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The first step in treating many of the illnesses that affect the majority of our patients is a lifestyle intervention. A lifestyle intervention is the first and most important step in treating obesity. Unfortunately, most of us have been jaded by the many unsuccessful lifestyle interventions that our patients have tried, and therefore, grown skeptical that such non-surgical intervention can work.

Why these lifestyle interventions have not worked in the past is because we've tried to make them work in a system that does not foster success for such treatments. None of us can truly effect a substantial change in our patient's eating habits in a quarterly visit that may last for 15 to 30 minutes with patients who have three other medical problems in addition to the chief complaint of obesity.

Let's look for a moment at how we have been able to move most chemotherapy treatment to the out-

patient arena. We have accomplished this because of the development of ambulatory treatment centers modeled after dialysis units that are well designed and well staffed to "treat" the illness at hand.

"The Diabetes Prevention Program Trial (DPPT)" validated the effectiveness of lifestyle intervention. This study compared metformin, placebo and intensive lifestyle intervention to see which arm decreased the incidence of diabetes and caused more weight loss. The intensive lifestyle intervention arm was 38.5% less likely to result in diabetes (and resulted in 8 lbs more weight loss) than the drug arm, and 56.4% less likely to result in diabetes (and resulted in 12.9 lbs more weight loss) than the placebo arm. The patients in the DPPT had 2.5 interventions from the staff per month during the first six months and then one intervention per month for the remaining thirty-six months of the trial.

Tidewater Bariatrics is a practice dedicated to lifestyle intervention therapy. As an Internist and Bariatrician, my practice specializes in the care of overweight and obese patients. Our patients undergo rigorous medical intervention, as compared to the 2.5 interventions per

month in the DPPT, our patients have at least two interventions per week from my staff which includes nurses, health educators and medical assistants. The entire staff at Tidewater Bariatrics role model the behaviors that we expect of our patients.

In the two and a half years that we have been open, we have taken care of over 468 patients who have lost over 16,674 pounds. We have also been able to discontinue over 180 medications. Last month, the majority of our referrals were from other patients who had been successful in our program. The second greatest number was from physicians who have had other patients come back for follow up 25-100 pounds lighter.

The foundation of our program is Medical Nutritional Therapy. Patients can choose whether they wish to use our meal replacement program, HMR® or use our Smart Choices program, which uses a grocery store food list. Patients enrolled in the HMR® program will use meal replacements during their weight loss phase and then be re-taught to make better food related decisions during maintenance. The duration of the weight loss phase, which includes weekly nutritional classes

and clinical visits, depends on the amount of weight each patient needs to lose.

The success of a similar HMR® program at the University of Kentucky was just published in the August 2009 Journal of American Dietetic Association. Using the same program that we use at Tidewater Bariatrics, the investigators demonstrated weight loss between 15.8 % and 16.4% of initial body weight in less than 20 weeks. Other work at HMR® programs, on patients who have lost over 100 lbs. maintain greater than 66 lbs. of their weight loss at five years.

Obesity is a complex behavioral and physiological disease. As physicians, we are often frustrated by the lack of available help for our patients. All patients, whether they opt for surgical or non surgical weight-loss, need the support of an intensive lifestyle intervention practice.

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