

University of Florida, Department of Psychiatry
and Florida Recovery Center

FRC Wednesdays at Noon: Addiction Medicine Conference

Obesity Crisis in Florida

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1. Combining treatments for obesity as an eating disorder and surgery, what do you believe is the outcome in a timeline of five years?

Answer: Obesity is a major problem in the US it's an absolute epidemic, see's no boundaries with regards to race, gender, socioeconomic status and unfortunately we have become such an obese society that there are many interventions that people have tried including dieting, behavioral modifications that have made some progress but have not been long term solutions. One of the things that has been a long term solution is surgical weight loss for patients who are morbidly obese, meaning that they are 100lbs over their ideal body weight. Those surgical options were initially indicated by the National Institute of Health in 1991, saying that it's the most proven therapy for long term weight loss solutions and those surgeries include Roux-en-Y gastric bypass, sleeve gastrectomy, lap band, biliopancreatic duodenal switches, all of which in 2014 are being performed laparoscopically through small incision. The good thing about this is that we have a number of studies that have looked at long term outcomes from these weight loss and at five and ten years out, the excess weight loss is in the excess of 50 percent of their excess weight loss. It actually has good long term durability.

One thing we have to take into consideration is the compliance of the patients, and the dedication of the physicians that are involved. I think surgery is one aspect of it, major aspect is the nutritional component, the psycho-social component where the patients are seen by the psychiatrist and psychologist. I think that with regards to behavioral modifications in addition to surgery and nutritional counselling long term outcomes of five years to ten year are very durable and we have had many success stories with our patients here at the UF Health that have successful in maintaining their weight off.

2. Are there different approaches in dealing with obesity for an adult than an adolescent?

Answer: For adolescents and patients that are younger and in Florida they consider adolescents under the age 21 but for our purposes its anybody with the tanner stage 4 and they've reached maturity at the age of 14 or 15. There are some guidelines for adolescent bariatric surgery but these guidelines are a lot more stringent because as you could recognize these adolescents are not the ones that are going out to buy their food, they are not the ones that

2. Are there different approaches in dealing with obesity for an adult than an adolescent? CONT'D

So there's a lot of family counselling that is involved with these particular patients, we also make sure that they are seen by pediatric, endocrinologist, pediatric psychiatrist, to make sure that there is no underlying disease process or primary eating disorder that is actually causing this. Once they are ruled out for that they undergo significant psychological counselling with regards to what it means to have weight loss surgery and they still have to qualify by having the same standards as the NIH has stipulated. They are having a BMI greater than 40, which is over 100 pounds of your ideal body weight or having a BMI greater than 35 which is about 60 to 75 over your ideal body weight but you have to have a significant comorbidity such as diabetes, hypertension, sleep apnea and those are increasing tremendously throughout the US with more adolescents being diagnosed with Type 2 diabetes and Type 1 diabetes. So with those particular patients group whom we work with them closely with a lot of psychological counselling make sure that they are doing well in school, they achieve that maturity level to undergo this type of therapy and typically we perform either a laparoscopic sleeve gastrectomy or laparoscopic Roux-en-Y gastric bypass. We've shied away from the laparoscopic adjustable gastric banding just because we have not seen good long term results with that particular procedure and it has been replaced with laparoscopic sleeve gastrectomy.

3. As with an addiction sometimes there are relapses for individuals as they change their lifestyles for the better. Do you find that occurring in the adolescent group?

Answer: Not much with adolescents, I think this more prone in patients that are a little bit older. They do have some relapse. Being obese is all about calories in and calories out and we minimize the calories by the surgeries and they have to work on the calories that they expend and they know the things that they need to do. When they relapse, unfortunately there are no options for them its mainly having significant counselling with the nutritionist, psychiatrist because there has to be some sort of underlying factors that it causes them to relapse. Often times we find out that they are either depressed, they have been through the dramatic event in their lives or something has changed, they have to deal with that because they sometimes feel that food is a good source to compensate for the other issues so I think that the individuals that do relapse and all though we do not see it much in the adolescents, seen more in adults because they less likely to be active. We have ways of doing with those individuals via counselling and not necessarily another operations.

4. What are the accurate tools available to measure obesity?

Answer: Currently the only way to measure someone's qualifications to surgery is based on Body Mass Index. BMI takes into account the patients weight and their height and it gives a miracle number which equates to and is compared to the averages within that populations. For example, if you have a BMI of 30 you would be considered obese, if you have a BMI of 35 then you would be considered as type two obese which means that you are 50 to 60 pounds over your body weight and if you exceed 40 then we say that you are 100 pounds over your body weight. Unfortunately we are seeing more and more patients with BMI greater than 50 which is now considered the super mode obese. Largest growing populations are patients with BMI greater than 60 which is considered super, super mode of obese and those numbers are increasing exponentially.



4. What are the accurate tools available to measure obesity? CONT'D

You can imagine that if you are obese as a child, you are obese at the age of 12 then more likely that you will be obese when you are old. I have operated on patients with BMI's greater than 95 weighing 610 pounds, there's a threshold that is once you get a certain BMI there is a point of no return, no matter what you do you cannot reduce which is why I think for these patients to seek help and initially when they are that big they do work with our nutritionist, psychiatrist to work on medical weight loss to ensure that they say fast to do the surgery because doing surgeries of patients having BMI's of 80 or 90 is difficult.

5. What can a parent, loved one or friend do if they are aware that a child is obese?

Answer: I think the first step is that the family has to recognize that their child is obese and accept that they are obese. I think the number one problem what we have is that lot of families don't understand what obesity is or what is associated with obesity with regard to medical problems. Secondly there are a lot of interventions especially when you are adolescent, you could do way beyond before we get to the extreme of surgical interventions and part of it is making sure you are meeting the nutritionist, that you have regularly follow up, making sure that you are providing your child nutrition rich food and always having to go with interventions and I say this to all the adolescent patients, they have an addiction to food and I equate this to the parents. The parents often times realize that they are feeding into the child the problem of obesity because the child does not cook, does not go to the grocery store, it's the parent who has to make the decision. The primary goal is to make people recognize this that obesity is a disease that if not brought into control, it'll get worse.

6. Lot of people do not equate obesity with being an addiction or an eating disorder so how do we get people to see that?

Answer: I think the part of the problem is that we have become so accustomed in our culture, supersizing everything that if we look back at the 70's vs today's at the food portions side, it has almost doubled or tripled. We live a very sedentary life style we have become accustomed to shopping online, you don't have to leave your living room to do anything and have less active.

7. In your opinion is there one factor or multiple factors that contribute to a child being obese?

Answer: Its multiple factors. There is the community, media, school, franchise, food companies that provide high carbohydrate, high calorie counts foods, school is definitely responsible for this. We just cant blame one thing there are, multiple factors.



8. In New York City the mayoral appointed health board put a restriction on the size of a soft drink that is sold, what is your opinion as a physician about that issue? Is it a good thing to have government involved or no?

Answer: I think the better approach is taxing the industries that are capitalizing on providing these kind of snacks with high calorie food resources , perhaps making it more expensive to buy high calorie food it would prevent individuals from eating that kind of food. For example if we could help out our farmers with tax break or with subsidizing some of their produce and making produce really cheap and perhaps people would buy that more frequently than buying a \$10 or \$15 hamburger. So I think that there are ways to have some sort of regulations. If a person cannot regulate themselves I think its not unreasonable to stop having sodas or may be tax sodas, just because if one doesn't recognize there has to be some sort of authority or discipline to make them realize that this is a problem which we are feeding into this disease which we'll have to pay later on when they have sleep apnea or diabetes or heart attack.

9. In your field do you see more adolescence or more adults concerning surgery for obesity?

Answer: Although the number of adolescent have almost tripled in a couple of decades mainly for Bariatric surgery. Our patient populations are mainly middle aged females that are more prone and I think that has to do with the society sort of use females and their outlook of it. And with adolescents I would be glad not to operate on any adolescent just because its some life changing events for such young individuals. We hope that we can make some interventions at homes ,in school so that we don't have to operate on them. Surgery is pretty drastic intervention that you have to do inorder to take care of these adolescents, we have to realize that these adolescents are 300 to 500 pounds not in the sense that we think an adolescent would be. They are larger than most adults and those are the people who need the intervention.

10. And the obesity leads to other health issues and ultimately more costly healthcare. What are your thoughts?

Answer: Our health care expenditure has increased tremendously as a result of obesity. About a 140 billion dollars a year of expenditure. Not to mention all the loss of revenue and loss of work that we experience from patients who have obesity. Obesity is the second most common form of death, following tobacco. And soon there will be more people that are obese than smokers in this country. We have done a really good job of educating our youngsters and the population of how bad smoking is but we really haven't focused much on how bad obesity is. Florida is trying its best to do that especially with new Secretary of health– John Armstrong who is promoting healthy Florida and if it starts up there and triples down to the bottom, whatever it takes to make it better.

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