

OBESITY

BASIC INFORMATION

DESCRIPTION

A condition of excess body weight. May be defined as over 25% body fat in females and over 20% body fat in males. The concept that obesity is a will-power or self-discipline problem is outmoded. However, there is no clear understanding of the biochemical defects that cause it.

FREQUENT SIGNS AND SYMPTOMS

- Excessive body fat composition.
- Emotional problems.
- Poor exercise tolerance. Excess weight increases the heart's work.

CAUSES

- Genetic factors.
- Environmental factors: Diet and eating habits, levels of activity, stress (emotional and physical), other emotional problems, drugs, and cultural orientation.
- Metabolic and endocrine disorders.
- Other factors not fully understood as yet include development issues and physiologic regulation that involves the "set point" theory (it helps explain the difficulty obese people have in losing weight and maintaining weight loss).
- Rarely, brain damage can lead to obesity.

RISK INCREASES WITH

Those listed in Causes.

PREVENTIVE MEASURES

Life-long adherence to a program consisting of proper diet and nutrition, exercising, and behavior and lifestyle modification as needed.

EXPECTED OUTCOMES

Obesity can be controlled if motivation stays high for life. Long-term management of weight loss is extremely difficult.

POSSIBLE COMPLICATIONS

- Obesity may contribute to the development of diabetes, high blood pressure, heart disease and gallbladder disease. It complicates treatment and decreases survival chances of patients with stroke, kidney disease and other disorders.
- Psychosocial complications (poor self-image, difficulty in getting jobs, lack of social contacts with opposite sex).

TREATMENT

GENERAL MEASURES

- Medical assessment to determine the degree of health risk. The most accurate method of determining body composition remains underwater weighing and skinfold measurements of multiple sites. Impedance testing is also becoming more accurate and available. Also used are BMI (body mass index) and waist to hip ratio (WHR).
- Many commercial and community programs are available that provide help in losing weight. Choose a program whose diet plans meet the RDA guidelines for nutrients, provides exercise and behavior counseling, and includes long-term maintenance support.
- Keep diaries for food intake, exercise activities and behavior changes. Review them with your weight loss advisor weekly.
- Several techniques exist for behavioral modification. Determine the type that fits your needs (e.g., assertiveness, rewards, cognitive, substitution, imagery, and others).
- Surgical procedures to reduce weight, such as bypassing part of the intestine or stomach, cutting away fat, fat suctioning, or wiring the jaw shut, are desperate measures. They are used only in extreme circumstances.

MEDICATIONS

Drug therapy as an aid to weight loss may or may not be helpful. Drugs for obesity may be recommended for you on a trial basis to see if they might be effective. The effectiveness of all appetite suppressants diminishes after a few weeks and there are side effects to these drugs. Amphetamine compounds are not recommended for treating obesity. A number of new medications for weight loss are becoming available and new regimens may be effective and have fewer side effects.

ACTIVITY

- Increase your current level of activity. Daily exercise (bicycle riding, walking, swimming and others) helps you lose weight, feel better and control appetite.
- 30 minutes of activity, 5 times a week should be the goal. Keep an activity diary to monitor your progress.

- Fitness appears to be a more important factor in wellness than obtaining ideal body weight. No matter what, exercise.

DIET

- Many different diet plans are available to choose from. Diets that are not nutritionally balanced can cause more problems than the obesity. Crash diets and fad diets don't produce long-term results. Schemes that promise easy weight loss are usually unsuccessful.
- During your diet and exercise program, there may be periods when you don't lose weight. This is normal; don't stop the program. Weight loss will begin again in a week or two.
- A realistic weight loss is 1 to 2-1/2 pounds a week. This may seem slow, but 1 pound of fat lost per week totals 52 pounds in 1 year! Keep a food diary to record everything you eat.

NOTIFY OUR OFFICE IF

You or a family member wants help with weight loss.

Adapted from Instructions for Patients, Sixth Edition, H. Winter Griffith, M.D., W.B Saunders Company.