Beyond BMI: A Better Way to Understand Obesity Transcript

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Introduction to Obesity and Womenu2019s Health

Obesity may lead to loss of ease in our daily functioning, just getting around, walking, going up a flight of stairs, carrying our groceries, and also sitting in a theater seat or an airplane or just finding a comfortable spot where you're not feeling conspicuous.

And that's a very valid concern as well. And then to move on to the issues that we're specifically going to talk about today, of course, obesity per se is associated with an increased risk of dozens of diseases.

And that includes diabetes, certainly high blood pressure, coronary artery disease, stroke, and other kinds of cardiovascular disease. Have you made it past menopause, or are you going through it now?

I'm Dr. Pat McShane, and on the Women's HealthSpan Voices podcast, I'll guide you through the health challenges of the menoppausal years and beyond, guiding the way to thriving in this powerful era of your womanhood.

Hello and welcome. I'm Dr. Pat McShane and this is Women's Health Span Voices. And today we're going to be talking about obesity. And you may say, why on earth would you want to talk about that?

Because I read about it all the time. The best diets, the best foods to eat, foods, to avoid, time of day to, etc., etc. Well, in fact, there has been some new information out recently and some accumulating information about some of the newer approaches to obesity.

So I thought it would be worth revisiting this topic briefly today.

New Weight-Loss Treatments and Lifestyle Approaches

As you know, probably, obviously the old advice about exercise more and eat less has proven to be inaccessible or unworkable for many, many people. There are some folks who can pull it off and actually lose weight and get into a normal weight range.

But that's certainly the minority. Fortunately, we have several new options now, including the injectable weight loss medications, as well as oral versions of these that are just now getting into the marketplace.

We'll see how those ultimately do, but they seem to be good. There's no reason to think that they're not. And most people can lose somewhere between 10 and 20% of their weight on these medications.

Surgery has kind of fallen into backseat with the advent of the injectable medications, Just to briefly talk about diet and exercise, time-restricted eating seems to be an important first approach for many, many people.

If they can keep their eating to an eight or a 10-hour window, and particularly the last four hours before sleep, that may result in some pretty sizable weight loss for a lot of people.

Keto diet is a great way to get started for many people as well, but it's not very sustainable. So those are kind of the current things to be thinking about regarding the medications.

Older people seem to at higher risk. and especially women with regard to muscle loss, especially if you're not eating enough protein and not doing any weight-bearing or resistance kinds of exercises.

Another issue is bone loss. And I think the data here isn't as compelling. We don't really know so much about bone-loss with the GLP-1 medications. Dehydration, which is an issue for older people in general.

If you're not eating as much, you are not as compelled to eat because you on these medications. Nutrient deficiencies, certain vitamins, etc. And then just forgetting to eating if you have any memory issues besides the obesity situation.

So I think we don't really have a very good handle on these particular risks. These are more theoretical risks because the GLP-1 medications are fairly new, but it's certainly something to be thinking about if you're considering or if your on this medicines.

I am not an obesity expert, and I would refer you back to my colleague, Dr. Carolyn Francovilla, on our podcast of several months ago. She goes through in much more detail some of the approaches and some perils and pitfalls, as we say in the biz here, of these different approaches.

So please take a look at that.

Risks of GLP-1 Medications in Older Adults

The other thing that has happened recently is a major commission of scientists and clinicians to talk more about the role of obesity in our overall health and lifespan.

And that was published in the Fall and in The Lancet, which is the major medical journal stemming from the UK. It's quite lengthy and detailed. If you're interested, please take a look.

And I will read out to you the definition that they have come up with for obesity. We define clinical obesity as a chronic systemic illness characterized by alterations in the functions of tissues, organs, the entire individual, or a combination thereof due to excess adiposity.

So adeposity is too much fat in your body. And this is a pretty broad definition and it certainly calls into our thinking the other organs and the mechanism by which obesity impacts people.

I'm going to spend the rest of our little time here together talking in more detail about what are the clinical implications of obesity. But just to back up for a sec, why do we care about obesity?

Well, For many of us, it's purely aesthetic, and we wish to look different than we do. And that's certainly a valid issue. For those of who are older and female, to have a third burden of toxicity, if you will, of being obese to add on to our issues because of female and being older can be kind of a major burden.

And that would impact our job prospects perhaps, our romance prospects, or relationships with people. And probably even in the medical system, being obese can lead to kinds of prejudice against a good, active treatment.

So none of us wants to be the victim of a prejudice or being overlooked.

Lancet Definition of Clinical Obesity

And then obesity may lead to loss of ease in our daily functioning, just getting around, walking, going up a flight of stairs, carrying our groceries, and also sitting in a theater seat or an airplane or just finding a comfortable spot where you're not feeling conspicuous.

And that's a very valid concern as well. And then to move on to the issues that we're specifically going to talk about today, of course, obesity per se is associated with an increased risk of dozens of diseases.

And that includes diabetes, certainly high blood pressure, coronary artery disease, stroke, and other kinds of cardiovascular disease. The list goes on and on, several kinds cancers and depression, anxiety on an on.

And reversal of the situation that is weight loss may be useful in many of these cases, certainly in the case of diabetes and high blood pressure. One can reverse the situations with weight lost, but as we've talked about it, it's

pretty difficult.

So what is the definition of obesity? How do we figure that out clinically? Well, the BMI or body mass index has been the standard for many, many years and it certainly has made its way into the literature.

It's easily measurable. You just weigh someone and check their height and there's a table that you can easily figure out whether, according to your BMI, you fall into the underweight, normal range, overweight, or obesity range.

And there's a couple of upper level obesity ranges as well, severe obesity. It's pretty easy to do in a doctor's office and it's easy from a public health perspective to just crunch the numbers to figure out whether a given level of obesity or overweight are associated with a particular illness or a clinical situation.

So I have been describing basically the situations, the clinical diagnoses for which obesity is a risk factor, but certainly many people with obesity do not have any of these conditions.

Why Obesity Matters: Function, Stigma, and Disease Risk

And that is partly why this commission was drawn together to figure out what is a mechanism that obesity can cause these diseases and what working definition should we be using.

So I'm going to read to you the definition of clinical obesity that they came up with. The diagnosis of clinical obesity requires one or both of the following main criteria, evidence of reduced organ or tissue function due to obesity, that is, signs, symptoms, or diagnostic tests showing abnormalities in the function of one more tissue or organ system, or substantial age-adjusted limitations of daily activities reflecting the specific effect of obesity on mobility, other basic activities of the daily living, that is bathing, dressing, toileting, continence, and eating, or both.

Now, one problem, of course, with this definition is that there are other conditions that may cause organ dysfunction that have nothing to do with someone's obesity, and that's a very valid concern.

But certainly most of the people with obesity do not have these conditions that might otherwise give them a risk for certain issues, such as issues with their blood glucose, risk of diabetes, blood pressure, et cetera.

So that's a valid consideration and often an issue that you may have had earlier in your life, Such as hepatitis may show up in altered liver function, but not be related to your current level of obesity.

So to dig a little deeper into this situation, what are the mechanisms by which obesity might be causing issues with other organs? And inflammation is certainly a big one.

The fat molecules do create a pro-inflammatory state in your body, and this in turn can impact multiple organ systems throughout your buddy. So that's probably mechanism number one, Hormonal imbalances.

Alterations of satiety and appetite regulation. Again, poor nutrition on the basis of poor appetite and an appetite for the wrong foods. Insulin resistance is another big one.

And again, the fat cells per se generate many, many chemicals that impact the rest of our body in ways that we are just starting to figure out. So we've been talking about BMI, body mass index, but that in itself may have some inefficiencies and really be totally off base.

And we're all familiar with the idea that the prime football players would all be classified as obese by the B. M. I.

BMI Limits and the Case for Waist Measurement

definition or obese or overweight at least. But in fact, their excess weight is due to muscle. And the converse of that is also true. Many of us who fall into a normal weight category for our height would, in effect, be considered excessly obese or have too much fatty tissue by virtue of the fact that we have minimal muscle for the amount of

weight that And that is often a case of someone with an enlarged abdomen and a high level of obesity in their belly, the apple shape as compared to the pear shape that many of us have, especially in our younger female condition.

So that is something for which a number of people have advocated measuring our waste. And I in fact did a YouTube video on that a while back, and it's now on Dr.

Talks and the other platforms. that we should be measuring our waist circumference because that is in fact an independent risk factor for a number of conditions and an indication that may in effect be overweight or obese even though the scale may be telling us that are not.

So those are the two ends of the inaccuracy of body mass index. We've been talking about the obesity situation putting us at risk of organ damage ranging from our glucose to our kidneys and heart and so on.

But what if everything looks fine when we go in for our annual checkup. What's the story then? But we're overweight, let's say, or even obese. what should we be thinking about?

And the question is, we don't really know the answer to that question. And let's back up for a second, talk about the normal trajectory of weight in women and how some of us may actually have lost weight, in our older years, but maybe we're still kind of chubby for how much we weigh.

We're not very muscular. So the average woman in the developed world reaches her maximum weight around her 50s, so her sixth decade of life. And then our weights tend to drop slightly after that.

But in fact, much of the weight that we lose is our muscle. And that's very unfortunate, of course, because that in itself can lead to frailty and increased risk of falls.

Preclinical Obesity and Closing Thoughts

It's associated with less good balance and less recovery from certain illnesses and so on. So, muscle maintenance is critical as we get older. So if you've said, well, I did hit my peak in my 50s, but now my weight's down a little bit, it might be worth finding out whether your waist circumference is below 33 inches and even having a measurement of your percent body fat, which is the ultimate measurement that we really care about and the percent of muscle that you have.

So back to the question of Preclinical obesity, in other words, where you have determined that there's excess adiposity in your body, but nothing has shown up on the measurements that are done in the clinic or in to indicate that you're having any organ damage from your either overweight or obesity.

And again, we don't really know what the percentage risk is of just maintaining that condition over the next number of decades. I'm sure we can all cite people who are in some cases massively obese or certainly overweight who live to a ripe old age and have no issues at all.

So that's the case. And I think if humanly possible, it's smart to peel off risk factors if we can by lifestyle, but that can be very, very difficult.

These are all things to be thinking about if you're sitting in your doctor's office and they tell you, well, you've gained some weight, maybe you should be considering some of these therapies.

So I hope that I've given you a bunch of things to think about with a little bit of insight into how to thing about them. And if this is the kind of information that you value, please like and subscribe and tell your friends.

I'm here to help you have the best information you can about current medical advances to give you the healthiest lifespan that can have. Thanks and I'll see you again soon.

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