Message from the Director

August 2016

Dear Readers,

Through the summer season, many of us become more active, focusing more on exercise and diet, important parts of a healthy lifestyle.

Researchers are learning just how important movement is. A recent study in JAMA Internal Medicine links walking or working out to a lower risk for 13 types of cancer. Previous studies had shown that the more active people were, the less likely they were to develop breast, lung and colon cancers. Now the National Cancer Institute has found that regular exercisers also have lower risks of developing tumors in the liver, esophagus, kidney, stomach, endometrium, blood, bone marrow, head and neck, rectum and bladder. These benefits apply to exercisers who are overweight or obese.

In fact, exercise not only improves health, it can also prevent the slowing of your metabolism caused by losing weight.

In the past few weeks, national media attention has turned to the TV reality show, “The Biggest Loser.” The New York Times reported that six years after the show debuted, many contestants had slower metabolic rates than before losing
weight—burning fewer calories a day than they had when they first went on the program. And all but one of the program’s early contestants lost ground—regaining up to 70 percent of their unwanted pounds.

How does this happen? “The body is working to defend your energy stores, really your fat,” Dr. Michael Rosenbaum of NYP/Columbia told Reuters Health. “When that fat is diminished (either by eating less or exercising more) most of us respond with changes in brain circuitry.” These changes make you more hungry. They also change hormones and metabolism, making your body more metabolically efficient. As a result you burn fewer calories at rest.

That’s why the Weight Loss Surgery program at Columbia has special tools to analyze metabolism. Our physicians are also leaders in bariatric procedures (stomach balloon, endoscopic stomach plication, adjustable gastric banding, sleeve gastrectomy, gastric bypass, and duodenal switch) that help patients regulate their weight and make lasting improvements in their health.

Please visit our website, columbiasurgery.org/weight-loss, to learn more about our innovative treatments.

I’m also pleased to highlight our new Comprehensive Obesity and Metabolism Management Intervention and Treatment (COMMiT) program below. Wherever you are with your own weight loss program, we hope you’ll find some helpful information in this newsletter and enjoy learning about the latest advances in the field.

In good health,

Marc Bessler, MD
Director, Center for Metabolic and Weight Loss Surgery

New Comprehensive Program for Weight Loss
Our Comprehensive Obesity and Metabolism Management Intervention and Treatment (COMMiT) program offers integrated care by nutritionists, endocrinologists, gastroenterologists surgeons and other specialists for patients struggling with weight and related medical conditions. Our COMMiT team has expertise in every area necessary for successful, long term weight loss—including nutrition, medical management, psychosocial support, medications, surgical care, balloon procedures, and endoscopic suturing procedures. These services are centralized under one roof. Though not all insurance plans cover some of the newer treatments, we try to make sure our patients have access to the least invasive therapies.

Investigators at NYP/Columbia were among the first to recognize that bariatric surgery benefits patients with diabetes and mild obesity. Our research in this area has been published in prestigious medical journals, and has contributed to a call by worldwide medical organizations to consider bariatric surgery as a treatment option for patients with diabetes.

Learn more about the COMMiT program here or by calling 212.305.4000.

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IN THE NEWS

Why You Can’t Lose Weight on a Diet

*The New York Times* writer Sara Aamodt explores why, in the long run, dieting is rarely effective, doesn’t reliably improve health, and can actually do more harm than good. The root of the problem isn’t willpower, she says. It’s neuroscience. “Metabolic suppression is one of several powerful tools that the brain uses to keep the body within a certain weight range, called the set point. When dieters’ weight drops below it, they not only burn fewer calories but also produce more hunger-inducing hormones and find eating more rewarding.”
Obesity Surgery Leads to Less Pain, More Mobility

After weight loss surgery, patients have less discomfort, and are much more active. Researchers from the University of Pittsburgh followed more than 2,200 obese patients after weight loss surgery. A year later, 58 percent reported less pain while 77 percent noted improved physical function. Three years later, those percentages dropped to 49 percent and 70 percent, indicating that some patients may need more follow-up care and better access to physical therapy. Yet the overall benefits were clear: Patients had consistent improvements in their ability to walk and those who started out with knee and hip problems cited lasting pain reductions and better mobility around these joints.

Weight Loss Surgery Helps Diabetic Patients

A recent study by the Cleveland Clinic shows that bariatric surgery helps resolve type 2 diabetes in both overweight and mildly obese patients. Findings show sustained benefits in terms of sugar control and weight loss, along with a reduction in both diabetes and cardiovascular medications—five years after surgery. Study author Dr. Philip Schauer notes that participants in this study who had gastric bypass maintained greater weight loss than those who had a sleeve gastrectomy.

This research could make more people with poor blood sugar control eligible for weight-loss surgery. Most clinical guidelines and insurance policies for bariatric surgery limit access to patients with a BMI of 35 or above. This study shows improvement in patients with a BMI of 27 to 34, with benefit lasting at
least five years. “A two-hour operation and a two-day hospital stay has the potential to resolve or improve what is a chronic, progressive and dangerous disease,” said Dr. John Morton, chief of bariatric and minimally invasive surgery at Stanford University School of Medicine.

Read more here.

Because weight loss surgery has been shown to quickly and dramatically improve glucose control, 45 medical organizations are urging that it be considered as a treatment for certain diabetic patients—including those who are mildly obese or don’t respond to conventional therapies.

Read more here.

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**Endovascular Approach to Weight Loss**

*NBC Nightly News* reports on “a new weapon against obesity” called bariatric embolization (BAE). This minimally invasive alternative to gastric bypass uses microscopic beads to block blood supply in the area of the stomach that produces the "hunger hormone,” ghrelin.

In this experimental procedure, a catheter is threaded through the wrist or groin to gain access to the blood vessels. The beads are then put in place (targeting certain blood vessels) through the catheter. The resulting decrease in blood flow to this portion of the stomach may lead to a decrease in appetite.

Read more here.

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The Center for Metabolic and Weight Loss Surgery provides services at six convenient locations in the tri-state area:
The Herbert Irving Pavilion  
161 Fort Washington Avenue  
5th Floor, Room 524  
New York, New York 10032  
212.305.4000

NewYork-Presbyterian Medical Group/Westchester  
685 White Plains Road  
Eastchester, New York 10709  
914.787.4000

ColumbiaDoctors Midtown  
51 W. 51st St. (between Fifth and Sixth Avenues)  
New York, NY 10019  
212.305.4000

Paramus, New Jersey  
140 N. Route 17, suite 102  
Paramus NJ 07652  
212.305.4000

Brooklyn, New York  
9711 Third Avenue  
Brooklyn, NY 11209  
212.305.4000

Center for Metabolic and Weight Loss Surgery/Adolescent Program  
3959 Broadway (165th Street and Broadway)  
New York, New York 10032  
212.305.8862
Events and Announcements

Upcoming in November:
Weight and Metabolism Awareness Day

Meet the doctors and clinicians, and learn about safe and healthy ways to manage your weight and metabolism.

Location:
NewYork-Presbyterian/Columbia University Medical Center
Milstein Building Conference Center
173 Fort Washington Ave, Lobby level
New York, NY 10032

View a full listing of our Upcoming Educational and Community Programs
View a full listing of our Continuing Medical Education Programs
View archived versions of our previous webcasts