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Today's Health for the Empowered Woman

THE OBESITY EPIDEMIC

Having written previously about obesity in pregnancy, I now feel compelled to go further and to discuss obesity in general as the disease has grown to epidemic proportions. One can make many arguments for the epidemic: poor economy and poverty breed obesity as evidenced by the poorest regions in the nation with the highest obesity rates; low cost of food in the United States as compared to other countries; huge proliferation of fast food outlets with offerings that guarantee obesity with ingredients high in starches, grease and oversized portions; a general trend to eat out more; products that contain high fructose corn syrup, etc. That being said it is fact that obesity is the major cause of cardiovascular disease, diabetes and renal disease. Since heart attack is the number one killer of Americans and diabetes resulting from obesity causes this disease, it is clear that obesity is a strong predictor of illness and mortality. The following statistics are sobering: 80% of type two diabetes is related to obesity, 70% of cardiovascular disease is related to obesity, 42% of breast and colon cancer is diagnosed in obese individuals, 30% of gall bladder surgery is related to obesity, and 26% of obese people have high blood pressure. In any given day at my office I see roughly 27 patients. Of these about 20 are obese and of these 5 are morbidly obese. This disease is more prevalent than malnutrition and is double in women over men. Obese women face discrimination more than any other group in the workplace, school, and media. Amazingly this costs the United States Health care \$60 billion/year! These costs are related to hypertension, diabetes, elevated cholesterol, sleep apnea, heart disease, arthritis, cancer, and psychosocial impairments. Self imposed dieting rarely works and more than 70% of patients who do so gain the weight back. There are many very good diet programs that if followed closely with a health care provider and scrupulous attention to detail and exercise can result in significant weight loss. Maintenance programs must be followed to be sure that old habits don't come back. The current rage is obesity (bariatric) surgery that through various techniques bypasses much of the stomach resulting in a sensation of fullness with very little food intake. The surgery itself is risky as obese patients have a greater risk of anesthetic problems and post-operative complications. Even if the operation is successful there sometimes are complications such as dehydration, food intolerances, and nutrient deficiencies. However, there is no question that when successful high blood pressure improves, type 2 diabetes dramatically drops, sleep apnea all but disappears and joint disease improves and at the very least makes reparative joint surgery more safe. Proper attention to nutrition, exercise, and behavior modification must continue for life. Some patients ask for "magic solutions" since they see so many advertisements for pills that promise weight loss with no effort. These are very misleading as most are caffeine derivatives that simply raise metabolism slightly. There are two prescription drugs: Meridia and Xenical that have been associated with as much as 5% weight loss. Other appetite suppressing drugs are controlled substances related to amphetamines and have mixed results but have the potential for raising blood pressure. When confronted with an obese patient it is my policy as a health care provider and as an advocate of wellness to

GENTLY bring up the subject and to emphasize that obesity is a disease that can be treated. Diet counseling is given that includes: portion control, avoidance of high fructose corn syrup and “junk food”; avoid “fast food restaurants” and above all do not eat ANYTHING WHITE. This would include sugars, starches, potatoes, bagels, pasta, pizza, muffins, etc. Fruits restricted to cherries, berries and plums; no butter, no fried foods, increase exercise to 30 minutes/day for five days a week and reduction in alcohol consumption. All sodas should be avoided even if with artificial sweeteners. If this fails the next step is a strict diet program with commercially prepared shakes, soups and bars and strict counseling to keep the daily calories at roughly 880. This might be supplemented with appetite suppressing drugs. Surgery should be used as a last resort because as previously stated it is not without risk. This problem of obesity must be dealt with in a serious and compassionate manner as self esteem is a great problem in the obese. In addition to the complications listed above, the gynecologic ramifications of obesity include difficulty getting pregnant, increased risk of uterine cancer, diabetes of pregnancy, over large babies with attendant risk of c-section, higher post-operative complication rates, higher risks of blood clots and very large anesthesia risk. It has recently been shown that children born to obese women have more medical complications during their lifetime also. Most insurance companies do not reimburse for treating obesity. One can certainly argue that all the complications and problems listed in this article cost the insurance industry more than obesity treatment would cost. The country as a whole must start to place a greater emphasis on wellness in order to avoid life threatening disease. Parents need to set the example and to educate their children about diet and exercise. Physicians can and must treat their obese patients with compassion and understanding and education. We can solve the problem through a multidisciplinary approach. Patients who lose weight immediately feel better, sleep better, think more clearly, have less pain and have improved relations with their spouses. Thinness is indeed empowerment. The time to lose weight is NOW and not after the holidays or the Caribbean cruise.