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Parents have the power to set their baby up for life

Giving your child the best possible start begins way before the birth – and even before conception. *Harry de Quetteville* reports

I can vividly remember the morning that my wife discovered she was pregnant with our first child. We were in France. It was midwinter, just after New Year's Day, and we were on the way to the supermarket. As we wrote our shopping list, I had an odd feeling that something was up.

"Let's get a pregnancy test," I said. "Let's get two," she replied, before we discovered, like everyone else, that pregnancy tests that promise 99.9999 per cent accuracy first time round are actually sold in pairs. So monumental is the news, we all demand a second opinion.

When we got home, she rushed off to do the test(s). But then she nipped back. "I was just thinking," she said, "if it is positive, I won't be able to eat that delicious pâté we just bought. So I might just have a few bites now. You know, before I'm officially pregnant."

"Righto."

Is it going too far to suggest that this vignette, with its mixture of crafty self-delusion and virtuous planning, the promise of good behaviour tomorrow and the indulgence of today, sums up human nature?

Parenthood tests us as do few other trials. We all know about how hard things can get once babies arrive: the sleep deprivation, the colic, the tantrums and the nappies. The endless worry about little rashes and infections. The occasional feeling of utter helplessness. Unless you are

struggling to conceive, however, we talk less about how planning to become parents can and should stretch us, too – about how the factors that in so many ways define life's opportunities begin at conception, not at birth.

But we should. Because new evidence shows that ensuring your child gets off to the best possible start, physically and cognitively, means planning for pregnancy, not delivery.

And if that sounds draconian, another guilt cosh to slug women over the head with, it's not. It's actually the incredibly optimistic fruit of a groundbreaking study that crushes ethnic or genetic determinism under the weight of its findings. No matter what you look like, or where you live, you can give your children the best start. A healthy child is a healthy child, and can hit the same neuro-developmental benchmarks, whether it is born in Somalia or São Paulo or Somerset.

Indeed, those far-flung newborns have more in common with each other developmentally than the healthy child from Somerset does with an unhealthy newborn from neighbouring Dorset. "Nurture

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The Surgery

DOCTOR'S DIARY

Pros and cons of skipping breakfast



James Le Fanu

own through the centuries, the popularity of breakfast has ebbed and flowed. "Back at the hut, Odysseus and the noble swineherd had lit a dawn fire and were making breakfast," writes Homer. But the Church disapproved: for St Thomas Aquinas, it represented *pragpropre*, the sin of eating too soon, a form of gluttony, and throughout the Middle Ages it fell out of fashion. The Tudors reinvented it and, before long, it had become a feast – mutton chops, bacon, eggs, muffins and even pies – only for it to be supplanted in turn by the advocates of the Popular Health Movement, such as John Kellogg who made a fortune from marketing their breakfast cereals. The upshot being that breakfast is a matter of personal and cultural preference. Hence the news last week that experts have discovered it makes little difference one way or another how you start the day – light or cooked breakfast, or none at all – should be no surprise. There is, as always, an exception, well argued by distinguished doctor and biochemist Terence Kealey, formerly vice-chancellor



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of Buckingham University and contributor to this paper over the years. Eight years ago, Dr Kealey developed the classic symptoms of diabetes and, being an inquisitive scientist, made a habit of monitoring his blood sugar levels with a glucometer.

"My readings were dismayingly high first thing in the morning," he writes, "but would then rise much further still, hazardously so, after breakfast." If, however, he skipped breakfast, they fell to normal during the morning.

His observations, well documented by others, contradict the prevailing advice to those with diabetes on the imperative of sticking to three proper meals a day. So now instead he adheres – to the rule of "not a calorie before midday".

Dr Kealey has a strong cup of black coffee on rising followed by some vigorous exercise, such as a run or swim, and arrives at work "energised" for the day. His sugar levels remain well within

His observations contradict the prevailing advice to diabetics to stick to three meals a day

the normal range, aided by a low-carbohydrate diet and a small daily dose of metformin.

He elaborates on his instructive experience in his recently published – and provocatively titled – *Breakfast is a Dangerous Meal* (£12.99, Fourth Estate).

Statins statistics

"So what are we to think?" laments one of several readers on a theme. "Only recently, you advised us to bin our statins at the age of 75. Now we learn that they both prolong and improve our lives."

This most recent report to which she alludes certainly seems authoritative. Currently, 1.5 million people over 75 take statins, but were a further four million to do so, claims Prof Colin Baigent of Oxford University, this would save up to 8,000 lives a year.

These figures in turn are based on a massive study synthesising the findings of their "efficacy and safety in older people" from 22 clinical trials, involving almost 150,000 participants. You don't get more authoritative than that!

It is thus a tad surprising to learn, given Prof Baigent's interpretation, that only eight per cent of those taking part in the clinical trials were over the age

Energising: a strong cup of black coffee on rising followed by exercise

of 75. And among these patients, the merits of the drug were scarcely detectable, while they neither reduced the chances of a fatal heart attack nor prolonged life. As for their possible downside, Prof Baigent insists the risk of side effects is much exaggerated ("fake news", he describes it): "The benefits greatly exceed any known harms." Perhaps – but then, perhaps not.

Rocking sensation

This week's medical query comes courtesy of Mrs CA from Huddersfield, who experiences a "shaking or rocking sensation" throughout her body without "any outward physical manifestation". This varies in intensity from day to day but, at its worst, will interfere with her sleep for several consecutive nights at a stretch.

Might anyone, she wonders, be able to advise on what it is, what the cause is, and how best to deal with it?

Psychologists have long been interested in the differential effects of warm and cool colours. Andrew Elliott at the University of Rochester mentions the strength of participants'

answer is that no one knew for sure. There were no international standards. Instead, to this day, the NHS uses different weight and size charts depending on the ethnicity of the mother.

Yet being bang in the middle of the healthy range for weight and size – a critical determinant of reaching neuro-developmental milestones – has nothing to do with ethnicity. Rather, it is, the Intergral project shows, a fixed, not a relative, figure: 80.6mm crown to rump length at 14 weeks; 172.5mm head circumference at 20 weeks; 1755g at 32 weeks; 3.7kg weight gain for mothers at 40 weeks; 6.65kg/m weight/length ratio for girls born at 40 weeks.

Even so, the NHS continues to make allowances for women of different ethnicities. "So it's acceptable to have underweight children because, say, you're of Indian ancestry – and

MIND HEALING

To lift your mood, just think blue



Linda Blair

Are you aware of the colours surrounding you right now? Take a moment to notice, because they're having an effect on your mood.

Francis Adams and Charles Osgood at the University of Illinois looked at 89 studies across 23 cultures and found almost universal reactions when individuals were shown different colours. Black and grey suggested passivity and negativity.

Red was seen as strong and associated with increased activity; while blue generated positive feelings and a sense of calm.

Personal history and your own culture exert an influence – for example, in the West, white is associated with cleanliness and purity, whereas in some Eastern cultures it connotes mourning.

The colour spectrum (excluding black and white) is divided into two main groups. "Warm" colours – reds, yellows and orange – are associated with excitement and increased energy, and when the shade is intense, with anger, hostility and even the desire to dominate. "Cool" colours – blues, greens and purples – make us feel soothed, calm and more relaxed.

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hand grip when exposed to red, grey or blue. Exposure to red increased the force and velocity of motor output. In another experiment, he assigned undergraduates a number written in red, green or black ink just before asking them to complete a written test. Those who'd been given a red number scored 20 per cent lower than those with numbers written in green or black ink.

Ravi Mehta and Rui Zhu at the University of British Columbia exposed participants to red or blue lighting and measured their performance on different cognitive tasks.

Participants excelled on creative tasks under the blue condition, and scored more highly on detailed tasks when in red lighting.

Keith Jacobs and James Suess at Loyola University in New Orleans put undergraduates in rooms with red, yellow, green or blue light for 15 minutes and assessed their anxiety levels at five-minute intervals. Those exposed to red and yellow had significantly higher levels of anxiety.

Even the colour of the pills we take can influence the expectations we have about how they'll affect us. Anton de Craen at the University of Amsterdam amalgamated the results of 12 studies, assessing 49 different medications. Overall, participants assumed red, yellow and orange pills would energise them, whereas blue, green and white pills were seen as tranquillising.

Colour also affects spending. Joseph Bellizzi and Robert Hite at Arizona and Kansas state universities created simulated shopping environments in predominantly red or blue colours. Participants were more inclined to make more purchases in the blue environments.

Is this what they call blue-sky thinking?

Linda Blair is a clinical psychologist and author of *Siblings: How to Handle Rivalry and Create Lifelong Bonds*. To order for £10.99, call 0844 871 1514 or visit books.telegraph.co.uk

the young is further bustled by Dulce Bradshaw, 64, from West Sussex. "I've been vegan for a year and a half and have so much more energy," she says. "I work in a busy hotel, often from 6am until 6pm and don't ever feel that the diet leaves me hungry or tired. In hindsight, I think eating meat made me lethargic – maybe it didn't agree with me, but I often had stomach cramps

'I'll never go back. Even my husband likes vegan cheese now, and he's 81'

and indigestion, which entirely went away when I went vegan. I would say my health improved dramatically."

With the likes of Brad Pitt, Beyoncé, Benedict Cumberbatch, tennis's Williams sisters and the Duchess of Sussex having raved about veganism, the idea that there are health benefits – not just celebrity-backed street cred – to being vegan has been half-forgotten. Talk to a practising vegan about

HEALTH

'I wish I'd gone vegan years ago – I've never felt better'

It's no longer just a millennial eating fad – the older generation is jumping on the bandwagon, too, discovers *Lucy Holden*

It's getting harder to escape veganism. Time was when plant-only diets were for young, idealistic world-changers. But, thanks to the popularity of initiatives such as Veganuary, there's a new breed of meat and dairy dodgers: vegan OAPs.

They may not shout about it – and they certainly won't be posting selfies holding vegan burgers on Instagram – but, healthwise, older vegans have never felt better. "I wish I'd done it years ago," says Eileen Giles, a 76-year-old grandmother from Hastings, East Sussex, who became vegan two years ago. "Until fairly recently, it singled you out as a bit of a freak. And some of it is damn stupid – shouting at meat-eaters achieves nothing – but I've never felt better."

Eileen is just one of an increasing number of over-50s who have gone vegan, and while it was the idea of animal cruelty in farming practices that prompted the change, it's the health benefits that have cemented it. "I have arthritis in my knees and back, which hurt quite a lot of the time," she says. "At one stage, I was taking tramadol for it, which made me hallucinate. It took the pain away but it took every other feeling away, too. I felt like a zombie. But when I became vegan two years ago, the pain became much more manageable, and now I don't take any medication at all."

"If I'm standing for a long time or walking long distances I can feel it, but paracetamol is all I need to stop it aching." Studies have shown similar results. In 2015, analysis of 600 vegans, published in the journal *Complementary Therapies in Medicine*,

found that following a vegan diet for three weeks significantly reduced acute and chronic inflammation. Other small studies have suggested it could reduce pain and stiffness in arthritis patients – which Eileen noticed first-hand.

That was partly due to another huge benefit: weight loss. "I have dropped two dress sizes. Being lighter took some of the pressure off my knees, and also gave me more energy. Now I can even bend down and put my shoes on."

Eileen's granddaughter Sarah, 29, first introduced her to the lifestyle, though for years Eileen thought it was a bad idea. "I used to berate her constantly, worrying that she wasn't getting enough good food," she says. "But then a few years ago my husband, Mike, came back from the shops with two sirloin steaks for dinner and I just thought: 'I can't eat that.' My body was telling me I didn't want meat any more. I'd been thinking for a few years that I shouldn't really be eating the lambs we saw bouncing about the fields, and then I watched list of documentaries on YouTube and hated the thought of the animal cruelty in the meat industry."

"Nowadays, it's so easy to be vegan. Two years ago, we went for dinner in a restaurant and all I could order was chips, because there was nothing else on the menu. But now the supermarkets are full of stuff, even in Hastings, and so I'll never go back. Even my husband likes vegan cheese now, and he's 81."

The myth that veganism is only for



Grateful: Eileen Giles and her granddaughter Sarah Wadmore, who first introduced her to veganism

their health, and most will say: "Vegans don't get colds." Caroline Back, 56, who converted from vegetarianism seven years ago and now runs Friendship Shoes, used to work in a busy office: "People would be hit with rounds of colds every three months, and I never picked anything up. I think it's because dairy is associated with mucus production and breathing problems. My 28-year-old son has asthma, and so I suggested he go vegan last year, and the chest infections he had constantly while growing up are not a problem any more. Neither is the asthma."

More evidence is needed to support anecdotal testimony that veganism can aid disease prevention, but Dr Frank Milesley, a consultant physician in elderly care at Imperial College Healthcare NHS Trust, says: "It seems that a vegan diet could not only reduce the risk of diabetes, as part of a weight-loss plan, it could also help with renal problems. The high-protein diets associated with meat-eaters can put a strain on the kidneys."

"Weight loss can also help with metabolic syndrome, the very Western disease associated with obesity, high-

blood pressure and high cholesterol. If you picture a middle-aged man who did not exercise, that would typically be the kind of person who would suffer from metabolic syndrome.

"There's a lot of anecdotal evidence for the health benefits of veganism, but I'd like to see more studies into it – and on older people, specifically."

Anna Daniels, a registered dietitian based in Harrogate, says: "There are some real positives in a plant-based diet so full of antioxidants, which you get from a lot of fresh fruit and vegetables. It's a diet-rich in nutrients and high in fibre, which can help lower your chances of getting bowel cancer and bone diseases. But make sure milk alternatives like soy milk are enriched with calcium and vitamin D, or add calcium to your diet by eating tofu, sesame seeds and brown bread. Also, take a vitamin B12 supplement (a micronutrient that's essential for good health, but that's found mostly in meat, fish, eggs and dairy), or look for food fortified with it."

It seems veganism doesn't have to be just for January...

all your meals contain good sources, such as beans, lentils, chickpeas, tofu, soy alternatives to milk and yogurt, or peanuts. Other sources include cashew nuts, pistachio

• Eat small meals and snacks, • Add peanut butter to smoothies, • Add cashew nuts or silken tofu to soups and blends, • Use olive oil to vegetables, • Add vegan spread to potatoes.

vegansociety.com

HOW TO GO VEGAN IN LATER LIFE ACCORDING TO THE VEGAN SOCIETY

As we get older, our bodies require fewer calories. However, we need to maintain a good-quality diet, containing a bit of extra protein and plenty of fibre, vitamins and minerals.

Staying strong There is evidence that people over 65 can protect their muscles through a combination of daily activity and extra protein. It is recommended that over-65s also aim for a daily protein intake of at least 1g to 1.2g per kg of body weight. For example, someone weighing 60kg (9st 4lb) would require a protein intake of at least 60g or 72g per day. This is 33-60 per cent extra protein in comparison with the UK recommendation for under-65s.

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It's down to parents to accept 'obesity begins in the womb'

CONTINUED FROM PAGE 21

is far more important than nature," says Stephen Kennedy, professor of reproductive medicine at the University of Oxford, who with José Villar, professor of perinatal medicine, has run Intergrowth-21st, which followed tens of thousands of babies around the world. They found that the right nutrition and the right healthcare in the first 1,000 days, from conception to second birthday, can make all the difference. And if they get their way, Intergrowth-21st will change the very nature of antenatal and neonatal care in this and every other country.

Why? Because of the crucial revelation that it is parental behaviour and health, not parental DNA, that really matters. "What it means is that you should be as healthy as you can be before you get pregnant," Kennedy says. "You wouldn't dream of standing on the starting line of a marathon having smoked 20 a day for the last couple of years, with a body mass index of 35. And diabetes. You'd try to get all those problems under control before you ran the marathon. Pregnancy is no different."

The impact on babies whose mothers were unhealthy from the outset of pregnancy is striking, he says. "Obesity," which is now associated with a host of health risks, "begins in the womb."

Meanwhile, in low-income countries, being underweight "leads to greater morbidity and mortality, both in the short and long term; and to impaired neuro-development, which translates into reduced economic and human capital."

So watch what you eat from well before you plan to conceive. That doesn't have to mean yucky food, or hugely expensive food, says nutritionist Sally Beare. Around conception, the important nutrients, such as zinc and folic acid, is well documented. But for the most part, she says, expectant mothers can aim for and stay at a healthier weight with a simple, balanced diet.

"Loads of veg, a couple of pieces of fruit a day, healthy – not fatty – proteins in beans and fish, and maybe

some free-range organic chicken or game." Drop the white bread, white rice and sugar. In favour of wholegrains and sweet potato with the skin on instead. "And don't gorge on pasta."

Fat is not a dirty word. "Good" fats – like omega 3 and omega 6 – can be found in olive oil, avocados, fish, nuts and seeds. "Flax seed is a great one," Beare says.

"If in doubt, go Mediterranean – the diet there is so well studied and it's not too expensive: casseroles with beans, not too much meat, a bit of lamb on the bone, salads with raw cabbage, carrots, lettuce, spinach and basil."

Obviously enough, you might say. But what should you be aiming for? This is the key question: exactly what is healthy? What size and weight should developing embryos be, and what healthy weight gain among expecting mothers helps achieve that?

Before this study, the extraordinary 'You should be as healthy as you can be before you get pregnant'

answer is that no one knew for sure. There were no international standards. Instead, to this day, the NHS uses different weight and size charts depending on the ethnicity of the mother.

Yet being bang in the middle of the healthy range for weight and size – a critical determinant of reaching neuro-developmental milestones – has nothing to do with ethnicity. Rather, it is, the Intergral project shows, a fixed, not a relative, figure: 80.6mm crown to rump length at 14 weeks; 172.5mm head circumference at 20 weeks; 1755g at 32 weeks; 3.7kg weight gain for mothers at 40 weeks; 6.65kg/m weight/length ratio for girls born at 40 weeks.

Even so, the NHS continues to make allowances for women of different ethnicities. "So it's acceptable to have underweight children because, say, you're of Indian ancestry – and



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it shouldn't be," says Kennedy. "Healthcare professionals in this country are wedded to the notion that you have to take the woman's ethnicity into account when assessing the growth of her foetus." Given that healthcare is the second vital element of raising healthy infants, he says, "that is hugely problematic in a multicultural society."

Changing attitudes among doctors and midwives will take some doing, Kennedy reckons. But prospective parents might bear in mind that it is a revolution that needs to happen, if we are to prevent ourselves normalising chronic problems.

That normalisation is already happening. In official statistics from 2011, for example, 54,449 babies

Weight of the world: changing attitudes in the medical profession will take time

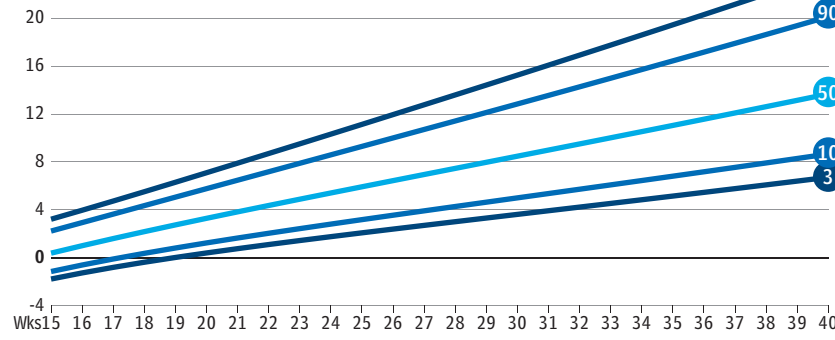
out of 509,332 born in England, when assessed using current charts, were over the 90th percentile by birthweight, the point at which foetuses are deemed Large for Gestational Age (LGA), which can be associated with health problems and may lead to special medical observation or attention.

However, when the international Intergrowth-21st standards were applied to the same 509,332, it turned out that another 42,988 babies were LGA – almost twice the initial number, or one in five of babies born.

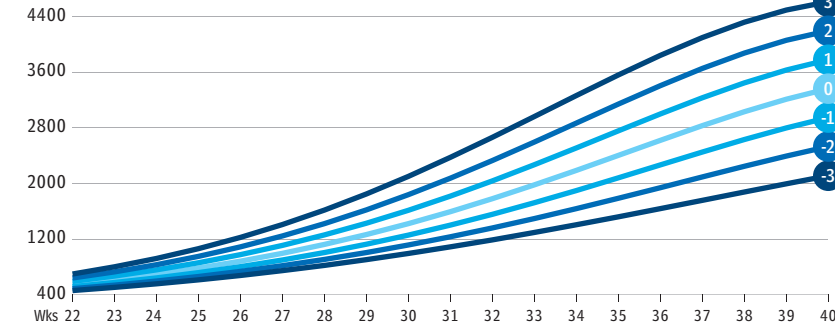
"Those babies are at risk of childhood obesity but are currently

International newborn size standards for healthy children

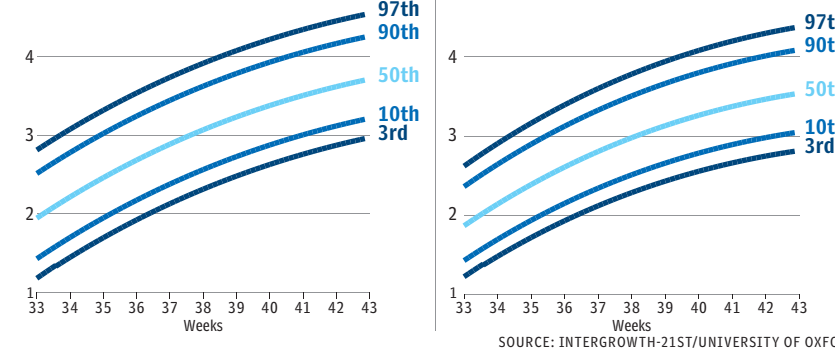
Gestational weight gain standards for women with normal BMI



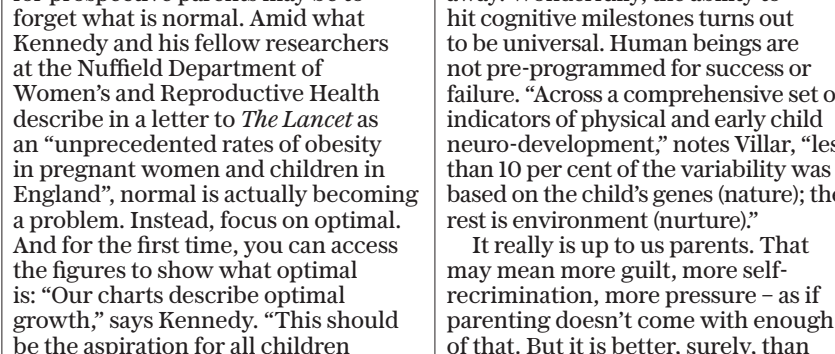
Fetal growth standards



Newborn boys weight standards



Newborn girls weight standards



SOURCE: INTERGROWTH-21ST/UNIVERSITY OF OXFORD

being ignored," says Kennedy. So the final lesson of the study for prospective parents may be to forget what is normal. Amid what Kennedy and his fellow researchers at the Nuffield Department of Women's and Reproductive Health describe in a letter to *The Lancet* as an "unprecedented rates of obesity in pregnant women and children in England", normal is actually becoming a problem. Instead, focus on optimal. And for the first time, you can access the figures to show what optimal is: "Our charts describe optimal growth," says Kennedy. "This should be the aspiration for all children everywhere."

Get nutrition and healthcare right, his team notes, and the impact is

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