

A stylized illustration of a person's head and shoulders. The head is a light orange circle with a green brain-like shape on top and an orange circle for an eye. The neck and shoulders are dark teal. Two yellow lines cross the neck area. The background is white with a large black curved shape.

The Way Forward With Depression & Obesity

Andrew Dekannwarri

Introduction:

Obesity is a growing problem not only in the U.K but in the rest world this is a problem in children and adults alike. The challenge we all face is depression, obesity and anxiety is very much a reality in the minds of those who suffer from these health issues. In this e-book I would like to touch on some of the scientific facts that may help if you are suffering from obesity. How to cope is not something I have the monopoly on I would like to educate the public with information weight loss plans and recipes. In this day and age with current economic climate and the fact we are all under pressure with the covid 19 pandemic we are all at risk from obesity depression and anxiety,

Depression and obesity are two very challenging health issues, and scientists continue to explore the complicated physical and psychological links between them. It is hardly surprising the three occur together. Ten percent of the U.K. population displays at least some symptoms of depression and two-thirds have excess weight or obesity. But, are the two functionally related?

Emotional Impact of Obesity

Both obesity and depression can be isolating. Each condition can be stigmatizing and have serious health effects beyond its immediate impact. Interestingly, when one health problem occurs, the other often develops.

People affected by obesity are often self-conscious about their appearance or their physical abilities. They withdraw or are excluded from social activities. They find themselves feeling more isolated from friends, co-workers and loved ones. All the while, their feelings of self-worth continue to fall. At the same time, obesity is affecting other organ systems, causing shortness of breath, aches, sleep troubles, chest pains and digestive problems – all of which can trigger feelings of sadness and despair, hallmarks of depression.

Similarly, depression is debilitating, and someone suffering from it may be less motivated to exercise, less able to follow a diet closely, less able to take the time to prepare healthy foods versus grabbing something fast, and less convinced that taking care of their health is a good use of time.

Obesity and Depression: learning to cope

But what explains the coexistence of these two diseases? An analysis of previous studies looking at depression and overweight – body mass index (BMI) between 25 and 29 – and obesity (BMI more than 30) published in the Archives of General Psychiatry in 2010 (Luppino et al.) re-confirmed the link between the two and showed that being affected by obesity at the start of the studies significantly increased the chance of having depression later among people more than 20 years old, but not for teens or children. And, having depression at the start significantly increased the chances of developing obesity later, but not of developing overweight. In this case, neither gender, age nor severity of depression seemed to make study participants more or less likely to be affected by obesity.

In another study (Vogelzangs et al.) published in 2010, this time in the Journal of Clinical Psychology, researchers looked at adults aged 70 to 79 throughout a period of time. Throughout the course of five years, depressive symptoms emerged in 23.7 percent of originally non-depressive participants. In men, obesity in the form of visceral (stomach) fat was significantly associated with depression onset, meaning men with more fat in their stomach areas were more likely to develop depression than men with less fat there. No similar association between depression and obesity in the form of visceral fat was found in women. This suggests that something specific to visceral fat is related to the mechanics of depression.

A 2009 study (Beydoun et al.) in the Journal of Affective Disorders of NHANES data on health and lifestyle, looked at associations between depression, BMI, physical activity and dietary intake. The researchers found that the presence of depression in women was connected to higher BMI and reduced physical activity, but not in men. In addition, special equation models led the authors to conclude that in both sexes the main pathway link from Major Depressive Disorder (MDD) to higher BMI is through lower level of physical activity, and in women the additional pathway link from socioeconomic status to higher BMI is through food insecurity, which leads to MDD, which leads to lower levels of physical activity.

Still another study (Remiglio-Baker et al.), presented at an American Heart Association conference and summarized in a 2009 issue of Endocrinology, which followed 5,031 adults for five years, found that women with depression were 54 percent more likely to be affected by excess weight or obesity at the end of the study than those who were not depressed, and those with excess weight or obesity were 27 percent more likely than normal-weight women to develop depression. No such association was found in men. The lead investigator stated, “Treating depression should be considered a public health initiative to prevent development of overweight/obesity, especially in women.”

Impacts Depression and Obesity

The answer is complex with many factors in play, yet some biological factors offer significant clues. Notably, the hormones known as the HPA axis is thought by many scientists to be the key to understanding the biology of both depression and obesity.

HPA is a complex set of direction influences and feedback interactions involving the hypothalamus, the pituitary gland and the adrenal glands – parts of the nervous system which secrete a variety of hormones. The three parts of this HPA axis work together to keep the body chemicals balanced when a person is under stress. The HPA axis is responsible for the release of cortisol, called “the stress hormone,” which is released to counteract the effects of stress. Cortisol has a number of effects, one of which is the build up of fat around the abdomen. Sustained stress can also lead to depression.

Treatments

For people facing the challenges associated with obesity and depression, what treatment options are available and effective? In a 2008 review of study outcomes in the *Journal of Clinical Psychology* (Markowitz et al.), the authors urged clinicians to integrate the treatment of these two diseases and cautioned that dieting, which can worsen mood, and anti-depressants, which can cause weight gain, should be minimized. The authors also recommended that exercise and stress reduction, which have been shown to be effective treatments for both diseases, should be considered a first-line defense.

While we still have much to learn about the association between obesity and depression, this much is clear: the link between the two conditions is clear. Considering the devastation either of them alone can cause, research to gain an even better understanding of how and why the two are connected and then identify any additional treatments could benefit many millions of people.

Obesity and Depression: learning to cope

Childhood obesity is a growing epidemic in the United States. It affects more than 18 percent of children, making it the most common chronic disease of childhood. This number has more than tripled since 1980.

Childhood obesity is a health issue. Today, more and more children are being diagnosed with diabetes, hypertension and other co-morbid conditions associated with obesity and morbid obesity.

A child is defined as “affected by obesity” if their body mass index-for-age (or BMI-for-age) percentile is greater than 95 percent. A child is defined as “overweight” if their BMI-for-age percentile is greater than 85 percent and less than 95 percent.



How Childhood Obesity is Measured

Measuring Weight Status

Obesity in children is determined by using BMI-for-age percentiles. BMI-for-age percentiles have emerged as the favored method to measure weight status in children. This method calculates your child's weight category based on age and BMI, which is a calculation of weight and height. However, it should be kept in mind that this method, among other methods, should be used as a tool, and only a physician can best determine and diagnose weight status in your child.

To plot a child's BMI-for-age percentile, you must first calculate his/her BMI. To locate a BMI chart with weights and heights appropriate for children, please click the below link. Once you calculate his/her BMI, find the age of the child on the bottom of the BMI-for-age percentile chart (click on below link for boy or girl) and look to the left or right to locate their BMI.

Plot the point on the graph using a pen or pencil. Once you have plotted the measurement, locate the corresponding shaded color on the bottom of the chart to determine your child's BMI-for-age percentile. You are then able to find your child's weight status by viewing the Weight Status Category table located to the right of the chart.

Measuring Growth in Children

You may have heard your pediatrician refer to your child's weight in terms of a percentile. To measure growth in your child based on their weight, doctors most commonly use weight-for-age percentiles. Weight-for-age percentiles are used to measure your child's weight based strictly on age. It does not take into account the height of a child. This is not a method to determine obesity (or overweight) in children, but simply an indicator of growth as compared to children of the same age.

To plot your child's weight-for-age percentile, find the age of your child on the bottom of the chart and look to the left to locate their body weight. Once you locate their weight and age, plot the point on the graph using a pen or pencil. Once you have plotted the measurement, locate the corresponding shaded color on the bottom of the chart to determine your child's weight-for-age percentile.

Once you have found your child's weight-for-age percentile, you can then determine what percentile (or percentile range) they fall into, as compared to children of the same age.

For example, if your child is in the 95th percentile, this means that their weight is greater than 95 percent of children of the same age.

About Body Mass Index (BMI)

BMI is the most common method to measure adult obesity. However, BMI is now becoming a popular tool, which is combined with BMI-for-age percentiles, used to measure obesity in children. BMI is a number calculated by dividing a person's weight in kilograms by his or her height in meters squared. If your child's BMI is not listed on this chart, please [click here](#) to calculate their BMI.

Risks Associated with Childhood Obesity

Children who are considered affected by obesity are 70 percent more likely to continue being affected by obesity into adulthood. In addition, they are at greater risk for serious medical issues such as:

Aside from the clinical perspective, children who are affected by obesity face social discrimination, leading to low self-esteem and depression.

Causes of Childhood Obesity

Although the causes of childhood obesity are widespread, certain factors are targeted as major contributors to this epidemic. Causes include:

Obesity and Depression: learning to cope

Today's environment plays a major role in shaping the habits and perceptions of children and adolescents. The prevalence of television commercials promoting unhealthy foods and eating habits is a large contributor. In addition, children are surrounded by environmental influences that demote the importance of physical activity.

Today, it is estimated that approximately 40 to 50 percent of every dollar that is spent on food is spent on food outside the home in restaurants, cafeterias, sporting events, etc. In addition, as portion sizes have increased, when people eat out they tend to eat a larger quantity of food (calories) than when they eat at home.

Beverages such as soda and juice boxes also greatly contribute to the childhood obesity epidemic. It is not uncommon for a 32 ounce soda to be marketed toward children, which contains approximately 400 calories. The consumption of soda by children has increased throughout the last 20 years by 300 percent. Scientific studies have documented a 60 percent increase risk of obesity for every regular soda consumed per day. Box drinks, juice, fruit drinks and sports drinks present another significant problem. These beverages contain a significant amount of calories and it is estimated that 20 percent of children who are currently overweight are overweight due to excessive caloric intake from beverages.

Lack of Physical Activity

Children in today's society show a decrease in overall physical activity. The growing use of computers, increased time watching television and decreased physical education in schools, all contribute to children and adolescents living a more sedentary lifestyle.

Another major factor contributing to the childhood obesity epidemic is the increased sedentary lifestyle of children. School-aged children spend most of their day in school where their only activity comes during recess or physical education classes. In the past, physical education was required on a daily basis. Currently, only 8 percent of elementary schools and less than 7 percent of middle schools and high schools have daily physical education requirements in the U.S.

Heredity and Family

Science shows that genetics play a role in obesity. It has been proven that children with parents affected by obesity are more likely to be affected as well. Estimates say that heredity contributes between 5 to 25 percent of the risk for obesity.

However, genes alone do not always dictate whether a child is affected by excess weight or obesity. Learned behaviors from parents are a major contributor. Parents, especially of those whose children are at risk for obesity at a young age, should promote healthy food and lifestyle choices early in their development.

Dietary Patterns

Over the past few decades, dietary patterns have changed significantly. The average amount of calories consumed per day by has dramatically increased. Furthermore, the increase in caloric intake has also decreased the nutrients needed for a healthy diet.

Food portions also play an important role in the unhealthy diet patterns that have evolved. The prevalence of “super size” options and “all you can eat” buffets create a trend in overeating. Combined with a lack of physical activity, children are consuming more and burning off less.

Socioeconomic Status

Children and adolescents that come from lower-income homes are at greater risk of being affected by obesity. This is a result of several factors that influence behaviors and activities.

Lower-income children cannot always afford to partake in extracurricular activities, resulting in a decrease in physical activity. In addition, families who struggle to pay bills and make a living often opt for convenience foods, which are higher in calories, fat and sugar.

Educational levels also contribute to the socioeconomic issue associated with obesity. Parents with little to no education have not been exposed to information about proper nutrition and healthy food choices. This makes it difficult to instill those important values in their children.

What to do about Treating Childhood Obesity

Obesity and Depression: learning to cope

Treating obesity in children and adolescents differs from treatment in adults. Involving the family in a child's weight management program is a key element to treatment. As a support system, family is integral in ensuring weight management goals are met.

It is important to talk with your physician about options for treating childhood obesity. The various treatments of obesity in children and adolescents include:

Diet Therapy

When treating a child or adolescent affected by obesity, it is often recommended that they have a consultation with a nutritionist that specializes in children's needs. Nutritionists can best help children understand healthy eating habits and how to implement them in their long-term diet.

In some cases, nutritionists do not always recommend restricting caloric intake for children. Education on how to read food labels, cut back on portions, understand the food pyramid and eat smaller bites at a smaller pace is generally the information given to change a child's eating habits.

Physical Activity

Another form of treatment of obesity in children is increasing physical activity. Physical activity is an important long-term ingredient for children, as studies indicate that inactivity in childhood has been linked to a sedentary adult lifestyle.

Increasing physical activity can decrease, or at least slow the increase, in fatty tissues in children affected by obesity. The US Surgeon General recommends that children get at least 60 minutes of physical activity each day. Individualized programs are available and possible for those children or adolescents that are not able to meet minimum expectations.

Behavior Modification

Lifestyles and behaviors are established at a young age. It is important for parents and children to remain educated and focused on making long-term healthy lifestyle choices.

Obesity and Depression: learning to cope

There are several ways that children and adolescents can modify their behavior for healthier outcomes, such as: changing eating habits, increasing physical activity, becoming educated about the body and how to nourish it appropriately, engaging in a support group or extracurricular activity and setting realistic weight management goals.

Surgery

While surgery has been performed on adolescents in extreme cases to treat obesity, it is only considered for those with severe medical conditions that can be improved by surgery. For more information on the various types of surgical procedures to treat obesity,

Finding time for ourselves is getting very difficult these days. This is mainly due to our hectic routine and thus we try to get maximum things done in the limited free time. Weight loss is a big issue for some of us. (with the media publishing it regular)

There are many methods you can use to lose weight and I would like to take this opportunity to discuss some of them in this report. Weight loss through diet, exercise and surgery are some of the most common ways of doing this. Weight loss surgery should be viewed first and foremost as a method for alleviating debilitating, chronic disease. Weight loss surgery requires a great deal of commitment on the part of the patient in that he or she should be prepared, motivated, and dedicated to adhere to extensive dietary, exercise and medical guidelines that must be followed for the remainder of their lives after having the surgery. The fact remains that morbid obesity is a complex, multi-factorial, chronic disease. I would advise you to seek medical help or the opinion of a professional in this field before making any decisions to take this course of action, as there are many other methods to losing weight for instance, dieting, it is a great way in my opinion. Low GI diets are essential to this method of weight loss

Obesity and Depression: learning to cope

Weight maintenance and motivation is really important and you can get this by teaming up with people who have the same goal or interest. Strength and training will make you stronger, leaner and healthier. Dietary guidelines produce useful information and give you a breakdown by calorie intake. Diet is the first line of attack with weight loss, a strict Diet plan and plenty of exercise may be recommended in combination with low calorie GI foods. Diet plans are Low-Fat, Healthy, Balanced, Tasty and Fun. A food plan that focuses on very low and fat free, but very enjoyable meals and snacks. The plan must exclude all high fat food and instead show variety and balance. Foods that are not portioned out or controlled are included in every meal. For individuals who have been unable to achieve significant weight loss through diet modifications and exercise programs alone, bariatric surgery may help to attain a more healthy body weight.

Progressive resistance to exercises can also help increase weight and build muscles in HIV patients. Exercise doesn't have to be hard if you don't hold unrealistic expectations for yourself, especially initially. Exercise will also help to reduce stress, improve the quality of sleep and it's great fun too. Exercise can also offer other benefits, including strengthened muscles, increased flexibility, and stronger bones, which can help ward off the bone-thinning condition called osteoporosis.

Well these are just some of the values that you might achieve through a good diet plan. You can find more information about diet plans such as keto or Atkins diet they are great in the fight against obesity.

Andrew deKannwarri

<http://www.f-learningonlinecourses.com>

Recipes

Healthy eating is as delicious as it is nutritious—a feast for the senses as well as good for the body. [The Healthy Eating Plate](#) is an excellent guide for creating healthy, balanced meals, and cooking is a great way to experiment with new flavors. We offer recipes for [cooking at home](#) — whether for yourself, or your friends and family — as well as recipes for larger [food service](#) operations.

To get you started, we've compiled helpful suggestions for how to create a healthy kitchen.

5 Quick Tips to Stock a Healthy Kitchen

- 1. Produce** Choose locally grown [vegetables and fruits](#) whenever you can, and eat plenty every day. Aim for a variety of colors — variety is as important as quantity; no single fruit or vegetable provides all of the nutrients you need to be healthy.
- 2. Grains** Trade in white rice for [whole grains](#) such as barley, bulgur, oat berries, [quinoa](#), brown rice, and more. Try perusing your local grocery store's bulk bins to discover new, delicious whole grains that are often simple to prepare.
- 3. Protein** Rely on healthy [protein](#) such as fresh fish, chicken or turkey, tofu, [eggs](#), and a variety of beans and [nuts](#). Remember to balance your plate with lots of vegetables & fruit, whole grains and healthy fats as well.
- 4. Fats and oils** Use liquid vegetable [oils](#) whenever possible for sautéing vegetables, stir-frying fish or chicken, and as the base of salad dressings. [Good choices](#) include canola, sunflower, corn, soybean, peanut, and olive oil.
- 5. Other essentials** Even a small amount of a high-quality ingredient can have a big impact on flavor. Stock your kitchen with high-quality basics like extra virgin olive oil, [balsamic vinegar](#), fresh and dried herbs, and a variety of unsalted nuts (such as walnuts, almonds, and pistachios), and you'll have flavorful building blocks for any recipe.

Although it's not easy to lose weight to get below the obesity threshold, there are a variety of tried-and-true tactics that can help you along the path toward losing weight, including creating a healthy meal plan for obesity.

Meal Planning and Weight Loss

Planning your meals isn't a panacea when it comes to promoting weight loss, but it is a valuable tool in your arsenal. A 2017 study published in the [International Journal of Behavioral Nutrition and Physical Activity](#) found that people who planned meals were less likely to be overweight or obese, as well as more likely to eat a wider variety of foods and have a higher-quality diet overall.

Meal planning helps weight loss by:

As a bonus, meal planning can help you stay on budget, because it cuts down on spontaneous trips to restaurants and supermarkets to pick up food for immediate consumption.

Meal Planning Guidelines for Obesity

There's no right or wrong way to [plan your meals](#). With a little bit of trial and error, you can figure out what works best for you (and your family, if other people need to be taken into account). However, when you're trying to figure out some meal planning guidelines for obesity, a few ideas include:

Once you have made a meal plan for a week, hold onto those menus. Rather than reinventing the wheel in the future, use that meal plan and those recipes again at a later date. Eventually, you will get into a rhythm that makes meal planning feel a lot easier.

The Importance of Portion Control

Remember, [portion control](#) matters. Even the healthiest of meal plans won't help you to lose weight if you're overeating. The [Centers for Disease Control and Prevention](#) recommends managing portions by splitting entrees when eating out, putting individual portions of food on a plate rather than setting the serving dishes on the table at home, and eating a healthy snack between meals to avoid overeating later due to hunger.

Sample Meal Plans

There's no one meal plan that works for everyone – a successful obesity eating plan has to take personal preferences into account, as well as food allergies and intolerances, availability and culinary skill level. However, everyone can take certain components of a meal plan into account.

For example, a [healthy meal plan](#) should be rich in fruits and vegetables, but the specific fruits and vegetables that are included are up to you. A healthy meal plan should also include protein, unsaturated fats and complex carbohydrates.

Mediterranean Diet Meal Plan

Just as there's no one meal plan that works for everyone, there's no obesity diet plan that's guaranteed to work wonders. However, [U.S. News & World Report](#), in its annual ranking of diet plans, named the Mediterranean Diet as the top overall diet thanks to its emphasis on fruits, vegetables, olive oil and fish, among other healthy meal components.

Rather than focusing on calories, fat or other nutrient numbers, a Mediterranean Diet meal plan emphasizes eating foods high in fiber, lean protein and unsaturated fats. [Cooking Light magazine](#) suggests a sample meal plan that consists of:

Clean Eating Meal Plan

If those ideas don't appeal to you, there are plenty of additional weight loss-focused meal plans you can pick from to choose an effective obesity-busting diet. For example, a sample day of meals designed for weight loss from [Clean Eating magazine](#) includes:

High-Protein Diet Meal Plan

If you'd like to focus on consuming more satiating protein, [Eating Well magazine](#) offers a high-protein meal plan that includes:

Low-Fat, Low-Sodium Meal Plan

If you're concerned about the effects fat and salt may be having on your heart, the [Mayo Clinic](#) suggests several dishes as part of a sample meal plan:

..

Caribbean Slow Cooked Chicken.



Recipe

Ingredients:

Directions:

1. Toss chicken with curry powder, thyme, allspice, red pepper flakes, black pepper and salt.
2. Heat oil in a large skillet. Add onions and garlic and sauté until onions are softened, about 3 minutes. Add chicken mixture to skillet and brown on both sides. Add wine and let cook for a few minutes. Add tomatoes and black beans and mix well. Transfer to crock pot and cook in high for 4-5 hours until tender and meat is falling off the bone. Alternatively, you can continue to cook the chicken on the stove top for about 25-30 minutes until chicken is done.

Per serving: 423 calories, 24 g fat (6 g sat), 32 g protein, 13 g carb, 557 mg sodium, 2 g sugars, 4 g fiber