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Obesity is Treatable

By Margaret Gaglione, M.D.

Obesity is a treatable disease. It takes intensive, long term treatment. It is not a disease that can be managed in a few weeks. I have had several physicians tell me that "it is not worth treating because they all regain the weight". Most of us readily acknowledge that a hypertensive patient well controlled on medication, would not be well controlled if the medication was withdrawn. We do not view diabetes or hypertension as medical conditions that have a limited course but rather are illnesses that we will follow long term. We need to change our paradigm and start utilizing tools that are effective.

Obesity treatment involves three main arms. The most important tool is the food. First, there has to be a decrease in energy intake. If a male patient weighs 300 lbs, he is taking in on average 3600 calories a day to maintain his weight. Your patient may tell you that quantifiably he is not eating a lot of food. He may be correct. For instance, one piece of cheesecake from the cheesecake factory is 1000 calories or 9 onion rings is 900 calories. What he is eating is energy dense food. If one were to have 900 calories of fruits and vegetables, one would have to eat: 81 spears of broccoli or 13 apples or 128 cups of spinach. Your patient has to learn the caloric value of the food he is eating.

The second arm is cognitive behavioral therapy. In short, the cognitive processes that our patients use regarding food are what are keeping them from treating their disease. The patients must evaluate what behaviors have made them overeat, and what situations they have placed themselves in to hindered their efforts to lose or keep weight off. Such behaviors may be very simple. One of my patients eats Dunkin Donuts every morning because of the way she drives to work. By changing the way she went to work, she no longer had to make the daily decision to eat donuts or not to eat donuts. Patients have to be willing to become regimented in their habits of scheduled eating and portion control. These behaviors must be maintained to maintain weight loss. Often patients cannot wait to getting back to "normal" eating. What they need to realize is that the new skills they have learned are normal and that their previous habits were "abnormal".

The third arm is physical activity. Exercise is a critical for weight maintenance but as a sole tool for weight loss is its less effective than changing what one eats. For example, a number one meal at McDonalds is 1300 calories. To burn the equivalent in walking, a 150 lbs male would need to walk 13 miles.

We know from the National Weight Loss registry, certain behaviors are characteristic of all individuals maintaining weight loss. They all eat breakfast,

exercise daily and keep journals regarding food intake, weigh self frequently, and eat out infrequently.

Successful weight loss takes an aggressive long term approach. Whether one desires medical or surgical intervention, a program that encompasses all three arms will prove successful for patients who wish treatment.

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