

Stop the Blame Game: Obesity is a Metabolic Disease that Needs to be Treated

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Recently a patient came to me and said, “You gotta sew my mouth shut, I don’t know what else to do.” He was upset about how he had gotten to his current weight, which is 150 pounds over his young adult weight. He was developing more and more medical problems, such as sleep apnea, pre-diabetes, uncontrolled hypertension, leg lymphedema, and skin issues. Despite being a very skilled healthcare professional, he was blaming himself.

Obesity, especially morbid obesity (more than 100 pounds above ideal body weight), is a complex disease. It is not as simple as too many calories and not enough exercise. I told my patient, “we do need to do something, but it isn’t sewing your mouth shut.” I took a weight history that told a very common story for many of us in America. Many readers may relate or even recognize signs of themselves in this tale, especially since 68% of our society struggles with overweight or obesity.

Always a bit heavier with a family of “big boned” people, Phil was very athletic in high school. He was a football player, ran track, and joined the Navy out of high school. He would be deployed for six months at a time on a destroyer where he was assigned to shifts six hours on and six hours off. The sailors all took ephedrine and high-caffeine drinks to stay awake, then Benadryl to sleep. With no down time to exercise and no access to fresh vegetables or fruit, they all started gaining weight. When they got back to port, they would work out and lose that weight.

This yo-yo pattern went on for years until Phil injured his knee and ankle. He was medically and honorably discharged. As a private citizen, Phil worked nights as a nurse and days as a case manager while he started a family. He stopped taking ephedrine but was very tired and not working out as much. He was gaining weight and, although he repeatedly lost 100 pounds with a commercial program, he would gain it all back as soon as he stopped.

Phil’s struggle is not unique. It is due to the way your metabolism adapts to losing and regaining weight. After you lose weight, levels of your hunger and satiety (feeling of fullness) are altered in the wrong direction. You have a fat mass set point—the “happy place” that your body strives to maintain and works to get you back to when you deviate. When you add stimulants, depressants, injuries, or change your activity level, you add more weight. Very few obese patients eat considerably more than their peers. Instead, many eat highly processed, higher carb foods that stimulate insulin— a hormone that makes us make fat. Many medications will also lead to considerable weight gain by driving hunger and altering insulin metabolism.

Our bodies have hormones and neurotransmitters in our fat cells, pancreas, muscle, liver and brain that regulate our hunger and satiety. These are released often in response to food and the need for energy. As we lose weight, the body reverses what we want. We get hungry and feel less full. That reaction happens to preserve our fat mass set point in order to protect our bodies from times of starvation. But as the disease of obesity develops, that set point begins to change and works against us. The hunger drivers become more severe and we use less energy to protect that fat mass. We can, however, reset our bodies through exercise, food choices, timing of food, medications and surgery.

It is okay to need help. Your hormones and brain got you where you are, and we at New England Weight Management Institute specialize in how to assess your history, meds and co-morbid conditions to get you back where you need to be.



The New England Weight
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