

## Diet More Effective than Exercise for Weight Loss



by Amanda Clark, Dietitian

Researchers recently found increasing physical activity may not be the key to shedding unwanted kilos and diet plays a much greater role in determining body weight.

Australian dietitian and author of *Portion Perfection*, Amanda Clark said this makes sense because we can eat so much faster than we can burn off calories.

"A brisk walk burns about seven calories a minute, but we can swallow 60 calories every 20 seconds," said Mrs Clark.

The recent study by Loyola University Health System in Chicago found weight loss is not likely to happen without dietary restraint.

Dietitian Amanda Clark agrees exercise is not a strategy on its own for weight loss, but it is very important for health and for keeping weight off.

Amanda's new book *Portion Perfection – A visual weight control plan* explains how you can achieve your optimum weight by re-adjusting portion sizes.

"By gradually trimming off 100 to 200 calories a day, you can accumulate meaningful weight loss over time without feeling any diet deprivation," said Mrs Clark.

"Anyone can learn how to estimate portion sizes and use sensory perception to eat less. You can re-program your expectations and habits when it comes to the amount of food you serve yourself."

Studies show people can eat up to 20 percent more or less without realising it.

## ADD – An Adult Problem, too



By Julie Le Franc, Psychoanalytic Psychotherapist and Psychologist

We can all have good and bad days but are able to press on in everyday activities. However, adult ADD can lead to ruined lives. People with ADD can struggle to be motivated or may get stuck in trying to accomplish daily activities (cleaning, tidying up, paying the bills). They can wrestle with racing thoughts, have trouble in sustaining relationships or employment, can have problems with domestic violence, drug abuse (especially amphetamine abuse) and may suffer from depression and anxiety.

Dr Daniel G. Amen, M.D., psychiatrist and clinical neuroscientist has published books around the world on ADD/ADHD. Dr Amen through SPECT (single photon emission computed tomography) images of ADD patients has identified areas of compromised brain function and good brain function (Amen, 2001). His research has shown how the brain works and summarises aspects of the brain:<sup>1</sup>

Deep limbic system, at the centre of the brain, is the bonding and mood control centre. Poor brain functioning can result in moodiness, low energy, irritability and negativity.

Basal ganglia, large structures deep within the brain, control the body's idling speed. When this part of the brain works too hard, people struggle with anxiety, panic, fearfulness and conflict avoidance. When it is underactive, people often struggle with concentration and fine motor control problems.

Prefrontal cortex, at the front tip of the brain, is your supervisor. When this part of the brain is underactive, people have problems supervising themselves and also have significant problems with attention span, focus, organisation, and follow-through.

Cingulate, a part of the brain that runs longitudinally through the middle part of the frontal lobes, is the part of the brain signifying a "gear shifter." When this part of the brain is overactive, people have problems getting stuck in certain loops of thoughts or behaviours.



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Temporal lobes, underneath the temples and behind the eyes, are involved with memory, understanding language, facial recognition and temper control. People with problems with the left temporal lobe can be prone to temper flare-ups, rapid mood shifts, and memory and learning problems (Amen, 2001).

The brain is involved in everything we do, how we think, how we feel, how we act, and how well we get along with other people. The brain even determines the kind of person you are; the kind of mother, doctor, receptionist, husband, daughter, student (Amen, 2001).

Dr Amen has used SPECT brain imaging to define the six distinct types (or variations) of ADD each with its own treatment options as outlined in my article in the February/March 2006 – issue number 045 of the *Medical Link* magazine. Dr Amen also has used anticonvulsant medications with a stimulant (Ritalin, Adderall, and Dexadrine) to stabilise temporal lobe activity to help symptoms of aggression, mood instability, headaches, and in some cases learning problems. There are also non stimulant medications (Strattera, Concerta). The new antidepressant, Cymbalta, also shows some promise in improving ADHD (Meier, 2005). Furthermore, many bipolars have had lifelong ADD a genetic "cousin" of bipolar disorder (Meier, 2005).

When working with people with head injuries, common causes of ADD outside of genetics especially to the left prefrontal cortex (Amen, 2001), we need to think about the psychological and social aspects, dysfunctional family dynamics, relationships and behaviour as well as stress and conditioning. I believe that we need a more holistic approach to psychotherapy with knowledge of how the brain works. I have found that people with ADD flourish with the proper treatment. They are less negative, have extra energy and their impulsivity motivates them to create new businesses and they can organise their lives to achieve financial and creative successes.

(1) Amen, Daniel, G. (2001). *Healing ADD: The breakthrough program that allows you to see and heal the six types of ADD*. New York: Berkley Books  
Meier, Paul, (2005). *Blue Genes: Breaking free from the chemical imbalances that affect your moods, your mind, you life, and your loved ones*. Wheaton, Illinois: Tyndale House Publishers