

Health Matters

Mid-life Crisis: Menopausal Weight Gain



Obesity is a serious, global problem affecting all ages and both sexes. In Hong Kong, the “Behavioural Risk Factor Survey” 2012, revealed that 36.6% of the adult population was overweight, including 18.8% classified as obese. 27.8% of women aged 18 to 65 were classified as overweight or obese.

As we age, both men and women have a tendency to gain weight, mostly because of lifestyle factors that include eating richer foods and taking less exercise. The problem is compounded for women, however, when these changes coincide with the onset of menopause. Many women are also shocked to find themselves gaining weight, even though they have not changed the way they eat, drink, and exercise. This weight

gain increases the risk for women of developing metabolic syndrome, which is a combination of type 2 diabetes, hypertension, hypercholesterolemia, and obesity. In addition, the risk of developing, breast, colon, or one of the gynaecological cancers increases.

In 2010, the International Journal of Obesity reported that women gain an average of 12lbs (5.4kg) within eight years after menopause. It is not just the pounds that are the problem, though; even women who manage to keep the *pounds* off have a problem keeping the *inches* off, particularly around the waist. This is mainly due to the reduction in oestrogen during and after menopause, which causes more fat to be stored in the central abdominal area than

on the thighs and hips. The correlation between central adiposity and cardiovascular disease is well known, so it can be assumed that post-menopausal women who gain weight are at increased risk to their cardiovascular health.

A 2013 study, co-authored by the USA’s Mayo Clinic, revealed that the fall in oestrogen levels that occurs at menopause potentiates the ability of menopausal women’s fat cells to store fat and slows down the speed at which stored fat in the cells is burned off. Fat becomes the unwelcome gate crasher ruining the party and staging its own “sit-in”! Another study demonstrated a positive relationship between an increase in BMI and “hot flushes”.

The fall in oestrogen allows menopausal women’s fat cells to store more fat and causes the stored fat to be burned off more slowly



Continued overleaf

10 THINGS YOU NEED TO KNOW ABOUT CAMBRIDGE WEIGHT PLAN[®]

1. It is a nutritionally balanced, research-based weight management programme developed by medical professionals
2. It is suitable for diabetics
3. It is supervised by trained and accredited consultants
4. It works
5. It is safe
6. It is **NOT** Just a Very Low Calorie Diet (VLCD)
7. It is **NOT** A fad diet
8. It is **NOT** just for women
9. It is **NOT** just for the very overweight
10. It is **NOT** available unsupervised.

Mid-life Crisis: Menopausal Weight Gain

If all this isn't enough, we cannot ignore menopausal sleep deprivation. As stated by Eichling et al (2005), this is one of the "hallmarks" of menopause, which can exacerbate any pre-existing sleep disorders and is a significant factor in women's depression. We already know that sleep deprivation can lead to weight gain, so this double burden of menopause and sleep deprivation represents even greater risk to women's health.

The odds are clearly stacked high against menopausal women trying to maintain a healthy weight and sense of self. Despite their efforts, women going through meno-

pause often lose their "shape" and succumb to "middle aged spread". For this group of women, the standard advice to "eat less, move more" has a hollow ring to it. It is important that healthcare professionals understand that these women face a double burden of age related weight gain and hormone related fat re-distribution. We all need to offer this group of women wanting to lose or maintain weight, extra support and encouragement as they face extra hurdles in pursuing their goals.

Selected Bibliography

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CAMBRIDGE WEIGHT PLAN (HK) SLIMMER OF THE YEAR: TRACY GREASLEY

In ten years of travel, there were only five photographs with Tracy in them!

As a busy wife, mother, and business woman, Tracy's weight was the least of her worries. She didn't feel that she had the time to look into diet and fitness programmes and was well aware of the diet failure rates. Like many women she thought that her weight gain was a natural part of growing older.

It was not until she was looking through family photographs to create a "memory book" for her daughter,

that she noticed something amiss. Despite their amazing travels and experiences over the previous ten years, there were only five family photographs with Tracy in them. She had avoided being photographed because of her increasing size and decreasing self-confidence. Tracy was shocked and saddened, and she reflected on what had happened to her in the years following her daughter's birth.

Running a business is stressful, and Tracy had endured her fair share of sleepless nights. Her family had moved home twice, and with a young child in tow, and this had taken its toll. To compound the problem, Tracy had fractured her pelvis whilst on a riding holiday. This meant months in a wheelchair, until she was able to walk properly again.

Although Tracy could see why

ARTIFICIAL SWEETENERS: THE FACTS

Whether your goal is cutting calories or eating healthier, sugar substitutes and artificial sweeteners can help you to reach it. *Artificial Sweeteners* are *non-nutritive* sweeteners that provide no carbohydrates and virtually no calories, whereas *sugar substitutes*, are *nutritive* sweeteners containing sugar alcohols. (*Note: sugar substitutes are not discussed in this article*).

Artificial Sweeteners are sometimes called *intense* sweeteners because they are much sweeter than table sugar (sucrose) They

are widely used in manufactured foods, drinks, and confectionary, and are also sold for home use, for direct sweetening of beverages and (usually in combination with sugar substitutes and bulking agents) for use in home cooking and pre-prepared "diet" baking mixes, etc). In addition to their near-calorie-free status they help to reduce tooth decay and aid diabetic control, as (being carbohydrate-free) they exert no effect on blood sugar.

Since Constantine Fahlberg discovered the first artificial

sweetener, *saccharin*, in 1879, they have been both deified, as a way to "have your cake and eat it" and vilified, as cancer-causing, chemical demons.

The Three Most Common Artificial Sweeteners: Saccharin

In the 1970s the Food and Drug Administration (FDA), who set Acceptable Daily Consumption (ADI) limits for the USA, reacted to research linking saccharin with bladder cancer in rats, by labelling the product as

hazardous to health. Follow-up research, however, disproved these findings and satisfied the FDA that saccharin was "generally recognized as safe" (GRAS). (*The ADI is the maximum amount considered safe to consume each day; approx. 100 times less than the smallest amount that might cause health concerns*).

Aspartame (Equal[®], NutraSweet[®]) Intensively researched, aspartame is permitted for use in more than 100

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she had put everything else above her own health needs, the impact of her weight gain and low self-esteem was glaringly obvious. It saddened her to think that her daughter would not be able to revisit fond family memories and see her mother there; all because Tracy had been in denial and had not prioritised her health. She was forced to acknowledge the likelihood that her excess weight was contributing to the further, degenerative effects of the spinal damage that her accident had caused. She did not want to end up back in a wheelchair; she decided to take action.

Tracy remembered reading the inspirational story of someone who had lost weight using Cambridge Weight Plan. The Plan seemed refreshingly simple and straight-forward, so, after a little research, she contacted a consultant. During the first consultation, it became clear to her that "This was going to be the perfect solution for me".

The shakes and soups fitted seamlessly into Tracy's busy work schedule and she felt safe in the knowledge that her body was getting all of the nutrients it needed. In the first week she lost a substantial amount and knew that she was on the road to success. The weight loss continued and Tracy was buoyed by each weigh-in. Even when an unrelated medical problem saw her briefly confined to hospital, she found her conviction in the benefits of Cambridge reinforced by the positive responses of health professionals.

In eight months Tracy reached her target – just in time for her daughter's school graduation ceremony and the first of many family photos to come. As she plans the next family holiday adventure, Tracy is thrilled at just how much having a new body opens up a new world of activities and destinations that she previously would never have considered. Not only is

she now excited by the thought of new experiences, but she is also delighted at being able to share the experiences with future generations of her family.

Addendum – Tracy lost 25.4 kg over a period of 8 months, a loss of around 1- 2 lbs per week under the supervision of her accredited Cambridge (HK) Consultant, Tara Johnson.

Tracy before and after following Cambridge Weight Plan®



Tracy ... felt safe in the knowledge that her body was getting all of the nutrients it needed.



ARTIFICIAL SWEETENERS: THE FACTS

countries. It is made up of two naturally occurring amino acids, aspartic acid and the methyl ester form of phenylalanine, which yield 4 calories per gram. These amino acids help to maintain healthy proteins and the proper functioning of the endocrine and nervous systems. They are found naturally in legumes, some nuts and seeds, eggs, meat, and some fish. Phenylalanine is also found in the breast milk of mammals.

At around 200 times sweeter than sugar, one calorie's worth of aspartame (1.9g) has the same

sweetening power as almost 160 calories (40g) of sugar.

The safety of aspartame was reaffirmed in December 2013 by the European Food Safety Authority (EFSA) following extensive research by more than 200 authors, including the USA's National Cancer Institute (NCI), which debunked claims that aspartame causes cancer, seizures, and other health problems. Moreover, research conducted by the Academy of Nutrition and Dietetics in the USA also demonstrated that aspartame does

not, in itself, increase appetite or food intake.

Benefits of aspartame include: no lingering aftertaste; it intensifies other flavours; it is not metabolized by the body; it is sodium-free, and it has a long shelf life. Like all low- and no-calorie sweeteners, aspartame is suitable for diabetics and does not promote tooth decay.

However, aspartame poses one known risk factor: those suffering from the rare genetic disorder, phenylketonuria

(PKU) are unable to metabolise phenylalanine and must limit foods containing phenylalanine, including meat, fish, dairy, and eggs. In most modern countries, babies are screened for PKU (the Guthrie test, where blood from the heel is tested). Signs of PKU include hyperactivity, tonic / clonic spasms and seizures, leading, if diet is not managed, to severe learning disabilities and retardation.

As aspartame contains phenylketonuria, all products containing aspartame must be avoided,

ARTIFICIAL SWEETENERS: THE FACTS

Sucralose (Splenda®)

Discovered in 1976 by British researchers, this zero-calorie sweetener is 600 times sweeter than table sugar (sucrose). Sucralose is created by replacing three hydrogen-oxygen groups on a sucrose molecule with three chlorine atoms. Like aspartame, sucralose is used in a broad range of manufactured foods and beverages, and as a tabletop sweetener. It is permitted in eighty countries around the globe.

More than a hundred studies have been conducted over a 20-year period, including assessments for cancer, genetic damage, reproduction and fertility,

birth defects, immunology, central nervous system, and metabolic assessments. No health concerns have been identified.

Use of sucralose is approved by leading authorities around the world, including, the FDA, the Joint FAO/WHO Expert Committee on Food Additives (JECFA), the European Commission's Scientific Committee on Food, and the Food Standards Authority of Australia /New Zealand.

The ADI for sucralose set by the FDA is 5 mg /kg body weight, so a 150-pound (68 kg) person can safely consume 340 mg of sucralose every day over his or her lifetime without adverse effects (approx. 60 tsp). Most ingested

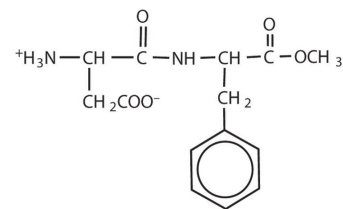
sucralose passes through the digestive system unchanged: a very small amount is absorbed and rapidly eliminated in urine.

Artificial sweeteners are a boon to anyone wanting to lose weight. There have been many unsubstantiated and frankly hysterical claims made against them but extensive research has shown them to be both safe and effective.

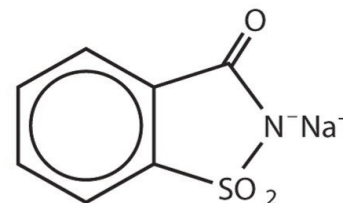
Note:

Cambridge Weight Plan (CWP) shakes contain aspartame

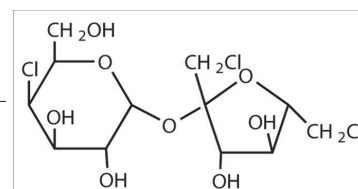
Bibliography for this article is available upon request. Please contact the Editor (details below)



Aspartame



Saccharin



Sucralose

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 800kcal-per day) will be more widely appreciated.



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