Rethinking Weight Loss: The Science of Weight Health with Ashley Koff, RD (ep – 87)

[00:00:04] **Dr. Ginger Hultin** Well, here we are again. Depending on where you're listening from in the world, summer is likely kicking off. And with that comes a very familiar surge of weight loss messaging. It's something we hear every year, whether it's the pressure of beach season or the constant noise around weight loss, it's really hard to escape. And when that happens, a lot of emotions can surface. But here's the thing. When those feelings come up, it's important to stop and reflect. Weight as a number is not as helpful as people make it out to be. The bigger picture is actually how you feel, your energy, your strength, and how your body can support you through this life. That's the real key. For me and today's guest, my dear friend and colleague, Registered Dietitian, Ashley Koff. The conversations we should be having are less about weight loss and more about weight health. But to have that conversation, we need to understand something very important, the biology and mechanics behind how the body changes weight. Your body is not a math equation. So I hope this episode helps clarify the many factors involved in the weight conversation. So I hope you'll stick with us because we have a lot of science and a lot of compassion to cover. As we dive in, there's one thing I really want you to consider. Your body is not passive. It's constantly responding to the various inputs from your environment to keep you moving. And because of that, if changing weight is a goal that you have, it can often be a somewhat complicated path, one that has to make sense for you and your body. To kick things off, I'd love to hear from Ashley about why weight loss seems to be having yet another moment in the spotlight. After that, we'll dive into the important difference between weight loss and weight health. Let's get started. Ashley, welcome to the podcast. I'm so excited that we're doing this. We've known each other for a long time. I love interviewing fellow dietitians. And today, weight loss right now feels like it's having another big cultural moment. So I'm wondering how you're seeing weight loss messaging show up, what feels familiar and what feels different from all the past cycles.

[00:02:50] **Ashley Koff** As a practitioner who has worked in this space, and then of the 25 years that I practiced, about 15 of them were in Los Angeles, I

definitely have a different lens. There are people who felt we broke up with weight loss and being skinny in the 90s, and all of a sudden it's back. But I'm not somebody who has ever seen us break up with or not have a space where people were really driven by and even judged by their size. And it was very much on my radar that we used criteria such as weight for health, body mass index to determine what kind of access to healthcare we get and also who is deemed normal versus who is deemed overweight, obese, etcetera. And notably, I'll say a weight problem, not a health problem. And I think that's the important distinction. The moment that we're having today is we now have medications that are being very successful in research and also in application in weight loss and they're being judged on that part. So percentage of weight loss while people are on medication is rivaling anything that we've seen before from diets and other approaches. So I think that's really important for us to pay attention to and to recognize that maybe some light bulbs are going off. You and I are going to unpack maybe the pros and the considerations of how we judge that.

[00:04:08] **Dr. Ginger Hultin** I get a lot of questions about this and I get a lot of people coming to me saying, I'm so upset my BMI, which is a height per weight ratio is high and it's not realistic for me to be a normal BMI but my doctor is telling me I have to be and people are really upset about that label and I think it's been pretty damaging.

[00:04:25] **Ashley Koff** It is not a useful marker of anything related to our health. When we look at the statistics, even at its highest in adults and certainly by demographics, we have 40 percent obesity in this country, but nine in 10 Americans are not meeting the criteria for metabolic health. If we really wanna look at what is going on for us, it's why are we not metabolically healthy. And one of the reasons we're not metabolically healthy is we have been isolating weight and weight for height. And we haven't looked underneath the hood and said what's actually going on in someone's body. So for anyone who's ever felt that body mass index put them into a category in which they don't belong, we are here to tell you, great, break up with it. But to my earlier point, I did some work with performance athletes, NFL players, NBA players. So they never meet the criteria for body mass index and they're also never judged by it. And if we think of who do we want to build in this country, we want to build people whose bodies are performing at optimal levels. And so we should not use body mass index or total number on the scale. However, we do need to recognize that belly fat, body fat, muscle, absence of muscle, excess of muscle all of these things, those are signals and those are signals for us to decode. So I also feel a lot of women and men oftentimes don't get the validity and the healthcare system if they are on the thinner side and they say, but I have gained five pounds. When somebody tells me they've gained five pounds, I'm like, okay, really important. That is a key signal. But if seemingly all of a sudden something is changing and

you're not able to understand why your body is responding in a certain way, that is a super valid, valid and and worth decoding, symptoms, signal, et cetera, for us to explore as your practitioner.

[00:06:15] **Dr. Ginger Hultin** So you have mentioned the idea of weight health rather than weight loss. Can you talk to me a bit more about what you mean by that?

[00:06:22] **Ashley Koff** Bone, muscle, fat, hydration, so water inside of cells, water outside of cells. Blood sugar, appetite and satiety, even our sleep are all components of what I call a weight health ecosystem. And if we pull any one of those apart and we don't look at it in totality, then we're going to fail to have you ultimately become what I call weight healthy. Weight health is about building and repairing and optimizing your body, whereas weight loss is about reducing and not giving your body what it needs to run better.

[00:06:56] **Dr. Ginger Hultin** I talk about this on the podcast quite a lot, but we need to talk about weight loss and just calories in versus calories out, eat less, exercise more, and you're gonna lose weight. Anyone that has tried that over time has likely had a lot of fails. And I like to tell people, yeah, that's great. How old are you? Are you male or female? How much muscle mass? How much fat mass? Antibiotic use? How much do you sleep? How stressed are you, what are your hormones doing? So It's a bit more complex. I'd love to hear how you approach. I just need to eat less and move more and I'll be okay.

[00:07:31] **Ashley Koff** Yeah, so no, let's just start there. So as an example, let us pretend you went outside and your car did not start. And you know that you have gas in the tank, it has oil in the engine, it has air in the tires. When the car does not start, you do not go drain all of those and go, well, now do you start? Or you do you not try to find a place for extra air in tires like protein and just be like, let me have more of that, but let me reduce the gas. You lift up the hood and somebody else looks underneath there and says, what is going on? The idea is when we talk about calories in, calories out, or macro percentages, or any of these things, they may be part of a useful conversation as we personalize a plan, but they are not the foundation for your body's operations. So as an example, somebody might debate with me, is wild salmon or cheese healthier? Your body doesn't decide a food is healthy until you take it in, get tasted. It sends responses out for the body to be active. And then it starts by breaking it down and then delivering those nutrients where it's supposed to go. Then the light bulb goes off and your body says, that was a healthy-for-me-today food. So if we talk calories in calories out, we have completely missed the marker of, have you resourced your body? The other thing that has missed the marker is, our body needs an optimal amount. If your body needs, let's say 400 units of magnesium. Because

it has 400 different jobs to do with magnesium. So if on a consistent basis, you only give it 200, then the body prioritizes the 200 that will help it stay alive and it deprioritizes those other 200. That's really important because you might want it to do the 200 that it's not doing and you might not care that much about number 150 of the one it's prioritizing. But it's not gonna listen to you. So not only is calories in calories out not work, the other thing that hasn't worked are these recommended dietary allowances, which I call really dumb amounts, but they're suboptimal. But what ends up happening are things like bone doesn't get enough magnesium or your digestive system doesn't give the magnesium to relax enough. So when we talk about this, we really have a system. That has not set us up for having the recommendations that actually help us build and operate our bodies in the way that they're meant to be at optimal levels. You may have met a dietician before that doesn't align with this optimization approach or with this whole person approach. And I do wanna double click on this. The reason you will feel overwhelmed is this is not a task to do alone. Just like I don't go out and try to fix my car. Cause I don't know how to do that, especially in the space of weight health. We have some work to do to bring everybody to the same page of focusing on optimization. And we'll just keep coming back to that word optimal.

[00:10:24] **Dr. Ginger Hultin** Yeah, I like that approach a lot. And I think your point is so correct. Don't feel like you have to do this alone. There's really great folks out there that you can use to create your expert team. So far, Ashley has provided such a powerful overview. One thing I talk to my clients about all the time is that weight loss isn't the only measure of overall health. There's so much more to the picture. And when you start seeing headlines that make it seem like everyone else has figured out this complicated journey, it's easy to feel overwhelmed. But here's your gentle reminder. Health is nuanced and complex. We can't oversimplify it. Let me give you an example. I recently came across an article highlighting that one in eight Americans are now using GLP-1 medications for weight loss and other health reasons. It's no wonder this conversation is getting louder and that the topic is more talked about than ever before. But even with this surge in usage, all of the experts emphasize that the drug alone is not a complete solution. The article was referencing a large systematic review and meta-analysis that examined 33 randomized control trials involving over 12,000 participants. It found that combining lifestyle interventions with GLP-1s could help reduce body weight and improve cardiometabolic biomarkers. However, They warned that these results should be taken with caution. Differences in treatment protocols, drug types, doses, and even geographic regions all influence the outcomes and effectiveness of these interventions. I share this to underscore just how complex weight loss mechanics are in the body and what works for one person using these medications may not work for another. A lot of my clients are on different types

of injectable or oral GLP-1 type medications. Some people I'm helping manage side effects. Maybe they're losing too much weight too fast. And other people are hardly noticing any difference at all. I do see a large spread of effectiveness. So it's got to be personalized. And of course, I strongly believe you should do it in partnership with a great healthcare team. With that in mind, let's dive into another important factor at play, caloric windows and your daily schedule. Then we'll explore how this connects to digestion, which I know you'll find very interesting. Before we continue, this episode is brought to you by Orgain. For someone constantly on the go, having a protein packed option that helps keep you feeling fueled can be really helpful. If that sounds like you, Orgain's 38 gram protein shake is great to have in your fridge. With 38 grams of ultra-filtered protein, it helps support your metabolism and keeps you energized throughout your busy day. It's also a great source of all nine essential amino acids and six grams of naturally occurring BCAAs. Which helps stimulate optimal muscle growth and repair. Plus, it's made without added hormones or artificial sweeteners. Find it at Orgain.com. Tell me about timing of eating and caloric window. How do you approach that?

[00:14:11] **Ashley Koff** Yeah, so we have two windows that we want to pay attention to. We want to pay attention to what I'll call our caloric slash activity window. So when we take in calories, those calories are designed to give the body energy, fuel to do all the stuff that support it in its active phase. So that should also be a signal to us that when we're eating and when we are consuming nutrients, we're meant to be active. We have another phase that would be called recovery, restoration, sleep, and during that window, the body has a whole to-do list. On that to-do list, there's a lot of really important stuff. It's deep cleaning, it's doing recovery work. So what we want to be careful about is we want to make sure that we're not having those two overlap. We're not giving our body calories during the time that we are assigning for the recovery window. So a lot us, we have moved to where dinner and even late dinner or after dinner eating is occurring. And in that time period, when it occurs later... And when we also at that time period are having something larger or more difficult from a digestive standpoint, we're actually giving our body work to do during its recovery window. And that's going to mean that certain things that are on its to-do list don't get done. Instead of starting at, say, 10 p.m. To do recovery, it's not starting until 1 a.m., to do a recovery. Well, when we take a timing, let's call it 10 or 12 hours during which we're actually getting nutrition, but we move it towards the back end of the day. So starting at 12 and finishing at 12 or starting at 8 a.m. And finishing it 8 p.m., we're still giving the end of day more attention, more work to do there. And what we're not doing is we're giving our body nutrients when we're asking it to be active, which is within about an hour or two of waking. I've had a lot of men where they are actually having hormonal health And uh stress response issues by delaying how long it is before they eat in the

morning. So I like the idea of a window. I think most of us do pretty well in about a 10 hour window, maybe a 12 hour window. I tend to recommend consumption of nutrients, not coffee, to provide energy within about two hours of waking and then stopping on the earlier end. And that's going to depend a bit on what you have going on in the back half of your day.

[00:16:33] **Dr. Ginger Hultin** I do so much work with my clients here. Stuff that I see happening is I'm not hungry in the morning, so I don't eat all day, then I'm starving and stressed at night. I also see people saying my window was 12 hours or 10, but that wasn't working. So now it's four and I'm trying to fit all my calories in this very short window when that's not working and I'm stressed.

[00:16:53] **Ashley Koff** When perimenopause hit and my belly came on at age 48 and I was exercising and I did the black coffee, I put some collagen, all this other stuff, and I was down to a four hour window and I, belly fat, belly fat, and cortisol and burnout, and what was underlying all of this, why are we not hungry in the morning, our digestion. So our sleep, that recovery window was not being respected. My digestion was not optimized. Why? Because when our sex hormones shift, we see this throughout our life. When our sex hormones shift, they throw our digestion of course. Then when we become stressed about it, and then when we try to condense what we're eating in a four hour window, because remember, it wasn't just that I was trying to consume in a four hour window, I was trying to consume somewhere in the neighborhood of 150 grams of protein. All of this stuff, oh my gosh, what a mess. So what I would say in that part is, for the person who feels overwhelmed, there is a place to start. I actually never start with your nutrition, I always start with your digestion. If your digestion is giving me any signals that it is not working optimally, not just okay, but optimally. So if your digestion isn't working, trying to fix it with a timing, that's not going to fix. You might experience some benefit because when you're not eating, your digestion might feel a little bit better, right? Cause it's not getting more work, but that's a false positive on that part. We don't wanna live in that land.

[00:18:16] **Dr. Ginger Hultin** When I think of you, I think of like digestive expertise. Tell me in this conversation how hydration plays a role?

[00:18:22] **Ashley Koff** Here's the thing, hydration has been mis-sold to us. Hydration is not about the ounces of water that you take in. Hydration is the process when water and the nutrients that it's escorting gets into the cells in the appropriate amount, we call that intracellular water, and you retain an appropriate amount and it's in the places where it needs to go. So it's your digestive system to help bind a fiber and to help fiber move through us, or it's in your bloodstream to make sure that things don't get sticky and crowded in there.

Why is this all important for weight health? Because hydration actually belongs as part of your digestive process. It's part of the process of absorbing nutrients and having nutrients go where they're supposed to go. And that's involved in metabolism and that helps our body work the way that it's supposed to go. And one of the fun things to know is that one of your weight health hormones, PYY, actually regulates hydration in the colon as part of this whole system. So when your weight health hormones are not working optimally, you are going to see that dehydration is going to be part of why you haven't optimized your weight health, bone, muscle, and fat, and that water balance in the body. Your hydration strategy should be to pit stop regularly for eight to 10 ounces of water. When you have water see if over the course of the next two hours you have to pee it out and if you pee it out sooner than those two hours, you're likely to be a hose and not a sponge.

[00:19:54] **Dr. Ginger Hultin** A lot of people, I think, consider hydration in pretty simplistic terms, but when you start to tie it to hormones in the body, it becomes a richer conversation. We are gonna talk about hormones, but before that, let's make a stop in blood sugar and metabolism and how you approach that.

[00:20:12] **Ashley Koff** I love that you said that because one of the things that I often will explain to my patients, if you're a diabetic, especially if you type 1 diabetic, you know this intimately, but if you've ever tracked your blood sugar using a continuous glucose monitor, you might have also seen this. When your blood sugar is elevated, when you have more sugar in the bloodstream, it will actually send a signal to your cells for water and those minerals to come over into the bloodstream because it's believing that it's gonna get too sticky in there. That sugar is getting all stuck together. So you're gonna have a crowded highway and it could be an accident. So we wanna bring water in to flush that out. So one of the things that actually dehydrates us is not having better blood sugar balance and better blood-sugar balance. It's how we discovered these weight health hormones. If I go back 2004 as a bariatric dietician, I was working with patients who were having weight loss surgery. And I saw that in the hospital overnight, their diabetes reversed when they had their surgery. So I was like, what is going on? And a doctor said to me, it's the incretin effect. Well, incretin, we know today as GLP-1, glucagon-like peptide-1. And we also know it as GIP, or what some people call GIP. Those two hormones, they are the hormones that tell insulin and glucagon when they're supposed to go to work. So what we learned in that moment is actually that your blood sugar being elevated or going too high, too low, that is actually a weight health signal. It is telling us that those hormones aren't working properly. So when we bring all of this together, it's why we cannot look at the scale to understand your health because the scale doesn't tell us anything about your blood sugar so when we

assess your weight health, ideally we like to use a continuous glucose monitor, but we might look at fasting insulin, we might at A1C, some other markers, including markers of inflammation. But blood sugar is going to be really critical because blood sugar even affects our risk of having a stroke, of having elevated cholesterol, our triglycerides, like all of these different things. And I think just as you said, we've oversimplified hydration. We have so oversimplified blood sugar to literally be, don't eat sugar. I've had people who have come into me as patients and they are not dumb, mistaken or failures. It has been communicated to them that the reason that they have diabetes is they consume too much sugar. And so what they do is they get rid of consuming sugar and they don't understand why they are still diabetic. And it's because we haven't fixed the whole body.

[00:22:52] **Dr. Ginger Hultin** Yeah, I see this too. So tell me as we transition about hormones and weight loss and then I want to hear about how you approach GLP-1 injectable and oral medication conversation.

[00:23:04] **Ashley Koff** Yeah, so one of the reasons weight loss doesn't work is that, I think we'll go back to that car analogy, is that if under the hood, the reason that you're producing fat or the reason you're unable to lose fat is that we haven't fixed the underlying issue. One of the reason is that in the lining of our digestive tract, we make weight health hormones. We make peptide hormones. Peptides are chains of amino acids. You all know peptide hormones, even if you've never met GLP-1 and GIP, because insulin is a peptide hormone. The term there means it's made from amino acids, whereas testosterone, estrogen, others are made from fats. So there's steroid hormones on that part. So these hormones made and released from the lining of our digestive tract, GLP-1, GIP. There are plenty of others that we're learning about. I call them your switch because they go on and off for two to five minutes. And they go on and off in response to your body's senses that tell it that it is getting nutrients. So when that happens, that is going to be then when they switch on, they switch on to tell other hormones to go to work that regulate things like blood flow, blood sugar, appetite and hunger, bone formation. So they're really important for your weight health. So if we close a chapter on a book right now and we say. Why does weight loss not work? Because it never fixed weight health. It never explored if health hormones were suboptimally functioning.

[00:24:41] **Dr. Ginger Hultin** It's such an important point and hormones, I think are one of the most complex things that why would the average person be learning about that? It really is in the medical realm and there's a lot to unpack there. As a dietician in a nutshell, how do you approach GLP-1s?

[00:24:59] **Ashley Koff** So as a dietitian who learned about GLP-1 and GIP hormones and whose personal experience that drove her to become a dietician was to move from weight loss to weight health herself, the way that I approach GLP-1 is to help you understand that it is a part of your human body. That GLP-1 is one of several weight health hormones. And I help you understand that hormones regulate functions in the body. So if your own are not working better, then we need to figure out how to optimize them. Now, GLP-1 today, what a lot of people know it to be is a medication. They think of it as a weight loss or a diabetes medication. I don't. I will teach you that it is a hormone replacement therapy. And so as a dietician, what I am going to do is help you put together a plan to optimize your own weight health hormones as part of helping you become weight healthy. And I would say is if you use hormone replacement therapy and you have any benefit. So if for a moment you feel less food noise, if for day you feel better energy, if for six months you eat better and as a result, lose fat, gain muscle and feel like a new person. If you have benefit, it proved my theory, your own hormones and the system around it were not working. So you can't go off that hormone replacement therapy unless we can optimize your own system. And then we try to see if off of or at a lower dose or at more sporadic dose, you're able to maintain your own weight health without it. Otherwise we stay on hormone replacement therapy and there's no downsides to that if we're optimizing the different things that come up in your life.

[00:26:50] **Dr. Ginger Hultin** A lot of my patients are really frustrated. Weight loss feels hard over time. People feel like they fail. I'd love to wrap up with, how do you approach that conversation with someone that's really struggling?

[00:27:02] **Ashley Koff** I have been leading this weight health movement for 25 years. It has gotten harder, not easier. I want to be clear about that. So I also want you to understand that as we pursue weight health optimization, you are going to hit moments where you may be like me and standing on a scale and you are seeing that you did everything right for two weeks. The number on the scale did not change. And you are now your first place that it goes is that you are a failure again. And then I look down. And I breathe, and I look at the numbers and I see that I gained a pound and a half of muscle and I lost a pound-and-a-half of fat. Or I went to get my DEXA and I saw that I've stopped bone loss and I'm improving my muscle. So this takes effort and we have to recognize that unfortunately we still carry in us a diet brain and a weight loss brain and we do want to work through that and sometimes we revert back to I'm just going to not eat or I'm going to get on the scale to see if I'm a good girl or I was a bad girl. And that's okay, just acknowledge that. Don't be upset with yourself and recognize a lot of trauma is gonna be unpacked in this space. And that's why I also think a collaborative approach is a great one.

[00:28:08] **Dr. Ginger Hultin** Yeah, shout out to all our therapists and counselors out there that really deserve a place on this team. What an insightful conversation with Ashley. The more you step back and understand the science behind how your body works, the more freeing it becomes. Yes, the science is complex, but that's exactly why people who tell you that weight is just about willpower couldn't be more wrong. The science tells us otherwise. So I hope this episode brought you some relief and a deeper understanding. Your willpower is not stronger than your body's mechanics. That's why it's so critical to learn what works for you. Thanks so much for listening today. If you found this episode helpful, please share it with someone who might benefit. And don't forget to leave a review. It really helps us spread the word and keeps these important conversations going. I'll see you next time.