

A smiling man with a mustache, wearing a blue and white checkered button-down shirt, is the central figure of the cover. The background is a soft-focus outdoor scene with a building and a clear sky.

EUROBESITY

magazine

Sleep your way
to better health

Losing The Weight of Stigma

Patient Perspectives on #LivingWithObesity

WELCOME



In the relatively short time since its launch at the European Congress Obesity (ECO) in Glasgow April 2019, EASO-ECPO has achieved so much. Last year we held face to face training with 40 representatives across Europe and extended the reach of our People First Campaign to 17 countries.

As with many organisations, from March 2020 we had to reshape our strategic plan to meet new challenges in light of Covid-19. The pandemic which has radically changed the way we all work and highlighted the medical vulnerability of the millions of people living with Obesity.

Despite this ECPO keep on delivering. We were able to take a full and active part in the latest ECO/ICO event held virtually hosted by ASOI and ICPO colleagues, with in excess of 3,000 registrants. Adapting to this new way of working was not easy, but we took steps to ensure that delegates felt the input of people with the lived experience of obesity with our strong European representatives who shared the virtual stage with the clinical and professional community.

This new publication of the ECPO & UrHealth4Life magazine will high some of the excellent work our members are engaged with around the latest ECPO campaign and bring you some insights from our colleagues from the clinical community also. We are delighted to mark the launch of our new People First campaign emphasising the patient perspective and show our future direction of travel.

I feel so blessed to be Chair of the Board of Directors and part of such a world beating team. Once again, our teams have raised the bar and our direction of travel for the coming year is assured.

Ken Clare,
Chairman of the ECPO Board of Directors

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Alone we can do so little, together we can do so much



Vicki Mooney
Executive Director, ECPO

On behalf of the ECPO Campaign team, I am delighted to share with you why we have stepped up our 'People First' Campaign.

Well firstly, what is People first language and why does it matter? Wikipedia tells us...

People-first language (PFL), also called person-first language (PFL), is a type of linguistic prescription which puts a person before a diagnosis, describing what a person "has" rather than asserting what a person "is".

It is intended to avoid marginalization or dehumanization (either consciously or sub-consciously) when discussing people with a chronic illness or disability. It can be seen as a type of disability etiquette but person-first language can also be more generally applied to any group that would otherwise be defined or mentally categorized by a condition or trait (for example, race, age, or appearance). Person-first language avoids using labels or adjectives to define someone, utilising terms such as "a person with diabetes", instead of "a diabetic". The intention is that a person is seen foremost as a person and only secondly as a person with some trait.

Which is why we at ECPO advocate for people who live with obesity to be addressed as 'A person with Obesity' not an 'Obese person' or 'Obese Subject'. Person first language has been adopted for most other chronic illnesses and diseases, and studies show that using stigmatising language can affect how likely a person is to seek medical intervention or treatment. Stigmatising a person can likely affect their mental health, their self-esteem, and unfortunately their eating behaviours as people seek out comfort when they have been shamed due to how they are perceived visually.

Respectful dignified language is something every person should receive, more importantly, people living with obesity deserve access to quality treatment and care. We are not defined by our obesity, we have a chronic re-

lapsing disease and support is what we need, not judgement, nor bullying.

This year our world has become more virtual than we have ever known as more people are using the internet for work meetings, social contact and an outlet for their opinions on the Covid-19 pandemic. Cyber bullying and stigmatising terminology have become almost acceptable to many as memes of people who have obesity are shared across Facebook, Instagram and other social networking platforms. We are here to drive this awareness campaign to say Stigma is not acceptable. This is damaging and needs to end. We all have someone in our life who is affected by obesity, let us support them and take action on behalf of them and those of us who have obesity, against obesity stigma.

On that note, on Wednesday 21st October, ECPO will launch an awareness campaign day from the perspective of #LivingWithObesity. We will share what it is like living with obesity, so our peers understand that they are not alone with a short video created by our dedicated European campaign team. We will support our national organisations with their local campaigns and share educational infographics in various European languages via our social media to educate society on Obesity as a chronic relapsing disease.

We are proud to host a live webinar at 14.00BST/15.00CET which I will moderate which includes 12 speakers from across Europe. You can find the agenda and how to register for our webinar on our website

<https://eurobesity.org/peoplefirst/living-with-obesity/> to join us for 2 hours of personal experiences, education and a step up on the call to action on obesity stigma.

I look forward to ngaging with you online using the #LivingWithObesity, as Helen Keller said, 'Alone we can do so little, together we can do so much'.

Vicki Mooney
Executive Director, ECPO

A role model for youth



Konstantin Voynikov

My name is Konstantin Voynikov, from Sofia, Bulgaria. I am 24 years old and I am currently a student studying law in my last year.

So, I've been living with Obesity ever since I can remember, there wasn't a realisation for me, that I had Obesity, it was always there, and as for getting help for it, honestly, no one really gave me an opportunity to get help for it.

Everyone was like, you need to lose weight, you need to be more active, you need to do this, you need to do that, or you need to just stop eating. But help nor advice was never something serious, it was not explained to me so I could understand, or like a programme that I could follow, so honestly it was me looking for help for myself.

I was probably in my teenage years, when I started to understand more about obesity, that I needed to do something about my weight, before it was too late.

When I developed and I was becoming more mature, I started to go to the gym with

my uncle, who is really very active. He has been going to the gym for the last 30 years, so he was my first step to help. I started working out with him, he would tell me, "don't do this", or "don't eat that", However, yet again it was never like a full programme or a full explanation of what I needed to do, and what obesity was.

Probably the first real time I helped myself, was when I started researching bariatric surgery, when I got the addition of support with a nutritionist, when I got a personal gym trainer, when that all came together, that was the first real time when I got help and understood, and it was the first time it worked.

STIGMA AND JUDGEMENT

I have been living with stigma my whole life.

When you go out to eat, you just do not feel comfortable eating out in public, because you see all the people watching and judging you, because you are JUST eating. Am I supposed to just starve myself→? It was not an everyday thing but happened too often. In school, kids would be kids, commenting on your weight and what you are eating.

It is not good when you get used to it, but you DO get used to it, and I guess it hurts just a little bit less when you are used to it. However, I don't know what you can do to change other people's opinions. People do not know your story, they don't see that you have lost 200lbs, but only that you since gained a 100lbs, they don't care about that. With obesity, people don't see the full story.

With stigma, we must be vocal about it, show people that it is hurtful, and they should know the full story before they judge you. If people don't want to educate themselves, I can't give them my time to educate them, they need to realise these are real people being stigmatised and being judged. People find being offensive is funny, but they need to realise, these are real people, people with feelings. They need to think about consequences. How would they feel!

WHAT HELPED YOU MOST?

I think the most important support tool is within you. It's the motivation you have, you must feel the need to keep going. Without that, you just won't keep going.

You can have all the support in the world, but if the motivation isn't within you, it won't work. I could barely do the three floors up to my apartment, and my workout was so hard, it was so challenging, but there was no chance of me ever quitting.

My motivation was extremely high, all the time you see HOPE, you keep going. When me and my family look back at old photos, they can hardly remember me being like that, the way I was, they are so used to how I am now. Everyone around me are so supportive, it makes them so happy to see what I have achieved.

My mother introduced me and provided me with the opportunity for Bariatric surgery, I also have a friend who is a nutritionist, they are all so supportive, These people are all part of my support network, which is so important in my life now.

Ever since my bariatric surgery, and after losing all my weight, all my hobbies changed significantly, so right now I'm honestly just enjoying life, college, going to the gym and I am really enjoying spending my time with my friends.

ADVICE

My advice now for young people, and even for parents of children, that maybe are in the position I was in a few years ago, would be read, read, read, and educate yourself as much as possible about Obesity. Search YouTube for education, read about what helps, for instance, nutrition, food, support.

BE INVESTED.

Find someone that understands you, a parent or a doctor for example, someone that cares. Just talking helps. Finding someone to talk to is so important.

WHAT CAUSES OBESITY?

ONE FACTOR IS GENETICS



UP TO 80% OF OUR BMI IS DETERMINED BY GENES

Our weight is governed by certain genes, and if you carry a high number of these genes you are **15 times more likely** to live with obesity than someone without these genes. Studies of identical twins raised apart show that even when they live in different environments, they will have similar BMI.

OUR WEIGHT CAN BE DETERMINED BEFORE WE ARE BORN

Babies born to mothers living with obesity are at a higher risk to develop obesity. Weight changes in mothers and fathers contribute to the genetic aspect of weight; weight is also affected by the **interaction between genes and environment**.



OUR REACTION TO DIETS ALSO HAS A GENETIC COMPONENT

How bodies respond to raised or lowered calorie intake **varies from person to person**. Even our responses to television adverts for foods can be influenced by our genetics.

OBESITY IS A DISEASE

Obesity is a chronic, relapsing disease. It can negatively impact physical and mental health, as well as overall quality of life. Obesity has many causes and is about a lot more than exercise or food.



WE NEED TO DO MORE

Not only is it important to raise awareness of obesity as a chronic disease, but we must also remove the stigma around living with obesity. People living with obesity deserve the same **compassion and dignity** offered to anyone who faces a chronic illness.

ECPO PEOPLE
FIRST CAMPAIGN
DAY,
WEDNESDAY
OCTOBER 21st



#LIVINGWITHOBESITY

@ECPOBESITY



**JOIN THE
CONVERSATION**

#LIVINGWITHOBESITY.

INTERVIEW

MY STORY

BERGLIND ELVA TRYGGVADÓTTIR



Tell me a little about your life, who you are and how/when you realised you had obesity? *Also include you had surgery if you are comfortable to share that?

My name is Berglind Elva Tryggvadóttir and I am from Iceland. I am an educated primary school teacher and career counselor.

I am 45-year-old mother, grandmother, girlfriend, and dog owner.

I grew up in a small town and did quite well in school and had lots of friends. However, when I was young, I never felt good enough about anything.

I went on my first diet when I was twelve years old.

My mother had always been small and thin, and she was worried that I was gaining weight, but I was rather big physically and much bigger than my mother was at the same age.

In 1988, when I was 13, I lost my grandfather, which was a big shock to me, then two years later my grandmother also died.

In the January of 1992 my sister's dad died, and in 1995 my other grandfather died.

This did have a deep effect on me and at the time, I found it hard coping with my emotions.

I started eating more, especially when I felt bad, to comfort myself.

My consolation was in food.

In 1992, I was raped by my nephew.

Following this, the problems with food got worse.

I did not tell anybody this secret for twenty years because I was ashamed.

This had a huge affect on me. I had unhealthy relationships with men, and had a very low self-esteem.

I went on many diets, repeatedly through the years, and have probably tried everything in that field.

In the year 2006 my father had a bad accident and was paralyzed from neck down and could not breath on his own. It was a very emotional and difficult time, but even though I stayed strong, i had to stay strong for everybody else.

I started eating bad food to comfort me again.

I had nothing to complain about, I mean my father was paralyzed and my family was broken.

I got heavier, lost all my confidence, and

made bad choices in relationships with men, and all the while, my self confidence went down the drain.

In December 2009, I finally got professional help and tried to do everything right. Although I did not do as well as I would have liked, the food portions were still too large.

So, in 2012, I had gastric bypass surgery . It was a great help for me, and at the same time I went to a psychologist.

I kept on training physically too.

Later in life, I had more trauma, my son got addicted to drugs, and I personally went through a divorce.

In that journey I discovered that I had the disease of Obesity, and that I had to live with it throughout my life.

I comforted myself with food, and when new trauma came into my life and affected me, I began to abuse food.

In the last year I have been diagnosed with anxiety, depression and ADHD, but with good professional help, I have come to a better understanding with myself, and have such a better knowledge as to why things had become so hard.

I have a better understanding on what helps me the most.

It was an eye opener, to discover my anxiety was a big factor since I was a child, I just did not know it, I just found a way to survive until I broke.

As a person who lives with Obesity, how has the internal stigma affected your life or created challenges to your daily life? *By internalised stigma I mean – Negative self talk/how you may have spoke to yourself in your mind because of your obesity/weight, and how it has held you back or been a challenge before/after your surgery.

I have been very diligent in talking myself down when I eat unhealthily, or if I do not exercise enough.

I am scared every day not to ruin the operation I underwent.

I am ashamed to have gained weight again after surgery, although I am far from being as heavy as I was when I was at my heaviest.

I try every day to be gentle to myself and not tear myself down and use all the tools I have received with the professional help of a



psychologist, but this is constant work.

Some days and weeks are good but other days and weeks not so well. I am my worst judge and critic.

As someone who lives with obesity, how does it feel when you see the stigmatising and trolling comments and memes on social media, which portray people living with Obesity as lazy, gluttons etc. *I have attached some social media memes and comments from the last few months for you to reflect and on.

I often get hurt and angry, especially when so called “experts” say Obesity is not complicated.

Because so few of these people have experienced firsthand what it is like to live with Obesity. It is usually the case that these people have no idea what they are talking about.

They have not sought information and knowledge about this disease. In addition, they often lack compassion, and respect for people living with Obesity.

Do you think there is an important link between mental health and Obesity? And do you believe this is something people should be more aware of?

There is no question, in my mind, that mental health and Obesity are related.

It certainly is in my case, and in the case of everyone I know who lives with Obesity.

In my opinion, it is very important when working with people with Obesity that the healthcare staff need to look at the whole picture.

The cause of obesity needs to be clearly identified. If this is done, individuals are more likely to be able to live with the disease and have a better life.

It is so important, that individuals living with the disease of Obesity, have good access to professionals who know what they are doing, and have an understanding.

What are the support tools that you have in place to manage your obesity and ensure your mental health is in a good place?

Meditation, outdoor life, communication, mindfulness, and my hobbies are the things that work for me. I give time for myself, to be

gentle with myself, and show myself love, and kindness.

Meditation does not have to take long. There are many types of apps, to download, that can help you.

Walking outside with my dogs, or a short bike ride, yoga and stretches.

My present consciousness is painting on canvas, and my hobbies are all kinds of han-

dicrafts, knitting, crocheting, painting, and drawing.

I enjoy talking to, or interacting with my family and friends, that have a positive effect on a person.

We only live life once, enjoy it!



STORY

Stigma exists when we are punished for being different



Christina Fleetwood
ECPO Board member

When I was a child I would be yelled at and sent to my room if I did something that was supposedly wrong. Sadly, in society, we who are 'a bigger size' are treated the same way. We are sent out, excluded, mocked, judged and not included in society. We are shamed and humiliated due to how we look, and unfortunately, we take it on ourselves and think that shame is part of us.

'This is what is called 'internalized stigma'.

What can we do when we are challenged with internalised stigma?

We need to take the shame out of ourselves, look at what the stigma is, face it and talk about it. Make it clear and visible, something real that you can put your hands on. Then you can say 'Oh - that's what it is!' and decide not to accept it any more in your life!

Instead of accepting shame, be angry! You

have the right to be upset, because stigma is prominent in society. You may meet it on the street, at school, at your job, and even in your own family. And yes - it hurts! Stigma can hold you back from being who you really are, from receiving treatment and a management plan, from living your best life. However, do not use your anger to hurt others like they have hurt you. If you dare to face the stigma, you can make it disappear from being a part of you. Like letting go of a balloon, poof! Then it is easier to respect yourself and claim the same from society.

If you need support to do this, take the support from peers, your weight management team and psychologist, or whoever understands stigma and is a good person for you!

Remember also, you are not alone! Across Europe more than 100 million people are living with Obesity. Although our stories are different, our experiences are similar and internalised weight stigma is very real.

We can listen to each other, support each other in our anger and hurt, and then go on from there! Stronger and with dignity and respect!

Be kind to yourself, Obesity is a chronic relapsing disease, let us all have

#SupportNotStigma.



THE STIGMA OF LIVING WITH OBESITY



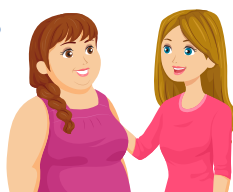
HOW COMMON IS WEIGHT BIAS?

Studies conducted by the Rudd Centre for Food Policy and Obesity found that 54% of adults with obesity face stigma in the workplace, while 64% of adults with obesity reported experiencing weight bias from healthcare professionals



WHAT IS THE EFFECT OF STIGMA?

Stigma impacts health policies, limiting access to evidence-based obesity management and support. For people with obesity, weight stigma can also have negative effects on friends and family, in schools and in employment.



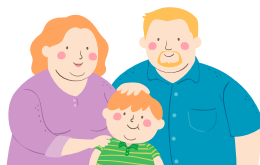
INTERNALISED WEIGHT BIAS

As a person with obesity, no matter where you go or who you meet, stereotypes and misconceptions are always there, sometimes openly, sometimes in the background. You begin to believe that the negative beliefs associated with the disease of obesity are true.



WHAT HAPPENS TO PEOPLE WHEN THEY EXPERIENCE STIGMA?

Stigma and internalised weight bias can lead to a variety of emotional, behavioural, social and physiological effects. Eating disorders, suicidal thoughts and acts and anxiety can be triggered by these experiences.



WHAT ACTION CAN BE TAKEN?

Join our People First Campaign Day on Wednesday 21st October 2020. We are highlighting the importance of people first language (ie. "person with obesity" rather than "obese person"). We are aiming to be seen as not defined by our illness, but rather living with it. Use our hashtag #LivingWithObesity to join the discussion!

#SUPPORTNOTSTIGMA

ECPO PEOPLE
FIRST CAMPAIGN
DAY, WEDNESDAY
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#LIVINGWITHOBESITY

STORY

The short story of a man who's living with obesity



Hi, my name is Michael, and I have been living with obesity since my youth.

When I was 10 years old, I was admitted to a hospital to lose weight.

It was a closed section with many other children. I had to stay there for 3 months, it is a time I don't like to think back to.

As a boy it is often easier to be accepted with a little (more) overweight. But you always have the feeling that you have to prove yourself, and do more than others, always getting those looks from people who want to say "Can you do that ?!"

After I spent time serving in the army (12

years), my weight rose to 160 kg.

With this weight I began to work as a site manager in road construction. Here I was just seen as the fat construction manager by so many.

Many did not even know my name. I didn't even realise why this was the case, but in retrospect, I do think that was also a devaluation of me as a person, a human being.

In May 2009 I managed a large construction site on the highway. The construction site in length, was 10 km total.

The temperatures were often over 30 ° C.

As part of my job, I would have to walk

through the construction site. After 3 hours I would be back at my car, thinking I was going to die. Red faced, racing, pounding heart, muscle cramps and no more strength left on me.

This for me, was the moment I realised that I had to do something.

I visited my GP for help, but my GP just said I should eat less and exercise more, that it was my own fault for the weight.

After some time, and to my relief, I found a doctor who supported me, and gave me confidence. We worked together, and I was treated for 18 months. Including nutritional therapy and more exercise.

For me, my success was that I stopped gaining weight. My weight didn't decrease either, but it gave me hope. Then in January 2011, as part of my treatment, I had an operation and a gastric bypass. I lost more than 60 kg in a year. I felt like a hero. Everyone congratulated me. I was the hottest boy in town. I feel this was the honeymoon time.

After almost 10 years, I have had stomach ulcers, which have been removed several times. Once even a hole in the stomach, which was closed by the liver.

In this time, I've gained almost 25 kg again, and I feel really shit, I feel I have gone backwards. Again and again I feel the looks. "He's getting thicker and thicker", "He didn't make it" And again the comments are made, "You sometimes have to eat less", "Sometimes you do more sport". At times such statements have come from others who have had bariatric surgery. Even here, one often finds self-stigmatisation, from people I always thought may know how I feel, who know how it is.

Of course I don't show my feelings. Like before, in old times. But honestly! The stigmatisation from people who live with obesity hurts more than that of "normal" people, people who don't suffer from this stigmatisation, because if anyone knows what it's like to be stigmatised or discriminated against, it's us. We who have been living with the disease of Obesity for years.

Finally something that is very close to my heart.

Obesity shouldn't just be about getting slim. The goal should always be to get, or stay healthy. It doesn't matter whether I'm 5 or 10 kg above my desired weight. Look at what you have achieved, and be proud of it, and be proud of yourself, and when the weight increases again, be strong, seek help. It's not a shame. It is Obesity

Addressing Obesity Stigma

Interactive Webinar

Wednesday October 21st

Broadcast at 2pm BST

Register at www.eurobesity.org

Hosted by Vicki Mooney



Professor Jason Halford



Elaine Crowley



Professor Francesco Rubino



Audrey Roberts



Kenneth Clare



Jacqueline Bowman



Andrew Healing



Dr Ximena Ramos-Salas



Dr Trygvi Helgason



Mario Silva



Dr Michael Crotty



Sólveig Sigurðardóttir

#LivingWithObesity

EASO

ECPO

European Coalition
for People living
with Obesity

#SupportNotStigma



SLEEP AND OBESITY

ERLA GEÐUR SVEINSDÓTTIR

BEING MY OWN THERAPIST

Hana Vrabcová

SLEEP AND SLEEP HYGIENE

Jason Halford

FASHION AND HAPPY LIVING

FANNEY DÓRA

I'M NOT ON A DIET

FANNEY DÓRA

EDITORIAL



Sólveig Sigurðardóttir
President, ECPO

Hello everyone

Urhealth4life began two years ago and we are delighted now to merge with the new ECPO magazine and bring you our next edition.

Our magazine includes experiences from people who try to live their best life every day despite the barriers facing them.

We are a patient led Magazine. Amazing people who are passionate to help others and working collaboratively across Europe.

This issue has input from various European countries, Iceland, Ireland, Italy, Slovakia to name a few. Our focus article for this issue is on "Sleep Hygiene" and we hope you find it insightful.

Discussing sleep is close to my heart as it has helped me throu-

gh the years since I learned that sleep is an important foundation of good health. I am so thankful for my health and still being able to do the things I love every day. Our health and quality of life is so important.

I would like to use this opportunity to give my special thanks to the team of Urhealth4life.

Susie Birney from Ireland
Agata Lantner from Poland
Bjargey Ingólfssdóttir From Iceland

Teamwork makes the dream work, together everyone achieves more.

**"I can do things you cannot,
you can do things I cannot,
together we can do great
things"**

-Mother Teresa.



Bjargey Ingólfssdóttir
Iceland



Agata Lantner
Poland



Susie Birney
Ireland

SLEEP AND SLEEP HYGIENE: SUPPORT FOR HEALTH AND WELLBEING

Sleep hygiene in practical terms means taking steps and developing habits to improve your ability to sustain regular uninterrupted sleep to promote your mental and physical health and wellbeing.

Supporting physical and mental health are crucial issues for PLWO, but unfortunately living with obesity itself can also pose significant barriers to high quality, restorative sleep.

Sleep challenges experienced by people living with obesity can include medical issues such as sleep apnoea and sleep disordered breathing, chronic pain and discomfort, as well as psychological issues including anxiety. Medication can also impact sleep in significant ways.

Lack of sleep and fatigue have a real impact not only on physical function but also on coping with daily life. In such situations, and particularly during periods of significant disruption and stress, it can be difficult not to turn to food to soothe, or alcohol to lift mood and to sedate.

Interestingly, there are neurotransmitters in the brain associated with both sleep and eating behaviours, such as orexin, and it is possible that disruptions in sleep might lead to disruptions to eating behaviour and vice versa at a neuronal level.

Stressful work and working irregular hours may further complicate matters, and we know the detrimental impact of shift working on health. Exposure to blue light, whether in the work environment or at home via bright light exposure or on digital devices can, reduce the production of melatonin and compromise sleep. Shift work often necessitates nourishment via quick and easy foods, as often options are limited. So again, there is an impact on eating behaviour, and these

situations shape our food choices outside our work environment.

There are plenty of guides to sleep hygiene on the web and these can be helpful, but PLWO need specific recourses which recognised their lived experience. EASO/ECPO have developed some guidance on mental health regarding our current COVID situation which may be useful.

The Sleep Foundation

<https://www.sleepfoundation.org> states 'Strong sleep hygiene means having both a bedroom environment and daily routines that promote consistent, uninterrupted sleep. Keeping a stable sleep schedule, making your bedroom comfortable and free of disruptions, following a relaxing pre-bed routine, and building healthy habits during the day can all contribute to ideal sleep hygiene.'

Here we can see an emphasis on exercise, which does have mental and physical health benefits, but also must be adapted to individual needs of PLWO and can be very challenging during the ongoing COVID-19 pandemic. Taking regular walks, if possible, not only provides physical exercise but is mentally stimulating and soothing, and may help, particularly as a routine break from stressful home working.

Another important aspect to consider is not just establishing a routine and physical set up of a relaxing bedroom environment but building in opportunities for relaxation. Rest and relaxation can be a buffer between the high mental functioning associated with work, looking after the family etc., and going to bed. Whether one chooses meditation,

simple yoga stretching or listening to calming music or ambient sounds, or engaging in a non-digital hobby (no iPads, phones, etc.), it is important to try different things and develop a routine that you find works best for you. What is important is making time for yourself and engaging in self-care.

Plan ahead for nights you cannot sleep, and try not to let it cause you distress. It is unrealistic to expect good sleep every night even with a sleep hygiene routine. Don't treat this as failure. Have things you can do that will relax you in the waking state and it is OK have some healthy snacks that you really like. Like sleep hygiene, it is all about planning, and relaxing, and most important, self-care.



Jason Halford



**Erla Gerður
Sveinsdóttir**

Good night's sleep is a key component to maintain good health, both physical and mental. Good sleep is also important to prevent many diseases. In the past, sleep was often regarded as a "passive" process, just a time to rest but sleep is much more than that, it is an "active" and important biological activity. Evidence demonstrating that individuals getting too little sleep on regular basis have a higher risk of weight gain and obesity than those who get sufficient quality sleep is rapidly accumulating. Prevalence of disrupted sleep is high in people with living with obesity.

The relationship between sleep and obesity is mediated by multiple factors. Sleep is an important modulator of hormone and metabolic processes. Short sleep, poor sleep quality and sleep disorders has been shown to result in metabolic and endocrine alterations, including decreased glucose and insulin tolerance and alteration of appetite regulating hormone. Through effects on these metabolic pathways sleep loss is linked to development of various chronic diseases, like hypertension, diabetes, depression and obesity.

Having a "night of poor sleep" has limited harm to our health and happens to most people every now then. Loss of quality sleep will start to affect health and cause diseases if it becomes more regular or if disruption of sleep is caused by sleep disorders.

Sleep loss can be a result of our habitual behaviour, can be caused by untreated sleep disorder or by other chronic diseases and conditions, what I will identify as "internal factor." Internal factors may be associated with disturbance of sleep in many ways and medications needed as a part of therapy of other diseases, is an example of factors that can negatively affect sleep quality. With successful treatment of the underlying cause some sleep problems may eventually resolve. In order to find out what can be disturbing our sleep it is critical to look at lifestyle habits, overall health, current diseases and medications.

WHAT COMES FIRST, THE CHICKEN OR THE EGG?

Sleep disrupts the body's metabolic pathways and homeostasis in many ways and so does obesity. Sleep loss, stress and other factors that cause imbalance in function of the body and mind can promote weight gain. Again, obesity increases the risk of sleep disorders. The main goal in obesity treatment is to stop and reverse weight gain by establishing optimal balance in all the systems affecting body and mind to be able stay healthy and enjoy life. Therefore, a good night sleep is one of the most powerful tools we have, both to prevent weight gain and in treatment of obesity.

Circadian rhythm and the master clock

The different systems of the body follow 24-hour circadian rhythms that are synchronized by the master clock in the brain with the aims to regulate the body's delicate and dynamic equilibrium. The circadian system plays an important role in various aspects of physical and mental health. Light has strong effect on the circadian system that modulates energy metabolism and enhances certain energetic activities during night and day. Lifestyle also has an impact on the circadian system. Internal as well as external changes and challenges are compensated for in order to maintain or re-establish the body's homeostasis.

Having a master clock that coordinates different systems in harmony is an important part in obesity treatment. Imagine a symphony orchestra where all the musicians play different songs on their instruments. The outcome will be a loud noise nobody will enjoy. On the other hand, if all the musicians are playing in harmony by instructions from the conductor the result will be a wonderful piece of art. We can imagine a similar "noise" in our body when our master clock gets conflicting information, every system now works without harmony and our health and well-being is negatively affected. Living a healthy lifestyle with regular nutritious meals, regular exercise and balanced mind is hard enough in itself but this "inner noise" makes it is much more difficult and leads to stress and promotes weight gain.

Regularity is the key word when helping to optimize the function of the master clock, including regular sleep and meal timing. Supporting your body by regular sleep schedule by waking up and going to sleep at the same time every day, even on the weekends is important. Here as in most lifestyle changes it is not a good idea to force your body into changes, treat yourself with respect and compassion and implement changes gradually. If your current bedtime isn't in where it needs to be, slowly adapting it is more likely to be successful and sustainable. Start by going to

bed 15 min earlier, sustain this habit for few days and then again move your bedtime 15 min earlier until you have reached your goal. In addition to keep a regular sleep schedule, follow a similar pattern of activities at bedtime helps prepare your mind for sleep. Establish a regular relaxing bedtime routine. Remember your master clock is always reading your behaviour and trying to adjust. Unfortunately, a good routine does not include any screen watching since the blue light in the TV and computer screens tells the brain that it is still daylight and not a good idea to release melatonin the hormone that helps us sleep.

Some people can do almost whatever they want like watch TV until they fall asleep or have a cup of coffee after dinner and still get fall asleep easily. Well lucky for them, but the most of us need to watch out for good sleep hygiene to make good sleep as a priority.

Metabolic and immune systems

Poor sleep affects our endocrine system by decreasing glucose tolerance and insulin sensitivity, increasing the risk for diabetes 2, obesity and cardiovascular diseases. Additionally, the adipose tissue is a metabolically active organ itself and has a strong voice in the metabolic outcomes. People living with obesity are therefore more prone for metabolic imbalance that works both ways. Regular meals and stable blood sugar levels plus resting the digestive system at night can help metabolic stability. Poor sleep also affects the immune system, increasing inflammation that then can negatively affect our health in different ways. Studies show that both lack of sleep (less than six hours) and too much sleep (over nine hours) a night have negative effect on both the metabolic and immune system, so again it is the regularity that matters.

Appetite

Sleep affects the appetite regulating hormones. Lack of sleep increases levels of ghrelin, the hormones that promotes hunger and at the same time levels of leptin, the hormone contributing to satiety perception, decreases. Sleep deprivation causes a stress response with increased activity in the autonomic nervous systems and increases cortisol levels. Trust me, in this situation, tired, hungry and stressed, our brain is not asking for broccoli.

Stress

Persistent exposure to stressors causes overactivity in the sympathetic part of the autonomic nervous system inducing stress response, "fight and flight" increasing secretion of the stress hormone cortisol and negatively affecting sleep quality. This stress response also affects the appetite control hormones leptin and ghrelin, increasing hunger and craving for food high in sugar and saturated fats.

Our system reads stress response as a ma-

for disturbance in the homeostasis and acts upon it. Sleep is not in the brains dictionary under that circumstances. **Stress can act as bidirectional pattern since it** can be a cause and consequence of obesity. Stressors that promote obesity can be a part of our daily life and often difficult to point out. All life events that cause trauma, current or trauma earlier in life, domestic problems, stigma, negative thoughts and the endless struggle of losing weight all induce a stress response, keep the stress response active and make it more difficult to lose weight. Efforts to work on positive self-image, relationships and make peace with the past is definitely worth while both for better sleep and treating obesity.

SLEEP DISORDERS

The most frequent sleep disorders are insomnia and obstructive sleep apnea (OSA). Insomnia and OSA are highly prevalent in the general population and even more prevalent in people living with obesity. Therefore, it is important to diagnose and treat existing sleep disorders to optimise obesity therapy. Insomnia and OSA often co-exists, and then it is important to successfully treat both diseases.

Insomnia is the most common sleep complaint. It occurs when we have trouble falling asleep, staying asleep and/or waking up too early even though there is sufficient opportunity to get a full night of sleep. Insomnia involves both a sleep disturbance and daytime symptoms. Causes, symptoms and severity of insomnia vary from person to person. If the situation is chronic it needs to be treated.

Obstructive sleep apnea is a serious sleep disorder that causes us to stop breathing during sleep. The muscles of the upper airway relax when we fall asleep, narrowing and even fully closing the airway (apnea), which reduces the amount of air that can reach the lungs. When sleeping in supine position, gravity can cause the tongue to fall back causing loud snoring or choking noises can be heard.

During apnoea's the brain and body become oxygen deprived, causing arousal and awakening, fragmenting sleep and causing poor sleep quality. This may happen a few times a night, or in more severe cases, several hundred times a night. The lack of oxygen has negative long-term consequences for our health and this stressful situation adds to imbalance in the body and makes it more difficult to lose weight. The prevalence of OSA is high among people with obesity and unfortunately is often undiagnosed.

Restless legs syndrome is a neurological sleep disorder that make us have an overwhelming urge to move our legs. The symptoms are usually worse at night and can make it difficult to get comfortable enough to fall asleep. Restless legs syndrome is not harmful for our health itself but if it disturbs our sleep it is important to manage.

SO WHERE TO START?

Remember, it is not a threat to our health to have a poor sleep every now and then but if sleep is short or if sleep quality is poor for a long period of time, changes have to be made.

First, take a look at the external factors like routine in everyday life and see if you can improve our sleep hygiene. Make changes step by step until it is a normal routine. Secondly, go through the internal factors, make changes to get the best balance in all our physical systems and peace of mind. See your doctor if you suspect there are diseases or conditions that are not adequately diagnosed or treated, and ask if medications you are currently using may disturb your sleep. The third step is to have sleep diseases diagnosed and get treatment if they exist.

If you are wondering what should be the next step to improve your health, the answer is sleep. Respect your sleep and do what is in your power to improve it. Seek professional help if needed. Make sleep a priority in life and your body and soul will thank you forever.

.....
"Imagine a symphony orchestra where all the musicians play different songs on their instruments. The outcome will be a loud noise nobody will enjoy"



Photo by Gabriel Santos Fotografia from Pexels

GOOD SLEEP HYGIENE

1. Support your master clock. Keep a consistent sleep schedule. Get up and go to bed at the same time every day, even on weekends or during vacations.

2. Get enough sleep. Set a bedtime that is early enough for you to get at least 7 hours of sleep, but no more than 9 hours.

3. Establish a relaxing bedtime routine. Limit exposure to bright light in the evenings and avoid watching TV or watch computer screen before bedtime. Turn off electronic devices at least 30 minutes before bedtime. Keep indoor light dim before going to sleep.

4. Make your bedroom quiet and relaxing. Keep the room dark and at a comfortable, cool temperature. Sleep with comfortable mattress and pillows.

5. Use your bed only for sleep and sex.

6. Go to bed when you are sleepy. Get out of bed if you are awake for more than 30 min and go to bed again when you feel sleepy. Avoid naps in the afternoon, even the short ones in front of the TV since it can disturb the master clock.

7. Maintain a healthy diet and regular meals. Avoid large meal late in the evening and avoid night snack. If you are hungry in the evening, eat a light, healthy snack as far away from bedtime as possible. Reduce your fluid intake before bedtime.

8. Exercise regularly during the day. Activity during the day can support your master clock and help make it easier to fall asleep at night. Exercise also helps the metabolic balance. Going outdoors in the morning and get some sunlight is a very good idea.

9. Limit consumption of caffeine and avoid consuming caffeine in the late afternoon or evening.

10. Avoid consuming alcohol before bedtime. Use of tobacco also disturbs sleep and should not be used.

INTERNALIZED WEIGHT BIAS: IS IT AFFECTING YOU?



**Ximena
Ramos-Salas**

Weight bias refers to our personal negative attitudes and beliefs about obesity and about people living with obesity. Weight bias is learned through our environment where misconceptions and stereotypes about weight, body size, and obesity are deeply entrenched.

Consider children's entertainment programs and movies, where the evil, ugly, unintelligent characters are portrayed as having larger bodies and where the smart and beautiful, superheroes are portrayed as having smaller or thin bodies. When stereotypes about people living in larger bodies go uncontested in our society, they become normalized. We all start believing these stereotypes are true.

Now imagine, that you go through your life experiencing these stereotypes as enacted by family members, friends and peers, teachers, and health care providers. Imagine parents telling you that you are fat and that you need to lose weight, or nobody will want to marry you. Or that you need to lose weight, or you will never be able to find a job. Or that you need to lose weight, or you will die at a younger age than your parents. (Yes, these are comments that children, youth and adults living with obesity hear on a regular basis).

Studies demonstrate that children as young as three years old have weight bias. This means that children who have weight bias have learned that that having a larger body means that a person is less intelligent, lazy, unmotivated, ugly, and lacking willpower and self-control. What are the implications of these beliefs for the development and growth of a child that has obesity?

One implication is that people with obesity will develop internalized weight bias (or self-bias). This is basically when we start believing that these incorrect and biased misconceptions and stereotypes about obesity apply to ourselves. When a person believes that they are less intelligent, ugly, less motivated, and lacking willpower and self-control, it can impact their thought processes, emotions, and behaviours.

For example, many individuals with obesity have shared with me that they have tried to lose weight for most of their lives, but that they have failed to keep the weight off because they simply do not have the willpower. This line of thinking reflects how deeply internalized weight bias can affect a person. In this case, internalized weight bias does not allow the person to see that they are enacting a deeply ingrained belief that people with obesity do not have willpower and self-control.

Internalized weight bias can also lead to negative emotions and impact our intrinsic motivation and self-efficacy. So, feeling bad about ourselves will make us feel less motivated and like we are not able to sustain a specific behaviour, for example. In this sense, internalized weight bias is a barrier for behaviour change, and we must address it in order to more effectively be able to engage in obesity management interventions.

Recovering from internalized weight bias may require psychological interventions. For example, cognitive behaviour therapy (CBT) and acceptance and commitment treatment (ACT) have been recommended as a way to help a person critically and safely deconstruct their emotions and behaviours and to find the underlying beliefs and assumptions that drive them.

In the example described above, deconstructing the idea that people with obesity have less willpower, may help a person critically consider how it is not them failing their treatment programs but that the treatment plans have failed them.

Psychological interventions can also help a person to understand their emotions and how they impact their self-efficacy and behaviours in obesity management. Acceptance and Commitment Treatment (ACT), for example, can help individuals link their behaviours to their own intrinsic core values and can be beneficial as adjunct therapy in obesity management.

Reflecting on your own assumptions, beliefs, and attitudes towards obesity and towards yourself is a first step to recover from internalized weight bias. Talk to your health-care provider about addressing internalized weight bias.



My name is Ken Clare and I live in Liverpool, a large port city on the River Mersey in the North West of England. I left school as soon as I could and went to college to study to become a nurse. At 18 I went away to work and it was suggested that I work in mental health, as my large frame and height would be an asset.

My weight continued to increase I was promoted to a job that required less physical activity, but my food intake stayed the same or increased.

When I was training as a nurse I lived on food in the hospital restaurant – egg and chips sausage and chips – chips with everything. When I worked night duty it got worse, and having a drink in the afternoon to help me sleep. Weight piled on and my moods were up and down. I view my own health as a complex mix of mental, physical and social factors.

Approaching the age of 40 in the year 2000, I decided to do something about this myself. At this time my weight was approximately 200kg. I was referred to a specialist weight management clinic. It was here for the first time I felt listened to and helped. This was a major turning point for me.

I am a nurse for over 40 years. Now I do well with routines, I try to roughly head to bed at the same time each night. I have a pre-sleep routine (some call it sleep hygiene).

I know that getting the right amount of good quality sleep helps maintain my balance. My day starts on waking and ends on going to bed. I find looking for inner calm and peace essential.

I also wear a watch that measures the length and quality of my sleep using an app called Autosleep.

N: I live with a mental health condition called Bipolar Disorder – I know through experience poor sleep can cause relapses"

Ken Clare ECPO Chairman of the Board of Directors



Sleep Well - Top Tips

Sleeping is a behaviour...we can learn, plan and form habits to sleep



1. Sleep routine

- › Have a set bed and rise time.
- › Try not to nap.
- › Limit falling to sleep to 20 mins.
- › If not asleep within that time get out of bed and try a relaxing activity.
- › Return when feeling sleepy.
- › You can also rest until your rise time.

2. Sleep rituals

- › 1 hour before bed start your relaxing bed time routine.
- › Make your bedroom comfortable:
 - Dark and quiet
 - The right temperature (cool)
 - Routinely have fresh linen
 - Use a comfortable mattress

3. Things to try

- › Use a sleep diary.
- › Keep your room screen free.
- › Turn the clock away from you.
- › Spend some time being active.
- › Spend time outdoors in daylight.
- › Follow a regular meal pattern and try not to eat a large meal before bed.
- › Avoid caffeine 6 hrs before bed time.
- › Avoid nicotine 1 hr before bed time.
- › Reduce alcohol intake - it can help you get to sleep but can often wake you later.
- › Relaxation techniques.
- › Have a notebook beside your bed to write down any thoughts or worries.



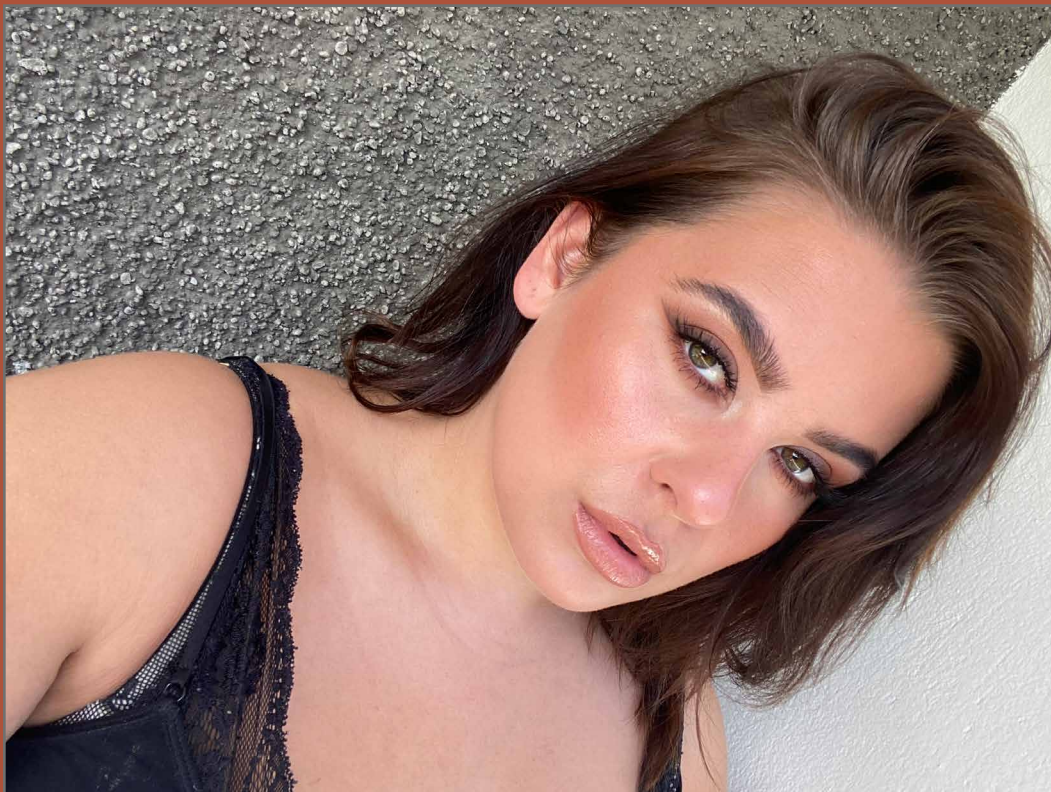
Sleep Diary

Please fill out this diary first thing in the morning.



Week 1	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Day:							
Number of naps yesterday							
My stress level yesterday was (No stress) 0 – 10 (Extreme)							
I got into bed at							
Tried to get to sleep at							
Fell asleep at							
Time I first woke up at							
Number of times I woke up							
I got up to start my day at							
My total sleep hours							
My sleep quality was (Really Bad) 0 – 10 (Excellent)							
My main problem was							

My sleep goal is to: _____



INTERVIEW BY BJARGEY INGÓLFSDÓTTIR

Talking with Fanney Dóra :

FASHION AND HAPPY LIVING

Fanney Dóra is a 25 year old expectant mother. She is studying at the University of Iceland to become a preschool teacher and at the same time working in a preschool. She is also a popular influencer and does professional work on social media and has done so for the last five years. She is a professional makeup artist and uses her social media platform for makeup tutorials and to show style and fashion. Fanney Dóra is a great role model for other women and girls because of her honesty and positivity that she shares with her fans on Instagram - fanneydora. We asked Fanney Dóra if we could ask her a few questions for the ECPO newsletter and she was happy to give us some insight into her thoughts about fashion, social media and her way of happy living.

Have you always been interested in make-up and fashion?

I have always been interested in fashion, the dream was always to be a designer or a fashion blogger. But due to the poor selection of clothes for plus size girls in Iceland, I never saw a way to do it. The interest in make-up came when I realized that everyone can do beautiful make-up, no matter what body size the person has!

What clothes do you like to wear the most?

Wow, that's been a long time since I thought about that. As a plus size woman, all too often you start finding clothes that fit and not clothes that you think are cool. But my style is mostly good basics with a nice statement piece like a jacket or jewelry.

In your photos you can see how much you enjoy dressing beautifully and you shine! Does the way you dress affect your well-being?

How I dress really affects me! When I allowed myself to be in the clothes I wanted and did not always wonder what people thought of me in the clothes. When I went to dress the way I wanted to, I enjoyed going out among other people and being exactly myself!

What does selfcare mean to you?

Selfcare makes me think about my physical and mental health. I choose healthy food and put thought into what I put into my body. Selfcare for me is also thinking about how I treat others and how I allow people to treat me. Having loving people in your life makes you happy and if someone in your life is not treating you well that person should not be in your life.

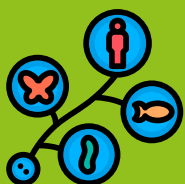
You have created opportunities and employment on social media, how did that come about?

At first I did not want to be the "plus size girl" on social media. I just wanted to show my makeup and fashion rather than my body mattering. But then I saw how much there was a need for a girl like me who was doing her thing and no matter what others thought. I remember that I longed to have a role model or just someone to look up to that was happy in their own skin. Then I realized that I could be that role model by being myself on social media, plus size me is a fabulous me!



.....
"Selfcare makes me think about my physical and mental health. I choose healthy food and put thought into what I put into my body"

DID YOU KNOW THAT OUR BODIES DEFEND AGAINST WEIGHT LOSS?



WE HAVE EVOLVED TO HOLD ONTO WEIGHT

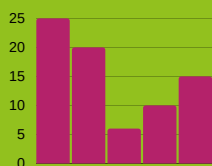
For the majority of human existence, we struggled to find food. This means that throughout human history, our bodies have favoured weight gain, not weight loss. Our bodies have created defences to make weight loss difficult.

SIGNIFICANT WEIGHT LOSS CHANGES OUR HORMONES

When we lose weight, our **hormones change**, causing more hunger and less meal satisfaction. Our body switches to an energy-saving mode, and can even change temperature to prevent further weight loss.



WEIGHT LOSS IS USUALLY REGAINED



80% of people who lose 5% of their body weight will regain it over five years. In most studies looking at the effect of diet and exercise, any weight loss achieved disappears after 4 to 7 years.

"THE NEW NORMAL"

Obesity expert Dr Arya Sharma, of Obesity Canada, says that when we gain weight, **our bodies will defend the higher body weight as "the new normal"**. We may even crave higher-calorie foods as part of this process. "I liken it to pulling on a rubber band. You lose the weight...you're pulling on this rubber band...the minute you let go, it's just going to snap back"



WILL REMOVING STIGMA HELP?

Obesity is a chronic disease that has many more causes than we think. Even though 80% of obesity has genetic origin, people with obesity will often feel personally responsible for their weight. How can you help? Visit our website for further information.



ECPO PEOPLE
FIRST CAMPAIGN
DAY, WEDNESDAY
OCTOBER 21st



#LIVINGWITHOBESITY



Do you think social media can have a positive effect on young people's self-image?

Yeah! We tend to focus too much on negative sides of social media. But the advantage of social media is that we can choose who we follow, positive role models, people we look up to. It is our responsibility to show people how they can find the positive side of social media and follow the ones who give us a lot and let go of the other!

You are a great role model for young women by openly discussing a positive body image, have you always loved yourself and your body?

God no .. not at all. I can not say at all, I can say for the last 3-5 years I have been really working on my mindset. Since I had enough of not being enough for myself, I began to work on my thoughts and mindset. I found ways to handle anxiety and start to feel gratitude for my body that carries me every day. There are days when I don't feel good about myself but I feel that it is easier to get out of negative thoughts after the work I have done with my mindset and I find it easier to think kindly of my body.

You have recently shared with your followers the good news that you are expecting a baby. How has your pregnancy been and how are you feeling these days?

It has been an amazing process and my health has finally gotten better! After morning sickness and fatigue, I'm finally feeling better and can not wait to see our little baby girl!

Thank you so much Fanny Dóra and we wish you all the best!

.....
**"I remember that
I longed to have a
role model or just
someone to look up
to that was happy in
their own skin."**





HANA VRABCOVÁ:

Being My Own Therapist

My name is Hana, I am a pharmacist and I have lived in Bratislava, “the beauty on the Danube” and the capital of the Slovak Republic, since beginning my studies. I was overweight since I was a child, thanks to the delicious cuisine of my grandmother, who cooked well, baked pastries and amazing apple strudels. What was on the plate had to be eaten and no distraction or slow eating was allowed. I later found it very difficult to get rid of these habits.

I used to have many different interests, I went to physical education, piano, singing, reciting.

But being overweight held me back and my classmates made me feel it too. Children can sometimes be cruel.

I wanted to look like the other girls, so in high school I bought a weekly weight loss course with the first money I made during the holidays. It meant less food, a lot of exertion and exercise, and I admit a lot of hunger too. I successfully lost a total of 8 kilos down.

Nevertheless, I still did not like my look, I wanted to dress nicely too. It was difficult to buy suitable clothes in the shops, so I learned to sew.

After graduation I started studying pharmaceutical at Comenius University in Bratislava. I had to get used to living in a dormitory outside my hometown of Brno and adjust to the demands of Slovak language and study. The separation from home, the need to take care of myself and my needs on my own, and being far from my grandmother's kitchen was in a way the most appropriate, albeit initially the most painful diet. And to my delight, my weight went down to the ideal 57 kg at a height of 165 cm, which I kept for more than 10 years.

When I got married, I have started cooking for the whole family. I cooked with the help of a cookbook, baked cakes and sweets, as I was used to from home. I love eating and my husband and children liked it too. After each pregnancy I gained 10 kilos. Gradually, despite the daily exercise of being around my family, children, compulsory study and working in a pharmacy, my weight slowly began to increase even more and more. In the daily grind I didn't even realize this fact. I ad-

mit that in the morning I usually just drank coffee, then I had little lunch and enjoyed dinner after a stressful day. I couldn't deny myself sweets and cakes.

When I hit 40+, it was perhaps my most critical period. After an artificially induced menopause, my weight shot up to three digits. While I was praised for being in the 100th percentile in my school tests, weighing 100kgs and more was not something I could be proud about.

I started having health problems. I wasn't feeling well. I was sweating. Walking up the stairs was a problem for me and something bulky in front - my belly fat - made it hard for me to bend forward. In the pharmacy where I worked, we had a Corazón device that measured weight, BMI and blood pressure, and patients liked to use it a lot. I was stunned when it read my BMI as 36 and my blood pressure above 150/90.

That's when I realized that I was obese and, according to the doctors' recommendations, I should start taking medicines to lower my blood pressure and cholesterol level. Like the patients in our pharmacy. Unless I did something about it.

I knew the threats I was facing well - heart and vascular disease, diabetes, musculoskeletal disorders. We now know that the blood pressure can gradually increase over the years without any noticeable warning signs. Gradually, the blood vessels, kidneys and retina may be damaged. Its "silent killer" reputation is well deserved.

I told myself that there must be a way to stand up to obesity and shed those kilos down.

I think changing my approach to diet and overall lifestyle to improve my broken health was the biggest challenge I and my motiva-

tion ever faced!

That's why I decided to start a healthy diet and professional lifestyle change in addition to working in a pharmacy. I can try all the new methodologies and recommended methods of obesity experts. At the same time, I can counsel our patients and also help other people.

Since I was little, I enjoyed reading and learning. So it feels very natural to pass on information from trainings and seminars on nutrition to my colleagues at the pharmacy. Our whole team became more interested in healthy eating and ways to prevent being overweight and obese.

I had to learn to eat regularly every 4 hours, think about the components of my food, of a healthy plate. For me that means half vegetables and fruits, ¼ protein and ¼ carbohydrates. I eat slowly and do not swallow before chewing each bite several times over. Through smart phone applications, I regularly calculate the energy and nutritional values of food. Keeping to a certain amount of protein in my diet helped me speed up my slow metabolism and reduce my appetite, especially for sweets. Because of the fiber content, I didn't forget about vegetables, but I only ate fruit in the morning. Occasionally I baked a cheese-cake from wheat flour and fruit from our garden, with a reduced amount of sugar.

I wrote down everything I ate, when, with whom, during what activity, in what amount, how I felt, whether I was hungry. All this exactly according to the recommended methodology. All this helped me with self-discipline and self-control. All to unlearn the unhealthy habits I acquired during childhood and later in my life.

The InBody device helped me a lot with my change. It uses bio impedance to find





out the important physiological body values: belly (visceral) fat and basal metabolism. This was needed to compile an all-day menu with the right energy value. The device even recommended suitable sports activities, but none of them suited me.

In the pharmacy, I was running around a lot dispensing medication to patients, so I was looking for a pleasant and useful way to exercise. Finally I chose Pilates exercises. I like its principles, which combine flexibility, natural elegance and dexterity. I liked it so much I wanted to be able to practice in a course with my clients. So I took a Pilates teaching course.

Gradually, step by step, my weight went down by 17 kg. I know that I will not achieve my youthful ideal, there will always be

something extra. Yet I am more agile and I feel good without extra meds. And that is the most important thing. My InBody bodyguard regularly checks if my muscle mass, fat and visceral fat percentage are okay. I'm happy to report my blood pressure is also normal.

It is important to realize that in addition to following a proper diet and proper exercise, a change in the psyché is also important for a lifestyle change. I call it the Miracle Trio.

Over time, I can say that bad habits and easy access to unhealthy food and lifestyle in the family and childhood are important factors that affect our future lives.

Finally, do you know we all have a small pharmacy in our body? According to experts, our muscles are a very active tissue that produces substances called myokines. They have

a positive effect not only on muscles, but also distant organs in the body, adipose tissue, liver, brain. With regular and effective movement, we activate our own muscle pharmacy. We produce medicine in us that is beneficial to us.

Our health is the most precious thing in our lives. It is better to prevent diseases than to treat them. Inappropriate lifestyle, low physical activity, significant impact of the obesogenic environment are one of the major causes of the rise of civilization diseases, especially obesity and diabetes.

Obesity has been a problem for me since childhood. In order to deal with it, I had to change my life and habits. My biggest motivation was to stay healthy - it worked.

Why Complementary medicine?

KATJA SCHLAPPI

The different practices that constitute complementary medicine are still sometimes considered ungrounded, although they are increasingly recognized.

Yet these practices are based on scientific theories from fields such as psychoanalysis, biology, anatomy, traditional Chinese medicine, homeopathy, anthroposophical medicine, etc.

Perceptio Cibus:

A non-profit association which supports people living with obesity in Switzerland. It's important not only to improve the current management of obesity, but also to improve, and to integrate the holistic aspect through complementary medicine, which is essential to achieve global well-being. We also include the patient's partner – expert, to empower the patient to take an active role in his/her own health.

Our vision:

In order to support the journey of each individual, as we see it, it is not the weight that influences one's well-being but one's well-being that influences one's weight.

Our baseline:

Our work is based on the recommendations of the G.R.O.S. (Reflection Group on

Obesity and Overweight in France: www.gros.org) and the integration of different

methods of complementary medicine.

We encourage:

1. Listening to one's internal regulatory systems expressed through hunger, satisfaction satiety, and emotional acceptance of cravings
2. Promoting food education by emphasizing the diversity of cultural eating habits
3. Reconciliation with one's body. Connecting to one's life force. Taking responsibility.

We think:

All diets, whether balanced or not:

- Lead to a weight gain, often greater than the weight lost.
- Exacerbates medical complications related to being overweight.
- Lead to low self-esteem which is reinforced by repeated and almost systematic failures after each attempt to lose weight.
- Creates or amplify eating disorders.

We rely on:

A BIO PSYCHO SENSORIAL approach proposed by the G.R.O.S. (Group of Reflection on Obesity and Overweight).

Several areas pertain specifically to overweight related problems:

BIO: research shows that there are biological mechanisms involved in weight regulation.

PSYCHO: difficulty with certain negative emotions can lead to an eating disorder. If this mechanism is repeated regularly, it may cause weight gain or an impossibility to lose weight. The guilt that the cognitive restricted eater may feel by consuming forbidden food, is also a negative emotion which can lead to overeating.

SENSORIEL: the mechanism of hunger regulation is expressed by the sensations of hunger, satisfaction and satiety. Respecting one's sensations allows one to maintain or

to reach its set point, or one's 'natural' weight, of which one of the determinants is genetics. It should be noted that this "set point" can increase, irreversibly by a adipose tissue hyperplasia, especially when induced through diet. No miracle cure, but

the abandonment of the traditional dietary concept in favour of an approach based on three axes.

Acknowledging hunger/satiety sensations, spotting and understanding cognitive restrictions, moving towards a diet based on listening to the physical sensations of hunger/satiety after having integrated these beliefs.

Working on emotions, connecting to bodily sensations, improving emotional management.

Connecting with one's body, self-acceptance, self-assertion and acceptance of one's set-point weight.

Our work also includes:

A network of doctors and therapists who specialize in the treatment of obesity, as well as a network of therapists using different methods of complementary medicine, thus providing comprehensive care taking into account the holistic aspect of one's mental, physical, emotional, family, social, cultural and spiritual dimensions.

Within our organization, we mainly offer workshops based on Carl Roger's method and Eugene Gendlin's Focusing method which teaches how to connect to the sensations of one's body, and to improve one's emotional management. On the other hand, we also offer classical massages for therapeutic purpose in order to connect with the body, but also to influence physical well-being. Physical activity is mandatory, it must be adapted to each person, and it is required one observes what is going on in the body. We also offer group therapy.



STORY

My Life Story

FRANCES O'DOHERTY

How it all began

Growing up my weight was never a concern. After each of my pregnancies I would have a few pounds to lose which I did each time. If I carried a little extra it didn't bother me or affect my life.

In May 2001 I had a ruptured brain aneurysm which damaged and destroyed the satiety centre in my brain. What resulted was an unappeasable appetite. No matter how much I ate or drank, I was never full. I lost my sense of taste and smell which never returned.

How my life was affected

I had the aneurysm clipped and early in the recovery phase I was completely unaware I was even eating. It is difficult for people to imagine how a person could not feel full. One stark example of this I can recall clearly.

I had made dinner for the family and had them all plated up and ready to be heated when they returned home. I went looking for my dinner and couldn't find it. I couldn't find any of the dinners or the plates. I then noticed all the dirty plates sitting in the dishwasher, I had eaten all five of them and did not remember. And I was still hungry after the five dinners.

Another very disturbing incident happened during the time when 9/11 was happening. I was watching the television horrified by the events unfolding. During this time in my recovery I was housebound, unable to drive and watching television was one of the few things I had for comfort. I had the television guide sitting on my lap and without noticing I had torn strips off of it and ate two full pages from it. I was incredibly upset at the time, not because I had eaten two pages from a magazine but because I had eaten the page which had the next days viewing listed and now I wouldn't know what to watch.

My first conscious memory in the recovery period is that I was hungry. I was waiting from meal-time to meal-time in hospital and I was ordering the biggest most substantial meals from the menu. The weight piled on and piled on. Just literally before this happened I had been on a trip to Canada and had bought some lovely new sweatshirts. By the time I was leaving the hospital two weeks later to go home, the sweatshirts didn't fit me at all.

What did I do?

I tried everything to stop the weight increase. I tried eating so much that I was convinced I would have to eventually feel stuffed like you would after a big Christmas dinner. It never happened. I was starving way before my next meal was even due. I tried fasting, I tried drinking a lot of water, nothing worked.

- I was on anti-depressants.
- My GP prescribed me Reductil, Xenical.
- My GP set me diet sheets.
- I tried the Atkins diet, also a blood group diet which genetics meant I was of the hunter gatherer group.

- I tried CBT, hypnotherapy.
- Reflexology, Acupuncture
- Unislim, weight loss classes.
- Periodic fasting which I only lasted five minutes
- I did mindfulness, cookery classes
- Went to group support meetings
- I attended a psychologist.

I doubled my weight within six months and then continued to gain until I reached 27 stone.

I begged people for ideas. If someone would have said stand on your head and twiddle



your thumbs three times. I would have stood on my head and twiddled my thumbs four times.

I then developed cardiac problems. Then gout which reduced my mobility hugely. My health was deteriorating quickly. I couldn't address these matters as at this time my teenage son had developed Stage 4 Hodgkins Lymphoma and was quite seriously ill and was receiving treatment. I was struggling coping with the hospital visits with the long corridors and struggling to walk. I was breathless and holding the wall at times.

How did I feel at this point?

I was incredibly hard on myself. I blamed myself for my bad health, the rapid weight gain. I felt I would have been able to look after my son, and myself if I wasn't spending every moment I could stuffing my face trying to feel full.

I was that ashamed of what I had become, I was hiding food. Not even chocolate, often fruit. I didn't want my family to see the quantity of food I was eating. My family were afraid to say anything about what they could see happening in front of them.

I felt the only cure for me was to lock me into a room and restrict my food. If I won the lotto I swore I would put myself into solitary confinement and be fed through a hatch and stay there for 3 or 6 months. I blamed myself.

Before I started really piling on the weight, I would look at overweight people and think, how did they let themselves go like that?

It's not a nice place to be, that within a short amount of time I was on the receiving end of the very judgements I had made of others. The whole situation was depressing. You try your best and you still can't win. It is as lonely a place as you can get.

Treatments I went through

When a break came in my sons treatment I decided to go for gastric banding in the UK in 2003. On the way home they had double booked my seat on the plane and they made a fuss of walking me up and down the aisle looking for a free seat and I could see people eyes looking away hoping I would not be put beside them. I was brought up to business class and the looks were horrified that this fat slob was being put beside them. I swore I would never fly again. I didn't ever fly again to get the band filled. When the swelling went down post-op I had little or no restriction at all.

My cardiac problems however got out of control and I needed stenting done and had regular appointments at the cardiac clinic. The consultant made contact with the weight management service and managed to get me a place within a week or two.

I attended the service and had the band adjusted and lost 13 stone. Because there was a physical restriction on the volume I could take into my stomach and the speed at which I could take it in, my hunger was not as bad. If you ate too much there was a reaction and

the food would come back up. Food was no longer in my thoughts 24/7

Quality of Life Improved

I regained my confidence returned. I was able to go out. I was able to walk, I stopped hiding away. My quality of life improved hugely. I had my life back, temporarily.

The band started to give me trouble then in 2014 and I ended up in a bad way. The surgeon at the weight service was reluctant to fix a problem. After various enquiries I went privately and it was confirmed that the band had migrated. It was removed and a couple of months later I had a gastric bypass in December 2015.

Unfortunately, I did not have the same reaction and did not feel as full after eating or drinking. I have been struggling since then to maintain. Since COVID-19 things have been

particularly tough. I have been re-gaining again. My appetite has diminished to half-way from where I was after my aneurysm.

Please don't judge

Behind this fat woman there is a whole story that cannot be seen by anyone. Nobody can see the emotional scars. This piece hasn't even reflected on the effect on relationships or finances over the years.

I was quite harsh about people who let themselves go and assumed they didn't look after themselves, and something makes me wonder is this pay back?

Writing this was difficult to look back on difficult times but yet good. It has helped me reflect that I WAS too hard on myself. It was not my fault. I don't need to be hard on myself in the future, I just need to keep trying every day to do my best.



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INTERVIEW BY BJARGEY INGÓLFSDÓTTIR

I'm not on a diet

HANNA ÞÓRA

Hanna Þóra is a 32 year old mother of two, and a blogger specializing in the ketogenic diet. She has an Instagram account [hannthora88](#) where she shares her daily ketogenic diet food, recipes, tips and tricks. Hanna Þóra says she has lost 20 kg since day one of her keto diet – but progress takes time.



Can you tell us what made you start the Keto diet?

Two years ago I decided to try something completely different regarding my weight issues that had been getting worse over the previous year. I was overweight, always tired and had issues with iron and blood disorders.

Blood disorders can cause various symptoms in almost any area of the body. Most commonly, symptoms are caused by decreases in the blood components. Decreased red blood cells and hemoglobin can cause symptoms of anemia, such as fatigue, weakness, and shortness of breath.

I had read about cutting out carbs from my diet and letting the body use the ketones as fuel instead. The health benefits I had read about had the potential to help me so I decided to give it a try for 21 days to begin with. I had nothing to lose – except for weight and health issues. Little did I know that two years in I would have found the perfect lifestyle for me and it would also be my career.

What effect do you think the keto diet has on your overall health and well-being?

The amount of energy I have after starting the ketogenic diet is the factor that changed my life completely. With more energy came better sleep, weight loss and improved health. I finally found a solution that works for me and that feeling of eating the food that I love makes me feel wonderful every day. The ketogenic diet is different in a way that most of the energy comes from healthy fats. Food that is high in fat has the ability to make you feel fuller for longer periods of time and being sugar free makes the blood sugar levels much steadier. Not having the drop in glucose levels between meals is a huge game changer in even energy throughout the entire day.

Do you take care of your health in any other ways?

Walking is my exercise during these covid times along with using some home exercise equipment. Rest is just as important as diet and exercise and it's important to take time to recharge.



You have truly made your dreams come true, can you tell us what opportunities you have created with your interest in the Keto diet?

When I lost my job this summer as a flight attendant for Icelandair due to Covid I began to

think of what I wanted to do and what dreams I had but I never got around to due to lack of time. I wanted to publish my own ketogenic recipe book and that was the perfect dream for me to pursue. I already had so many ideas and recipes available and the book was the perfect next step for me. I love easy recipes with few ingredients that everyone can use at home. The book will be available in December in stores in Iceland and presold at my own website hannthora.is that is opening this week.

I have also started my own company that specializes in ketogenic marketing putting my business and marketing degree and my love for the ketogenic diet together. It was a huge step for me to create my company KETON and I never thought I would be in that place to be able to do it.

Women in business have always inspired me and I wanted to be one of them. I wanted to be the entrepreneur I wanted to become, inspire others and help them to achieve their health goals. As it turns out I am here and living my dream while eating amazing food.

Life is not just for a day, health isn't either. We need to be patient, have goals, dreams and make space in our minds for the process of health change. No one can eat for you, you have to make the choice yourself.

Be informed as a consumer, look at the real nutrition of products and what the ingredients can do for you. You should be enjoying the best food you can get with health benefits as a main goal. Since I've started the ketogenic diet it has been the most delicious two years of my life. I'm not on a diet – I'm eating for my health and feeling great about it.

Individual omelets

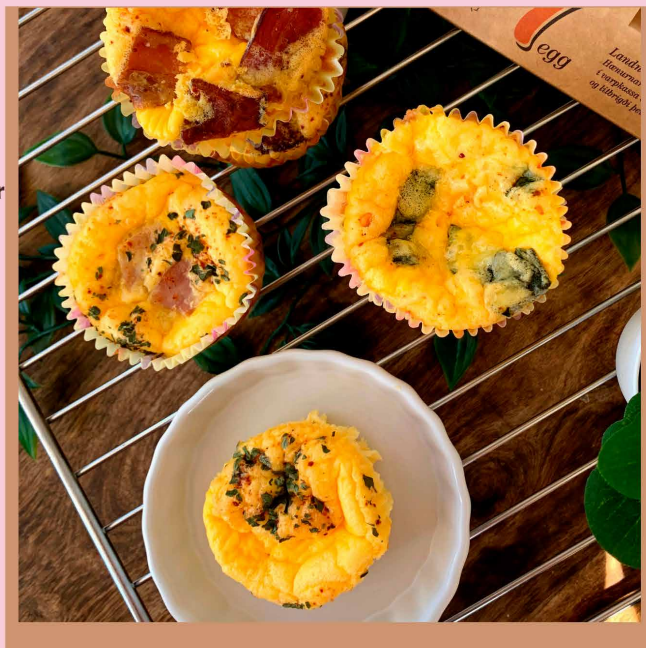
4 egg

2 tablespoons cream cheese

Salt

My favorite toppings for omelets are sweet peppers, bacon, ham and cheese

Put the eggs and cream cheese in a blender. Divide the mixture into ovenproof dishes or cupcake paper liners. Put your favorite topping on top of the mixture and bake at 170 degrees Celsius for 15 minutes



Hannathora.is

Keto cococut fatbomb

100 gr soft butter

3 tbs. ketofriendly syrup

3 tbs. pure cacao

150 gr almondflakes

1,5 dl almond flour

3 tbs. shredded coconut

Mix the butter, syrup, cacao, almond flour and almond flased together in a mixing bowl.

Let is cool down for 30 minutes in the fridge. Roll into balls and cover with shredded cocnut.



Hannathora.is

INTERVIEW

HEALTH TALK

IRIS ZANI

Hello everyone. My name is Iris Zani, currently I am the President of the Association of Obesity Friends, but in the first place I am **a bariatric patient always fighting with my own weight.** So I know all the dynamics and all the situations that you live with this problem that never leaves us, even when there are moments in your life when you get great results; they are moments of happiness but it is a battle that **lasts a lifetime can. You never have give up your grip** and above all the attention to your own diet and lifestyle.

I have always been, let's say overweight, even if I have never reached the highest levels, so I have always sought perfection but still with the improvement of both the lifestyle and my physical and aesthetic appearance. Even as a girl, it was normal for me to try to be prettier, more pleasant, then – of course – with the passage of time, with the years you understand that the needs are different and you make – above all – **a health talk.**

My story is a fairly classic story, **always overweight ... you get to a certain point - in my case two pregnancies - where you don't recognize yourself anymore** and then you look for a solution that is not the usual diet or the usual diet treatment done and redone so many times that – maybe – no longer leads to any results.

I approached bariatric surgery in 2002; I did three different types of surgeries. The first did not go very well due to technical complications, the second gave me excellent results but over time they got a little lost on the street. So, the desire to get an acceptable weight back led to further intervention around 2009, now more than ten years ago. In the last ten years, the battle with excess weight is constantly alive, in the sense that **the intervention gives you a hand**, gives you a big hand. but you have to radically change lifestyle, you always have to be careful what you eat and to do physical activity.

Currently, I am around half the result achieved more than ten years ago, I am quite satisfied; **right now the physical aspect is not the decisive thing: it is health that interests me the most.**

What has never left me, we say in the-



se forty years of life, is that feeling of never being okay, of never being perfect, of not being right in the right situation, at the right time ... But then with time, rationally, I also realized **that it is not so true, that it is not the number on the scale or the physical appea-**

rance that makes you feel good... that gives you that feeling of being okay in certain situations, and so it's something you need to work on a lot about the psychological aspect as well **... about how to relate to your physique, your body.**

In these years when I have approached bariatrics, if during the first interventions, the psychological aspect was not considered at all, in recent years I have also supported the psychological approach precisely to recognize my mistakes, the fact that you can never really change the lifestyle because if you don't change that, if you don't fit in with new rules, excess weight always tends to come back.

The approach to bariatric surgery for me never went smoothly. The difficulties I had to face with the first intervention led me to look for information that in 2002 was not so easy to find. Back then, very little was said about bariatric surgery. I think it is an important aspect of my journey, the fact that I have known people with whom I shared these issues, with whom we have been confronted, united by the desire to communicate to others their own experience so physical pain and psychological suffering, the uncertainty of an intervention that did not go well, having to return to the operating room

Precisely from this desire to confront, **a Forum was born**, an online platform where you could chat, ask questions, get answers, meet with other patients, listen to other testimonies and advice, not feel judged but finally in an environment where no one could judge you but could understand you..

Given the success of the Forum, the idea of **the Association of Obesity Friends** was born at a later date, which from the beginning was intended to make practical information, to share with other people who wanted to find

a solution to their problems of excess weight, approaching – or not – bariatric surgery, so interventions; the Association wanted to support these people, then give advice but also simple news of the type where the hospital facilities are, where the teams of excellence are located; many years ago they were not even so frequent, what were the surgeons present in the territory, in which hospitals bariatrics were carried out in which not; what criteria to use for the choice of the structure most suitable for their needs. The information system was then very lacking and we, for the first years of the associative life, tried to fill this shortfall.

My story itself was not very easy with bariatrics; this sometimes stops me from telling myself because instead I am convinced that surgery is really a big help but that it must be done wisely. Above all it is necessary to rely on people who really care about your journey as a patient and as a person: before, during and after the surgery, in the post-operative, a very important phase for the success of the whole path and where the active commitment of the patient is more than fundamental. This is because the psychological part and food care in the post-operative is very important. Telling me is not so easy because in a way I am afraid to scare people but it is right that we know that there are also many contra-indications, there are dangers that could be faced anyway, as indeed any important surgery.

The thinking that there would be no complications, is not good. You have to be fully informed and well aware of the choices that are being made after carefully choosing the surgeon indeed the team refer you to.

Unfortunately, genetics is what it is and so my daughters look like me and they also have their weight problems. However, I hope to be always a point of reference and support for them in the care and search for the best result.

In my family, the problem of overweight and obesity has always been present and even in my daughters there is a certain overweight. What I hope to have passed on to them and not only to the people who help with the Association is to convey a lot of security, **to have a relationship with their body very different from what I had ...** the fact of never feeling good, the fact of always giving too much importance to that number on the scale ... and I have to say that maybe I have managed to do it, because both my daughters – despite everything – are serene, with the desire to live, to go out, to get dressed, to make a normal life, despite being overweight. This gives me a lot of hope too, because I feel comfortable; knowing they would be upset and distressed, like I was as a teenager, would make me feel very bad.

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HEALTH LOOKS DIFFERENT ON EVERYBODY



Be kind

