

# HOW TO SLIM SAFELY

Permanent weight loss means lifestyle changes. **Veronica Debono** reports.

Most people would like to change something about their body. Complaints range from fuzzy hair and disproportionate facial features right down to squat sweaty toes. One of the most common grievances is weight, too much of it, that is.

"Weight can be lost in one of three ways, or some combination of the three," says Dr Mark Schembri Wismayer, general practitioner with an interest in obesity. "Those things are diet, medication and surgery. However, underlying all three is the fundamental need for exercise."

Exercise increases the cardio-pulmonary (heart and lung) oxygen demands and also the metabolic rate so you burn more calories. It keeps you fit, healthy and trim. Contrary to common belief, exercise does not necessarily mean long hours spent working out at the gym. It can be as simple as parking a little bit further away from work than your office doorstep, getting off the bus one

stop earlier or climbing six floors of stairs and avoiding the lift. The accumulated extra daily walking can add up to as much as two hours per week. For regular exercise to be sustained in the long-term, it has to be integrated into your life, irrespective of your age, and become part of your way of living.

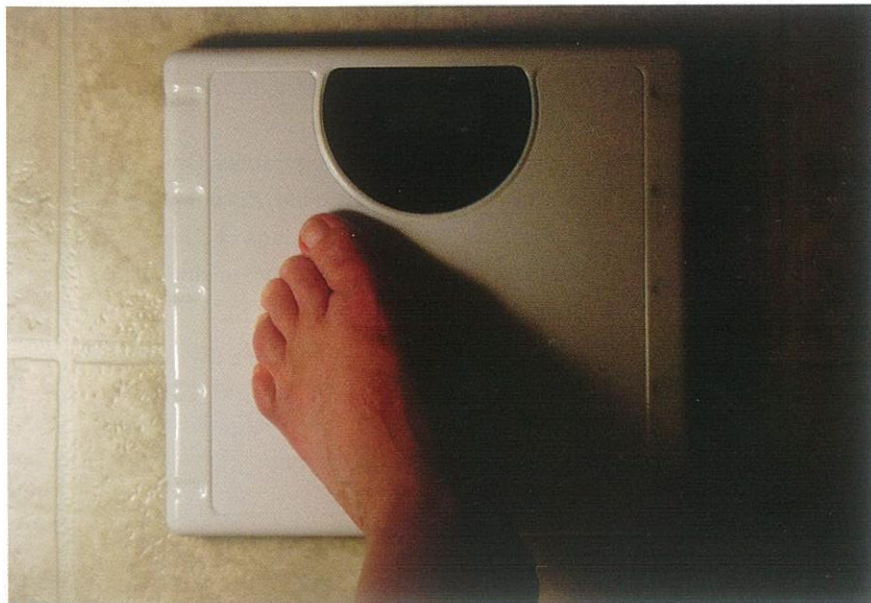
"Exercise has to be as intrinsic to your life as brushing your teeth before going to bed," says Dr Schembri Wismayer emphatically. "We pay a lot of attention to exercising as part of weight loss, but not enough is said about the huge part that exercise needs to play in weight maintenance, which means lifestyle changes. Without it, all the lost weight, and more, will just pile back on. Everyone, of any age and with any condition can, and should, exercise. However, before embarking on a weight loss program or new exercise regime, it is vital to have a general medical check-up first."



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A medical check-up establishes blood pressure levels and may diagnose a heart or lung condition could lead to complications if you to exercise without proper treatment. A baseline lipid profile, including levels of cholesterol, in the blood gives useful information too. Medical conditions would not deny a person the possibility of exercising, but will highlight the need for a tailored exercise programme commensurate with the person's needs.

"Armed with a person's medical report, a fitness trainer can safely determine the correct exercise intensity and type. For example to establish limits for cardiovascular exercise while monitoring the individual," concludes Dr Schembri Wismayer. "Also, based on the



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medical report, a dietician or nutritionist can determine the appropriate eating plan for the individual. With the right exercise and eating plan, the medical conditions can improve too as the individual gets fitter. "

Nutritionists start off with their own assessment in the first session with a new client. After they take into account the medical check-up results including medication, if any is being taken, they ask for dietary information. This covers what a person usually eats, the portion size, the time of the day it is generally eaten, and so on.

"I like to consider a person's preferences," says Mr Mario Caruana, nutritionist and, so far, the only qualified dietician so far in Malta. "If someone absolutely loathes vegetables, the eating plan would be doomed from the start if I pack it with greens. Also, I feel it is important to remember our culture. We live in Malta. Potatoes, Maltese bread and pasta are a staple part of our diet, as are *pastizzi* and *qassatat*. I never say 'never!' Have them occasionally and satisfy the craving, or the eating plan will not be sustainable in the long-term."

A nutritionist's objective is to provide education on food, what it is made up of and how the body works, thereby empowering clients to know enough to make the right food choices to find their own fat-carbohydrate-protein balance. To be healthy and lead a normal life, all are vital and no one category can be eliminated completely.

Generally, for a healthy person aged between 18 and 60, a dietician gives a 5-10% weight loss goal with a target of losing 0.5-1kg per week, and suggests a maximum of three changes per session to be made to the person's lifestyle and current eating plan.

"I use a personalised approach. I don't give out standard diet sheets. Each person is different and therefore

has different needs. Two people can have the same eating plan, but one is fat and the other thin," continues Mr Caruana. "In follow-up appointments I review whether the client has adopted the suggestions I had made, and if not, why, and I consider the effect of the new eating plan on the client's weight and measurements. Together we see what is working and what is not, and we make changes accordingly. Of course, sensible dieting and moderate exercising go together as exercising speeds up a person's metabolism, and both dieting and exercising are fundamental for weight loss."

On the other hand, exercising incessantly or extreme rigidity in following a diet and exercise regime could be indicative of an eating disorder.

"When eating disorders are mentioned, anorexia, bulimia and emaciated teenage girls immediately spring to mind, but anorexia and bulimia are not the only eating disorders in existence. They are merely the extreme end of the spectrum," says Dr Dorothy Scicluna, clinical psychologist and psychotherapist specialised in eating disorders. "And teenage girls are not the only ones who can be affected. Males and females of all ages, whether underweight, overweight or of average weight, can have an eating disorder too. When someone is constantly thinking about food, from the moment he or she wakes up, till he or she goes to sleep at night—that is a form of eating disorder."

Other signs of eating disorders could be constant

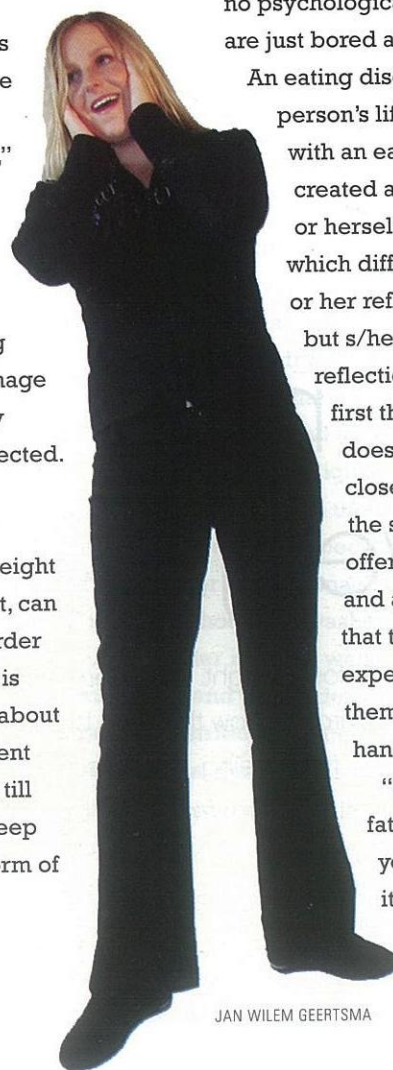
severe criticism of one's own body, fear of eating certain foods or extreme overeating of others. "When something like eating and exercising stops being natural, there is something wrong," continues Dr Scicluna.

A psychologist assesses clients' behaviour and the way they think, in order to come to the root of the issue. "I have met people who are so shy and insecure that they subconsciously pile on the pounds so as to divert the attention they would receive if they were slim," explains Dr Scicluna.

Other people could be underweight or overweight because they are depressed, or because they are not given support or encouragement by their spouse or family members. Others could simply have bad eating habits and are finding it hard to change them. Sometimes, overweight people with too much time on their hands, like teenagers on summer holidays, have no psychological problem at all. They are just bored and a tad lazy.

An eating disorder interrupts a person's life. Very often someone with an eating disorder has created an image of himself or herself in his or her head, which differs greatly from his or her reflection in the mirror but s/he cannot see the true reflection any more. The first thing a psychologist does is to try and come close to understanding the sufferer's reality while offering understanding and also acknowledging that the conflict they are experiencing within themselves is difficult to handle.

"Food itself is not fattening. It's the quantity you eat of it that makes it qualify as fattening!" clarified Dr Scicluna. Now, that's a sensible outlook. □



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