

Dear Reader,

It's been several months since our last newsletter so we've packed this one with a round-up of everything we've been involved in over the last few months, together with details about all the resources we now have available.(p2?)

You'll find information about leaflets and courses suitable for everyone - from health professionals working with obese patients, to individuals simply looking for ways to achieve a healthy lifestyle. And all of our materials are available directly from us at minimum costs.

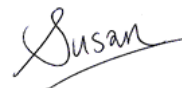
Obesity remains at the top of the policy agenda, and we get you up to date with recent developments, including the new Healthy Living initiative and how we've been helping with new plans from the NHS and FSA.

We also peel back the media coverage to give you the real story on the 'obesity gene' that hit the headlines in April. And Dr Susan Jebb from our Weight Concern panel tells us all about her thoughts on the role of the food industry in tackling obesity.

We welcome three new starters, who will

be helping us to continue providing sound, impartial, up-to-date information and training on diet, exercise and weight. And most of all we want to thank the Big Panel for helping us learn more about how to talk sensitively about weight. We hope you enjoy the newsletter.

Best wishes,



Dr Susan Carnell (Newsletter Editor)



WEIGHTY WORDS: Obese and fat the most hurtful words a doctor can use

Weight Concern's first 'Big Panel' survey has revealed that terms commonly used by doctors to describe weight can be offensive and hurtful.

We asked our Big Panel members - over 1200 people who are overweight or who have been overweight - what terms they would prefer health professionals to use. "Overweight" or "high BMI" were seen as acceptable, but "fat" and "obese" were considered derogatory and offensive.

What's the problem?

Although "obese" is a clinical term used by health professionals to describe the risk weight can have on a patient's health, the problem is that most people link the term to the kind of extreme overweight pictured in vivid media images.

People in our survey were concerned that using this type of language revealed negative and stigmatizing attitudes towards them.

Reacting to the results, Vicky Lawson from Weight Concern commented on the potential implications:

"If health professionals are inadvertently using insulting language this could stop patients feeling that their doctor is on their side and wants to help. This could be a real barrier to weight loss."

Our findings in detail

283 people responded to our online survey, 65% of whom had a BMI of 30 or higher.

Nearly all (94%) found the term overweight acceptable. But over half

(52%) were offended by the term 'obese', and nearly three quarters (74%) by the term 'fat'

We also asked panelists about their previous experiences with discussing weight with their GP, and identified a number of other issues, including...

- Obesity as a cosmetic term. Some people highlighted the problem that obesity is frequently linked with cosmetic rather than health concerns. As one woman told us: "As a woman, I find that to say "You're obese" is like saying "You're ugly."

- Missing the point. Other people described being asked by their doctor to discuss their overweight when they had gone for an entirely different health issue.

One woman told us: "I was left to walk about on a broken ankle because the doctor was more interested in lecturing me about my weight than actually listening and examining me." Some even told us that fear of having to talk about weight made them avoid attending appointments altogether.

■ Nowhere to go. Others complained of the absence of constructive advice or referral to specialist support or treatment following

their discussion with the GP. "Smokers are offered many resources to quit but there's nothing available for overweight people," another Big Panel member told us, reflecting the opinions of many others.

Thank you Big Panel!

We are enormously grateful that so many members of the Big Panel took the time and trouble to answer this survey, which has provided us with such valuable

insight. We plan to communicate the results to the media and hope this will help everyone to think about the language they use. For more information about the survey please contact Vicky at v.lawson@gmail.com. And if you would like to be involved in similar research, remember that we are always looking for people who are overweight, or have been overweight, to join the Big Panel! Please go to www.weightconcern.org.uk for more information and to register.

FIGHTING OBESITY WITH KNOWLEDGE: Weight Concern resources available for all

FIGHTING OBESITY WITH KNOWLEDGE: Weight Concern resources available for all

Ever since the charity was established, Weight Concern has had one primary aim: to translate obesity science into practical information and advice.

We kicked off back in 1994 with the launch of the Shape-Up programme and supporting materials, and every year our library of resources expands, providing tailored information for more and more different groups.

Responding to specific needs is very important to Weight Concern, so if you have any ideas about resources you would like to see available, then please don't hesitate to get in touch. You will find details on all our existing resources below, together with information on how to get hold of each one.

Training courses

Shape-Up Facilitator Training

What? Shape-Up is Weight Concern's eight-week weight management programme, designed to tackle overweight and obesity in a community setting. It uses a tried-and-tested, evidence-based behavioural approach, sometimes referred to as 'lifestyle modification'.

Shape-Up aims to help people:

- Limit further weight gain
- Achieve modest weight loss
- Establish a regular eating pattern
- Balance the types of food eaten
- Reduce the tendency to overeat
- Become more physically active

Completing a one-day facilitator training course enables people to run Shape-Up groups in their own communities, allowing people all over the UK to benefit from the programme.

Who? Facilitator training is popular with dietitians, nurses and other health professionals, but there is no qualification requirement for entry - anyone interested in running weight loss groups may attend *How much?* Places on the one-day courses in London cost £185 each which includes lunch and refreshments. Places can be booked using the form at the back of the newsletter. In-house training can also be arranged by contacting the Weight Concern office.

When? Thursday 29th May

Where? University College London

Family-Based Behavioural Management of Childhood Obesity

What? Three day course on psychological approaches to treating obesity in children. This practical 3-day course will develop practitioners' skills for delivering evidence-based practice for obesity in children aged 6-12. Topics covered by the course will include:

- An overview of current best practice in the treatment of childhood obesity
- Psychological approaches to improving children's diets and activity habits
- Adapting cognitive-behavioural techniques for use with children
- Dealing with the dynamics of family eating and activity habits

Who? Dietitians and other health professionals working with children and families

How much? Places on the April 2008 course cost £350 including lunch and refreshments. Places can be booked using the form on the back of the newsletter.

When? 21st and 22nd April 2008

Where? University College London



Tools of the trade: Provision of evidence-based resources is a key priority for Weight Concern

Leaflets, booklets and workbooks

Shape-Up - A self help guide to managing your weight

What? This workbook takes you through the 5 modules of Weight Concern's 'Shape-Up' - an innovative lifestyle programme designed to help individuals manage their weight, improve their health, and enhance their quality of life *Who?* Any individual who is committed to achieving healthy, sustained weight loss will benefit from working through the Shape-Up self-help programme. Health professionals or trained facilitators may want to order in bulk to support clients or those attending Shape-Up groups *How much?* £23.45 (£19.95 + £3.50 P&P)

Taking control of your weight

What? Weight Concern worked with the British Heart Foundation to produce this booklet to help people with a BMI of 35 plus manage their weight. Information on the pros and cons of a range of treatment options ranging from self-help to obesity surgery is combined with practical advice on how to access each one.

Who? Individuals who are very overweight and require extra help with weight loss will benefit most from this booklet.

How much? This resource is available free of charge and is available to members of the public or health professionals from the BHF website or by phoning 0870 600 6566.

Healthy Eating for Kids and Healthy Active Kids

What? These booklets are designed to

help parents make healthy changes to all aspects of family life. 'Healthy Eating for Kids' covers ways to get children to eat healthily, including tips for eating out and reading labels, while 'Healthy Active Kids' explains how to increase your child's activity levels, step by step. All content is based on principles from the Traffic Light Programme for childhood weight management, and written by dietitians, psychologists and exercise specialists with years of clinical experience.

Who? Health professionals working with children and families will find this a useful resource.

How much? These booklets come as a pair costing £5 each and £3.50 each for orders of 20 or more. All prices include P&P.

Talking to your child about their weight

What? Raising the issue of weight with an overweight child can be tough. This booklet contains 'dos' and 'don'ts' to help parents start a supportive dialogue that can help families to take action together.

Who? Parents who are worried their children are overweight and need support

How much? Download it free from the Weight Concern website

Ten Top Tips

What? The result of a joint project with Cancer Research UK, Weight Concern's Ten Top Tips are ten simple, practical habits that can be incorporated into daily life to aid weight loss and better health. All the tips are based on the latest research in nutrition, exercise and psychology, and details and hints for following each tip can be found in the TTT leaflet.

Who? All who are sick of complicated, faddy diets and want to achieve healthy, lasting weight loss in a way that won't impinge on their lives will find the TTT helpful.

How much? The TTT leaflet can be downloaded or ordered from CRUK's website, www.reduceyourrisk.org.uk. Health professionals can order the leaflet in bulk via the professional area of the same website, or by calling CRUK on 0207 242 0200.

TELLING PEOPLE WHAT THEY NEED TO KNOW : Weight Concern advises the NHS on how to keep overweight patients informed

Keeping up with the latest research and developments in the NHS is a challenge,

even for NHS workers themselves. And this makes it hard for health professionals to be sure they are making the best recommendations to patients.

Health professionals are expected to have up-to-date knowledge not just on the relative effectiveness of drugs, services and operations, but also on their costs and impacts, and how patients can access them.

The Health Technology Assessment Programme

To tackle this problem and others, the NHS Health Technology Assessment (HTA) Programme was set up with the dual aim of 1) commissioning purpose-designed research to answer NHS-relevant questions, and 2) summarising relevant information on 'health technologies' (i.e. options available for patient care) to be used by health professionals on the frontline.

With the obesity epidemic currently a major problem for the NHS, it was only a matter of time before the HTA turned its attention to weight, and in autumn Weight Concern was asked to comment on their identification of the effectiveness of different weight loss approaches as a key research priority.

The technology of weight loss

Because of our panel of obesity experts, Weight Concern is often asked to comment on documents from a research perspective. But this time we were delighted to be asked to comment with a different hat on - that of a service user.

"We don't pretend to speak for all overweight people using the NHS," explained Alison Chipperfield, who led Weight Concern's feedback. "But from our experience running Shape-Up groups, together with comments from those who contact the charity, we were able to suggest what information patients need to know about their treatment options."

The key information

Alison recommended that the end product of the HTA's efforts should be a 'lay person's synopsis' of approaches to weight management, including nine key bits of information for each programme:

- 1) Core components (e.g. diet, physical activity, both, behaviour change)
- 2) Dietary approach
- 3) Specific aims
- 4) Average expected outcomes (e.g. degree of weight loss, weight maintenance, improvements in long-term

health)

- 5) Pros and cons
- 6) Style of delivery and support (e.g. weekly groups, one-to-one sessions, internet support, access to counsellor, books and leaflets)
- 7) Length of the programme
- 8) Locality of availability (e.g. NHS, local community organisation, commercial set-up)
- 9) Suitability of approach to individuals with specific medical conditions (e.g. PCOS, diabetes, heart disease)

We hope the HTA will take these recommendations forward and watch with interest for their next moves. For further information about the NHS HTA programme and updates on their plans for obesity visit www.ncchta.org.

NEWS ROUND-UP

KEY OBESITY REPORTS RELEASED

Obesity remains a public health priority and this year saw the release of two influential reports, each hoping to inspire targeted, joined-up action.

The Wanless Report, which focuses on improving public health and reducing inequalities, urged the government to do more to reduce preventable illnesses like obesity, and is available from the Kings Fund website:

http://www.kingsfund.org.uk/publications/kings_fund_publications/our_future.html

Hot on its heels was 'Foresight - Tackling obesity: Future Choices' which has been commended for acknowledging that individuals are responsible for managing their own weight - but that environmental and social factors must also be addressed. For more details, visit the Foresight website: http://www.foresight.gov.uk/Obesity/Obesity_final/Index.html



CHILDHOOD OBESITY TREATMENT PROGRAMME ROLLS OUT

Health professionals looking for a ready-to-use childhood obesity treatment are signing up in their droves to MEND - a nine-week

family programme designed to encourage healthy lifestyles. After showing promising results in a trial of 107 families, MEND (Mind, Exercise, Nutrition, Do it!) obtained substantial funding from the National Lottery, and is currently being set up or used in over 300 sites in England alone.

The programme includes coaching not only in exercise and nutrition, but also in motivation and positive thinking. It aims to improve self-esteem and physical fitness as well as body weight.

"We're really pleased with the initial results," said Dr Paul Chadwick, co-founder of MEND and specialist clinical psychologist at Weight Concern. "The programme seems to really have the potential to help many children struggling with their weight, and it's great news that treatment will soon be available in communities all over the UK." Find out more about MEND at <http://www.mendprogramme.org>.

CHILDHOOD OBESITY FROM PARENTAL NEGLIGENCE?

Doctors believe that extreme childhood obesity is a form of parental neglect in many cases, revealed a survey conducted by the BBC in June this year.

The survey was initiated after increased media attention to childhood obesity as a child protection issue. This was in part sparked by a high profile case in February of an obese 8 year old boy who faced being taken into care. After a 3 hour child protection conference it was agreed that the boy would remain with his mother who would take action to help him lose weight.



Weight Concern believes that there is an important distinction between not feeding and overfeeding a child. The first is clear neglect, but the second is more complicated: a healthy, energy-balanced diet is difficult for many parents to achieve.

Child protection is of paramount importance, but each case should be considered separately. Parents should not automatically be blamed but instead offered tailored help to improve their child's health.

NURSES INJURED LIFTING OBESE PATIENTS

Around 5,000 NHS nurses suffer back pain as a result of lifting heavy patients, claimed the

British Chiropractic Association in a report released in April.

Despite Department of Health recommendations to use hoists, sliding aids and other specialized equipment, back pain is a common problem among NHS employees, causing many to retire early.

This report emphasizes the far-reaching health-related and economic effects of the obesity epidemic, and highlights the need for the NHS to respond to the increasing weight of the population.

TRIAL OF LEPTIN-CONTAINING BABY MILK

Plans for a project researching the effects of adding leptin to baby milk were announced in April to widespread skepticism.

The research team, led by Dr Mike Cawthorne at the University of Buckingham intend to build on promising rat studies to test whether providing leptin early in life could protect against developing obesity.

Leptin, a hormone found in fat cells and some areas of the gut - is known to suppress appetite. Genetic leptin deficiencies lead to voracious eating and extreme obesity, and sufferers become normal weight with leptin administration. Administering leptin in adults with common obesity, however, has no effect on weight.

Commenting on behalf of Weight Concern, our Medical Director Dr Ian Campbell said: "Without evidence that this works in humans, it is pure flight of fancy that those consuming leptin from infancy will never get fat." He also explained how the leptin deficiency hypothesis had proved to be a great disappointment to date: "Most of us have plenty, and true deficiencies are rare. In fact, obese people tend to have higher than normal levels."

HEALTHY WEIGHT, HEALTHY LIVES: A CROSS-GOVERNMENT STRATEGY FOR ENGLAND

Last month the Department of Health released a report setting out a strategy for a sustained programme to support people to maintain a healthy weight. It will be followed by a public annual report that assesses progress, looks at the latest evidence and makes recommendations for further action.



RESEARCH ROUND-UP

COMMON GENE CONTRIBUTES TO OBESITY RISK

People with two copies of a particular variant of a common gene are 70% more likely to be obese, revealed a paper published in the April edition of Science. An international team of researchers pooled data from 40,000 people for the study. They found that those with two copies of the variant of the FTO gene were on average 3kg heavier than a similar person with no copies - a weight difference big enough to have a significant impact on health.

The paper is the first to find an association between obesity and a common gene variant. One in six white Europeans carry two copies of the 'obese' version of the gene, and 50% carry one copy, giving them a 30% increased risk of obesity.

Exactly how the FTO gene works is as yet unknown, but further research into its function could shed light on why some people find it harder to maintain a healthy weight than others.

Source: A genome-wide association study of type 2 diabetes in Finns detects multiple susceptibility variants. Scott LJ et al. Science, 2007; 316:1341-5.

OBESITY IS SOCIALLY TRANSMITTED

People with obese friends or relatives could be more likely to become obese themselves, reported a paper from the Framingham Heart Study in July this year. Researchers used data from more than 12,000 adults collected over a 32 year period to examine links between social ties and similarity in body weight.

Having an obese spouse increased the risk of becoming obese by 37%, having an obese sibling increased risk by 40%, and having an obese friend of the same sex increased risk by 57%.

The effect of having an obese friend was stronger among same-sex friendships and stronger for men than women. It was also stronger among mutual friends than pairs in which only one person named the other as their friend for the purposes of the study. It made no difference whether friends lived near each other or lived far apart.

"The fact that the link in body weight is greater for friends than siblings shows that social factors can be more important

than physical ones in obesity," commented Dr Ian Campbell for Weight Concern. But he was keen to emphasise the possible positive implications of such strong social influence: "If obese people have friends who are obese, then they could offer moral support to help each other lose weight."

Source: The spread of obesity in a large social network over 32 years. Christakis NA, Fowler JH. *New England Journal of Medicine*, 2007;357:370-9.

FAT TAX COULD REDUCE HEART ATTACKS

Raising taxes on fatty, sugary and salty foods could prevent over 3,000 people from dying from heart attacks and strokes, suggests research published in the *Journal of Epidemiology and Community Health* in July. The research team drew on past economic data to simulate the effect of taxing all 'unhealthy' products. Healthiness was indexed by a score based on the content of nutrients in 100g of the food.

The theoretical 17.5% tax rise was also applied to slightly less unhealthy foods which were likely to be used as substitutes if healthier foods were taxed.

Weight Concern acknowledges that there is likely to be little public appetite for such a tax, which could have a disproportionately large effect on low income families.

However the charity believes that combining disincentives to buy less healthy foods with incentives to buy healthy foods could have positive effects on national eating patterns, and deserves further attention.

Source: Could targeted food taxes improve health? Gray A, Rayner M, Rutter H. *Journal of Epidemiology & Community Health*, 2007;61: 689-94.

FRESH FACES

Weight Concern would first like to congratulate Charlene Shoneye on her appointment as our new Specialist Obesity Dietitian. We wish her predecessor Alison Chipperfield all the best and thank her for all her hard work. We are thrilled to have Charlene to step into her shoes.

We are also very pleased to welcome new member of staff Vicky Lawson. Vicky has been working in the voluntary sector for over ten years, concentrating on charities that seek to improve mental or physical

health. She joins Weight Concern as a trainee health psychologist, and will spend much of her time running Shape-Up training and working with the Big Panel.



Vicky Lawson

Jenny Trite, our new office volunteer, has been providing much-needed help with the day-to-day running of the Weight Concern office. Jenny was a volunteer for many years at various mental health Charities, and is a room steward at London's Foundling Museum in her spare time.

Harriet Smith, an Economics, Politics and International Studies graduate, has also joined us as a volunteer, and is busy compiling our contacts database and travelling to PCTS all over the country to tell them about our training and resources.

Vicky, Jenny and Harriet are tremendous assets to Weight Concern team and we are delighted to be working with them!

INTERVIEW WITH DR SUSAN JEBB



Q1 - You are currently very well known for your work in many different areas of obesity research, but you began your career as a dietician. What made you decide to focus on research?

Nutrition is a very young area of science and while studying nutrition and dietetics I became increasingly fascinated by how little we actually know about nutritional needs. Once I started my PhD I was hooked on research, but my dietetic training means that everything I do is very focused on the application to real people in the real world: I'm not a test-tube scientist! I am fortunate now to be able to combine my research with work on obesity policy and to hopefully make a real difference.

Q2 - Some people claim they eat the same as everyone else, but they put on more weight. What is the current state of evidence for individual differences in metabolism?

I spent years searching for metabolic differences between people and found none. But it is clear that different people have very different levels of activity - whether formal exercise, activity as part of their job, or just fidgeting - and appetite control also varies enormously. As a result, some people balance their energy intake and energy needs very precisely without giving it a second thought and remain lean, whereas others constantly find their appetite is set above their needs and gain weight very easily. With around two-thirds of the UK population now overweight it is hard to see this as a metabolic problem. Instead we have to accept that the world we live in makes gaining weight the default - you might even call it 'passive obesity'.

Q3 - What are the main difficulties encountered when trying to translate nutrition science into clinical practice, or interventions?

The problems are often issues of scale. Most research studies look at small groups of people, using highly trained, specialist researchers. This intensity and focus is much harder to achieve in a public health context with multiple competing priorities. So, for example, the Finnish Diabetes Prevention Study showed that with intensive lifestyle advice, including support to lose weight, it was possible to more than halve the number of cases of diabetes over a 4-year period. This is incredibly impressive, but the resources required to deliver this degree of specialist input in GP surgeries across the country is huge - and there are many other pressures on the NHS budget too.

Q4 - Some researchers think increased consumption of sugar-sweetened soft drinks is a key driver of the childhood obesity epidemic. Do you agree?

Like all foods and drinks (including alcohol), sugary drinks add to the calories in the diet, and research suggests that liquid calories may not fill us up as much as solid food, so they may be one particular risk factor. More importantly there are good alternatives available, and water and artificially sweetened drinks are very widely available. Given today's sedentary lifestyles it is very hard to limit our energy intake to match our low energy needs, while at the same time consuming all the vital vitamins and minerals we need. Cutting back on sugary drinks makes obvious sense - saving the calories for a more nutritious option.

Q5 - What about fast food restaurants selling highly energy dense foodstuffs - is there a place for this kind of food in the diet?

Evidence is increasing that energy dense foods increase the risk of obesity because they contain so many calories in every bite. Many 'fast foods' are very energy-dense - but so are chocolate, olive oil, nuts and many other foods not usually found in traditional 'fast food'. Where possible we need to reduce the energy density of food across the whole of our diet, and for those energy-dense foods which also contain important nutrients, such as cheese, we need to moderate the amount we consume by eating them less frequently and in smaller portions. In fast-food outlets I'd like to see some of the more energy-dense options removed. But at least some have broadened the choices they offer to include less energy dense options, and more now needs to be done to encourage customers to choose these items.

Q6 - What role do you think food manufacturers should play in obesity prevention, and what can we realistically expect to see them do over the next 10 years?

Food manufacturers and retailers have an important role to play since they play such a big part in creating the food environment in which we choose our food. In recent years the interest in providing healthier options has shot up the corporate agenda because it's the fastest growing sector of the business.

Lots of good work is underway to reformulate existing products and introduce healthier options, but there is scope for much more effort in relation to marketing practices, including advertising, price promotions etc.

Q7 - There is now a huge amount of interest in obesity and magazines, newspapers and TV programmes are always promoting new diets. Do you think this is helpful?

The focus on obesity has undoubtedly raised awareness and has probably stimulated some of the political action to address the problem. Just about every initiative helps some people, if only because it prompts them to have another go and making changes to their lifestyle. However it does leave other people feeling confused. Many diets can make healthy eating seem incredibly complicated with very strict rules about what to eat and when, and sometimes including unusual and unfamiliar foods. This can make dieting look like an extreme sport - and unsurprisingly that turns people off. The problem is that the simple advice about how to subtly change the way you shop, or cook your favourite meals can sound dull and doesn't usually make a best-selling diet book!

Q8 - Many people worry that trying to tackle childhood overweight and obesity could promote eating disorders in children. What are your views on this?

Although there is a growing problem of obesity, most children in the UK have a healthy weight - and we all want to encourage them to stay this way. That's why, for children, I encourage a focus on the wider benefits of eating a balanced diet and being active, rather than on weight itself. For those children who are obese it's important that we expand the facilities available to provide them and their families with individualised advice and support, focused on their particular needs.

Q9 Has your work changed your own life?

I have been in nutrition for so long I feel as though I have always eaten fairly healthily but I am sure my husband would say it has changed his diet and I have been particularly conscious of the food I provide for my son. It has also made me very conscious of the importance of physical activity. I constantly struggle to

find more time to exercise but I always try to walk up the stairs in the underground and elsewhere - mostly in case anyone catches me out taking the sedentary option!



The Medical Research Council, Human Nutrition Research carries out scientific research into relationships between nutrition and health, of national and international priority, through partnerships with other academic groups, governments, industry and others. It is also an independent, authoritative source of scientific advice and information.

For more information see the MRC website <http://www.mrc.ac.uk>

Support us! Weight Concern has limited sources of regular income and warmly welcomes donations, however small. If you would like to donate, please send cheques, payable to Weight Concern, to the address below.

Get in touch! Do let us know your views on this newsletter or any aspect of Weight Concern's work - we are keen to have your feedback and will respond to you personally. Contact details are at the bottom of each page.

***** SAVE THE DATE *****
April 21st and 22nd, Family Based Behavioural Training

A big thank you... On behalf of everyone here at Weight Concern we would like to extend our grateful thanks to all those who support Weight Concern's work.