

by *Barbara Sibbald*

My wallet's getting **thin** even if I'm **not**

It's another depressing Monday after a weekend of wanton inactivity, 2500-calorie gastronomic atrocities and excessive television viewing. I wedge into the office chair to check my email.

What's this? A coworker in even worse shape than me? I cackle maliciously. She's selling her cross-country ski machine, Stair Climber and CardioGlide. (*Memo to self: phone her, pretend I'm interested in buying them, act superior.*) She's given up in a big way. Next week she'll be wearing sweat pants to work.

Unfortunately, she won't be alone. Recent studies indicate that 35% of Canadian men and 27% of women can be considered obese (body mass index of 27 or more), and nearly 60% of men and half of women are at increased health risk due to excess body fat.

I count myself among the latter but hasten to add that it's not because I've given up. After biting daintily on 430-calorie Au Bon Pain blueberry muffins and nibbling delicately on a 2-slice, 700-calorie serving of Pizza Hut's Pepperoni Lover's Pan Pizza, I seek solutions.

I weigh the risks of liposuction. I peruse the high-motivation diet ads endorsed by svelte celebrities. I'm riveted by infomercials that promise a washboard stomach, buns of steel and legs like Hercules — all in 30 days. And I've really started wondering if Olestra does indeed cause “anal leakage.” Would this be too high a price to pay for reduced fat intake? How serious is that weighed against the benefits?

Today, I read about the latest advance. Coming soon, with approval from Health Canada, is Xenical, a lipase inhibitor designed to help people lose weight. It's like Alice in Wonderland: one pill will make you small, one will make you tall. The drug is supposed to reduce absorption of fat in the gastrointestinal tract by about 30%.

Hmmm. . . . Xenical, followed by an Olestra chaser. Works for me.

Undoubtedly Xenical will help people, but what about the vast majority of us who simply eat too much and exercise too little? Aren't all of these get-thin-quick schemes simply another example of trying to treat the symptoms rather than the cause of the disease?

It's not hard to be cynical about this. In Canada, con-



trolling obesity accounts for more than \$11 billion a year in direct and indirect costs. And that figure promises to grow with our figures.

And, yes, we are growing. In the US, the percentage of overweight people has increased by about 30% in the last 20 years and the trend seems destined to continue because 25% of our children are already overweight or obese. You know it's getting out of hand when the World Health Organization warns that obesity is a growing epidemic.

But how is this, I wonder, when we're all exercising? Well, at least we're buying the equipment. In 1995, Canadian adults spent an average of \$700 a year to keep (or more likely, get) fit. What these stats fail to note are the classes we drop or the equipment that starts gathering dust under our beds after we find that it isn't quite as much fun as we were led to believe.

Sceptical? Check the want ads. Ski machine, \$300. Underused rower (still in the box?), \$225. Computerized home gym: \$1200 when new, now available for the bargain-basement price of \$850.

Apparently, the most exercise many people get from this equipment is through the calories burned as they carry it from car to house and then, come spring, back outside for the perennial garage sale.

So maybe we aren't exercising as much as we'd like to think. And at the same time, an article in the July/August

1998 issue of the *Nutrition Action Newsletter* pointed out that our calorie input is soaring. Put simply, we are eating larger portions. Agri-Food Canada states that a bagel weighs between 25 and 60 g, but newsletter staff found that they weigh between 75 and 135 g. A medium potato weighs between 110 and 150 g, says Agri-Food, but at places like Swiss Chalet and Wendy's plain baked potatoes weigh in at between 190 and 250 g.

Today's small drinks are the extra-large drinks of yesterday, and bags of potato chips routinely promise 25% more. All the extra food doesn't cost that much more either: a small bag of popcorn with "topping" — whatever that is — costs \$3.55 at my local theatre, while a large bag containing nearly twice as much costs only \$4.50. It's hard to resist a bargain like that. In the end, it's our bodies that pay the price.

More depressing still, recent studies seem to indicate that we're giving up on cutting our fat intake, or at least we're losing interest in doing it. A 1997 survey by the National Institute of Nutrition found that fewer Canadians planned to decrease their fat intake than in 1994 (33% vs.

46%). And some low-fat products are actually being fattened up to improve their appeal. Nabisco's SnackWell cookies will soon be softer because of a 5% injection of fat.

Just as I'm plunging into a near coma of depression and considering a quick trip to the cafeteria for a little pick-me-up, I finally unearth a slightly encouraging statistic. Agriculture Canada's Food Bureau has been merging data about Canadians' grocery-spending patterns and nutritional information for more than 6 years. And guess what? We are slowly — very slowly — getting better at achieving a balanced diet.

In fact, a third of Canadian now say they are eating more fruit and vegetables than ever before. So maybe we won't wind up like those *MAD* magazine genetic projections: round bodies, big heads, tiny, useless legs.

I head to the caf for an apple, illusions of a svelte figure dancing in my head.

Barbara Sibbald, a longtime devotee of diets and Richard Simmons videos, is *CMAJ's* Associate Editor, News and Features.

MEDICAL SESQUIPEDALIANISM — *A love not just of long words but of long sentences: "With regard to the aetiology of his intellect and behaviour immaturity, secondary to the failure of the normal ontogenetic unfolding of the neocortical portions of the cerebral cortex, this is probably a genetically determined cause." Medical report quoted in JAMA Jan. 20, 1969, by Edmund J. Simpson. His translation: "This boy's mental retardation is congenital."*

— *From A Sceptic's Medical Dictionary by Michael O'Donnell, BMJ Publishing Group, London (available through the CMA Member Service Centre, 888 855-2555).*