PASOO in A.C.T.I.O.N

PASOO 15th ANNUAL CONVENTION
Grand Ballroom, Crowne Plaza Manila, September 5, 2009

PASOO 3RD WELNESS SUMMIT
SM Megatrade Hall 1, Mandaluyong City, Sept. 12, 2009

Kids Lecture St. Andrews School
Parañaque City, July 24, 2009

Kids Lecture St. Scholastica's College
Manila, July 30, 2009

Kids Lecture St. Matthew College
Rizal, Sept. 4, 2009

UPCOMING ACTIVITIES

PASOO 2010/2011 EVENTS

- **3rd OBESITY Workshop, Cebu Chapter**
  April 24, 2010 · Marco Polo Hotel, Cebu
- **Obesity Awareness and Prevention Week**
  September 1-7, 2010
- **PASOO Kids Lecture Series**
  July 28, 2010 · St. Andrews School, Paranaque City
- **PASOO 16TH Annual Convention**
  September 4, 2010 · Crowne Plaza Galleria Manila
- **PASOO Lay Forum**
  September 5, 2010 8am-12nn
  Unilab Bayanihan Hall A, United Laboratories, Inc.
  Pioneer St., Mandaluyong City
- **6th ASIA-OCEANIA CONFERENCE ON OBESITY (AOCO)**
  August 31 to September 2, 2011
  Sofitel Philippine Plaza Manila

ANNOUNCEMENT

PASOO is now constructing the first Philippine Obesity Research Registry: A monograph. We aim to gather all published and unpublished research studies on obesity done among Filipinos in the Philippines (may also include studies among Filipinos living in other countries), carried out by Filipino and non-Filipino investigators. We appreciate any help in this regard.
Please e-mail leads or information, research study abstracts or full texts to sec@obesity.org.ph.

Be part of this historic research milestone!

PASOO Board of Directors

OUR MISSION
Pioneer in the prevention & control of obesity & its complications through education, research & advocacy

OUR VISION
An obesity risk-free nation

Philippine Association for the Study of Overweight and Obesity
Member - International Association for the Study of Obesity (IASO)

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OBESITY ALERT
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Philippine Association for the Study of Overweight and Obesity

PRESIDENT'S MESSAGE

Elizabeth Paz-Pacheco MD, FPCP, FPSEM
President, PASOO
Past President, PSEM
Secretary, PDA
President, PLAS

PASOO DECLARATION ON OBESITY PREVENTION II

We, the participants to the 15th Annual Convention of PASOO

Recognizing that:

- The prevalence of overweight and obesity continues to rise in all sectors of the Philippine population, from childhood to adulthood;
- Overweight and obesity at any age is both a short-term and long-term threat to the health and productivity of individuals affected;
- Successful measures to its prevention and management at the community level, schools and workplace, and in all stages of the lifespan, have been demonstrated by scientific research as presented in this Convention;
- **The strategies for weight management lie on the firm commitment of the individual and the collaboration of all stakeholders: the government, the general public and the scientific community;**

Hereby declare that:

- We commit ourselves in our individual and collective capacity to pursue the mission of PASOO in arresting the growing problem of overweight and obesity;
- We will, support, if not lead, in the implementation of policies and strategies for programs at the community level, the schools and workplace;

(Continued on page 16)

Greetings to all! It is an honor and a privilege to carry on the leadership of PASOO as we prepare for the new decade and the hosting of the international meeting, the 2011 Asia Oceania Congress of Obesity in Manila.

As you may well know, The Philippine Association for the Study of Overweight and Obesity (PASOO) was organized in 1994, with the mission to be the pioneer in the prevention and control of obesity and its complications through education, research and advocacy. Its vision is an obesity risk-free nation. PASOO, now in its 16th year, has active working committees focused on advocacy, education and training, networking, organizational development, policy development, and research.

The hard facts reveal the problem at hand. The results of the 2008 national survey, the National Nutrition and Health Survey (NNHeS) on obesity demonstrated increasing trends across all age groups in the Philippines. In adults aged 20 and over, prevalence of overweight (BMI 25-29.9) is 21.4% (from 19.7%) and obesity (BMI >30) is 5.2% (from 4.3%).

The challenges presented to us relate to the obesity epidemic worldwide. It is due to increased westernization of diets and a decrease in physical activity. **In the Philippines, while under-nutrition is a major health problem, obesity is now a major health concern.** Trends in the region are estimated to increase obesity, diabetes and cardiovascular disease, and thus present an alarming national problem.

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International Association for the Study of Obesity (IASO)
member iaso

What's inside?

What's Inside

Edgardo L. Tolentino Jr., MD
Board Member, PASOO
Head, Section of Psychiatry,
Makati Medical Center
Psychiatrist, Medical City and
Asian Hospital

This year's annual convention has as its over-arching theme: "Re-Examining Obesity Recommendations: Successful Outcomes and Lifelong Uses of Treatments in Obesity Now (S.O.L.U.T.I.O.N.)." True to form, PASOO, now on its 16th year of actively pushing the envelope in the field of obesity prevention is looking for answers, results, explanations, mixtures, blends, interpretations... did I mention: solution? Yes, I've given myself literary leeway to borrow all the synonyms from Roget's thesaurus to drive home the point.

In this edition of the Obesity Alert newsletter, we're bringing sexy back (move over, Justin Timberlake) as we provide multi-dimensional solutions to the alarming problem of obesity. Dr. Gabriel V. Jasul, Jr. walks us through the highlights of the 16th Annual Convention when he lays out the scientific menu that he concocted with the scientific committee. On the cover page is PASOO's Declaration on Obesity Prevention II as penned by Dr. Rodolfo F. Florentino. The declaration defines our collective aspiration in the fight against the menace of obesity. Our members supported the draft declaration during the last annual convention held at Crowne Plaza hotel. This is a timely reminder of that commitment as we highlight our search for solutions in this year's gathering.

Dr. Ramon Abarquez treats us to his ruminations about "Individualized Clinical Practice Beyond Group Outcome Measures." In this paper, Dr. Abarquez needles us to think critically. What we have been embracing as close to bible truths may yield only half-truths after all. To titillate, I quote: "..Even randomized controlled studies' outcomes maybe flawed and may not necessarily be extrapolated to specific individuals who may explicitly be different from the trial profiles." Check out page six and seven for the full story.

To keep all members of PASOO attuned to the association's myriad of activities both here and abroad, different board members & chapter members have contributed their share in relaying to us the major activities already accomplished: to wit, Dr. Sioksoan Chan-Cua details the 'Kids' Lecture Series 2009; Dr. Sol Cutillar of the Cebu chapter elaborates on the 3rd Obesity Workshop held in Cebu; Immediate Past-President, Dr. Rosa Allyn G. Sy briefly describes their meeting at the International Congress on Obesity held in Stockholm, Sweden; and Dr. Florentino together with Dr. Jasul combine forces to synthesize the lessons learned from last year's annual convention, which targeted the collaborative effort towards A.C.T.I.O.N. (Addressing Challenges & Trends in Obesity Now).

Dr. Rogie V. Tangco, a regular contributor to the Obesity Alert newsletter amuses us as he feeds us with some food for thought in his write-up interestingly entitled: "Sumo Wrestlers Don't Eat Breakfast." Dr. Tangco, through his narrative, weaves insightful historical facts on Japanese culture surrounding sumo wrestling as he extracts insights from the good and bad lessons learned from the sumo wrestlers' peculiar eating habits.

Finally, another featured article,"Sugar is the new Cocaine" brings to fore new studies that show how addictive sugar can be; but unlike cocaine or methamphetamines, sugar is readily available, popular, cheap, and insidious in its grip on its 'victims'. Like other substances of abuse, it produces a high – also known as a 'sugar rush', with feelings of wellbeing and instant pleasure. It is also capable of causing a withdrawal phenomenon like irritability, low mood, frustration, and even anxiety or panic.

As always, the Obesity Alert aims to inform, update, and entertain the members for which it is written for. Because it is the association's quest to constantly bring up quality information that will aid in prevention of obesity in the country, we invite you to contribute articles or let us know your thoughts and ideas by writing us at our email address sec@obesity.org.ph or through snail mail at PASOO Secretariat, Unit 2502, 25/F Medical Plaza Ortigas, San Miguel Avenue, Pasig City.

Thank you and HAPPY READING!

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PRESIDENT'S MESSAGE

...From front cover

What can we do? We should recognize obesity as a chronic disease requiring regular monitoring and control.
A national screening program should be put in place. Obesity prevention should begin with children. We need national guidelines on optimal management. There needs to be collaboration by different national organizations with the Department of Health to develop a national program to create strategic plans, avoid obesity among Filipinos. Research efforts should focus on understanding this condition among Filipinos.

In response to these urgent needs, PASOO has been at the forefront of this battle against obesity. Since 1999, with the declaration of then President Joseph Estrada of the first week of September as the Obesity Awareness & Prevention Week, activities have been geared towards increasing awareness of obesity as a health problem.

Specific efforts are directed at providing programs to implement a healthy lifestyle with the formulation of the Philippine food pyramid, physical activity guide, and algorithm to guide the management of obesity. This year, a Lay Forum will be held at the Unilab Bayanihan Hall, the day following the Annual Convention. This gathering will provide interactive educational activities for weight control among obese high-risk individuals. The Annual Convention will be held on September 4 at the Crowne Plaza Hotel with the theme: RE-EXAMINING OBESITY RECOMMENDATIONS: SUCCESSFUL OUTCOMES AND LASTING OUTCOMES IN OBESITY NOW (SOLUTION).

Programs focused on children are ongoing, with the Whiz Kids program, summer obesity camps and school symposia for obese children and their families. This year, we had a repeat of our lecture series at St. Andrew's School in Paranaque (July 28). Evaluation of this program is ongoing, to provide insight to the impact of these educational programs for the growing sector of the population. Training seminars for medical and paramedical groups are being carried out through obesity workshops. For the year, we organized a successful obesity workshop in Cebu and planning to set up a similar project in Baguio City. A research agenda-setting meeting is currently being organized to address urgent issues and concerns.

The task before us continues to be HUGE. This year's theme is SOLUTION (to respond to last year's theme of ACTION). It is clearly appropriate, as we are faced with the challenges of the decade, as obesity inevitably leads to diabetes and cardiovascular disease in predisposed individuals. **We encourage one and all to participate, moving towards an obesity risk-free nation!**

Elizabeth G. Tacderas
PRESIDENT, PASOO

Individualized Clinical Practice Beyond Group Outcome Measures

...From page 6

can provide answers to different questions. Thus, complementary RCT and registry directed therapies may approach real world scenario particularly if guidelines' recommendations depend on less than 15% large RCTs. What then is the most practical, least expensive and easily duplicated strategy that may provide short and long-term outcome measures that can be relevant not only to the researchers but also to the concerned individual subjects?

CURRENT ANTI-OBESITY METHODS

Obviously, dietary advisories and exercise that are intended to reduce input and increase output of calories respectively are advocated. Yet, do dietary or caloric intake advisories matter most? **It is NOT THE FOOD but HOW YOU EAT that matters, DISCIPLINE AND COMPLIANCE is more important than DIET COMPOSITION.** Although low CHO diet may give a better short-term weight reduction effect, low-fat diet may have a longer weight reducing effect. **(Shia, NEJM ;08;359:229)** Or, weight changes maybe similar regardless of diet type but HDL-C is higher with low-CHO diet. (Davis, Diab Care '09;32:1147) What matters is the caloric count loss. **It is also NOT THE TYPE OF PHYSICAL ACTIVITY but HOW MUCH EFFORT IS EXERTED that matters.** For example, those involved in the "dignity of labor" jobs may utilize a cumulative daily energy loss equivalent to that used during a 45-minute structured exercise work-up. ADHERENCE being a major issue, simply monitoring weight changes may not be enough incentive to reduce weight**. (Apple, JAMA '05;294:2455)** Problematically, tracking obesity prevalence, even utilizing random sampling, may take years to show any meaningful interventional results. What then is another option?

SIX-MINUTE WALK

What is needed is an objective performance measure that can readily impart a sense of success, non-improvement or failure of any intended action plan within an acceptable time frame. The distance covered within a six-minute-level-walk test is an objective assessment of functional capacity. After-all, attaining preferred weight must translate into improved or desirable chronotropic competence. The predicted maximum HR (PMHR) at end of a 6-minute walk can reflect on sympathetic tone. Peak HR (220 – age) = % PMHR, as achieved sympathetic activity competency. Vagal tone is reflected by the HR recovery index (HRRi) that is obtained by (Peak walk HR bpm) – (1or 2-minutes rest HR bpm). The (1 or 2-minute HRRi bpm) (12 bpm as threshold of autonomic dysfunction) = % HRRi reflecting resting autonomic tone competency. (Two-minute HRRi bpm) (25 bpm as threshold of vagal tone dysfunction) = % HRRi indicating vagal tone competency. Thus, the six-minute walk can reflect objectively maximal or sub-maximal functional capacity as well as on-target or below-target autonomic tone changes. *(Lauer, JACC '98;32:280, Keys, Texas H Inst J'09;36:282; Gibbons, Lancet'02;359:1536)* **The 6-minute test is an individualized performance measure independent of mean population or group performance data base.** More importantly, autonomic dysfunction and impaired treadmill testing functional capacities have prognostic implications. Mortality risk for treadmill ECG ischemic ST changes is 12%; chronotropic incompetence- 15%; attenuated HRRi- 17%; impaired functional capacity- 23%; and poor HRRi + poor functional capacity- 45%. **(Messinger-Rapport, J Am Geriart Soc '03;51:63)**

PASOO DECLARATION ON OBESITY PREVENTION II

...From front cover

- We will exert efforts to apply the lessons we have learned from this Convention in weight management among our clientele;
- We will keep abreast with the scientific literature on weight management, and be wary of miracle cures;
- We will contribute our efforts in carrying out scientific research following the research agenda laid down by the Association.

In support of this Declaration:

- We urge the collaboration of government and non-government agencies, the medical and scientific community, and community leaders, in our country's effort to control the growing problem of overweight and obesity in our population;
- We request the relevant agencies and groups, in collaboration with PASOO, to lay down policies, guidelines and standards for weight management programs, and to continue to monitor, through scientific surveys, the status of overweight and obesity in the country;
- We entreat all sectors, particularly the media and food industry, to contribute to the efforts of the Association in pursuing its vision of "an obesity risk-free nation.

Done this 5th September, 2009 at Crown Plaza Galleria Quezon City, Philippines

SUMMARY

Trending changes based on prevalence, incidence or registries are population or group data with compounding variables, risk and time dependent biases and may not truly reflect effectivity of proposed weight reductions strategies. Even randomized controlled studies' outcomes maybe flawed and may not necessarily be extrapolated to specific individuals who may be explicitly different from the trial profiles. A personalized motivating method to evaluate personalized weight changes is the level 6-minute walk test inclusive of chronotropic competence analyses.

Sugar is the New "Cocaine"

...From page 5

On a public health vantage point, we need to let the word out: SUGAR is addictive. **Sugar is, essentially, a legalized recreational drug that's socially acceptable to consume.** And yet, just like other drugs, it destroys a person's health over time, rotting out their teeth, disrupting normal brain function, promoting heart disease and directly causing diabetes and obesity. The argument that "street drugs are outlawed because they're dangerous to a person's health" falls flat on its face when you consider what sugar does to the human body. We need to educate, then, influence policy makers and legislators to lower the amount of refined sugar in our diets and impose that food products clearly declare sugar content in their labels. Any efforts at lowering the amount of refined sugars in our currently sugar-rich diet will help to improve general health and encourage a healthy population, decreasing health costs and utilization of already limited resources.

EPILOGUE

Going back to the APA convention I attended, a grey-haired comely gentleman from Atlanta, Georgia took to the floor after the scholarly presentation and declared: "we from Atlanta knew all along that cocaine AND sugar are highly addictive...we invented it after all!", stated the aging psychiatrist from the state where they discovered the "real thing!"

RE-EXAMINING OBESITY RECOMMENDATIONS:

Successful Outcomes and Lifelong Uses of Treatments In Obesity Now

FINDING S.O.L.U.T.I.O.N. AT THE 16TH PASOO ANNUAL CONVENTION

Gabriel V. Jasul, Jr., M.D., FPSCP, FPSEM
Endocrinologist, UP-PGH and
St. Luke's Medical Center
Vice President, PSEM
Treasurer, PASOO
Director, Diabetes Philippines

Continuing rise in the prevalence of obesity and its resulting health-related problems call for realistic re-examination of current strategies to address the problem. **The apparent failure to effectively curb this health burden demands an in-depth multidisciplinary initiative to find solutions that work and that last.** The daunting challenges of obesity prevention and management should be taken as opportunities for different agencies and organizations and for many individuals to link up and join hands toward a united program of action.

This year's Annual Convention of the PASOO, already on its 16th year, attempts to contribute to this much-needed program of action. Following the success of our ACTION-themed Annual Convention in 2009, this year's program reexamines current obesity recommendation through a SOLUTION-centered theme. **Our invited experts represent the different constituents of the obesity spectrum, from World Health Organization leaders, social scientists, leading health professionals in the field of endocrinology and nutrition to individuals who have fought obesity and have won the battle.**

Plenary sessions include discussion on effective community strategies by Dr. Cherian Varghese, Regional Adviser for Non-Communicable Disease, WHO Western Pacific Regional Office. Important psychosocial determinants of weight gain will be analyzed from the social scientist's perspective by Professor Nina Castillo-Carandang of the UP College of Medicine Department of Clinical Epidemiology. Rounding up the plenary lectures are recent updates on predictors of weight gain by Dr. Rosa Allyn G. Sy, PASOO's Immediate Past President and on new anti-obesity drugs on the horizon by Dr. Elizabeth Paz-Pacheco, PASOO's Incumbent President.

Interesting exchange of ideas is expected in this year's symposia. In the morning, the symposium will look at different strategies in group settings as exemplified by the PASOO-led initiatives. Dr. Ramon Abarquez will chair this session and is committed to examine effective long-term monitoring of outcomes of the PASOO programs. These programs (WHIZ-KID and KINETIKIDS Program, Wellness Summer Workshop and Wellness Summit) will be presented by their respective proponents (Dr. Celeste Tanchoco, Dr. Sioksoan Chan-Cua and Dr. Mia C. Fojas). The afternoon symposium on different strategies for individuals will focus on challenges and opportunities for obese individuals trying to lose weight. Dr. Roberto Mirasol, endocrinologist and Director of the St. Luke's Medical Center Weight Management Center will present outcomes data gathered at their center. Dr. Michael L. Villa, endocrinologist and winner of the PSEM's Biggest Loser contest, will talk about his personal experience with weight loss. Chef Carlo Miguel, the Biggest Loser Asia finalist, has graciously agreed to join this year's program to share his life-long struggle with obesity and how he has overcome it. Active PASOO leader, psychiatrist Dr. Edgardo L. Tolentino, Jr. and nutritionist Mrs. Sanirose S. Orbeta, will further liven up this exciting symposium with their comments and opinions. The lunch symposia will complement the main scientific program and will include presentations on updates on cardiovascular safety of sibutramine and management of fatty liver, a common co-morbidity of obesity.

Finally, at the end of the symposium, Dr. Rodolfo Florentino will summarize the convention highlights and inputs towards building a consensus statement on current recommendations on overweight and obesity. Like the previous PASOO's Declaration on Obesity Prevention (versions I and II), this statement, will document PASOO's continuing commitment to its mission as the pioneer in the prevention and control of obesity and its complications and to its vision of an obesity risk-free Philippines.

The apparent failure to effectively curb this health burden demands an in-depth multidisciplinary initiative to find solutions that work and that last.

Certainly, the success of any program, including this year's Annual Convention of the PASOO, can only be meaningful if all the stakeholders will actively participate and work together to find long-lasting and realistic solutions to the problem of overweight and obesity. Everyone's involvement will make a difference.

SO SEE YOU AT PASOO 2010 AND BE PART OF THE SOLUTION!

PASOO SCHOOL HEALTH LECTURE SERIES

Sioksoan Chan-Cua, MD
Secretary, PASOO
Pediatric Endocrinologist, UP-PGH
and Cardinal Santos

"WHW" PROJECT

Obesity: the Growing Problem Among School Children in the Philippines

Based on the 2008 national data reported by FNRI, **the prevalence of overweight among children aged 6–10 years based on weight for age was 1.6% and among adolescents based on BMI was 4.6%.** The prevalence is relatively low when compared to that of developed countries. However, we should not feel complacent about the report. There have been studies showing that in the urban settings with "obesogenic" environment, children and adolescents are at risk to become obese; the prevalence of obesity is higher among the upper socioeconomic groups. , In the study involving six private and public schools in Metro Manila conducted during the academic year 2007-2008, the overall prevalence of overweight and obesity was 21% based on measured BMI. Among 1026 adolescents, 13% were overweight, 8% obese, higher in males and private schools. Among male adolescents, 28% had BMI≥85th percentile while among female adolescents, 11% had BMI≥85th percentile.

The prevalence of overweight and obesity among high school students from private schools was 3-fold higher than that of public schools (28% vs. 9%).[2]

We are facing the challenge that childhood obesity is a nutritional problem in the Philippines where we have double burden of malnutrition, both under- and over-nutrition. Since the PASOO mission is the prevention and control of obesity and its complications through education, research and advocacy, and the vision is to attain an obesity risk-free nation, we have to work hard toward our goals. We believe that obesity prevention should begin with children. From the Whiz Kids project in St. Scholastica School, PASOO has continued to promote Wellness in the Youth. In 2007, a *"Wellness Summer Workshop - The Youth Edition" was held at Philippine Medical Association Auditorium, Quezon City. In 2008, the "Second Wellness Summer Workshop – The Youth Edition"* was held at Xavier School Multipurpose Hall, Greenhills, San Juan. In 2009, PASOO began School Health Lecture Series with focus on prevention of obesity. It's also known as "Know Your Weight, Height and Waist" Project, or in short, "WHW". The goal is to emphasize the importance of "healthy weight" and to empower the youth to have healthy lifestyle.

PASOO's Response: The Whiz Kids Project

PASOO started the lecture series in St. Andrew's School in Las Piñas on July 24, 2009. Together with the school administrators, clinic physician, nurses and faculty staff, we celebrated the Nutrition Month with a theme, *"Wastong Nutrisyon Kailangan, Lifestyle Disease Iwasan".* PASOO team consisted of endocrinologists (Dr. Elizabeth Paz-Pacheco, Dr. Rosa Allyn G. Sy, Dr. Gabriel V. Jasul, Jr., and Dr. Sioksoan Chan-Cua) and nutritionists (Mrs. Sanirose S. Orbeta and Mrs. Celeste C. Tanchoco). The topics included a *brief introduction about PASOO and its school health lecture projects, "The Importance of Having Healthy Weight and Prevention of Diabetes", "WHW...What is it?"* and *"Proper food choices".* The lectures were followed by an open forum wherein the students were given the opportunity to ask questions and give their comments. The second participating school was St. Scholastica's College Manila on July 30, 2010. The third participating school was St. Matthew School on September 4, 2009. The participants were grade school students. (Continued on page 14)

Sugar is the New "Cocaine"

Edgardo L. Tolentino Jr., MD
Board Member, PASOO
Head, Section of Psychiatry,
Makati Medical Center
Psychiatrist, Medical City and
Asian Hospital

Ok, allow me to put my statement in context. I am a psychiatrist, who has sub-specialized in ADDICTION PSYCHIATRY. I have devoted a good part of my practice and time in fighting substance addictions (like cocaine, shabu, alcohol, etc.), non-sbustance addictions (sex, gambling, internet, etc.) and as my peers in PASOO know...in battling the scourge of obesity. Despite the years of studies and practice on the two areas of interest, it still hit me!

At this year's American Psychiatric Association's annual convention held in New Orleans (with the National Institute on Drug Abuse as major sponsor) I was fortunate to follow closely the track on Addiction Psychiatry. The one presentation that still stands out in my mind is a new experiment showing how powerful sugar can be as an 'addictive' substance. This presentation was replete with a video to illustrate the hypothesis. In the video, an experimental rat, during a pre-trial run, was allowed to taste sugar alternately with cocaine by merely pressing on a lever. This was repeated several times to prime the rat on both substances. During the actual run, the rat had free rein on which lever to press: pressing the lever on the left would reward it with a dose of sugar, and pressing the opposite lever gave it a dose of cocaine. The result? The rat had practically ignored the lever on the right, favoring in a highly significant way - SUGAR! Even in instances when the rat would be right beside the right lever (Cocaine), when the buzzer and light went on signaling that it could make a choice, it traversed the cage to the other side where the "sugar" lever lay waiting!

Curious phenomenon? Well, that's what happens when you take a substance out of nature and refine it to maximize its chemical surface area and biological activity. Cocaine is a drug that's refined from coca leaves. Opium is a drug that's refined from poppies. And sugar is a drug that's refined from sugarcane. And while we have a "war on drugs" against cocaine and shabu, our *"kaban ng bayan"* actually subsidizes the sugar industry, making refined white sugar cheaper than any illegal drug and widely available to the entire population so that everyone can be equally hooked. Talking of equal opportunity!

Unlike cocaine, sugar is a very legal, readily available, and constantly used food product that people are unaware that they may be consuming high quantities of the substance. It is practically ubiquitous: from our *pan de sal* dipped in *condensada* in our *almusal* to the *turon* we eat to conclude our *hapunan*. Even in the healthy individual's diet, it exists: whether in milk or fruits (our mangoes, bananas, etc. are favored if they are very sweet).

Although not yet a diagnostic entity in the Diagnostic and Statistical Manual, 4th edition-Text Revision (DSM-IV TR),

Sugar as an "addiction" incorporates both physical and psychological dependence as the body's systems become used to receiving sugar rushes and the mind becomes dependent on the instant pleasure experienced – not unlike what a cocaine addict will encounter.

SLEEPLESS IN SUGARLAND: What are the Signs and Symptoms of Sugar Addiction?

Similar to other substance addictions, a person addicted to sugar will allow and possibly consume items/foods containing high levels of sugar to make up a large part of their diet, or will consume sugary food stuffs frequently. When access to these foods/food items is denied or they are not able to consume them, low mood, irritability, frustration, and even anxiety or panic, may occur.

Cravings, like in most other addictions, may be experienced when items with sugar are withdrawn over a period of time. **These cravings may be accompanied by fine tremors, headaches, and pre-occupation over the food.** Allowing access to sugar allows an experience of instant rush with satiety developing quickly.

Sugar is a Leading Cause of Fatal Health Problems: WHAT CAN WE DO?

Sugar addiction is an increasingly common addiction, which sadly, is not known or admitted by the public; nor are we aware how much we consume, or its ravaging effects on the body. Sugar is a staple in many a Filipino meal. Even a simple breakfast of "tasty" loaf bread, slapped with butter or margarine and dabbed with a good coat of sugar is commonplace. Legendary queues have welcomed the opening of a famous foreign-branded doughnut shop in the country and the snake lines went on for weeks! Surely, we need to do something now!

On an individual level, we need to learn to scrutinize products knowing how much of the sugary stuff, in all its disguises is present. Eating a large healthy breakfast favoring unsweetened oats or wholemeal flour will help keep blood sugar levels constant and keep the appetite sustained, thus reducing the need to snack. Note that it is not necessary to remove natural sugars such as lactose or fructose from the diet as these are present in foods needed to maintain a healthy diet.

(Continued on page 16)

Individualized Clinical Practice Beyond Group Outcome Measures

Ramon F. Abarquez, Jr. FPCP, FPCC, EFACC, CSPSH
Board Member, PASOO
Professor Emeritus, UP College of Medicine

GUIDELINES' RECOMMENDATIONS

Worldwide obesity accounts for approximately 58%, 21%, 8-42% and more than 10% of diabetes cases, ischemic heart disease, certain cancers and deaths respectively. *(World Health Report 2002 Geneva, World Health Organization)* The Framingham study shows that obesity hazards risk for heart failure is 1.46, 1.23 -1.7 (females) and 1.37, 1.13 -1.67 (males) in 20 years. *(Kenchaiah, NEJM '02;347:305)* Consensus is meager regarding the ideal approach to weight reduction due to disappointing life-style changes to encourage weight reduction that were attempted by 25% and 43% American men and women respectively. Pharmacotherapy and bariatric surgery long-term success, risks and cost-effectiveness have also not been fully evaluated. *(Manson, Arch Intern Med 2004; 164:249)* Without precise estimates of the benefit and with substantial variability in intervention strategies, it is currently impossible to estimate the cost-benefit ratio of weight loss programs. However, the National Heart, Lung, and Blood Institute and the North American Association for the Study of Obesity proposed weight loss strategy to include calorie restriction, structured physical activity, behavioral therapy and psychological support for patients with a BMI > 30 kg/m2 and those with a BMI of 25.0 to 29.9 kg/m2 with a history of CHD or two or more atherosclerotic disease risk factors. **(Washington, DC, National Heart, Lung, and Blood Institute, 2000)**

Even if the program recommendations are evidenced-based, currently there are valid concerns. Unfortunately, clinical practice guidelines may have to depend on less high-powered evidences. For example, in well studied STEMI trials, **only 13% of the ACC/AHA guidelines recommendations are based on 'level A' evidence,** i.e. from multiple large randomized clinical trials.(Tricoci, JAMA '09;301:831) Furthermore, strength of evidence is often heavily based on statistical significance results, that maybe trivial compared to null, with less attention on clinical and practical importance of the treatment effects. *(Kaul, J Am Coll Cardiol 2010;55:415).* 'Comparative effectiveness research', based on large RCTs to reduce biases, is dependent on which patient-subgroup will benefit the most from certain treatments to guide personalized care. *(Gitt. Eur Heart J '10;31:525)* Even a well-conducted and internally valid trial that include a highly selected population under controlled conditions may not be readily extrapolated to individual cases. *(Granger, Eur Heart J '10;31:520)* This presentation intends to present caveats and idiosyncrasies to "blind- student-followers" to guideline recommendations since RCT's outcomes do not necessarily translate into individualized benefits. Without a "hook-line-sinker" attitude to "evidenced-based" data an individualized practical risk reduction strategy is suggested.

RECOMMENDATION ON SUCCESS MEASURES

In any intervention or treatment strategy, success or otherwise require measureable outcome that should be practical, inexpensive, reproducible, patient friendly with motivation for long-term adherence. Furthermore, consider also that any risk factor that can trigger a patho-physiologic mechanism do not necessarily kill unless target organ damage (TOD) has occurred. However, with or without co-morbidities of components comprising the "metabolic syndrome", obesity, for example, can be an independent heart failure hospitalization risk due to adipose cells related lipid toxicity cardiomyopathy. *(Yudkin JS, Lancet 2005; 365: 1811-820)* Moreover, obesity problem is often related to pre-existing clinical conditions. Or obesity maybe a compounding risk to hypertension or diabetes. Or obesity may compromise heart failure, renal insufficiency or COPD treatment strategies. In such situations, target outcome is secondary prevention of major adverse cardiovascular events (MACE) or mortality. On the other hand, primary prevention of any disability or quality of life impairment may be a target endpoint. Whether primary or secondary preventive action plans, time may be a major deterrent to objectively assessing management benefits. Most randomized trials often take at least 2-3 years to attain statistically significant outcomes. What then are a provider-and receiver customized and manageable strategy?

DEFINITION OF GOLD STANDARD

First, temporal definition of obesity, can influence any method of establishing any epidemiological or outcome data. BMI is the obesity index in children and in adolescence. Furthermore, waist-hip ratio or waist circumference is more applicable to adults. Retrospective annual weight recorded data can reflect trending changes. But, case finding of weight levels frequently accompany consultations that may not

necessarily be related to the obesity issue. Prospective studies can have weight issues as a variable risk. Obesity may also appear to be a geographical variation. It is also of interest that the age-adjusted decline in weight may not change event rates that are sudden and unexpected as in non-witnessed sudden death. Furthermore, the decreasing age-adjusted obesity rates do not imply a decrease in absolute numbers of events because growth and aging in any population may increase obesity prevalence. Thus, prevalence changes have definition idiosyncrasies and with compounding variable influences such as sex, age groups among others.

Three factors are of prime importance for identifying populations at risk and consideration of strategies for prevention or control of obesity. (1) the clinical subgroups in which obesity occur (prevalence); (2) the absolute numbers and event rates (incidence) among population subgroups; and (3) the time dependence of risk (trending in observational studies or registry data,)

PREVALENCE ISSUES

How achievable is prevalence changes as an endpoint? Obesity prevalence based on 2008 NNHes data do provide local background data. It may take several years, however, to change population-screened obesity prevalence that may not even involve obese cases subjected to intervention projects. More importantly, as pointed out in a Texas Heart Institute Journal Editorial, data should "distinguish between population medicine and individual medicine." Moreover, trial duration has to be factored in. *(Michel Accad and Herbert L. Fred, Texas Heart Inst. J 2010;37:6)* Furthermore, existing reviews pool data on outcomes, many do not identify the sex of the population suggesting incomplete reporting in the trials. But treatment and outcomes do vary by sex. *(Clark, J Am Coll Cardiol 2009;54:397).* **Thus, prevalence data changes is time dependent and randomized studies outcome do not necessarily reflect on individual cases particularly in the absence of sex identity.**

INCIDENCE ESTIMATES

Estimates of incidence (percent/year) may include the total number of events per year for the general adult population that should also reflect on high-risk subgroups. Due to increasingly co-morbid risk factors, obesity incidence may increase progressively, but may be with a progressive decrease in the total number of events represented by each group. "The inverse relationship between incidence and total number of events occurs because of the progressively smaller denominator pool in the highest subgroup categories. Successful interventions in larger population subgroups require identification of specific markers to increase the ability to identify specific patients who are at particularly high risk for a future event. The natural history of a population of patients with major risk factors or known cardiovascular disease but at low risk because of freedom from major cardiovascular (CV) events is compared with patients who have survived a major CV event. Attrition over time is accelerated for the initial 6 to 18 months after the major CV event. After the initial attrition, the slopes of the curves for the high-risk and low-risk populations diverge less, highlighting both the early attrition and attenuation of risk after 18 to 24 months". These relationships have been observed in diverse high-risk subgroups (e.g., cardiac arrest survivors, post-myocardial infarction patients with high-risk markers, recent onset of heart failure). *(Myerburg, Circ '92; 85(Suppl I):I2 & J Cardiovasc Electrophysiol '01;12:369)* **Thus, mean events incidences may be over or underestimated depending on event rates among high risk subgroups with pre-existing CV events in the study population.**

OBSERVATIONAL PITFALLS

There are potential pitfalls in observational analyses even for weight reduction strategies. For example, fibrinolysis in the elderly based on a financial claims database analysis lotherwise. *(Gitt. Eur Heart J '10;31:525).* Likewise, hormone replacement therapy and vitamin E, appear to be beneficial in carefully conducted observational studies, only to be found to be neutral or harmful in definitive randomized trials. *(Granger, J Am Coll Cardiol '06;48:434)* A recent careful analysis from Vancouver showed that statin adherence was strongly and independently associated with lower risk of motor vehicle accidents, accidents in the workplace, greater use of screening strategies, and lower mortality from other diseases. However, there are no biological or mechanistic explanations for these benefits from statin therapy *(Dormuth, Circ '09;119:2051)* Moreover, observational HF mortality in different European countries is 13% to 30%. In a cross-sectional epidemiological study in Rotterdam, the average age of HF was 77 years that is more than 10 years and the 2-years survival was 59%-79% at 5 years, about twice less than that of age-match peers. *(Cowie. Eur Heart J '01;22:1247)* **Thus, observational morbid and mortality statistics may likely differ significantly from the real world scenario, at best hypothesis generating and can't be the basis for individual program.**

REGISTRY OF DATA ASSESSMENTS

A major advantage of a registry is the inclusion of the entire spectrum of the patient population with a particular disease or syndrome, inclusive of patients with many co-morbidities that maybe under-represented in most clinical trials but can also include dosing risk-prone cases. *(Alexander, JAMA '05;294 3108)* Furthermore, the follow-up in prospective registries: 1) is considerably longer than that of most clinical trials; 2) can assess and compare different current clinical practice guidelines and outcomes; 3) can contribute to quality assurance, indicating areas where education is necessary; 4) can increase adherence to guidelines; 5) can determine areas with suboptimal or conflicting practices with guideline recommendation among geographical areas or patient sub-groups; and 6) can show that adequate adherence to guidelines can influence survival rates. *(Gitt. Eur Heart J '10;31:525)* However, in a polypill situation and without serum drug levels, specific drug advantage can be merely implied. But combination of high quality clinical trials and prospective registries can best define and apply effective therapies and

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15th ANNUAL CONVENTION SUMMARY

SHIFTING THE PARADIGM: A CALL TO ACTION

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The Philippine Association for the Study of Overweight and Obesity (PASOO) held its 15th Annual Convention last September 5,2009, at the Crowne Plaza Galleria Hotel, Manila, with its ACTION-focused theme: Addressing Challenges and Trends in Obesity Now.

In attendance were some 300 guests and participants from government, academe, private and community medical practice, nutritionists and dietitians, and related professions.

After the Welcome Remarks of Dr. Elizabeth Paz-Pacheco, PASOO President, a cordial message was delivered by Dr. Cherian Varghese, Regional Adviser on Non-Communicable Diseases, WHO-WPRO. Dr. Varghese reviewed briefly the main causes of obesity and some effective strategies that work for its prevention and control. The Opening Remarks was delivered by Dr. Gabriel V. Jasul, Jr., Chair of the Convention. Dr. Jasul elucidated on the objectives and theme of the Convention and went over the Convention Program that was to follow.

In Plenary Session I, chaired by Endocrinologist Dr. Juan Maria Ibarra Co, Dr. Nemesio T. Gako, DOH Asst. Secretary, reviewed the increasing problem of overweight and obesity worldwide and in the Philippines. He discussed the intervention programs of the Department of Health on Non-Communicable Diseases following the causation pathway – from environmental, lifestyle, and individual causes. He emphasized that YES, we can prevent obesity, but we need dedicated concerted efforts by all stakeholders, targeting the causation pathway.

Plenary Session II chaired by Dr. Cherrie Mae Sison, dealt with cognitive-behavioral modification strategies. Dr. Edgardo Tolentino, Jr., PASOO Director, discussed the various phases of Cognitive-Behavioral Therapy: changing eating behavior, identifying cognitive distortions, and maintenance. He described some techniques of behavior modification including thorough assessment of the problem, establishing motivation, making a food diary, regular weighing, calorie restriction, increasing physical activity, correcting body image distortion, helping in adherence to diet and in problem solving, and making a weight maintenance plan.

The Symposium I that followed, chaired by Dr. Ramon F. Abarquez, Jr., PASOO Director, dealt with the impact of interventions in different settings. The first speaker was Dr. Francisca P. Cuevas, Municipal Health Officer of Pateros, who described some lessons learned from community-based programs. In the clinical setting, she pointed to the **need for individual assessment and high-risk screening, followed by individual management and referral system.** In the population-based approach, Dr. Cuevas emphasized the need for supportive policies on physical environment, schools, and community. Creating a coalition of stakeholders and enlisting support groups, implementing year-long health promotion activities together with training of health service providers on the program, and promoting healthy lifestyle through Healthy Settings approach, are some important strategies to follow. She ended with emphasizing the importance of involving the community for community-based programs to work.

The second speaker in the session was Dr. Celeste C. Tanchoco, PASOO Director and Scientist II, Food and Nutrition Research Institute, who discussed the impact of school-based intervention programs on healthy weight management, using the Whiz Kids project of PASOO and the KinetiKids project of FNRI and Coca Cola Export Corp. as case studies. She discussed some important lessons learned from these projects to promote success, such as **the need for integrating nutrition and physical activity into the school curriculum, providing clear manuals and teaching modules, involving parents of the students, and evaluating the efficiency and impact of the program.**

Dr. Tanchoco emphasized the need to get the full cooperation of the school officials and teachers and to provide a positive school environment. Finally, Dr. Tanchoco proposed the establishment of "Health-Promoting Schools" that follow policies and strategies for healthy weight management policies and strategies.

The third speaker in the symposium was Mrs. Sanirose S. Orbeta, PASOO Vice-President, who discussed programs of obesity prevention and control in the workplace.

Among the lessons that could be learned from successful programs in the workplace are formulating a clear plan of action, obtaining full support from management, creating a core care team, starting with health screening and assessment to identify high-risk staff for counseling, and carrying out a program of physical exercise, consumer education and counseling. Finally, Mrs. Orbeta pointed to the need to involve the food outlets in the workplace.

The lunch symposium sponsored by LRI was given by Dr. Augusto D. Lintonjua, PASOO Founding President, who spoke on advances in pharmacotherapy in obesity. He first discussed the two-step process in weight management: assessment of BMI, waist circumference, risk status and patient motivation, and treatment and evaluation with an initial goal of 10% weight loss in 6 months. Pharmacotherapy should be considered as an adjunct to the management of obesity, diabetes type 2, and cardiovascular disease. Dr. Litnonjua then discussed the beneficial effects of Sibutramine in decreasing appetite, increasing sympathetic activity (the so-called Mona Lisa Riddle), decreasing food intake and energy expenditure, and improving lipid profile. It has an added advantage that it is safe even for adolescents.

The Abbott Laboratories-sponsored lunch symposium featured Dr. Loewe O. Go, Cardiologist. Dr. Loewe discussed the clinical evidence on the effectiveness of Sibutramine for weight management in cardiovascular patients, citing the STORM study which showed the positive effect of Sibutramine combined with lifestyle intervention, and the SCOUT trial which showed Sibutramine's positive effect on weight reduction and hypertension without any safety issue.

Symposium II chaired by Dr. Mia C. Fojas, dealt with the effectiveness of interventions in different population groups. The first speaker was Dr. Sioksuan Chan-Cua, PASOO Secretary, who spoke on effective strategies for weight management in the young. Dr. Chan-Cua pointed out that it is important to start early and to watch out for maternal diabetes. She discussed the need to involve parents as role models and motivators, and to regularly monitor waist, height and waist measurements. It is necessary to combine physical activity, dietary and behavioral modification, and to emphasize proper motivation while reinforcing success. Finally, Dr. Chan-Cua pointed to the importance of carrying out multi-level intervention, starting from the family, the school and the community.

The next speaker in the session was Dr. Iris Thiele Isip-Tan who discussed effective strategies for weight management during pregnancy and post-partum. She first pointed to the revised guidelines on weight gain during pregnancy issued by the US Institute of Medicine, for example, 25-35 lbs for women with normal BMI. Dr. Isip-Tan then discussed some strategies for limiting weight gain during pregnancy: monitoring the increase in weight (about 1lb per weekly), and following individualized nutrition and behavioral counseling. Among the strategies for limiting post-partum weight retention, she emphasized the need for paying attention to diet, physical activity and proper lifestyle, while pointing to the limited effect of breast feeding in weight management.

Dr. Isip-Tan was followed by Dr. Shelly de la Vega who dealt with effective strategies during aging. She first pointed out that **BMI may not be a good indicator of adiposity in the aged,** but it is important to pay attention to personal perception. Dr. De la Vega then discussed some recommendations for individual management: intensive counseling and dietary modification by reducing fat consumption while increasing the consumption of fruits, vegetables and fish. Whenever possible, it is advisable to incorporate physical activity into the daily routine. The goal for the elderly is a healthy lifestyle.

The third plenary session chaired by Dr. Mary Jane C. Gutierrez dealt with a review of what weight loss diets really works and what really matters. The speaker for the session was Dr. Rosa Allyn-Sy, Immediate Past President of PASOO, who first pointed out that different weight loss diets result in different metabolic and weight loss effects. **The bottom line is still caloric restriction coupled with individualized dietary, physical activity and behavioral approaches.** A single dietary pattern will not likely to be effective in the long term. She concluded that compliance may be the most important determinant of success.

The last Plenary Session chaired by Dr. Mona Lisa F. Cosme, PASOO Laguna Chapter President, dealt with a review of 2009 obesity research, particularly on what interventions really works and what do we use. Dr. Elizabeth Paz-Pacheco, PASOO President, summarized **the effective strategies that work: dietary modification, physical activity/ exercise program, and behavior modification.**

She emphasized the need for keeping abreast with current recommendations and recent researches in lifestyle modification, drug therapy, and bariatric surgery that provide fresh insights and recommendations on weight manage- ment. Finally, Dr. Pacheco mentioned that PASOO is currently working on a State of the Art paper: Obesity Research 2009-2010, as the basis in formulating a research agenda on weight management for the Philippines.

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Sumo Wrestlers Don't Eat Breakfast

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"Eat breakfast," my wife always nags me as I rush to work each morning. "Don't eat a heavy dinner", when I arrive home tired from work. But ever since high school I have always skipped breakfast, and often lunch, and have always had a hearty dinner and I was a lean 130-pounder then. Blame it on my biologic clock, a night owl like me prefers working at night till the wee hours of the morning. Maybe the habit has altered my hormonal milieu. "You are going to be a sumo wrestler!"

A what? A sumo wrestler? **Sumo wrestlers, I learned, do not eat breakfast. They gorge on dinner, sleep, then exercise on an empty stomach in the early morning.** They skip breakfast after a whole night of sleep, this habit apparently slows down metabolism. Even if they do their daily rigorous exercises, not much is burned. Then they eat a heavy lunch and then sleep again almost immediately after eating. Sleeping on a full stomach forces the body to store the extra energy as fat as the flood of nutrients triggers a rush of insulin.

A sumo wrestler's traditional meal is called *chanko-nabe,* a stew of fish, seafood, chicken, pork, or beef served with lots of rice and vegetables. Although *chanko-nabe* itself is not fattening, the sheer amount that sumo wrestlers typically consume make them large. On top of that sumo wrestlers also drink large quantities of beer. Alcohol increases cortisol levels which leads to fat deposits around the abdominal area, creating the 'beer belly'. A large stomach makes sumo wrestlers more stable in the ring, harder to push over the *dahyo.*

There is an ancient and religious tradition in sumo wrestling, and even today the sport includes many ritual elements as salt purification, and some shrines carry out forms of ritual dance where a human is said to wrestle with a Shinto divine spirit. The sport has a history spanning many centuries, it is rooted and played only in Japan.

The wrestlers are ranked according to a system that dates back hundreds of years. Sumo wrestlers typically live together in residential and training complexes, called "stables", where all aspects of life, from sleeping and eating to training and free time, are strictly regimented by the coach, called the "stable master". Most certainly food preparation, as in most Japanese culture, is dictated by tradition, as is the training of a sumo wrestler. Most elite wrestlers are between 20 and 35 years old, the average height of sumo wrestlers is around 180 cm (5' 11"). **In professional sumo, there are no weight restrictions or classes in sumo,** meaning that wrestlers can easily find themselves matched off against someone many times their size. **As a result, weight gain is an essential part of sumo training.** In the last 12-15 years however, sumo has changed, wrestlers now lift weights to bulk on muscle, eat nutritious food, but in enormous volumes, and probably have a lower percentage of body fat. Amateur tournaments are now divided into weight classes, lightweight up to 187 lbs or 85 kg, middle weight is up to 253 lbs or 115 kg, and heavy weight above 253 lbs or 155kg, and open weight (no restriction).

The hazards of the sumo lifestyle takes its toll later in life**. Sumo wrestlers have a life expectancy 10 years shorter than the average Japanese male.** They are prone to develop diabetes, hypertension, and heart attacks. The excessive intake of alcohol can lead to liver problems and the stress on their joints rendered by their gaunt can cause arthritis, not to mention the strain wrought by their rigorous daily exercise routine which includes a lot of stomping. *Chanku-nabe* is likely rich in uric acid, gouty arthritis will not be surprising as well. Recently, the standards of weight gain are becoming less strict, in an effort to improve the overall health of the wrestlers.

From the lanky 130 lb frame, I have since, through the years, slowly but surely ballooned to 210 lbs. Still a lightweight by sumo standards, but that is obesity by any standards. Surely I don't gorge on food as much as a sumo wrestler but then when treating *balikbayans* at eat-all-you-can buffets, it does seem like I am chomping down *chanku nabe* -- perhaps essentially the same ingredients as the traditional wrestler's stew but cooked and served separately as more delectable viands. It also does not help that I take a power nap in between clinics, fortunately not as long as the sumo wrestler. And unlike the sumo wrestler, I don't wake up at dawn to exercise on an empty stomach. A lot of take home points here: I have to do a lot of changing in my life routine if I were to avoid inadvertently adopting the physiology of a sumo wrestler. But how does one tone up the basal metabolic rate?

1. BREAK THE FAST. Skipping breakfast is evidently not a smart tactic to lose weight or control weight gain. Skipping meals merely postpones a biologic need to fulfill. Physiology dictates that the body needs to be refueled eventually. Nutritionists advise that eating breakfast is good for weight loss and that people who eat breakfast are more likely to maintain a healthy weight. It is, of course, harder in our culture where a bowl of cereal and fresh fruit is not a tradition. Can we have a hearty breakfast without the fatty Filipino tapsilog or *longganisa* or American bacon and egg breakfast? A healthy breakfast should contain some protein and some fiber. Protein can come from eggs, beans or dairy, it may be a good idea to avoid red meat for

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30 Changes for a SLIMMER YOU

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Vice-President, PASOO
Consulting Clinical and Sports Nutritionist

When one talks of habit changes, long and short term, many questions come to mind such as: Why should I want to change? Will these changes be forever? But of course, to effect lifelong changes we have to look at some motivating force and crisis commitment so we can solidify our thoughts, actions, and feelings.

Below, are some self-assessment eating techniques that might make these changes easier:

1. Focus on the successful habit you have changed such as not "buttering" your bread for a week, or taking water instead of regular softdrink.
2. Maximize your eating awareness. Do I need that second serving? Do I plan my meals ahead of time?
3. Avoid automatic eating. "It's dinner time and I'm not hungry and I just had a heavy merienda but it's the only family meal we have so I'll have to eat again!" Forget the routine if you're still full.
4. Identify eating triggers in your environment. These could include having constant visitors at home, serving snacks all the time, having your own personal refrigerator in the room, or having some candy and cookie jars along the hallway or near your bed.
5. Identify the behavior change you can't break such as eating junk food while watching TV, bringing a chocolate bar to work, or indulging in ice cream every time you're stressed.
6. Follow the five-minute rule: wait for five minutes before you go back for a second serving or wait a while till the nagging thought of that pastry passes.
7. Avoid the "food economist" mentality such as eating everybody's leftovers just because you feel guilty thinking of all people who are starving.
8. Buy foods that require preparation. Make a delicious pasta from scratch, not those packed ones that need only hot water. Practice one dish at a time.
9. Keep problem foods such as chocolate chip cookies, potato chips, peanuts and *chicharon* out of sight. They're too tempting for comfort.
10. Avoid being a "food dispenser" or a "food keeper." When you say: "I'll save this for the kids," you usually end up keeping some for yourself, especially your favorite foods.
11. Keep your refrigerator looking like a garden with lots to pick of crunchy vegetables and attractive fresh fruits to pick on – like *singkamas* and melon cubes.
12. Interrupt the eating behavior chain of fatty foods by serving more vegetables, salads and pasta instead of four to five kinds of rich meat dishes. Your family might complain at first but don't be discouraged. They'll eventually like the change.
13. Prepare menus for special events in advance and keep in mind to serve healthy, instead of the usual fatty, dishes. Serve more pasta and noodles with more vegetables instead of *meat-based* sauces. Forget *lechon*. Instead, serve baked turkey or roast chicken complete with all the embellishments.
14. Have alternate activities instead of just eating during family occasions. Go out of town, for instance, plan a weekend on the beach or see a play or a museum exhibit or maybe take a cruise to Corregidor Island.
15. Keep a food diary. When the eating behavior gets out of control, confront yourself about your binges. Ask frank questions like: "Why did I finish the whole pizza and order large fries and large soda instead of the small one?"
16. Shop from a list and on a full stomach – and stick to your resolve not to stray.
17. Be aware of the total calorie values of foods, not just the fat content. Many fat-free foods are high in calories, such as those deceiving fat-free chocolate bars or chips and cookies.
18. Know how to interpret the Food Guide Pyramid. The basis and foundation of a good healthy diet are complex carbohydrates such as rice, bread, pasta, potatoes, and other root crops.
19. Make low-calorie foods appetizing, delicious, and more available. These include gelatin, popsicles, pretzels, fresh fruit, low-fat yogurt and sherbets.
20. Select a sensible eating plan that you can follow for life. Don't try any fad diet you hear or read about such as 'Fit for Life' or the 'Atkins Diet' or the 'Zone Diet'. They're not scientifically based.

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21 Set a goal that is reasonable, realistic, and attainable like losing two to three pounds a month and not three to four pounds a week. You may want to be three sizes smaller after a year but one size smaller after a year is a more attainable goal. Stop weighing daily. Once a week is fine. If your clothes fit better it's a good sign and a greater achievement.

22 Beware of attitude traps. No one is perfect. Don't compare your results with others'. Be yourself. Was I happy dieting the whole week? Did I follow my no-butter rule with ease? Was I enjoying the party without overeating?

23 Counter food dream by going over non-food ideas like changing the colors of your wardrobe, investing in a new perfume fragrance, recycling your old jewelries. Target weight fantasies with a realistic outlook. Stop weighing daily.

24 Maximize the joys of simple walking such as "mall walking" not "restaurant trying" or simply visiting a friend. A five- to 10-minute walk is a good start.

25 Focus on behavior and attitude change instead of weight alone. "Was I a cheerful or a cranky friend?"

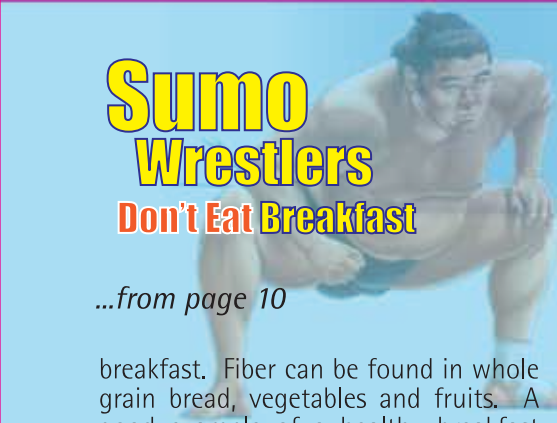
26 Cope positively with lapses that might lead to a relapse and finally a collapse of your best effort. Letting down your guard before the habit is in place might mean a total reversal of your initial success. Indulging during big weekend family meals or eating out frequently could be the start of a relapse.

27 Don't belittle small changes. They account for big successes. For example, buy real walking shoes instead of using your worn-out leather shoes, or don't rely on a friend to call you for that walk.

28 Old habits die hard. It takes patience, perseverance and practice to make good habits stick. Routinize one to two changes a week, such as having more beans and tofu during meals or trying an all-in-one complete dish like arroz a la cubana.

29 Don't give up easily. Try and try again until you succeed. Soon you'll get used to ending your meals with a sweet fruit gelatin or meringue or a hard candy instead of ice cream or other rich dessert. Of course you may serve good desserts when the occasion calls for it, but this should be the exception rather than the rule. Again, the approach is evolutionary, not revolutionary.

30 Finally, enjoy and be proud of those big and small successful lifestyle changes you've made. They will be your lifetime reward.



Sumo Wrestlers Don't Eat Breakfast

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breakfast. Fiber can be found in whole grain bread, vegetables and fruits. A good example of a healthy breakfast might be something simple like a hard boiled egg, a banana, and 2 pieces of whole grain pan de sal.

2. THINK SMART. Balance caloric intake with the caloric expenditure. This makes eating a full breakfast and avoiding heavy dinners make sense as the most energy expenditure is done during the day and not during sleep. Eat well - if possible, fewer than the calories you spend. **The simplest nonsense way of putting it is perhaps to eat prudently to avoid gaining weight progressively, and to eat less or to exercise more to lose weight.** The sumo way of sleeping after eating contradicts this principle, although it must be said that wrestlers do rigorous regular exercise.

3. CUT CALORIES. It is paradoxical that skipping meals is not advisable, but cutting calories by eating less makes sense. How does one manage eating less? Others call it eating smartly, like building meals around fish or poultry, instead of red meat. For others it means cutting out fried foods, opting for grilling, baking, roasting, broiling or boiling food - options that are available in the Filipino diet (but can be misconstrued and abused just as fried food). A way to cut calories is starting with a soup or a salad to curb hunger and prevent overeating. I like to think that having fresh *lumpia* can be like having a salad. Stopping soft drinks and choosing mineral water will also go a long way in cutting calories on a daily basis. A common tactic is to cut rice intake, or not to eat rice at all. Others switch to brown rice which makes viands less palatable; basmati rice is rated to have a low glycemic index and may be more palatable if cooked properly.

4. EXERCISE. Working out on an empty stomach is controversial, the theory behind this is that blood sugar levels are low in a fasted state and therefore allows for more fat burning. **Exercise physiologists, however, have shown that fat burning doesn't really start after 20 minutes into exercise.** Without fuel, exhaustion can set in earlier when exercising in a fasted state – although apparently not so for the regimented way of life of the sumo. Benefits to eating before a workout include boosting stamina and strength, it can help sustain longer and more intense workouts. But when one does take food before exercise, make sure to give the body time to digest before embarking on exercise. The larger the meal, the more time needed to pass before commencing on exercise. The habit of exercise is something I must rekindle, even if only to fulfill the 10,000 steps a day walking exercise.

The sumo wrestler is a cultural icon, indeed he is a thing of beauty in his own right. I really mean no disrespect. His body is a work of art, very much like the fashion model who follows a fashionista diet to maintain her figure. It is probably wrong of me to speak of the hazards of the sumo way of life in that light. It is just my reflection that my day-to-day routine is predisposing me to more obesity. And how similar it is to the sumo way of life, as it demonstrates the result of an imbalance between caloric intake and caloric expenditure, and obesity as a result of a toned down basal metabolic rate.

PASOO 3rd OBESITY WORKSHOP

CEBU CHAPTER

Consolation S. Cutillar MD, FPSEM

PASOO Cebu Chapter was proud to host the 3rd Obesity Workshop last April 24, 2010 at Marco Polo Plaza Hotel.

Plenary speakers came from all over the country. Dr. Consolacion S. Cutillar talked about the predictors and consequences of excessive weight gain, Dr. Rosa Allyn Sy dealt with the pharmacologic treatment of obesity, while Dr. Gabriel Jasul discussed about comprehensive weight management program. Dr. Marbert Cardino and Dr. Cindy Tan elaborated on the proper assessment of body weight. A master in physical, occupational and respiratory therapy, Mr. Napoleon Caballero (Manila), with strength and conditioning coach, Mr. Pio Gerardo Solon (Manila), shared their expertise, during the breakout session, teaching the audience about physical fitness. The workshop would not have been complete without the discussion on the right diet delivered by Mrs. Sanirose Orbeta and Mrs. Ma. Imelda Cardino. The activity was well attended by 195 participants that included physicians, nurses, dietitians and therapists.

Overall, the workshop emphasized that obesity is a behavioral disorder with major metabolic consequences, and that treatment should be approached on an individual basis.

11th INTERNATIONAL CONGRESS ON OBESITY

STOCKHOLM, SWEDEN

After the successful International Congress on Obesity (ICO) held in Sydney, Australia in 2006, Stockholm, Sweden played host to this year's ICO. Seven (7) doctors, mostly endocrinologists (adult and pediatric), attended the meeting on July 11-15, 2010. As usual it attracted scientists, researchers and obesity experts from different parts of the world.

This year is special for the Philippine delegates because Dr Rosa Allyn Sy, together with Dr Elizabeth Paz-Pacheco and Dr Sioksoan Chan-Cua, presented to the executive committee of the Asia-Oceania Association for the Study of Obesity the plans of the organizing committee for the forthcoming 6th Asia-Oceania Congress on Obesity to be held in Manila on August 31 to September 2, 2011. The proposed theme **The Growing Problem of Metabolic Syndrome: The Asia-Oceania Perspective** was warmly accepted by the group.

PASOO SCHOOL HEALTH LECTURE SERIES

"WHW" PROJECT

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The Vision That Inspires PASOO

Our wish is to have a healthy young generation and obesity risk-free nation! Obese adolescents are at risk to develop type 2 diabetes mellitus and other obesity-related complications like dyslipidemia, hypertension, fatty liver, obstructive sleep apnea, polycystic ovarian syndrome (in females), bone and joint problems. Keeping weight status in the healthy range with body mass index (BMI <85th percentile based on CDC, or less than +1 SD based on WHO reference) will prevent or delay the onset of diabetes mellitus. **Schools provide opportunities for reducing the risk of obesity and other related complications,** since the children and adolescents have much time spent in the schools aside from the home setting. Schools can implement environmental changes that affect available foods, physical education, class curricula, and the acceptability of healthy behaviors. In St. Andrew's School, since last year, a change has been made to reduce unnecessary caloric intake from sugar-added beverages: there is no longer any sale of soft drinks. It is a rational first step to prevent childhood obesity and type 2 diabetes mellitus. Several short-term, school-based programs have shown to favorably alter glucose levels, insulin levels, or both. ,

PASOO will continue to coordinate with St. Andrew's School to promote health, reduce the prevalence of obesity and prevention of complications among the school children and adolescents. We hope that the students will take good care of themselves, maintain healthy weight and be happy!

On July 28, 2010, PASOO again conducted the lecture series in St. Andrew's School in Las Piñas, and this time, the participants were high school students. The PASOO team of speakers consisted of the current president, Dr. Elizabeth Paz-Pacheco, the vice president, Ms. Sanirose S. Orbeta and the secretary, Dr. Sioksoan Chan-Cua. Dr. Cua invited Dr. Marichu P. Mabulac, a pediatric endocrine fellow, and Dr. Kathrina Oraa-Allanigue, a pediatric resident from Las Piñas and currently rotating in the Pediatric Endocrine Section, PGH, to observe and plan for joint studies on the school health. We had a warm welcome by the school principal, Fr. Cura and his staff. The student emcees were two high school students who gave kind introduction of the speakers and the open forum was conducted by the school physician, Dr. Ma. Bella D. Isidro. Several high school students asked questions on food choices, weight status and genetics. The speakers answered and clarified the issues. We observed there were some overweight and obese students. Quite a number of student participants raised hands when being asked, "Who has family history of diabetes and hypertension?" We hope after PASOO lectures and continuous effort of the school staff, the students are consistently motivated to change and acquire a healthy lifestyle. Well, the smiles of students have made us happy and optimistic.

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15th ANNUAL CONVENTION SUMMARY

SHIFTING THE PARADIGM: A CALL TO ACTION

During the Closing Ceremonies, the major recommendations that arose from the convention were summarized by **Dr. Rodolfo F. Florentino,** PASOO Director, and **Dr. Gabriel V. Jasul, Jr.,** PASOO Treasurer and Chair of the 2009 PASOO Annual Convention:

- **Lay down policies and strategies for programs in the community, schools and workplace; replicate successful pilot projects;**
- **Apply lessons learned in weight management in the young, pregnancy and post-partum and in the elderly in our daily practice;**
- **Remember what really matters: balanced diet, physical activity, and behavior modification; pharmacotherapy may be used as an adjunct to therapy;**
- **Stay abreast with scientific literature; be wary of miracle cures; and**
- **Lay down and pursue a scientific a research agenda for the Philippines for the prevention and control of overweight and obesity**

Finally, Dr. Florentino read the PASOO Declaration II that embodies the Call to Action by all PASOO Members and participants to the 2009 Convention directed to relevant government agencies, medical and health organizations, NGOs, the media and the pharmaceutical industry. The Declaration urged all stakeholders to collaborate with PASOO in controlling the growing problem of overweight and obesity in the population.

Mrs. Sanirose S. Orbeta, PASOO Vice President, closed the Convention with an expression of thanks to all the speakers and moderators, the organizers, the participants, and to the supporters from the pharmaceutical industry, who all contributed to the success of the 15th PASOO Annual Convention.