit did not have an elevated mortality rate. In fact, the fat, fit men had a *lower* mortality rate than the normal-weight men who were unfit. Other studies have confirmed that low fitness, caused by being sedentary, is more important than obesity as an indicator of mortality and that poor cardiorespiratory fitness is a strong, independent predictor of death by any cause (Lee, Blair & Jackson, 1999, *Journal of the American Medical Association*, 69 [3]).

**3. Doctors Often Fail to Emphasize Exercise.** Using indicators like BMI, medical professionals continue to focus on weight loss alone, neglecting exercise. Yet exercise can result in substantial levels of aerobic fitness, flexibility and muscular strength and endurance.

**4. Losing Weight Isn’t Always the Answer.** There is no doubt that weight loss can benefit the health of many people who are defined as obese or overweight, particularly if the weight is lost by making permanent lifestyle changes, such as adhering to a healthier diet and participating in regular exercise. However, the reality is that losing weight is daunting to those who have constantly struggled with their weight.

Is weight loss really necessary for *all* overweight or obese people? Although weight reductions as small as 3 to 9 percent of body weight have been shown to improve health in people with risk factors (Hermansen, 2000, *British Journal of Nutrition*, 83), it is still unclear whether weight loss is advantageous in those who are overweight and *healthy*.

**5. Fit and Fat Role Models Show the Way.** An increasing number of people are living proof that it is possible to be fit and fat. Take Dave Alexander, for example. At 5 feet 8 inches tall, he weighs 250 pounds, has a BMI of 38 and is considered morbidly obese. He has also completed 264 triathlons. A typical training week consists of swimming 5 miles, running 30 and cycling 200. He has a resting pulse of 60 beats per minute, his blood pressure is 120 over 80, and he has perfectly normal stress level results. In short, he is a fit, healthy athlete.

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