



Dr Maurice Larocque, 66, is a French-Canadian physician and the founder of Motivation Weight Management Clinics. He lives in Montreal, Canada, with his wife Chiara. They have three children

I get up at seven-thirty. My wife's alarm goes off at that time. It's just the two of us in the house now; the children have all left home. When we look out in the morning, we enjoy nice scenery. There's a river beside us. For breakfast I have four or five fruits, and toast with some peanut butter, and coffee. I need to eat every four hours because otherwise I will have low blood sugar. On average, every day I eat between five and 10 servings of fruit and vegetables, and maybe eight ounces of meat, fish or fowl. I have fish four times a week, poultry three times a week and then meat about twice a week. I have some carbohydrates but, just as I recommend with my patients, I take care not to have too many carbs because they're probably the main culprit of the obesity problem and what we call the insulin resistance. The carbs I use are mostly from fruit and vegetables and some cereals. I don't believe that there is one perfect food. I believe that you can eat almost everything — it's just a matter of moderation and balance. If you look at different countries, people don't eat exactly the same thing, but we can all be healthy. There is a huge variety of food, and people can get nutrients from different things.

I go to my office, which is an hour away from my home. I work about 20 hours a week with patients, four days a week. I used to do a lot more but, just

as with anything, when you do too much it's tougher. When I'm not with patients, I spend time training doctors and going to conferences in France.

Most of the patients that I see have a body mass index over 30, so they are obese. Some are at least 40 pounds overweight, and then we have some morbidly obese people who weigh 100 pounds more than they should. In Canada we have more male patients at our clinics than females — it's about 75/25. Men aren't as interested in aesthetics as women, so by the time they come to us they are physically sick, and they might have heart problems. When people come in to us, I can see that they have suffered a lot. Usually they have tried lots of programmes — doctors, nutritionists, whatever — and they've had short-term success.

If you're going to eat less, you're going to lose weight: it's mathematics. But the problem is that they don't persevere. When they get to their desired weight, most of them regain it. Eighty per cent of patients who come to us don't feel good about themselves. They have poor self-image, poor self-esteem and poor self-confidence.

There are all kinds of triggers that prompt a patient to make an appointment. Often a person will see a holiday photo of themselves in a bathing suit. Sometimes a person will sit on a chair and it breaks. At first, he thinks

that the chair wasn't good enough, but, when he breaks a second chair, he realises there is a problem. Some people are not able to get into the Metro because they can't get through the turnstile.

Sometimes a spouse will say, 'I can't take it anymore. Do something or I leave.' But most of the time it's the holiday photo that does it.

The people who are morbidly obese are out of touch with their body. Their body image is not in contact with reality. The bigger the person, the more suffering the person has, and most of the time it started in childhood. Often it's associated with relationships with the parents and, with women, it can be about her relationship with her mother. In a certain way, it's a bit like anorexia in that it becomes a psychiatric thing.

If people are out of touch with their bodies, they're out of touch with their emotions too. If you look at somebody who has gained weight recently, you can be sure that they're going through a hard time emotionally. I do a lot of cognitive therapy with my patients.

When a patient comes in to us for the first time, it's important to have a medical diagnosis, because there are other diseases associated with obesity, like diabetes and high cholesterol. Then we do a Mental Weight Questionnaire. It's about their habits, their motivation and their emotional state. It tries to find

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out the different reasons that could be responsible for the person's weight problem. We question their attitude to food. Often we find that these people are perfectionists. The most important answers come out of the section on psychological reasons and emotions. We question their stress levels and how they cope with stress.

Also, we have discovered that there are negative and positive motivations.

With negative motivation, people resent following a diet, there is regret about not eating their favourite foods, they think it's too much effort and they doubt that they will succeed. These are the main reasons why highly motivated people don't succeed, so we change the way we speak to them and make them understand negative motivation, and we show them how we can change it. We make them conscious of why they overeat, and we try to make them responsible for the next step. People often say, 'Make me lose weight.' We say, 'We can't make you lose weight, but we can help you with it.' The first thing is to make them responsible, and it's up to them to choose.

I tell them that it's possible during the treatment that they could fail for a while or that they could put on weight, but, even if they do that, I want them to still come and see me because I'm not going to scold them. Being responsible is very important for the patient, but there's no point in being guilty. Guilt is a negative emotion — besides, you've already paid the price, because you're bigger. Bad choices mean that you reap what you sow and you gain weight. It's like life — if you make good choices, you're going to get good results. I tell them to take it one day at a time. Also we have found that the people who have maintained their weight loss are the ones who come back every month to get checked.

Some days after work I do Pilates. Other days I go to the gym in our house. I spend about five hours a week exercising. There are a lot of emotions in work, but I don't bring those problems home with me. I respect my patients and I feel sorry for them too, because most of them could feel so much better with the appropriate health. When a person loses weight, they say, 'It's because of you that I lost weight' and I say, 'No, it's not because of me, it's because of you.' The tool that I give them is good, but it's useless if they don't use it. ■

In conversation with Clara Dwyer

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