Dear Reader,

Hi-tech food diaries, ground-breaking genetic research and candid personal accounts of struggles with body weight - our winter newsletter has it all!

In this issue we update you on our culturally-sensitive web programme, Shape-Up Sister (p.1). We also tell you about two other helpful online resources - Nutracheck's online food diary (p.2) and Oxford University's Youth Health Talk website (p.3).

We update you on the latest developments from the world of weight loss drugs (p.3). And we look behind the headlines to find out exactly how important genes are in determining your weight (p.4,5).

We are pleased to have an interview with Dr Allan Geliebter (p.6), a world-renowned expert on binge eating. Dr Geliebter also tells us about Night Eating Syndrome - a 'new' disorder that's beginning to attract a lot of research attention.

Don't forget to check out Fresh Faces (p.7) for the latest new additions to the growing Weight Concern team.

And finally we hope you are inspired by those using evidence-based techniques to make healthy lifestyle changes in our new section, Success Stories.

We wish you all a very happy holiday and an enjoyable read.

Dr Susan Carnell (Newsletter Editor)

SHAPE-UP SISTER! New online programme aims to help hundreds

Weight management has never been a case of 'one size fits all'. That's why, back in 2006, Weight Concern launched a programme with a difference: Shape-Up Sister is specially designed to help black women lose weight and live a more healthy lifestyle.

Why?
Cultural factors are a strong influence on every aspect of our lives - including weight and health. In focus groups our helpers told us that despite the wealth of information out there it's still difficult to find nutrition information on traditional foods. Obstacles like this can make it very tough to keep body weight in check.

How?
Since the programme's inception, Weight Concern staff have been working with colleagues at University College London to develop a culturally-specific interactive, online programme.

Nutrition information and healthy recipes are given for traditional foods, and simple goal-setting tools help people to translate the advice into action.

Evaluation
A trial to evaluate the programme started this year with five public sector employers in London. So far almost 200 women are using the website and attending support meetings - not only to manage their weight, but also to improve their health and enjoyment of life.

Thank you!
We would like to thank all the women involved in Shape-Up Sister, and their employers too. We are grateful for funding from the Medical Research Council's National Prevention Research Initiative. By the end of 2009, we hope to publish results and make the programme and resources publicly available.

But in the meantime, if you'd like more information please contact Jessica Walker at shapeup.sister@gmail.com

The Shape-Up Sister website combines nutrition info, healthy recipes, and simple tools to set lifestyle goals.

Black women may benefit from culture-specific nutrition information.
THE WRITE WAY TO LOSE WEIGHT:
Keeping a food diary can double your weight loss

What did you eat and drink today? Can you remember what you had for lunch? And what about that chocolate bar you had with coffee? Recalling every last morsel is far from easy, but it could be worth it: a new study* suggests that the simple act of writing down everything you eat and drink could help people control their intake and lose weight.

US researchers put 1700 volunteers on a moderate diet for 6 months, but asked half of them to keep a food diary. Those who didn’t keep one lost only 9 lbs on average, but those who wrote everything down dropped 18 lbs - twice as much.

Diary secrets
Psychologists think that food diaries may work in a number of ways. First, they encourage the writer to pay more attention to the food they eat. They help people to evaluate the overall diet and notice things that can be changed or omitted. They also help people to spot recurring patterns. For example, someone might notice they always eat an unhealthy snack at work in the afternoon, and they could avoid this by taking a healthy snack along with them.

Diary online:

Nutracheck (www.nutracheck.co.uk) is a web-based food diary that calculates your daily calorie intake. Some are printable diaries you can download, but others you can complete online. And while some food diaries are part of a weight management programme - such as those offered by Weight Watchers and Spark People - others are designed to stand alone as a weight loss tool.

We took a closer look at one food diary site, Nutracheck (www.nutracheck.co.uk). This personal online food diary gives access to a UK food database of over 40,000 products, so calories can be accurately calculated. It also enables users to keep track of how much physical activity they are doing.

To use the diary you just enter in what you ate - either at your computer or using your mobile phone.

Checks and balances
"Tools like this are an excellent way to start changing lifelong habits," said Weight Concern’s Vicky Lawson.

“And a big advantage of online diaries is that if you are regular internet user they can easily accessed and are relatively cheap. The cost of using the Nutracheck site we looked at was £7.99 for 30 days and offered a 5 day free trial.

And other companies also offer some really good deals." "Another nice feature of a number of sites is that they provide a support network through online members’ forums - meaning that encouragement is on hand when it's needed."

Taking control
We contacted Nutracheck to find out how one of their members, Jane Kilpatrick, is getting on.

“I saw an article about how food diaries could help with weight loss,” said Jane, who had been struggling with her weight for nearly 15 years. "And I can testify that it's true!" "I describe it to my people by saying that I feel I have no 'off' button of my own, but the diary provides me with one! It is wonderful now to feel in control of food rather than food controlling me."

Different strokes
Using the internet to aid weight loss is certainly not for everyone. Not everyone has web access and some of us prefer to do things the traditional way. But people often complain that keeping a paper food record is challenging: it’s hard to remember to take it with you and write everything down. For this reason online diaries are definitely of help to those who frequently use the web at work and at home.

The Nutracheck version is already being offered by two NHS Primary Care Trusts as a workplace initiative for staff. But the growing popularity of online diaries makes it possible for everyone to choose the diary system method that suits them the best.

Share your thoughts
If you’ve tried an online weight management service or food diary we’d love to hear how you got on. Please email v.lawson@weightconcern.org.uk and let us know your experiences and tips.


Nutracheck website - www.nutracheck.co.uk

RIMONABANT SUSPENDED ACROSS EUROPE

The appetite-suppressing drug rimonabant has been suspended across Europe due to fears about psychiatric risk. Around 97,000 overweight people in the UK have been prescribed the medication, also known as Accompia. But recent data has shown that people taking it are at twice the risk of psychiatric disorders. In one large trial there were 5 suicides among those taking rimonabant, compared with only one among those taking a placebo.

Weight Concern supports this quick action on behalf of patient safety but sympathises with those who are finding the drug helpful and may now have to give it up.

Weight Concern newsletter readership survey...
We want to know what you think we’re doing right, what you think could be improved, and the kind of news, reviews and features are of most interest and relevance to you.

So please visit www.weightconcern.org.uk to complete the survey - and stand a chance of winning a fabulous £50 Marks & Spencers voucher!
NEW APETITE-SUPPRESSANT MAY PRODUCE WEIGHT LOSS

Tesofensine, a drug targeting noradrenaline, dopamine and serotonin action in the brain, shows promise as a weight loss drug.

Obese patients in Copenhagen took the drug for a period of 6 months. At follow-up those taking a medium dose had lost 11.3 kg, while those taking placebo lost only 2.2 kg.

There were side effects however, including dry mouth, insomnia, nausea and diarrhea. Those on the highest dose also showed increased blood pressure.

Weight Concern supports research into new tools to help people make healthy lifestyle changes, but recognizes that centrally acting drugs make long-term monitoring of side effects essential.


NEW FAT-BURNING DRUG SHOWS PROMISE IN MICE

A new drug may be able to make the body burn fat even when energy levels are high, according to results released in November.

A French research team gave the drug SRT1720 - a chemical similar to one found in red wine - to mice for 10 weeks.

They found that, even on a high-fat diet, mice shifted into a ‘fat-burning’ mode normally reserved for low energy conditions. In addition they stopped gaining weight, and their diabetes risk was reduced.

Further research will test whether the drug may be help humans - not just rodents - manage their weight.


SHAREING THE WEIGHT: New website to help young people talk weight and health

A new not-for-profit website, www.youthhealthtalk.org, hopes to help out thousands of individuals - by providing a technologically-savvy forum focusing on weight and health.

A place to go

The award-winning Youth Health Talk site aims to:
- Give young people a chance to talk openly about their real life experiences of health, illness and lifestyles
- Provide reliable information and links to other websites, support groups and books
- Offer emotional and practical support for young people, helping them to realise that they are not alone
- Help health professionals, parents, carers, family and friends to understand young people’s perspectives and therefore how to help.

The new section will include young people from all walks of life talking about a wide range of issues to do with weight and health, including: body image, size and shape, exercising, struggling with weight, food and eating, dieting, being told you’re overweight, and losing and gaining weight.

A personal take...

Unlike other health information sites, www.youthhealthtalk.org features video, audio and written extracts from interviews with young people.

Sami, age 18, shared this tale with the online community:
"I have always had problems with my weight which fluctuated from overweight to obese throughout my life. I was never skinny like other girls at my school and I was picked on and bullied every day from my very first day, until I left aged 18."

"By day by day, my depression got worse and I started to harm myself - even tried to commit suicide - yet still no help was offered to me."

"I went to see the doctor, who told me I needed to lose weight because I was ‘fat’, but never gave me any support or help. He didn’t tell me how to eat healthily, or how much exercise I should be doing, and I began to lose all hope."

"But he eventually put me on antidepressants and referred me to counselling where I slowly learnt to talk about and understand my feelings and to cope without self harming."

"I have learnt to like myself now, but I still have days where I look in the mirror and can’t stand to look at my body. I find it hard to lose weight because I love cooking and I love food, and I don’t know how to increase my exercise within my hectic lifestyle."

"I know that I am still classed as obese - I have a BMI of 39.2 - but I am comfortable with myself, and I know that I have the power to change myself if I want to. If I did, I would be doing it for myself, not for anyone else."

"Sami has now taken this enthusiasm for healthy change into other parts of her life, and recently started a degree in an aspect of healthcare."

"I would like to help people make the changes in their lives that I had to fight to get help with," she says.

A call for help

Youth Health Talk are currently looking for more volunteers to help develop their new section on young people, weight and health, and would love to hear from:
- Young people aged 12-20
- Parents of 12-16 year olds
- Health care providers and other professionals who can facilitate contact with young people who might like to participate.

Participants can share their experiences in an interview (face-to-face, or via the telephone or internet), and can remain totally anonymous if they wish. The researchers all have Criminal Records Bureau (CRB) clearance and the project has full approval from the University of Oxford ethics committee.

If you would like more information, please email Krysia Canvin at info@youthhealthtalk.org, call 01865 289328, or visit www.youthhealthtalk.org/comingsoon.
INHERITING OBESITY: Do our genes make us fat? by Susan Carnell

'Billy Bunter gene' makes children fat, say scientists. Obesity 'may be largely genetic'. Genes not poor diet blamed for most cases of childhood obesity. Genes to blame for childhood obesity.

British study finds genetic link to childhood obesity. 'Fat genes' a major cause of weight problems. Childhood obesity: Nature trumps nurture. Childhood obesity is 'in the genes'...

Environmental changes have made everyone fatter. But what our genes are doing - and have always done - is to determine how fat we get compared to other people.

In fact genes may be becoming more important than ever, because the differences between people seem to be increasing: the heaviest individuals are getting heavier and heavier while the leanest individuals stay persistently thin.

It's also worth remembering that we're not just talking about a defect in one gene which unavoidably leads to weight gain and obesity. In most people body weight is likely to be influenced by hundreds of common genes, each with a small but unique effect.

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Objection 1: Genes haven't changed over the last few decades, but obesity rates have. So obesity can't be genetic.

Answer: It's true that the gene pool is unlikely to have altered dramatically in that short space of time. But this doesn't mean that obesity is not genetically influenced.

Objection 2: Obesity has increased because of societal factors like car-driving, TV-watching and access to cheap, tasty junkfood. It has nothing to do with genes.

Answer: All of these factors certainly influence obesity in adolescents and children, but what is interesting is why these changes have affected some people more than others.

The fact that obesity is highly genetic despite the pervasiveness of the 'obese' environment suggests that genes are somehow making some people more vulnerable to environmental forces. This could be because they make one person store fat or burn energy more than others.

But it could also be that genes are influencing our behaviour. For example genes could be making physical activity less appealing to some people, or harder for others to say no to the supersize portion.

In fact, new results suggest that FTO - the first common gene to be associated with obesity - could well be acting by increasing an individual's appetite for food (see Research Round-up 'Common obesity gene works via appetite').

Objection 3: If obesity is in the genes then we can't do anything about it. Saying it's genetic gives overweight people an excuse to do nothing about their weight, and lets parents of obese children off the hook.

Answer: Of all the impressions it's easy to get from this kind of research, this might be the most damaging. However genes are working, it is always true that if you eat less and exercise more you will lose weight.

However, it may be harder for some than others, so these 'at risk' adults and children will need extra support.

This support needs to come at every level, right from the provision of helpful, targeted treatment, to broad societal changes encouraging physical activity and healthy eating - which have the potential to improve everyone's health.

As for parents, the last thing they should think is that there is nothing they can do. Parents of susceptible children should stop blaming themselves for things they think they might have 'done wrong', and accept that their child may find things more difficult than others.

But they can still help them enormously by creating a healthy home environment making healthy choices easier, and by equipping them with skills to resist forces from the obesity-promoting environment when they grow up. Parents could still prove to be our most powerful weapon against child obesity.
Pick a diet and Camden resident Mosun Nola has tried it. In the 80s she ate cabbage soup, and in the nineties she joined thousands in cutting carbs with the Atkins diet. “You name it, I’ve done it,” she smiles. But the mum of two may finally have found an approach that works, after joint problems led her to the door of her GP. “Being overweight was putting pressure on my knees and causing me a lot of pain,” says Mosun. “So my doctor suggested I try the Shape-Up programme.” Camden’s Active Health team has been running Weight Concern’s Shape-Up programme for a number of years now. “It isn’t a diet and it’s not just about weight loss,” says Stephan from the Camden team. “We like it because it’s all about living a healthier lifestyle.” Shape-Up is designed for anyone over 18 who is concerned about their health or weight and wants to find a life-long solution, not just a temporary fix. Once people join Camden’s Shape-Up programme they attend a session once a week for eight weeks. At each session participants get expert advice and support on how to eat more healthily and increase physical activity. Also important in these difficult times: all the sessions are free. Mosun started Shape-Up three months ago. Since then she’s lost seven pounds in weight and is determined to hit her ideal weight of 12 stone. “One of the things Shape-Up has encouraged me to do is look at my portion sizes,” says Mosun. “I have to keep a food diary and that has made me very honest about my eating habits.” (See ‘The write way to lose weight’ for more info on food diaries). With the help of a personal trainer, Shape-Up has even convinced the former exercise-hater back to the gym! “I was doing circuit training but I told my trainer I wasn’t enjoying it,” says Mosun. “So she encouraged me to go to aqua aerobics instead, which I really enjoy.” Mosun’s Shape-Up success has not only been noticeable to her, “Even the other mums at the school gates have noticed I’ve lost weight over the summer,” she says. But the most important change has been the way she feels. “My breathing has improved - it’s much easier now. And I can’t believe I now go to the gym twice a week! Losing the extra weight has given me so much energy.”
You're very well known for your research in Binge Eating Disorder (BED). We would probably all say we binge occasionally, e.g. at Christmas or birthdays, but at what point does it become a disorder? And is it possible to treat it?

Well to be considered a disorder the behaviour has to cause stress, guilt and shame. And it has to be done on a regular basis - not just the holidays. In contrast to obesity in general, psychological treatments of BED are promising, and headway has been made using Cognitive Behavioural Therapy (CBT). In fact CBT has been shown to be more effective than existing drugs used to treat BED - primarily anti-depressants. I don't mean to say that drugs won't one day be a better solution but for now therapy seems to do well.

Can you talk us through what happens during CBT for BED? In CBT you try to figure out the triggers for binge eating. For some people it's stress - being yelled at by the boss, for example. But for others it's exposure to tempting foods - for example, at the office. We usually need about 15 to 20 sessions with the patient to tackle the problem.

What is known about the relationship between ghrelin and binge eating? Well we have also looked at that. We expected ghrelin would be higher, explaining the greater intake. But the relationship is actually opposite to what you would expect: ghrelin is lower. What we think is that maybe ghrelin is down-regulated - either by obesity itself, or by overeating. This suggests to me that there are other hormonal factors at work. It's very likely that we over the coming years we will continue to find many new hormones associated with appetite - and then think about how to piece them all together.

You're a clinical psychologist but you also conduct a lot of biological research. What do you think is more important in terms of tackling obesity - the biological or psychological approach?

I would say the biological approach. There's convincing evidence that parents' genes predict the degree of obesity in their offspring. And studies measuring genes and environment find that genetic factors overwhelm the environmental ones.

Dr Allan Geliebter is an expert in eating disorders related to obesity. A clinical psychologist and a research scientist, he sees patients and conducts clinical studies at the New York Obesity Center, affiliated to Columbia University.

In a whistlestop tour of his diverse research interests, Dr Geliebter told us more about binge eating, night eating, and biological factors which may increase the risk of abnormal eating and obesity.

For example, we don't know whether ghrelin goes up first and then people eat - or if people are going to eat anyway and ghrelin is simply going up at the same time. It's very difficult to tease apart.

Now when it comes to obesity, you would think that ghrelin would be higher, explaining the greater intake. But the relationship is actually opposite to what you would expect: ghrelin is lower. What we think is that maybe ghrelin is down-regulated - either by obesity itself, or by overeating. This suggests to me that there are other hormonal factors at work. It's very likely that we over the coming years we will continue to find many new hormones associated with appetite - and then think about how to piece them all together.

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Down the road I also think biological treatments will also prove more helpful than psychological approaches. Drugs that reduce appetite are going to be most important - but we're probably about ten years away from having a really helpful drug on the market.

On the other hand I'm not saying that environmental interventions can't work. After all, you could also argue that the obesity epidemic is entirely down to environmental change.

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We've talked about binge eating as one possible route to obesity, but many people are obese and not all of them are binge eaters. How common is binge eating among obese people? And how do you think the non-bingers are becoming obese? Of obese people seeking treatment, about 30% show binge eating behaviour. But the numbers are smaller if you look at the general population - probably about 5%.

Other people could be getting obese through what people have referred to as a 'grazing' or 'nibbling' pattern. If you're spending a lot of time eating - even if it isn't in one defined period of time - that can easily result in obesity. There's also the possibility of reduced energy expenditure. This could occur through a lower metabolic rate but that's unlikely. More likely is that obese individuals have reduced physical activity levels.

Earlier you mentioned that environmental changes could have caused the obesity epidemic. Do you think any of these changes would also promote binge eating?

It's possible, because binge eating wasn't even really described until 1994, although it might be that despite not being recognised, it was there. But the increased availability of highly palatable foods in big portion sizes may also have encouraged binge eating. In the old days, perhaps there were just less of these 'binge' type foods available.

Do any of the main eating disorders - anorexia, bulimia and BED - have anything in common? Or are they all experienced by different types of people?

Well eating disorders didn't use to be around very much. So what we think is that certain people have particular vulnerabilities in common - and these can put them at risk of disordered eating given the right circumstances.

For example, maybe 50 years ago a high risk person would have been depressed, but today the same person could develop Binge Eating Disorder.

We also know that eating problems are related to low self-esteem. And in some eating disorders there is a link with perfectionism - particularly in anorexia nervosa, but also in bulimia nervosa. You could also think of eating behaviours in these disorders as manifestations of an underlying obsessive-compulsive tendency.
Is Night Eating Syndrome the result of underlying biological abnormalities? Or is it just a disregulated pattern of eating and sleeping which becomes hard to break?

As with all disorders it’s always difficult to know what’s coming first - biological factors or other factors.

But it’s now been shown by a group of us that night eaters are more likely to respond to stress and to report increased hunger following stress.

This is also true of binge eaters. So now we are looking at whether binge eaters and night eaters show different stress responses in the morning and the evening. This may distinguish between the two kinds of disorder.

It’s also possible that modern society helps to cause night eating. We now live in a global economy and people work around the clock - especially in some areas, like finance.

I once had a night eating patient who would get up almost habitually at 3am and eat. It turned out that he was a former banker and 3am coincided with the opening of the European stock market!

Finally, could you just tell us a bit about what you’re working on at the moment? What do you hope to discover over the next few years?

Our preliminary data shows that highly palatable ‘binge-type’ foods elicit more brain activity in certain regions in binge eaters, as compared to non binge eaters.

We don’t know if these abnormalities precipitate binge eating - or whether they are ‘maintenance factors’, causing the disorder to persist.

One area of activation we found was in something called the premotor area. This area is active where people are planning a motor activity. The section that ‘lit up’ was the area specifically associated with the mouth. And it wasn’t the result of mouth movements because the primary mouth area didn’t light up.

What we were seeing was the participants thinking about ingesting the foods that they saw.

The exciting implication of this research is that we may be able to use the same methods to test and screen drugs on the basis of the effects they have on the brain. And one day we may be able to design a drug which blocks these neural responses, thereby eradicating the urge to binge.

Please note that the views represented in this interview do not necessarily reflect those of Weight Concern.

**FRESH FACES**

We are very pleased to welcome our new volunteer **Lorna Davies**. Lorna is a third year Nutrition and Dietetics Student from King’s College. She has been assisting with data collection for Shape-Up Sister as well as providing cheerful general support for the Weight Concern team.

Finally, we are very pleased to welcome our new volunteer **Jessica Walker**. Jessica joined Weight Concern earlier this year as a research psychologist. After graduating from Sussex University with a Masters in Health Psychology, Jessica spent several years working on smoking cessation programmes with minority groups not only in the UK but also in New Zealand! So we are thrilled she will be bringing her experiences to bear as she helps us with the Shape-Up Sister programme (see ‘SHAPE UP SISTER! New online programme aims to help hundreds!’).