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Albert Aldridge
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Sharp rise in obesity related hospital admissions in West Sussex, data reveals

By
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DATA REPORTER
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Obesity related hospital admissions in West Sussex have increased by thousands over the last three years, the latest figures show.

More patients are being admitted for knee and hip replacements due to their weight, as well as other obesity related conditions.

There were 10,046 admissions in 2016-17 where obesity was the main or secondary diagnosis.

That’s an increase of 3,252, or 48%, from 2013-14, when NHS Digital first started compiling the data for local authorities.

Examples of obesity being the main cause for a hospital admission include weight related knee replacements, while secondary diagnoses, where obesity is a contributing factor, can be forms of cancer and heart conditions.

Caroline Cerny, Obesity Health Alliance lead, said the figures were “very concerning”.

“As weight increases, so do the chances of developing serious life threatening conditions like Type 2 diabetes, heart disease and cancer,” she explained.

“Dealing with rising levels of disease is putting an unsustainable strain on our already over stretched health service.”
Miss Cerny continued: “This data is a stark reminder of exactly why we need measures like the forthcoming **Soft Drinks Levy.**

“But it’s clear that this alone won’t be enough to tackle rising obesity levels so we need the government to take further action to create a healthier environment for all, starting with tougher new rules to limit junk food advertising.”

There were 105 operations for bariatric surgery in West Sussex in 2016-17, which is the most extreme weight loss treatment.

A total of 85 women underwent bariatric surgery, and 20 men.

This includes stomach stapling and gastric bypasses, and is often a last resort after dieting and exercise has failed.
EATING BEHAVIOR
recovery aims
Obesity treatment starts with transforming your relationship with food and strengthening your willpower with a holistic care plan. After this it will be much easier to lose weight and keep it off. Counselling will build your emotional resources, deal with old hurts, work on the “obesity mindset” and teach you new ways of feeling in control. We start with a full assessment to help build the personalised treatment plan that is right for you.

treatment to restore your relationship with food will focus on:
- Gaining insight about your eating patterns and food cravings; discovering what in your past has contributed to your weight problem.
- Strengthening your motivation to change. We know that you would worry about being hungry and deprived of your favourite foods. This doesn’t happen.
- Nutritional guidance; gets you back in touch with your natural appetite, banishes cravings and transforms your wellbeing.
- Emotional strengthening to manage feelings like stress, and unhappiness without turning to food.
- Managing constant thoughts and worries about food and weight.
- Managing lapses so that you keep feeling in control.
- Self worth and body image healing.
Abstract

This short overview considers a prospect that claims to boost satiety are used to prescribe or sell materials to dieters that do not slow their daily rate of energy intake, thereby worsening their problems with body weight and even perhaps increasing the prevalence of obesity. Imposing that a drug or a food contributes to weight control by providing extra satiety is a mistake in two ways. First, the notion of a hormone analogue or a food constituent having a specifiable satiating power is scientifically incoherent. Secondly, a slimming satiety is a particular pattern of eating and drinking, in which substances have no fixed roles. Such a dietary custom has to be shown to produce a larger step decrease in weight with the medication or food product than without it. Suppression of food intake at a usual time for eating does not imply reduction in the eater’s total intake of energy in a calendar period and hence lower weight while the material is still used within that eating pattern. It is the maintained pattern of behaviour that slims and prevents regain, not a satiety-augmenting substance. Regulators should not allow incomprehension of the basic science of energy balance to be exploited by advocacy of a food or medication for “satiety” believed by consumers to be a means of avoiding unhealthy fatness.
satiety-augmenting substance. Regulators should not allow incomprehension of the basic science of energy balance to be exploited by advocacy of a food or medication for “satiety” believed by consumers to be a means of avoiding unhealthy fatness.
Flexible vs. Rigid Dieting Strategies: Relationship with Adverse Behavioral Outcomes


Abstract

This study was designed to test the hypothesis that different types of dieting strategies are associated with different behavioral outcomes by investigating the relationship of dieting behaviors with overeating, body mass and mood. A sample of 223 adult male and female participants from a large community were studied. Only a small proportion of the sample (18%) was seeking weight loss treatment, though almost half (49.3%) of the subjects were significantly overweight (body mass index, BMI>30). Subjects were administered questionnaires measuring dietary restraint, overeating, depression and anxiety. Measurements of height and weight were also obtained in order to calculate BMI. Canonical correlation was performed to evaluate the relationship of dietary restraint variables with overeating variables, body mass, depression and anxiety. The strongest canonical correlation (r=0.65) was the relationship between flexible dieting and the absence of overeating, lower body mass and lower levels of depression and anxiety. The second strongest canonical correlation (r=0.59) associated calorie counting and conscious dieting with overeating while alone and increased body mass. The third canonical correlation (r=0.57) found a relationship between low dietary restraint and binge eating. The results support the hypothesis that overeating and other adverse behaviors and moods are associated with the presence or absence of certain types of dieting behavior.
CONSEQUENCES

Childhood obesity: causes and consequences

Krushnapriya Sahoo,1 Bishnupriya Sahoo,2 Ashok Kumar Choudhury,3 Nighat Yasin Sofi,4 Raman Kumar,5 and Ajeet Singh Bhadoria6

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Abstract

Childhood obesity has reached epidemic levels in developed as well as in developing countries. Overweight and obesity in childhood are known to have significant impact on both physical and psychological health. Overweight and obese children are likely to stay obese into adulthood and more likely to develop non-communicable diseases like diabetes and cardiovascular diseases at a younger age. The mechanism of obesity development is not fully understood and it is believed to be a disorder with multiple causes. Environmental factors, lifestyle preferences, and cultural environment play pivotal roles in the rising prevalence of obesity worldwide. In general, overweight and obesity are assumed to be the results of an increase in caloric and fat intake. On the other hand, there are supporting evidence that excessive sugar intake by soft drink, increased portion size, and steady decline in physical activity have been playing major roles in the rising rates of obesity all around the world. Childhood obesity can profoundly affect children's physical health, social, and emotional well-being, and self esteem. It is also associated with poor academic performance and a lower quality of life experienced by the child. Many co-morbid conditions like metabolic, cardiovascular, orthopedic, neurological, hepatic, pulmonary, and renal disorders are also seen in association with childhood obesity.

Keywords: Childhood obesity, consequences, epidemiology, lifestyle, non-communicable disease, overweight
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Excess weight may increase the risk for many health problems, including:

- type 2 diabetes
- high blood pressure
- heart disease and strokes
- certain types of cancer
- sleep apnea
- osteoarthritis
- fatty liver disease
- kidney disease
- pregnancy problems, such as high blood sugar during pregnancy, high blood pressure, and increased risk for cesarean delivery (C-section)
RESISTANCE TRAINING
Resistance Training in the Treatment of the Metabolic Syndrome

A Systematic Review and Meta-Analysis of the Effect of Resistance Training on Metabolic Clustering in Patients with Abnormal Glucose Metabolism

Authors
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Review Article
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Abstract

Over the last decade, investigators have given increased attention to the effects of resistance training (RT) on several metabolic syndrome variables. The metabolic consequences of reduced muscle mass, as a result of normal aging or decreased physical activity, lead to a high prevalence of metabolic disorders. The purpose of this review is: (i) to perform a meta-analysis of randomized controlled trials (RCTs) regarding the effect of RT on obesity-related impaired glucose tolerance and type 2 diabetes mellitus; and (ii) to investigate the existence of a dose-response relationship between intensity, duration and frequency of RT and the metabolic clustering. Thirteen RCTs were identified through a systematic literature search in MEDLINE ranging from January 1990 to September 2007. We included all RCTs comparing RT with a control group in patients with abnormal glucose regulation. For data analysis, we performed random effects meta-analyses to determine weighted mean differences (WMD) with 95% confidence intervals (CIs) for each endpoint. All data were analysed with the software package Review Manager 4.2.10 of the Cochrane Collaboration. In the 13 RCTs included in our analysis, RT reduced glycosylated haemoglobin (HbA1c) by 0.48% (95% CI -0.76, -0.21; p = 0.0005), fat mass by 2.33 kg (95% CI -4.71, 0.04; p = 0.05) and systolic blood pressure by 6.19 mmHg (95%CI 1.00, 11.38; p = 0.02). There was no statistically significant effect of RT on total cholesterol, high-density lipoprotein cholesterol, low-density lipoprotein cholesterol, triglyceride and diastolic blood pressure. Based on our meta-analysis, RT has a clinically and statistically significant effect on metabolic syndrome risk factors such as obesity, HbA1c levels and systolic blood pressure, and therefore should be recommended in the management of type 2 diabetes and metabolic disorders.
triglyceride and diastolic blood pressure. Based on our meta-analysis, RT has a clinically and statistically significant effect on metabolic syndrome risk factors such as obesity, HbA1c levels and systolic blood pressure, and therefore should be recommended in the management of type 2 diabetes and metabolic disorders.
Resistance training for children and adolescents

Allison M. Myers, Nicholas W. Beam, and Joseph D. Fakhoury

Abstract

As more children and adolescents are becoming involved in exercise and school or community based athletics, attention is turned towards proper training and conditioning to optimize performance, stimulate athletic development and ensure safety while tolerating long-term competition. Resistance training (RT) refers to the methodology of ensuring such optimal performance and safety. This is a common component of sports and physical fitness in schools and organized athletic programs around the country. RT is a physical conditioning program that involves various training techniques (e.g., machine based, free weight, plyometric, complex and functional training) and progressively increasing resistive loads to achieve desired muscle endurance, strength, power or a combination of the above. Proper RT programs have a plethora of associated benefits including increased strength, lower rates of sports-related injury, increased bone strength index (BSI), decreased risk of fracture and improved self-esteem and interest in fitness. There are risks involved with improper or poor training programs. Proper training programs involve knowledgeable trainers, effective supervision and tailored weight training.
SOLUTION
- UNHEALTHY FOODS
- HEALTHY FOODS
- HEALTHY SNACKS & RECIPES
- HEALTHY EATING TIPS & PHYSICAL ACTIVITY