



Obesity

Here's the low-down on what could be making us fat, and the options for correcting large waistlines that endanger our well-being.

By George N. Saliba, Managing Editor

It's a constant refrain in our culture: Americans are overweight and obese, and the health consequences are wide ranging and disturbing. Also troubling is the *increase* in our population's obesity since the early 1990s. At that time, the Centers for Disease Control reported that no state with related data had more than 15 percent of its total population as obese. In stark contrast, by 2007, a whopping 30 states had more than 25 percent of their total populations suffering from obesity, and three states (Alabama, Mississippi and Tennessee) reported more than 30 percent of their total population was obese. For perspective, the lowest threshold weight for obesity (for a 5' 9" person) is 203 pounds. The above facts refer to persons who – relative to their height – are *at least* that heavy. In New Jersey, between 20 and 24 percent of residents are obese.

What's Going On?

There is no hardcore, definitive answer as to why an estimated 66 percent of U.S. adults are overweight (at least 169 pounds for that hypothetical 5' 9" person) or obese, or why childhood obesity has spiked in recent years. Many persons blame: the food industry for inordinately large meal portions, easy access to inexpensive and unhealthy foods, our population's overall gluttonous ways, society's widespread lack of exercise and the overtly stressful demands of modern life. But have these factors changed *so dramatically* in the last two decades that suddenly the majority of the population is unhealthily overweight or obese? That topic can be approached with simple answers (e.g., society has rapidly become sloth-like and over-consuming), or addressed with more far-flung hypotheses such as the obesity epidemic's genesis stems from modern food processing which "poisons" our bodies' regulatory systems.

Lauren D. LaPorta, M.D., is chair of behavioral health services at Paterson-based Saint Joseph's Regional Medical Center, and has written a book titled "United



Dr. Garth Ballantyne says physicians want to ensure people "don't just wake up one morning and decide to have an operation."



Dr. Lauren LaPorta believes stress plays a significant role in society's obesity problem.

Stressed of America." On the topic of obesity, LaPorta believes its rise is certainly multifactorial, but from her perspective, stress is a "huge contributor."

Indeed, when babies are distressed, food can satiate them. Even for adults, one stress coping mechanism is food consumption. LaPorta offers, "It has been shown that if you teach people to become mindful of their emotions, and to be able to identify what's making them feel a certain way, they will often not go eat something. They are able to identify the problem and come up with a solution, other than the solution of food."

Second, when people are stressed, they secrete the chemical cortisol, which can deposit fat around the abdomen and mid-section. Also, lack of sleep (less than seven to nine hours) can produce food cravings.

Of course, people should eat healthily, exercise and sleep appropriately. That said, for morbidly obese people, hormones can run awry and a 2,000 calorie meal might leave them ravenously hungry; they have lost normal physiological control mechanisms.

Health Risks and First Steps

While advertisements often promote weight loss purely for aesthetic reasons, it is widely documented that overweight and obese people are more likely to develop health conditions such as: high blood pressure, high cholesterol, Type II diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and even some cancers (breast, colon and endometrial).

Franklin Lakes-based BD, a global medical technology company, has, among other endeavors, been providing insulin delivery products for the treatment of diabetes since 1924, and the firm strives to educate persons about this and other topics. Dr. Laurence Hirsch, vice president, global medical affairs, diabetes care at BD, explains the link between obesity and diabetes: In sum, consuming too many calories and leading a sedentary lifestyle increases certain so-called "bad players" in one's blood. This ultimately



The Valley Hospital's weight loss (bariatric) surgery program has been named a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery. Shown (from left to right) are bariatric surgeons Daniel Davis, D.O.; Beth Schrope, M.D.; Marc Bessler, M.D.; Akuezunkpa Ude, M.D.; and Vadim Gritsus, M.D.

causes muscles, fat cells, and the liver to respond abnormally to insulin. Without a person being aware, the body develops a widespread resistance to insulin. Hormones also increase inflammation in the cells that line the blood vessels. Over time, a person's pancreas becomes unable to generate enough insulin, the level and timing of insulin become abnormal and blood sugar levels increase.

Dr. Hirsch says, "People are often surprised when they go to the doctor and he or she says, 'Did you know your blood sugar is 174?' And the person says, 'What?' And the doctor confirms that on a second test and says, 'You've got Type II diabetes.'"

He adds, "Speaking as a physician, I am very concerned about the pandemic of obesity and, following that, Type II diabetes, that we are seeing today. Also, I am very alarmed at the marked increase in the overweight, obesity and Type II diabetes in children and adolescents."

When tackling overweight or obesity concerns, St. Joseph's Dr. LaPorta says one should first visit a primary doctor and explore if associated health problems exist. Beyond this, she asserts counseling via a psychologist, psychiatrist or licensed clinical social worker can assist. Weight loss groups such as WeightWatchers or Jenny Craig may also be effective.

On that note, Newark-based Horizon Blue Cross

Blue Shield of New Jersey (HBCBS) in 2007 unveiled a company-wide, voluntary health program titled "Journey to Health," which included employees attending wellness clinics where registered nurses measured blood pressure and evaluated employees for: blood sugar, cholesterol and body mass index (BMI). In this program, employees may submit their information to the company's website and learn ways to reduce their health risks. If a current health problem is identified, they can share it with their personal physician and receive appropriate care. At press-time, HBCBS is soon slated to unveil a similar program for its insured members.

Cynthia Tobia, Horizon's director of compensation, benefits and human resources information systems, says, "The [program] has started to resonate in the company. This is really about behavior change. For adults, it is difficult to change behavior. We want our people to be healthy and productive. It is really about doing it for yourself."

Weight Loss Surgery

When a person has a body mass index (BMI) greater than 40 - or has a BMI of between 35 and 40 with comorbidity factors such as diabetes, hypertension or sleep apnea - weight loss surgery may be a viable option.

Dr. Daniel Davis is co-director of The Valley Hospital Center for Metabolic and Weight Loss Surgery in Ridgewood, and is also an assistant professor of surgery at Columbia University. "The reason we do these surgeries is to save patients' lives," he explains. "This is not cosmetic surgery ... These procedures are safer than they have ever been before because they are performed using minimally-invasive techniques: the patients are at high risk if they *don't* have anything done."

Weight loss surgery candidates must provide a documented history of supervised weight loss dietary regimens, and among other requirements, they must be free from uncontrolled psychiatric disorders or addictions to drugs and alcohol.

Dr. Garth H. Ballantyne, director of minimally-

invasive surgery at Hackensack University Medical Center, echoing others' sentiments, explains, "Operations often aggravate depression, so we want to have a mechanism of dealing with depression. That way, people don't go through the effort of having an operation, become depressed after surgery, eat and then fail to lose weight."

He adds that physicians want to ensure people have made significant efforts to lose weight over a prolonged period of time and "don't just wake up one morning and decide to have an operation."

Types of Surgery and Associated Risks

In broad strokes, three types of weight loss surgery include: gastric banding (surgically placing a band around the stomach); gastric bypass surgery (cutting the stomach and intestine and re-attaching the ends); and what is commonly referred to as the "duodenal switch" (essentially bypassing nearly the entire absorptive capacity of the small intestine). Gastric banding and gastric bypasses are more common procedures than the duodenal switch.

The banding procedure has the highest rate of patients not losing 50 percent of their excess body weight during a two year period. Yet, undergoing the banding procedure is safer; the band can be adjusted or even removed.

Dr. Ballantyne says, "I tell my patients that gastric bypass is a more reliable weight loss system, but a little more dangerous. The lap band is safer, can last longer and is more flexible in terms of tightening and loosening, but it is not as reliable as the bypass in terms of weight loss. I think it is important that people get educated, talk to others who have had the different operations and attend information sessions. Some surgeons are zealots for one [type of surgery] and some surgeons are zealots for another. Information and education is a huge part of the progression from the time someone starts thinking about having an operation to when they actually have it."

With these weight loss procedures, patients can gain weight again if they are non-compliant with nutritionists, bariatric coordinators, and nurse practitioners who work with them via support services.

Dr. Davis says, "I always tell patients: 'We are not bypassing your brain. We are not putting a band over your brain; you still have to make the right food choices. You can eat a small amount of healthy food, or you can eat unhealthy food. It is important to make the right choices.'"

In sum, Dr. Davis emphasizes surgery is the last resort for any medical situation, and that dietary modification and exercise, as mentioned, must be attempted first. But when one becomes very obese, surgery is the "best resort." Of note, Dr. Davis also asserts that less than 1 percent of morbidly obese people undergo surgery and that the reasons for this unclear.

He concludes, "There is no cure for diabetes, yet we can perform procedures on patients and literally, in the case of a bypass procedure, patients may stop taking their diabetic medications before they leave the hospital. That is profound. If a medication was discovered that could do that to diabetes, whoever discovered it would win the Nobel Prize, but there is surgery that can do this for patients."

Conclusion

While the widespread overweight and obesity statistics are disheartening, the better news is that people have the chance to correct their weight. Primary care doctors, nutritionists, exercise physiologists and overall education can work synergistically to reduce waistlines. If those tactics fail, modern surgical procedures can attempt to effectively slim patients and reduce the potentially fatal risks associated with our national obesity epidemic. **NJB**

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