

Canada: a review of prevalence estimates and risk factors for cardiovascular diseases and type 2 diabetes. *Can J Appl Physiol* 2003;28(1):117-40.

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[The authors respond:]

Although the issue raised by Jacqueline Quail and associates is valid, teaching children and families to have tolerance for diversity, including diversity in size and shape, is paramount to decreasing body dissatisfaction and reversing social discrimination against overweight and obese individuals. Developing such tolerance is especially important given the link between weight-based teasing and depression or suicide in youth.¹ Certainly, efforts to promote healthy eating and active living should not be ignored, but dieting in youth has been linked to weight gain.^{1,2} Similarly, weight loss programs targeting obese children have been associated with only minimal weight loss.^{3,4} Furthermore, pressures to lose weight can create a cycle of dieting and low self-esteem.^{3,5}

Because of the link between dieting and body dissatisfaction, extensive school-based research has been conducted on ways to increase body satisfaction and encourage healthy lifestyles. This universal prevention approach has led to improvements in healthy eating, global self-esteem and body satisfaction among children in the upper grades of elementary school.^{6,7} Although this student-directed intervention has shown promise, it is equally important to sensitize adults to their role in the promotion of children's body image and healthy lifestyles, without focusing solely on weight.

Effective ways for schools to deliver these health promotion messages are available.^{6,7} Physicians can help to engage families in the following ways: educate patients about natural increases in weight and body fat experienced during puberty, encourage family-wide healthy eating and active living practices,^{8,9} discourage restrictive dieting, model respect for diversity in weight and shape, teach the emotional and physical benefits of physi-

cal activity, help families to recognize the impact of weight-based teasing and suggest that families encourage these messages in school communities.¹⁰

It may not be surprising that children are dieting to prevent weight gain. However, taking steps to promote health and fitness in all youth, without increasing weight and shape preoccupation, can help to decrease unhealthy weight loss behaviours such as those that we reported.¹¹

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Correction

In an In the Literature article on the benefit of tight glycemic control in diabetic patients undergoing coronary artery bypass grafting,¹ the table should have included a footnote stating that it was adapted, with permission, from the study reviewed.²

References

1. Cheng AYY. Does tighter perioperative glycemic control improve outcomes for diabetic patients undergoing coronary artery bypass graft surgery? *CMAJ* 2004;171(1):30-1.
2. Lazar HL, Chipkin SR, Fitzgerald CA, Bao Y, Cabral H, Apstein CS. Tight glycemic control in diabetic coronary artery bypass graft patients improves perioperative outcomes and decreases recurrent ischemic events. *Circulation* 2004;109:1497-502.

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