



EDITOR'S PAGE

Weight management after spinal cord injury

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May I wish all of you a Merry Christmas and Happy New Year. This is the last issue of 2016. It is again a larger issue containing 22 manuscripts on a wide range of topics, including animal studies, clinical data, epidemiology, sexuality, bowel function, sport, and more.

When reading through newspapers, magazines and periodicals one finds many contributions about weight and health. We are given suggestions on what are good habits for eating and drinking, what 'good' and 'bad' food is, how easy it is to become overweight, and how this is seen often, even in children, a result of fast food consumption, excessive use of sedentary computer technology, and decreased physical activity.

When the body is paralysed, it is more sedentary, and often constrained to a sitting position for extended periods. Complete and higher lesions have the highest difficulty. It should therefore not come as a surprise that obesity is prevalent after spinal cord injury (some studies suggest two out of three people with SCI are obese).

It is widely acknowledged that excess fat creates an increased risk of high blood pressure, diabetes and sleep apnoea. More weight can also make transfers and moving a manual wheelchair more difficult.

The location of fat in the body may also be important (under the skin or inside the abdomen). Estimating body fat can be done with reference tables, Body Mass Index (should be \pm below 25), measuring the distance around the waist or neck with a tape measure. Whether these are reliable after SCI needs to be studied further.

Losing weight is a challenge in general, but still possible after SCI. The methods studied do not differ much from the general population: a combination of diet, physical activity and behaviour modification techniques were examined. But as with medical and surgical overweight management techniques, more quality research is needed in SCI individuals. Some individuals do not seem to have much of a weight problem and others do not succeed in controlling it, however they try. There is more at stake and more research is required.

In this issue Locatelli and LaVela document weight management practices. Previously several papers on weight and diet have been published in *Spinal Cord*, of which some are quoted here:

- Perreault JR, Geigle PR, Gorman PH, Scott WH. Improvement in weight loss and ambulation outcomes after gastric sleeve surgery for a person with chronic motor-incomplete tetraplegia: clinical case report. *Spinal Cord* 2016; **54**: 750–753.
- Wong S, Graham A, Hirani SP, Charlton D, Coalwood S, McKeown E *et al.* Review of dietetic service provision and activity in spinal cord injury centres: a multicentre survey in the UK and Republic of Ireland. *Spinal Cord* 2016; **53**: 855–859.
- Hata K, Inayama T, Matsushita M, Shinoda S. The combined associations of social participation and support with self-rated health and dietary satisfaction in men with spinal cord injury. *Spinal Cord* 2016; **54**: 406–410.
- Cragg JJ, Ravensbergen HJC, Borisoff JF, Claydon VE. Optimal scaling of weight and waist circumference to height for adiposity and cardiovascular disease risk in individuals with spinal cord injury. *Spinal Cord* 2015; **53**: 64–68.
- Knight KH, Buchholz AC, Martin Ginis KA, Goy RE, the SHAPE-SCI Research Group. Leisure-time physical activity and diet quality are not associated in people with chronic spinal cord injury. *Spinal Cord* 2011; **49**: 381–385.
- Opperman EA, Buchholz AC, Darlington GA, Martin Ginis KA, The SHAPE-SCI Research Group. Dietary supplement use in the spinal cord injury population. *Spinal Cord* 2010; **48**: 60–64.
- Walters JL, Buchholz AC, Martin Ginis KA. Evidence of dietary inadequacy in adults with chronic spinal cord injury. *Spinal Cord* 2009; **47**: 318–322.

There is a great amount of useful information here which I believe will inspire much needed further research.