

Module 2 Lesson 4

Transcript

Obesity is such a loaded topic. It's sensitive because while some cultures embrace being voluptuous as a sign of wealth and privilege in most first world countries, it's viewed as an infliction. Forget about supermodel standards of thinness, forget the insensitive comments on appearance. When you get to the bottom of it, obesity is deeply intrinsically linked to illness, morbidity and mortality. That's what we're going to talk about today. Today's lesson, we'll cover the diseases and medical issues empirically linked to obesity, and your role in helping clients with obesity.

I'm going to start us off with a story. I had a family come into my office. Mom and dad were normal weight. Mom had always been on the thin side and ate pretty much whatever she wanted, but preferred healthful foods, so she never really thought much about managing her weight. You know those people. Dad was an overweight kid who discovered track in high school and watched what he ate to keep his weight in check, but it did take a good amount of work.

They came to me in a really worried state that their 17 year old daughter Rachel, who was leaving for college that summer, was diagnosed with borderline diabetes and some hypothyroid issues. She was morbidly obese with a BMI of 31. As Rachel was growing up, the family hadn't had structured meals or meal times. They were kind of all over the place when it came to eating. Food was a free for all. Rachel's didn't care much about her weight. She was high achieving with a nice friend base, she was super social, and besides, that she loved to eat, she enjoyed food. Her parents had been nagging her not to eat so much and to eat less often. They were a little bit worried. Sometimes they fought over what she was putting in her mouth, and that made the situation worse. They wanted her to look more like the other girls. They claimed they wanted her to be healthier, but Rachel felt they were embarrassed by her size.

I was so glad they came to see me. I explained to the parents that it was their responsibility to change the culture of food in their house to support Rachel's journey to more healthful eating and to healthier weight. If she had cancer, she would take her chemotherapy. If she had a broken arm, she would wear a cast. If she had a tumor on her brain, she gets surgery. This was really no different. Rachel was obese, and the treatment was her food. Their job was to support her without compromise, but in the right way, of course. I was able to explain to Rachel that even though she wasn't motivated to lose weight, whatever she wanted for her future was at risk if she didn't take action. Obesity affects just about every system from your heart to your kidneys, your fertility to your liver.

I also shared that I couldn't care less what she looked like. All my clients are beautiful to me, and I loved that she felt beautiful. I wanted her to know that she should feel beautiful no matter what weight she was at, but it would also be great to be healthy. We got her weight down, got her off her meds, got her thyroid and blood sugar in control, we got her to exercise, and we even got her to agree that it felt amazing to feel fit. This is a fulfilling story, a positive story, and it's our job, all of our jobs, to have more stories like this out there.

I'm just going to list for you the systems and conditions that are linked to obesity. Cancers are a huge category of conditions linked to too much body fat. I'm talking about breast cancer, especially after menopause, colon and rectum cancers, endometrium, the lining of the uterus, cancer, gallbladder cancer, kidney cancers, and it's likely more cancers are related to obesity, and more studies are in the works, but we know with certainty that these specific cancers are increased in obese individuals.

Next comes heart disease. We know heart disease is the number one killer in the United States. Here I'm talking about heart attack, heart failure, sudden cardiac death, angina, abnormal heart rhythm. The heavier you are, the harder the heart has to work. Sometimes it can't keep up with the demand, and the heart adapts or compromises, which may cause these diseases.

High blood pressure's an issue. Your blood pressure is a measure of how hard your blood pumps through your arteries, and your goal is to be below 120 over 80. When pressure gets higher, it means your heart is working harder. The heavier your body is, the harder it has to work, which can increase risk of heart attack and stroke. Fatty liver disease is also an issue. It's not only for alcoholics. Some unfortunate people store excess fat around their liver, which is damaging, and we're not exactly sure who will or won't store fat there. People with fatty liver will need medical care and intervention.

Fertility problems are more common in obese people, with higher rates of high blood pressure, high blood sugar and insulin resistance. Obese people have an increased risk for gestational diabetes, preeclampsia, C-section deliveries for the mom with increased risks that go along with a C-section, premature births, stillborns and neural tube defects for the baby, as well.

Kidney disease is also an issue. Your kidneys are intimately linked to your blood pressure, and they're not only important for filtering waste and managing your trips to the ladies room. Obesity is a huge risk factor for chronic kidney disease, and weight loss can help to reverse the damage. Osteoarthritis is another topic I have to bring up when talking about obesity. I remember when I was really, really pregnant thinking that one major drawback was that my ankles, knees and

back were sore all the time, and it was so hard to get around and some uncomfortable. Osteoarthritis is common in obese folks because of the extra weight on joints and cartilage, also. This can cause pain and the dreaded inflammation. Even the smallest weight loss can help take some pressure off aching joints.

Sleep apnea, another topic we have to talk about when it comes to obesity. The number one risk factor for sleep apnea is obesity. Extra fat stored around the neck causes the airways to restrict when laying down. We all know how important restful sleep is. We know what a big part of living a nutritious life proper sleep is. When people suffer from apnea, they are less rested, have a harder time focusing, and are at greater risk for heart disease.

Okay, let's talk about strokes. A stroke is like a heart attack in your brain. It's almost always linked to hypertension and high cholesterol. Losing weight can reverse the risk for stroke and the need for medications.

Type two diabetes, another big topic. Almost 90% of people with type two diabetes are overweight or obese. We know type two diabetes is a major cause of heart disease, kidney disease, stroke, amputation, thanks to the decreased nerve sensitivity, people may get infections that they can't recover from as easily, and even blindness. Weight loss of just five to 7% of one's body weight can reduce the risk of type two diabetes greatly.

Okay, I could go into much more detail on the science of each of these diseases and medical conditions, but I think the impact of this list really reminds us of how fortunate we are to be able to help people reverse the diseases or potential for diseases through our work. We are fortunate, we are blessed to be able to do this, and we're so lucky we're doing this work. So many of our clients get diagnoses or warnings from their doctors, and even if they have some information, it can be really hard to know where to start or navigate the good information from all of that misinformation out there. I love the work we do, because we can coach, guide, cheer and support our clients to better wellness.

The major takeaway of this lesson is to know that obesity has been shown to have medical consequences including cancer, heart disease, high blood pressure, fatty liver disease, fertility issues, kidney disease, osteoarthritis, sleep apnea, stroke, type two diabetes. That is a long list. Work with your clients to positively make changes to lose weight, and celebrate with them as their numbers on the scale, in their labs, and the inches of their bodies go down. Focus on how a client feels and the medical improvements they are making, such as lowering risk for all of these conditions.

Double check that you are meeting the qualitative and quantitative goals you set up when you started, and see what needs revision in a set of number of weeks. For example, if your client is retesting blood sugar in six weeks, have that countdown as a goal and assess where you are in six weeks. Set new goals at that point. That is the perfect opportunity to use the I Am a Rock Star sheet that we discussed in TNS level one. The ultimate longterm goal, say losing a hundred pounds, can feel so daunting, so keeping track of small successes can help this person feel more empowered throughout this long journey. Keep it up, TNS-ers, you are doing a world of good. I will see you in the next lesson.