



Surplus Pounds

Overweight-- Many struggle with extra pounds, regardless of whether they are overweight or obese. For years, lifestyle changes were the main way to lose weight, but recently, new medications have provided alternatives – albeit not without risk.

TEXT: JANE FUNKE AND HANNELORE GIESSEN

This issue is a high public health priority, even for the World Health Organization (WHO), who *anticipate* that obesity could become an epidemic. Particularly *concerning* is the rising number of overweight children and adolescents, as overweight children often turn into obese adults. These individuals carry a high risk of health issues in the future, with a greater *likelihood* of cardiovascular disease (double that of individuals at normal weight) and a substantially higher risk of diabetes – up to four times higher for women and eight times higher for men. The distribution of fat also matters. „Apple“ body types, more common in men, carry more visceral fat around the abdomen, which is metabolically active and linked to a higher risk of health complications. In the adipose tissue hormones like Leptin are produced but so are messenger substances for inflammation, thus *paving the way* for metabolic issues, resulting e.g. in diabetes 2. In contrast, „pear“ body types, typical of women, store fat around the hips and *thighs*, where it poses a less immediate risk.

BMI and Waist Circumference

Many are concerned about their weight, but what qualifies as overweight? The main measurement is the body mass index (BMI), calculated by dividing weight in kilograms by the *square* of height in meters. For example, a person weighing 70 kg, who is 1.70 m tall would have a BMI of 24 kg/m². Experts generally recommend a BMI below 25. 25 to 30 is classified as moderately overweight, while a BMI over 30 often indicates health risks associated with obesity. Nevertheless, BMI has its limitations, especially for people with high muscle mass. *Waist* circumference is also measured to assess fat distribution, with sizes over 88 cm in women and 102 cm in men indicating a higher risk for metabolic conditions, such as diabetes and cardiovascular disease.

Managing Obesity

Treatment options for excess weight and obesity combine lifestyle changes, *behavioural therapy*, medication, and some-

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times surgery. The goal to be reached is gradual, sustainable weight loss in order to reduce health risks.

Diet and exercise are the foundation of weight management. Patients are encouraged to adopt a balanced diet with reduced calorie *intake* (typically 500–1000 fewer calories per day), including high-fibre foods, lean proteins, whole grains, limited sugars and saturated fats. Exercise recommendations suggest



150–300 minutes weekly of aerobic activity at moderate-intensity. Though lifestyle changes are *straightforward* in concept, they are challenging to maintain.

Medication may be appropriate for those with a BMI of 30 or more, or a BMI of 27 or more if they have obesity-related health issues such as type 2 diabetes or hypertension. In recent years, there has been a pharmacological revolution, as agonists of the hormone Glucagon-like peptide-1 (GLP-1) receptor have completely changed the treatment. Those most often applied in Germany are Semaglutide and Tirzepatide, the latter one additionally acting by *means* of the Glucose-dependent insulinotropic polypeptide (GIP). *

Jane Funke ist geborene Britin und erstellt als Native Speaker gemeinsam mit Apothekerin Hannelore Gießen seit vielen Jahren die Serie „English for PTA“, die sich mit klassischen OTC-Themen befasst.

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Dialogue

Customer: Good afternoon, I've gained weight over the last few months and some of my clothes don't fit me anymore. I've worked out that my BMI is 26.5 and that it could endanger my health if it gets any higher. What can I do?

PTA: Unfortunately, there is no magic potion. The most important thing is to take your time. Losing weight too fast is exhausting and often defeats the object.

Customer: What do you suggest?

PTA: The best results come from setting yourself an achievable goal and changing your eating habits permanently.

Customer: What would that involve?

PTA: Eat slowly and reduce your fat intake to a maximum of 20 percent of the total number of calories. Between 1500 and 1800 calories would be a sensible amount to start with, considering your size and weight.

Customer: Can't I cut out fat altogether?

PTA: No, that would have the opposite effect. Your body would go into survival mode and hang on to every gram it has. Also, if you keep too strict a regime, it would result in binging and make you angry with yourself.

Customer: What kind of foods should I eat?

PTA: Eat wholefoods that are rich in fibre, plenty of vegetables and fresh fruit and use healthy oils such as olive. Be careful with the fruit and don't eat too much as many varieties contain a considerable amount of sugar, whereas you may eat as many vegetables as you like. Try to stick to 3 meals a day. It's good for the body to have at least 3 hours between meals and it's better to eat more early in the day and less later on. Avoid processed food as it contains a lot of hidden sugar and salt. Fluids are important too and you should drink plenty of water, preferably 2 litres a day.

Customer: Does it have to be water?

PTA: Fruit teas and herbal infusions are good if you prefer something warm. Sugary beverages should be kept to a minimum. And you should get on average at least 30 minutes of physical exercise a day. Walk or cycle; avoid using lifts and escalators. Take the stairs instead.

Customer: A friend told me that there are injections nowadays to help lose weight.

PTA: That's true but that is definitely not an option in your case. They are

used for patients with obesity and their prescription is connected to certain conditions. So, your health insurance wouldn't pay for them.

Customer: Oh, I'd hoped it would be easier.

PTA: No, sorry but maybe a formula diet meal replacement would be worth trying. It would help by providing clearly defined meals without having to count calories or anything else. It starts with a trial period and then a long-term plan. You can also replace just one daily meal with a formula diet, preferably in the evening. Concerning the loss of weight, I suggest you start a journal. Write down

everything you eat and drink and then come back in a fortnight and we'll go through it together.

Customer: That's a good idea. Should I weigh myself every day?

PTA: Once a week is best, preferably at the same time of day.

Customer: Ok, thank you very much. I'll see you in two weeks.

PTA: You're welcome. Good luck! And I'll just take your phone number if I may.

Customer: Yes, of course.

Vocabulary

English	Deutsch
to anticipate	vorhersehen, davon ausgehen
concerning	hier: besorgniserregend
likelihood	Wahrscheinlichkeit
to pave the way	den Weg bahnen
thigh	Oberschenkel
square	Quadrat
waist	Taille
behavioural therapy	Verhaltenstherapie
intake	Aufnahme
straightforward	einfach, unkompliziert
by means of	mit Hilfe von
to gain weight	an Gewicht zunehmen
magic potion	Zaubertrank
to defeat the object	das Ziel vereiteln, zuwiderlaufen
achievable	erreichbar
sensible	vernünftig
to binge	(mit Heißhunger) verschlingen
hidden	verborgen
on average	im Durchschnitt

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