
Editorial

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So when this bloke says “Life. Be in it.”
Be in it he says on TV,
I give him a nod and change channels,
‘Cause I know he’s not talking to me. (see p.11)

Contrary to Norm’s words, the “bloke” on the TV *is* talking to most Australian adults as about 60% are overweight or obese (p.9). Three decades ago, the “Life. Be in it.” campaign, featuring anti-hero Norm, appeared in the Australian media. “Life. Be in it.” cites “a reduction in the level of national physical activity” and immoderate food consumption as reasons for national obesity and its consequent health problems.

Overweight and obesity are not alone in posing health issues related to eating. Abbie Macfarlane (p.21) of Deakin University’s Centre for Physical Activity and Nutrition Research explains that “Preoccupation with body image may cause young people to restrict their dietary intake, which may place them at risk of underweight and eating disorders like anorexia and bulimia.”

The media’s practice of alarmism and highlighting of “miracle” diets are partly to blame for this preoccupation (p.4). As nutritionist Shane Bilsborough says (p.28): “Open up a glossy magazine and it’s littered with inspirational feats of mammoth weight loss”. Anorexia nervosa, one of four types of eating disorders, is the third most common chronic illness for adolescent girls in Australia, after obesity and asthma (p.15).

Excessive exercise can also be classified as an eating disorder. “Although moderate exercise is beneficial for general health and well-being, excessive exercise often progresses from healthy habits and becomes more problematic,” explains Natasha Jeremieczyk of the Eating Disorders Foundation of Victoria. Problems begin when exercise becomes a com-

pulsion and impacts on everyday life. Individuals are particularly vulnerable to mental health problems such as eating disorders in their developmental years.

Given that food consumption patterns are established early in life, promotion of healthy eating should include children. The Food Dude Programme (p.24), developed at the University of Wales in the UK, has seen success where other similar programs have failed. It works on the principle that a child may need to taste a food several times before beginning to like it. Children also have the backup of the Food Dudes themselves – superheroes who encourage them to become part of a fruit and vegetable “culture”.)

Tim Olds at the University of South Australia’s School of Health Sciences describes some characteristics of a child living almost a decade prior to the start of “Life. Be in it.” (p.18). He asks us to: “Imagine a 12-year-old Australian boy from 1970 standing next to a 12-year-old boy today”. The contemporary boy will be taller, heavier and 25% fatter, particularly around the waist. In a 1600 metre race he would be beaten by his yesteryear competitor by 300 metres.

Age aside, is overeating or inactivity responsible for obesity and other eating and exercise problems? Bilsborough describes the example of the National Weight Control Registry in the USA, “where people have lost over 30 kg and kept it off for over 5 years” (p.24). All of these people aim for 10,000 walking steps each day.

“The two theories have battled it out in nutrition and physical activity journals for the past 10 years,” says Olds. Small wonder, given the mass and variety of historical data to consider, and the issue of reporting. “We know that when people record or recall what they eat,

they tend to under-report. They forget, or don't want to remember, or don't want to tell the researchers even if they do remember," Olds explains.

It seems that eating and dieting are sensitive issues. Amanda Sainsbury-Salis (p.37) at the Garvan Research Institute recalls her shock at being called the "O" Word: "Fat, chubby or voluptuous, yes. But obese? Never. It really hurt."

At 93 kg and 160 cm, Sainsbury-Salis had a body mass index (BMI) of 36. Waist circumference has now overtaken BMI as an indicator of health risk. "Having fat around the abdomen or a 'pot belly', regardless of your body size, means you are more likely to develop certain obesity-related health conditions," says the Better Health Channel (p.26). Distribution of body fat is linked with higher rates of diabetes, hypertension, high cholesterol and cardiovascular disease.

A host of unsuccessful diets inspired Sainsbury-Salis' medical research career. She uses the term "famine reaction" – the body's response to decreased food intake – to describe the reason that weight can be difficult to lose. She was shocked, and pleasantly surprised, to learn that the famine reaction can be deactivated if you "eat freely, choosing the types and amounts of food that make you feel genuinely satisfied."

Countless diets exist with different emphases, such as protein, carbohydrate or fat intake. They have in common a limit of kilojoule intake and most have scientific flaws, as Bilsborough explains (p.28). Many weight loss programs fail because they do not educate people to sustain them in the long term. "... it's like taking the floaties off a person who never learnt to swim," says nutritionist Stuart Adams (p.32). Important to remember is that the failure is from the dieter's perspective, but not from the viewpoint of the scheme's proponent, who is often a pharmacist. Selling diet pills and meal supplements is a lucrative industry.

Diet can be considered in a broader context than that of kilojoule intake. Naturopath Chris Kummer (p.40) discusses the implications for the digestive system of eating or not eating meat in terms of the mineral content and balance of foods.

Lucinda Dobson of Nutrition Australia describes food beyond its role as fuel (p.44).



Photo: Andrey Armyagov

Food has a pleasure component, be it in a sensory way or as part of celebrations or quality time with family. Dietician Kylie Andrews (p.46) reassures us that we can still enjoy celebrations such as Christmas without piling on the kilograms.

Norm has been withdrawn from service because of research showing that he was not contributing to an increase in physical activity or a decrease in obesity. Contrary to the media slant on individual responsibility – think of Norm alone in his armchair – research has identified environmental drivers of obesity such as "a lack of safe footpaths for walking to school or work, proliferation of affordable high-fat, high-sugar foods, poor access to tasty, healthy foods, car dependency and lack of bike lanes for people who cycle to work or school." (p.4). Community problems need community solutions.

Bilsborough doesn't advocate any single approach to eating and exercise. "My university lecturer once said to me that if anything can get people to eat more fruit and vegetables, reduce their fat intake and walk more, then this is a good thing."