UPCOMING ACTIVITIES

August 30, 2018, Thursday
PASOO 24th ANNUAL CONVENTION
Theme: Fat Facts, Fads and Fallacies
EDSA Shangri-La Hotel, Mandaluyong City

September 1-7, 2018
Obesity Awareness and Prevention Week

October 11, 2018
World Obesity Day

November 9, 2018
9th Intensive Obesity Workshop and Lay Forum
Bohol
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Pioneer in the prevention & control of obesity & its complications through education, research & advocacy

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An obesity risk-free nation

Philippine Association for the Study of Overweight and Obesity
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PRESIDENT'S MESSAGE

EDGARDO L. TOLENTINO, JR, MD, FPPA
President, PASOO
Chairman, Dept. of Psychiatry & Mental Health
Quirino Memorial Medical Center

Greetings to all!

There's a startling headline that should draw our attention: "the Philippine population is ballooning - and so are its people." Although admittedly, compared to our ASEAN neighbors we remain to have a relatively low obesity & overweight prevalence at 5.1% & 23.6%, respectively, obesity puts a heavier burden on the PHILIPPINES. In fact, when translated to numbers, as much as 18 million Filipinos are obese & overweight - based on the report commissioned by the Asia Roundtable on Food Innovation for Improved Nutrition & produced by the Economic Intelligence Unit (EIU). When put in economic terms, obesity costs the Philippines between $500 million & $1 billion, or the equivalent of between 4% & 8% of its health-care spending. The costs are high because obesity has implications in multiple dimensions such as non-communicable increase in related non-communicable diseases like type 2-Diabetes mellitus, cancer, cardiovascular diseases & stroke; these in turn result in an increased rate of absenteeism from work due to illness & poor health; and consequently, a reduction in their lifespan.

We, at PASOO, remain at the forefront of contributing solutions to the problem of obesity as we continue to aim for an obesity risk-free nation. In this year's edition of our Obesity Alert newsletter, the spotlight is on **PASOO's white paper on the Lifestyle Approaches for the Prevention of Obesity.** This will, likewise be highlighted during the annual convention as well as featured prominently in the July 2018 edition of Health & Lifestyle magazine. As obesity is a complex and multi-faceted problem, the solutions proposed in the white paper addresses those different facets of the problem: from the promotion of exclusive breastfeeding from birth to six months to participation in family meals 5 times a week; from limiting the intake of calorie-dense foods, as well as foods & beverages high in added sugar to consuming recommended amounts of fruits & vegetables in every major meal; from limiting eating out at restaurants especially fast food restaurants, as well as only allowing a maximum of 2 hours/day screen time to being physically active & promoting moderate to vigorous physical activity.

Let us all remain committed and engaged in the prevention of obesity by promoting a healthy and active lifestyle in our personal, family, professional, and social life! After all, change starts with us!

EDGARDO L. TOLENTINO, JR, MD, FPPA
President, PASOO

member of WORLD OBESITY federation

What's inside?

Promote exclusive Breastfeeding from birth to 6 months
Eat a variety of Nutrient–dense foods
Limit intake of foods and beverages high in added sugar
Limit Intake of Calorie Dense Foods
Consume the recommended amounts of Fruits and Vegetables in every major meal
Fast Food and Obesity and other Metabolic Disorders
BREAKFAST: Weighing in the Evidence
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Portion Control with Correct Food Choices is the Key to Weight Loss
Guidelines for Healthy Family Habits
Allow a maximum of 2 hours per day of screen time
Promote moderate to vigorous physical activity
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Obesity, History and Culture
Proper Nutrition and Prevention of Diabetes Mellitus in Children
Pasoo in Action

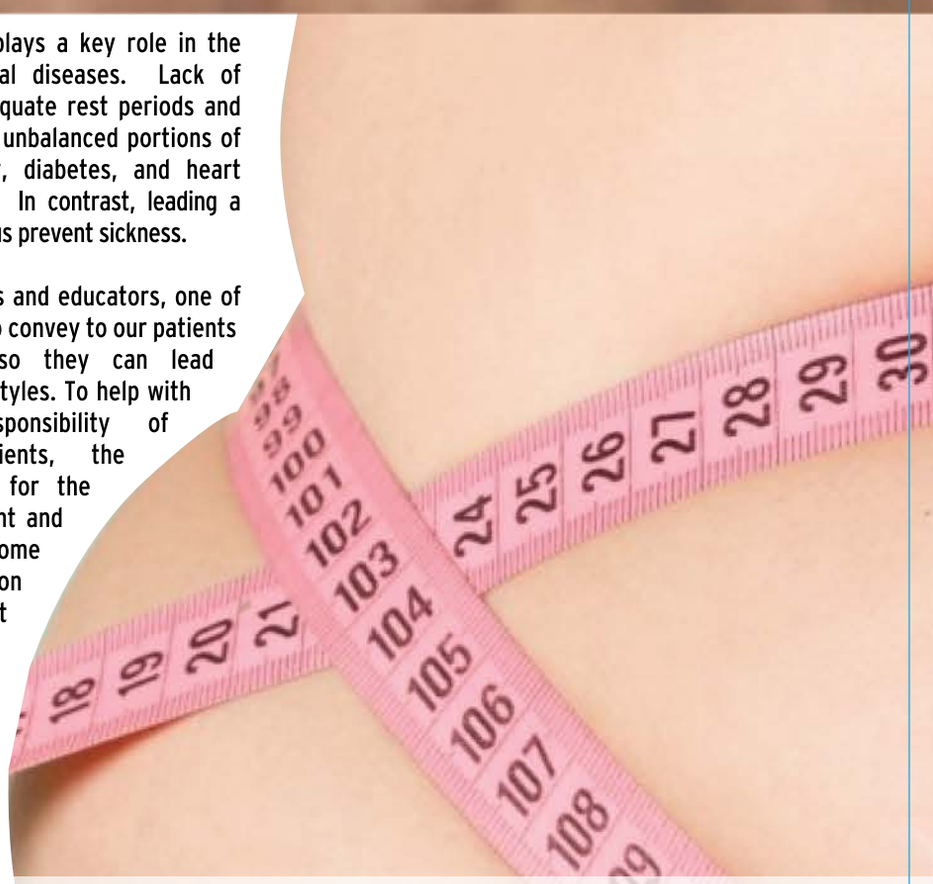
What's Inside

Michael D. Rosario
MD, FPCP, PSEDM

An improper lifestyle plays a key role in the development of several diseases. Lack of physical activity, inadequate rest periods and taking in improper and unbalanced portions of food leads to obesity, diabetes, and heart disease among others. In contrast, leading a balanced lifestyle helps us prevent sickness.

As healthcare providers and educators, one of our responsibilities is to convey to our patients correct information so they can lead illness-preventing lifestyles. To help with this important responsibility of educating our patients, the Philippine Association for the Study of the Overweight and Obese (PASOO) has come out with a list of recommendations called "White Paper on Lifestyle Approaches for the Prevention of Obesity". It consists of 11 simple and practical recommendations on appropriate food choices, healthy eating habits and proper physical activity. In this newsletter, each recommendation is discussed in detail along with its current supporting evidence.

Here's to a healthier lifestyle for all of us!



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PASOO Dietary and Lifestyle Recommendations for Obesity Prevention

- Promote breastfeeding from birth to 6 months of age
- Eat a variety of nutrient-dense foods, and foods rich in calcium and fiber
- Limit intake of foods and beverages high in added sugar

- Limit over all intake of calorie-dense foods
- Consume the recommended amounts of fruits and vegetables. Consume fruits and vegetables in every major meal

- Eat breakfast everyday
- Portion control with correct food choices is the key to weight loss

- Participate in family meals at least 5 times per week

- Limit eating out at restaurants especially fast-food restaurants
- Allow a maximum of 2 hours per day of screen time
- Be physically active. Promote moderate to vigorously physical activity for at least 60 minutes per day at most days of the week

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Promote exclusive BREASTFEEDING

from birth to 6 months

Breastfeeding is the normal way of providing young infants with optimum nutrition they need for healthy growth and development. The World Health Organization recommends exclusive breastfeeding for the baby's 6 months of life, and continued breastfeeding with the addition of appropriate, adequate and safe complementary foods up to two years old and beyond (WHO, 2003; WHO, 2009), Exclusive breastfeeding means that the infant receives breast milk only. No other liquids or solids are given, not even water (except for oral rehydration solution, drops, syrups of vitamins, minerals or medicines).

Celeste C. Tanchoco
PhD, MPH, RND

The American Academy of Pediatrics (AAP) and the Academy of Nutrition and Dietetics (AND) strongly endorse breastfeeding throughout the infant's first year (Gartner, et al, 2005; James and Dobson, 2005).

Evidence is emerging that breastfeeding may offer some protection against obesity (Armstong and Reilly, 2002; Li et al, 2007). A review of 61 studies concluded that breastfeeding protests obesity in children and adulthood (Owen et al, 2005). Proposed mechanisms for this effect include more normal growth patterns (lower early weight gain), possibly associated with lower basal insulin levels in the breastfed versus the formula-fed infant, and the inherent control of food intake maintained by the breastfed infant (Dietz, 2001).

Breastfeeding on demand is thought to teach infants to regulate their intake appropriately, based on internal cues for hunger and satiety and in response to their individual growth needs. Formula-fed infants may have fewer opportunities to develop this important skill. Reasons for this may be that parents or caregivers may want to follow a set feeding schedule or may encourage the infant to consume a certain amount of formula. Both feeding behaviors override the infant's internal cues and may result in overfeeding and lessen the infant's ability to self-regulate energy intake (Birch and Fisher, 1998).

Eat a variety of nutrient-dense foods

rich in calcium and fiber from the different food groups

No single food can provide all the nutrients the body needs. Eating a variety of food from all the different food groups in the proper amount and balance will supply the required nutrients the body needs.

The effects of variety on caloric intake and body weight appear to extend beyond a single meal. Adults consuming a greater variety from different food groups over several days or months consumed more energy from each of those groups (McCrory et al, 1999; Roberts et al, 2005). However, variety may be positively or negatively associated with body weight status, depending on the food group. In a small clinical study (McCrory et al, 1999) and a large survey sample (Roberts, et al,2005), more variety consumed from energy dense groups such as sweets, snacks, condiments, entrees and carbohydrate-based foods was associated with increased adiposity, whereas more variety consumed from energy-weak vegetables, fruit and legume foods was associated with leanness.

Reducing energy-dense variety and increasing energy-weak and micronutrients-dense food variety may help to reduce excess body weight and maintain the loss. In a study (Raynor, et al, 2005) of more than 2200 persons in the National Weight Control Registry, a lower variety consumed from all food groups except fruit and mixed items reported maintenance of 30 pounds (13.6kg) weight loss for an average of 6.1 years than people who lost 30 pounds over 6 months in a behavioral weight loss program. In another study (Raynor et al, 2004), subjects undergoing an 18-month standard obesity treatment regimen without specific advice on dietary variety self-selected an increase in variety of vegetables and low-fat bread groups and a decrease in variety of high-fat and fats, sweets and oils group.

High dietary intake of calcium is associated with decreased prevalence of overweight and obesity through the following mechanisms: depression of the PTH and 1,25 dihydroxy Vit D which leads to inhibition of lipogenesis and increased lipolysis. In addition, with high intake of calcium, there is increased excretion of fecal fat caused by soap formation.

Ample fiber intake has been associated with reducing energy density of the diet. High-fiber foods may reduce the hunger associated with caloric (energy) restriction while simultaneously delaying gastric emptying and somewhat reducing nutrient utilization. The bulk provided by fiber may have satiety value

Celeste C. Tanchoco
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LIMIT INTAKE OF FOODS AND BEVERAGES HIGH IN ADDED SUGAR

Over the years, there is an increased consumption of sugar sweetened beverages. Sugar sweetened beverages (SSBs) are any liquids that contain energy-containing sweeteners such as sucrose, high fructose-corn syrup or fruit juice concentrates. These include regular sodas, fruit drinks, sports and energy drinks, vitamin water drinks and coffee and tea with added sugars. A beverage that is 100% fruit juice and with no added sweeteners is not included.

Because of the high added sugar content of these beverages, it may contribute to overweight and obesity both in children and adults. Several studies showed positive associations between intake of SSBs, particularly carbonated drinks and weight gain and obesity in both children and adults. Possible explanation is the high sugar contents and low satiety of these drinks. A meta-analysis by Malik et al also showed that higher intake of SSBs is associated with development of type 2 diabetes mellitus and metabolic syndrome, by promoting weight gain and increase glycemic load leading to insulin resistance.

Based on the evidences, limiting the amount of sugar sweetened beverages consumption can help reduced weight gain, obesity, diabetes and metabolic syndrome. Reduction of these risk factors may eventually lead to reduction in cardiovascular events. This simple recommendation may help limit the intake of sugar-sweetened beverage:

- Avoid stocking of SSBs at home. Studies showed that 60-80% of calories from SSBs and fruit juices were consumed in the home environment.
- Avoid ordering SSBs or "combo meals" in fast foods. A great percentage of SSBs consumption especially in adolescents and young adults is through fast-food.
- Limit the availability of sugar sweetened beverages like sodas and fruits drinks in school cafeterias. By limiting the accessibility of these beverages, school children may have better and healthier choices.
- Limit intake of carbonated drinks to <1-2 serving (12 oz) per month. Evidence showed that those who consumed SSBs of >1-2 servings per day has a higher risk of weight gain.

Marjorie A. Ramos
MD, FPCP, FPSEDM

Limit Intake of CALORIE-DENSE FOODS

Limiting calorie intake is the cornerstone of any weight loss program, but this often leaves us hungry and unsatisfied. Our stomachs growl in contempt and our bodies yearn for more. When we can no longer resist our cravings, we give in, and we unable to comply with our diet, leading to a failure of weight loss.

But does decreasing calorie intake necessarily equate to eating less? What if there was a way to decrease calorie intake without decreasing overall food intake? This may be possible with the strategy of replacing high calorie dense foods with those of lower calorie density.

What is calorie density?

Calorie density or energy density is the amount of calories in a volume of food and is usually expressed as kcal/g. Choosing low calorie-dense foods allow us to take in larger volumes of food and to feel more satisfied with fewer calories. The fullness and satiety we get also helps us stick to the diet over a longer period, thus leading to weight loss and other metabolic benefits.

Low energy density foods generally have high water and fiber content, with little fat. High energy density foods, on the other hand, have high fat content. Fat is the most energy dense of foods, containing 9 kcal/g - more than double that of protein or carbohydrates, which each only have 4 kcal/g.

Data from the Philipines National Nutrition and Health surveys from 1978-2003 shows that while the Filipino food intake has not increased in terms of weight, the energy density of diets has been increasing. This may be a contributory factor to the increasing prevalence of overweight and obesity in the country.

How does one adapt a diet low in calorie density?

The United States Centers for Disease Control and Prevention (CDC) recommends following these steps in creating a diet low in energy:

1. Incorporate a large portion of fruits and vegetables into meals.
2. Round out meals by adding starchy fruits and vegetables, whole grains, legumes (peas and beans), lean meats, and low-fat dairy food.
3. Pay attention to portion sizes of fried foods, including vegetables; non-whole grains; dairy foods that are not reduced in fat; and fatty cuts of meat. Consume these occasionally in small portions.
4. Consume infrequently, with attention to portion size, foods with little moisture, such as crackers, cookies, and chips as well as high-fat foods like croissants, margarine, and bacon

The CDC also advises eating these foods less often, as they have high energy density: fried foods, full-fat milk products, dry snack foods (e.g. crackers or pretzels, cookies, chips, dried fruits), higher-fat and higher-sugar foods (e.g. Croissants, margarine, shortening and butter, doughnuts, candy bars, cakes and pastries) and fatty cuts of meat.

Does a low energy density diet work?

Multiple studies have associated a low energy density diet with significant reductions in weight and body mass index. One randomized control trial even showed significant improvements in weight, waist circumference, fasting blood sugar, total cholesterol and bad cholesterol (LDL-C) after 7 months in individuals who were assigned to a low energy density diet compared to subjects assigned to a usual diet.

It's very much possible to decrease calorie intake without resulting in hunger and lack of satisfaction from decreasing overall food volume. We just need to learn to replace high calorie dense foods with that of lower calorie density.

Juan Maria Ibarra O. Co
MD, FPCP, PSEDM

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Consume the recommended amounts of Fruits and Vegetables in every major meal

Available evidence indicates that persons who consume more fruits and vegetables often have lower prevalence of important risk factors for cardiovascular disease (CVD), including hypertension, obesity, and type 2 diabetes mellitus. Many nutrients and phytochemicals in fruits and vegetables, including fiber, potassium, and folate, could be independently or jointly responsible for the apparent reduction in CVD risk. Functional aspects of fruits and vegetables, such as their low dietary glycemic load and energy density, may also play a significant role.

Glycemic index tells us how slow or fast the glucose response is from the food that we eat. It also tells us that dietary fiber, complex carbohydrates and starch structure present in food may be responsible for the slow release of glucose and may be a good factor in diet control and weight management.

It is clear that fruit and vegetables should be eaten as part of a balanced diet, as a source of vitamins, fiber, minerals, and phytochemicals. it may be more important to focus on whole foods and dietary patterns rather than individual nutrients to successfully impact on CVD risk reduction.

Mia C. Fojas
MD, FPCP, PSEDM

BREAKFAST:

Weighing in the Evidence

Roberto C. Mirasol
MD, FPCP, FPSEDM

Breakfast is the most important meal of the day! It gives you a huge boost to start your day right. In this busy fast paced world breakfast is often omitted. Breakfast skipping has a high prevalence with 12-34% of youth regularly skipping breakfast (Timlin, 2007; Horikawa, 2011). Here are evidences to show that breakfast is good, and that skipping breakfast is bad.

1. Most cross-sectional studies have shown that breakfast eaters have lower BMI even with adjustment for potential confounding factors. Breakfast eaters also report reduced intake of dietary fat and cholesterol and increased fiber vs those who skip breakfast. In a prospective study by Ma, et al, increased meal frequency (meals per week) was associated with a 45 % reduced risk for obesity in adults, whereas skipping breakfast appeared to be associated with a significant increase risk in developing obesity. Timlin et al reported a prospective analysis of breakfast frequency and body weight change in the PEAT (Project Eating Among Teens) cohort of 2216 adolescents. Frequency of breakfast (days per week in 3 categories: -0, 1-6, 7 d) was inversely associated with weight gain and appeared to be a dose-response association ($p<0.01$). Most researchers noted that those who skipped breakfast ate significantly more calories during the day than constant breakfast eaters. (Ma, 2003).

2. In a study among Japanese college-aged women who frequently skipped breakfast higher incidences of constipation, painful menstrual symptoms and other reproductive cycle complications were found than those women who regularly had breakfast. (Fujiwara, 2010).

3. UK based researchers in 2005 reported that women who skipped breakfast daily had significantly higher total and LDL (bad) cholesterol, oxidized LDL and triglycerides in comparison to women breakfast eaters. (Farshchi, 2005).

4. In 2009 a Japanese study showed that current cigarette smokers who skipped breakfast had a 4.7 times higher risk of developing diabetes than either current smokers who regularly ate breakfast. (Nishiyama, 2009). A meta-analysis of eight observational studies showed that breakfast skipping is associated with increased risk of Type 2 Diabetes. The authors further concluded that regular breakfast consumption is potentially important for the prevention of Type 2 DM (Bi, 2015).

5. In a meta-analysis looking at the association of breakfast consumption with nutritional adequacy showed consistently superior nutritional profiles than their breakfast skipping peers. Breakfast eaters generally consumed more daily calories yet were less likely to be overweight. Breakfast consumption may improve cognitive function related to memory, test grades and school attendance. (Rampersaud, 2005).

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Fast Food and Obesity and Other Metabolic Disorders

Roberto C. Mirasol
MD, FPCP, FPSEDM

Merriam- Webster defines fast food as relating to or specializing in food that can be prepared and served quickly (1). Fast foods are rich in highly processed meats and refined carbohydrate, sodium, total fat, saturated fat and trans fatty acids, cholesterol and poor in essential nutrients and dietary fibers (2). In the community today, there is an emerging trend towards increase consumption of these fast foods. We examine the evidence regarding fast food and obesity and other cardio metabolic disorders.

In both cross sectional and prospective studies, frequent consumption of fast foods > /= to 2 times /week was associated with weight gain. Pereira followed up young adults who participated in the CARDIA study for thirteen years and found that the highest compared to the lowest quartile of fast food consumption was accompanied with higher weight and waist circumference. (3). A three year follow up by Duffey in 2009 showed that increase consumption of fast foods (1 time /week) increased body mass index (4). Findings of a study in 23182 adolescents showed a strong association between fast food outlet near school and increased risk of overweight (5).

The adverse effects of fast foods on metabolic abnormalities have been reported in the literature. A three year follow up of adults who participated in the Tehran Lipid and Glucose Study have shown that the higher compared with the lower quartile of fast foods consumption increased the risk of metabolic syndrome by 85% (6). In a study by Odegaard among Singaporean women, consumption of fast food >/= 2 per week increased the occurrence of diabetes and coronary heart disease mortality (7). In a 10 year follow up of women who participated in the Black Women's Health Study, higher intake of hamburgers and fried chicken (>/= 2 meals per week compared to none increased incidence rate of diabetes by 1.40 and 1.68 respectively (8). Increased consumption of burger, fried chicken, sausage and other processed meat products, french fries was associated with an increased risk of developing type 2 diabetes in the Nurses' Health Study by 21% in 20 years (9). A meta analysis of seven prospective cohorts found that higher consumption of processed meat increased the risk of type 2 diabetes by 19% (10).

Reasons for undesirable effects of fast foods include the following:

1. Fast foods generally have extremely high energy density (11).
2. High fat content and inappropriate composition of fatty acids of fast foods is a main dietary risk for chronic disease (12).
3. Large portion size, high amount of refined carbohydrates and added sugar and high glycemic load are main characteristics of fast foods (13).
4. Sodium content is higher than recommended (14).
5. Fast foods were found to have high trans fat (15).

Because if these, it is recommended that fast foods should be taken less and that the public should be informed of the nutrition information among the fast food restaurants. This will help consumers make healthy choices.

Continues on Page 12

Portion Control with CORRECT FOOD CHOICES is the Key to Weight Loss

Sanirose S. Orbeta
MS, RD, FADA

It can be very hard for us, Filipinos to control the amount of food that we eat. Be it a special family occasion or a town's feast; we tend to lose control over the amount of food we eat as what we do is just get every food that is served freely until we feel satisfied and the worst is, our intake of fruits and vegetables is often replaced with sugary and fatty foods which makes our eating unbalanced.

A data from Philippine Statistics Authority was analyzed by ABS-CBN Investigative and Research Group to show how much of specific food items are eaten by Filipinos on a yearly basis. Their research shows that a typical Filipino consumes an average of 110 kg of Plain Rice; 211 pieces Pandesal; 5 packs of Sliced/Loaf Bread; 9.3 kg Chicken; 1 kg Beef; 8.9 kg Pork; 4.8 kg Tilapia; 4.5 kg Bangus; 5.2 kg Galunggong; 84 Chicken Eggs; 0.26 liters of Fresh or Pasteurized Milk; 2.5 kg Ampalaya; 4.3 kg Eggplant; 2.9 kg Squash; 1.3 kg Garlic; 2.3 kg Onions; 3 kg Tomatoes; 2 kg Ripe Papaya; 3.9 kg Mangoes; and 11.4 kg Bananas. The people in the Autonomous Region in Muslim Mindanao were the biggest rice eaters while those in the Zamboanga Peninsula eat the least amount of rice as it is reported that corn is the staple food of majority of their households. The biggest consumers of eggplant and squash are those in the Zamboanga Peninsula meanwhile, those in the National Capital Region (NCR) consume the least amount of the said vegetables. People in the NCR are also the biggest chicken eaters. Those in Cagayan Valley consume the biggest amount of pork. Those in the Ilocos Region and CAR are reportedly the biggest beef eaters. People in Zamboanga Peninsula are the top eaters of galunggong. As for the top eaters of bangus and Tilapia, those in Ilocos Region and Central Luzon got the said spots respectively. People in NCR are the top eaters of pandesal while, those in ARMM are the top eaters of loaf bread. Those in NCR also got the top spot for biggest chicken egg eaters. ARMM is deemed as the top consumer of instant noodles.

With the results shown above, it is possible that the quantity of what people eat is affected by the accessibility and availability of the foods. Hence, if foods are priced lower, and if foods are always available, people are expected to eat more than the appropriate servings of foods. Another possible reason why people tend to overeat is the lack of recognition on what a reasonable portion looks like.

Let's start by sharing the definitions of a **serving size** and a portion size. A serving size refers to a specific amount of food or drink that is defined by common measurements, such as, tablespoons, cups, or ounces. **Serving Size** can be found in nutrition facts or food labels. A **portion size**, on the other hand, is the amount of food or drink that ends up on one's plate or glass respectively; as in the actual amount that one chooses to eat or drink.

To control the portion sizes of foods to eat, we need to have an idea on how to how to Visualize Appropriate Portion Sizes by using familiar objects. So, below is a list of portion sizes of food with their approximate sizes in reference to a familiar object.

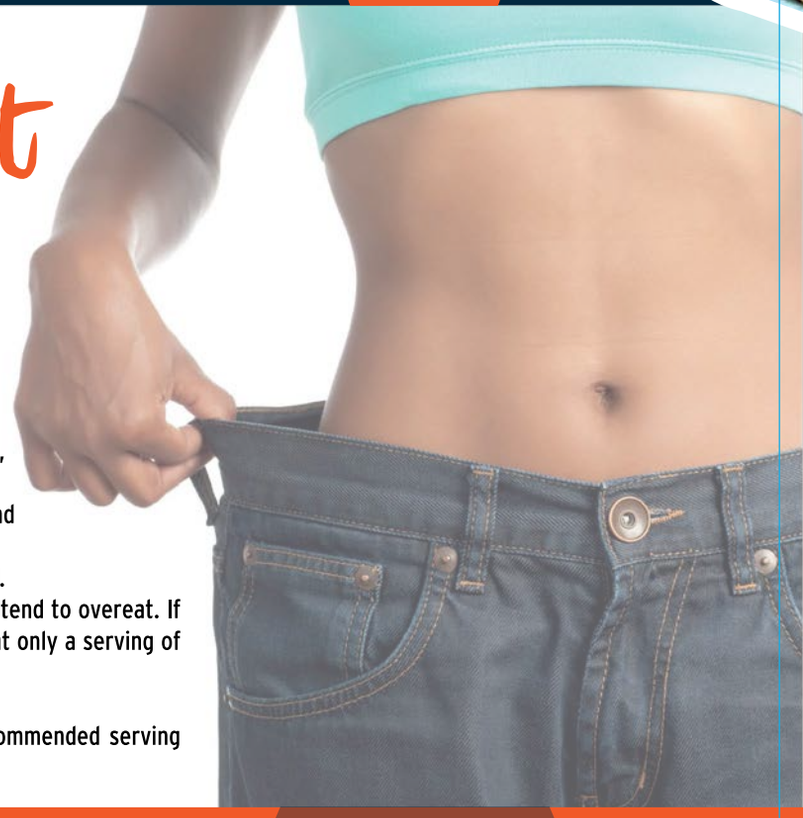
Food with their Portion Sizes	Approximately the size of
2 oz. or 2 reg. slices of Bread	2 CD cover
1/2 oz. or 1/2 C Dry Cereal	1/2 Baseball
1/2 oz. or 1/2 C Cereal, Rice or Pasta	1/2 Baseball
1 oz. or 1 small Pancake or Waffle (6 inches)	1 CD
1 oz. or 1/2 pc. Bagel, Hamburger Bun	1 Hockey Puck
1 small fruit (2 1/2 inches in diameter)	1 Tennis Ball
1/4 C Raisins	1 Golf Ball
1 med. Baked Potato	1 Computer Mouse
1/2 C Vegetables	1/2 Baseball
1 C Fat-free or Low-Fat Milk	1 Baseball
1/2 C Yogurt	1/2 Baseball
1 1/2 oz. Natural Cheese or 2 oz. Processed Cheese	9-volt Battery
1/2 C Ice Cream	1/2 Baseball
3 oz. Lean Beef, Pork or Poultry	1 Deck of Cards
3 oz. Grilled or Baked Fish	1 Checkbook
2 Tbsp. Peanut Butter	1 Ping-pong Ball
1 tsp. Margarine	Standard Postage Stamp
1 tsp. Oil or Salad Dressing	Standard cap of a 16-oz. bottled Water

Now that you know how to Visualize Appropriate Portion Sizes, you are now ready to follow the helpful tips in controlling portion sizes of foods to eat which are as follows:

When Eating at Home

1. Use smaller dishes, bowls, and glasses to help you eat and drink less.
2. Try not to eat while busy doing other activities such as watching a TV show, driving or walking.
3. Focus on what you are eating; chew your food well to fully enjoy the flavor of your food.
4. As it may take about 15 min. for your brain to get the message that you are full, try eating slowly.
5. Eat meals regularly; skipping meals may cause you to overeat later in the day.
6. Serve your meals on individual plates to help avoid second helpings.
7. Eat a fewer desserts, fatty dressings, sauces, fried or prepackaged foods as they are high in fat and calories, but they usually don't make you full.
8. Put away your leftovers right away so you won't get drawn to go back for more.
9. If you enjoy alcohol, take only 1 small shot as it adds to calorie intake.
10. If you are fond of high-calorie snacks, have only 1 serving of the pack; e.g. 1 scoop of ice cream.

When Eating Out



1. If you ordered a large-sized meal or dessert, split it with a friend or take the half portion home.
2. Try to avoid going to eat-all-you-can buffets.
3. As much as possible, pick steamed, grilled, or roasted dishes instead of fried ones.
4. If you happen to order a high-fat or a high-calorie dish, get the smaller size.
5. Choose small-sized meals and drinks instead of the large-sized ones, if given a choice.
6. If you are feeling full, lay down your cutlery and glass, and skip second helpings instead, enjoy the setting of the place and your company.
7. Create a shopping checklist so that you will only buy what is needed.
8. When shopping for groceries, try not to buy the foods in which you tend to overeat. If you do, pick the snack sizes or the single portions on the go and eat only a serving of the snack.
9. Learn to read food labels or nutrition facts.
10. Carefully compare the marketplace portions of foods to their recommended serving sizes.

With these tips in mind, you are now a step nearer to your goal of confidently controlling the portion sizes of foods that you eat. It may seem like a weighty task but, just think of the favorable results that you can get from it. If you get to follow all of these tips, not only you can control the amount of food that you eat but also improve your weight, and overall, your daily routine is made simpler.

AHA Guidelines for Healthy Family Habits

You can help your child develop healthy habits early in life that will bring lifelong benefits. As a parent, you can encourage your kids to evaluate their food choice and physical activity habits. Here are some tips and guidelines to get you started.

Edgardo L. Tolentino, Jr.
MD, FPPA

1. **Be a good role model** - You don't have to be perfect all the time, but if kids see you trying to eat right and getting physically active, they'll take notice of your efforts. You'll send a message that good health is important to your family.

2. **Keep things positive** - Kid's don't like to hear what they can't do, tell them what they can do instead. Keep it fun and positive. Everyone likes to be praised for a job well done. Celebrate successes and help children and teens develop a good self-image.

3. **Get the whole family moving** - Plan times for everyone to get moving together. Take walks, ride bikes, go swimming, garden or just play hide-and-seek outside. Everyone will benefit from the exercise and the time together.

4. **Be realistic** - Setting realistic goals and limits are key to adopting any new behavior. Small steps and gradual changes can make a big difference in your health over time, so start small and build up.

5. **Limit TV, video game and computer time** - These habits lead to a sedentary lifestyle and excessive snacking, which increase risks for obesity and cardiovascular disease. Limit screen time to 2 hours per day.

6. **Encourage physical activities that they'll really enjoy** - Every child is unique. Let your child experiment with different activities until they find something that they really love doing. They'll stick with it longer if they love it. Check out these activities for kids.

7. **Pick truly rewarding rewards** - Don't reward children with tv, video games, candy or snacks for a job well done. Find other ways to celebrate good behavior.

8. **Make dinnertime a family time** - When everyone sits down together to eat, there's less chance of children eating the wrong foods or snacking too much. Get your kids involved in cooking and planning meals. Everyone develops good eating habits together and the quality time with the family will be an added bonus.

9. **Make a game of reading food labels** - The whole family will learn what's good for their health and be more conscious of what they eat. It's a habit that helps change behavior for a lifetime. Learn more about reading nutrition labels.

10. **Stay involved** - Be an advocate for healthier children. Insist on good food choices at school. Make sure your children's healthcare providers are monitoring cardiovascular indicators like BMI, blood pressure and cholesterol. Contact public officials on matters of the heart. Make your voice heard.

Allow a maximum of 2 hours per day of screen time

Michael D. Rosario
MD, FPCP, PSEDM

The lack of physical activity increases a person's risk of becoming obese and developing abnormal lipid and glucose levels. Activities that promote sedentary behavior contributes to this problem and this includes increased screen time.

Before the time of the internet, majority of the screen time was devoted to television. But with the rise of the internet and the increasing portability of devices, our smartphones and tablets have taken over. Screen-based entertainment has evolved from the couch potato to the coffeehouse-based screen zombies.

The problem is getting worse worldwide: In 2017, Google reported that users of YouTube spend about 60 minutes per day watching their videos. According to Facebook in 2016, the average amount of time spent by a user in a day on its various platforms is around 50 minutes. This is 10 minutes more than 2014. In 2011, Netflix users averaged about 51 minutes per day which nearly doubled 5 years later. These statistics show 2 alarming numbers: a significant portion of the day is spent on screen-based entertainment and the average time spent on this form is increasing.

In a report released by We Are Social entitled "Digital in 2018", they released some interesting statistics about the Philippine's Digital Statistical Indicators: In a country of 105.7 million, around 67 million are internet users, with the numbers increasing by the millions for the past year. The average daily time spent using the internet reaches 9 hours and 29 minutes with 3 hours and 57 minutes being spent on social media. The average daily television viewing time including streaming and on-demand services reaches 3 hours and 37 minutes.

Aside from increasing a person's risk for obesity, an increase in screen-based entertainment also increases risk for cardiovascular events and death from all causes. In a population-based study using the Scottish Health Survey released in 2011, they noted that higher events occurred in those with greater than 4 hours per day of screening time compared to those reporting less than 2 hours per day. The study also looked at possible biologic mediators and they noted that C-reactive protein was higher by 3-fold in participants with more than 4 hours a day of screening time. However, their temporal relationship cannot be established since both data were assessed at the same time.

Since increased screening time is harmful and is related to obesity, will lessening it lead to any benefits? This can be answered by a recent meta-analysis which looked at the effect of interventions targeting screen time reduction. In the primary outcome, it was shown that reducing screen time led to a significant body mass index reduction of 0.15 kg/m2. The authors suggested that the reduction in screening time lessened the unhealthy snacking commonly associated with screen viewing and increased time for physical activity which could explain the BMI reduction.

One observation raised in the subgroup analysis, is that screen time reductions occurred significantly in adults only and not in children. The paper suggested that adults were more conscious of their health and are more motivated to follow the recommendations as compared to children. It was also observed that interventions lasting less than 7 months produced significant reductions in screen time and maybe due to difficulty in sustaining the intervention over 7 months.

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Be physically active. Promote moderate to vigorous physical activity for at least 60 minutes per day on most days of the week

It is already a well-established fact that physical inactivity has serious implications to one's health. A sedentary lifestyle is known to increase all causes of mortality, double the risk of cardiovascular disease, diabetes and obesity, and increase the risks of colon cancer, high blood pressure, osteoporosis, lipid disorders, depression and anxiety (WHO, 2002). As early as 2004, the World Health Organization (WHO) declared that as many as 2 million deaths per year are attributed to physical inactivity. As a result, WHO issued a warning that a sedentary lifestyle could be among the 10 leading causes of death and disability in the world (WHO, 2005). If no action is done, these rates will increase e to 73% to total deaths and as much as 60% to disease burden by 2020, with the world having more obese children and adolescents by 2022 (WHO, 2017).

It is alarming that the Philippines is following the world trend. The proportion of physically inactive Filipino adults > 20 years is shown to be as high as 92.6% in transport-related activities and leisure-related activities in 2003. In a more recent survey (2008), more males have become sedentary in their occupational work and transport-related activities. The females had a slight decrease in sedentary occupational work but increased in transport-related and leisure time activities. Associated with this, the proportions of overweight/obese among adults 20 yr above has doubled (from 16.6% to 31.1%) in the twenty-year period between 1993 to 2013.

The body of evidence linking regular physical activity with improved physiological health and functionality is well-established. It is now regarded as not only preventive of non-communicable diseases but also a significant part of the treatment for leading non-communicable and metabolic diseases, such as obesity, hypertension, diabetes, hypercholesterolemia, hyperlipidemia, certain cancers and the cardiovascular diseases. It is also associated with improved mental health, known to alleviate depression and anxiety, and to delay the onset of dementia.

It is not necessary to do high amounts of activity or vigorous-intensity activity to reduce the risk of NCDs and reap the health benefits of a physically active life. Studies show substantially lower risk when people do 150 minutes of at least moderate-intensity aerobic physical activity a week. The Philippine Physical Activity Guidelines (DOH, 2010) advocate 60 minutes of physical activity across 5 age groups on most days of the week, either continuous or broken down in 10-minute segments, distributed throughout the day. The most dramatic difference in risk is seen between those who are inactive (30 minutes a week) and those with low levels of activity (90 minutes or 1 hour and 30 minutes a week). And while it is always ideal to pursue fulfilling the WHO guidelines for physical activity of 150 – 250 minutes weekly of moderate to vigorous physical activity, getting a little is always better than none.

People usually resort to gym work and exercise when admonished to be physically active. However, because physical activity has a dose-response relationship with health gains, a vital adjunct to this is the need to be physically active during the day. Sedentariness must be reduced along with increased physical activity through exercise. Therefore, continuous, uninterrupted sitting for an hour should be interspersed with 2-minute physical activity breaks ("Winning the hour"), in the form of walks to the bathroom, routing one's own papers, or doing gentle simple movements directed towards mobilizing the major joints of the body.

Hercules P. Callanta, MSPE

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Obesity, History and Culture

Rogelio V. Tangco, MD, FPCP

In the midst of a global obesity epidemic, the Japanese have the lowest obesity rate in the developed world - an amazing 3 per cent compared to 27.9 percent for Australia, 26.9% for England and 38.2% for the United States.

Why are the Japanese thin? Staying thin is in their culture, in their work ethic, in their lifestyle Their dietary habits is a response to the stress of the everyday life. In Japan, the pressure to be thin is immense. Finding large size clothing and shoes is difficult in Japan. In general, Japanese people eat less, eat slowly and and their food is served in small portions.

Breakfast at home used to be start of the day, nowadays the a significant portion of the younger workforce skip breakfast and go to work after dressing and fixing up. Since the economic miracle of the 1970's things have changed, about 10% do not eat breakfast, particularly among the young, 37% of men and 23.5% of women in their 20's skip breakfast. Maybe they have no time for breakfast in their rush to work. Others eat at breakfast stalls in train stations. Here they stand up to grab a quick meal of soy based dishes or soba noodles. Standing up while eating is part of the culture, ready to go as it were. Eating and drinking on the train is not allowed and eating while on the sidewalk is frowned upon (there are no trash bins on the sidewalk). There are also ***conbini*** (convenience stores) where they can stop for a quick bite, and then there are coffee shops where they can avail of ***morning service***: coffee and butter on toasted bread. It was during the American occupation that bread was introduced into the Japanese diet. Fluffy bread was very appealing to the Japanese, and continue to be appealing to senior citizens. During the economic boom in Tokyo in the 1970's, it was easier to eat toasted bread with coffee and rush to work.

Hara hachi bu.

I once hosted a Japanese exchange student at home, and fortunate for him we were having lobster thermidor for dinner. I can see how thrilled he was with the dish, but then he stopped eating after just one piece. I said he could have another serving as there were more, he said one was enough. ***Hara hachi bu,*** that's the Japanese habit of eating just until they feel satisfied, but not to full satiety, they only eat until about 70-80% full. Many Japanese centenarians attribute their long life to this rule. Japanese women eat only when they are hungry and finish when they are not hungry. Not all Japanese food is low-calorie. Curry rice, tonkatsu, or donburi dishes are actually fairly high in calories and all that white rice constitutes a lot of empty carbohydrates. Still, they observe ***Hara hachi bu,*** and on their own restrict how much they eat. Sugary, carbonated drinks are not popular as healthier alternatives like unsweetened tea are preferred. There are no giant slushie machines in the convenience stores or bottomless refills of Coke. They just supply water or tea free of charge The Japanese also snack less on the go as well, because it really just not acceptable to do so.

Japanese people eat better food and consume less amount of calories. Japanese comprise 2% of the world population but consume 10% of all fish caught in the world. They also do not actually eat that much rice. They have a bowl for lunch, and maybe breakfast, but generally avoid it for dinner. Chopsticks serve a purpose; using them slows down the meal process. You certainly can scoop less rice with chopsticks than with spoon and fork. Eating slowly ensures that food eat is digested completely.

Modesty in dietary habits is taught at home and also in school. School children are fed in school and the proper way to eat is part of the curriculum. They prepare the room and wash themselves. Then a team of students help the teacher get the food from the kitchen and help in distributing the food to their classmates. They learn to eat as a group with their limited ration. Additionally, learning to eat with chop sticks helps the process of learning to eat slowly and leisurely. They learn to partake small rations just adequate for nourishment. Some children are allowed to have seconds only after they finished everything on their tray. After the meal the children are seen cleaning up their room and setting aside their utensils and dishes, which they then bring back to the school kitchen.

Undousuru

Incidental exercise. Japan is a country that necessitates exercise – especially walking. Cars and parking are expensive and public transportation is efficient, safe, and more convenient. In Japan, people are always doing unplanned exercise – the kind of exercise that just arises through everyday living. People don't have time for planned, structured exercise at the gym, but they somehow incorporate it into their day. They are used to long commutes to work or school. This means walking or biking to the train station. There, they do a lot more walking and climb a lot more stairs travelling between stations. Escalators are common, but often stations are so crowded, they take to the stairs. It is not surprising to witness a number of people sprinting for a bus or train despite knowing another one will be along in minutes. Good high-intensity workout, it seems or is it that there is always a need to be early at work. Other little things include making frequent trips to the grocery instead of doing one big weekly shop, this everyday habit help the Japanese to stay slim and eat only fresh food. Incidentally, children as early as grade 1 are allowed to walk to school and take public transportation. The walking habit starts early in the land of the rising sun.

There are a handful of private gym chains (Gold's, 24hr Fitness) but they charge stiff membership fees of 12,000-plus yen per month, on the hand there are municipal gyms that costs under 500 yen. Some municipal gyms offer 200 yen for an afternoon and the unlimited use of stationary bikes, treadmills, Nautilus equipment, or 20-kilo barbells. Admission fees for junior high school students pay only 100 yen, and senior citizens and people with disabilities receive free entry. You can even thank Japanese etiquette for the wipe-down that is de rigeuer after using the machines.

Shakai

Culture and history. Perhaps it is true that in Japan, the societal pressure to be thin is immense. But it is not only because they find it difficult to find clothing sizes for large folks, I am sure that there is a shop for sumo wrestlers somewhere. I would like to think that it is a cultural heritage. Think of Japanese icons, the samurai warrior and the ninja. The samurai warrior embodies discipline in mind and body. The warrior of today is the Japanese salary man (or woman) who follows a societal code of conduct. Watch them in the chaos of rush hour, they fall in line, they do not eat on the train, they do not litter. The samurai personify spiritual fortitude and physical toughness, and they are austere and their diet simple. Samurai would practice voluntarily going without food, water or sleep to harden themselves against deprivation. Maybe one does not see such traits completely in the millennial Japanese, but certainly centuries

Continues on Page 15

IS THERE AN ANSWER TO Effective Weight Control?

Elizabeth Paz-Pancheco
MD, FPCP, FPSEDM

Life indeed is full of challenges.

The issue of weight control for individuals who are overweight to obese, presents one such challenge.

How does one handle Information blitz that annoyingly talk about the urgent need to reduce weight to prevent diabetes and heart disease? How does one cope with fashion magazines that control our thoughts and say one is beautiful ONLY if she wears a clothing size small or a US size 0-6. How is it that every time we watch television or internet advertisements, we are bombarded with yummy delectable high calorie dishes? How come Filipino gatherings are centered on food (where are we eating, what is the menu)?

How then does one overcome all of these?

If you are diagnosed to have diabetes, hypertension, high cholesterol, the reality is yes, you have to achieve control of these risk factors to prevent heart attacks, strokes and other complications.

Work out a plan. Understand your condition, its risks and how to control these. Lifestyle modification is easier said than done.

Lay out your dietary and physical activity habits and work with your physician on how to change for the better.

Moderation is key in everything one does. Practice portion control in food consumption. Get up and move. Find a friend in the weighing scale. A true friend tells the truth about you.

Be happy, be proactive in your life. Find relaxing bonding moments with loved ones, your family & friends. Find your passion in your daily tasks. Make every effort to make each day meaningful and with intention to make a difference for others.

Let me end with an inspiration...

Salin ni Benito M. Pacheco

"Desiderata"
by Max Ehrmann

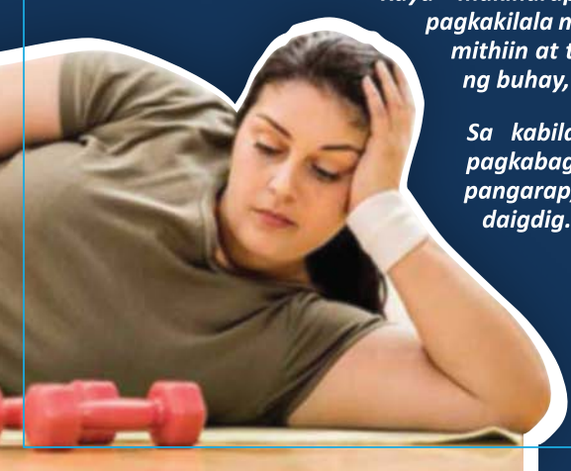
Tumuloy ka nang mahinahon, sa gitna man ng ingay at kahog, at tandaan: may kapayapaan na bunga ng katahimikan. Hangga't maaari ang lahat ng tao, hindi man santohin, ay unawain mo.

...

Ikaw ay lalang ng sanlibutan gaya ng mga puno at mga bituin; Marapat kang magpatuloy rito. Ang sanlibutan ay nagpapatuloy kasabay mo.

Kaya makiharap ka sa Diyos, anuman ang pagkakilala mo sa Kanya. At ano man ang iyong mithiin at tunguhin, sa gitna ng ingay o gulo ng buhay, kapayapaan ang iyong isaloob.

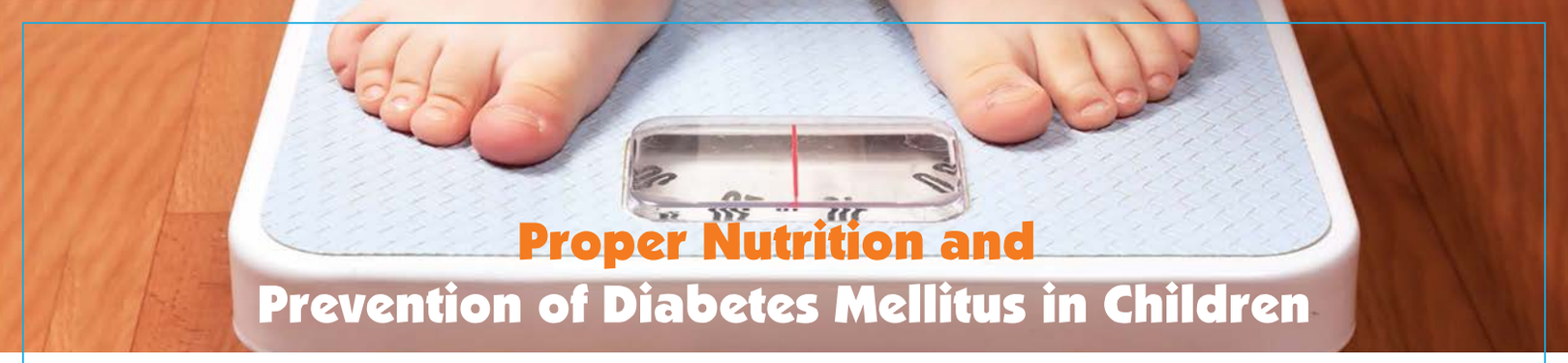
Sa kabila ng ilan mang pagkukunwari, pagkabagot, at pagguho ng ilang pangarap, Maganda pa rin ang ating daigdig. Matuwa ka. Magpakaligaya.



Continuity of Obesity, History and Culture

of that code of conduct has rubbed into the fabric of everyday life. It is easy to understand why they eat only up to 70% full. Entrepreneurism has replaced the warlord culture in Japan, the loyalty to the emperor has been transformed to loyalty to a corporation. Skipping meals and sleepless nights have become a part of the routine for the salary man. Then there is the other Japanese icon, the ninja As ninjas were known for their stealth in espionage and cunning in warfare. A ninja must be no more than 60 kg, but should be strong enough to lift a 60 kg bale of wheat with his finger and thumb, and nimble enough to be able tiptoe on wooden floors without causing a creak, and quick enough to deal a deadly blow by knife, dart or throwing star. I should have liked to relate what ninjas ate that helped them conceal themselves (like small survival pellets and thirst balls) but it would have derailed me from the point, the ninja as an icon not of Japanese stealth, but of Japanese health. The average weight of the Japanese is 67 kg for a man, and 52 kg for a woman. Maybe none of them would have desired to be a ninjas but certainly the ninja image has evolved into anime characters that Japanese enjoy to watch and emulate.

Of course the Japanese today in no way embodies a ninja or samurai, but the ways of the ninja and the samurai have filtered their way to day to day living, particularly ***Hara hachi bu.*** Naomi Moriyama in her book, *Why Japanese Don't Grow Old and Fat* suggests the following for following the Japanese diet: (1) Never completely fill up the plates; (2) Never serve a big portion of any item; (3) Each item is served in its own dish; (4) Less is always more; (5) Each item is arranged to showcase its natural beauty; (6) Food should be garnished and dressed lightly; (7) Fresh is best. You don't have to have Japanese food to follow these rules. Inculcating eating up to 70% full is a challenge, lowering the **busog** threshold is a habit worth developing.



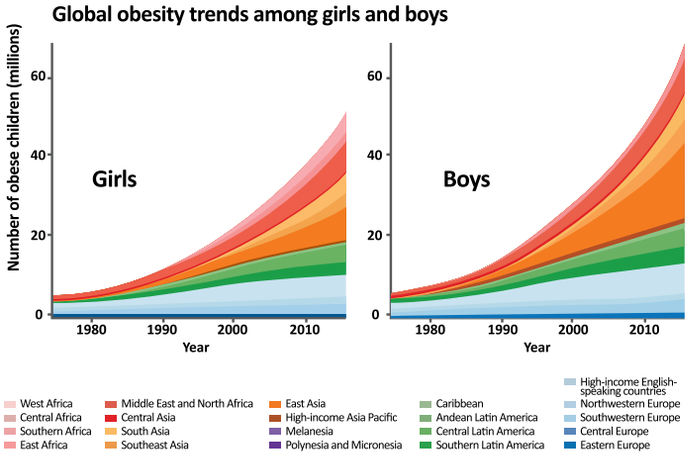
Proper Nutrition and Prevention of Diabetes Mellitus in Children

Diabetes mellitus is a heterogeneous group of metabolic disorders characterized by chronic hyperglycemia (high blood sugar) due to either insulin deficiency (inadequate production) or insulin resistance (impaired action).

The incidence of type 2 diabetes mellitus (T2DM) has dramatically increased worldwide, including the Philippines, and is linked to the rise in **childhood obesity.**

- Over the past four decades, mean body mass index (BMI) and obesity in children and adolescents aged 5–19 years have increased in most regions and countries. The number of children ages 5-19 who are obese has increased ten-fold from 1975 to 2016.
- The number of girls with obesity increased from 5 (95% CrI 1–14) million in 1975 to 50 (24–89) million in 2016.
- The number of boys with obesity increased from 6 (1–19) million in 1975 to 74 (39–125) million in 2016.
- 73% of the increase in the number of children and adolescents with obesity was due to increase in prevalence of obesity, 3% due to population growth and changes in age structure of the child and adolescent population, and another 24% due to the interaction of the two.
- The regions with the largest absolute increase in the number of children and adolescents with obesity were Asia, the Middle East and north Africa.[1]
- Since 1980, the overall prevalence of obesity has doubled in >70 countries and has continuously increased in most other countries and affected many low- and middle-income countries, particularly in urban settings.
- In the Philippines, the 8th National Nutrition, prevalence of overweight children aged 5-10 years was 5.8% in 2003 and increased to 9.1% in 2013.
- A study of prevalence of overweight and obesity in students (aged 10-19 years, 1186 males, 836 females) in participating private and public schools, Metro Manila (in 2008) revealed that 13% of 2022 students were overweight (BMI 85-94th P) and 8% obesity were (BMI ≥95th P). The prevalence of *overweight* in the private school students was 18.6% (205/1101), about 3-fold higher than that of the public school students, 6.3% (58/921). The prevalence of *obesity* in the private school students was 12.5% (138/1101), which was 5-fold higher than that of public school students, 2.5% (23/921). (S. Cua, 2008)[2]
- The 2011 Global School-based Health Survey showed about 13% of adolescents in the Philippines was overweight and obese.[3]

Global obesity trends among girls and boys



Worldwide, the number of obese girl and boys increased dramatically from 1975 to 2016. The numbers are still growing in parts of Asia, Middle East and Africa (top red-orange colored parts of the graph).

The risk of T2DM is increased in children and adolescents who are **overweight or obese.** Inflammation may be the common mediator linking obesity to the pathogenesis of diabetes. Obesity causes peripheral resistance to insulin-mediated glucose uptake and may also decrease the sensitivity of the beta cells to glucose. (Kahn BB. 2000)[4] These defects are largely reversed by **weight loss** that improves glucose tolerance, and prevents the development of overt diabetes.

Keeping the body weight in the "healthy" range and prevention of obesity can reduce the risk of T2DM. To attain "healthy" weight, proper nutrition is important. Proper nutrition means "healthy eating" and balanced diet. Proper nutrition helps the child grow, provides energy, improves immune systems, supports learning, increases happiness, and is vital for mental health. It also maintains blood glucose levels.

Philippine Association for the Study of Overweight & Obesity (PASOO) together with the Department of Pediatrics, Manila Doctors Hospital (MDH) held a joint educational activity at Rafael Palma Elementary School on July 30, 2018. The speakers included two past presidents of PASOO and MDH consultants, Dr. Sioksoan Cua, Dr. Roberto Mirasol, and a nutritionist, Ms. Pauline Catrina Vizcarra. We have taught and encouraged the school children to

- make right food choice and amount by avoiding too much simple carbohydrates, including sugary drinks;
- have fiber-rich food like vegetables and fruits daily;
- drink adequate water daily;
- learn to read the food labels.

Prevention of obesity and its related complications, including T2DM, is to eat right, be physically active and have adequate sleep.

The school has an important role in "Healthy Meal Planning". Some recommended activities are

- Forming a school health advisory council or committee - to coordinate and monitor all health promotion efforts within the school;
- Adopting a nutrition policy that promotes healthy eating through actions such as
  – classroom lessons,
  – a healthy canteen menu,
  – limiting the availability of unhealthy food,
  – making healthy snacks attractive;
- Conducting regular education sessions in school
  – to train school teachers, counselors and medical staff,
  – to promote healthy living,
  – to manage children with diabetes;
- Organizing healthy cooking classes for parents and students.

The school physician, nurse and teachers are taught to identify "acanthosis nigricans" which is velvety hyperpigmentation of the skin, usually found in the neck, armpits and other body creases. Many of the obese children and adolescents have such skin condition which is the cutaneous marker of insulin resistance. They should be motivated to reduce the calories, body weight and waistline, in order to prevent the early onset of T2DM or progression of complications.

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MD, FPPS, FPSPME

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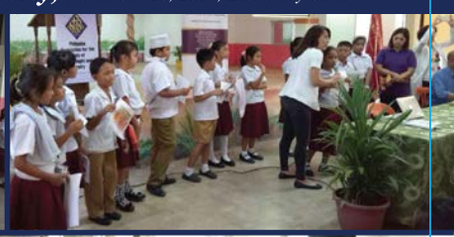
PASOO in Action

Exercise is Medicine
Prescription Course in partnership with
UST Hospital Family Medicine Alumni Association,
August 10-11, 2018 at Luxent Hotel, Quezon City

23rd Annual Convention,
August 31, 2017, EDSA Shangri-La Hotel

Thanksgiving and Christmas Party, *November 28, 2017, Discovery Suites*



Kids Lecture Series, Rafael Palma Elem. School, *Makati City, July 30, 2018*