

Dr Max Pemberton

What I've learnt about weight loss in midlife

How personal experience led the 44-year-old doctor to believe there is hope for those struggling with obesity

Losing weight isn't easy. The old adage of "eat less, move more" simply doesn't work for most people. Research shows that 95 per cent of diets fail. It's easy to be disheartened and many people simply give up.

But battling the bulge is particularly difficult as we age. Changes to the body and metabolism, often combined with a more sedentary, less active lifestyle, means that, precisely at the point when people need to be conscious of their weight, it can seem to inexplicably increase. Official statistics published last year show that in 2021-22 63.8 per cent of adults aged 18 years and over in England were estimated to be overweight or living with obesity, with the highest rates in people aged 45-74. In this group rates are above 70 per cent.

This chimes with my experience as an NHS doctor specialising in mental health and working with overweight and obese patients, particularly the middle-aged.

Last year, though, there was a glimmer of hope in the fight against obesity: semaglutide. It's a medication that has actually been around for more than a decade under the trade name Ozempic — it was developed to treat diabetes and is similar to a naturally occurring hormone in the body called GLP-1 (glucagon-like peptide-1). It is injected once a week and helps to stabilise blood sugar levels, but researchers noticed that it helped people to lose weight, and in autumn last year it was licensed for obesity under the new name Wegovy. A few months ago a rival, Mounjaro, which contains the drug tirzepatide, was released, and it works in a similar way.

These drugs act like the GLP-1 hormone in the brain, which causes people to feel less hungry and slows the clearing of food from the stomach, spurring weight loss. Mounjaro works on the same GLP-1 receptor as Wegovy but also another receptor, GIP (short for glucose-

dependent insulinotropic polypeptide), which is involved in stabilising blood sugar levels and helping patients to feel fuller for longer. We know that these medications don't just curb hunger, they also work on the brain reward pathways. This is why foods such as cake and chocolate, which stimulate these pathways, can suddenly lose their appeal when people take the drugs. They offer real hope to those who have struggled with weight loss and I believe they are fundamental to helping midlifers to make a change for the better.

I know, not just because I've seen it at first hand, but because I have tried it myself.

It worked for me, so will it work for everyone?

For many years I worked in an eating disorder service and part of my job was assessing patients with obesity who were waiting for bariatric surgery. Most were not eligible because they were either not overweight enough (you typically have to be defined as "morbidly obese", which is a BMI over 40), had medical complications or otherwise didn't fulfil the strict criteria to be considered. Apart from surgery, there was little we could offer them except advice on healthy eating and exercise. Then people started talking about Ozempic, which they began getting privately, and the results were startling. Since the launch of Wegovy and Mounjaro I've had more and more patients taking these drugs privately, along with a few via the NHS pilot programme. It's sometimes been quite emotional seeing patients on their weight-loss journey with it. People who have struggled with their weight all their life have shed the pounds apparently effortlessly. They simply don't feel particularly hungry and don't crave the food they used to. It's been a game-changer.

A few years ago I broke my foot and one of the side-effects of a drug I took as

a result was an insatiable appetite. I would wake up in the middle of the night shaking with hunger and devour a loaf of bread, only to return to bed and then be ravenous again. When I returned to my doctor he explained that this side-effect would pass, but in the meantime suggested I try Ozempic (as it was called then). It was astonishing. My hunger went. I was only on the medication for two months, but even now, several years later, cakes and chocolate hold little appeal for me. But I've since found that a number of patients on these weight-loss injections put at least some of the weight back on once they stop and I think this is because they haven't addressed the underlying issues with food that led to them being overweight in the first place.

One theory as to why this occurs is that, while the injections suppress regions of the brain relating to hunger, these areas are still dysregulated and the person still has an unhelpful relationship with food, which is what primed them to overconsume in the first place. The drug only masks this. Unless they do the psychological work either on their own or with the help of a professional to examine and actively change this, it will remain there, under the surface, and may re-emerge when they stop the medication. (Exactly how long someone takes these medications for depends on a number of factors, such as how they respond to it and how much weight they need to lose, but most people take it for a year and sometimes up to two.)

A weight-loss jab is not a magic bullet — here's why

It's important to realise that, as with any medication, these jabs can have side-effects. The most common — nausea, diarrhoea, constipation, indigestion and tiredness — do tend to improve over time, though some might not be able to tolerate them. But for many people who have battled with their weight it really does seem to give them the kick-start they need.

Although I still work in the NHS full time, this year I launched a start-up online weight management clinic specifically focused on middle-aged and older patients. It provides an online assessment that is reviewed by a prescriber (either a doctor or a pharmacist) once submitted and, if the patient is eligible, Wegovy or Mounjaro are prescribed and then delivered directly to the patient's door. One month's treatment costs from £189. But we've learnt that this age group needs more than just these injections. While a lot of pharmacies have got in on the trend for these drugs and are issuing private prescriptions, simply dishing them out isn't enough. My clinic also tries to address the psychological aspects of weight loss.

Making changes to ingrained patterns and understanding why it's so hard to shift weight as we age are crucial to

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Eat more protein — most people aren't getting enough

Protein not only helps people to feel fuller for longer but is also needed to build muscle mass. There's always a temptation when trying to lose weight to simply restrict your diet — you just eat less of what you were eating before. This is a mistake. Most people's diet is low in protein and high in carbohydrate. I'm not advocating any wacky dieting where you only eat meat — just make sure that you are getting at least the recommended intake of protein with every meal and that your diet is not too carbohydrate heavy. Research shows that protein requirements are usually higher in middle-aged to older adults.

There are no hard and fast rules, and doctors and dieticians will always debate the exact amount someone needs, but as a rough guide studies suggest we need to consume between 1.2g and 2g of protein per kilo of body weight a day. So someone who weighed 90kg would need between 108g and 180g of protein per day (for reference, an average chicken breast has around 36g of protein; a 200g salmon fillet 40g; and four tablespoons of chickpeas 10g). Of course most people aren't measuring out protein every day, so it's easier to make sure that every meal is designed around a protein source. Rather than a bowl of pasta, this would mean a chicken breast with pasta, and salad or vegetables on the side.

Poor sleep leads to food cravings — you need seven hours a night

Sleep is essential for regulating the hormones that control appetite and metabolism, therefore ensuring that you get an adequate amount is vital for weight loss. What's more, when you're tired the brain's reward pathways become more sensitive and you're more likely to find calorie-dense foods appealing. In a review of 18 studies researchers found that poor sleep led to increased cravings for high-calorie, high-carbohydrate foods. Too little sleep triggers a spike in cortisol, which signals to your body to conserve energy, making it hard to lose weight. Sleep is also the time that muscle can heal, repair and grow. Research also shows that after just a few days of inadequate sleep your ability to respond to insulin drops by nearly a third. This affects your ability to process food and you're more likely to lay down fat stores. While everyone is different, most people need seven to eight hours' sleep a night.

Alcohol can stop you feeling full — one more reason to cut down

Alcohol affects the quality of sleep that people get and this, in turn, will affect their weight. It's also packed with calories. It disrupts various hormones in the body, such as insulin and cortisol, but also GLP-1 and leptin, which are involved in satiety, as well as sex hormones, all of which have a knock-on effect and make it harder to lose weight.

An interesting side-effect that has been reported in relation to taking these weight-loss drugs is that alcohol can lose its appeal. This is because the drugs reduce the effect alcohol has on the reward pathways of the brain in the same way that they reduce cravings for cakes and chocolate.

For more information go to [getslimr.co.uk](https://www.getslimr.co.uk)

“Muscle uses up a lot of energy: focus on weight training rather than cardio

