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Craig Hospital

Caring exclusively for patients with spinal cord and brain injuries.

Weight Gain: Battle of the Bulge

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So you gained five pounds in the last year; no big deal. It's probably not enough for anyone to notice. But think about it: What's five pounds a year? It's twenty pounds in four years. Fifty pounds in ten years. One hundred pounds in twenty years! Imagine carrying 400 Quarter-Pounders around on your back every minute of your life. Yikes!

How big a problem?

Don't get the wrong idea. Every SCI survivor will not become obese. But, if you are not careful, some individuals can gain as much as 20, 25, 30, or even 40 pounds in just three years. For those who do gain a lot of weight, the results can be very serious.

What happens when disabled people gain weight? All the same things that happen to non-disabled people: They face a much greater risk for heart attacks, strokes and other complications from clogged arteries, respiratory or breathing problems, diabetes, kidney and gall-bladder diseases, arthritis and some kinds of cancer. Obese people become less active and they may lose self-esteem.

And there's more. Probably most important are all the "side effects" of obesity – side effects that plague the spinal cord injury survivor more than the non-disabled person – like loss of function, skin problems, decreased mobility, loss of independence, higher costs, and a decreased quality of life. Probably all of these problems occur sooner in the SCI survivor, and with less actual pounds gained.

Weight Gain IS a Big Deal

Why? Besides putting you at risk for some very real health problems, excessive weight gain can create other kinds of dilemmas – ones that only are magnified when the bigger body is paralyzed or weak.

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First, there's the increased risk of injury you face if you're overweight. SCI survivors use their arms to do the work that legs once did, and arms start aching, paining, and giving out long before legs do. Research is showing that SCI survivors are at risk for shoulder pain, joint deterioration, even things like rotator cuff tears, simply because of the amount of stress they place on their arms. It's a problem that affects all individuals using a manual chair and/or doing their own transfers.

In addition to the risk of injury, there's also the risk your skin faces. If your bulkier body can't avoid hitting that wheelchair tire when you transfer, or if you just can't turn yourself in bed, your skin may pay the price. Excess weight puts more pressure on the skin. Also, as people gain weight, skin folds develop which trap moisture, greatly increasing the risk of skin sores.

Then there are the cost, comfort and convenience issues of "growing" out of your chair. A bulkier body may not fit in those awful, tiny airplane seats. Wide, first-class seats cost more. If you need to get a wider wheelchair, more doors, hallways and aisles will become inaccessible. Special equipment costs more. And, if you're not able to do all of your own care, it's harder on your attendant too. In fact, it may be even harder to *find* attendants. If attendants think that lifting you will cause them back problems, they won't be eager to sign on. This will add to your costs and can increase your dependence on others.

Does anyone ever win the battle of the bulge?

Millions of non-disabled people struggle with unwanted weight. For SCI survivors, the struggle may be even harder. First, following spinal cord injury, the body's metabolism changes; how we use food we eat and the fat we store is altered. In short, we use up less energy than we did before our injuries – and, the higher the level of spinal cord injury, the *less* energy or calories we seem to need.

We also know that lean body mass—meaning muscle tissue – *decreases* after spinal cord injury. At the same time, the amount of body fat *increases*. This happens even if you don't look or feel like you've gained weight or gotten "wider." This is partly because you're less active than before your injury, and partly because of how your body has been changed by the injury. The result: It's much easier to gain weight, even by overeating just a little.

The combination of a decrease in metabolism and muscle mass, along with an often lower activity level, means that even the "Ideal Body Weight" charts used by doctors and insurance companies may not be the best guides. Guidelines by the American Dietetic Association suggest a decrease of ideal body weight of 5-10% for those using a manual chair and 10-15% for those using a power chair. For example the ideal body weight for a 5'4" woman using a manual chair would be 118-125lbs and 112-118lbs if using a power chair. For a 5'10" man, the ideal body weight would be 146-154lbs if using a manual chair and 138-146lbs if using a power chair.

What can I do?

Move past the denial. In one study of long-term SCI survivors, only half of those who had gained 20 or more pounds felt that their weight was a concern. The truth is that very few of us can afford to gain 20 pounds!

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Weight control – not gaining in the first place – or, if necessary, weight loss, is what's needed. The two standard components of responsible weight management are exercise and diet. They work the same for non-disabled people and for most people with SCI. Yet for some people, especially those aging with overuse injuries, exercise can be a problem. It just may not be possible to maintain an exercise program capable of shedding excess pounds without risking new overuse injuries or aggravating old ones.

Diet, then is your basic tool, and achieving a sensible diet is possible:

- Low fat, high fiber diets are best. Some may need a little modifying if other medical conditions like existing diabetes, skin breakdown, or high cholesterol. Some advice? Cut back on fat and empty calories like those found in alcohol, soft drinks, and sweets.
- Fruit juices can add many calories. If you drink lots of cranberry or other juices every day, you're getting too many calories. Don't cut down on all fluids, just those full of calories.
- Stay hydrated! If you drink small volumes of fluid daily your metabolism can decrease 3 to 4%.
- Eat three or six small meals each day. When you fast or routinely skip meals, your metabolism will decrease. This means you will burn fewer calories and store more fat.
- Learn to read labels. Even foods labeled "fat free" may not be low calorie. Fat-free bakery goods, for example, can be loaded with sugar.
- Breaking bad habits: Do you go back for seconds, even when you're *not* hungry? Do you snack while watching TV? These are habits you can change to cut calories
- Many people eat because of stress, boredom, or anxiety. Find others ways of dealing with these emotions to avoid overeating.
- If you need more advice, or if you have other medical issues that might be complicating the picture, see a Registered Dietitian.

Motivation

Going straight to a strict low cholesterol, low fat, and low-calorie diet *sounds* easy. But most of us are better making small changes one at a time. Set goals for yourself that are realistic. Maybe losing ½ lb per week is do-able for you. Find something that motivates you like how you look or feel, increased energy, doing your own transfers, decrease your skin risk, or just good health. Whatever it is, make a list and use these as rewards as motivators to reach your goals. Pick one or two changes you're willing to do. Add others later. Most people, even those who don't – or can't – exercise, still can lose weight with diet alone. So, set your goals and stick with it.

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