

Daily Mail

Teenage timebomb: The gluttony generation eating themselves into an early grave

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23 October, 2008

Holly Walker is only 15 years old, and yet she has already suffered a lifetime's worth of embarrassment. And of all the humiliations she has endured, nothing compares with the time she and her mother went shopping for a school uniform.

'I was 11 years old and starting a new school,' explained Holly. 'But when I got to the uniform shop it was awful. There was nothing there that fitted me - no skirts, trousers, nothing.'

'We started at my age group and then worked up, but not even the biggest clothes - made for 16-year-olds - would fit. The shop was packed with children and their parents, and I had to leave empty-handed. It was terrible.'



Obese: Holly Walker, 15, pictured with her mum Bridgette, weights more than 15 stone but is now starting to lose weight

Holly is obese. She is 5ft 6in tall and weighs 15st 2lb. Her Body Mass Index (BMI), a calculation which compares a person's weight with their height, is 34 (ideally, your BMI should be between 18.5 to 24.9, showing you are an ideal weight for your height).

Being so severely overweight means she risks early death and serious disease - diabetes and cancers of the breast, colon, kidney and stomach. Unfortunately, she's not alone.

In the past 20 years, the number of children who have a BMI of more than 30 and who are thus considered to be clinically obese has tripled. In real terms, that translates to one in ten six-year-olds and one in six 15-year-olds.

Add in those who are overweight (with a BMI of 25 to 30) and it means that a third of British secondary school children weigh more than they should.

Unsurprisingly, figures compiled by the International Association for the Study of Obesity, from government and scientific studies earlier this year, showed teenagers here are among the fattest in Europe: English boys are ranked sixth, girls fourth.

Already, they will be suffering psychologically because of their weight. Plagued by feelings of self-consciousness, many withdraw into themselves, avoiding normal social interactions.

In the long-term, the obese will suffer severe ill-health, their life expectancy shortened by nine years on average.

Today, the annual cost to the NHS of treating obesity-related illness stands at almost £3 billion.

But if current trends continue, that figure will hit £50billion by the year 2050. Put simply, today's teenagers are at a real risk of dying at a younger age than their parents.

Given such warnings, it is hardly that politicians are waking up to the scale of the problem facing Britain.

Indeed, place obesity alongside the epidemic of underage drinking and the increases in the incidence of sexually transmitted infections and it's no wonder all the talk is of a teenage health timebomb.

That the state involves itself with these issues is inevitable. In the next few decades, it will be picking up the pieces and the bill - be it through the NHS or through disability payments.

But what about the role of the individual in all this? Surely they have a responsibility for their own health?

There is a growing belief that the buck lies with them and the family unit. Forget the softly-softly approach currently being employed (the Department of Health recently ruled that the word obese should be avoided in its literature as it was 'stigmatising'), some believe the time for tough talking has arrived.

The philosophy behind this approach was highlighted recently in a speech given by Andrew Lansley, the Conservative spokesman on health.

In it he said that excusing obesity by blaming genetics and the environment offered people too easy an excuse for their condition.

Mr Lansley said that a secure background, loving parents, a caring family, good friends, a close community and a supportive school was key to helping youngsters with their self-esteem.

'Every child needs as many of these as we can possibly give them. You can get on without one or two of these, but it's very hard to do so without any.'

In many ways, Holly Walker's experiences would appear to bear testimony to those words. Her parents split up when she was seven years old, leaving her mother Bridgette struggling to bring up Holly and her younger brother.

'Mum was very upset by the divorce and got depressed,' Holly explains.

'To make up for it she used to spoil us. She'd take us out to McDonald's, Pizza Hut or to a pub for meals. And she'd buy us bags of biscuits to reward us if we didn't make a fuss.'

By the age of nine, Holly was already overweight. As she got heavier, her self-confidence began to evaporate and she was bullied at school.

Aged 13 her BMI exceeded 40, meaning that she was morbidly obese, but still she carried on eating.

'I just let myself go,' she said. 'I isolated myself from others and got it into my head that I was a fat loser. I would always put off doing something until the next day.'

By earlier this year, Holly had reached rock bottom. She weighed 17st 11lb and was a dress size 26. Her mother, desperate to help, suggested that she go to a so-called 'fat camp' over the summer.

They paid £5,000 for the six-week residential course with Wellspring UK. Holly and 70 other teens were encouraged to modify their food intake and to take part in exercise sessions.

She also had sessions with a clinical psychologist. During her stay at the camp Holly lost 24lb and has shed a further 13lb in the six weeks since her return.

But the biggest change has been in her attitude. 'I am up every morning at 6am to go for a walk before school and have joined loads of clubs,' she said. 'I have started doing rugby and trampolining. I feel good about myself and have loads more confidence.'

The return of Holly's self-esteem is clearly key to what she and her family hope will be a new lease of life. Her success, however, will be hard won.

For all the talk of failing families, what is going on in the wider world cannot be ignored in a discussion of obesity.

Vivienne Nathanson is head of science and ethics at the British Medical Association (BMA) and points out that the vast majority of parents want the very best for their children, but are hampered in their efforts by external factors.

For example, she says, parents stop their children playing on the streets as they are frightened for their safety.

'This is about a society where lots of things have crept up on it and which have consequences for our future health. Parents want the best for their families but struggle because of the environment they live in.'

An aspect of this argument was highlighted by another recent study published in the International Journal Of Obesity. It found that children with well-off, middle-class parents are more likely to be overweight or obese than those from poor households.

These findings contradicted conventional wisdom that Britain's poorest families have the worst diets.

Researchers linked the problem to the rise of highly-paid working mothers - who are often forced to leave a nanny or nursery in charge of their child's diet and physical exercise.

High consumption of snack foods and sweetened drinks, long hours spent watching television and low rates of breastfeeding - shown to prevent obesity - were also said to be factors.

The impact that a working mother can have on a child's health is something that Louise Coulson knows from first-hand experience. She is a busy, married mother of two living in Daventry, Northants, and is desperately worried about her family's eating habits.

Although not obese, she and her husband Chris are overweight (with BMIs of 27 and 29, respectively) while 15-year-old son Beau is on the borderline of being so. Their ten-year-old daughter Teleisha has a BMI of less than 20.

The Mail asked the family to keep a diary of what they ate for a week to try to understand the pressures on a working family. It revealed that tins, takeaways and convenience foods were a mainstay of their diet - not out of choice but due to time poverty.

'Of course, I realise our diet could be much healthier, but with our busy lifestyles, some days just getting dinner on the table at a reasonable time is a major achievement,' says 39-year-old Louise, who runs a cleaning business and whose husband is a health and safety officer.

'My main concern is the children. I confess I feel guilty that their diets aren't healthier, that they, too, don't do enough exercise, and that Chris and I aren't exactly good role models.'

Breakfast, which generally consists of cereal, is probably the healthiest meal of the day.

Both the children have packed lunches, Beau's consisting of a pre-packaged pie, biscuit, and yoghurt. If sandwiches are made they will be filled from a jar.

As for the evening meal, while chicken and sweetcorn with pasta sounds relatively healthy, the shortage of time forces unhealthy short-cuts to be taken.

'I had to go back out to meet a client later in the evening so the dish was actually thrown together using tinned chicken in a sauce, and tinned sweetcorn.'

'Because the price of food has gone up so much recently, I have found myself cutting costs by not buying so many fresh items. The problem with fresh items, such as fruit and veg, is that not only is it expensive, but it often goes off quickly.'

Louise wants the best for her children but, at the end of a busy day, what is she supposed to do?

'Some people might accuse me of being lazy with the family diet,' she says. 'But the fact is, if I do manage to find myself with a few hours to spare - which, as my business is successful, is extremely unusual - I am often simply too tired to start cooking.'

Clearly, solving Britain's obesity crisis is not going to be easy. While responsibility ultimately lies with the individual, the behaviour of those individuals is restricted and modified by a thousand and one pressures.