Weight dissatisfaction and weight loss attempts among Canadian adults

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Abstract

Objective: To describe the pattern of weight dissatisfaction and weight loss attempts among Canadian adults and the reasons for and methods of weight loss among those trying to lose weight.

Design: Population-based, cross-sectional surveys.


Participants: A probability sample of 29 855 men and women aged 18 to 74 years was selected using provincial health insurance registration files; this paper describes the subsample of 19 841 (66%) participants from whom anthropometric data were collected.

Outcome measures: Discrepancy between actual and desired body mass index (BMI); attempts to lose weight; reasons for losing weight; methods of weight loss used.

Results: Whether their weight was in the acceptable range (BMI 20–24 kg/m²) or at a level of increasing risk (BMI ≥ 27 kg/m²), women were more likely than men to wish they weighed less and to be trying to lose weight; almost two-thirds of women but less than half the men with BMI ≥ 27 kg/m² were trying to lose weight. Even among those with BMI 20–24 kg/m², 32% of women (v. 10% of men) were trying to reduce their weight. Weight dissatisfaction and current and past weight loss attempts were all negatively associated with age among women, but were unrelated to age among men. People with higher ratios of waist to hip circumference (WHR), controlling for BMI, were no more likely to be trying to lose weight than those with lower WHR; in fact, for women with BMI 27–29 kg/m², WHR was negatively associated with prevalence of weight loss attempts. The presence of diabetes, hypertension and hypercholesterolemia was also unrelated to weight loss attempts; regular smokers and sedentary people were less likely to report trying to lose weight, controlling for BMI. Among those currently trying to lose weight, the most commonly mentioned reason was to improve general health, followed by increasing attractiveness. Overall, the most frequently mentioned method of weight loss was dieting, followed by exercise.

Conclusions: Substantial numbers of men whose BMI places them at increased health risk appear to be content with their weight and are not attempting to reduce it. Conversely, women, especially the young and middle-aged, are likely to consider themselves above their desired weight and to be trying to lose weight, even when their weight is within acceptable limits. This reinforces the need to consider differences between men and women in efforts to promote and support healthy weights among Canadians.

Résumé

Objectif : Décrire la tendance de l’insatisfaction à l’égard du poids et des tentatives de perte de poids chez les adultes du Canada, les raisons invoquées et les méthodes utilisées par ceux qui essaient de perdre du poids.

Conception : Enquêtes stratifiées transversales.
Participants : Un échantillon aléatoire de 29 855 hommes et femmes de 18 à 74 ans a été tiré des dossiers d’inscription au régime d’assurance-maladie des provinces. Ce document décrit le sous-échantillon de 19 841 (66 %) participants sur lesquels on a recueilli des données anthropométriques.
Mesures des résultats : Écart entre l’indice de masse corporelle (IMC) réel et souhaité; tentatives de perte de poids; motifs de la perte de poids; méthodes de perte de poids utilisées.
Résultats : Que leur poids ait été acceptable (IMC de 20 à 24 kg/m²) ou à un niveau de risque croissant (IMC ≥ 27 kg/m²), les femmes étaient plus susceptibles que les hommes de souhaiter peser moins et d’essayer de perdre du poids; presque les deux tiers des femmes, mais moins de la moitié des hommes qui avaient un IMC ≥ 27 kg/m² essayaient de perdre du poids. Même chez les sujets qui avaient un IMC de 20 à 24 kg/m², 32 % des femmes (c. 10 % des hommes) essayaient de perdre du poids. L’insatisfaction à l’égard du poids et les tentatives en cours et passées de perte de poids étaient associées négativement avec l’âge chez les femmes, mais n’avaient aucun lien avec l’âge chez les hommes. Les personnes qui avaient un ratio plus élevé entre le tour de taille et le tour de hanches ajusté selon l’IMC n’étaient pas plus susceptibles d’essayer de perdre du poids que celles dont le même ratio était inférieur; en fait, chez les femmes qui avaient un IMC de 27 à 29 kg/m², on a établi un lien négatif entre le RTH et la prévalence des tentatives de perte de poids. Il n’y avait aucun lien non plus entre la présence de diabète, d’hypertension et d’hypercholestérolémie et les tentatives de perte de poids; les fumeurs réguliers et les personnes sédentaires étaient moins susceptibles de signaler qu’elles essayaient de perdre du poids ajusté selon l’IMC. Celles qui essayaient de perdre du poids cherchaient d’abord à améliorer leur état de santé en général et ensuite à améliorer leur apparence. Dans l’ensemble, la façon mentionnée le plus souvent de perdre du poids était l’alimentation, suivie de l’exercice.
Conclusions : Beaucoup d’hommes que leur IMC expose à un danger accru pour la santé semblent se contenter de leur poids et n’essaient pas de le réduire. Par ailleurs, les femmes, et surtout les femmes jeunes et d’âge mûr, sont susceptibles de considérer qu’elles dépassent leur poids désiré et d’essayer de perdre du poids, même lorsque leur poids est acceptable. Il faut donc tenir compte des différences entre les hommes et les femmes dans les efforts qui visent à promouvoir et à appuyer des poids sains dans la population canadienne.

Obesity is associated with both health risks and social disadvantage. Our culture values thinness and is preoccupied with weight, to the point that weight dissatisfaction and dieting are prevalent, both among those who are obese and, particularly for women, those who are not. In 1990, 31% of Canadians were trying to lose weight, according to the Health Promotion Survey. Women were significantly more likely than men to be attempting to reduce their weight (39% v. 23%), even though more men were overweight. Weight loss attempts were reported by 37% of women whose weight was acceptable by official Canadian guidelines and 8% of women who would be considered underweight. Similarly, the 1991 General Social Survey revealed that among the overweight, women were much more likely than men to be dissatisfied with their weight, whereas three-quarters of women classified as underweight considered themselves to be “just about right.”

These figures highlight 2 distinct problems: substantial numbers of overweight people, mostly men, do not see a need to lose weight and are not attempting to do so; and substantial numbers of women whose weight is within the recommended range believe that they are too heavy and many are attempting to reduce their weight, often aiming for a level below that considered healthy. This study examined weight dissatisfaction by sex and...
age and current weight loss attempts as a function of body mass index (BMI); ratio of waist to hip circumference (WHR); sex; age; and other risk factors for heart disease. We also present data on the reasons for weight loss given by those currently attempting to reduce their weight and the methods they reported using. The main intent of this paper is to clarify which subpopulations are dissatisfied with their weight and are attempting to lose weight. This will help determine the extent to which people who might benefit from weight loss are concerned and trying to take action; and which people who are unlikely to benefit medically from weight loss are nonetheless dissatisfied with their weight and attempting to reduce it.

Methods

Non-institutionalized Canadian men and women, between the ages of 18 and 74 years in all 10 provinces participated in sample surveys conducted between 1986 and 1992. Details of the survey methods are presented elsewhere. In brief, a probability sample of 29 855 people was selected using the health insurance registration files in each province. Trained survey nurses administered a standard questionnaire during a home visit; then, usually within 2 weeks, participants visited a survey clinic, where various data, including anthropometric measurements, were collected. The analyses in this paper were carried out on the 19 841 (66%) participants for whom anthropometric data were available.

A key variable in this report is BMI (weight in kilograms divided by the square of height in metres). Analyses are based on five BMI categories, adapted from the recommendations of the Expert Group on Weight Standards.

To examine weight dissatisfaction, we asked participants, "How much would you like to weigh?" We then compared their measured BMI to desired BMI, which was calculated in the same way as actual BMI, with desired weight substituted for actual weight. Desired BMI was divided into the same categories as actual BMI. Information on desired weight was not collected in Manitoba or Nova Scotia, and in Saskatchewan it was asked only of those who indicated that they were currently trying to lose weight. Therefore, analyses using this variable exclude respondents from Nova Scotia and Manitoba, but include those from Saskatchewan and the other seven provinces.

The other body composition measure we examined was WHR. These data were collected only in Alberta, Manitoba, Ontario, Quebec and Saskatchewan. For our purposes, WHR was divided into three categories based on its distribution in the study group: the lowest 25% (low); the middle 50% (medium); and the highest 25% (high), calculated separately for each sex. Although abdominal obesity is considered a risk factor for cardiovascular disease, in this analysis, WHR was seen primarily as an aspect of body composition, like BMI, which could influence participants' weight control behaviour. Thus, the categories described above were considered more appropriate than the health risk cut-points.

Three categories of weight loss attempts were created based on two questionnaire items: those who said they had never tried to lose weight; those who had tried to lose weight at some time but were not currently trying; and those who were currently trying to lose weight. Analyses using this variable exclude Manitoba, where the question about past weight loss attempts was not asked. For some analyses, those currently trying to lose weight were compared with all others for which data from all provinces were available.

Five other risk factors for heart disease were examined as possible predictors of weight loss attempts. For each of diabetes, high blood pressure and high blood cholesterol level, participants who indicated that they had been told by a health professional that they had the condition were compared with those who said they had not been told. Smokers were defined as people who reported that they smoked cigarettes "usually every day." Those who reported that they did not regularly engage in physical activity during their leisure time (defined as at least once per week during the previous month) were classified as "sedentary."

Participants who were currently trying to lose weight were asked why they wished to do so. Answers were grouped into eight categories. These people were also asked to indicate which of six weight loss methods they were using. For both reasons and methods of weight loss, more than one response could be given.

Data analysis consisted of cross-tabulating the variables of interest using the categories described above, stratified by sex in each case and, where appropriate, controlling for age, BMI or both by stratification. For selected comparisons, t-tests were performed to test the difference between two proportions. All percentage estimates were weighted to reflect the sampling design and the degree of nonresponse. Significance testing was performed using standard error estimates derived by the jackknife approach.

Results

Weight dissatisfaction

Comparing actual and desired BMIs revealed large differences in dissatisfaction between men and women and, to a lesser extent, across age groups. On the whole,
in each BMI category, more women than men wanted to weigh less than they did, and the discrepancy between women's actual and desired BMI was greater than that of men.

The first group of particular interest comprises those with high BMI (≥27 kg/m²) who expressed satisfaction with their current weight. Men were much more likely than women to fall into this category (Table 1). For example, among those with BMI 27–29 kg/m², men were three times as likely as women to report a desired BMI in the same range (17% v. 6%, p < 0.001). Weight dissatisfaction appeared strongly related to age among women (data not shown). In the youngest age group (18–24 years), only 6% of women with BMI ≥27 kg/m² had desired BMIs in this range; the proportion rose steadily with age to 26% in the oldest group. This contrasted sharply with the pattern for men, among whom the proportion varied from 27% to 36% across age groups, with no linear trend.

Moreover, the gap between desired and actual BMI tended to be larger for heavier women than for their male counterparts (Table 1). For example, more than twice as many women as men (45% v. 18%, p < 0.001) whose BMI was ≥30 kg/m² wanted a BMI of 20–24 kg/m²; most men in this BMI category said they would like a BMI of 27–29 kg/m² (43%), compared with only 22% of women (p < 0.001).

The second group of interest consists of those with a generally acceptable weight (BMI 20–24 kg/m²) who said that they would like to weigh less. In contrast to the first group, this one consists mainly of women. Overall, 35% of women with BMI 20–24 kg/m² said that they would like it to be ≤20 kg/m², compared with only 7% of men (p < 0.001, Table 1). Stratifying across six age groups reveals an interesting pattern (data not shown), similar to that noted above. In the youngest age group, more than 7 times as many women as men whose weight is considered healthy wished to weigh less; in the oldest age group, the ratio declined to 2:1. Consistent with this is the finding (Table 1) that many more women than men in the lowest BMI group (<20 kg/m²) were content with their weight (83% v. 35%, p < 0.001).

These patterns are summarized in Fig. 1, which presents the mean values for the difference between actual and desired body weight in each age–sex group by BMI category (for simplicity, only 3 age groups are shown).

### Weight loss attempts

Participants who said that they were currently trying to lose weight were compared with those who had tried in the past but were not currently trying or had never tried, with respect to the following variables: body composition (BMI, WHR); sociodemographic factors (sex, age); and self-reported presence of five other risk factors for heart disease.

The characteristic that appeared most strongly associated with current attempts to lose weight was BMI, with the proportion of individuals currently trying to lose weight rising sharply with increasing BMI for both sexes (Table 2). However, consistent with the findings regarding weight dissatisfaction, sex was also strongly related to weight loss attempts; at each BMI level, more women than men were trying to lose weight (p < 0.05).

As with weight dissatisfaction, two groups are particularly important: those with a high BMI (≥27 kg/m²) who were not trying to lose weight, and those who were trying to lose weight despite having a relatively low BMI (<25 kg/m²). Similar sex-related patterns are seen. The
first group includes many more men than women, whereas the opposite is true of the second group. For example, among those with BMI 27–29 kg/m², 61% of men compared with 39% of women were not currently trying to lose weight. Also important to note is the considerable proportion (roughly one-third) of both men and women with BMI ≥ 25 kg/m² who had tried to lose weight in the past, but who were not currently trying.

With regard to the second group — those attempting weight loss in spite of a healthy BMI — almost one-third of women with BMI 20–24 kg/m² were trying to lose weight compared with 10% of men in the same BMI range (p < 0.001). Furthermore, 22% of women in the lowest BMI group (< 20 kg/m²) had dieted in the past (v. 2% of men, p < 0.001), suggesting that they dieted with the intention of achieving their current low weight.

When data were further stratified by age, more sex differences emerged (data not shown). Among men with BMI ≥ 25 kg/m², there was little difference in the proportions currently trying to lose weight by age. Among women, on the other hand, in every BMI category, the

<table>
<thead>
<tr>
<th>Table 2: Weight loss behaviour by BMI, stratified by sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight loss behaviour</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Men</strong></td>
</tr>
<tr>
<td>Never tried to lose weight</td>
</tr>
<tr>
<td>Tried in past</td>
</tr>
<tr>
<td>Currently trying</td>
</tr>
<tr>
<td>Total no.</td>
</tr>
<tr>
<td><strong>Women</strong></td>
</tr>
<tr>
<td>Never tried to lose weight</td>
</tr>
<tr>
<td>Tried in past</td>
</tr>
<tr>
<td>Currently trying</td>
</tr>
<tr>
<td>Total no.</td>
</tr>
</tbody>
</table>

*Percentages refer to the proportion of column total.
†p < 0.001 for men compared with women in same cell.
‡p < 0.05 for men compared with women in same cell.
Source: Canadian heart health surveys (excluding Manitoba).
proportion trying to lose weight dropped with increasing age. In all but a few age-BMI groups, many more women than men reported trying to lose weight; the differential is particularly strong for those aged 54 and under. Across the age groups, men were generally much more likely than women to say that they had never tried to lose weight. Among women, the proportion who had never tried to lose weight tended to increase with age, especially in the lower BMI categories; this pattern is not seen among men.

In terms of cardiovascular risk, those with a higher WHR, particularly in combination with a high BMI, should be more concerned about losing weight than those with a lower WHR. However, the data generally did not reflect this (Table 3). For both sexes, in most BMI categories, WHR did not appear to have much influence on weight loss attempts. Only among women of BMI 27–29 kg/m² was there a significant difference in weight loss attempts by WHR and, in this group, the likelihood of trying to lose weight declined with increasing WHR, from 85% among those of low WHR to 50% for high WHR (p < 0.001).

Participants whose BMI placed them at increased risk for heart disease and who had other risk factors, particularly ones that may be reduced through weight loss, should be most concerned about losing weight. For each of five risk factors — diabetes, hypertension, hypercholesterolemia, smoking and sedentariness — we compared the proportion of participants currently trying to lose weight among those with and without the factor, stratifying by sex and controlling for BMI and age (data not shown). The results did not suggest that awareness of the presence of other risk factors increases the likelihood of trying to lose weight; in fact, for smoking and physical inactivity, the opposite appeared true.

No consistent pattern of association was seen between self-reported diagnosis of diabetes, hypertension or hypercholesterolemia and attempts to lose weight for either sex. For both men and women of BMI ≥ 27 kg/m², smokers were less likely to be trying to lose weight than nonsmokers (most notably men, of whom 26% of smokers v. 48% of nonsmokers reported weight loss attempts), and sedentary people were less likely than their non-sedentary counterparts to be attempting to reduce their weight. (This analysis is confounded, of course, by the fact that exercise is a common method of weight loss; see Methods of weight loss below.)

**Reasons for wanting to lose weight**

What motivates people to try to lose weight? Once again, differences were seen in relation to BMI, sex and age. Women with BMI < 25 kg/m² were most likely to state that they were trying to lose weight to become more attractive and, secondly, to improve general health (see Table 4). For all others, the reverse was true: the most common reason was to improve general health, then to increase attractiveness. Other reasons were mentioned by only a few respondents.

Reasons also varied by age (data not shown). For both sexes, the proportion mentioning improving general health tended to rise with age, dropping off slightly in the older age groups. In contrast, the proportion mentioning becoming more attractive declined steadily with age.

**Methods of weight loss**

What methods are most often used by people at-
attempting to lose weight? Among men with BMI ≥ 25 kg/m² and women with BMI ≥ 20 kg/m², the most commonly reported method was dieting, and the likelihood of dieting increased with increasing BMI (p < 0.01; see Table 5). For most groups, exercise was the second most commonly mentioned method and, among men, its likelihood was negatively associated with BMI (p < 0.001). Overall, women were significantly more likely than men to report dieting (p < 0.001) and equally likely to report exercising.

Discussion

The widespread dissatisfaction with weight and the prevalence of weight loss attempts, especially among women, are highly consistent with earlier reports.29 Our results indicate that a substantial proportion of women, especially younger women, are dissatisfied with their weight, even though it is within or below the healthy range, and many of them are trying to lose weight.

The marked decrease with age of both weight dissa-

### Table 4: Reasons for weight loss attempt by body mass index (BMI) and sex among those currently trying to lose weight

<table>
<thead>
<tr>
<th>Reason for weight loss attempt</th>
<th>&lt; 20</th>
<th>20–24</th>
<th>25–26</th>
<th>27–29</th>
<th>≥ 30</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Become more attractive</td>
<td>62</td>
<td>68</td>
<td>71</td>
<td>75</td>
<td>79</td>
<td>88</td>
</tr>
<tr>
<td>Improve general health</td>
<td>61</td>
<td>57</td>
<td>61</td>
<td>66</td>
<td>66</td>
<td>65</td>
</tr>
<tr>
<td>Decrease risk of heart attack</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Control blood pressure</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Control blood cholesterol</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Slow hardening of arteries</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Decrease risk of diabetes</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Number</strong></td>
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<td>2342</td>
<td>2342</td>
<td>2342</td>
<td>2342</td>
<td>2342</td>
</tr>
</tbody>
</table>

Note: Percentages refer to proportion mentioning that reason; each individual could list more than one reason, thus totals exceed 100%.

Source: Canadian heart health surveys.

### Table 5: Weight loss methods by body mass index and sex among those currently trying to lose weight

<table>
<thead>
<tr>
<th>Method</th>
<th>&lt; 20</th>
<th>20–24</th>
<th>25–26</th>
<th>27–29</th>
<th>≥ 30</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dieting</td>
<td>65</td>
<td>67</td>
<td>67</td>
<td>67</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>Exercise</td>
<td>65</td>
<td>66</td>
<td>67</td>
<td>67</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>Skipping meals</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Diet pills</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Weight control program</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
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<td>6</td>
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<tr>
<td>Other</td>
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<td>6</td>
<td>6</td>
<td>6</td>
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<td>6</td>
</tr>
<tr>
<td><strong>Number</strong></td>
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</tr>
</tbody>
</table>

Note: Percentages refer to proportion using that method; each individual could list more than one reason, thus totals exceed 100%.

Source: Canadian heart health surveys.
satisfaction (shown in Fig. 1) and current weight loss attempts among women could reflect declining concern about slenderness with age. However, the fact that a similar pattern is found for past weight loss attempts suggests that it reflects, in large part, the changing norms for body weight among women in our society over the past several decades.15,16

Many people, especially women, whose BMI was in the zone of increasing risk (≥ 27 kg/m²), said they were currently trying to lose weight (Table 2). At the same time, sizeable numbers of men in this BMI range were satisfied with their current weight and had never tried to lose weight, suggesting that men’s awareness of the health risks of obesity could be increased. Indeed, as MacDonald and co-workers10 report, only 28% of men (compared to 36% of women) mentioned overweight as a major cause of heart disease.

In contrast to BMI, WHR was essentially unrelated to current attempts to lose weight among men, controlling for BMI. Among women of BMI 27–29 kg/m², those with higher WHRs were less likely to be trying to lose weight. This is consistent with the results of other studies that found that WHR was inversely related to weight preoccupation and disordered eating in women11 and that hip circumference is a salient determinant of women’s dissatisfaction with their bodies.18,19 Our findings are troubling, as WHR is a better predictor of cardiovascular risk than BMI; they suggest both a lack of public awareness of the cardiovascular risk associated with abdominal obesity and, especially among women, an overriding concern having a particular body size and shape.

From a public health perspective, one would hope that people with risk conditions that might improve with weight loss would be attempting to lose weight. This was not the case for those with diabetes, hypertension or hypercholesterolemia. We also examined two behaviours — smoking and sedentarity — which, although they are not likely to be directly influenced by weight loss, are also risk factors for cardiovascular disease. Among both men and women with BMI ≥ 27 kg/m², those engaging in these risk behaviours were less likely to be attempting to lose weight.

In both sexes, approximately one-third of those with BMI ≥ 27 kg/m² had tried to lose weight in the past, but were not currently attempting to reduce. This finding is consistent with other reports on the difficulty of losing weight and especially of maintaining weight loss.21 Some maintain that dieting is futile,22,23 based on disappointing long-term results of clinical trials.24 Brownell and Rodin25 suggest that, rather than arguing for or against dieting in general, we need research to help determine who should lose weight (based on likely medical and psychosocial consequences); who can lose weight (considering biological, psychological and social factors); how much weight a given individual needs to lose to derive health benefits, and can reasonably lose and maintain; and what methods will work best for each individual.

One encouraging finding here is the large number of people who reported exercising to lose weight, as physical activity seems to be a crucial factor in losing weight and keeping it off.16–28 On the other hand, the negative association between BMI and likelihood of exercising among men indicates that those who could most benefit from increased physical activity are least likely to use this in their attempts to lose weight. However, any interpretation of the distribution of weight loss methods is complicated by the fact that respondents were not required to specify what they meant by either “dieting” or “exercising.” Thus, these response categories may include a wide range of activities, varying in both their healthfulness and potential effectiveness as contributors to weight loss.

Conclusions

In summary, the survey results indicated that weight dissatisfaction is prevalent, particularly among young and middle-aged women; weight reduction efforts are common among women, even those whose BMI is in a healthy range; among those with BMI ≥ 27 kg/m², a high proportion of women and substantially fewer men report that they are currently trying to lose weight; in men, attempts to lose weight appear to be associated with high BMI, but not with WHR, diabetes, age or elevated blood pressure or cholesterol levels; in women, weight loss attempts appear to be positively related to high BMI, inversely related to age and, in some cases, WHR, and unrelated to diabetes and blood pressure or cholesterol levels.

The differences we found between men and women — for virtually every variable examined — suggest a need for two different health promotion messages: one for men, emphasizing the health risks of obesity and encouraging safe weight loss efforts among the overweight (especially for those with other risk factors, such as abdominal obesity); and another for women, promoting more realistic body sizes and shapes and educating about the risks of preoccupation with weight and appearance. Both men and women who need and wish to lose weight should be encouraged to increase their physical activity, as well as modifying their food intake.

Most important, given the prevalence of both obesity and unhealthy weight expectations in our society, greater attention must be focused on primary prevention of these problems. This will require addressing such basic issues as food production and marketing practices, physical activity in industrialized lifestyles and cultural standards of attractiveness.
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References


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