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ESL 118 – T. Nuckolls

GRP Outline

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RQ: How can society best reduce the rate of teenage obesity in the United States?

I. Introduction and Thesis

A. Introduction:

1. Existence of the problem: The rate of teenage obesity in the United States continue to increase in recent years

2. Causes and Suggest Treatments

a. Causes: unhealthy diet and lack of exercise of better living quality

b. Treatment methods: medicine, bariatric surgery, improved living habits

B. Thesis: Some people believe that using medicine is the most effective solution to address teenage obesity, while some others insist that conducting bariatric surgery can be more effective; however, improving children and teenagers’ living habit is potentially the best solution.

II. Background: Jackson et al. (2019) claim that the incidence of life-threatening diseases such as heart disease, diabetes and high blood pressure is increased by obesity, and other psychosocial problems such as poor self-image and failure to achieve good grades in school are among the negative effects of obesity as well (p. 71). In additional, adolescents with obesity not only have a negative health impact on themselves, but also have a huge impact on society because of the size of the group. There is $190 billion spent on obesity-related treatments, including $14 billion on childhood obesity, so obesity is an economic drain on society and a public health disparity (Jackson et al. p. 71). Therefore, since the negative consequences of teenage obesity can cause many problems, it is necessary for society to implement the best measure to reduce the rate of teenage obesity.

III. Suggested Solutions

A. Medication

1. Description: This treatment uses orlistat, which is a common medicine used for treating obesity.

2. How successful is this treatment?

a. Strengths: Orlistat can help patients lose some weight and avoid regaining weight to a certain degree. In a research, the adolescent group using placebo gained 1.68 kg and lost only 0.6 kg of fat, while the adolescent group using orlistat lost 0.35 kg and lost 2.53 kg of fat, and orlistat also reduced the patient's BMI (Chanoine et al., 2005, p. 2880). Moreover, Davidson (1999) claims that obese teens maintained two-thirds of their weight loss a year after taking orlistat (p. 240).

b. Weaknesses: Although orlistat can be utilized to treat teenage obesity, there are almost no other medicine can be used. Caroline and Apovian (2016) claim that only orlistat and metformin are approved for use in adolescents and children, while other drugs that have been approved in recent years to treat obesity, such as phentermine-topiramate and naltrexone-bupropion, are only approved for use in adults and other drugs that may be able to treat adolescent obesity, such as Exenatide, are not approved by the Food and Drug Administration (FDA) (p. 178). Moreover, the efficiency of orlistat is not large enough and there are some severe side-effects of using orlistat. Capella, J. and Capella, R. (2003) state that the group using Orlistat in a study of children and adolescents with obesity regained some weight after one year and had lost an average of only 5.56 kg after two years (p. 827). Ozkan et al. (2004) claim that in one study, 30% of patients experienced gastrointestinal and hair loss problems after taking Orlistat (p. 740).

Transition: Choosing to avoid medication’s limitations on usage and negative physiological impacts, some obese teenagers choose:

B. bariatric surgery

1. Description: Bariatric surgery is a kind of surgery that focused on removing fat from obese people.

2. How successful is this treatment?

a. Strengths:

Abu-Abeid et al. (2003) claim that in the short term, bariatric surgery for adolescents is safe and effective, and obese teenagers in one study maintain weight loss 2 to 3 years after surgery (p. 1381). Moreover,

b. Weakness: High cost.

Transition: Because of the high cost of meeting personally with a therapist, CBT is more expensive than iCBT, and iCBT is the most effective phobia treatment.

III. Most Workable Solution: iCBT

1. Description: It is cognitive behavioral therapy that is

conducted over the Internet.

2. Treatment Strengths

a. It is more accessible than in-person CBT. Botella et

al. (2010) write that iCBT is a more convenient method

to use when patients live far away from a hospital

and do not have access to other treatment options

(p. 418).

b. It is more flexible than in-person CBT. With online

treatment, patients with tight schedules have the

flexibility to schedule their meetings at convenient

times (Botella et al., p. 419

c. It is more cost-effective than in-person CBT. Khalid-

Khan (2016) claims that iCBT is an “economically

friendly” treatment method (p. 270).

3. It might be argued that iCBT lacks security. Indeed,

Hill et al. (2018) argue that the confidentiality of iCBT

users may be easily compromised (p. 4).

4. However Botella et al. (2009) point out that most iCBT

Databases set high standards for security (p. 418).

IV. Conclusion: Phobias are serious problem in society, and they require effective treatments. Taking medication is a fairly common treatment option for phobia patients, but it has the limitation of sometimes causing side-effects and sometimes not being suitable for certain types of patients. Sometimes it is suggested that patients avoid taking medication and use CBT to treat their phobias. Although CBT does not have the side effects of medication, CBT involves meeting with a counselor in person, and that process can be rather expensive. Not having the side-effects of medication nor the high cost of CBT, iCBT seems to be the most reasonable and effective phobia treatment.