

Dr Dawn's Guide to Weight and Diabetes

Dr Dawn Harper is a GP based in Gloucestershire, working at an NHS surgery in Stroud. She has been working as a media doctor for nearly ten years. Dawn is best known as one of the presenters on Channel 4's award-winning programme *Embarrassing Bodies*, which has run for seven series and in 2014 celebrated its hundredth episode. Spin-offs have included *Embarrassing Fat Bodies* and *Embarrassing Teen Bodies*.

Dawn is one of the doctors on ITV1's *This Morning* and is the resident GP on the health show on LBC radio. She writes for a variety of publications, including *Healthspan* and *Healthy Food Guide*. Her first book, *Dr Dawn's Health Check*, was published by Mitchell Beazley. *Dr Dawn's Guide to Weight and Diabetes* is one of five Dr Dawn Guides published by Sheldon Press in 2015. Dawn qualified at London University in 1987. When not working, she is a keen horsewoman and an enthusiastic supporter of children's charities. Her website is at <www.dr dawn.com>. Follow her on Twitter @drdawnharper.

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DR DAWN HARPER

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First published in Great Britain in 2015

Sheldon Press
36 Causton Street
London SW1P 4ST
www.sheldonpress.co.uk

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British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

ISBN 978-1-84709-356-1
eBook ISBN 978-1-84709-357-8

Typeset by Fakenham Prepress Solutions, Fakenham, Norfolk NR21 8NN

eBook by Fakenham Prepress Solutions, Fakenham, Norfolk NR21 8NN

*Dedicated to my Mum and Dad
for their unwavering support*

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Introduction

When I was 12 years old, I was admitted to hospital with appendicitis. In those days, after the operation you stayed in hospital for a few days and, as I recuperated, I found I was fascinated with what the doctors and nurses were doing. By the time I was discharged, my decision was made – I wanted to be a doctor. Three years later, when careers advice was being handed out, I steadfastly refused to discuss anything else. I knew what I wanted to do and, like any self-respecting 15 year old, I knew much better than the adults around me! Finally, my headmistress called a meeting with my parents. She was concerned I was making a mistake. She told them I was a linguist, not a scientist, and that if, jointly, they could persuade me to rethink, I would have a very bright career ahead of me. Thank goodness they failed! I am lucky to love my job, all aspects of it, although I do have to concede that my teachers may have had a point as my working week today involves more time talking and writing about medical issues than it does actually practising them. In fact, when I wrote my first book in 2007, I dedicated it to my German teacher who I still see every year.

So what happened, and how did I get to where I am today? Well, fast forward a few years and I qualified in medicine at Charing Cross and Westminster Medical School. I still remember the day that I called home and simply said ‘It’s Dr Harper speaking’. I felt on top of the world. To this day every time I drive into London (which is very often!), I look right at the Charing Cross hospital in Fulham with fond memories. After I qualified I spent a number of years working in various medical specialties and took post-graduate exams to become a member of the Royal College of Physicians. I then spent some time working in Australia. They have a wonderful

medical system, but it is not *free for all* as it is here in the UK, and, for the first time, I started to appreciate the real cost of treatment and just how wonderful our NHS is. I often say that the NHS is ‘like your Mum’ – she may not be perfect, but she has your best interests at heart and, one thing is for sure, you will miss her when she is gone. I hope that day never comes, but I do believe we all have a responsibility to look after her.

I have a responsibility as an individual, as a mother and as a doctor and broadcaster, to make sure that my family, my patients, my viewers and my readers are in the best position possible to understand any medical problems they have, and know what they can do to help themselves, which is one of the reasons I wanted to write this series of books – I hope you find them helpful.

For the last few years, I have been working as a doctor in the media alongside my clinical practice. I started by answering medical queries on a consumer health website, which led to me being asked to write for various magazines and, ultimately, appear on television and radio. In 2013, we celebrated our one hundredth episode of *Embarrassing Bodies*. There have been several more episodes since, and I hope there will be more to come. I am now one of the regular doctors on ITV’s *This Morning* and do a weekly Health Hour phone-in on LBC radio. My media work has shown me time and time again that people often leave the consulting room with unanswered questions. Maybe you forgot to ask, or maybe there simply wasn’t enough time, and I guess that is the other reason for the Dr Dawn Guides. My aim for these books is to address all those unanswered questions.

This particular book is, perhaps, the most important. I have already alluded to the fact that there could come a time when we don’t have an NHS as we know it, and actually that may not be down to politicians. It may be down to us, the public. We are already the fattest nation in Europe and,

in the obesity stakes, are rapidly catching up with America. We have an obesity epidemic here in the UK and, if we don't reverse the trend, obesity alone could bankrupt our NHS. We live in an obesogenic society. Food is readily available and most of us are more sedentary in our day to day lives than our parents or grandparents were. It is just too easy to put on weight and, if everyone around us is overweight, it is also too easy to be lulled into a false sense of security that it is normal and nothing to worry about. I wish I could say obesity wasn't anything to worry about, but it is. In this book I will try to explain the health risks of carrying excess weight but also to help you make small changes that, literally, will make you look better, feel better and live longer.

Believe me, I know it's not easy. Every one of you picking up this book will have tried to lose weight in the past with varying degrees of success, but you are interested in this book because you have yo-yo'd back. You are not on your own – thousands of people before you have lost weight only to rebound back and, usually, with a few extra pounds to show for it. I am going to help you understand why you don't seem to be able to manage your weight long term, and will take you, step by step, through how you can take back the control you need to live a happier, healthier and even a longer life. In this book, I will show you how a few simple changes to your life could keep you feeling well and looking good for longer. Actually, no, for life! Eating well, exercising regularly and keeping stress under control will make you healthier, fitter and more confident. But don't panic, there is nothing in this book that will require superhuman will-power. In fact, the exact opposite is true. Most of us can stick to a restrictive diet for a week or two or cut out alcohol for short periods but very few can or even want to keep that up for months let alone for life. If lifestyle changes are to have any effect on health and longevity, they have to be achievable and sustainable, so I am not about to suggest that half

the population train for a marathon. My aim in this book is simply to point you in the right direction to help you make very small changes to your lifestyle that you can stick to and that really give you the results you want. I know you can lose weight and keep it off for good, you just haven't been shown how to yet!

Before I start I'd like to take a quick look at how things have changed in recent decades. Heart disease is the biggest killer in the UK today. In fact, more than 600 people will die of the condition today, but why is heart disease now so prevalent a killer, when little over 150 years ago, along with cancer and dementia, it was extremely rare? Modern day Britain is obsessed with cleanliness and hygiene and thousands of column inches have been written about superbugs and flu pandemics but a comparison of Victorian and modern day life makes what we now think of as an infection- and disease-filled era, positively sparkle with good health. In Victorian Britain, 3 out of every 20 babies died before their first birthday and the average adult only lived into their forties. Infections such as cholera and typhoid sent many to an early grave, but women also died in childbirth, and many lives were lost in industrial accidents and domestic fires. Women used to cook on open fires and often their crinoline dresses caught fire while cooking. The Victorians did die young of heart failure not from clogged up arteries and morbid obesity, but due to infection from rheumatic fever – something that we rarely ever see in Britain today.

Few would disagree that we have come a long way in improving hygiene and infection control and, while some may find Health and Safety regulations restrictive, it is fair to say that a death in the workplace, or while cooking supper, is now so vanishingly rare that it would make headline news. Diabetes, heart disease and obesity seem to be the curse of modern day Britain. Cynics would argue that Victorians simply didn't live long enough to develop these

conditions and, of course, that is partly true but I believe there is more to it than that. A quick look at the lifestyles and diets of Victorian Britain compared to today is revealing. In Victorian days you didn't drive your kids to school. There were no washing machines, vacuum cleaners or supermarket deliveries on the internet. The average adult used around 4000 calories a day simply doing the chores – they didn't need a gym membership or a personal trainer. Compare that to the average British adult today who uses little over half those calories daily, and the cause of the twenty-first century obesity epidemic starts to become obvious. If that's not frightening enough, compare your childhood to that of your children or grandchildren. I encourage my kids to get out and about as much as possible but, even so, they spend significantly more time in front of some form of screen than I ever did as a child. For the first time in over a century we are looking at a situation where our children may not outlive us – and it won't be cholera or typhoid that is to blame.

The Victorian diet was also very different. Victorians were more likely to be underweight than overweight. The reverse is true today, but many will be surprised to learn that despite being fat many of us are actually malnourished. We are getting enough (or in many cases too much) food but not enough nutrients. In Victorian times, there were no fast-food burger joints or pre-packaged foods. They had a low intake of salt, alcohol and tobacco. The 'five portions of fruit and veg a day' message hadn't been thought of but it didn't need to either – the average Victorian diet equalled more than ten portions a day. The diet was rich in whole grains, prebiotic fibre and omega-3 oils, which are so lacking today. In fact, our dietary intake of selenium, prebiotic fibre and sterols could be, on average, half what it was just 150 years ago. So what can we learn from the Victorians? Don't panic, I'm not about to suggest that we wash everything by hand and throw away all domestic appliances, but we do need to increase our

exercise levels. With a little fine tuning we could significantly reduce the risks of those diseases that were virtually unheard of 150 years ago.

There is no doubt that we are all getting bigger. Our modern day lifestyles and easy access to plentiful food make it much harder for many of us to maintain a healthy body weight but, hopefully, I will help you make subtle changes to your life that will have a huge impact on your health and well-being.

1

Am I overweight?

Body mass index

There are a number of different ways of assessing weight. Perhaps the most common is the body mass index or BMI. Effectively, this is a measure of your weight in relation to your height. We would, after all, expect a tall person to weigh more than a short person. All doctors have BMI charts that tell them the healthy range of weight any individual should be for a given height. To calculate your BMI you simply need to know your weight in kilograms, and your height in metres (see Box). A healthy BMI is between 18.5 and 25 kilograms/m².

How to calculate your BMI

Your BMI is your weight, measured in kilograms, divided by the square of your height, measured in metres.

$$\text{BMI} = \text{weight} \div \text{height}^2$$

You calculate the number for the square of your height by multiplying your height (in metres, remember) by itself.

$$\text{BMI} = \text{weight} \div (\text{height} \times \text{height})$$

I weigh 52 kg and I am 1.63 m tall. So, for me, the calculation looks like:

$$\text{BMI} = 52 \div (1.63 \times 1.63) = 52 \div 2.66 = 19.57$$

My BMI is 19.57 kg/m², which means that I am currently a healthy weight.

2 Am I overweight?

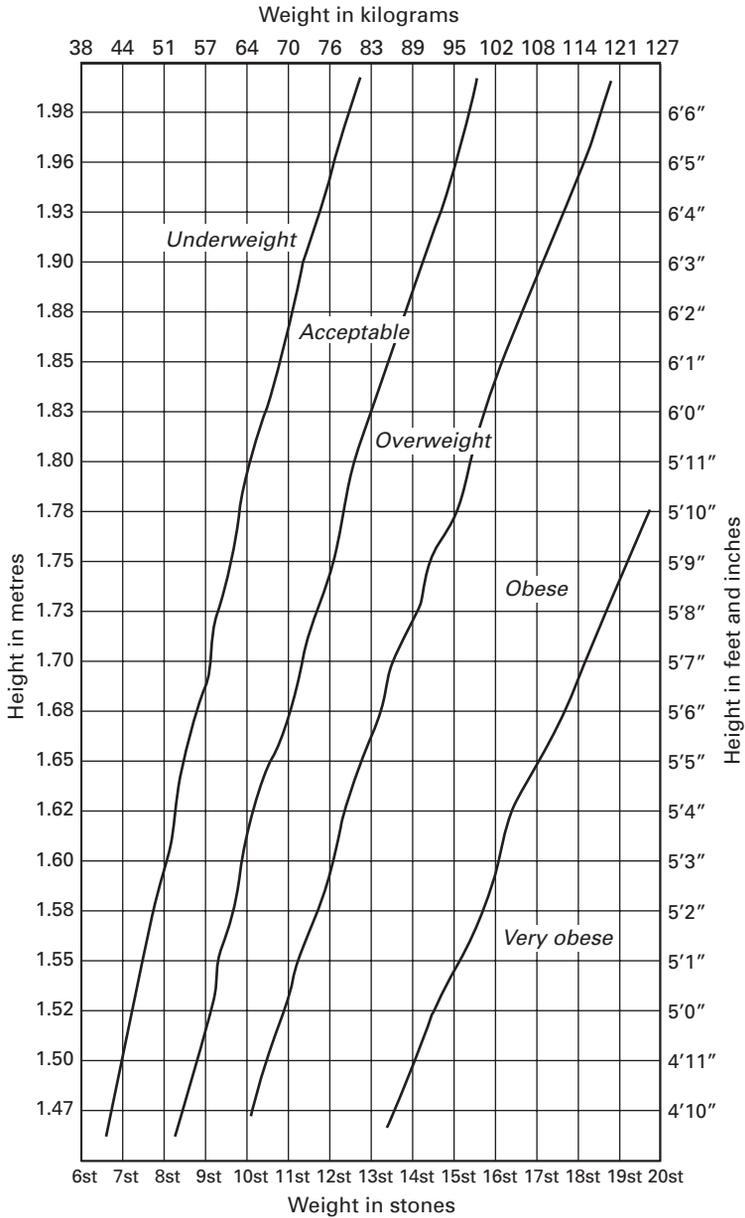


Figure 1 Body mass index (BMI) chart

Source: Taken from Dr Robert Povey, Dr Claire Hallas and Dr Rachel Povey, *Living with a Heart Bypass*, London, Sheldon Press, 2006, p. 82.

This calculation has nothing to do with fashion and dress size. It is a method of measuring a sensible, healthy weight for your height. I can afford to put on a few pounds before I would be classed as clinically overweight, but we all know how easy it is to put on a couple of kilos on a holiday or over the Christmas period. If we allow the extra weight to stay around, rather than getting ourselves back in check straight away, then it is easy for our BMIs to creep up. If I were to gain 14 kilos my BMI would be about to tip into the unhealthy range at 25, and if I allowed myself to put on another 13 kilos I would be classed as clinically obese. Take a look at the chart in Figure 1 to work out your BMI, or go to www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx to calculate it online.

But BMI has its failings. We know that muscle is more dense than fat, which is why, if you combine a weight loss programme with diet and exercise, you may notice your clothes feeling looser before the scales are registering much in the way of weight loss. Very fit, muscly athletes may have a BMI in the overweight, or sometimes even the clinically obese, range: fit rugby players, for example. Well-built, supremely fit, rugby players, because of the density of their muscle mass, may appear on paper to be of an unhealthy weight. They are, of course, at a very low risk of all the health complications associated with being overweight. BMI is a useful calculation for most of us, but there are other ways of assessing weight and there is an increasing move towards using waist circumference and hip to waist ratio rather than BMI alone.

Waist circumference

Being overweight increases our risk of becoming type 2 diabetic, developing high blood pressure and heart disease, to name but a few of the health risks – more of that later. But

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