

# Obesity... an untold story

## Editorial

While the number of Americans who fall in the category of obese has more than quadruple in the past two decades, the basic scientists are baffled by the lack of true answers and the numerous mechanisms that “could explain” this disease. Pharmaceutical companies continue to pour partial solutions, and the food industry laughs all the way to the bank. Practitioners, from primary care providers and endocrinologists, gynecologists, all surgical specialists, all are affected one way or another by the challenges of caring for the obese patient. Even the “normal physical exam” has changed: From the examining table to the ability to accurately examine an obese abdomen. The waiting rooms have become a true liability: How many chairs will collapse when they were designed for 250 lbs and on a daily basis take the stress of > 300 lbs patients. The use of diagnostic imagining is reshaping itself to receive the weight of an obese patient in a sliding table that was not designed for such job.

### Does anyone think this is not true?

Then we have the theoreticians and medical researchers that propose solutions, and do not seem to find a true outlet for their truths: The new and old dietary regimes, the new and old drugs, the new surgical interventions, new outlooks such as gastrointestinal flora, and overuse of antibiotics and proton-pump-inhibitors, sleep patterns, and exercise patterns. None of it has been adequately studied or tested. None. That is the reality. Why such a negative statement? Well, it does not work because most the obese patients cannot afford to be treated one-on-one, and the cost is said to be prohibitive. Really? Well, really... Up to three years ago the diagnosis of Obesity was not accepted as a reason to reimburse a visit to a physician. Bariatric surgery is still not a covered service by most insurers, unless the patient has a BMI over 38 and has two or more related complications. Does that make sense?? In my opinion, it does not. Should we wait till the co-morbidities happen?

### What happens then:

Obesity is the new normal. Diabetes, often resulting from obesity is a deadly disease. Degenerative joint disease (low-back, hips, knees, ankles...), Obstructive sleep apnea, Hypertension, atherosclerosis, you name it. We even see a measurable increase in cancer, both in men and women. Absenteeism from work is double in the obese patient. Aside from that, if you want, let's look at the social, day-to-day implications of a progressive individual's lack of mobility. The obese patient uses more food, and also more shoes, mattresses, clothes, and gasoline! The social implications are starting to look like a thick line in front of a social disability window. Our patients are dying younger, just because they are obese. Obesity is not a disease of esthetics.

### Where should we start?

I believe that basic research, molecular level research,

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neuroendocrine researches are all very important. And, nothing is as important as educating the public about behaviors and maintaining an open line between healthcare providers, social services, schools and individuals. Encouraging healthy family interactions, preparing your own foods, and avoiding high calorie meals is a good beginning. We managed to decrease the number of smokers by educating. We should be doing the same with obesity. The basics are known. Let's start with the basics:

- A. National Campaigns on Healthy Eating
- B. National Campaigns on Exercise
- C. School classes on healthy living habits (just the same as safe sex)
- D. Seeking participation from:
  - I. Supermarkets, food chains, food manufacturers
  - II. Cities, municipalities, counties facilitating exercise facilities that are safe and inviting.
- E. Shedding political correctness:
  - I. It's ok to say to someone stop smoking
  - II. It is not “ok” to tell someone, to not eat the three doughnuts.

It is all about basics and then we shall worry about the emergent situations and encouraging the reimbursement of dietary advice, safe use of medications and bariatric surgical interventions. It is not just basic sciences, it is a social awareness and a collective consciousness that is needed and it is URGENT.

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