ECO 2014: MEDIA COVERAGE

**Note: this report contains a summary of stories in English, and is not intended to be exhaustive

WEDNESDAY 28 MAY

OECD Report on Financial Crisis making obesity epidemic worse in many countries

REUTERS

http://www.reuters.com/article/2014/05/27/us-health-obesity-oecd-idUSKBN0E723X20140527

(Reuters) - The rate of obesity continues to climb across the world's most developed countries, with certain nations and groups of people such as women and the poor hit harder by the recent economic crisis, the OECD said on Tuesday.

While rates are rising as much as 3 percent a year in countries such as Australia, France, Mexico and Switzerland, they have been fairly stable in other countries such as the United States, Canada, Korea and Italy, the Organization for Economic Cooperation and Development said in report.

A review of available data showed that the global recession that struck in 2008 forced many families in harder-hit nations to cut back spending on food, especially healthier but often more expensive options such as fruits and vegetables, in favor of cheaper, less healthy options, it said.

Even in nations that fared better in the economic slowdown, certain groups of people, particularly women and those who are less educated and have lower incomes, were also more likely to be obese, OECD found.

"The economic crisis is likely to have contributed to further growth in obesity," OECD researchers wrote.

Although the overall rate of obesity has slowed among more economically developed countries over the past five years, "the obesity epidemic has not stopped spreading," they added.

The new report, based on a review of data from 10 OECD countries, will be presented on Wednesday at the European Congress on Obesity in Bulgaria.
Most of the OECD's 34 members are wealthy countries such as the United States and European nations, although some emerging economies such as Mexico and Turkey are also included. The group does not include China, India or other bigger developing countries.

Rising obesity rates can also add economic burden as governments grapple with the costs of chronic conditions linked to obesity such as diabetes, heart disease and even cancer.

Current efforts aimed at preventing further weight gain, including using financial incentives to boost wellness or increasing basic health exams, are improving, OECD said.

"The economic crisis may have contributed to a further growth in obesity, but most governments need to do more to stop this rising tide," OECD health policy analyst Michele Cecchini said in a statement.

Other policy efforts, such as stricter rules for advertising unhealthy foods to children, better food labeling and "carefully designed" food and beverage taxes could have an impact, the Paris-based organization said. One bright spot in the OECD’s review: although on average one in five children in developed countries is overweight, "more countries have managed to stabilize or even slightly reduce rates of child obesity than they have of adult obesity."

How the financial crisis fed the obesity 'epidemic'

By Michael Babad

Plus, Canada favoured destination for expat professionals

These are stories Report on Business is following Tuesday, May 27, 2014.

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Obesity on rise

The financial crisis helped drive up obesity rates in many of the world’s richest countries, says a new study with troubling, if tempered, findings for Canada.
The study by the Organization for Economic Co-operation and Development says "most people" in OECD countries are overweight or obese. This threatens severe "social and economic consequences," the group said today, as more people risk chronic ailments such as heart disease, diabetes and cancer.

"In 2008, the world economy entered one of the most severe crises ever," the study said.

"Many families, especially in the hardest hit countries, have been forced to cut their food expenditures, and tighter food budgets have provided incentives for consumers to switch to lower-priced and less healthy foods."

Over the past five years, the OECD said, obesity has been on the rise in most countries, though at a slower pace.

One particularly troubling average statistic is that one in five children is overweight, and far higher in nations such as Greece, Italy, Slovenia and the United States.

Also troubling is that obesity is "an inequality issue, especially in women," according to the group of rich countries.

"The economic crisis has made families spend less on food, but poor households have also switched to junk foods with high calories," the OECD said.

"But in countries with very high levels of obesity, such as Mexico and the U.S., people with more education are now as likely to be obese as those with less education," according to a statement released with the study, which will be presented tomorrow at the European Congress on Obesity in Sofia, Bulgaria.

The OECD found that rates of obesity are "high" in Canada compared to most OECD nations, though there has been no substantial increase in the past 15 years and, importantly, the pace of increase has been among the slowest in the group.

"Two out of three men are overweight and one in four people are obese in Canada, but the rate of increase has been one of the slowest in the OECD," it said.

"Overweight and obesity are more common in men, but larger social disparities exist in women (vis-à-vis socioeconomic status)," it added in its section on Canada.

"Women with less education are almost 1.6 times as likely as more educated women to be obese. Similarly, men with less education are almost 1.5 times as likely as the more educated to be obese."

The group released its report today with a warning to national governments that they must fight the epidemic.

"The economic crisis may have contributed to a further growth in obesity, but most governments need to do more to stop this rising tide" said OECD health expert Michele Cecchini.
As countries get richer, their inhabitants get fatter, OECD finds

The 2008 recession forced many in harder-hit nations to cut back spending on food, especially healthier, more expensive options like fruits and vegetables, the OECD’s report says. But even in areas that fared better in the recession, certain groups of people, particularly women and those who are less educated and have lower incomes, were also more likely to be obese, it says.

BY MEREDITH ENGEL

NEW YORK DAILY NEWS
Tuesday, May 27, 2014, 5:00 PM

The 2008 recession caused families to spend money on cheaper eats — like this fast food burger in England — which has led to a rise in obesity in many developed countries, the OECD has found.

Obesity rates are climbing across the world's most developed countries, including Australia, France, Mexico and Switzerland, the Organization for Economic Cooperation and Development says in a new report.

The rates remained stable in other developed nations like the U.S., Canada, Italy and Korea, the study said.

The 2008 recession forced many families in harder-hit nations to cut back spending on food, especially healthier but often more expensive options like fruits and vegetables, according to the report.

But even in areas that fared better in the recession, certain groups of people, particularly women and those who are less educated and have lower incomes, were also more likely to be obese, the OECD found.

"The economic crisis is likely to have contributed to further growth in obesity," OECD researchers wrote.

The report, based on a review of data from 10 OECD countries, will be presented Wednesday at the European Congress on Obesity in Bulgaria.

Most of the OECD's 34 members are wealthy countries, although some emerging economies such as Mexico and Turkey are also included. The group does not include China, India or other bigger developing nations.
Denizens in developed countries are becoming more obese, the Organization for Economic Cooperation and Development has found, due to the financial crisis or certain demographics’ lower incomes.

Rising obesity rates can make it harder for governments to grapple with the costs of chronic conditions linked to obesity such as diabetes, heart disease and even cancer.

Current efforts aimed at preventing further weight gain, including using financial incentives to boost wellness or increasing basic health exams, are improving, but more needs to be done, the OECD said.

One bright spot in the OECD’s review: although on average one in five children in developed countries is overweight, “more countries have managed to stabilize or even slightly reduce rates of child obesity than they have of adult obesity.”

A copy of the OECD report is online here.

SBS AUSTRALIA


The 2008 financial crisis spurred obesity’s spread in the Organisation for Economic Cooperation and Development’s 34 member countries - most of whose inhabitants are overweight, an OECD report says.

The grouping, which includes the world's richest nations, has seen obesity levels continue to rise over the past five years, albeit more slowly than before.

"One in five children is overweight, on average, in OECD countries, but rates are as high as one in three in countries like Greece, Italy, Slovenia and the United States," said a press statement.

The economic crisis was partly to blame, the OECD report said, with less spending on food overall, and a switch to cheaper, high-calorie junk alternatives.

The report noted a 5.6-per cent drop in fruit and vegetable consumption for every one-per cent rise in unemployment in the United States in the period 2007-09.

Obesity claims a heavy personal and financial toll in terms of diseases like diabetes, heart disease and cancer.

Severely obese people die eight to ten years earlier than those of normal weight - a similar rate to smokers.

And obesity is estimated to gobble up one to three per cent of total health expenditure in most countries - as much as five to 10 per cent in the United States.

The findings are to be presented Wednesday at the European Congress on Obesity in Sofia, Bulgaria.
The report said obesity rates were stable in England, Italy and the United States but have increased two to three per cent in Australia, Canada, France, Mexico, Spain and Switzerland.

Obesity is defined by the World Health Organisation as a body mass index (weight in kilograms divided by the square of one's height in metres) of 30 and above.

The UN's health agency attributes 3.4 million adult deaths per year to being overweight or obese.

Until 1980, fewer than one in ten people in the OECD were obese, compared to 18 per cent of the adult population now - one in three adults in Mexico, New Zealand and the United States and more than one in four in Australia, Canada, Chile and Hungary, said the document.

Rates in Asian countries were two to four per cent among adults.

GREEK REPORTER

http://greece.greekreporter.com/2014/05/27/one-in-three-greek-children-are-obese/

A new report by OECD showed that Greece is among the European countries that face an obesity problem. According to OECD one in three Greek children (over 30%) are overweight or obese.

On average, in EU countries, one in five children are obese while OECD points out the need for more coordinated efforts to deal with the problem.

The report shows that most citizens (over 50%) in OECD countries are overweight or obese. Obesity is turning into an epidemic with dramatic social and economic consequences, exposing an increasing number of people in chronic diseases such as diabetes, heart diseases and cancer.

The OECD report shows that obesity levels have continued to increase in most countries during the last five years, though at a slower pace than previous years. Obesity has risen 3.2% in countries such as France, Spain and Switzerland, while its levels have remained stable in England, Italy and the U.S.

Obesity is an “inequality issue” according to the report. “The economic crisis has made families spend less on food, but poor households have also switched to junk food, high in calories,” OECD said. Moreover, higher rates of obesity are recorded among the least educated people.

The report by OECD will be presented on May 28 at the European Congress on Obesity in Sofia, Bulgaria.

- See more at: http://greece.greekreporter.com/2014/05/27/one-in-three-greek-children-are-obese/#sthash.3ndjxx3a.dpuf
Most people in OECD countries are overweight or obese. The social and economic consequences of this epidemic are dramatic, exposing an increasing number of people to chronic diseases such as diabetes, heart disease and cancer.

New OECD data and analysis reveal that obesity levels have continued to rise in most countries over the past five years, but more slowly than before. Obesity has been virtually stable in England, Italy, Korea, and the United States but has increased by 2-3% in Australia, Canada, France, Mexico, Spain, and Switzerland.

One in five children is overweight, on average, in OECD countries, but rates are as high as one in three in countries like Greece, Italy, Slovenia and the US. However, more countries have managed to stabilise or even slightly reduce rates of child obesity than they have of adult obesity.

OECD data show that obesity is also an inequality issue, especially in women. The economic crisis has made families spend less on food, but poor households have also switched to junk foods with high calories. But in countries with very high levels of obesity, such as Mexico and the US, people with more education are now as likely to be obese as those with less education.

OECD health expert Michele Cecchini will present the new data in a keynote address at the European Congress on Obesity, opening tomorrow in Sofia, Bulgaria. "The economic crisis may have contributed to a further growth in obesity, but most governments need to do more to stop this rise."

The latest report released by OECD has revealed that the obesity rate has witnessed an increase during the recession, even in the developed countries. In Mexico, Australia, Canada and France, the rate of obese individuals is rising at a rate of 3 percent per year.

The report has also found that many poor households have shifted to junk food and packed food with high calorie content, as they were not able to afford fresh food. The Organization for Economic Cooperation and Development report has indicated that the obesity level in the United States, Italy, Korea and England has remained stable.
The OECD report has found nearly 20% of individuals obese in the OECD countries. In the United Kingdom, the food bill among households decreased by 8.5 percent while the calorie intake has increased marginally which indicates that people are shifting towards high calorie foods. In Greece, Slovenia, Italy and the United States, one among three people are considered obese. Many countries are already taking steps to control obesity epidemic. In United States, First Lady Michelle Obama is working on a project 'Let’s Move' to raise awareness among kids and families for healthy eating and more physical activity.

OECD health expert Michele Cecchini said, "The economic crisis may have contributed to a further growth in obesity, but most governments need to do more to stop this rising tide."

The data and complete report was presented at the European Congress on Obesity in Sofia, Bulgaria today.

Read more: [http://newstonight.co.za/content/economic-downturn-leads-increase-obesity-oecd-report#ixzz33ldumecP](http://newstonight.co.za/content/economic-downturn-leads-increase-obesity-oecd-report#ixzz33ldumecP)

**Stress in children causing obesity: Nathalie Michels**

**DAILY MAIL, UK**


Children as young as five seek solace in food when anxious and stressed, a study has found.

Although some adults are well-known to be emotional eaters, the research shows that the seeds are sown at a very young age.

Rows at home, bullying and illness all drive youngsters to reach for unhealthy, sugar-filled snacks, an obesity conference heard.

Belgian researchers asked more than 300 children, aged between five and ten, questions about their lives.

Topics covered included whether they had experienced stressful life events, such as the divorce of their parents or the death of a grandparent, and how angry, anxious, sad and happy they felt.

Bullying, problems with friends and rows with brothers and sisters were also factored in and parents answered questions about their children’s behaviour.
The parents also filled in a questionnaire about how often their children ate various foods, while the youngsters explained when they felt driven to eat particular foods.

The results showed that the more stressful a child’s life, the more sweet foods they ate.

Girls were particularly prone to comfort eat and to give into temptation when times were tough, the European Congress on Obesity in Sofia, Bulgaria, heard.

It is feared the children will take even more solace in food as they get older and are able to buy and prepare it themselves.

Researcher Nathalie Michels, of Ghent University, also showed that levels of the hormone cortisol rose with stress.

She thinks this may stop the body reaction to leptin, a hormone that normally tells our body when it has had enough to eat.

Dr Michels said that that parents and schools should teach children who to cope with life’s ups and downs.

She said: ‘Parents and children should be made aware that stress can influence emotional eating behaviour, so they can pay attention to potential triggers and anticipate this behaviour.

‘Furthermore, children should be equipped with stress-coping skills, such as problem-solving or asking for help, instead of seeking solace in food.’

Others said that parents should be aware that they are role models.

Tam Fry of the National Obesity Forum, said: ‘From the moment that an infant is born it learns that sweetness brings comfort. It should therefore be of no surprise that it is sophisticated enough, even by age five, to know that it’ll feel better about some unhappy event having eaten a chocolate biscuit or something sugary.

Habit: Experts warned that children learn comfort eating behaviour from their parents
‘After all, that’s what mummy does and parents are role models and copied.

‘Mummy, of course, should know better but most five year olds will lack the knowledge that indulgence food can be bad for you, and be habit forming, if not eaten in moderation.

‘There’s nothing wrong with the occasional sweet treat - but that’s a far cry from comfort eating to relieve stress.’

One in ten children aged four to five in England is obese. By the time they are ten or 11, the figure has doubled.

Children who eat a Mediterranean diet at home are 15 per cent less likely to be obese than others, a study of eight European countries found.

Meals rich in fruit, vegetables, nuts, oily fish and olive oil kept weight down irrespective of age, gender and socio-economic status, in Sofia heard.

Surprisingly, Mediterranean-like meals were more common in Sweden than in Cyprus, the University of Gothenburg researchers said.

CANADIAN BROADCASTING CORPORATION (CBC, NATIONAL TV)


Children who struggle with stress by heading for the cookie jar are more likely to gain body fat, a finding that shows why it’s important to handle stress in more positive ways, European researchers say.

At Tuesday’s European Congress on Obesity held in Sofia, Bulgaria, researchers presented a study on the link between children's stress, hormones, diet and increasing body fat or adiposity.

In a three-year study of about 500 elementary school children, those with high levels of the stress hormone cortisol and who turned to food for comfort gained body fat, Natalie Michels of the public health department at Ghent University in Belgium and her colleagues found.

"We see the relation mainly in children with a high sweet tooth consumption," Michels said in an interview. "So those who take a lot of sweet foods … these children we see the stress increased adiposity."

The cortisol might directly influence body fat or indirectly lead to less healthy dietary intake, the researchers say.
Emotional eating

The connection between emotional eating and stress is already recognized in adults, but few studies have looked at children, said Sara Kirk, an obesity researcher at the IWK Children's Hospital in Halifax.

Obesity has many contributing causes, and more knowledge about the role of stress is important because it influences our behaviours, Kirk said.

"We need to understand how the environment influences our decisions about food," Kirk said. "We need to think about the widespread availability of heavily processed, nutrient-poor but energy-dense foods that are highly palatable. So when we're feeling stressed, we're more likely to reach for those kinds of foods because they're everywhere around us."

Those environmental factors influence us "every minute of the day."

"One of the things that we really need to get a grip with in society is this environment undermining our health behaviours. Stress fits into that picture, but we have to recognize that that picture is very complex," Kirk said.

The Belgian researchers found there were children with high cortisol levels who didn't cope by eating sweets and didn't gain additional weight — evidence that better stress management may be important for reducing obesity.

Stress, diet interventions may reduce childhood obesity

Stress, hormones, diet and increased body fat in children are interrelated, suggesting stress and lifestyle interventions are logical methods to control childhood obesity, according to research presented at the European Congress on Obesity in Sofia, Bulgaria.

The associations found among cortisol and leptin in combination with children's food choices and eating patterns support the notion that hormones influence the consumption of comfort foods and could deteriorate diet and create conditions for weight gain. “Our data shows that stress deteriorates children’s diet and eating behavior, with cortisol emerging as an underlying factor and diet playing a role in a child’s vulnerability to stress-induced adiposity," Nathalie Michels, PhD, of the department of public health, Ghent University, Belgium, told Endocrine Today.
Michels and colleagues looked at the 2-year longitudinal stress-diet-adiposity relation in 312 Belgian children aged 5 to 12 years from the Children’s Body Composition and Stress Study, conducted at the institution.

The researchers evaluated stress data (negative events, problem behavior and negative emotions), food consumption, psychological eating behavior and adiposity (BMI, fat percentage and waist circumference). Salivary cortisol levels (four samples/day) and fasting serum leptin were determined at baseline. The researchers analyzed longitudinal stress-diet-adiposity relations and multi-level time modeling was used to determine the relation of cortisol with diet and leptin.

Children with high stress scores reported more sweet food consumption, emotional eating, external eating and restrained eating. Stress was found to increase adiposity only in children with high sweet food consumption and high cortisol.

Michels highlighted data from research under revision for publication that showed children who consumed low amounts of sweet food maintained low BMI with high stress compared with children who consumed high amounts of sweet food, whose BMI increased along with stress ($P=.030$). High cortisol correlated with unhealthy diet, particularly with sweet foods, and was associated with higher leptin levels in girls.
Michels presented additional unpublished data showing that leptin was related to whole-day cortisol output in 254 girls. At awakening, cortisol peaked in the highest leptin quartile at 14.4 nmol/l and in the lowest leptin quartile at only 13.0 nmol/l. By evening, measures of cortisol in the highest quartile had dropped to 1.8 nmol/l and to 1.6 nmol/l in lowest.

“The stress hormone cortisol might directly influence adiposity or might indirectly lead to less healthy dietary intake,” Michels said in a press release. “This dietary change may be due to a higher appetite and desire for reward through resistance to the satiety hormone leptin.”

The study’s findings create the potential for a multi-pronged approach to prevent obesity, to target stress, including coping skills, and lifestyle factors, including diet, together.

“Physicians, along with parents and school teachers, should enhance patients’ resilience and mindfulness,” Michels said in an interview, “by enforcing good stress coping skills, creating a healthy food zone and making them aware of their emotional eating.” — by Allegra Tiver

For more information:
**Mediterranean diet across EU countries (Gianluca Tognon)**

**US NEWS AND WORLD REPORT**


WEDNESDAY, May 28, 2014 (HealthDay News) -- Children who eat a Mediterranean-style diet are less likely to be overweight or obese than other youngsters, a new study suggests.

Kids who closely followed a diet rich in fish, nuts, grains, vegetables and fruits -- the so-called Mediterranean diet -- were 15 percent less likely to be overweight or obese than those who did not follow that type of diet, the researchers found. This was true regardless of age, sex, wealth or country.

Researchers looked at the weight and eating habits of more than 9,000 children in eight countries: Belgium, Cyprus, Estonia, Germany, Hungary, Italy, Spain and Sweden. The youngsters’ weight and body fat were checked at the start of the study and again two years later.

Swedish children scored highest and those in Italy were second in terms of following a Mediterranean-style diet, while youngsters in Cyprus were least likely to follow the diet, according to Dr. Gianluca Tognon of the University of Gothenburg in Sweden and colleagues.

"The promotion of a Mediterranean dietary pattern is no longer a feature of Mediterranean countries," the researchers said. "Considering its potential beneficial effects on obesity prevention, this dietary pattern should be part of [European Union] obesity prevention strategies and its promotion should be particularly intense in those countries where low levels of adherence are detected."

The study was scheduled for presentation Tuesday at the European Congress on Obesity in Bulgaria. Until they're published in a peer-reviewed medical journal, findings presented at meetings are usually considered preliminary.

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**Testosterone in hypogonadal men: Farid Saad**
Testosterone is something you naturally assume all men have in abundance. But for some obese men who lack the hormone, it can act as a powerful slimming aid.

Scientists found that a testosterone treatment led men to lose around a fifth of their weight after six years. On average, their body weight fell from 20 stone (127kg) to 16 (102kg) and their waist size decreased by 4.7in (12cm).

Tests showed that the 46 participants were also healthier, with reduced blood sugar, levels of "bad" cholesterol, blood pressure and markers of liver disease.

Meanwhile levels of "good" cholesterol, or high-density lipoprotein, which protects arteries, increased by 16%.

All the men taking part in the study were hypogonadal, meaning that they had low natural levels of the male hormone testosterone.

They received testosterone replacement therapy consisting of injections of the hormone for up to six years.

The findings, based on recorded health data from Germany, were presented at the European Congress on Obesity in Sofia, Bulgaria.

A summary of the research from the authors, led by Dr Farid Saad, from Bayer Pharma in Berlin, concluded: "Testosterone replacement therapy in hypogonadal men with obesity grade II and III resulted in meaningful and sustained weight loss.

"These findings are important because obesity grade III is commonly considered a potential indication for obesity (bariatric) surgery; as is grade II in the presence of type 2 diabetes. Thus testosterone therapy could be considered an alternative to obesity surgery in these men."
28 May 2014

**Testosterone therapy acts as a powerful slimming aid for obese men who lack the hormone, research has shown.**

The treatment led men to lose around a fifth of their weight after six years. On average, their body weight fell from 20 stone (127kg) to 16 (102kg) and their waist size decreased by 4.7in (12cm).

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**Obesity reaches the Himalayas: Syed Shah**

**PHILY.COM**

**WEDNESDAY, May 28, 2014 (HealthDay News) -- Obesity rates in remote Himalayan mountain villages are five times higher than they were two decades ago, according to a new study that highlights the extent of the global obesity epidemic.**

Obesity-related health issues have skyrocketed as well, the study found.
Researchers looked at data from more than 4,600 adults in the Gilgit Baltistan region of Pakistan who took part in surveys conducted in 1995 and 2013. Over those 18 years, the obesity rate rose from about 2 percent to almost 13 percent, and the proportion of overweight people increased from almost 12 percent to about 27 percent.

"Overweight and obesity is a rapidly growing public health burden in the rural population of Pakistan. Overall obesity and central obesity were significant correlates for type 2 diabetes and pre-diabetes in the high mountain study population," said Syed Shah, an associate professor at the Institute of Public Health of United Arab Emirates University, and colleagues.

The study was scheduled for presentation Tuesday at the European Congress on Obesity in Bulgaria. Findings presented at meetings are usually considered preliminary until published in a peer-reviewed medical journal.

Of the nearly 1,100 people who took part in the 2013 survey, more than 6 percent had type 2 diabetes and almost 8 percent had pre-diabetes. Those with a waist circumference of 35 inches or more were four times more likely to have diabetes than those with smaller waists. Obese people were 16 times more likely to have pre-diabetes than normal weight people.

However, the investigators also found that 9 percent of people were underweight, which shows that the region faces a "dual war" against both malnutrition and obesity, the researchers said in a European Congress news release.

Read more at
http://www.philly.com/philly/health/topics/HealthDay688214_20140528_Obesity_Crisis_Has_Scaled_Even_the_Himalayas.html#08Q2wJ47kUzAXizO.99

THURSDAY 29 MAY

EASO President Elect Hermann Toplak comments on Lancet Obesity study, released during, but not at, ECO 2014

MEDSCAPE


SOFIA, Bulgaria — The European Association for the Study of Obesity (EASO) is calling attention to the dire lack of obesity drugs in the European Union.

"We cannot solve the obesity problem by surgery, and we know the clinical reality is that lifestyle therapy is failing in 80% to 90% of our patients. We are living in a very difficult environment, so we need drugs," president-elect of the EASO, Hermann Toplak, MD, from the Medical University of Graz, Austria, told a session entitled, "Where are the Antiobesity Drugs in Europe?" here at the 2014 European Congress on Obesity last week.

Referring to the fact that, due to safety concerns, the European Medicines Agency (EMA) has rejected 2 obesity drugs that are currently on the market in the United States, lorcaserin (Belviq, Eisai) and phentermine/topiramate (Qsymia,
Vivus), he said that the EASO will shortly issue a position statement on this. The only available option for pharmaceutical treatment of obesity in Europe is orlistat, which is available without a prescription in a low dose (Alli, GlaxoSmithKline) or by prescription at a higher dose (Xenical, Genentech).

Many doctors speaking in the same session agreed that Europe is crying out for obesity medications, while others had a more cautious attitude to pharmacotherapy for obesity. And while the experts in Sofia don't hold out much hope of either Qysmia or Belviq being approved in Europe anytime soon, there is hope in the form of 2 new agents awaiting approval there.

The combination of bupropion/naltrexone, from Orexigen Therapeutics, is awaiting clearance both in the European Union and the United States. Following an earlier rejection by the US Food and Drug Administration (FDA), the company gathered more data from its ongoing LIGHT study and is expecting a decision on approval from both agencies this summer.

And the established type 2 diabetes drug, the GLP-1 agonist liraglutide (Novo Nordisk), a once-daily injectable agent, has also been filed for approval for obesity in the European Union and the United States for use at a higher dose (3 mg per day) than that approved for diabetes.

In Sofia, John Wilding, MD, from the University of Liverpool, United Kingdom, presented the results of the largest phase 3 trial with liraglutide in obesity to date, the SCALE study, also recently presented at the American Association of Clinical Endocrinologists (AACE) meeting, as reported by Medscape Medical News, and there was much discussion there about the future potential of this agent.

"Pent-up Demand" for Obesity Agents in Europe

Arne Astrup, MD, of the University of Copenhagen, Denmark, told the meeting that obesity specialists are feeling increasingly frustrated at the lack of pharmaceutical options open to them: "We really are left with very little to treat obesity in Europe," he observed.

"We need to fill the gap between the 20% weight loss with surgery and the 10% weight loss we can achieve with nonpharmacological means. Although we have some good dietary tools, we know that some of the patients are gaining weight no matter what you are doing, and they have a lousy quality of life and probably [a
Dr. Wilding agrees. "There is this pent-up demand among physicians in Europe for something that works, because even if you take those patients who might be eligible for bariatric surgery, only about 1% are getting surgery in the UK and the rest of Europe, so this treatment gap is absolutely massive, and there is a very great need for these medications," he told Medscape Medical News.

Another physician, Mike Lean, MD, from the University of Liverpool, has a similar view. "Obese people have a real problem, because their appetites are driving them very hard; this is physiology. We've done everything we can with diet, exercise, advice, etc, and we can't beat it," he observed.

But Nadka Boyadjieva, MD, from the Medical University Sofia, an endocrinologist and pharmacologist who was a cochair of the session, argued that she isn't so certain that drugs are of such great importance in the treatment of obesity.

The number of people in the world who are obese or overweight has topped 2.1 billion, up from 875 million in 1980, the latest figures published in the Lancet show. And not one country is succeeding in treating it, said the research. US, China and Russia had the highest rates and the UK was third in Western Europe, the 188-country study said. Experts said the rise was due to the "modernisation of our world", causing "physical inactivity on all levels".

Gender split

Researchers across the world were led by the Institute for Health Metrics and Evaluation (IHME) in Washington, in a study they said is the most comprehensive to date.
Scientists analysed data from surveys, such as from the World Health Organization, government websites, and reviewed "all articles" about the numbers of obese or overweight people in the world. The study said rates of obesity were rising across the world, although the rates in developed countries remain the highest. 

The UK has the third highest rates in Western Europe, with 67% of men and 57% of women overweight or obese, it said. 

The study called for "urgent global leadership" to combat risk factors such as excessive calorie intake, inactivity, and "active promotion of food consumption by industry".

Prof Ali Mokdad, of the IHME, said no country was beating obesity as it was a relatively new problem. "It takes a little bit of time to see success stories," he said.

The study reported more obese women than men living in developing countries. Rates tended to be higher for women in developing countries as they were multi-tasking, looking after the family and working, said Prof Mokdad, so did not have the time to dedicate to managing their weight. 

But more obese men than women lived in developed countries, said the study. 

'Classical eating' loss

Prof Mokdad said rates were higher for men in developed countries because of longer commutes to work, fuelled by a move to the suburbs, and spending more time inactive, using computers, he said. 

Prof Hermann Toplak, at the University of Graz, in Austria, said: "Over the past decades the modernisation of our world, with all the technology around us, has led to physical inactivity on all levels."

Inactivity caused self-control to spiral, he said. Children and adults were not building up enough functioning muscle mass, and "classical eating" had been replaced by "uncontrolled food intake" spread over the day. he said. 

Britain's action
Prof John Newton, chief knowledge officer at Public Health England, said poor nutrition and lack of exercise were a big risk factor in Britain's most deprived areas. PHE ran campaigns to help families be healthy, more active, and cut down on fat and sugar, he said. He added: "Obesity is a complex issue that requires action at national, local, family and individual level; everyone has a role to play in improving the health and well-being of the public, and children in particular."

MEDPAGE TODAY
http://www.medpagetoday.com/Endocrinology/Obesity/46043

More than 2 billion people in the world are now overweight or obese, up from less than a billion a few decades ago, according to a new global report.

The new figure more than double the 857 million overweight or obese people that were estimated in 1980, according to Emmanuela Gakidou, PhD, of the Institute for Health Metrics and Evaluation at the University of Washington in Seattle, and colleagues.

Between 1980 and 2013, worldwide overweight and obesity rose from about 29% to 40% in men and from 30% to 38% in women, they reported online in The Lancet.

But the tide may be turning, at least in developed countries, the researchers said. The greatest global gains happened between 1992 and 2002, mostly in people ages 20 to 40, and there's some evidence of a slowdown in the years since.

"[This] provides some hope that the epidemic might have peaked in some developed countries and that populations in other countries might not reach the very high rates of more than 40% reported in some developing countries," Gakidou said in a statement.

Unfortunately in developing countries, waistlines are still expanding and are expected to continue doing so. The greatest increases in obesity levels among women have been in Egypt, Saudi Arabia, Oman, Honduras, and Bahrain, and among men in Bahrain, Kuwait, and Saudi Arabia, as well as the U.S. and New Zealand.

Also, at least half of men in Tonga and half of women in Kuwait, Libya, Qatar, and the Pacific Islands of Kiribati, Micronesia, and Samoa are overweight or obese, the researchers said.

With regard to gender, men have higher rates of obesity in the developed world, but in the developing world, women are heavier, they reported. As for children, almost a quarter of kids across the globe were overweight or obese in 2013, they added.
**Hermann Toplak, MD**, of the University of Graz in Austria and the president-elect of the European Association for the Study of Obesity -- which is holding its **annual conference this week in Sofia, Bulgaria** -- said in a statement that the problem started with the advent of wider availability of food in the late 1970s.

"Over the past decades, the modernization of our world, with all the technology around us, has led to physical inactivity on all levels. It is well known that people who stop exercising lose the control of their food intake, whereas those who continue exercising eat adequately in relation to their energy needs," Toplak said.

"Especially in developed countries, the availability of food increased everywhere in the late 1970s and this was further exaggerated in the following decades -- with a substantial increase in the influence of 'fast food,'" he continued. "The result of these developments are that in today's society many children -- and indeed adults -- no longer build up enough muscle mass and functionality, and have lost the culture of 'classical eating,' which has instead been replaced by uncontrolled food intake with a snacking and eating culture spread over the whole day."

In an **accompanying editorial in The Lancet**, **Klim McPherson, MD**, of Oxford University, said solutions fall squarely on the shoulders of policymakers.

"The solution has to be mainly political, and the question remains, as with climate change, where is the international will to act decisively in a way that might restrict economic growth in a competitive world, for the public's health," he wrote. "Nowhere yet, but voluntary salt reduction might be setting a more achievable trend. Politicians can no longer hide behind ignorance or confusion."

**THE SCIENTIST**


**Flickr, Tony Alter** More than 30 years of data from 188 nations reveals that the total of obese or overweight people in the world has reached 2.1 billion—nearly 30 percent of the Earth’s population, according to a study published yesterday (May 29) in **The Lancet**.

"Overweight and obesity have substantially increased everywhere in the world and have undoubtedly become the major health issues of the 21st century,” the University of Graz’s Hermann Toplak, president elect of the European Association for the Study of Obesity, Austria, said at the European Congress on Obesity this week in Sofia, Bulgaria. Toplak pointed the finger at technological advances that promote inactivity and the increasing availability of unhealthy food in developed countries. “The result of these developments are that in today’s society many children, and indeed adults, no longer build up enough muscle mass and functionality, and have lost the culture of ‘classical eating,’ which has instead been replaced by uncontrolled food intake with a snacking and eating culture spread over the whole day.”
The United States is home to 13 percent of the world’s obese people, despite being home to less than 5 percent of the planet’s total population. But rich nations are not the only victims of the obesity epidemic. “Two-thirds of the obese population actually resides in developing countries,” coauthor Marie Ng, a global health professor at Institute for Health Metrics and Evaluation in Seattle, told Reuters. In the Middle East and North Africa, for example, more than 58 percent of men and 65 percent of women are overweight or obese.

The study found that rates of obesity or being overweight rose by nearly 30 percent in adults and almost 50 percent in children worldwide, with the total number of overweight and obese people climbing from 857 million in 1980 to 2.1 billion in 2013. Obesity rates among females showed the greatest increases in Egypt, Saudi Arabia, Oman, Honduras, and Bahrain, while obesity in men rose the most in New Zealand, Bahrain, Kuwait, Saudi Arabia, and the United States.

According to the World Health Organization, complications associated with being overweight kill about 3.4 million people each year. “We have to remind ourselves that obesity is really not a cosmetic issue. It’s a main risk factor for morbidity and mortality,” the Institute for Health Metrics and Evaluation’s Ali Mokdad, another author on the paper, told Reuters.

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RAPID WEIGHT LOSS LEADING TO LOSS OF MORE MUSCLE MASS (Marleen van Baak)

DAILY MAIL


It’s a disheartening cycle that crash dieters know only too well.
You cut down on calories, the pounds rapidly fall off and you are finally the size you want to be.
But as soon as you go back to normal, all that weight piles back on again – often with a little bit more.
But now scientists have got to grips with why crash dieters struggle to keep the pounds off long-term.
Research shows that rapid weight loss leads to much more muscle being lost than slow, steady slimming.
Muscle is better at burning off calories than fat which means that if you have less muscle, less energy will be used and so the weight will begin to creep up again.
The theory, discussed yesterday at the European Congress on Obesity in Sofia, Bulgaria, is based on evidence from Dutch researchers – who put one group of people on a very low calorie diet for five weeks and another group on a less strict diet for 12 weeks.
The eating plans were designed so that both groups lost the same amount of weight – just over different timescales.
The scientists measured the volunteers’ free fat mass – all the tissue in the body apart from fat – at the start and at the end of the diet.
This is a way of measuring how much muscle is lost, as other parts of the body - organs, blood and bones - are not affected by dieting.

Both groups lost similar amounts of weight – but those on the very low calorie diet lost much more muscle.
Even a month after coming off their diet, they had lost almost three times as much muscle as those who had lost weight more slowly.
It is normal to burn off some muscle on a diet, because as you get lighter you do not need as much muscle mass to move around. But it is thought that on a crash diet, the body is forced to break down extra muscle to create the protein and sugar that is missing from meals.

Short-term: The study said highly restrictive diets, such as those centred on cabbage soup, lead to particularly rapid muscle loss.

Lead study author, Maastricht University researcher Professor Marleen van Baak, is now tracking the two groups for nine months to see if the crash dieters regain more weight than the slow dieters. However, she suspects this will be the case. She said: 'It is not so much reaching a certain weight loss that's difficult, it is maintaining that weight loss over a period of time that is the real challenge.'

Professor Hermann Toplak, president-elect of the European Association for the Study of Obesity, warned that highly-restrictive diets, such as those in which people eat cabbage soup and little else, are usually so low in protein that the body has no option but to generate its own protein by breaking down muscle. As a result, crash dieters can lose 50 per cent of their strength within just a fortnight. This can leave them feeling so weak that they feast on the foods they have denied themselves – and they rapidly put on weight.

The experts also discussed other reasons why crash dieting does not work in the long term. They included the idea that most of the 'weight' that is lost is water which is replaced on eating normally; and fast slimmers don’t learn how to eat healthily day in, day out, so as they return to normal, unhealthy diets they simply start gaining weight again.

THE GUARDIAN

http://www.theguardian.com/commentisfree/2014/may/30/diets-fat-real-food-obesity

"British girls have become the fattest in Europe" was this week’s brutal headline. According to a global review published in the Lancet, 29.2% of UK females under 20 are overweight or obese. Males under 20 weighed in at 26.1% – not much better, but nine European countries were even worse, so our boys escaped the attention.

The most striking aspect of the research for me was that no country has recorded a significant fall in obesity levels since 1980. Why have we all been getting fatter since then?

To understand the obesity epidemic we need to know when it started. In 1972, 2.7% of men and women in the UK were obese and we barely needed to record obesity in children. By the start of the new millennium, 22.6% of men and 25.8% of women in the UK were obese. What went wrong?

The short answer is: we changed our dietary advice. More accurately, we did a U-turn in our dietary advice from "farinaceous and vegetable foods are fattening, and saccharine matters are especially so" to "base your meals on starchy foods".
The ideal for healthy eating in the UK is called the eatwell plate. Or as I refer to it, the eat badly plate. You may have seen it on the walls of schools and surgeries, but have you actually looked at it? Chocolate, sweets, biscuits, cake, cereal, baked beans, flavoured yoghurts and even a can of cola. And we wonder why we have an epidemic of type 2 diabetes.

Telling everyone to eat "plenty of potatoes, bread, rice, pasta and other starchy foods" is why we have an obesity epidemic. But why does it affect girls especially?

Just as our dietary advice is wrong, so is our weight loss advice. We have known for almost a century that calorie deficits lead to short-term weight loss, followed by rapid regain – invariably beyond the starting weight. Ancel Keys confirmed this in the 1940s and Marion Franz ended the debate in 2007 with a review of 80 weight loss studies, showing the familiar loss, regain and then some.

This will be very familiar to anyone who has tried to eat less. You probably weren't that overweight when you started the first calorie-controlled diet. You lost weight; gained it back and a bit more; tried again; lost a bit less; gained a bit more. That's what UK adults, women especially, have been doing for the past 30 years and our daughters have copied us.

In 2009 Fearne Cotton made an insightful documentary, The Truth About Online Anorexia, in which she visited a school in west London and talked to a class of 10-year-olds about body image and calories. "I don't like my body," said one girl, "I think I weigh too much." When asked about calories she knew the content of a small Kit Kat and said "calories are bad 'cos you have to try and spend all your time exercising trying to burn them off".

In the UK females are starting to eat less from a younger age and, ironically, that's why they'll end up weighing more from a younger age. Because diets – and the eating disorders that so often follow them – make us fat. Dutch researchers presented recent findings at the European Conference on Obesity this month. Muscle loss on low-calorie diets is substantial, not easily recoverable and contributes to impaired metabolism, hunger and weight gain.

New obesity guidelines published this week by the National Institute for Health and Care Excellence (Nice) acknowledge the failure rate of dieting with targets lowered to a remarkably unambitious goal of achieving and sustaining a 3% loss. Despite this, the advice that is clearly not working has not been updated.

We need to teach young people the difference between real food, provided by the planet, and fake food, provided by manufacturers. We have to ditch every public health document, diagram and web page and replace it with three words: eat real food. We should return to eating the meat, fish, eggs, milk, butter, vegetables and grains in granny's larder and shun the concoctions adorning the shelves today. We need children to know the nutritional content of food, so that they are aware steak is good but confectionery is bad. They should be eating for health and energy; not to fear the calories that they need to thrive.
As in so many areas, we have failed young people. We can’t turn the clock back on resource utilisation or financial burden, but we can go back to the diet of our childhoods. And we must.

**TV3, major TV channel in Ireland**


Losing weight fast can actually mean you're shedding your muscles and not fat, says new study.

Rapid weight-loss can actually be a sign that your body has lost its muscle rather than fat, a new study has revealed.

New research has looked into the reasons why people pile weight back on after they've relaxed strict diets, and scientists say it's all to do with what's actually lost from the body. Dutch researchers found that losing weight fast can mean more muscle mass is being lost, as oppose to slow steady slimming and actual fat reduction.

Our muscles are much more effective at burning of calories. This means that if you have lost muscle mass, less energy will be used so weight will soon begin to creep back on.

The theory was talked about at the recent European Congress on Obesity in Sofia, Bulgaria. The study was led by Maastricht University researcher Professor Marleen van Baak. It saw two groups of people put on different diet plans for a 12 week period. The first were on a very low calorie diet for five weeks, while the second completed the full 12 weeks on a less strict diet.

The plans were designed so both groups would lose the same amount of weight, but over a different time period. The participants' had their free fat mass - all the tissue in the body apart from fat - measured at the start and end of the eating plan. This allowed them to measure how much muscle was lost.

Both groups lost similar amounts of weight, but those on the low calorie plan lost significantly more muscle. A month after coming off their diet, they had lost almost three times as much muscle as those who had lost weight more slowly.

Losing some muscle though dieting is normal, as when you get lighter your body needs less muscle to move around. But crash diets are thought to force the body to break down extra muscle to create the protein and sugar missing from food intake.

The two groups will now be tracked for a further nine months to see if the extreme dieters gain more weight than the second group.

"It is not so much reaching a certain weight loss that's difficult, it is maintaining that weight loss over a period of time that is the real challenge," said Professor Marleen said, reports the MailOnline.
SOFIA, Bulgaria — The European Association for the Study of Obesity (EASO) is calling attention to the dire lack of obesity drugs in the European Union.

"We cannot solve the obesity problem by surgery, and we know the clinical reality is that lifestyle therapy is failing in 80% to 90% of our patients. We are living in a very difficult environment, so we need drugs," president-elect of the EASO, Hermann Toplak, MD, from the Medical University of Graz, Austria, told a session entitled, "Where are the Antiobesity Drugs in Europe?" here at the 2014 European Congress on Obesity last week.

Referring to the fact that, due to safety concerns, the European Medicines Agency (EMA) has rejected 2 obesity drugs that are currently on the market in the United States, lorcaserin (Belviq, Eisai) and phentermine/topiramate (Qysmia, Vivus), he said that the EASO will shortly issue a position statement on this. The only available option for pharmaceutical treatment of obesity in Europe is orlistat, which is available without a prescription in a low dose (Alli, GlaxoSmithKline) or by prescription at a higher dose (Xenical, Genentech).

Many doctors speaking in the same session agreed that Europe is crying out for obesity medications, while others had a more cautious attitude to pharmacotherapy for obesity. And while the experts in Sofia don't hold out much hope of either Qysmia or Belviq being approved in Europe anytime soon, there is hope in the form of 2 new agents awaiting approval there.

The combination of bupropion/naltrexone, from Orexigen Therapeutics, is awaiting clearance both in the European Union and the United States. Following an earlier rejection by the US Food and Drug Administration (FDA), the company gathered more data from its ongoing LIGHT study and is expecting a decision on approval from both agencies this summer.

And the established type 2 diabetes drug, the GLP-1 agonist liraglutide (Novo Nordisk), a once-daily injectable agent, has also been filed for approval for obesity in the
European Union and the United States for use at a higher dose (3 mg per day) than that approved for diabetes.

In Sofia, John Wilding, MD, from the University of Liverpool, United Kingdom, presented the results of the largest phase 3 trial with liraglutide in obesity to date, the SCALE study, also recently presented at the American Association of Clinical Endocrinologists (AACE) meeting, as reported by Medscape Medical News, and there was much discussion there about the future potential of this agent.

"Pent-up Demand" for Obesity Agents in Europe

Arne Astrup, MD, of the University of Copenhagen, Denmark, told the meeting that obesity specialists are feeling increasingly frustrated at the lack of pharmaceutical options open to them: "We really are left with very little to treat obesity in Europe," he observed.

"We need to fill the gap between the 20% weight loss with surgery and the 10% weight loss we can achieve with nonpharmacological means. Although we have some good dietary tools, we know that some of the patients are gaining weight no matter what you are doing, and they have a lousy quality of life and probably [a 20-year] reduced life expectancy, so we need to have some drugs that we can combine with effective diet," he said.

We know that some of the patients are gaining weight no matter what you are doing, and they have a lousy quality of life.

Dr. Wilding agrees. "There is this pent-up demand among physicians in Europe for something that works, because even if you take those patients who might be eligible for bariatric surgery, only about 1% are getting surgery in the UK and the rest of Europe, so this treatment gap is absolutely massive, and there is a very great need for these medications," he told Medscape Medical News.

Another physician, Mike Lean, MD, from the University of Liverpool, has a similar view. "Obese people have a real problem, because their appetites are driving them very hard; this is physiology. We've done everything we can with diet, exercise, advice, etc, and we can't beat it," he observed.
But Nadka Boyadjieva, MD, from the Medical University Sofia, an endocrinologist and pharmacologist who was a cochair of the session, argued that she isn't so certain that drugs are of such great importance in the treatment of obesity.

"I trust prophylaxis with diet, lifestyle, and exercise, and for me the 'pill' of exercise is very important," she commented.

And Margaret Ashwell, PhD, a nutritionist and former science director of the British Nutrition Foundation, agrees. "In my time, I've seen so many drugs come and go. I think prevention is so much more important," she told Medscape Medical News.

**Liraglutide: Experience With Diabetes Helps Inform on Safety**

Drs. Wilding and Astrup, who have both been involved in trials of liraglutide for obesity, are hopeful that the long experience with this agent in type 2 diabetes will lead to a smoother approval path for the obesity indication in Europe than is usually the case for agents of this kind.

"We have raised the bar for safety, and when we look at liraglutide, it's already on the market and used in millions of type 2 diabetes patients, and although that's at a lower dose, the safety data are accumulating," Dr. Astrup told Medscape.

And at least liraglutide appears to be "clean" in terms of neuropsychiatric side effects — something that has plagued many previous obesity agents, he noted. Similarly, "in terms of cardiovascular events, all risk factors are moving in the right direction, apart from a small increase in heart rate (2–3 bpm), which I don't think is a matter of concern," he added.

After very many big trials and thousands of patients being through it for many years, liraglutide still looks good.

But he acknowledged that there remains the niggling matter of pancreatitis, which was 3 times more common in patients treated with liraglutide in SCALE compared with placebo. "It's a fact, but quite rare and transient and no fatal cases as far as I know," he observed. Gallbladder disorders were also 3 times more likely to occur in liraglutide treated patients in SCALE, Dr. Wilding reported.

However, "after very many big trials and thousands of patients being through it for many years, liraglutide still looks good. With the previous medications, we didn't
have those kind of large trials, so I think it's justified that we are optimistic," noted Dr. Astrup

**Remarkable Effects of Liraglutide in Some Obese Patients**

Dr. Lean, who has also participated in the liraglutide trials, stressed that while the agent is not a panacea, for some patients — around 30% of those he has used it in — he sees "really remarkable results, and we've learned a lot of things." For example, "taking it by injection is entirely acceptable, the patients like it; in fact, they prefer the injection to taking pills."

He notes also that even the more common nuisance side effects, such as those that are gastrointestinal in nature, have not proven to be a huge barrier. "The nausea and vomiting is very common, but it isn't severe; the patients tolerate it, and they get over it quickly and they are quite happy to carry on," he explained.

And these patients in whom liraglutide is effective "are people who have failed on everything we have ever tried," he adds. "Some of them in my hands have been able to lose 20 and 30 kg, and it has changed their lives completely. Patients with muscular dystrophy who can get up and walk, and leg ulcers, which were intractable, go away once they've lost a chunk of weight."

Some of them in my hands have been able to lose 20 and 30 kg, and it has changed their lives completely.

He is, however, somewhat critical of Novo Nordisk's decision to opt for a higher dose of liraglutide to treat obesity than the one used for type 2 diabetes.

"I think the company has been a bit disingenuous pushing all clinical trials up to 3 mg per day, because some patients can't tolerate it, and that's a shame, because they do very well with a lower dose.

"For some patients, once they are taking 1.2 mg or 1.8 mg, they are losing weight and on top of the problem, so you don't need to go to the higher dose," he observed.

**What Are the Odds of 2 New Obesity Drugs in Europe by Year-end?**
Asking the doctors whether they expect both bupropion/naltrexone and liraglutide to be approved for obesity by the EMA this year, *Medscape Medical News* received a mixed response.

"Obviously, we hope that the licensing authorities will allow [liraglutide] to be used for obesity, but the fear is that because it's expensive [and because they are concerned about side effects] they will either delay it or put very complicated restrictions on it," Dr. Lean said.

He said it is a shame that no one asks the patients what they think, particularly with regard to the potentially more severe, but much rarer, adverse events.

I have stopped making predictions.

"Any drug in obesity is going to be under huge scrutiny for historical reasons; people believe it might have all sorts of hazards, but the pity is no one has asked the patients what level of side effects they would be happy to tolerate. If you could ask them, 'What level of risk are you prepared to accept to take a drug that will help your weight to come down by 10 or 15 kg?' they would all say, 'The benefit for me has been colossal.' "

But that question is never asked, he says. "The regulatory authorities are so proud of the fact they've found an infinitesimal effect of heart disease or something that they then withdraw the drug."

Regarding bupropion/naltrexone, Dr. Lean said he did not have firsthand experience of this combination so did not want to hazard a guess as to what the EMA would decide.

Dr. Wilding said he wasn't sure about the new combination agent, either. "From the data we have seen, bupropion/naltrexone meets the efficacy criteria, and it probably has fewer concerns than, for example, the phentermine/topiramate combination. But it's hard to predict."

Dr. Ashwell told *Medscape Medical News* that the newer drugs awaiting approval in Europe "do seem to have some major side effects...so I have a horrible feeling they will go the same way that so many other [obesity agents] have gone."
Dr. Astrup was perhaps the most circumspect of all. "I have stopped making predictions," he said. "You have 2 agencies [US FDA and EMA] that have essentially the same guidelines, and then you produce a dossier and submit it to both of them. In some cases the US will say yes and the Europeans will reject, and then for other compounds it's the opposite."

Dr. Lean reports advisory-board fees from Novo Nordisk and Vivus; his university received a research contract from Novo Nordisk. Dr. Astrup has received research grants from Novo Nordisk and has served on the advisory boards of BioCare Copenhagen, Dutch Beer Knowledge Institute, Global Dairy Platform, McDonald's, and Pathway Genomics. He has also acted as a consultant to Arena Pharmaceuticals, Basic Research, Gelesis, Novo Nordisk, Orexigen Therapeutics, S-Biotek, Twinlab, and Vivus. He has also received honoraria as a speaker for a wide range of Danish and international concerns and owns shares in Mobile Fitness and is a board member of Dentacon and part owner of patents registered in collaboration with the University of Copenhagen. Dr. Wilding has acted as a consultant to Novo Nordisk and has previously given paid lectures on diabetes and obesity at clinical meetings. He has also worked with a number of other companies developing treatments for diabetes and obesity. Dr. Ashwell is an independent scientific consultant, and her clients include a number of food manufacturers listed on her website. She is also a member of the advisory board of the Global Stevia Institute.


DAILY MAIL


Once-a-day diet jab lets a woman drop two dress sizes: Drug could also cut risk of heart disease, diabetes and Alzheimer's

- Doctors warn diet and exercise alone will not solve UK's obesity crisis
- UK has second highest level of obesity in Europe, figures show
- Waists shrank by two inches, bodies found sugar easy to process

By FIONA MACRAE
PUBLISHED: 00:07, 30 May 2014 | UPDATED: 08:13, 30 May 2014
Revolutionary: The jab, which shaved two inches of waistlines of women during experiments, also helped control blood sugar levels and cut the risk of Alzheimer's.

A dieting jab that can help women drop two dress sizes could be available within a year.

Those taking the drug liraglutide before breakfast each day lost an average of 19lb over 12 months. And a third of women shed 23lb – more than a stone and a half.

Such levels of weight loss can cut the risk of heart disease and other illnesses, as well as improve sleep and quality of life.

The once-a-day jab, which tricks the brain into feeling full, also lowers blood pressure, raises ‘good cholesterol’ and staves off diabetes.

And if that wasn’t enough, there are also tantalising hints that the drug slows the progression of Alzheimer’s disease.

With just one diet drug already approved for use and Britons among the fattest people in Europe, experts say that diet and exercise alone won’t solve the obesity crisis.

However, the new jab will have to be proved to be extremely safe before it is cleared for use. Price will also be a crucial factor if it is to be prescribed on the NHS.

The impressive potential benefits of liraglutide were unveiled at the European Congress on Obesity in Sofia, as concern mounts that Britain is losing the fight against flab.

Around two-thirds of women are overweight or obese and, shockingly, a study this week showed British girls are the fattest in Europe.

Being obese can knock up to nine years off a person’s life and raise the risk of a host of health problems including diabetes, heart disease, stroke and some cancers.

The treatment of obesity-related illnesses costs the NHS more than £5billion a year, with millions more lost to the economy in sick leave.

Researchers in 27 countries, including the UK, tested liraglutide on almost 4,000 overweight and obese men and women.

They injected themselves once a day for a year – with some subjects taking a placebo – and all those taking part watched what they ate and exercised. Some two-thirds of those taking liraglutide lost at least 5 per cent of their weight, while a third shed at least 10 per cent.

For a 14st woman, this would equate to around a stone and a half – or two dress sizes.

Waists shrank by an average of two inches, levels of harmful blood fats also fell and the body found it easier to process sugar.
There was also a drop in blood pressure, while some of the patients on the cusp of diabetes will be tracked for three years to see if the medicine cuts their odds of developing the full-blown disease. Liraglutide’s maker, Danish firm Novo Nordisk, already sells the drug to treat diabetes and is wasting no time in trying to get it approved as a weight-loss medicine. It works by acting like an appetite hormone, known as GLP1, which is made by the gut and tells the brain when we have eaten enough. However, whereas GLP1 is broken down within minutes of being produced, liraglutide stays in the body for hours, tricking the brain into thinking a person is fuller for longer. Orlistat, the only other diet drug prescribed in Britain, works by stopping the body from absorbing some of the fat in food. Novo Nordisk has applied to the EU regulator and, if liraglutide is declared safe and effective, it could be prescribed within a year. Like all drugs, it is not without side-effects, with nausea being the most common. Professor John Wilding, a Liverpool University expert who led the latest trial, said drugs can help when diet and exercise fail. ‘One of the problems when people diet is that they become more hungry and their body is always trying to take them back to their previous weight,’ he said. ‘Drugs help people lose a greater amount of weight in the short-term and help them maintain that weight loss long-term.’

TELEGRAPH.CO.UK


By Claire Carter
An injection that tricks the brain into feeling full and could help dieters lose a stone may be available within a year.

The jab could help Britain deal with the obesity crisis after it was revealed that British girls are the fattest in Europe.

The National Institute of Health and Care Excellence (Nice) has also recommended slimming classes be prescribed on the NHS for two thirds of the population to deal with Britain's obesity crisis.

The jab, used once a day, could help women drop two dress sizes.

It uses the drug liraglutide, which tricks the brain into feeling full, lowers blood pressure, staves off diabetes and could slow the progression of Alzheimer’s, the Daily Mail reported.

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  The benefits of liraglutide were unveiled at the European Congress on Obesity in Sofia, which heard that those taking the drug before breakfast each day lost an average of 19lb in the course of a year. A third of women lost 23lb in weight.

  Researchers tested the drug on 4,000 obese men and women for 12 months. Around two thirds lost a least five per cent of their weight and a third shed at least 10 per cent – which equates to dropping two dress sizes for a 14st woman.

  They also found those who took the drug found it easier to process sugar and had lower blood pressure. Waists also shrunk by two inches.

  Novo Nordisk, a Danish firm which manufactures the drug, already sells it to treat diabetes.

  But it will have to be proved extremely safe as well as cost effective before it is offered on the NHS.
It works by acting like an appetite hormone which stays in the body for hours, convincing the brain the body is full.

TOP NEWS NEW ZEALAND

http://topnews.net.nz/content/232920-diet-shot-could-help-you-lose-stone

In the coming one year's time a shot that fools the mind into feeling satiated and could help weight watchers lose a stone. The injection could assist Britain handle the problem of obesity after it was uncovered that British young ladies are the fattest in Europe.

The injection, utilized once a day, could help ladies drop two dress sizes. The National Institute of Health and Care Excellence (Nice) has additionally proposed thinning classes be endorsed on the NHS for two thirds of the populace to manage Britain's emergency of obesity.

The Daily Mail reported that it utilizes the medication liraglutide, which makes the brain feel full bringing down the blood pressure, fights off diabetes and could also reduce the movement of Alzheimer's.

Liraglutide advantages were uncovered at the European Congress on Obesity in Sofia, which heard that those taking the medication before breakfast every day lost a normal of 19lb over the span of a year. A third of ladies lost 23lb in weight. Scientists tried the medication on 4,000 fat men and women for 12 months.

Around two thirds lost five percent of their weight and a third shed no less than 10 percent.

ECO: Liraglutide Effective As Adjunct for Weight Loss

Last Updated: May 30, 2014.
Liraglutide is effective as an adjunct to diet and exercise for weight loss in overweight and obese adults, according to a study presented at the annual European Congress on Obesity, held from May 28 to 31 in Sofia, Bulgaria.

FRIDAY, May 30, 2014 (HealthDay News) -- Liraglutide is effective as an adjunct to diet and exercise for weight loss in overweight and obese adults, according to a study presented at the annual European Congress on Obesity, held from May 28 to 31 in Sofia, Bulgaria.

John Wilding, D.M., from the University of Liverpool in the United Kingdom, and colleagues examined the 56-week efficacy and safety of 3.0 mg liraglutide as an adjunct to diet and exercise. A total of 3,731 overweight and obese adults (mean age, 45.1 years) without type 2 diabetes were randomized in a 2:1 ratio to once-daily subcutaneous liraglutide or placebo plus diet and exercise.

The researchers found that, on all weight loss-related parameters, liraglutide was superior to placebo. In addition, liraglutide improved glycemia, blood pressure, and lipids. Pre-treatment prediabetes status and body mass index did not impact weight loss. Early-onset nausea and diarrhea were the most common adverse events with liraglutide, but most events were mild/moderate and transient. Gallbladder disorders and pancreatitis occurred more frequently with liraglutide than placebo. In both groups, the adverse event withdrawal was less than 10 percent. The safety profile was consistent with that of prior trials with liraglutide.

"Liraglutide 3.0 mg, as adjunct to diet and exercise, was efficacious and generally well tolerated," the authors note in a concluding statement.

One author disclosed financial ties to Novo Nordisk, which funded the study and manufactures liraglutide.

HEALTH.COM


By Steven Reinberg

HealthDay Reporter
THURSDAY, June 02, 2014 (HealthDay News) — The diabetes drug liraglutide (Victoza) may help obese people without the disease lose weight, a new study suggests.

In this test of its effectiveness as a diet aid, people taking Victoza for over a year lost an average of 8 percent of their body weight, compared with 2.6 percent shed by those taking a placebo (dummy drug), researchers found.

“Liraglutide, an injection treatment already approved for diabetes treatment, can help reduce body weight in people with obesity when used at a higher dose than is usually used in diabetes,” said lead researcher Dr. John Wilding, head of the department of obesity and endocrinology at the University of Liverpool in England.

“These results suggest liraglutide is effective and overall well-tolerated for obesity treatment,” he said.

Although this study didn’t compare Victoza with other weight loss drugs, Wilding said that a previous study showed Victoza could produce about twice as much weight loss as another drug, orlistat (Xenical).

Xenical works by reducing the amount of fat the intestines can absorb. People taking Xenical lose an average of five to seven pounds, studies have shown.

Victoza works by lowering blood sugar.

The results of the study were scheduled for presentation Thursday at the European Congress on Obesity in Sofia, Bulgaria. Data and conclusions presented at meetings are usually considered preliminary until published in a peer-reviewed medical journal.

Dr. David Katz, director of the Yale University Prevention Research Center in New Haven, Conn., wasn’t surprised by the findings. “A number of drugs used to treat type 2 diabetes tend to produce weight loss as one of their effects,” said Katz, who was not involved in the study.

This is predictable because the insulin resistance that precedes and often accompanies type 2 diabetes results in frequent hunger and weight gain. Lowering blood sugar results in weight loss, he said.
Whether Victoza improves long-term weight management or leads to better health outcomes over years when used for weight loss is unknown, he said.

“But for now, Victoza takes its place alongside other drugs studied initially for diabetes, but [found to be] potentially useful for weight loss as well,” Katz said.

“Such drugs will never replace diet and physical activity, but may prove a reasonable addition to lifestyle intervention in some patients,” Katz added.

For the study, Wilding and colleagues randomly selected 3,731 obese and overweight adults to take daily injections of Victoza or a placebo. The participants’ average age was 45.

People in both groups also followed a diet containing 500 fewer calories than a normal diet. And they had to increase physical activity by walking briskly for 30 minutes at least five times a week.

Many participants (61 percent) had blood sugar levels that made them prediabetics, but none had full-blown type 2 diabetes, the researchers note.

The researchers found that almost two-thirds of those taking Victoza lost 5 percent or more of their body weight, and one-third lost 10 percent or more. Among those taking the placebo, 27 percent lost 5 percent of their body weight or more, and one in 10 lost 10 percent or more.

People taking Victoza also saw a drop in their blood sugar, blood pressure and cholesterol, the study found.

Based on these phase 3 trial findings, drug maker Novo Nordisk is asking the U.S. Food and Drug Administration to approve Victoza for weight loss. Phase 3 is the final step in the drug-approval process.

The most common side effects were nausea and diarrhea. Most of these were mild and short-lived, the researchers said.
Gallbladder and pancreas problems (pancreatitis) were more common among those taking Victoza, but the numbers were small. About 10 percent of the participants in both groups left the study because of side effects.

Wilding has served as a consultant to Novo Nordisk, which funded the study.

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**Supermarket foods, low fat version sometimes containing more calories than full fat – Matthew Capehorn**

(note a correction was issued to remove Activia cherry from Danone from this list after it was discovered this was an error on the ASDA supermarket website)

DAILY MAIL

http://www.dailymail.co.uk/health/article-2643644/Many-low-fat-foods-SAME-calories-regular-equivalents-added-sugar-say-researchers.html

Many low-fat foods 'have SAME amount of calories as regular equivalents due to added sugar'

- Study shows one in ten low-fat foods has more or same calories as regular
- Manufacturers often use sugar to boost the taste of lower-fat foodstuffs
- Rotherham Institute for Obesity gives findings to European obesity congress
- Institute’s Dr Matthew Capehorn says dieters should read nutritional info

By HARRIET ARKELL
PUBLISHED: 09:55, 30 May 2014 | UPDATED: 01:10, 2 June 2014

Dieters choosing low-fat foods in the hope of cutting calories should beware: they can contain even more calories than regular foods, research has found.

A new study found that while most low-fat supermarket products contain a third fewer calories than their regular fat version, ten per cent actually have more or the same calories, mainly due to added sugars.

Obesity specialist Dr Matthew Capehorn said weight-conscious shoppers should realise that choosing low-fat products made by brands including Weight Watchers could hamper their efforts to cut calories.
Low-fat bread and other foods can contain more calories than their regular counterparts, research shows

The study by the Rotherham Institute for Obesity, where Dr Capehorn is clinical director, found that Weight Watchers wholemeal thick slice bread had more calories than any own label, regular fat equivalent, while Weight Watchers sliced cheese also had more calories than own label equivalents.

**REGULAR VS DIET - HOW THEY COMPARE**

- Weight Watchers wholemeal thick slice bread had more calories than any own label, regular fat equivalent.
- Weight Watchers sliced cheese also had more calories than own label equivalents.
- **Asda natural low-fat yoghurt had more calories than Asda natural yoghurt.**
- Birdseye light and crunchy breaded chicken had more calories than Birdseye crispy chicken.
- **Asda own brand low fat Italian dressing had more fat than the regular fat alternative.**

It also found that Asda natural low-fat yoghurt had more calories than Asda natural yoghurt and Birdseye light and crunchy breaded chicken had more calories than Birdseye crispy chicken.

Often, extra sugar was added to boost the taste of the lower-fat foods.

Dr Capehorn said: 'Low-fat foods do appear on average to help reduce calorie intake...however appropriate food choices may still require reading nutritional information on the food labels, as ten per cent of low fat foods still have more calories, and 40 per cent have more sugar, than their regular fat counterparts.'
He began the study to establish whether low-fat versions of products were nutritionally healthier than their regular counterparts, mainly in terms of sugar and overall calories.

Of the ten most popular UK supermarkets, four provided enough information online for researchers to complete the study in November: Sainsbury's, Asda, Waitrose and Tesco.

Fat, sugar and calorie content for any low fat food that had a directly comparable regular fat product made by the same brand were recorded.

Of 62 products that matched these criteria found in the four supermarkets, 56 low-fat products had fewer calories, and on average overall the low-fat products had 31 per cent less calories.

However, ten per cent of low fat foods analysed still had more or the same calories than the regular fat version, while 37 of the 62 products (60 per cent) had less sugar than the regular fat alternatives.

One low-fat product, Asda own brand low fat Italian dressing, had more fat than the regular fat alternative.

An example of where there was an obvious calorie saving with the lower fat version was Benecol light spread, which saved 216 kcals/100g compared with Benecol buttery spread.

Weight Watchers said it was redeveloping its wholemeal thick sliced bread after research found it had more calories than any ‘own label’ supermarket brand.

A spokesperson said: ‘Weight Watchers continues to strive to provide customers with high quality Weight Watchers Foods and we are constantly evolving our products to ensure this.

‘As such, we are redeveloping the Weight Watchers Thick Sliced Wholemeal Bread to ensure it is the best choice for our consumers.’

The findings by the Rotherham Institute for Obesity were presented at the European Congress on Obesity (ECO) in Sofia, Bulgaria, yesterday.

YORKSHIRE POST, UK

http://www.yorkshirepost.co.uk/news/main-topics/general-news/nutritional-information-needed-online-to-crack-obesity-epidemic-1-6644210

Nutritional information needed online to crack obesity epidemic
SUPERMARKETS should provide more nutritional information on their websites to stop weight-conscious shoppers making unhealthy choices, an obesity expert has warned.

A new study by experts at Rotherham Institute for Obesity (RIO) found that while most low fat supermarket products contain a third fewer calories, one in ten contain more or the same than full fat versions mainly due to added sugars.

But of the ten most popular UK supermarkets examined, just four provided online shopping facilities with nutritional information - which RIO director Dr Matthew Capehorn branded “disturbing” and misleading for shoppers.

Dr Capehorn said: “We have around 2,000 referrals a year and find that a large majority of these patients have misconceptions about how to lose weight, one being they will lose weight if they eat low fat food.

“Restricting calories is more important for weight loss than fat or sugar intake. Overall our findings were positive, but when ten per cent of ‘low fat’ foods have higher calories, then people can make mistakes.

“It’s also disturbing that only four of the ten supermarkets provided nutritional information online, If you’re shopping, you can pick up an item and read the label but without that information online you cannot make an informed choice.”

Researchers from the Rotherham institute, which is funded by the local authority, looked at foods such as bread, cheese and yoghurt on sale online by Sainsbury’s, Asda, Waitrose and Tesco in November last year.

Fat, sugar and calorie content for any low fat food that had a directly comparable regular fat product made by the same brand were recorded and analysed.

Of the 62 products examined, 56 of the low fat versions had fewer calories, and on average 31 per cent less calories.

But 10 per cent had more or the same amount of calories as the regular fat alternative.

One low fat branded product, an Asda Italian salad dressing, even had more fat than the regular fat alternative.

Dr Capehorn will present the research at the European Congress of Obesity in Sofia, Bulgaria, today.
He will also speak on a report which showed that markers used to determine the success of weight loss programmes may be wrongly labelling patients as failures, when increased muscle mass, for example, means that their weight stays stable despite sometimes large drops in body fat.

Obesity patients’ success should be measured on “the bigger picture” rather than simply on their weight at the end of the programme, Dr Capehorn said.

“All the measure we have got, such as weight and BMI, are tools we can use to see if people are heading in the right direction, but without an amount of detail we can wrongly label people as not making progress when actually they are a lot healthier,” he said.

Research from Spain showed that people who eat more than two portions of white bread a day are at 40 per cent increased risk of being overweight or obese compared with those who ate very little white bread. The findings, by the University of Navarra, were also presented at the conference. The researchers followed early 1,000 graduates over five years and found no obesity links with whole grain bread.

DAILY TELEGRAPH

http://www.telegraph.co.uk/health/healthnews/10862272/Weightwatchers-foods-higher-in-calories-than-standard-ones.html

Weightwatchers foods higher in calories than standard ones
WeightWatchers bread and cheese contain more calories than standard products, study finds as it reveals one in ten low fat products have more calories than full-fat equivalents

The study revealed in 40 per cent of cases, lower fat meant more sugar Photo: ALAMY

By Rebecca Smith, Medical Editor
7:33AM BST 30 May 2014

5 Comments
Weightwatchers bread and cheese contain more calories than standard own brand alternatives despite claims from the company that its products aid slimming, a study has found.
Researchers found that one in ten so-called 'low fat' foods contained the same or more calories than their standard equivalents, warning shoppers to check the labels. One, Asda own brand low fat Italian dressing had more fat than Asda standard Italian dressing, it was found.

The findings are embarrassing as it follows recommendations by the National Institute for Health and Care Excellence that overweight and obese people be 'prescribed' weight management courses through Weightwatchers and Slimming World in a bid to combat the nation's obesity crisis. The study also found that 40 per cent of low fat foods contained more sugar than the standard products, as it is often used as a replacement for fat to ensure taste remains acceptable.

Sugar has been labelled as 'toxic' and some experts have called for a sugar tax to combat the obesity epidemic. The findings, presented at the European Congress on Obesity, were based on 62 products from four major supermarkets.

Lead author, Dr Matthew Capehorn, of the Rotherham Institute for Obesity, Rotherham, said: "Weightwatchers was the biggest disappointment of this study. "People who are trying to lose weight are drawn to Weightwatchers' products, and will be even more so now that the National Institute for Health and Care Excellence has recommended their programme. "People don't realise that their products may contain more calories than standard products. "It is very naughty of Weightwatchers, they advertise as helping with weight loss, you would expect them to have fewer calories. "We looked at Weightwatchers bread and cheese but suspect other products may be higher in calories too."

He added that substituting sugar for fat in diet or low fat foods has been done for a long time and many people will have been fooled into buying them thinking they were improving their health, he said.

"In 40 per cent of cases low fat meant high sugar. A lot of people are trying to demonise sugar. "We shouldn't be avoiding sugar altogether, we shouldn't avoid any one food group it is overall calories we need to worry about when we are trying to lose weight. "The take home message for people is to read the labels and don't assume that low fat or diet foods are lower in calories."

He added that with more people shopping online it was vital the nutritional information was available to shoppers, as he said six in ten supermarkets did not provide this to online shoppers.
The researchers looked at the nutritional content of 62 products in November from Sainsbury's, Asda, Waitrose and Tesco. They found that 56 low fat products had fewer calories, on average 31 per cent fewer calories than their standard counterparts.

A Weight Watchers spokesman said: "We strive to provide customers with high quality foods and we are constantly evolving our products to ensure this. "As such, we are redeveloping the Weight Watchers Thick Sliced Wholemeal Bread to ensure it is the best choice for our consumers. We believe the nutritional values quoted for Weight Watchers cheese are incorrect. The Weight Watchers Reduced Fat Mature Cheese Slices contain significantly lower calories and less fat per 100g than all standard Cheddar Cheese slices."

The results showed:
- Asda natural low fat yoghurt had more calories than Asda natural yoghurt
- Birdseye light and crunchy breaded chicken had more calories than Birdseye crispy chicken
- Sainsbury’s low fat custard had the same calories as Sainsbury’s custard
- Weight Watchers wholemeal thick slice bread had more calories than any own label (eg Tesco) wholemeal thick slice bread
- Weight Watchers sliced cheese had more calories than any own brand (eg Tesco) sliced cheese
- Benecol light spread, which saved 216 kcals/100g compared with Benecol buttery spread
- Asda own brand low fat Italian dressing, which had more fat than the Asda own brand Italian dressing

THE VOICE OF RUSSIA, RADIO CHANNEL


New research indicates that one in 10 low fat products available on the shelves of Britain's supermarkets can be at least as fattening as regular full fat versions. A new study being presented at the European Congress on Obesity found that 10 per cent of low fat foods have more calories than their fatty counterparts and almost half of them contain more sugar. VoR’s Tim Walklate spoke to Dr
Matthew Capehorn, director of the Rotherham Institute for Obesity and lead author of the study.

“What my team did was looked at the UK supermarkets that provided nutritional information on their online shopping websites. We looked at the low fat products that had a comparable regular fat alternative to see whether they were healthier for you and what we actually found was that although overall, low fat products do have on average 31 per cent less calories, which is good for weight loss, unfortunately one in ten of those products have more fat than the regular fat alternatives, and 40 per cent have more sugar. So if we’re not careful about what food choices we make, it can shoot us in the foot if we’re trying to lose weight.”

So what’s this down to? You mentioned 40 per cent have more sugar, is it simply that these low fat products are replacing the fat with sugar, or are there other components?

“It certainly looks the situation where the manufacturer of these products take the fat out because for decades we’ve been told we must be eating less fat because it leads to cardiovascular disease, but that must in some way reduce the flavour, and they need to replace that flavour in some way, and they do so by adding more sugar. Now of course we’ve got organisations like Action on Sugar, raising awareness about how sugar isn’t particularly food for us, we have too much of it, so it leaves the consumer not knowing what to do.”

A lot of people buy low fat because they think that its low calorie. Do you think that’s the case?

“Absolutely, and that’s what led to this study at the Rotherham Institute for Obesity. We’re the biggest obesity centre in the UK based in primary care and we get 2000 referrals a year. But what we find is they have incorrect preconceptions about weight loss and they come to us thinking that one of the things that they need to do to lose weight is to eat less fat.

“That might be one little part of it, but as this study shows that if they do eat low fat, if they get the wrong low fat product, they could be having more calories than they would have done otherwise.”

So how do you educate people about these preconceptions because some people would argue that buying low fat custard, for example, doesn’t exactly scream “I’m healthy”?

“That’s right, and that’s one thing we need to explain to patients when they come to our centre, the difference between eating healthy, and eating for weight loss.

“You can eat a perfectly nutritionally balanced diet, with the perfect mix of protein, fat, sugar, dairy products, vegetables, salads, but if you eat too many calories worth of it, you’ll put weight on.

“Similarly, although it’s not what we’d recommend, you could eat a very unhealthy diet full of junk food, but if you have fewer calories than your body needs, you will lose weight. So for weight loss it’s the calories that matter, and the nutritional balance does matter for health, but that should come later.”

Would you advocate consumption of low fat products such as these as part of a healthy diet?

“Yes, if it’s part of a healthy diet, than low fat products are a very good idea, but we don’t want patients to just pick up a low fat product automatically assuming that’s going to have less calories. As we’ve seen, as many as one in ten may not have, and so we need them to get into the habit of looking at the food labels, and if they don’t know how to read a food label, seek help from a healthcare professional who can teach them.”

There’s been a lot out in the British media with regards to obesity, do you think that people worldwide need to think a bit more carefully about their diets and having a balanced diet?

“If we’re talking worldwide, we’ve got to take into account countries where they’re undernourished and malnourished, but if we just focus on the overweight and obese populations, obviously one way that they can address it, is by addressing portion control.

“That’s easier said than done, certainly in the western world, when we quite often eat when we’re not really hungry. So there’re lots of different factors, one big study found there were over 100 different factors in why we end up putting weight on and unless we tackle all of them, we won’t really tackle the obesity epidemic at all.”

SOME low-fat supermarket products – several of which are on sale here – contain more calories than the food's ordinary full-fat version.

Also in this section

Children from broken homes 'more likely to become obese'

21,000 drop health insurance in first quarter of year

Ten ways to be brilliant every day

1 Flat Belly Tip
Lose A Stone of Belly Fat With This 1 Weird Old Tip
badnews.co

3 veggies keeping you fat
If you never eat these 3 veggies, You will burn belly fat every day
www.beyonddiet.com

Most low-fat products have a third fewer calories, yet one in 10 had more or the same calories than alternatives.

A study which will be presented to a major conference on obesity today mostly looked at products in UK-based supermarket chains such as Sainsbury's and Asda but some of the products are on sale in Irish stores such as Tesco.

For instance Birdseye light and crunchy breaded chicken had more calories than Birdseye crispy chicken. Weight Watchers wholemeal thick slice bread had more calories than the Tesco own label product.

Weight Watchers sliced cheese also has more calories than any own brand sliced cheese, the findings presented to the European Congress on Obesity reveals.

The study, carried out by researchers including Dr Matthew Capehorn, Rotherham Institute for Obesity in the UK, set out to establish whether these low-fat versions were nutritionally healthier, mainly in terms of sugar and overall calories.
The researchers analysed the fat, sugar and calorie content for any low-fat food that had a directly comparable regular fat product made by the same brand.

In the case of 62 products found in four supermarkets, some 56 low-fat products had fewer calories.

And overall the low-fat products had on average 31pc less calories.

However, 10pc of low-fat foods analysed still had more or the same calories than the regular fat version.

One low fat product, Asda own brand low-fat Italian dressing, had more fat than the regular fat alternative.

The authors advised: "Low-fat foods do appear on average to help reduce calorie intake and therefore may be encouraged as part of a weight loss strategy.

"However, appropriate food choices may still require reading nutritional information on the food labels as 10pc of low-fat foods still have more calories, and 40pc have more sugar, than their regular fat counterparts."

THE AUSTRALIAN, NATIONAL NEWSPAPER, AUSTRALIA


Extra sugar in low-fat foods

OLIVER MOODY
THE TIMES
MAY 31, 2014 12:00AM

WEIGHT-CONSCIOUS shoppers have been urged to read the small print on low-fat products after a study found that two-fifths contained more sugar than their regular equivalents.

Researchers in Rotherham in Britain found that several of the low-fat foods in four supermarkets had at least as many calories as full-fat equivalents.

Matthew Capehorn, a GP and the clinical director of the Rotherham Institute for Obesity, said that products from companies including
Weight Watchers had turned out to be far less healthy than expected. Dr Capehorn said many thought “all they need to do to lose weight is eat low-fat food”.

His team said that five of the 62 diet foods they examined, including yoghurt, custard and cheese, were as calorific as regular competitors.

Presenting their paper at the European Congress on Obesity yesterday, they singled out British supermarket chain Sainsbury’s low-fat custard and Birds Eye’s light and crunchy breaded chicken as foods in which the calorie count was higher than in the products they were supposed to replace.

They also said Weight Watchers’ wholemeal thick-sliced bread and its sliced cheese were more calorific than any of the supermarket own-brand equivalents they studied.

“It’s completely counterintuitive,” said Dr Capehorn.

“Products that are lower in fat don’t necessarily mean that you’re going to be consuming fewer calories.”

In many cases the manufacturers used extra sugar to make up for the loss of taste when fat was cut down.

On average, however, low-fat foods had 31 per cent fewer calories than the regular brands but the team said “10 per cent of low-fat foods still have more calories, and 40 per cent have more sugar, than their regular fat counterparts”.

Also yesterday, researchers said that sleeping with too much light in the room increases the risk of obesity in women.

Greater exposure to light at night raised both body mass index and waist size in more than 113,000 women taking part in the British study, scientists found.

The Breakthrough Generations Study followed the women for 40 years in an attempt to identify root causes of breast cancer. Obesity is a known risk factor for the disease.
Anthony Swerdlow, from The Institute of Cancer Research in London, said: “The associations we saw in our study between light exposure at night and obesity are very intriguing.

“The results open up an interesting direction for research.”

THE TIMES (UK) : BLOCKED BY FIREWALL BUT APPEARED FRI 30 MAY

http://www.thetimes.co.uk/tto/health/diet-fitness/article4103592.ece

White bread and obesity: Professor Miguel Martinez-Gonzalez

BBC WORLD SERVICE

Interviewed at 4am UK time/6am Sofia Friday 30 May, broadcast worldwide

BBC RADIO FIVE LIVE, UK

Interviewed 5am UK time/7 am Sofia time Friday 30 May

DAILY TELEGRAPH, UK

http://www.telegraph.co.uk/health/healthnews/10862512/Three-slices-of-white-bread-a-day-linked-to-obesity.html

People who eat three slices of white bread a day are more likely to be overweight or obese, a study has found.

Researchers in Spain found graduates who ate three slices of white bread per day were 40 per cent more likely to be obese or overweight five years later when compared with people who ate it once a week.

The findings were presented at the European Congress on Obesity in Sofia, Bulgaria.

There was no link with obesity and wholemeal bread consumption, the researcher said, as this may because of the fibre and complex carbohydrate content which makes people feel fuller for longer.

The team carried out a 136-item food questionnaire among 9,267 Spanish university graduates and followed them up for an average of five years, calculating their weight gain over time.
They found that total bread consumption was not linked with obesity but when they looked at people who ate only white bread, it was found that those who ate two or more portions per day, or 60g, were 40 per cent more likely to be overweight or obese five years later compared with those who had one portion or less per week.

The research may suggest that people who eat a lot of white bread have more unhealthy diets overall.

Lead author Professor Miguel Martinez-Gonzalez from University of Navarra, said: "Refined grains such as white bread start to taste sweet in the mouth almost as soon as you eat it, that is the starch being broken down into sugar. "It is this feeling that leaves you wanting more. When white bread is a staple food, eating at one or two main meals a day then this is a lot of extra calories on a daily basis. "The message is clear, go for wholegrains instead of white bread when eating your meals."

He said there was no link with obesity and wholegrain bread found in the study, and the general trend suggested that eating wholegrain bread may protect against obesity. This was because wholegrain bread contains more fibre, vitamins and minerals and the carbohydrate is broken down and absorbed more slowly, he said.

**DAILY MAIL, UK**

http://www.dailymail.co.uk/health/article-2643399/Struggling-shift-rolls-fat-White-bread-blame.html

**Struggling to shift your rolls of fat? White bread may be to blame**

- Three slices a day raise the odds of becoming overweight by half
- Meanwhile, wholegrain bread does not lead to any weight gain at all

By FIONA MACRAE
PUBLISHED: 00:55, 30 May 2014 | UPDATED: 10:29, 30 May 2014

Just three slices of white bread a day raise the odds of becoming overweight or obese by almost half, a large-scale study found. Wholegrain bread, however, doesn’t lead to weight gain, the European Congress on Obesity, in Sofia, Bulgaria heard. The researchers, from the University of Navarra in Spain, tracked the weight of almost 10,000 people for five years. They found that those who ate 120g or more of white bread a day were 40 per cent more likely to pile on the pounds than those who ate 60g a week or less.
As one slice of bread roughly weighs 40g, just three pieces could put someone in the danger zone.

The finding will dismay the millions of Britons who regularly start the day with two slices of white toast – and then have a sandwich for lunch. Nearly 12 million loaves of bread are sold in the UK each day - and nearly three-quarters of those are white.

Wholesome: Wholegrain bread, however, doesn’t lead to weight gain
The weight gain seen couldn’t be explained by the white bread lovers having a less healthy die in general.
Instead, it is thought that lack of satiety-inducing fibre and the high sugar content in it takes its toll on the waistline.
Professor Jason Halford, chairman of the UK Association for the Study of Obesity, said: ‘I would say white bread is a concern because it is generally lower in useful nutrients such as fibre and it can contain added sugar and sometimes contains higher levels of salt.’

THE INDEPENDENT, UK


Eat wholegrain – white bread makes you fat, warns study
Eating three or four slices of white bread per day puts you at a 40 per cent higher risk of becoming overweight or obese than eating just one portion a week, Spanish researchers have claimed.

In a study presented at the European Congress on Obesity, those who ate two 60 gram portions of white bread every day were at a significantly higher risk than those who had lower consumption.
The report’s author, nutritional expert Professor Miguel Martinez-Gonzalez of the University of Navarra, said that the findings made a strong case for people who eat bread with most meals to turn to wholegrain to cut their risk of gaining weight and harming their health.

Researchers studied the diets of more than 9,000 Spanish university graduates to assess the impact on a population where bread is a major part of the diet.

Those who ate more bread overall were not statistically more likely to become overweight or obese, but researchers did notice a higher risk for those who ate large amounts of white bread, compared to others whose consumption was small, or who ate only wholegrain bread.

“The issue is that white bread is made with highly refined flour which is rapidly absorbed as sugar,” said Professor Martinez-Gonzalez. “Essentially it is equivalent to a high consumption of sugar. The problem is similar to what we see with soft drinks, their sugars are rapidly transformed into fat an organism.”

White breads also lose their fibre content during the refining process, Professor Martinez-Gonzalez said.

“A sensible recommendation would be to switch to wholegrain bread, especially for people who usually consume a lot of bread,” he added.

The health benefits, or otherwise, of white bread has been a controversial issue for some time. Previous research has suggested a link between diets high in white bread consumption and an increased risk of heart disease. However, a paper by the British Nutrition Foundation two years ago maintained that white bread contained essential vitamins and was healthy.

THE TIMES UK

‘White bread is like a bomb of sugar’ protected by firewall
http://www.thetimes.co.uk/tto/health/diet-fitness/article4103509.ece

THE TIMES OF INDIA


LONDON: People who eat more than two portions of white bread daily are at 40% increased risk of being obese compared with those with its low consumption,
a research presented at the ongoing European Congress on Obesity has found.

In this study, researchers aimed to evaluate relationship between white and whole grain bread, and weight change in Spain where white bread is a major part of the diet.

The researchers followed 9,267 Spanish university graduates for a mean period of five years. Dietary habits at baseline were assessed using a validated 136-item food frequency questionnaire. Average yearly weight change was evaluated according to categories of bread consumption.

They assessed the association between bread consumption and the incidence of obesity using modeling to adjust for variables that could influence the results.

The data showed total bread (white bread and whole-grain bread together) was not associated with higher weight gain.

By contrast, white bread consumption only was directly associated with a higher risk of becoming obese.

WEB MD


Could White Bread Be Making You Fat?
Risk of obesity higher with 2 or more portions daily, researchers say

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WebMD News from HealthDay

By Robert Preidt

HealthDay Reporter

FRIDAY, May 30, 2014 (HealthDay News) -- If you're watching your weight, you may have to watch your white bread consumption, too.

When white bread is a diet staple, you may be more likely to become overweight or obese than if you favor whole grain bread, according to a new study.
Researchers tracked the eating habits and weight of more than 9,200 Spanish university graduates for an average of five years.

Participants who ate both white and whole grain breads were not at increased risk for weight gain. But those who ate only white bread and had two or more portions of white bread a day were 40 percent more likely to become overweight or obese than those who ate less than one portion of white bread a week, according to the study authors.

There was no significant link between eating whole grain bread only and becoming overweight or obese. This may be because of the types of carbohydrates, fiber content and other ingredients in whole grain bread, according to Miguel Martinez-Gonzalez, a professor at the University of Navarra in Spain, and colleagues.

"Consumption of white bread [of] two portions per day or more showed a significant direct association with the risk of becoming overweight or obese," they concluded.

The study was scheduled for presentation Friday at the European Congress on Obesity in Bulgaria. The research doesn't actually show a cause-and-effect relationship between white bread consumption and weight gain, just an association. And study results presented at meetings should be considered preliminary until published in a peer-reviewed medical journal.

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**Pistachios protecting against type 2 diabetes – Dr Mònica Bullo**

**DAILY MAIL**

**How pistachios could help you avoid diabetes: Healthy fats may be beneficial for those on brink of condition**

- The nuts are beneficial for those on cusp of type 2 diabetes, scientists say
- Levels of sugar and insulin fell when test subjects ate 60 nuts per day

By **FIONA MACRAE**

**PUBLISHED: 02:04, 30 May 2014 | UPDATED: 11:03, 30 May 2014**

Eating pistachio nuts could help prevent diabetes, research suggests. Pistachios, which are rich in healthy fats, could be particularly beneficial for those already on the cusp of type 2 diabetes. It is the most common form of the condition and is fuelled by obesity.
Eating pistachio nuts, which are rich in healthy fats, could help prevent diabetes, particularly those on the cusp of type 2 diabetes, according to scientists.

In the Spanish study, 54 people with borderline diabetes were put on a Mediterranean diet for eight months. They ate the same amount of calories all the way through but for half the time they also ate 57g of pistachios - or around 60 of the nuts - a day.

Their weight did not change but blood tests clearly showed that eating pistachios did make a difference.

Most importantly, levels of sugar and the hormone insulin in the blood fell – a sign the body was finding it easier to process the sugar in food.
This should cut the risk of the volunteers going on to develop full-blown diabetes, the European Congress on Obesity in Sofia, Bulgaria, was told.
Researcher Mònica Bulló, of the Rovira i Virgili University in Spain, said it is likely the various health-boosting nutrients in pistachios — including unsaturated fats, fibre, anti-oxidants and carotenoids — combine to make it easier for the body to deal with sugar.
Other benefits included a fall in artery-clogging "bad" cholesterol, the conference in Sofia, Bulgaria heard.
She said that although nuts are thought of as high in fat, the fats are healthy when eaten in moderate amounts.
She advises that people snack on nuts to improve their general health.
The researcher said: 'I advise people to eat more nuts, and pistachios in this case, for everything. 'I would say include a handful in your diet – maybe not every day but when you can.'

However, other experts said more research is needed before we can be sure that pistachios will help with diabetes.
Dr Richard Elliott, of Diabetes UK, said the charity isn't aware any strong evidence to support the claims.
He added: 'What we do know is that the best way to reduce your risk of Type 2 diabetes is to maintain a healthy weight by eating a healthy, balanced diet and by being regularly physically active.'
Despite the dangers, pre-diabetes is symptomless, meaning people will not realise they are at risk until it is too late.

MEDSCAPE


Eating Nuts May Help Pause Path to Type 2 Diabetes

SOFIA, Bulgaria — Eating nuts could help protect against the development of type 2 diabetes in individuals who are already at high risk for the disease, 2 new studies suggest.

Researchers from Spain and the United States reported on the potential benefits of pistachio nuts and almonds, so-called "tree nuts," here at the 2014 European Congress on Obesity.

Mònica Bulló, MD, of the human nutrition unit at Virgili University, Reus, Spain, and senior author on the pistachio study, told Medscape Medical News: "I would advise people to eat a handful of nuts whenever they can."

Her study, conducted in 49 overweight or obese prediabetic subjects, showed that 57 g of pistachios daily for 4 months significantly reduced fasting glucose,
insulin, and insulin resistance. Importantly, there was no change in body weight after eating the nuts.

The other trial, presented in a poster by Sze Yen Tan, PhD, of department of nutrition science, Purdue University, West Lafayette, Indiana, reported on 137 adults at elevated risk for diabetes who were randomized to consume 43 g of almonds per day — either with meals or as a snack — or to no almonds, for 4 weeks.

Those who ate the nuts felt less hungry and fuller than those who didn't, and they had lower postprandial blood glucose levels, without experiencing any weight gain.

Dr. Bulló added that nuts in general have been found to be associated with a reduced risk for coronary heart disease through moderation of LDL cholesterol, triglycerides, and circulating glucose concentrations. And in studies in type 2 diabetes, they have been shown to reduce postmeal glucose and insulin levels, although she admitted findings have been "mixed" in this patient population.

But nuts are, she noted, "a rich, dense food with a healthy lipid profile," and pistachios in particular are rich in antioxidant carotenoids, she added.

However, Dr. Richard Elliott, research communications officer at Diabetes UK, told Medscape Medical News that until full reports of these studies have been published, "We would not be able to make a definitive judgement....We are not aware of any strong evidence that eating nuts reduces the risk of type 2 diabetes."

**Potential Protective Role of Pistachios**

Despite the prior work on nuts, no previous study has evaluated the effect of nuts in prediabetes, which Dr. Bulló told a press briefing here is "a silent disease," indicating blood glucose levels in the range of 100 to 125 mg/dL, associated comorbidities, and an increased mortality risk.

In the study, reported at the meeting by her colleague Pablo Hernández-Alonso, MD, also of Virgili University, 54 overweight or obese prediabetic people were randomly assigned to a control diet or a pistachios diet (57 g daily, around a "handful" of nuts, said Dr. Bulló) for 4 months. They then had a 2-week washout period before crossing over to the alternative diet for another 4 months, so the individuals effectively acted as their own controls.
The diets were designed to be isocaloric and modified according to each individual's weight: the amount of calories varied from 1900 to 2500 per day, depending on the weight of the person.

Both diets were Mediterranean in nature, and the control diet used olive oil in place of pistachios — the diets did not differ in the amount of saturated fatty acids and cholesterol content. At baseline and then monthly, anthropometric measurements were taken, blood pressure was measured, and physical activity was assessed. Blood samples were also collected at the beginning and end of each intervention period to look at hemostatic, inflammatory, oxidative, and related metabolic risk markers.

There were no statistically significant changes in body mass index (BMI) between intervention periods, but fasting glucose, insulin, and insulin-resistance markers decreased significantly after the pistachio diet compared with the control diet ($P < .001$).

There were nonsignificant decreases in HbA$_1c$ and serum-LDL cholesterol levels; the latter became significant when 5 participants who dropped out for personal reasons were excluded from the analysis.

Other metabolic risk markers such as fibrinogen, glucagonlike peptide-1 (GLP-1), oxidized LDL, and platelet factor-4 all showed a statistically significant decrease after the pistachio diet compared with control diet ($P < .05$).

"Regular consumption of pistachios could decrease insulin resistance, thus suggesting a potential protective role for pistachio consumption against development of type 2 diabetes," Dr. Bulló concluded.

**Almonds Get in on the Action Too, but Are Best as a Snack**

Meanwhile, in the almond study, 137 adults at elevated risk of diabetes (BMI 27–35 or normal weight with a family history of diabetes) were randomized to 1 of 3 groups: 43 g per day of almonds (approximately 250 calories) with breakfast or lunch; 43 g of almonds alone as a morning or afternoon snack; or no almonds; for 4 weeks.

Those who ate the almonds felt less hungry and fuller than those who did not consume them; these effects were most noticeable when the almonds were eaten as a snack. Similarly, although almond consumption led to lower blood
glucose, this reduction was significant only among those who ate the nuts as a snack.

Adding almonds to the usual diet for 4 weeks did not alter body weight or any other anthropometric measures compared with the control group. The lipid profile of those who consumed the nuts did not improve, however, "possibly because participants were generally healthy and normal-cholesterolemic," said Dr. Tan.

Dr. Tan noted that the US Department of Agriculture recommends the inclusion of about 43 g of nuts per day as part of a healthy diet.

"Overall," he concluded, "inclusion of 43 g of almonds into a daily diet, especially as snacks, may help to moderate glycemia without promoting weight gain."

Dr. Bulló’s study was funded by the Western Pistachios Association (United States) and Paramount Farms, but none of the funding sources played a role in the design, collection, analysis, or interpretation of the data, and she said neither she nor her colleagues receive any honoraria from these sources. Dr. Tan's study was funded by the Almond Board of California.


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Prunes do not adversely affect weight management programmes: Professor Jason Halford

DAILY MAIL

http://www.dailymail.co.uk/health/article-2643715/Could-PRUNES-key-successful-slimming-Study-finds-make-dieting-easier-suppressing-appetite.html

Could PRUNES be the key to successful slimming? Study finds they make dieting easier by suppressing appetite

- Dieters are usually told to avoid dried fruit because it contains a lot of sugar
- But, those who eat prunes lose more weight than those who do not
- This is because the fibre in the fruit makes dieters feel fuller for longer

By FIONA MACRAE
PUBLISHED: 10:11, 30 May 2014 | UPDATED: 12:48, 30 May 2014

A handful of prunes twice a day could keep hunger at bay.
Slimmers who snacked on them lost weight – despite dieters normally being told to eat sugar-laden dried fruit sparingly. What is more, eating prunes may actually make dieting easier by suppressing appetite.

Eating just two handfuls of prunes a day can help a person lose weight, new research suggests. However, if you want to try it for yourself, you are advised to start with small amounts to minimise stomach problems the fruit is famous for. Liverpool University researchers tracked the weight and appetite of 100 overweight and obese men and women who were given comprehensive dieting advice. Half were also given prunes to snack on.

The men were asked to eat 170g a day, around 15 prunes, and the women 140g, or a dozen or so, prunes. The high sugar concentration in dried fruit means slimmers are usually told to limit themselves to just 30g a day. Both groups of slimmers lost around 4lb of weight and an inch off their waistlines over three months. However, weight loss seemed to speed up in the prune group towards the end of the study. Plus, they felt fuller – likely because of the large amount of fibre in the fruit, the European Congress on Obesity in Sofia, heard. Researcher Jo Harrold said that despite prunes’ reputation for causing digestive problems, they were well tolerated. Colleague Jason Halford said that it seems the appetite-suppressing effects of prunes outweighs any damage done by their sugar content. He thinks that other dried fruit, such as raisins, is likely to be similarly beneficial. Professor Halford, who received funding from the California Prune Board, said: ‘One of the biggest problems with dieting is that it makes you hungry. ‘This doesn’t necessarily mean that prunes are the new weight loss miracle but they don’t undermine dieting.’ He added that eating more dried fruit could make it easier for people to meet the health target of five portions of fruit and vegetables a day. Dried fruit is also easy to carry around.

FOOD NAVIGATOR, USA

Displaying calorie counts on menu boards at fast food outlets has little influence on the behaviour of poorer people, according to new research.

NSW introduced mandatory kilojoule labelling at fast food restaurants in 2011 and the ACT and South Australia introduced their own schemes in 2012.

Researchers from the Baker IDI Heart and Diabetes Institute in Melbourne reviewed 10 previous studies on the impact of menu labelling schemes on disadvantaged populations. All but one of these reported menu labelling produced no reduction in the number of foods purchased or calories consumed. Of eight studies that compared the impact of menu labelling across different socioeconomic groups, four found a greater impact on wealthier people than poorer people.

"Based on the limited evidence, it seems unlikely that mandatory menu energy labelling alone will have a direct benefit in low income populations. Whether it will in fact increase socioeconomic disparities in overweight and obesity is unclear and further evidence on different contexts and regions is needed," said study author Danja Sarink, who this week presented the findings at the European Congress on Obesity in Sofia, Bulgaria.

In Australia as in other developed countries, rates of obesity are highest among the lowest socioeconomic status groups.

Anna Peeters, the head of the Baker IDI Heart and Diabetes Institute's obesity and population health unit, said the findings did not undermine the case for such labelling schemes, because they changed the behaviour of some consumers and created incentives for food companies to reformulate their products to make them healthier, which benefited everyone.
But she said the findings underlined the need for additional strategies to reach people who had difficulty interpreting nutritional information, such as those from non-English speaking backgrounds and those with poor numeracy.

Professor Peeters said the findings strengthened the case for simpler labelling schemes such as the proposed healthy star rating scheme for packaged foods, in which foods would be allocated between 1/2 a star and 5 stars based on their nutritional content.

Separate research published this week in the journal *Lancet* showed almost 30 per cent of Australian adults are obese, while as many again are merely overweight.

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**SATURDAY 31 MAY**

**Yoghurt, fruit and Mediterranean diet protecting against obesity – Professor Miguel Martinez-Gonzalez**

**DAILY TELEGRAPH, UK**


**Eating high fat yogurt lowers risk of obesity**

Eating full fat yogurt daily can reduce the risk of obesity by almost a fifth, research has suggested.

By **Rebecca Smith**, Medical Editor

7:45AM BST 31 May 2014

Eating full-fat yogurt daily could help you lose weight faster than eating low fat yogurt, surprising new research has shown.

People who ate at least one small 125g pot of full fat yogurt a day were 19 per cent less likely to be obese compared to those who ate less than two pots a week. However, eating low fat yogurt did not appear to have any impact on the risk of obesity. Experts believe this may be due to the extra sugar added to low fat versions.
The effects were most marked in people who already ate a healthy Mediterranean diet, high in fish, vegetables and olive oil. In this group those who ate one pot of yogurt per day were 25 per cent less likely to be obese than those who ate two pots a week without the Mediterranean diet.

Professor Miguel Martinez-Gonzalez, University of Navarra, Spain, said: "Yogurt it just one food and cannot counterbalance an overall unhealthy diet. "But for people with good adherence to a Mediterranean diet then yogurt provided an additional benefit. "The results are probably a result of people eating yogurt, particularly with fruit, instead of creamy, high fat desserts. "Yogurt also modifies the gut bacteria which can have a beneficial effect on overall health."

The findings were presented at the European Congress on Obesity in Sofia, Bulgaria.

Overall, people who ate at least one small pot of yogurt per day were 12 per cent less likely to be obese compared with people who ate less than two pots a week. Low-fat yogurt consumption was not found to reduce obesity risk and this may be due to the higher sugar content or that people who are already overweight switch to low-fat products, skewing the finding.

The research was based on a subsample of 8,516 men and women who were initially a healthy weight. They were followed up for more than six years, during which time 1860 were identified as overweight or obese.

The greatest effect of yogurt on obesity was found in people who ate full fat yogurt and a rich Mediterranean diet who were 36 per cent less likely to be obese than those who did not eat yogurt often and did not follow the Mediterranean diet.

A diet high in yogurt and fruit was linked with a 21 per cent lower risk of obesity, it was found.

Registered dietitian, Jennifer Low, spokesman for The British Dietetic Association, said: "If someone is choosing yogurt and fruit over cake and ice cream of course they are more likely to be able to keep their weight under control. "You need to be careful with the type of yogurt you choose as some low fat yogurts contain 14g or 15g of sugar per 100g. If you stick to natural unsweetened yogurt you are getting half the sugar. "The Mediterranean diet has been shown to be beneficial for our health in lots of ways, it is very low in sugar, low in processed food, high in salads, vegetables and healthy fats. "If people are eating healthily overall in a moderate portion size it is not going to matter if they choose wholemilk yogurt."
"Eating small amount and feel satisfied and enjoy your food is better than eating a low fat yogurt, not feeling satisfied and then turn to biscuits and chocolate."

DAILY EXPRESS, UK


**Mediterranean diet of high-fat yogurt ‘keeps you slim’**

EATING plenty of high-fat yogurt could be the key to staying slim, scientists revealed last night.

By: Sarah Westcott

Published: Sat, May 31, 2014

In a somewhat surprising finding, the latest study concludes that whole-fat yogurt helps keep the pounds off more effectively than low-fat yogurt.

And if you eat a lot of yogurt in combination with a Mediterranean diet you could cut your risk of obesity by 36 per cent.

The reason nutritionists say whole-fat yogurts are healthier is that so-called “diet” yogurts can be loaded with sugars and additives to make them taste good.

Eating yogurt sporadically does not appear to do much good, however. You need to consume at least a 150g pot every day. Those eating low-fat yogurts can reduce their risk of obesity by 12 per cent. But choose whole-fat yogurt instead and you cut your chances of becoming fat by 19 per cent.

Consuming yogurt in combination with other healthy foods is an even better defence. If you eat a lot of fruit with whole fat yogurt you can reduce your risk of obesity by 22 per cent.

And if people eat yogurt every day and combine it with a Mediterranean diet – lots of fish, fruit and vegetables and whole grains – it does even more to help fight obesity.
Eating any kind of yogurt with this diet can reduce your obesity risk by 25 per cent, but once high-fat yogurt is introduced to the mix this soars to 36 per cent.

The latest study was presented at the European Congress on Obesity in Bulgaria.

Researchers examined 8,516 men and women of normal weight over two years, focusing on their consumption of yogurt.

Study leader Professor Miguel Martinez-Gonzalez, of the University of Navarra in Spain, called for more research, adding: “The association between whole-fat yogurt and obesity was somewhat unexpected.

“We cannot fully explain the mechanism. The observation that low-fat yogurt consumption was not associated with a reduced risk of obesity can be attributed to the high sugar content of low-fat yogurt.”

He went on: “The other reason could be the modification of bacteria in the gut.

“Lactobacillus and other good bacteria found in yogurt may promote less inflammation which is associated with obesity.”

Yogurts with a combination of strains of lactobacillus and bifidobacteria have long been known to help create a balance of “good” and “bad” bacteria in the gut, which aids metabolism and digestion.

Prof Martinez-Gonzalez added: “High yogurt consumption was associated with lower risk of obesity during follow-up, especially in those participants with a high adherence to the Mediterranean diet or high fruit consumption.”

Yogurt has long been hailed for its health benefits and is a staple of diets across Mediterranean countries such as France, Spain, Italy and Greece.

High in calcium and protein, yogurt reduces the appetite for longer than sugary foods.

Results from previous studies looking at the link between yogurt consumption and the risk of obesity have been inconsistent.

DAILY MAIL, UK


Want to stay slim? Try eating a full-fat yoghurt every day (and the effects are even greater if a Mediterranean diet is followed)
Study found that low-fat yoghurt can include added sugar
A woman who eat one pot of full-fat yoghurt a day were less likely to put on weight
Researchers claim that natural yoghurt is the healthiest option

Read more: http://www.dailymail.co.uk/news/article-2644385/Want-slim-Try-eating-fat-yoghurt-day-effects-greater-Mediterranean-diet-followed.html#ixzz33mPaXPnW
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A large-scale study found that men and women who ate at least one pot of yoghurt each day were less likely to pile on the pounds than others.

Researcher Miguel Martinez-Gonzalez said that the simple food may be one of the best for keeping slim.

However, it seems that only the full-fat variety protects against weight gain.

Low-fat yoghurt, despite often being perceived as healthier, did nothing for the waistline, the European Congress on Obesity in Sofia, Bulgaria heard.

Dr Martinez-Gonzalez tracked the weight of more than 8,500 Spanish men and women for almost seven years.

All were very slim at the start of the study and all filled in a questionnaire about their lives and diet – including how often they ate yoghurt.

By the end of the study, more than a fifth had put on so much weight that they were classed as obese.

Analysis showed that those who had at least a pot of whole yoghurt a day were 19 per cent less likely to fall into that category than those who ate it less than twice a week.

One simple explanation for this is that people who regularly eat yoghurt have it as a dessert and so eat fewer sweet puddings than others.

The second possibility is that the bacteria in yoghurt replace bugs in our stomachs that would normally pump out obesity-fuelling toxins.

However, only whole yoghurt does the trick, the University of Navarra study found.

Researchers found that low-fat yoghurt is not a great way of losing weight as many products have added sugar to sweeten them.

Dr Martinez-Gonzalez said the benefits of low-fat yoghurt may be cancelled out by it being more sugary than normal.

Alternatively, people who are worried they are getting fat may be more likely to buy low-fat yoghurt.

In any case, yoghurt doesn’t contain a high amount of fat – and we eat it in small amounts.

The study showed the benefits of eating yoghurt are even greater when a Mediterranean diet is also followed.

Dr Martinez-Gonzalez particularly recommends fruit and says it is important people don’t stop having fruit for dessert because they are having yoghurt.

His study didn’t differentiate between different types of yoghurt, other than whole and low fat.

However, others advise avoiding sugary, flavoured versions and sticking to natural yoghurt.

Mike Lean, professor of human nutrition at Glasgow University, said: ‘Yoghurt is not a miracle food – it has been around thousands and thousands of years.

‘It has a small effect on the bugs in the gut but it’s not magic.’

THE TIMES, UK

http://www.thetimes.co.uk/tto/health/diet-fitness/article4104977.ece

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Children who eat breakfast and dinner with parents less likely to be obese: Dr Froydis Vik
Children who regularly eat meals with their parents less likely to become obese (... but in Britain fewer than half of families eat together)

- Children who eat breakfast with at least one parent are 40 percent less likely to be obese
- Having dinner together with a parent reduces childhood obesity by 30 percent
- Researchers studied the eating habits of almost 8,000 boys and girls across Europe

By FIONA MACRAE, SCIENCE CORRESPONDENT

Families that eat together stay slim together.
A study found that children who regularly sit down to breakfast or dinner with their parents are thinner than those who eat alone.
The finding is important because fat children tend to become fat adults and obesity can knock up to a decade of life, as well as raise the odds of a host of illnesses.
In Britain, fewer than half of families routinely eat together.
Experts said that family meals tend to be healthier than those eaten alone.
Parents that eat with their children may also have more time to spend with them in general.

Norwegian researchers collected information on the eating habits of almost 8,000 boys and girls from eight countries across Europe.
The youngsters, who were aged between ten and 12, were also weighed and measured.
The results showed that children who ate breakfast with at least one parent at least five times a week were 40 per cent less likely to be overweight than others.
Family breakfasts cut the odds of being overweight by 30 per cent, the European Congress on Obesity in Sofia, Bulgaria heard.
Surprisingly, family lunches had the opposite effect.
However, the researchers, from the University of Agder in Norway, said this may be a rogue result caused by the many different lunching practices across Europe muddying the picture.
For instance, Norwegian schools don’t have canteens, so children take their food in with them, while youngsters in Greece tend to go home for lunch.

Researchers found that children who ate family meal with their parents were 30 percent less likely to be obese.
Researcher Dr Frøydis Vik said: ‘The results show that having family meals, such as breakfast and dinner may be of importance to a healthy weight status of children.
‘Children and adolescents with obesity have a greater risk of also being obese as adults.
‘And since it is really difficult to lose weight and lose weight on a permanent basis, it is really difficult to prevent becoming overweight in the first place.’
Dr Gavin Sandercock of the University of Essex, said that just 48 per cent of British families regularly eat together.
He said that family meals give parents a control what their child is eating and teach them about the value of good nutrition.
Eating together may also be a sign that parents have time to spend with their children and that they set rules on things like bedtime that benefit health.
Research has also shown that happier families eat together.
Dr Sandercock said: ‘It could be as simple as if you eat together, you have healthier, home-cooked food.’
THE TIMES, UK

http://www.thetimes.co.uk/tto/science/article4105259.ece

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