

April 20, 1981

# News

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\*\*\*\*\*Clinic offers help to the massively obese

DALLAS--The massively obese have a lot to contend with.

Along with the jokes and the snide remarks, there are those horribly embarrassing times when a person's body gets stuck in a chair or in a grocery store turnstile or while trying to squeeze between two cars in the parking lot.

Then there are those depressing nights when the urge to overeat overwhelms. One 265-pound woman admits to splurging occasionally by eating two to three complete meals in an evening. Eating alone, she consumes each at a different restaurant so no one sees the volume of food being devoured.

Many doctors view extreme obesity (50 pounds or more overweight) as a threat to people's lives. The danger comes from associated medical risks such as high blood pressure, heart disease, lung disease and joint disease. In general, obesity seems to accelerate the degenerative process of aging.

An obesity clinic, offering treatment in the form of a modified fast diet, has recently been established at Dallas' Parkland Memorial Hospital by Dr. Jan Drewry, associate professor of internal medicine at The University of Texas Southwestern Medical School. Here the average patient weighs 264 pounds as is at least 50 pounds above normal body weight.

The weight reduction program is directed at patients whose obesity has caused them secondary medical problems. It is based on a medically supervised out-patient program during which the patients receive a low-calorie powdered supplement of purified protein (egg albumin) and sucrose, skim milk, vitamins and minerals. This adds up to 753 calories a day. Women lose 3 pounds a week on the average and men lose 5.

"These people are 11 times more likely to die suddenly than people of normal weight," says Drewry.

Drewry is not accepting patients desiring cosmetic treatment for obesity--that is, patients without secondary medical problems--nor is she accepting the "less obese." "There is no medical research to suggest that being 25 or 30 pounds overweight is a medical risk," says Drewry.

(over)

Parkland's clinic is similar to modified fast programs at Harvard, Duke, the University of California at Los Angeles and at Cleveland's Case Western Reserve, where it was originated. To date, these related programs have logged 30,000 patient weeks.

Drewry describes one of Parkland's patients as a 26-year-old female weighing 331 pounds. The woman had a stroke at 24, leaving her paralyzed on the left side. Both knees have been operated on since they can't support her weight. She has high blood pressure and is a borderline diabetic. And she is destined to be a lifetime invalid unless she can control her weight.

Like the others enrolled in Parkland's program, this patient is examined each week and then participates in a behavioral modification session with a psychologist. In these sessions patients are "re-programmed" to become calorie counters for the time they reach their weight goals and go on a maintenance diet. And they learn tricks to stay on their diets--for example ways to recognize and resist the cues that say it's time to overeat.

"There is a body image problem in the massively obese," says Drewry. "Researchers say that even up until 5 years after a weight loss, these people still look in the mirror and see a fat person."

She says that the obese must deal with many forms of social alienation. "The obese face job discrimination, particularly the women. They do badly in school and have lower grades. They won't go outdoors because they don't want the neighborhood children to make fun of them."

Drewry explains that 75 percent of the massively obese are women. "It's presumed that this is due to a lack of physical activity, but there are hormonal reasons as well," she says. "It's harder for women to lose weight than for men because they have a higher percentage of body fat."

She says that medical researchers who work with obesity are asking not only why people are fat, but why some thin people can eat several thousand calories a day and not gain weight. "There is something more efficient about a thin person's metabolism," she says. "And the problem is much more complicated than caloric intake." She says that while body metabolism in the obese is different from the thin person it is not clear when the differences occur--before or after the person becomes obese.

Overeating may, in part, be a social phenomenon, she says. "Our society still eats as if we belonged to farm families. We eat the same kind of meals as if the men are going out into the fields to work, while this has not been true for 20 years."

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