

WEIGHING IN JUNE 2011

The Major Health Risks of Obesity

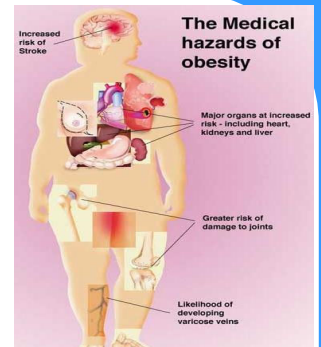
With obesity at epidemic proportions around the globe, an unprecedented number of individuals may now find themselves at greater risk of developing a wide range of additional health problems. Asthma, type-2 diabetes, heart disease, insulin resistance, subclinical thyroid disease and certain types of cancers are just a few of the myriad diseases and conditions that health care professionals and research scientists have associated with elevated body mass index (BMI).

One of the many experts who have sounded the alarm on the health ramifications of excess weight is Dr. David Satcher, who served as Surgeon General of the United States from 1998 to 2002. In 2009, Satcher was quoted as observing that "overweight and obesity may soon cause as much preventable disease and death as cigarette smoking." Since this statement was made, the rates of obesity have quadrupled.

The following are some of the major health consequences that have been associated with overweight and obesity:

- **Arthritis** - Osteoarthritis, also known as degenerative joint disease, is the leading type of arthritis in the United States, affecting more than 16 million individuals. Noting that 78 percent of women and 39 percent of men who suffer from osteoarthritis of the knee are overweight, the Obesity Action Coalition identifies excess weight as "a well-established risk factor" for afflictions in the knee and possibly also the hip.

There is no known cure for osteoarthritis, and treatment focuses upon reducing the symptoms, which include joint pain and decreased mobility. The American College of Rheumatology recommends weight loss and exercise as primary treatment options - guidance that is supported by an 18-month study of obese older adults in which a 5 percent decrease in body weight corresponded with an 18 percent gain in overall knee function.



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Asthma - According to the website; Medical News Today, three out of four adults who seek emergency room treatment for asthma in the United States are obese. In addition to being evaluated as a cause of asthma, obesity has been identified as a factor for amplifying the effects of the disease.

A study published in the May 1, 2008 edition of the *American Journal of Respiratory and Critical Care Medicine* establishes a link between obesity and a condition known as "dynamic hyperinflation," in which air that has been inhaled into the lungs cannot be exhaled. Jeffrey Fredberg of the Harvard School of Public Health, who authored a 2005 study on the connection between obesity and asthma, told Medical News Today that "obesity has the capacity to impact lung function in a variety of ways. None of them are good and all of them are poorly understood. More research is needed to explain the relationship between asthma and obesity."

· **Cancer** - Reports and studies cited by the National Cancer Institute estimate that 14 percent of cancer-related deaths in men and 20 percent of cancer-related deaths in women are attributable to overweight and obesity.

The *Overweight and Obesity: Health Consequences* fact sheet that Satcher distributed during his tenure as surgeon general indicates that overweight and obesity are linked to an increased risk for developing cancers of the colon, kidney, prostate, and lining of the uterus. Also, women who gain more than 20 pounds from age 18 to midlife are twice as likely to develop postmenopausal breast cancer as are women whose weight remains constant.

· **Dementia** - A study that was funded by the National Institutes of Health and performed by the Kaiser Permanente Medical Foundation determined that obese women are 200 percent more likely to develop dementia in middle age than are women with a body mass index under 24.9. Obese men were found to be 30 percent more likely than men with sub-24.9 BMIs to develop the condition. The NIH/KPMF study followed 10,000 adults (aged 40 to 45 at the start of the study) for 27 years.

· **Diabetes** - Cases of type-2 diabetes in the United States have increased by 34 percent in the past 20 years, a development The Obesity Society attributes to "to the marked increase in the prevalence of obesity" in this nation. Information collected during the Third National Health and Nutrition Examination Survey (NHANES III), which sampled more than 33,000 Americans from 1988 to 1994, indicated that two-thirds of adults with type-2 diabetes had a body mass index of 27 or greater. Risk factors for type-2 diabetes (marked by the body's inability to produce ample supplies of insulin, or cells' failure to utilize that insulin) include abdominal fat distribution and weight gain.

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- **Gout** - Also known as metabolic arthritis, gout announces itself with a sudden onset of intense joint pain, usually in the largest joint of the big toe, and often at night. Left untreated, the pain can last from five to 10 days, and will often be accompanied by redness and inflammation.

Gout is caused by an accumulation of urate crystals around the joint - indicating a failure of the body's natural ability to manage the amount of uric acid it consumes, produces, and excretes. According to the American Obesity Association, obesity has been associated with both increases in the production of uric acid and decreases in the ability to eliminate the substance from the body.

- **Heart Disease** - The American Heart Association leaves little room for misinterpretation in its official stance on the relationship between obesity and heart disease: "Obesity is now recognized as a major risk factor for coronary heart disease, which can lead to heart attack."

According to the AHA, obesity earned this status because it raises blood cholesterol and triglyceride levels, reduces "good" HDL cholesterol, increases blood pressure, and can induce diabetes (which, in turn, can exacerbate the other risk factors). In case its position wasn't clear enough, the AHA also notes that "even when there are no adverse effects on the known risk factors, obesity by itself increases risk of heart disease."

- **Hypertension** - Commonly referred to as high blood pressure, hypertension is a chronic condition in which a person's systolic pressure is 140 mmHg or above and his or her diastolic pressure is 90 or greater. The condition causes the heart to work harder to pump blood, and is a risk factor for stroke, heart attack, and heart failure. According to the American Physiological Society, "risk estimates suggest that approximately 75 and 65 percent of the cases of hypertension in men and women, respectively, are directly attributable to an overweight condition and obesity."
- **Incontinence** - In an article published on the HealthCentral web site, Dr. Jennifer Sobol writes that obesity is a "major contributor" to the development of stress incontinence (the "stress" alludes not to a psychological condition, but to constant pressure on the bladder that leads to a weakening of the urethral sphincter, resulting in involuntary urination during exercise or activities such as laughing, coughing, or sneezing). Among the other risk factors for stress incontinence, which is much more common among women than men, are smoking, childbirth, and chronic coughing conditions such as bronchitis and asthma.

- **Reproductive Complications** - Obesity in pregnant women has been associated with an increased risk of health problems for both mother and child. In the *Overweight and Obesity: Health Consequences* fact sheet, the surgeon general states that obese pregnant women are more likely to develop maternal high blood pressure and gestational diabetes, and may experience more problems during labor and delivery in comparison to non-obese women. Also, the surgeon general notes that obesity during pregnancy has been linked to low blood sugar in the baby as well as an increased likelihood of neural tube birth defects such as spina bifida.
- **Sleep Apnea** - Sleep apnea is a potentially life-threatening disorder that causes sufferers to stop breathing for 10 seconds or more while sleeping, prompting them to awaken - often gasping - in order to resume breathing. These sleep disruptions can occur hundreds of times each night. In addition to the fatigue associated with sleep deprivation, sleep apnea has also been linked to a wide range of health disorders, including hypertension, memory problems, immune system abnormalities, silent myocardial infarction and acid reflux. More than 90 percent of individuals who are diagnosed with sleep apnea are overweight or obese. Though experts are careful to note that obesity has not been found to be a direct cause of most of the conditions addressed in this article, ongoing research supports the growing consensus that excess body weight puts an individual at much greater risk for developing a number of debilitating - and in some cases fatal - diseases.

As you can see by the above statistics, the importance of losing your weight and how it could affect you in the coming years from debilitating diseases is monumental. Now you may have some grasp of why we work so hard to see each of you lose your weight and decrease your medications to become healthy. Nothing pleases us more here at The Weigh Station, than seeing each one of you make progress... Whether it is a small amount of weight loss and/or inches or a larger amount, it really makes no difference if we are moving forward.

Remember, the life you save is yours. The heritage that you leave for your family of healthy eating and weight loss will continue. So teach your family, your children and your grandchildren to eat properly and get the right amount exercise. Remember to avoid soft drinks and refined carbohydrates like the plague! Blessings to all and Bon appétit....

Chuck Shaffer M.D.

Reading Nutrition Labels, What to Look For!

What to focus on:

Start with the **Serving Size** listed under the Nutrition Facts section. The serving size tells you the amount of carbohydrates, protein, fat, and calories in a single serving.

Fat: There are many different kinds of fat. Although artery clogging fats should be avoided, good fats are a very important part of your diet and should be incorporated. You need about 60 grams of fat per day!

Unhealthy Fats: Always avoid trans fat. Be careful; products can claim they are trans fat free but may not be! You must read the **ingredients list** to make sure there are no partially hydrogenated oils, which is trans fat. Saturated fat should also be limited to 5-10 grams or less per day.

Healthy Fats: These fats include monounsaturated fatty acids and polyunsaturated fats. There are two types of polyunsaturated fats: Omega 3 and Omega 6. Omega 3 fats are found in fish and Omega 3 eggs. Omega 6 fatty acids are commonly found in our diet and are acceptable in smaller quantities.

What should be avoided: Currently you are in stage 2 which means all starch should be avoided at this time period. However, always read your ingredients and avoid ingredients like high fructose corn syrup, enriched flour, anything fortified, maltodextrin, anything ending in -ose (sugar), words you cannot pronounce should be red flags too. Ingredients are always listed by weight so the 1st 5 ingredients will tell you the most about the product. The fewer the ingredients the better!

Percent Daily Value (%DV): This tells you the percent of your daily needs that one serving provides, based on a 2,000 calorie diet. For example, 10% sodium means that one serving provides 10% of your total sodium needs for the day. *Remember that DV is for the entire day's worth of food, not one meal.

Putting it all together: EXAMPLE:

INGREDIENTS:

Horseradish, Artificial Flavoring, Monosodium Glutamate, Onion, Garlic, Spices, Maltodextrin, Calcium Stearate, Sugar, Soybean Oil, Water, Eggs, Distilled Vinegar, Salt, Cream, Skim Milk, Potassium Sorbate, Enzymes, Sodium Citrate, Mustard Seed, Mustard Bran, Food Starch, High-Fructose Corn Syrup,

NUTRITION FACTS

Serv. Size: 2 Tbsp, Servings per container: About 10

Calories 60 Fat Cal. 35

*Percent Daily Values (DV) Vitamin A 1% • Vitamin C 1% • Calcium 1% • Iron 1%

Total Fat 4g (6% DV)

Sat. Fat 1g (6% DV)

Cholest. 5mg (2% DV)

Sodium 240 mg (10% DV)

Total Carb. 6g (2% DV), Sugar 4 g, Fiber 0g,

Protein .5 g

In this example the serving size is 2 Tbsp. This means that in 2 Tbsp there are 60 calories (35 from fat), 6 grams of carbohydrate (0g from fiber), .5 g protein and 4 g of fat. In addition, take note that under ingredients, Maltodextrin appears toward the top of the list and High-Fructose Corn Syrup is also listed. Remember that these two ingredients should be limited and/or avoided. There is no trans fat (partially hydrogenated oil), however this still would not be a good choice based on the limited fiber and the poor ingredients listed. This example also contains Monosodium Glutamate (MSG) which should also be avoided.

Cost comparison

In a recent article in **Money** magazine, *Slim Your Body, Not Your Wallet* by Amanda Gengler June 2011 issue, the annual medical cost of having a higher BMI was printed and this was the result:

- BMI of 25 \$1938
- BMI of 30 \$2086
- BMI of 35 \$2963
- BMI of 40 \$5510
- BMI of 45 \$13,327

Their chart looked a lot prettier than this but you get the idea. They went on to discuss employers who charge people with certain health issues (including high BMI) extra money for their insurance and how the number of employers who practice this is projected to increase to 33% in 2012. They then discussed weight loss. How hard it was to “do it yourself” and the benefits of having an accountability factor and what you could expect to pay per pound with “The Big Three.” If you want the full rundown you can look up the article but here is the short and simple.

Weight Watchers	\$97 per pound
Nutrisystem	\$130-\$139 per pound
Jenny Craig	\$131-\$174 per pound
Dietitian-tailored plan	\$118-\$126 per pound

This got us to thinking along the same lines. We asked ourselves “Are we a good value for our clients?” and “What are our clients paying per pound?” So we started adding up weight loss and totaling costs. In the **Money** magazine article they used a theoretical approach of a person losing 25 pounds in 6 months time. So, we did the same. We added the cost of purchasing cell press, calcium pyruvate, keto sticks, multi vitamins, the initial visit and all weekly visits. We then figured what your cost per pound would be if you lost 25 pounds in that 6 month time frame and the number is \$57.82 per pound. This made us very happy. I can’t speak for other companies but at The Weigh Station we have a complete physical including EKG, Physician supervision, necessary supplements, weekly accountability, access to a Registered Dietitian and Personal Trainer, support, hugs if you need them and a boot to the rear if you need that too.

Even though we were happy with these results, we still felt that something was off. Some of you may already see it but it took us a few minutes of looking to put our finger on it. What was off was 25 pounds in 6 months! That led us to a different calculation. We pulled 50 random charts, totaled up the weight lost in the first 10 weeks and calculated average weight lost and cost per pound. Here are our results:

Average 2.5 month weight loss	24.4lbs
Average cost per pound	\$29.18 per pound

Recipe of the Month

Artichoke Soup (4 servings)

Ingredients

- 2 tablespoons olive oil
 - 1 cup chopped onions
 - 2 (14-ounce) cans artichoke hearts, coarsely chopped
 - 1 (32-ounce) box vegetable broth
 - 1 cup 2% mozzarella cheese
 - Salt and freshly ground pepper
 - 1 tablespoon fresh lemon juice
 - 1 tsp paprika
 - 1 tsp cumin
- Cilantro as garnish



Directions

In a large pot, heat oil over medium heat. Sauté the onions until soft, then add the artichoke hearts, season with above spices, salt and pepper and sauté another 5 minutes. Add the broth and lemon juice, bring to a simmer and cook about 20 minutes, stirring occasionally. Puree until smooth with a hand blender or in a blender in small batches (but allow to cool somewhat if you use this method). Stir in 1 cup of 2% cheese and allow to melt. Ladle the soup into bowls, top each with cilantro.

*Soup provides 1 ounce of protein/serving from cheese
(May add grilled chicken to increase protein content).