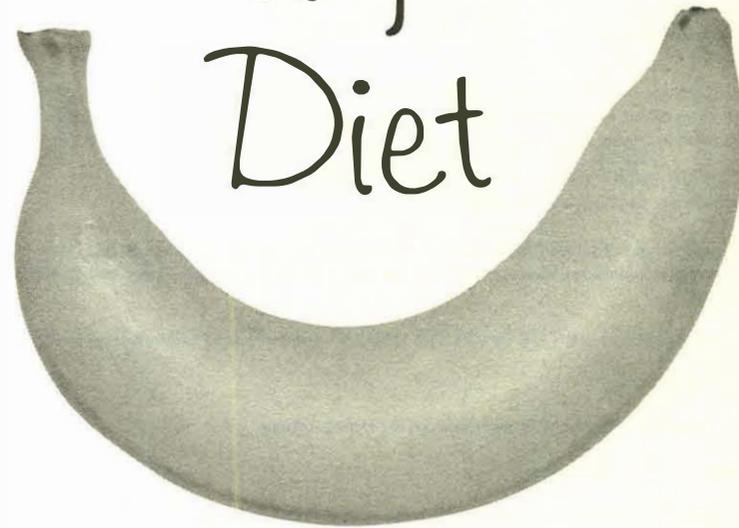


The
Good Mood
Diet



Boost your serotonin levels to
lose weight, curb cravings
– and feel great!

Judith J. Wurtman, PhD
& Dr Nina Frusztajer Marquis



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Notice

This book is intended as a reference volume only, not as a medical manual. The information given here is designed to help you make informed decisions about your health. It is not intended as a substitute for any treatment that you may have been prescribed by your doctor. If you suspect that you have a medical problem, we urge you to seek competent medical help. Mention of specific companies, organisations or authorities in this book does not imply endorsement by the publisher, nor does mention of specific companies, organisations or authorities in the book imply that they endorse the book.

Addresses, websites and telephone numbers given in this book were accurate at the time the book went to press.

To Dick, my husband

– *Judith J. Wurtman, PhD*

To Camille, Zeno, Hugo and my husband, Andre

– *Dr Nina Frusztajer Marquis*



We inspire and enable people to improve their lives and the world around them

'Thou shalt eat and be satisfied.'

– Deuteronomy 11:15

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ACKNOWLEDGEMENTS

Just as a stool needs three legs to stand on, so too did this book need three writers. The third 'leg' of our writing enterprise was Susan Suffes, who, in a seemingly effortless manner, fused our two writing styles, added her own wisdom and insight to our advice and recommendations, and combed through details and organisational puzzles with endless patience. Her many years as an editor and writer made her an indispensable source of advice and comfort when it looked as if a chapter would drown under the weight of suggested revisions. And her good humour seemed to come from a bottomless supply, which we dipped into without restraint.

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This book would not be what it is without our many clients, who have given us insight into the complexity of weight gain and the joys and struggles of weight loss. Thank you for your dedication to our programme, your faith in us, and the personal connections we have developed over the years.

Finally, we should thank whoever invented e-mail. We could never have managed our long-distance collaboration so effectively and painlessly without it.

INTRODUCTION

The Good Mood Diet started in a health club in 2001. That's where we met, side by side on elliptical trainers. Between panting and puffing, we learned of our mutual interest and experience in health, weight loss, exercise and diet counselling. Judy was directing a large hospital-based weight-loss clinic, which she had developed, and was contemplating leaving to start a private practice. Nina, a doctor, was deciding how to best tie together her experience as a doctor, nutritionist, lifestyle coach and yoga instructor (and was soon to be a mum).

Our conversations continued beyond the gym and eventually resulted in a private practice called Adara, a Greek name that means beauty. It came from a baby-naming book that Nina was carrying with her at the time.

Adara's mission is to help each client lose weight with the most scientifically advanced programme possible, along with emotional comfort and support. The scientific basis of the Adara programme was founded on years of laboratory research at MIT, followed by reports on hundreds of volunteers who participated in clinical studies. These clinical studies led to the development of a weight-loss plan that included the use of carbohydrate snacks or a carbohydrate drink. After the programme was tested as completely as possible, it became the foundation for a hospital-based weight-loss clinic on the grounds of McLean Hospital in Massachusetts, which opened in 1996. That programme is the one we present to you here, in the Good Mood Diet.

Initially most of our clients had a typical weight-gain history. They put on weight because of lifestyle changes due to marriage, children, jobs, travel and situational stress. These clients responded successfully to the weight-loss programme, which at that time not only included private or group support sessions but also workout time in an on-site gym supervised by the clinic's trainers.

Soon clients began to arrive with an entirely new cause of weight gain. These individuals had been thin all their lives until they were

treated with antidepressant and mood-stabilizing drugs. They found themselves gaining weight – in some cases, up to 68 kg (10½ st)!

At the time, there was relatively little known about the potent effect of such drugs on weight gain, and even less was known about how to treat it. The clinic's diet programme, which increased the brain's ability to control appetite, was found to be effective for these clients. They found an almost immediate relief from the incessant carbohydrate cravings induced by the drugs, and they also found they were less tired. Better yet, they began to lose weight and return to their pre-treatment size.

Through our work with these clients, we learned how important it was to combine the effects of the diet programme on the brain with weekly coaching to make people mindful of their personal eating triggers and to teach them strategies to help decrease and eliminate these triggers. In addition, we also stressed the essential role of exercise – not only for their weight loss but also for their general health.

The Good Mood Diet is the same as that followed by our Adara clients. You will be using the same diet plan and experiencing the almost immediate ability to control your appetite and lose your cravings. Those of you who have suffered from emotional overeating will find yourself feeling calm and able to cope with your problems without resorting to eating.

Although we cannot talk with you personally and coach you through the problems that might be causing you to overeat, this book will give you the support you need to stay on the diet – regardless of the stress in your life.

And while we can't exercise with you, we hope that you will take seriously our insistence on the importance of physical activity for weight loss and for your basic health and follow our recommendations.

As you go through the diet programme, you will see positive changes. First you will find yourself feeling full even though you are eating less than before you started the diet. Your mood will improve right away. The people and events that caused you to become upset or angry or impatient or cranky will have much less effect on you.

As your body and mood change, you will also feel energetic and notice an improvement in your stamina and strength.

WHAT TO EXPECT

We know that you are busy. That's why we provide easy-to-follow varied menu plans along with fast and simple recipes for delicious dishes. Carbohydrates are not prohibited or limited. Carbs are essential for weight loss. And of course you will eat protein. Your body needs it. We'll show you how to make the best use of this muscle-building material.

You'll eat real meals and enjoy real snacks. When you go to a restaurant, you won't be stuck; we'll provide plenty of options of what to order. Don't know what to snack on? We're going to give you lots of unexpected and welcome suggestions.

You won't feel deprived. You won't feel your appetite egging you on. You will feel a lot better very quickly and begin to lose fat – not water – fast.

While you must be physically active to lose weight, we're *not* going to demand a long or gruelling daily workout. Instead, we'll give you realistic recommendations that can be integrated into your busy schedule.

The Good Mood Diet is good for you. It is not associated with any adverse health effects; instead, it emphasizes healthy, sustainable lifestyle habits. It will help you to lose 0.5–1 kg (1–2 lb) each week without feeling uncomfortable, agitated or suffering from cravings.

The Good Mood Diet solves the problems of emotional overeating, medication-associated weight gain and post-low-carb diet bingeing. It does so by allowing your brain – and not your willpower – to control your appetite. This means no drugs, no deprivation and no despair.

Instead, you will manage your appetite the way that nature intended you to. The strategy for weight loss, followed by a lifetime of weight control, is finally in your hands.

Our best wishes for an easy journey to your weight goal. Our thoughts are with you.

Judith J. Wurtman, PhD

Dr Nina Frusztajer Marquis

PART ONE

Solving the
Carbohydrate Riddle

THE BRAIN-WEIGHT CONNECTION

The CA Connection to Carbohydrate Consumption

Solving the Carbohydrate Riddle

Eating carbs and losing weight seem like opposites that never attract. How can you eat the carbohydrates you love when you hate the weight you gain when you eat carbohydrates?

This love-hate relationship often dictates how you try to lose weight. You avoid carbohydrates by going on a high-protein diet. When you go off the diet, carbohydrates are the first foods you reach for and you overeat. Or, when you are stressed, all of your good intentions to watch your carbohydrate intake are tossed aside. It's as though an uncontrollable force pulls you towards anything that is sweet or starchy – or both. As the stress mounts and the weight piles on, you feel powerless to stop eating the carbohydrates. What are you supposed to do?

Maybe you never had a weight problem until, like millions of others, you began to take antidepressants. For a reason you can't fathom, you never feel full, no matter how much you eat. Suddenly carbohydrates are the only food you really want. And as you give in to this new craving, your weight goes up. What are you supposed to do?

At last there is an answer, based on decades of research and clinical experience. You must eat carbohydrates to lose weight and you must eat carbohydrates to maintain the loss.

THE CARBOHYDRATE–SEROTONIN CONNECTION

As hard as it may be to believe, carbohydrates are as essential for weight loss as petrol is to a car. They not only drive the system that controls appetite, they also control emotional eating and mood.

At this point many of you who have been told that the road to weight ruin is paved with carbohydrates (especially the yummy ones) are likely reading this in disbelief. How can it be? Don't carbs bulk up fat cells? Shouldn't they be avoided, or at least limited to brown rice, a few leafy vegetables and occasionally some fruit? How can it be possible to eat pasta, potatoes, rice and even bread if you want to lose weight? And how can you stop overeating carbohydrates once you start?

It is not only possible to eat carbohydrates and lose weight, it is essential to do so. The reason lies within your brain.

Eating carbohydrates triggers a process involving the hormone insulin, an amino acid called tryptophan, and a barrier between the blood and the brain. The net result of this process is the production of a brain chemical called serotonin.

Serotonin is the switch that turns off your appetite. It is the 'I have had enough to eat' switch. Serotonin is also the control that restores your good mood after minor and major stresses erode it. When produced consistently and regularly, serotonin prevents the tendency to eat impulsively when stresses occur.

Nature seems to have tagged serotonin as the only food-dependent brain chemical. At the same time, nature did you an enormous favour. By being able to manufacture serotonin by eating sweet or starchy carbohydrates, you can tap into a built-in appetite suppressant and mood regulator.

That's why the Good Mood Diet is based on maximizing serotonin production. Our carbohydrate-friendly, serotonin-producing diet will satisfy your appetite even though you will be eating fewer calories. If antidepressants are making you overeat, our diet will give you control over your appetite. It will take away the mental fatigue that keeps you from exercising. And the Good Mood Diet will also buffer you when you respond to stresses that otherwise would have you setting a world record for hand-to-mouth eating.

UNDERSTANDING CARBOHYDRATES

Carbohydrates come in two basic forms: simple and complex. The simple ones, also called sugars (as in table sugar, or sucrose, and milk sugar, or lactose), are made up of one or two molecules. They are digested very quickly into the simplest carbohydrate of all, glucose.

Glucose, which circulates in the blood, is the sugar used by muscles for energy. When you exercise, your muscles use a stored form of carbohydrate called glycogen. Marathon runners 'carbo-load' before a race to increase the amount of glycogen in their muscles.

Complex carbohydrates are made up of the same molecules, but in long chains with branches. You know these carbohydrates as starches and eat them as potatoes, pasta, bread, cereal, rice, oats, barley, millet, rye and other grains. Beans and lentils, although higher in protein than some other carbohydrates, are also included in this family of starches. Complex carbohydrates are also digested into the simplest carbohydrate, glucose, but it takes longer for them to reach this state because of their complexity.

Thus, all carbohydrates end up as glucose as soon as they leave the intestines and enter the bloodstream. Fruits, which contain fructose, are the exception. Fructose must go through an additional biochemical process in order to be converted into glucose.

SCIENCE EXPLAINS THE BRAIN-SEROTONIN CONNECTION

At the Massachusetts Institute of Technology (MIT) in the 1970s, Dr Richard Wurtman (Judy's husband) and one of his students made groundbreaking discoveries about the connection between the brain, serotonin and carbohydrates. They discovered that after animals ate carbohydrates, their brains contained more serotonin.¹⁻⁴

The connection between carbohydrates and serotonin was puzzling and quite unexpected. It was already known that serotonin is made when the amino acid tryptophan enters the brain. It was also known that tryptophan is one of many amino acids that make up protein. For instance, tryptophan is found in protein foods such as steak, fish, chicken and eggs. Tryptophan is not found in carbohydrate foods such as potatoes, bread and pasta. So it seemed logical that eating protein, not a carbohydrate, would prompt serotonin production.

But that's not what happened. When laboratory rats were fed a protein meal (such as the protein in milk), their brains made no new serotonin. And when protein was added to a meal containing carbohydrate, no serotonin was made either, even though the rats were eating carbohydrate. It seemed as if eating protein prevented serotonin from being made.