

Time for a quiz!



Fact or fiction ...?

True or false ...?

1. Obesity is a chronic disease much like diabetes or high blood pressure.

1. True – obesity is a chronic disease that requires long-term management.

Managing excess body weight (obesity) is similar to managing high blood pressure or diabetes – left unmanaged, these conditions get worse, and when treatments stop, the problem comes back. This is why weight management strategies have to be realistic and sustainable. Short-term “quick fix” solutions are not sustainable, which is why weight usually comes back.

2. Muscle weighs more than fat.

2. False – a kilogram is a kilogram!

- A kg is a kg regardless of whether the kg is fat or muscle. Converting a kg of fat to a kg of muscle – or vice versa – will not alter weight. Muscle is slightly denser than fat and takes up a smaller amount of space in the body.

3. Weight loss is the most important goal of fitness and exercise.

3. False – many benefits arise from PA independently of weight loss.

- The widespread health benefits from improved fitness will accrue even if weight does not change. These include reduced risk of cardiovascular disease, type 2 diabetes, and breast and colon cancer, and often an improvement in mental well-being.
- Weight loss can be an important benefit from a fitness regime but is only likely if accompanied by a degree of calorie restriction.

4. Older adults are least likely to benefit from physical activity.

4. False – regular physical activity can benefit everyone.

- Nobody is too old to enjoy the benefits of regular PA, although when recommending activities you should bear in mind a person's abilities, interests and limitations.
- The health benefits gained by an elderly person may differ from the benefits noticed by a young person because their health needs and priorities are likely to be different.
- PA is a crucial measure to prevent frailty and sarcopenia in the elderly.

5. Active people need extra protein or protein supplements to build muscles.

5. False – muscles develop from training and exercise.

- A person's muscle make-up reflects their muscle usage rather than their protein intake.
- Additional protein that is consumed over normal functional requirements is converted to energy for storage – it is not stored as additional muscle.
- Although protein supplementation is not needed to build muscle mass, it is proven to enhance muscle hypertrophy.

6. Energy drinks are an important way to achieve improved sporting performance in children.

6. False – water is the best way to rehydrate the body after exercise.

- The body is better able to regulate energy intake from solid foods than from sugary drinks, which have been strongly linked to obesity and tooth decay.

7. Regular daily weighing (self-monitoring) is a cause of anorexia nervosa.

7. False – regular weighing (self-monitoring) is an important predictor of weight stability.

- Anorexia nervosa is a complex psychiatric disorder relating to a combination of factors such as body image disorder, low self-esteem and some environmental factors.
- In the case of a child or young person, reports of frequent self-weighing should trigger further exploration of body image dissatisfaction and/or eating disorder, as weighing may be a symptom – rather than a cause – of an eating disorder.

8. Making a child clear the plate is a good way to ensure the vegetables get eaten.

8. False – “clearing the plate” is an outdated concept.

- Forcing food is more likely to generate a strong dislike of that food and lead to mealtime battles.
“Generating a liking” for a food stems from positive associations and seeing other people enjoy that food.
- Eating to please others teaches children to ignore their own hunger signals.

9. If a person with overweight or obesity gets breathless when exercising, they should stop.

9. False – building up fitness and stamina takes effort and time.

- For someone not used to exercising, it is important to have reassurance that feeling breathless and minor aches and pains are a normal part of building up stamina.
- Recommend a gradual programme of increasing duration and intensity of activity as stamina and confidence increase.
- However, be careful with children known to have respiratory diseases such as asthma.



Understanding nutrition, physical activity and obesity in your country

Review of current local tools and practice

- **Why** discuss
- **How** to influence
- **What** to explain
- **Which** goals and how to measure
- **Where** to get help



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Questions to participants – open discussion

- What are the particular challenges facing health systems in the region?
- What common barriers to health promotion and behaviour change have you identified in the area of nutrition, physical activity and obesity?
- What are the common challenges experienced by your patients in changing behaviour?
- In which settings and types of consultation would these issues be raised?

Understanding the local context for you personally

- What are the key factors?
- Which patients are the most engaged?
- What are the barriers and enablers for integrating lifestyle counselling in your practice?
- Do you have adequate tools?
- Are you able to signpost your patients to suitable help?

Group discussion summary: addressing barriers

	Provider barriers (e.g. education, competencies, roles, professional identity)	Patient barriers (e.g. obesity and weight bias impact on self- esteem, gender roles affecting physical activity)	Structural barriers (e.g. obesogenic environment, physical inactivity not high priority for political or health system agenda)
Enablers			
Blockers			
Opportunities			