

Alcohol and Obesity



Sioned Quirke

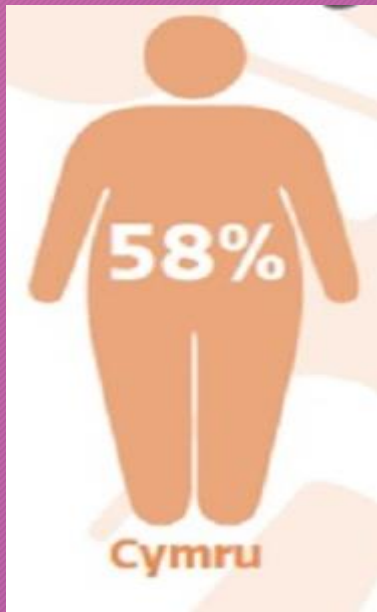
Professional Manager Weight Management Service

Clinical Specialist Dietitian Obesity

Obesity in Wales



Adults who are
overweight or obese



600,000

adults aged 16+ are obese,
around 1 in 4



10,000

more adults
become obese each year*



Childhood Obesity



Child obesity

27.3%
classified as
overweight or
obese



Overweight or obese

1 in 8

children aged 4-5 is obese,
over 4,000 children



Impact of weight on health and wellbeing



Having a higher BMI

is the **leading risk factor** for living with a long term illness¹

Over 100,000

cases of **type 2 diabetes** are estimated to be associated with obesity



Having a
musculoskeletal² illness is

1.5x
more common

in those who report to be obese
compared to those who do not³



**Obesity is the
second biggest
preventable cause
of cancer (UK)**

More than 1 in 20 cancer cases
are caused by excess weight

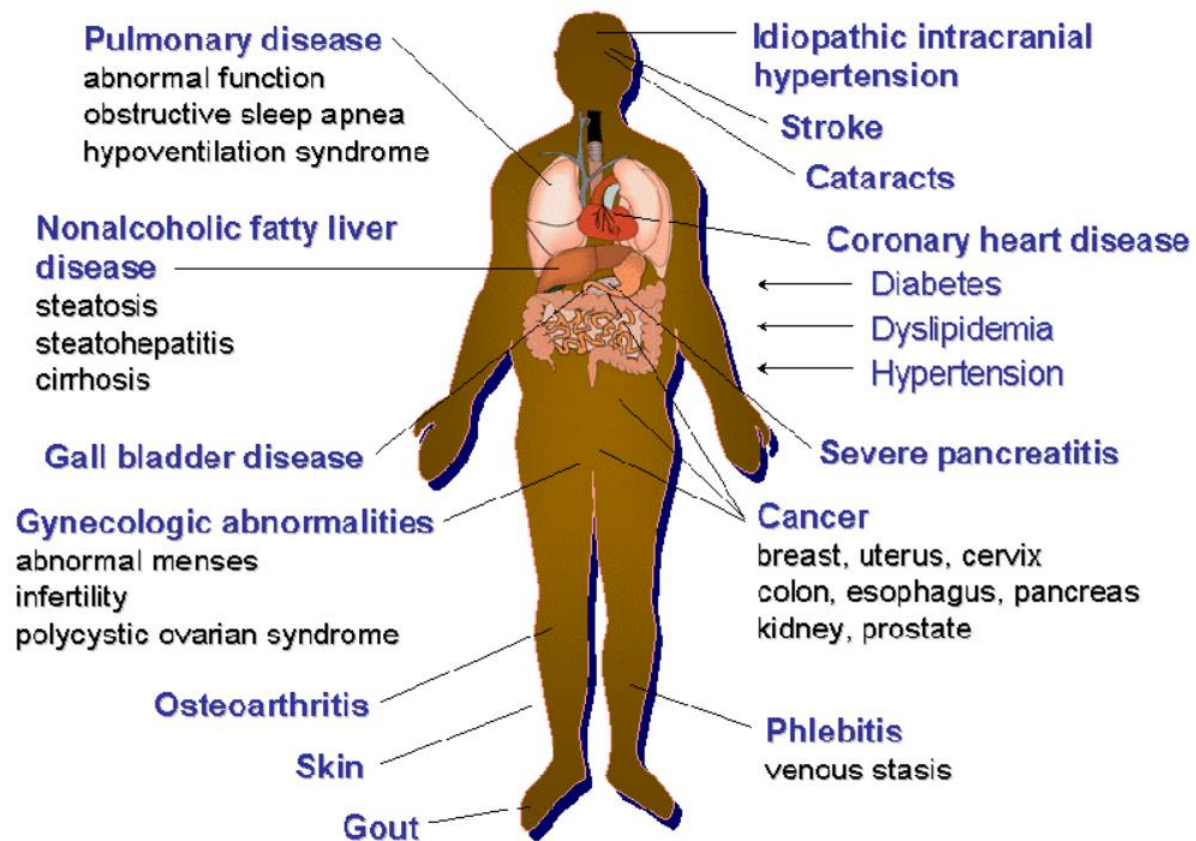


¹ High BMI is overweight and obese

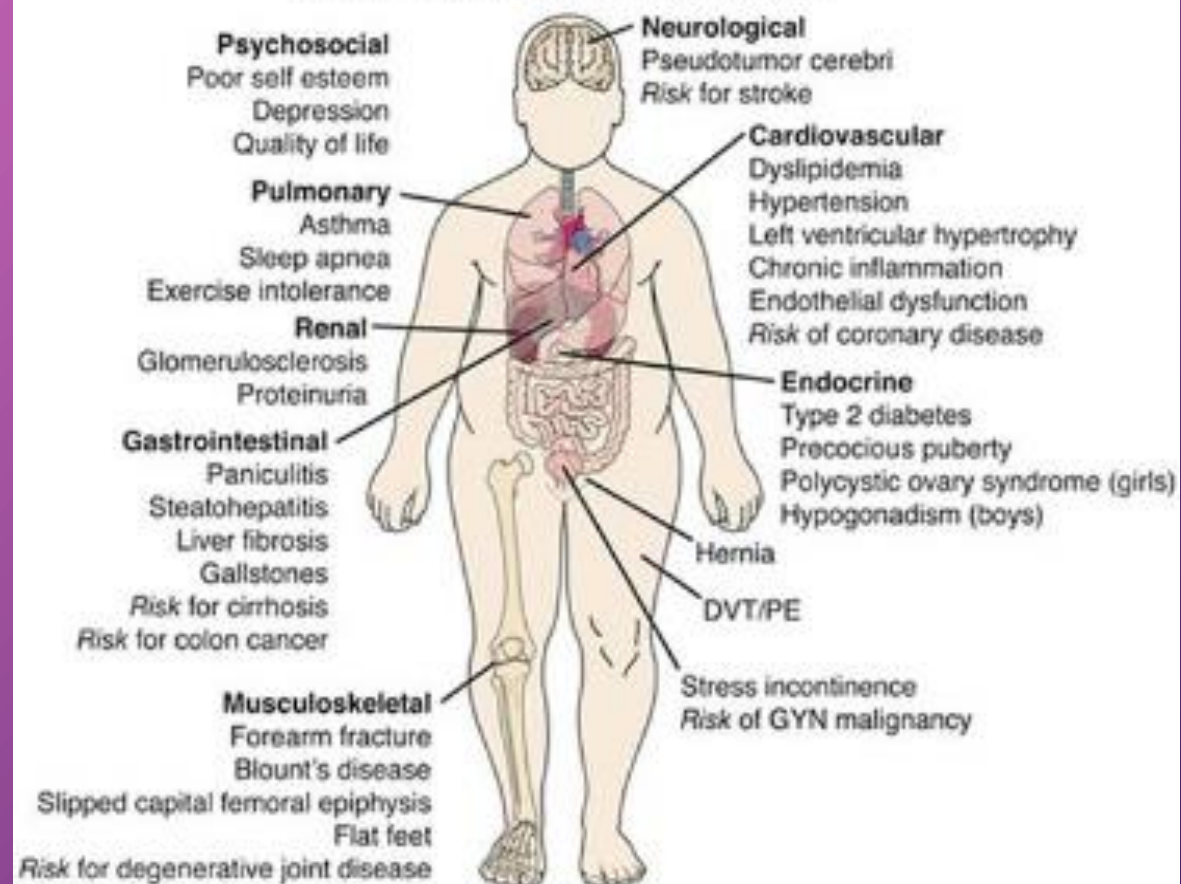
² MSK condition includes arthritis, rheumatism, fibrositis, back problems, slipped disc, spine, neck or other problems of bones/ joints/muscles

³ National Survey for Wales (16/17)

Medical Complications of Obesity



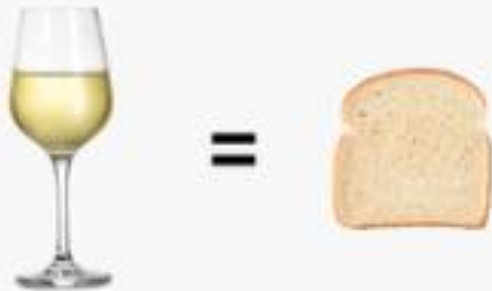
Complications of Childhood Obesity



Alcohol and calories



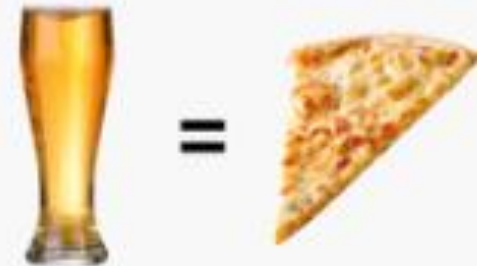
**Glass of white wine (5 oz)
= Piece of bread**



**Pint of beer (16 oz)
= Bag of popcorn**



**Pint of cider (16 oz)
= Cheese pizza slice**



**Margarita (10 oz)
= Plain bagel**



**Piña colada (10 oz)
= French fries (4 oz)**



**Mojito (10 oz) =
Potato chips (1.75 oz)**



Why do people gain weight?



WHAT'S
= NORMAL?



Male body image



of men feel uncertain
about their appearance
once a week or more



of men said they
"always feel like (they)
could lose weight"



of men said they worry
people judge their
appearance

SOURCE: Today/AOL Body Image Survey

DESERET NEWS GRAPHIC



Why Wales?



5 in 10

primary school aged children
travel to school by car



1 in 2

adults does not do the recommended
amount of **physical activity** each week



1 in 3 

new mothers breastfeed their babies.*

**Breastfeeding reduces the risk
of obesity in childhood**

*exclusive breast feeding at 10 days and mixed at 6-8 weeks post birth

3 in 4  adults



do not eat 5 portions of fruit
and vegetables a day

On average children and adults
eat the equivalent of

10-12



cubes of sugar daily
2x the recommended amounts

1 in 5

boys

aged 11-16 does the minimum recommended level of
at least 60 minutes of physical activity every day

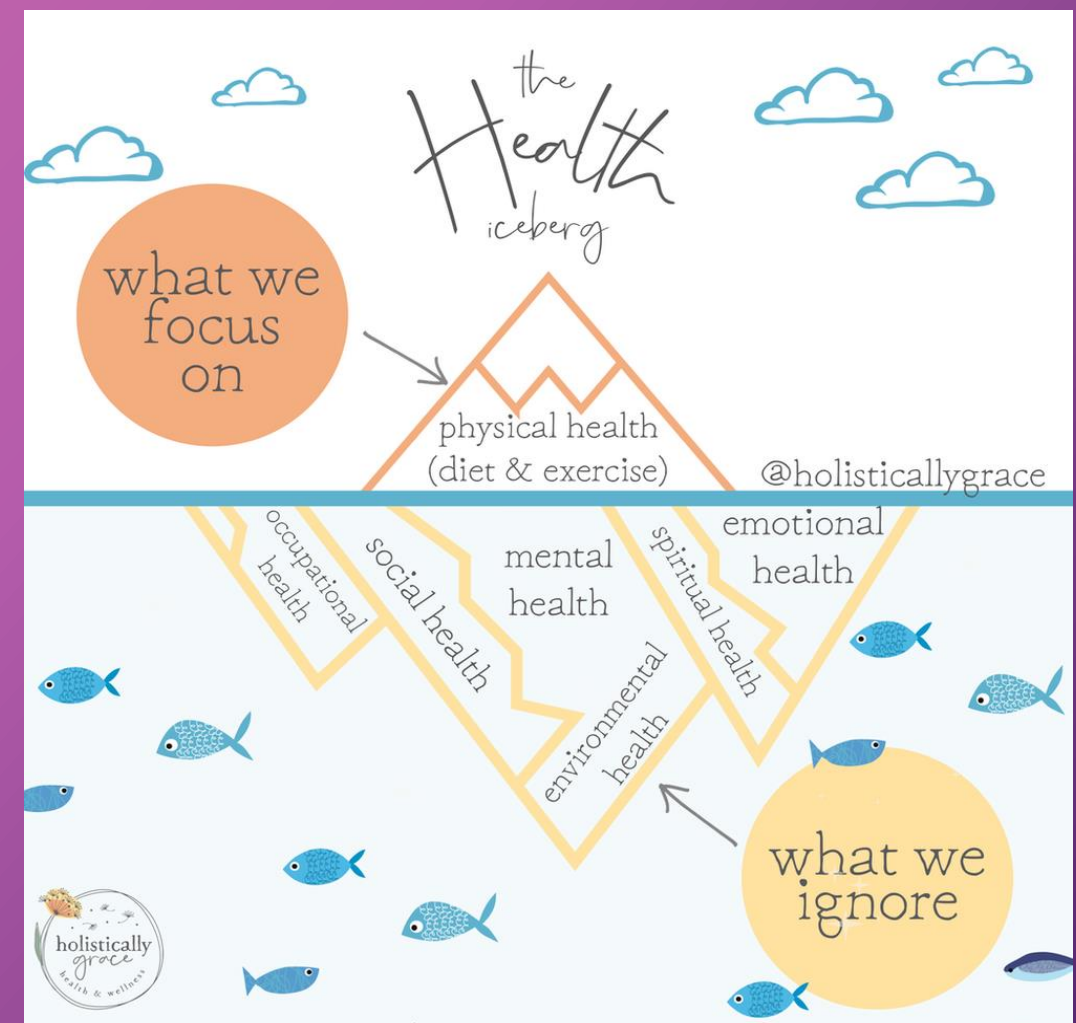
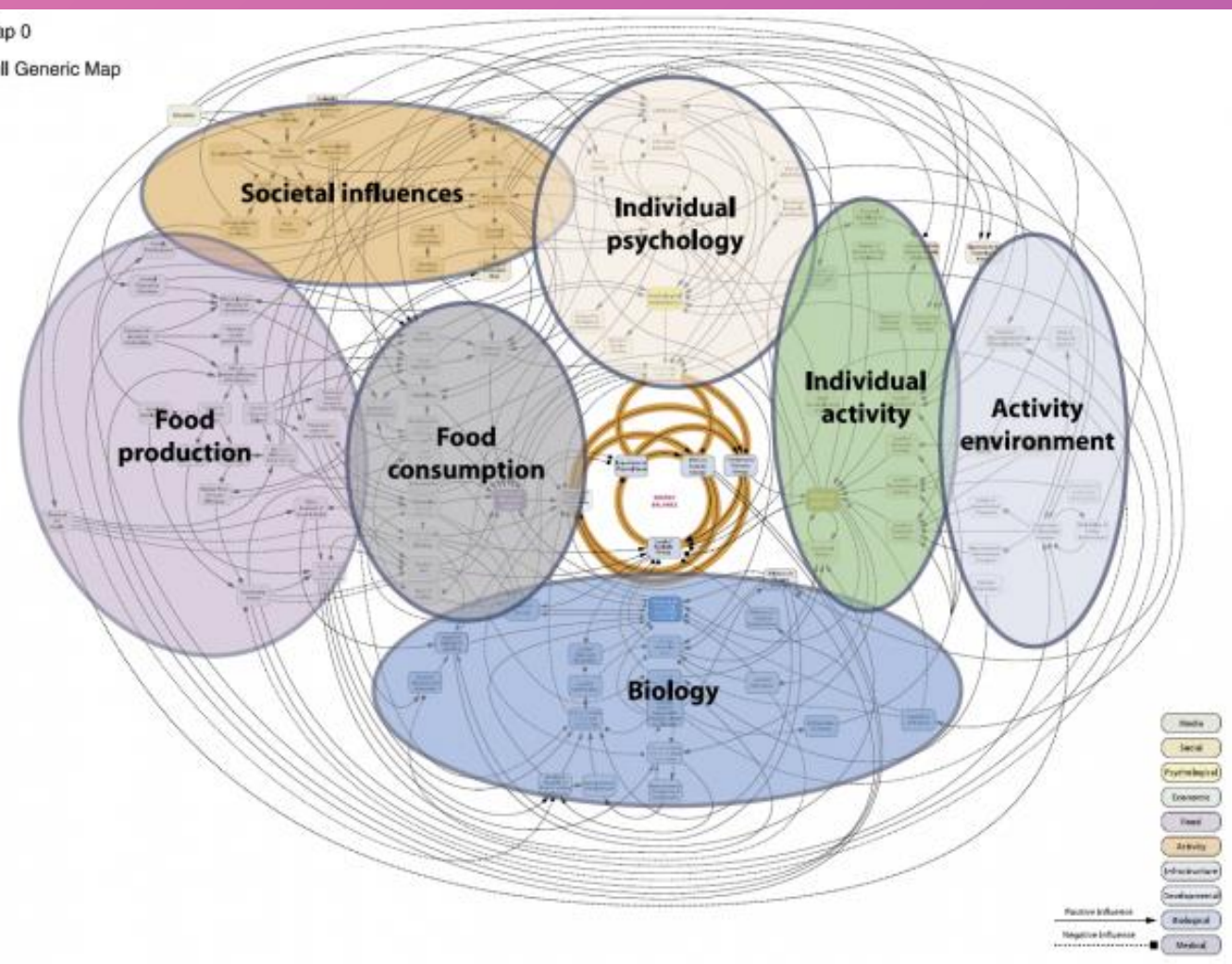


1 in 10

girls



Map 0
Full Generic Map



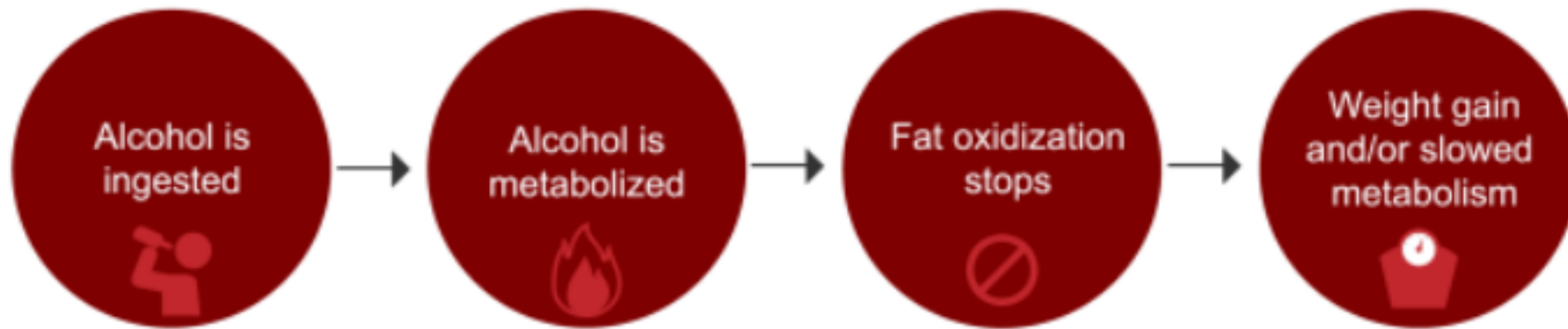
Obesity determinants - Foresight report 2007

- Its not all about individual choice!
- Needs to be a whole system approach

Alcohol & weight gain



METABOLISM



UNDERSTANDING THE PROCESS:

The body can't store alcohol, so it metabolizes it right away. Since the alcohol becomes priority in the metabolic process, your body won't metabolize other fats & sugars as efficiently, ultimately slowing your metabolism down over time.

CALORIES

Alcohol contains
**7 CALORIES
PER GRAM**

That's almost
the same as **PURE FAT**

compared to:

PROTEIN:
4 cals per gram

CARBS:
4 cals per gram

FAT:
9 cals per gram

When it comes to weight loss (or gain) it ultimately boils down to calories-in vs. calories-out, and the empty calories in alcohol (which have no nutritional value) can easily add up.

OTHER FACTORS



MIXERS

The juices and sodas that many alcoholic beverages are mixed with are loaded with sugar, which can be stored as **FAT!**



POOR FOOD CHOICES

Drinking often increases your appetite and decreases your mindfulness -- which leads to poor food choices and over-eating.

HOW MANY CALORIES ARE YOU DRINKING?

A spirit and coke has similar calories to a **blueberry muffin**



A pina colada has similar calories to a **doughnut**



A glass of wine has similar calories to a **slice of cake**



A 50ml of liqueur has similar calories to **two sausages**

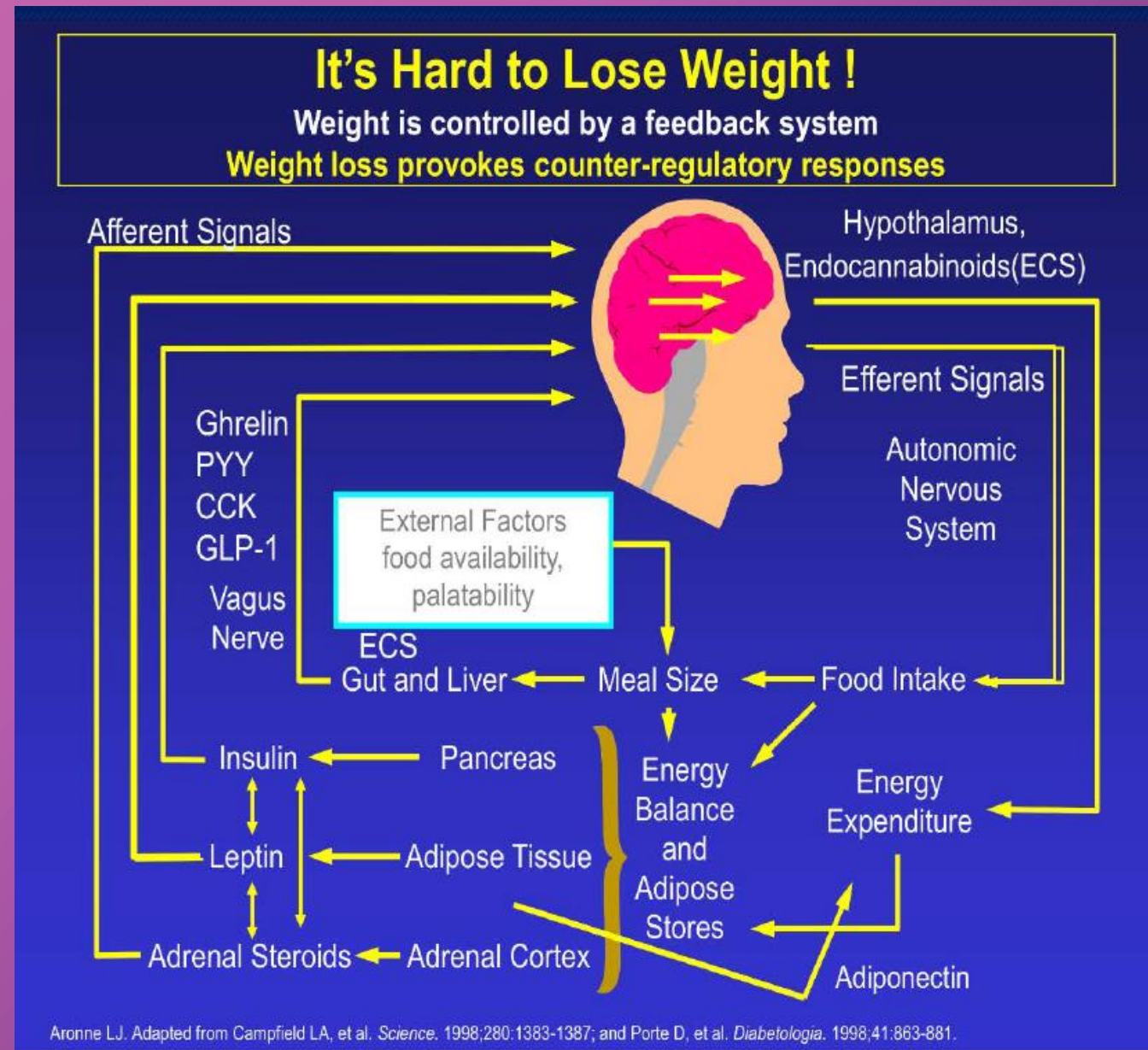
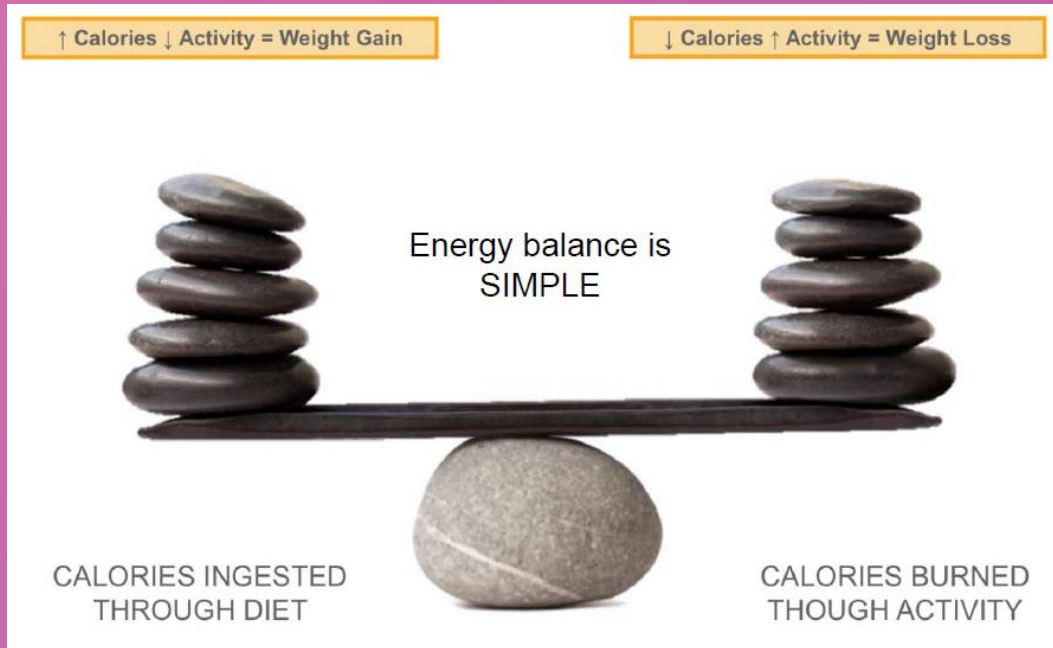


A pint of lager has similar calories to a **slice of pizza**

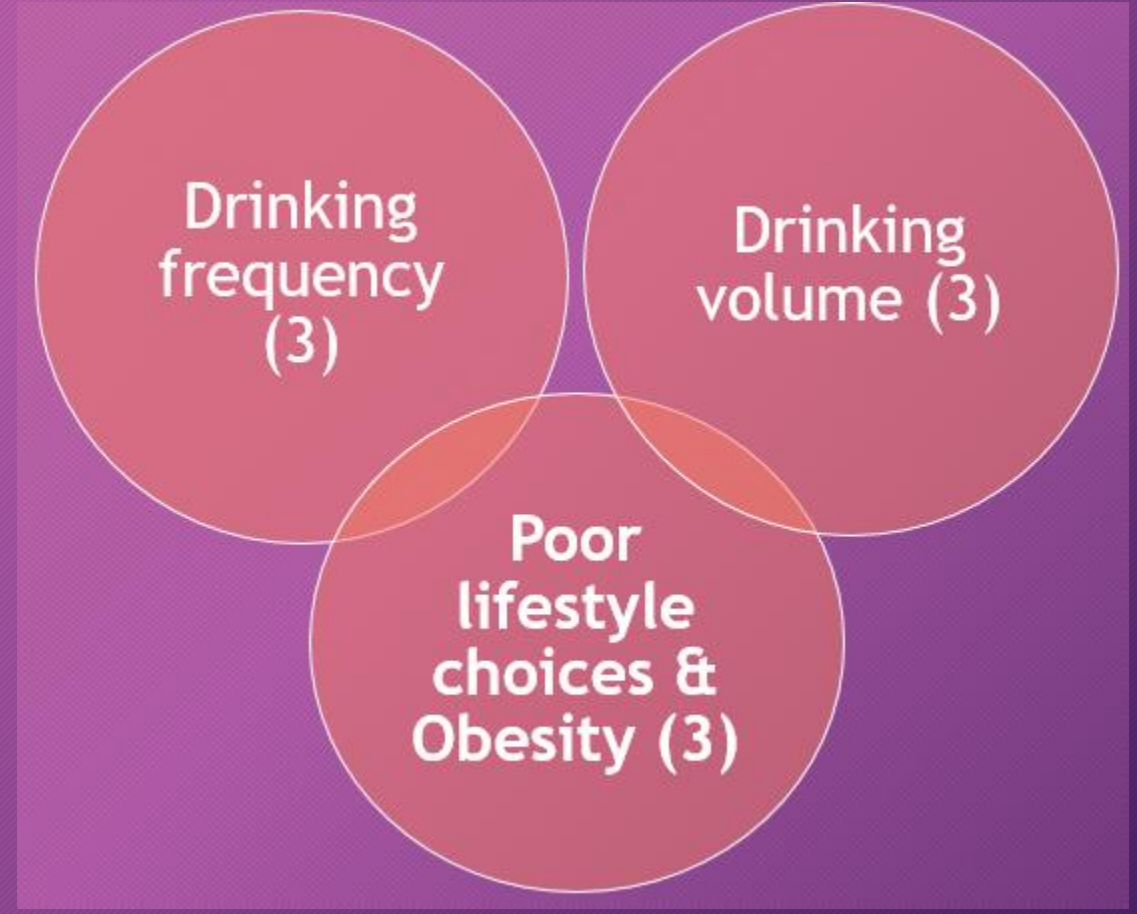


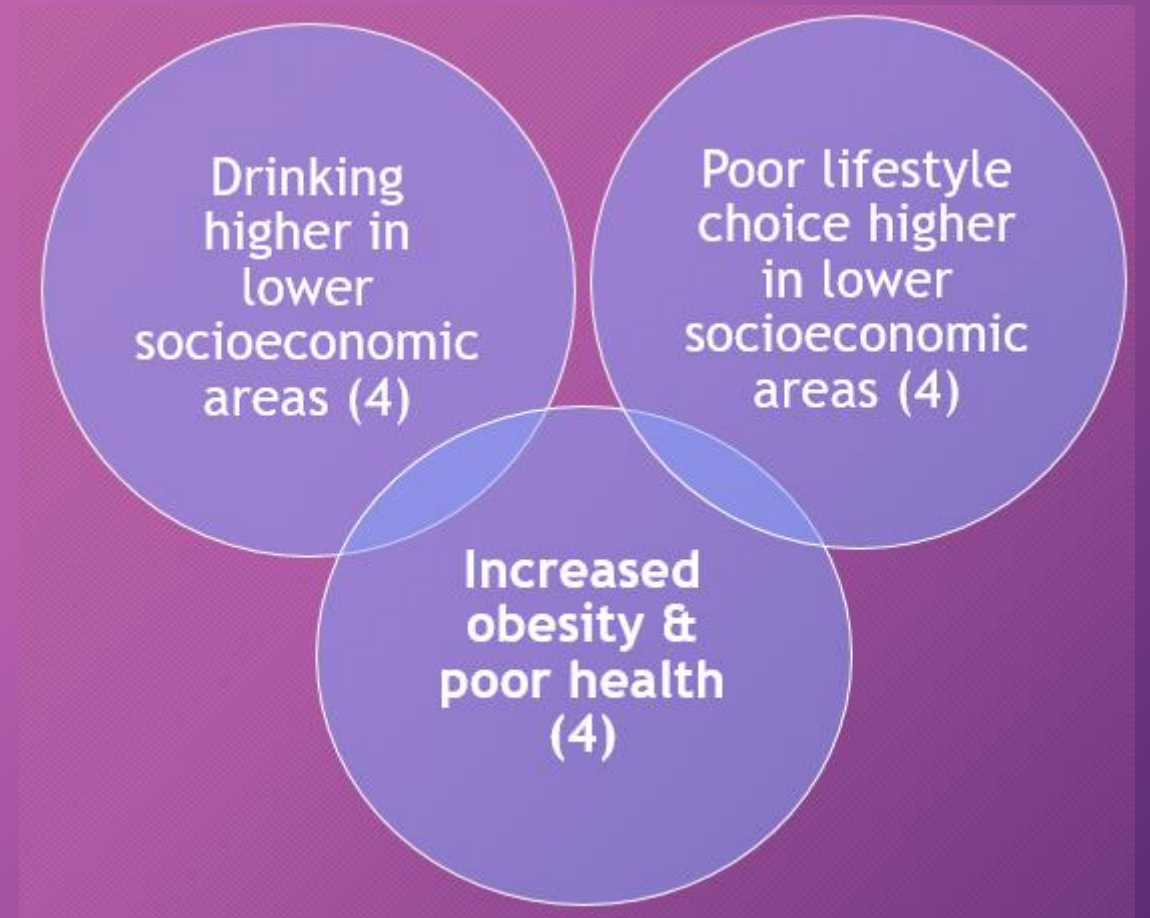
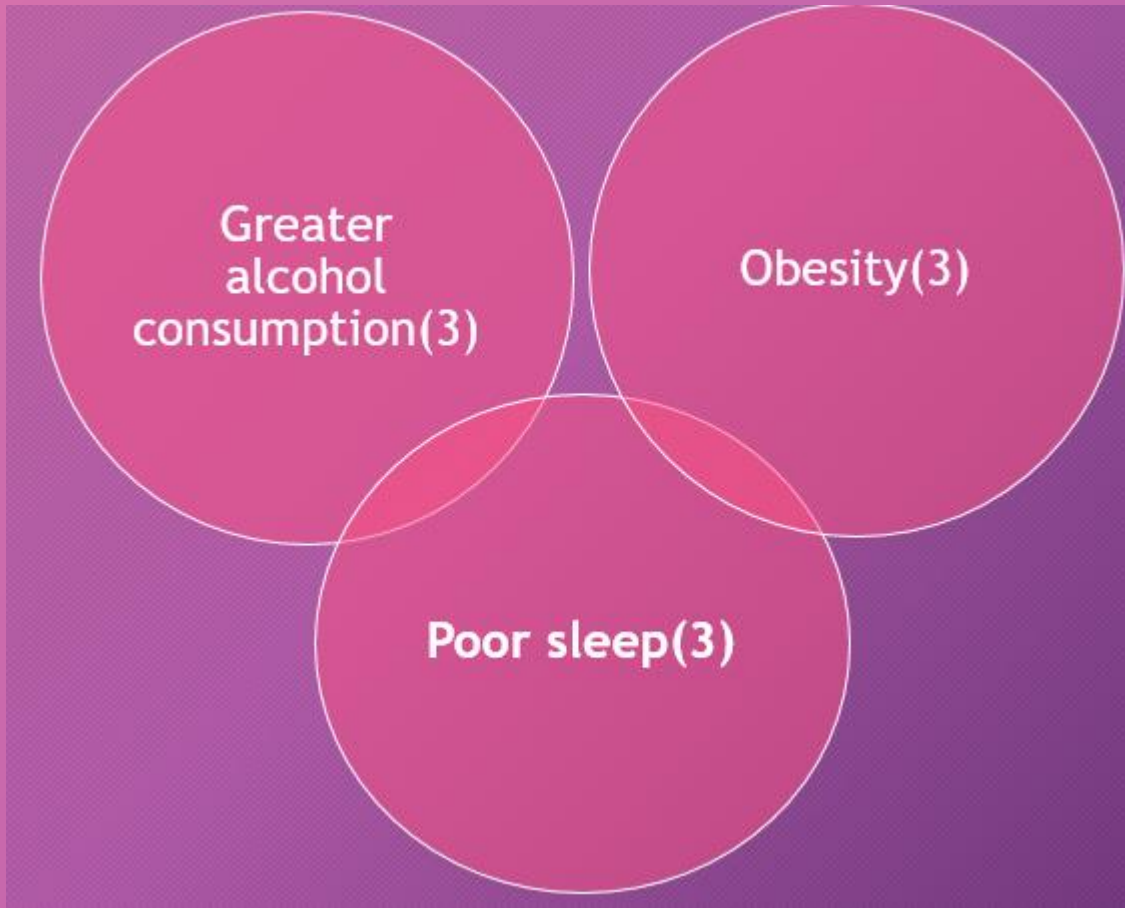
A frozen margarita has similar calories to a **cheeseburger**





Lets connect the dots, what does the evidence say?





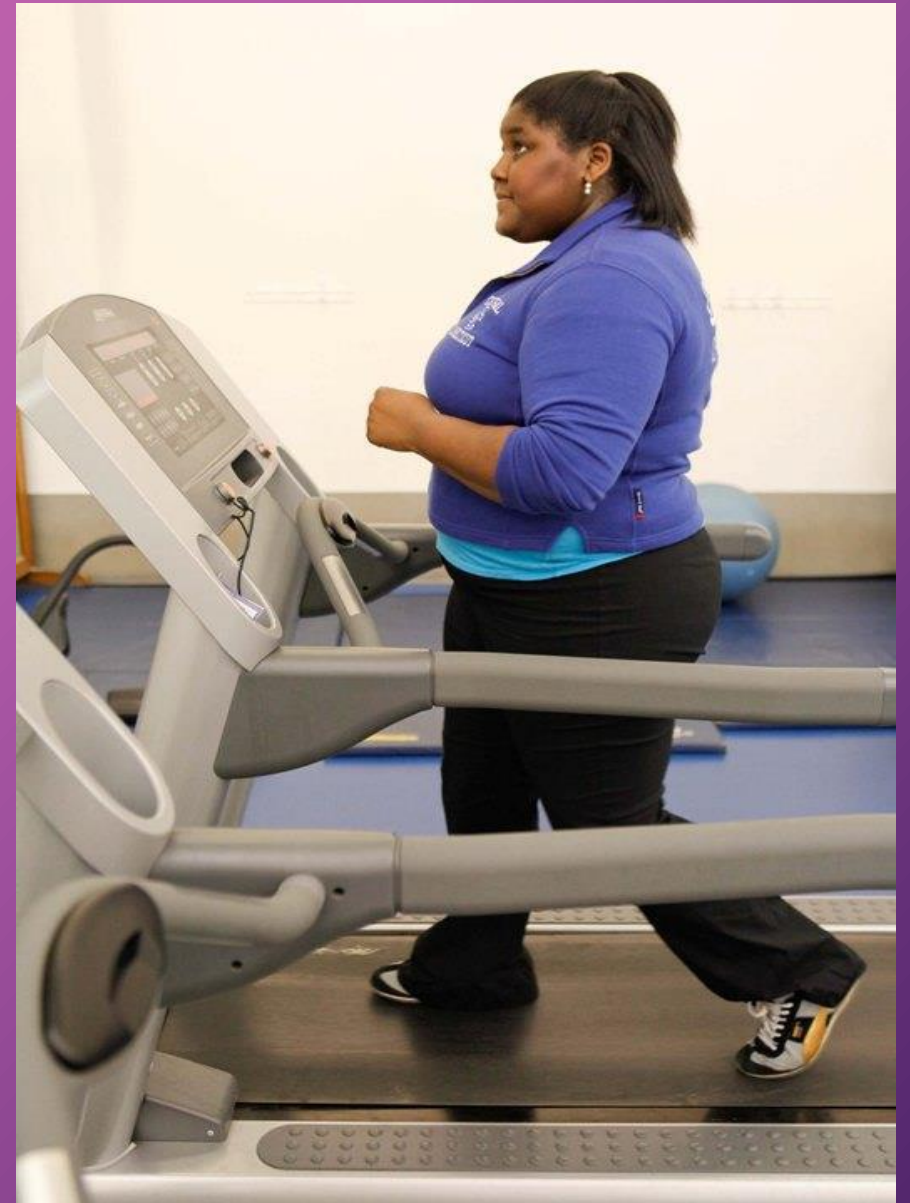
- The risk of obesity is higher in women who were former drinkers of alcohol and women who reported never being drinkers of alcohol. The data suggest that abstinence increases the risk of obesity in women (6)
- Frequent but moderate drinking pattern may be part of a healthy lifestyle (5)

Stigma and bias



Check your own
implicit bias....
what might your
assumptions be about
the lifestyles of these
two people?

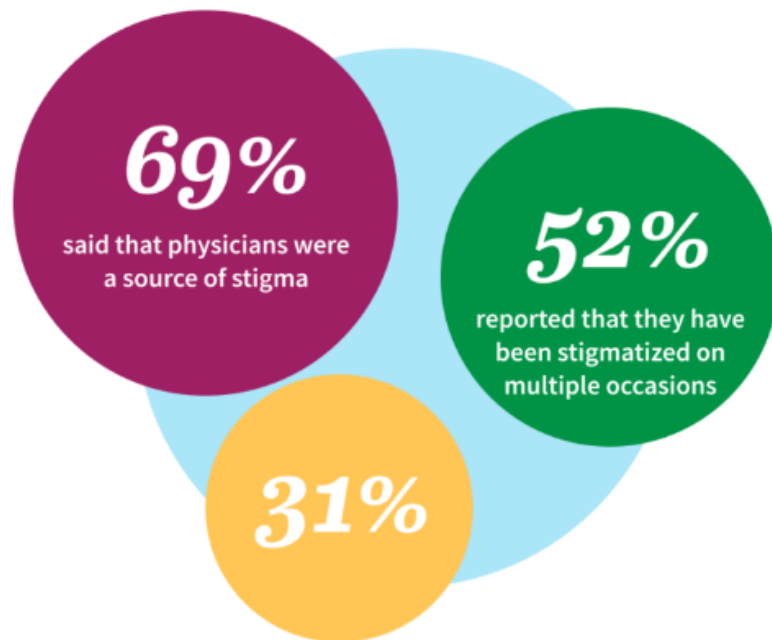




Stigma & bias



In a study of 2400 adult female respondents...



- Weight stigma - a negative response to someone based on their weight
- The fourth most common form of social discrimination amongst adults - after age, gender and race
- It is the only form of discrimination still widely deemed to be socially acceptable
- Obesity is a disease not a lack of willpower!
- The body favours weight gain and prevents weight loss
- We have seen how complex obesity is therefore we can empathise with people who struggle with their weight
- It is not the individuals fault!

Effects of Weight Bias



- Unequal employment opportunity
- Acceptance of being publicly humiliated
- Inferior healthcare when compared to those of normal weight
- Difficulty in accessing individual insurance coverage
- Difficulty gaining social acceptance

You are not fat.
You have fat.
You also have
fingernails
but you are not
fingernails.

1

Stigmatising obesity undermines people's health and makes it harder to seek support

- Weight stigma in health services deters people from seeking help with weight management
- Stigma has been shown to undermine people's broader health and can lead to internalised personal blame, anxiety, depression and low self-esteem Changing the narrative around diseases and conditions (such as was done for HIV) can transform public perceptions and improve quality of life and outcomes for patients.

2

Negative images and language reinforce stigma around obesity

- Media reporting typically suggests that obesity results from poor individual behaviours and choices, leading to misconceptions about the causes of obesity
- Better language and respectful imagery is needed to reduce stigma and create a more informative and accurate narrative

3

Modern environments encourage and promote unhealthy lifestyles. Obesity is not about individual blame but shared responsibility in society

- The current narrative ignores the complex interplay of a dysfunctional food system, genetics and barriers within health systems
- The risk posed to health by modern environments is irrespective of genetic makeup or weight control motivations

- Few people choose to develop obesity, and weight gain is very hard to reverse. Once obesity develops, the body strives to keep the higher weight by becoming more fuel-efficient and by increasing the desire to eat
- Telling individuals to 'eat less, move more' is too simplistic: reducing risk requires an integrated approach across different sectors, from our town centres to healthcare settings.

4

A positive, supportive narrative between clinicians and their patients will increase the effectiveness of care.

- Decreasing stigma will empower individuals to seek help and support care when they need it, reduce treatment drop-out, and increase patient satisfaction
- Seeking medical care can be a challenge for individuals who have been made to feel that they have caused their own disease
- This is due to the stigma they face from society regarding their right to medical care and the stigma they face from health professionals during consultations




End weight bias and stigma!


~~WE'RE
BEACH BODY
READY~~



- Recognise it's a problem
- Think about your own views
- Use people first language (person with obesity rather than obese person)
- Be aware of the language we use
- Use non-stereotypical images
- Be compassionate




 World Health Organization Europe



Weight bias and obesity stigma:
considerations for the WHO European Region

What is weight bias and obesity stigma?

- Weight bias is defined as negative attitudes towards, and beliefs about, others because of their weight.¹ These negative attitudes are manifested by stereotypes and/or prejudice towards people with overweight and obesity.
- Internalized weight bias is defined as holding negative beliefs about oneself due to weight or size.²
- Weight bias can lead to obesity stigma, which is the social sign or label affixed to an individual who is the victim of prejudice.³
- Obesity stigma involves actions against people with obesity that can cause exclusion and marginalization, and lead to inequities⁴ – for example, when people with obesity do not receive adequate health care or when they are discriminated against in the workplace or in educational settings.



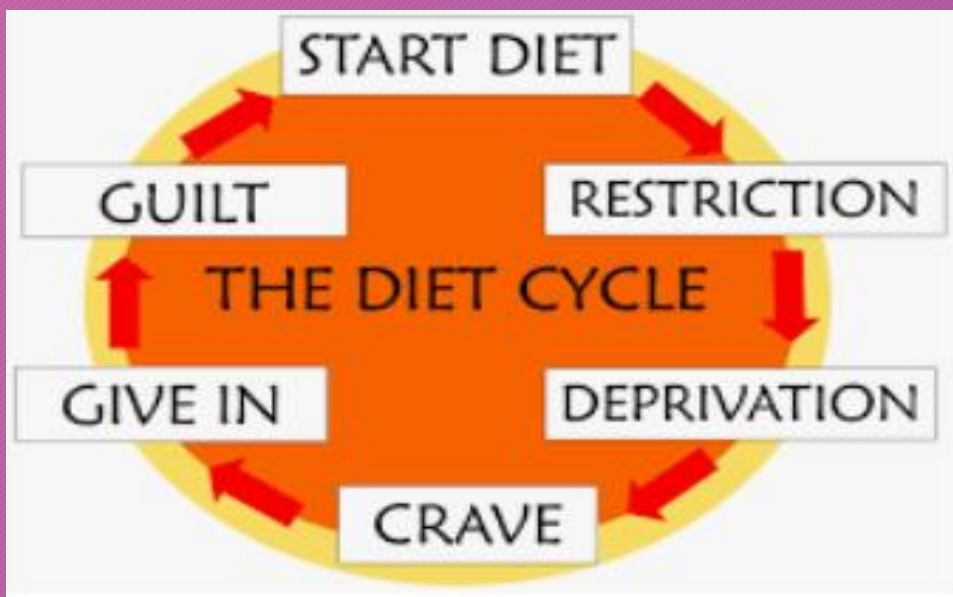
What can we do?



UNSUBSCRIBE



NON-SCALE
VICTORIES



DRINK IN MODERATION

**WHAT IS
MODERATION?**



**1 STANDARD
DRINK =**



**EAT A
HEALTHY MEAL
BEFORE GOING OUT**
to keep you feeling full



**DRINK
WATER BETWEEN
ALCOHOLIC BEVERAGES**
to help you consume
less alcohol



**PREPARE
HEALTHY SNACKS
BEFORE GOING OUT**
to prevent post-drinking
noshing



Bread, Rice, Potatoes, Pasta



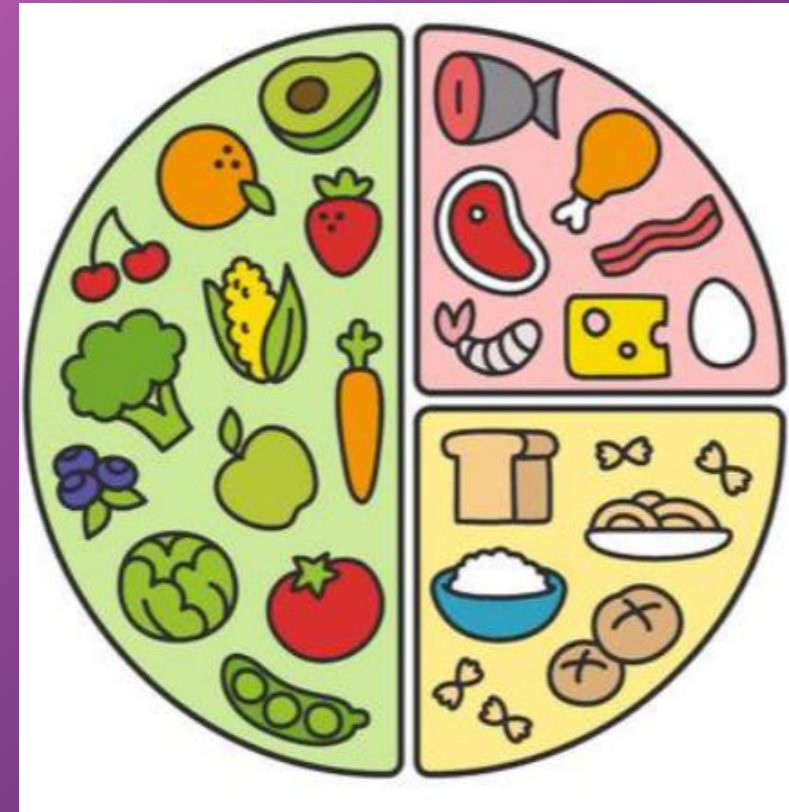
Meat, Fish, Eggs, Beans (Proteins)



Fruit & Vegetables



Dairy & Alternatives



Conversation tools weight



Protecting and improving the nation's health



Let's Talk About Weight:
A step-by-step guide to brief
interventions with adults for
health and care professionals

- The majority of people will be open to discussing weight if its addressed appropriately
- General apprehension about brining up the topic of weight management and how to facilitate positive conversations
- A key first step in supporting people to manage their weight is initiating a conversation.
- Research has shown that brief, opportunistic interventions can result in a five-fold increase in the proportion of people engaging in weight management services.
- Unique position to talk to patients about weight management to prevent ill-health
- You don't need to be an expert in weight management to incorporate this into your routine contacts
- You don't need to spend a lot of time to make a difference – brief intervention should be delivered in 30 seconds!

LET'S TALK ABOUT WEIGHT

A step-by-step guide to brief interventions
with adults for health and care professionals

ASK



"Before you leave,
could I check
your weight today?"

Weigh and measure the patient

Calculate BMI

BMI = Weight in kg divided by height in metres
squared [weight (kg) / height (m²)]

ADVISE



"One of the best ways to lose weight
is with support and [insert name of
weight management service] is
available today". I can refer
you now if you are willing to
give it a go?"

Consider referral options:
See supporting guidance for
referral criteria

Considerations:
State that referral is available ("and free if
this applies in your area. Consider
directing to commercial services if
local provision is not available)

Keep conversations brief (30 seconds)

Confidence is key

ASSIST

Patient receives
advice positively

- Let the patient know what the next steps are
- Suggest a follow up appointment to monitor the patient and to provide help and encouragement with their weight

Patient is receptive
but non-committal
about a referral e.g.
wants to try to lose
weight themselves

- Show acceptance of patient's wishes, acknowledge their concerns and recognise the difficulties of weight loss. Re-emphasise the importance of working to achieve a healthier weight, re-offer your support
- Suggest a follow up appointment to monitor the patient and to provide help and encouragement with their weight

Patient does not
want to engage in
conversation about
weight management

- Show acceptance of patient's wishes, re-offer your support should they change their mind
- Don't force the issue – leave the door open

ACTIONS

1

Make the referral
if patient accepts
offer

2

Note in patient's
records any
conversations
about weight and
the outcomes

3

Remember to
follow up with
your patient

Let's Talk About Weight:

A step-by-step guide to brief
interventions with adults for
health and care professionals

Tackling healthier weight conversations sensitively

Charlene Mulhern - Public Health Workforce Delivery Manager Childhood Obesity, Health Improvement Directorate

Childhood Obesity
@charlenemulhern

<https://www.gov.uk/government/publications/adult-weight-management-a-guide-to-brief-interventions>

Making Every Contact Count (MECC)



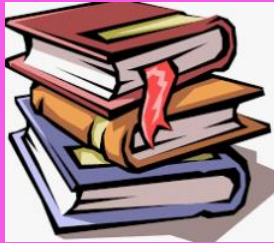
Gwneud i bob cyswllt gyfrif
Making every contact count

- Enables health and social care professionals, through day to day interactions, to encourage people to make positive behavioural changes.
- Move to position where discussing lifestyle and wellbeing is routine, non-judgemental, and a social responsibility for all of us.
- Opportunity to deliver evidence based and up-to-date messages about healthy lifestyle choices.
- Training available
- <https://www.makeeverycontactcount.co.uk/training/healthy-lifestyle-information/obesity/>

"Weight trajectories seem to be set in place even earlier in life than most of us would expect."



References



1. Department of Health (2016) Alcohol consumption: advice on low risk drinking. <https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking> (accessed Aug 2019).
2. Global BMI Mortality Collaboration, Di Angelantonio E, Bhupathiraju Sh N, et al. (2016) Body-mass index and all-cause mortality: individual-participant-data meta-analysis of 239 prospective studies in four continents. *Lancet* 388, 776-786.
3. Traversy G & Chaput JP (2015) Alcohol consumption and obesity: an update. *Curr Obes Rep* 4, 122-130.
4. GBD 2015 Risk Factors Collaborators (2016) Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet* 388, 1659-1724.
5. French MT, Popovici I & Maclean JC (2009) Do alcohol consumers exercise more? Findings from a national survey. *Am J Health Promot* 24, 2-10.
6. O'Donovan, G., Stamatakis, E. & Hamer, M. (2018). Associations between alcohol and obesity in more than 100 000 adults in England and Scotland. *British Journal of Nutrition*, 119, pp. 222-227.



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Quirky Nutrition

