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English 1010

9 December 2016

Weight Loss Surgery: Hype or Help?

The American obesity epidemic is a recurring feature the news cycle, usually accompanied by stock footage of a faceless obese person eating alone. The National Health Institute estimates over a third of us are obese and two-thirds are overweight. Adding urgency to this issue is the fact that adolescent obesity quadrupled between 1980 and 2012 (Ogden, 806).

Every taxpayer and health insurance subscriber shoulders some portion of the financial burden for this crisis while a third of us carry the results on our bodies. But there's also big money to be made. Marketdata values the US weight loss industry at over $60 billion dollars and growing. Against this backdrop, a debate rages in the media and the medical community. Some say disciplined dieting is the answer while others advocate weight loss surgeries. Others even say weight isn't a measure of health and think both approaches are harmful.

Fit and overweight people alike often see obesity as an outgrowth of poor discipline. The advice given by the media and medical establishment seems to support this, with constant refrains to eat better, eat less, exercise more and skip the carbs. The idea that thinness is a choice is so entrenched that dieters blame themselves by default when the weight begins to creep back on. "I fell off the wagon," they say, or "I'm addicted to food." And they are no less critical of others.

One problem in determining which interventions work is the definition of success. Average people often define dieting success as a thin physical appearance, while medical

definitions vary from a 5% to 15% loss. The commonly accepted definition of success with weight loss surgery is a maintained loss of 50% of the patient's excess weight (Bariatric Surgery Procedures). In my random survey, subjects were asked about their perceptions of weight loss surgery based on observations. Respondents ranked 72% of surgeries as less than successful. The most common reason given for this was that the patient they observed had regained a portion of their weight. Yet, in regular dieting, only 3% of us can keep our weight off. The other 97% gain everything back, and often a bit more (Brown).

If this statistic didn't dissuade us all from dieting, probability statistics might. An overweight man has a 1 in 210 chance of dieting his way to a normal BMI and a morbidly obese man has only a 1 in 1290 chance (Fildes, e56). Combining these statistics paints a grim picture for our chances at combating the obesity epidemic.

Two recent studies may have uncovered something that explains why we're having such a tough time losing weight. During dieting, the brains of lab rats produce stress hormones in a process called the hypothalamo-pituitary-adrenocortical (HPA) response. These hormones pushed the control subjects to eat their way back to previous weights and beyond. However, this process did not happen with rats who received gastric bypass surgery. Another study shows obesity itself alters brain cells, causing a disruption to satiety and metabolism. David Orenstein of Brown University explains, "It's a vicious cycle, involving a breakdown in how brain cells process key proteins, that allows obesity to beget further obesity." Results like these highlight that weight loss isn't a simple matter of calories deficits and help explain why yo-yo dieting is counter-productive.

While scientists are hopeful to develop interventions to treat this dysfunctional brain chemistry, surgeons are already attempting to disrupt another physiological component of

obesity—the capacity of the stomach. Surgical trade groups like the American Society for Metabolic and Bariatric Surgery (ASMBS) claim a 60-80% excess weight loss maintained at five years after gastric bypass surgery. They also report procedures are getting safer. Laparoscopic versions have replaced the more dangerous open procedures of decades past and newer studies show net healthcare savings in just 2-3 years (Cremieux, 589). These lower mortality and complication rates, coupled with wider coverage and lower costs have led more than 200,000 patients each year to seek surgery (Bariatric Surgery Procedures).

But others decry these rosy conclusions as the results of biased research. In her book, *Health at Every Size*, nutritionist Linda Bacon argues that doctors mislead patients about the seriousness of being overweight and sell them on surgery with misplaced fear. Bacon claims that because of the high profits to be made, "accuracy and integrity in research and reporting go by the wayside." Indeed, in my own research it was difficult at first to locate studies that weren't sponsored by either surgical trade associations or laparoscopic equipment manufacturers.

Many who object to weight loss surgeries do so because procedures seem too dangerous and the side effects and long-term changes too extreme. In her book, Bacon details every potential side effect of all surgeries in one lump, even including eating restrictions most would consider the intended effects of surgery. She paints a picture of certain ill-health and denounces weight loss procedures as "disease-inducing cosmetic surgery."

However, publicly funded studies, including those cited by Bacon to support her claims, still show weight loss surgeries work for most patients. In fact, they are by far the most effective intervention for sustaining weight loss and its attendant conditions (Petty, 780). Of my survey of over 150 weight loss surgery patients, 97.4% ranked their overall health as good or excellent and every respondent reported a significant improvement in their quality of life after surgery. Many

credited their surgery as life-saving and included comments like “It’s the best discussion I have ever made. It's not without challenges but those are easy to deal with when you feel this good.”

The popularity of bariatric surgery owes much to its ability to relieve type 2 diabetes. The American Diabetes Association reports that these surgeries provide remission in at least 80% of patients while non-surgical interventions only achieve this 5% of the time (Keidar). Still, this is not enough for some critics. Harriet Brown, author of the popular anti-dieting book *Body of Truth*, argues that even if a diabetic loses enough weight to go into remission, they are just as likely as diabetics to have a heart attack or stroke (Brown).

I would argue that there is a problem with statistics like these. They fail to address the *quality* of those years after weight loss. Is there a difference in the quality of life for a man who lives with morbid obesity and type 2 diabetes versus a man who lives as long at a normal weight? Is there a difference in the experience of an obese woman who endures daily social stigmatization and one who can fit in her airplane seat? I think there is. Even the authors of the study Brown quotes in her claims say that the subjects had less depression, lower medication usage, fewer illnesses and less time spent hospitalized (Miller).

It is true that after gastric bypass, a patient will never again be able to inhale a Krispy Kreme without becoming nauseated. For many, this kind of food will trigger panic-attack like symptoms such as a racing heart, sweating and stomach cramps. Critics call this a side effect. Most successful patients call it a check against bad behavior.

Weight loss surgery isn’t for everyone. I have serious doubts about it as a solution for minors or anyone incapable of fully understanding the changes needed and risks involved. But, for mentally sound adults willing to embrace the dietary changes, surgery can offer the best odds of living not just a healthier, but a happier life.

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