

By TAN SHIOW CHIN
starhealth@thestar.com.my

MANAGING OBESITY

While diet and exercise are essential in pursuing weight loss, medications can help give the extra push for some patients.

It is a condition that encompasses aesthetic concerns, psychological issues and physiological problems.

It has been variously associated with prosperity, good-naturedness, sloth and lack of willpower at different times.

More recently in 2013, it was officially recognised as a disease by the American Medical Association, and subsequently, healthcare providers around the world.

For the vast majority of human history, the relative scarcity of food ensured that only the truly wealthy could afford to eat to excess and become overweight.

As such, being overweight and obese was seen as a sign of prosperity, wealth and high social status.

But with the technological advances of the industrial age, food became easier and cheaper to produce, making it more available to most people.

At the same time, jobs became more office-bound and sedentary in nature, requiring far less energy output and physical activity of workers.

Not surprisingly, overweight and obesity have become increasingly prevalent, often ironically co-existing with undernutrition and malnutrition in the same community.

According to the World Health Organization (WHO), the world is currently experiencing an obesity epidemic, with the number of obese people having tripled since 1975, and the number of obese children and adolescents aged five to 19 years old going up tenfold in the same period.

Nearly every two in five persons (39%) aged 18 and above was overweight in 2016, and 13% were obese.

Malaysia itself holds the title of most overweight and obese nation in Asia – a region that comprises 60% of the world's population.

Nearly two-thirds of our population is either overweight or obese, with 64% of males and 65% of females falling into this weight category.

It is not an easy problem to tackle as there are many factors that influence our eating and exercise patterns, but seeking professional help is always a good starting point.

A sensitive topic

For consultant endocrinologist Associate Professor Dr Norlaila Mustafa, patients are usually referred to her weekly obesity clinic at Universiti Kebangsaan Malaysia Medical Centre (UKMMC).

"Some patients do come because they are aware they have been putting on weight and they want to do something about it.

"But of course, most patients are being referred because they present to other medical specialities for problems related to weight, like knee pain, back pain, diabetes and recurrent heart failure," says the UKMMC Department of Medicine head.

She adds: "We really take a lot of time counselling the patients because they can be very sensitive, so you really have to talk to them, ask them questions, let them pour out what they feel.

"It's definitely a lot of talking.

"With new patients, the sessions can take up

When am I obese?

The easiest way to determine whether a person is overweight or obese is through measuring their body mass index (BMI).

$$\text{BMI} = \frac{\text{Weight in kg}}{(\text{Height in m})^2}$$



Underweight	Normal weight	Overweight	Obese	Morbidly obese
<18.5	18.5-22.9	Asians 23-27.5	27.6-39.9	40 and above
<18.5	18.5-24.9	Non-Asians 25-29.9	30-39.9	40 and above

©The Star Graphics

to an hour or 1.5 hours."

General practitioner (GP) Daruk Dr Ameen Shaik Mohamed agrees that approaching patients about their weight needs to be done carefully.

"Nobody goes to the GP for an obesity problem.

"Some patients get offended when you talk about their weight, so it's how we tackle or talk to the patient.

"If the patient comes in for an ordinary cough and cold for the first time, we don't talk to them about their weight.

"But if they keep coming back frequently for coughs and colds, we can ask them if they are snoring.

"From there, we can explain that one of the causes of snoring is being overweight, which patients are not usually aware of.

"And some patients do come with non-communicable diseases like high blood pressure, diabetes and high cholesterol – these are quite easy to tackle as these diseases are related to weight.

"We can tell them, you are taking this many medicines, you can actually cut down on the number of medicines by reducing your weight.

"It's something positive to them, so they will tend to take the initiative to do something to lose weight," says the CEO of a private polyclinic group.

"The willingness to change is very important," adds Assoc Prof Norlaila, adding that support from family members, friends and healthcare professionals is also crucial.

"You have to work for it. People don't realise they've been putting on weight, so you tell them it's not an overnight treatment, they have to be patient.

"If you haven't put on weight by the second visit (to the doctor), that is already a success.

"But of course, I want you to lose weight, even a 1kg loss is a positive thing."

Lifestyle changes

The fact is that consistent and permanent weight loss comes down to a change in eating habits and implementation of regular exercise.

Says Dr Ameen: "We refer the patient to our in-house dietitian, who will advise them on the food they should be eating.

"Of course, we should not stop



Dr Ameen says that while most patients expect immediate results, a more realistic goal is to lose 5-10% of their body weight in a year. — SAM THAM/The Star



Assoc Prof Norlaila admits that her success rate is less than 50% when it comes to enabling her obese patients to lose weight and keep it off. — LOW BOON TAT/The Star

the patient from taking the food they enjoy, so we ask them to cut down the portion."

Assoc Prof Norlaila agrees, saying, "There are some patients who eat nasi lemak for breakfast every day, so basically, they are eating rice three times a day.

"So I say, try cutting down your nasi lemak to just three times a week.

"Most of the complaints I get from patients is that if they don't eat, they will be really hungry.

"I say that they can eat, but they have to choose food with the least calories, e.g. vegetables, instead of more rice."

As for exercise, Dr Ameen notes that many studies have shown that exercising regularly will result in weight loss.

"Exercise is very important – it is an achievable target.

"Start light, not very heavy, then gradually increase the intensity.

"Set a target, maybe losing 5-10% of their body weight in a year, and see if the patient achieves this," he says, adding that patients will be very happy and motivated once they achieve their target.

According to Assoc Prof Norlaila, exercise should be done for a period of 30 minutes every day.

"I don't confine exercise to one particular type; patients can do lots of things, e.g. yoga, pilates and so on.

"It all depends on the intensity and how long they do it – they should still be able to burn calories."

She adds that it's important for patients to realise the difference between being active, which includes activities like doing housework and walking, and doing exercise, which requires a dedicated period of time daily.

Malaysia is facing an obesity epidemic with nearly two-thirds of our population being either overweight or obese. — AFP

Extra help

However, patients sometimes require more help in order to lose weight, and this is where medication plays a role.

Both Assoc Prof Norlaila and Dr Ameen note that they only prescribe these weight loss medications once the patient has made a change in their eating habits and exercise routine, as those habits are crucial to continue keeping the kilos off, in addition to having other health benefits.

Assoc Prof Norlaila adds that the patient has to be agreeable to take medications, as some don't want to, while Dr Ameen says that affordability is a concern for his patients as they pay out of their own pocket for the medicines.

According to Dr Ameen, one particular weight loss pill works by blocking the enzyme that breaks down fats in our diet.

This undigested fat then passes out of the body in our bowel movement.

He notes, however, that this drug does not block the absorption of calories from sugar and other non-fat foods, so calorie restriction is very necessary.

Another weight loss medicine, which is injected, works as an appetite suppressant.

This is usually prescribed to help either obese patients or overweight patients with other medical conditions, to lose weight and maintain the loss.

Assoc Prof Norlaila notes that certain oral medications need to be stopped after three to four months, while the injectable ones can be taken for longer.

In the worst case scenario, patients who are morbidly obese or obese patients who have other medical conditions, can opt for bariatric surgery.

Says Dr Ameen: "Bariatric surgery serves to reduce the size of the stomach by tying it with a gastric band or through removal of a portion of the stomach.

"It can also be in the form of rerouting the small intestine to a small stomach pouch in a procedure called gastric bypass surgery."

Bariatric surgery basically aims to restrict the size of the stomach so that patients feel full faster, and consequently, eat less.

