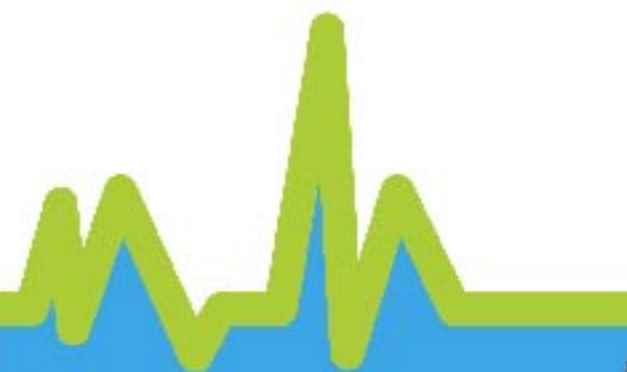


Issue 1 July 2005

**NetworkHealth**



# DIETITIANS

A new magazine for dietitians

**Free Subscription**  
*see inside*

Jamie Oliver:

Has he  
made  
dietetics  
sexy?



News, features, columns, comment, discussion  
topics, jobs, your views and more.

[www.networkhealthgroup.co.uk](http://www.networkhealthgroup.co.uk)

**milupa**

**Aptamil**

# Pioneering the benefits of PREbiotics

If you want to know about PREbiotics, just ask Milupa Aptamil.

After the exciting discovery that PREbiotics are naturally present in breastmilk, Milupa Aptamil conducted ten years of research to develop the **first** infant milk range to include PREbiotics.

The PREbiotics in breastmilk play an important role in supporting natural defences. PREbiotics are special nutrients which feed the friendly bacteria in a baby's digestive system,<sup>1</sup> ensuring that the friendly bacteria thrive and help to prevent potentially harmful bacteria taking hold.<sup>1,2,3</sup>

Now with PREbiotics, Nucleotides, and its unique blend of LCPs, Milupa Aptamil First is our most advanced infant milk ever. Only breastmilk is better.



New EaZypacks now available from all major supermarkets and pharmacists

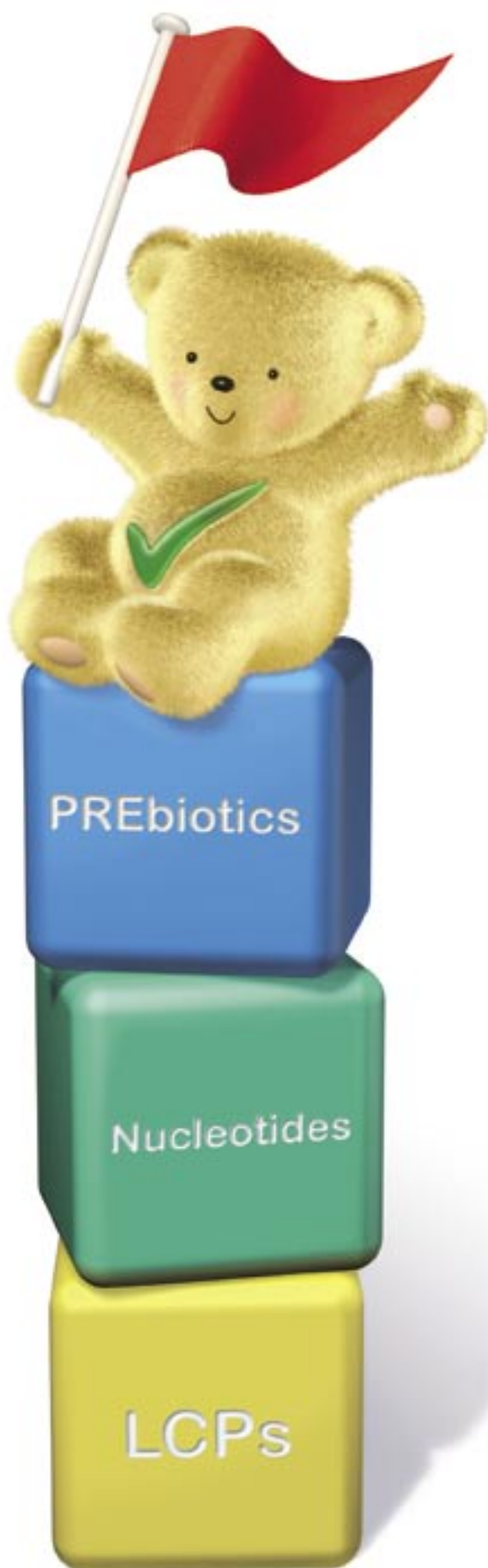
References: 1. Gibson GR & Roberfroid MB, J Nutr 1995; 125: 1401-1412.  
2. Orlhag K and Nord CE, Acta Paediatr Scand 1999; 430: 47-57.  
3. Walker WA, J Pediatr Gastroenterol Nutr 2000; 30: 52-57.

Milupa Aptamil, White Horse Business Park, Trowbridge, Wiltshire BA14 0XB.  
Telephone 08457 623 628.

[www.milupa4hcps.co.uk](http://www.milupa4hcps.co.uk) Healthcare Professional Helpline 08457 623 676

## IMPORTANT NOTICE

Breastfeeding is best. Milupa Aptamil First is intended to replace breastmilk when mothers do not lactate. It is recommended that infant milks be used only on the advice of an independent medical professional, health visitor, public health nurse, midwife or pharmacist.



MILUPA APTAMIL. BECAUSE YOU EXPECT THE BEST





## Welcome Note



Greetings to all and welcome to the first edition of Network Health Dietitians.

This new magazine is designed to enhance the networking amongst our fellow professionals and to provide a forum in which to share ideas, projects and news of interest in the dietetics world. We hope you will feel free to write in with your comments and opinions about any articles or topical dietetic issues.

For the launch issue we have focused on an area which has become a major talking point and a source of great concern for the general public; that of childhood obesity.

Recent media interest including the impact of celebrity chef Jamie Oliver (see cover story) has highlighted childhood nutrition to an extent not previously recognised by the public. As dietitians we know that obesity in this age group, although on the increase, is not a new problem. It's one we've been trying to tackle for a long time.

Our main feature focuses on one such project, the MEND (Mind, Exercise, Nutrition, Diet) research programme, run by Paul Sacher.

In addition we have news, columns, recipes, discussion topics and even some humour to keep you going.

I hope you enjoy this and subsequent issues and we look forward to hearing your opinions and comments in the future.

Enjoy!

Josie-Anne

**Dietetic Advisor**

## Contents

### 4. News



### 10. Focus on research

### 14. International snippets

### 15. Matters of interest

### 17. Gnawing the funny bone

### 18. A little (but important) bit at the end

Subscribe now for your free personal copy of Network Health Dietitians.

Include name, address, job title and email address.

Email: [subscribe@networkhealthgroup.co.uk](mailto:subscribe@networkhealthgroup.co.uk)

Web: [www.networkhealthgroup.co.uk/subscribe](http://www.networkhealthgroup.co.uk/subscribe)

cover/contents photos: Channel 4 Stills

Network Health Dietitians is published by NH Publishing Ltd - UK Company No. 05432911

145-157 St John Street

London

EC1V 4PY

Phone 0845 450 2125

Fax 0870 762 3713

Email [info@networkhealthgroup.co.uk](mailto:info@networkhealthgroup.co.uk)

[www.networkhealthgroup.co.uk](http://www.networkhealthgroup.co.uk)

**Managing Editor**

**Dietetic Advisor**

**Design**

**Web**

**Printed by**

**Sales**

Geoff Weate

Josie-Anne Lee - Paediatric Dietitian

Nicholas McNeil

Peter Ford

Leopard Print

0845 450 2125

[sales@networkhealthgroup.co.uk](mailto:sales@networkhealthgroup.co.uk)

All rights reserved. Errors and omissions are not the responsibility of the publishers or the editorial staff. Opinions expressed are not necessarily those of the publisher or the editorial staff. Unless specifically stated, goods and/or services are not formally endorsed by NH Publishing Ltd which does not guarantee or endorse or accept any liability for any goods, services and/or job roles featured in this publication. Contributions and letters are welcome. Please email only to [forum@networkhealthgroup.co.uk](mailto:forum@networkhealthgroup.co.uk) and include daytime contact phone number for verification purposes. Unless previously agreed all unsolicited contributions will not receive payment if published. All paid and unpaid submissions may be edited for space, taste and style reasons.

## Job of the month...

### Example Dietitians Ad

Salary: £24,000 - £31,000



Reference: 345-JOBAD

Send us your lineage and for just £1.80 per word + £20 setting fee we will place it in an Ad like this  
All we ask is a minimum of 120 words

Fill in the online form at [www.networkhealthgroup.co.uk/jobads](http://www.networkhealthgroup.co.uk/jobads) or  
email your lineage and all information to [sales@networkhealthgroup.co.uk](mailto:sales@networkhealthgroup.co.uk)

Depending on the word-count your lineage will be set into an eighth, quarter, half or full page but you still only pay the lineage + setting fee. Also you can have the job online for the full month of the printed issue. If the job is still available after one run, we'll re-run it without the setting fee but we'll change the dates accordingly

**To find out more contact 0845 450 2125 or email [sales@networkhealthgroup.co.uk](mailto:sales@networkhealthgroup.co.uk)**



## 'Lifestyle Guru' Stirs Pot With Dietitians

*Self-styled health guru Carole Caplin caused a stir throughout the dietetics industry in May when she wrote an inflammatory article for the Daily Mail branding Dietitians ignorant, improperly trained and irresponsible for failing to grasp the importance of vitamin supplements.*

Caplin suggested 'eating razor blades might be less damaging' for a certain case than the bran recommended by an unnamed dietitian. Her extraordinary attack on the dietetics field drew formal responses from the Nutrition Society and the British Dietetic Association which Caplin intriguingly branded 'the official government-backed and hospital-authorised agency'.

The BDA response to an article they described as "largely inaccurate and denigrating," was printed in watered-down form by the Daily Mail.

The Nutrition Society – an organisation Caplin suggested readers contact for information – distanced itself from her comments and wrote to "correct the serious errors in the information she provided."

The article, which heavily promoted nutritionists and nutritional supplements as a more credible alternative to dietitians, quoted an anonymous 'risk assessment' which confirms that 'food supplements... are safer than food' and that 'medical intervention which might include dieticians (sic)' ranked alongside cancer and heart disease as hazardous to life.

Although claiming to have read 'thousands of independently researched papers on the subject', Caplin dented her dubious scientific credentials by failing to spell dietitian correctly.

Caplin has attracted waves of media attention in recent years, in large part due to her high-profile friendship with the Prime Minister's wife Cherie Blair and also her relationship with convicted Australian con-man, Peter Foster.



## Label Study To Put Consumers In The Know

*The Food Standards Agency has outlined the latest phase of its signposting research, focusing on a labelling scheme that will give shoppers an indication of the nutritional value of items on the shelf.*

The premise of the research is to identify and define the easiest to understand labelling system that can be then implemented as a standard for retailers and manufacturers across the UK.

At present many food companies use their own labelling systems but the variations can cause confusion and lead to misunderstandings over how healthy certain food items are.

Over 2,500 people will be surveyed using four potential schemes designed to allow them to quickly and accurately assess the nutritional value of certain food items. The results of the study will be used to implement the labelling guidelines expected to come into force in 2006.

## Welsh Patterns Reflect UK Trends

*Network Health Dietitians launches Issue 1, July 2005 a few weeks early to coincide with the BDAC event in Cardiff. With the focus for our first issue being on obesity and children's health, we thought we'd ask for a local perspective on the problem.*

Jacqui Lowdon, Chief Paediatric Dietitian at the Children's Hospital in Wales confirmed that overall UK patterns are reflected in the Cardiff area.

"There are no distinct eating or lifestyle patterns in our area that I think differ from the rest of the UK," said Lowdon. "Children in this area drink copious amounts of fruit juice, fizzy drinks and eat high calorie junk foods, as well as being inactive."

"We have certainly had a number of children diagnosed with Type 2 DM and as far as I am aware, most of these children are overweight or obese."

"As far as structured programmes are concerned, we unfortunately do not

have any here in place at the Children's Hospital for Wales. I put forward a small grant application, along with one of the consultants to set up a multi-disciplinary obesity service but it was turned down. There are a number of Welsh Assembly initiatives that have been set up to try and tackle unhealthy diets, not necessarily aimed at obese/overweight children, but they will help towards that."

"One idea was the introduction of freely available drinking water in schools and also the Healthy Schools Scheme. Fruit Tuck shops have also been set up in schools in Wales and there is also the Welsh Assembly initiative of the Free Breakfast Clubs in Wales."

For news, views, info, jobs, features, links and more, log on to...



[www.networkhealthgroup.co.uk](http://www.networkhealthgroup.co.uk)



## Traditional Dinner Ladies Off The Menu

*Job cuts are looming for dinner ladies with the news that more and more parents are following Cherie Blair's lead and sending their kids off to school with packed lunches.*

Meanwhile, Education Secretary Ruth Kelly has announced a new program to create what can be reasonably termed (with tongue firmly planted in cheek) an 'elite squad of dinner ladies'.

"The new vocational qualification will ensure that everyone in the school kitchen aspires to the same high standards," Kelly said at the official unveiling of the new qualification. The government expects 15,000 catering staff to enrol for the new course.

## Breastfeeding Rates Low

*The National Childbirth Trust (NCT) says Britain has one of the lowest breastfeeding rates in Europe: almost a third of women in England and Wales never try to breastfeed, compared with just two percent in Sweden.*

An NCT survey of 500 women found that 55 percent did not know that the benefits of breastfeeding started the day a baby was born, by stabilising blood sugar, protecting the gut and providing natural antibodies against disease.

The survey showed that only one in ten people knew that breastfeeding for just one month had an ongoing impact on a child's health during the first 14 years of life. It also showed that 49 percent of women did not know breastfeeding reduced the incidence of osteoporosis and ovarian cancer for the mother.

NCT Chief Executive Belinda Phipps said, "by creating a culture where breastfeeding is the norm, more mums will have the confidence to start breastfeeding and their babies will benefit from something unique and special."



## BDA's Weight Wise @ Work Campaign

*Throughout June the British Dietetic Association ran an official public campaign to encourage employers and employees to take small steps to lead to a more healthy and active lifestyle.*

The Weight Wise @ Work initiative also linked up with the BBC Big Challenge Health Works Award Scheme, a challenge to find the UK's healthiest employers.

Jill Scott, co-ordinator of the BDA's campaign said: "It's actually easier than people think to create healthier habits at work to keep weight in check and maintain long-term good health."

See page 15 for more in-depth information about the BDA campaign.

## Organic or Non?

*New figures from the Soil Association show that turnover in sales of organic food in the UK increased in the past year by more than 10% to £1.12bn.*

Customers bypassing purchasing from supermarkets in favour of a direct source spent £108m. All this despite the fact that organic food is significantly more expensive than non-organic and there's still a serious lack of scientific data to back-up claims that organic is better for you.

Why are consumers moving to direct source and organic foods? Is it worth the price and effort? Network Health Dietitians throws the discussion over to our readers. Issue 2 in August will include a feature on organic food and the two sides of the developing industry. On which side of the debate do you fall? What has shaped your opinion? Send your personal and/or professional views in to [forum@networkhealthgroup.co.uk](mailto:forum@networkhealthgroup.co.uk).

## By Numbers... Diabetes

**2,100,000**

The number of people in the UK estimated to have Type 1 or Type 2 diabetes in 2001

**4.4**

The percentage of the overall population this represents

**2010**

The year this percentage is predicted to rise to five percent of the total population if obesity continues to rise at present rates

**13.8**

The percentage of people over 60 with diabetes

**2.5**

The percentage of white males between 40 and 49 with diabetes

**11.2**

The percentage of south Asian males in the same age bracket with diabetes

**35%**

The increased likelihood of a person from the most deprived fifth of the population getting diabetes compared to the rest of the population

**15%**

The rate that Type 2 diabetes is growing in some parts of the UK

**1,000,000,000**

The estimated number of overweight adults in the world

**300,000,000**

The number of them who are obese

**sources:**

**Diabetes UK / NHS / World Health Organisation**

## Quote of the month part 1:

“An insight...into a mind filled with tiny thoughts, and an ego that inflates them into large concepts...”

John Walsh in The Independent commenting in 2003 on a collection of Carole Caplin's pronouncements.



# Do you see patients with coeliac disease?

## Coeliac UK

The national charity supporting people with coeliac disease can help...

As a professional member you will receive:

- Members' pack providing a step by step approach on how coeliacs can cope with a gluten-free lifestyle
- Gluten-free food & drink directory containing information on over 11,000 food & drink products
- Crossed Grain magazine containing everything your patients need to know about gluten-free living
- And much more...

**Membership is FREE**  
to join call 0870 4448804  
or visit [www.coeliac.org.uk](http://www.coeliac.org.uk)





## Cover Story

## Jamie Oliver: Has he made dietetics sexy?

photo: Courtesy Channel 4 Stills

### Leading The Charge Of The Dinner Ladies

*Jamie Oliver, celebrity chef. Like it or not he's made a huge difference to dietetics in a very short period of time. Angela Sisman delves into the 'Jamie Oliver effect' to see what makes governments and the general public sit up and take notice.*

To a frighteningly huge proportion of UK citizens, a TV series about school meals was the first indication they ever had that there were serious problems with the quality of food being consumed by their children. The shocking statistic that meals one would assume to be healthy, were being produced for as little as 37 pence per child, made grim headlines for even the least health-conscious of parents and politicians.

But none of the information in Jamie's School Dinners was new. It wasn't a revolutionary scientific study or an investigative expose. It was simply a popular personality with a good conscience highlighting serious failings in an accessible and entertaining way.

So how did it come to this? It takes a TV series to trigger political and social uproar but amidst all the finger-point-

ing, many parents seem to have forgotten that they were so detached from their children's diets that this scandalous situation passed unnoticed in the first place.

What Jamie Oliver did was get through to the kids and their parents. He did it cleverly and he did it with such powerful impact that he made a difference. Celebrity culture has, for better or worse, an entrenched place in modern society and on the occasion when the results of programs like 'Jamie's School Dinners' are felt right through society - from the Prime Minister down - it has its advantages. Sure he's not a dietitian or nutritionist but he's not pretending to be one either. He's pitched himself as a champion of children's health and he's openly used his status to get his point across.

**‘It's quite possible Jamie Oliver has managed to achieve something in a few hours of TV that may have taken years to achieve otherwise’**

So in helping bring the debate about children's diets into the popular public domain, has Mr Oliver done dietetics a huge favour? Healthy diets have surely never been so topical. Incredibly, the

quality of school dinners became a part of the election manifestos for all three main political parties last May. Cherie Blair made a point of mentioning that her son was taking a packed lunch to school and when Education Secretary Ruth Kelly announced an extra £280m would be made available for school dinners, you could have heard a pin drop at election HQ as the world waited for Jamie's reaction.

When Jamie turned up at Number 10 (as you do when you're a major celebrity) with a petition signed by more than 270,000 people, Tony was ready and waiting to serve up breakfast. It's quite possible Jamie Oliver has managed to achieve something in a few hours of TV that may have taken years to achieve otherwise.

Gwenda Scott, a Research Dietitian at Queen Mary's Hospital in Sidcup has been working with schools in the more deprived parts of the London Borough of Bexley. Her current study is supported by the Children's Fund whose aim is to get rid of health inequality. Her school sessions are designed to provide parents with as much information about their children as possible as well as trying to change their eating habits for the better.

As someone working at the coalface of school-driven health initiatives, Scott has a well-informed perspective about





### Jamie Oliver: Has he made dietetics sexy?

the Jamie Oliver effect. "I think it's obviously highlighted the importance of nutrition," she says. "It would have been nice if the Government had listened to things that had already been said because there's enough information already about childhood obesity."

"Since the Jamie Oliver programs," Scott admits, "the Food In Schools Toolkit has been launched, so we know the Government was doing something about it before Jamie Oliver stepped in." Indeed they were, but it would doubtless have been less effective without the massive publicity generated since.

The Food In Schools Toolkit offers a strategic approach to enable schools to give students consistent and accurate messages about healthy living. On another front the School Nutrition Action Groups (SNAG) has formed

school-based alliances involving staff, pupils and caterers with support from health and education professionals. The aim is for localised groups to work together to review and expand the range of food and drink in schools to ensure a healthier diet and consistent messages from the curriculum and the food service.

Toolkits, action groups, funding increases – it's all happening whichever way you turn. Parents, teachers, politicians, celebrity chefs and dinner ladies are rolling up their sleeves and digging in for the kids. Even without an election looming the momentum seems to have continued with the movement. Whether the impact of the Jamie Oliver effect lasts longer than other modern fads remains to be seen. For now though, it's difficult to argue against the positive and popular influence of the most famous chef on the planet.

Meanwhile dietitians throughout the UK continue to make inroads into the health crises facing millions of people; perhaps with somewhat renewed vigour, perhaps with a hint of indignation that they weren't being listened to in the first place, perhaps with a burning desire to become the first celebrity dietitian – the only sure-fire way to earn a pass to breakfast at Tony's.



photo: Courtesy Channel 4 Stills

#### Quote of the month part 2:

“Generally, unhealthy food is cheaper because it's full of things that are not food.”

Jamie Oliver – 2005 Channel 4 web-chat

## FREE Subscription

For UK & Republic of Ireland

subscribe online at [www.networkhealthgroup.co.uk/subscribe](http://www.networkhealthgroup.co.uk/subscribe) or  
email your details to [subscribe@networkhealthgroup.co.uk](mailto:subscribe@networkhealthgroup.co.uk)





WE URGENTLY  
REQUIRE:



PJ Locums - one of the UK's leading Allied Health Recruitment Agencies  
urgently requires Dedicated, Enthusiastic Professionals TODAY!

PJ Locums is an equal opportunities employer



FreeTel: 0800 032 0454  
Fax: 020 8874 7222  
Email: [info@pjlocums.co.uk](mailto:info@pjlocums.co.uk)  
Online: [www.pjlocums.co.uk](http://www.pjlocums.co.uk)



Sign up online today...

£26p/h  
Pay rate for dietitians

Professional Dedicated Consultants  
Exclusive Bonus Scheme  
Travel/Accommodation contribution  
Locum Positions Nationwide

Call us now to be Medi-connected to your post

Ph. 0870 112 1577

[dietitian@mediconnectrecruit.com](mailto:dietitian@mediconnectrecruit.com)

[www.mediconnectrecruit.com](http://www.mediconnectrecruit.com)





## Mending Childhood Obesity

**Dietitian Paul Sacher (above) arrived in Britain in 1996 with a working holiday on his agenda. Now, nearly ten years later, his sights are firmly set on the obesity epidemic that is turning British children into some of the unhealthiest in Europe. Paul is the driving force behind MEND, a programme that uses fun, practical sessions to teach nutrition and healthy lifestyle techniques to obese kids and their families.**

**Paul spoke to Geoff Weate about the development of the MEND research programme and where the future lies for one of the UK's most promising schemes to combat childhood obesity.**

**You're working at arguably the world's most famous children's hospital. How did you end up at Great Ormond Street Hospital for Children?**

Well I originally came over for a holiday with friends. Once I was here I thought I'd see what the locum market was like for dietitians. I was surprised at how many jobs were available and how good the pay was, so I decided to stay for a few months. That was nine years ago. I managed to work my way up the ladder doing all paediatric jobs, and I was promoted from senior 1 clinical and research jobs to a deputy manager position.

I then applied for a specialist nutrition support dietitian post at Great Ormond Street, which I felt at that stage was quite ambitious. It was a tough interview but I got the job. That was really the turning point for me. Great Ormond Street Hospital has been an amazing place to work.

**How did the idea for MEND come about?**

I spent about 2 years simply doing my job, learning the ropes and getting to know the complexities of the hospital. I had a great time; it was very stimulating, academically and clinically. I was seeing patients with disorders and conditions that I had only read about in books. However, the one part of my academic repertoire if you like, that wasn't being nurtured was my interest in childhood obesity. It is not typical of GOS because the facility here is for treating very complicated sick children and here I was looking at something, which most people agree, shouldn't be treated in hospitals.

I started working after hours, trying to find out what kind of research was be-

ing done on childhood obesity. I also began looking out for anyone else who was interested in this field and I found a physiotherapist. We had many meetings in the evenings and went on weekends away with our partners where we all brainstormed about possible good solutions to see if there was something we could offer obese children and their families. I came up with the name at one of these sessions; the acronym MEND (Mind, Exercise, Nutrition, Diet).

**How did you get the pilot study up and running?**

Planning started in late 2001 and the study ran from September 2002 to March 2003 with all the work being done in our spare time. We managed to raise money from Sainsbury's. They agreed to fund the pilot study to the tune of £20,000 and it all took off from there.

The study went really well. We got fantastic results which various experts in the field were very impressed by. They felt this needed to be explored further and that was the hardest point for me. I was incredibly motivated, I had done my own pilot study, in my own time on top of my full-time job, I'd got the results and they looked good. The question was where do I take it from here?

**And the answer?**

At the time the Department of Health offered a Researcher Development Award which is essentially a fellowship that pays your salary for three years while you undertake a PhD in your chosen area of research. It's a very generous award and a massive application process. I was rejected twice before I received the award on my third application. The whole process took about a year and a half and I've been doing it since early 2004. Vanessa Shaw who is the head of dietetics at GOS was extremely supportive. She allowed me to go on secondment for the whole three years, which means I will have the option to continue with my clinical job in the hospital at the end of my PhD.

**Why is childhood obesity so important to you?**

It's still difficult as an adult to say it but I was an obese child. At the first session I say to the families on the programme, 'If you're wondering why I'm standing up here talking to you, it's because I know what it's like to be an obese child'. Most of them don't believe me

so I show them a few pictures, and I think it does help. I probably have an extra level of empathy for these children although I don't think it's at all necessary to have experienced obesity yourself in order to work with obese children.

**MEND focuses on three key elements of health. Exercise and Nutrition/Diet are of course included but what can you tell us about the 'mind' element? How are you able to get children to improve their behaviour around eating and being active?**

Rather than the behaviour of just the child, I believe it's more the behavioural patterns of the whole family that needs attention. The problem has to be treated with a whole family approach. You can't put the child on a special diet while the rest of the family eats their normal meals. The whole family has to be more active and eat better.

I do think that there are some health professionals who still believe that children become obese because they have bad parents or because they are lazy. In fact they really need to be seen as children who have a chronic problem who need quite intensive help to overcome it.

**Has MEND become what you envisaged or has it changed with implementation?**

It's pretty much stayed the same as the vision although it has become much larger than I anticipated. The core principles are exactly the same although we've built on them so that the programme has become a lot more detailed. We've incorporated a lot more and it's far more structured.

Nowadays the whole programme is fully manualised which makes teaching it so much easier. When we did the pilot we knew that there would be three components; exercise, behaviour and nutrition, but we didn't really know what the content of each session would be. Now we have content so it's a pleasure to teach. It incorporates lots of games and fun-based activities that we have spent a couple of years working on. It's just grown. The pilot was like a little bush and now it's this big hedge!

**What have been the biggest hurdles to overcome to get to this point?**

Research is expensive and the biggest problem has been funding; getting





money to run the programme. I've applied for various grants and been rejected as all researchers are, but I've also been fortunate and had some successful applications.

### **What happens after the three years?**

It depends on the results but I'm certain we'll get positive results. We're seeing very positive changes in all the children. We're very interested in following the children up on a long-term basis to see how they fare. We're also developing methods to keep the families motivated long after they have finished the programme.

### **Do people from varying ethnic backgrounds with varying diets and cultural habits all fit into the programme model?**

It has evolved that way. In one session in Lewisham a mother got up and said 'I hope you're not going to tell us to eat all these fancy kinds of foods that we don't eat. I hope it's going to be appropriate to the foods we eat'. She was Afro-Caribbean and I made sure

that by the time the session on food groups came around we were talking about foods that were relevant. Since then we've incorporated ethnic foods and a lot of ethnic recipes into the programme.

### **Has there been much interest in MEND from other health professionals or organisations?**

I've spoken quite extensively on the programme nationally and internationally. We get loads of emails from all over the world. I've had enquiries from paediatricians from Brazil, Australia, the USA, Amsterdam and South Africa. The Singapore Government has requested more information and MEND was even featured in a story on obesity in TIME magazine.

### **Is there commercial potential after the research period ends? What about private families?**

There has been commercial interest in the programme and we're exploring that. I'd like to be able to offer it to as many children for free as possible and

we're looking into corporate sponsorship so that big companies can sponsor say, a set number of children to participate in the programme. I have met with a paediatrician from a private hospital who wants to be able to offer the program to private patients so we're looking at offering it to people who are prepared to pay.

### **How do you see the long-term outlook for the health of British children?**

I'd like to see the prevalence of childhood obesity if not reduced then at least halted. I'd also like to see the Government putting its money where its mouth is and supporting programmes like MEND to enable children and families to do something about it for themselves. At the moment there's very little out there for overweight and obese children in terms of treatment.

**Paul Sacher's book for parents on how to raise healthy children, 'From Kid To Superkid' (Vermilion) is due out in September.**

## Results in the home

**Karen Hicks from Barnet had ongoing concerns about her eleven year-old Alex whose confidence was being greatly affected by his weight problem. She brought it up with the school nurse who put Alex forward for the MEND research programme.**

**Now thirteen, Alex is a lively, energetic teenager with strong self-confidence and a healthy lifestyle. Karen spoke candidly about the positive ongoing effect MEND has had on her whole family.**

### **What were your hopes when you began with MEND?**

Just that it would help Alex where we needed help. To give him more confidence by seeing that it wasn't just his problem, that there were a lot of other children suffering from the same problem. I think he felt quite isolated.

### **Had you tried other options?**

Not weight programmes. I always kept him active with his sports and tried to

encourage him to eat healthily but it was becoming quite difficult.

### **How has the programme helped Alex?**

I think meeting other children in the same situation helped a lot. Seeing the psychologist and the physiotherapist and other people that were there for support, and seeing the results as well made a huge difference. He lost weight and he has stayed healthy. I don't make it a big issue now with the scales. It's more about how he looks and feels with himself and he's a trim teenager now.

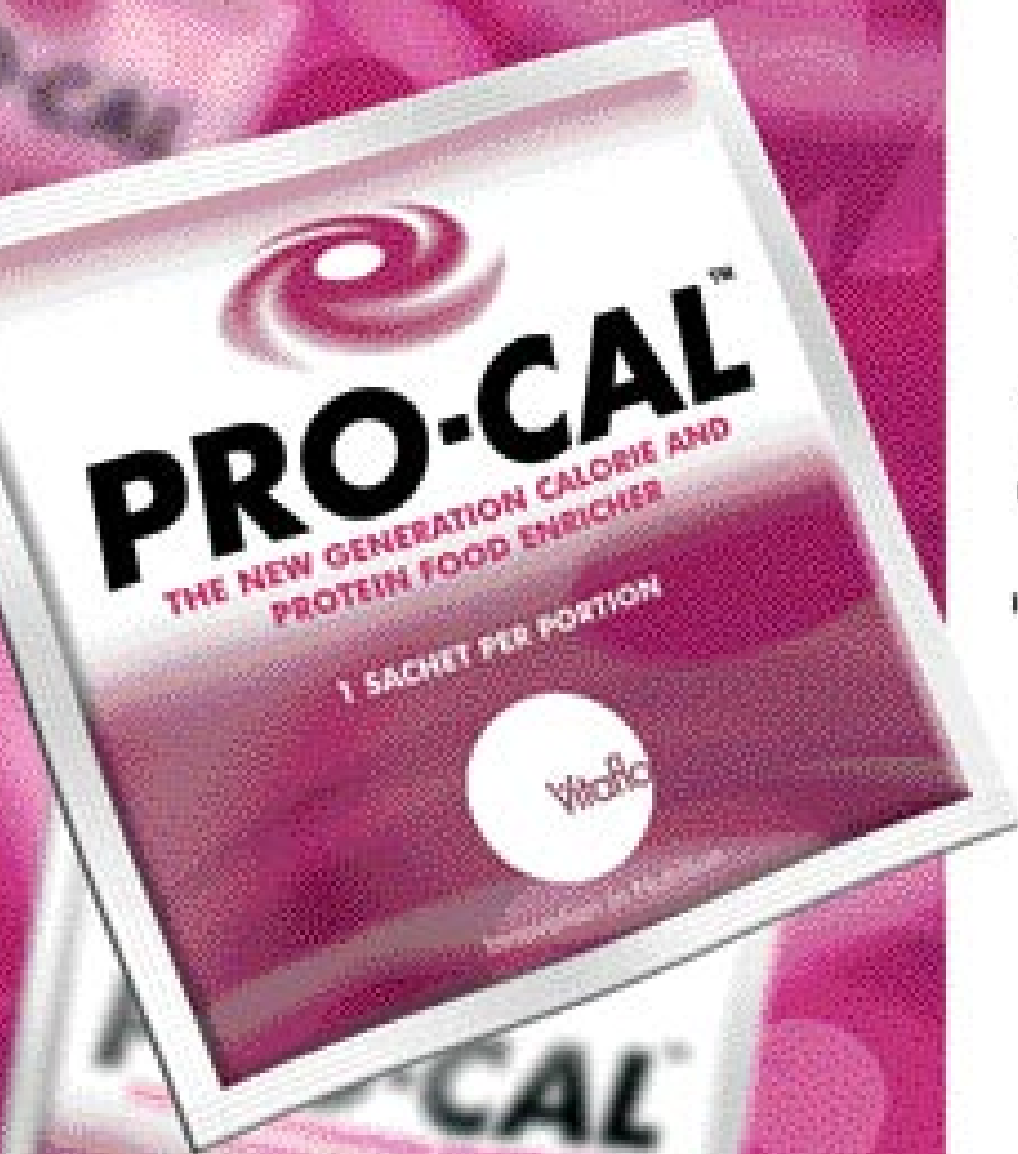
### **How did MEND work to get healthier eating and lifestyle messages to Alex?**

It tried to find areas to encourage him to eat healthily and try different foods. The cooking aspect of the programme was absolutely brilliant and that encouraged him to try different foods rather than just saying 'I don't like it' all the time. I tried cooking differently too. I used to make gravy and I'd put

vegetable into the liquidiser with the gravy so he was getting his veggies that way. After a while he knew about it but by then he'd gotten so used to it, it didn't really matter. I'd make smoothies to give him fruit and it was really about finding different avenues and finding food he'd like and that was healthy for him. In terms of exercise it used to always be football. Now he's also out taking the dog for a walk and swimming so it's broadened his horizons.

### **Has it helped the rest of the family and would you encourage other families to get involved?**

Well we all eat together now, which is encouraged by the programme. They gave us a lot of goals and it's really about sticking to them. I definitely recommend it. I think the government should put more money into programmes like MEND. A lot of the money that's spent on the NHS is spent on obese children. I think they could spend a bit of money to save a bit of money.



# Enrich the easy way

## Add protein and calories everytime with Pro-Cal

A unique protein and calorie food enricher which can be added to a wide variety of food and drink with the minimum effect on flavour, texture and volume.

**Ideal for patient with a small appetite.**

Clinically proven to be the most effective food fortifier.

Available in various pack sizes from individual sachets to large catering packs.

**1 sachet/scoop  
= 15g = 100kcal and 2g protein.**



For a sample or further details  
please call free phone  
0800 515 174



### Innovation in Nutrition

Vitaflo International Ltd  
11-16 Century Building, Brunswick Business Park,  
Liverpool L3 4BL

Tel: 0151 709 9020 Fax: 0151 709 9727

E-mail: [info@vitaflo.co.uk](mailto:info@vitaflo.co.uk) Web: [www.vitaflo.co.uk](http://www.vitaflo.co.uk)

Vitaflo and Pro-Cal are trade marks of Vitaflo International Ltd



# Advertise

[sales@networkhealthgroup.co.uk](mailto:sales@networkhealthgroup.co.uk)

# Subscribe

[subscribe@networkhealthgroup.co.uk](mailto:subscribe@networkhealthgroup.co.uk)

# Comment

[forum@networkhealthgroup.co.uk](mailto:forum@networkhealthgroup.co.uk)

# Call

0845 450 2125





A small selection of dietetic news from around the world.

## From Canada...

A Dietitians of Canada and Kraft Canada Inc. report says there appears to be a gap between the reality of childhood obesity and how Canadian parents perceive healthy weights in their children.

The Speaking of Food and Healthy Living Report found that only 12 percent of Canadian parents with children age 6-12 view their child as being overweight, and zero percent consider their child to be obese. However, Statistics Canada reports indicate that as many as 27 percent of children (age 7-13) are overweight and 13 percent are obese.

The report also found that 91 percent of parents believe that their kids have good, very good or excellent eating habits and 92 percent of parents believe their children have good, very good or excellent physical activity levels. According to the Canadian Fitness and Lifestyle Research Institute, more than 50 percent of Canada's children aren't active enough for optimal growth.

## ...via Chicago...

The Journal of the American Dietetic Association published results of a study in June which links the skipping of breakfast in adolescent girls, to lower intake of calcium and fibre when compared to girls who routinely eat breakfast.

The study, conducted by researchers at Children's Hospital Medical Centre, Cincinnati, Ohio; Maryland Medical Research Institute; National Heart, Lung and Blood Institute; Northeastern University; St. Joseph (Conn.) College, Wesleyan University and Westat Inc., Rockville, Md, examined food records for 2,379 girls, from age 9 who participated in NHLBI's nine-year bi-racial Growth Health Study.

Among other findings the study revealed that at all ages between 9 and 19, African-American girls consistently ate breakfast less frequently than white girls and that girls who consistently ate breakfast had a lower body mass index than those who skipped breakfast.

Rates of breakfast consumption dropped from more than 77 percent for 9-year-old white girls and 57 percent for 9-year-old African-American girls to less than 32 percent and 22 percent, respectively, by age 19. The Journal of the American Dietetic Association is the official research publication of the American Dietetic Association.

## ...to Down Under...

Nutrition Australia reports that current health statistics predict a bleak future for young Australians.

The abundance of food choices for Australians, the rapid pace of life, changes in social and family structures, technology, food-related advertising and other media all contribute to our view of 'normal' eating. Aloysa Hourigan, spokesperson for Nutrition Australia says, "We receive strong messages such as 'eat more; look for convenience; cook less; and do less'. We are encouraged to spend less time in the kitchen, be less active, and spend less time as a family unit."

"Recent studies from both the U.S. and Britain have suggested there are many health benefits to be gained from eating together as a family or social group (e.g. at work) and being active with friends and family. Studies have shown a strong positive association between families that regularly eat together and the emotional happiness of teenagers (i.e. less alcohol and drug abuse and better self-esteem)."

## ...meanwhile in New Zealand...

Public Health Dietitian Liz Cutler writes for the New Zealand Dietetic Association that "arming school-kids with a healthy lunchbox has a direct impact on their behaviour and achievements as well as their waistlines."

"Children who eat a healthy breakfast and lunch are better able to concentrate in class, behave better and are less likely to be sick or absent from school. It is the fat and sugar content of today's average lunchbox that most concerns health professionals, teachers and policy makers."

"A nationwide survey in 2002 showed almost 27% of 5-6 year olds and nearly 34% of children aged 11-14 were overweight. One in ten children were obese. Some health authorities believe that during the school day, children are now eating double the energy and almost double the fat that they were thirty years ago.



For news, views, info, jobs, features,  
links and more, log on to...

[www.networkhealthgroup.co.uk](http://www.networkhealthgroup.co.uk)



# Matters of Interest

## Major Campaign For Health At Work

*Nearly four million people in Britain work over 48 hours a week, so imagine how many meals and drinks are consumed within the work environment.*

They could be a coffee and a croissant for breakfast in front of your PC, a vending machine visit for a mid-morning snack, several soft drinks, too many caffeine-laden hot drinks, a quick lunch sat at your desk followed by that essential sweet thing to combat the mid-afternoon lull. All of which can compromise a healthy diet, along with it the chance for a healthier, happier, more productive you.

Throughout June the British Dietetic Association Weight Wise @ Work campaign promoted healthy eating habits in the workplace. For the unique demands on shift workers in particular, the campaign had a special focus.

If your clients work shifts, you may find

they work against the natural rhythms of the body clock. This can especially affect eating habits, as shift-related fatigue is often combated with one too many caffeine-laden drinks, or there simply may not be healthier choices available outside usual working hours.

Improving diet and daily exercise is not as daunting as it sounds. Jill Scott, co-ordinator of the campaign says: "The BDA has recognised the trials faced by shift workers and devised some top tips to help get people started." Dietitians were encouraged to advise their clients to:

- Eat regular, smaller meals and planned snacks, rather than continuous snacking throughout a shift.
- Have a mid-shift 'lunch' break, preferably with colleagues
- If not available at work, bring in healthy snacks such as fresh fruit, small packs of nuts and raisins, whole grain

- cereal, carrots and celery with a dip.
- Keep caffeine drinks down to around three cups of coffee or five cups of tea
- Stay as active as they can, take every opportunity to walk around the desk or work area, building up steps to 10,000 a day
- Try taking a nap during breaks, if time permits
- If they sleep during daylight, try ear plugs and eye shades to ensure comfort
- Think positive! It only takes a small change to make a big difference.



## What's Cooking?

### Recipe of the month

*There's nothing better than a simple, versatile soup dish so Network Health Dietitians is kicking off our recipe section with a real crowd-pleaser.*

#### Low Calorie Chunky Vegetable Soup

This tasty low calorie vegetable soup is ideal for a snack, for lunch with a whole wheat bread, as a starter for a dinner party or as a great pasta sauce. Can be frozen.

Number of Servings: 4-6  
Preparation Time: 5-10 minutes  
Cooking Time: 30 minutes

#### Ingredients:

- 8 medium carrots
- 4 medium courgettes
- 4 small or 2 large onions
- 2 vegetable stock cubes
- 1 litre boiling water
- salt and pepper
- mixed herbs
- 2 x 400g cans of chopped tomatoes

#### Cooking Instructions:

**Dissolve stock cubes in boiling water**

**Chop all vegetables**

**Place all ingredients in water in saucepan and cook for approximately 30 minutes or until all vegetables are soft**

**For a homely chunky soup use a potato masher**

**If you prefer a smoother soup puree in a blender and then return to saucepan & simmer for a few more minutes**



Chunky vegetable soup

#### Did you know?

*John Montagu, 4th Earl of Sandwich is credited with inventing the sandwich in or around the year 1765 for the purpose of sustaining himself while gambling or working at his desk, depending on whose history you believe!*



Your Ad here?

Call 0845 450 2125 or email  
[sales@networkhealthgroup.co.uk](mailto:sales@networkhealthgroup.co.uk)



Download our mediapack at: [www.networkhealthgroup.co.uk/mediapack](http://www.networkhealthgroup.co.uk/mediapack)

## **Obesity** is a global epidemic...



- *In the UK, 1 in 5 children is overweight • 1 in 10 children is clinically obese*
- *Obesity can lead to harmful complications such as diabetes, cancer, heart disease and depression • 40% - 70% of overweight children become obese adults*

### **The MEND™ Programme helps in the fight against obesity**

MEND is a prevention and treatment programme for overweight and obese children and their families. MEND stands for:

- **Healthy Mind**
- **Sufficient Exercise**
- **Good Nutrition and a**
- **Balanced Diet**

The programme is currently aimed at 7-12 year-old children and is designed to fit the school term. It consists of eighteen 2-hour sessions and usually runs two evenings per week for 11 weeks.

### **Taking part in the MEND™ Programme will:**

- ✓ Increase children's self-esteem and confidence
- ✓ Increase fitness
- ✓ Decrease risk of obesity-related illnesses
- ✓ Improve eating habits and overall diet
- ✓ Improve family dynamics and relationships

### **What participants say about MEND:**

*"Very useful as we have learnt how to eat healthily as a family." (parent)*

*"MEND has taught me which foods I should eat more of and which foods are really bad for me." (9 year-old child)*

*"I never thought I would see the day when (my child) would enjoy exercise." (parent)*

To find out more about what MEND can offer, please email Ulla Stauch on [ulla.stauch@mendprogramme.org](mailto:ulla.stauch@mendprogramme.org) or call on 0870 609 1405 and visit our website [www.mendprogramme.org](http://www.mendprogramme.org)





## Your Trust



Reference: 345-JOBAD

Send us your lineage and for just £1.80 per word + £20 setting fee we will place it in an Ad like this. All we ask is a minimum of 120 words

Fill in the online form at

**[www.networkhealthgroup.co.uk/jobads](http://www.networkhealthgroup.co.uk/jobads)**

or email your lineage and all information to **[sales@networkhealthgroup.co.uk](mailto:sales@networkhealthgroup.co.uk)**

Depending on the word-count your lineage will be set into an eighth, quarter, half or full page but you still only pay the lineage + setting fee.

Also you can have the job online for the full month of the printed issue.

If the job is still available after one run, we'll re-run it without the setting fee but we'll change the dates accordingly

**To find out more contact**

**0845 450 2125 or email**

**[sales@networkhealthgroup.co.uk](mailto:sales@networkhealthgroup.co.uk)**



## Gnawing the Funny Bone

*Here's some lateral thinking from Craig Whitby in New Zealand who has spent countless minutes applying scientific knowledge to the worldwide obesity crisis.*

With our wedding on the horizon and hence being (almost) married to a nutritionist, I have been thinking about healthy eating and dieting so I decided to put my scientific, analytical mind to the problem and see if there was something that the experts had missed.

I started with the assumption that to lose weight you need to burn more calories than you consume. Sounds obvious, but what is a calorie? It is defined as the amount of energy to heat one gram of water by one degree centigrade.

Simple enough. So if I was to sit all day heating water with my body that would burn calories! What about translating that into something more meaningful. This means that if you eat a very cold dessert (generally consisting of water in large part), the natural processes which raise the consumed dessert to body temperature during the digestive cycle literally sucks the calories out of the only available source; your body fat.

For example, a dessert served and eaten at near 0° C will in a short time be raised to the normal body temperature of 37° C. For each gram of dessert eaten, that process takes approximately 37 calories as stated above. The average dessert portion is 6oz, or 168 grams. Therefore, by operation of thermodynamic law, 6,216 calories (1 cal./gm/deg. x 37° x 168 gm) are extracted from body fat as the dessert's temperature is normalized.

Allowing for the 1,200 latent calories in the dessert, the net calorie loss is approximately 5,000 calories. Obviously, the more cold dessert you eat, the better off you are and the faster you will lose weight, if that is your goal. This process works equally well when drinking very cold beer in frosted glasses. Each ounce of beer contains 16 latent calories, but extracts 1,036 calories (6,216 cal. per 6oz. portion) in the temperature normalizing process. Thus the net calorie loss per ounce of beer is 1,020 calories. It doesn't take a rocket scientist to calculate that 12,240 calories (12 oz. x 1,020 cal./oz.) are extracted from the body in the process of drinking a can of beer.

Frozen desserts such as ice cream are even more beneficial, since it takes 83 cal./gm to melt them (i.e., raise them to 0° C) and an additional 37 cal./gm to further raise them to body temperature. The results here are really remarkable, and it beats running hands down.

Unfortunately, for those who eat pizza as an excuse to drink beer, pizza (loaded with latent calories and served above body temperature) induces an opposite effect. But, thankfully, as the astute reader should have already reasoned, the obvious solution is to drink a lot of beer with pizza and follow up immediately with large bowls of ice cream.

***We could all be thin if we were to adhere religiously to a pizza, beer and ice cream diet. Happy eating!***



With  
Kate Grimshaw

*Increased childhood obesity, poor feeding practices, increased infantile anaemia.... are these isolated problems of childhood nutrition or are they related in some way?*

I personally think there is an association between them and I feel it's due to too much choice.

Let me explain... I am writing this whilst on holiday. Before I go anywhere, whether for a short three-day visit for work or a two-week holiday, I buy a guidebook. I bought a book about my current location and was amazed to read the apologetic note in the food section stating that Canarians do not tend to offer children's menus... they expect children to eat what adults do.

That started me thinking about choice. If we gave children the food of a healthy balanced diet from an early age would it help children eat better in the long-term?

My daughter is 12 and the eating habits of her friends are amazingly varied. This difference reflects the different feeding approaches of their parents. One mother has always taught her child to eat whatever she is given, and she does. Another child only eats one or two foods, as when she was growing up her parents were happiest giving her foods they knew she would eat.

In this case the approach of the first mother seems to have been the most effective in establishing a varied intake but unfortunately this approach is seen as 'cruel', particularly when used on toddlers and very young children. To me this thinking is bizarre.

We see educating our children on safety issues (such as how to cross the road and not touching electrical sockets) as essential and as such we are prepared to say 'no' and put up with the resultant tantrums. However, educating our children about long-term health issues and helping them do the best they can to have a healthy future seems far from most parents' minds.

In clinic, when parents ask how to widen their children's diet, I encourage them to offer new foods time and time again. They look at me like I am from another planet, but on follow-up those that have tried the technique always come back reporting some degree of success.

I recognise blaming all the childhood nutrition issues on too much choice is simplifying a very complex issue, but I do feel we need to encourage parents to offer new foods to their children from a very early age, even if this appears the harder feeding option.

**Kate Grimshaw works at Southampton General Hospital. She is a paediatric dietitian specialising in food allergy and infant and childhood feeding. She spends 85% of her time on research, with the remaining time consisting of clinical work.**

## Top Ten – Comments Heard By Dietitians at Dinner Parties

1. *Should we be eating this?*
2. *Is it okay to drink alcohol and eat carbs?*
3. *I thought dietitians would only eat healthy food.*
4. *Are you going to eat your fat?*
5. *Dietitian? Fascinating. I better watch what I eat... ha ha...*
6. *Who wants the last piece? Anyone but the dietitian... ha ha...*
7. *I thought it was spelt with a 'c'.*
8. *I'm on a seafood diet. I see food, I eat it... ha ha...*
9. *It must be hard to have people talking about food when you're just trying to relax. Do you like to cook?*
10. *Don't eat anything the dietitian doesn't touch... ha ha...*

Next Month's Top Ten – Reasons why most dietitians are female. Send your list to [forum@networkhealthgroup.co.uk](mailto:forum@networkhealthgroup.co.uk) and the one/s we judge to be the best will be published!

## Letters/Forum



Dear Reader,

RE: Your Magazine

Network Health Dietitians will run a letters/forum page from Issue 2. We'd like to hear your thoughts on our first issue or any topic you feel you'd like to write about.

The forum is yours. Please send by email only to [forum@networkhealthgroup.co.uk](mailto:forum@networkhealthgroup.co.uk) and include reference to Issue and page number if referring to a previous entry in Network Health Dietitians.

Please include full name and daytime contact telephone number for verification purposes only. Names can be withheld on request. Letters may be edited for size reasons.

We look forward to hearing from you!

Yours Sincerely,

*Network Health Dietitians*

At Cow & Gate we realise that many babies who simply can't stomach whole cows' milk protein, may also develop an allergy to soya-based formula<sup>1</sup>. So we've introduced new Cow & Gate Pepti.

In new Cow & Gate Pepti, the whole cows' milk whey protein has been extensively hydrolysed into its smaller components, namely short chain peptides and free amino acids, reducing its allergenicity. Research demonstrates that Cow & Gate Pepti is well tolerated and fulfils the recommendations endorsed by expert bodies (e.g. ESPACI)<sup>2</sup> for the management of cows' milk protein allergy<sup>3,4,5</sup>.

We've also made new Cow & Gate Pepti very palatable compared to a casein-based hydrolysate<sup>6</sup>, which can lead to greater acceptability by infants and toddlers.

What's more, new Cow & Gate Pepti is prescribable, suitable from birth, and the only extensively hydrolysed formula available in a cost-effective 900g size. New Cow & Gate Pepti. The most palatable choice after breastfeeding, for the treatment of cows' milk protein allergy.

**Because special babies need special care.**

The formula that babies  
with whole cows' milk protein  
allergy can stomach



Cow & Gate Pepti is a food for special medical purposes for the dietary management of cows' milk protein intolerance / allergy, with / without proven secondary lactose intolerance.

For more information, log onto our website, call our Healthcare Professional Helpline, or contact your Cow & Gate representative.

**References:** 1. Palmer S et al. Safety of a new, ultrafiltered whey hydrolysate formula in children with Cow Milk Allergy: a Clinical Investigation. *Pediatr Allergy Immunol* 1992; 7: 57-62. 2. Hering JP et al. Symptomatology and Growth in Infants with Cow's Milk Protein Intolerance Using Two Different Whey Protein Hydrolysate Based Formulas in a Primary Health Care Setting. *Nut J Clin Nutr* 1999; 48: 158-164. 3. Gotsdiner PG et al. Immunogenicity of an Extensively Hydrolysed Whey Formula (Pepti) Allergy Removal 2007; 17: 87-91. 4. Vermeulen T et al. The Nutritional Value of a Whey Hydrolysate Formula Compared with a Whey Proteinol Formula in Healthy Infants. *JPGN* 1999; 17: 92-94. 5. Bussing L et al. Hydrolysed Cow's Milk Formula (Pepti) Allergy Immunol 1999; 4: 104-111. 6. Mader JC et al. Nutritional Content of Free Fatty Acid in Human Dermatitis. *Arch Dis Child* 1999; 79: 204-210.

**"That's why we're here to help"**

**08457 623 624**  
**www.in-practice.co.uk**



# Diabetes UK



The charity for people with diabetes

If you have diabetes  
we're here to help.

To become a member call free on  
**0800 371 455**

For further information on membership  
**[www.diabetes.org.uk/join/](http://www.diabetes.org.uk/join/)**  
**tel 020 7424 1010**