

SECTION 3.12

HEALTHY LIFESTYLES

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FIONA ROBARDS

Health is much more than the absence of illness or disease. Health is about a state of wellbeing – physical, psychological, social and emotional. Helping young people to build and establish healthy habits in adolescence is one way in which health and youth workers can build resilience and encourage young people to take responsibility for their own health.

YOUNG PEOPLE AND SLEEP

Sleep is important for healing and mental alertness (AIHW 2011) and young people need adequate sleep to be able to learn well. From puberty, young people tend to go to sleep later, wake later and sleep less. But young people do require about 9 hours sleep a night: more sleep than adults, and about the same amount as younger children need.

Not getting enough sleep is associated with physical and mental health problems, including cognitive impairment, reduced alertness, poor concentration and memory, suicidal thoughts, accidents, obesity and heart disease. Social and recreational trends, especially the use of new technologies, may contribute to sleep disturbance in young people.

Sleep disorders can also reduce the quality and quantity of sleep. The impact of sleep disorders is not known at a population level. Some problems that may require further investigation include (Waters 2013):

- Obstructive sleep apnoea (sleep disordered breathing)
- Delayed sleep phase syndrome (sleep occurs later than desired)
- Narcolepsy (sudden falling asleep when otherwise alert)
- Periodic hypersomnia (excessive sleepiness)
- Insomnia (difficulty with sleep initiation, duration and quality)

Promote healthy sleep patterns and preventing sleep problems by encouraging:

- Regular and earlier bedtimes
- Parental monitoring of bedtime
- Increased exercise (although not too close to bedtime)
- Restricted caffeine intake later in the day (including energy drinks)
- Restricted use of phones, computers and tablets at sleep time

NUTRITION

Good nutrition supports the rapid growth in weight and height that occur in adolescence. Peak growth velocity occurs on average at 11.5 years for girls and 13.5 years for boys. On average, boys gain about 20 cm in height and 20 kg in weight, and girls gain about 16 cm in height and 16 kg in weight (AIHW 2011).

Young people need extra iron, zinc, calcium and protein when they are growing (O'Dea 2009).

In 2007-08, over a third of young Australians were overweight or obese (23.3% overweight and 11.3% obese). Only one in 20 young people meet the NHMRC recommended intake of fruit and vegetables. Eating fruit and vegetables and reducing salt and animal fats protects against the development of many diseases such as heart disease, some cancers, hypertension, stroke, and type 2 diabetes.

Of course, the ability to make healthy food choices requires an adequate supply of fresh food, cooking and food preparation skills, and an understanding of the importance of healthy eating. Social and environmental factors also have an effect on young people's food choices.

The Australian Dietary Guidelines (NHMRC 2013) establish some key principles for healthy eating and good nutrition. The Guidelines are a useful resource for professionals looking for information about the recommended daily intakes of food types for different age groups.

GUIDELINE 1

To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.

Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.

Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.

GUIDELINE 2

Enjoy a wide variety of nutritious foods from these five food groups every day:

1. Plenty of vegetables of different types and colours, and legumes/beans
2. Fruit
3. Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads,

cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley

4. Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
5. Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat

And drink plenty of water.

GUIDELINE 3

Limit your intake of foods containing saturated fat, added salt, added sugars and alcohol.

In particular:

1. Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.
 - » Replace high fat foods containing predominately saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominately polyunsaturated and mono-unsaturated fats such as oils, spreads, nut butters/pastes and avocado.
 - » Low fat diets are not suitable for children under the age of 2 years.
2. Limit your intake of foods and drinks containing added salt.
 - » Read labels to choose lower sodium options among similar foods.
 - » Do not add salt to foods in cooking or at the table.
3. Limit your intake of foods and drinks containing added sugars such as confectionery, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.
4. If you choose to drink alcohol, limit your intake. For women who are pregnant, planning a pregnancy or breastfeeding, the safety option is to not drink at all.

GUIDELINE 4

Encourage, support and promote breastfeeding.

Breast milk provides a unique mix of nutrients and other important substances that can reduce the risk of infection and may also help reduce the risk of asthma, eczema and other allergies, and sudden infant death syndrome.

Research shows that, amongst other benefits, being breastfed can reduce the risk of high blood pressure in childhood and may reduce the risk of becoming obese in childhood, adolescence and adulthood.

This, in turn, may also reduce the risk of chronic diseases like Type 2 diabetes, heart disease and stroke in later life.

For the mother, breastfeeding can help recovery from birth and, may also help mothers return to their pre-pregnancy weight and reduce their risk of some cancers.

GUIDELINE 5

Care for your food. Prepare and store it safely.

- If buying packaged food, check its 'best-before' or 'use-by' date.
- Use a cooler, insulated bag or box with an ice pack if you need to travel more than half an hour home or if it is hot outside. Store your food at home as soon as you can.
- Chill foods in the fridge to slow growth of micro-organisms.
- Keep cool foods cool and frozen foods frozen.
- Keep fridges at or below 5°C and the freezer between -15° and -18°C.
- Keep your fridge and freezers clean. And get rid of those old shrivelled vegetables, 'left-overs' or frozen foods lurking in the corners for too long!
- Store foods away from cleaning agents and insecticides.
- If you are not going to eat cooked dishes and foods straight away, put them in the fridge as soon as possible.

PHYSICAL ACTIVITY

Physical activity and exercise has many benefits. In adolescence, it strengthens the body and reduces the risks of certain cancers, injuries from falls and fractures, heart disease, high blood pressure and type 2 diabetes. It also improves mental health (AIHW 2011).

It is estimated that only 44 per cent of young people aged 15-24 met the national guidelines for physical activity (in 2007-08). Twenty seven per cent undertook very little physical activity. Indigenous youth and those living in remote areas were less likely to meet guidelines for moderate to vigorous physical activity.

Under Australia's Physical Activity and Sedentary Behaviour Guidelines (2014), young people aged 13-17 need to be doing at least 60 minutes of moderate to vigorous physical activity every day. For more information on physical activity guidelines visit www.health.gov.au/paguidelines

It is also recommended that young people shouldn't spend more than two hours a day in front of screens. The amount of time spent on small screen recreation,

which includes computer games and television time, is linked to obesity. Those who watch more than 2 hours of screen time per day are more likely to be overweight, physically inactive, eat unhealthy snacks, drink more soft drink, and have fewer social interactions.

HEALTHY WEIGHT

Obesity is both a disease with its own significant morbidity and mortality and a risk factor for other non-communicable diseases, including type 2 diabetes and cardiovascular disease (Baur and Burrell 2005)

Adolescence is one of the critical life periods for the development of obesity. There are many physical, psychosocial and developmental complications of overweight and obesity in adolescence. Obese young people have a greater than 80% risk of becoming obese adults (Baur and Burrell 2005).

Raising the issue of weight problems can be tricky. Young people are generally very sensitive about their body image. They may be reluctant or embarrassed to discuss the issue of their weight. It is important to raise the issue in the context of a trusting relationship in which the young person already believes you have their best interests in mind.

With both young people and their parents, avoid stigmatising or blaming. Stay solution-focused and supportive. You can:

- Talk about 'feeling well' and 'being fit' to engage the young person
- Make the conversation relevant to what is concerning the young person (e.g. improving the chances of playing in team sport, clearing the skin, feeling more in control and less tired)
- Make time to develop a holistic picture of the young person's situation – young people are generally very happy to talk about themselves and valuable management insights will be gained. You can use the HEEADSSS tool (see 3.2 Psychosocial assessment) to assist with enquiring about weight and diet issues: An example question might be: "*How healthy is your diet? Describe a typical day.*" (Steinbeck 2007)

In many cultures, participation in health care is a family responsibility and it is common for family members to be involved in decision-making. Working with the family and gaining the trust of parents is critical to addressing healthy eating issues. Parents are often reluctant to directly address their child being overweight or obese. They may prefer to address weight indirectly by talking about 'healthy eating'.

ASSESSING AND MANAGING OVERWEIGHT AND OBESITY

- Explore lifestyle – including eating habits, exercise patterns and leisure time/recreation (e.g. hours spent watching television, computer use, etc.)
- Obtain a more in-depth history of dietary habits and food intake – this can include the young person keeping a food and activity diary
- Explore in detail the factors influencing physical activity, sedentary behaviour and dietary intake
- Obtain family history – particularly any history of overweight, type 2 diabetes, early heart disease and hypertension
- Look for depression or other mood disorders and psychosocial problems
- Body mass index (BMI) can be calculated by dividing weight in kilograms by height in metres squared (online calculation is easy) and plotted on a BMI-for-age chart. Overweight is considered >85th BMI percentile and obesity >95th BMI percentile
- It is also important to consider cultural background, as some ethnic groups may be at greater risk of diabetes

Obesity is a chronic disorder of energy imbalance, so focus on promoting changes to both sides of the energy equation – energy in and energy out. Lifestyle change is the basis of weight management. NHMRC guidelines (2013) suggest using a combination of strategies including modifying diet, reducing sedentary behaviours and increasing physical activity.

- Set realistic behaviour change and weight loss goals – help the young person to feel comfortable with their body image and self-esteem, while at the same time promoting behaviour and lifestyle change.
- Address underlying or contributing psychological and psychosocial issues, such as depression and anxiety – where necessary, refer to a psychologist or social worker to address these issues.
- Plan for a long-term intervention: behaviour change will take time.
- More intensive therapies for more severe degrees of overweight may require specialist consultation.
- For younger adolescents, work with the parents or carers and young person together.
- For older adolescents, work with them one-on-one to tailor interventions around their priorities, motivation for change and developmental concerns (such as peer acceptance,

self-image and need for independence). Then, you can work with the parents or carers.

- Actively involve family members and carers as agents of change in dietary and exercise habits, as well as providing support to the young person in their behaviour change program. (Baur and Burrell 2005; Steinbeck 2007)

FINDING OUT MORE...

Clinical Practice Guidelines for the Management of Overweight and Obesity in Children and Adolescents are available from the Commonwealth Department of Health's website www.health.gov.au

The Healthy Kids website was built with the purpose of being a 'one stop shop' of information for parents and carers, teachers and childcare workers, health and other professionals and kid and teens about healthy eating and physical activity. Visit www.healthykids.nsw.gov.au

Get Healthy is a free telephone-based coaching service to support young people aged 18 and over to make lifestyle changes. Visit www.gethealthynsw.com.au

SUN PROTECTION

In Australia, skin cancer is the most commonly diagnosed cancer in young people (AIHW 2011).

In 2006-2007, only about a third of Australian young people reported using sun protection. One quarter of young people aged 12-17, and a fifth of young people aged 18-24, became sunburnt.

Young people may not listen to messages about skin cancer but may be more concerned about ageing and wrinkles. Young people should also be warned about the dangers of tanning beds.

Encourage young people to protect their skin and to think about sun safety when planning outdoor activities. Reinforce the importance of seeking shade, wearing protective clothing, a hat and sunglasses and using a broad spectrum (UVA/UVB) SPF 30+ sunscreen. Remind young people that regular skin checks are important as the early detection of skin cancer is more likely to improve treatment outcomes (AIHW 2011). Skin checks may focus on a specific mole or part of the body (such as the face or shoulders) or involve an all-over body check.

ORAL HEALTH

Good oral health and hygiene is important for an adolescent's health now and in the future. In adolescence, poor oral health is associated with pain, difficulty eating and drinking, loss of sleep, embarrassment and poor academic performance (AIHW

2011). As an adult poor oral health is also associated with obesity, heart disease, cancer, stroke, diabetes, heart problems and mental health problems (AIHW 2011).

In Australia, 15 year-olds have twice as many decayed, missing or filled teeth as 12 year-olds (AIHW 2011). Primary care and youth services have an important role to play in educating young people about dental hygiene and encouraging young people to access dental care.

Under the Child Dental Benefits Scheme, young people under the age of 17 may be eligible for assistance under Medicare with costs associated with examinations, x-rays, cleaning, fissure sealing, fillings, root canals and extractions. More information is available from the Commonwealth Department of Human Services at www.humanservices.gov.au

You can also encourage young people to:

- Prevent tooth decay with healthy eating - limit sugars and processed foods to mealtimes (rather than between meals)
- Choose snacks such as cheese, natural yoghurt, fresh fruit and vegetables, dry biscuits, nuts and wholegrain bread
- Drink water and plain milk both with and between meals
- Limit soft drinks, sports drinks, juice, flavoured water and other carbonated drinks as they can cause decay and dissolve the tooth enamel
- Chew sugar-free gum to stimulate saliva flow and help protect teeth from decay
- Preventing tooth decay with good teeth cleaning twice a day with fluoride toothpaste
- Floss daily
- Minimise injuries to the mouth and teeth by wearing a professionally fitted mouthguard when training and playing sport where there is risk of oral injury
- Have regular oral health check ups – don't wait for a problem (Dental Health Services Victoria 2013)

INJURY PREVENTION

Injury and poisoning is the lead cause of death (66% of deaths) and hospitalisations among young people, particularly among males. Risk-taking in adolescents can contribute to increased risk of injury. Young people are vulnerable to risk-taking due to cognitive, attitudinal, behavioural and social factors.

A particular risk to adolescents is road traffic accidents. Accidents in this age group are often linked to risky driving, driving when fatigued and driving under the influence of drugs or alcohol.

Services can support young people to reduce risk of injury by reinforcing safety messages about:

- Safe driving, free from the influence of alcohol or other substances
- The importance of not texting or using mobile devices while driving
- Safe celebrations and harm minimisation strategies
- Workplace safety

FINDING OUT MORE...

Youthsafe is the peak body for 'preventing serious injury in young people' aged 15 to 25 years in NSW. They address safety across the range of settings where young people are at risk of unintentional injury including on the roads, in workplaces, while playing sport and socialising. Their website has factsheets and information about their programs. Visit www.youthsafe.org

CHAPTER SUMMARY - WHAT TO REMEMBER

Helping young people to build healthy habits in adolescence is one of the most valuable things youth services can do to promote health and wellbeing.

Healthy sleeping, dietary and physical activity patterns and good self-care practices can help young people to reduce the risks of developing conditions including overweight and obesity, poor oral health and skin cancer, and can also help reduce the effects of depression and anxiety.

REFLECTION QUESTIONS

How well does your service identify healthy lifestyle issues in the young people it sees?

Are you routinely asking about healthy lifestyle?

What approaches are appropriate for your service to take to promote health?

How well do staff members promote healthy lifestyles? Is any training needed?

What resources are available to you? Do you know your health promotion service network?

How effectively do you work with other services to promote health?

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