Christmas health warnings go down like a sack of coal

Between Christmas and New Year, the average person in the United Kingdom will put on 4-6lbs in weight. Unfortunately research highlights that people who start with a higher body mass index (BMI), like Santa, tend to gain more weight over the holiday festivities than those with a normal BMI (Hull et al. 2006; Roberts and Mayer 2000). This is also true in children (Branscum et al. 2010) but is perhaps unsurprising with those extra helpings of mince pies, roast potatoes, shortbread, desserts, and sweets, not forgetting liberal amounts of alcohol; the calorie counter spins round at an alarming rate.

For most of us, we not only increase our food intake over festive periods but we also are inclined to eat more carbohydrates. The higher the glycaemic index of the carbohydrates consumed, directly correlates with the production of fat within the body, leading to weight gain. Marketing has a huge impact on us all at this time of year as well as the availability and the mass production relatively cheap carbohydrate rich, calorie dense foods. Already, children and adults will have bought their chocolate advent calendars and are stocking up on selection boxes and tins of well-known chocolates. Before Christmas is over, some of the more eagled-eyed will have noticed chocolate eggs appearing on the shops shelves. How irresistible.......then there is Valentines, Mother’s day, Easter, Father’s day .... So many reasons to celebrate by eating, which is advocated by clever advertising. With this in mind, it is not unsurprising that obesity is globally increasing and in England, the prevalence of obesity has increased from 15% to 27% in 2015 (National Health Service (NHS) Digital 2017).

However, the sole blame cannot just be consumption of high glycaemic foods. Inactivity is also a recognised as a causative factor for obesity. Physical activity has become increasingly limited for most people with long hours in front of computer screens, driving to and from work and then, when at home, hours spent in front of the television and or computer screen (Calle and Thun 2004). This is observed especially in December when it is common place to sit down and watch Christmas films or shows. Activity should be encouraged more so to counter over indulgence but, at this time of year, can be problematic due to weather conditions and cost.

Obesity is associated with a myriad of abnormalities such as non-alcoholic fatty liver disease (NAFLD) and non-alcoholic steatohepatitis (NASH). The prevalence for NAFLD increases with
an increasing BMI (Ruhl and Everhart 2003). According to Fabbrini, Sullivan and Klein (2009) NAFLD has been recognised as an important health problem due to its prevalence and the potential to progress to severe liver disease. Furthermore, obesity is also linked with other abnormalities such as type 2 diabetes mellitus (T2DM), coronary heart disease, metabolic syndrome as well as hypertension and stroke. Moreover, there is a significant association with obesity and causal links for colon cancer, renal cell cancer, breast cancer (in females) and oesophageal cancer (Calle and Thun 2004). It is a sobering thought that overeating, especially of high glycaemic foods, may be the largest, avoidable cause of cancer in non-smokers. However, are the public aware of this fact?

Health promotion is one of the most crucial roles that nurses can play in contributing to the health of the public. Nurses are required to utilise all their skills of active listening and encouragement, bearing in mind everyone’s individual needs and encouraging them to take responsibility for their own health. Certainly, over the Christmas holiday period this is an ideal time to offer health promotion to both adults and children especially for those who are already overweight or obese (Branscum 2010) to prevent them gaining further weight and to encourage weight loss by good eating habits and increasing activity. Studies have shown that calorie restriction and weight loss is effective in improving liver biochemistry and liver histology in patients with NAFLD and NASH (Kirk et al, 2009; Larson-Meyer et al, 2008).

Over the Christmas period it is common practice within British culture to drink more than normal. Therefore, this is an excellent opportunity for nurses to offer health promotion/advice not only to their patients but to their own families and friends with regards to the development of fatty liver. Fatty liver can occur by consuming large quantities of alcohol on a regular basis, or by heavy drinking during a short time period. This is termed alcoholic fatty liver disease, and is the first stage of alcohol related liver disease. Fatty liver disease rarely causes any symptoms, but if diagnosed it is an important warning sign and advice should be given to cut alcohol consumption down or stop drinking altogether. The good news is that fatty liver is reversible and within a few weeks the liver should return to normal on cessation of alcohol.

If we met Santa on Christmas Eve, thinking about health promotion we may suggest that he should eating the carrots left for his reindeer, as opposed to the mince pies and shortbread. We could also kindly suggest and that he should be drinking water rather than the copious
amount of milk, sherry, port or beer kindly left out for him on Christmas Eve especially when driving a sleigh.

References


Ruhl CE, Everhart JE (2003). Determinants of the association of overweight