Waist-To-Hip Ratio – Why You Should Know Your Number!

Why have your Waist-To-Hip Ratio checked? Research has proven that the pattern of body fat distribution is an important predictor of the health risks of obesity and many other diseases. Individuals that carry more fat on their trunk, especially in the abdominal also carry a significantly higher risk for high blood pressure, type 2 diabetes, high cholesterol, heart disease and premature death, when compared to other people that have the same overall percentage of body fat, but have a normal amount of abdominal fat. For this reason it is crucial to understand and move beyond the fact that a “spare tire” around your belly just doesn’t look good, more importantly that spare tire is a significant health risk that you can work towards reducing while at the same time reducing your health risk.

The WHR measurement directly addresses this concern by dividing a person’s narrowest waist measurement by her or his widest hip measurement. If your waist is smaller than you’re your hips, your WHR will be below 1.0.

Earlier studies indicate that WHRs greater than 1.0 for men or 0.8 for women are associated with higher risk of diabetes and hypertension (high blood pressure). The new study suggests that WHRs above 0.95 for men or 0.8 for women indicate a greater risk of heart attack. Why? Many researchers think the culprit is visceral fat, meaning deposits inside the abdomen, as opposed to subcutaneous fat, under the skin. An apple-shaped person is sure to have visceral fat, as well as subcutaneous fat in the abdominal area. Anybody with a belly has visceral fat, and the more you have the worse off you are. It is not clear why visceral fat is riskier; it may be more active metabolically and spew out more toxic substances. In addition, its secretions go straight to the liver and may interfere with its functions, which include helping to regulate blood glucose and cholesterol.

Some studies even suggest that the cells in visceral fat are uniquely active because they differ from other fat cells when it comes to which genes are turned on or off. A study published in the New England Journal of Medicine lent support to the notion that visceral fat is more of a threat than fat under the skin. Doctors found that liposuction, which removes only subcutaneous fat, had no effect whatsoever on health, even when surgeons sucked out 20 pounds of subcutaneous abdominal fat. But a person who lost that much weight through dieting and exercise would almost certainly see significant changes in blood pressure, cholesterol and insulin resistance.
Besides leaving visceral fat untouched, liposuction may fail to improve health for another reason, said the first author of the study, Dr. Samuel Klein, director of the Center for Human Nutrition at the School of Medicine at Washington University in St. Louis. He said that while liposuction removes billions of fat cells it does not shrink the many more it left behind. Obese people have huge fat cells, with 50 percent to 75 percent more mass than fat cells in lean people, Dr. Klein said. Large fat cells are not a good thing to have because research has found that they are more active metabolically than small ones, and more likely to churn out harmful substances to the rest of the body.

The best way to get rid of visceral fat and shrink fat cells all at once is diet and exercise. Even a small amount of weight loss, about 7 percent of total body weight, helps. Researchers do not fully understand why, but there is something about burning more calories than you eat, creating a state of negative energy balance, that quickly begins melting away the mass of visceral fat and slimming down bloated fat cells. Indeed, most dieters find that belly fat comes off first and that weight in the hips and thighs is much harder to lose.