

Obesity with Dr. Macchiavello

The scale doesn't lie.

Welcome to SBH Bronx Health Talk, produced by SBH Health System, broadcast from St. Barnabas hospital in the Bronx. I'm Steven Clark.

Younger Americans weigh more than ever before. According to a John Hopkins study, the percentage of overweight young adults rose 18 percent in the late 1970's to nearly 24 percent by 2018. The pandemic hasn't been kind to our children either. Since 2020, the average child between 5 and 11 has gained more than five pounds. Before the pandemic, 36 percent of 5 to 11 years were overweight or obese, now that's forty-six percent. The borough in NYC with the highest obesity rate, no surprise that's the Bronx. With us today, is Dr. Guido Macchiavello, Director of Ambulatory Medicine at SBH Health System.

Thank you Steve.

So, let's start out Dr. Mac. Are you surprised at these findings?

I'm not surprised by these findings. It's kind of disappointing. We have seen this growth, and we have not been able, by we I'm talking about the health systems in general, of preventing this continuous rising of metabolic condition, in this case obesity, we have not been able to make a significant impact in making the rate stagnant. We have seen it increase over the years, basically we've seen it rising. I'm not surprised, I'm disappointed.

Why do you think young people are gaining weight? Is there any reason behind it? Is it fast food? Is it lack of access to healthy food? Is it portion sizes, or all of the above?

Well. There has been different literature about significant different approaches. Trying to understand what happened. It's like missing information is number one. Missing information in terms of what to do. Consequences of being obese. In short term and long term, this has caused a lot of confusion, especially among young adults as this study talks about. Missed information, as I point out again, has been led by these fashion diets things that are not sustainable as a significant life that will change. We just do this for two weeks, three weeks, six weeks, and three months and it's definitely unsustainable. That creates more confusion, more disappointment. We have different amount of information being said to us about different products as well, and we are always looking to get affects from these changes and using these products in the short term which are very unrealistic in terms of goal. As a provider of health, and as a patient the main culprit is missing information.

So what do you tell patients? When you have a patient that comes into your office, whether they're eighteen to twenty-five or they're older and they are obese. What do you tell them?

Well, it's not a conversation or at least a goal that I have for my patients. In terms of approach, I'm not sure it's something that I have in just one visit. As any other medical problem that is chronic, treatment choices are discussed with the patient. The first step is always diagnosing. So, I discuss with my patient what I find. When I am evaluating them, one evaluation I make every day is the Body Mass Index (BMI). Back to the starting point of our conversation, these late studies show that more than half of the American population in this age group has or is suffering from this condition. So we start with having a

BMI as part of their evaluation, and what does that mean for me, and what does it mean for the patient? We start talking about what we need to do for the treatment. The treatment does not in a way have a cookie cutter design. We have to be very patient centered. We have to be able to deal with frustration, because we always have to find the root cause analysis that has led the patient to come to where they are standing. So, I am going back. Is there any other current medical condition. We have to be very open. I myself, suffer from problems derived from being overweight. My experience as a patient is that I had bariatric surgery twice. Twice in my life. The first time I ever had it was when I was a medical student with a BMI of 40. Basically, I was part of this age group. I was a young adult. As a patient you don't pay attention, you try and hide the reality as to why you are suffering. Even though you could recognize your weight is not going in the right direction. That you being trained, or being part of a health system. You're not making the right decision, it's even more frustrating and it creates a lot of guilt. That you are not this example or role model that you wanted to become. I have tried many, I have tried different types of diets without being successful. I had the opportunity to have bariatric surgery when I was very young. The first one was in my country.

It was successful. During the time, the success rate for that particular surgery was hard. So, after 10 years it came back, once again what we weren't dealing with was the root cause analysis of what my root cause analysis was. My relationship with food, my relationship with exercise, once you start addressing them, going back to the type of treatment, going back to the type of conversation you want to have with your patient. You have to be open with sharing, so we could relate with one another, and share our experiences of what works and what doesn't work, and to be knowledgeable of different treatments. So, not only being aware that the patient is suffering, you could provide some ready for their problem. As I mentioned before, I had surgery twice, so after the success rate with the first surgery, the rise in my weight was expected. It was very early in the experience, we didn't have enough data to conclude, what was the rate of success for this surgery. This surgery happened twenty years ago, we had different data, it was early then, that the surgery had the effects, what was expected that what I was to have from the surgery, but now it's to reevaluate what was necessary for me to do after I gained most of the weight back. However, twenty years ago I was counting on my youth. The success of my surgery was very fast. I didn't have any medical conditions. I still don't have any permanent medical conditions, and I don't expect to have any. However, you never know. I went through a second bariatric surgery, which happened two years ago. I still see significant positive results from it. My body has changed, I am able to move better, exercise more. I don't have shortness of breath, I am able to enjoy more of my life. I can share with everybody that my journey, my experience has been like this. I'm still happy, it's a work in progress, and I'm going back to the sustainability of it. Life style modifications added to any treatment is necessary.

Not to interrupt you Dr. Macchiavello. I assume as you mentioned earlier it's not a cookie cutter approach. It's a different recommendation for different people. While one patient you might recommend that it's time to consider bariatric surgery. Maybe others its lifestyle changes or modifications, or by putting those on an exercise, eating regiment or something like that right?

Not a hundred percent. I think I skipped that part. My journey, diet and exercise are part of any healthy weight loss treatment. We have to make different choices, and I think to use that, instead of using diet, use healthier choices. What we put in our bodies, when it comes to food, you get more nutrients in more buck for your money. Is that the right expression? So, instead of having a bowl of cereal, which we could be misinformed, cereal is fantastic. Start reading the labels, they're just pure sugar. I mean if you

have milk, you have a little protein from the milk then you add fat, you add sugar. You're not making the right choice. What you could do is let me have some reduced fat yogurt. Therefore, you don't have as much sugar, you don't have as much fat, Greek yogurt is high in protein. You could add some blueberries as a sweetener, strawberries or berries are very good for maintaining a very good glycemic control, which is a control of your sugars. They have low glycemic index, and therefore they will not make your insulin peak. That's where you get more buck for your money. You're getting more minerals from the fruits that are fresh, and therefore the next choice for your lunch or even a snack could be a fresh vegetable. That we have different selections. The other part of understanding our patients is how they make their choices. If we could make any modifications to those choices. We have to address that most of our patients here in the Bronx don't have access to healthier life styles. They don't have access to good exercise, and we don't have the best system in NYC. So even if you would like to exercise in a public park it's not really feasible most of the time then foot access.

So your patients suffer from limitations and what they believe is the nutrition, we confuse something with nutritional value to being full. I'm satisfied, I'm full. I have eaten, but being satisfied doesn't mean that you have made a good choice, because the food that you have put inside your body were not the best. Yes, they could make you feel full, but it is not something that we are getting anything from. We could have, or we could make better choices when it comes to. Let me put in another example. When we eat, let's say a hamburger, the same size that you would get in a fast food chain restaurant. We know that hamburger has gone through different processes. They have gone in the freezing, they're not fresh, and they have been treated with chemicals. Those chemicals are not adding anything beneficial to your body as opposed to you could make your own burger with high fiber bread, fresh lettuce, fresh tomato and you have access to ground beef that you could put some fresh garlic, fresh onion or whatever you choose. Then we grill it, in terms of size it's the same. With fresh choices you have more buck for your money with vitamins and minerals.

Do you spell out these choices to your patients? Do you say specifically if you like a hamburger do it this way? It doesn't seem to me you are having a draconian diet. Where you are only eating selected vegetables and fruits. It seems like you could have a normal life but make some smart choices.

One hundred percent. Lifestyle modifications, and again we do not need to do this in a fast way. We have to be prepared that this road may take months, preferably a year or two years to be sustainable. We're talking about life style changes. Whether or not this includes medication, whether or not this includes surgery, whether or not this includes both. Diet and exercise has to be modified. I'm not saying you have to go and run the NYC marathon. We could start by walking, one block, two blocks, develop your stamina. Develop these endorphins from moving, feeling better. We were born to move. Making those life style changes, and they have to be patient centered. If we don't address in a patient centered manner. If the patient is not familiar with the preparation, they're not familiar with the ingredients. They're not familiar with having the right access, or they don't even like the flavor. Then you shouldn't be offering those particular elements into their diet. You shouldn't be making those suggestions either. The first thing we need to understand is how patients are eating. What do they like to eat? How could we modify their eating habits within the patient spectrum of care that we are reaching for our patient? It may not be the fasted interview with our patient. I'm not familiar with the preparation of Haitian food. We could start going, what would you like to eat? What is the name of your dish? Then we look at the dish and see what ingredients are there. Then we could start making those adjustments or little changes. Most of the dishes that are cooked. If not, all of them could be modified in a healthier way. I

guess you could not modify butter as an ingredient, but you could change butter as an ingredient as part of a certain recipe. Let's say, and I'm not going to use the word butter with a patient that I have is from South East Asia. Let's say a lot of our patients that are from other parts of the world. I personally can't handle spicy hot. I don't like chili. That doesn't mean I cannot tell or advise my patients not to use it, because chili is a very healthy life style choice our patients can make. They hardly have any calories. They are high in elements that could sometimes be beneficial for the patients. They have minerals, they have vitamins. I could not relate to my patients that I love to eat chili, but if they ask me could I eat chili? Yes, do not fry them. You could boil them, you could bake them. Instead of using oils and fats, let's use them raw. Why don't we have avocado with toast. Avocado has vitamins. The message goes back, more buck for your money.

Dr. Macchiavello, from what you are saying, you probably referred some patients to the Health and Wellness Center at the hospital where you have the teaching kitchen, where they teach how to eat healthy, tasty, and affordable, and you also talk about lack of safe areas with parks and stuff. With the Healthplex fitness center which also provides classes in health and fitness, and also one on one instruction. So that must be something you look favorable upon.

Yes, for example, I myself, I'm part of the Health and Wellness center. I like working out there. I train there, and I have been a student our different staff. Emily is extremely knowledgeable of different choices, not only with the little changes the patients could make, but also with the food access. So it's a very strong addition to the patient care. Living by example is something I find particularly useful when helping the patient. I could not say to the patient you need to exercise when I don't. You can't tell your patients you need to eat healthier when I'm eating a candy bar. I don't think you could go through a life of deprivation. Absolutely not, you could have your rewards, but try and make them special. If you have a candy bar every day, it doesn't feel special. If you reward yourself with a candy bar once a month, then you are making it special. That's what you have gained after all these little changes. That's where you could appreciate it more. Exercise and the gains you get from it are undeniable. It's also important to say our patients' access to us using different communication tools that we have available for patients. It's good to be offered.

We have different elements where patients could communicate their life style choices. For example, you could have your tracker on your phone, you could have your tracker on your watch. I have this with one of my patients. He is a young adult in his thirties, and he communicates with me every other day by email. Telling me how he is doing, how he is feeling, and the weight that he has lost. How motivated he feels about exercising every day. Which I respond to, and it doesn't have to be a long email. We're making a team, you're not alone in this situation. You have encouraged me to work out there as well, at the same time that you do. You can see that I am also sweating there. It's really very rewarding when patient's experience are relatable to you as a provider. It also creates a lot of trust when you are using the same services that you have available for them.

Do you think respond to you because you have lived in their shoes?

It's not a cookie cutter, I think that their response has to be team effort. Not because they could relate to you, or they could not relate to you one hundred percent. You start creating something else, something that feeds them their life style. Something that feeds the way they relate to you even more. So you try that. Maybe they don't want to write emails. Maybe they don't have access to emails. I know that information and technology is expanding every day and the trackers that you have on your phone

can communicate with physicians. This can be shared at the time of the visit, and they could discuss that I have made these changes and I have not seen the improvement with my weight and with my body. Maybe, they may not be evident in the beginning by drastic weight loss, and we are not looking for drastic weight loss. We're looking for sustainable changes, I don't encourage a weight loss of forty pounds in one month. Absolutely not. I think we need to set up goals that are achievable, and that's when we encourage the patient that it might not be evident when you weigh yourself, oh I lost ten pounds, but it's evident in your pants size, your cloths are fitting better, or you get your blood drawn. That sugar, that hemoglobin A1C has dropped down. That cholesterol without medication has come down. Your live function test, you don't have a fatty live anymore. That's fantastic. Again, going back, there's no cookie cutter solution. Everything has to be patient centered. These plans will have to be developed by what you do as a team and a provider of health. You have to try different routes. It's a journey that you have together.

Let me ask you. We're running out of time. Are you confident that we could change the course seeing younger and younger generations continue to gain weight and continue to be exposed to a number of chronic diseases. Are we starting to make changes? Can we make changes?

We can make changes. The changes in the population start with one subject, because I also believe in our community and our community is very powerful in the word of mouth, and it comes down to patient A lost weight and their diabetes is under control, because of A, B, and C. Let me go to their doctor, or that facility so maybe they could recommend me the same. Our community loves to share, loves to share their experiences, love to share their successes. That advertisement and what we could do for the patient starts with patient number 1. That word of mouth that we have in our community is pretty important, we should foster that, be open to see other alternatives. Therefore, develop more robust programs for the community. Change begins with one person.

Right. I want to thank you Dr. Macchiavello. For more information on services at SBH Health System, visit www.sbhny.org. Thank you for joining us today.