

Impacting Obesity in Our Community

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Introduction



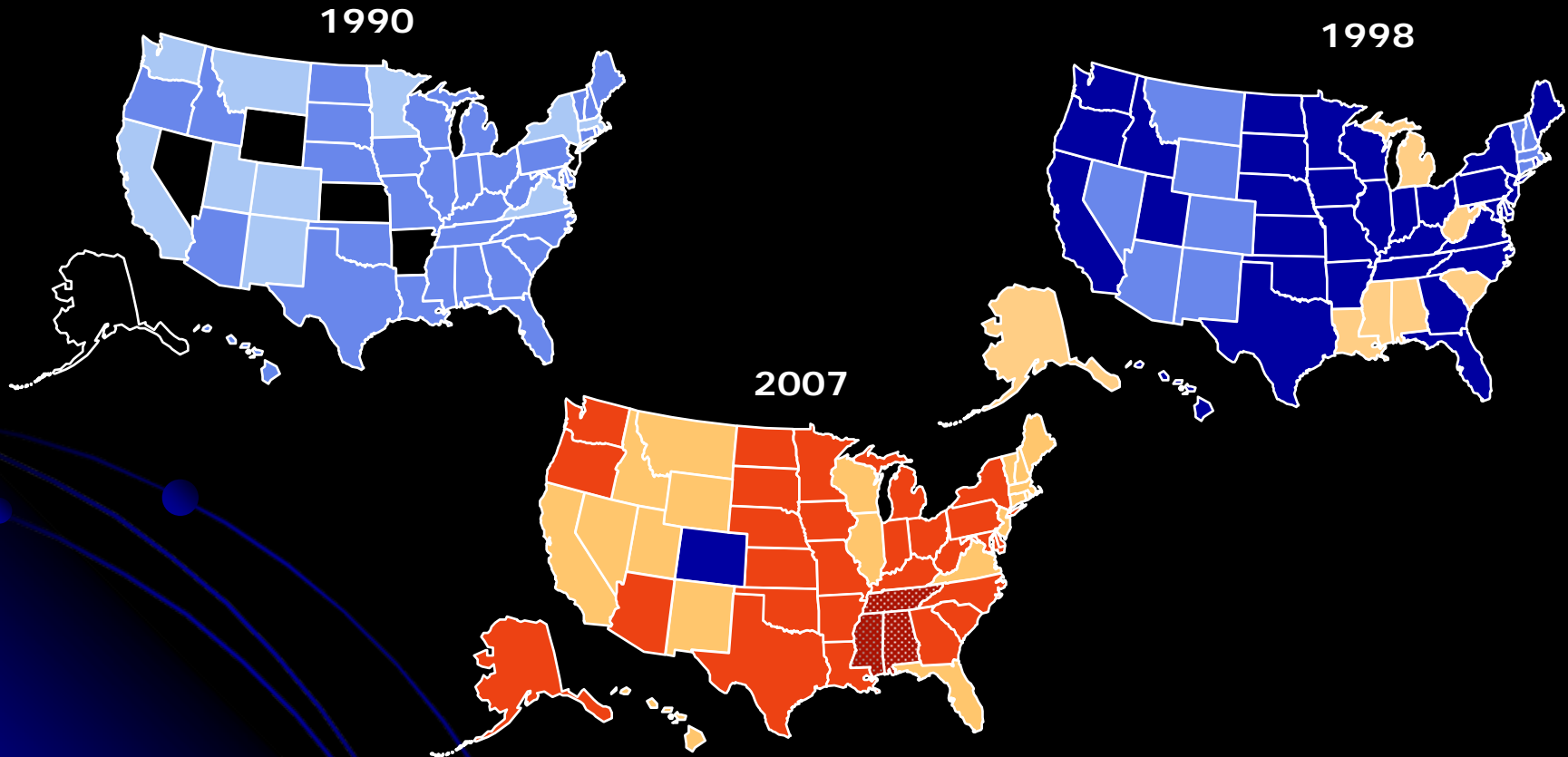
Its about healthnot appearance

(Surgeon General, 2007)

Obesity Trends* Among U.S. Adults

BRFSS, 1990, 1998, 2007

(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



“Obesity is a public health crisis”

Bloomberg

SPH meta-analysis of 20 key papers and data from 4 major data bases:

NHANES
BRFSS

Youth Risk Behavior Surveillance System
National Longitudinal Survey of Adolescent Health.



- Women ages 20-34 had the fastest increase.
- 80% of AA women age 40 and over were overweight and 50%, obese.
- Asians have the lowest incidence but if born in the US, have a fourfold increase over their foreign born counterparts.
- 16% of adolescents and children are obese and 34% are at risk

The Kids Too!



- According to the Surgeon General, as of 2003:
 - the number of overweight US children has doubled
 - the number of overweight teenagers has tripled since 1980

What is Obesity?



Not simply a problem of will power or self control.

What is Obesity?

- A complex condition with serious physical and psychosocial dimensions.

World Health Organization

- A disorder involving appetite regulation and energy metabolism.

Lang & Froelicher (2006)

Socio-economic



- Disproportionately affects minority and low socioeconomic groups
 - Less expensive to buy carbs and fatter cuts of meat.
 - Limited access to fresh fruits & vegetables
 - Poor access to safe play environments

What's the **BIG** Deal?



50 -100% increased risk of premature death
from all causes

(Surgeon General, 2007)

Individual Impact

- Less likely to make regular visits to their primary provider and thus do not get routine screening



Fitness Forward Pyramid of Co-morbidities



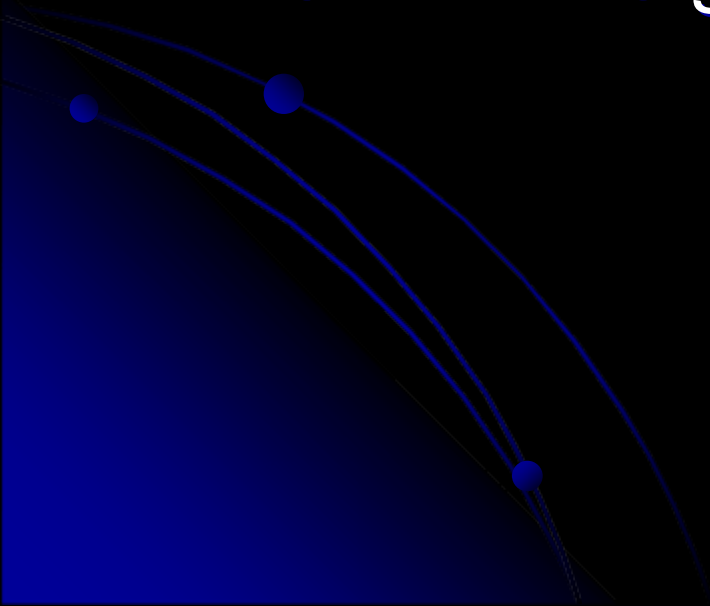
Health Care Barriers

- Physical examination can be more difficult
- Imaging requires higher radiation dose
- Images can be of poorer quality
- Pharmacotherapies difficult to dose



Public Health Issues

- Obesity accounts for 2-7% of total health care costs (Kumanyika, 2002).
- Annual Economic Cost of Obesity in U.S:
 - \$117 Billion in 2000 - Comparable Costs of Cigarette Smoking (Surgeon Gen 2002)



Conditions associated with obesity (co-morbidities)

- Type II diabetes
- High blood pressure
- Sleep apnea
- Osteoarthritis
- Gastroesophageal reflux (GERD)
- Liver disease
- High cholesterol
- High triglycerides
- Pseudotumor cerebrii (headaches)
- Fibromyalgia
- Heart disease
- Asthma
- Venous insufficiency
- Cancer
 - Men – colorectal, prostate
 - Women – breast, uterine, ovarian, gall bladder
- Depression, anxiety
- Polycystic ovary syndrome (PCOS)
- Stress incontinence
- Gallbladder disease

Physical & Psychosocial

- Complex hormonal interaction
- Genetic susceptibility
- Reduced physical activity
- Eating disorders



A Social - Environmental Disease



- Economic growth
- Modernization
- Urbanization

Less physical activity to obtain the food.

Technology in the home makes convenience foods easier to prepare

Lifestyle Choices

- Higher consumption of energy dense foods, saturated fats and refined sugars,
- Reduced physical activity with more sedentary leisure activities



Solutions: Who is responsible?

- The individual
- The health care providers
- Commercial entities
- Government



- Raise awareness in our families, schools, workplace that the key is prevention

Health care Providers



- Lead by example – diet and exercise
- Lose the bias and be more culturally sensitive
- Ask permission
- Provide motivational interviewing, brief intervention, group or family therapy


Health care providers



- Aggressively treat the co-morbidities early, even in children
- Check BMI
- Counsel and manage weight reduction

Obesity surgery update: Is it worth the risk?

Alan H. Brader MD, FACS
Medical Director
LGH Healthy Weight Management
Program



Obesity

excessive fat
accumulation due
to imbalance of
energy intake and
energy
expenditure



genetic

environmental

behavioral

Measurement of obesity

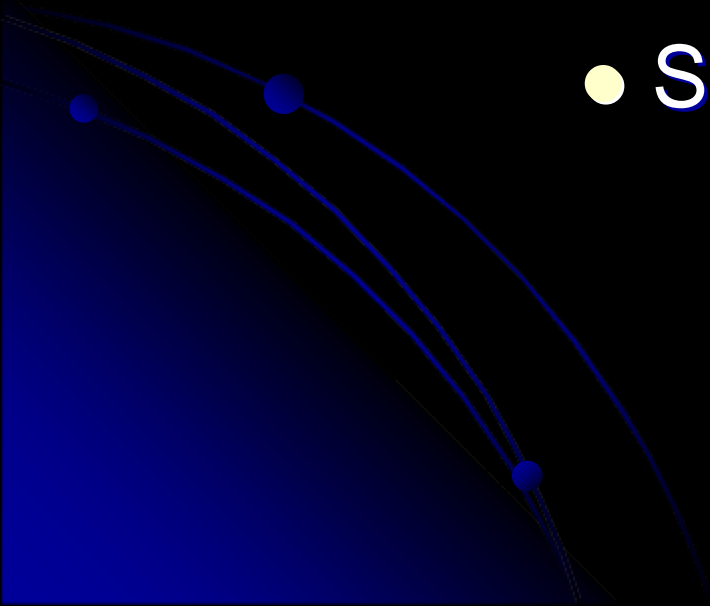
- BMI (body mass index)
- Body waist size

	BMI <35	BMI >35
Waist < 35	- / -	- / +
Waist > 35	+ / -	+ / +

Body mass index

19 – 24.9	normal body weight	● no therapy
25 – 29.9	overweight	● non-surgical therapy
30 – 34.9	obese	● surgery
35 – 49.9	morbid obesity	● surgery
50 – 59.9	super morbid obesity	● surgery
60 - ...	super, super morbid obesity	● surgery

Treatment of obesity

- Preventive
 - Lifestyle intervention
 - Pharmacotherapy
 - Surgery
- 

Traditional thoughts regarding obesity surgery

- Why don't you just try to diet and exercise
- Drastic
- High risk
- Irreversible
- Have tried everything else and failed
- Last resort
- Easy way out

Traditional thoughts = prejudice

Weight loss surgery is metabolic surgery

- Metabolism
 - Process of converting food to energy
- Weight loss surgery
 - Creates a food collection system that promotes a negative metabolic balance
- Lifestyle changes
 - Diet controls energy in
 - Exercise controls energy out
- Weight loss surgery success
 - Restoration of metabolic equilibrium
 - Balances energy in with energy out



What weight loss surgery is NOT....

- just about losing weight
 - just about “having the surgery”
 - just about eating less
 - just going to happen on its own
 - a guarantee
- ... a reality show

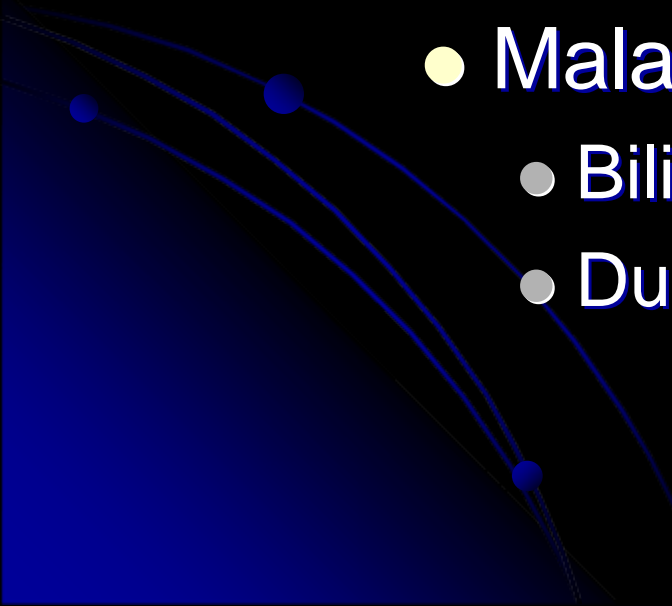


**My Team on
TV's *Biggest Loser*
Wins Every Time**

**Train with me &
Lose Weight Now!**

The advertisement features a woman with long brown hair, wearing a black sleeveless top and dark pants, standing with her arms crossed. A large black arrow with a white outline points to the right, positioned below the text 'Lose Weight Now!'.

Types of obesity surgery

- Restriction
 - Roux en Y gastric bypass
 - Adjustable gastric band
 - Sleeve gastrectomy
 - Malabsorption
 - Biliopancreatic diversion
 - Duodenal switch
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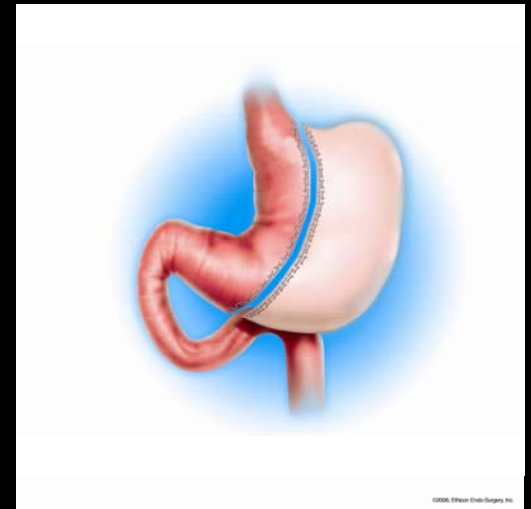
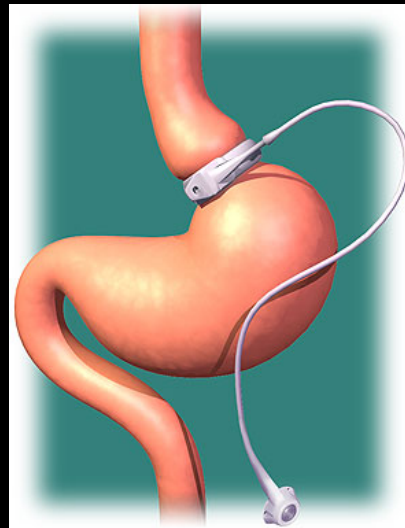
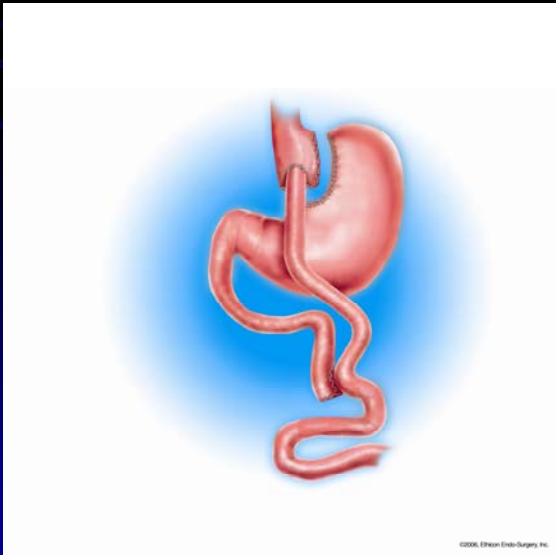
Who Is a Surgical Candidate?

- Meets NIH criteria
- No endocrine cause of obesity
- Acceptable operative risk
- Understands surgery and risks
- Absence of drug or alcohol problem
- No uncontrolled psychological conditions
- Consensus after bariatric team evaluation:
 - psychologist, exercise physiologist, dietitian, surgeon, program coordinator
- **Dedicated to life-style change and follow-up**

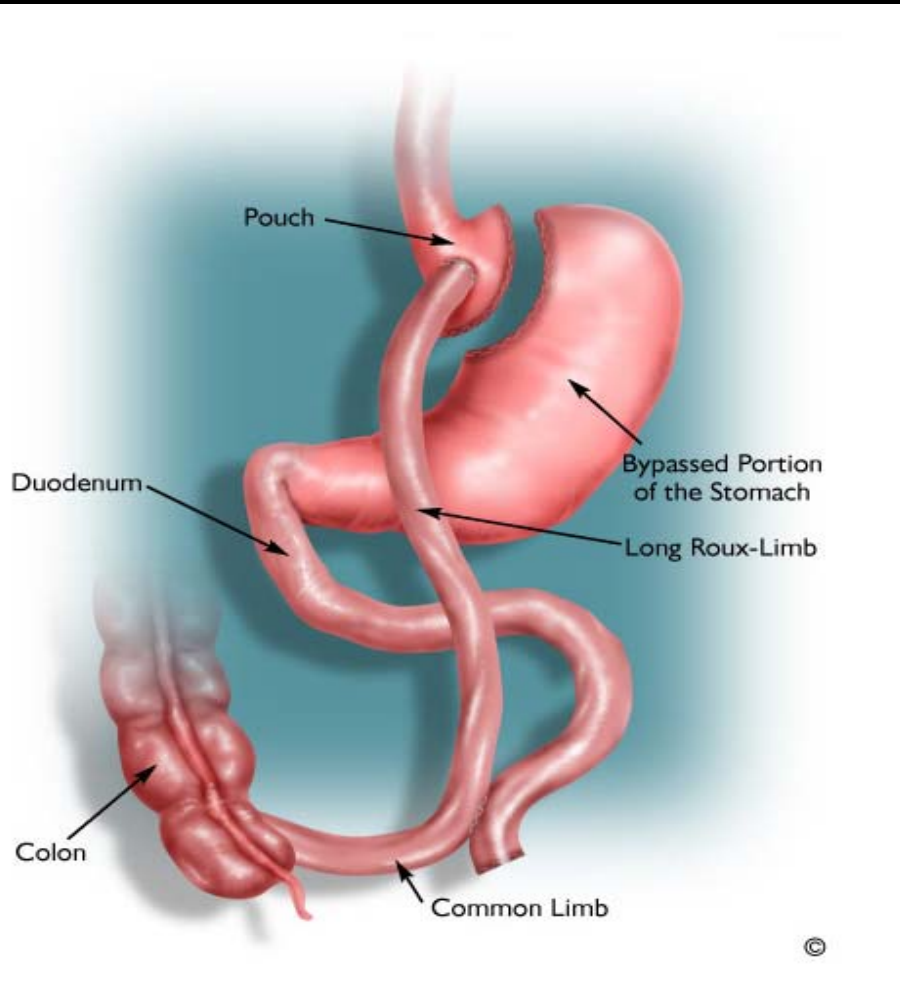


Which procedure is the best choice for a patient?

bypass, band or sleeve

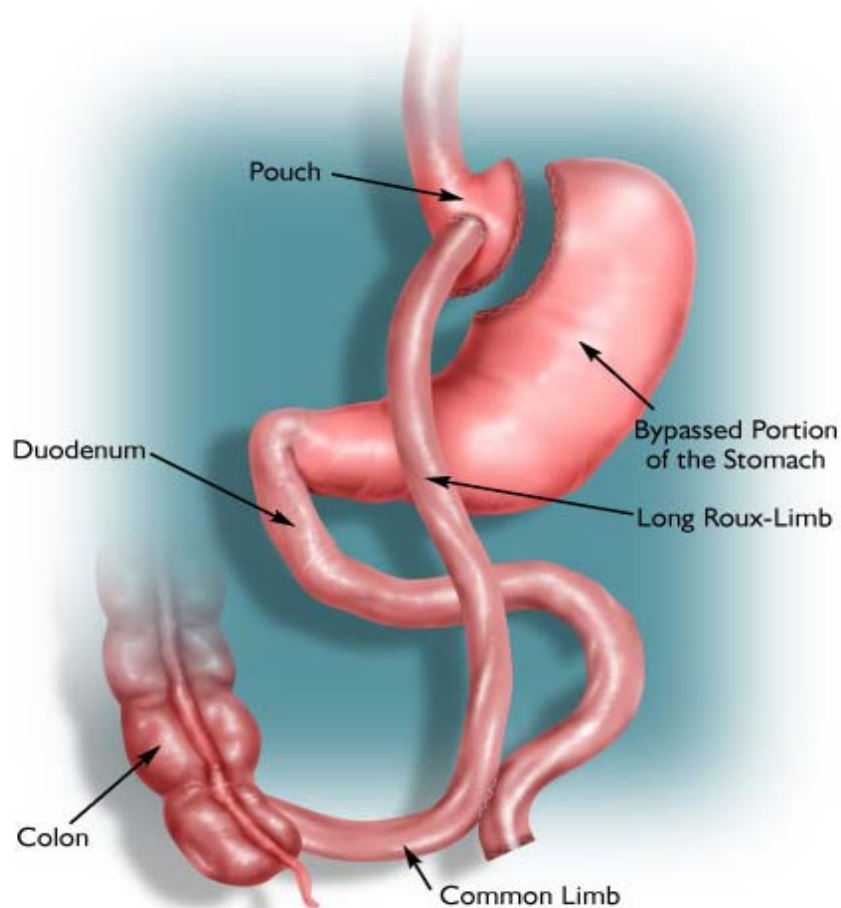


Roux-en-Y Gastric Bypass



- Most frequently performed bariatric procedure in the US
- First done open in 1967
- Laparoscopically since 1993
- Fully reversible

Roux en Y Gastric Bypass Anatomy



One ounce pouch

- smaller meals
- early fullness

½ inch opening from pouch to intestine

- slows down food passage
- “funnel-effect”

Digestive juices re-routed

- harder to absorb iron, calcium, and vitamin B₁₂

Stomach disconnection

- can cure type II diabetes
- 75% lose “hunger drive”

How does the Roux-en-Y gastric bypass work?

Surgery causes behavioral changes:

- restriction of meal size (fewer calories)
- early fullness (satiety)
- small, frequent, scheduled, planned meals
- overeat, chew poorly, eat fast (vomit)
- eat and drink at same time (vomit)
- High sugar or fat content meals not tolerated (dumping)
- nutrient malabsorption (Fe, Ca, B₁₂)
 - supplements needed
- decreased appetite

Adjustable gastric band



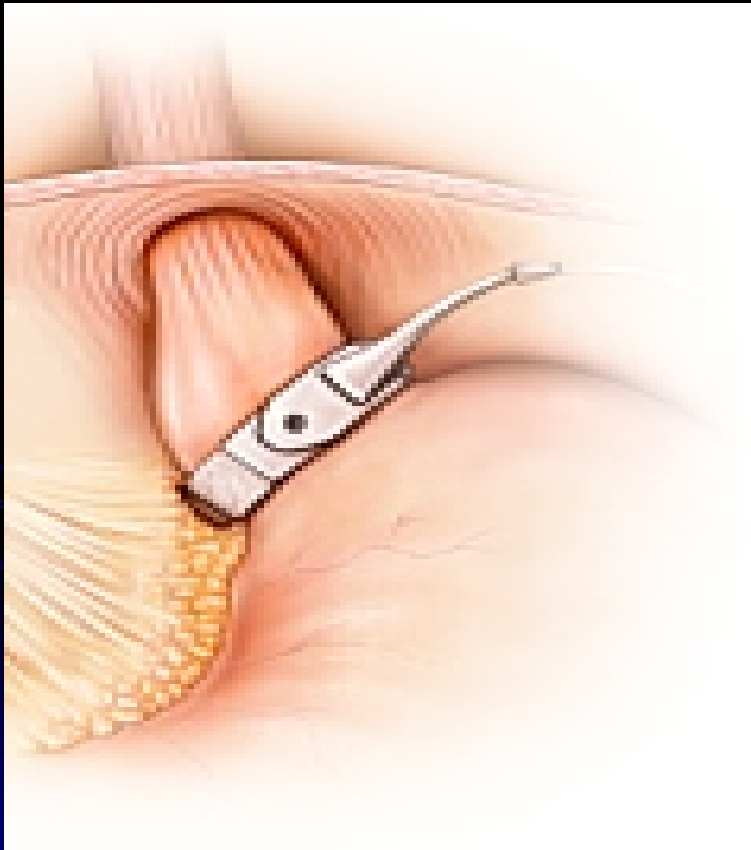
off the mark.com by Mark Parisi



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offthemark.com

Laparoscopic adjustable gastric banding



- Mimics gastric bypass
- Bioenterics Lap Band™
FDA approved 6/01

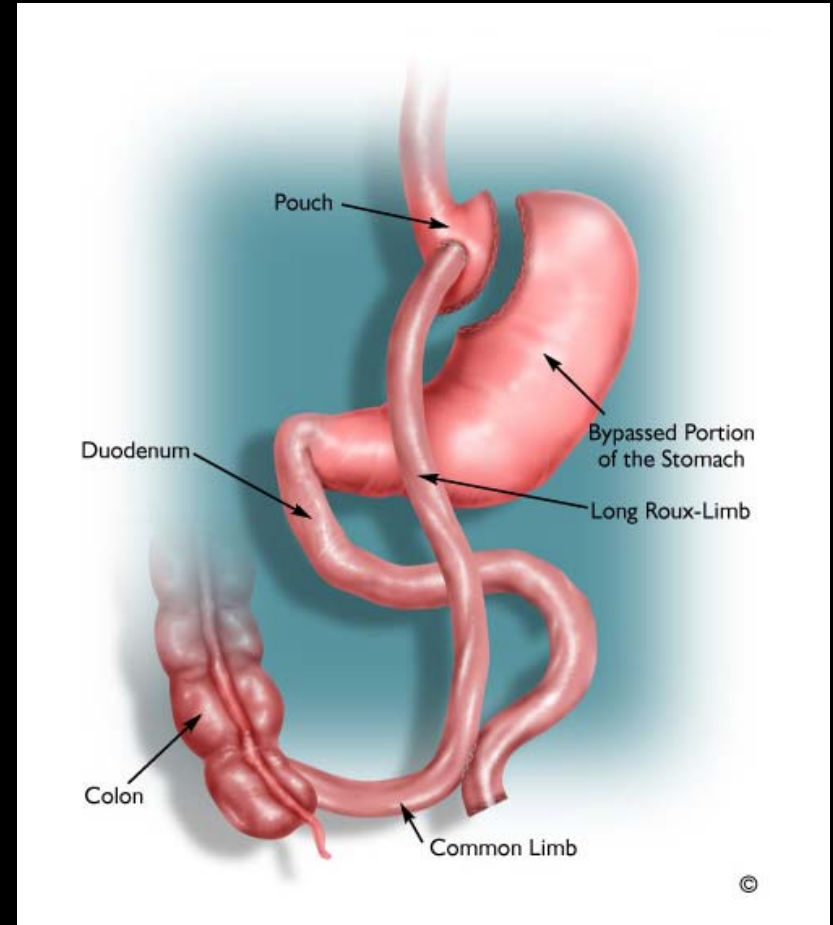
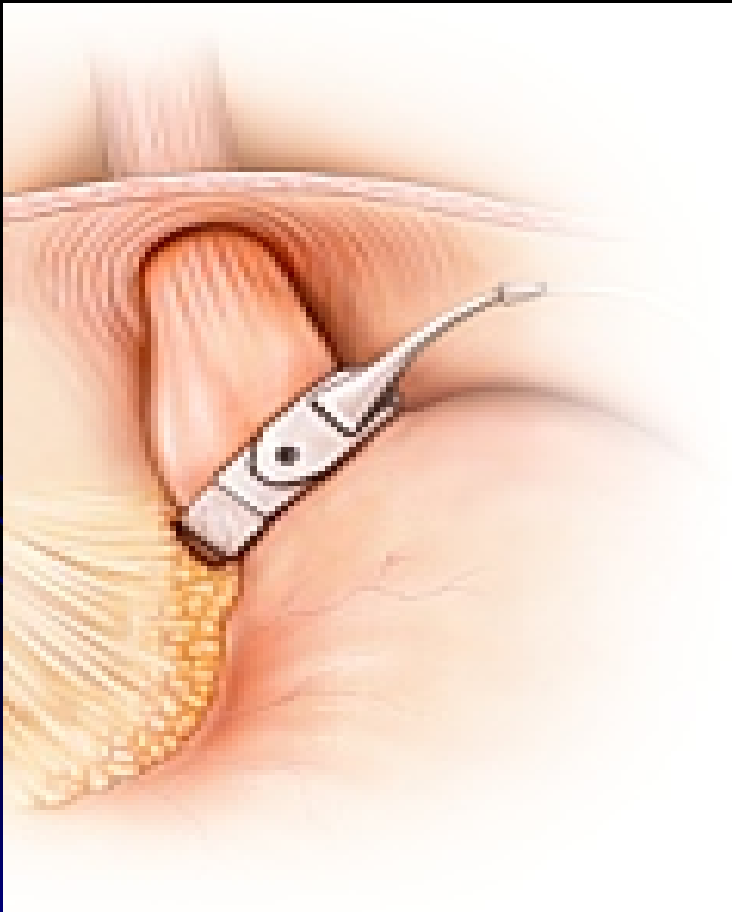
European and Australian results

55 – 60%EWL at 5 yrs

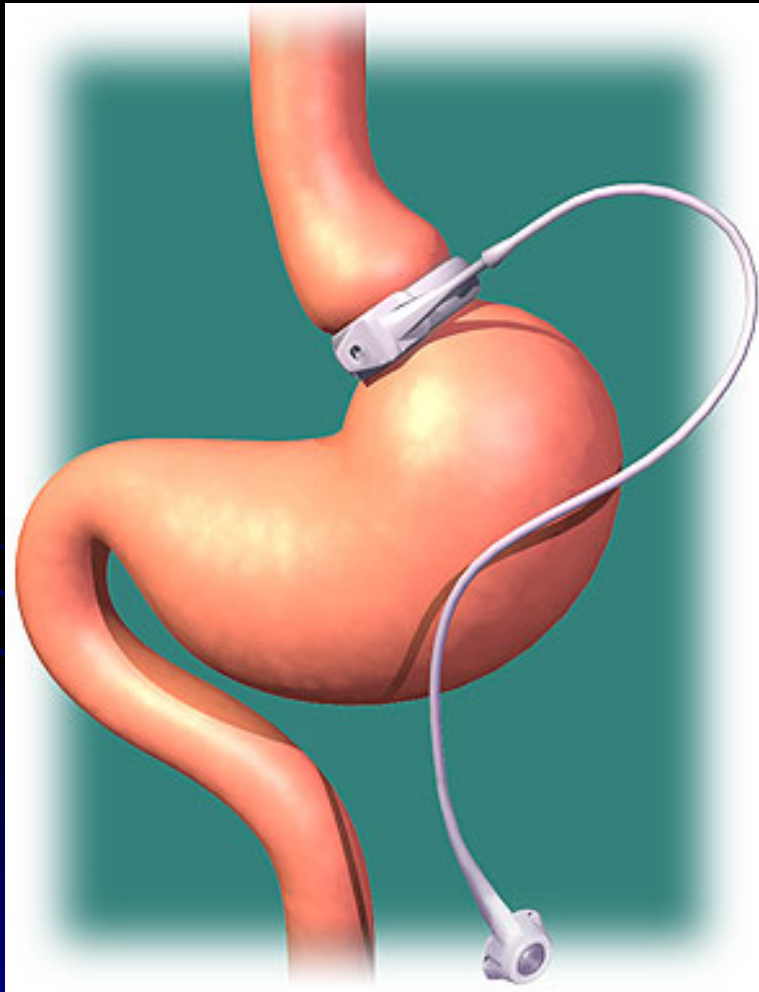
USA results

37 – 44%EWL at 5 yrs

“ No splicin’, dicin’ or rearrangin’ ”



adjustable gastric band system



upper stomach (pouch)

- one ounce
- smaller meals
- early fullness

band - narrows stomach
to restrict passage of food
- "funnel" effect

no bowel hook-ups

anatomy unchanged

food digestion
process unchanged

How does the adjustable gastric band work?

- Surgery causes behavioral changes:
 - restriction of meal size (fewer calories)
 - early fullness (satiety)
 - small, frequent, scheduled, planned meals
 - overeat, chew poorly, eat fast (vomit)
 - eat and drink at same time (vomit)
 - no high sugar or fat content meal restriction (dumping)
 - no nutrient malabsorption (Fe, Ca, B12) supplements still needed
 - no decreased appetite

Expected Weight Loss

%EWL (excess weight lost)

- Gastric bypass 70% EWL
12-18 mo.
- Adjustable gastric band 37-60% EWL
24-30 mo.

No difference in excess skin
Speed of weight loss equally safe

Comparison of Roux en Y gastric bypass to adjustable gastric band

Operation	Gastric bypass	Adjustable band
Surgery	Laparoscopic	Laparoscopic
Incisions	5	4
Anesthesia	General	General
Length of surgery	75 minutes	35 minutes
Length of stay	24 – 48 hours	<23 hours
Recovery	30 lbs. 2 weeks	30 lbs. 2 weeks


Is weight loss surgery safe?

Yes, if:

- Experienced surgeon
- Dedicated program
- Long-term f/u
- Appropriate patient selection



Benefits of obesity treatment

- Restore body's original metabolism
 - Reduce secondary medical problems
 - Reduce medication needs
 - Reduce medical costs
 - Restore quality of life
 - Improve longevity
 - Improve self-esteem
 - Erase social prejudice
- 

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Potential Healthy Weight Management Clientele

- Lancaster county
 - 18 – 65 335,756
 - Overweight BMI > 25 208,169
 - Obese BMI > 30 67,151
 - Surgical candidates >40,000
- Surrounding five counties
 - Surgical candidates >150,000
- LGH employees
 - Surgical candidates >650

Lancaster General Healthy Weight Management Program

- LGH-driven community health care initiative for the citizens of Lancaster County and surrounding communities
- Provide non-surgical and surgical options for weight loss
- Comprehensive program with multidisciplinary mind-body-spirit approach for developing individual, permanent lifestyle changes

COE Criteria

- Established by ASMBS
 - Org. Commitment (credentialing, education, leadership)
 - Surgeon commitment
 - Volume – 125 cases/ yr (org.)
50 cases/yr. (surgeon)
 - Quality Indicators and review process
 - Participation in BOLD (Bariatric Outcomes Longitudinal Database) – 75% follow-up at 5 years
 - Medical Director/ multidisciplinary team
 - Equipment/ facility readiness/ cultural preparedness
 - Clinical pathways/ standardized care
 - Designated Program Coordinator/ staffing
 - Support groups and educational materials

Future of LGH Healthy Weight Management Program

- 16,000 square foot facility
 - Mind - body health experience
 - Demonstration kitchen
 - Exercise education center
 - Healthy weight management kiosk
 - Medical/surgical management of weight disorders
 - Family lifestyle evaluations
 - Group support office visits
 - WLS support groups

Components of Obesity Management



Healthy Weight Management Center



Healthy Weight Management Center

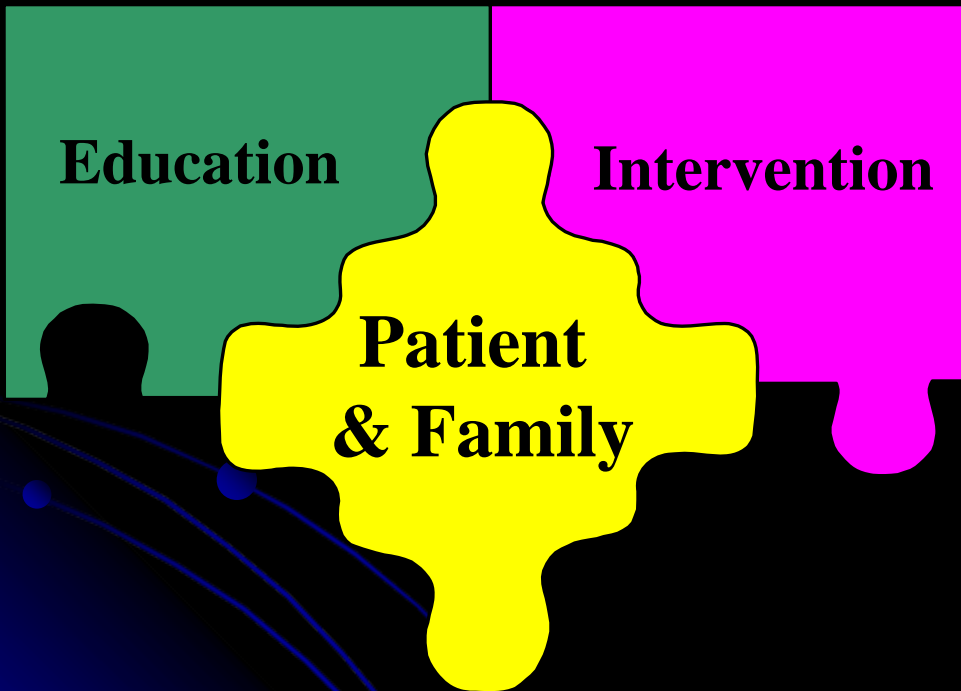


Education

**Patient
& Family**

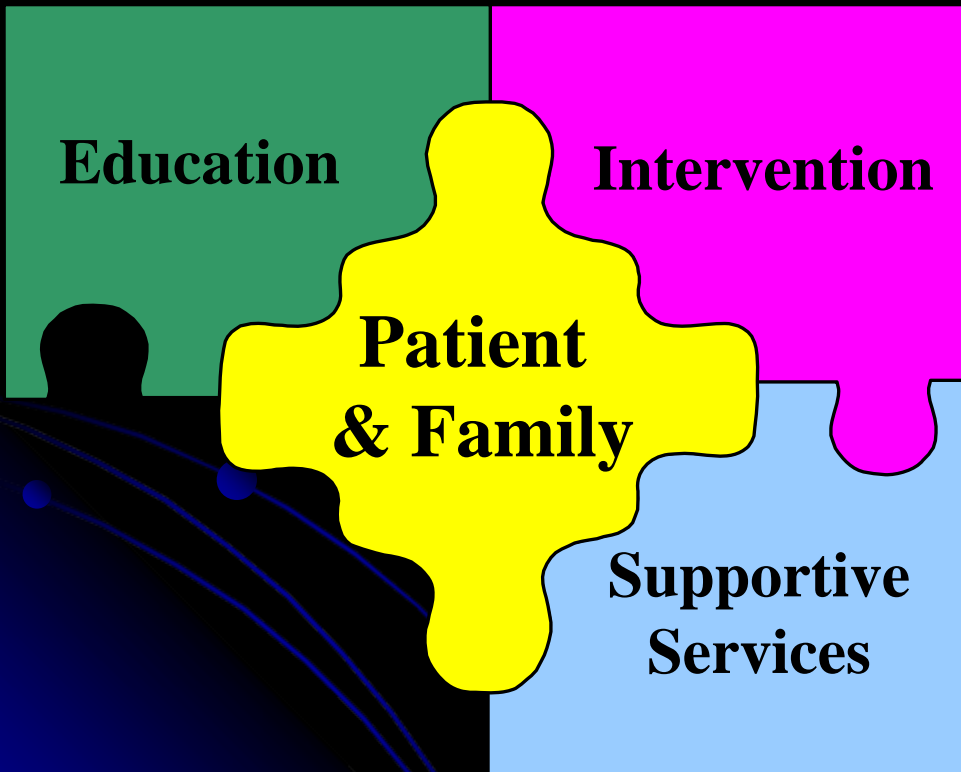
- **Facility Environment**
- **Preventative**
- **Informational**
- **Screening Programs**
- **Clinically Oriented**
- **Lifestyle Change**
- **Maintenance Programs**
- **Retail Opportunities**

Healthy Weight Management Center



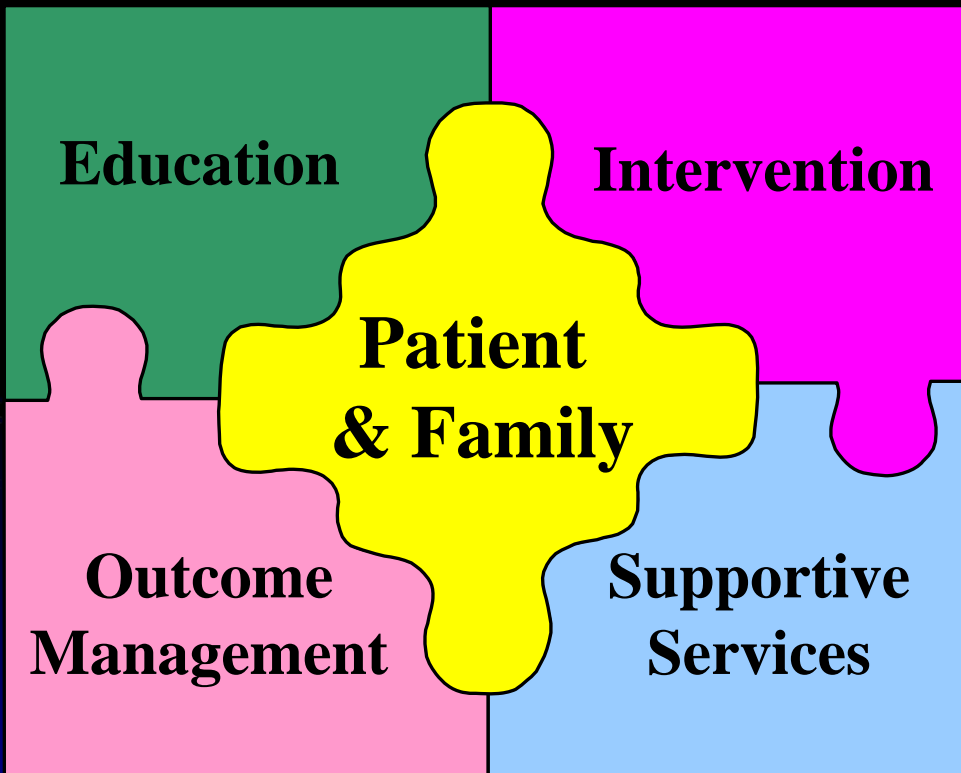
- **Medical Management (Bariatrician)**
- **Bariatric Surgery**
- **Behavioral Health**

Healthy Weight Management Center



- **Behavioral Health**
- **Relationship Management**
- **Group Classes**
- **Complementary Therapies**
- **Cosmetic Surgery**
- **Patient and Family Centered**
- **Diabetes and Nutrition**
- **Support Groups**
- **Stress Management**
- **Employee Fitness**
- **Exercise Physiology**
- **Financial Liaisons**

Healthy Weight Management Center



- **Case Management**
- **Long Term Relationship Management**
- **Patient Advocacy**
- **Risk Factor Management**
- **Behavioral Health**
- **Hi Risk Intervention**
- **Influence Payors**

Strategic Challenges and Milestones

- Center of Excellence certification
- Payer support of medical program including a menu of non-physician related services
- Profitability
- Impact at a community level (measurement) and influencing payers
- Expansion of surgical indications beyond obesity