Heinz

In Touch

HEINZ NUTRITION FOUNDATION INDIA

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Contents

MESSAGE FROM MS. SEEMA MODI,

MANAGING DIRECTOR, HEINZ INDIA PRIVATE LIMITED

NUTRITION FOR BARIATRIC PATIENTS

I am happy to announce that **In Touch** is entering its fifteenth year of publication without a break. You would appreciate that we have been giving original articles on a quarterly basis on the latest trends in Nutrition and Dietetics. Nutrition, you would all agree, is assuming greater importance in providing wholesome treatment to patients. We find a healthy trend of clinicians associating themselves closely with nutritionists and dieticians to take care of the patients once the diagnosis is complete. To be in sync with that trend, In Touch is also providing reading material to our esteemed readers, the clinician's perspective of a problem and the nutritionist's perspective.

There are a number of conditions which require a well-knit operation of a clinician and a nutritionist working in tandem. Disorders arising out of carbohydrate metabolism or amino-acid metabolism are common conditions that require the active participation of both the clinician and the nutritionist.

This issue carries **"Importance of Nutrition for Bariatric Patients"** with a clinician's perspective, explaining the need and role of bariatric surgery to take care of morbidly obese persons and the nutritionist's perspective to manage 'Diet for bariatric surgery patient'. Dr. M G Bhat of Bengaluru writes in this issue how Bariatric Surgery (Weight Loss Surgery) comes to the rescue of obese people, and Ms. Sheela Krishnaswamy writes on management of the diet of patients' undergoing bariatric surgery.

Since obesity is being attributed as a perpetuating cause for various other ailments, tackling it particularly when the patient is morbidly obese is becoming quite relevant. A good example for accepting this approach is the fact that the diabetologists consider that Glycemic control is improved more after gastric bypass surgery than after equivalent diet-induced weight loss in patients with morbid obesity and type 2 diabetes mellitus.

I send my greetings and good wishes from Heinz Nutrition Foundation India and Heinz India Private Limited to all our readers to tide over the heat of this severe summer with good intake of fluids.

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IMPORTANCE OF NUTRITION

BARIATRIC SURGERY AND DIET

BARIATRIC SURGERY (WEIGHT LOSS SURGERY) COMES TO THE RESCUE OF OBESE PEOPLE

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Obesity is increasing, globally, in the last 30 years. Developed countries were more affected, but developing countries have increasingly contributed to this epidemic as they continue to modernize. The national and global burden of obesity, with its public health and financial implications, is projected to markedly increase in the next two decades .

Obesity is a global problem and in India, the number of obese people is significant because of the huge population. It is largely an urban problem and in almost all cases, it is because of overeating. Only in one per cent of the cases obesity is because of a hormonal imbalance.

The basic definition of obesity is the accumulation of abnormal or excess body fat. It is a complex, multifactorial disease that results from the interaction of genetic and environmental factors. Excess body weight is associated with increased morbidity and mortality, including increased risk of type 2 diabetes mellitus, heart disease, dyslipidemia, osteoarthritis, sleep apnea syndrome, and some cancers. The most commonly used measurement that closely correlates with body adiposity is the body mass index (BMI), defined as the weight in kilograms divided by the square of the height in meters (kg/m2). According to the World Health Organization (WHO), overweight and obesity are defined as a BMI equal to or greater than 25 kg/m2 and 30 kg/m2, respectively. For Asian population a healthy BMI is between 18.5

FOR BARIATRIC PATIENTS

and 22.9, borderline obesity is above 23, obesity is above 25.

Type 2 diabetes mellitus is a worldwide epidemic, with its incidence increasing in the past few years. It is estimated that 285 million people currently have diabetes and that this figure will increase to 438 million (7.8 per cent of the world adult population) by 2030. Increases in the incidence of diabetes correlate with improvement in national socioeconomic status, as shown by sharp increases in obesity and diabetes in India and China. Currently, India ranks highest in the prevalence of diabetes, with 51 million cases, followed by China, with 43 million cases, and then the United States, with 25.8 million cases. It has been projected that, by the year 2030, the prevalence of diabetes will almost double .

The health risks of obesity diminish with weight loss. Even a modest weight loss can result in a 20 per cent reduction in all-cause mortality. A weight gain of 5-7 kg can increase the risk of diabetes by 50 per cent, whereas a reduction of as little as 5 kg decreases the risk by the same amount. When considering obesity in the context of type 2 diabetes, management has to integrate good glycemic control with weight loss. As soon as diabetes is diagnosed, effective therapies for weight management should be implemented. By the same principle, in diabetic patients or patients with impaired glucose tolerance, the prevention of weight gain should be one of the main goals when deciding on therapy. Conventional medical therapy for diabetes includes the use of insulin and anti diabetic medication. Weight loss therapy is recommended for patients with BMI of 20 kg/m2 or greater. Diet should consist of low-calorie, low-fat foods with a caloric goal of 1000 to 1200 kcal/d for most women, and 1200 to 1600 kcal/d for men. Physical activity increases energy expenditure, helps with weight maintenance, and reduces the risk of heart disease .

Weight Reducing Medication can be added if lifestyle modifications are not successful in achieving weight loss. Currently, the only medication approved for the long-term treatment of obesity is orlistat, which inhibits pancreatic lipases and, thereby, decreases fat absorption from the gastrointestinal tract. A systematic review of orlistat showed that the mean weight loss at 1 year was 2.9 kg. Although this minor weight loss is insufficient to make any clinical difference, it may be useful as an adjunct in patients waiting for bariatric surgery.

Non-operative management of obesity with diet, exercise, behavioural modification, and medications rarely achieves adequate durable weight loss .

The most effective way to lose weight and improve or resolve comorbidities is bariatric surgery. In a prospective, randomized trial, bariatric surgery achieved considerably better weight loss and improvement in comorbidities than medical therapy at 10-year follow-up. A meta-analysis by Buchwald and colleagues in 2004 reported a mean excess weight loss of 61 per cent with bariatric surgery and substantial improvement or complete resolution of diabetes mellitus, hypertension, dyslipidemia, and obstructive sleep apnea. This study also found a low operative 30-day mortality of 0.5 per cent for patients who underwent bariatric surgery. In addition, bariatric surgery has been shown a decrease of overall mortality in obese individuals in the long-term , , .

The following example illustrates how Bariatric Surgery can change the life of obese individuals. If you are obese and cannot lose weight with a healthy diet and exercise programme, bariatric surgery might be a good option.

A 28-year-old boy, who was 170 kg, lost 72 kg in two years. With every few kilos lost, he gained more confidence and felt happier. He has now enrolled in an MBA programme. He is hoping to do something that most people take for granted – to get into readymade clothes.

A 40-year-old monk is so upbeat about the prospect of shedding his extra kilos that he is already dreaming big. He was 150 kg and is hoping to lose at least 50 kg in the next couple of years. Now, going to the Himalayas is not such a distant dream for him anymore.

Their dreams and aspirations can come true because of a surgery that they underwent to treat obesity. Bariatric surgery is one of the most effective and permanent ways to treat obesity. Obesity is not just about weighing big at the scales and feeling heavy. It also takes a heavy toll on the person's psyche and all the systems of the body.

Obesity is not a simple problem. It is the primary cause of many non-communicable diseases and can trigger at least 53 diseases. Obesity is known to alter blood pressure, cholesterol levels and triglycerides, all of which can trigger life-threatening health conditions. Insulin resistance of the body can go haywire

A **28-year-old boy,** who was **170 kg,** lost **72 kg** in two years. With every few kilos lost, he **gained more confidence** and **felt happier**. He has now enrolled in an **MBA programme**. He is hoping to do something that most people take for granted – **to get into readymade clothes**

causing a major lifestyle disease- Diabetes. The extra kilos put a lot of burden on the system and affect almost every organ in the body. Severe joint pain, backache, menstrual problems, infertility and social and psychological problems are also seen as a result of excess weight. Obesity also cuts short a person's lifespan.

A study which looked at the health repercussions of obesity, published in the Lancet, has revealed that "by 2030, non-communicable disease will account for nearly 70 per cent of all global deaths and 80 per cent of these deaths will occur in developing countries like India".

Research also shows that South Asians must watch their weight as their genes increase their risk of heart disease and diabetes- both of which are a deadly offshoot of obesity. If most Indians have ample waistlines, it is a predictable part of their Indian genetic history and we must do much more than blame our forefathers!

Bariatric surgery is not new. It has become popular in the last 10 years because of minimal access (laparoscopy or key hole) surgery. Surgeons can now conduct these surgeries at low risk with small incisions, less pain, quick recovery and early return to work.

Bariatric surgery offers permanent solution to weight loss in obese and morbidly obese people. The weight loss is achieved by restricting eating, reducing absorption of food or a combination of the two. The different methods used in Laparoscopic Bariatric Surgery are Adjustable Gastric Band, Roux-en-Y gastric bypass (RYGB), biliopancreatic diversion with a duodenal switch (BPD-DS), and vertical sleeve gastrectomy (VSG).

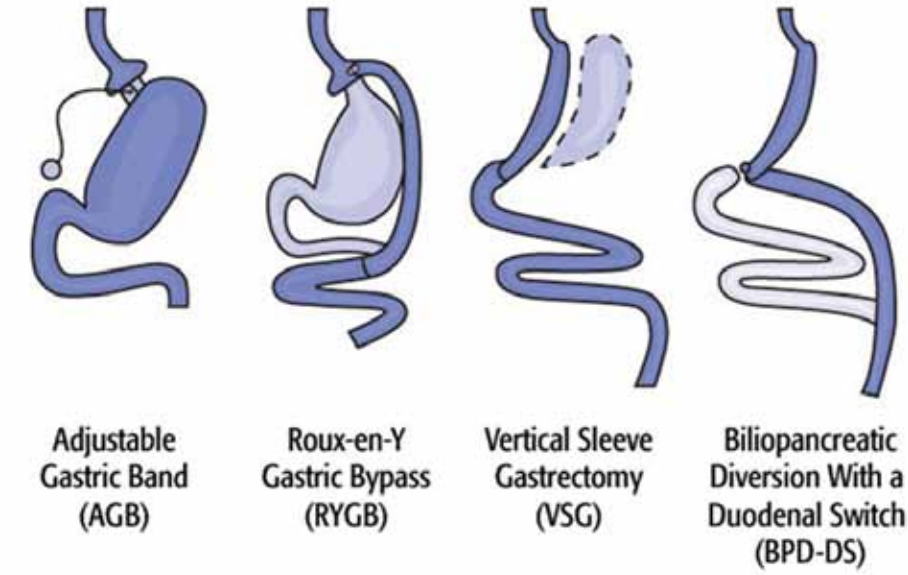
The most popular amongst the bariatric surgery is the laparoscopic sleeve gastrectomy. This operation reduces the capacity of the stomach by 80 per cent and thus restricts intake of food. Most people lose 30 per cent of their weight in the first three years after surgery. But surgery does not mean the person is now free to eat anything. Lifetime benefit requires a lifetime commitment towards healthy eating.

Each surgery has its own benefits and risks. Undergoing weight loss surgery is a serious decision. Awareness of the surgery and its consequences is important before taking a decision. Other factors to consider include the patient's BMI, eating habits, health conditions related to obesity, and previous stomach surgeries.

Laparoscopic sleeve gastrectomy (LSG) has been performed for morbid obesity in the past 10 years. LSG was originally intended as a first-stage procedure in high-risk patients but has become a stand-alone operation for many bariatric surgeons. The 3rd International summit on LSG in 2009 concluded that the weight loss and improvement in diabetes appear to be better than with laparoscopic adjustable gastric banding and on par with Roux-en-Y gastric bypass. High leaks are infrequent but problematic .

LSG is an accepted bariatric procedure that can be used for many different patient populations. It has been effectively used as part of a staged risk-management strategy for high-risk patients and has gained popularity as a primary bariatric procedure. The evidence supporting the safety and efficacy of SG continues to increase and long-term data are emerging that report excess weight loss greater than 50 per cent. A second stage gastric bypass or duodenal switch promotes further weight loss in selected patients with weight regain or inadequate weight loss after LSG. Attractive features of LSG are rapid weight loss, comorbidity reduction, and avoidance of long-term complications of bypass procedures or implantable devices. Concerns remain regarding the risks of leak after LSG, the long-term incidence of GERD symptoms, and weight loss durability beyond five years. Management of leaks after LSG is a formidable challenge for the bariatric surgeon, and early diagnosis followed by a multidisciplinary treatment strategy is important. The precise mechanism of sustained weight loss and diabetes remission after SG is unclear, but early evidence suggests that this is a metabolic procedure that affects nutrient transit, gut hormones, and the enteroinsular axis in a favorable way .

Bariatric surgery requires a multi-disciplinary approach because an obese person often has some other health complication. Moreover, a surgery on an extremely heavy person requires a different set-up of large operating tables and instruments and special expertise. Nova Specialty Surgery centers has the infrastructure and the experts to conduct bariatric surgeries.



1. HazemShamseddeen, MD , Jorge Zelada Getty, MD , Mohamed R. Ali, MD* SurgClin N Am 91 (2011) 1163–1172

2. IDF.IDF diabetes atlas.4th edition. Brussels (Belgium): International Diabetes Federation; 2009

3. NIH-NHLBI.North American Association for the Study of Obesity. The practical guide: identification, evaluation, and treatment of overweight and obesity in adults. Bethesda (MD): National Institutes of Health; 2000.

4. Padwal RS, Majumdar SR. Drug treatments for obesity: orlistat, sibutramine, and rimonabant. Lancet 2007;369:71–7.

5. Monkhouse SJ, Morgan JD, Bates SE, et al. An overview of the management of morbid obesity. Postgrad Med J 2009;85:678–81.

6. Goodrick GK, Poston WS 2nd, Foreyt JP. Methods for voluntary weight loss and control: update 1996. Nutrition 1996;12:672–6.

7. Sjostrom L, Lindroos AK, Peltonen M, et al. Lifestyle, diabetes, and cardiovascular risk factors 10 years after bariatric surgery. N Engl J Med 2004;351:2683–93.

8. Buchwald H, Avidor Y, Braunwald E, et al. Bariatric surgery: a systematic review and meta-analysis. JAMA 2004;292:1724–37.

9. Sjostrom L, Narbro K, Sjostrom CD, et al. Effects of bariatric surgery on mortality in Swedish obese subjects. N Engl J Med 2007;357:741–52.

10. Third International Summit: current status of sleeve gastrectomy. MervynDeitel, Michel Gagner, Surgery for Obesity and Related Diseases 7 (2011) 749–759

11. Stacy A. Brethauer, Sleeve Gastrectomy. SurgClin N Am 91 (2011) 1265–1279

DIET FOR A BARIATRIC SURGERY PATIENT

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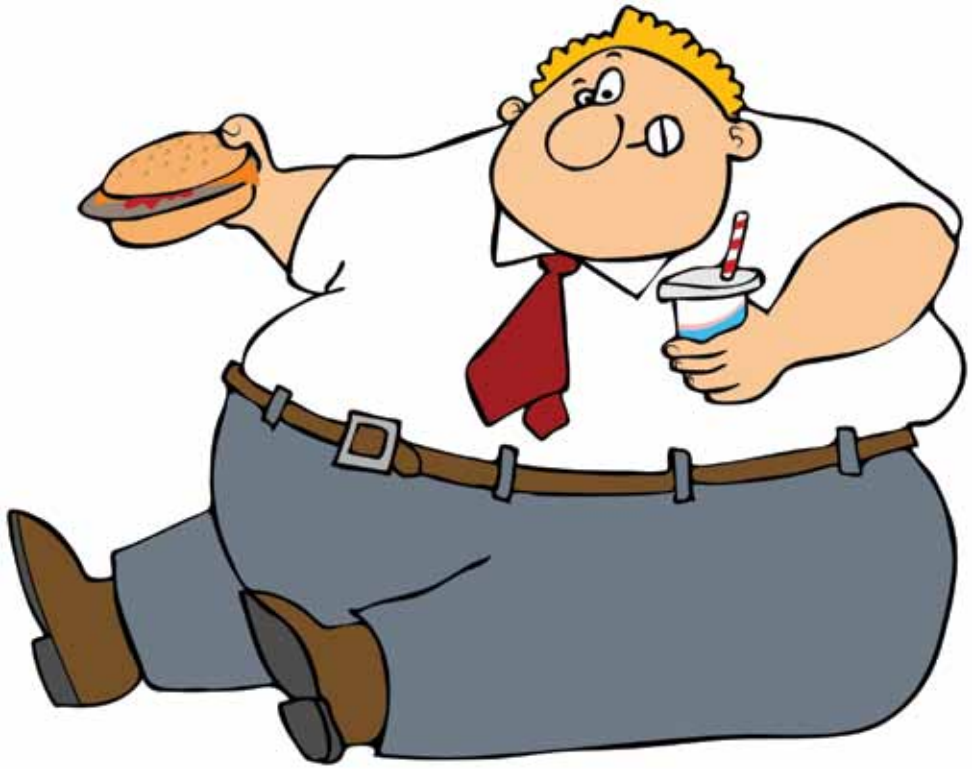


WHO estimates that 1.2 billion people worldwide are overweight. According to Obesity Foundation India, more than 3 per cent of the Indian population is obese. Although morbid obesity is not yet a public health concern in India, the problem continues to be a concern for many. Improvement in living conditions, urbanisation, increased comforts at home and workplace, improvement in education and earning capacity, easy access to high calorie processed foods, reduced space & time for physical activity have all played a role in increasing the incidence of obesity and its allied health problems.

The following survey was included in the article titled "Preventing obesity in India: Weighing the options" by Ambika Gopalkrishnan Unnikrishnan, Sanjay Kalra and M. K. Garg, published in Indian J Endocrinol Metab 2012 Jan-Feb; 16(1): 4–6.PMC3263196.

A cross-sectional survey was conducted in 6–12 urban streets in each of five cities in five different regions of India using a common study protocol and criteria of diagnosis to find out the prevalence of overweight, obesity, under nutrition and physical activity status in the urban populations of India. A total of 6940 subjects (3433 women and 3507 men) aged 25 years and above were randomly selected from the cities of Moradabad (n = 2002), Trivandrum (n = 1602), Kolkata (n = 900), Nagpur (n = 894) and Mumbai (n = 1542). The overall prevalence of obesity was 6.8 per cent and of overweight was 33.5 per cent among women and men, respectively. The overall prevalence of subjects >23 kg/m2 was 50.8 per cent and central obesity was 52.6 per cent. The overall prevalence of sedentary behavior was 59.3 per cent among women and 58.5 per cent among men. Both sedentary behavior and mild activity showed a significantly increasing trend in women after the age of 35–44 years. In men, such a trend was observed above the age of 45 years. Sedentary behavior was significantly ($P < 0.05$) greater in Trivandrum, Kolkata, and Mumbai compared to Nagpur, and was significantly ($P < 0.001$) associated with obesity in both sexes, compared to non-obese men and women.

In October 2011, India Today magazine cited a study that said that 70 per cent of urban Indian populace is in the overweight or obese category.

With such **alarming figures,** and **obesity** constantly **on the rise**, the solution lies not only in preventing the problem but also making **lifestyle changes to tackle it**

With such alarming figures, and obesity constantly on the rise, the solution lies not only in preventing the problem but also making lifestyle changes to tackle it. However, in those who cannot prevent obesity and reduce their weight with lifestyle alterations, bariatric surgery comes to the rescue. All those who undergo bariatric surgery require dietary management.

Diet is the mainstay of a patient who

has undergone a bariatric surgery. In fact healthy eating patterns should ideally begin even before the surgery. Starting on a slightly higher protein diet with lots of fluids before the surgery helps the patient to prepare for the post-surgery diet better. A lower calorie, lower carbohydrate, higher protein diet is useful not only before the surgery but also after the surgery. Some surgeons might ask the patient to follow a liquid diet for 2 weeks before the surgery to prepare their system for transition.

Bariatric surgery decreases the stomach size and changes the way food is handled. Post bariatric surgery diet calls for introduction of foods in phases. Although the meal plan may vary from one hospital to another, and the diet plan differs from one patient to the next, the general guidelines are most often similar.

Generally, the diet pattern followed is –

Weeks 1 & 2 – liquid diet
Weeks 3 & 4 – semi solid diet
Weeks 5 & 6 – soft solid diet
Week 7 onwards – normal diet (with necessary restrictions)

Balanced diet is important at all times. All foods have to be introduced slowly. When a patient begins to eat solid foods again, feeling of fullness sets in quickly. This is because the new stomach holds only a small amount of food at first. Over a period of time, the pouch will get larger and can hold about a cup of food. It's important for the patient to eat slowly and chew each and every bite thoroughly. Swallowing should be allowed only after the food becomes smooth. It should take about 20 to 30 minutes to finish a meal although the quantity is less. The patient should be told to stop eating as soon as he/she feels full.

As for liquids, no intake is allowed for 30 minutes after food. No fluids are allowed during meals either, because liquids tend to fill up the stomach, and reduce the intake of healthy foods. The patient should take small sips while drinking fluids and not gulp them down. Use of straw or drinking straight from the bottle is also not advised.

Protein, vitamins and minerals are required in adequate quantities to meet the RDA. Protein is particularly important for healing and recovery. About 1200 to 1500 calories and 60 to 70 g of protein should be the goal once the patient reaches the normal diet phase. Multivitamin and multi-mineral supplements become mandatory after the surgery for life long. Foods that are high in fats, sugar or carbohydrates need to be avoided. Foods and beverages that have sweeteners like fructose or corn syrup, fruit juices, soft drinks, concentrated sweets, are also forbidden to prevent dumping syndrome. All liquids should be caffeine-free. Alcohol is best avoided. But adequate fluid intake should be ensured between meals. Keeping a food diary is useful because it aids as a monitoring guide of the food intake to the patient.

Given below is the list of guidelines that are normally advised for the patient after bariatric surgery.

LIQUID DIET GUIDELINES –

- Make liquid preparations smooth and clear
- Sip slowly. Each meal should last about 30 minutes
- Stop as soon as you feel full or nauseated
- Use sugar-free, non-carbonated, caffeine-free beverages
- Begin with a tablespoon of liquid at a time and gradually progress to larger quantities

SEMI SOLID DIET GUIDELINES –

- Aim for high protein
- Eat protein foods first
- Foods can be of sauce consistency
- Add new foods one at a time to check tolerance
- Avoid fiber
- Eat slowly; stop eating when you feel full
- Take liquids 30 minutes before or after a meal

SOFT SOLID DIET GUIDELINES –

- Aim for high protein
- Eat protein foods first
- Add new foods one at a time to check tolerance
- Eat slowly; stop eating when you feel full
- Avoid highly refined foods, raw foods, high fat foods, high fiber foods

Normal diet guidelines –

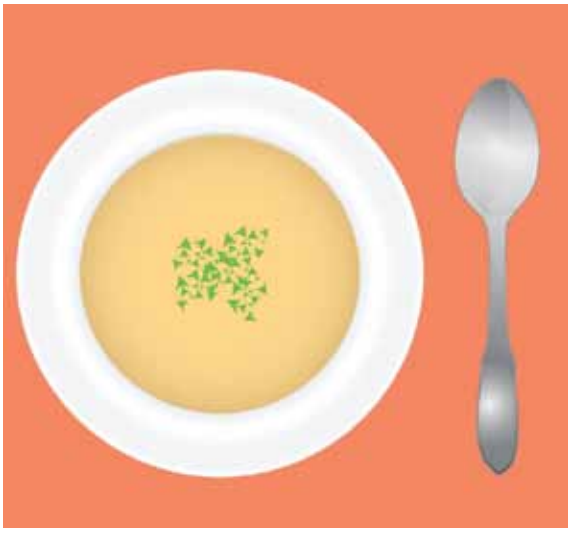
- Use low fat, low sugar foods
- Gradually increase quantity from ¼ cup to ½ cup to ¾ cup to 1 cup
- Eat small meals
- Do not starve
- Eat slowly; chew well; stop eating when you're full
- Avoid liquids during meals

SUPPLEMENTS –

- Supplements are required life-long and on a daily basis to prevent nutrient deficiencies.
- Multivitamins with iron, zinc, folic acid are usually prescribed.
- Alongside calcium, vitamin D, vitamin B12, are some of important supplements that are prescribed post bariatric surgery.
- The bariatric surgeon / physician usually advises the patient regarding the appropriate intake of supplements.

Sometimes weight gain occurs after bariatric surgery. This might be either due to too many high calorie foods or drinks, or eating too many small meals or reduced physical activity. Often, people do not believe they overeat. Sometimes the problem is not in eating more food but the wrong type of food.

Regular follow-ups with the dietitian are required to ensure weight maintenance and good eating habits. Long term goals should be kept in mind while planning a diet post bariatric surgery.



SNIPPETS

WIN Weight-control Information Network
An information service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

HEALTHY EATING AND REGULAR EXERCISE REDUCE RISK

Severe obesity is a chronic condition that is hard to treat with diet and exercise alone. Bariatric surgery is an operation on the stomach and/or intestines that helps patients with extreme obesity to lose weight. This surgery is an option for people who cannot lose weight by other means or who suffer from serious health problems related to obesity. The surgery restricts food intake, which promotes weight loss and reduces the risk of type 2 diabetes. Some surgeries also interrupt food digestion, preventing some calories and nutrients, such as vitamins, from being absorbed. Recent studies suggest that bariatric surgery may even lower death rates for patients with severe obesity. The best results occur when patients follow surgery with healthy eating patterns and regular exercise.

Bariatric surgery may be the **next step** for people who **remain severely obese** after trying approaches other than surgery, especially **if they have a disease linked to obesity**

WEIGHT-CONTROL INFORMATION NETWORK
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The Weight-control Information Network (WIN) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health, which is the Federal Government's lead agency responsible for biomedical research on nutrition and obesity. Authorized by Congress (Public Law 103–43), WIN provides the general public, health professionals, the media, and Congress with up-to-date, science-based health information on weight control, obesity, physical activity, and related nutritional issues.

Publications produced by WIN are reviewed by both NIDDK scientists and outside experts. This fact sheet was also reviewed by Walter Pories, M.D., FACS, Professor of Surgery and Biochemistry, Brody School of Medicine at East Carolina University; and Thomas Inge, M.D., Ph.D., FACS, FAAP, Assistant Professor of Surgery and Pediatrics and Surgical Director, Comprehensive Weight Management Center, Cincinnati Children's Hospital Medical Center.

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The following list of publications, websites, and organizations may be of use for patients or health care providers discussing bariatric surgery.

ADDITIONAL READING FROM THE WEIGHT-CONTROL INFORMATION NETWORK

Active at Any Size. This fact sheet provides ideas and tips on how people considered to be overweight or obese can be physically active. It focuses on overcoming common barriers and setting goals. Available at http://www.win.niddk.nih.gov/publications/active.htm.

Binge Eating Disorder. This fact sheet provides information and resources for patients who may have binge eating disorder. Available at http://www.win.niddk.nih.gov/publications/binge.htm.

Dieting and Gallstones. This fact sheet explains what gallstones are, how they form, and the roles obesity and rapid weight loss play in developing gallstones. Available at http://www.win.niddk.nih.gov/publications/gallstones.htm.

Weight Loss for Life. This booklet describes ways to lose weight and encourages healthy eating habits and regular physical activity. Available at http://www.win.niddk.nih.gov/publications/for_life.htm.

ADDITIONAL READING FOR HEALTH CARE PROVIDERS

Pharmacological and Surgical Treatment of Obesity: Evidence Report/Technology Assessment: Number 103.Shekelle PG, Morton SC, Maglione M, et al. Agency for Healthcare Research and Quality (AHRQ). AHRQ Publication Number 04–E028–1; 2004. Rockville, MD. This report reviews the scientific evidence on weight-loss drugs and bariatric surgery among children, youth, and adults. Available at http://archive.ahrq.gov/clinic/epcsums/obesphsum.pdf [PDF - 441 Kb].

ADDITIONAL RESOURCE

AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY
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Gainesville, FL 32607
Phone: 352-331–4900
Fax: 352-331–4975
Internet: http://www.asmbs.org/

THE ABOVE INFORMATION IS PROVIDED TO FACILITATE THE READER FOR GETTING FAIRLY EXHAUSTIVE INFORMATION ON THIS PROCEDURE. THIS INFORMATION IS EXTRACTED FROM THE INTERNET

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PREVENTION BETTER THAN "CURE" FOR OBESITY

Problem of obesity is not just the excess of fat and weight but the resultant multiple organ dysfunction that may be irreversible to some extent. Management of obesity with lifestyle changes often fails to sustain improvement and not many drugs are useful either. This is the reason for finding alternatives and one such modality is bariatric surgery. Different procedures have been tried with reasonable success of weight reduction, though every such a procedure has a chance of complications. Post-operative diet management is a specialised issue and not easy to manage. Thus, it is all about team work and demands proper counselling of the concerned patient. The question is whether mere reduction of weight by surgical procedures would reverse pre-existing organ dysfunction. However it is best to prevent obesity and it is possible to a large extent by following an ideal lifestyle and monitoring growth parameters throughout childhood so that early deviation can be corrected.

EVENTS

NURTURING A NUTRITIONAL APPROACH

Heinz Nutrition foundation India had recently sponsored "Workshop on Clinical Nutrition" conducted by 'Centre for Research on Nutrition Support Systems' (CRNSS) and Indraprastha Apollo Hospitals, New Delhi. This was an interesting workshop for practising dieticians in and around Delhi. More than 150 well known deticians and doctors from Apollo Hospital Group and Delhi region participated in the workshop.

This workshop was unique in more than one respect. Right from the start of the programme, the hall was full and the audience participated with great interest. In my opinion, one of the reasons was the topics selected were so relevant. Secondly, each topic was presented by a clinician, who explained the complications of any given problem and it was closely followed by a dietician giving the 'nutritionist perspective' and in many cases the actual diet was prescribed. The participants greatly benefitted by this approach.

Interestingly enough, one of the subjects discussed was 'Nutritional Management in the Morbidly Obese Patient undergoing Bariatric Surgery'. The same subject which is our lead article in this issue of In Touch.

HNFI had put a stall bringing forth the salient features of 'The Foundation' and Heinz Nurturemate was displayed very prominently. Around 70 participants visited our Stall and took keen interest in Nurturemate and HNFI activities. Dieticians and Doctors appreciated Nurturemate which could alleviate malnutrition and anemia in particular in Indian children. This was a nice platform to promote the HNFI mission.

HNFI poster displayed is shown here.

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