



The newsletter for friends of McLaren-Bariatric and Metabolic Institute | Spring 2012



# BARIATRIC weigh of LIFE

**McLaren**  
BARIATRIC AND  
METABOLIC INSTITUTE

## Focus on Your Heart Health!

It is known that 94% of U.S. adults have at least one risk factor for heart disease. Our lifestyles are the biggest reason why heart disease is still the number one killer in America.

The American Heart Association has identified seven lifestyle factors that contribute to heart health and named them Life's Simple 7. These simple rules are the following:

1. Manage Blood Pressure
2. Don't Smoke
3. Maintain a Healthy Weight
4. Engage in Regular Physical Activity
5. Eat a Healthy Diet
6. Take Charge of Cholesterol
7. Keep Blood Sugar at Healthy Levels

### **Stress is also a major factor in heart disease.**

- Learn how to develop a new outlet for stress like exercise to clear your head and expend energy.
- Write your thoughts down to express and release emotions.
- Replace unhealthy eating and snacking with an activity.
- Go to bed earlier! A lack of sleep can lead to weight gain.

## Welcome

Welcome to our second edition of the Bariatric Weigh of Life newsletter. Our goal is to provide continual education pieces to help you through your weight loss journey. We are thrilled to have a section dedicated to a member of our bariatric family and their weight loss journey. If you would like to share your story please contact Kristie or Kelly at 248-922-6860.



## White Chicken Chili

- 1-1/2 boneless, skinless chicken breasts
- 1 large onion, chopped (about 1 cup)
- 2 cloves garlic, minced
- 1 can [14 oz] chicken broth
- 1 tsp. ground cumin
- 1 tsp. dried oregano leaves
- 1/2 tsp. salt
- 1/4 tsp. red pepper sauce
- 2 cans [15.8 oz size] great northern beans
- 1 can [15.25 oz size] corn [chickpeas may be substituted]
- 2 Tbsp. Fresh cilantro, chopped

Place chicken, onion, garlic, broth, cumin, oregano, salt, and red pepper sauce in a large pot. Add water to cover chicken. Cook on medium heat until chicken is done. Use a meat thermometer in the largest part of the breast to insure that a safe temperature of 180° is reached. Remove chicken from the pan, shred and return to the pot. Add beans, cilantro and additional water if needed. Cook for an additional 20 minutes and serve. Makes 12 servings.

### Nutrition information per serving:

150 calories, 23 grams protein, 3 grams fat, 17 grams carbohydrate, 466 mg sodium.



## Grace's Personal Journey

### Grace Wojcik (Adjustable Gastric Band Patient)

Although I had previously attended weight loss surgery seminars at other hospitals, the one I attended in July 2009 at McLaren Bariatric Institute in Flint literally changed my life. I was apprehensive and excited listening to Dr. Dabideen describe the procedures and how other people have used them as a tool. Something told me that this time would be different. At my first surgical consultation I weighed 343 pounds and was just 23 years old. That was an eye-opener! I was tired all the time, wasn't sleeping well, and literally just sat all day. I'm thankful that I hadn't yet developed co-morbidities like diabetes or high blood pressure. But that didn't mean much to me --- I always felt lousy! When I met the other staff members, I knew I could lose the weight and regain my health with their guidance. So I began to take care of all of my insurance's requirements, which wasn't easy to say the least! After some hoops and hiccups, I was finally cleared to have Adjustable Gastric Band surgery. The pre-op diet isn't easy, but I got through it and even lost 10 pounds! Anytime I was tempted to cheat, I thought of how important surgery was to me and how ready I was to change my life. Two months after surgery I walked my first 5k and finished. Nine months later I had already lost 100 pounds. I'm currently flirting with a weight that begins with the number 1, but I know I will get there. My 2-year "bandiversary" is coming up and I'm so thankful for all the help this little tool has given me!

# Life After Bariatric Surgery

## Plastic Surgery After Weight Loss Surgery

Dr. Barak Tanzman is a skilled and experienced surgeon with an artistic background complementing his chosen career in the field of plastic and reconstructive surgery. Dr. Tanzman provides surgeries at several major hospitals including McLaren Oakland in Pontiac, Michigan. He received a Bachelor of Science degree from Ohio University and his medical degree from the Ohio University College of Osteopathic Medicine. Dr. Tanzman completed a five-year general surgery residency before coming to Michigan for a two-year plastic and reconstructive surgery fellowship through the Henry Ford Health System.

Dr. Tanzman has extensive training in cosmetic surgery, body reconstruction and hand surgery. He is a member of the American Osteopathic Association, American College of Osteopathic Surgeons and the Michigan

Osteopathic Association. Dr. Tanzman understands the importance of a person's self image and how this may affect him or her psychologically and socially. He feels that everyone has an inner beauty that is unique to that person. Dr. Tanzman takes the time to get to know you as a patient and understand your individual concerns. He can then provide the educated guidance that will help you choose a procedure that will harmonize your inner sense of self with a pleasing visual aesthetic appearance. These are some of the procedures that his team offers:

Body Sculpting, Panniculectomy, Tummy Tuck, Breast Augmentation/Reduction, Liposuction, and Brachioplasty. For additional information please visit his website at [www.chauplasticsurgery.com](http://www.chauplasticsurgery.com) or call the office at 248-799-2880.

## Surgeon's Corner

By Dr. Michael Kia

Each year in the United States alone, \$60 billion dollars is spent on medical diet and weight loss programs. That means \$3000 dollars per adult person per year is spent battling to lose weight. For the majority of people this battle has been a continuous one. Each year brings new struggles and the weight seems to go up and down. The yo-yo effect of dieting becomes just another part of life. In fact, some studies show that the long term failure rate for diet programs is as high as 95% for patients who have become morbidly obese (greater than 75 lbs. overweight).

For years, those struggling with morbid obesity have been told that the reasons for their failure is because of lack of trying, unwillingness to change, or simply laziness. However, new advances in scientific research shows that there is a biological reason that significantly contributes to the failure rate of diets. A recent study in New England Journal of Medicine (NEJM) looked at the hormonal levels that control hunger. Hormone levels were

measured before a diet, during a diet program and for up to one year after. What was found was startling. The levels of hormones in the body that make people hungry became much higher during the diet and stayed higher even a year after a diet was over with. That means that every time someone with morbid obesity tries to diet, their body actually becomes hungrier and desires to eat more, and this effect stay for at least a year afterwards. This was the first study to show that the failure rate of diet programs may not be solely behavioral, but have a true biological reason.

In dealing with the bodies hormone levels that control hunger, studies have shown that bariatric surgery actually decreases these levels for up to three years after surgery. Eventually, these levels have been seen to return to the levels before surgery, but they do not go higher as they do in dieting. That may explain one of the reasons why bariatric surgery is far more successful long term than dieting alone.



## Nutrition News

By Kelly Smiley, R.D.

Have a plan and a healthy substitution ready for when the desire for comfort food strikes. With this issue we go from winter into spring. When days are colder and shorter, the desire for comfort foods can be pretty strong. Come into these seasons with a plan! Instead of calorie-laden cream soups, opt for a higher protein, broth based soup or chili to satisfy the warm soup desire in a bariatric and waist-line friendly way. Instead of pie, make baked apples with nuts and cinnamon with an oat based crumble. Try these websites for bariatric friendly comfort foods: [www.bariatriceating.com](http://www.bariatriceating.com) and [www.theworldaccordingtoeggface.com](http://www.theworldaccordingtoeggface.com). You can also plan a walk or a light activity when the urge for comfort food sets in. This will give you that good feeling you are ultimately looking for with the comfort food, but you will burn calories instead of eating them.

### High Protein Food Choices

- Lean cuts of meat (trim all visible fat)
- Fish and shellfish
- Poultry (skin removed)
- Eggs
- Tuna Fish (packed in water)
- Dried beans/legumes
- Low-fat cottage cheese
- Low-fat cheese
- Skim milk
- Low-fat or "Lite" yogurt

#### Reference

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## Preventing and Reversing Weight Gain Associated with Psychiatric Medications: Antidepressants Dr. Nicole Franklin

In recent years, pharmacological agents have become the most widely used treatment for depression even though weight gain is one of the most common side effects of many of the medications used to treat depression. The first antidepressants included compounds with a three-ring structure. These antidepressants are referred to as tricyclic antidepressants (TCA). Medications in this class include: amitriptyline (Elavil), imipramine (Tofranil), nortriptyline (Pamelor, Aventyl), desipramine (Norpramin), clomipramine (Anafranil), and doxepin (Sinequan).<sup>[1]</sup> Both clinicians and their patients have noted the occurrence of weight gain when taking TCAs. Weight gain associated with TCAs tends to be greater with amitriptyline and imipramine compared to the other drugs in this class.<sup>[2]</sup> Newer agents, such as the selective serotonin reuptake inhibitors (SSRI), have superseded the use of TCAs to treat depression. The SSRIs include fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), fluvoxamine (Luvox), citalopram (Celexa), and S-citalopram (Lexapro). Initial studies and clinical impressions indicate that these agents did not result in weight gain and, in fact, were more likely to result in mild weight loss, especially with short-term use.<sup>[3] [4] [5]</sup> Another class of antidepressant medications is the serotonin norepinephrine reuptake inhibitors (SNRI). These medications include venlafaxine (Effexor), desvenlafaxine (Pristiq) and

duloxetine (Cymbalta). Weight gain is not noted to be a problem with these medications. Bupropion (Wellbutrin) is an antidepressant medication with a unique pharmacologic profile. Perhaps because of this pharmacodynamic profile, patients treated with bupropion typically experience little or no weight gain or even weight loss in both short-term and longer-term studies. Another antidepressant with a distinctive pharmacologic profile is mirtazapine (Remeron). The prescribing information for this medication notes increased appetite and weight gain as adverse effects.

When medication triggers weight gain, one of the more obvious solutions is either selecting a different medication that's less likely to cause weight gain or adding a medication that has a track record for negating the weight-gain side effect. In patients for whom avoiding weight gain is an important consideration, the best antidepressant choices are bupropion or an SNRI, such as venlafaxine, desvenlafaxine, or duloxetine. Mirtazapine, with its typical effect of increased appetite and weight gain, should generally be avoided.

*\*This article does not replace consultation with your provider. Before making any changes to your medication regimen, discuss your options with your treating provider.*

### Reference

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- 5.†† †Croft H, Settle EJ, Houser T, et al. A placebo-controlled comparison of the antidepressant efficacy and effects on sexual functioning of sustained-release bupropion and sertraline. *Clin Ther*. 1999; 21:643-658.