

Fighting Adult Obesity in Cobb County

By Evelyn Walsh

Dr. Caren Beasley wants you to know that “obesity isn’t a ‘dirty word.’ What obesity means is that your weight is affecting your health,” she says. Beasley, who runs the Weight Management Institute of Georgia, is one of many local providers helping obese adults restore their health by educating them about the underlying causes of obesity before formulating a plan to overcome those obstacles. Making a lifelong commitment to exercise and healthy eating is crucial, but so is an awareness of the social and environmental factors that can derail successful weight loss. Dr. Dennis Smith, a bariatric surgeon with WellStar, says, “It’s

easier to stay where you are. Deciding to do something about it is the hard part.” *Cobb In Focus* looked in-depth at some of the causes of, and solutions to, adult obesity.

Creating a Healthy Lifestyle

Experts recommend diet and exercise as the ideal path to overcoming obesity. Typically, obesity is caused by a complex interaction of genetic, emotional, environmental and social factors that cause excessive weight gain and put patients at additional risk for conditions like diabetes and heart disease. An interdisciplinary approach in which patients work with a variety of professionals—doctors, nutritionists, psychologists and

fitness and exercise specialists—is the best way to beat the odds.

Most providers begin by assessing the patient's current health and identifying factors that may contribute to obesity. Brooke Schembri, director of WellStar Community and Corporate Health, begins consultations with an evaluation of current habits. "Before an appointment, I have clients do a food diary for 5–7 days. This gives us a snapshot of the way they eat and lays the groundwork for the consultation," she says. "I highlight what's good and target the areas where improvement is needed. Increasing fruit and vegetables is usually the first goal."

Other experts agree that looking at lifestyle is the key to developing a manageable plan that will work over the long term. The goal is to help adults assess the role played by issues such as time management, environment, schedule and finances; the next step is to develop strategies for coping with those factors. "People know what they should do, but not how to integrate those changes. They fail and get discouraged," says Schembri. She recommends beginning with small attainable goals that emphasize behavior change rather than weight loss, such as replacing two meat-based meals with fish or exercising for 10 more minutes a day. Schembri also engages clients by asking them to suggest their own strategies.



Dr. Caren Beasley



Dr. Tonette Robinson

Avoiding the "Quick Fix" Trap

When health care experts help clients develop a weight-loss strategy, they emphasize the danger of taking a "quick fix" approach. "Many commercial plans emphasize loss rather than maintenance. They make their money that way," explains Dr. Tonette Robinson, a clinical psychologist at WellStar. "We know it's possible to maintain weight loss, but you have to plan a healthy lifestyle that will work for the long term."

Robinson also has patients consider factors such as mood when developing a strat-

egy. "Depression and anxiety are highly linked to obesity," she says. She recommends helping people with behavior modification on the front end, so they can develop skills to adhere to a program.

Debbie Spamer, a bariatric specialist at Northside Hospital, advises patients to look at the social influences that may affect their success. "Who is your support system? What about your family? If you have kids and a husband and you are making a separate meal for yourself, that is not a sustainable lifestyle over the long term," she says. "Focus on eating healthy foods, not just weight loss." Beasley concurs. "Eating healthy is a goal for thin people as well as people trying to lose weight."

Experts also caution clients to be aware of the influence of our food-centric culture. "It's so easy to eat a huge amount of calories. What's most available and affordable is high in fat and sugar," says Schembri. "There's food in the break room at work, food advertisements on television. Food surrounds us all the time."

Medications also play a role. Beasley notes that patients often don't realize how many medications cause weight gain (i.e., insulin, steroids, many antipsychotic and some antidepressants). She advises people to work with their physicians to consider their weight management needs when choosing medications.

Considering the Surgical Option

Though it has received a lot of press over the past few years as a viable weight-loss option, bariatric surgery is only an option for chronically obese people who are unable

Resources

American Society for Metabolic & Bariatric Surgery (ASMBS)

National website for professional group provides news and education, and helps patients locate a qualified bariatric surgeon. asmbs.org

Northside Hospital

New Start, Weight Smart: This 12-week program teaches participants to make lifestyle changes through attitude, nutrition and activity. Led by a registered dietician, an exercise physiologist and a behavior therapist. Call (404) 851-6023 for pricing, dates and times.

Weight Management Institute of Georgia

Dr. Caren Beasley, MD, offers comprehensive services for weight loss and maintenance. wmiga.com

WellStar

WellStar offers comprehensive nutrition, fitness and bariatric services. For more information, call (770) 956-STAR or visit wellstar.org

WellStar Health Place Center for Fitness and Wellness: Located in Marietta, this facility offers a water program, a wide range of classes, strength and cardiovascular equipment, plus access to degreed exercise specialists, registered and licensed dietitians, massage therapists and other health care professionals. Call (770) 793-7300 or visit wellstarhealthplace.org.

to lose weight through diet and exercise after repeated attempts. Bariatric surgery alters the stomach and/or intestines so that food intake is drastically restricted, inducing weight loss. Some bariatric procedures also affect the body's capacity to absorb food, which also reduces the ability to gain weight. For people who are very obese, the benefits of long-term weight loss (and consequent reduction in obesity-related disease such as diabetes and cardiac risk factors) may outweigh the risks of extreme obesity.

The four most common procedures are:

Gastric Bypass: The stomach is reduced from football to softball size, and the duodenum and jejunum are bypassed when the stomach is attached to the middle of the small intestine. This limits calorie absorption and causes metabolic changes that improve or resolve Type 2 diabetes.

Gastric Banding: A silicone band filled with saline is placed around the upper stomach, creating a small pouch that reduces intake capacity so that patients feel full quickly. After surgery, saline can be added or removed from the band to adjust the restriction to the most appropriate size for the patient.



Dr. Dennis Smith

Duodenal Switch: This procedure is similar to gastric bypass, but the surgeon reduces capacity by creating a sleeve-shaped stomach, which is attached to the ileum portion of the small intestine, bypassing approximately 60 percent of the small intestine. Like gastric bypass, this limits calorie absorption.

Vertical Sleeve Gastrectomy: The sur-

geon staples and divides the stomach vertically, removing more than 85 percent of stomach capacity.

The Ins and Outs of Surgery

Each bariatric procedure has its own unique set of pros and cons, and the patient's needs must be carefully considered in order to choose the best approach. Body mass index (BMI), which measures height in relation to weight, is a qualifying factor; so is the existence of obesity-related disease such as diabetes and hypertension. Most bariatric programs require that patients have a BMI of 40 or more, but those suffering from complications such as Type 2 diabetes or other weight-related risks may qualify with a BMI of 35. Dr. Dennis Smith of WellStar Comprehensive Bariatric Services says that his practice follows National Institutes of Health guidelines regarding BMI, but there are other factors to consider, such as a patient's personal history. "We look at how long they have been heavy, how often they've tried to lose weight and if they can be compliant with the post-op program," he says. "It's case by case, and it's not for everyone." He adds that

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metabolism plays a complex and critical role in weight loss and maintenance.

Emotional well-being is also a deciding factor. “No active substance abuse—we don’t rule patients out if it’s in the past, but it must be treated,” says Smith. “We can’t operate on people with active heart conditions. Sometimes people don’t even know they have those conditions before evaluation. We’ve had people get heart bypasses before gastric bypass. And no smoking; it’s a huge risk because it damages the blood supply and the ability of organs to heal. You must quit smoking to qualify.”

Other factors to consider are age and overall health. While Smith says that results are better in young people, he emphasizes that middle and advanced age patients can be good candidates. “The average age is 40, but there is no strict cut-off. It’s based on how healthy they are. A sprightly 65-year-old is a better candidate than somebody who’s 57 and unhealthy. I believe we’ve even had a patient of 69.”

Regardless of which surgery patients choose, it’s important to remember that bariatric surgery is not a quick fix—it includes risks and requires a substantial lifestyle change. “People think this is a short cut, the chicken’s way out,” says Spamer. “It’s not. It’s hard, not easy.” After surgery, the altered digestive organs function entirely differently. While alterations such as reduced stomach capacity speed weight loss, they also require that patients adhere to an extremely rigid high-protein, low-fat, low-carbohydrate diet. Because they can only consume a few ounces of food at a time, patients cannot stay adequately hydrated and nourished unless they follow

a very strict eating regimen. Patients who do not comply with these requirements are likely to end up with serious complications, including small bowel obstruction, internal hernia, dehydration, malnutrition, ulcers, bleeding, perforation, vitamin deficiency, fatigue, osteoporosis and dental health risks. Professionals advise planning for 2–4 weeks of recovery time before returning to work. Smith emphasizes that a huge part of recovery is the adjustment to a new lifestyle in which adherence to a very strict eating regimen is critical. “It’s much harder than it sounds,” he says. “And less a matter of physical recovery than acclimating to a rigorous new eating pattern. Going into it halfheartedly, or grudgingly, is not the right way to enter this process. You must feel that it’s your only choice.”

In addition to complying with diet requirements and follow-up visits to monitor health, bariatric patients must commit to an exercise plan. “Exercise is critical,” says Spamer. “Even walking 30 minutes a day has benefits. And we’ve even had patients run marathons!” Beasley agrees that exercise is an absolute imperative, and no one is exempt.

These changes in diet and exercise are not temporary. While some of the bariatric surgeries are reversible, patients who want to maintain their weight and overall health must plan on exercising and following a prescribed diet for the rest of their lives. “Sometimes we call the first year the honeymoon phase,” says Spamer. “You can’t get lax the second year out. People have different issues in the second year after surgery, and we have special programs for those people. Everyone does better in a support group.”

Finding Support Systems

Whatever route people take to lose weight, they must be wary of the social and environmental factors that can stand in their way of lifelong success. Beasley says that the support of friends and family is essential. “I wish people weren’t so stigmatized. There is so much that makes people obese that isn’t about self control and willpower. Get your social circle on board. Either they are supporting you or they are making it harder. People don’t form better habits when they are stigmatized; they turn to those habits for comfort.” Spamer emphasizes that patients do better when they surround themselves with positive people. “Sometimes people get insecure around someone who is losing weight. And if your friends aren’t living a healthy lifestyle, it can really undermine your efforts.”

Like most obesity experts, Beasley emphasizes the omnipresence of food in our culture, which can be a constant struggle for those trying to lose weight. “Our society and environment are set up to make us heavy. Cheap, high calorie food is everywhere,” she says. “Our bodies are built for another era. People drive two blocks to the convenience store for a 900-calorie muffin—that’s half your daily food allowance. Back in the ‘Little House on the Prairie’ days, you had to plant the wheat, harvest it and chop the firewood to bake those muffins. You can eat like a farmboy if you work like a farmboy. But today, most of us are not expending enough energy to eat like that.”

The Rewards of Health

Robinson insists that overcoming obesity is possible for anyone, even those who face daunting challenges, such as emotional and financial considerations. “If they really want to change, they get creative. One patient with financial considerations stopped buying soda and put the money toward broccoli. It’s amazing what personal motivation can do.”

Smith agrees that the rewards of health are so immensely life-changing that they justify the effort of transforming an obese lifestyle to a healthy one. “Our patients are people who’ve tried so many times to get control of their health, and many are people who have succeeded in other aspects of their lives—doctors, CEOs. It’s very rewarding to see patients one to two years after surgery who are interacting with their kids and doing things they couldn’t do before.” ■

CHILDREN’S HEALTHCARE OF ATLANTA PARTNERS WITH TELLTALE THEATRE

Children’s Healthcare of Atlanta (CHOA) is leading the fight against childhood obesity through innovative programming and events. The CHOA Strong4Life campaign includes summer camp and other fun activities for families, as well as structured programming in day cares and schools. One of these programs is the Kohl’s Healthy Halls School Wellness Program, a free comprehensive wellness program for elementary schools that also offers resources for teachers, school nurses, schools staff, students and parents. To kick off 2012, the Healthy Halls Wellness Program partnered with Cobb County-based TellTale Theater, an organization dedicated to promoting education through original plays and workshops. The group has put together a childhood obesity awareness show and will be performing in elementary schools throughout the metro area until the end of the year. Visit telltaletheatre.com for more information.