Keeping weight off

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People who keep weight off keep doing what took it off: about an hour of activity a day, regular weigh-ins and consistent eating.

Why it matters: Losing weight is the easier half. A plan for keeping it off, made before the diet ends, is what makes the effort last.

The big picture: Most people regain much of the weight they lose, because appetite rises and calorie needs fall after weight loss.

What to do with this

- **Plan for maintenance from the start.** Treat the end of a diet as a change of target, not a finish line.
- **Raise calories gradually** to a new, lower maintenance level (see "Calories and energy balance").
- **Stay very active.** Successful maintainers report about an hour of activity a day [1].
- **Weigh yourself regularly** [1], and act early on a gain of a few pounds.
- **Keep lifting** to hold on to muscle (see "Training for fat loss vs. muscle gain").
- **Expect appetite to fight back,** and plan filling, high-protein, high-fiber meals (see "The protein dose" and "Fiber").
- **If you use a weight-loss drug,** talk to your doctor before stopping, and build the habits below while you're on it. Weight returns faster after stopping a drug than after ending a diet [8]. Lift weights while you're on it, too: it protects muscle and strength [9].

Go deeper

The terms:

- **Weight maintenance:** keeping a lower weight after losing it, often defined as keeping off at least 10% for at least a year.
- **Weight regain:** gaining back weight that was lost.
- **Metabolic adaptation:** a drop in calories burned beyond what the weight loss alone would explain.
- **National Weight Control Registry:** a U.S. registry of thousands of people who lost at least 30 pounds and kept it off for at least a year.

What people believe: Regain is a lack of willpower, a "damaged" metabolism makes maintenance impossible, or a special diet is the key to keeping weight off.

By the numbers:

- A 2001 meta-analysis of 29 U.S. studies found people kept off an average of about 6.6 pounds (3 kg) five years after a weight-loss program, about a quarter of what they had lost [3].
- About 20% of overweight people manage to lose at least 10% of their weight and keep it off for a year [1].

Why weight comes back:

- For each pound lost, appetite rises by about 45 calories a day, several times the drop in calories burned. The body defends its weight mainly through hunger [4].
- In a study of 14 contestants from a TV weight-loss competition, resting calorie burn was about 500 calories a day lower than expected six years later, and most had regained much of the weight. This was an extreme case of very rapid, very large weight loss [5].
- A 2020 study found that once people's weight had held steady for about a month, the extra drop in calories burned shrank to a few dozen calories a day. The larger drops showed up mainly while people were still losing weight [7].
- In a weight-loss drug trial, people lost about 17% of their body weight on semaglutide, then regained about two-thirds of that loss within a year of stopping [2].
- In a 2026 trial of 120 adults aged 50 to 70 taking tirzepatide for 40 weeks, both groups lost about 49 lb (22 kg). The group that also lifted three times a week lost about 2.4 lb (1.1 kg) less lean tissue, and got stronger, while the group that didn't lift got weaker [9].
- A 2026 meta-analysis of 37 studies with 9,341 adults found weight came back at about 0.9 lb (0.4 kg) a month after stopping weight-loss drugs, about 1.8 lb a month for semaglutide and tirzepatide. At that pace, people would be back at their starting weight in about 1½ to 2 years, roughly four times faster than after diet-and-activity programs [8].

What helps:

- National Weight Control Registry members, who lost an average of about 73 pounds and kept it off more than five years, reported about an hour of physical activity a day, a low-calorie diet, regular breakfast, frequent self-weighing and a consistent eating pattern on weekdays and weekends [1].
- Maintenance became easier after two to five years of success [1].
- A 2014 meta-analysis of 45 trials found diet-and-activity programs focused on maintenance cut regain by about 3.4 pounds (1.56 kg) at a year compared with control [6].

Between the lines: Maintenance isn't a separate diet. It's the same habits, with more food. Ongoing support, tracking and activity are what the research says work, and they need to continue.

Reality check: Registry members are a self-selected success group, so their habits show what's common among successful maintainers, not proof that each habit works. Maintenance trials rarely last more than a year or two.

How sure are we: Strong that most people regain weight over time. Strong that weight returns after stopping weight-loss drugs. Moderate that rising appetite drives most regain; Early on how much a slower metabolism adds. Moderate that ongoing behavioral programs reduce regain. Early on which individual habits matter most.

Your maintenance plan

1. **Find your new maintenance calories.** Add about 100 to 200 calories a day each week until your weight holds steady.
2. **Set a range,** such as 3 to 5 pounds above your goal weight. If you go above it, return to your diet habits for a few weeks.
3. **Keep the habits that worked:** tracking, planned meals, protein at each meal.
4. **Build to an hour of daily activity,** including walking (see "Walking and daily movement").
5. **Get support:** a program, group, coach or doctor.

If food or weight feels out of control: If you're restricting hard, bingeing, purging, or exercising to make up for eating, talk to your doctor or call the National Alliance for Eating Disorders helpline at 1-866-662-1235 (weekdays, staffed by licensed therapists).

Sources

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