

THE OBESITY EPIDEMIC

By Elisabeth Handley

A LOOK AT THREE DIFFERENT WEIGHT-LOSS OPTIONS,
ALL WITH ONE COMMON GOAL

Calling obesity an epidemic isn't hyperbole; numbers don't lie. As of January this year, 67% of Americans are overweight. About 25% of those are obese. In the next 30 years, it's estimated that this number will rise to 51%. That's right, by 2040, half the US population will be obese.

The reasons for this dangerous health trend aren't surprising: too much fatty foods, too little exercise. And the consequences are alarming. When you consider that the annual cost of treating diabetes is more than the cost of the wars in Iraq and Afghanistan combined, you get an idea of its impact. There are certainly many other health risks associated with excess weight, such as high blood pressure,

hypertension, heart disease and some types of cancer.

"This is not just a willpower issue; it's a society issue," says Gretchen Ames, Ph.D. of the Mayo Clinic assisted diet program. "We need to re-educate people on how much they're supposed to eat and about getting more active."



Gretchen Ames, Ph.D.

The program Dr. Ames leads educates patients and helps them drop weight quickly via a liquid meal replacement program. The 21-week program is comprehensive, offering training in nutrition and exercise as well as psychological counseling – a necessary component as this approach is not one to be taken lightly. Patients' calories are cut to just 800 per day. "If you're not ready to make this your long-term commitment, it's not the right plan for you," she says.

During the 21 weeks, patients consume only foods provided by the program: shakes, bars and soups, each containing the right amount of carbs, protein and fat.

Maria Guida of Jacksonville lost 45 pounds on Mayo Clinic's program. "I thought, 'I don't know about this, because it's real strict,'" she says. But when blood tests showed her borderline diabetes had progressed to full-blown she said, "Let's start today."

We all know we should eat more fruits and vegetables; five servings a day minimum. But the data on how few of us get anywhere near that target is discouraging. The top five sources of calories in the American diet are sugar soft drinks, sweets, burgers, pizza and chips. Fruits and veggies make up only 10% of our daily caloric intake.

To help keep hunger at bay, patients eat five times a day. Toward the end of the program, small amounts of food are introduced to get patients back on regular food in a way that is safe and medically supervised.

Throughout the program, patients gradually add exercise to their daily routine, including some light

resistance training and 30-60 minutes of walking. "The program breaks it down, showing to maintain my weight I have to exercise," Guida says. "I hate exercise, but I go to the gym every day."

Dr. Ames suggests the best way to work exercise into your daily routine is to sit for no more than 40 minutes at a time. "Take the stairs, use the bathroom on a different floor, walk your dog or use the treadmill while you watch TV."

Guida is a true success story, having kept her weight off for an entire year (and her diabetes has disappeared). This is due in large part to the clinic's ongoing support class that she attends monthly. The class offers maintenance strategies and peer support, which research shows is a key element to keeping the weight off.

BACK TO BASICS

For those seeking a less rigorous weight loss program, good old diet-and-exercise can work, but to



Ron Stone

Fruits and veggies make up only 10% of our daily caloric intake.

The Mayo Clinic program turns that diet on its head. "To start with, we need to convince people of the fact that diet isn't something you do for a short period of time," says Ron Stone, registered dietician and nutrition coordinator for the clinic. "It's a consistent change of behavior and lifestyle."

It would have to be, considering overweight Americans consume an average of 1,000 excess calories a day. When men are supposed to have 1400-1700 calories a day, and women 1000-1400, that's a significant change.

Stone's plan is based on the Mediterranean diet, which starts with 45-50% of calories coming from carbohydrates. This does not mean you can load up on French bread and pasta. "We're talking whole grains – carbs that are complex, high in fiber and low on the glycemic index," says Stone.

Protein makes up the next 25-30%. Good sources include lean meat and low fat dairy (milk, cheese, yogurt). Protein is necessary for muscle maintenance, but red meat should be limited to no more than once per week. Other meats, such as fish (not fried) should be eaten three to four times a week, and white meat poultry two to three times.

"Fat is important to our health, and we recommend 25-35% of calories come from fat," Stone says. "But again the sources are key: olive, canola and peanut oils are healthier options."

Again, this program emphasizes the necessity of exercise in maintaining healthy weight. While any kind of exercise can be difficult for obese individuals, the goal is to get at least 30 minutes a day, even if it's broken up into 10-minute increments.

Stone wants his patients to work in weight resistance to build lean muscle. "The more you have, the more calories you burn at rest." Daily exercise

succeed lifestyle change is required.

We all know we should eat more fruits and vegetables; five servings a day minimum. But the data on how few of us get anywhere near that target is discouraging. The top five sources of calories in the American diet are sugar soft drinks, sweets, burgers, pizza and chips.



Maria Guida of Jacksonville lost 45 pounds on Mayo Clinic's program. "I thought, I don't know about this, because it's real strict," she says. But when blood tests showed her borderline diabetes had progressed to full-blown she said, "Let's start today."

For those who have yo-yoed on diet after diet, surgery may be the answer. “Less than five percent of those morbidly obese can lose enough weight by dieting and exercising,” says Craig Morgenthal, M.D., bariatric surgeon at the Baptist Center for Bariatrics.



practically guarantees long-term weight loss success. Of those that keep weight off, 90% exercise one hour every day.

SURGICAL OPTIONS

For those who have yo-yoed on diet after diet, surgery may be the answer. “Less than five percent of those morbidly obese can lose enough weight by dieting and exercising,” says Craig Morgenthal, M.D., bariatric surgeon at the Baptist Center for Bariatrics.

For the morbidly obese (100 pounds overweight or more) the National Institutes of Health says that no other program is as effective as bariatric surgery for weight loss to improve or cure co-morbidities such as diabetes, hypertension and sleep apnea.



Craig Morgenthal, M.D.

There are three main forms of bariatric surgery: the lap band, the gastric sleeve and gastric bypass.

The lap band, literally a band around the stomach restricting food intake, results in the least amount of weight lost.

The gastric sleeve actually removes 60-80% of the stomach, which not only means you can't eat as much, but it also eliminates the hormones that cause hunger. Unfortunately, this procedure has only been approved since 2007, so it is still considered experimental, and there are complications such as bleeding and leaking of the stomach.

The gold standard of bariatric surgery is gastric

bypass, which not only reduces the size of the stomach, but also allows food to bypass the small intestine where most of the calories are absorbed. Dr. Morgenthal says 70% of patients lose their excess weight and keep it off.

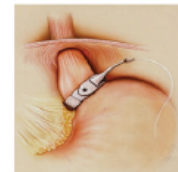
As with any successful weight loss method, significant lifestyle changes are required with gastric bypass. Recent bypass patient Curt Vanderhoning, 59, reports he can only eat 1 to 1 ½ cups of food at each meal, and must avoid foods that upset his stomach like rice, sugar and anything fried. “You have to be careful for the rest of your life about how you eat.”

However, he thinks it's worth it. He'd tried many other diets, but gained the weight right back when he went off them. He's lost 100 pounds since his bypass in January, down from his high of 433, and hopes through maintaining an 800-calorie a day regimen he'll lose an additional 100 pounds. “Then I'll be back to my old fighting weight,” he says.

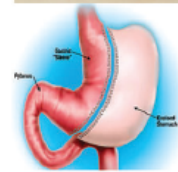
Other than the new wardrobe he's had to purchase (he's come down 12 pants sizes), Vanderhoning's greatest achievement is being able to go up and down stairs. “My knee problems have gone away,” he says. “I'm also far less tired, and get a good night's sleep every night.”

His sleep apnea, a common obesity co-morbidity, is cured. Gastric bypass is in fact highly successful in increasing the life expectancy of patients. Studies show that nine years after the surgery, patients had an 82% reduction of mortality. “Considering the reduction in the number of times bypass patients are admitted to the hospital, doctor visits and cost of medications, the operation pays for itself,” says Dr. Morgenthal. “Plus, it adds an average of 10 years to their lives.” HS

Lap Band



Gastric Sleeve



Gastric Bypass



There are three main forms of bariatric surgery: the lap band, the gastric sleeve and gastric bypass. The lap band, literally a band around the stomach restricting food intake, results in the least amount of weight lost.