

FAQ's About OPTIFAST

Is a full formula diet safe?

All OPTIFAST formulas are nutritionally complete, containing high quality biological protein and meeting 100% US RDIs. Individuals are medically monitored to reduce the potential for side effects and to maximize improvements in weight-related health risks.

Why use a full formula diet for weight loss?

Full formula diets provide a unique set of advantages when used by individuals in weight management programs. Many significantly overweight people have developed deeply entrenched eating behaviors that contribute to their excess body weight. Cutting back on food portions, as is done in traditional weight loss programs, has not worked for these people long term. Replacing the usual food items in their diet, with a pre-measured, ready to serve, nutritionally balanced formula provides many advantages including:

- ☑ Portion and calorie control.
- ☑ Optimal nutritional intake.
- ☑ Decreased encounters with food cues during the day as a result of a significant reduction of time and effort required for planning and obtaining meals.
- ☑ Prolonged opportunity to break the cycle of old eating patterns. This is important considering it takes 6 weeks to learn a new behavior.
- ☑ Gradual reintroduction of self-prepared foods during the Transition phase of the treatment to allow new eating behaviors to be established.

(Many individuals report that it is a relief to "take vacation from food" and the often angst-provoking food choices.)

Why not design a low-calorie whole foods diet?

With self-prepared foods, it is not possible to achieve a balanced 800-calorie diet that meets nutritional requirements. Studies utilizing doubly labeled water to quantify the energy balance in obese subjects on self-prepared foods indicate that people tend to underestimate calorie intake and overestimate energy expenditure. Research comparing the use of meal replacements (MR) versus self-prepared meals; consistently show greater weight loss with MRs than with self-prepared foods.

Isn't using a full formula diet a bit extreme?

When evaluating weight management approaches, it is important to remember that OPTIFAST was designed for individuals who are significantly overweight and are at health risk because of this excess weight. Individuals who use OPTIFAST have been unsuccessful using the using the traditional balanced deficit diets and less intensive approaches to weight management. OPTIFAST is not a diet per se. It is a comprehensive health risk management system designed to address obesity and weight driven diseases. As such, the efficacy of using OPTIFAST therapy for a particular patient needs to be evaluated in the context of the health management risk benefit ratio. Many life saving medical treatments have potential side effects. We chose to pursue these therapies because the benefits of using an OPTIFAST program far outweigh any potential side effects such as short-term reduction in phytochemical intake and a maintenance diet composed of a limited variety of foods. In fact, when used in accordance with the medical monitoring procedures outlined in the Reference Manual, no significant side effects have been reported.

Why extend stimuli narrowing into transition and maintenance?

One of the goals of a dietitian is to teach people that there is no such thing as a “bad food” and thus all foods can fit into a healthy diet. This advice may work well for people who have a healthy psychological relationship with food but it can be problematic for individuals who use food as a coping mechanism. Data collected by researches associated with the National Weight Control Registry and the University of Pennsylvania demonstrate that limiting the variety of readily available foods, and serving pre-portioned foods decreases the amount of food eaten at any one time. These observations have become so well accepted that they have been incorporated into the 2001 Dietary Guidelines for Americans, which now advise eating a wide variety of fruits, vegetables, and whole grains each day, but limiting the variety of other foods consumed. Extending stimuli narrowing into the transition and maintenance phases of the OPTIFAST weight loss program can give patients an added measure of control over their eating habits.

The transition phase of the OPTIFAST program makes use of the stimuli narrowing approach by slowly adding different categories of self-prepared goods back into the patient’s diet. The stimuli narrowing characteristics of the transition diet can be strengthened by allowing patients to select a single food from each food group for a period of several days to a week at a time.

Several programs use an intensified Transition protocol. It allows patients to add a single 3 oz serving of one type of low-fat meat (either chicken breast, turkey breast, or pork loin) and a ½ cup serving of one type of vegetable (either carrots or green beans) to their daily diet during the entire first week of transition. The same meat and vegetable combination must be eaten all week long. During week two, patients are allowed to alternate between two of the three types of meat and may choose either carrots or beans to meet their vegetable servings. They are also allowed to add one serving of a single type of fruit to their daily diet. Other food choices are added at a gradual pace, until a well balanced diet has been achieved.

Patients are encouraged to develop a maintenance diet of simply prepared foods they eat on a routine basis. The goal is to choose foods that are pleasant, but not overly appealing in terms of taste or appearance. Moderately appealing foods do not over stimulate the appetite (psychological desire for food driven eating) to the same extent that highly palatable foods do. Limiting availability of highly palatable foods can foster weight management. Favorite foods can still be eaten on special occasions provided they are worked into the mean plan.

Who benefits most from extended stimuli narrowing?

Some programs use an intensified stimuli-narrowing process during the transition period with all patients. Others use it on an as needed basis. According to Rich Roell, LSW, an addiction therapy specialist associated with the Jewish Hospital Weight Management Program, about 40% of the people entering OPTIFAST programs have some degree of food addiction. Many of these individuals need strict guidelines, precise instructions, and clear boundaries. Instead of saying, “eat a small serving of lean meat,” specify a 3.5 oz of roasted chicken breast, no sauce. Intensifying the stimuli narrowing aspects of the transition diet helps people set boundaries and avoid trigger foods.