

ORTIZ/SHAPE WE'RE IN SERIES/2003

Doctors Lack Training in Treating Overweight Patients

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A doctor walks into an exam room where a patient is waiting and says, "Still fat."

The patient lets out a nervous chuckle, hoping a punch line is about to follow to ease the sting intensifying inside her small, but obese frame. But the doctor says nothing more and she is too humiliated to bring it up again.

A year later, with the help of her new nutrition specialist, Dr. Pamela Peeke, she lost the unhealthy 75 pounds and then some.

"The doctor shook her up, but in the wrong way," Peeke said. "He ended up losing her as a patient."

It's a scene that has become all too common in doctors' offices across the United States. Doctors either attempt to make light of their patients' weight problems, or ignore them altogether.

It's not intentional, say medical experts, instead pointing fingers at medical schools, most of which lack curricula to teach budding physicians how to handle this sensitive issue.

Doctors themselves say they need more training in nutrition and the links between diets and obesity. A 1999 study by the federal maternal and Child Health Care Bureau also reported that pediatricians, especially, are at a loss when dealing with unmotivated overweight patients and uninvolved parents.

"I was never taught about nutrition in medical school," said Dr. Nikhil Dhurandhar of Detroit, Mich. "I think their thought was, "You're a fatso so stop eating and you'll be OK."

Seeing his own father, also a physician, struggle with his own weight triggered very strong emotions about the stigmas attached to obesity.

"It's considered a moral character flaw," he said. "People think they have the right to laugh at people who are overweight."

Unfortunately, he said, this is a condition that cannot be hidden.

Dhurandhar earned a master's degree in nutrition and now works in obesity research at Wayne State University.

Dr. Kim Yee, of Loma Linda University Children's Hospital said she, too, had to pursue nutrition training on her own.

"We didn't do a lot with nutrition in residency," she said. "We just accepted that it wasn't part of the training."

Three years of out school and working with obese children, Yee said there is some resistance – particularly from her patients' parents (many who are also overweight.)

"We try to get them to participate by exercising with their kids and following similar diets but they aren't interested," she said.

Other doctors said their frustration is with patients who refuse to acknowledge their weight problems.

"People get very defensive about their weight," said Patricia Loofbourrow, family physician turned online medical advisor of Doc Trish Explains It All, www.asktrish.com/doclisten2.html. "That makes it hard to help them."

When she was a practicing physician in San Bernardino, Calif., Loofbourrow said she felt an obligation to advise obese patients whose weight directly affected their health –even at the risk of offending them.

"Which is worse?" she said.

Because her medical background lacked specific nutrition training, she said most of her advice was general.

"Doctors can handle general questions for patients with bad back or heart problems wanting to know if they can start a particular exercise program," she said. The other stuff is best left to the nutrition experts.

"The bottom line is that nutrition was never respected as a bona fide science," said Dr. Pamela Peeke, a professor, author and nutrition expert. "It was blown off to a registered dietitian. It hasn't received the true credence that it deserves."

Dr. David Heber, professor of medicine and director of the Nutrition/Obesity Training Program, University of California, Los Angeles, said, for the most part, that belief still holds true.

"We have done a good job teaching (students) about drugs and surgery," he said, "But nutrition is still an elective."

With America in the midst of an obesity epidemic linked to an increase in heart disease, high blood pressure, dangerous cholesterol levels, cancer and diabetes, medical schools may finally be waking up to smell the coffee – no sugar, no cream.

Surgeon General Richard Carmona has said it's going to take a major cultural transformation to shrink the number of Americans with serious health risks linked to obesity.

The latest statistics from the National Institutes of Health show that 61 percent of U.S. adults are overweight, with body fat at 25 percent or higher, and one-third, at 30 percent body fat or higher, are obese — putting them at increased risk of death, mostly due to cardiovascular causes.

Without medical intervention, “Their next meal could be their last,” said Dr. Jim Early, director of prevention, University of Kansas School of Medicine, Wichita. Worst-case scenario, he said, “The same thing that happened to the Roman Empire will happen to us.”

Formerly obese with a strong family history of premature heart disease, Early knows firsthand that a change in nutritional and exercise habits can prevent, even reverse the adverse effects of obesity.

“I’m 56 years old and a prostate cancer survivor,” he said. “I once weighed over 200 pounds and had cholesterol level well over 400. My cousins and many of my immediate family are gone from premature heart disease.”

His new, healthy lifestyle includes self-prescribed daily exercise, running 15 to 20 miles a week and a diet of at least five fruits and vegetables a day.

The good news is that many hospital staff, medical school administrators and physicians in private practice are stepping up to the plate to stop this potato chip-munching, fast food lunching, keyboard-punching society from imploding. Some are doing it by creating programs that serve their own patients’ needs, while others are working to educate medical students and practicing physicians.

Dr. Peeke, for example, is teaching and developing new medical curricula in nutrition at the University of Maryland School of Medicine, Baltimore, where she serves as assistant clinical professor. Her nutrition class addresses everything from good eating habits and fad diets to metabolism, steak and potatoes vs. vegetables and anything else she thinks will make her medical students become well-rounded doctors.

In private practice, Peeke uses an unconventional approach to address her patients’ health needs.

For starters, patients know to bring their “sneaks” for appointments “because I like to multitask – walk and talk at the same time,” she said.

In 2001, she and 12 of her female patients dubbed themselves “Peeke Performers,” trained for six months, then ran in the New York Marathon. Later this summer, Peeke and some of those same women will hike up New Hampshire’s Mt. Whitney together.

Dr. Michael Dangovian, a cardiologist at Wm. Beaumont Hospital in Royal Oak, Mich., uses a totally different approach – yoga.

“What works for me and my patients is developing more awareness on different levels,” Dangovian said. He runs free yoga classes weekly for his cardiac patients, many whose health problems are linked to obesity, he said.

Dangovian said his inspiration to take this approach came after reading “objective evidence” showing exercise and mindful meditation can reverse heart disease. The problem with obesity, Dangovian said, is that people eat too much, not always because they are hungry.

“We are satisfying (or suppressing) a lot of different needs,” he said. “By working with yoga, meditation and imagery, we can look deeper to what causes that urge.”

Last year, the University of Kansas Medical School added a course on public health for senior students. The purpose is to teach future doctors to keep data on their patients’ successes and challenges to find possible patterns that could help the community benefit as a whole. For example, if all Early’s diabetic patients were doing well under his care, he would share his methods with others, giving them similar opportunities.

“We want them to ask themselves, ‘Is the community healthier with me in it?’”

Early said medical staffs at both the University of Kansas and Kansas State University recently combined efforts to develop weight management programs for families, taking into consideration cultural differences that impact eating and exercise habits.

In 1998, obesity experts from eight medical centers collaborated to create the Centers for Obesity Research and Education, through which they train established health care professionals about obesity and all the options available to treat it, including better nutrition, exercise, drugs and, in extreme cases, surgery. The program also includes a workshop in which doctors wear weighted, oversized “empathy” suits to experience life weighed down by extra pounds.

At Loma Linda (Calif.) University Children’s Hospital, the medical staff developed “Growing Fit,” an intense, 12-week program for overweight and obese children. Now funded with grants, it started in late 1997 as a volunteer effort by several physicians to address the growing population of obese children

In addition to physical activity, the children get group and individual counseling to deal with self-esteem issues along with class instruction on proper nutrition. The “total approach” philosophy also includes examining family history and encouraging family support.

Experiences have shown them that being an overweight child can have more than just physical health risks.

“We have children coming in with thoughts of not wanting to live,” she said. “We need to catch these kinds of things before it’s too late.”

Still going strong is Shape Up America! a program set up by former U.S. Surgeon General C. Everett Koop in 1994 to raise awareness of the health effects of obesity and to provide information on weight management to the public and health care professionals.

America on the Move is the newest program from Dr. James Hill, director of the Center for Human Nutrition at the University of Colorado and regional vice president of the International Association for the Study of Obesity. Patterned after a successful program, Colorado on the Move, its goal is to help people increase physical activity and enjoy the benefits of better health without drastically altering their lifestyles.

“It’s based on making small changes in physical activity – walking 2,000 extra steps each day, and eating 100 calories less each day,” Hill said. “It is a fun, simple program that we think can be a grassroots movement to begin addressing obesity.”

At Wayne State University in Detroit, Dr. Nikhil Dhurandhar is taking a more controversial approach – researching his discovery of AD-36, the first human virus linked to some obesity.

“This is not to say that all obesity is due to viral infection,” he said, listing other factors such as medical problems, metabolism and personal eating habits. “Still, Dhurandhar said, the concept intrigues him, despite skepticism from colleagues.

He said his goal is to find the mechanism that causes fat cells to react, then come up with a vaccine to treat and prevent it.

“When I was growing up, I was around obese people all of the time,” he said, explaining that his father was a pediatrician turned obesity practitioner. “Some of the things I saw and heard made me feel very sad.”

Among them was a newspaper article about a woman whose practice to reduce obesity involved beating her patients with a bat to break up the cellulite.

“And people went for it,” he said.

With that and other claims that soap could wash fat away or that a band attached to the body and a vacuum cleaner (turned on) would shake it off triggered his decision to focus his medical career on obesity.

If only one in five doctors pursued similar specializations, “we’d have it made,” said Heber. “We’re better off than we were 20 years ago and we’re getting there.”

The experts agreed there is hope.

“The nation will take hold of this,” Early said. “It’ll start slow with doctors, schools churches and other gathering places. I think Americans understand that we really do have to take obesity seriously.

“There’s a whole nation of people who haven’t had heart attacks yet,” he said. “There’s plenty of time to . . . reverse the damage. It’ll start slow with doctors, schools, churches and other place that people gather. I think Americans understand that we really do have to take obesity seriously.”