



OCTOBER 2019 NEWSLETTER

The Weigh Station

Disease Entities Linked to Obesity

Dr. Charles Shaffer

Recent medical literature has pointed to new risks associated with other diseases related to obesity. Research has confirmed positive links between specific diseases and conditions, such as cancer, and obesity. The Weigh Station has seen an influx of returning patients recently, some returning as far back as a decade ago. Many returning patients say “I wish I kept doing what you told me, I had done so well” and “I never thought I would gain some of this weight back”.

A patient of mine had started in 2007 and had went from 266lbs to 145lbs. She stated she gained some of her weight back after her pregnancy and the rest of it came about by stress eating because she has a handicap child. My heart broke for her; I could tell her weight gain had taken away so much of her self-esteem and peace. I promised her we would return her to her goal weight if she agreed to do what was asked of her.

WHAT YOU'LL FIND INSIDE:

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Over time, she had developed a few new disease entities due to her weight gain. I decided to do some research of my own and sifted through studies of disease reports related to weight gain over the last 2 ½ years. Some of the results were startling. Below is a list of recently reported disease entities associated with weight gain:

1. The definition of obesity is changing and is being based off of body fat percentage. A man's body fat percentage greater than 25%, with a 21% to 25% range being considered borderline obese, is classified as obese. A women's body fat greater than 33% is also classified as obese, with a borderline of 31% to 33%.
2. The respiratory system also takes a hit. Obesity and weight gain can increase the chances of developing obstructive sleep apnea, Pickwickian syndrome, incidence of worsening bronchial asthma, and provides a greater disposition to risk for respiratory infections.
3. Malignancy is a huge cause for concern. Reports have associated increases in endometrial premenopausal, carcinoma prostate, colon cancer, and rectal cancer in men to excessive weight gain. The cardiac and biliary tract systems, as well as the esophageal adenocarcinoma in multiple myeloma, are also being closely looked at as possible links to lung cancer.
4. Psychological effects are also important. There is a rise in social segmentation in depression and anxiety over appearance.
5. The cardiovascular system has seen an increase in coronary artery disease, essential hypertension, left ventricular hypertrophy, cor pulmonale, obesity associated cardiac myopathy, accelerated atherosclerosis, and pulmonary hypertension of obesity.
6. In the central nervous system, there has been a rise in the risk of strokes, idiopathic intracranial hypertension, and paresthetica.
7. Obstetrics and prenatal care has seen an increase in pregnancy related hypertensions, fetal macrosomia, and pelvic dystocia.
8. The surgical field has seen a growth in surgical risk in postoperative complications, including wound infections, postoperative pneumonia, deep venous thrombosis, and pulmonary embolism.
9. Pelvic region in obese individuals are at risk for developing stress incontinence.
10. The gastrointestinal tract has seen an inflation of reports regarding gallbladder disease, nonalcoholic steatohepatitis, NASH, fatty liver disease, and reflux esophagitis.
11. Orthopedics has seen a worsening of osteoarthritis, slipped capital femoral epiphyses, Blount disease, Legg-Calve'-Perthes disease, and chronic back pain.
12. The metabolic system continues to deal with the influx of cases associated with type II diabetes, pre-diabetes, metabolic syndrome, and dyslipidemia.
13. For women, the reproductive system sees anovulation, early puberty, infertility, hyperandrogenism, and polycystic ovarian syndrome
14. The reproductive system in men has experienced hypogonadotropic hypogonadism and hypothyroid disorder.

15. The largest organ, our skin, has experienced worsening intertrigo (bacteria/fungal)
16. The body's extremities reported experiencing an increased risk for venous varicosities, lower extremity nervous and lymphatic edema, and degenerative changes of both feet and knees.

As you can see, this list is extremely long. It's highly important to get your weight under control. As you read through old newsletters there are many good points, information, and resources to keep your weight off permanently.

As new scientific data points to different reasons for weight reduction, we can only hope that our patients will latch on to what we have been teaching for the last 13 years. Please keep in mind that your children are also affected. Data shows obese children tend to become obese adults, especially if their parents are obese. One study showed that 80% of children who are overweight at age 12 were obese at age 30 or earlier. Obesity can also cause a high-risk pregnancy and emotional duress making some individuals turn to food for comfort. The worst part is that many of these individuals are already carbohydrate intolerant and insulin resistant.

A study of 15,000 children, aged 9 to 14, found that those who are only mostly fed breastmilk as babies' odds ratio was 0.78 compared to children who had been fed mostly infant formula. The apparent protective effect of breast-feeding is the obesity persisted after adjustment and energy intake, physical activity, the mothers body mass index and other variables for some mechanistic reason breast-fed babies have greater control over their intake than bottle-fed babies. Therefore, it's better self-regulating mechanisms seem to be introduced at a very young age. Satiety was achieved in these children which is why they discontinued eating.

If we can learn to harness that mechanism throughout the rest of that person's adult life we will have made great leaps in solving the obesity crisis. Learn to listen to your body, take your time to eat what is correct, and drink plenty of water. If you do these things you will do fine.

Blessings,
Chuck Shaffer MD

Baby Is Sweet Enough

Tricia Foley

At The Weigh Station we teach our clients to read labels. For many it can be an eye opener to just how much sugar is in products. What might be even more shocking is when you take a look at baby formula and see just how much sugar is in it.

Now, to be fair it's important to keep in mind that babies need easy to digest food at first and sugar is just that. You may also remember our staff explaining that sugar is quite addictive and for babies, this can be a good thing- in this case sweet equals survival. Even breast milk contains natural sugars (lactose) that is gentle on babies digestive system and has a sweet taste to encourage them to eat and grow.

Having said that, it is also important to educate ourselves (especially parents and grandparents) on the best "sugars" for our baby and their health. Not all sugars are created equal! Some are added simply because they are cheap!

Here is what you need to know:

All sugars are made up of three building blocks: Glucose, Galactose and Fructose. Here are some combinations that you might see in formula:

- 1 Glucose and 1 Galactose = Lactose, This is what is in breast milk and cow's milk, allows for good bacteria to flourish and does not cause a lot of blood sugar fluctuation
- 1 Galactose and 1 Fructose = Sucrose (table sugar) is the sweetest sugar. Sucrose is often found in formula Try to avoid baby formulas that ONLY contain Sucrose for this reason! 50% is from Fructose which is quite a lot and too much can be unhealthy for a baby's diet.
- Corn Syrup & Corn Syrup Solids- made up of glucoses stuck together. It is less sweet compared to sucrose. Glucose Syrup is the same thing as Corn Syrup!
- Maltodextrin: Made up of longer chains of glucose. Used as a thickening agent
- Starch: Often found in rice formulas as a thickening agent.

All of these sugars may be found in infant formulas in different amounts. Obviously parents don't like to see Corn syrup listed as an ingredient, keep in mind that glucose syrup is the same (don't be fooled)! Do also keep in mind that high-fructose corn syrup is not the same as corn syrup. High-fructose corn syrup is MUCH higher in fructose, although both should be avoided.

Look for baby formula that provides roughly 40% calories from the carbohydrate lactose (just like breast milk). Avoid lactose free formulas unless baby has a lactose allergy or intolerance. Ideally you want to avoid formulas that are pure glucose. If they are consuming a formula that is made with half corn syrup solids and half sucrose (or table sugar) then 10% of their calories are coming from fructose. This is scary! We don't know the long term consequences of consuming this much glucose or fructose early on.

We can hypothesize that that much glucose is likely to result in higher insulin release in these babies. This could put a strain on the pancreas (the organ that produces insulin), we just don't know.

What we do know is that human breast milk doesn't contain any fructose. There is lots of research in adults about the damage that large amounts of fructose can have in the body. This is because fructose is digested differently than either lactose or glucose. When adults consume too much fructose, it can lead to liver damage, insulin resistance, unhealthy fat inside internal organs and an increased risk of obesity and diabetes.) Therefore, it's wise to avoid sucrose in formula if possible.

I hope that helps clear up some confusion around sugars in baby formula. Keep reading your labels and bring your questions to our staff! We are here to help!

The Recipe of the Month

Thai Cucumber Ribbons

Makes 2 servings

- 1 large English cucumber, finely sliced lengthwise with a mandoline or vegetable peeler
- 2 teaspoons toasted sesame seeds
- 1/4 teaspoon red pepper flakes
- a few cilantro (or parsley) leaves

For the Ginger Dressing:

- 1 small (about 1 inch) square piece fresh ginger, peeled and roughly chopped
- zest of 1 lime
- 1 teaspoon sesame oil
- 2 tablespoons extra virgin olive oil
- 1 tablespoon soy sauce

Directions

In a small mixing bowl, combine the ginger, lime zest and juice, sesame oil, olive oil and soy sauce and whisk until emulsified. Reserve.

In a serving bowl, toss the cucumbers with the prepared dressing. Top with sesame seeds, red pepper flakes and cilantro leaves. Serve immediately or refrigerate to marinate for a few hours.



**Let's Get
Cooking!**

