

Obesity pills no magic bullet—prof

General internal medicine professor Dr Rajdeep Padwal warns that many diet pills currently on the market are either ineffective, untested, or unsafe

CORY TOKAY
News Writer

According to Dr Rajdeep Padwal of the University of Alberta, the majority of over-the-counter weight loss products seldom, if ever, work, and focus exclusively on weight while ignoring other health issues.

Currently, Padwal said, 40–60 per cent of Canada's population is overweight or obese, and while there may be several products on the market offering weight loss solutions, he urges people to avoid the majority of these products and just try to make healthy lifestyle choices.

"The over-the-counter [...] sort of stuff you see, either it has no science behind it, or the science shows it doesn't work, or the medication may be potentially harmful," Padwal explained.

Padwal said many individuals that take over-the-counter or commercial weight loss products expect total weight loss of 30–40 per cent of their initial weight. However, such drastic weight loss is difficult to achieve, and Padwal said that few individuals are able to do so.

He also made an important distinction between over-the-counter weight loss products and medically prescribed anti-obesity drugs.

"In medical circles, the term 'anti-obesity drugs' is generally used to refer to prescription medications used in the treatment of obesity, and [their] goal is a little different" from that of weight loss products, he said. "It's to cause people to lose weight, no question, but also help them to improve their medical problems and their quality of life.

"And that's a bit different from a weight loss supplement, which is often exclusively advertised to people



PHOTO ILLUSTRATION: RYAN SHIPPELT

THINNING THE RANKS Readily available diet drugs might not be a solution.

specifically focusing on just weight, weight, weight, and they don't talk much about other medical problems getting better," he explained.

Padwal noted that many over-the-counter products undergo no scientific testing, and those that do are often shown to be ineffective. He also said that there are products on the market that have some evidence of working but which are still harmful to the user.

In Canada there are only two medically tested anti-obesity drugs available: Xenical, which prevents fat from being absorbed into the body encouraging the user to eat less fat, and Meridia, which helps the patient

to feel fuller so that they have less of a desire to eat.

But as Padwal pointed out, neither of these products is available without a prescription, and neither has any affect on weight loss—they only help to avoid further weight gain.

However, despite the lack of evidence to support their use, Padwal said weight loss products continue to promise unrealistic results to their users.

"I heard one ad on the radio the other day [...] that this stuff will help you to lose 20 pounds, 30 pounds over a week or two, and that simply just doesn't really happen," Padwal said.

Study: classifying sex offenders with intellectual disabilities problematic

CAROLINE LEE
News Writer

According to a team of North American researchers, including some from the University of Alberta, sex offenders with impaired learning who publicly engage in sexually inappropriate behaviour appear to have less sexual knowledge than individuals without intellectual disabilities that have committed more serious offences.

The study, published in June 2007 issue of *Journal of Intellectual and Developmental Disabilities*, gives supporting evidence that the debated "counterfeit deviance" hypothesis holds true for a certain group of sex offenders.

"Counterfeit deviance theory suggests that some people with intellectual disabilities commit what looks like a sexual offence, but it really has to do with their lack of knowledge about what would be appropriate to do sexually and also just a lack of knowledge of sex in general," explained Dr Yona Lunsky, the lead researcher for the study and a professor of psychology at the University of Toronto.

Even though sex offenders with intellectual disabilities were more likely to have undergone sexual education programs, the study found

by comparing offenders to a similar group of non-offenders with comparable disabilities that the two groups had almost identical levels of sexual knowledge.

"A person with [an intellectual disability] may have no sense of social norms—[of] what's appropriate or what's not appropriate to do. They don't belong in jail," she said.

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DR YONA LUNSKY
U OF T PSYCHOLOGY PROF

Instead, Lunsky believes that these individuals might benefit more from sex education that's tailored to their intellectual capacity by assessing their knowledge and attitudes towards sexuality. Through such interventions, the offenders would be able to guide their behaviour in public by learning

what's socially acceptable.

"If you're working with someone who has a more severe disability, and their sexual offence was public masturbation, sex education for them might be just teaching them when they are allowed to put their hands in their pants," she explained. "That might be all they need or all they can understand at that point. Really, it's very specific to the needs of the person."

However, Lunsky stressed that it can't be generalized that all sex offenders with intellectual disabilities committed offences due to a lack of knowledge. In some cases, offenders have undergone numerous educational interventions and seem to exhibit a high level of sexual knowledge and understanding of the appropriateness of their offences. Yet, these individuals still continue to display offensive sexual behaviour in public.

"We can't just say across the board [that] if you have an intellectual disability, it's not your fault; you didn't mean it," she said. But we also can't say [that] sex offenders with intellectual disabilities are just like sex offenders without intellectual disabilities, and even with education, they can't control their behaviours and should be incarcerated. It really depends on the person."

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