At War With Our Waistlines

Life is a battlefield. We’re fighting with Sacramento about the budget; we’re getting closer to a military engagement with Iraq, and now the U.S. Surgeon General has declared war on obesity in America. Sixty percent of Americans are overweight. The rate of children who are overweight has doubled since the 1970s. Chronic diseases such as diabetes and high blood pressure are on the rise. I recently chewed the fat, so to speak, with Dorothy Coltrin, De Anza’s Nutrition instructor, about this “war of the waistline.” Here is our conversation:

How is obesity defined?
The medical standard used to define obesity is a calculation called the Body Mass Index (BMI). The Body Mass Index (BMI) attempts to compare one’s weight to one’s volume (one’s height, squared). The BMI has its limitations because it is gender neutral, it isn’t adjusted for age, and it doesn’t reflect the composition of body fat to lean tissue. But, there are mountains of epidemiological evidence that show that the higher the BMI, the greater incidence of diabetes, heart disease and some cancers.

The calculation is done in kilograms and meters, rather than pounds and inches. To calculate the BMI, you divide your weight (in kilograms) by your height (in meters) squared. To get your weight in kilograms, divide your weight by 2.2. To get your height in meters, divide your height in inches by 39.4 and then square it (multiply it by itself). A BMI of greater than 25 indicates being overweight while a BMI greater than 30 defines one as obese.

Has the U.S. changed the way it defines obesity, and if not, why the sudden surge of obese people? What has changed over the last 10 years to create such a dramatic increase?

About 5 years ago, the government changed the cut off point of the BMI. In other words, today, being overweight is defined as having a BMI greater than 25, whereas five years ago, a BMI of 26 or so was the defining point. Based on that, statistically, more people are now defined as either overweight or obese than they were 5 years ago. The reason for the change is that it was found that there are major health risks when people have the lower values.

Are carbohydrates “bad” for you? I’ve been reading about how carbos can lead to weight gain and even diabetes? Is this true?

There is good evidence that weight gain plays a powerful role in diabetes. Being overweight increases the risk that your body cannot use its own insulin (insulin resistance). Losing weight or even increasing physical activity, will increase your body’s insulin sensitivity.

Carbohydrates do not cause diabetes. I think your question refers to the glycemic index, which is basically a measure of how quickly a food is digested. The faster a food digests, the sharper the rise in blood sugar. Foods with a high glycemic index cause a sharper increase in blood sugar. Generally, high-fiber and whole grains foods are low on the glycemic index scale.

I’m somewhat knowledgeable about nutrition, but even I am confused about what foods should be included in a healthy diet. What information do you suggest people pay attention to and what should be ignored?

The glycemic index is one example of something that could be ignored. The glycemic index measures how quickly one single food, eaten in isolation, is digested. It’s difficult to know how useful the glycemic index is when you’re eating a bunch of different foods in the same meal.

I would recommend eating a variety of whole grain foods, fruits and vegetables because not only are you eating foods low on the glycemic index scale, but also you are getting a broader spectrum of minerals, vitamins and phytochemicals. And ideally, if your diet contains more of these types of foods, then your consumption of excess calories, including fats, will be less, too.

I know that eating fewer calories than your body burns will lead to weight loss. In your opinion, what is the easiest way to keep track of your calories? For example, counting every calorie is not only time consuming, but can become obsessive. Counting fat grams seems easier to me than keeping track of calories, but there are lots of non-fat food that still have calories.

There’s no getting around the fact that some calorie counting is necessary in order to learn both what a standard portion is and the caloric values of different foods. We have lost our sense of portion size because more and more food is being supersized.
We have lost the ability to listen to our internal signals of hunger because we are bombarded with opportunities to eat large quantities of convenient and inexpensive food 24 hours a day.

Changing food habits can be harder than breaking other habits because food is so much a part of the social fabric of our lives. Food does not simply provide nutrition; we use food to celebrate, to soothe, for love and even to bribe.

If someone wanted to lose 5-10 pounds and another person had 30 pounds to lose, would you suggest a similar diet plan?

Yes, I would suggest following a similar diet plan, but the approach is different. The person with 5-10 pounds to lose can do it more casually, meaning that he or she could reduce their daily calories a bit and do some physical activity a couple times a week. But the person with 30 pounds to lose has to be more diligent about both reducing calories and increasing physical activity. Also, there are health risks involved when one needs to lose 30 pounds versus 5 to 10 pounds. In fact, if the person with 30 pounds to lose is over 30 years old, he or she already has the beginning of a chronic disease like diabetes or high blood pressure. Actually, he or she would only have to lose 10% of his or her body weight for those blood values to normalize.

Could one lose weight by becoming more physically active but not changing the way one eats?

Not really. Exercise can make you can more fit, and your body composition of fat versus lean tissue will improve with exercise, but you have to reduce your calories to see any significant change in weight. Having said that, we are obsessed about weight and weight control. Thinness is equated, mistakenly, with fitness. Many nutritionists believe that anyone at any size can be fit and should strive for fitness.

In your opinion, what are the top three things someone who wants to lose weight should pay attention to?

Physical activity, portion control and calorie counting. Physical activity should be a part of any weight loss plan. There are many, many ways to get physical activity into your life without going to a gym or “working out.” Unfortunately, our sedentary lifestyles are getting more sedentary as opportunities to be physically active continue to diminish for reasons of safety, ‘time-saving’ products, and the like. Where is our joy in movement?

The trend of 10,000 steps is an attempt to increase one’s physical activity. Have you heard of it? If you were to take 10,000 steps throughout your day, you would be walking close to 5 miles. The average person’s daily activities is equivalent to walking 2 to 2 1/2 miles, so one would have to do some form of exercise to get to 10,000 steps. Using a pedometer is the best way to calculate how many steps you are taking per day. Pedometers are not expensive and are easy to use.

Thanks very much, Dorothy!

Ask the Dietitian
http://www.dietitian.com/index.html
This excellent site has a Healthy Body Calculator that can calculate your Body Mass Index, show you where you are in a health body weight range, and much more. Practical tips are offered in Ten Simple Healthy Eating Habits to Prevent Weight Gain and Ten Changes You Can Make to Lose Weight.

Managing Your Weight
http://primusweb.com/fitnesspartner/library/weight/weight02.htm
This site has short articles on a wide variety of topics including Portion Control, Separating Food from Feelings, Refine Your Style, and Eight Keys to Healthy Weight.

Mike’s Calorie and Fat Gram Counter for 1000 Foods
http://www.caloriecountercharts.com/
Mike’s site has got it all. His calorie charts are sorted alphabetically, by protein content, by carbohydrate content, by cholesterol and by grams of fat. In addition, the site has tons of great links.

A Su Salud is Taking a Siesta!

For various reasons, A Su Salud will not be produced during Spring Quarter. We plan to be back Fall Quarter 2003, in one form or another.

De Anza College Health Services
is available to all registered De Anza students. Some of our services include:
Health education/TB skin tests/First Aid/Blood pressure checks/Condoms/lubricants/Over-the-counter medicine/Pregnancy tests/Family planning
A Su Salud is written by Mary-Jo Kane, Health Educator