

## Foreword



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Obesity has been labeled as “a modern-day epidemic” and everyone knows it. The lay press is riddled with countless magazine covers and articles, diets and cookbooks, and self-help books and programs. Weight loss clinics and programs are plentiful, while pills and remedies that promise results continue to increase in popularity. The obesity epidemic is costing our healthcare system billions of dollars annually and will continue to do so. The frightening point is that our society recognizes this grave issue and seems to be losing the famed “battle of the bulge,” as national obesity rates continue to skyrocket. Searching for the most current and disparaging data, I googled “*obesity statistics*” and clicked on the first link, which is the Centers for Disease Control and Prevention’s compilation of US Obesity Trends from 1985 to 2007.<sup>1</sup> This website takes you directly to 30 seconds of colorfully horrifying statistics, which highlight the increases in obesity prevalence from state to state over the last 2 decades. Further exploration of this website details gender and racial disparities in obesity, which parallel national morbidity and mortality statistics.

The harsh reality is that most of the clinicians in practice today have been inadequately trained to manage and treat obesity and to ultimately prevent its numerous complications. I am ashamed to say that I did not even have a single nutrition class in 4 years of medical school! Equally discouraging is the fact that most health insurance plans do not cover basic nutrition counseling unless a patient has significant comorbidities, and even then, it is often grossly inadequate. The greatest chance of success that we as clinicians have in preventing and treating obesity is to educate ourselves, so that we can best educate and motivate our patients. It is no longer acceptable to tell our patients that they are obese; we must tell them *how* to lose weight and support them until they reach their weight loss goals. Obesity is rivaling accidents and injuries as the leading cause of disability in the United States. Further research is desperately needed to understand the complex pathways that interplay among the endocrine, neurologic, and gastrointestinal systems so that new pharmacologic treatment options can be created, trialed, and put into everyday medical practice. New approaches to cognitive and behavioral therapy will also provide an important avenue of support.

Surgical options for obesity treatment are showing great promise in many people over the short term, and these cohorts will be closely followed for complications and post-operative weight gain.

I sincerely thank Dr. Ann Rodden and Dr. Vanessa Diaz for rising to the challenge of creating a volume of outstanding review articles dedicated to the challenging topic of obesity management. The breadth of subtopics herein, all authored by expert clinicians, renders this issue of *Primary Care* a must read for primary care clinicians as well as their residents and students. This vast amount of practical knowledge should significantly augment the care and support we deliver to our many obese patients on a daily basis. Perhaps sophisticated and motivated patients who struggle with controlling their obesity can also learn firsthand from these pages and live happier, longer, and more prosperous lives.

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#### REFERENCE

1. US Obesity Trends 1985–2007. Available at: <http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/>. Accessed February 22, 2009.