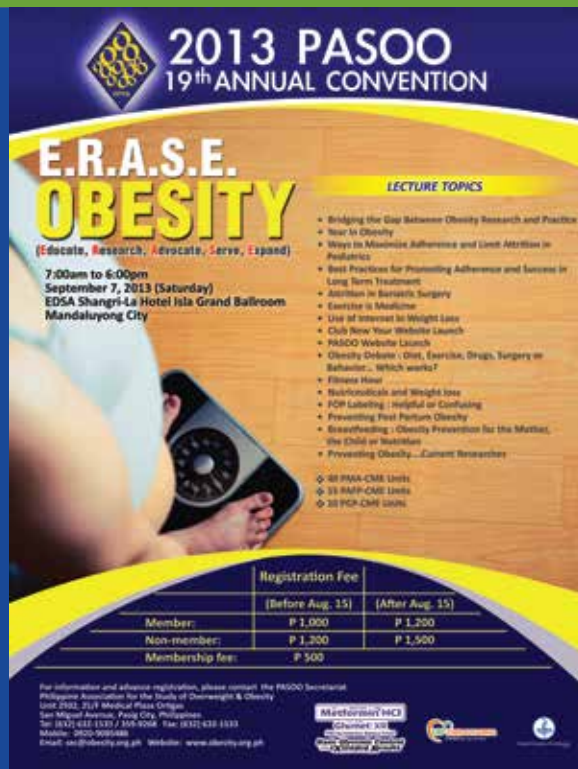


UPCOMING ACTIVITIES

* 7th Asia Oceania Conference of Obesity (AOCO) 2013
October 31st - November 2nd 2013
Trans Luxury Hotel, Bandung, West Java, Indonesia

* Obesity Awareness and Prevention Week
September 1-7, 2013



2013 PASOO
19th ANNUAL CONVENTION

E.R.A.S.E. OBESITY
(Educate, Research, Advocate, Serve, Expand)

7:00am to 6:00pm
September 7, 2013 (Saturday)
EDSA Shangri-La Hotel Ila Grand Ballroom
Mandaluyong City

LECTURE TOPICS

- Bridging the Gap Between Obesity Research and Practice
- New to Obesity
- Ways to Maximize Adherence and Limit Attrition in Patients
- Best Practices for Promoting Adherence and Success in Long Term Treatment
- Adoption in Bariatric Surgery
- Exercise in Medicine
- Use of Intensive Weight Loss
- Only Now Your Website Launch
- PASOO Website Launch
- Obesity Outcomes: Diet, Exercise, Drugs, Surgery or Behavior... Which works?
- Flare Up Now
- Neuroendocrine and Weight Loss
- PCP Labeling: Helpful or Confusing
- Preventing Post Partum Obesity
- Researching - Obesity Prevention for the Mother, the Child or Adolescent
- Preventing Obesity... Current Research

	Registration Fee
	(Before Aug. 15) (After Aug. 15)
Member:	P 1,000 P 1,200
Non-member:	P 1,200 P 1,500
Membership fee:	P 500

For information and advance registration, please contact the PASOO Secretariat:
Philippine Association for the Study of Overweight & Obesity
Unit 2502, 25/F Medical Plaza Ortigas, San Miguel Avenue, Pasig City, Philippines
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Tel: (632) 632-1533 / 359-9268 Fax: (632) 632-1533
Mobile: 0920-9999999
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PASOO Board of Directors



PASOO Officers, Board of Directors, Corporate Members
(not in photo are Dr. Ramon F. Abarquez, Jr and Dr. Edgardo L. Tolentino, Jr.)

PASOO Secretariat:
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OUR MISSION

Pioneer in the prevention & control of obesity & its complications through education, research & advocacy

OUR VISION

An obesity risk-free nation



Philippine Association for the Study of Overweight and Obesity

Member - International Association for the Study of Obesity (IASO)

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OBESITY ALERT

A publication of the
Philippine Association for the
Study of Overweight and Obesity

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Philippine Association for the Study of Overweight and Obesity

PRESIDENT'S MESSAGE E.R.A.S.E. OBESITY!

Since its foundation in 1994, the Philippine Association for the Study of Overweight and Obesity (PASOO) has strived to raise public awareness of the problem of overweight and obesity through its multifaceted programs. Through the years, the PASOO initiated regular obesity conventions and workshops for physicians, dietitians, and allied health professionals as well as obesity summits, lay fora and lifestyle programs for the general public. It actively pursued collaboration with both governmental and non-governmental agencies in promoting healthy lifestyle and reducing the burden of cardiovascular disease in the country. It offers its educational and lifestyle programs not only in Metro Manila but has brought these projects to Cagayan de Oro, Baguio, Laguna, Cebu, Bulacan and Davao. It was among the first 43 organizations and agencies to become members of the Philippine Coalition on the Prevention and Control of Non-Communicable Diseases, convened by the Department of Health (DOH) in 2004. It continues its commitment in upgrading obesity research and enhancing the Philippine obesity data base through its innovative research programs and its full support of the periodic National Nutrition and Health Survey (NNHS).

It extends its avenues of education, advocacy and research projects to the school, workplace and community settings.

It has been recognized internationally early on, being a member of the International Association for the Study of Obesity (IASO) since 1995. It is actively involved as well in the regional initiatives against obesity as a leading member of the Asia Oceania Association for the Study of Obesity (AOASO). In fact, it successfully hosted the 6th Asia Oceania Congress on Obesity in 2011 in Manila, bringing many international and regional leaders in the field and culminating the congress with the signing of an important document calling to action to address the problem of obesity in the Asia-Oceania region.

Nearing its 20th year, the PASOO is the respected authority on obesity nationally and internationally, having accomplished significant advances in both prevention and treatment of obesity. This has been possible through the pioneering efforts and committed leadership of our Founding President, Dr. Augusto D. Litonjua (1994-2006).



Gabriel V. Jasul, Jr, MD, FPCP, FPSEM
President, PASOO
Endocrinologist, UP-PGH and St. Luke's Medical Center
Past President, PSEM

His sense of mission and dedication was carried on by the leaders who followed: Dr. Rosa Allyn G. Sy (2006-2008), Dr. Elizabeth Paz-Pacheco (2008-2010) and Dr. Sioksoan Chan-Cua (2010-2012) and the support of its hardworking Officers and Board of Directors, the Chapter Officers as well as the general membership.

Challenges remain however as the national trends of the so-called lifestyle diseases continue to increase, following the global patterns. Indeed, the prevalence rates of overweight and obesity among adult Filipinos doubled and tripled, respectively, over an observation period of two decades or so (1987-2008). The pediatric data also show a rising trend, although at a much slower and smaller degree. Clearly, while the PASOO has made significant progress, the task of effectively controlling the problem is still daunting. Thus, there is no better time than now to revisit, reassess and reformulate PASOO's strategies for effective prevention and management of obesity in the Philippines.

(Continued on page 15)

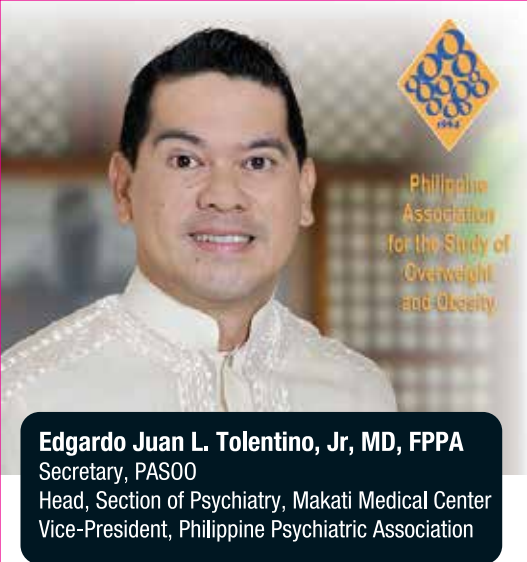
member



International Association for the Study of Obesity (IASO)

What's inside?

Some Sustained Myth about Obesity
A Closer Look at Diabetes • Document Advocacy
"School-based Health Promotion Program
Friends Can Make You Fat • Obesity and Surgical Risk
Drugs in Obesity Treatment • Control Blood Sugar
Bridging the Gap between
MOA Signing to Launch EIM Philippines
PASOO in ACTION



Philippine
Association
for the Study of
Overweight
and Obesity

Edgardo Juan L. Tolentino, Jr, MD, FPPA
Secretary, PASOO
Head, Section of Psychiatry, Makati Medical Center
Vice-President, Philippine Psychiatric Association

We welcome one and all to the Obesity Alert's 16th edition!

Like PASOO is an amalgam of different disciplines and sectors with a dedicated cadre of professionals whose goal is the eradication of the serious consequences of obesity and the promotion of a healthy lifestyle, the Obesity Alert mirrors the multidimensional nature of the problem of obesity.

Our 16th edition is a symphony of melodious news, commentaries, views & opinions on all things related to the battle of the bulge, as well as the furtherance of a healthy lifestyle.

Here's a glance at the smorgasbord of highly thought-provoking, stimulating, or amusing articles laid out in a menu of categories that will hopefully whet your cerebral appetite:

CONCEPTS

- 1) Mrs. Sanirose Orbeta goes hunting to shoot down "Some Sustained Myth, Misbelief and Presumption about Obesity" in her interesting article.
- 2) Dr. Juan Maria Ibarra Co explores the birthing pains of a new "twin concept" (pun intended) in his article: "A Closer Look at Diabetes"

ADVOCACY

- 3) Dr. Ramon F. Abarquez, Jr., oozing with ex appeal (my neologism for EXperience appeal) challenges & urges us in his well-thought of advise:"Document, Advocacy Outcomes"
- 4) Dr. Sioksoan Chan-Cua, the model pediatric endocrinologist endorses a model for a School-Based Health Promotion Program in her report.

What's inside this year's OBESITY ALERT

TREATMENT

- 6) Dr. Rogelio Tangco, our ardent contributor, returns with his first-person account where he charts the reality of "Obesity & Surgical Risk" as seen from the eye of a cardiologist monitoring an obese patient in the surgical theater.
- 7) Dr. Rosa Allyn Sy, always the trailblazer that she is, bring to fore the New Drugs in Obesity Treatment and gives her take on the question: Are they Safe and Effective?
- 8) Mrs. Celeste Tanchoco, ever-insightful, proposes us health professionals involved in the treatment of obesity and individuals who struggle with being overweight or obese to control blood sugar to help in weight loss, in her paper.

RESEARCH

- 9) Dr. Elizabeth Paz-Pacheco who has spearheaded PASOO's research campaign engages us in her piece on Bridging the Gap Between Research and Practice in Obesity.

ACTIVITIES

- 10) Dr. Rodolfo F. Florentino drumbeats to all & sundry the Memorandum Of Agreement Signing To Launch Exercise is Medicine movement (EIM) Philippines - an advocacy to raise awareness on the value of exercise as a valid intervention in the treatment of physical & mental conditions.

Truly, the Obesity Alert entices the reader to read it from cover to cover. But, more than just being a passive participant in this exchange, we encourage you, dear reader, to contribute articles, commentaries, & suggestions to make this a venue for members to participate be lending your thoughts in our common goal of communicating & educating on issues related to obesity and advocating & promoting a healthy lifestyle. If you 'LIKE' then 'SHARE' at sec@obesity.com.ph.

Happy reading!!!

(...From President's Message)

E.R.A.S.E. OBESITY! is PASOO's battlecry, updated and directed to effectively address obesity in the country today. PASOO's main pillars of action, education, research, advocacy, service and expansion, will be the channel of our programs. PASOO will continue its collaboration with its partners from many sectors as it focuses on outcomes-based and long-term projects that will be the framework of lasting solutions to obesity at every level: individual, family, school, workplace and community.

It cannot be overemphasized that obesity is a chronic problem needing lasting solutions. Moreover, obesity is a public health problem requiring public health solutions.

It is an honor and privilege to be your President during these exciting times for PASOO and the field of obesity in general. But I also realize it is would be no easy task following the great examples of my predecessors and fulfilling the huge expectations that come with the position. I earnestly hope however that PASOO's

commitment towards improvement of the Filipinos' health and welfare will be more than enough reason to move forward and to always aim for the best in everything that we do. By God's grace and guidance, PASOO will be successful in its many endeavours with the active participation of its members and partners.

Again, I extend my sincerest gratitude and I look forward to working with all of you as we pursue PASOO's vision: an obesity risk-free Philippines!

(...From page 3)

Some True or False Misbeliefs about obesity

TRUE: Eating more fruits and vegetables will result in weight loss or less weight gain, regardless of whether one intentionally makes any other behavioral or environmental changes

FALSE: Weight cycling (i.e. yo-yo dieting) is associated with increased mortality – maybe

TRUE: Snacking contributes to weight gain and obesity

By eating more fruits and vegetable, a person presumably spontaneously eats less of other foods and the resulting reduction in calories.

In observational studies, mortality rates have been lower among persons with stable weight than among those with unstable weight

Snack foods are presumed to be incompletely compensated for at subsequent meals, leading to weight gain.

Some Sustained Myths, Misbelief and Presumptions about Obesity



(...From page 8)

Obesity and Surgical



Obesity and Its Comorbidities

Her breathing was fine, unimpeded even by the tight abdominal brace they put to support the tension sutures to close her abdomen. Blood pressure was never elevated, and bleeding was never a problem either. Her EKG remained normal post-op, and there was no recurrence of the bradycardic episode. But alas, it was not the heart that would determine the fate of this patient: the pathologic specimen lay on the side table of the operating room. As the pathologist dissected it, it was became clear that it was a malignant tumor. They knew it was aggressive.

Yes, obesity is associated with increased risk of certain cancers. Adipose tissue produces excess amounts of estrogen, high levels of which have been associated with the risk of breast, endometrial, and some other cancers. Hyperinsulinemia may also promote the development of certain tumors. Fat cells produce hormones, called adipokines, that may stimulate or inhibit cell growth; leptin that promotes cell proliferation and adiponectin that may have antiproliferative effects – the latter adipokine is deficient in obese people. It seems that the proliferation of inflammatory cytokines that predispose obese people to cardiac events also predispose them to cancer or alter their immune response to carcinogens.

The patient is due for chemotherapy, she is doing well so far.

Just eat less and move more.



Weight loss
Weight gain
Weight maintenance . . .

Healthy Living

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A Closer Look at diaBEsity



Juan Maria Ibarra O. Co, MD, FPCP, FPSEM
Board Member, PASOO
Head, Section of Endocrinology,
University of the East Ramon
Magsaysay Memorial Medical Center Inc.
President, Philippine College of Physicians
Pasig San Juan Mandaluyong Chapter

The rise in the prevalence of overweight adults in the Philippines parallels the increase in the prevalence of diabetes mellitus. The number of overweight Filipinos rose from 24.4% in 2003 to 26.6% in 2008, while the number of diabetics increased from 4.4% to 5.2% (as determined by fasting blood glucose or history) during the same interval period.

Obesity has long been an established major risk factor for the development of type 2 diabetes mellitus (T2DM). Due to the strong causal link between the 2 conditions, the term “diabesity” was coined. Approximately 80% of patients with T2DM are obese, while only 10% of obese individuals have T2DM, indicating that additional factors contribute to the development of diabetes.

Obesity, especially abdominal obesity (as measured by waist circumference or waist-to-hip ratio), is strongly correlated with insulin resistance. Insulin is a hormone that is essential for normal blood glucose levels. Insulin deficiency, combined with the failure of insulin to exert its action (insulin resistance), are the main pathophysiology behind T2DM.



Several hypotheses described the link between obesity and diabetes:

1. The “inflammation hypothesis”, in which adipose tissue produces inflammatory cells (eg. TNF- α , MCP-1, TLR-4) leading to impairment in insulin release, insulin action and failure to suppress glucose production.
2. The “lipid overflow hypothesis”, in which excessive lipids are transferred to other tissues that are not adequate for lipid storage, resulting in lipotoxicity, insulin resistance and deficiency.
3. The “adipokine hypothesis”, in which fat cells secrete both inflammatory hormones and other hormones that result in insulin resistance and deficiency

According to the American Diabetes Association Standards of Medical Care in Diabetes, testing for diabetes should be considered in all adults who are overweight (BMI ≥ 25 kg/m²) and have additional risk factors.

Weight loss should be considered for all overweight and obese individuals with T2DM. A multicentric approach should be adopted, including a calorie-restricted diet, physical activity and behavior modification. Weight loss medications (eg. orlistat) may be used for all patients with a BMI ≥ 27 kg/m² and comorbidities. Bariatric surgery should be considered for patients with a BMI ≥ 35 kg/m² and comorbidities, especially if therapeutic goals have not been reached using other modalities.

With the advent of incretin-based therapies (ie GLP-1 agonists and DPP-4 inhibitors), patients now have the benefit of taking diabetes medications that have a favorable effect on their weight, in contrast to older medications that are known to cause weight gain (ie sulfonylureas, thiazolidinediones and insulins).

Awareness regarding the importance of maintaining an appropriate weight will always be invaluable in the fight against T2DM.

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PASOO in ACTION



August 30, 2012 - Obesity Summit
Holiday Inn Manila Galleria, Mandaluyong City



August 31, 2012 - PASOO 19th Annual Convention
Crowne Plaza Galleria Manila, Mandaluyong City



March 19, 2013 Rock That Fat Away Press Conference & PASOO-Roche MOA Signing
Hyatt Hotel, Manila



PASOO-EIM (Exercise is Medicine) MOA Signing



Induction of New Officers & Board of Directors 2012-2014



PASOO Officers, Board of Directors, Corporate Members

2012

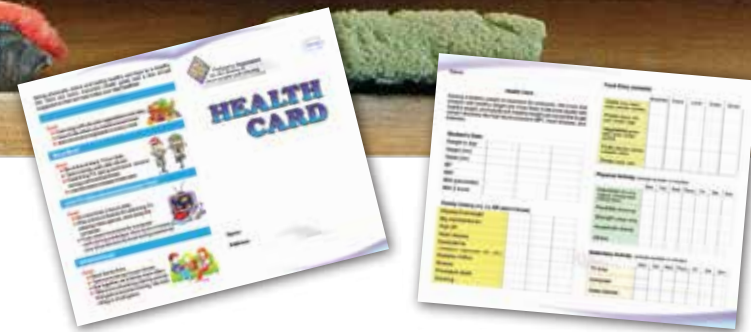
December 6, 2012 | Oakwood Premier Joy-Nostalg Center Manila, Ortigas, Pasig City

"School-based Health Promotion Program"



A joint activity of PASOO and Manila Doctors Hospital
Dr. Salvador Celedonio Elementary School

Sioksoan Chan-Cua, MD, MS, FPPS, FPSPME
Immediate Past President, PASOO
Past President, PSPME
Associate Professor, College of Medicine
UP-Philippine General Hospital



PASOO conducted "Wellness Summer Workshop – Youth Edition" in 2007 and 2008. Since 2009, PASOO has focused on "School-based Health Promotion Program" to promote healthy weight and prevent overweight and obesity of students, as well as faculty members and parents. Lectures and interactive games were conducted in various schools including St. Andrew's School in Las Piñas (July 24, 2009 and July 28, 2010), St. Scholastica's College in Manila (July 30, 2009) and St. Matthew School in San Mateo (Sept. 4, 2009) and Epifanio delos Santos Elementary School in Manila (EDSES, July 28, 2011). Last year, a health lecture, "Overweight/ Obesity among School Children" was given by Dr. Sioksoan C. Cua to Manila Public Elementary School Nurses in Francisco Balagtas Elementary School in Manila (May 29, 2012).

This year, the selected school is Dr. Salvador Celedonio Elementary School (SCES), a newly adopted school of the Department of Pediatrics at Manila Doctors. "Galaw Galaw, Araw Araw ay Iwas Bigat, Iwas Sakit", was the theme of a health promotion school event that was held on July 15, 2013 at SCES in Paco, Manila. The activity was spearheaded by PASOO, in cooperation with the Department of Pediatrics, the PROHealth Nutrition Counselling Section and the Corporate Social Responsibility Department of Manila Doctors Hospital. The MDH pediatric residents, particularly Dr. Myrtle Ballesteros and Dr. Antonet Pesebre, and Ms. JM Amihan, helped in facilitation and coordination of such health promoting activity, with the participation of students, parents and teachers. The key persons involved in the main program were the following:

- The Chair of the Department of Pediatrics, Dr. Jocelyn Yambao-Franco gave a heart-warming speech.
- Dr. Levy Jasul, PASOO President and adult endocrinologist, provided a practical lecture entitled "IWAS BIGAT, IWAS SAKIT". He stated PASOO vision, mission and advocacy, and gave tips on prevention of obesity and its related complications.

- PASOO immediate Past President and pediatric endocrinologist, Dr. Sioksoan Cua, emphasized the importance of energy balance in her lecture, "HEALTHY LIFESTYLE, HEALTHY WEIGHT, HEALTHY SCHOOL".
- Miss Cecilia Neri, MDH ProHealth Nutritionist, conducted an interactive lecture on "SENSIBLE FOOD CHOICES".
- Dr. Cynthia Cuayo-Juico, the former chair of MDH Department of Pediatrics, talked about "FEEDING CHILDREN ENGAGED IN SPORTS".
- Dr. Mia Galvez introduced a simple measure of physical fitness in her talk, "ARE YOU FIT? LET'S DO THE SIX MINUTE WALK TEST".

Aside from lectures to promote the "healthy lifestyle", we introduced the "health card". A highlight on July 15 was the launching and turnover rite of the "health card" by PASOO, MDH and ROCHE representatives to SCES Principal, and determination of capillary blood glucose – free testing offered to participants by ROCHE.

The content of the "health card" includes anthropometric measurements (height, weight, BMI) of the student, pertinent family history of cardiometabolic diseases (such as diabetes mellitus, hypertension, lipid problems, premature strokes and heart attack, and smoking), and the tips on nutrition and physical activity.

The joint effort of PASOO and MDH to promote a "healthy school", hopefully, will be continued for two more years. We hope to do an outcome evaluation of the utilization of a "health card" in promoting healthy weight among public elementary school children. The outcome measures are the student's weight change after one year, weight reduction in obese child and parent awareness of the child's weight status.



Elizabeth Paz-Pacheco, MD, FPCP, FPSEM
Past President, PASOO
Chief, Endocrinology, Diabetes and Metabolism,
UP-Philippine General Hospital
Endocrinologist, The Medical City

Bridging the Gap between Research and Practice in Obesity

*What is Research?
And why should we participate
and encourage participation in it?*

Research is a valuable tool for making a difference in health for a greater number of people. Any one clinician's lifetime is short and as such, can only hope to help a limited number of people. Research, on the other hand, through its valuable findings, can help formulate policy through preventive, diagnostic and treatment recommendations that can benefit a greater number of people.

Research covers a wide spectrum of processes. It may be as simple as counting the number of people with the disease at a given time (prevalence) or number of people who developed the disease within a period of time (incidence). These data are primordial to the understanding of the occurrence of a disease (disease burden). On the other extreme, research can be sophisticated such as elucidating molecular mechanisms of a disease. This type of studies is carried out in advanced research laboratories around the world. As a whole, all of these various research efforts aim at answering questions that can provide a framework towards developing better disease management plans and ultimately, prolonging and improving the quality of life of every individual.

Obesity is increasing worldwide, particularly in developed countries. The sad fact is that even in developing countries like the Philippines, obesity is emerging as a health problem. The number of people suffering from excess weight is escalating as we continue to cope with the long-standing problems of malnutrition.

So why do Filipinos gain weight? Why are we following the patterns seen in the United States, Europe and Australia? We need to better understand these causes and risk factors. Certainly, there is a background of a genetic predisposition, as Filipinos seem to be generally heavier as compared to our Chinese or Japanese neighbors. Lifestyles differ and are directed by several unique issues. These include cultural influences, religious practices, regional dietary and physical activity preferences, to name a few. We need to carefully study and analyze these, so we may be able to recommend how best to arrest the epidemic of obesity. Consequently, governmental and non-governmental organizations must align their initiatives to address these concerns and as a result, provide significant change in curbing the Filipinos' increase in weight. We need to continue to be abreast of international advances as they can provide tools for us to use, as a solution to our local concerns.

So next time you see an invitation to participate in a study, give it a thought, read the informed consent form carefully, have an open mind to assist your physician in managing you correctly. Only then can we hope to find the answer to why Filipinos continue to gain weight and put a stop to the condition that can be a forerunner for the devastating complications of diabetes and heart diseases.



Rogelio V. Tangco, MD
Cardiologist, Manila Doctors Hospital
Head, Cathlab, UP-PGH
Editor, The Filipino Internist

The Case of a 70 year-old Obese Surgical Patient

Last month I was requested to clear a patient for total hysterectomy. The 70 year old patient presented with vaginal bleeding and an abdominal MRI revealed a large intrauterine mass with areas of intralesional hemorrhage. Everything seemed fine, electrocardiogram and chest x-ray were normal, blood chemistries were likewise normal save for mild glucose intolerance and dyslipidemia. She was not hypertensive, but she was obese at 190 lbs and a BMI of 35 kg/m². There was no time for other cardiac work-ups as the bleeding was rather profuse and surgery was urgent. A few days later she was admitted for surgery, and I checked into the gynecology operating room complex very early in the morning. It was one of the longest non-cardiac surgeries I have ever monitored, we started at 7am, and they were closing at 3pm. The operation was tedious each step of the way, from opening the abdomen, dissecting through the layers of subcutaneous fat, and then over the layers of intestine, into the pelvic cavity which had a narrow opening, until the uterus could be isolated (they had to dissect retrograde), until finally they were able to remove the tumor and dissect for lymph nodes. There were at least three assistants to retract so much intestine and adipose tissue, and a fourth one had to push up the cervix just to help in locating the uterus. They even had to do an appendectomy along the way! Fortunately the operation was smooth, except for a brief episode of profound bradycardia and hypotension when they retracted the intestines to the side—a vagal reaction, we thought, and a shot of atropine resolved the problem instantly. Closure alone took another two hours as layers and layers of fat and fascia were aligned before they reached the subcutaneous plane, tension sutures in fact had to be put in place just to prevent rupture of the operative site.

Obesity and Its Comorbidities

Obesity is associated with a myriad of comorbidities which can influence pre-operative cardiac assessment. Respiration abnormalities for one, as obese individuals have a higher demand for ventilation and breathing workload. I remember a less obese diabetic patient who underwent emergency coronary bypass surgery and who succumbed to hypoventilation syndrome during the immediate post operative period. Obese patients have to be worked up for sleep apnea and other sleep disordered breathing. Cardiac arrhythmias can result from these hypoxic conditions, and they can indeed be fatal. There is such a thing as cardiomyopathy of obesity, particularly in those who are severely obese (BMI>40 kg/m²) they often present with diastolic heart failure (stiff hearts unable to accommodate large amounts of blood or fluid). There is also the risk for deep vein thrombosis and pulmonary embolism.

Risk factors for cardiovascular morbidity in the general population include high risk emergency surgical procedures such as thoracic, abdominal or vascular surgery, history of coronary heart disease, history of congestive heart failure, pre-operative treatment with insulin, and preoperative creatinine level > 2 mg/dL.

It was fortunate that my patient did not have any of these risk factors, and also her Framingham risk score was low. Otherwise, even that brief bradycardic episode would have been catastrophic. And what would have been my options for evaluating her coronaries had her risk profile been worse. A stress echocardiogram would be difficult because of the ultrasonic window in the chest would have been narrow and limited, perhaps a myocardial perfusion imaging with technetium99 or sestamibi would be better for assessing the need for revascularization prior to surgery.

As for coronary angiography, modern cathlab tables can handle 200 pounders and even allow for CPR when they are on it! But good for this patient, her heart handled the stress of gynecologic surgery very well. It was more of a stress for the surgeons.

As I monitored the patient and seeing all that adiposity in front of me, I recalled all my reading on visceral adiposity: abdominal adiposity is associated with increased cardiometabolic risk factors including insulin resistance, hyperglycemia, dyslipidemia, hypertension, and prothrombotic and pro-inflammatory states. C-reactive protein is markedly increased in the obese, particularly in those with much visceral adiposity. Adiponectin, an adipocyte specific peptide, has known anti-inflammatory properties, promoting oxidation of free fatty acids and increasing insulin sensitivity. Adiponectin has been found to be decreased in the severely obese individuals, low adiponectin has been correlated with high coronary artery calcium scores. Angiotensinogen apparently also emanates from visceral adipose tissue, hence obesity can lead to hypertension. And in a cyclic pathophysiology, hypertension worsens obesity as angiotensin II contributes to the formation of large dysfunctional adipocytes. Accumulation of adiposity leads also to insulin resistance and accumulation of inflammatory cells like macrophages, resulting in the production of inflammatory cytokines such as tumor necrosis factor, interleukin 6, interferon γ , and others which can trigger a rupture of an atherosclerotic plaque—a heart attack or a stroke!! But there were at least three sets of eyes on the cardiac monitor through that six to eight hour ordeal, and only one vagal event. The post-op course was even smoother, and recovery was faster than I thought, the patient was extubated an hour after surgery. She was up and about on day 2 and eating solid food by day 3, all along I thought I would have to put a central line in for hyperalimentation.

(Continued on page 15)

New Drugs in Obesity Treatment is it Safe and Effective?



Rosa Allyn G. Sy, MD, FPCP, FPSEM
Vice-President, PLAS
Past President, PASOO, PSEM and PDA
Chairman, Department of Medicine, Ospital ng Makati
Chief, Section of Endocrinology, Department of Medicine,
Cardinal Santos Medical Center

Weight loss, weight gain, weight maintenance... these are few of the many common concerns of many Filipino household. With the withdrawal of other anti-obesity drugs from the market few years ago, the community is left with only two weight treatment drugs—phentermine and orlistat to help control appetite and keep weight down by limiting fat absorption. However, success stories of people who have tried these drugs were short-lived, keeping some overweight and obese patients frustrated.

Two anti-obesity drugs were recently approved by FDA namely: **LORCASERIN** (Belviq,) and **PHENTERMINE / TOPIRAMATE** (Qsymia, Qnexa). Clinical trials carried out for 52 to 56 weeks to test the efficacy and safety of these drugs were promising which led to its approval in 2011 and 2012.

Lorcaserin 10mg taken twice a day is a selective serotonin 2C receptor agonist which like dexfenfluramine causes reduced caloric intake and increased satiety minus its effect on the heart. The tolerability and efficacy of lorcaserin for the treatment of obesity have been evaluated in three large clinical studies that lasted for one year. After one year of treatment 47.2% of those receiving the drug twice a day lost more than 5% of their baseline weight compared with 40.2% for those receiving the drug once a day and 25% for those receiving placebo. A weight loss of 2.9 to 5.8 kg was reported in these trials. Side effects of this drug include headache, upper respiratory infections, nasopharyngitis, dry mouth, dizziness and nausea.

Phentermine / Topiramate is a combination of noradrenergic drugs: phentermine which decreases appetite and topiramate, an anti-convulsant approved for treating seizure disorders and migraines which was shown to work well for weight loss in obese patients with type 2 diabetes but when taken alone, has also been linked to cognitive and psychiatric side effects. However, the application of the controlled-release mechanism of the combination of these drugs, given at lower doses are likely to reduce side effects associated with the two drugs. Three large clinical trials that lasted for 56 weeks showed that it produced 8.1 kg (P 7.5/ T46) to 10.2 kg (15/92) weight loss compared to 1.4 kg weight loss in the placebo group. The high-dose group, however, showed a higher dropout rate due to adverse cognitive and psychiatric reactions. Other reported side effects include dry mouth, suicidal thoughts, acute myopia, secondary angle closure glaucoma, and mood and sleep disorders.

The FDA approval of these drugs is certainly welcome by the medical community as added treatment armamentaria for patients suffering from obesity; however, proper selection and close monitoring of patients placed on these drugs are required to reduce drug-induced complications.



Control Blood Sugar To Help Lose Weight



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When it comes to losing weight, most people think of cutting calories and portion control. While those certainly play a role, one of the most telling factors is actually blood sugar.

Blood sugar is critical to weight loss.

Your blood sugar level has a direct effect on how hungry you are as well as how sluggish or energetic you feel. More importantly, it determines whether your body is burning fat or storing it. This not only applies to diabetics and pre-diabetics, but also those with normal blood sugar levels.

Knowing this, the key to any weight loss effort is keeping your blood sugar levels stable.

How does blood sugar influence weight loss?

Whenever you eat, your body converts the carbohydrates in your food into glucose. The more carbohydrates in your food, particularly simple sugars, the higher your blood sugar levels. As your blood sugar increases, your pancreas creates a hormone - insulin - that transports the glucose out of your blood and into your cells where it will be used for energy.

The problem comes when you eat too many simple carbohydrates or high glycemic index foods. Simple carbohydrates break down into glucose very rapidly, causing a rapid, dramatic rise in blood sugar that, in turn, triggers a massive release of insulin.

When that much insulin is released, weight loss becomes difficult for two reasons. First, insulin activates lipoprotein lipase, a fat storage insulin, that signals the body to stop burning fat and start storing it instead. Second, insulin also inhibits the enzyme known as hormone-sensitive lipase, which helps break down stored fat. Thus, the more insulin your body produces, the more fat is stored in your body.

Why not just cut all the carbohydrates?

Will eliminating carbohydrates be enough to lose weight? Simply eliminating carbohydrates may bring some very negative effects. Natural carbohydrate-rich foods also contain important vitamins, minerals, fiber, and phytochemicals. Carbohydrates are what provide energy to your muscles, making carbohydrates essential to support a healthy exercise routine. In addition, carbohydrates are the primary fuel for many vital organs including your brain, kidneys, and the central nervous system.

But cutting too much carbohydrates also directly impacts your weight loss efforts. When you eat too few carbohydrates, your blood sugar drops. As a result, you feel irritable, you crave for sweets, and your energy level drops. Instead of feeling strong and healthy, you may feel sluggish and deprived.

4 Ways to help balance your blood sugar

1. Eat less more often

Change the traditional three square meals a day for 3 smaller meals and two substantial snacks. This helps normalize blood sugar rather than producing three large fluctuations. Just make sure you don't increase your total daily calories! And for best blood sugar results strictly limit the amount of simple or refined carbohydrates you eat.

2. Drink more water

A study published in the American Diabetes Association's journal Diabetes Care found that adults who drank only two glasses of water or less each day were more likely to develop pre-diabetic blood sugar levels. The goal is to try and drink 12 cups or the number of ounces equal to half your body weight in pounds.

3. Take a lot of fiber

Fiber has been shown to help maintain the proper function of leptin, the body's chief appetite-controlling hormone. Also, fiber helps slow glucose absorption, so you are less likely to have a blood sugar spike.

4. Exercise

An hour of exercise a day has been shown to have a significant blood sugar balancing effect. With continued moderate aerobic exercise, your muscles take up glucose at almost 20 times the normal rate and insulin levels drop.

Figure 1. Complex networks relevant to network medicine (adapted from Barabási, A-L, 2007 NEJM 357; 4: 404-407)

The link between genetics and obesity has been established, proving that this may run in families. Currently, however, obesity is a public health problem and genetics as a reason may be overrated. Indeed the other causes for obesity such as the wrong diet or sedentary lifestyle have been cited. Interventions using lectures have been done and teaching materials have been distributed. Yet, the obesity is still progressing.

Human beings are social creatures.

Can one's social environment encourage obesity?

Is there a link between your social network and your weight?

Man is made up of different cellular networks that we need to fully understand in order to diagnose certain diseases (Figure 1). Once understood, links between diseases can also be visualized, especially if these have similar origins. In the same manner, human interactions also play a role in the spread of pathogens. Network based approaches to obesity may account for its social and environmental causes which are not covered by individual education in the clinics.

The study done by Christakis and Fowler (2007) on the Framingham Heart Offspring subjects (n=3,604) showed that weight gain in one person was associated with weight gain with his or her friends, siblings, spouse and neighbors. This was influenced by the strength and nature of his social ties.

In the study, "ego" is defined as the person whose behavior is being analyzed, while an "alter" is an influential person connected to the ego. An "ego-perceived friendship" is when an ego identifies alter as friend, while an "alter-perceived friendship" is when alter identifies an ego as friend. "Mutual" is where the identification is reciprocal. Among these, the strongest influence came from "mutual friend" (Figure 2).

Alter Type

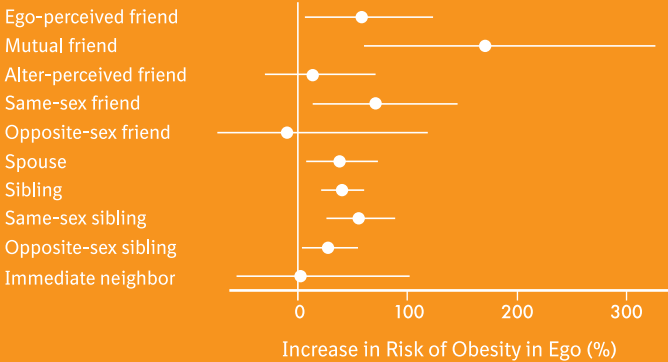
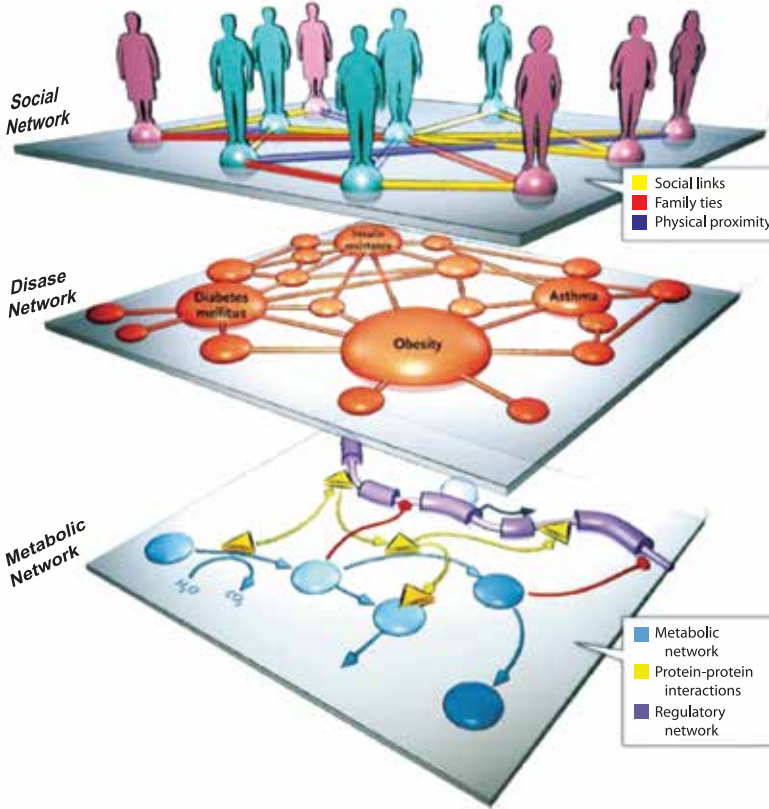


Figure 2. Probability that an ego will become obese according to the type of relationship with an alter who may become obese in several subgroups of the social network of the Framingham Heart Study. (adapted from Christakis, NA and Fowler, JH, 2007, NEJM 357; 370)

An ego's chances of becoming obese increased by 57% (95% confidence interval [CI], 6 to 123) if he or she had a friend who became obese in a given interval. The risk for this was much lower with an obese sibling (40%) or spouse (37%). The effect from neighbors was not seen. This effect did not appear to be due to social class, smoking behavior or the ego's tendency to associate with people similar to him.

Traditional weight management interventions may fail in halting the obesity epidemic if each overweight or obese individual's social network is not targeted as well. Decreasing the body mass index of individuals in the center of a cluster may be difficult, as surrounding friends will pull them back to their original weight. This may be true especially among school children. Friends may reinforce certain obesity-promoting behaviours, such as eating unhealthy fast foods.

Obesity is a disease that spreads through social ties. Intervention through network medicine may be one of the keys to improve our current treatment strategies.



Friends Can Make You Fat (Social Networking and the Obesity Epidemic)



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MOA Signing to Launch EIM Philippines

The National Coalition for the Philippine EIM Movement, or EIM Philippines for short, will be launched at the coming PASOO Annual Convention on September 7, 2013, with the signing of the Memorandum of Agreement between PASOO and Coca Cola Far East Ltd. The document will be signed by **Dr. Gabriel V. Jasul, Jr.** as President of PASOO and by Coca Cola officials. The document defines the collaboration between PASOO as the lead agency for the Movement, and Coca Cola as the funding partner of PASOO, being a Founding Member of EIM.

Exercise is Medicine (EIM) is a global initiative to promote physical activity and exercise as an important tool of the physician and health care provider in the prevention and management of disease. The EIM™ Global Initiative was founded in 2007 by the American College of Sports Medicine (ACSM) together with the American Medical Association, and it has now spread in Australia, Canada, Mexico, Colombia, and lately in Singapore. In the Philippines, interest started with the lecture of Dr. Adrian Hutber, Vice President of EIM ACSM, among invited experts in medical and related fields, and after a series of further meetings among a growing number of experts, the elements of EIM Philippines were formulated in a workshop held last July, 2012, chaired by Prof. Nina Castillo-Carandang, that finally resulted in the Working Document of EIM Philippines now serving as the general guide for the movement in the Philippines. Thus EIM Philippines was born.

EIM Philippines is envisioned as a coalition of like-minded organizations and individuals for the purpose of promoting physical activity and exercise as a vital sign in every patient or client visit. The Coalition's mission is for physical activity and exercise to be considered by all health care providers – physicians, nutritionists, sports specialists, and the like. – as standard part in every patient encounter, and to effectively counsel their patients and clients, and if necessary refer them to exercise specialists, for their physical activity needs. The Coalition is being managed by the EIM National Task Force within PASOO, and its activities are led by Working Committees that will plan and implement training programs, advocacy and promotion, membership development, policy formulation, research, and resource generation. The membership of the Coalition is categorized into individual, organizational and corporate members from across the country.

Training sessions for various medical and related specialists are being planned to jump-start the movement. With the increasing prevalence of non-communicable diseases in the Philippines, the entry of EIM Philippines is indeed timely. Of particular concern is physical inactivity. The Food and Nutrition Research Institute (FNRI) has shown in its 2008 National Nutrition Survey that 60.5% of adults are physically inactive. WHO itself reports not only that physical inactivity increases the risk of many non-communicable diseases, but that physical activity is important in the primary and secondary prevention as well as management of many disease conditions such as Type 2 diabetes, cancer of the breast and colon, hypertension, depression, dementia, and cardiovascular disease, among others. It has also been amply demonstrated that physical activity and exercise are beneficial in improving mental health in both children and adults.

The National Task Force of EIM Philippines headed by Dr. Rodolfo Florentino and Dr. Rosa Allyn Sy, is inviting all health care professionals and organizations to be an active member of the Coalition to promote its vision of improving the health of all their patients and clients through physical activity and exercise. The launching of EIM Philippines at the PASOO's forthcoming annual convention will serve to kick-off the start of the Coalition's programs and activities. The launching will feature a lecture by an invited foreign expert to discuss the scientific basis and rationale for the EIM movement, its guiding principles and program elements, culminating in the signing of the Memorandum of Agreement between PASOO and Coca Cola Far East Ltd. by officials of PASOO and Coca Cola, together with the initial members of the Philippine Coalition.



phone-camera integrated system is able to augment existing weight reduction and stabilization strategies. (Schiel, Appetite. 2012;58(2):432) An encouraging positive technology indeed, yet, any real world practical application?

Another 9 studies were analyzed in the present review published after 2000 and conducted in Western countries. In all, only 3 studies reported positive and significant effects between-group differences that favored the internet 'ICT' group. Although two-thirds of the studies demonstrated satisfactory methodological quality, only a small number of studies met inclusion criteria and the lack of consistent evidence, one should be cautious when interpreting the findings of the present review on internet communication techniques. (Lau, J Med Internet Res. 2011 Jul 13;13(3):e48) An alert mode advisory.

However, a Cochrane review showed very limited evidence that in certain cases mobile phone messaging interventions may support preventive health care, to improve health status and health behavior outcomes. However, the low number of participants in three studies, combined with study limitations, risk-bias and lack of demonstrated causality, the evidence for these effects has low to moderate quality. High quality evidence was noted only for smoking cessation interventions. And, significant information gaps related to long-term effects, risks and limitations of, and user satisfaction with, such interventions are noted. (Vodopivec, Cochrane Database Syst Rev. 2012 Dec 12;12:CD007457) More appropriate researches needed!

HOME-BASED STRATEGY:

Overall, the strength of evidence is low for conclusions about home-based diet interventions or interventions. Home implementation needs other settings. (Snowell, Pediatrics. 2013 Jul;132(1):e193-200)

Current literature review specifically show the way "parents parent their children with disability are major determinants of childhood obesity". Only 11 studies suggest that obesity may be associated with socioeconomic status; parents' BMI, perception and attitude towards their children's weight and physical activity and levels of activity in both parents and children. However, conclusions about these associations cannot be reached. (McGillivray, Obes Rev. 2013 Jul;14(7):541-54) Quo vadis, advocacies? However, another controlled study indicates that parent training produced a statistically significant reduction in child conduct problems. Parent training led to statistically significant improvements in parental mental health and positive parenting skills with statistically significant reduction in negative or harsh parenting practices. Such intervention demonstrated cost-effectiveness that are modest when compared with the long-term health, social, educational and legal costs associated with childhood.

declining maternal deaths, the absence of care givers at birth is 20% such that infant mortality before one year is high at 24%. More amazing, clean water lack and poor sanitation are seen in 30% and out-of-pocket paying capabilities in barely 60%, yet 89% are cell phone users. Thus, among cell phone users, can you find time to exercise? Do you eat more? Or can you socialize more by resorting to networking weight reduction?

EXERCISE LACK:

Physical inactivity now ranks as the 10th leading cause of premature mortality worldwide, increasing over the past 15 years and contributing to major chronic diseases. (Lee, Lancet. 2012;380(9838):219, World Health Organization; 2009. [2013-05-16]). Contrariwise, physical activity implies, an average 8.5% and 7.5% weight lost after 6 and 12 months respectively. (Krukowski, Telemed J e Health. 2008;14(8):775).

PHYSICAL ACTIVITY:

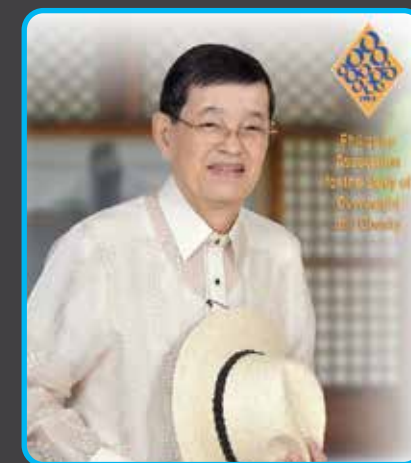
The search originally retrieved 2,265 articles but only five studies demonstrated a positive intervention effect on children's physical activity (PA) levels, with four reporting statistically significant increases and two reporting significant decreases in recess PA. The summary of the levels of evidence for intervention effects found inconclusive results for all intervention types. (Parrish, Sports Med. 2013 ;43(4):287) A dismal inconclusive evidence in children?

A 6-month intervention study among children utilized motivational home coaching and by phone with a health educator, mailed educational materials and text messages weekly regarding eating meals as a family, obtaining adequate sleep, and limiting TV screen time. About 64% of families reported eating together ≥ 7 times per week mostly while 78% watching TV shows > 2 h/day leading to about 50% children sleeping < 11 h/night particularly among low-income families in this study leading to poor life style. (Taveras, Prev Med. 2012;55(5):418-26) Another worrisome fact?

To assess physical activity and eating habits, a mobile motion sensor integrated into a mobile phone with digital camera was used. Children/adolescents had a significant weight reduction of 7.1 ± 3.0 kg.

Duration of physical activity documented by children/adolescents was higher than the assessment with motion sensors (walking 292.9 vs. 45.5 min, $p < 0.01$, running 84.8 vs. 8.0 min, $p < 0.01$) but sensor derived energy intake was higher than recommended. Multivariate analysis showed associations with weight reduction: baseline body weight ($\beta = -0.95$, $p < 0.01$), body fat mass ($\beta = 0.45$, $p < 0.01$), body shape ($\beta = -0.25$, $p = 0.01$) and physical activity time spent ($\beta = -0.18$, $p = 0.04$). This mobile

DOCUMENT ADVOCACY OUTCOMES



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GLOBAL OBESITY RISK:

Latin American countries adult prevalence for hypertension (18%), high cholesterol (14%), diabetes (7%), obesity (23%) and smoking (30%) are still alarming. (Schargrodsky, Am J Med. 2008;121(1):58) Epidemiologic profile for cardiovascular events in the next ten years is high, "up to 41% in men and 18% in women in countries with very low infant and adult mortality (i.e. Canada, Cuba, USA); up to 25% in men and 17% in women in countries with low infant and adult mortality (i.e. Argentina, Barbados, Chile) and up to 8% in men and 6% in women in countries with very high infant and adult mortality (i.e. Bolivia, Ecuador)". (World Health Organization; 2006). Obesity ranks highest next to smoking even among those countries with the highest infant mortality, wherein the Philippines is categorized.

CELL PHONE IMPACT:

In the Millennium Development Goals presented during the First ASEAN statistical report on MDGs last Oct. 2011, despite



April 6, 2013 Roche Xenical Advisory Campaign Launch
Glorietta, Makati City

PASOO in ACTION 2013



May 24, 2013 Obesity Workshop in Cooperation with Diabetes Philippines Davao Chapter
SMX Convention Center, Lanang, Davao City



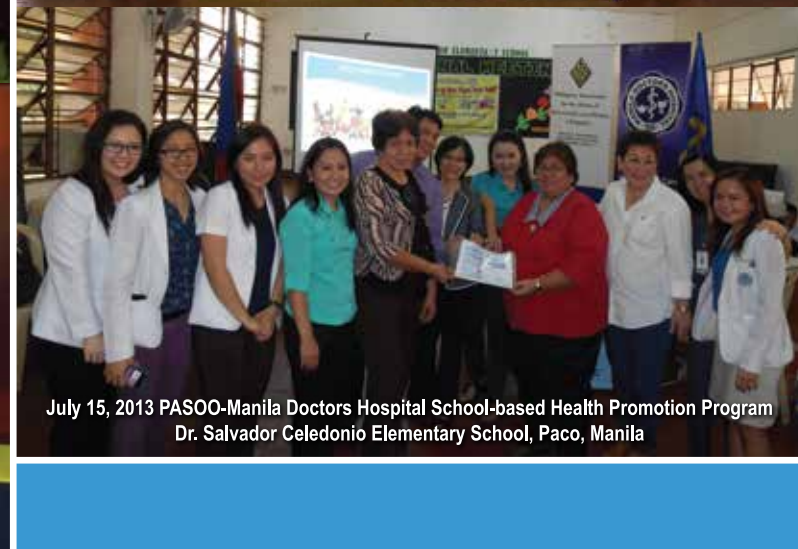
25/05/2013



July 27, 2013 PASOO at the Taba Congress
World Trade Center, Makati City



July 15, 2013 PASOO-Manila Doctors Hospital School-based Health Promotion Program
Dr. Salvador Celedonio Elementary School, Paco, Manila



Some Sustained Myths, Misbelief and Presumptions about Obesity



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Some common myths about Obesity:

Myth

1. Small sustained changes in energy intake or expenditure will produce large, long-term weight changes
Example: eating small quantities of food is better than eating 3 big meals

Basis of Belief

National health guidelines and reputable websites advertise that large changes in weight accumulate indefinitely after small sustained daily lifestyle modifications (e.g., walking for 20 minutes or eating one pack of crackers).

2. Setting realistic goals in obesity treatment is important because otherwise patients will become frustrated and lose less weight
Example: interest in losing weight – try to lose 20% of baseline weigh in 6 months is not realistic

According to goal-setting theory, unattainable goals impair performance and discourage goal-attaining behavior; in obesity treatment, incongruence between desired and actual weight loss is thought to undermine the patient's perceived ability to attain goals, which may lead to the discontinuation of behaviors necessary for weight loss.

3. Large, rapid weight loss is associated with poorer long-term weight outcomes than slow, gradual weight loss

This notion probably emerged in reaction to the adverse effects of nutritionally insufficient very-low-calorie diets (800kcal per day); the belief has persisted & has even been repeated in textbooks and in recommendations by health authorities, and has been offered as a rule by dietitians.

4. Assessing the stage of change or diet readiness is important in helping patients who seek weight-loss treatment

Many believe that patients who feel ready to lose weight are more likely to make the required lifestyle changes.

5. Physical-education classes in their current format play an important role in preventing or reducing childhood obesity

The health benefits of physical activity of sufficient duration, frequency and intensity are well established and include reductions in adiposity.

6. Breast-feeding is protective against obesity – Not always true

The belief that breast-fed children are less likely to become obese has persisted for more than a century and is passionately defended.

7. A bout of sexual activity burns 100-300 kcal for each person involved

Many sources state that substantial energy that is expended in typical sexual activity between two adults is not scientifically researched

Up to this day, many myths, misbeliefs, and even fallacies and presumptuous practices continue to abound in our country, regarding obesity and being extremely overweight and oversized. Let us see some of these common misconceptions that are circulating today.



How does one define a Myth or a Misbelief?

A **myth** is a traditional story or popular belief that has been passed around by someone; or something that is unfounded or misguided; or it can be a false notion or hearsay; while, a **Misbelief or Presumption** is an inference as to the existence of a truth or a fact that is drawn from an unknown origin.

Concluding Thought

Our recommendation not to be an "Obesogenic" Community is:

Just eat less and move more.

Some True or False Misbeliefs about obesity

TRUE: Regularly eating (vs skipping) breakfast is protective against obesity – it works for some obese people

Skipping breakfast purportedly leads to overeating later in the day – sometimes

TRUE: Early childhood is the period during which we learn exercise and eating habits that influence our weight throughout life – sometimes

Weight-for-height indexes, eating behaviors, and preferences that are present in early childhood are correlated with those later in life

(Continued on page 15)