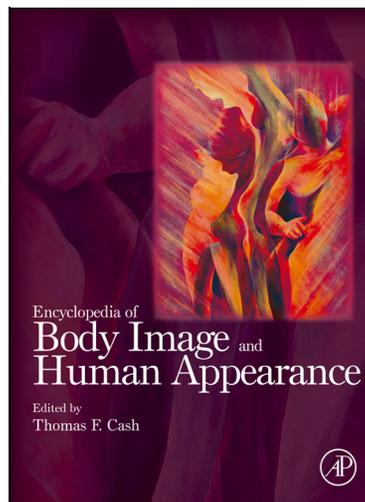


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## Self-Guided Weight Loss

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### Introduction

Self-help approaches to weight control play an increasingly important role in addressing the obesity epidemic. Self-guided weight loss programs typically are defined as those in which the dieter is the primary agent of change, with minimal professional assistance. For example, a self-help dieter may follow a program from a popular diet book, such as *Dr. Atkins' New Diet Revolution*, or devise one's own plan for weight loss. (Use of commercial programs is not considered to fall within the category of self-guided dieting and is not examined here. Commercial programs are discussed elsewhere in this encyclopedia.) Many dieters are eager to develop and direct their own weight loss programs. Some do so because they wish to forgo the expense or perceived inconvenience of professional care or commercial programs. Others embark on self-guided weight loss because directed weight loss services are not available to them (e.g., in underserved communities), they have particular barriers to seeking treatment (e.g., transportation or child care), or they are uncomfortable discussing their weight control with a professional. Some self-guided dieters attempt weight loss with complete autonomy. Others seek a minimal amount of support or guidance from books, a community-based program of peers, or the Internet. This article will describe the use of self-guided dieting, evaluate its effectiveness, and provide recommendations for professionals. Self-guided dieting in adults, but not children or adolescents, will be examined. Research on the relationship between self-help dieting and body image will also be reviewed.

### Strategies Commonly Used By Self-Guided Dieters: Description and Effectiveness

At any given time, up to one-third of American adults report dieting. Of those, only a small percentage diet under the direction of a professional or a commercial weight loss program, whereas many more report developing their own diets; following a diet recommended by another person, book, magazine, or found on the Internet; or seeking out a minimal level of support from a community-based program. Self-guided dieting appears to be among the most prevalent weight loss methods utilized, in part, because it is relatively inexpensive and easily accessible. This section will describe the strategies used by self-guided dieters and the general effectiveness of this method. The body of research on self-guided dieting is small because many of these dieters are by definition not part of programs that collect information on outcomes. However, because this appears to be the most commonly used approach to dieting, findings from large national studies of dieters from the general population can be assumed to include a large proportion of self-guided dieters.

### Nutrition

In order to lose weight, dieters need to create a negative energy balance, in which the number of calories ingested from food and beverages is less than the number of calories expended through physical activity and other components of metabolism. Most dieters report changing the amount or type of food they eat in order to achieve weight loss. About half of dieters report reducing calories or fat. During dieting, self-reported daily calorie intake averages 1650 calories for women and 2400 calories for men. Approximately one-third of calories are reported to be from fat. A balanced-deficit diet, in which daily calorie intake is reduced by approximately 500 calories (i.e., a goal of 1200–1800 calories per day), is most similar to the type of diet that is prescribed in state-of-the-art behavioral treatment programs. A balanced-deficit diet should produce approximately 0.5 kg per week of weight loss.

Many self-guided dieters facilitate calorie restriction not by counting calories, but by eliminating or reducing consumption of a class of macronutrients, such as fat or carbohydrate. Randomized controlled trials indicate that diets that vary in macronutrient composition typically produce similar amounts of weight loss, particularly when weight loss is evaluated over longer periods of time (e.g., 1 year or longer). Some self-guided dieters find that restricting fat or carbohydrate intake can make food choices and menu planning easier than counting calories. Many dieters report that the structure provided by such an approach is helpful. Other popular or 'fad' diets that self-guided dieters use vary widely in nutritional composition. Examples of such diets include the 'Abs Diet', which advises that 12 'power foods' (including nuts, beans, olive oil, oatmeal, and berries) be eaten at most meals and snacks, or the 'Master Cleanse', a diet during which only a drink made of lemons, maple syrup, and cayenne pepper is consumed. Many popular diets, such as those that focus on balancing pH or matching diet to blood type, have no evidence base for effectiveness or safety. Popular diets that promote total or modified fasting can cause adverse events such as fatigue, weakness, lightheadedness, gallstones, changes in vital signs, and nutrient deficiency. Any individual following a very-low-calorie diet (i.e., 800–1000 calories per day or less) requires medical supervision to monitor potential adverse events, thus such programs are not appropriate for self-guided dieters.

Many self-guided dieters ultimately struggle to reduce their calorie intake in a consistent and sustained way. These dieters often feel frustrated with a slow rate of weight loss and a modest amount of total weight lost. One source of this challenge is that most individuals, particularly overweight and obese individuals, tend to underestimate their calorie intake. In structured programs, dieters often receive training in portion size estimation and are instructed to weigh, measure, and record their portion sizes and calorie intake. This can increase the accuracy of calorie intake estimations and promote better adherence to a calorie goal. Unfortunately, self-guided dieters

are unlikely to be using these skills, and this can prevent individuals from reducing their calorie intake enough to produce meaningful weight loss.

Another challenge in reducing calorie intake is that adults generally consume a consistent volume of food on a day-to-day basis. Dieters who reduce their volume of food intake in an attempt to lose weight may struggle with hunger and feelings of deprivation. To address this challenge, some structured weight loss programs recommend that participants adjust the energy density of the diet (i.e., the average number of calories per gram of food). Foods that are low in energy density are typically low in fat and have a relatively high composition of fiber or water. Increasing the intake of such foods during a diet, while decreasing intake of foods that are high in energy density, should allow a dieter to continue to eat a large volume of food while reducing calorie intake. Self-guided dieters may not be aware of how strategies such as this can be used to target feelings of hunger or deprivation.

Long-term adherence is the critical challenge with most changes to dietary intake. Self-guided dieters typically find that they can adopt dietary changes in the short term, producing a small amount of weight loss, but that calorie intake soon returns to baseline levels and weight regain occurs. While negative body image or self-perception is frequently reported as a motivating factor in dieting efforts, little is known about how body image may influence the process of changing one's eating behavior or how such changes in eating behavior influence the body image of self-guided dieters.

### Physical Activity

Physical activity, discussed elsewhere in this encyclopedia, also plays an important role in successful weight loss. Experts recommend that all adults engage in a minimum of 150 min per week of physical activity. Adults who are attempting to control their weight are advised to exercise 200–300 min per week. However, the majority of self-help dieters engage in insufficient amounts of exercise. One-half to two-thirds of those attempting weight loss include physical activity in their weight loss plan, and many of those individuals are exercising for less than 150 min per week. The more overweight a person is, the less likely they are to engage in exercise as part of their weight loss attempts. Engaging in a high amount of physical activity is one of the best predictors of successful weight loss maintenance. Low levels of physical activity are likely contributing to the discouraging results that many self-guided dieters experience, particularly with regard to weight loss maintenance.

Lifestyle activity, which involves incorporating short bouts of moderate-intensity exercise into a daily routine (e.g., walking instead of driving and taking the stairs instead of the elevator), is an ideal activity for overweight or obese adults, because it addresses barriers such as physical discomfort, self-consciousness, and limited free time for exercise. Dieters most commonly report brisk walking as their primary form of exercise. Self-guided dieters may also be successful if they use home-based exercise equipment (e.g., place a treadmill or stationary bicycle in the living room).

Individuals who engage in exercise tend to have more positive body image than do non-exercisers, especially those who engage in aerobic exercise. Self-guided dieters with poor body image may be less willing to engage in physical activity.

However, intervention studies have shown that body image typically improves during the course of a program promoting physical activity. While such studies have not been specifically conducted with self-guided dieters, the relationship between exercise and body image could likely be expected to exist in this population.

### Other Behaviors

In addition to changing eating behaviors and increasing exercise, some self-guided dieters also engage in other weight control behaviors, such as self-monitoring their weight. Regularly weighing oneself can provide reinforcement for healthy eating and physical activity and serve as an early warning signal if weight loss plateaus or if weight is regained. Guidelines for self-monitoring of weight include the following: keeping a written record of weight on a chart or graph; weighing oneself at least weekly, and perhaps daily during weight loss maintenance; and consistently weighing oneself at the same time of day, with the same type and amount of clothing. Weighing oneself is the most prevalent form of self-monitoring, reported by two-thirds of dieters. Self-guided dieters who have a negative body image may have a history of engaging in body avoidance and be reluctant to regularly engage in self-monitoring of weight. Without the support of a structured program to encourage exposure to this behavior, the self-guided dieter with negative body image may continue to avoid it, and doing so may contribute to reduced amount of weight loss compared to structured programs.

Self-monitoring of eating behavior and exercise also appears to be helpful for weight loss. Such records can allow a dieter to easily track progress toward goals, provide a sense of accomplishment, and allow a dieter to act as a 'detective' to learn about patterns of behavior that they wish to maintain or change. Few dieters keep records of food intake, and more dieters should be advised to do so, because behavioral treatment studies have found a strong correlation between frequency of completing food records and amount of weight loss.

Self-guided dieters also often purchase dietary supplements or herbs with the expectation that such a product will facilitate weight loss. Approximately one-third of adults in the United States report that they have used a dietary supplement for weight loss. These products are readily available for purchase over the Internet as well as in drugstores, grocery stores, and health food stores. Examples include bitter orange, chitosan, green tea extract, and hoodia. Products typically claim to increase metabolism, decrease fat absorption, or decrease appetite. Unfortunately, the vast majority of these products have, at best, questionable effectiveness and, at worst, dangerous health consequences.

Dietary supplements do not fall under the purview of the Food and Drug Administration (FDA) or any other regulatory agency. Many dieters mistakenly believe that manufacturers would only be allowed to sell these products if they were safe and effective. In fact, supplement manufacturers are not required to demonstrate the efficacy of their products before marketing and selling them. Typically, dietary supplements have no scientific evidence base to suggest that they produce weight loss. Documentation of any side effects often does not emerge until well after the products have been made available

to the general public. However, the FDA can gather safety data after a product becomes available to consumers and choose to remove a product from the market, as was the case with ephedra, which was eventually banned by the FDA because of increased risk of heart attack and stroke. Other products, such as Hydroxycut, have been linked to serious liver injury and death. The FDA has issued warnings to consumers, but has been unable to ban the products completely, underscoring the difficulty of regulating this industry. The monetary cost of these products can become substantial and the health risks are significant.

Individuals with negative body image may be most likely to engage in risky weight management strategies such as use of dietary supplements.

### **Effectiveness of Self-Guided Dieting for Short-Term and Long-Term Weight Loss and Improvement in Body Image**

There is limited information about the success of self-guided weight loss approaches in the general population. Individuals have commonly reported discontinuing their diets within 3–6 months due to frustration with amount or rate of weight loss or feeling deprived of eating certain foods. The latter may be especially likely to occur for fad diets that attempt to eliminate many types of foods from the diet. Only one-third of dieters have reported that they stopped a diet because they reached their weight loss goal. Across all methods of dieting, an estimated 20% of overweight adults in the general population have reported success with long-term weight loss (i.e., a reduction in weight of at least 10% maintained for at least 1 year). After 5 years, far fewer people have maintained their weight losses, and often people have surpassed their original weight. Among those who have successfully lost weight, the majority reported that they regularly used the following strategies as part of their weight control plan: engaging in physical activity, self-monitoring weight, eating less, and self-monitoring food intake.

Some studies have found that dieters who chose to use a self-guided approach were better able to maintain their weight losses than dieters who chose to use a commercial program. It may be that dieters who chose to lose weight on their own had a stronger sense of self-confidence and self-efficacy regarding their ability to maintain weight losses. It is also possible that individuals who chose to use a self-guided approach had features that in fact made weight control relatively easier for them (e.g., a stronger support system, greater enjoyment of physical activity, and easier time controlling eating habits). Experimental studies have typically found an opposite pattern of results: those randomly assigned to participate in a commercial program were more successful at weight loss than those randomly assigned to self-help. This pattern of results may have occurred because those participants who chose to join a research study were seeking out the opportunity to have more support, structure, and accountability for their weight loss efforts.

Body image has been shown to improve significantly during structured weight loss programs, independent of the amount of weight lost. However, changes in body image during the course of self-guided dieting have not been studied. It is unclear how much of the improvement in body image that typically occurs in structured programs is a result of components such as

learning to restructure negative thoughts about one's weight control efforts. Unfortunately, self-guided dieters and dieters in structured programs are both susceptible to weight regain. When weight regain occurs, decrease in body satisfaction often follows.

### **Lessons from the National Weight Control Registry**

Achieving and maintaining a significant weight loss is challenging for all dieters, including those who use self-guided approaches. The National Weight Control Registry (NWCR) was established to gather information about successful weight loss maintenance. To qualify for the NWCR, individuals must have successfully lost at least 13.6 kg and maintained their weight loss for at least 1 year. To date, over 6000 individuals have enrolled in the NWCR, which is now maintained over the Internet. Members currently enrolled in the NWCR have lost an average of approximately 30 kg and kept it off for several years. Most adults who attempt to diet are unable to achieve and sustain large weight losses, thus the members of the NWCR are unique in their success. Valuable information can be learned from these individuals. About one-third of NWCR members reported having lost weight on their own (i.e., their weight loss was achieved without the help of a structured program or professional). These data indicate that self-help approaches can be used to achieve and maintain a large weight loss.

### **Characteristics of Self-Guided Dieters**

Within the NWCR, self-guided dieters have been compared to those who used commercial programs to lose weight. They did not differ in age, education level, or ethnicity. However, men were more likely than women to report using self-guided approaches, and women were more likely than men to report using commercial approaches. This gender difference has been seen in other samples of dieters as well. Much like studies of the general population of dieters, self-guided dieters maintained their weight loss significantly longer than those who participated in commercial programs. Also, self-guided dieters in the NWCR were less overweight at the start of weight loss, and had a lower body mass index (BMI = kg weight divided by m height squared) upon entry to the NWCR than those in commercial programs. The latter two differences were consistent with findings that showed that the likelihood of joining a commercial weight loss program was higher for those people who were more overweight. Self-guided dieters in the NWCR, compared to those who used a commercial program, more often reported never having attempted weight loss previously. Self-guided dieters also scored significantly lower on measures of disinhibited eating, indicating that those successful at self-guided dieting may have had more cognitive control over their eating behaviors.

### **Weight Loss Strategies**

Self-guided dieters in the NWCR reported that during their initial weight loss they used strategies such as decreasing intake of unhealthy foods, controlling portion size, and limiting intake of certain types of foods, such as desserts or fats. It was

also common for these individuals to report that they reduced the quantity of all foods eaten and used fat- or calorie-modified foods. Self-guided dieters also reported exercising for an average of 6 h per week during weight loss, much higher than the level of activity reported by dieters in the general population. The vast majority of NWCR participants reported that they made changes in both eating and exercise to lose weight.

### Weight Loss Maintenance Strategies

NWCR members have also provided information regarding their weight loss maintenance strategies. Self-guided dieters reported using fewer weight loss maintenance strategies than their commercial program counterparts, indicating that they may have undertaken a simpler approach to long-term weight control. Strategies used included keeping healthy food in the home, frequent monitoring of weight, and buying books or magazines about health and nutrition. As might be expected, self-guided dieters also reported less frequently using strategies that are commonly taught in commercial programs, such as stimulus control.

There are also many weight loss maintenance behaviors that were engaged in by both self-guided dieters and those who participated in commercial programs. The frequency with which successful weight losers reported using these strategies underscores their importance for long-term weight management. During weight loss maintenance, most NWCR members consumed a low-calorie, low-fat diet. Women consumed an average of 1295 calories per day and men consumed an average of 1723 calories per day. Across genders, NWCR participants reported an average of 27% of calories from fat, 19% of calories from protein, and 54% of calories from carbohydrates. Self-guided dieters also continued to engage in high levels of physical activity during weight loss maintenance: approximately 1 h per day of moderate-intensity physical activity, or 30–45 min per day of high-intensity physical activity. Most NWCR members reported eating breakfast every day and following a consistent diet regardless of holidays, weekends, or vacations. Nearly all members weighed themselves weekly, and most self-weighed daily. They limited television viewing, typically to less than 10 h per week, which is well below the national viewing average in the United States.

Several factors have been shown to predict weight regain in the NWCR, across all types of initial weight loss. Increases in dietary fat intake, decreases in physical activity, increases in television viewing, and inconsistent eating patterns all were predictive of weight regain. Members who maintained weight loss the longest reported using fewer strategies than those who lost weight more recently, and were also less likely to experience weight regain. The lessons from the NWCR make an important contribution to understanding successful weight maintenance. Self-help dieters would be well served to emulate NWCR members when beginning weight loss.

Little research has been conducted on body image in the NWCR. NWCR members who reported experiencing a medical impetus for their weight loss demonstrated greater amount of weight loss and better weight loss maintenance than those who reported that their weight loss was triggered by other factors, including negative body image. It is unclear to what extent body image as a motivation for weight loss is predictive of outcome in the general population of self-guided dieters.

### Sources of Support for Self-Guided Dieters

Many programs are available to provide self-guided dieters with a limited amount of guidance and structure. These programs can be valuable sources of information, provide a sense of accountability, and serve as a resource for problem solving. Many of these programs have not been evaluated with research, and the participants who enroll in research studies may differ from self-guided dieters in the general population, so the effectiveness of these sources of support is difficult to evaluate.

### Bibliotherapy

One way in which guidance can be provided to self-guided dieters is through the use of bibliotherapy. Numerous publishers offer books that can be downloaded to a computer or portable electronic device in addition to traditional formats. Examples of popular bibliotherapy programs include those that provide instructions in a diet, such as Atkins, Zone, South Beach, or Ornish. Authors and editors of these books do not have to meet any standard of effectiveness or safety for the material they publish. While the strategies promoted in some books are based on strong scientific evidence, other books promote programs that are unlikely to produce long-term weight loss. Although many self-guided dieters experience negative body image, most popular books do not provide skills and recommendations for improving body image.

Attrition rates for bibliotherapy programs are often high. Studies have typically found that one-third to one-half of individuals using bibliotherapy discontinued participation within a year of beginning their diet. When bibliotherapy is not combined with clinical support, most dieters lose little or no weight (i.e., 1.0 kg or less). Bibliotherapy elicits greater results when combined with some professional contact, even when the contact is minimal, such as one session of instruction in the weight loss strategies advised by the book or manual, or brief visits at which participants have their weight measured and turn in self-monitoring records. Providing a few sessions of clinical contact can increase weight loss to 1.0–4.0 kg after 1 year. Clinical contact likely motivates dieters to adhere more closely to the plan provided in the book or manual.

### Community-Based Self-Help Programs

Community-based self-help programs for weight loss also provide some support to participants, typically in a group format. Community programs offer an interactive environment for members to share their experiences with peers and receive guidance from those who have experienced their own successful weight loss. The use of volunteers and nonprofessionals as facilitators of such programs allows them to be available at little or no cost to the community members who use them. As such, these programs may be an important resource for providing support to the growing number of adults attempting weight loss. These programs may also give self-guided dieters the opportunity to receive support for body image concerns that they experience.

Overeaters Anonymous (OA) is a community-based program that utilizes the Twelve-Step model of Alcoholics Anonymous to aid individuals in addressing compulsive

overeating. OA asserts that compulsive overeating is a physical, emotional, and spiritual illness, akin to an addiction. Participation in the organization is free and is open to anyone who indicates that they feel powerless over food. Group meetings provide members with an opportunity to share their experiences. Each new member is paired with an established member of the group who acts as their 'sponsor'. Although most OA meetings are face-to-face, the organization offers online and telephone meetings for those who desire greater anonymity or are not able to attend in-person meetings. Members also have the opportunity to subscribe to a magazine that can provide them with guidance to supplement their group meetings. OA does not utilize weigh-ins or provide its participants with a specific diet plan. Although many members join with the intent of focusing on weight loss, they often find that their focus shifts to the emotional problems that OA views as the root of compulsive overeating. There are currently no published reports of weight loss achieved through participation in OA.

Take Off Pounds Sensibly (TOPS) is a nonprofit organization supporting weight loss and wellness education. TOPS offers weekly meetings that emphasize healthy eating, regular exercise, and general wellness in its participants. Participants complete a private weigh-in each week to track their progress. Members discuss behavioral modification skills and provide each other with praise for adhering to their specific eating and exercise goals. Members are provided with a 6-week lesson plan booklet and receive a 1-year membership to the organization's magazine. Once individuals reach their goal weight, they receive maintenance support through Keep Off Pounds Sensibly and continue to attend weekly meetings. The research on TOPS is limited but promising. The largest study to date examined data from thousands of participants who remained in the program for at least 2 consecutive years. Approximately half of those participants lost at least 5% of their weight and maintained that weight loss for at least 1 year. These results indicate that this program has the potential to produce medically significant weight losses, with good weight loss maintenance. However, it is important to note that the majority of TOPS participants stay in the program for less than 2 years. Because the study did not include participants who discontinued participation earlier, it is likely that the results overestimated average amounts of weight loss (assuming that individuals with difficulty losing weight were most likely to drop out).

### Meal Replacements

Some dieters who are eager to increase the structure of their eating without professional treatment choose to follow a plan of meal replacements. Meal replacements, which include liquid shakes and meal bars (and sometimes frozen food entrees), provide dieters with a fixed amount of food with a known calorie content. Companies such as Slim Fast, Nutrisystem, and Health Management Resources offer a wide range of meal replacement products and provide additional options for dieters with specific dietary restrictions or preferences (i.e., basic, diabetic, and vegetarian options for both men and women). A typical meal replacement plan recommends replacing two meals per day with a commercially available, low-calorie liquid shake, while continuing to eat one meal per day of

conventional food. Total calorie intake on such a plan is usually 1200–1800 kcal day<sup>-1</sup>. Meal replacement products are often fortified with vitamins and minerals and they contain low amounts of fat. Dieters know precisely how many calories they have consumed when eating meal replacements. By contrast, as noted previously, they typically underestimate their calorie intake by 40–50% when consuming a diet of conventional foods. In addition, meal replacements often reduce dieters' contact with problem foods and reduce the difficulties they may experience in deciding what to eat. Meal replacements are also relatively inexpensive compared to conventional foods and require little preparation.

A meta-analysis of randomized, controlled trials of obese adults showed that those assigned to follow a meal replacement diet lost more weight than those assigned to follow a conventional low-calorie diet. Participants using meal replacements were also less likely to discontinue treatment than those following a conventional diet, suggesting that the acceptability of this approach was relatively high. One caveat of this research is that when meal replacements were studied, the research program often provided some form of support to participants, such as brief meetings with a nutritionist. Dieters who use meal replacements without that support may experience less weight loss. Nonetheless, meal replacements appear to be an effective strategy for self-guided weight loss.

### Internet-Based Programs

Many dieters are increasingly interested in using the Internet as a weight loss resource. Internet-based weight loss programs such as eDiets.com and DietWatch.com may be more appealing to some dieters than traditional, face-to-face programs for several reasons: Internet programs may be less expensive; intervention resources often can be used at any time, so consistency in scheduling is not necessary; transportation and child care do not need to be arranged; and participants have a certain amount of anonymity, which can be beneficial for those who experience self-consciousness with regard to weight control. In underserved communities, face-to-face programs may also not be readily available. Internet programs can offer some of the same benefits of face-to-face programs, including receiving social support, sharing information, and developing a sense of accountability and friendly competition. Internet-based programs that deliver lifestyle modification to obese adults are typically more effective than minimal treatment, but less effective than face-to-face treatment. Additional Internet-based programs have also been created to address the needs of specific populations, such as those who have undergone bariatric surgery. The fee for Internet-based programs is typically a few dollars per week. Most programs offer participants a wide range of options to personalize their diet and exercise plan and provide a format for monitoring eating and exercise behaviors. Programs often provide information on goal setting, positive thinking, managing emotions, and body image. Community support is available via chat rooms, blogs, and message boards. Programs that offer feedback features, such as progress charts, and social support features, such as Web chats with other participants, may be especially effective. Participant use of Web site features appears critical to success: those dieters who most frequently use the Web site resources are the most successful.

The convenience offered through Internet-based weight loss programs may soon be surpassed by that of programs that are delivered via smart phones. Smart phones provide users with an opportunity to download applications that can be easily accessed, at any time, through their handheld device. These programs may be especially useful for allowing dieters to engage in self-monitoring of eating and physical activity. In addition to allowing for real-time recording of behaviors, the programs often allow users to easily, or even automatically, access information such as the amount of calories expended by a particular activity or the amount of calories consumed in a particular meal. Daily totals and averages are automatically calculated for users. Some applications can also be used to monitor daily changes in weight. It is unknown what influence Internet- and smart phone-based programs have on body image.

### Conclusions and Future Directions

With obesity at high rates, many adults are attempting weight loss. Self-guided dieting, in which an individual attempts weight loss with minimal professional assistance, is one of the most common methods used. Unfortunately, many self-guided dieters find that they are unable to attain meaningful weight losses, and weight that is lost is often regained within a few years. Data from the NWCR demonstrate that it is possible for self-guided dieters to lose a large amount of weight and maintain that weight loss for several years. Self-guided dieters might have most success when they adhere to a reduced-calorie plan of eating, engage in high levels of physical activity (e.g., brisk walking for an hour per day), keep records of their eating and physical activity, and monitor changes in their weight. Limiting intake of certain types of foods and limiting the quantity of all foods eaten may be helpful. Maximizing structure in an eating plan, such as through use of meal replacements, can also increase weight loss. A sense of accountability for weight loss also appears to be important. Self-guided dieters are likely to benefit from having regular contact with a group of other dieters or making occasional, brief visits to a professional (e.g., to have weight recorded).

The body of research on self-guided dieting is small. Studying self-guided dieters is difficult, in part, because the regular monitoring that is inherent in research studies may provide a benefit to self-guided dieters and thus the results might overestimate the amount of weight loss achieved by those not in research programs. Self-guided dieters are also a self-selected sample, because individuals anticipate having more difficulty losing weight may seek the assistance of a professional or a commercial program. Observational studies should prospectively identify self-guided dieters, collect information on behaviors and weight loss over long periods of follow-up, and examine mediators and moderators of success. Funding and technical support should also be provided to community-based

programs to encourage them to conduct research on their outcomes so that self-guided dieters can make informed choices about programs to pursue for support. Programs that have preliminary evidence for effectiveness should be studied further and disseminated. Health-care professionals should be educated about the safety and effectiveness of various self-guided weight loss strategies and programs so that they can make informed recommendations to individuals who wish to begin dieting. Concern about physical appearance is a primary reason that dieters wish to lose weight and additional research should be conducted on the relationship between self-help dieting and body image.

*See also:* Bariatric Surgery for Weight Loss; Body Weight and Body Image in Adults; Body Weight and Body Image in Children and Adolescents; Dieting (Chronic); Weight-Loss Programs: Commercial and Popular Diets.

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### Relevant Websites

- <http://www.nwcr.ws/> – The National Weight Control Registry.
- <http://www.eDiets.com/> – eDiets (a web-based weight-loss program).
- <http://www.dietwatch.com/dietwatch/enrollment/index.asp> – DietWatch (a web-based diet, fitness, and nutrition program).
- <http://www.tops.org/> – Take Off Pounds Sensibly (a nonprofit, weight-loss and wellness education organization).
- <http://www.aa.org/> – Overeaters Anonymous.