Weighing the Alternatives

Obesity raises the risk of various illnesses and death; losing pounds comes down to common sense and support

The specialist: Dr. Robert Yanagisawa on weight loss

An endocrinologist who serves as the medical director of the weight management program at Mount Sinai, Yanagisawa has spent the past decade specializing in weight management, thyroid problems and diabetes.

Who's at risk

According to a 2008 study released by the National Center for Health Statistics, more than two-thirds of U.S. adults are overweight or obese. So when asked what groups need to be careful about managing their weight, Yanagisawa responds, “Everyone — weight gain can happen to anyone.”

Obesity takes a toll on health in its own right, but it also ups your risk of a range of serious diseases.

“Extra weight may put you at higher risk for Type 2 diabetes, high blood pressure, coronary heart disease and stroke, some types of cancer, sleep apnea, osteoarthritis and problems during pregnancy,” says Yanagisawa.

Obesity is associated with metabolic syndrome, a cluster of risk factors, including high blood pressure and high fasting blood sugar, that puts you at elevated risk of heart attack, stroke and diabetes.

“Though everyone needs to watch his or her weight to stay healthy, excess weight can be especially dangerous for people with other health problems. In addition to anyone with metabolic syndrome, weight gain poses additional risks for people with arthritis, bad knees or bad hips,” says Yanagisawa. Indians and other Asians have a lower threshold for weight problems, and are at higher risk of developing diabetes at a lower weight than white, black, and Hispanic groups.

But even patients without these complicating risk factors need to take weight management seriously.

"The longer you're obese, your mortality risk increases," says Yanagisawa. "Anyone who is overweight or obese should start working on weight management."

Signs and symptoms

Yanagisawa has a common-sense rule for how to tell if you need to lose weight: “Clothes don’t fit and a high BMI.” Doctors determine the difference between healthy and unhealthy weights using BMI, the body mass index, which is weight in pounds divided by the square of a person’s height in inches. Times 703. A BMI of 18.5 to 24.9 is in the healthy range; higher than 25 is overweight, and higher than 30 is obese.

What you can do

Keep a written record.

“It seems simple, but keeping a calorie-count log or food log can help a lot,” says Dr. Yanagisawa. His patients rave about the iPhone app Lose It!, which makes it easy to calculate calorie intake.

Get active.

Along with at least three workouts a week, Yanagisawa recommends increasing your activity level in small ways that can add up. Take the stairs instead of the elevator, get off the bus or subway a stop early, and take short breaks at work to walk and stretch.

Get informed.

Yanagisawa recommends that patients check out the Weight-control Information Network, which posts lots of tips for sticking to a healthy diet and exercise at www.wcin.niddk.nih.gov.

A support group and professional supervision help people keep to a healthy lifestyle, says Dr. Robert Yanagisawa.

It's always a good idea to watch your weight history. Sometimes you're not paying attention to it, and over five years you've gradually gaining weight,” says Yanagisawa. “Regardless of what else you do, body diet and exercise are the bottom line. You can't get around it.”

Losing weight is hard, but it has huge health benefits. "Even modest weight loss of 5% to 10% of total body weight — 10 to 20 pounds in a 200-pound person — improves glucose levels, lipid profiles and blood pressure in individuals with prediabetes and diabetes,” says Yanagisawa. "I harp on diabetes because it goes hand in hand with obesity.”

Part of the reason diabetics are more prone to gain weight is the medicines they need to control their blood sugar. “Not all physicians are attuned to this,” says Yanagisawa, who advises talking to your doctor to make sure your medicines are not at levels that make you gain weight.

No one diet works for everyone. "The healthy diet that you can adhere to the longest is the best one for you,” says Yanagisawa. "You have to be realistic, and there's usually some trial and error, too." The basic rule for any weight-loss diet is that your calorie intake must be lower than your energy output.

Finding the right exercise plan is an individual process, too. Where you start out depends on your previous activity level. "If you're not doing anything, just walking and getting around to do household chores is a start," says Yanagisawa. "As you lose weight, you need to step up your exercise level, because the same amount of exercise won't burn as many calories at your lower weight.”

While exercise is frequently as possible is ideal, Yanagisawa recommends that you build it into your schedule of at least three days a week.

There are medications available that can help produce 5% to 10% weight loss. Only two drugs are approved for long-term weight management. "Sibutramine works in the brain modulating food intake, and orlistat works in the gut to reduce intestinal digestion of fat," says Yanagisawa. "But studies show they are best used in combination with the intensive lifestyle interventions.”

Research breakthroughs:

There's no miracle drug or surgical breakthrough for weight loss, but researchers running a large, randomized, controlled trial recently published interesting results.

"The Diabetes Prevention Program found that adherence to lifestyle modification — healthy diet and exercise — improves with the help of a support group and by direct professional supervision,” says Yanagisawa. "This multidisciplinary approach has been shown time and time again to be the most effective way to lose weight and keep it off.”

One example of this approach is Weight Watchers, but most hospitals offer similar services.

Questions for your doctor:

A good way to start a weight-management program and stick to it is to involve your doctor. Ask: "Can you help me watch my weight?" Then work together to set goals. "Weight loss is like training for a sport," says Yanagisawa. "You can train by yourself to run a marathon, but it's a lot easier if you have a coach guiding you along.”

If you already have diabetes, ask: "What are my metabolic risks?" Some diabetes medications can actually make patients gain weight, so ask your doctor to consider medications that tend to keep weight neutral or even help with weight loss.

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