

DID YOU KNOW?

Pancreatic fat raises alarm over childhood obesity risks

A growing body of research is shedding light on a lesser-known risk in childhood obesity, fat accumulation in the pancreas. A new study presented at the European Congress on Obesity suggests that higher pancreatic fat levels in children and adolescents are linked to increased cardiometabolic risks, raising fresh concerns for early prevention.

Researchers found that young people with higher pancreatic fat were more likely to have elevated body mass index, increased abdominal and liver fat, higher diastolic blood pressure and signs of insulin



resistance. These factors are key contributors to conditions such as cardiovascular disease and type 2 diabetes.

The study analysed 283 individuals aged between 7 and 19 years using a safe, non-invasive imaging technique known as magnetic resonance spectroscopy. This approach allowed scientists to accurately measure fat levels in the pancreas and assess their relationship with broader health indicators.

Experts say the findings highlight the importance of early detection. Measuring pancreatic fat could help identify children most at risk, enabling timely intervention and targeted obesity management. However, researchers caution that further studies are needed to confirm whether reducing pancreatic fat directly improves health outcomes.



New research challenges long-held childhood obesity theory

STAR HEALTH REPORT

A long-standing belief about childhood obesity is being turned on its head, as new research suggests that what doctors have long called the "adiposity rebound" may not be about fat at all. Instead, scientists now argue that it reflects healthy muscle growth; not an early warning sign of obesity.

For more than four decades, the adiposity rebound theory has shaped how clinicians understand childhood growth. First proposed in 1984, it describes a pattern where a child's **body mass index (BMI)** rises in infancy, dips around age four, and then climbs again from about age six. Early rebound has often been linked to higher obesity risk later in life, prompting interventions aimed at altering this trajectory.

However, new findings presented ahead of the *European Congress on Obesity* challenge this narrative. Professor Andrew Agbaje of the University of Eastern Finland analysed data from over 2,400 children and adolescents using both BMI and a more precise measure of

body fat - the waist-to-height ratio (WHtR). While BMI appeared to follow the classic rebound pattern, WHtR told a different story.

Crucially, WHtR considered up to 90 per cent accurate in estimating body fat and did not show any rebound. Instead, it steadily declined until about age seven before gradually rising, never returning to early childhood levels. This suggests that the apparent BMI increase is driven not by fat gain, but by an increase in lean muscle mass as children grow.

"This is not an obesity problem," Agbaje explains. "It is a natural process of growth; a body composition reset that prepares children for later development."

The implications are significant. For years, clinicians have viewed early adiposity rebound as a risk factor, sometimes recommending dietary or lifestyle interventions in very young children. Yet evidence from long-term trials shows that such interventions do not alter the timing of this so-called rebound, reinforcing the idea that it is not a pathological process.

At the heart of this shift is a new

tool: the waist-to-height ratio. Unlike BMI, which cannot distinguish between fat and muscle, WHtR offers a clearer picture of body composition and associated health risks. Researchers now suggest it could serve as a more reliable, practical, and universal method for identifying excess fat in children and adolescents.

To support this transition, Agbaje's team has also developed a freely accessible WHtR calculator, enabling clinicians and families to assess children's health with greater accuracy.

The study also draws parallels with the so-called "obesity paradox" in adults, where higher BMI sometimes appears protective. In both cases, the confusion stems from BMI's inability to separate fat from muscle - a limitation that may have led to decades of misinterpretation.

Ultimately, the research calls for a rethink in paediatric health. Rather than treating adiposity rebound as a risk factor, experts now argue it should be recognised as a normal, even beneficial, stage of growth.

As Agbaje puts it, "Let's allow children to grow in peace."

FOOD FOR THOUGHT The dangerous escape of emotional eating

DR SUMAIYA KHALED

Binge eating is often dismissed as mere overindulgence but health experts warn it is a serious eating disorder linked to emotional distress and long term health risks. Characterised by consuming large quantities of food in a short time, often without hunger, it leaves individuals feeling guilty, shame and loss of control.

Studies suggest binge eating frequently coexists with anxiety, depression and body image concerns, creating a harmful cycle. Episodes are often triggered by stress, restrictive dieting or emotional upheaval, making early recognition essential.

Unlike occasional overeating, binge eating is recurrent and can contribute to obesity, diabetes and cardiovascular disease. Experts emphasise that willpower alone is not enough. Treatment requires a combination of psychological support, mindful eating practices and sustainable lifestyle changes.



Small, consistent habits are emerging as effective ways to manage binge eating and restore balance. Structured meals and mindful eating patterns appear to reduce impulsive episodes and improve awareness of hunger cues.

Psychological support, particularly for stress and emotional triggers, plays a crucial role in breaking the cycle. Limiting distractions such as screen use during meals may further encourage healthier relationships with food. Together, these practical steps highlight a gradual, sustainable path towards improved wellbeing and long term behavioural change.

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Pain today, disability tomorrow? The risk of ignored joint injuries

DR MEASIN ALI

Shoulder and knee pain, often dismissed as minor discomfort, may signal deeper health concerns that can disrupt daily life if ignored, experts warn. These joints, essential for nearly every movement, from walking and lifting to sitting and standing - are particularly vulnerable to injury and long-term wear.

Health specialists say a common mistake among patients is delaying care, assuming the pain will subside on its own. While some mild strains may resolve naturally, untreated injuries can evolve into chronic conditions, limiting mobility and quality of life.

A range of factors contribute to joint pain. Sudden falls, sports injuries, heavy lifting, and prolonged poor posture are frequent culprits. In the knee, ligament tears, meniscus injuries, and osteoarthritis are among the leading causes. Shoulder pain, meanwhile, is often linked to rotator cuff injuries, tendon inflammation, or dislocation. Lifestyle factors such as obesity, physical inactivity, and age-related degeneration further increase vulnerability.

Certain symptoms should not be overlooked. Severe pain, swelling, restricted movement, joint instability, or unusual sounds like clicking may indicate serious damage requiring prompt medical evaluation. Ignoring these warning signs can worsen the condition, making recovery more complex.



Immediate care following an injury plays a critical role in recovery. Experts recommend rest, avoiding pressure on the affected joint, and applying ice packs for 15 to 20 minutes several times daily within the first two days. Elevating the injured limb and using supportive bandages may also help. However, forceful massage or premature exercise can aggravate the injury.

Treatment approaches vary depending on severity. Physicians often rely on imaging techniques such as X-rays, ultrasound, or MRI scans to assess internal damage. Mild to moderate cases are typically managed with medication, controlled rest, and gradual movement to prevent stiffness. Supportive aids like braces or slings may be recommended.

Physiotherapy remains central to recovery, helping restore strength, flexibility, and balance through structured rehabilitation programmes. In more advanced cases, treatments such as steroid injections or platelet-rich plasma therapy may be used to accelerate healing. Severe injuries, including complete ligament tears or rotator cuff ruptures, may require surgical intervention—often performed using minimally invasive arthroscopic techniques for faster recovery.

Prevention, experts stress, is the most effective strategy. Regular exercise, proper warm-ups, maintaining a healthy weight, and practising good posture can significantly reduce the risk of joint injuries.

Above all, persistent pain should never be ignored. Early intervention and healthy habits remain key to preserving mobility and ensuring a pain-free, active life.

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JUNK FOOD TRAP Ultra-processed meals linked to rising teen obesity

A growing body of global evidence is sounding the alarm on adolescents' diets, linking ultra-processed foods (UPFs) to a sharp rise in overweight and obesity. A recent large-scale systematic review and meta-analysis of 23 studies involving over 155,000 adolescents across 16 countries reveals a troubling trend: teenagers consuming higher amounts of UPFs face significantly greater health risks.

Industrial formulations packed with added sugars, unhealthy fats, salt and chemical additives have become a staple in modern diets with UPFs. The analysis found that adolescents with high UPF intake had 63% higher odds of being overweight or obese compared to those consuming less. Alarmingly, newer studies suggest the risk may be intensifying, with some reporting more than double the likelihood.

The implications extend beyond weight gain. Early obesity increases vulnerability to type 2 diabetes, hypertension and metabolic disorders, placing long-term strain on health systems.

While the findings are based on observational data, researchers stress urgent action. Promoting fresh, minimally processed foods and strengthening nutrition education could be pivotal. As UPF consumption surges globally, safeguarding adolescent health has never been more critical.

A broken heart is not just a feeling, it's a medical emergency

PROF GOLAM NABI

A broken heart is often dismissed as a metaphor for emotional pain, but emerging medical evidence reveals it can be a life-threatening cardiac condition. Known as Takotsubo cardiomyopathy, or "broken heart syndrome", the disorder is increasingly recognised by clinicians worldwide as a serious yet often misunderstood disease.

Typically triggered by intense emotional or physical stress, the condition mimics a classic heart attack. Patients may present with sudden chest pain, breathlessness, palpitations, or even fainting - symptoms that demand urgent medical attention. However, unlike a conventional myocardial infarction, coronary arteries usually appear normal upon angiography, creating diagnostic challenges for physicians.

At its core, broken heart syndrome is linked to a surge of stress hormones such as adrenaline and noradrenaline. These hormones, essential in normal physiological responses, can overwhelm the heart when released in excess. Events such as bereavement, divorce, financial distress, academic failure, or major illness can act as triggers, causing temporary weakening of the heart muscle.

The condition predominantly affects post-menopausal



women, accounting for nearly 80 to 90 per cent of reported cases. Reduced oestrogen levels are believed to make the heart more vulnerable to stress-induced damage. While men are less frequently affected, studies indicate that mortality rates are significantly higher among male patients, particularly those with chronic illnesses or severe physical stress.

Despite its reversible nature, the syndrome is far from benign. Research suggests in-hospital mortality rates of approximately 6.5 per cent, with complications including heart failure, stroke, and cardiac arrest. These findings underscore the importance of early diagnosis and timely intervention.

Treatment typically involves supportive care in a hospital setting. Encouragingly, most patients recover fully within one to two months, though close

follow-up remains essential.

As awareness grows, experts stress the need to recognise the profound link between emotional wellbeing and physical health. What was once dismissed as poetic exaggeration is now a clinical reality which reminds us that heartbreak, in its most literal sense, can indeed be dangerous.

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