Introduction to Plateaus

All right. Hello and welcome. And we are back and we are going to talk about a really important thing today, which is plateaus. Because I think that a lot of people, actually not a lot of people, almost everybody that's on a GLP1 struggles with plateaus at some point in their journey. And so I'm Tiffany. I am a board-certified physician assistant. This is Dr. Pat Taylor.

>> Hello. Hello, I'm Dr. Taylor. I'm a board certified physician and the chief medical officer of Bell and super excited to talk about this because it's one that I've talked about for 10 years with patients and clients uh as they try and meet their weight loss goals. So, I'm super stoked to kind of cover some misinformation, cover how to actually address it and then go from there.

>> Perfect. So, first of all, I think one thing if you're logging in, coming to join us, let us know where you're coming in from because we like to know where you're watching from. So, let us know in the chat. Um, all right. So, first of all, Dr. Pat, tell us, what would you consider a plateau?

>> Ah, that's a good question. I'll I want to hear yours first. What What do you consider a plateau? >> Well, I think people are too hard on themselves um for for a plateau, first of all. Um, I think when the scale hasn't moved for like a week or two, that is not a plateau. Um, I think a plateau is if the scale has not moved for four consistent weeks is minimum for plateau. That's my p that's what the first question I ask people when they tell me they think they're stalled or plateaued. I always say, has the scale moved in four weeks? If they said it's been less than that, I'm like, let's let's put a pause on the word plateau. So that's not my only rule, but that's my first rule. >> Yeah. Well, I'm going to give a long drawn out answer as I always do. >> You know, I figured [laughter] >> So, I'll start with just my theology on weight loss and the ability to give yourself grace. And I think I said this the other day in another live that weight loss takes a very long time. And a pound of fat is 3,500 calories. And so if you were in a 500 calorie deficit for seven days in a row, you would ideally lose a pound of fat. And we don't we know that's not always perfect, but that's really the the ideal, right? And I tell people all the time, you're 40 years old. You're 50 years old. It took you 40 or 50 years to get to the weight you are now. It might take you one to three to five years to get to the weight you want to be, depending on how much weight you want to lose. and a 3,500 calorie deficit per week if you're eating 2,000 calories in a normal, you know, 14,000 calories per week, that's a lot. That's like a fourth if not more of your, you know, caloric intake that's gone down, right?

And so being very patient with that because if you have a 100 pound to lose, guess what? You got 350,000 calorie deficit to be in over a long period of time. So, that's a super important that I want everyone watching this either live or uh on a replay is have that perspective. Weight loss takes a long time. I lost 100 pounds with nutrition and and exercise. And that took me three years. And what's also really important to recognize is well, I'll talk about this later. So, what I call plateau, I 100% agree. If it's greater than a month and you haven't lost any weight, with the caveat that like body composition changes happen. If you're lifting weights and eating enough protein and taking creatine and walking, you might get more muscle mass in that month. You might get, you know, half a pound of muscle mass in, you know, six weeks. Um, especially for beginning lifters.

What Counts as a True Plateau

And so being aware that what you ate that day, like the amount of water that you have in your body, the amount of glycogen you have in your body, if you had more carbohydrates in that, like all of those things come into account. And so I 100% agree. Like a true plateau is greater than four weeks, if not six weeks. >> So we have a lot of people coming in from all different places. Yay. Oklahoma, Illinois, Tampa, um Idaho, New Jersey, Minnesota. Y'all are from all over Virginia.

>> Amazing. >> Portland, Oregon. Hey guys. >> Yeah. All of you from all over. I have a challenge for you. Send this link to one person you know who's trying to lose weight >> because if you don't if they don't have if they're not already in our ecosystem, in our circle, following our YouTubes, then they're not getting this awesome information.

And so this is free. You know, we we both went to school for a long time to be able to help you with these things. So let's spread it. So, everyone that's watching, please take this link, copy and paste it into your text messages and send it to someone who could potentially benefit.

>> Absolutely. And that that will bring up a little tangent that I will say and maybe you can give your perspective on this, but when I went to school, which was a long time ago because I'm old, but we had very little training. Honestly, it was a stupid amount of little training about nutrition. And I hope that's changed in the recentness, but I don't know that it has. But um I feel like I had like one class for like one day about nutrition and obesity and then that was it. Did you get a lot of nutritional training in just your training as a Are you a DA? No, you're an MD, right? Not a DO.

>> Yeah, I went to UNCC Chapel Hill and got an MD there. Um, and then I did a family medicine residency and also did a lifestyle like um, I didn't end up doing the certification because it was way too much work to input all the numbers and I was just like, well, I don't really care to get a lifestyle med medicine certification. Um, so I'll say this in medical school, yeah, I think we probably got 10 hours of dedicated nutrition, but it was almost always related to Go Heels. I agree. um it was almost always related to a specific condition or just like general advice that even like the most basic diabetic would know. Um in family medicine residency, I would definitely say that has changed a lot. Like we learned a ton um and like granted I probably learned more because I spent a ton of my extra time in metabolic and hormone health. Um doing like obesity clinics and menopause clinics and um working with dietitians and things like that. So, I would say it's definitely improved depending on where you go. Um, and um, you know, I I would say it's good, but it's definitely not like the reason I know all that I know is because I ran a weight loss coaching business during medical school and read literature all day long. I did a research year in obesity medicine and um specifically in teleaalth giving teleaalth obesity medicine and spent so much time reading the data um and I honestly can say like if I hadn't done that and really do dove into the data myself I wouldn't be able to call myself an expert on nutrition and things like that.

>> I agree. I think and it's probably a testament to why when some of our patients go see their primary care provider that they're not getting a lot of education um about either GLP1s or nutrition because in all honesty their provider probably didn't get a lot of education about it and so it's it's kind of a failed system. Um I most everything that I learned was done on my own time after school. So >> yeah and I I would say even you know in my experience like when I was working for uh my primary care clinic it was so vast in what everyone's opinions were on the data with GLP1s or nutrition and it was it got to a point where the clinical pharmacist who was amazing who had been there for 20 years would come to me and be like what advice do you give you know patients on nutrition and protein intake and how to structure that and all things. Um, and it it's it's really hard, you know, and even I I remember I was an intern in uh residency and so you're like the lowest on the totem pole other than medical students and I did an obesity medicine rotation where I was with a a a beriatric surgeon for two weeks and I was with an endocrinologist for two weeks and the beriatric surgeon was someone who was convinced that the ketogenic diet was the only way to lose weight and the only way to um have sustainable health and weight loss. And I trained under one of the leading metabolic researchers in the world. His name is Ben Bickman. He wrote How We Get Why We Get Sick. He is a huge proponent of the ketogenic diet. And it's super interesting though because he's now one of the um scientific adviserss for the GOP1 program at Joy Bloss, which is interesting. And he's actually changed his mind on GOP ones, but he hasn't changed as much as much on the ketogenic diet. All that to say is and then I went with the endocrinologist and she was working with the dietitians to provide a more sustainable thing because I even having trained under Ben Bickman never fully believed that the ketogenic diet was the only way to do it and he believes that so firmly because insulin resistance drives so much but it has to be sustainable. It just has to be right.

And there's so much good data on how fiber is important for us, how carbohydrates are important for us that anywhere you go, you're going to get different opinions on nutrition. >> Yeah, there's so many opinions on nutrition. I probably have different opinions than you do, and that's okay, honestly. I mean, it's okay to have different opinions. I know people who do keto and have done wonderful, but I've also known people who do keto and it's terrible for them. So, um I will say that not everybody that you're going to talk to has the same opinion, but I will say all that to lead into what something that you said, which is whatever you do has to be sustainable.

So, because weight loss is a marathon and not a sprint. Um and that is something that you mentioned earlier that it took you three years, right, to lose your weight. And so, and then now you're still not done. you're always

maintaining that weight loss, right? >> Yeah, absolutely.

>> Because our bodies are smart and our bodies are always trying to find a way. I don't want to say fight back, but but kind of they do. You know, your b your body's meant to survive. And so sometimes when you lose weight, your body panics, doesn't really like for you to lose weight. And so plateau is just that is what happens during a plateau. So Dr. Pat, I want you in the simplest way you can and I want you to try to not use any of your big words and it's going to be so hard for you. I want you to explain to us what is happening during a plateau period like metabolically. >> Can you do it?

>> I Yes. I'm going to assume that the plateau has come after some amount of weight loss. >> Yes. Yes. We've lost weight, but we've we've hit a we've hit a stall. So, what is happening inside?

>> At your beginning weight, your body required a certain amount of energy to keep going at that weight. At a lower weight, your body doesn't require nearly as much energy to maintain because even your fat requires energy to maintain that. And so even though you were in a larger calorie deficit and we're losing weight before, you're not in as much of a calorie deficit anymore. You know, at the beginning of the video, I talked about if you were in a 500 calorie deficit and the how many calories a pound of fat, all those things.

Nutrition Training and Conflicting Diet Advice

So it is actually 100% expected and normal to have a plateau in your weight loss. It is called metabolic adaptation. And so it is normal and expected for as you lose weight, you lose weight less quickly, >> 100%. It is normal and expected to have a plateau. We'll say that again for those of you in the back. It is normal and expected to have a plateau. So because so many people get discouraged and they want to quit the very first time that they see a stall happen. And that's the that's where most people go wrong because if you're not having that happen, you're abnormal. >> Mhm. I So when I lost 100 pounds, it took me three years. I lost 60 lbs the first year, 20 pounds the third second year, and 20 pounds the third year. And for most of the first year, I was eating 1500 calories a day and tracking everything. And it was miserable. I was hungry all the time. And I hit two main plateaus in my weight loss journey from 295 to 195. And the first was about 60 pounds in. Um I lost the first like 30 pounds 40 pounds like so fast. Um and then it is um uh I was stuck at 235 240 for months like months. And then I focused on muscle and I changed up my exercise routine. I did increase my exercise routine to where I was running more in addition to my weightlifting. And then I hit another plateau at about 215 212. I remember 212 in my brain for some reason like being so frustrated like oh like I have been stuck here for months like three to four months of being in a calorie deficit and all those things.

And that's just because of those adaptations that your body has because it's not needing as much energy. But also part of those plateaus were I wasn't sleeping very well. I had more stress during that time. I did have a few more days where I was, you know, the weekend came and Crumble looked really good. Um, so [laughter] >> you get that app downloaded on your phone. You get that Crumble app. >> I looked at it last night. The flavors this week look amazing. >> Get off that.

>> I was showing my wife last night. They got a canoli cookie. Um, yeah. So, um, I think just being so honest with yourself in plateaus like understanding the physiology is great. It's like, okay, I can expect a plateau. And I typically say if you're on a JLP1 and you're losing a lot of weight, like probably six months in, you will definitely three to six months in, four to six months in, you will have a plateau. For some people, they had a lot more weight to lose. And so maybe that's a year in, but 100% you will have one. And so it's important to be honest with yourself that this is expected. Then also honest with yourself of okay, can I really say that I'm doing everything that I can do?

And that's like a hard conversation to have with everyone. >> It's a hard conversation for everybody, but it's a hard conversation to have with yourself. But you know, at the end of the day, I also believe in sustainable weight loss. I do not believe in taking everything joyous away. And if you know, and if occasionally if crumble is what makes you happy, get that crumble. Get it right. But we've got to make that part of the journey. If it's everyday crumble, probably not. that's probably not going to lead to sustainable changes. But if once every couple weeks you go to crumble, that's probably reasonable. And I mean that to me, it has to be sustainable. We can't take away everything good and pleasurable in your life. And to me, that's that is the important part of this. It has to be

something you can do forever.

>> 100%. I 100% agree. Sustainability was like the word I said so much when I was doing one-on-one coaching. It's just like, is this sustainable? Is your exercise routine sustainable? Can you do this for 10 years? Can you do this for 15 years? Is the food that you're eating foods that you could eat for 10 years and maintain the weight and body composition that you want? Like it's so so important. And I also think um I've said this before like a lot of people will for so long have had have focused on their weight and so once they are losing weight oh sorry accidentally hit something. Um and they're closer to goal weight they have nothing else to think about and they feel like they're reaching a plateau or something like that. And so having something else to work towards like building muscle, which is always going to be mine, um allows that part of your brain that was so obsessed with losing weight for so long to have somewhere to go.

>> I want to bring this comment up because I think this is probably a common way to feel. Reached a plateau last week and started tracking again. Wasn't doing it the whole journey. I dropped two pounds, but the problem is is I don't want to track for the rest of my life. Man, I feel that. I feel that because I have intermittently tracked my food for years and then it gets old, right? It just gets old to track your food and then I fall off the wagon. Sometimes I don't fall off, I roll down and set myself on fire and roll down the hill, >> but then eventually I get back on it and I start tracking again. So, um, do you think tracking is important? Do you think you can do it without tracking all the time? What's your thoughts there? Yeah, I love this question. Like I I think one of the biggest things that like made GP1 so amazing for me is it made it me to the where I didn't have to track every day to meet meet my goals because I had learned enough about my food to know, but I had so much food noise that tracking was the way for my data driven brain to say like I know I'm going to reach my goal because of this. I would say for 99% of people even on on a GOP one tracking for at least three to six months at some point in your life where you're like I tracked everything that I ate for three months.

It is important for two reasons. Number one, it gives you a realistic view of the calorie density of the foods you're eating. And number two, it gives you an idea of the patterns that you have with food.

So after that I would say if you can if you are able to see oh that has this much protein that has this much calories that has this much fiber I feel more full when I eat those. When I look back on that day I was much more satiated than I was on this day where I had Cheezits and pizza as compared to broccoli, sweet potato and a chicken breast, right? Um, and so I think that for me is where I with with coaching it was just like if you can track and at least see what is the nutrient density, how much protein, how much fiber, how much carbs, and how many calories are coming from the things that you're eating, 3 to six months later, if you've done that really, really well, you know what it is. And you also know you were able to look back on those days and say, "I was very satiated on that day. I felt good on that day because I care less about whether you hit 1,900 calories or 2100 calories. I care more about I had energy to do what I wanted to do. I felt good. I felt satiated but not too full. I didn't get a slump after having that cheeseburger and fries as compared to, you know, the the uh salad with chicken um or something like that. Like that to me is a reason why everyone should probably track at least once in their life consistently.

>> I think tracking is important for everybody to do, but maybe not all the time forever because for me calories are not the most important thing I track.

It's always it's always macros. It's how many how much protein I eat. Um it's how much fiber I've eaten. Um, I can kind of guesstimate the protein, but it's really hard for me to guesstimate the others without tracking.

>> Yeah. I think a lot of questions people ask is like, should I be tracking all three? And I I found having coached at least a hundred to 200 clients one-on-one and reviewing their data every week um is that if you are hitting your protein goal truly hitting a protein goal that is appropriate like you know if I'm a 200lb person at least 150 grams of protein a day if I'm a 100 120 pound person at least 80 grams of protein a day you know pro gues gueststimates but if I consistently hit that I will all the carbs and fat will fall in line >> almost always. Um for for women I would sometimes say hey we need to bump up your fat bump down your carbs because of some hormone things but for the most part they almost always fall in the line. So it's like if you are hitting your protein and fiber and fiber I say focus on it maybe track it for a few a month or two to know how much fiber is in things. You know, a cup of raspberries has like eight grams of fiber. A a low carb tortilla usually has like 12 grams of fiber. Um so it's like if

you're trying to get fiber from whole foods, um you'll do it pretty fast. Um >> and we're shooting for like 25 grams a day, right, of fiber.

>> Yeah. I typically say 25 to 30 minimum. Um because if you're on a JP1, you will notice you'll get kind of backed up for some. If you're not having diarrhea, you will get backed up. No joke, right? >> Yeah. Yeah, absolutely. Hey, I was literally just reaching for my wallet, too.

>> I know, right? Speaking of that water, got to get that water in. >> Uh, Hydro Bell Raz best one. >> So, I got to order me some more of that Hydrobel. I got to get I got to get it on in in there. So, I am a bad secret.

Why Plateaus Happen Metabolically

I'm a bad water drinker. >> Same. I drink a lot. >> But it's so much better when I do um electrolytes like water with like Hydrobel. I put electrolytes in. It's so much easier. It tastes >> I try to I try to do two of these of Hydrobel a day >> and that h So question about that. I know that we're a little off topic, but like when you do Hydrobel, which if y'all don't know what that is, that is electrolytes and um so people sometimes ask me like, should I be worried about the sodium in there? But because electrolytes are meant to have sodium in there. So um tell us a little bit about that, Dr. Pat.

>> 100%. I love that question. Um unless you have kidney disease or heart failure, u it's highly unlikely that um you need to worry about sodium. You might feel more puffy some days if you have high sodium meals, but um the reason sodium matters is because of insulin resistance. Because when you are insulin resistant, your your um blood vessels respond less to the triggers that they should be responding to to dilate and constrict and which is elevates blood pressure.

Also, if you're insulin resistant, your kidneys do not react as well to eldoststerone and renin and those other hormones that control sodium. And so, treating insulin resistance is the most important thing. So, if you are not a diabetic, but you have some high insulin resistance, or if you are a diabetic and have high insulin resistance, treating the insulin resistance with GLP1s, weight loss, um, and potentially other peptides is the best thing you can do to, um, make it to where you can pretty much drink as much as electrolytes as you want. Um, and Jennifer Hudson just asked, I heard you can drink too much electrolytes. True. It's highly unlikely given that's why I love hydro bells because given the sodium potassium chloride concentrations um it's highly unlikely that you would drink too much even if you were drinking like two a day unless you had heart failure kidney disease or severe insulin resistance once you treat that insulin resistance and you have better weight better things then you can um hopefully not have to worry about it >> and I did put the link for Hydrobel in the comments section. It is on Amazon.

So, you know, you can get that little drone to drop it. No, actually, a drone doesn't really come to my house, but um you can get the the UPS driver comes to my house quite a bit and drops off those Amazon packages. So, anyway, >> the UPS driver knows our door real real well.

>> I know, right? My husband always says like, I'm going to have to have a frontend loader to get all these packages in. And I'm like, you know what? Mind your business because things got to get here, right?

>> Yeah. like the wedding just happened and then in all of our of our six children, five of those birthdays plus mine and my wife's birthdays are in October and November and then we have de and then we have Christmas. So, it's just like >> just like go on a trip like that just go on a vacation.

>> Honestly, that's my wife and I have decided Christmas we're not doing presents anymore. Like this this Christmas is the first year we're not doing we might do one present a kid and we're going on a trip because we're we're sick of this crap. Anyways, let's get back on track. Plateaus.

>> Plateaus. Okay. I have >> Are there any other questions you had for a plateau before we talk about how to address it? >> I think here's what I will say and then I'm going to let you give your best tips because when someone comes to me and says, "Oh my gosh, I've been on this plateau. I'm so frustrated." Here's the couple of tips I give them and then I'm going to let you say what tips you have. Maybe they're the same, maybe they're different. >>

Yeah.

>> Number one, I say hide that scale. Take that scale and put it up. I don't want you on it for a couple weeks. I want you to quit worrying about what that number is because people get too fixated on the scale. Um, number two, I said usually, have you taken measurements lately? A lot of people make the mistake that they don't measure beforehand, and so they don't have pre-measurements, but if not, you should be taking measurements all along because body composition is important. So things can be changing, but the number on the scale can sometimes stay the same. Number three, I usually say, are you eating your protein? Are you drinking your water? Are you moving your body? I don't use the word exercise. That's a dirty word, okay? But are you moving your body? And number four, I say, are you eating enough? Because almost always a plateau, I feel like, comes from somebody that is trying to calorie restrict too much or skipping meals. And a lot of times once they switch that up, they start eating more, they start putting more real food in their body, they will get past it. I want to hear what other tips you give people that might be different. >> Yeah, I love your tips. They're all very uh better worded than than mine are going to be. So, um because they're very similar. Um I'm going to start mine with uh how to calculate tde. So now >> I knew you were gonna start start in on some of these words that people are gonna be confused about. >> You're gonna see this online so you might as well hear it. So total daily energy expenditure. It's how many calories does your body take to survive, right? So if you were eating this many calories, you would not gain weight, you would not lose weight, you would just survive, right? So that's your total daily energy expenditure. And it has comes from five different pathways. Your resting metabolic rate, which is 70 to 80% of it. It's just like all of the cells in your body, all the organs in your body, what do they require to not die off? And then the next is your exercise activity. Then there's your nonex exercise activity or neat. Then there's your um epoch or uh post exercise oxygen consumption which increases it. Um and then the last is the thermic thermogenic effect of food.

And a bunch of big words so I'm going to simplify them. what it takes your body to maintain itself, how much exercise you do, the moving you're doing like doing the dishes and stuff that is not exercise, the amount of things that are happening after exercise to recover from exercise, and then how much your food is expending for um energy. And the reason I always start with that is so that I can help explain either why you're having a plateau or how you're going to get out of that plateau. So, just like you, I make sure they're eating enough to fuel their body so that they are not having starvation mode, cortisol, insulin changes. Granted, the starvation mode I think gets used a little too much on social media where it's like, you're in starvation mode, your body's freaking out, I'm like, h, but if over multiple months you're not eating enough and you're not sleeping well and you're stressed and all those things, which is another thing that I ask is how well are you sleeping? Um because when you look at weight loss, you know, calorie deficit, hormones are important, body composition, sleep, stress, all come into play and hydration. And there's great data that shows that your hydration status, how well you're sleeping, stress management, all those things do affect the velocity or how fast you're losing weight. This is a this applies to weight loss and GOP ones. This advice would be the same whether you're on a GLP1 or general weight loss. So, the reason I bring up that TTE is to say, in order for me to give you the best advice, let's address what's changed. Your resting metabolic rate has gone down. You've lost a lot of weight. Congratulations.

Um, how do we increase that? Well, you increase your body mass that is healthy for you. Well, what's the best way to do that? Build muscle. So, if they're not focusing on building muscle, if they're not eating enough protein, resistance training, creatine, all those fun things, I'm going to focus on that.

Then after that it's exercise activity. It's like let's be honest with ourselves like how much are you exercising? Like oh well I walk 10 minutes three times a week. That's amazing. I love >> I told you that was a dirty word but continue. >> Yes. How much am I moving my body?

>> Um so we already covered some resistance training. You need that. How much am I moving my body? I'm walking 10 minutes three times a week. Amazing. I love that. Could you do five? >> Could you do 20 minutes three times a week? What is reasonable and sustainable for you?

Um, neat doesn't come in too much, but if you live a more sedentary lifestyle, you know, maybe you have a treadmill at your desk or maybe you choose the stairs rather than the elevator. Simple things you can do. I'm not saying do this all at once. I usually pinpoint just one of of what to do. Then the next is your epoch, which you can't really change other than increasing the intensity of your workouts. Meaning if I, you know, lift weights for 30

minutes, I lift weights harder and with less rest time to get a more high intensity. But I don't think high intensity workouts are for everyone.

Tracking Food, Protein, and Fiber

So I think that one's less important. Then the last is the thermic effect of food. It's very clear that protein has a much higher thermic effect of food, meaning takes more calories to digest your protein than it does carbs and fat. About 30% more. And so if you've been eating, let's say, 80 grams of protein a day and you're 150 pound person, maybe you increase to 100 or 110 grams of protein per day. Number one, to support that thermal effect of food. Number two, to to support that body composition thing we talked about, which is why I talk about protein so much. Not only is it important for satiation so you don't eat more food, it's important for the thermic effect of food or increasing the amount of calories it takes to digest your food and it's important for your body composition to get more muscle support the training or the or the moving your body that you're doing to get muscle from that rather than depleting that muscle.

So to put it as simply as possible, you can choose one of those areas and say, "What's one thing I can do this week to increase my energy expenditure in that area?" Then I do all the same things as you. I say, you know, how are you hydrating? How are you sleeping? What's your stress level like? Do we need to track again? Do we need to increase your dose uh of a GLP1? Do we need to think about split dosing if we're noticing that um you know you're eating more and having more food noise, more appetite days five through seven your injection? There's so many things we can do to address a plateau. But let's say someone's like, I do all of that perfectly, which I don't. But let's say they do. They say, Dr. Taylor, I'm putting it on the line. I do all of that perfectly. I lift weights perfectly. I eat enough protein perfectly. I sleep. I hydrate. All of those things. what am I going to do? I say give it three months because that's really what it is. Your body takes metabolic adaptations and you are not immune to the ther the thermodynamics the the law of thermodynamics. I promise you you will get there. You will. And whether that takes adjusting one of those things, increasing your dose, a plateau that's three months is okay.

Your body is going to adjust. You're going to build more muscle. You're going to figure out where in your nutrition um could be optimized. You're going to figure it out. Um but if one of those areas is lacking, your sleep, your stress, your hydration, your protein, your activity, um that is something that you need to be honest with yourself about.

>> Patience is a virtue and one that is hard to come by. And I know that is tough, but if you've had that hard conversation with yourself, I feel like the go-to that everybody asks is, "Do I need to increase my dose?" That's what a lot of people that's what they go to. And the answer to that question is not always yes. >> Yeah. Exactly. If you're not eating enough, if you're having side effects, increasing your dose just to try and accelerate the weight loss is not always the answer. And I I like this question um because it kind of brings up another thing I would always address with with my clients, my one-on-one clients, was do I prefer BMI or height to weight ratio for measure of body healthy body? Um really neither. Uh what I prefer is more advanced testing like an InBbody or a or a DEXA or a Bodpod or at least skin testing, which typically most gyms will have someone who will do some skin testing for you to check your body fat percentage because the DEXA is the gold standard. It would tell you your skeletal muscle mass, your visceral fat, your lean mass, your bone mass, your water mass, and your fat mass. Because what it comes down to is body fat or body fat percentage and body composition. Because during plateaus for many people, what's changing is their body composition, their weight. I don't like your weight is simply just how much gravity is affecting that scale.

But what it doesn't what that scale doesn't measure is how much energy you have, how well you're fitting into your clothes, how strong you feel in the gym or in your home workouts, can you lift up your kids better and move better than you did before. And those things can all be changing over a three-month plateau.

And if you're not looking at those things, you're going to be missing them, which is sad, right? because it's just like you'll be being hard on yourself when it's like, yeah, my my I was 212 for three months, but what I didn't realize is running was easier. What I didn't realize that I was sleeping better. What I didn't realize is that bending over to to pick up my brush when I dropped it was easier and I wasn't out of breath when I did it. Right? Like those are the things that like really matter that like you can like be excited about. We know as clinicians that a BMI is a really sucky way to evaluate somebody, but unfortunately it's kind of the standard. And so we use it, but not because we

love it. But the BMI, unfortunately, is just not very good because you can have two people that are the same BMI and you can look at them and they are two different body shapes and we know that. >> Yeah. And it's, you know, my BMI says I'm obese and I have a six-pack. you know, like BMI is not great. Um, and um, BMI is actually height to weight ratio. They're the same thing. I think probably what you're referring to, Marcy, is the hip to waist ratio um, or the um, the belly waist measurement um, that you can use um, which is slightly better than BMI, but still not perfect. I again I think what matters more is just like do I feel stronger? Do I have more muscle? Do I fit in my clothes better? Do I move better? Those are the things to use when you the scale is not moving the way you would want it to. >> I think the idea of the waist to hip ratio is people with a large waist circumference have more visceral belly fat. Of course, visceral fat around your internal organs, not good. Um, and so I think that's the idea behind that. It's, you know, it's the right idea, but it's still just not a great way to determine how healthy you are. Um, I live in a very rural area, so I don't really have access to all these fancy schmancy like Dexas, Inbodies, things like that. Um, I'd love to have one done. I just don't have access. I'm sure a lot of you don't either, but um >> yeah, I think I think Inbodies um you know, I think a lot of places like Planet Fitness or Anytime Fitness, 24-hour fitness, a lot of them are adding them. So, you can always check and look. InBody is not super accurate.

You know, the Dex is the gold standard, but I think for like for trending, it's very good because it uses the technology. And so it's like, yes, if you get your first one and it says you're 24% body fat, it might be wrong by four or 5%. You could be 28 or you could be 22. Um, which is a big difference, but the next time you go back to that same machine, typically you can trust that the difference you're seeing is relatively accurate. Um, so that's probably the easiest access to get something that's better than a scale. um is to to you know look in your area like a Planet Fitness or an Anytime Fitness or a 24-hour fitness. Those are >> probably the most robust there unless you're in Fancy Farm uh Kentucky. >> Yeah.

[laughter] They don't even have a stoplight. So I feel like that's probably we're way off from having a Planet Fitness. But you know, but but I there may be one in like an hour away from me. So >> yeah. Um, and so, um, you know, that's worth it. But the other way, and really pro probably just even the best way is is pictures. If you're not using progress pictures for your health journey, um, you're you're kind of missing out. And and I I of all people understand um what it's like to have either body dysmorphia or just not liking what you see in the mirror. Um, but now I look back at the pictures from when I was 100 over 100 pounds heavier and can look at that person and just give them grace of being human and be so proud of where I'm at now. But when I was stuck in plateaus, there were definitely times where I took picture. I would I would do progress pictures once a month. Um, and I would only weigh myself once a week. uh which is what I would recommend to people most is like anyone who's telling you to weigh yourself every day or take pictures every day um they're not wrong but they I don't agree with them. >> I am not a fan of the everyday weight.

Now some people they they tell me that they just it's part of their routine. They get up and they weigh every day every morning and that's for them. But I feel like no good can come of it because if you see a number on the scale you like, that's fine. If you see a number on the scale that you don't like, mentally the whole day a shot. >> Yeah.

>> For a lot of people. >> Yeah. I would My biggest recommendation was always weighing yourself on a Saturday morning because um number one, it's in the morning. you've been sleeping and and burning off fat. Uh and then you go to the bathroom in the morning like most people need to because your bladder is full. Uh and you weigh yourself. And that's once a week for me makes the most sense because you have fluctuations in your weight throughout the week. It you you have tons of like like I just went on our honeymoon to Cancun pretty I gained 10 pounds that week and it was almost all water weight. I've almost lost all of it because I was taking uh full advantage of the all-inclusive drinks and food. Um and um but a week, you know, you can see a one to three pound difference if you've been, you know, doing all the things.

Hydration, Electrolytes, and Sodium

But in a day, you could gain a pound, lose a pound, gain a half a pound, lose a half a pound. like it's all over the place because of water weight and hormone fluctuations, especially in women in their in their menopausal cycles or their menstrual cycles. And uh as well as just like what you ate that day. Did you have more salt? Did you have more carbs? Because like if you have more carbs, for every gram of glycogen your body stores in a muscle, it stores two grams of water. Uh and guess what? Those all weigh something. They're a gram. That's part of a

kilogram, right? Which is equivalent to a pound um in some way. So, just for me, it always made the most sense to weigh yourself no more than once a week and to take pictures no more than once a month. Some people like taking pictures more often because they like want to have more of a change. I wanted to see more drastic changes because that would keep me going. Um, if I'm looking at my pictures from last week and it looks the same, I'm like, "Ah gosh, this sucks." Um, so, but I'm pretty hard on myself. >> There's a mental aspect to weight loss.

um a lot more than I think people give credit for. But u plateaus can be really hard. And now Dr. Path [laughter] Friday, let's not be ugly. Um >> now my weightlifting, thank you Christie for asking, has been slowgoing, but I am trying to put that out there. I've been trying.

Um I am no I am no six-pack yet. I'll say that. >> You know what, Tiffany? I'm going to repeat what I say to everyone. Anything is better than nothing, right? >> Your 60year-old self when she looks at her bone density is going to thank this 42-year-old version of yourself that is doing some weightlifting. >> Well, right now I'm doing some we'll give that some, >> which is better than nothing. Better than nothing. >> The moment you can let go of it's not if it's not perfect, I can't do it. H it's so freeing. It's like, oh, awesome. I didn't hit my calorie deficit yesterday. I'll do it today.

the pot or the kettle here? Like which >> I'm both. I am both. Like I am I am so The reason I'm so passionate about is because I was so guilty of it for so long. Like I would do this I would fluctuate in weight. I would do a keto diet or I would do intermittent fasting or I would do all these things or I would like run a lot for a while and then I would gain all my weight back because I would restrict too much and it wasn't sustainable. Um and I'm definitely like a perfectionist. like I was for so long just like frozen by a little bit of ADHD but also uh a lot of bit of ADHD. Um but also like this fear of like if I don't do it perfectly I can't do it at all which is like the exact opposite of what your health journey needs. So I love that you're doing that and I love that you're doing some that's a win.

>> I definitely probably have that same dysfunction. I'm very much a perfectionist and I don't love to do things unless I'm doing them like a 100% of the way. So, I definitely feel like that that's probably also my dysfunction, but I'm getting there. I'm getting there. So, thank you.

>> Yeah. See, Christie said, "Booyah, it's not about whether you're perfect, it's that you're doing some." I love it. >> That's right. And so, for some of you who are stuck in this plateau. So, we we kind of said four to six weeks, the scale hasn't moved. You are you feel stuck. you're discouraged. We know you are. Um my my recommendation number one was to hide the scale. Okay? Quit focusing on the scale. Um Dr. Pat says to focus on nutrition, eating your protein, moving your body, right? Doing something even if it's not perfect. And it's not always going to be about changing your dose. Now, sometimes sometimes it is going to be about changing your dose, but that is so much less about whether or not you're in a plateau and a little bit more about whether or not I think your food noise is controlled. That is my take on it.

Because if you have good control of your food noise, um you have good we call we use the fancy word satiety, but basically it means you get full with an appropriate amount of food. If all that's going well for you, there's really not a reason to rush your dose up. So, I see this a lot like people are like, "Oh, I think I need to go up on my dose because I'm in a plateau." Speeding up your dose does not speed up your weight loss.

Like, newslash, it just doesn't. It just makes your side effects worse. >> And we know this from clinical studies. Um, the people that rush their dose tend to just have more side effects, but at the end of the study did not always lose more weight. They just kind of had a rougher time getting there, I guess.

>> Yeah. I think uh it's hilarious. My wife just poked her head in, but she's trying to talk to me, but I'm going to use her as an example. Like when I first started at JP1, which was really just in the last 6 months, um I she had to be like, "Are are you sure it's you're having more food noise or are you just having normal hunger?" And I think for so much of my life, I had so much food noise and I was so focused on losing weight that any thoughts about food were catastrophic. It was like a I can't, you know, I just it's going to throw me off.

Um, and so allowing yourself to like take a step back and say, hey, like food noise is there there, but it's improved. Am I having normal hunger signals because I haven't eaten in six hours, or is it food noise? And making that dose

adjustment is important. >> I actually, that's so funny you say that, but I just did a video on this today talking about how hunger is normal. It's not supposed to go away. It is a normal physiologic signal in your body. So what you what is so hard is that you have to learn what normal hunger is as opposed to dysfunctional hunger, which a lot of us have dealt with unfortunately before GLP1s is dysfunctional hunger.

How to Break a Plateau

So, um, I'm happy, appetite, and food noise. Although I still have a lot of thoughts, I don't always act on. So, you have control is what you're saying. You have control now. >> But then she said, "Yesterday, I stressed out at work and over uncomfortable. How do you manage that?" 100%. I think many of us have been here. I'm definitely have been an emotional eater most of my life. GOP ones have been life-changing for me in that where I don't emotionally eat as much. But sometimes when I'm real stressed because we got a lot of things awesome things going at Bell crumble seems real good and I have all of a sudden two cookies are gone. I'm like how'd that happen? Um so I think number one the No, there's really only advice I have. Let yourself enjoy life. Let give yourself grace and the next day don't try and make up for it. just meet the goals that you were already planning on meeting and move on.

And the more you can learn to give yourself grace in those moments, the more you can heal your relationship with food that causes you to do that. >> I think that's very fair. I mean, I would say that I occasionally still have like I will have a shitty day and I will go to the Dairy Queen and get myself a Blizzard. Is it a good idea? Not at all. But I do it. Does that happen very often now? Not really, but used to it would probably happen about once a week. Um, and that's how I know that my relationship with food has changed. Um, but before I would reward myself with food, good, bad, shitty day, great day. >> Yeah. [laughter] >> Any day. >> Any day. It's all It's always a reward.

Yeah. >> It was always a reward, right? >> Yeah. But I think that now that's uh so much different now with with GLP1 minds. So um let me show this because I think this is very interesting. I just >> I was just going to show the same one. >> Oh, look at that. Great minds think alike. I just reread my inbody scans and even though my weight did not shift this month, turns out I lost five pounds of fat and gained three pounds in m muscle.

There you go. So were you really in a plateau? Not at all. But it seemed that way because the scale was not moving. Um, so that's the beauty of some of these fancier scans. >> Yep. And then just like Tiffany, you know, looking back or Yeah, Tiff, she's looking back at her pictures, man. So much grace. She was learning, living life. Um, and I think that's like where those like emotional eating decisions come in is just like, am I am I living life or am I like compensating for something with food? Um, and the short answer is you don't have to be perfect. Like 100% you do not have to be perfect. If anything, I want you to 20% of the time not be perfect and enjoy life. >> Yeah. I like the 8020 rule. I always say, you know, 80% of the time make good decisions. 20% of the time like you don't have to. I mean, don't don't go nuts, but you know, you don't. It's the 8020 rule in general. >> Yeah. I love that. I love that. Um Yeah. I uh >> so as far as we have do we have any questions because I feel like we've talked a lot about plateaus mostly reiterating that they're normal and expected and they're going to happen whether or not you're on a GLP1 or not. If you're just on a weight loss journey they're going to happen. Um but GLP1 specifically almost always they're pretty much in an expected course. People between three and six months of a GLP1 are almost always going to have their first plateau. Um we tend to hear that and then um a lot of people will plateau again later. So but we hear the very first one happens usually between three and six months and um it is not a failure. So just you just got to know that. So um this is a good food noise for me is about fantasizing about ice cream or chips even when I'm not hungry. Yeah, it's thinking about food when you're not hungry. That's a great description of food noise. A lot of people who don't have food noise or have a lot of food noise don't really even understand what this is.

>> Yeah, it's wild because I have like my best friend from high school. Um my wife uh his wife and I were talking about this once where was just like like he's my best friend. He's awesome. He's a personal trainer uh like especially for strength lifting and athletes in Tennessee and he has never once in his life had to deal with food noise. Um and he and me and his wife were at at the wedding um when they came into town were talking about this how it's just like I have dealt with this my whole life. Um and to have a and I've talked about this with my siblings as well because they have similar food noise and like micro doing a GLP1 or being on a GLP-1 has been life-changing, right? Like I my my wife told me after starting the JP1 she's like wow like you have so much more like

creativity and capacity for work and your emotional capacity with the kids is better. Um and I didn't realize how much she didn't realize how much food was on my mind every day. Like I wake up, what am I eating? When am I eating? I just ate. What's the next meal? Was what I ate good enough? I'm stressed. Taco Bell sounds good. Right? Like there's just so much. Um I would love to hear from you, Tiffany, personally because I' I'd love to share mine as well. When you've hit plateaus either on the scale or just like in getting the body composition that you want, what's kind of your like pattern of here's what I'm adjusting, >> you know, with my um personal weight loss journey? And and I don't want to say that I haven't worried about it too much because that's not necessarily true, but I don't ever really think I've shared much about kind of my weight loss, but um but I'll tell you real briefly like I felt like what made me gain so much weight was just life, right? I had two kids. I gained weight. Um I I lost some weight from the pregnancy but didn't. And then I got put on a medicine for migraines called gabapentin. Gaba Penton slowly made me gain 10 pounds a year. And it wasn't overwhelming, but it was just like like I like slowly I just felt like I wasn't fitting into my clothes and I wasn't fitting in my clothes. I'd look back at pictures and think, "Oh my gosh, like who is this person?" But I was so afraid to get off Gabapenton because I had terrible migraines. And so I was just like, "I guess I'm just going to have to deal with this, you know, for the rest of my life." So, um, around probably two, well, maybe about a year and a half ago, I, um, decided, I'm getting off gabapentin. I don't care if I have a migraine every day. I I feel like this medicine is making me worse in a lot of ways, right?

I was to the point where like my body hurt every day. I'm like, this is not good. I think my top weight was probably like 180. Um I'm [clears throat] 5'9 but still like that's it was not a good weight for me and very slowly I started losing weight but it was slow. Um so then I decided I would start doing a micro dose and that is really kind of what made me lose a bunch of the inflammation. So as far as my journey I feel like it has been very slow and very steady. I do not get hung up about the scale because for me it's mostly just about feeling better. Um, I definitely have lost weight, but with micro doing I wasn't trying to necessarily lose weight. I was trying to manage inflammation and I was trying to do everything I could to not have to get back on medicines for some other things.

So, you know, like I don't get hung up on the scale. Like I weigh what?

Body Composition, Measurements, and Progress Photos

Maybe once every month. And mostly I just want to fit back in my clothes. >> Yeah. >> Like I was tire I was tired of buying the big girl clothes. >> Yeah.

>> So >> I I feel that. >> Yeah. So I don't know. I just like um so but you know but that's that's been my experience. And but I I talk to people every day though that they get put on medicines for like I talked to somebody today that was on Depeote. Same thing.

You know, depeote is notorious for making people gain weight. Um, unfortunately, there's lots of medicines out there that people get put on that make them gain weight and I feel like that you get put on one thing and it causes something else and >> yeah. Um, I mean I had Cushing syndrome from Prennazone, you know, so I I definitely >> can attest to that. Um, you know, it's interesting just uh how you were kind of framing that just reminded me. I don't know. I just had a flashback of how I felt in one of my plateaus. I um I have like struggled with body image for a very long time. Um and even when I've been 12% body fat with, you know, veins and six-pack and things like that, I still look in the mirror some days and think I look the same as I did when I was 300 lb. Um, and part of that is, you know, having been like a very active kid and then having Cushing syndrome and cancer and my body changing dramatically, um, with predinazone and I'm missing my sixth vertebrae um, now um, which is fun. Um but then like when I was going through my weight this journey, I went through a divorce and that was very difficult and um that probably was the biggest thing that gave me my my body image issues. um she had an affair and it was hard and I cuz I was really overweight apparently is what she said which wasn't fun but um that >> by the way that's you know right >> um so I've really struggled with that and I've you know made a lot of progress with other therapy and and I do breath work and I do son of a cold plunge and I obviously work on all those things myself. Um, and I remember being in a plateau and just being so frustrated because I was working so hard. Like I was working 80 hours a week in the hospital during medical school. I was flying at least one weekend a month, if not two weekends a month, from North Carolina to Utah in the middle of COVID to see my kids and then to fly back to North Carolina to be back in medical school. and just like being so depressed about it uh and struggling with that.

And um it really came down to one of the biggest things was giving myself grace to like be human and like not constantly be losing weight. Like I remember like I during that plateau was like in the summer I think it was summer of 2021.

Um, and I just went and like I went to the beach with some friends a few more times. I went to the pool with some friends. I went and golfed with some friends some more. I instead of running my hardest 5K, I was at at that point I was running like a 5K three times a week. Um, and it was just like putting so much stress on my body. And the moment I allowed myself to start having more fun in life, uh, like literally like a month later, I lost like three pounds. I went from I think it I went from like 212 to 20 no I [snorts] went from 212 to 208 and I was just like oh like the plateau is over and it was just crazy because I didn't change that much. I didn't decrease my calories anymore or anything like that. So a little vulnerable moment to just say like life's hard and give yourself grace and like let it take time.

>> Yeah, I think that's a good point that it can't be all about weight loss.

Personal Weight Loss Stories and Grace

you still have to live like most of us have partners, we have kids, we have life, you know, it can't all focus around your weight loss and so a lot of us still have to live like during all this like I still had to have supper with my family, you know, I still had to be able to go out to eat and diets that are restrictive that are hard to live by. Like I I've I I've ran I've had friends before. They will do these diets where all they can have is shakes. Well, like you can't go out to eat with a diet like that, right? Like you can't go with your friends. You can't go anywhere. I don't know. I just stuff like that. Again, the word sustainability. Is this sustainable for you? The answer is no. And I always ask somebody like, "Can you do this forever?" The answer is no. Then let's not even start it. Let's let's not start something that you can't do forever.

>> Yeah. So, >> 100% agree. Um I have to hop on a consultation call. Thank you everyone for joining. Um Tiffany, thank you for all of your insights and um I'll let you wrap everything up.

>> All right. Thanks guys. We really appreciate you all for um this talk and uh we will catch you all next time. We are live. So, if you're struggling with issues with plateaus, then we get it. First of all, you just got to know they are normal. They are expected. So, please don't stress out when you have them. But at Bell, we are here to help. If you feel like you've been in a prolonged plateau and you don't know what to do, we have a couple different things. We have a circle community that you can join. Our circle community is really good as far as helping with nutritional advice, different things.

So, please join us. I have that down in the comment or the description. So, please join our circle community. And as always, if you have questions about dosing or whether or not your dose is currently right for you, then please reach out to customer support because we're always glad to help. So, um, thanks guys. I really appreciate everybody who joined in today and, um, y'all have a wonderful weekend. All right, see y'all later. Bye.