The big Little Newsletter for the Study

Volume 13 # 1 Spring 2018

Take action? Take the test!

Many of the participants in the family study on the prevention of cardiovascular disease and diabetes are healthy. Others know that they have certain risk factors of diabetes or cardiovascular diseases. Because health is influenced by multiple factors that may vary over time it is better to periodically have a check-up. Why not take a moment to find out about your risk profile? Doing so allows you to decide to take action and change certain habits in full knowledge of your situation.

Assessment tools

Here are two quick and interesting assessment tools. They provide information that will probably lead you to question your current health situation.

Diabetes Québec
Are you at risk of having type 2 diabetes?

Heart &Stroke Foundation
Could you be at risk?

* These assessment tools do not supersede your doctor's evaluations.

You will need to know your height, weight and waist circumference. If you do not own a tailor's measuring tape simply wrap a scarf around your waist, mark it accordingly, and then unfurl it to measure the length with a ruler or regular measuring tape.

Take the test!

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Vegetables and fruits are part of a healthy diet.

Nothing to lose

Your results show a need for change in your everyday habits? Why not start today?

Even if some risk factors for heart disease are not controllable (such as hereditary factors, sex and age), the number of factors that can be modified is greater. Here's how you can control them.

One step at a time

Have you taken the tests? Getting your results is quick. If no risk factors are a concern for you, then keep in mind that your assets and good habits have to be maintained in order to keep diabetes and cardiovascular disease away. If, on the other hand, the test reveals that you should adjust certain habits you will want to take advantage of the sensible advice provided with your results and also provided elsewhere in the two websites where you have taken the tests.

With the information you have now, do you feel motivated to change something in your habits? The motivation to take action often comes with seeing more benefits than disadvantages in the near future and in the long run. Science nowadays has proven beyond any doubt that physical activity, a healthy diet, a smoke-free environment, and good stress management are keys in preventing heart disease. If you are still not convinced go read the information detailed in these two websites, or ask any health professional!

Do not hesitate to setup an action plan. Establishing a realistic goal can help you achieve the necessary changes. Remember the S.M.A.R.T. criteria? It will be easier to reach your objective if you closely consider each item of the acronym.

You can also think of a specific moment to incorporate a good habit into your everyday routine. Why not right now? YOLO! You can start by dividing your goal into sub-targets that will be reached gradually. Making changes requires effort and at the beginning one does not suspect every little thing that might hinder a beneficial process. The important thing is to keep in mind that when there is an obstacle there is always a means, a solution, a strategy that will allow us to reach our goal.

Defining a target

Is there a difference?

Physical inactivity and sedentary behavior

From the start the Quality study has had physical inactivity and sedentary behavior under scrutiny. For children and youths (5-17 years old) physical inactivity is characterized by not achieving 60 minutes of moderate- to vigorous-intensity physical activity per day, while for adults (18 years and over) the threshold is 150 minutes of moderate- to vigorous-intensity physical activity per week. As for sedentary behavior, it is defined as any waking behavior characterized by an energy expenditure ≤1.5 metabolic equivalents (METs), while in a sitting, reclining or lying posture (for example using electronic devices while lying or sitting in a bus, car, or train).

Like sedentary behavior physical inactivity can be a heart disease risk factor. For any given week do you reach the minimum threshold for physical activity to be considered active? When you settle into a sedentary behavior, such as sitting in front of a screen for a given period of time, do you think of taking active breaks so as to reduce the duration of this sedentary episode? If such issues preoccupy you click on the link below to learn more by reading the scientific paper that was written using the data from the first visit in the Quality Study.

Associations of Sedentary Behavior, Sedentary Bouts and Breaks in Sedentary Time With Cardiometabolic Risk in Children With a Family History of Obesity

Ongoing studies

The Quality team is big. Researchers from several universities collaborate to analyse the data collected during the assessment visits. They supervise graduate students in their inquiries concerning specific issues. Here are a few examples of the topics under scrutiny at the present time. Most of the data analysed stems from visits 1 and 2 of the family study.

*This overview is not comprehensive.

Graduate students at work!

Student: Melissa da Silva Researcher: Belinda Nicolau
Dietary behaviour and oral health status

Student: Madeleine Bird Researcher: Tracie A. Barnett
Built and social environments and adiposity-related outcomes among youth in the QUALITY Cohort: Exploring associations between park type and adiposity-related outcomes

Student: Shirin Panahi Researcher: Vicky Drapeau
The relationship between yogurt consumption, body weight and metabolic profile in children/adolescents susceptible to obesity

Student: Karine Suissa Researcher: Gilles Paradis
The effect of dietary glycemic index and glycemic load on cardiovascular risk factors in school-aged children in Quebec

Student: Zohreh (Solmaz) Setayeshgar Researcher: Katerina Maximova
The importance of diet quality for early markers of cardiovascular disease in children

Student: Anna Smyrnova Researchers: Lisa Kakinami et Mélanie Henderson
A comparison of two definitions of Severe Obesity and their ability to predict the cardiometabolic risk in children

Student: Thiffya Arabi Kugathasan Researcher: Marie-Ève Mathieu
Homework, Lifestyle habits and Adiposity Profile in Children: Longitudinal Approach

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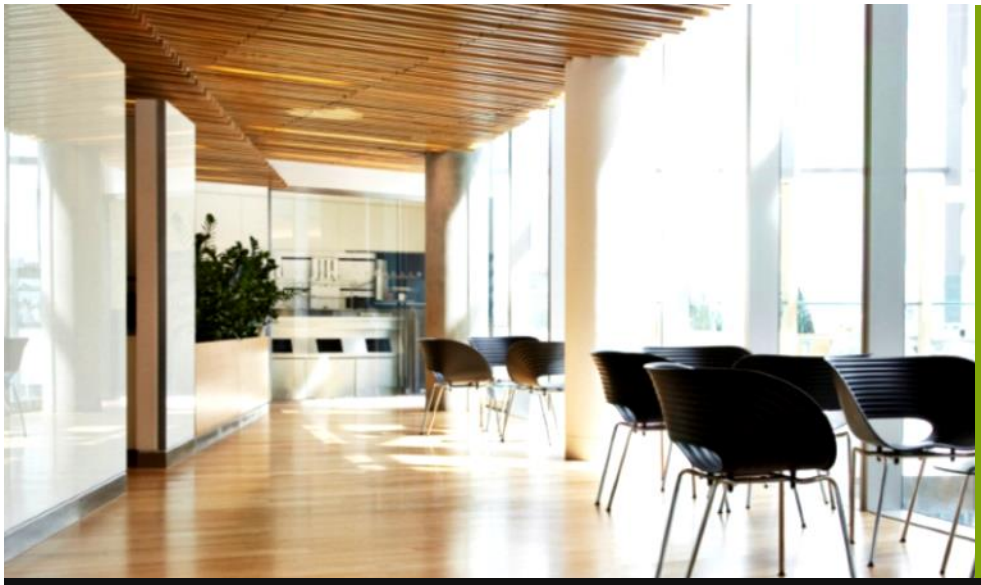

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Graduate students at work… continued

Student: Marie-Lou Filiatrault Researcher: Mélanie Henderson
Food literacy: how does it influence metabolic health, eating habits and behaviors, and family lifestyle in the QUALITY Cohort?

Student: Marina Ybarra Researcher: Mélanie Henderson
Parental Characteristics Influence On Child Adiposity: A Prospective Study

Student: Soren Harnois-Leblanc Researcher: Mélanie Henderson
Impact of weight control behaviors at 8-10 years on risk of subsequent weight gain and body dissatisfaction two years later

Student: Marie-Béatrice Saade Researcher: Mélanie Henderson
Influence of obesity, and adiposity indices on cardiac autonomic function in an at-risk population of children aged 8 to 10 years old

Student: Mélanie Béland Researchers: Mélanie Henderson et Tracie A. Barnett
The effect of sedentary behaviours on depressive and anxiety symptoms in a cohort of adolescents at risk of obesity

Student: Sarah Bonin et Soren Harnois-Leblanc Researcher: Mélanie Henderson
Depression and anxiety, cause or outcome of pediatric obesity?

All of these students, each in their own way, work to broaden and deepen our understanding of the data collected in the Quality study. They form a passionate community of investigation in heart disease and diabetes prevention.

Our partners, funding agencies and reasearchers' affiliations

IRSC CIHR
Fonds de la recherche en santé Québec
Fondation des maladies du coeur
CHU Sainte-Justine
Le centre hospitalier universitaire mère-enfant
Pour l'amour des enfants
Université de Montréal
Université Laval
McGill
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