

*Dear Reader,*

Summer is eventually here and sunny weather and attitudes make it a great time to make healthy lifestyle changes!

In this special edition of the newsletter we focus on physical activity and specialist Katherine Thompson gives us tips on how to make daily life more active. We also hear an exercise success story from one reader who lost nearly 13 stone through slowly increasing her physical activity.

We report back on a host of training

events and update you on the exciting activities of Shape-Up Camden and the latest news on our Ten Top Tips.

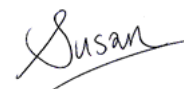
We keep you up to date on all the latest obesity stories covering topics ranging from the government's new obesity strategy to the launch of a new obesity-fighting games console.

Translating research findings into simple language remains a priority for us, and in our Research Updates we tell you about new research on the effects of maternal

weight and lack of sleep on child obesity.

And finally, Dr Julio Teixeira, a ground-breaking US surgeon specialising in obesity, gives us his insights into the increasing popularity of surgical intervention as a method of weight loss.

We hope you enjoy the newsletter and wish everyone a happy, healthy summer. Best wishes,



Dr Susan Carnell (Newsletter Editor)

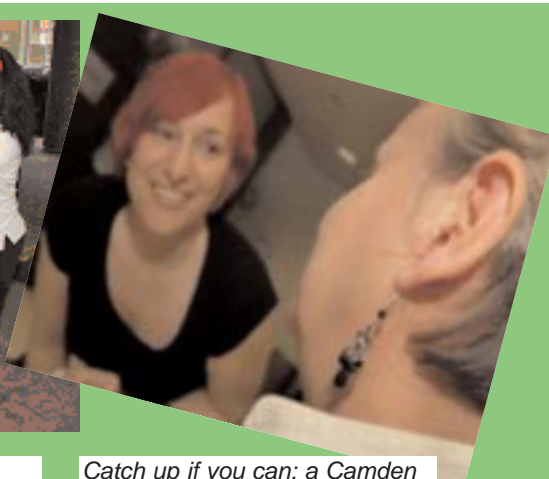
## CAN DO CAMDEN: North London Shape-Up graduates celebrate their success!



*Dance-off: Shape-Up graduates are introduced to an exotic way of keeping active*



*Cycling for supper: Weight Concern's Charlene takes an assisted ride on a pedal-powered smoothie making machine*



*Catch up if you can: a Camden team member finds out about life shakes out after Shape-Up*

They say charity starts at home and so Weight Concern was thrilled when approached by Camden Council's active health team to help out with an ambitious program of health improvement in the local borough...and just as thrilled to celebrate their astounding success with them at a well-attended event in April.

### Celebrating successes

Since January this year, the enthusiastic Camden team have run 10 Shape-Up groups, helping numerous men and women to improve their health through diet and exercise.

To celebrate this impressive feat over 90 Shape-Up graduates were invited along, and enjoyed free tai chi lessons and a range of free treatments ranging from manicures and massages to reflexology and acupuncture.

Activities were not all so relaxing though: visitors who wanted refreshment were made to work for it on a pedal powered smoothie making machine! "It was certainly more difficult than picking one up at the local café!" panted Weight Concern's Specialist Dietitian Charlene Shoneye after a stint on the bike.

In keeping with the activity theme Camden's expert health and fitness team were also available to offer advice and to tell residents about more than 50 exercise classes available every week.

### Topping Up Shape-Up

As well as enjoying the activities Weight Concern representatives were on hand to speak to people about their experience and to spread the word about a new programme designed to help graduates keep up the good work: Shape-Up Top-Up

"Shape-Up Top-Up is a follow-up programme for people who have already attended Shape-Up and want to refresh their skills and maintain the weight loss they've achieved," said Vicky Lawson, who will be helping to start up the programme.

"It's easy to slip back into old habits and to lose motivation, particularly when weight starts to plateau or if someone is now working to maintain their new weight in the longer term.

"What Top-Up aims to do is to help both those who are trying to maintain their weight and those who would like a refresher".

Everyone at Weight Concern would like to thank the Camden Active Health Team for putting Shape-Up to such good use.

We would also like to congratulate all Shape-Up graduates on their fabulous achievements!

# PROOF WITHOUT PUDDING: Ten Top Tips help to form healthy habits

Sometimes the simplest solutions are best, and new evidence suggests that Weight Concern and Cancer Research UK's ten tenets of weight loss may fall into that happy category.

The Ten Top Tips were born back in 2006 as a joint project between the two charities to develop easy-to-follow, science-based guidance to help people lose weight. Now - after some hard work by UCL's Dr Philippa Lally, her colleagues, and a host of committed research participants - there is proof that the tips genuinely do the job.

## Testing times

To measure the impact of the Ten Top Tips Dr Lally and colleagues conducted a randomized trial of over 100 overweight adults. Each participant either received a Ten Top Tips leaflet plus a checklist for monitoring their behaviours, or went on a waiting list and received the Ten Top Tips later on.

All participants were weighed and measured before starting the trial and again when the trial finished, eight weeks later.

## Out with the old

When Dr Lally analysed the data the results spoke for themselves: whereas participants on the waiting list lost less than half a kilogram, those receiving the Ten Top Tips lost over four times as much.

"This is the one of the first studies to evaluate such a minimal behavioural change intervention" says Dr Lally. "So we really didn't know how well the results would turn out. Two kilograms may not sound like a lot but it's enough to make a big difference in terms of public health".

## In for the long-haul

Another encouraging finding was that even when the eight weeks were up, those in the intervention group kept on losing weight. Eight months down the line, participants had lost nearly another 2kg, and over half had lost 5% of more of their initial body weight - enough to make a significant difference to health. "They began to feel second-nature" said one participant. "They seemed to worm their way into my brain" commented another.

The need for access to more intensive obesity interventions remains pressing as ever - but this evidence suggests that even ten simple tips could make a helpful contribution to the battle against obesity.



To learn more about the Ten Top Tips visit [www.reduce therisk.org.uk](http://www.reduce therisk.org.uk) or to order your own copy of the leaflet, call 0207 242 0200.

To read more about trial results and learn about the scientific basis behind the tips, read: Lally RA, Chipperfield A & Wardle J (2007) Healthy habits: efficacy of simple advice on weight control based on a habit-formation model. *International Journal of Obesity* 32: 700-707.

# NEWS ROUND-UP

## UK LAUNCH OF WII-FIT

Games manufacturer Nintendo responded in its own way to the obesity crisis in April, as the Wii Fit hit UK shelves.

Building on the recent success of the Wii - a games console that uses a wireless control to enable gamers to work up a sweat playing virtual sports - the Wii Fit adds a pressure-sensing digital platform together with virtual fitness training.

Players use the platform to do yoga moves, press-ups, or to jog on the spot, and receive personalized feedback on their performance. The Wii Fit can also be used to calculate BMI and set up a virtual training programme.

Weight Concern welcomed the move to make computer games more active, but warned those trying to lose weight not to rely solely on this method.

"Exercising is really important but the amount of energy we burn up often isn't as much as we think it is," said Weight Concern's specialist dietitian Charlene Shoneye. "A games console is unlikely to have much of an effect on weight if used by itself."



# WEIGHT TRAINING: Weight Concern experts share their skills

Obesity is evident all over the UK - but so are the practitioners keen to channel their time and effort into stemming the tide of weight gain. Part of Weight Concern's remit is to provide much-needed training and support to these motivated individuals.

In April this year the charity ran a three-day training course aimed at developing skills for obesity treatment for children aged 6-12. Led by clinical psychologist Dr Paul Chadwick and clinical research dietitian Helen Croker, the course focused on the Family-Based Behavioural Management approach.

"This method of treatment essentially uses evidence-based cognitive-behavioural techniques to improve children's diet and activity habits," explained Paul Chadwick, who helped to develop the course and teams up with Helen Croker to deliver the treatment in a Great Ormond Street group.

"But key to its success is that it also acknowledges family dynamics and uses a group format. So children come in with a parent and we have a mix of sessions - some

with just kids and some with just adults.

"We spend a lot of time talking about how to make changes in the context of a busy family life."

Participants attending the training group included psychologists, dietitians and health improvement specialists, making for lots of lively discussions about different experiences and settings. Weight Concern hopes that many of the group will be able to continue learning from each other at the follow-up event, soon to be announced.

In a related training event Helen Croker also shared her experience running the FBBT programme with DOM UK - a specialist group of the British Dietetic Association representing dietitians working in obesity.

DOM UK collaborates with other organisations to promote evidence-based standards for dietary weight management, and invited Helen to talk at their London training day. For more information about DOM UK's resources and training for health professionals, please visit [www.domuk.org](http://www.domuk.org)



Helen Croker



Paul Chadwick

## PHYSICAL ACTIVITY: Useful with or without weight loss

By Katherine Thompson, Physical Activity for Health Co-ordinator, NHS London and Sport England London Region

We all know that weight gain is a result of high levels of "energy in" (diet) and low levels of "energy out" (activity).

But research shows that in this case the whole has a far greater impact than the sum of its parts.

Weight loss programs including both diet and physical activity modification are more effective than those tackling either factor individually.

### The benefits of exercise

And while it is true that obese men and women report lower levels of physical activity, the habits of obese people do not fully represent the extent of the UK's sedentary behaviour epidemic.

In fact, physical inactivity is a serious issue regardless of body weight. The WHO estimate that 1.9 million deaths annually and 3% of the disease burden in developed countries directly result from our inactive lifestyles.

Consequently the advantages of being physically active are not limited to weight loss or weight management, but also include numerous health benefits. Physically active people are 20-30% less likely to die prematurely, 50% less likely to develop cardiovascular disease, 27% less likely to have a stroke, 33-50% less likely to get diabetes, and 40% risk less likely to get colon cancer.

### Why are we so inactive?

Given all the benefits of physical activity, you would be forgiven for wondering why the UK population is sliding down the slippery slope of inactivity.

One major reason is the disappearance of physical activity from everyday life, as the technical revolution continues to strip out physical tasks in the name of ease and convenience. Although most of us are grateful to gadgets and labour saving devices for freeing up precious time, they have also helped to make us only half as active as our parents' generation.

In London only 11.6% of residents achieve 30 minutes moderate intensity physical activity on at least 5 days of the week - the amount of activity recommended by the Chief Medical Officer's to maintain good health and a healthy weight.

### How much do we really need to exercise?

To prevent weight gain without reducing calorie intake it is recommended that individuals undertake 45-60 minutes of moderate intensity activity a day, or 60-90 minutes to avoid regaining weight.

The volume of physical activity needed can seem daunting, but there are many ways to achieve it.

## WORKING UP TO WEIGHT LOSS: A personal account...

As Katherine's article suggests, key to developing healthy exercise habits is fitting activity into your personal routine, and Weight Concern was recently contacted by someone with personal experience of doing just that.

Pat told us how by going from a sedentary lifestyle to exercising nearly every day of the week she managed to lose nearly 13 stone...

"I used to be 29 stone, and some days it was as much as I could do just to be hauled from my bed," says Pat. "But through exercising I have now lost a grand total of 12 stone 13 pounds!"

### Full of beans

Pat's success sprang from a unique but economical approach.

"When I first started to exercise I didn't know if this was going to be just another flash in the pan. So instead of buying expensive equipment I bought a small exercise bike - the type where you sit in your own armchair.

Professionals working with overweight people should first get them to monitor the amount of time they spend being inactive, and then try to reduce sedentary behaviours such as sitting at a computer or in front of the TV.

Secondly, leisure pursuits or everyday activities that can be undertaken on a more frequent basis should be identified. For example, walking the kids to school is a great way to increase activity volume.

Thirdly, the individual's co-morbidities and medical need for exercise should be considered, and where appropriate referrals to an exercise-on-prescription program can be made.

**Author Info:** Since finishing her undergraduate degree in exercise science Katherine has kept herself busy working in sport development in both Hertfordshire and London, training as a fitness instructor with a specialism in cardiac rehabilitation and notching up a masters degree in health, nutrition and physical activity.

Currently Katherine is one of three physical activity for health leaders for London, working for the London Regional Public Health Group on behalf of NHS London and Sport England London.

As well as leading the physical activity for health team for West London, Katherine has been involved with projects tailoring physical activity opportunities to often neglected subgroups, including older people and those using mental health services.

Look out for Katherine's targeted exercise tips in future editions of the newsletter!

I used this for 30 seconds twice a day, and to give an extra challenge I also lifted a tin of baked beans in each hand!"



Beans, shopping bags and badminton: the secrets of Pat's weight loss triumph!

From these humble beginnings Pat worked up to 10 minutes on the bike lifting heavier bags of groceries, and from this she plucked up the courage to take things further: "I found my first trips to the gym really embarrassing," Pat told us, "But I persevered."

Now Pat swims, does water aerobics, plays badminton and goes to the gym three times a week. "Not bad from two tin-cans and a couple of spuds," she smiles. "I always have a giggle when I get the beans out these days!"

### Little by little

One of the best ways to increase and maintain physical activity levels is to incorporate exercise into daily life.

By aiming for short bouts (at least 6 minutes) of activity rather than one long session, individuals are better able to slot exercise into their routine. The total volume of activity accumulates, giving the same health benefits as sustained exercise, and allowing people to work gradually towards achieving the recommended activity goals.

All the evidence suggests that individuals who exercise regularly do much better at keeping lost weight off than those who do not, making it even more vital to instil a maintainable routine.

So when it comes to exercise advice, professionals should recognise that the type of activity that is performed may not be so important. Whether someone prefers structured exercise classes or digging the garden over - ultimately it's being active that counts.

**Support us!** Weight Concern has limited sources of regular income and warmly welcomes donations, however small. If you would like to donate, please send cheques, payable to Weight Concern, to the address below.

# RESEARCH ROUND-UP

## LACK OF SLEEP LINKED TO PRESCHOOL OBESITY

Preschoolers who sleep less are more likely to be overweight, finds a new US study.

Mothers reported their children's average sleep times when they were 6 months, 1 year and 2 years, and infants were weighed and measured.

Those who slept less than 12 hours a night were more than twice as likely to be overweight by age 3. Those watching over 2 hours of television a day were also at increased risk.

The reason for the association remains unclear - children who sleep less and watch more TV may be overweight because they also eat more and exercise less.

Many pediatricians suggest that keeping TVs out of children's bedrooms may be a beneficial move.

Source: Short sleep duration in infancy and risk of childhood overweight. Taveras EM, Rifas-Shiman SL, Oken E, Gunderson EP, Gillman MW. Archives of Pediatric and Adolescent Medicine, 2008; 162:305-11.

# CALLING ALL SHAPE-UP FACILITATORS: Feedback needed!

Since the charity launched Shape-Up in 2002 we have trained over 500 individuals to facilitate Shape-Up groups. Facilitators come from a variety of backgrounds, including qualified dietitians, community volunteers, prison officers and physical activity experts, but they have one thing in common - a passion for improving weight and health in their local community.

### Tell us your feedback

Now we are calling all facilitators to extend their generosity by not only helping Shape-Up



participants, but also helping us to improve the service we offer.

Which of the techniques we taught you have been most and least helpful? Are your group participants showing healthy weight loss and enjoying the groups? And was there anything you now realize would have helped you during training?

### Telephone interviews

We will be asking these and other questions to a sample of facilitators across the country in a series of short telephone interviews.

To ensure confidentiality the interviews will be conducted by an independent researcher who will crunch the results down into a final report and help us to see how to improve training in the future.

We also hope interviewees will find the experience a useful opportunity to reflect on the programme and share thoughts and ideas.

If you have completed Shape-Up facilitator training, or have been a participant in a Shape-Up course and are happy to be interviewed we would be delighted to hear from you. Please contact Vicky Lawson ([v.lawson@weightconcern.org.uk](mailto:v.lawson@weightconcern.org.uk)) to arrange a convenient time.

# ACTION FROM ALL ANGLES: UK government announces multi-million obesity strategy

Obesity experts have long believed that tackling the epidemic requires a comprehensive, multi-pronged approach.

Moves to increase physical activity will have little effect without matching it with action to improve the nation's diet. Telling people how to live healthily won't help if everyday life makes healthy choices impossible. And targeting obese adults will not suffice - the problem begins right from birth, and so must the solutions.

### Cross-government commitment

Consistent with these ideals, the Department of Health announced the UK government's comprehensive new plan to tackle obesity in January this year.

Taking a cross-departmental approach, the strategy dedicates £372 million to tackling five key elements:

### 1) Growth and development of children

- \* Early intervention in at risk families, including help and counseling for overweight or obese mums
- \* Promotion of breast-feeding, including:
  - policies ensuring support at the workplace
  - clinical use of WHO growth charts for breast-fed babies
  - provision of national breast-feeding helpline
- \* Healthy lunch policies, increased physical activity and cookery teaching in schools
- \* A £75 million marketing campaign to support 'healthy' parenting

### 2) Promotion of healthier food choices

- \* Development of code of good practice with food and drink industry, including agreement on a consistent form of food labeling
- \* OFCOM review of restrictions on food advertising to children to be brought forward
- \* Support for local authority planning departments to limit fast foods outlets near schools and parks

### 3) Building physical activity into life

- \* £30 million investment in changing town infrastructure to promote physical activity

- \* Entertainment industry working group to develop tools for parents to limit sedentary activity in children
- \* Promotion of increased physical activity before and after 2012 Olympics
- \* £140 million investment in cycling paths and developing children's cycling skills

### 4) Incentives for better health

- \* Stronger incentives for employers and the NHS to improve long-term health
- \* Working with employers to create healthy workplaces and promote good health
- \* Consideration of individual incentives to improve health, including financial rewards

### 5) Better services

- \* NHS Choices website to provide clear advice on diet, activity and weight management
- \* Increased funding for weight management services

If all the plans come to fruition, 'Healthy Weight, Healthy Lives' will be the most ambitious obesity strategy yet enacted by a Western government.

Weight Concern lends its support and calls for swift movement to turn words into action.

*Weighty words:  
now the challenge  
of putting the  
government's new  
strategy into  
action begins*



# RESEARCH ROUND-UP

## BABIES OF HEAVY MOTHERS HAVE GREATER BODY FAT

Babies born to overweight or obese mothers have a higher percentage of body fat than those of normal-weight mums, claims new research.

US scientists used a new body composition measurement device, the PEA POD®, in 72 one month-olds.

They found that those with overweight mothers were significantly heavier possibly putting them at increased risk of

obesity and diabetes later in life.

Future studies using similar technology may help researchers to understand the complex relationship between maternal weight, birth weight, and childhood obesity.

Source: Impact of maternal body mass index on neonate birthweight and body composition. Hull HR, Dinger MK, Knehans AW, Thompson DM, Fields DA. American Journal of Obstetrics & Gynecology. 2008;198:416.e1-6.

\*\*\* SAVE THE DATE \*\*\*

September 11th 2008: Shape-Up Facilitator Training

**Get in touch!** Do let us know your views on this newsletter or any aspect of Weight Concern's work. Contact details are at the bottom of each page.

### How did you get into this area of surgery?

I became a surgeon because I like working with my hands, and I like seeing immediate results. But I also like technology so I was attracted to minimally invasive surgery because of that.

Bariatric surgery is something I never thought about doing! But I was looking for more and more challenging things to do, and so I started operating on bariatric patients. I found that often those who stood to gain the most were the most vulnerable to complications - like hernias and infections. Doing surgery using a laparoscope requires only small incisions and dramatically improves outcomes.

Of course once I started I began to enjoy not only the operations but taking care of the patients. It's one of the most rewarding procedures you can do, because the impact it has on people's lives is tremendous. There are some very grateful patients out there.

### Can you take us through what happens when someone decides they are interested in surgery?

Unlike most general surgery, it's usually at least 6 months from the initial evaluation to the operating table. It's a long process, and we want it to be to some degree. This is a life altering procedure - not a quick fix - and we want them to think it through carefully.

## Engaging with the Experts



Dr Julio Teixeira

**Dr Julio Teixeira is a world recognised expert in obesity surgery. Since moving into this vital area 10 years ago he has performed more than 1,000 gastric bypasses and gastric band operations - all using minimally invasive techniques.**

**Between operations at St Luke's Hospital New York, where he directs the Weight Loss Surgery Center, Dr Teixeira took the time to explain exactly what surgery involves, its benefits and drawbacks, and the role he thinks it has to play in the battle against obesity.**

So before they even come to the office they take a 4 hour class in which they watch videos and lectures and meet other candidates.

Then they go to at least a couple of support groups where they get to meet post-surgery patients and get a realistic sense of what life is like afterwards.

After that they have an initial evaluation where we do a medical history, physical exam, and nutrition and psychological evaluations. We also do a battery of tests of blood, liver, heart and lungs, and any specific problems they have, for example, sleep apnea.

We do this so we can address issues ahead of time and improve surgical outcomes. For example, a third of these patients have nutritional deficiencies. They might also have infections in the stomach which need to be treated, and many patients have enlarged livers, which we can shrink using a special diet.

### Can you describe a typical surgery candidate to us?

Well about 80% of our patients are female. I think this is because women come in when they don't like the way they look, they don't like the way they feel. But men usually come in later - they've been diagnosed with diabetes and high blood pressure, their wife gets them to come in and they're scared to death. However we are now seeing more and more men seeking surgery.

Patients are usually in their thirties and their Body Mass Index is in the 50s. About 25% of our patients have diabetes and 70% will have comorbidities.

At St Luke's we see about a third Hispanic, a third Black and a third Caucasian patients, and they come from all kinds of economic backgrounds.

### What would make you hesitate to perform surgery on someone?

First, the patient needs to be mentally prepared for it. They must have attempted to lose weight through other means and be considering surgery as a last resort.

Second, we look specifically for psychological contraindications - things which mean they won't be able to cope with the challenges of adjusting to a new lifestyle and diet. For example, bipolar disorder, schizophrenia or cognitive impairment might make them unable to follow proper instructions.

There can be medical contraindications too, such as cirrhosis of the liver, or a history of Crohn's disease or inflammatory bowel disease. Sometimes we can improve these things, and sometimes they affect the type of operation we do.

### What are the different types of surgery available in the US?

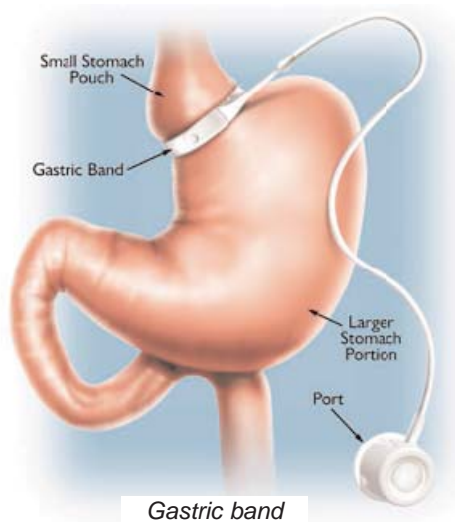
Gastric bypass and gastric banding are the most commonly practised, and the US government recognises those as the primary procedures for weight loss. In my practice we probably do about 65-70% bypass procedures and about 30-35% lapband.

Biliopancreatic diversion is also practised but to a less extent than the band or the bypass. Sleeve gastrectomy is now being used in some centres but it doesn't have the same track record and we don't know the long-term results.

I think in the future there will be increased diversity and sophistication in terms of the procedures used, and an increased role for patient selection - picking the right patient for the right procedure rather than one size fits all.

### What do the gastric bypass and gastric band operations involve?

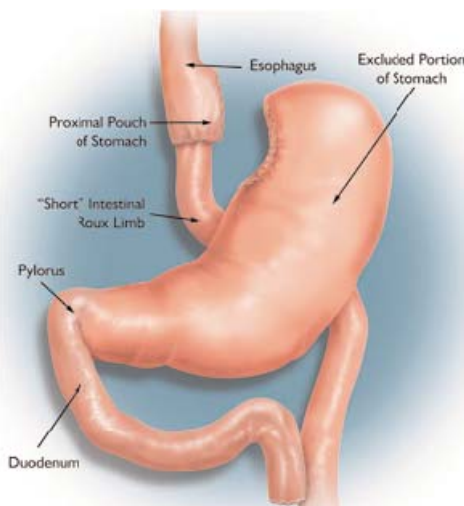
The *gastric band* - or lapband - is essentially a belt that we place round the upper part of the stomach. It works by creating an increased sense of restriction and satiety.



The band itself has a balloon on it allowing us to adjust its narrowness and increase or decrease the restriction over time, at the patient's monthly post-surgery visits.

To adjust the balloon we simply put a needle through the skin and add some fluid to it. The aim is to adjust it to a point where they're comfortable and we are seeing about a pound or two pounds weight loss a week, no more.

The *gastric bypass* is a more aggressive, irreversible procedure. We divide the stomach into two separate parts using metal staples.



The part that is still connected to the oesophagus is about the size of your thumb, with a capacity of about one ounce. A normal stomach holds about 10 ounces, so it's about 10% of

the original stomach that is left behind as an active organ.

We then disconnect the upper part of the smaller intestine and connect the lower half to the active pouch.

The operation works by creating a significant amount of restriction but also by some degree of intestinal malabsorption.

### What about the other kinds of operation?

In biliopancreatic diversion a large portion of the stomach - around 70% - is completely removed. The remaining portion is connected to the lower portion of the small intestine, as in the gastric bypass.

In sleeve gastrectomy about 75% of the stomach is removed, leaving a narrow tube or sleeve, which connects to the intestines. It is sometimes used prior to other weight loss surgeries to initiate weight loss.

### How do you decide which procedure to do on which patient?

We consider lots of different factors. For example, patients often read information on the internet and in magazines and journals, and form their own opinions.

And their personal choice is something that does matter. We want to know how they feel and make sure they're comfortable with their decision.

Of course we also consider their surgical history, medical history, psychological evaluation and nutritional profile, and counsel them about what may suit them best. For example if they are primarily a 'sugar eater' or a 'volume eater' then one type of surgery may suit them better than another.

Their lifestyle is also a key factor. Do they have the ability to prepare meals? Can they come to the office on a frequent basis? Gastric banding in particular requires close follow-up to be successful.

Age is also important. In an older person a gastric band may be better because the peri-operative risk is lower. A 15 year old may prefer the reversible, less invasive procedure involved in the band.

### How often do you perform weight loss surgery on children?

About 5% of patients are under 18 years old.

Children are definitely able to tolerate the overall stress and trauma of surgery better, but in terms of their psychology and behaviour they also have greater challenges. Teenagers are rebellious by nature! So compliance is a difficult issue.

### Do any particular cases stand out in your mind for their complications or successes?

Many, many cases stand out for me, but I think perhaps the most exciting thing is when we operate on patients with diabetes.

We do a gastric bypass on one day and on the following day we see complete remission of their diabetes. It's so dramatic that in 24 or 48 hours they're off all their hypoglycemic agents.

What's fascinating is that regulation of insulin and blood glucose improves immediately after the operation - it has absolutely nothing to do with weight loss or dietary change.

So there is definitely a relationship between what we do, and expression and secretion of gut hormones mediating insulin regulation. We still don't know the nature of this relationship but we are planning some very interesting research to find out more.

### It sounds like there is still a lot to learn about weight loss surgery - what do you think will be the major developments in treatment of severe obesity over the next few years?

Well we are also very interested in the technical aspect of these operations, and in trying to figure out ways to make them more palatable and less risky for patients.

We are moving towards a new era of weight loss surgery which will be less and less invasive, using natural orifices rather than incisions.

There will also be more endoluminal surgery, in which restriction is achieved from within the gut, for example by inserting a balloon and inflating it.

### What is your opinion about pharmacological treatment? Do you think one day we will have an obesity drug which removes the need for surgery?

One thing I realize more and more as I treat these patients is that obesity is a complex disease. Coming up with a single drug to treat obesity would be like coming up with a single drug to treat heart disease - and we can't really conceive of that. We might use cholesterol lowering drugs, get patients to stop smoking, but we do all of these in combination.

Obesity is similarly complex. So there may be drugs which are effective with a certain segment of patients. There may also be drugs which are successful when combined with surgery. But one drug won't take care of it.

In fact, some of our patients say they've tried pharmacological approaches unsuccessfully before coming to us for surgery. At the moment, surgery is the most effective treatment we have. Patients achieving 10% weight loss are considered successful with medical therapy. With bariatric surgery we're taking about 50, 60, 70% excess weight loss.

### How long do you follow patients up for, and what sort of changes do you see in them?

Once our patients become our patients we plan to see them for the rest of their lives - at least that is the intention. Often patients move, or struggle to attend appointments while working and taking care of parents and kids, so we don't always see them as often as we'd like.

But it's very gratifying to see patients feel better about themselves as they gradually lose the weight. Their self-esteem improves and so does their ability to do things like dancing, traveling and going to the theatre. The social and psychological impact is tremendous, not to mention the medical impact of curing diabetes, high blood pressure and sleep apnea.

Bariatric surgery has to be done in the context of a multidisciplinary team. These patients need supportive



*St. Luke's Hospital: Home to the Weight Loss Surgery Center*

care from dietitians, psychologists and physiotherapists- as well as their surgeon.

### And finally, what would you say to people who argue that obesity is just a willpower problem and people should just try harder to eat less and exercise more?

I think that's a misunderstanding of obesity. We need to recognize that it's truly a disease. One of the biggest problems obese patients have to fight is the stigma that the disease is their fault. And I've seen that in medicine in other fields. Infectious diseases are a classic example, and AIDS for instance is also highly stigmatized.

In medicine we have to remove judgment from the care of patients. It's true that human behaviour has an impact on obesity, but we don't necessarily deny treatment to cancer patient because he smoked all his life. And now we know about secondhand smoking - are we going to pass the same judgment to those patients? Likewise if we see someone with a gunshot wound in the emergency room you can't assume it was a drug dealer who got shot. You don't know - it could be anyone.

I think many people still struggle with this issue. This is why education is important - not only patient education but also education of medical personnel - to make sure that bariatric patients are treated with the dignity they deserve.

*Please note that the views represented in this interview do not necessarily reflect those of Weight Concern.*