

FATTEN THEM UP SAYS THE GRIM REAPER

“Obesity and disabilities! That’s drawing a long bow!” exclaimed a friend recently while we tossed almond croissants and lattes down at a fast clip.

Social x-rays we’re not. In fact chubulent best describes my body from the ears down. “You might be all right *so far*,” I muttered ominously, “but wait till your knees, hips, feet, gut, libido, back – need I go on? – run up the white flag! Look at me – I’m a martyr to reflux and my bunions could house a small family!

“What about we order some fruit? A serve of toasted fruit bread with marmalade thanks,” I said to the waitress. “And two skinny flat whites. Don’t want to get faint driving home.”

Apart from clothes that look as if they were run up in Nannaville, a truckload of fat would be ok, except that many disabilities are either directly caused or exacerbated by obesity which is defined as a Body Mass Index of 30+ (i.e. 30 per cent or more over your recommended weight).

Most fatties, like me, know about the links between fat and heart disease, stroke and diabetes – and still eat for Australia. But there are right nasty and disabling conditions associated with obesity that aren’t publicised widely.

Vision loss

The Royal National Institute of the Blind in the UK released a statement a few years ago warning that obese men and women have *double* the risk of going blind compared to people of a healthy weight.

The four main causes of vision loss that worsen dramatically with a BMI of 30+ are age related macular degeneration – wet and dry forms, cataracts, diabetic retinopathy (obesity is a major player in developing type 2 diabetes) and glaucoma.

Non-alcoholic fatty liver disease

Non-alcoholic fatty liver disease (NAFLD) refers to a wide spectrum of liver diseases including non-alcoholic cirrhosis – irreversible, advanced scarring of the liver caused by chronic inflammation. All of the stages of NAFLD are now believed to be due to insulin resistance, a condition closely associated with obesity and the greater the BMI the greater the liver damage.

NAFLD occurs principally in developed countries where sedentary lifestyles are common and there’s a high intake of calories, sugar, and fat.



Cancers

Medical research has determined with reasonable certainty that obesity is a risk factor – risk factors are not causes – for cancers of the colon, breast, endometrium (lining of the uterus), kidneys, and oesophagus.

Other studies show that the risk of getting cancers of the cervix, gall bladder, prostate, and thyroid, is lower in people with low fat diets and/or who are physically active.

(A well publicised study done in 2006 by the Women’s Health Initiative purportedly showed low fat diets did not prevent cancer. But critics of the WHI study, such as Prof George Jelinek from Perth’s Charles Gardiner Hospital point out that the low-fat group reduced their fat intake by only 2.9 per cent on average and no distinction was made between trans, saturated and non-saturated fats.)

Knackered knees, hips and feet

Even five kilos of excess weight increases the force on the knee by 30-60 pounds with each step, and doctors suspect the increased pressure hastens the breakdown of cartilage. Hips and feet suffer similarly. Being overweight has also

been associated with higher rates of osteo-arthritis in the hands suggesting the involvement of a circulating systemic factor as well.

Sleep apnoea (see Magda’s story)

Obesity and Pregnancy

Women who are obese (and those who are anorexic) have a far harder time conceiving than slender or slightly podgy women.

Once they do conceive, obese women are more than twice as likely as normal weight mothers to have babies with spina bifida and other rare but serious neural tube defects, and to a lesser degree heart problems, cleft palates and hydrocephaly (excess fluid within the brain that causes the head to swell).

Gastric reflux

Commonly referred to as heartburn or indigestion, gastric reflux is a condition caused by stomach acids travelling back up into the oesophagus and often the mouth.

It may be less agonising than having a screwdriver thrust in you chest but when the cells lining the oesophagus become irritated, they change from normal stratified epithelium to those resembling stomach cells – this is called Barrett’s oesophagus. Barrett’s oesophagus and gastric reflux are risk factors for oesophageal cancer. And stomach acid also wears away at teeth enamel.

Incontinence

Imagine a couple of 10 kilo bags of sugar on your lower stomach, then having a big meal and drinking a mug of tea or a can of diet cola. Sure as eggs some of it is going to squish out. If you’re in the habit of eating every day, even mild urinary and faecal incontinence is likely to impact on your work and social life – and upholstered chairs are out unless you’re doing some sort of bizarre Rorschach test!

I can think of better ways to live dangerously. 🌀

Denny Rosey