Wellness@BCTF

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Obsessed with weight and still overweight

Karen Collins, MS, RD, CDN American Institute for Cancer Research

Whether you count the number of people unhappy with their shape, the percentage on a diet, or the billions of dollars spent on diet programs, books, foods and supplements, the figures all show that our society has become more obsessed with weight in the past decade or two than ever before. Some argue that we should indeed be paying more attention to our weight to solve the obesity epidemic that threatens our health. Yet research shows that an obsession with becoming thin, contrary to what you might expect, creates more of a health problem.

Obesity researchers often refer to our current culture as a "toxic environment." High-fat, high-sugar food is available everywhere we go. Eating low-nutrient, high-calorie food has become part of how we entertain ourselves, whether we are alone or with others. At the same time, recreation, housekeeping and transportation have all become more sedentary activities.

Yet our culture still values thinness tremendously. Kathy Kater, a psychotherapist who has developed national programs for teaching children



about a healthy body image, says that many people today have the sense that they are valued more for how they look than for who they are, and that being thin is essential for the "right" look.

Kater points out that if any of the popular diets of the past 20 years really worked, we wouldn't have so many people overweight now. According to Kater, when we pin our hopes on a fad diet, we are trying to do the impossible. Research shows that when we try to control our eating with external rules, our "We should focus instead on choices with health as the goal, resisting society's pressures to be thin, lead sedentary lives and overeat for entertainment."

obsession and preoccupation with food increases. In America where food is so widely available, that's a recipe for overeating.

Instead of making weight loss a goal, Kater advocates focusing on choices that enhance health. She says it's all right to hope for weight loss, but when people consider weight loss the goal, they almost always give up healthier eating and more exercise, if these good habits don't bring the desired weight loss.

Kater's message for how to improve your body image and

handle any weight concern is spelled out at the website www. BodyImageHealth.org. Her principles emphasize that there are biological limitations to how much we can change size and shape. We should focus instead on choices with health as the goal, resisting society's pressures to be thin, lead sedentary lives and overeat for entertainment.

Some people may need to do more than build their self-image. Laurel Mellin, a registered dietitian affiliated with the University of California at San Francisco School of Medicine, contends that the stress and isolation in today's culture cause many to feel "out of balance." Such people may never have learned how to nurture themselves and set personal limits. Stress drives them to cope in external ways like eating. Even if these people aim for health instead of weight loss, they may have trouble establishing healthy habits because they use food to indulge themselves and escape from pressure. Mellin contends that if people don't resolve the underlying problem, they can go from one excess to another, such as eating, smoking, or shopping.

The ultimate answer is changing your response to stress. Mellin's nonprofit Institute for Health Solutions (www.thepathway. org) teaches people how to nurture themselves and set reasonable limits, so that they no longer turn to external sources for coping. The Journal of the American Dietetic Association recently reported on a small group of people who underwent this training.

More than a year-and-a-half after the end of an average 18-week program, participants had improvements in a broad range of mental and physical health functions, as well as weight loss. The study needs to be repeated

with more people to test the usefulness of such programs.

"There is a charm about the forbidden that makes it unspeakably desirable."

-Mark Twain

Make yourself visible



While engaging in outdoor activities in the winter (and in subsequently less daylight), runners and walkers need to take extra precautions while training at night. Most people think that simply wearing light coloured clothing and keeping to the side of the road facing towards traffic makes

them more visible. Unfortunately this is not always so. The best alternative is to arm yourself with reflective material worn on your training clothes. Many companies make apparel that comes complete with reflectors incorporated into the design of the clothing. If you already own non-reflective gear, a great alternative is to purchase reflective (or flashing) strips or bands. These can be found quite inexpensively at most outdoor or running stores (M.E.C. carries a great selection) and should be worn on the arm or leg closest to traffic. Don't be surprised if the gear with reflective material appears more expensive; this type of material "ups" the price of clothing but is really worth it on those drizzly, dark evenings.

Another great addition is a flashing reflector that can be found at outdoor stores and local bike shops. The small oval models usually have clips that attach perfectly to the back of a baseball hat or toque. It's said that a flashing light will draw greater attention (and usually will be seen sooner) by motorists in poor visibility conditions. As there is an alarming number of pedestrians struck by cars in Vancouver, these small investments could prove to be invaluable.

With busy schedules many times we also find ourselves training alone. Remember:

- Avoid isolated areas: While this may seem obvious there seems to be a significant number of runners and walkers (and in particular, women) alone in low traffic areas. It's best to stick to a route where help would be available if need be.
- Don't become predictable: You reduce the risk of assault by varying your route, time of day that you train, and the distance of your route.
- · Carry a cell phone or a quarter for a payphone, and a small amount of money. A small amount of cash can pay for bus fare or a cab to transport you quickly from a dangerous situation.

-Kate Milne, MHS, CEP, RRP

Did you know?

Scientists in the U.S. are developing a new, noninvasive test for breast cancer, which could become part of a routine dental exam. If the research is successful, the test would analyze the patient's saliva for protein profiles (as salivary glands release specific proteins in breast cancer patients). The test could also flag any changes in the patient's protein patterns, raising the potential to identify breast cancer before a tumour begins to develop.

—Karen Steel



The benefits of exercise for depression and anxiety

Exercise has many psychological and emotional benefits when you have depression or anxiety. These include:

• Confidence. Being physically active gives you a sense of accomplishment. Meeting goals or challenges, no matter how small, can boost self-confidence at times when you need it most. Exercise can also make you feel better about your appearance and your self-worth.

"When you have depression or anxiety, it's easy to dwell on how badly you feel. But dwelling interferes with your ability to problem solve and cope in a healthy way."

- **Distraction.** When you have depression or anxiety, it's easy to dwell on how badly you feel. But dwelling interferes with your ability to problem solve and cope in a healthy way. Dwelling can also make depression more severe and longer lasting. Exercise can shift the focus away from unpleasant thoughts to something more pleasant, such as your surroundings or the music you enjoy listening to while you exercise.
- Interactions. Depression and anxiety can lead to isolation. That, in turn, can worsen your condition. Exercise may give you the chance to meet or socialize with others, even if it's just exchanging a friendly smile or greeting as you walk around your neighborhood.
- **Healthy coping**. Doing something positive to manage depression or anxiety is a healthy coping strategy. Trying to feel better by drinking alcohol excessively, dwelling on how badly you feel, or hoping depression and anxiety will go away on their own aren't helpful coping strategies.

 $-excerpted\ from$

www.mayoclinic.com/health/depression-and-exercise/MH00043

Study: Eating meat "is less green than driving"

Can eating meat be more hazardous to the environment than driving your car? In a recent study, Japanese scientists calculated the environmental impact of a single purchase of conventionally-reared beef. Taking into account all the processes involved, they said, four average sized steaks generated greenhouse gases with a warming potential equivalent to 80.25 lb. of carbon dioxide.

This means that 2.2 lb. of conventional beef is responsible for greenhouse gas emissions which have the same effect as the carbon dioxide released by an ordinary car travelling at 50 miles per hour for 155 miles, a journey lasting three hours.

Most of the greenhouse gas emissions are in the form of methane released from the animals' digestive systems, But more than two thirds of the energy used goes towards producing and transporting animal feed, said the study, which was led by Akifumi Ogino from the National Institute of Livestock and Grassland Science in Tsukuba, Japan.

Source: New Scientist Magazine
—Submitted by Dale Costanzo



Some key information about strokes

What is a stroke? A stroke has been described as a "heart attack in the brain." It results from a clot or in the case of a hemorrhagic stroke, a burst blood vessel in the brain.

What happens to the brain during a stroke?

Experts claim that the brain loses 1.9 million cells for every minute that a stroke is left untreated. But if treatment is not sought until after the stroke has run its course, usually about 10 hours, 1.2 billion nerve cells will be lost—this is what your brain would normally lose over 36 years. Time is of the essence when a stroke is suspected. Arrival at the hospital within 3 hours allows doctors to use clot-busting drugs to limit the damage.

Who is at risk for a stroke?

Those who are at higher risk of having a stroke include diabetics and people who have high insulin levels; those who have clogged neck, coronary, or leg arteries, and those who have

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The contents of this newsletter are intended to encourage better health decisions, not to provide medical advice. Please consult a qualified health professional before embarking on any new diet or exercise regime.

an irregular heartbeat due to atrial fibrillation.

What can I do to help prevent a stroke?

Blood pressure is key when it comes to strokes. In fact, 80% of the risk of stroke is due to high blood pressure. Therefore, the usual healthy lifestyle measures also apply here; namely, exercise at least 30 minutes most days of the week, eat healthy foods including 5 to 10 vegetables and fruits per day, and fish twice a week for non-vegetarians. In addition, be wary of sodium that's often hidden in processed foods and try to eat foods rich in potassium such as sweet potatoes, potatoes, bananas, beans, etc.

In a U.S. Women's Health Study, low-dose aspirin prevented a first stroke, but not a first heart attack. Unfortunately, low-dose aspirin did not provide the same protection to men, although it did help men in terms of heart-attack prevention. Health experts recommend discussing the possible benefits of low-dose aspirin with your physician if you are a woman with increased risk of stroke.

More results have come in from studies of women taking large doses of antioxidants and B vitamins as a means of preventing heart attacks and strokes and regrettably, there was no difference in the risk of heart attack or stroke for women taking these supplements.

So, at this point in time, the message is do everything you can to bring your blood pressure down in order to minimize your risk of having a stroke.

The information provided here is based on an article in the March 2007 issue of *Nutrition Action Healthletter* titled, "Stroke: How to Avoid a Brain Attack," by Bonnie Liebman.

-Glynis Andersson

Signs and symptoms of a stroke

- Sudden numbness, weakness, or paralysis of your face, arm or leg

 usually on one side of your body
- Sudden difficulty speaking or understanding speech (aphasia)
- Sudden blurred, double or decreased vision
- Sudden dizziness, loss of balance or loss of coordination
- A sudden, severe "bolt out of the blue" headache or an unusual headache, which may be accompanied by a stiff neck, facial pain, pain between your eyes, vomiting or altered consciousness
- Confusion, or problems with memory, spatial orientation or perception

-www.mayoclinic.com/ health/stroke/DS00150/ DSECTION=2

(TFEU)