

Fighting the Obesity Epidemic in America

As the rates of obesity and overweight people in the United States continue to climb, experts and consumers try to identify why. Recently, *M.D. News* posed a few questions about obesity and the obesity epidemic to obesity expert Margaret MacKrell Gaglione, M.D., FACP, internist and bariatrician.

Dr. Gaglione is the Medical Director of Tidewater Bariatrics, Chesapeake, VA, a practice dedicated exclusively to the medical treatment of patients who are overweight and/or obese.

M.D. News: What are some of the factors that have led to the obesity epidemic?

Dr. Gaglione: The epidemic in this country has really paralleled changes that have happened in our society at large. They include the following:

- More meals are consumed outside the home in restaurants, buffets and fast food establishments. These meals are often very calorie dense and plated in very large portions. Americans have grown accustomed to equating a “good deal” with a very large meal, and often, these larger meals are marketed as the better economic choice. For example, a super-sized meal deal can be less expensive than buying a small hamburger, small fries, etc. Marketing often encourages overeating, such as “buy two get one free.” The original meal for adults in a fast food restaurant in the 1950s is now the standard meal for children. A value meal deal in a fast food restaurant is more than 60% of the total daily caloric intake for an average adult.
- The availability and constant bombardment of Americans with stimuli that encourage mindless eating. Try to go to the movies and not feel that you are not depriving yourself if you do not buy popcorn and a soda.
- Less meals consumed as a family, with a loss of quality together time resulting in more people eating alone or in front of the TV or computer.
- The loss of the basic food preparation skills and a lack of emphasis on eating fruits and vegetables.
- Consumption of an increased number of calories via drinks. One can of soda has 10 teaspoons of sugar, the equivalent of 10 packages of sugar. Most of these high calorie drinks use

high-fructose corn syrup, which is sweeter in taste than sugar. This repetitive consumption of high-fructose corn syrup changes the palate and makes you crave this level of sweetness.

- Marketing and distribution of multiple servings as one serving. A 20-ounce bottles of soda has 2.5 servings, rather than one.
- A lack of knowledge of the exercise equivalent of food, how much caloric intake is needed and what a proper caloric count consists of (1 pound is 3,500 calories; a value meal is 1,300 calories; a slice of cheesecake is between 650 and 1,000 calories — and that is post dinner!). To burn the equivalent of a value meal, a 150-lb. individual would need to walk 13 miles.
- Deceptive marketing by food merchants and establishments that mislead even an informed consumer to think that they are making a nutritionally wise food choice — for example, a Caesar chicken salad may have the highest calorie value on the menu.

Other factors include the haphazard attitude many Americans have towards eating in general, such as skipping breakfast. Over 90% of my patients do not eat breakfast when they come to me. Irregular consumption of calories makes you more likely to overeat at the next meal and more likely to choose foods that will be quickly digested (i.e., simple carbohydrates), rather than a nutritional smart choice (i.e., complex carbohydrates or protein).

The lack of energy expenditure in performing our jobs or activities of daily living also plays a role in how much energy we expend. This is due, in large part, to the development of technology. For example, where once one would walk down the hall to deliver paperwork, today it is e-mailed; taking the elevator or escalators rather than stairs.

Medical problems that develop because of obesity make the ability to lose weight even more difficult. Such problems can include:

1. Obstructive sleep apnea: The stress hormones that surge because of the hypoxia that occurs at night induce more weight gain (endogenous steroid production).
2. Diabetes: Medications for patients with diabetes can cause weight retention. If glucose regulation is too tight, the resulting hypoglycemic episodes may cause overeating.
3. Osteoarthritis: Heavy weight destroys joints, making exercise very difficult/ painful.

4. Prescription medications that change the neurochemical balance. For example, Ambien can cause unaware nocturnal eating; certain antidepressants can cause weight gain or odd cravings; Depo-Provera is notorious for causing excessive weight gain.

A body that has been fed extra energy develops new cells and wants to preserve those cells. The hypothalamus and the midbrain see the obese weight as the new norm, and when calories are cut irregularly (particularly by skipping meals), they slow the metabolism to prevent further losses.

M.D. News: What can physicians do, in light of time constraints and the difficulty in helping patients achieve lasting lifestyle modifications, to help their obese patients?

Dr. Gaglione: It needs to start with education of the physicians. Until one or two years ago, medical nutritional therapy was never taught in medical school or residency. There is incredible inertia on the part of many physicians. Many may feel that obesity belongs to the realm of others (dietitians) and that once a referral is entered, they have finished their job. There is also a tremendous feeling that “we cannot do anything anyway” or that obese patients are slovenly and lazy.

Bariatrics has been a “bastard” child of medicine. It belongs to no discipline. We need formal residency programs for such. Most bariatricians are self-taught, and as you can imagine, some are better than others. We need credible, highly qualified and trained individuals entering this subspecialty of medicine; it will happen much in the same way that geriatrics became a subspecialty. Unfortunately, however, the need and demand is way ahead of the profession and the science.

M.D. News: Are there any steps or practices that clinicians can adapt that will help prevent obesity in their patients, both young and old?

Dr. Gaglione: Physicians must recognize that obesity is not a medical problem that can be handled only by a nutritionist. Physicians must medically manage the problem and encourage their patients to seek care from a bariatrician if they do not feel that they have the skills. ■

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