



THE OBESITY EPIDEMIC

Dr Ray Shidrawi, Consultant Gastroenterologist at The Wellington Hospital, gives us a frank view on this sweeping epidemic

A global epidemic that has the potential to kill more people than a flu pandemic is being ignored. Everyone has heard of SARS, swine flu, and AIDS, but not many realise that the obesity epidemic we are facing will probably kill more people.

30 per cent of the UK population and 50 per cent of the population in the USA is obese: a condition that can cause diabetes mellitus, hypertension, liver disease, osteoarthritis and lead to strokes and heart disease, resulting in premature death. These are the biggest killers in Western society.

Sensible eating and exercise is the mainstay of weight reduction. However, translating this into practice is more difficult – we lead such sedentary and busy lives, it is often impossible to find the time, or the inclination to get out and get some exercise.

In evolutionary terms, our ancestors were on the go constantly, hunting and gathering food, farming to survive; that is, lots of physical exercise, with little in the way of nutrition. A primitive diet had *five* times as much fibre in it and a *fifth* of the fat we currently consume – our modern lifestyle is very different to what the human body was designed to deal with.

So what treatments are available for obesity?

There are two types of drugs available. The first increases basal metabolic rate and so the patient expends more calories, but can also cause hypertension or possibly scar the heart valves. The other (Orlistat) stops the body absorbing fats in your diet but has some unpleasant gastrointestinal side effects. Orlistat should not be used for more than three months, before the body becomes deficient in the fat-soluble vitamins A, D, E, and K.

So next, do we reduce the size of the stomach or re-plumb the intestines so they don't absorb as much fat?

Reducing the size of the stomach is traditionally done via keyhole (laparoscopic) surgery. An inflatable band is placed around the stomach and inflated to reduce the ability to eat as much. This works for those who are moderately overweight and who eat three meals a day or less but not for those who snack constantly.

Another approach is the relatively non-invasive technique of the intra-gastric balloon. Under sedation, a silicone balloon enters the stomach by an endoscope and inflated to occupy most of the stomach, limiting the space available for food. However, non-invasive does not equate with easy, because following the introduction of the balloon, patients often feel nauseated and may vomit for a few hours or days, until the stomach adapts to the presence of the balloon. This process of adaptation means the patient may have to be admitted for intravenous fluids and anti-sickness medication until the body accepts the presence of the balloon. Again, good results for highly motivated patients who avoid snacking during the day, but it is not offered widely, and is not covered by the NHS, so the cost can be prohibitive.

Bariatric surgery is a last resort. This has taken-off in spectacular style in the UK over the last five years and there is no doubt that it is very effective. Yet, do not be fooled, it is risky surgery, complications are not infrequent and can be serious.

Ultimately, obese patients must consider the consequences of doing nothing, and the reality living with



Gastric Balloon



Gastric Balloon inside stomach

problems such as painful knees, chronic back pain, shortness of breath, daily tablets, diabetes, high blood pressure, daily insulin injections, and a shorter life.

For more information or to arrange an appointment, contact the Wellington Enquiry Helpline on 020 7483 5148 or visit www.thewellingtonhospital.com