Cambridge™ Weight Plan (HK)

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Obesity related news digest

Health Matters

LOSING WEIGHT, GAINING MOBILITY

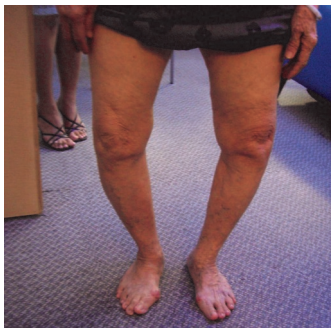
As any Hong Konger with young children will know; our town is a place of steps. Avoiding them is akin to winning the Lottery - an almost impossible dream. And as older people will also attest, climbing them gets harder with the passing years.

This is not surprising when you consider that the pressure going through the patella when climbing up and down stairs is up to 3.5 times our body weight. The amount of weight we carry, therefore, is vital. To illustrate: when a person weighing 120 lbs walks down the stairs, a force of 420 lbs goes through the patella. Just 5 lbs excess weight (or 17.5 lbs extra pressure) is significant; and the problem is compounded, as the pounds increase.

It has been known for some time that women with a BMI of >30 are up to *four times more likely* to have osteoarthritis than those with BMI < 25. More recent studies have revealed that people who are overweight before age forty, (when osteoarthritis of the knee joints is rare), have a far greater likelihood of developing the condition in their senior years (age >70). [2] Worse, a BMI of <25 puts you at an even higher risk of having bilateral osteoarthritis of the knees, as opposed to the unilateral disease that is more often connected to previous knee injuries).[3]

Fortunately, the solution is often in our own hands. A study by Felson, et al, where women were weighed twice a year for forty years, revealed that losing weight (for women with a BMI of 25 or above) lowered the risk of developing knee osteoarthritis by over 50%.[4]

Men have also been shown to have lower, but still significant reduction in risk. Men who lost enough weight to reduce their BMI from >30 to a BMI of 26 to 29.9 also reduced their risk of osteoarthritis by 21.4 percent. *Cont. p 2*



Bowing caused by severe bilateral osteoarthritis of the knees

Women with a BMI of >30 are almost four times more likely to have osteoarthritis than women with a BMI of < 25

ABOUT THE CAMBRIDGE WEIGHT PLAN™

WHAT IT IS

- Nutritionally balanced
- Developed by medical
- professionals
- Research based
- Suitable for diabetics
- Supervised by consultants
- Effective
- Safe

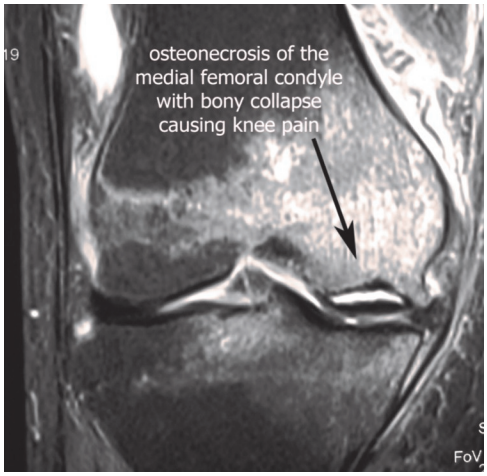
WHAT IT IS NOT

- Just a Very Low Calorie Diet (VLCD)
- A fad diet
- Only for women
- Only for the very overweight
- Available unsupervised.

LOSING WEIGHT, GAINING MOBILITY CONT...

In the aetiology of female osteoarthritis of the knees, weight is the most significant known factor. In males, major knee trauma remains the primary cause, with excess weight coming in second.

This has led researchers to the intuitive and inevitable conclusion that we need to respond to the strong, positive link between weight gain and osteoarthritis by changing our diet and lifestyle in order to lose weight. and gain mobility.



Severe osteoarthritis flattening the medial femoral condyle and causing osteonecrosis (bone death).

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JEAN'S STORY: HOW ONE WOMAN GOT HER LIFE BACK

Jean was astounded at how much weight her friend had lost on the Cambridge Weight Plan™

It was 2009 and Jean was in trouble. Due to her weight and an ongoing, painful knee problem, walking had become increasingly difficult, as had standing from a sitting position – her prognosis was poor. Around this time she learned of the relationship between weight gain and knee pressure. This made her more aware of the devastating effect that her weight was having on her body and more fearful for her future.

As all this was unfolding, an old friend passing through Hong Kong, came to visit. Jean was astounded at how much weight her friend had lost on the Cambridge Weight Plan™ and how much her friend's health had improved.

At the same time, Jean was advised to lose weight by the specialist treating her for her physical condition and the emotional trauma it was causing. This combination of professional advice, physical and emotional distress, and seeing a friend who had achieved her own health goals, galvanized Jean into action. She went onto the web and found Cambridge UK, but it was not *Cont. p 3*

OBSTRUCTIVE SLEEP APNOEA

Sleep Apnoea occurs when breathing is repeatedly interrupted during sleep. The most common form is *Obstructive Sleep Apnoea (OSA),* in which the pharyngeal muscles intermittently collapse, blocking the airway during sleep and causing hypoxia.

OSA is recognised as a serious, and potentially life-threatening, problem,. The most noticeable sign of the disorder, though, is snoring, which is more likely to annoy than to create fear.

Known to be a risk factor for serious health problems, including hypertension, atrial fibrillation, coronary artery disease, and stroke, untreated OSA is significantly related to reduced vitality, social functioning, psychological wellbeing, and

increased mortality. [1] It has also been shown that OSA most commonly affects overweight / obese middle-aged and older adults. [2]

Until recently, there has been little empirical support for the idea that weight loss will improve OSA. However, there is increasing evidence of a positive link between weight loss and reduction in OSA symptoms in obese patients.

Of considerable concern, are findings that suggest a positive relationship between OSA induced fractured sleep and intermittent hypoxaemia, and the development of insulin resistance *Cont. p 3*

JEAN'S STORY: HOW ONE WOMAN GOT HER LIFE BACK CONT...

available in Hong Kong at the time. The UK company explained to Jean that they did not send products out, as Cambridge is a supervised, consultant-led weight loss programme, with the consultant being key to success. A little disheartened, she started yet another diet regimen, one of the many partial successes and failures over many years.

Having resigned herself to "going it alone" she was surprised soon after to receive a phone call from Sarah Armstrong, who was to become the first distributor for Cambridge Hong Kong. Sarah offered to take Jean on as her first client, starting on 1 April, 2009. Since then, Jean tells us,

> *I have never looked back.. Every week I would meet with Sarah who guided me through the good times and the bad ... and by August I had shed most of my unwanted pounds.*

The first few days were hard and the hunger pangs made Jean wonder if it was worth it. But not having to make decisions as to what and when to eat made life easier – the only choices were which flavour of soup or shake to choose [In the early days, there were no bars and ready meals]. These were easy to prepare and Jean's confidence and self-esteem, which had reached rock bottom, began to improve.

It was not too difficult going out for dinner, attending weddings and official functions and keeping on the programme. Sarah's encouragement and her continuing guidance helped Jean to stick to the plan; as Jean says, "*I couldn't have done it on my own*".

Seeing the kilos drop away each week became a great motivation and personal issues became easier to manage. As her dress size fell it was wonderful to wear new clothes with pride and throw away the "mumsy" clothes she had been wearing previously.

Through following the Cambridge Plan Jean discovered food allergies and intolerances that she now manages, and learned to rely on herself, rather than on others. She now "Eats to Live, rather than Living to Eat", and is no longer afraid of her relationship with food.

After losing 27kg (60lbs) and dropping to a UK dress size 10, Jean now enjoys travelling, with smaller size clothes taking up less space in her suitcase and being able to comfortably sit in any seat on the aeroplane.

Most importantly, her health and energy levels have improved tremendously and she no longer needs major knee surgery. By losing weight Jean says that she has, "*gained freedom, lost pain, and can walk normally*". She can even run up and down stairs. Jean's world continues to open up with new opportunities, including the opportunity to become a fully trained and accredited consultant, helping others gain optimum health with Cambridge Weight Plan™.

"Not having to make decisions as to what and when to eat made life easier - the only choices were which flavour of soup or shake."

This story was re-told by Gillian Kew, with Jean's permission.

OBSTRUCTIVE SLEEP APNOEA CONT...

" [F]indings suggest a positive relationship between OSA induced fractured sleep and the development of insulin resistance and glucose intolerance, leading to Type 2 Diabetes."

and glucose intolerance, resulting in Type 2 Diabetes. The reverse may also be true, i.e. Type 2 Diabetes may be a factor in the development of OSA. Further research is needed in this area. [3]

Treatment Modalities

Continuous positive airway pressure therapy (CPAP) has been shown to be very effective in treating sleep apnoea. During sleep, a mask is worn over the nose, which allows a gentle stream of air from a blower to flow into the throat, thus preventing airway collapse. Although this treatment has been successful in reducing symptoms in many patients it only deals with the physiological problem.

Recent research, however, offers some hope that ***weight reduction,*** either alone, or in combination with CPAP, may be the answer.

Meta-analysis [4] by Araghi et al., of 20 peer-review studies, concluded that weight loss through lifestyle and dietary interventions results in improvements in the Apnoea-Hypoapnoea Index (AHI) and the Oxygen Desaturation Index (ODI), the two parameters of OSA.

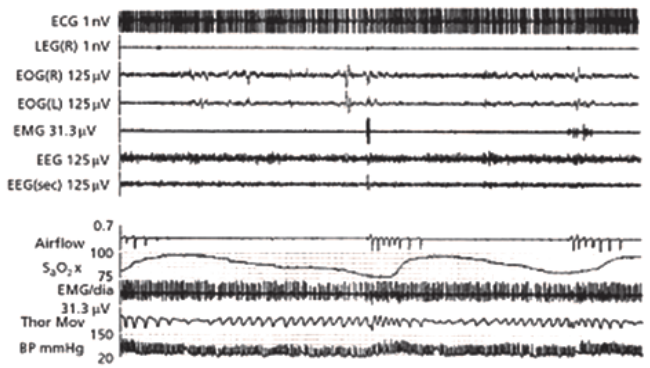
Other studies have revealed that weight reduction of as little as 10% has reduced the symptoms for some people. [5] Although these results need confirmation through further studies, they *Cont. p 4*

OBSTRUCTIVE SLEEP APNOEA cont...

indicate that losing weight may lead to a reduction in symptoms.

Until recently, OSA has been treated through medical and surgical interventions, including the use of oral devices, removal of tonsils and adenoids, and even reconstructive mandibular surgery. These, often painful, procedures have had a checkered record of success, though.

It would appear, therefore, that losing weight should be the first step for overweight or obese Obstructive Sleep Apnoea sufferers. Such weight loss may improve their condition and lower their risk factors for other obesity-related conditions.



Tracing of typical severe OSA. Obstructive apnoeas indicated by intermittent cessation of airflow and continued respiratory effort. Repetitive falls I oxygen saturation ($Sa0_2$) follow each apnoea. Blood pressure rises (systolic, >50mmHg; diastolic, >25mmHg) at the end of an apnoea.

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WHAT IS CAMBRIDGE WEIGHT PLAN™?

Cambridge Weight Plan™ (formerly, the Cambridge Diet) is a nutritionally balanced formula food available as shakes, soups, bars, and porridges. Trained Consultants work to deliver effective weight-loss and maintenance.

The original plan was developed by Dr Alan Howard as a Very Low Calorie Diet (VLCD) for rapid, safe, weight loss prior to surgery. About twelve years ago the diet evolved into a more flexible series of dietary energy intake levels (1500, 1200, 1000, 810, 615, and 415kcal/d, allowing titration of energy intake against the client or patient's response.

The "diet" has since been re-named, "The Cambridge Weight Plan™" to reflect this greater flexibility. This remarkably precise titration process (precise because it includes formula food products rather than non-formula foods alone) can be applied with a stepwise reduction or increase of energy intake according to need.

VLCDs (Also known as VLEDs - Very Low Energy Diets) give the most effective weight losses but sometimes a part formula and part food diet can achieve remarkable weight loss. Dietary adherence tends to be reduced at the higher energy intake levels and clients tend to be more hungry but energy intake levels above 800kcal per day also give good results. The gradually accumulating scientific literature on the efficacy of VLCDs indicates that it is highly likely that the potential applications of VLCDs and part-food, part formula food low-energy diets (LCDs above 800kcalsper day) will be more widely appreciated.

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