

Third Annual Conference Announcement

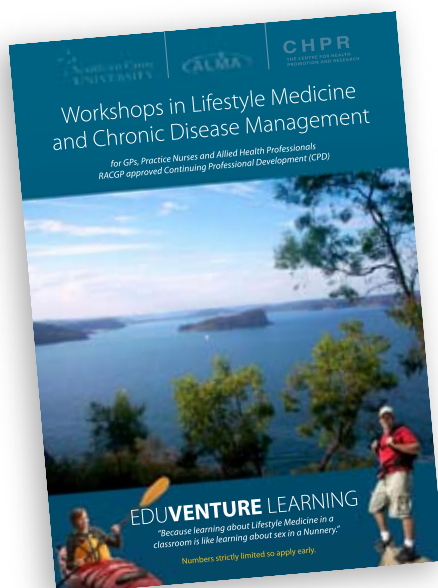
After weighing the pros and cons of holding our next annual conference on Norfolk Island – because of the Personal Carbon Trading (PCT) and Lifestyle trial being carried out [there](#) – a decision has been made to run the third annual conference at Freshwater Beach in Sydney (next to Manly) from 4-6th November.

Despite the disappointment of the Norfolk Islanders, Norfolk will be left to a smaller, niche sub-conference early in 2012. The venue for the Sydney conference is the Harbord Diggers Club, with accommodation for those from out of Sydney, at a range of venues in Manly. The theme of the conference: 'Health, Lifestyle Medicine

and Sustainability' is expected to draw the links between health and the environment. Keynote speaker and former Australian of the Year, Dick Smith, is expected to lead an all star cast including some sceptics, guaranteeing a good healthy intellectual stoush. Early bird registrations will be sent out in the next couple of weeks.



The 3rd Annual ALMA Conference will be held at The Harbord Diggers Club at beautiful Freshwater Beach (pictured) just north of Manly Beach. Far right: a Northern Beaches icon: the statue of Duke Kahanamoku adjacent to club.



ALMA and Southern Cross University 'Eduventures'

In line with the philosophy that learning lifestyle medicine in a classroom is a bit like learning sex in a monastery, ALMA has teamed up with Southern Cross University and the Centre for Health Promotion & Research to provide more CPD based 'Eduventure' workshops 'on the run' (or cycle or paddle) for 2011. First cab off the rank is a weekend at Broken Bay National Fitness Camp on 6-8th May involving abseiling, bush-walking tennis and doing nothing, to the workshop theme of 'Lifestyle Medicine, Systems Theory and Weight Loss'. 1-11th July is a more up-market kayaking around the Stockholm archipelago in Sweden, with an 'Obesity Management' theme and in conjunction with world obesity expert and cordon bleu chef, Professor Stephen Rossner from the Karolinska, as well as a top Australian kayaking guide and lecturers. For information on either venture ring Robi Russell on 0409 318 100 or e-mail robilifestylemedicine@gmail.com

Onward and upward for ALMA



After a bit of a hiccup following the 2010 Annual conference in Manly, ALMA is now back on track, as signalled by this quarterly e-zine newsletter. Unlike other associations, there are few drug companies willing to sponsor the association and health products rarely have the money to do so. We are delighted to announce however, the support of **Sanitarium**, who have kindly offered to sponsor and support the November 2011 workshop. We are also aware though of the financial pressure on members from other associations and hence we have tried to keep the membership fees to a minimum.

As now is the time to sign up again for the year ahead, we urge you to renew or begin your membership with the association by signing up at www.alma-inc.com.au

Benefits include:

- newsletters, blogs, updates in Lifestyle Medicine from the best sources
- access to the ALMA website and free patient tests on this
- access to like-minded health professionals working in prevention and Lifestyle Medicine
- annual conference rights (reduced conference fees)

Getting too much exercise

Is it possible to get too much, as well as too little exercise? A little study carried out recently in the US, looking at calcification of arteries in professional marathon runners seems to suggest that this could be so. Calcification is like 'scabbing' in the arteries, which is fine while stable, but as soon as it becomes unstable can burst and cause clotting and sudden death.

It's only in the last decade or so that we have realized that such calcification comes from inflammation in the arteries which, in turn, comes from the body's immune reaction to something with which the body has not evolved. Processed foods, pollution, smoking, lack of adequate sleep are all stimulants to inflammation. As might be expected, exercise is not, because humans have always had to do a certain amount.



But too little activity is inflammatory and, it now seems, so is too much. Measures of inflammation in the blood rise after a marathon event and stay high for 4-5 days. If another, and another follow this in close sequence, inflammation stays high with the possibility of calcification developing, leading to an increased risk of heart events. Too much exercise might become then as bad as too little, particularly in people prone to this type of calcification.

For Reference: Schwartz J, et al "Does long-term endurance running enhance or inhibit coronary artery plaque formation? A prospective multidetector CTA study of men completing marathons for least 25 consecutive years" American college of Cardiology Annual Conference, 2010; Abstract 1271-330. ACC.

ALMA Committee

Your ALMA Committee for 2010-11 is made up of the following professionals:

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| - Dr Andrew Binns
(GP – Lismore), President | - Professor John Stevens
(Nursing – Lismore) |
| - Professor Garry Egger
(Epidemiology – Sydney), Secretary | - Dr Caroline Warne
(GP – Sydney) |
| - David Dennis
(Lismore), Treasurer | - Dr Joanna McMillan-Price
(Nutrition/Exercise – Sydney) |
| - Dr David Colquhoun
(Cardiologist – Brisbane) | - Lolita Hunter
(Aboriginal Health – Cairns) |



Looking to Norfolk Island for a lead...



... and possible ALMA conference

A team of ALMA members from Southern Cross, South Australia and Deakin universities has been awarded a \$0.5 million grant to test a scheme of Personal Carbon Trading (PCT) on Norfolk Island. PCT was originally proposed in the UK as a means of reducing carbon emissions leading to climate change. The scheme involves giving every individual an electronic card with carbon units on it, which they would redeem when buying fuel, power, or even ultimately food. If credits aren't claimed (ie. by someone who acts frugally in their use of fuel or power), they can claim money back at the end of a set period. If credits are over-used, more need to be purchased at an increasing rate as these are reduced each year to a sustainable level.

The scheme was tabled in the UK Parliament in 2008, but left to researchers, because politicians were not sure how acceptable this would be to the public. They also claimed it could not be tested, but had to operate – all or nothing – in a whole country.



Meanwhile, the Self Governing body on Norfolk Island, 1700 km off the coast of NSW were approached to see if they would test the scheme. They took this up with gusto,



resulting in an application to the Australian Research Council (ARC) for funding, which has now been granted. Professors Garry Egger, Boyd Swinburn and Robyn McDermott, the lead researchers on the project, are now looking to test the idea and its effects, not just on carbon emissions, but on the health of the islanders, particularly in relation to obesity and chronic diseases like type 2 diabetes. The project is due to start in 2011.

As part of the scheme, investigations are being made about running a NICHE-ALMA national conference on the island later in 2012.

This would help kick the project along as well as provide a unique venue for such a conference. An arrangement with Norfolk Air would make the costing 'do-able' – so watch this space and count a few pennies!



HIGHLIGHTS: ANZOS (Australian and New Zealand Obesity Society) Annual Meeting, Sydney 2010

- Professor Sir Peter Gluckman, New Zealand's chief scientist claimed that China has revised its estimate of the number of type 2 diabetics from 50 million to 100 million – with a stroke of the insulin pen.
- A task force on obesity surgery in children has deemed this should not be considered until a child is 15 years of age and has had at least 6 months of failed other attempts at weight reduction. Genetically obese patients are also excluded.
- For the first time, a scientific study, carried out at the University of Queensland, has shown that an intermittent diet (i.e two weeks of low energy intake followed by two weeks normal diet) actually has greater long term benefits in terms of weight loss than a continual food restriction.
- Similarly, Melbourne University student Dr Katrina Purcell showed that a rapid weight loss (ie 1 – 1.5kg in the early stages) works better than a gradual weight loss (0.5kg) for long term weight maintenance. This goes against most previous wisdom that it is better to do it slowly. The effect appears to be generated by an increased motivation following rapid losses.



- According to Professor Joe Poyetto from Melbourne's Austin Hospital a quick weight loss is aided by the development of ketone bodies, which indicate a high metabolism of fat. If hunger then becomes a problem in the first few days (as it probably will), this can be satisfied by eating protein sources (eg. lean meat, fish) without any carbohydrate.
- Psychologist Emma Dove, in discussing psychological theories and weight loss claims the most important psychological approach in all forms of behaviour change is 'self-monitoring'. This can be done with food and exercise diaries and behaviour check lists that go with food or exercise. The awareness that comes with this process could account for up to 80% of any positive lifestyle changes that follow.

Reversing Fatty Liver

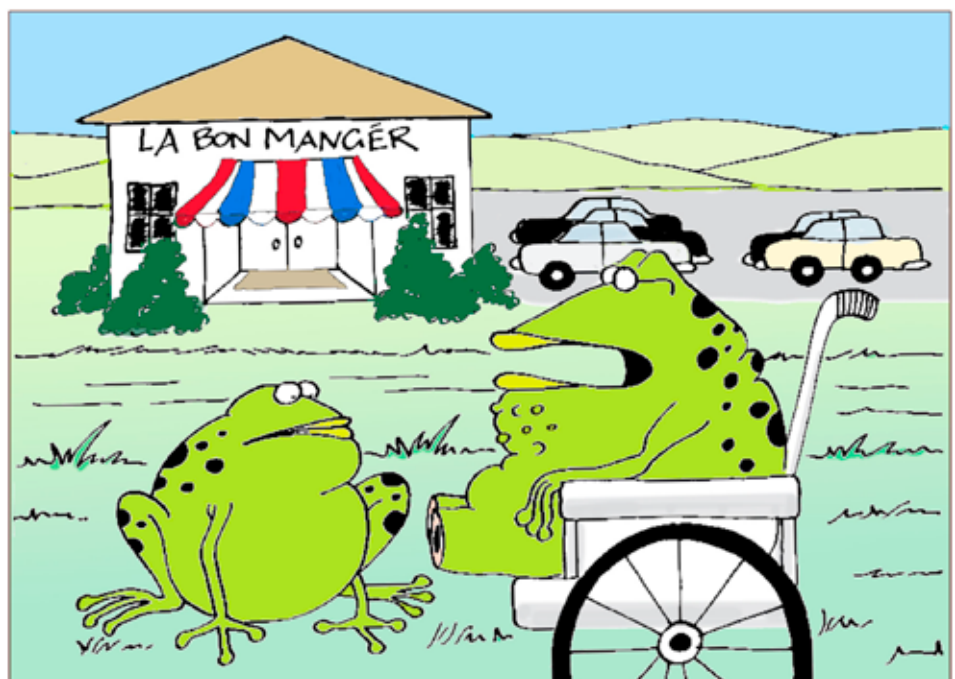
Non Alcoholic Fatty Liver Disease (NAFLD) is a growing problem in about 30% of the normal weight population and 80% of the obese. Unlike alcoholic-related cirrhosis of the liver, this doesn't usually result in liver failure but leads to other problems such as insulin resistance, diabetes, heart disease etc.

In the past, NAFLD was thought to be caused by weight gain and obesity. However an interesting Australian study suggests the cause might lie in something broader than just weight gain per se. Researchers at the Storr Institute for Liver Research at Westmead Hospital in Sydney found that changing lifestyles by counselling, and in particular increasing exercise levels in individuals with defined fatty livers, helps to decrease the problem – even without weight loss.

This suggests that the cause of fatty liver, which appears to often be a pre-

cursor to other metabolic problems, may be more the type of lifestyle, which may or may not cause obesity, than the obesity itself.

For reference: St George A et al. Independent Effects of Physical Activity in Patients with Nonalcoholic Fatty Liver Disease. *Hepatology*, 2009;50:68-76.



"... AND I USED TO BE LEAN AND TRIM BEFORE THAT."

Waist not, want not.

How good are waist measurements as an indication of disease risk?

Obesity experts have acknowledged an upper and lower set of cut-offs for risk in waist circumference for over a decade. This has been based on solid epidemiological data as well as, in some cases, post-mortem analyses. In Caucasian males an upper limit of 102cm and a lower limit of 94cm has been identified. In females the comparative figures are 94cm and 88cm.

Use of the upper cut-offs is sufficient – for those most at risk. But there are other goal values for weight loss that might result in even greater compliance, if used in a hierarchical fashion. A starting point for the very big could be a weight loss of 5-10%. It's now well established that this can lead to a reduction in risk of up to 35% – and is much more achievable for those who need weight loss most.

Canadian researchers have also shown that waist circumference goals can be used in conjunction with current BMI scores. They have provided achievable goal waist sizes

as shown in Table 1. Once the patient has been able to achieve the initial goal of 5-10%, these secondary goals can be targeted. A third goal might then be the upper waist limits discussed above.

Lifestyle medicine is, and should always be an evidence-based science. But there's also significant art involved in motivating a patient to comply. It's often necessary to bend the science a little bit to do this.

Table 1: Recommended waist circumference by starting BMI*

Waist Circumference	B M I			
	Normal (18.5 – 24.9)	Overweight (25 – 29.9)	Obese I (30 – 34.9)	Obese II/III (>35)
Men	< 90cm	< 100cm	< 110cm	< 125cm
Women	< 80cm	< 90cm	< 105cm	< 115cm

*Reference: Arden et al. *Obesity Research* 2004;12(7):1094-103

A hierarchy of recommended weight loss goals

1. Lose 5-10% of body weight (for a 30-35% reduction in risk)
2. Reduce waist size based on starting BMI (as seen in Table 1 above)
3. Reduce to upper level risk cut-offs (~100cm for Caucasian men and ~90cm for women)*
4. Reduce to lower level cut-offs (94cm for Caucasian men and ~88cm for women)*

*Subtract ~10cm for Asians and Indians and add ~10cm for Pacific Islanders



Weight loss ornithology made easy: How to spot a 'quack'



The weight control area is full of scams, all designed to lighten your wallet more than yourself. All, or some of the following should be taken as an indication that a weight loss product or program is a 'rip-off'.

- use of the terms 'magic', 'wonder' or 'miracle'.
- use of a 'new', 'secret' or 'unique' ingredient.
- ingredients from inaccessible places (e.g. ocean floor, Tibetan mountains)
- promise of dramatic weight loss in a short period.
- promises of 'no effort', 'no exercise', 'no dieting'
- use of white coated 'doctor' in promotions.
- use of unconditional money back if a certain weight loss is not achieved.
- use of testimonials from 'cured' patients using only their initials.
- complicated (and usually unsupported) technical explanations of how the product works.