



Middle management

Belly fat may be inevitable, but it's not necessarily bad. Here's how to figure out if your spare tire is simply a cosmetic issue or a sign that your health is at risk—plus a waist-whittling plan that actually works.

EXTRA INCHES? EVERY POUND YOU LOSE WILL HELP SHRINK THAT SPARE TIRE.

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Photographs by Molly Cranna

BELLY FAT DOESN'T SHOW UP OVERNIGHT, but it sure can feel that way. One moment you're slipping into your favorite pants; the next, a muffin top is threatening to sideline your entire wardrobe. Or maybe you're fitter than you've been in years but you've developed a pooch that won't seem to budge, no matter how many crunches you do. There are many reasons why your midsection expands—and different types of belly fat, too. Whether your extra inches are merely annoying or a sign of health problems, there are plenty of scientifically backed ways to address them. Here's what you need to know.

WHAT KIND OF BELLY FAT DO YOU HAVE?

Not all belly fat is created equal. The dreaded muffin top and pelvic pudge are both caused by subcutaneous fat—the kind located just beneath the skin that you can see and grab, “which is fairly innocuous,” says Louis Aronne, M.D., an obesity expert at Weill Cornell Medicine and New York–Presbyterian Hospital, in New York City. But because you have only so much skin, you can’t put on that much subcutaneous fat. So extra pounds mostly end up as visceral fat—the deeper, intra-abdominal kind packed in between the internal organs.

“You need a little visceral fat to protect your organs,” notes Aronne. And small amounts provide energy to immune cells that help protect you from illness and infection. But too much visceral fat sends chemical signals throughout your body that can slow metabolism and increase insulin; high insulin levels can cause inflammation and prompt your body to convert calories to fat. And your liver processes that fat, depositing it right next to where the organ is located: in your midsection.

Visceral fat raises levels of so-called “bad” LDL cholesterol, putting you “at a higher risk of heart disease,” says David J. Frid, a preventive cardiologist at the Cleveland Clinic, in Ohio. “It also increases the risk of diabetes.” And you don’t have to be obese to be at risk. “Just a few extra pounds of visceral fat can be the difference between being healthy and a ticking metabolic time bomb,” says David Katz, M.D., the director of the Yale Prevention Research Center, in New Haven, Connecticut. And even women with lean limbs and a healthy weight can have extra visceral fat.



Are you in the danger zone? To find out, measure the narrowest point of your waist. If you’re of average height and are Caucasian or African-American, 35 inches or more indicates too much visceral fat; if you’re Asian or Latina, 32-plus inches spells trouble, says Rasa Kazlauskaitė, an endocrinologist at Rush University Medical Center, in Chicago. If you’re shorter or taller than average, your waist circumference should be no more than half your height in inches.

Another way to check: Lie on your back and look down at your stomach. Since subcutaneous fat tends to feel, well, flabbier and visceral fat generally feels harder, “if your belly caves in, it’s probably mostly subcutaneous fat,” says Kazlauskaitė. “But if you see a swell, that’s a sign of visceral fat.”

Fortunately, every pound you drop makes a difference. “When you start to lose weight, most of what you initially lose is visceral fat,” says Frid. “Your abdominal cavity is just extra storage, so your body is more than willing to give that fat up quickly when it needs calories for energy.”

THE SOURCE OF YOUR SPARE TIRE

No surprise, DNA helps determine the size of your girth, but other factors come into play, too. In your 40s and 50s, waning estrogen levels can cause subcutaneous fat to redistribute. “As you notice less plumpness in areas like the buttocks, cheeks, and hands, more weight may show up around the waist, says Kazlauskaitė. “In addition, with age we gradually lose muscle mass, which can lead to storage of excess energy in the form of increased abdominal fat, including the visceral

kind. That can change your shape, even if the numbers on the scale stay the same.”

Getting a grip on stress is key: Women burned 104 fewer calories after eating a high-fat meal on days when they experienced excess levels of stress and had higher visceral-fat—increasing insulin levels, too, according to a 2014 study from Ohio State University. Stress raises cortisol levels, and insulin secretion rises as cortisol increases. Cortisol also affects depression, which in part may explain why Kazlauskaitė’s research shows that women with persistent depression have more visceral fat than do those who don’t suffer from mood disorders.

Yes, “apple” body types are more likely to gain weight in the waist. But if you are a “pear” and gain a large amount of weight, some of which inevitably ends up as visceral fat, or you store extra pounds in your midsection during pregnancy, you’re more likely to morph into an apple later on, even if you lose the weight. “Your body holds on to the extra subcutaneous and visceral fat cells it formed to store the extra weight,” explains Kazlauskaitė. “Those fat cells shrink, but they never go away, which means you’re more likely to gain weight in your abdomen throughout your life.” Looks can be deceptive, though. After significant weight loss or pregnancy, extra inches remaining on the waist may feel like subcutaneous belly fat yet might be mostly skin. Ask a doctor if you’re not sure.



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A MIDDLE-WHITTLING PLAN THAT ACTUALLY WORKS

No matter what your age or genetic makeup, here are six research-backed fixes to shrink both kinds of belly fat.

1. MAKE AN EFFORT TO BE MINDFUL.

Can you consistently identify your physical and mental state? (“I’m craving chocolate cake because I’m in a bad mood, and I find chocolate comforting.”) Can you stay with that kind of feeling in the moment without judging it? That’s mindfulness—and people who had trouble experiencing it were 34 percent more likely to be obese and have excess abdominal fat, according to a 2015 Brown University study. Being aware of physical sensations, like feeling full, as well as emotions, may help you make better diet choices and boost your confidence, which may prompt you to exercise more and take care of yourself, says epidemiologist Eric Loucks, Ph.D., the study’s author.

2. CRANK UP YOUR WORKOUT INTENSITY.

When it comes to belly fat, it’s not the calories burned that count; it’s how hard you exercise. Overweight women who did bouts of intense aerobic exercise experienced a greater reduction in waist circumference and visceral fat than did those who exercised at a conventional pace, even though the two workouts were each done five times a week and burned the same number of calories, according to 2008 University of Virginia study. “When you exercise at a higher intensity, your body releases more growth hormone, which helps reduce visceral fat,” says Arthur Weltman, Ph.D., a kinesiologist and the study’s author.



3. DROP INTO DOWNWARD DOG. Aerobic exercise isn’t the only way to cut your gut. Overweight women who practiced yoga for one hour, three times a week, for 16 weeks decreased their levels of visceral fat, according to a 2012 study published in the journal *Menopause*. Not only does yoga promote mindfulness but a regular practice can also significantly lower cortisol levels, found a 2013 study published in *Indian Journal of Psychiatry*.

4. SAY YES TO THE BREAD BASKET. You don’t have to go paleo to shrink your stomach. On the contrary, people who ate less whole-grain bread were the most likely to have excess abdominal fat, according to a 2014 study of more than 50,000 adults published in *Applied Physiology, Nutrition, and Metabolism*. (Some researchers speculate that eating less bread may lead to a lower daily intake of fiber, which is filling and helps prevent hunger-triggering, insulin-surgingly fluctuations in blood sugar.)

5. EAT FAT TO SHED FAT. Gram for gram, fat contains more calories than carbohydrates or protein, but a diet rich in healthy fats is still significantly more likely to lead to lasting weight loss than is a low-fat regimen, according to a 2015 review of 53 studies conducted by the Harvard T.H. Chan School of Public Health, in Boston. Monounsaturated fatty acids (or MUFAs)—found abundantly in avocados, nuts, seeds, and olive oil—are especially beneficial for belly fat: Women on a 1,600-calorie-a-day diet rich in MUFAs lost nearly 30 percent of their visceral and subcutaneous fat after just four weeks, according to a 2012 Yale University study. The catalyst? The anti-inflammatory properties of MUFAs, which

help keep insulin and visceral-fat levels low.

6. CURB YOUR CALORIE INTAKE ON OCCASION.

Long-term fasting is difficult and can even be dangerous, but dropping your calorie count for four to five days every few months may fool your system into shedding belly fat, according to a 2015 study from the University of Southern California Longevity Institute, in Davis. People who consumed 34 to 54 percent fewer calories than normal (by drinking a specially formulated low-protein, low-sugar meal-replacement drink) for five continuous days a month and ate the way they usually did the other 25 days lost a significant amount of visceral fat after three months. “After a couple of days of [pseudo fasting], the body turns to stored abdominal fat for energy,” says Valter Longo, Ph.D., a gerontologist and the lead study author. The study was done on just 38 people, but other research reveals similar benefits from alternate-day fasting—that is, eating as you normally would one day, dipping to around 500 calories the next day, and so on.

Following this strategy for two or more months can reduce visceral fat by 20 to 50 percent, according to ongoing research from the University of Chicago. Not only does it reduce calorie intake but “every-other-day fasting also lowers cholesterol and insulin levels and staves off insulin resistance—all of which can reduce visceral fat,” says study author Krista A. Varady, Ph.D., an associate professor of nutrition at the University of Chicago. (Always get your doctor’s OK before fasting.)