Introduction to Obesity Medicine and Sleep

Welcome back to the Sleep Deep summit. I'm your host, Dr. Audrey Wells, and I'm really excited about the next discussion that I'm going to have with Dr.

Carolynn Francavilla. Now, Dr. Francavilla is a nationally recognized obesity medicine expert, and this topic and everything we're going to discuss is entirely relevant to sleep, because sleep and weight gain have a bi directional relationship.

So I'm very happy to talk to Dr. Francavilla about her expertize. Welcome. Dr. Francavilla, thank you so much for having me. Be a part of this. Yeah, it's great.

And I wonder if you can sort of elaborate on what you do, because I'm also bordered in obesity medicine, and I find that people don't really know that this is a medical subspecialty that they can get care from someone who has this expertize.

What is your experience? Yeah. So we can all start in a different specialty and then we move on and sort of add obesity medicine or focus on that. So my original specialty is family medicine, so primary care for all ages.

And I was immediately interested in helping people lose weight to treat and prevent medical problems because I saw the impact it could have on so many medical conditions.

And so when I discovered the field of obesity, medicine, I was very excited to learn those skills that to help my patients. And so for the last ten years, I have incorporated obesity, medicine or weight loss into my family medicine practice.

And that looks like treating obesity comprehensively. So I always look for underlying causes. Why does someone struggle with their weight? Is there an explanation or a reason or something that we can fix?

Of course, nutrition is really important. Exercise is important for everyone's health and especially for maintaining weight. Once we've lost weight or preventing weight gain behavior change things like logging and changing our mindset around food in our body.

And then of course, medications which people are starting to learn more and more about and we have more and more exciting options there. So I utilize a combination of all of those tools when treating my patients, but my goal is always to help improve their health with that.

How Obesity Medicine Treats Weight Comprehensively

So I don't believe in weight loss for the sake of weight loss and really trying to treat an underlying medical problem or prevent medical problems that are likely to occur in the future.

That's amazing. And I think that what I'm hearing from your answer is this degree of personalization for medical care, which is so important because we have sort of metrics of weight or body fat.

But how does somebody know if they need to lose weight? I think that's the first step. Right. That is such a key question. And that is something I always try to start and address with my patients at the beginning is, you know, do you actually need to lose weight and if so, how much?

And so some of the questions you might ask above and beyond the scale, right? So everyone has a lowest weight they've been in their life or a weight they felt the best or where their clothes fit.

But that doesn't necessarily mean that was the healthiest or a weight you need to be at BMI is, as I think we're starting to have discussions around a flawed tool.

So BMI is just a ratio of height to weight. And it was really just created quite a long time ago for scientific articles, right, to have a standard number, but there's no real magic to that BMI.

So I've seen a lot of patients who come in and they look at that BMI chart and they think, you know, I'm not normal and here I need to do something. And that's not always the case.

So I think it's really important for patients and physicians to recognize that the BMI is a screening tool. It gives you an idea of if someone if we should maybe have a conversation around weight, but just because you are higher on that BMI chart does not automatically you need mean you need to lose weight.

So some of the questions that I think are more important to ask is, what is your health? Look like? So bloodwork can tell us a lot. Does your cholesterol do your lipids look good?

Does your blood sugar look good? Do we have signs of pre-diabetes or diabetes? How do you feel? Do you have good energy? What's your exercise? Tolerance, right?

Are you able to walk up a flight of stairs without getting short of breath? Can you walk or run a mile? Are you hiking for hours on the weekend or riding your bike with your kids for an hour?

If you feel healthy in your body and your bloodwork looks good and you have no medical problems that we think are going to be improved from weight loss, you might not need to lose weight.

That doesn't mean you're not allowed to, right? You can. But a lot of people put themselves into a lot of stress by obsessing about their weight. And a lot of people do things that are maybe not ultimately great for their health, like crash diets or really aggressive things that they can't sustain long term and in the end are not really helping their health.

So I always like to take it from this big point of view of how would losing weight improve your health, and then how much do you need to lose becomes the next question.

You probably do not need to get to a normal weight on a chart to improve your health. I think that's really valuable information and something that people can kind of digest as they consider what do I really need to accomplish with my health?

One of the reasons that I got into obesity medicine as a way to improve my understanding of the problem is because there's a lot of overlap between sleep apnea and insomnia and kind of superimposed on that is an issue with weight, such that a lot of people who have sleep apnea are under the impression that it's because cause they're overweight or in the obesity range.

But that's not necessarily the case. It's one example of obesity bias. And I wonder if you can talk about obesity bias as a as a whole. Yes. And, you know, there are so many conditions and I think you alluded to this in the beginning where it's a chicken and an egg situation.

Right, where extra weight can make sleep apnea worse and sleep apnea can certainly cause weight gain. And it can often be this chicken and the egg situation.

And we see that for other conditions like diabetes or pre-diabetes, once you have those high blood sugars, then it gets harder to lose weight. And when you started to lose weight, your blood sugars can get more out of control.

So most of the things we see with weight sort of go both directions.

Who Needs to Lose Weight?

But what I have seen many of my patients experience is that their condition, whether it is sleep apnea or back pain or knee pain or fatigue, whatever they're going to complain about if they have a BMI that is not normal on that chart, the problem gets blamed on their weight without further workup.

And of course, many of the things that you might do to improve your weight, like move and exercise more and eat a healthy diet, are going to give you health benefits.

But what happens is a lot of times patients get dismissed, they get ignored with their health complaint because of their weight. And I think it's really important for patients to advocate for themselves a little bit there, ask a couple more questions.

I know one patient that always comes to mind is a patient who had a knee injury and she kept you know, she'd go to the E. R., she'd go to urgent care. She would go to different doctors, I think even sports medicine.

And they just kept telling her to lose weight. And so she told me the story with her knee. And I was like, it really sounds like you have a torn meniscus and we got an MRI.

Sure enough, she had a torn meniscus. And, you know, is weight helping her knee pain? Probably not. But she had a torn meniscus, right. That is unrelated to her weight.

And by continuing to blame things on her weight, the underlying issue wasn't solved. And then, of course, she couldn't move as well. So it was hard to exercise and do some of the things she needed to get healthier.

So I think we need to be really mindful of that and help patients advocate for themselves, ask a few more questions. Right. Well, okay. So you're telling me that my weight is impacting my sleep apnea.

Can you explain that a little bit more? Right. Or how much weight do you think I would need to lose? Or in many cases, I don't know if you see this. Someone has already lost weight, right?

They're like, oh, well, someone already suggested I lose weight. And, you know, I did Weight Watchers or I did Optavia or I cleaned up my diet, I cut out soda and I lost 20 pounds and I still have sleep apnea.

So, you know, can we look into what else is going on? Because often your doctor won't ask you if you've ever lost weight before. Right. They will see that number on the chart and they'll say, you know, your BMI is 32, you have obesity.

But they don't know that your BMI used to be 37. Right. That you have already lost 40 pounds You're exercising every day. And if we look at just the number, we're really missing out on the whole person.

That perspective is so great. And yes, I do see that when people lose weight and then because they haven't internalized the idea that their sleep apnea was because of their overweight or obesity, they stop getting treated for sleep apnea without getting retested.

And it's such a shame because, you know, weight is a significant risk factor for obstructive sleep apnea, but it's not the only one by far. In fact, I talk about nine causes of obstructive sleep apnea.

Weight is just one. And so I really feel sad when somebody stops their sleep at me a treatment. And if they have residual problem with sleep apnea, that's a reason to gain weight back.

And you sort of have to raise that back. So it's such a drag. I want to ask something that I feel like my patients always have kind of under the surface.

Some ask me and some don't, and I'm just excited to bring it to you today. Which is why is it so dang hard to lose weight? Thank you for asking that. That is probably one of my favorite questions to answer and I always start off by answering that for my patients.

So there are many reasons why people struggle with their weight, but the universal reason that it is hard to lose weight and keep it off is our body is programed to gain weight.

So if we look at studies for both people and some animal studies, we see that, you know, most of us are programed to be slowly gaining weight over the course of our lifetime.

And so we kind of have to actively fight that. And what happens when we actively fight that? When we change our nutrition plan, we go on a diet, we watch what we're eating, we exercise, we try to make change.

Is there are two major things that happen to the body. The first is your metabolic rate will slow down and it slows down more than we would expect. Based on your change in size.

Obesity Bias and Missed Diagnoses

So smaller people burn less calories, but you burn way less calories as you're losing weight. Your body's trying to conserve that energy. It doesn't want you to lose weight.

And then the second thing that happens is that your hunger signals change. And so you actually are hungrier when you're losing weight and you're less full.

So if you've ever tried to do some sort of diet or lifestyle plan and you get to a point where your weight is not changing, whether you've lost £5 in your plateaued or you've lost £50 in your plateaued, that is that metabolic rate changing.

And if you get in your head and you think this is really hard to keep doing, what's wrong with me? Why is it so hard? That is because your body truly is making you hungrier and it's making you less full when you eat.

And so that is where you may need additional support. You may need medications, you need mini bariatric surgery because biologically your body is really trying to fight that weight loss.

So I always like to tell people it's not your fault, it's biology. We blame people a lot. And for some people they will start a nutrition plan and they will exercise and they will do all the things they're supposed to do and they will have good results.

But for many people, they will do those things and they will find that it gets really hard and that they're not seeing results and it's not their fault.

It is biology. That's so true. And that feeds into the idea of obesity bias, too. And for some people, they just feel so defeated when they're characterized as not having enough willpower or being lazy or not being able to stick with something.

Yes. And I think understanding weight from a biologic, from a physiologic process is so powerful for patients as well as for us as physicians to really think about this as something biologically that's hard.

And this is something that I'm sure I have some bias for. When I was first learning about this. Right. And then I quickly learned as I worked with patients, oh, no, these are very smart people.

These are very hardworking people. These are people who know a lot about nutrition at the beginning, some of them knew more than me because they'd been on so many different diets and nutrition plans for decades.

And so I was like, This is not a knowledge gap. This is not a work ethic or, you know, motivation issue. There is something biological going on. And so as I learned the science, it was so powerful to have an explanation even for my patients, of why it really is so hard.

It's not them. And this is one reason why medications are helpful and something that has been in the news lately is

the new medication for weight loss.

But the truth is we've had medications available for weight loss for a number of years. Yeah. Can you give us some perspective on when a person needs medication and maybe a glimpse into how choosing the medication is important?

So I think the first question goes back to what we talked about before. Right. Do you really need to lose weight? Is there a pressing medical reason? And some people will want to try not using a medication first.

And I think that's really reasonable. If you have never tried making nutrition or exercise changes without a medication, see how they work for you. But if you're that person who has tried that many times or a few times and you have that happen where your weight plateaus and then it find you find it really hard to continue because of all that biology that's going on there.

That's where considering a medication or sometimes metabolic and bariatric surgery, depending on on your weight and what you would like to do are options.

What the medications do is they disrupt those hunger and fullness signals. So we have some older medications that are pills, things like Phentermine and Contrave.

Those medications work more on the hunger and so it's much easier for people to stick to their nutrition plan because they're just not as hungry. We have newer medications that are injectables right now.

Well, Goby is the one that's in the news. That's a medication called Semaglutide. And we're accepting one called to zap the tide. We don't know what its name for weight loss is going to be yet to be available very soon.

And those medications, they do help with hunger, but they also make people feel much more full metabolically. And so that is very helpful because people will eat a small amount of food, the amount that they should eat or even a smaller amount.

And they really feel full and satisfied and dying. And so what my patients describe on the medications, all of them, when we find the one that works for them, is that they're finally able to do what they wanted to do, what they had been told to do, what they knew they should do, what they had been trying to do.

But now they have a tool that actually lets them eat that smaller portion that actually makes them feel full and satisfied from a salad. It actually turns off the brain part that's telling them to snack on some pretzels or have that handful of M&Ms.

So it's a really powerful tool to let people who struggled with sticking to a plan actually be able to follow it. That all by itself is such a relief to people who have had decades of struggle.

Why Weight Loss Is So Hard

You know, I think that the medications are kind of approached with caution, which is appropriate for any medication, any medicine. But they these weight loss medications work in a way that is effective.

And a question that comes up a lot is how long do I need to take these? So just like most medications that are for something chronic, they are something we would expect you're going to take long term.

So if you have a urinary tract infection, once you take the antibiotic and your urinary tract infection is done, you're done with the medication. But if you have a medical condition that you've had for a long time and that we don't expect to go away from a medicine like high blood pressure or diabetes or sometimes depression, then you're probably going to need to be on that medicine for many years.

The same thing is the case with these anti-obesity or weight loss medications. If they work for you, what we expect

for most people is you're going to have to stay on them.

Now, that may mean switching between medications based on what you can afford, based on side effects. It doesn't. We have to stick with that medicine forever.

And the sort of worst thing that happens if you stop the medicine is you regain the weight. I think a really good mindset for anything someone is doing to lose weight is whatever you do to lose weight, you have to keep doing.

And that's pretty universally true. So whether that's a specific way of eating, maybe you've decided to do a really aggressive plan like Keto or Whole30.

Well, if you can't stick with that way of eating, you're really likely to regain weight. Same thing with exercise if you exercise 3 hours a day and that's how you're losing or maintaining weight, you have to be able to keep exercising at that volume or when you go down to 20 minutes a day, you're likely to regain weight and the medications are the same.

If a medicine is what was very helpful for you to lose weight, you're probably going to need to stay on some sort of medication for a long time, maybe forever.

I think that's a new idea to some people that the medication helps your weight to go down and then to keep that at that level, you would need to sustain the medication.

And always, of course, with the support part of nutrition, exercise and behavioral changes. Yes. And all the medications are FDA approved to be used with nutrition and movement or diet and exercise.

And the thing they all work better together. So when we see how people who exercise an hour a day plus take the medicine, do they do better? Right. These things add up.

But what most my patients find for the medicines really is it lets them stick to the plan. You know, now they really can do those things. But I think this is why, you know, the medicines really should be used when someone has a compelling medical reason for weight loss.

So if you want to lose £5 to look better in your swimsuit like that is not what these medicines are for. Right? All medications have risks and you're likely to regain that by pounds as soon as you stop the medicine and your beach trip is over. Right.

So that's not what these are for. These are for someone who really has struggled with their weight and is not having success with all the common sense things that they've been told to do.

I've heard people say, Just tell me what to eat. That's all I want to know. What is the best diet? Just give me that. I the longer I do this, the more simple my nutrition advice gets.

And we can find a good scientific article that tells you any food is good or any food is bad for you. And it's really hard to analyze that for populations of people because we're so complex with what we eat.

Eating foods that make you feel full and satisfied is really helpful and Whole Foods are better at that. The more processed a food is and the more that food scientists have gotten involved to make it tasty, the easier it is to overeat.

It's pretty hard to overeat. Vegetables, for example. They're going to stretch out your stomach, you're going to feel full, and then they have lots of healthy things in them.

So if you eat a little too many of them, then you've you've gotten some extra good stuff for your body without too many calories. It's really easy to overeat processed foods like chips, crackers, frozen foods.

Those are things that are in sweets, gummy bears, things like that. Those are really easy to overeat. So instead of treating foods as good or bad, try to fill up on foods that are healthy for you vegetables, fruits, whole grains.

I personally do recommend most people eat meat. I'm not, you know, someone who recommends plant based but fill up on plants first and then get protein in.

When to Use Weight Loss Medications

However you get that, whether that is plant based or whether that is animal based and then met in a mine is the amount of processed food in your diet because that is the stuff that is so much easier to overeat.

So that's like the simplest nutrition advice, but there is no best diet out there. When we look at the data of how people do with, say, a ketogenic diet which involves no carbohydrates, often is a lot of animal protein, a lot of red meat, a lot of cheese.

And people who do a plant based diet like the Ornish diet that is completely animal product free people on both of those plans can lose the same amount of weight and have the same health improvement.

But what really is the difference is how well they stuck to the plan. So the more you can stick to your nutrition plan, the better results you're going to get.

So picking something that you can sustain long term is the most powerful thing for most people. And for most people, that's going to be working on a pattern of eating that's more balanced, getting plenty of vegetables and fiber and whole grains and getting protein in with each meal and moderation on processed food is sort of the quick nutrition advice I tend to give. I totally agree with everything you say, and the processed food question is a big issue.

Food companies are not our friends when it comes. Anything that has a label on it right is probably something that we need to eat less of. And it doesn't mean don't eat.

I don't eat processed food at all. You know, for example, protein bars are a really processed food. Those are something that help me meet my nutrition goals.

And so that's a process food that I choose to eat, right? But I know that I will over eat crackers or chips like most people. And so that is something I'm intentional about with portion sizes and I generally try to keep out of my house because I know that if they're there, I'll eat too much of them, right?

But if I have carrots instead, I'll probably eat the carrots. So some of it's also setting ourselves up for success in providing ourself with lots of healthy food.

One thing I talk about with people is the impact that sleep loss has on their cravings and their decisions around food. And, you know, for me, I'll just share that the cilantro lime chips made by Tostitos are like my kryptonite.

That is something I just can't keep in the house. And if I'm sleep deprived or had a bad night, chips are my go to sort of comfort food, I guess. But sleep loss from any sleep disorder or even just purposely restricting your sleep has an impact on food cravings and food decisions.

What kinds of things do you see? Yeah, absolutely. We have good science that the stress hormones that are released from poor sleep definitely impact people's craving and desire for food.

And so most people will end up craving things that are saltier and sweeter and more nutrient dense, that have more calories in them when they are under that state of stress from not getting enough sleep.

So I like to think of sleep deprivation as being in a state of stress and the really interesting data, you know, on some of the sleep studies is that even small amounts of sleep disruption can really impact appetite, right?

This isn't like, oh, I got 5 hours of sleep and now I am starving. This is, you know, I got 30 minutes less than I should and that's affecting my appetite.

So optimal sleep does really make a big impact on on appetite and hunger. And some people are going to be a lot more sensitive to that than other people.

The other big challenge with that is people who work shift work. Right. And and so, you know, I would say nobody makes a nobody eats a salad at 10 p.m..

Right. You're not watching TV. You're up late working and and making yourself a chicken Caesar salad. Like, that's just not a very common thing you're going to do.

And so if we're staying up to weight, whether that's for fun or whether that's for work, we may have to be very intentional about what we're eating because it is so much more likely that we are going to eat something unhealthy.

Right. I mean, again, no one's eating a salad at 10 p.m.. I think that's a really uncommon thing. Totally. And part of it is because the decision making part of your brain is not fully online when you're sleep deprived.

So those decisions become more challenging, you are more susceptible to giving in to cravings or just kind of seeking a reward from food. I want to ask about something else that I've seen kind of come up in conversations about food.

It's certainly part of my practice because I'm always thinking about timing every cell in our body has an internal clock. And so when when I look at a person's sleep issue, I'm also looking at all their wake issues.

So I want to talk about a time restricted feeding, also known as intermittent fasting.

Nutrition Basics and Processed Foods

Tell me your thoughts. So I am not the biggest fan of fasting for most people. There are some patients who I think it can be a good fit for and it tends for me to be my older patients who have a lot more flexible schedule and their caloric needs have really gone down as they're 65, 75 years old.

But most of the people who come to see me because they're struggling with weight actually already have a pattern of eating where they do not eat breakfast or they don't eat a very nutritional breakfast.

They might just have coffee and then they don't eat that much throughout the day and then they tend to overeat later in the day. So if someone is able to fast where they have a healthy, balanced breakfast, a healthy lunch and maybe a small snack in the afternoon, I think that that can work well for people.

But the vast majority of people that I see when they try to intermittent fast, they cut out breakfast or they just do black coffee or black tea and they end up overeating later in the day.

And so that pattern tends to cause more problems than good. And I will always say I'm team breakfast. There's pretty good data that people who eat breakfast have a healthier metabolism and have a more stable weight.

And in one of the longest standing studies we have of people who have lost weight and kept it off the National Weight Control Registry, one of the most consistent, healthy habits people who've lost weight and kept it off without medication or surgery have is eating breakfast.

So if intermittent fasting is something someone wants to experiment with, what I tend to recommend is cutting out that later in the day, eating again that time of day where no one's eating a salad at 10 p.m.

and see how that works. But for a lot of people, restricting that just triggers overeating. At other times, you really have to evaluate how it works for you.

For some people, it can be a great solution, but it's certainly not a magic wand for everyone. I agree, and the data in the sleep literature is also really robust in showing that putting most of your calorie consumption toward the beginning of the day has better effects for weight management and for sleep.

I always recommend to people that they're not consuming any calories within 3 hours of bedtime for a big reason. One is that you, your digestive hormones and your metabolism has a circadian rhythm.

So those calories are metabolized differently than earlier in the day, but also you run into problems with acid reflux or indigestion that can disrupt sleep.

And, you know, when you're sleep deprived because your diet is off, then that becomes a feedforward mechanism as well. And there's a pun in there, I think, with these forward mechanism.

One of the things that people will sort of think about when they engage in a weight loss program is the role of exercise. And I'd like to hear from you what role exercise has when you're trying to lose weight and also when you're trying to maintain weight loss.

So most studies show that people do not lose weight from exercise. I'm sure we've all met someone who has I certainly have met those people. They tend to be younger and they tend to be doing a lot of exercise.

But most people will not lose significant weight from exercise. It's really hard to get in the volume of exercise needed and most of the time our body is really smart and so metabolically it will just make you hungrier if you're exercising a lot.

I 100% know that's me. If I do a lot of high intensity of exercise, I'm hungrier. And so, you know, even though I exercise quite a bit because I enjoy it, I certainly don't lose weight from it because my body just tells me to eat more to make up for it.

So for most people, exercise is not how to lose weight. Exercise becomes essential to maintaining weight. So it's often not the first thing I'll start with for patients.

But after we've worked together for 6 to 12 months, I'm expecting that they are moving in some way 30 to 60 minutes a day. I'm in Denver, people are super active, so people here tend to think that they need to do really intense exercise, but that is not necessary.

You know, walking, for example, is fantastic exercise going back to that data we have from the National Weight Control Registry, which are people who've lost at least £30 and kept it off for a year, 90% of those people who've had sustained weight loss are exercising an hour a day and most of them are walking.

And I think it's like 94% of them are moving more than they were before they lost weight.

Sleep Loss, Cravings, and Meal Timing

So exercise is truly essential to weight maintenance and then separate from weight, exercise is essential for all of us. All of us will live longer, will live better.

We have less heart attacks, strokes, we have less of certain cancers. Most of us sleep better. We will have better lives when we move more so separate from weight.

Because I know not everyone listen to this is trying to lose weight. Exercise is one of the most powerful things any of us can do for health. And so when someone has lost weight, I like to think of it as a bonus.

It's just it's helping you keep off. But we all should be doing at least 30 minutes a day of some sort of movement. And we should all be doing sorry. We should all be doing strength training at least twice a week.

So those are the guidelines for all of us. But if you've lost weight and you're trying to keep it off or you're working to maintain your weight, you're probably going to need to be closer to an hour a day of movement.

I think just that parameter is really helpful to know. And so I thank you for that. You know, the the nutrition is better in the beginning when you're trying to lose weight and then exercise is better for maintenance. Yes.

So if you're trying to start somewhere, that may be the place to start, if you're really trying to see a difference on the scale. But if you're just trying to improve your health and how you feel, increasing your movement is always good and and don't get intimidated by that one hour.

You can break it up into chunks. And if right now you're doing zero movement, doing 10 minutes a day is going to have a huge improvement on your weight and your metabolism beyond doing nothing.

So, you know, probably the most important thing is for all of us to just try to move a little more no matter where we're at right now. Totally. And, you know, exercise can be a challenge if you're not kind of prepping your mind to take advantage of every opportunity you can.

But starting small is significant. Yeah, I have a patient, if you don't mind me sharing a story. Who? When I first saw her, she was getting out of breath, walking to the mailbox, and we were going to have to start doing a big workup for why she was having such a hard time breathing.

And I convinced her to start just walking one minute a day on her treadmill, and she started with one minute and increased it to two. And over the course of like four months, she got up to moving an hour a day on her treadmill and it transformed her life and her health.

So, you know, that power of starting small, if you can only do a minute like start with a minute. I agree. And I sort of a parallel experience. I was very weak in my leg muscles.

I started doing ten squats a day. Now I'm up to 100 and I feel so much better. And it's something that applies to everybody. It's good for your brain health.

It's good for your cardiovascular system. Know there's very little downside to increase. So I'm a CrossFit are so we're big squat fans know CrossFit world and squats are like such an important movement because you're going to do that movement the rest of your life if you need to get on and off a toilet, what do you have to do?

You have to squat down, right? Do you want to pick something off the ground like you might be squatting to do that? So yeah, those small things, they make such a huge impact on our health.

And it's very empowering. You know, I just realized the power of just keeping up with that program. And so I have my sister to thank for that. I want to talk a little bit as we wrap up here about your program for clinicians who are interested in helping their patients.

In fact, your website is called helpyourpatientsloseweight.com And any time somebody is teaching, I think that underscores the depth of their expertize.

So please, what do you do for people who want to sort of pass this on to their patient panel? Yes. So I have what is currently a 13 hour course. That's a very comprehensive way for clinicians, physicians, nurse practitioners, PAs to learn really all the essentials about treating obesity from start to finish maintenance, eating disorders, all the comorbid conditions, and also includes all handouts that I use for my patients so that they can seamlessly utilize those in their clinic or adapt them to how it works for their clinic.

So really, it's designed to be an all in one solution.

Exercise for Weight Maintenance

And then I have a mini course that has just been available live so far, but that is available very soon and that is going to be about a three and a half for our course, for just the essentials, for someone who wants to feel up to date or maybe wants to do a little bit of weight loss in their practice, but isn't ready to be full time obesity medicine.

Because if you want to have this conversation correctly around sleep or around diabetes, getting a little more education is really powerful. So those are the two, two main things.

And then I also help people start their their practices. If they're wanting to do this full time, then that's a resource you can find there as well. That's fantastic.

I mean, you're really sort of educating these hubs of clinical providers who can spread the message about how to better treat the condition of obesity.

Yeah, we're just not really taught this in standard medical education. Even students nowadays really get very minimal information about how to treat weight in a comprehensive way.

And on that note, I want to review what we've discussed today and make sure that we covered all of the highlights. So we first talked about the idea that somebody needs to establish whether they need to lose weight or not and then how much the second point was that obesity is a disease.

It's a medical condition. It's a biological condition in which we are actually programed to defend our reading, so to speak. And for this reason, it's worthwhile to seek out medical care if you have trouble with the disease of obesity.

Medication is one option, certainly in the context of good behavioral patterns to support healthy and physical activity. But the way that medication is different is that it's blunting those hunger cues and improving the satiety or the fullness cues.

We touched on what kind of foods to eat, which is the kind of foods that you can eat for a lifetime. And I think there's a fair amount of common sense that choosing foods that are living, they're unprocessed, their whole foods having fiber in them.

You know, all of these are sort of underscoring the the fact that what you eat matters. And the more you can look for foods without food labels, the better off you're going to be.

We said a little bit about intermittent fasting or the timing of food. And again, this is my bias looking at everything on a spectrum of a 24 hour cycle.

So definitely try to stop eating the 3 hours before you go to sleep and then exercise. If we exercise for health overall, but for weight loss in and of itself, it turns out it's not that effective.

Clinician Training and Final Takeaways

It is much more valuable for weight maintenance. Have we left out anything that you want to make sure and let all of the registrants know? Well, if people want more information about all of these things regarding health and weight, I have a podcast called The Dr.

Francavilla Show. So that is a great tool for everyone. That is not just for clinicians, that is for the public. You can learn about different medical conditions that affect weight.

You can learn about behavior, things improving your relationship with your body, nutrition, information. Everything I talk about with my patients and my colleagues goes into this podcast.

So I think it's a great and it's just called The Dr. Francavilla Show. I love it. And people can get and experience a dose of Dr. Francavilla if they go to your podcast.

It's been such a pleasure to speak to you today. I certainly will take all the notes here and apply them not only to my own life, but to my patients as well.

Pleasure to see you.