

Health News

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Size Matters: Understanding the Benefits of Healthy Diet and Physical Activity

The Extent of the Problem of Obesity

Not a week goes by without fresh news of the latest public health problem—the epidemic of obesity. The magnitude of obesity in the population is a fairly recent occurrence and is directly related to fundamental changes in lifestyle habits over the past two decades. The increased availability and consumption of low cost highly processed foods that provide

2 of every 3 Americans over the age of 20 are either overweight or obese

more calories but fewer nutrients, coupled with a decrease in daily physical activity, have made 2 of every 3 Americans over the age of 20 either overweight or obese.

In the United States, obesity has increased among men and women of all ages, income and education levels. All racial and ethnic groups are affected, although it is especially prevalent among African-American and Hispanic women. Asian-American women are the exception—they have a lower prevalence of obesity than the general population. A corresponding increase in weight has occurred in the nation's children and adolescents. Since the late

1980s, the percentage of overweight children has doubled and the percentage of overweight adolescents has tripled. These trends will influence future rates of obesity in adults, since the habits of childhood are likely to be carried into adulthood.

Obesity as a public health problem is not unique to the United States. The World Health Organization estimates that more than 1 billion people worldwide are overweight and that at least 300 million of them are clinically obese. On a global scale, about half the adult population of Europe and Canada is overweight or obese. Women in the Middle East and Latin America are also increasingly becoming obese. The surge in obesity is not restricted to industrialized societies—the increase is often greater in developing countries. In urban Samoa, over 75% of the population

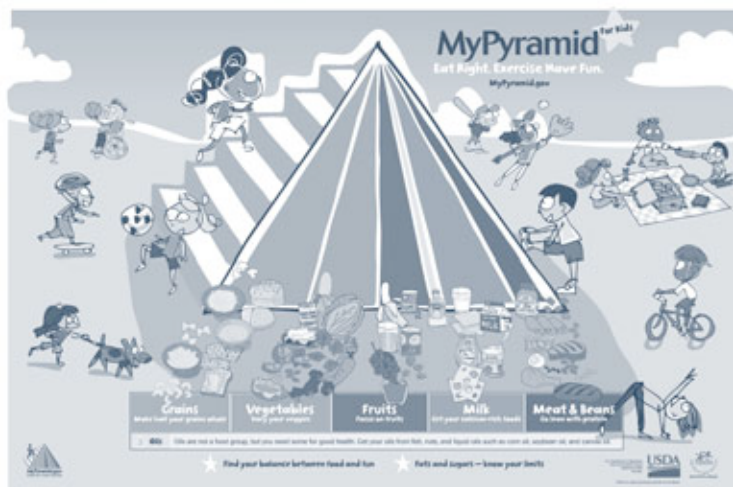
is obese; in some cities in China almost 20% of the people are obese. It has been predicted that obesity will overtake tobacco use as the leading preventable cause of death in the twenty-first century if the increase in obesity rates is not brought under control.

Determining Body Fat

Obesity is an excess proportion of body fat relative to lean muscle mass. Using a mathematical formula called the Body Mass Index, or BMI, healthcare professionals can determine whether individuals are at a healthy weight for their height. A healthy weight falls within a BMI range of 18.5 to 24.9, overweight is a BMI of 25 to 29.9, and obesity is a BMI of 30 or above. A BMI of 40 or greater represents extreme (morbid) obesity, at least 100 pounds over the ideal weight. Calculating the BMI is quick and simple (Table 1).

Health risks related to obesity are varied, but all can shorten life and have major negative impacts on an individual's quality of life. The costs of providing healthcare for obesity-related conditions, along with lost wages and productivity, cause a significant economic impact. The World Bank estimates that

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Size Matters: Understanding the Benefits of Healthy Diet and Physical Activity

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12% of the national healthcare budget goes towards obesity-related care and the Centers for Disease Control estimates that the excess cost of health care for overweight and obese individuals is 37%, equivalent to adding \$732 to everyone's annual medical bill. Table 2 lists potential health risks related to obesity.

Apples vs Pears

People who carry excess weight mainly around their middle (apple-shaped) are at a greater risk for obesity-related health problems, such as heart disease and diabetes, than those who are pear-shaped and

People who carry excess weight mainly around their middle are at a greater risk for obesity-related health problems.

carry their weight around their hips and buttocks. Women with waist measurements greater than 35 inches, and men with waists greater than 40 inches, are known to have greater health risks. The increased waist size represents fat that is deposited around the internal abdominal organs. Fat (adipose) tissue is no longer thought of as just a passive storage area. In reality, adipose tissue is a highly complex endocrine tissue that is essential to many normal body processes. The overabundance of metabolically active fat within the abdomen creates the environment for obesity-related health conditions.

Healthy Diet and Physical Activity

Lifestyle changes can have a positive effect on the problem. Becoming aware of the principles and benefits of healthy eating and learning ways to incorporate daily physical activity into our lives can help prevent or decrease obesity.

A healthy diet consists mainly of foods from plant sources, including fruits and vegetables, whole grains, nuts, beans and legumes, all eaten in moderate amounts. Eating when hungry, stopping when satisfied, limiting fats, added sugars, and processed refined foods are some key elements to healthy eating (see Table 3). Portion sizes have been greatly distorted for so long that we often don't recognize what a normal portion should look like. Table 4 provides a list of normal serving sizes. Weight maintenance involves balancing the calories consumed with the calories expended. To prevent gradual weight gain with age, daily caloric intake should be slightly decreased and physical activity increased. To achieve weight loss more calories need to be burned than are consumed.

The Federal government has created a new food pyramid that provides specific guidelines about the types and amounts of foods to eat in conjunction with daily physical activity. Physical activity recommendations include at least 30 minutes of moderate to vigorous physical activity above the usual activities at work or home, on at least five days a week. Moderate activities include walking, biking, gardening, golfing, or yoga; more vigorous activities include running or jogging, swimming laps, playing soccer, or jumping rope. Individual action plans for maintaining a healthy weight based on age, gender, and activity levels can be accessed on the website www.mypyramid.gov.

Marcelle Kaplan,
RN, MS, AOCN®

*Clinical Nurse Specialist, Breast Oncology
New York-Presbyterian Hospital/Weill Cornell Medical Center*

Table 1.

Body Mass Index (BMI)

$$\text{BMI} = \frac{\text{Weight (lbs)}}{\text{Height (in}^2\text{)}} \times 703$$

Weight Classifications

Underweight	< 18.5
Normal range	18.5 - 24.9
Overweight	25.0 - 29.9
Obesity	30.0 - 39.9
Morbid Obesity	> 40.0

Table 2.

Health Risks Related To Obesity

Cardiovascular disease, Hypertension, Stroke
Diabetes, type 2
Gallbladder disease and gallstones
Liver disease
Osteoarthritis
Sleep apnea
Menstrual irregularities, Infertility
Premature death
Cancers
Women: breast
endometrium
cervix
ovary
gallbladder
Men: colorectal
prostate
esophagus

Got tickets, hotel, rental car— but medical travel insurance?

When getting ready for a business trip or a family vacation one doesn't usually think about illness or accidents. Healthcare options are rarely mentioned in guidebooks, but should be a consideration for everyone, not just those travelers with chronic healthcare issues. Travelers are growing more adventurous, often choosing exotic, far-flung destinations, making it more important than ever to prepare for possible medical emergencies. The ideal source for information in medical emergencies is someone who knows local customs, physicians, and hospitals, and can help find an appropriate match for your healthcare needs. In some foreign locales it is common for the concierge or front desk staff to advise hotel guests on options when medical care is needed. Unfortunately, referrals are not always based on which doctor or clinic will provide the best care, but on which one pays the largest referral fee.

HMO/PPO insurance carriers offer coverage abroad; however, most foreign hospitals do not accept payment directly from these insurers and require the patient to pay in full any bills incurred before departure, or even before care is provided. Many hospitals hold passports until discharge to insure payment.

quite good, but his or her ability to diagnose and treat your illness may be limited due to the lack of CTs, MRIs, or interventional cardiologists. You might feel more comfortable and confident returning home for treatment. But medical air evacuation can cost tens of thousands of dollars.

A membership in a medical evacuation service eliminates that expense, and, more importantly, provides a network for the traveler in need of care, communicating vital information between the doctors at home and abroad. Emergency travel is arranged on an air ambulance or, in less critical situations, on a commercial flight with a physician or a nurse as a medical escort. A membership card in a plan such as the one offered by MedJetAssist is as essential for travel as your passport, credit card, or HMO/PPO card.

Have a safe and more enjoyable trip knowing you are prepared should an emergency occur!

David Ewing is Vice President, International Business Development for Skyservice Air Ambulance, Montreal, Quebec, a university medical centre based international air ambulance provider.



Table 3.

Recommendations for a Healthy Diet

- Eat 5 to 9 servings of fruits and vegetables daily.
- Put color in your diet—eat foods that are yellow, red, orange, blue, green.
- Limit foods that are white—bread, pasta, white rice, white potatoes, etc.
- Choose healthy fats from vegetables (olive oil, canola oil). Limit animal fats (butter, whole milk dairy products, red meats).
- Avoid refined, processed foods.
- Add fiber to your diet, along with plenty of water.

Table 4.

How Much is One Serving Size?

- 1/2 C. fruit
- 1 medium fruit
- 3/4 C. fruit juice
- 1/2 C. cooked vegetables
- 1 C. raw leafy vegetables
- 1 slice bread
- 1 C. milk / yogurt
- 1 1/2 ounce cheese
- 2-3 oz. cooked meat, poultry, fish
- 2 T. peanut butter
- 1/2 C. cooked cereal, rice, pasta
- 1 ounce dry cereal

*"medical air evacuation can cost
tens of thousands of dollars"*

Travelers who have Medicare coverage may feel a sense of security, but should be aware that their coverage is only valid in the USA. There is no Medicare coverage abroad, not even in Canada or Mexico.

Hospitals abroad are not the same as hospitals at home. The physician may be

Aesthetic Dentistry: More than just a beautiful smile

Who doesn't love the story of The Ugly Duckling? It's a timeless tale of emerging beauty and happy endings. People who feel a little like the "ugly duckling" may find that aesthetic dentistry can effect a transformation, but an understanding of the process is necessary to ensure happy endings. Dental and facial procedures to improve appearance are on the rise, but so too are the myths and misconceptions surrounding the process.

Jennifer is a 50-something woman who has been a patient in my office for almost 10 years. We've seen her on a regular basis—asking about her dental concerns, taking care of routine problems as they arose, generally doing all we could to keep her teeth and gums healthy.

But Jennifer wanted more. At a routine checkup, she asked what could be done to make her smile more attractive. She told us she felt her smile made her look older; she had become self-conscious about the way her face looked. She wanted to know what we could do to give her a more beautiful, more youthful smile, one that would make her feel positive about her appearance.

Jennifer isn't alone. In a society increasingly focused on youth and appearance, more and more Americans are turning to dental and facial reconstructive procedures. Baby Boomers are taking advantage of these options with a passion. Members of this determined and powerful consumer group want to look better than their parents did at a similar age, and they're willing to pay for the privilege.

It's an understandable goal. Research shows that society favors the pretty face. From researchers at Harvard Medical School to the pages of the mass media, stories abound of how pleasing looks help pave the way for personal and business success. The face, experts say, is the most public part of the self. It's the first element we offer to the world and it's often the primary one on which we are judged.

Improving one's appearance is increasingly accessible, thanks to advances in knowledge and technology. In previous

generations a pretty smile was the product of luck, good genes, or a great deal of personal wealth. Today it is within the reach of many average consumers. As the frontiers of medicine and dentistry are pushed back, and our perceptions and beliefs about beauty and cosmetic options continue to evolve, changing one's appearance through medical and dental procedures is now an attainable consumer luxury.

"changing one's appearance through medical and dental procedures is now an attainable consumer luxury"

Patients contemplating such procedures need to recognize that **beauty takes time**. There are many phases to smile and facial enhancement. The first is diagnostic: What is the problem? How did it develop? Is the cause normal aging or are other factors at work? Understanding the underlying cause of a smile's appearance is key to crafting the appropriate treatment.

Phase Two is the educational process. Communication between patient and doctor will reveal the patient's concerns and expectations, while giving the doctor an opportunity to explain findings, discuss treatments (along with their associated risks and benefits), and explore the emotional issues surrounding the procedures. As doctors, we must reconcile our clinical findings with our patient's concerns and expectations.

Finally, the treatment phase begins. Patients need to realize that beautiful results don't happen overnight. Frequently, it takes a multi-disciplinary approach involving an integrated team of dental

and facial specialists to create a beautiful smile. Treatment that promises results in 1 or 2 visits often overlooks significant underlying problems, increasing the risk of failure.

Patients must also understand that **beauty is more than skin deep**. While patients understand the importance of a warm and beautiful smile to overall appearance, they are not always so well-informed about the time and effort needed to achieve results that are beautiful as well as healthy, comfortable, and functional. A lovely smile is just one goal. How healthy are the supporting structures of gum and bone? How well does the chewing machine function? Is it responsible for teeth that are chipping or breaking or loose? Is comfortable chewing an issue? A comprehensive, integrated approach creates a solid foundation on which to build a beautiful, durable, comfortable smile – not just a mirage.

Most patients have a healthy understanding of their goals and realistic expectations about results. But they must also realize that **beauty won't solve all their problems**. For those patients who are not in touch with the inner reasons they are seeking cosmetic changes, a beautiful result may not be enough to overcome their feelings of insecurity, embarrassment, or low self-esteem—feelings that motivated them to seek treatment in the first place. They may still feel unhappy and unfulfilled even after the procedure has been completed.

So should consumers give up the dream of achieving a more pleasing appearance? Absolutely not! They only need to have a realistic understanding of fact and fiction in order to make decisions that work well for them.

Robert M. Sorin, D.M.D.

Assistant Attending Dentist

Department of Dentistry and Oral Surgery

Fad Diets: Fact, Fiction, and Fantasy

Selecting a diet book from the hundreds available can be entertaining, enlightening, or frustrating. Whether it's low-carbs or no-carbs, sugar free, fat free, guilt free, or, as in the case of one weekend diet plan, food free, consumers are bombarded with conflicting information.

Richard B. Weinberg, M.D., professor of Internal Medicine and Gastroenterology at Wake Forest University Baptist Medical Center, and a physician at its Digestive Health Center, is a specialist in nutrition who has a passion for cooking. When it comes to a healthy diet he is an excellent resource. Weinberg is a weekend chef who spends weekdays treating patients with digestive disorders, teaching medical students about gastrointestinal pathophysiology, and performing research on diet-gene interactions and the effects of diet on human lipid metabolism.

"the only type of diet that's clearly detrimental is eating too many calories"

Regardless of what the latest diet gurus suggest you eat and in what combinations, Dr. Weinberg says the secret to weight loss is simply eating fewer calories. "What each diet plan has in common—Atkins, South Beach, the Zone, whatever—is the principle that if you eat fewer calories than you burn every day, you're going to lose weight. I do think, however, it is likely that some people might do better on a low-carbohydrate diet or a high-protein diet or a low-fat diet. I hope that in the near future our research will help us select the most effective diet plans

for our patients based on individual genetic factors."

But since we don't yet know enough about the genetic mechanisms that control weight and appetite, Dr. Weinberg suggests that consumers look for diet plans that include as many of the major food groups as possible, and that don't promise any miracles.

He also advises consumers to watch out for pseudo-scientific "gobbledygook" in the subtitles.

"Some diet books make wild claims on their covers," Dr. Weinberg said. "Alter your genetic code' . . . 'Reset your metabolism' . . . 'Banish hunger forever.' I'd be skeptical of such claims. I'd be even more skeptical of any diet that has the word 'Miracle' in the title."

While fad diets often lack nutritional balance, most people can't stick with them long enough to do harm, says Dr. Weinberg. "The only type of diet that's clearly detrimental is eating too many calories. You'll get fat, and that has many negative health consequences."

Weinberg suggests looking for diet plans that provide education about nutrition and that include information about

exercise, choosing foods, reading labels, and making healthy lifestyle choices.

Why Are We So Fat?

With more than 60 percent of American adults overweight or obese, you have to wonder: is there something in human nature that causes us to overeat?

Dr. Weinberg explained: "There are powerful mechanisms that evolved over hundreds of thousands of years to help us store an appropriate amount of energy when we find it. It has only been in the last hundred years that in some parts of the world we are swimming in a sea of calories. Our bodies are not designed to deal with this caloric overload, and it's slowly killing us."

Richard B. Weinberg, M.D.

Interviewed by Jim Steele

*Department of Medicine, Gastroenterology
Wake Forest University School of Medicine*

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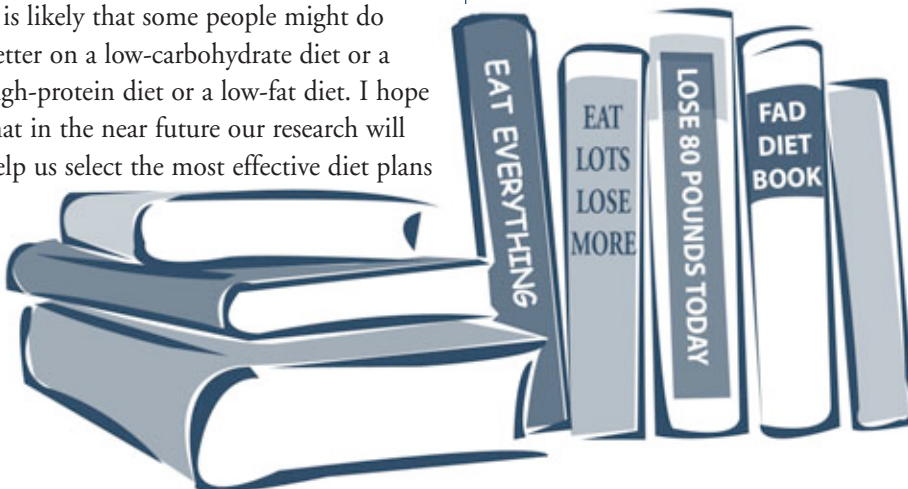
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