

EUROBESITY

December 2020

magazine

**NEW LEARNINGS
ABOUT OBESITY**
Alison Clare

**#LIVINGWITHOBESITY
DAY REFLECTIONS**

**ECPO SUPPORTS THEIR
NATIONAL PATIENT
ORGANISATIONS**
Susie Birney

WELCOME



It is with great pleasure and pride, that I welcome you to our new ECPO magazine. In collaboration with UrHealth4Life.

This edition contains a host of articles and special interest pieces from our dedicated team, who are doing fantastic work across Europe in the Obesity field.

We at ECPO are working tirelessly in our mission to improve the lives of people who live with Obesity. One of the many projects undertaken since our last publication, was the creation of a video in which we listened to people across Europe share their experiences of Living With Obesity. The video was launched at our first interactive “call to action” webinar in October. The webinar addressed weight bias and stigma surrounding Obesity with speakers from the medical and patient community. This mission reflects our continuing #LivingWithObesity campaign. Both the video and webinar were a huge success and received by patients and health professionals both nationally and internationally with great respect and accolade to our hard-working team. The webinar and video can be found on our web site <https://eurobesity.org/>

On a more personal note, I feel honoured and humbled by the selflessness of our the ECPO team members. More so in the increasingly challenging times of Covid19, their enthusiasm and dedication to our mission is truly a privilege to be a part of. Never more than now is the saying “alone we can do so little, together we can do so much” been more apt. With the continued work of ECPO we continue to make a difference in lives of people across Europe and the world.

Audrey Roberts
Vice President, ECPO

SUMMARY

ECPO

- 2 Welcome
- 3 Editorial
- 4 Looking back at 2020
- 5 ECPO supports their national patient
- 6 New learnings about obesity
- 8 #LivingWithObesity Day Reflections
- 10 Aspirations for 2021 across Europe
- 13 Looking forward to 2021

UrHealth4Life

- 16 Urhealth4live editorial
- 17 Jackie on the frontline
- 18 What Xmas means for me
- 20 Compassion-focused therapy
What is it and how can it help?
- 22 Roulades with red cabbage
and dumplings
- 24 Dealing with Covid-19
- 25 Christmas cabbage
- 25 Rum balls
- 26 New year, New me trap
- 27 Polvo à lagareiro
- 29 Turkey and cranberry meatballs
- 30 Cooking- a mindful experience
with children
- 34 Spicy christmas fruit loaf

Cover photo:
Hafsteinn Róbertsson

 @hafsteinrobertsson

EDITORIAL



Vicki Mooney
Executive Director, ECPO



If I can say one thing upon reflection of our European team this year in 2020, it is a wonder of how each and every single one of our national advocates have harnessed the power of resilience, in light of the most challenging year the majority of us have faced.

I can sadly say that we have all had our lives turned upside down this year. For some they have welcomed the opportunity to be with family whilst working from home, for many the financial hardship has been incredibly stressful. However, sadly for many people who live with NCDs,

this year has been exhausting, worrying, and frightening. Unfortunately for many people living with obesity and NCDs the national health systems have not coped well with the pressure, and many find themselves hoping for greater resources in the form of treatment options in 2021.

As a European organisation of volunteers, with a small secretariat of people living with obesity and various co-morbidities, we can relate to these concerns and empathise. We are a community of people who live with Obesity and various NCDs, many of us have cocooned in 2020 for fear of contracting COVID-19. Many of us have lost loved ones due to COVID-19, and many have been unable to attend a funeral due to lockdowns.

This is exactly why I want you to see the outstanding work of our organisation and team in 2020. Despite the impact of COVID-19 on our community, we have thrived in our outreach. Imagine that... The most medically vulnerable community of people made more progress on a European level than many other communities who are beside us addressing our cause.

Finally, the patient voice of the

obesity community has been heard and recognised on a political level within the EU commission.

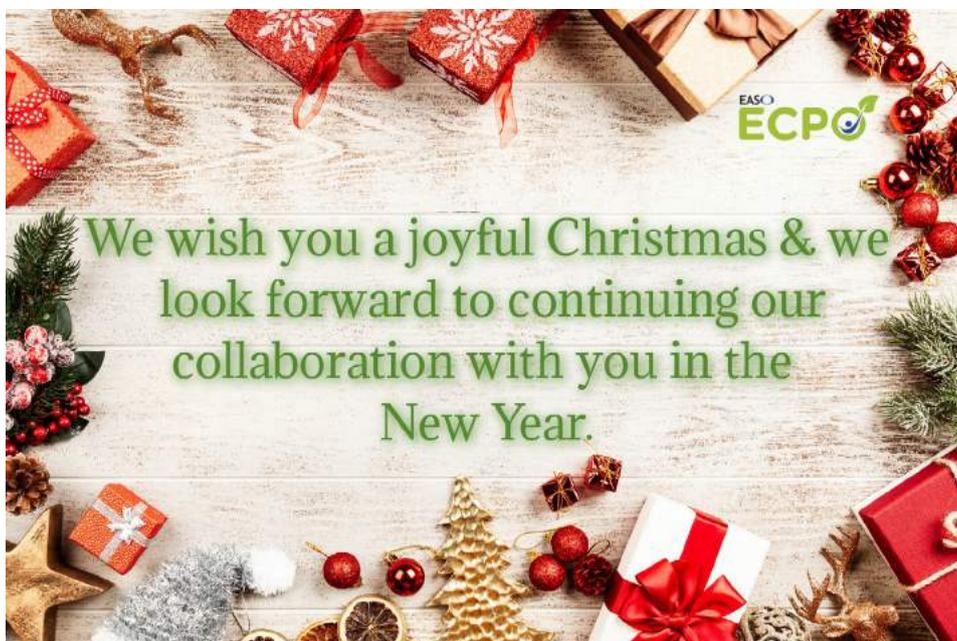
Therefore, I am excited to bring you this seasonal edition of our magazine, as many will say 'What did ECPO do in 2020?'

We reacted. We created. We opened a virtual peer to peer community. We expanded our conversation on social media. We engaged various stakeholders with an aligned mission on obesity disease recognition. We continued our trainings, and we grew our secretariat of people living with obesity, and the best part, we had a reach of almost 8million people in 1 day with our #LivingWithObesity day campaign.

This seasonal edition of the magazine will bring you many personal reflections and much content which I will personally reflect on and endeavour to implement.

This will be a very different Christmas period for many; however, I wish you a restful period and a peaceful New Year, and we look forward to continuing our collaboration in 2021.

Vicki Mooney
Executive Director, ECPO



WE had **BIG PLANS** for
2020:

LOOKING
BACK AT
2020

ENGAGING
NEW
ORGANISATIONS

UNITING
+
EMPOWERING
VOICES

SHARING
RESOURCES

RAISING
AWARENESS

GIVING ACCESS
& TRAINING

BEING A TRUSTED
ADVISOR

...THEN THIS GUY CAME ALONG

NO TRAVEL
for YOU!

YOU'RE
ON MUTE!



WE RAN OUR FIRST
WEBINAR..



WORKING REMOTELY has put us into

UNCHARTED TERRITORY!

WE LAUNCHED

#LIVINGWITHOBESITY

- ADDRESSING
the **STIGMA**
SURROUNDING
the **DISEASE**

WE HAD GREAT
IMPACT at
ECO/ICO!



IT'S BEEN AN
INCREDIBLY
TOUGH YEAR
but we have
ACHIEVED so
much!



THANK YOU
ALL for your
SUPPORT!

ECPO SUPPORTS THEIR NATIONAL PATIENT ORGANISATIONS

The European Coalition for People Living with Obesity (ECPO) have played a vital part in helping ICPO to begin the process of incorporating our organisation.

One of the most important matters for us was to become incorporated as a non-profit organisation, which meant hiring a company secretary to compile the necessary paperwork for the Company Registrations Office (CRO). We did not have any finances to do this, and without the start up grant provided by the ECPO, this would not have been possible.

On August the 11th we incorporated as the Irish Coalition for People Living with Obesity (ICPO)

When Covid-19 broke in March 2020, it meant that face to face meetings were cancelled indefinitely. Family walks were cancelled. Appointments with healthcare providers and multi-disciplinary teams were put on hold too.

Uncertainty, isolation, fear and worry were only a few of the feelings that many people living with obesity were going through.

ECPO offered funding for us to obtain a licence for the meeting platform "GoToMeeting". This allowed us to host meetings online when, how, and as we liked.

We began hosting meetings once a week, and this quickly increased to twice a week as the demand and need was there. We would chat and support each other with a topic which could be about emotional eating, coping

with stress, how to talk to family of HCP about weight, to name a few.

We began inviting healthcare professionals to join us at the end of the meetings and this proved to be valuable for both those attending for support and the HCP themselves.

It soon fell into a pattern. Meetings have been rotated to different days and different times to suit everyone.. The average numbers attending range from 25 people to our highest record of 43. We have been joined by 20 health care professionals, some on more than one occasion.

We have held just over 40 virtual support meetings since March.

Here are some of the thoughts of our committee about the meetings:

Fidelma *"The meetings are invaluable to me. I don't feel alone with this problem, it's great to have people in the same boat to talk with and listen to"*

Diane *"ICPO meetings are a great support for patients with obesity. Patients can support and collaborate so that no one has to go on the journey alone"*

Nicola *"The ICPO online meetings are a crucial support for me. They have helped me work on my health and habits which is vital for those of us living with obesity, especially for those of us who live far from the physical clinic and can't attend the groups such as mindfulness, cookery and exercise class"*

Maura *"Living alone and in isolation, these online meetings have been beneficial to me both for my physical and mental health. They made me feel safe and connected. Thanks to ECPO for this viral licence. You will never really know the importance of your generous offer to ICPO"*

Catherine *"Where would I be without my ICPO family? You have been my saviour during this Covid lockdown. Thank you ECPO for your help in getting our group up and running"*

Bernadette *"Thanks to ECPO for helping to incorporate ICPO & providing the meeting platform as it ensures the ongoing security of having support meetings. These are so helpful on both an informative and emotional level, particularly at the given time"*

The board and committee are sincerely thankful to ECPO for their generous assistance with funding and mentorship which enabled us to see our plans for ICPO begin to come true.



**IRISH COALITION
for PEOPLE
living with
OBESITY**

NEW LEARNINGS ABOUT OBESITY

ADVOCACY



Alison Clare
ECPO member



In lockdown, I found myself without a job to do, and being in the fortunate position to have some understanding of zoom and social media.

I started working with ECPO in their communications team, building a library of content, and strengthening the brand guidelines.

It's been amazing to work with such a wonderful team who have really welcomed me with open arms, and to be able to see the impact on government policy and perception that this team provokes.

I'm so grateful to have this space to talk a little bit about how I have found the experience, and what I have learnt about my own journey with Obesity, and my own body.

I have been living with Obesity for most of my life, but have been prone to internal stigma and negative self-talk. The things people say to you about how you look, eventually become your own narrative, until you not only believe them, but that's how you start to view everyone who shares this condition. "Just get off your backside". "Eat less", "Move more". "You're just making excuses". "I know someone who knows someone, who lost 12 stone on Slimming World and kept it off forever, so you're just not trying hard enough".

It is hard to explain to people who've never experienced exactly what living with Obesity is like, especially as (whether they admit or

not), they probably have some bias towards us. How do I explain that since I was small, I have dreamt of waking up in the morning and unzipping this heavy, cumbersome body I never wanted, and feeling free to run and jump away? How do I explain that this body doesn't feel like mine, and I don't want it, and if the answer is to love it and look after it, I feel totally stuck.

There have been times when my body has felt like it belonged to me – like I enjoyed it and could live in it. They are usually the times my body is the smallest, the leanest it has been in my adult life. I lost a significant amount of weight through calorie counting a few years ago and thought I had finally cracked the code.

I was still Obese according to doctors, but I felt different inside. I could move more easily, breathe more easily. I could shop on the ground floor in the standard size section, instead of going to where the plus size clothes

are hidden out of sight three floors up, behind maternity and menswear. I could wear standard size shoes for the first time since I was 16.

I exercised and enjoyed it for the first time in my life.

What happened next may be familiar to some of you. In order to continue this downward trajectory, I needed to continue to restrict my calorie intake. But I was done – I was eating the least I had ever eaten. I was very often incredibly hungry before my next snack or meal. The days I tried the new, lower calorie amount, I was so hungry I thought about nothing but food all day.

Where I had felt freedom, NOT to think about it for months, it now was consuming me again. I wasn't hungry for peanut butter and apple slices, or Ryvita, or something like that either. I was hungry for fatty, sugary snacks and meals, the comfort of chocolate and

EASO
ECPO | European Coalition
for People living
with Obesity

**If trends continue, more than
50% of Europeans will have
obesity by 2030**
You are not alone
www.euroobesity.org

An illustration of four diverse people standing side-by-side. From left to right: a woman with dark hair in a bun wearing a blue top, a man with a beard wearing a pink shirt and a black face mask, a woman with red hair wearing a green dress, and a man with dark skin wearing a white hoodie.

crisps and bread and that feeling of being absolutely blanketed by food. So, I thought. Maintenance it is, and maintenance worked for a while. I wasn't lean so much anymore, I became solid, muscular. I could lift heavy weights; I made an attempt at pole dancing. I looked like it would be difficult to knock me over. I enjoyed this too, this was different to feeling so vulnerable.

Obesity has always functioned partly as protection, and partly as my biggest weakness. When I am bigger, its like people don't actually see me. I become invisible. However, if you get too big, people start to notice you again. They yell things in the street. They become inexplicably concerned for your "health".

A man once stopped at a busy roundabout to open the door of his car and yell obscenities at me. A man at university said that to find me attractive would be a fetish bordering on perversion. When I could push 100kg around without breaking a sweat, comments like that didn't hurt. They made me laugh. "I could eat you for breakfast", I would think. "I could lift you above my head till you cried", instead of always being the one who cried.

The pull of food for me, got too much, especially once lockdown began.

But at the same time, I joined this organisation and started to learn things about my body that I had never been told, by anyone in the medical profession, or anyone who spoke to me about my weight or nutrition. I learnt, while making infographics for our "Living with Obesity" campaign, that Obesity is a disease.

This shocked me. Surely, it's just my fault. But the experience of reading the science behind these claims, as well as starting to view myself as like the other incredible patients I spoke to, wore me down. Well, I would think, I wouldn't say the others on the team are weak-willed or greedy. They actually all seem incredibly disciplined and hard-working. There's no reason why I should be the only one who is somehow unacceptable.

I learnt that it's likely that my gaining and losing weight is genetic, and for the first time I noticed that my partner eats vastly more than me, and makes "worse" choices, and is not living with Obesity. I noticed that we could go to the gym the same amount of times

per week and have totally different experiences.

I noticed the stinging sense of unfairness that I was the one who ate Greek yoghurt for breakfast, while he had two Mars bars and was – although I admit with some bias – still looking amazing. I learnt that this is not a disease about will, or want, or even so much about individual choices. It's about genes and endocrinology and lots of other long words I am still working on the meanings of.

And so, in the process of spending time around these incredible advocates, I'm learning to speak well to myself, and think well of myself. My body has kept me alive for thirty years, despite abject hatred and crash diets and eating disorders and just about everything else I could have thrown at it, metabolically speaking. This is an achievement.

I have experienced pushing more on a gym machine than an American footballer. I

can do that again. I tried pole dancing classes. I learnt to do the splits. In lockdown I have taken contemporary dance classes on Zoom. I have tried my best, and with the support of ECPO, to do and feel everything that I didn't allow myself to do and feel everything in the past because of my weight.

It is sometimes really hard work to view the stats and figures and see that it is a lot of effort to maintain weight loss. It is sometimes really disheartening, and that's part of my journey too. It is okay to be disheartened. But what helps me now is knowing I have a network of people, across Europe – who understand, who have developed ways of thinking and speaking about Obesity that are incredibly compassionate.

They are making the bold strides to change public and government perception that need to be taken, and it is an honour to have a behind the scenes role.



#SelfCareWeek



#LivingWithObesity

#LIVINGWITHOBESITY DAY REFLECTIONS



I was really looking forward to participating and watching ECPOs virtual webinar, I anticipated great things and I certainly was not disappointed! I learned so much from each of the speakers, they were engaging and insightful, if you haven't watched them, have a look at our website www.eurobesity.org/livingwithobesity-webinar/. I'm looking forward to our ongoing plans to have more of this type of engagement in the future as our 'Patient Lounge'. I'm so proud of our team!

- Audrey Roberts



The theme for our campaign "Living with Obesity" was seen throughout the entire day with all our activities. It was prominent on our infographics, our webinar, our social media posts, and our magazine. The theme itself highlights how to correctly discuss obesity. We are not obese people. We do not let a disease define our unique identity. We live with this condition and that is regardless of what stage of treatment we may be at.

Raising awareness and education about People First language and Weight Stigma lies at the very heart of our mission as an organisation. Importantly on our campaign day we did this, reaching out to people who previously did not understand or were aware of this important topic. "Living with Obesity" was discussed and shared, and we are proud that we are directly working to improve the lives of those who live with this chronic relapsing disease

-Susie Birney



Urhealth4life Newsletter were delighted to join forces with ECPO and create an all-new magazine called 'EurObesity' which comes in two sections which you are reading now. We launched for the #Living-WithObesity Day Campaign and we were proud to see the positive responses and feedback. Colleagues shared their experiences from Italy, Slovakia, Iceland, Ireland, and Sweden just to name a few. All done to raise awareness of stigma and the personal experiences of living with obesity.

Joining us were healthcare professionals too and this combined effort will continue in future editions, as together we are stronger

- Sólveig Sigurðardóttir



With restrictions on travelling due to the pandemic, our social media and digital platforms have been more important than ever in reaching out and communicating with people living with Obesity and the wider medical and scientific communities.

When our campaign organising committee developed the #Living-WithObesity campaign the communications team were engaged to ensure that we were able to reach all of you successfully on the day. Planning started from an early stage and every member stepped up and volunteered much of their free time to ensure the day went to plan. I think it is safe to say that our team did not disappoint. Pulling together and working together, we were able to be successful on the campaign day with reaching more people online than we ever could have imagined.

Being able to reach and engage with so many people has been such a pleasure and I cannot wait for you all to see what the team have instore for the new year.

- Andrew Healing, Director of Communications.



I think it is safe to say we hoped but did not expect the reach our #LivingWithObesity day campaign had. We had a strong build up to the day and a lot of support from our global partners. However, to reach almost 8 million people across Twitter alone was remarkable. Not only that but we had a tremendous engagement across all stakeholder communities as our clinical and scientific communities shared and spoke out. However, probably the most important piece of information is the sheer fact that we reached people living with obesity that we had not before, and this is what we had high hopes. Education, support, and disease awareness for the people who need it. And now we look forward to our monthly 'Patient Lounge' live broadcasts. If you missed our December live event, hop over to our website to watch it back. I believe this is the perfect way for us to continue to reach out to those who need to hear our work and I simply cannot wait for our campaign later in 2021!

- Vicki Mooney



Our #LivingWithObesity campaign day was my first big project with the ECPO team and it was a great experience. From our first meeting with the Europe-wide team to live tweeting on the day, it was so fascinating to learn so much about living with obesity and seeing how we create a campaign that speaks to as many people as possible. My contribution was based on creating and distributing infographics about some of the science behind obesity. Much of the information that went into the graphics I had created was new to me and has changed my own view on living as a patient. Discovering I am part of a global community has been incredibly valuable, especially some of the wonderful people on the ECPO team.

- Alison Clare, Technical Support

ASPIRATIONS FOR 2021 ACROSS EUROPE



Dominique Durrer

On a national level Eurobesitas is a part of the Swiss alliance this is a new alliance which includes the Swiss Association for the study of Obesity, Swiss bariatric society and Swiss Association of paediatric obesity. Together we will work on recognition of obesity as a disease and on reimbursement of obesity programme and guidelines for family. On a regional level, Eurobesitas and Perceptio Cibus have created the **Swiss Obesity Coalition** which aims is to fight against stigma and improve obesity management.



Katja Schlappi

Here at **Perceptio Cibus** we have hopes for next year that obesity is going to be recognised from the health office as a disease. This is very important so that we can fight to have a better conditions for all persons living with the disease of obesity.

We also want to work together as one community as Dominique noted, so we can be stronger together to make difference for all people with Obesity.



Katja Badke

The national patient associations of Germany came together recently to form one united voice **Bundesarbeitsgemeinschaft Selbsthilfe Adipositas (BAG)**, here is what the advocates from the German associations had to share.

This year the first clear steps of recognition of obesity as a disease in Germany have been taken. The AdipositasHilfe Nord e.V. has been fighting both politically and with the wider society for this.



Marion Rung-Friebe

My hope is that Germany will finally learn to understand obesity as a disease, no discrimination but better understanding. Help, support, and a lot of education is needed here on this journey which our organisation **Adipositas Verband Deutschland e.V.** is here to do.



Andreas Herdt

In 2020 Germany began to recognise Obesity as a disease. I do hope for 2021 that the law will come into force which requires a disease management programme for Obesity to be implemented within 24 months. Along with our colleagues, we at **AcSDeV** can contribute to its design in order to help the patients to get better access to therapies.



Hana Vrabcova

My name is Hana and I represent Slovakia in ECPO. First, I would like to give a big thank you to all of you and to all at ECPO for the great support, keep doing what you are doing! Thanks to you we can educate Slovak patients and fight obesity on the large scale in my country. In 2021 we will continue to lead our successful project and evolve it to the next level. We will embrace the education project and propagate amongst citizens on **World Obesity Day Europe** with special online workshops. We aim to regulate living people messaging and continue our focus on pharmacy to extend patients management on obesity to run alongside consulting.



Lenka Vymlatilova

As we continue our plans, we have a number of activities for 2021. Firstly, we are planning an online **Congress for World Obesity Day -Europe** on March 4th which will cover three areas.

1. Nutrition, medication, and bariatric surgeries.
2. Appropriate movement for people with obesity.
3. Psychological care.

Our 2nd activity is planned for the **#LivingWithObesity** campaign day where we will prepare an online conference focusing on stigma.

Our 3rd focus is continuing what we achieved this year. For many years, our main job has been to organise support groups for the people and help them with weight management. This year we had to transfer this to the online environment, and this was really a great success. We endeavour to continue this online support.

Looking at the 4th item on our list, we aim to keep building our engagement with the public. We have systematically used websites and social networks for years and we will keep building these in 2021.

And lastly, in March and November we work to educate professionals in nutrition and psychological topics. We look forward to continuing this work in 2021.



Susie Birney

ICPO believe it is important to provide and direct people living with obesity to a place where they will have peer to peer support. We are grateful for the support received to our newly started organisation from **ECPO** and our hope for 2021 is to strengthen support networks across Ireland to help improve the lives for people who live with obesity.

We will continue to collaborate with the national scientific association and look forward to working more with the clinical community across Ireland into 2021.



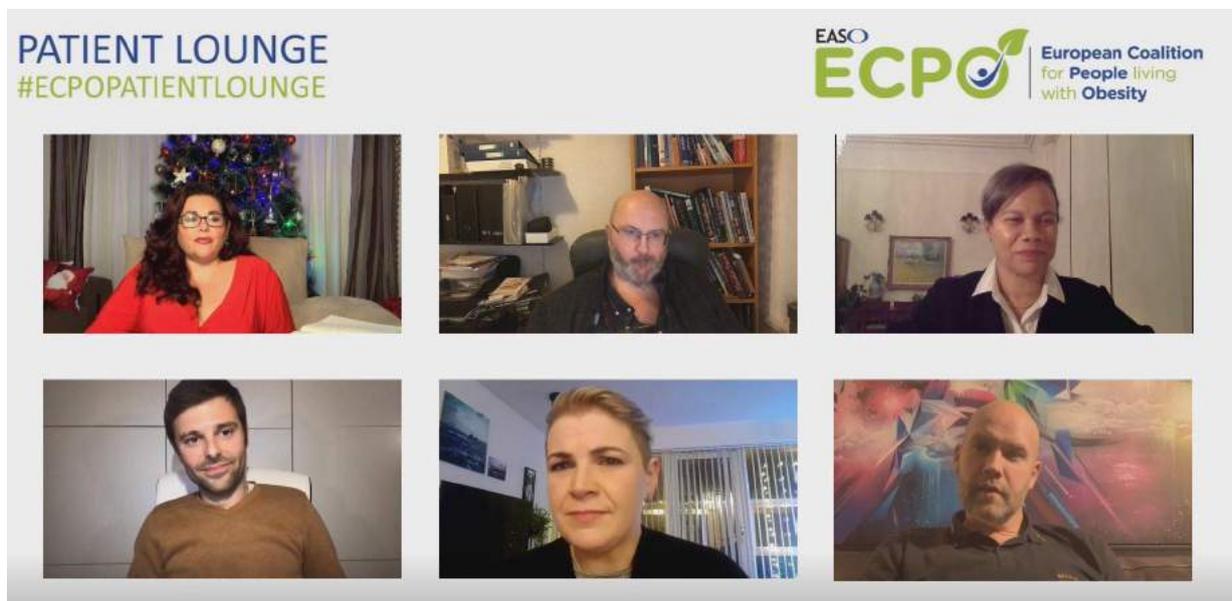
Did you miss the first episode of ECPO Patient Lounge?

A recording of the session is now available for you to view. On the first episode we had Teena Gates who reflected on the personal encounters she faced during the year as a person living with, and managing her Obesity. Vicki Mooney also chatted with Euan Woodward of EASO on policy matters, and also the inspiring Dr. Rebecca Richards Health psychologist, ASO UK Trustee.

Our panel was shared by Ken Clare - UK Berglind Elva Tryggvadóttir - Iceland, Sheree Bryant - UK EASO, Mario Silva - Portugal and Christian Stenz Petersen from Denmark who answered questions live as they came in. Have a look back on our link here!

<https://euroobesity.org/ecpo-patient-lounge-16-december-2020/>

The next Patient Lounge broadcast is Tuesday 19th January at 6pm GMT, Register on our website!



LOOKING FORWARD TO 2021



• WILL BE A HUGE PART OF OUR POLICY WORK NEXT YEAR!

• ECPO PATIENT ADVOCACY SESSIONS

• PATIENT LOUNGE

• CONTINUING to BUILD OUR PATIENT COMMUNITY ACROSS EUROPE, focusing on COUNTRIES WHERE WE CURRENTLY have no REPRESENTATION.

WORLD OBESITY DAY EUROPE MARCH 4th

VIRTUAL EUROPEAN OBESITY CONGRESS, 10-13 MAY

LIVING with OBESITY DAY -21st OCTOBER

FOCUS ON SELF-CARE

LIVEILLUSTRATION.CO.UK

GRAPHIC RECORDING, EVENT VISUALISATION & ILLUSTRATION

**DEALING WITH
COVID-19**

Magda Gajda

**COOKING- A MINDFUL
EXPERIENCE WITH
CHILDREN**

Sigrún Thorsteinsdóttir

NEW YEAR, NEW ME TRAP

Barbara Anderson

EDITORIAL



Sólveig Sigurðardóttir
President, ECPO



Dear Readers, How time flies!

Christmas is right around the corner, which means we have a New Year coming up with a fresh start.

This time we have a magazine full of good articles related to Christmas and New Year.

All over the world we are now experiencing a completely different form of celebration than before due to an epidemic.

But we must accept it, and hope that the new year will be good for all of us.

Let's try to be positive and value the good we have.

We at *URH4Life* wish you all a Merry Christmas and a Happy New Year. May your Christmas be moments of love, laughter and goodwill, and may the year ahead be full of contentment and joy.

**Best wishes.
Sólveig,**

LIFE STORY

Jackie on the frontline

BY JACKIE NESBITT
ECPO REPRESENTATIVE, SCOTLAND



My name is Jacky, I live in the central belt of Scotland. I have one adult son who means the world to me, I am a patient representative for ECPO and I live with obesity.

I was overweight for most of my adult life and lived with all the complications and judgements that it entailed.

In 2006 I was fortunate enough to be in a position to self-fund my gastric band surgery, which changed some aspects of my life dramatically and has helped me keep my weight at a healthy BMI of 22 for many years, which most people assume means I am “cured”.

Most people who have more than a passing knowledge of the subject will realise that this is not the case. Living with Obesity is much more complicated than that, but with my weight in remission for now, I decided a new career was in order. I went to university for the first time at 52 years old as a member of The Scottish Ambulance Service where I trained as an Ambulance Technician working on A&E Ambulances.

As I am sure most of you can imagine, 2020 has been an interesting and stressful time for us. Along with all the usual uncertainties about where the next job will be, what the next job will be, will the hospitals be busy etc. We now must factor in Covid-19 to every call and wear the appropriate PPE, something nobody outside the health care system or the emergency services used to care about. OH, how things have changed.

One of the worrying aspects of COVID-19 for me, was that it quickly became evident that people who were overweight were suffering worse symptoms than those with similar co morbidities who were not overweight. This put them in a more vulnerable group but weight unlike diabetes, asthma etc was not a consideration, when shielding was being offered to other protected groups.

With this in mind, every time a patient who is in any of those groups is assessed at home by us, we must decide if transport to hospital is the best course of action for them.

Other options are to leave them at home with advice, or to refer to various other services.

I found this difficult, as most patients are uncomfortable talking about their weight

A situation that I understand. I remember most health care professionals I spoke to, tried to blame everything on my weight.

Usually this was followed by their advice which was always “eat less and move more”.

I hope I am able to discuss weight using appropriate language and understanding.

Covid-19 complicated decisions, as we were acutely aware that we were taking them from a safe place where the risks were low and manageable, to a place where there were other people suffering from the virus.

In other situations, people who were acutely unwell and were strongly advised to travel to hospital with us, were refusing to, because of the fear of catching it, which is their right. We found that very frustrating, and ultimately resulted in a lower standard of care for them.

On a personal level, I have worked through so far, and am very grateful that I have been able to do so, while many of my colleagues have suffered various levels of ill effects when falling prey to Covid-19.

I still turn to food on bad days for comfort,

well not just bad days, long days, slow days, sad days and days where it all seems too much. Days where I can't ask another family to kiss their loved one goodbye at the back of an ambulance, knowing they can't visit them, and I know that it is a real possibility it may be the last chance to tell them you love them.

This has been an emotional roller-coaster for me in many ways. I know my family worry about me being out and working so closely with people in some of the worst affected areas, but I worry more for my family, friends and colleagues than for myself.

I am resigned to getting it at some point, but I am not going to stop doing a job that I love and feel privileged to be able to do while I am still able to do it, I have good friends many of whom I met through my weight loss surgery support group who are always there to listen to me when I need to talk.

Roll on 2021 and let's hope it is kinder to us all.



What Xmas means for me



BY JUDIT PETTKO
ECPO TREASURER

For me, the Christmas period starts in an early day of December. With some friends I visit a Christmas fair. There are a lot of fairs in every big city and downtowns in Hungary, but our favorite is in the heart of Hungary where you will find the biggest.

We like walking between the lines of the hand-made art products and all kinds of decorations, made with authentic techniques. We buy small presents for family and friends.

Then when the evening falls and the Christmas lights turn everything into a painting, we sip a glass of mulled wine, and eat roasted chestnuts while we are talking.

By the 24th of December we are ready for Christmas.

We bought the Christmas tree, but according to the tradition, it is decorated only on the day of 24th of December. We take tinsel, fairy lights and bright, colorful baubles, add ornaments, and place on the tree, and put the wrapped presents under it.

Above them there are special sweets with which the Christmas trees are also decorated, wrapped parlor candies called "szaloncukor".

These fondant candies are usually covered with chocolate, and wrapped in shiny colored foil, they have been available in many flavors in recent years.

In Hungary the 24th of December, the Christmas Eve (we call Holy Eve) is the most important day.

We spent this evening with our close family, give gifts to our loved ones (traditionally the gifts are placed under the tree and are brought by the little Jesus), therefore in my family there is a little play, to place the gifts secretly under the tree so that no one could see it.

Then we have the Christmas dinner, when we light the candles on the Advent wreath. There are many traditional Christmas foods in Hungary which differs from family to family, but the main Christmas meal is the fish (deep fried or fish soup), or roast turkey. In my family the fish soup is the traditional meal for the dinner. There is a special Christmas' pastry called "beigli", which is milled poppy seed or walnut roll. We can't imagine a Christmas without these sweeties. It is better if you can bake it yourself, but you can buy them in every confectionery or grocery store.

During the Christmas Eve, we listen and sing Christmas songs, light the candles and sparkles on the tree.

On Christmas Day, and the Second Day (25th and 26th of December) the Hungarians visit their relatives especially who live far away and like to spend with them as many times as they can.

For me the Christmas Day is special, as my Godson was born on 25th of December, so I like to spend this day with his family and celebrate his birthday.



SANTA

In Hungary, Santa Claus, the “Mikulás” as we call him, traditionally visiting the homes and gives small presents to young children on the night of 5 December,

on the eve of Saint Nicholas Feast Day, 6 December.

On the evening of 5 December children place their polished boots on their windowsill, waiting for the “Mikulás” to come and fill it with chocolate, sweets and nuts. But those who behaved badly in the past year just get “virgács”, which is a bundle of twigs that has been painted gold.



CHRISTMAS TREE

There is a nice tradition in Hungary. We decorate the tree on 24th of December and if there are little children in a family, the tree is decorated while they are sleeping in the afternoon or playing in another room ...when it is finished, a small bell rings and the little children can go in and see the glittering tree, which is “brought by the angels”,, it is a miracle for them.



COMPASSION-FOCUSED THERAPY WHAT IS IT AND HOW CAN IT HELP?

THERAPY



By Dr Becky Richards
Health Psychologist & Researcher
Cambridge University



Despite advances in our understanding of the complex causes of Obesity, many people living with Obesity still experience stigma. These hurtful experiences can cause feelings of shame, self-criticism and anger towards oneself. For some people, these negative thoughts and feelings may have been present from childhood, and they are made stronger by experiences of stigma. Some people use food to cope with these feelings, which can lead to over-eating, binge eating and weight gain. This is often followed by more feelings of guilt and shame! It's a cycle that's all too familiar.

Breaking the cycle with Compassion-Focused Therapy

In the 2000's, a British Clinical Psychologist called Paul Gilbert developed a psychological treatment called Compassion-Focused Therapy to help people who suffer from high levels of self-criticism and shame (Gilbert, 2009). So how does it work?

Compassion-Focused Therapy suggests that we have three systems that work together to regulate our emotions: the threat system, the drive system and the soothing system. The threat system warns us about real or perceived threats in our environment. It tries to keep us safe by producing defensive emotional responses, such as fear, anxiety, anger and disgust. It also produces physical responses, such as flight, fight or freeze. The drive system motivates us to get the things we need to live and thrive, such as food, intimacy, status and respect from others. When we are successful, this system produces feelings of excitement and pride. Finally, the soothing system helps us to slow down, recover and relax. It is activated in response to compassion and caring from ourselves and others. It makes us feel safe, calm and content.

According to Compassion-Focused Therapy, people can experience high levels of self-criticism and shame if they have an overactive threat system and an underactive soothing system. This can happen to people who suffer difficult experiences such as neglect or abuse, the absence of warmth and affection, or weight-based stigma and discrimination. The goal of Compassion-Focused Therapy is to balance the three systems and help people learn how to activate the soothing system.

Research studies on Compassion-Focused Therapy for people living with obesity

Compassion-Focused Therapy is still a very new treatment, which means that there have not been many research studies on the effects of this treatment. In 2015, a review of 14 early-phase studies of compassion-focused therapy reported improvements in mental wellbeing for people with long-term emotional problems, including anxiety, mood and eating disorders, and particularly for people who had high levels of self-criticism (Leaviss and Uttley, 2015).

A very small number of studies have looked at the use of Compassion-Focused Therapy

for people living with obesity. In a survey of 1,158 people in Germany with overweight or obesity, people with higher levels of self-compassion experienced less poor mental and physical health outcomes in response to self-stigma (Hilbert, 2015). More recently, a study by researchers at the University of Leeds (Duarte, 2019) found that adding a compassion-focused digital app to a commercial weight management programme (CWMP) significantly reduced binge eating symptoms, and improved psychological wellbeing, the way participants viewed themselves and weight-related outcomes, compared to the CWMP alone. Similarly, a small study reported that 12 group sessions of Compassion-Focused Therapy helped to reduce body weight shame, increase compassion and improve healthy behaviours (Carter, 2020). Hopefully, more studies will be conducted to explore how we can best integrate Compassion-Focused Therapy into existing weight management treatments for people living with obesity.

What to expect in Compassion-Focused Therapy

Compassion-Focused Therapy can be practiced in individual or group sessions. The therapist will teach you about the theory behind the treatment and will help you to develop skills that will activate the soothing system. These skills will include practising compassion towards yourself and others.

You will likely be given practical written exercises to do at home between sessions so that you can start to try out and develop the skills you learn about in class. Here are three of the skills and exercises that are commonly used in Compassion-Focused Therapy:

Mindfulness

Mindfulness is the ability to pay attention to the present moment, thoughts and feelings, and the world around you, in a non-judgemental way. Mindfulness practices are often used to help people to be more aware of their self-critical thoughts and observe these thoughts more objectively. Practising

THE 3 EMOTION REGULATION SYSTEMS



 @DrBeckyRichards

this skill over time helps people to become better at noticing unhelpful, self-critical thoughts and direct their attention back onto the present moment, rather than buy into those thoughts. They will also learn to act more curiously about such thoughts and respond to them in a compassionate way.

Imagery and visualisation

Thinking of memories, images and thoughts can actually have an effect on the brain and body, just as if we were experiencing the real thing. The aim of Compassionate Imagery exercises is to picture pleasant memories, images or thoughts that activate the soothing system and make us feel safe, content and reassured. There are several types of imagery exercises that help people to receive compassion and kindness from others, to create and send compassion to others, and to develop feelings, thoughts, and experiences that are compassionate towards oneself. For example, in one exercise, people are encouraged to wish themselves happiness and freedom from suffering, and imagine seeing themselves in a more compassionate way.

Compassionate letter writing

People are often invited to write a compassionate letter to themselves, about a difficult event in their lives. For example, the individual is encouraged to express concern, caring and warmth, and be mindful of their distress. They are encouraged to be understanding and non-judgemental about these difficult emotions and give encouragement about what they need to do to move on from this difficult event. The aim of this exercise is to help the individual to focus on difficult feelings and respond to them in a more balanced and self-compassionate way. It can help to imagine the voice of a close friend when writing this letter or imagine what the individual would say to a friend in this position.

Compassion-Focused Therapy has many more exercises and skills that can be practiced. It's about finding what works for you. For people who have suffered with high levels of self-criticism and feelings of shame for a long time, these exercises can sometimes be quite difficult. It may be worth considering getting help from an experienced therapist so

they can guide you through the exercises and help you to manage any difficult emotions that may come up.

What to look for in a compassion-focused therapist

Compassion-Focused Therapy was developed to be an additional part to evidence-based therapeutic treatments, such as cognitive-behavioural therapy (CBT). So look for a therapist with training and accreditation in CBT and further training and experience in Compassion-Focused Therapy. It's important to find a therapist with sufficient experience and one with whom you feel comfortable. If you're interested in learning more about Compassion-Focused Therapy, check out The Compassionate Mind Foundation website, which was set up by Paul Gilbert: <https://www.compassionatemind.co.uk>.

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ROULADES WITH RED CABBAGE AND DUMPLINGS

A recipe from Steffy Wirtz, ECPO Director of Education



ROULADES

INGREDIENTS

8 beef roulade (s)
5 onion (s)
4 pickled cucumber (s)
12 slices of bacon
4 tbsp mustard, medium hot
1 piece (s) celeriac
1 carrot (s)
½ stick / n leek
½ bottle of red wine, good one
salt and pepper
½ liter beef stock, stronger
Teaspoon cornstarch
1 dash of cucumber liquid
2 tbsp clarified butter



PREPARATION

Roll up the beef roulades, wash and pat dry with paper towels. Cut the onions into crescents, cut the cucumber lengthways, prepare scissors and kitchen twine.

Lay out the roulades, and spread thinly with mustard and salt and pepper. Spread about 1/2 onion and 1 1/2 slices of bacon and 1/2 (possibly more) cucumber in the middle of each roulade. Now fold it similar to a postal parcel, and tie with the kitchen twine.

Let the clarified butter melt in a pan and then fry the roulades all around, remove and transfer to a casserole.

Chop the celery, remaining onion, leek and carrots and fry in a pan. As soon as they are halfway “blonde”, stir briefly, pour in a very thin layer of red wine, stop stirring and let the liquid evaporate.

As soon as the vegetables are roasting dry again, pour in another layer of red wine, stir briefly and let continue to evaporate. Repeat this until the 1/2 bottle of wine is used up. This way the roasted vegetables will be very brown (good for the taste and color of the sauce) but not dry.

At the end, fill up with the meat stock, a little salt and pepper and a good dash of cucumber stock and then add to the stew with the roulades. Let the pot stew either on a low flame or at about 160 degrees in the oven for 1 1/2 hours. Pour in some liquid from time to time.

After 1 1/2 hours, test whether the roulades are soft (just press on a little with the wooden spoon, they should be easy to press in, if not, continue to simmer for another half an hour and then carefully lift out of the pot, keep warm.

Pass the sauce through a sieve, bring to the boil. Mix approximately 1 tablespoon of mustard with a little water and the cornstarch and gradually pour into the boiling sauce while stirring until the desired consistency is achieved. If necessary, season the sauce again with salt, pepper, red wine and cucumber stock.

RED CABBAGE

INGREDIENTS

1 med-large red cabbage (red cabbage)
2 apples (cooking apples), peeled and quartered
1 onion (s), peeled
8 clove (s)
1 stick / n cinnamon
1 bay leaf
3 tbsp sugar
2 tbsp goose lard or pork lard
2 tbsp red wine vinegar
500 ml meat broth
4 tbsp flour, or more
500 ml red wine
salt

Preparation

Finely slice the cabbage, preferably with a slicer. Put the lard in a saucepan and let the sugar caramelize. Add the cabbage and then sweat, add a dash of vinegar to keep the color.

Mix in the apples freed from the core or the applesauce. Lard the onion with the cloves and add all the spices. Top up with a little meat stock and simmer for 30 - 45 minutes, stirring repeatedly.

Salt, dust with flour, stir well and pour in the red wine. Cook everything through until the cabbage is soft.

DUMPLINGS

INGREDIENTS

500 g rolls (approx. 10 - 12 pieces), stale, diced
100 g bacon, smoked, mixed, diced
4 med-large onion (s)
5 tbsp parsley, chopped
40 g margarine
500 ml milk (3.5% fat)
50 g butter
6 egg (s)
3 liters of meat broth, instant
Salt and pepper from the mill
n. B. breadcrumbs

PREPARATION

Store the rolls in a dry place for 2 - 3 days. Then cut into 1 x 1 cm cubes with a sharp bread knife.

Let dry in a large open bowl for 2-3 days, turning frequently. In some places you can buy bread cubes ready-made.

Peel the onions and finely dice them. Wash and finely chop the parsley. Heat the margarine in a pan and lightly fry the bacon cubes in it. Add the onion cubes and sweat until translucent. Add the parsley, stir everything together, continue frying under the lid for approx. 10 minutes and set aside.

Beat the eggs and season with salt and pepper. Heat the milk and butter in a small saucepan until just before cooking. Pour the hot milk over the bread cubes in a large mixing bowl and stir well. Pour the bacon, onion and parsley mixture and eggs over it and mix everything well again.

Dealing with Covid-19

BY MAGDA GAJDA
ECPO REPRESENTATIVE, POLAND



Magdalena Gajda - journalist (specialization: health and society), specialist in PR, CSR, social communication and storytelling. The Ombudsman for the Rights of People with Obesity Disease in Poland, the founder and president of the Foundation for People with Obesity Disease and a member of the European Coalition for People Living with Obesity.



My name is Magdalena. I come from Poland. I am a person with Obesity disease.

In October, I was infected with the Coronavirus and fell ill with COVID-19. Here is a short diary of my illness ...

October 14 – Wednesday

I wake up at 06.00 am. I have slept well, but I am weak. For about 1-2 weeks I have been slowly losing my will to live. I force myself to wash, dress, work, talk to people every day. I wonder if this is maybe depression? This year is more difficult for me than others. My mother died in June. I have been living in constant fear since March. Will I get the Coronavirus? I have obesity disease. I am at the highest risk.

In the afternoon I feel very bad, but I put on a mask and gloves and leave the house. I have to deal with some important issues and do some shopping.

When I come back by tram, I feel very faint. With difficulty I come home. My hands shake as I put the key in the lock. I lie down on the couch with relief. My head hurts and is spinning. I feel neither cold nor warm. My back also hurts. I have a dry cough and a low fever. "I must have caught a cold," I think to myself. "Hot shower, hot tea with raspberries, warm bed, plenty of sleep and I will feel better tomorrow" - I console myself.

October 14-15 - the night from Wednesday to Thursday

I'm not sleeping. I feel like I'm suspended between being awake and sleep. The fever increases, and my temperature now is almost 39 degrees Celsius. I'm sweating, my muscles hurt, so I take medication to lower my fever. I then fall asleep.

October 15 - Thursday

I wake up before 7.00 a.m. The fever is still high, so I call my health clinic. I ask them for a quick consultation with a doctor. I descri-

be to them my symptoms. It could be the flu, but it could also be COVID-19. I am not panicking, but I am afraid, and need help. I also need a referral for a free Coronavirus test.

In the Polish health care system, only my family doctor can issue them.

The front desk lady, at the health clinic says it is not possible to see a doctor. During a pandemic, doctors in Poland provide advice by telephone.

The nearest possible date for telephone medical advice reimbursed by your insurance is ... October 30, but if I want private advice then I have to pay for it, and that will take place on ... 23 October. I'm nervous and I ask what should I do if I feel worse and worse. The lady recommends that I then call the ambulance ...

I call my sister Anna. I ask her not to come over to me just in case. Anna is afraid for me. I live alone. What if something happens to me at night and I don't have the strength to call for help?

Fear is the worst with COVID-19. You don't know this disease, so you don't know what to expect. You are afraid that you will die alone, gasping for every breath.

October 16-18 - from Friday to Sunday

The fever goes up and down. My muscles and head still hurt, and I still have a cough. Fortunately, I can breathe. I do not want to eat. I drink a lot, mostly warm tea with lemon. I remember this important rule: if you cannot eat - drink plenty of fluids so as not to dehydrate your body.

I feel very weak. Just getting out of bed and going to the bathroom is a big effort.

I also have trouble concentrating, I can't read books or watch TV, and I am sleeping a lot.

On Sunday evening my friend Katarzyna calls me. She found out by accident that I felt unwell.

My friend is an internist. He also deals with COVID-19 patients. Katarzyna gives me a private medical consultation - she recommends medications to help me cough and moisturize my throat as well as medications to reduce fever. According to Katarzyna, her opinion is that I have COVID-19.

October 19 - Monday

My sister buys medication for me, and leaves it outside my apartment.

October 21 - Wednesday

The fever has finally dropped. I am weakened, but I feel better. The cough is also getting better. - Maybe I was unnecessarily scared? I wonder, but ... I brush my teeth and ... I don't feel the minty taste and smell of the toothpaste. I'm doing a test. I squirt my perfume right down my nose. I don't smell anything ... I put chili peppers on my tongue. I don't feel anything ... I call Katarzyna quickly. Katarzyna is already sure: 100 percent I have COVID-19...

My name is Magdalena. This is my COVID-19 story. But this is also the story of thousands of people around the world who do not know when and how they contracted the Coronavirus.

This is the story of people who have had COVID-19 with mild symptoms and did not need to be hospitalized. This is also the story of people who, in overburdened health care systems, did not receive official medical care and had to self-medicate.

I was lucky - I had a bariatric surgery 10 years ago and am now slightly overweight. The more advanced the obesity disease, the more severe the symptoms of COVID-19. I was lucky because I had family and friends who helped me.

Unfortunately, many people living with obesity are not so lucky...

It's November. I feel better. I can smell and taste again. But some post COVID-19 symptoms remain. I get tired quickly, I often have a headache, I have attacks of breathlessness that I haven't had before. I am tired of insomnia. But I leave home, work and help other sick people.

Because the pandemic is a great test of our humanity. We must shut ourselves up at home, but let's not close ourselves off from other people. Stay at home. But also become human.

CHRISTMAS CABBAGE

A recipe from Hana Vrabcova- ECPO Representative, Slovakia



Christmas cabbage soup is a traditional and popular dish in Slovakia. It must not be missed on any Christmas Eve table.

It is based on fermented cabbage, meat, smoked sausages, dried mushrooms, plums, and other ingredients are added according to local and family customs.

Ingredients

1 piece of onion,
700 g of pork shoulder,
50 g of dried mushrooms,
1 kg of fermented cabbage,
7 pieces of prunes,
200 g of smoked meat,
2 PL tablespoons of lard,
2 pieces of smoked sausage,
Sour cream, red ground pepper, black pepper,
salt, bay leaf, fresh pepper.



Procedure

1. Fry the sliced onion in the lard, and add the meat, fry and add the spices.
2. Add smoked beef, cabbage, mushrooms and cook together for 1 hour.
3. At the end of cooking, add sliced sausage, thicken with a water and flour sprinkle, and cook.
4. Just before the end, add plums and sour cream.

RUM BALLS

A recipe from Sólveig Sigurðardóttir - President, ECPO



Easy to make. The rum part to be optional in this recipe, these balls are so good with or without rum.



Ingredients

350gr Dates
100gr Pecan nuts
50gr Good unsweetened cocoa
1 1/2 tsp. rum flavoring (can be more if you want a stronger taste or use other flavors)
2 tbsp. Coconut flour
2-4 tbsp. water (from the dates)
Extra Coconut flour to roll the balls in.

Procedure

Soak the dates for about an hour.
Then pour off the water but keep a few tablespoons to soften the dough.
Put the dates in a food processor and work them well.
Add the nuts and everything else and work into a soft lump of dough.
When this is done, please don't add any more liquids to it.
It needs to be thick enough so once it refrigerates, it sets into a truffle-like ball.
Roll each rum ball in coconut flour and place them on a tray to refrigerate.

These are so yummy.

NEW YEAR, NEW ME TRAP

NEW YEAR



Barbara Anderson
Psychologist,
ECPO Representative Austria



Every year, not only Santa Claus comes, but also immediately afterwards, the good resolutions at the beginning of the year. In the new year everything will be different.

I stop smoking, I take more exercise, I lose weight, I drink less alcohol, I create order, the list goes on and on. Does that sound familiar to you? If so, then according to surveys (in Austria 2020) they belong to two-thirds of the people who, with a champagne glass in their hand on New Year's Eve in a buoyant mood, announce their New Year's Resolution.

However, more than 70 percent already soberly realise in February, that they will not succeed.

At the top of the New Year's resolutions, according to surveys, is the desire to do more sport and exercise (42 percent). Just under a third want to eat healthier (32 percent) or have resolved to lose weight (28 percent)".

One topic that concerns us all again and again is losing weight. Regardless of whether we are not at all, lightly, moderately or massively overweight, the topic of weight reduction is one that almost everyone knows, and has tried and ultimately failed at miserably several times.

You try everything, you invest enormous amounts of money in drinks, in fitness, in nutritional supplements or in personal trainers, and what costs a lot of money also promises

success, doesn't it? Unfortunately, you can't just buy fitness and weight loss, like a new cell phone or a car. No, we can invest as much money as we want, but in the end it is important that we pay attention to the right things and do not let ourselves be guided by wrong motives or pursue unrealistic goals.

Changing your lifestyle means coming to terms with yourself, recognising your own stumbling blocks and traps. Recognition is the first step, but then it also needs a plan for implementation.

Professional support in the form of psychotherapy, nutritional advice or coaching, can be helpful in this process. One should be skeptical about self-made miracle diets from the Internet. The higher the promises, the higher the risk of a new frustration experience, nobody needs that again, we already know that.

Therefore here are a few essential points that make it easier to keep resolutions:

Realistic expectations.

There are other expectations. We want it to happen quickly. We want to lose as much weight as possible and then resume our old, familiar life as quickly as possible. What we have more or less easily eaten up on our ribs, hips or stomach over the years should preferably be back down the day after tomorrow. That will not work like this.

Having a high goal is basically a good thing. But the line to exaggeration is narrow. You are quickly overwhelmed and give up immediately after the first few tiresome steps.

I've done that... and failed to go. I get notions and then lose interest. I have learned after many mistakes I'm not a gym person and that's that. The problem is I haven't found after 48 years what exactly I like enough that will keep me going at it. I used to feel bad when I saw all these people do 10k and marathons wishing I was like that but I just have to accept I'm not

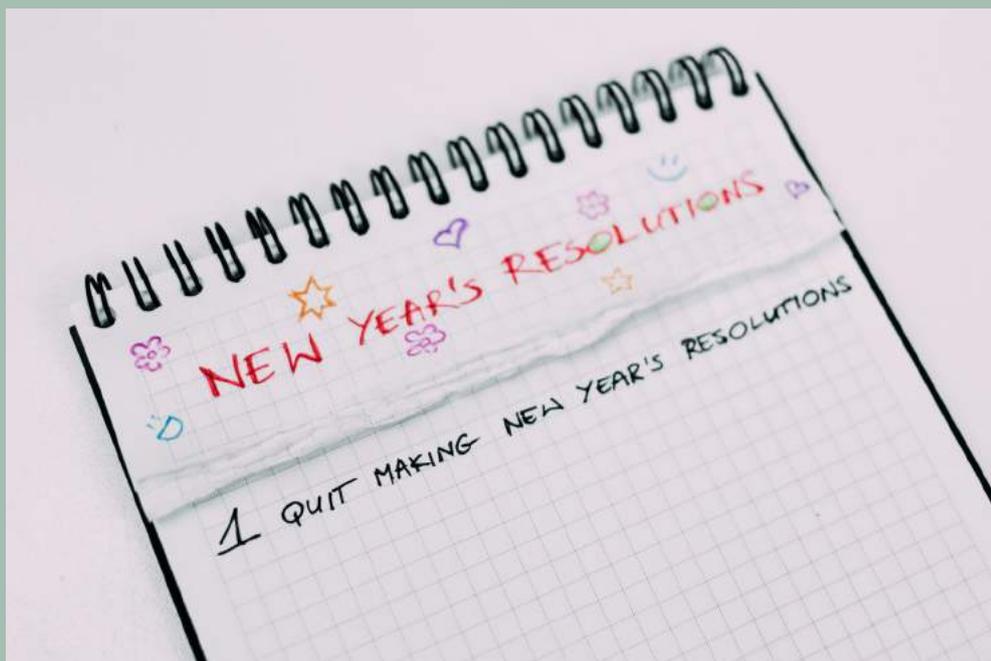
-Zena

It's like when you've never played a piano before and want to give a concert in two months, it won't work out.

Therefore: Set realistic goals: If you are overweight, the danger of overtaxing yourself and setting unrealistic expectations is particularly high.

A realistic weight loss, which can be maintained over a long period of time, is about 10% to maximum 15% of the body weight. However, most people affected by Obesity usually want to lose all their excess weight in a short period of time. Unfortunately, this is very often attempted with crash diets or one-sided diets.

One-sided diets or highly restrictive diets do not last long, and the ravenous appetite for



familiar foods is further increased by forbidden foods. The consequence is a rapid break off of the diet, a renewed weight gain. The yo-yo effect, a lot of frustration and the familiar feeling of being a “failure” occurs. Therefore, if you want to lose weight in the long run, do not try to do too much at once, step by step and see each lost kilo as a gain or win. It is a long way and requires a lot of time and patience. We often have little of either. But let us gladly forget that the body weight has also not increased over a few months but mostly over several years.

We often want too many changes at once. You can't change your whole life at once, it overtaxes everyone. The consequence is that you fail and when one resolution fails you throw all other resolutions overboard and change nothing at all. Therefore it is better to start slowly with only one change and concentrate on it. When we have managed this one change, it gives confidence and trust that we can also create another change.

The change must be fun and fit you:
There is always the danger of doing thin-

suited to implementing the changes.

Get support

Get support from all sides, whether from friends, colleagues, professionals or your partner. This significantly increases the chance of long-term perseverance.

New habits need repetition.

Everything that is new has to be practiced often so that it runs automatically over time. This is important because automatic action requires less time and energy than new behavior. As soon as I stop thinking about it and still keep the new behavior, I am on the right track.

In conclusion: It is good to have resolutions. However, they require a lot of time and patience, the right time, and support from outside, many repetitions and one step at a time. It is very important to believe in yourself, your success and to like yourself as you are. Not easy, but with a little practice you can also learn and increase your life satisfaction. This is the best way to start in the new year!



One year a long time ago I decided this was my year, I would shift the weight. I paid £350 at the time for I think was one months supply of the Cambridge diet foods which was mainly drinks and soups...2nd day of January came but low and behold I could not tolerate the taste of the drinks or the soups. So needless to say that diet went out the window. Poorer but none the wiser, I often fell into similar traps again in my bid to lose weight every year, and every Monday throughout the year...now I just try each day instead of making big gestures that don't work

-Linda



What I found as well though was most people around me 'expected' me to try every New Year that came and went. The amount of times I heard 'new year, new you' and you should think of trying XYZ.....

- Bernadette

gs that are recommended by others or the media. Thus, the abort is quasi pre-programmed. After all, who does things in the long run that don't bring joy?

Therefore it is very important to find the right form of exercise and the right nutrition plan. This is the only way I can, in the best case spend the rest of my life. After all, I want my life to bring me joy and not be torture!

The change in lifestyle must feel so good that it can be used to last forever. Then and only then one has a chance to achieve something permanently. When you pick up the old habits, there is a weight regain, followed by frustration. This can again lead to increased eating.

Its a vicious circle.

It also depends on the right time.

The turn of the year is often not the right time, especially when there is a lot of stress. First cope with this stress and then choose a different, but also a fixed time that is better

POLVO À LAGAREIRO

A recipe from Carlos Oliviera, ECPO Board of Director



One of the traditional Christmas dishes (especially in the north of the country). For 4 people

Ingredients

2 medium / large octopuses
16 medium white potatoes
4 eggs
1 broccoli
12 small shallots
1 onion
1 head carnation
1 head of garlic
Olive oil, pepper and parsley q.s.



Cooking Method

Cook the octopus in the pressure cooker, in water with a clove of head stuck in an onion, until tender (the time depends on each octopus, is to open the pan in the middle of cooking to confirm).

When cooked, uncover the pan, add a pinch of salt, and with the pan uncovered, let it boil for a few minutes, just to take salt.

Apart, the potatoes are cooked with skin, with a small cut on the side, strain and allow to cool slightly.

Broccoli and eggs are also cooked and reserved. Give each potato a small spanking to flatten it a little.

In a frying pan, heat a lot of oil (about 2 fingers high) and lightly brown the chopped garlic from a head of garlic.

In a large tray, the octopus, potatoes, shallots are placed on top and a small free space is left.

Sprinkle 2/3 of the oil with the garlic and place in the oven to brown.

When it is practically ready, remove the tray from the oven, place the broccoli and eggs in the empty space, sprinkle with the remaining oil, sprinkle with chopped parsley and take it to the oven for another 3 minutes .

Serve hot.

self-care week with



why self-care?

Self care is an essential part of our routine, especially when we may be locked down due to the ongoing pandemic. Self-care is about taking time out of your day to look after yourself - whether that is a nourishing snack, hydrating or a magical bath. It can be practiced regardless of age, gender, race OR body-size.



TURKEY AND CRANBERRY MEATBALLS WITH CRANBERRY AND ORANGE SAUCE, BRAISED RED CABBAGE AND CHEESY POTATO AND CAULIFLOWER MASH

A recipe from Susie Blrney - ECPO Secretary



MEATBALLS

INGREDIENTS MEATBALLS

- 30g dried cranberries, chopped
- 2 cloves garlic minced
- 1 large shallot finely diced
- 600g minced Turkey
- 1 egg
- 1 grated green apple
- 1 tsp each parsley, thyme & sage
- 1 slice bread, whizzed into crumbs
- Zest of an orange
- Salt and pepper

INGREDIENTS CRANBERRY & ORANGE SAUCE

- 1 cup fresh or frozen cranberries
- Juice of an orange
- 1 desert spoon brown sugar



PREPARATION

1. Cook the garlic and diced shallot in a splash of water in a pan until softened.
2. In a bowl combine the remaining ingredients for the meatballs along with the shallot and garlic. Mix with your hands until completely combined.
3. Roll the mixture into approximately 20 small meatballs. Cook in a nonstick pan with spray oil until slightly golden on top and cooked through.
4. While the meatballs are cooking, place the cranberries with the orange juice and honey in a pot or microwavable bowl, and cook on medium heat until the cranberries begin to pop.
5. Transfer the cranberry sauce to a blender or food processor and blend until smooth.

BRAISED RED CABBAGE

INGREDIENTS

- 1 small head of red cabbage
- 1 onion, sliced thinly
- 1 green apple, sliced thinly
- 1 tspn cinnamon
- ½ tspn nutmeg
- 250ml apple juice
- 2 tablespoons wine vinegar

REPARATION

1. Thinly slice the red cabbage and add it to a large pot with the sliced onion and apple.
2. Pour over the apple juice, vinegar and add the cinnamon, nutmeg and pepper.
3. Simmer over a low heat, stirring occasionally for an hour, adding more water as necessary.

CHEESY POTATO AND CAULIFLOWER MASH

INGREDIENTS

- 1 head cauliflower
- 6 large potatoes (about 900g)
- 60g extra light cheese spread
- 2 cloves garlic
- Splash of low fat milk

PREPARATION

1. Peel and dice the potatoes and cut the cauliflower into florets
2. Add both to a steamer with the garlic, and steam for 20min or until soft.
3. Mash with the cheese spread and a splash of milk until smooth and creamy.

SIGRÚN THORSTEINSDÓTTIR

Cooking- a mindful experience with children



Until my late 20's my culinary skills were abhorrent. Even if my life would have depended on it, I would not have been able to boil an egg. I ate pasta raw and uncooked.

Perfectly happy with my food choices, I found absolutely nothing wrong with my menu, but my body did.

I was always ill. I suffered with viral infection after viral infection for several years. I did not eat sweets or typical junk food, but as I now know (I did not then), white bread, white pasta etc. has similar effects on the body as the "white powder" Sugar.

I stopped eating sweets and junk food when I was twelve years old, mainly to save up money to be able to take care of my first horse.

I worked hard from a young age and I took on many jobs. When I was living at home, I ate mainly what my late mother cooked. We didn't have much money, and there were 6 of us, so mum cooked pretty much what was available, sometimes even food that other people tell me today wasn't really what someone would ever eat.

I do not recall being fussy, complaining too much or being a picky eater, but I do remember being hungry sometimes which must have meant that I did not want to eat what was offered. So, I would sneak into friends' cupboards at their houses, but since their parents weren't much better off than my parents were, I ate what I found. Too often it was cat kibble.

I still think fondly of dog biscuits, the ones that look like small T-bone steaks (although I promise, I don't eat them anymore). Dog "chocolates" which were not sweet, were such a delicious treat.

My parents were hard working, good, honest people, and we never starved, but food was a means to an end, not a luxury, wolfed down after a busy day, nothing to enjoy but something just to get over with.

Well, apart from Christmas when my mum made her delicious asparagus soup, with the soft store-brought brand-name bread buns, with roasted pork and all the trimmings which seemed endless. I still love Christmas, especially the food.

My parents, being born in a remote Icelandic village in 1941, had apples and oranges once a year, during Christmas, so they were not exactly food connoisseurs. Nobody really was, and growing up during those times, people were often on the brink of starvation, which explains the "means to an end" part of my mum's cooking.

The family moved to Edmonton, Canada when I was 3 years old, and we lived there for 4 years. The first dinner we had en route, on the long journey from Iceland to Edmonton in 1977 was at a restaurant. It was quite a big event for us.

My father told us not to touch the fancy table decorations the waiter had just brought us

The waiter, at the end of our meal, asked us nervously if we didn't like the salad?

We were just clueless. Fruits, as I (born in 1974) knew them, were the colour of traffic lights, red, green, and orange.

Fast forward 25 years and I had started a popular blog about healthy foods with ingredients that most people back then, found truly bizarre, like spelt flour, arrow root, xanthan gum, rapadura cane sugar.

Fast forward another 10 years and I had published a 400-page best-seller cookbook in Iceland with a 5-star review. Ok, I admit, "best-seller" in Iceland means that you have sold a few thousand copies, but still, I was

proud of my labour of love, and the reviews meant everything to me.

So, what happened in those fast forwards? For one, I moved to London to study for my first (I have a couple) master's degree and I got to know all the lovely fresh ingredients in the wonderful supermarkets.

I learnt that there were over 2000 types of apples and cherries. I also smelled fresh herbs for the first time and saw oranges in the stores with leaves still on. I had a plum tree in the garden.

It was in 2001 and it dawned on me that eating Chicken Korma out of a can (we f





found it lovely though) wasn't really good for us, and I was still always ill. So, I started experimenting, and I started writing down ideas and recipes.

I learnt that cooking can be a mindful experience, providing relaxation which could do wonders for your immune system, and combined with healthy ingredients, you cannot go wrong.

I was definitely not relaxed at first, and there was nothing mindful about my cooking. I was terrified of the kitchen, and the oven, and measuring spoons.

I confused Fahrenheit and Celsius. I put salt instead of sugar in recipes, I made potentially lethal weapons from overbaked and

dry muffins. I was so embarrassed to be in my late twenties and not being able to cook an egg. So, I bought a special egg-timer thingy to boil them. I probably made a few thousand mistakes during my first year of learning basic kitchen skills. But I did not give up.

Thank goodness for the amazing bookshops in London, because I loaded up on cookbooks.

My dear husband supported me from the beginning and was happy with whatever I made (well, whatever I did not have to throw away). That was a huge help. I truly did not have any skills in the kitchen, and seeing that I never so much as stirred a pot during mum's

cooking when I was a kid, it probably was not surprising.

My only food-related memory, being with my mum in the kitchen, was peeling the aluminium foil from the vegetable broth cubes, and her telling us off for being in her way (like most mums did then).

I now have two children, 9 and 11-years-old. I decided from the very start that I would open up the kitchen to them. I had this vision of me wearing an apron, my children giggling with floured fingers, and my long hair tied up in a bun, and we would all be having so much fun.

The reality hit me with me holding a 4-month-old in one arm, the other arm stirring a pot, with my 2-year-old crying and clinging to my food- and spit-up stained trousers, all the while trying to revise for an exam during another master's degree.

The thing with children is that they really want to help, in whatever way they can. It might not be helpful to us, but to them it can be a proud achievement. We might not have time for it but give them an age-appropriate job and they will smile from ear to ear.

What bothers me as a mother, and an advocate for healthy nutrition, is that a lot of our food is not cooked at home. We buy too much processed food, and we are always in a hurry.

When I was deep into my studying, the kids were always sick as they often are before 4-years old, It was down to food being a necessity, not a savoured time with my family.

Instead of a healthy lunch, I scoffed down peanut butter because it was quick and energy dense, again, I got ill. This was the absolute thing I swore I would not let happen when I got older and had kids.

As a society we are way off base, in general, when it comes to teaching kids about fresh ingredients.

We are not mindful during our meals. We do not really read the nutrition labels.

Lay out 10 different types of leafy greens and most children will say that these are "kale". Ask them to name 5 types of seeds and they will say "hamburger seed" (sesame seed), "cheese-puff pastry seed" (poppy seed), "birdseed" (linseed) and so on.

Point to a sweet potato in a supermarket, and most young children will not know what it is, and absolutely will not know what to make out of it, really, that is bad.

Knowing what we put inside our bodies is so important, it is the foundation for good health. It is also a way to tell yourself that you matter, that you are taking care of yourself and your health, that you value your body, and your time. Children pick up on these things.

Too often when we are in a rush, we treat our bodies poorly and it backfires. Believe me, I know.

I know I sound like a very old person, but one of the things that drives me up the wall, my greatest pet peeve, is families at restaurants and cafés, staring at their phones, igno-

ring the children.

Speak to your child, ask them about their day. Did anyone fall on their bum? Were there any dinosaurs on the playground today? What about flying cars? Did anyone cry or feel bad and were they able to help? If you are sitting with your children, spend time with them, make them feel valued, and important, especially around the dinner table.

This is family time, even if it's just the two of you. If you are able to eat together, do it. I am truly aware of families that are not able to sit down at dinner time.

You might be a single parent and you might be exhausted; you might have had a terrible day; you might have a disability, or you might not have any money to cook from scratch, that's ok. Do what you can. If you need to heat frozen pizza, make sure you include a little salad as well and place it on a nice plate.

If you need to buy take-away, make sure you slice apples or oranges with dinner. If you cannot, try to do it next time, and do not feel bad, you are trying your best.

Sitting with your child and having an enjoyable conversation is a thousand times better than eating dinner in front of the television or ignoring the little people sitting at the table.

I remember specifically one time eating at a very fancy restaurant in London with the kids and husband, which was booked months in advance, it had cloth napkins and everything.

Next to us were a family of four. They were silent. The parents were looking at the phones the whole duration of the meal, the older child too, the younger child seemed lost, and bored.

He picked at the delicious, beautiful food and hardly tasted it. It made me so sad. What a lost opportunity for so many great things. It took enormous effort to not invite the child over to our table.

If you do have the energy to cook with your child, if you have the time to bake with your child or if your child asks you if they may come with you to the supermarket, try to say yes. Even if there are a few more dishes to wash, or the egg breaks on the floor, or the salt gets mistaken for the sugar, or the trip to the supermarket takes a little more time.

Take him or her when they are not tired or hungry.

Your children will have fond memories of their parent, spending time with them, making them feel important.

Teach them about food, where is it from, how it grows, what are the names, what can you make, how does it smell etc. how it can make you healthy.

Children are little scientists, and they love experimenting. They are also very curious. From 2-6-years of age most children are fussy eaters, so bear with them while they go through this.

It's normal and age appropriate (and it is very frustrating as well). Don't force them to

taste anything, provide alternatives (e.g. fresh veggies instead of cooked) and be mindful of the fact that they might actually fear some ingredients like Brussel Sprouts.

The taste and smell might be overwhelming to them. Do not give up though since they require at least 10-15 tries before they start to accept new foods. So, serve Brussel Sprouts often, but do not expect your children to eat them until they are maybe 15-years-old, or maybe even never. That is absolutely fine.

If they would rather have the broccoli, or spinach or pepper instead, never mind. It is not the end of the world and be very cognisant of the way people talk about their eating habits. It is none of anybody's business and they should never feel ashamed about how or what they eat. It only creates more problems in the future.

In short, invite your children into the kitchen. Enjoy your meals (whatever you make or buy) and be mindful, make eye-contact and ask about their day.

Make them feel important and give them age-appropriate tasks. Most of all, teach them about the importance of healthy food, and its value to your body and health. Embrace the time they chose to spend with you in the kitchen.

You are giving your child not only a great start in life and important life skills, but a healthy future as well.

The recipe is from my late mum. It is a

take on the English Christmas pudding/tea bread/fruit loaf. I do not know where she got the recipe from, but it is my husband's favourite cake.

You can include the children in the kitchen when making this recipe. Ask them about the spices, let them guess the names by smelling the spices with closed eyes. Ask them about memories related to the spices and tell them your own stories. Let them sift the spelt flour, measure, and stir, sort the dried fruits into bowls, and obviously, the most important jobs of all, let them lick the spoons as head tasters!

On a side note, after my mum died a few years ago, my father, who was 74 at the time, did not know how to boil an egg. Three years later, he now cooks every day with fresh ingredients, lots of veggies, salads, and fish. It is never too late to learn skills and treat your body well.

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SPICY CHRISTMAS FRUIT LOAF

Although the loaf seems quite complicated to prepare it is actually fairly easy, especially if you are able to break the task down over a few days (chop the fruits on day one, prepare the batter on day two). This is usually how I do it since I often work long hours and don't have time to spend too many hours in the kitchen (although I wish I was able to!). My husband loves, loves, loves this loaf which is why I prepare a whole lot every year, to freeze. He is still nicking a piece from the fridge in June! When the pumpkins arrive in the shops (they don't grow in Iceland, they are imported) I start prepaing for the annual Spicy Christmas Loaf. The loaf is egg free, lactose, nut free and vegan. It is sweet, spicy and quite filling. I love a slice of this loaf with a cup of tea.

You will need a basic loaf tin (I prefer to use the ones made from silicon).



INGREDIENTS

- 400 grams (14 oz) pumpkin or butternut squash (you will need 250 grams (8¾ oz) cooked pumpkin)
- 250 grams (8¾ oz) apricots (unsulphured/organic)
- 80 grams (3 oz) pitted dates
- 120 grams (4 oz) prepared pineapple
- 200 grams (7 oz) raisins
- 100 grams (3½) sultanas (or more raisins)
- 1 orange (the zest and 3 tablespoons juice)
- Half a lemon (the zest only)
- 290 millilitres (10 fluid oz) apricot jam (without added sugar)
- 1 tablespoon maple syrup
- 1 teaspoon coconut oil
- 280 grams (10 oz) spelt flour
- 3 teaspoons ground cinnamon
- 2 teaspoons ground cloves
- 1 teaspoon ground nutmeg
- 1 teaspoon aluminium free and gluten free baking powder
- 1 teaspoon salt (Himalaya or sea salt)

TIPS

- You can use orange jam instead of the apricot jam. If you use orange jam, omit the orange peel in the recipe.
- You can use dried apples and mangoes instead of the pineapple.
- You can use agave nectar instead of the maple syrup.
- If the coconut oil is cold (in which case it becomes solid), place the jar in a bowl filled with hot water for a couple of minutes.
- You can use whole wheat flour instead of the spelt flour.
- You can use regular baking powder instead of the aluminium and gluten free one.
- If you don't have a silicon loaf tin, you can use regular loaf tin and line it with baking parchment.
- You can use tinned pumpkin and tinned pineapple, just make sure these do not include any preservatives/additives or added sugar. Buy organic if possible.
- Add a handful of chopped walnuts or pecan nuts for a healthy treat.
- Add a handful of chopped, dark chocolate for an extra special treat.
- The loaf freezes well.

PREPARATION

1. First, slice open the pumpkin. Clean out the seeds and membrane and cut outer skin away. Cut 250 grams pumpkin in pieces; transfer to a medium saucepan, cover with water and cook until tender or approximately 20 minutes.
2. Drain the pumpkin and let cool for 30 minutes. Place in a food processor and mix for 10 seconds or until smooth. Set aside.
3. Chop the 80 grams dates and 250 grams apricots finely.
4. To peel the pineapple, place it base side down and carefully slice off the skin, carving out any remaining hard "eyes" with the tip of your knife. Then cut the pineapple into quarters, remove the core (hard part in the middle) and cut 120 grams pineapple into small pieces.
5. Grate or zest the orange finely. Be careful only to include the outer layer (orange part) as the soft, white part/pith is very bitter. Also zest the lemon (you will only need half a lemon).
6. Squeeze the orange and set aside 3 tablespoons juice.
7. In a large saucepan, place the dates, apricots, 200 grams raisins, 100 grams sultanas, pineapple, lemon- and orange zest as well as the 290 millilitres apricot jam, 1 teaspoon coconut oil and 1 tablespoon maple syrup. Turn the heat up and allow to simmer for 5 minutes. Remove from heat.
8. In a large bowl, sift together the 280 grams spelt flour, 1 teaspoon baking powder, 1 teaspoon salt, 3 teaspoons ground cinnamon, 2 teaspoons ground cloves and 1 teaspoon ground nutmeg.
9. Add the 275 grams pumpkin puree to the large bowl.
10. With a large wooden spoon, fold the ingredients from the saucepan into the large bowl, fold approximately 8-10 times. The batter will look fairly ugly but this is fine since it will ensure that the loaf will be light.
11. Lightly grease a silicon loaf tin with a few drops of coconut oil. Pour the batter into the loaf tin and make sure that the corners have batter as well. Bake at 180 degrees Celsius/350 Fahrenheit/Gas Mark 4, for 60 minutes.
12. You can tell if the loaf is ready when sticking a sharp knife into the middle. If it comes out clean, it is ready. It will also sound hollow when tapped underneath with your knuckles when ready. I prefer the loaf a little sticky however so it might not be completely ready in 60 minutes, bake for longer if you prefer.
13. Once the loaf is ready, remove from the oven and immediately pierce it all over with a small sharp knife (or a fork). Pour the 3 tablespoons orange juice over the loaf.
14. Wrap the loaf (still in the tin) in aluminium foil and leave to cool over night.



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