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Eating Right, And Wrong

Parents need to stop worrying about their children's weight, say the experts.

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Staff Reporter

In today's weight-obsessed society — one in which dieting is a multi-million dollar industry and some school systems have issued Body Mass Index report cards — registered dietician Deborah Kauffmann turns conventional thinking on its heels.

Ms. Kauffmann believes we are spending too much time focused on dieting and restricting the foods we eat, including what we feed our children.

According to Ms. Kauffmann, one of the results of this constant emphasis on dieting is the rise in the development of compulsive eating disorders. But she has a solution.

Whatever your child's weight, "legalize" all foods. If they [kids of all body sizes] want cookies and milk after school, give them cookies and milk," said Ms. Kauffmann, who has a private nutrition practice and also runs a free support group for "adults of size."

Compulsive eating disorder is a repeating pattern of non-hunger eating, either through bingeing, grazing or continued eating, even when one is full. A study published in the Feb. 2007 issues of *Biological Psychiatry* found that binge eating affects 3.5 percent of women and 2 percent of men. That's more than double the amount of those affected by bulimia (1.5 percent of women, .5 percent of men) and triple that of anorexia (.9 percent of women, .3 percent of men).

Ms. Kauffmann believes that number is even higher for compulsive eating disorders, as binge eating is only one component.

The problem with compulsive eating is that it can lead to a number of health problems, including heart disease. Besides the physical aspect, Dr. Harry Brandt, director of The Center for Eating Disorders at Sheppard Pratt, for which Ms. Kauffmann once worked, adds that compulsive eaters spend an inordinate time

and energy focused on food, weight and appearance.

Compulsive eating disorders are not limited to individuals with larger body sizes. Thinner individuals and those with low BMIs are as much at risk for compulsive eating disorders and their health consequences as those with higher BMIs.

Dr. Brandt points to several causes of eating disorders. Some research indicates that genetics has a lot to do with it, with the possibility that a chromosome abnormality may be at work. Other factors include emotional and/or family issues.

An emphasis on weight and dieting are considered risk factors. Ms. Kauffmann, who has been providing nutritional counseling for 18 years, said that the two types of compulsive eating are deprivation-driven and emotional.

Many well-meaning parents, concerned about their children's body weight, often restrict certain foods in their child's diets, such as chips and sweets, yet those restrictions can lead to compulsive eating disorder. The reason? There is a tendency for children to find a way to eat these foods anyway, either away from home or when parents are just not at home.

According to Dr. Brandt, individuals need to eat a certain amount of fats, proteins and carbohydrates. When one of these macronutrients, such as fats, is restricted in the diet, the brain becomes programmed to crave fats. Then individuals will overfeed on that nutrient to bring their bodies back into balance. Overeating and bingeing on fatty foods can be the result.

Both Ms. Kauffmann and Dr. Brandt believe that parents should offer foods from all food groups, and that includes what is often termed "junk food."

"Research shows that if no food is off-limits and children are offered a variety of foods, including sweets, a



Provide youngsters with foods from all food groups, suggests Deborah Kauffmann, a registered dietician.

PHOTO: JSTIN ISKOLAS

child doesn't tend to only eat desserts," said Ms. Kauffmann. "Children will pick from all food groups."

"Find out what the child's favorite foods are from all food groups," she continued, and stock the pantry with those. This includes fruits, snacks, cookies and cakes, if they like them.

Breaking the habit of restricting certain foods may be tricky, as children may initially gravitate towards those that formerly were restricted. But when they realize that the previously "forbidden" foods won't be taken away, they begin to choose a healthier diet.

Parents and society need to understand that "some people are genetically thinner and some genetically larger," said Dr. Brandt.

Another way of looking at our children is that if they have always been in the 90th percentile for weight and still are, then they are probably where they belong. It's when they jump from the 20th to the 80th percentile that parents may want to get an outside opinion, he said.

If parents are concerned about their child's eating habits and appearance, they should get an outside evaluation and a family history that looks at genetics. Often parents bring their own feelings about weight and appearance into the mix and are unable to step back and see that their child's appearance is fine.

For healthier children, we should teach nutrition and appropriate

exercise, suggested Dr. Brandt. Help children focus on internal cues of hunger, added Ms. Kauffmann.

"Weight loss should never be a goal of treatment, even though it will most likely occur during treatment. If weight loss is a goal," said Ms. Kauffmann, "this will lead to increased compulsive eating and poor body image." □

In conjunction with National Eating Disorders Awareness Week, Feb. 22-28, The Center for Eating Disorders at Sheppard Pratt will be hosting free public events. For information, go to eatingdisorder.org.

Quick Health Fact

44% of eligible low-income students in Maryland participated in the national School Breakfast Program. By contrast, 46 percent of low-income children participated in the program nationally. In Maryland, participation varied widely by county, from a high of 71 percent in Somerset County to a low of 20 percent in Howard County. Counties that operated the Maryland Meals for Achievement Program, a state-funded program, generally had higher rates of participation in the breakfast program. Source: Maryland Hunger Solutions