

EUROBESITY

Autumn 2022

magazine

VOICES OF YOUTHS IN OBESITY

WHATS
GOING ON
ACROSS
EUROPE

THE
BIG O
PROJECT

ECO REVIEW

ECPO



When I was a child, the adults around me decided that I needed to lose weight, so starting from about the age of six I was hospitalized for a week or so more or less every year. Eventually, as a young adult, I was twice put on an all-water diet in the hospital for as long as two months. On the other hand, I was exempted from gym class because the school thought it would be bad for me psychologically.

Later, largely through my work with physically impaired people, I came to understand that obesity is also a kind of impairment. The best way to support people with impairments and disabilities is to reject stigma and focus on building the person's self-confidence. For people living with obesity, it also means focusing on health, not just weight. That is to say, more or less the opposite of the way I was treated when I was growing up.

In 2015, I joined the EASO Patient Council and had the honor of being elected its first chairman. We were then just a small group of friends from many different countries, struggling to find a way of working together for the benefit of all of us who live with obesity. Together with a colleague, I wrote the Milan Declaration, in which we demanded respect, an end to stigmatization and a social perspective on obesity. In short, a holistic perspective.

Today ECPO has grown to an organization of its own, with member organizations and individual members in many countries, spearheading the fight against stigma and for a holistic perspective on the disease of obesity. There is still much to do, but we have achieved a lot. And I am proud to be a part of this fantastic development and welcome you to this edition of the ECPO Magazine.

Christina Fleetwood

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Cover and back page photo:
Abbie Trayler-Smith



Vicki Mooney
Executive Director, ECPO



As I write this editorial, I cannot believe how blessed I am to be involved with a group of patient representatives and advocates which collectively have achieved so much in our quickly changing world.

Looking back with fondness and pondering on the EASO Patient Council first meeting in Sofia, Bulgaria in 2014, helps me write this piece with such pride.

I am proud to say that I have had the opportunity to work with, collaborate with and share with the most empowering and passionate people in Europe, the ECPO Patient Council.

Not only in this magazine will you read of their tremendous achievements so far this year, but you will also see that we now have a developing young adult community.

Friday October 21 will see the launch of their first podcast on obesity in 2022. I have often wondered if it is the same for teenagers today, as it was in the 80's when I was a teen. However, sadly I have discovered through their podcast and conversations that it is the same on many levels as my own lived experience.

- **Their challenges in discussing obesity with a health care professional is the same.**
- **How teenagers with obesity are underestimated and perceived is the same.**
- **The lack of personalised treatment and guidance is the same.**

However, one area has changed. The weight bias, stigma and discrimination has worsened as our teenagers now also have social media platforms to contend with. A *free for all* as bullies and trolls hide behind keyboards while they taunt those with obesity.



Konstantin Voynikov

So, what do we do?

We give them a powerful voice. A platform to talk openly about what this feels like and how it affects them. A place they can freely speak about what they would like to see addressed in treatment and management of obesity, and that is exactly what we have done for our campaign day.

Konstantin Voynikov is a young 26-year-old man from Bulgaria who moderates the podcast sharing his own experiences with obesity, with a group of empowered and resilient young adults from across Europe.

Their call to action is a plea for change to all stakeholders.

In this edition of our magazine, you will not only see the powerful work by many advocates, but I hope you will recognise why we all need to be a part of addressing change together for all generations of people who are affected by or living with obesity.

ECPO AGM UPDATE

FROM KEN CLARE, CHAIR OF THE BOARD OF DIRECTORS.



Ken Clare

ECPO CHAIR OF THE BOARD



EASO ECPO Changes its name to ECPO

My first real experience of EASO in 2013 when I spoke at the ECO (European Congress on Obesity) in my home city of Liverpool in the UK.

I was overwhelmed by the enthusiasm and passion of members in developing the knowledge and science of the study of Obesity.

In 2014 myself and 13 European patient advocates were invited to ECO in Sofia Bulgaria. At that meeting the EASO Patient Council was born. We developed and we remain grateful to the nurturing and support we received from EASO.

That support and allowing us to be self-determining was a feature of our development.

A lot of hard work and dedication went into getting us ready for our launch at ECO 2019 in Glasgow as an independent patient organisation, with the support the EASO scientific

community behind us.

We launched as EASO-ECPO The European Association for the Study of Obesity – European Coalition of People Living with Obesity.

Even at that point we knew we would one day stand alone as ECPO.

We are grateful to the EASO Committee members, Presidents both past and present, and the EASO team including, Sheree, Euan, Ximena, Marco and Jacqueline for helping us get to where we are today.

Prof Jason Halford and Euan Woodward are members of our Board of Directors, and we are grateful to them for their continued input and support.

So, while we have changed our name and our logo we will continue with a special and longstanding relationship with EASO. We share so many of the same goals.

#TogetherWeCanDoSoMuch

Christina Fleetwood steps down from ECPO board of Directors

It is with a degree of sadness that I announce that Christina Fleetwood, one of Board members stood down at our recent AGM.

Christina was one of the original patient council members and has been a beacon during the development of our new organisation. She held many posts within the patient council including a period as joint chair, and she was

instrumental in steering the Milan declaration to fruition.

Christina has been a board member since ECPO launched and we are aware of her major achievements in the stigma group and presenting workshops with team members along with David her husband.

I asked David for some background about Christina's career. I think the best way to do it justice is to publish it verbatim.

Christina has long experience in working with people with disabilities. She has a master's degree in political science from Uppsala University and 1973-74 she travelled to the United States where she did a master's degree in special education for visually disabled at San Francisco State University. She worked in Portland, Oregon, 1975-1980, which is where she and I met. We moved back to Sweden in 1980.

Besides working with the visually disabled, Christina has worked with young people with multi-handicaps, and has been Chair for the Stockholm chapter of the Swedish Epilepsy Association. 2006 she finished her third master's degree, this time at the Nordic School for Public Health in Gothenburg, where her thesis was on user involvement.

2009-2015 she was Chair for the Swedish Association for People with Overweight (now HOBS, Health Independent of Size).

As you can see an impressive career by any measurement. Christina's personality and presence on the board and at in person events will be sorely missed.

I asked Board members for their





views and comments, and I think EASO President Jason Halford summed up all our views so well.

‘I have only come to know Christina in the past six years. An academic and someone with lived experience, she was an advocate, researcher and educator in stigma, way ahead of her time. I remember spending time with her travelling or at various events enjoying her and David’s company. Christina laid the foundations for ECPO, patient advocacy and patient led education globally

EASO is happy to inaugurate a new annual award for patient focused research and research on stigma in Christina’s honour.’ Jason Halford, EASO President.

Carlos Oliviera steps up as Vice Chair of the ECPO Board of Directors.

As a sign of our increasing maturity as an organisation and the growth and challenges we are facing ahead, the

board has decided to create a post of Vice-Chair.

At the recent Directors meeting prior to the AGM Carlos Oliveira was proposed, seconded and duly appointed as Vice-Chair.

Carlos was a longstanding member of the Patients council before being appointed as a board member.

He has extensive experience in Adexo, the National organisation in Portugal, of which he was a founder. He has also served on many international groups and has experience of policy implementation at EU level.

With ECPO, Carlos is an active member of our funding committee and is a key play player in our mentoring strategy group.

Carlos brings a wealth of experience to the table, and I am looking forward to serving with him in this new role.

Ken Clare





ECPO 
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Photographer :
Jorge Padeiro

2022 EASO MASTERCLASS IN OBESITY: ANNECY, FRANCE

Judit Pettkó
Ecpo Treasurer



Train the trainers' courses are held annually by EASO for the young professionals (clinicians, researchers, dieticians, etc.) Each year, the summer school is organized in a charming French town at the foot of the Alps, Annecy. I was invited to advocate for peoples living with obesity and represent the ECPO.

The ECPO was invited to give the very first



lecture with presenting the history and the current activities of our organization. This request demonstrated to me that the ECPO and its work is valued and EASO considers it important that the patients also represent themselves in these courses. In the other lec-

turers sessions the ECPO also was welcomed to add the thoughts and comments about the patients' experiences.

During the summer school, in the breaks and evenings I talked a lot with the participants when I could share my personal experiences, which, I hope, helped them to more understand the difficulties and discriminations of a patient living with obesity.

In my opinion, the participation in these courses is a great opportunity, not only for young professionals to break away from everyday life and learn more about the treatment methods but also for us, people with the lived experience of living with obesity, to give presentations and raise awareness about the everyday struggles of patients living with obesity.



REFLECTIONS OF THE EUROPEAN CONGRESS ON OBESITY MAASTRICHT 2022

AS WE PREPARE FOR ECO2023 IN DUBLIN IRELAND



Tony Commuzzie



After more than two years of Zoom calls and virtual meetings, I was excited to return to live meetings this past spring and was particularly happy to start this return to normal by attending ECO22.

I looked forward to being able to catch up with friends and colleagues, to hear about the latest research advances as well as having the opportunity to visit the beautiful city of Maastricht.

Walking into the convention hall that first morning, I was immediately struck by the excitement and energy that was present as people reveled in the opportunity to once again engage and interact in a live setting.

However, amongst all this activity, one of the things that immediately caught my eye were the large posters scattered throughout the venue, featuring members of the ECPO community. I immediately appreciated the positive images of individuals going about

their daily lives and was moved by the quotes they provided about living with Obesity.

I was also impressed by the presence of QR codes on each poster that would allow you to set up an appointment to talk face to face with a member of ECPO in the patient lounge during the conference.

As someone who has spent most of his career involved in basic research and not directly interacting with patients, I found the presence and participation of members of ECPO to be a fantastic addition to the meeting experience and helped to maintain a focus on the human impact of the science being presented.

I truly believe that researchers are driven by a desire to contribute something that will help individuals with the condition, but often those individuals exist as an abstraction. The visible presence and involvement of ECPO members throughout the conference served to add what a scientific conference often lacks, the human connection. However, it was not merely the presence of ECPO members at the meeting, but their active participation in many of the sessions that made the real impact. In particular, the presentation by Vicki Mooney and Natasja Wijling sharing their personal experience with Obesity during the opening session helped to remind everyone in attendance of why we do the work we do.

While I left ECO22 having caught up with friends and colleagues and having heard some of the latest developments in the field of Obesity, it was the contribution of the patients to the overall atmosphere of the meetings that I appreciated the most.

As part of my role as the CEO of The Obesity Society (TOS) it is my responsibility to help keep our programming at the leading-edge, and as part of this effort we have begun including the patient perspective in our presentations when and where appropriate and this has been met with enthusiasm by our attendees.

However, what we have not yet done was what I witnessed at ECO22, and that is to integrate the patient presence throughout the event.

I have relayed the TOS leadership my experience at ECO22 and have suggested that we explore how we can better integrate the patient community into our meetings.

I want to say thank you to the ECPO leadership and members for sharing their stories and helping to put a human face on Obesity and reminding us of why the work we are doing matters at a personal level.

I look forward to continuing to learn from your efforts and hope to see you next year at ECO23.



REFLECTIONS OF THE EUROPEAN CONGRESS ON OBESITY MAASTRICHT 2022

AS WE PREPARE FOR ECO2023 IN DUBLIN IRELAND



Katja Badke



I was really excited to take part in the European Congress of Obesity this year in Maastricht, as an ECPO advocate representing Germany.

I joined ECPO in 2019 but never got to meet any of these people in real life until now because of all the lockdown restrictions.

As somebody who has experienced obesity through much of my life, as well as someone who works with patients struggling with the disease, and a founder and board member of AdipositasHilfe Deutschland e.V., I have both a deep personal and professional interest and I really took away so much from the conference.

Every day there was a fantastic selection of sessions, with a wide variety of topics discussing obesity from different medical perspectives. They included: people living with obesity, types of therapy available or planned, scientific studies and the problems of stigma associated with the disease. I attended as many sessions as possible and was both delighted and astonished to see such a vast amount of research, as well as new perspectives on how we can best support people with the disease. To hear obesity discussed as a disease and no longer as a character flaw was so refreshing and made me feel positive about the steps forward that we are making.

A special moment for me was in a session focusing on the health impacts of obesity and how obesity is defined and measured. I am sure that we all agree that BMI cannot be the only measure.

In the session, a Professor from Canada was talking about the holistic approach he uses to support patients living with obesity. He made a statement that really resonated with me: "when I meet a healthy woman with a BMI over 30 with wide hips and strong legs, she is not obese, she is just beautiful!" I left this session feeling hopeful and excited about the future and how that future can be for all people living with obesity, including those who may feel marginalised by society in general and even by health care professionals.

One of the most moving parts of the conference for me was the level of energy and passion I saw from my ECPO colleagues in the sessions that they delivered.

I was inspired by their openness and honesty, as they shared the stories of their lives with obesity: their daily battles, their hurdles, the stigma they have faced, but also the rays of hope, their accomplishments, their successes, and their future dreams. It was impressive to see how these words touched many health professionals, many of whom have no personal experience of the disease.

It was clear that these personal testimonies really did open doors for changing perceptions, which I believe will lead to better outcomes for us all.

As I walked around the congress each day, I was struck by the ECPO banners that I saw.

Rather than have them in a dedicated exhibition space, they had placed them throughout the entire campus, so that they could be seen pretty much all the time.

I reflected on how this represented people living with obesity - we are here, everywhere, part of society, part of everyday, and this visibility felt heartwarming and positive. It also provided us plenty of opportunities to reflect on the individual stories and thoughts of some of our members as they appeared in creative and positive images without stigma attached.

Every single picture had an evocative quote from the person in the picture, that represented their story and something that was important for them to express. It was really

affirming to see the individual perspectives of those living with obesity everywhere.

We often talk about obesity in terms of figures and statistics, but these images really emphasised the human and individual story that each person living with obesity has.

Many congress participants were extremely interested in the images too, taking time to look at the pictures and discuss them with the advocates from all the different countries represented. It was clear that these images opened the door to talking about and learning more about how it really is for people living with obesity.

The pictures came from the project we did last year to create an ECPO image bank and if you have not already seen them, you may want to have a look at them at the following address <https://ecpomedia.org/image-bank/>

Meeting up in the same place together meant that we could have many more moments outside of the official sessions, where we could share and learn together. We used every moment for networking, even the time at breakfast! It was great and heartwarming to have these talks together and seeing that we often have the same issues, and sometimes how differently obesity is handled in other countries, for better and for worse.

On top of the knowledge sharing, I also really valued the opportunity to spend time with what I really believe is a family, an ECPO family. With the face-to-face meetings came the possibility of sometimes very deep and personal conversations.

These created new friendships based on our shared experiences.

As the congress closed for another year, my overwhelming feeling was one of hope. These days were filled with people who were all there for one reason, to share knowledge about the disease of obesity. While I was there, I learned new and added information to share with patients. I heard individual stories that deeply moved me. I saw minds opened and opinions changed.

Although I know that there are health issues and stigma and hard battles to be fought, I also saw the successes. I am reminded that we are going forward together to raise awareness about obesity.

This is the best way to fight this disease.

REFLECTIONS OF THE EUROPEAN CONGRESS ON OBESITY MAASTRICHT 2022

AS WE PREPARE FOR ECO2023 IN DUBLIN IRELAND



Ted Kyle



As we prepare to put a bow on ECO2022, it's plain that some things in obesity are changing rapidly. But others are not. Though the reality of coping with it is still far from ideal, but the options are getting much better. The scientific understanding of it has grown sharper, but messages to the public are not keeping up. Some folks are busy publicising the problem while suppressing solutions. It is a mixed picture of hype, hope, and halting progress against obesity.

Hype About the Threat

For decades now, many folks have been publicising the problem of obesity as a dire threat to individual and public health. This week at ECO, the World Health Organization pushed out yet another declaration of alarm:

"Overweight and obesity rates have reached epidemic proportions across the Region and are still escalating, with none of the 53 Member States of the Region currently on track to meet the WHO Global Noncommunicable Disease (NCD) target of halting the rise of obesity by 2025."

It is a crisis, bringing Europe a "tsunami of obesity," says the WHO's Kremlin Wickramasinghe. "We urgently need to pull together all that we have in order to stop this pandemic." For good measure, they add that it is causing 1.2 million deaths and 200,000 new cases of cancer every year in Europe.

Epidemic, pandemic, tsunami, cancer, death, and crisis – the hyperbolic threat could hardly be clearer. But hype is not help.

Hope?

WHO sees hope in many of the same policies public health gurus have been pushing for some time. Tax sugar sweetened beverages, subsidize healthy foods, shut down the marketing of unhealthy foods to children, improve diet and exercise throughout life. No-

thing new in that list. Nor has that list done anything discernable to move the needle on obesity yet.

However, we do note a fresh emphasis on "access to obesity and overweight management services in primary health care, as part of universal health coverage."

This offers a flicker of hope because it reflects a recognition that overcoming obesity requires efforts to both prevent and treat it. It is not especially specific or realistic because primary health care is not well equipped to deal with the complexity of obesity. But at least it is a nod in the right direction.

Further hope comes from the pipeline of more effective treatment for this complex, chronic disease. Semaglutide is the first of a whole generation of new products that work better than anything obesity care providers have ever had before.

Tirzepatide is coming along nicely and may even offer further improvements. Perhaps just as important is the hope for more tailored therapies that can better meet the needs of individual persons with obesity. In the opening plenary, Rachel Batterham captured everyone's imagination with the possibilities that personalized medicine and nutrition holds.

She also offered caution against hype. The precision therapy concept has been floating around for a while and it is taking time to deliver on its potential.

Tentative Progress

Perhaps the best evidence of progress comes from the fact that people living with obesity were a very visible part of this meeting. In the past, the human story of obesity has most often been an abstraction, at ECO2022, it was integrated into the meeting.

This helps because real human experiences have a way of taking us past the hype to see real hope for progress in overcoming the harm of obesity – to both public and personal health.

REFLECTIONS OF THE EUROPEAN CONGRESS ON OBESITY MAASTRICHT 2022

AS WE PREPARE FOR ECO2023 IN DUBLIN IRELAND



Maura Murphy



I did not know what to expect of this week-long event and I admit to having been nervous. However, I was delighted at the engagement of everyone from all faculties, with delegates from ECPO and ICPO who attended. All EASO and ECPO representatives that I had dealings with also made me extremely welcome.

I very quickly became involved in attending as many sessions as possible, unfortunately some overlapped and I had to choose between one and the other.

When we visited the poster room, it really heartened and encouraged me to continue advocating when I saw how much science is, and has been, invested into this chronic

relapsing disease. It brings hope for future treatments.

I was especially glad that we had an ECPO room to rest, recuperate and take lunch in; this enabled me to connect with other delegates who advocate for people with Obesity from other European countries who attended ECO2022. I gained knowledge on how Obesity is treated or not treated in other countries, and how some countries are far ahead in policy matters and government recognition. It was an engaging week, tiring, but very satisfying, and I have shared my experience with my colleagues in ICPO, whom I am sure will be relieved to hear how much contribution there is being dedicated to the disease of Obesity.

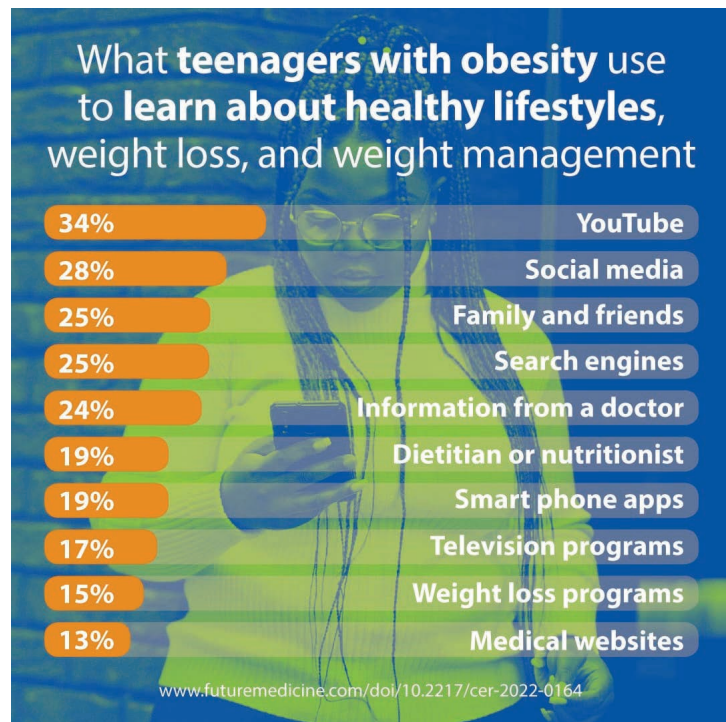
I was delighted with my invitation to attend ECO 2022 as Secretary of ICPO, but most importantly as a patient advocate.

I knew it would be an opportunity to meet face to face with some people I had only previously met on Zoom meetings due to the Covid 19 pandemic.

ICPO is a relatively new patient organisation, and I felt that this would be a great opportunity to gain knowledge on the disease of Obesity, and to listen to experts on the subject. I also knew a lot of the subject matter would be scientific and above my understanding, but I also knew that there would be sessions I could relate to on topics such as Stigma, Physical Activity, Childhood and Adult Obesity.

I also hoped to hear about any new medications coming down the line for the treatment of Obesity.





ECPO Campaign ‘Voices of Youth in Obesity’ 21 October 2022

‘**Adolescence**’ is considered as a **crucial** phase in human life that requires extreme parental care, guidance, and empathy as this time lays the foundation to good future health.

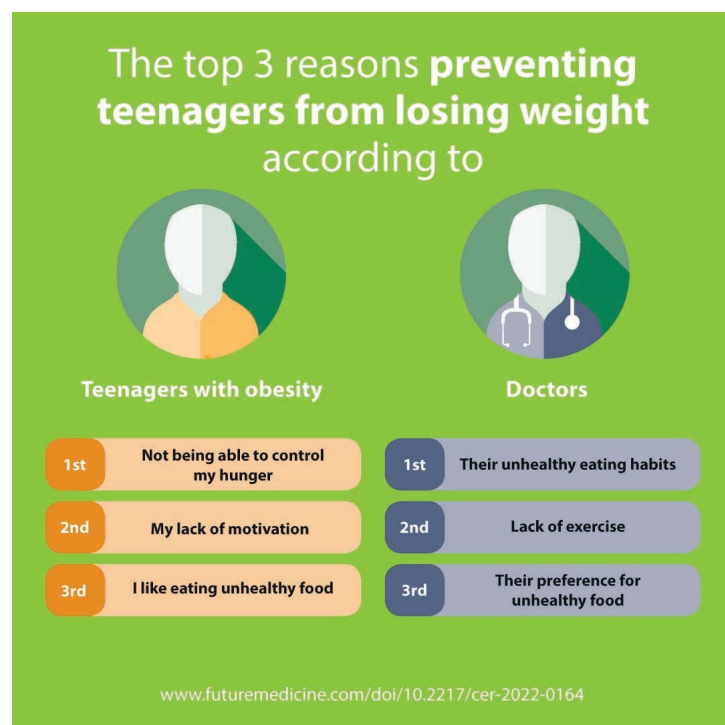
To date, there has been relatively limited research and policy focus on adolescent obesity, yet one in seven 15 years olds in Europe has overweight or has obesity.

Young Adults with obesity are continuously stigmatised and ‘blamed’ for their weight and as a result, over two thirds of them blame themselves for their weight.

Currently teens with obesity are not receiving the support, guidance, and care that has been highlighted in

- ACTION TEEN study 2022
 - Lund University study 2021
 - International project called ‘Confronting obesity: Co-creating policy with youth’ (CO-CREATE) 2021.
- Which is why ECPO have placed a focus on young adults for this campaign day.
- We aim to raise awareness of lack of support and understanding of the challenges of young adults (teenagers) who live with obesity face.
 - Understand how they want to be represented, spoken to, and engaged with.
 - Share their perspective on what it is like to live with overweight or obesity during these vital life molding years.
 - Hear the voices of the teenagers through their own conversation on what they want through their own podcast series, Moderated by ECPO Advocate Konstantin Voynikov from Bulgaria, featuring teenagers from Ireland, Portugal, Spain, Germany and England.

This campaign will focus on the launch of the podcast series “**The voices of youth in obesity**” ‘ and bring their experiences and call to action to society as a whole. To find out more, please visit <https://ecpomedia.org/resources/young-adults>



ACTION TEENS



To read the Plain Language Summary from the ACTION TEEN Study, please visit:
www.futuremedicine.com/doi/10.2217/cer-2022-0164

#EuroYouth
#HearTheYouth
#LivingWithObesity

We asked Professor Jason Halford for his professional opinion on the young adults and overweight/obesity, and what the challenges are!

We know that early onset obesity is associated with greater adult BMI, more weight loss attempts but more weight regain as well. Early onset obesity is also linked poorer health outcomes such as type 2 diabetes, and significant mental health issues such as depression and anxiety as well as low self-esteem.

The bidirectional relationship between obesity and depression becomes apparent from age of 7 in the UK Millennial cohort becomes stronger over time. This is the real unmet need in terms of management of obesity.

- 65% of Adolescents living with Obesity believe weight management is entirely their own responsibility.
- 72% are worried about their own weight and by and large they turn to YouTube and Social Media as their primary sources of information on weight management.
- 58% had made active weight loss attempts in the last year and cite inability to control hunger as their biggest barrier to success.

Fighting a disease with a biological basis when you feel at fault and without support too. We need to change narrative around obesity for adolescents. But equally as important we need services dedicated to them (not child or adult services)

The impact of obesity - in children and adults – on individuals, society and our healthcare systems should not be underestimated. There is urgent need for governments and society to recognise and treat obesity as a disease, so that more young adults can get the right support to help them live happier and healthier lives.

Professor Jason Halford, Head of the School of Psychology, University of Leeds, UK and President of the European Association for the Study of Obesity.

You can find the full ACTION TEENS Global study published here <https://pubmed.ncbi.nlm.nih.gov/35838551/>

How **teenagers with obesity** felt after **talking about their weight** with a doctor

72 out of 100
teenagers with obesity

72%

had at least one **positive** feeling

47 out of 100
teenagers with obesity

47%

had at least one **negative** feeling

www.futuremedicine.com/doi/10.2217/cer-2022-0164

Percentage of **teenagers with obesity** who were **worried about their weight**, according to

Teenagers with obesity **72%**

Caregivers **60%**

www.futuremedicine.com/doi/10.2217/cer-2022-0164

ABOUT THE BIG O

Abbie Trayler-Smith is a self-taught documentary and portrait photographer born in Wales and based in Devon, UK. Trayler-Smith studied law at King's College London before working for eight years as a photographer for the Daily Telegraph, covering world events such as the Iraq War, the conflict in Darfur and the 2004 Asian tsunami. She began working independently in 2007 and has since focused on work that portrays the essence of her subjects' private everyday issues. At the heart of each image lies an intense, personal connection to each and every subject, which reveals the anguish, humility and extraordinary courage of those behind her lens.

How did the BIG O project begin?

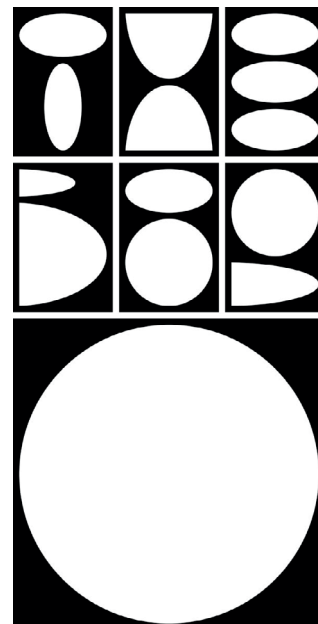
It all started when I met Shannon in 2010 and heard her read out a poem at the launch of a health website for young people. She was 13 and on her first trip to London; she was so brave and eloquent the room went silent. I have been photographing her ever since and

you can see in this website the depth of our commitment to this story. I have dived into my archives to interweave Shannon's stories with those of Byron, Chelsea, Spoon, and others I have photographed over the past decade.

I believe how we talk about obesity informs how we feel about it and how we address it as a global society. This year, through the magnifying glass of Covid-19, the alarms sounding about the consequences of obesity have become louder. In the coming years, I aim to investigate how people living with obesity experience it in different parts of the world in a documentary.

To find out more about this project and view the outstanding images from the project, please visit

thebigoproject.com/about.html



THE BIG O

THE VOICES OF YOUTHS IN OBESITY

JOIN US FRIDAY OCTOBER 21 2022
2-3PM BST/15.00-16.00PM CEST



WWW.ECPOPATIENTLOUNGE.COM





ECPO
ECPOMEDIA.ORG

Photographer :
Nina H. Niestroj

AUSTRIA



My name is Barbara Andersen and I am pleased to be able to report briefly in this issue what has been happening in Austria in the field of obesity in recent months.

I am a patient representative of ECPO-EASO in Austria and work as a psychologist in the field of obesity and i also run a self-help group on this topic.

For many years, we have all been calling

for adequate treatment for overweight and obesity in Austria. However, these treatments are lacking and are largely not financed.

For this reason, the Austrian Obesity Alliance was founded this year. The founding members consist of the President of the Austrian Obesity Society (OÄ Priv.Do. Dr. Johanna Brix), the President of the Austrian Society for Pediatrics and Adolescent Medicine (OÄ Ao Univ.Prof. Dr. Daniela Karall), the President of the Austrian Society for Obesity and Metabolic Surgery (OA Dr. Philipp Beckerhinn) and me as a concerned person and

patient representative (of ECPO-EASO).

A homepage was also designed: <https://www.adipositas.at/>

We were also able to gain the support of the Austrian Medical Association and the Austrian Pharmacy Association for our alliance, which is enormously important for a united and powerful appearance in public.

In June, the time had finally come and we held a press conference! This was well received by the media and was followed by several reports in major daily newspapers as well



as reports in important weekly magazines, a first media success! Furthermore, there were TV broadcasts on the topic as well as a radio program in which experts and I were invited to speak as guests.

At the press conference, we drew up a list of demands for what we advocate and what we demand from politicians and the health care system, namely:

Obesity is one of the most underestimated health problems in Austria. 15% of the population already suffer from this chronic disease, and the pandemic is also contributing to the steady increase in new cases.

The situation among children and adolescents is also critical. According to a COSI (Childhood Obesity Surveillance Initiative) survey in 2019, before the pandemic, 19.7% of boys and 9.6% of girls in Austria were affected by obesity among 9-year-olds.

People with obesity experience stigma, disadvantage and exclusion in almost all areas of life. This reduces the personal quality of life of those affected and in many cases this leads to mental health issues such as depression. In addition, there are serious physical secondary diseases, such as diabetes, cardiovascular events and Cancer.

Obesity therefore places a burden on the healthcare system, the social system and the economy. In terms of the overall economy, obesity and its consequences cost Austria approximately 10 billion euros per year (OECD 2019).

Despite these negative developments, there is no “master plan” for prevention nor therapy of this serious but treatable metabolic disease.

The Austrian Obesity Alliance, a platform of experts on the topic, therefore calls on the

health care system and politicians to take immediate action. The aim must be to slow down the increase in the numbers of people affected and to prevent secondary diseases in those who are already ill by providing suitable therapies.

The Austrian Obesity Alliance makes the following concrete demands:

- The recognition of obesity as an independent chronic treatable disease also on the part of health policy as well as social insurance.

- A new social understanding of the disease for people with obesity and an end to discrimination and stigmatisation of those affected.

- The introduction of measures that lead to effective relationship prevention and make it easier for people to find a “healthy path” in our obesogenic environment.

- Special responsibility for children and adolescents to give them a good start to a healthy adult life and a successful professional life.

- A clear pathway for those already ill through the various treatment and rehabilitation options. Setting up a disease management program together with the health insurance funds and health policy.

- All pillars of multifactorial obesity therapy recommended in the guidelines must be included in reimbursement and easily accessible to people with obesity.

- A holistic view of the costs of a chronic disease like obesity. The high financial burden of the more than 50 weight related concomitant and secondary diseases as well as effects on the social system and the economy must be included.

- The education and training of medical staff and other health care professionals for the complex clinical picture of obesity, its need for treatment and therapeutic options. As well as raising awareness of the psychological aspects and the stigmatization of those affected.

So much for our catalog of requirements! We work on the fact that these do not remain only demands, but also that they are converted.

Furthermore, there is already a training series for medical professionals on the subject of obesity, which is designed by means of video units and is constantly being expanded. In this series, I am allowed to contribute a psychological input on the topic of obesity.

I had the honor of giving presentations in several symposia from the perspective of people affected by obesity.

The National Action Plan against Overweight, Obesity and Eating Disorders in Children and Adolescents, presented by Prof. Dr. Daniel Weghuber, was adopted and approved by Parliament.

Furthermore, on the occasion of the WOD, an event with numerous lectures was organised by Prof. Dr. Gerhard Prager, as it has been the case for many years. Due to the pandemic, it was broadcast online. At this event I was allowed to lead a moderation with two affected people, which was also broadcast online.

Finally, a lot is happening in Austria in terms of public relations.

Everyone is pulling together, because only together are we strong!

It is with hope, that many demands will soon be implemented to finally counteract discrimination and stigmatisation and to enable treatment offers for those affected.

THE NETHERLANDS



At the moment obesity is receiving a lot of attention. Big steps are being taken in the medical world to improve the treatment of obesity.

We would like to update you on the development in provided treatments, new guidelines, and our own association the 'NVOO' (Nederlandse Vereniging voor Overgewicht en Obesitas).

New pharmaceutical treatment options:

At the beginning of 2022, Liraglutide (a GLP-1 agonist) was introduced as the first registered pharmaceutical treatment for obesity, which will be reimbursed by healthcare insurance. This news has caused some immense positive, but also some negative media attention. Liraglutide is an incretin hormone (Glucagonlike peptide-1) that gives metabolic improvement together with significant weight loss.

On the 1st of August, a second pharmaceutical treatment will launch on the market in the Netherlands: Naltrexone/bupropion.

This medication works on the central nervous system and thereby improves overall satiety after a meal. It is still unknown how this treatment will be integrated into the guidelines, but we hope to give you an update on this in the next Eurobesity issue!

People suffering from obesity were thrilled with the news of registered pharmaceutical treatment.

Finally, a promising medical treatment other than surgery or lifestyle interventions that they can benefit from.

Unfortunately, the parties that believe obesity is merely a lifestyle problem did not support this new treatment. It was perceived as a short cut and an easy way out.

Many discussions were held between healthcare providers, insurance companies, the Government, and pharmaceutical com-

panies. Unfortunately, the difficulty of accepting such a promising new treatment for obesity emphasized the ongoing stigma in the higher layers of our healthcare system.

Obesity guidelines:

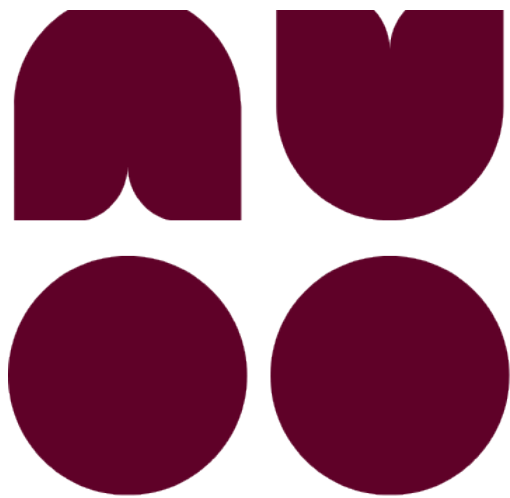
Furthermore, as we all know, the WHO published a new report on obesity. This report positively influenced the image of obesity in the Netherlands. Not only did they emphasize all the different causes that are involved in obesity (other than lifestyle), but they also mentioned the importance of providing effective treatment.

We were invited to speak and discuss the new report on national radio.

During the interview on the radio, we were given the chance to underline the importance of overcoming stigmatisation and discrimination together, but also mentioned the essence of providing professional treatment for people living with obesity.

In the meantime, the Dutch Healthcare





Nederlandse Vereniging voor Overgewicht & Obesitas

institution is also working on a new guideline for the treatment of obesity in the Netherlands.

In 2018 the first 'Obesity Guideline' was published, with different approaches to decrease the incidence of obesity in the Netherlands. However, over the past 4 years, it turned out to be quite unsuccessful.

In our opinion, the measures taken did not go far enough to overcome the problem. For example, they tried to reduce the amount of unhealthy snacks in cafeterias in schools.

Although these kinds of measures are very important for the overall health of our society, it is not effective enough to decrease the burden of obesity in our country. For this, we need stronger measures that go further, such as completely banning taxes on fresh fruit and vegetables. But also personalised medical treatment.

The new guideline is not published yet. We did get invited to read the concept guideline and give our advice as NVOO. Unfortunately, we did not fully agree with the new guideline and were obligated to not give our approval.

We had criticism on the following topic:

The new guideline, the 'Combined Lifestyle Intervention' was introduced as an official treatment for obesity.

This lifestyle intervention is an intensive trajectory of two years, during which you will get guided by a multidisciplinary team focusing on diet, stress, sleep patterns and physical activity.

Although we are not against lifestyle interventions and guidance, the main problem is that there are only a few places in the Netherlands that provide this new 'lifestyle intervention', causing exceptionally long waiting lists.

Secondly, they conditioned the 'lifestyle intervention' as mandatory before pharmaceutical treatment. Meaning that only after finishing this trajectory of two years, one will get reimbursed for medications such as liraglutide. Without finishing this trajectory, you will not get the medication from your doctor.

From our point of view, this is poor management of the situation. Depriving people who suffer with obesity, the treatment that is already available on the market.

We have presented them with our criticism of the guideline, but we do not expect that our advice will be taken into consideration.

Concluding, there is still a lot to improve, and it takes time to get all involved parties to understand our side of the story. Of course, it takes time to make great changes and we will continue working hard to reach our goals!

Patient Association, NVOO:

The NVOO is also making a great process as a new organization.

Our social platform is fully developed and ready to go "live."

We are waiting firstly on completion of the 'information bank' and arranging the final processes to work as a professional patient advocacy association.

For the information bank, we are currently collecting valuable articles. For this, we are asking experts in the field to write articles on obesity related topics.

We want to provide our members with reliable and evidence-based knowledge. So that everyone with obesity knows where to look for trustworthy information.

During this summer period, we are preparing ourselves to go live on the 27th of October! We are planning an amazing launch party. Of course, everyone from the ECPO is also invited. :) We hope to get lots of media attention and thereby attract enough members to build a strong community. Our goal is to create a safe and strong platform where people struggling with obesity can find and support each other.

We will keep you posted!

LUXEMBOURG



The study “Body fat assessment in youth with overweight or obesity by an automated bioelectrical impedance analysis device, in comparison with the dual-energy x-ray absorptiometry: a cross sectional study” has been published online in BMC Endocrine Disorders.

The article is open access. Readers will be able to download and print the PDF here: <https://rdcu.be/cSVBM>

The study was about the importance for youth living with obesity, for easy access to precise devices to measure total body fat, directly from home, as a self-monitoring strategy in obesity management.

Few words about the topic: While body mass index (BMI) assessment has been widely used to define obesity, it has also been widely criticised for its poor sensitivity or ability to identify people having high total body fat, which in fine, defines obesity (1,2).

In particular, for a same high value of BMI, some individuals might have a high muscle mass or bone mass, thus might be wrongly considered as having overweight or obesity (3).

Dual-Energy-X-ray-Absorptiometry (DEXA) is the gold standard measurement of the total body fat storage, defining obesity, showing a maximum of 3 % margin of error (4). However, although easy to perform, the DEXA body scans require expensive equipment, therefore exclusively used in clinical practices.



Bioelectrical impedance analysis (BIA) is a widely used method to assess total body fat storage, in clinics and research. The method is based on the capacity of the hydrated tissues in the body to conduct the electric current, through the device electrodes placed on the body. The bio-impedance measures the resistance of the biological tissues to the electric current conduction and provides a calculation of the total body fat through predictive equations developed in specific populations (5).

Automated BIA devices provide an inexpensive and easy assessment of total body fat, making them widely available to the general public and healthcare providers without specific qualification to assess body composition. However, the equations included in the automated BIA devices were developed in very few specific populations, which means that they are not suitable to assess total body fat for everyone and need to be validated before use in other populations (6,7).

Purpose of the study recently conducted: We aimed to evaluate the accuracy of the automated BIA device Tanita® BC-532 in 7–17-year-old youth (93 boys; 104 girls), with overweight or obesity, living in Luxembourg, compared with the DEXA, as a gold standard measurement of total body fat (8).

What we found: The total body fat percentage we evaluated with BIA was significantly correlated with total body fat percentage measured with DEXA in boys (r Pearson=0.617) and girls (r Pearson=0.648) ($p < 10^{-4}$). However, the mean error between the assessment of total body fat percentage by BIA and by DEXA was extremely high, namely about 10.52 % in both boys and girls.

The maximal error value was also very high, about 24% in both genders.

The automated BIA device Tanita® BC-532 appears to be not accurate to assess total body fat in youth with overweight or obesity. There is a need to calibrate the BIA device before its use in the populations where it was not previously validated.

A real need ... While affordable BIA technologies have improved over the years, they are not yet validated in all populations, including children, as our study highlights. There is a need for automated, validated, and affordable total body fat measurement methods applicable to different people from different backgrounds.

Fully validated and automated devices for total body fat measurements would help better diagnose patients with obesity but would also be unique in the digital health devices market, especially for the smart scales segment which is expected to show an annual growth rate of 7.27% worldwide (2022-2026) and a projected market volume of US\$4770.33 m by 2026 (9).

Precise devices should safely and easily be used directly by People Living with Obesity from home, to measure total body fat.

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SPAIN



Since the beginning of the year the activity in Spain, related to obesity and people living with obesity, was very abundant.

Below we will explain each activity carried out, explaining what each of them was about:

TAKING RESILIENCE TO THE NEXT LEVEL: OBESITY IN THE EUROPEAN HEALTH DATA SPACE

organized by OPEN-EU, in which Mr. Federico Luis Moya participated by answering the need for the treatment of data, ensuring confidentiality and the need for the results of the same, are known by all the actors who are part of the obesity film.

1ST SESSION ON OBESITY IN THE CONGRESS OF DEPUTIES AND THE READING OF THE DECALOGUE OF RIGHTS OF PEOPLE WITH OBESITY.

On May 20, 2022, in the Congress of Deputies which is considered the place of greatest political representation in the country and is the place where the largest number of laws that affect all Spanish citizens are decided. The first session on obesity was held and in which the decalogue of rights of people living with obesity was read.

This is the act of greatest political importance so far, in which the association has participated and in which more importance was given to people living with obesity. In the session it was possible to listen to several groups directly or indirectly related to obesity. Several round table discussions were held:



Panel discussion 1: Obesity on the political agenda: Table of health and social spokespersons.

In which several political representatives committed to carry out different actions to achieve a national plan to address obesity.

Panel discussion 2: The voice of those affected: Table of patient organizations.

In which were several organizations, where their members are affected by obesity. The commitment was reached to work together to achieve the recognition of obesity as a disease in our country.

I'll be speaking at
Taking resilience to the next level: Obesity in European Health Data Space
10 January | 11:00-12:30 CET

Federico Luis Moya
Asociación Bariátrica
Hispalis

OBESITY
HEALTH SYSTEM RESILIENCE
Ministry of the European Parliament Internal Group

Register to join

OPEN-EU
Obesity Policy Engagement Network

MEETING WITH THE MINISTER OF HEALTH OF THE GOVERNMENT OF SPAIN

In this meeting, our Executive Director Mr. Federico Luis Moya, highlighted the need to generate a comprehensive plan to address obesity, and the need for patients to begin to have an importance and a voice in the decision-making groups, thus seeking the best of treatments and the design of policies that are more favorable for people living with obesity.



Discussion table 3: Experts in the face of the Obesity pandemic: Table of health professionals.

In which the importance of starting to work strategically with a national plan on obesity that begins to reduce the numbers of people living with obesity in our country was valued.

To end this session, the **DECALOGUE OF RIGHTS OF PEOPLE LIVING WITH OBESITY** was read. This decalogue was read by Mr. Federico Luis Moya, a person who lives with obesity and who represents patients within OPEN-SPAIN, as a member of ABHISPALIS NACIONAL and as a member of the ECPO.



WORK TRIP. MEPS-SEEDO

Study trip to the Declaration of National Plans of Action on Obesity

The European Commission finally classified obesity as a chronic disease as published on March 4, 2021. In this context, the MEP interest group on obesity and health system resilience was established in April 2021 with the aim of working from a policy-making perspective on better treatment of obesity.

For this reason and to check how the country is doing, on the treatment of obesity, how to tackle this disease and also to listen to all groups interested in curbing this disease, this work trip was made.

In this work trip, ABHispalis Nacional, participated giving voice to people living with obesity and fighting for them to begin to value integration within decision-making.

WOD22 EVENT IN SEVILLE

The Hispalis National Bariatric Association, Association of Bariatric Patients and Obesity, is positioned as the first association of people with obesity in all of Spain, that calls for a national strategy to address this disease.

It also calls for the institutional and





social recognition of obesity as a disease with serious associated comorbidities. In order to help prevent these, improve its comprehensive approach, and end the stigmatisation of those who suffer from it.

That is why within the framework of the World Day against Obesity and following this year's motto we must all act.

On this occasion, members of the board of directors moved to the Virgen Macarena University Hospital, to distribute information about obesity and the consequences of living with obesity, in addition to the need to remedy this disease so as not to suffer major health problems.

SECO2022, THE PATIENT'S VISION AFTER SURGERY. "AND AFTER THAT"

This year at the congress of SECO (Spanish Society of Obesity Surgeons), we had a fantastic opportunity to expose our vision, after being operated on for obesity through Bariatric Surgery.

In this conference we expressed our expectations and experiences of long-term follow-up, we also commented on the needs or things that could be better.

Since many of our partners agree that on many occasions, they feel that they do not get the best information after their hospital discharge, and that sometimes it makes harder to have the best of recoveries.

At the end of the conference, the need for

us to get all organizations to start working together to achieve the best results on the treatment of obesity and be able to achieve the recognition of this disease, was highlighted.

EASO-SEEDO. POLICY CLINIC

Within our national work, one of the things that we are able to have, is the possibility to be putting the voice of people living with obesity, and to team up with EASO and SEE-

DO, generating strategies aimed at being able to work on the creation of policies towards change.

This is being incredibly positive, since thanks to these formations, we are managing to walk together in the same direction, which makes it easier to work for the rights of people living with obesity and thus also be able to achieve that health professionals can obtain the best tools to fight obesity.





VOLUNTEERING
DIANA CASTILLO

**Wrestling
with obesity**
Johnny Lamb

**COFFEE,
HEALTH AND
WEIGHT LOSS**

Physical Activity Dancing
MARI-METTE GRAFF

Dear Reader

It is an absolute pleasure to welcome you to the Autumn issue of URHealth 4 Life part of the EurObesity Magazine.

Autumn up here in Iceland sees all the great seasonal fall colours start rolling out.

And so far we have had the most stunning Northern lights show night after night.

This is always a pleasure to witness and it is so soothing and calming.

Each moment of the year has its own beauty and soon we are seeing Christmas time.

I am going to try and slow down and enjoy the autumn, as it has so much to offer.

I'm going to take the Norwegian Mari-mette Graf as a role model and dance more.

Mari-Mette has such a constructive and beautiful interview in our magazine, I encourage you to read it.

One of the greatest things about dance is that anyone can participate.

If you're able to move, even if it's only your upper body, you can dance.

lets focus on what we CAN do and not what we CANNOT.

*"Dare to live the life you have dreamed for yourself.
Go forward and make your dreams come true."
— Ralph Waldo Emerson*



Sólveig Sigurðardóttir
President, ECPO





ECPO 
ECPOMEDIA.ORG

**Photographer :
Stephanie Gibson**

WHAT I DO

Volunteering

BY DIANA CASTILLO



Hi everyone!
My name is Diana Castillo, I am 40 years old. I am Colombian and I have lived in Italy for more than 12 years.

I have lived with obesity since I was a child.

I decided to volunteer for a patient association when I was offered bariatric surgery after many failed treatment paths (diets on

diets, wrong physical activity, etc.).

The doctors proposed an intervention, but because I knew very little at that time, I wanted to inform myself as much as possible about this new path, and it was then that I discovered the old forum of Amici Obesi Onlus.

By signing up I realised that I was not alone. In the forum I felt understood, I could compare myself with other people who were in the forum, and feel I was not being judged.

Day after day I realised how useful the

forum was to me, how so much advice I was being given would help me better face this new treatment path.

I had the information brochures from the hospital that was treating me, but in this forum, I also had the information from other peoples lived experiences, and this was invaluable. This managed to further reassure me and helped me be more aware when making my own choices.

As time went by, I became increasingly informed and was more and more involved in the different conversations that arose in the forum. Therefore, I contacted the then moderators of that period (10 years ago, Marina Biglia was moderator and President of the Amici Obesi Onlus association) to explain that I wanted to be useful, that I wanted to lend a hand and help other people as she had done in this forum and the association for me.

Marina immediately put me to work by joining the management of the new Facebook group after the forum had to be closed and transferred to this platform. In addition, she asked me to help her open other self-help groups in cities where we were not yet present.

I accompanied Marina on some occasions to the various congresses and meetings that dealt with obesity where she was often a speaker, and so I learned a lot: from the guidelines for the treatment of obesity to the new techniques of bariatric surgery and so



on.

I also understood how important psychological support was in the treatment of obesity, the importance of reconstructive plastic surgery after evident weight loss and many other things but I did not want to keep this information just for myself.

Thanks to this new wealth of information, my experience as a bariatric patient and my path of reconstructive plastic surgery I was able to give correct information and direct the people who contacted the association asking for information on where to be treated, giving them indications on the different centres for the treatment of obesity accredited by the Italian Society of Obesity Surgery (SICOB) and by the Italian Society of Obesity (SIO) all with structures of the National Health System.

Sadly, Marina Biglia passed away in 2018 fighting a serious illness, but I promised her to continue her fight against obesity, stigma, prejudices while giving information to all the



Amici Obesi (Gruppo FB di amiciobesi.it) >

Gruppo Privato · 12.444 membri

people who turn to the association in search of answers and help.

To this day, I continue to give my contribution to the association: I manage the various Facebook groups that deal with topics for the treatment of obesity, the Facebook group "La Chiusura del Cerchio" which deals with topics of reconstructive plastic surgery, which



La chiusura del cerchio: percorsi di chirurgia plastica ri...

Gruppo Privato · 10.626 membri

has more than 20,000 users, and I manage the association's official Facebook page to keep those who follow us updated on all our activities. I also participate as a speaker on some occasions in the various events that deal with this important topic.

For some years now, I have also decided to be a part of some other associations that



deal with topics and situations that are very dear to me such as ECPO. I am truly honored by this opportunity and by the trust that the whole team and other European colleagues have placed in me.

Despite my limitations with the English language, I am willing to go all out to help people and change the way the world sees and treats obesity.

In addition to ECPO I collaborate as a volunteer with the Italian Multiple Sclerosis Association (AISM)

This pathology affects me closely and I want to help and donate my time to those who need it and continue to inform and train myself to continue to help break the silence on obesity and help and contribute to multiple sclerosis research.

Thanks to volunteering, I have met many fantastic people who have helped changed my life for the better; volunteers like me who try day after day to make a difference by making a positive contribution to society.





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Photographer :
Nina H. Niestroj

Physical Activity Dancing



By Mari-Mette Graff

I love to dance! Who would have imagined that?

I remember the total absence of dance in my childhood.

I grew up in a strict religious area where dancing was seen as a sin.

Dancing was always kind of like playing with fire, sooner or later it would lead to sex, which was the cardinal sin itself.

Now I know better. Dancing can still lead to sex, but there is so much more to dancing than sex.

When I dance, I feel as free as a bird. I, as well as you, can express any emotion through moving your body. Just think about the word: E-motions - Energy in motion.

When I dance, I really get in touch with my feelings.

If I wake up tired and kind of low in many ways, I just put on a song and dance to meet the day.

I can choose a calm song with a soft start, or dive straight into fierce dance rhythms and just let loose.

Either way, the energy rises and I feel so much more ready to take advantage of the day.

During the pandemic we got used to digital meetings, sitting alone and interacting with others who also sat alone.

This requires attention and presence so that the energy can flow as freely as when we are physically together.

I quickly discovered that by using music and dance before the meetings, my performance and energy during the meeting was so much better.

It was easier for me to be aware of other people's feelings, which would otherwise be easier to perceive when we are face to face, but the music helped me to tune in.

One of my favorite songs to dance to is "Born this way" by Lady Gaga, another song is "This is me" from "The Greatest Showman."

Both songs remind me that I don't need to apologise for who I am, regardless of how I look, whether my body is fat or thin, whether I am tall or short, regardless of skin colour and gender, I have the right to be me, and proud of it.

This makes me feel really empowered to dance and sing along to!

As I said, I grew up without dance coming naturally.

It was therefore very scary the first few times I moved to music and hoped it could be experienced as dance.

The first few times, I stood completely still on the floor, moving a mere centre of gravity from one foot to the other in time with the music. Eventually, I dared to lift my feet in time with the music, and walk on the spot, then rest as the boldness came.

I began to use larger parts of the room. I moved forwards and backwards, moving to the right and to the left, up and down. I started clapping in time with the music, pushing my hands up front, to the back and to the side.

I have never practiced a dance routine, but now I feel free as a bird when I move

completely shameless and free with the music, I let myself sway to its rhythm.

Another favorite activity of mine is swimming.

Floating in the water, feeling the beat of the waves, and feeling completely weightless also gives an enormous sense of freedom.

Now it is summer in Norway, and I am on holiday in the capital, Oslo.

Where I live, the water in the sea rarely gets more than 12 degrees Celsius. It's cold, but luckily we have public pools that you can use. They are open all year round, but right now I'm enjoying the last day of summer on a beach in Oslo.

I myself am a naturist, and love to let the water embrace my body without cold swimwear.

It took many years to love my body regardless of others opinions, but I decided that I could no longer let others opinion on my body limit my life, and I let go of the fear and shame.

I urge you to start dancing if you don't dance now, or even swim.

But my experience is that dancing requires less effort than swimming, and it is really for everyone, regardless of age, gender, weight or other conditions! It is the perfect activity whether you are alone or with others, and it can improve both your physical and mental health.

But,... I've heard so many butts from overweight people when it comes to dancing: "But I can't dance", "People will laugh at me", "It's hard for me to walk, how can you expect me to be able to dance?" The list goes on and on.

So, why do I still make the claim that dance is an activity for everyone?

Many of us need to change our understanding of what dance is. Dancing is not just what happens at the disco or on the dance floor where well dressed couples in the spotlight compete in ballroom dances such as Jive and the Cha-Cha.

My definition of dance is any movement that follows a rhythm or a beat.

You can dance while sitting in your chair, rocking from side to side in a slow, flowing

motion while listening to the rain or to a quiet song.

It could be you, sitting in the same chair listening to a heavy rock beat, boxing your hands in the air.

Dancing can be you alone or with friends, even a partner at home, or you join a dance class at the gym or at a local venue on a night out. Only your own imagination sets your limits!

If someone had told me I was going to love and dance just few years ago, I would have laughed out loud.

Dancing challenges both endurance, fitness, your core muscles, balance and coordination. It makes the heart smile.

When I was younger, I used training as a kind of punishment to burn calories. Now I use dance and swimming as a way of celebrating life and empowering myself.

It is such a different experience. Try it if you haven't already!

Follow me on Instagram if you like:

[@vektoglikevekt](#)

[@marimettegraff](#)

Blog: www.vektoglikevekt.no



JOHNNY LAMB

WRESTLING WITH OBESITY



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I love to dance! Who would have imagined So, you are 6'7", 45.11 stone or 291.4kg... What do you do? What can you do?

Society already has you pre pegged to your assigned position. You are booked marked to lazy, reclusive, and away from any spotlight, right?... **WRONG.**

My name is Johnny Lamb. I am here to tell you how, and why wrestling saved my life.

It was 1987 the music and movies were better, people's hair was a little crazier and when the world was a cooler, less scary place to be.

An 8 lbs 4oz bundle of joy was born with a glint in his eye... it was me!

From the offset I was into, no... I was obsessed with Pro wrestling and all it involved. The characters, the action, the glitz, and glamour, I did not know how or why but I knew this was for me!.

My entire life wrestling has been there in some form or other, its been my safe place, my crutch, my comfort blanket and at times, my escape.

I played sports all my life, until my eating finally overcame me, and I became just too heavy for soccer, basketball, rugby etc.

So as my choices became restricted my depression and anxiety grew just as fast as my t-shirt size. My old friend came forward and stood front, and centre – Wrestling.

Call it coincidence, call it fate or even call it life gifting me a lifeline, but a wrestling school opened its doors 10 minutes from my house, and at the humble, young yet experienced age of 29 I stepped between the ropes for the first time.

As I stood in the middle of that 20 feet x 20 feet thing of beauty called a wrestling ring, something happened, I was time travelled back to that 5-year-old kid glued to a television screen.

I was overcome with a sense of nostalgia and determination, and given a new outlet to help me feel wanted and have a sense of acceptance. I was hooked!

Fast forward 4 or 5 months of regular training and my first match was fast approaching. As usual, finding wrestling gear and wrestling boots was an issue due to my size.

When you are the size I was, buying clo-

thes is always a hassle, sometimes more hassle than it is worth unfortunately.

I got the gear and boots, and it was show night, 300 people in a packed gym hall to see hard and fast wrestling action. Body slams, top rope action – the show had it all!

As my match got closer, I got quieter, my mouth drier and my heart rate faster! "what's

going to happen?" I thought. "Will they laugh at me?" "Shout stuff about my weight?" Oh god... what if I fall? Or worse, what if my wrestling gear splits! All these thoughts were racing through my head.

It was time, I walked behind the curtain, my music hit, and an overwhelming surge of adrenaline came over me as my big bear like



hand pulled the curtain back, and I stepped through.

I was there... nowhere to hide, no way to blend into the background. A literal spotlight on me. This was it; this is where 4-year-old me dreamed of being. But I did not have hulk hogans muscles, nor Bret Harts cool demeanour.

What did I have?. I had the one thing that always went against me, height and size... You can't teach being 6'7" and the weight I was.

The burden, shame and exclusion having obesity was bringing me, suddenly was extinguished. I was accepted and treated like a god.

After the match I went backstage after an amazing crowd reaction, and people chanting my name. I did not want it to end, I was hooked all over again.

That night was the "match in the petrol" that would ignite a successful wrestling career for me.

As my popularity and name grew, with it came opportunity.

I have wrestled all over Europe. I am a staple in the wrestling scene in Germany, Austria, Switzerland and of course Scotland.

In 2019, I wrestled on 57 shows in 52 weeks and completed 44 flights whilst working full time.

Here comes Covid!

As previously mentioned, wrestling was always a crutch for me, and I did allow it to become an escape for the real me. I did not think anyone would really want to see and be around Johnny. I did feel that i had no real value in life or as a person. I hit rock bottom as my weight hit an all-time high and my anxiety was right up there with it.

In 2021, I went under the knife and had bariatric surgery. At the point of writing this I have lost over 18 stone which is 116kg. I am the happiest and best version of me that I have ever been, both physically and mentally.

Wrestling is still a huge love and passion of mine, which I plan to keep doing but now wrestling does not define who or what I am as a person, just like my weight. My weight is not a reflection of me or my worth.

Johnny Lamb. The person is who I am and what defines me, not my t shirt size.



Photographer :
Marcus CF Tinnerholm



COFFEE, HEALTH AND WEIGHT LOSS

In relation to coffee, we mainly receive the following questions

- Is coffee healthy or not?
- Is it or is it not suitable for weight loss?
- Can you drink it with whole milk?
- And do you mind sweetening the coffee too much?

To start with something about coffee

- Coffee contains caffeine, which has a stimulating effect on our body. It removes fatigue and increases attention, an effect that is generally pleasant and useful.
- It also contains dozens of positive substances, mainly with antioxidant and anti-inflammatory properties, which are being studied for their beneficial effect on cardiovascular and neurological health, reducing the risk of type 2 diabetes and some types of cancer. The most important are polyphenolic substances (chlorogenic acid), diterpenes (cafestol and kahweol) or alkaloids (other than caffeine, such as trigonelline).
- Chlorogenic acid seems to stimulate the growth of Bifidobacteria, which is beneficial for the gut microbiota.
- Coffee has an effect on gastrointestinal motility and can speed up bowel movements, which has a number of benefits, most notably a lower risk of developing colon cancer. Caution, this effect is not desirable in individuals with a hypersensitive digestive tract!

Adverse effects include

- Negative effect on sleep. Read more below.
- Possible increase in blood pressure, which according to studies is mainly seen in people who do not take caffeine regularly, other sources report an increase at a dose of around 250 mg of caffeine. Although the potential hypertensive effects of caffeine do not appear to be as pronounced, people with hypertension are advised to exercise caution and consult a physician.
- Cafestol and kahweol increase triacylglycerol and LDL-cholesterol levels. On the other hand, these substances have a number of positive effects (see above). The good news is that the amount of lipid profile-impairing substances can be significantly reduced by modifying coffee. Their content is several times lower in filtered or instant coffee, whereas the highest content is in Turkish coffee.
- There is some evidence that higher caffeine intake increases the risk of osteoporosis in postmenopausal women.
- The diuretic effect (urinary excretion) of coffee is not so much emphasized today. We recommend that you continue to drink a glass of water with your cup of coffee and watch your fluid intake

throughout the day. This will not spoil anything. However, drinking coffee alone is not associated with dehydration.

- People who suffer from heartburn (gastroesophageal reflux) should be careful, as coffee increases the secretion of hydrochloric acid in the stomach and can worsen the symptoms.
- And also pregnant women. Heavy coffee drinking in pregnancy (above 300 mg of caffeine) may increase the risk of low birth weight. But it is not necessary to completely exclude coffee in pregnancy.

Coffee and sleep

If you have trouble sleeping, do not take coffee or caffeinated beverages less than six hours before bedtime. The biological breakdown time of caffeine is 2.5 to 4.5 hours. This means that after this time, 50% of the caffeine is still circulating in your body. The range is wide because the ability to metabolize caffeine is affected by genetics and coffee drinking habits. In other words, some metabolize caffeine faster, others slower.

You probably know and recognise caffeine sensitivity. In addition to the aforementioned problems with falling asleep and sleep quality, it can also cause heart palpitations, nervousness, hypersensitivity and even anxiety. More sensitive people should limit their coffee intake or indulge in coffee in the morning.

How much coffee can I drink?

- The FDA recommends a maximum of 400 mg of caffeine per day, with a cup of coffee containing an average of 100 mg of caffeine (the amount is really a guideline, the caffeine content varies widely from 50 mg to 400 mg per cup).
- Reactions to caffeine are individual, due to tolerance, genetics and health.
- Caution, caffeine use leads to a gradual tolerance, but this cannot be overcome indefinitely with a higher dose because the number of receptors is reduced. To make the effect of coffee effective, take breaks in your coffee drinking/caffeine intake.
- In practice, if we are dealing with the quality of sleep, we look not only for the amount of coffee, but also for other sources of caffeine. For example, cola drinks, energy drinks or various supplements. Keep an eye on the caffeine content and also the size of the drink! It makes a difference if you drink 100 ml of a drink or 500 ml a day.
- For teenagers, a maximum dose of 100 mg of caffeine per day is set. They are the ones who like energy and cola drinks and often exceed the dose several times over.

Coffee and weight loss

- Coffee slightly suppresses appetite, but the results of studies are inconclusive. Whether it does or not, it is a short-term effect, and in the long run, the energy deficit clearly wins in weight loss.
- Caffeine speeds up metabolism by 3 to 11% and stimulates lipolysis (or fat breakdown). This is because drinking coffee increases thermogenesis, the expenditure of energy to produce heat, and stimulates fat oxidation.
- Caffeine “kicks in” and makes you feel more energized. This is then positively reflected, for example, when exercising. The results of one meta-analysis show that a person who drinks coffee before exercising can increase their performance by an average of 11.2%.

Can you drink coffee with whole milk when losing weight?

I really love the joy on your faces when I say YES!

Take a look at the picture below. You usually put half a decillion to a decillion of milk in your coffee, and the difference between semi-skimmed and whole milk is 2 g of fat per 1 dcl, which is 76 kJ! If we're talking about drinking a litre of milk a day, changing whole milk makes sense. But if you drink a quart of milk a day...

With a calm heart, keep the full-fat and enjoy your coffee.

PS: Unless you are lactose intolerant or allergic to cow's milk protein, there is no evidence that drinking coffee with milk is harmful.

Can you sweeten your coffee?



As in the case of milk, we gladly answer YES!

Of course, the goal is to learn to drink coffee unsweetened, but it's definitely better to sweeten your coffee with a sugar cube or two than with cookies or cake.



When losing weight, what you add to your coffee is crucial

The energy value of coffee itself is almost zero. We explained that a little milk or sugar is fine. But...

It really depends on the amount and then also on the other ingredients you add to the coffee. Whipped cream, ice cream, syrups, eggnog, and other enhancers really lift the value of the coffee. It can be annoying to find out how much energy drinks are from the ubiquitous vending machines.

		kj	Fats	Sugars
	McLatte	314	3	2
	McLatte Macchiato	243	2	6
	Oreo Frappé	2088	24	40
	Iced cappuccino	577	7	12
	Cappuccino Irish Cream	780	5	34
	Latte Macchiato with sugar	690	7	24
	Caffe+Co	540	3	3
	Nescafe Brown Sugar	318	2	14

Source : www.delikomat.cz/slozeni-napoju and www.mcdonalds.cz/menu/mccafe/

To summarize

Unless you suffer from specific health conditions or are pregnant, drinking 1 to 3 cups of coffee is safe and even linked to a number of positive health outcomes due to its beneficial compounds.

According to many scientific studies, coffee reduces the risk of premature death, protects us from heart disease, Parkinson's disease, and even some types of cancer.

In writing this article, we have drawn on our many years of practical experience and the following resources:

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