

- PASOO Lay Forum (Corporate) September 2012

- Obesity Awareness and Prevention Week September 1-7, 2012

- 6<sup>th</sup> Obesity Workshop Baguio Chapter November 2012

UPCOMING  
ACTIVITIES 2012



PASOO 2012

Annual Convention



Aiming  
Actions,  
Shaping  
Solutions

August 31, 2012 (Friday)  
Crowne Plaza Galleria Manila  
6:00 am to 6:00 pm

**PASOO OBESITY SUMMIT 2012:  
SETTING THE NATIONAL AGENDA  
E. R. A. S. E. OBESITY !**

Through Education, Research, Advocacy, Service, Expansion!

AUGUST 30, 2012, Thursday,  
2:00 pm to 7:00 pm

Emerald A Room, Crowne Plaza Galleria Manila  
Pre-registration is required.

Metformin HCl  
Glumet-XR  
500 mg Extended-Release Tablet



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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#### OUR MISSION

Pioneer in the prevention and control of obesity and its complications through education, research and 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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# OBESITY ALERT

Volume 15 • SEPTEMBER 2012

www.obesity.org.ph



Philippine Association  
for the Study of  
Overweight and Obesity



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

## PRESIDENT'S MESSAGE

PASOO has been in existence for 18 years, since it was founded in 1994 by a group of doctors and nutritionists, and supported by the pharmaceutical partner. Three very capable presidents, namely, **Dr. Augusto D. Litonjua**, **Dr. Rosa Allyn G. Sy** and **Dr. Elizabeth P. Pacheco**, have led the organization to become the pioneer in the prevention and control of obesity and its complications.

It's my honor to carry on the legacy, and continue the endeavor through education, research and advocacy. I need to connect, unite and advance. I am very grateful to the past presidents, current officers and the board of directors who have remained very energetic and supportive of the organization.

In 2011, PASOO members conducted health lectures for students, parents and teachers in three sessions in Epifanio delos Santos Elementary School, a school adopted by the Manila Doctors Hospital. We are very aware of the rising prevalence of obesity and its occurrence at young age. We would like to make the teachers and parents more knowledgeable and to empower them to become advocates to prevent obesity-related complications. We also met with the **Department of Education Undersecretary Rizalino Rivera** to discuss the health issue in the curriculum content. Knowing the importance of educating more health care professionals on recognition and management of obesity, PASOO 4th Obesity Workshop was held in Malolos, Bulacan. Since research is an important pillar of PASOO, a Research Validation Workshop was conducted. The big event in 2011 was the organization of the Asia Oceania Conference on Obesity (AOCO) in the Philippines.

In 2012, PASOO held a strategic planning workshop. We will continue to work toward an obesity risk-free nation through Education, Research, Advocacy, Service and Expansion – **E.R.A.S.E. OBESITY!** We met with the **Department of Health Secretary Enrique T. Ona** to present the PASOO obesity research agenda output. We are looking forward to the set up of a

DOH-medical organization partnership with active and meaningful involvement in the national agenda of curbing the epidemic of lifestyle diseases in our country. Being an affiliate society of the Philippine Medical Association (PMA), PASOO participated in the CME meetings as well as the PMA annual convention. PASOO is also affiliated with International Association for the Study of Obesity (IASO). A PASOO manuscript on Research Agenda Recommendations was just submitted to the International Journal Obesity Research and Clinical Practice. We also participated with other medical and allied health professional societies in "Exercise is Medicine" organizational meeting. We continued to give the health lecture – last May 29, to the Manila Public School Nurses. Our upcoming activities include the PASOO Obesity Summit on August 30, PASOO 18th Annual Convention with a theme – Aiming Actions, Shaping Solutions, to be held in Crowne Plaza Galleria Manila on August 31, a Health Forum for corporate personnel on September 3, and an Obesity Workshop in Baguio on November 5.

We encourage and welcome all concerned people to participate in activities to promote health and seek solutions to prevent obesity-related risks like diabetes mellitus and cardiovascular diseases.

member

iaso  
International Association  
for the Study of Obesity (IASO)





Edgardo L. Tolentino, Jr., MD  
Board Member, PASOO  
Head, Section of Psychiatry,  
Makati Medical Center  
Psychiatrist, Medical City and Asian Hospital

## What's Inside

Editor's Note

The Obesity Alert, PASOO's voice in print, heralds the many facets that the organization has been engaged in year after year. PASOO is a scientifically-based advocacy group which is inclusive of like-minded sectors, disciplines, and professionals embracing the strategic aim of eradicating the dire consequences of obesity and promoting healthy lifestyles.

This 15th edition chronicles those myriad of activities between 2011-2012 encompassing education, research, advocacy, service, collaborative projects and programs. Most befittingly, our president, Dr. Sioksoan Chan-Cua recapitulates, on behalf of the board of directors, the glowing accomplishments of PASOO during the year. Her report card merits high 'A's' for the breadth and depth of projects and programs initiated and sustained by the organization in pursuit of its vision.

A jewel in its own right among PASOO's activities over the past years, is the holding of the Asia Oceania Congress on Obesity (AOCO) in our own shores. It highlights the

growing influence and clout of our organization within the country and the region as well. It also represents how the leaders of PASOO were able to mount an international gathering within a limited amount of time and resources with resounding success, with past president Dr. Rosa Allyn Sy at the organizational helm! This is reported by Dr. Jay S. Fonte in his article. Seminal to this article is the 'Call to Action' statement which commits the different countries represented, their government and non-government organizations, medical and health associations, the media, and pharmaceutical industries, to the spirit and intent of the statement.

Dr. Elizabeth Paz-Pacheco, our indefatigable past-president, reports on the fruits of her monumental task to gather all existing researches done in the Philippines in order to rationalize and learn from country-specific research on obesity-related topics which will definitely be a boon to policy-makers and program planners.

Being the advocate for scientifically-based data on obesity-related topics, we feature highly thought-provoking articles in this issue. Dr. Ramon F. Abarquez, always a step ahead of the pack, needles us to think of our views on obesity as he urges us in his article, "Don't Judge a Book By Its Cover." Dr. Robert C. Mirasol, on the other hand, urges us to give a second look at Bariatric Surgery and Type 2 Diabetes Mellitus.

The multi-dimensional concepts on obesity is demonstrated once more in the varying concepts elucidated in the articles of Mrs. Celeste Tanchoco and Sanirose Orbeta as they shed light on "Disordered Eating" and "Enjoying Calories Burned", respectively.

Ever initiating new strategies towards advancing healthy lifestyles and pursuing collaborations among those with shared visions, PASOO embarks on a new campaign: "Exercise is Medicine" (EIM). The ever on-the-go, Dr. Rodolfo F. Florentino writes on the concept behind EIM, its organization, and PASOO's involvement in this endeavor.

We welcome individual members from all the disciplines and specialties that PASOO embraces to contribute articles, commentaries, and suggestions to allow us to constantly remain in tune with the mood and times of our readership - YOU. You may email us at [sec@obesity.com.ph](mailto:sec@obesity.com.ph).

*Happy reading!*

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## PASOO IN ACTION



August 31 to September 2, 2011  
6<sup>th</sup> AOCO, Sofitel Philippines Plaza, Manila



September 1, 2011  
Coca-Cola Go  
Power to Move Fitness Event at AOCO 2011  
Sofitel Philippines Plaza, Manila



October 12, 2012  
PASOO Research Validation Workshop,  
Café Centennial Rm., Club Filipino Greenhills, San Juan, MM



November 12, 2011  
PASOO 4<sup>th</sup> Obesity Workshop, Bulacan Chapter  
Paradise Resort, Malolos, Bulacan



May 29, 2012  
PASOO Lecture with Public School Nurses, F. Balagtas Elementary School, Sta. Cruz, Manila



April 25-26, 2012  
PASOO Strategic Planning Workshop,  
Oakwood Premier Joy-Nostalg Center Manila,  
Ortigas, Pasig City



July 26, 2012  
PASOO Meeting with Dept. of Health Secretary  
Enrique T. Ona, DOH Office, Sta. Cruz, Manila



July 11, 2012  
Coke Exercise is Medicine Meeting with Medical Organization,  
Oakwood Premier Joy-Nostalg Center Manila, Ortigas, Pasig City







Jay S. Fonte, MD, FPCP, FPSEM  
Endocrinologist, University of Santo Tomas Hospital

## The 6<sup>th</sup> Asia-Oceania Conference on Obesity (AOCO) 2011 in Manila

The Asia-Oceania Conference on Obesity (AOCO) is conducted every 2 years by the Asia-Oceania Association for the Study of Obesity (AOASO) to attain one of its objectives: *to foster international fellowship among scientists in the region and promote collaboration particularly in the promotion of research, education, and action programs*. There are 11 member countries of AOASO, namely: Australia, New Zealand, Hong Kong, India, Indonesia, Japan, Korea, Singapore, Taiwan, Thailand, and the Philippines. On its 6<sup>th</sup> Congress, the honor and privilege of hosting was given to the Philippine Association for the Study of Overweight and Obesity in collaboration with the Philippine Society of Endocrinology and Metabolism. After almost a year of preparation, the 6<sup>th</sup> AOCO held last August 31 to September 2, 2011 at the Sofitel Philippine Plaza was a great success.

The congress focused on the theme: **“The Growing Problem of Obesity and Metabolic Syndrome: Asia-Oceania Perspective.”** A pool of foreign and local experts addressed and defined the various aspects of obesity and metabolic syndrome. The representatives of each participating country presented the growing prevalence of obesity and metabolic syndrome and their health and economic consequences in their respective country. The complex pathogenesis of obesity and metabolic syndrome was closely examined and discussed with lectures about the role of adipocytokines, and environmental and genetic interactions. Obesity and metabolic syndrome in childhood and adolescence were also discussed. The congress once again reminded us about the strong link between obesity and cardio-metabolic risks and provided new insights about the increasing association of obesity with other diseases such as cancer and Alzheimer’s disease. Several interesting issues about diabetes mellitus, a disease that is a component of the metabolic syndrome and partially a result of obesity, were also tackled. Preventive measures in the school and community level of the different countries in the region and their outcome were also presented. Lastly, the different approaches to the treatment of obesity

and metabolic syndrome such as diet, exercise, drugs, and bariatric surgery, laparoscopic adjustable gastric banding were discussed.

The fellowship night proved that it is indeed **more fun in the Philippines**. Both locals and foreign guests were treated to a cultural show featuring folk dances from the 3 main islands of the Philippines. An audio-visual presentation followed by a rendition of “Tagumpay Nating Lahat” by the Natrapharm Choir as a tribute to Filipinos who have become successful in different fields such as sports and entertainment capped the night. Before the start of the 2nd day of the congress, some of the attendees participated in a fitness activity.

With all of the insights generated during the congress, it was clear that the challenge to address the growing prevalence of obesity calls for a collective effort. As a response to this call, the congress ended with the signing of a **Call to Action Against Overweight and Obesity** by different AOASO Council Members in front of 800 local and foreign delegates who attended the congress.

(Continued on page 10)



Rodolfo F. Florentino, M.D., Ph.D.  
Chairman-President,  
Nutrition Foundation of the Philippines  
President, Osteoporosis Society of the Philippines  
Board Member, PASOO

# EIM

## What is it?

### Defining EIM

**EIM – Exercise is Medicine – is basically a campaign to promote physical activity for the prevention and treatment of chronic disease.**

The campaign is primarily targeted to the health care system, from physicians in clinics, hospitals and institutions, down to the barangay healthcare workers in the barangay, and by extension, to their patients and the general public. In principle, EIM sees physical exercise – or better yet – sufficient and sustained physical activity – as an integral part of the health care provider's armamentarium in the prevention and management of chronic disease.

According to **Dr. Robert Sallis**, Past President of the American College of Sports Medicine, and a founding member of EIM™ Global Initiative, **physical inactivity has wide-ranging harmful health implications and calls it the major public health problem of our time.** On the other hand, there appears to be a linear relationship between physical activity and health status, and this association appears in virtually every subgroup of the population. Dr. Sallis goes on to say that of the major determinants of health and longevity-behavior, genetics and environment-behavior is the only one entirely under our control. Indeed, inordinate behavior, principally poor diet and physical inactivity, has led to obesity and chronic disease.

### Exercise is Medicine

Research has shown that benefits of physical activity are the same in all age groups regardless of what the scales say. **There is irrefutable evidence that exercise plays a role in the primary and secondary prevention of many disease conditions**, including DM2, cancer of the breast and colon, hypertension, depression, osteoporosis, dementia, coronary artery disease, and all-cause and CV-related death. Low level of fitness arising from physical inactivity leads to higher level of crude death rate. Data from the Nurses Health Study in the US showed a 54% reduction in mortality rate with 50 minutes of physical activity five times a week.

Not only that physical activity plays a role in the prevention of chronic disease, it has also been shown that physical activity is beneficial in the treatment of disease. For example, brisk walking helps in increasing remission rate in clinical depression. Exercise training improves event-free survival rate in stable coronary artery disease. A longitudinal study among 2316 men with DM2 showed clearly decreasing risk to CVD mortality with increasing cardio-respiratory fitness brought about by exercise. Furthermore, it has also been shown that the higher the fitness of elementary students, the higher is their SAT scores or academic performance. Exercise leading to fitness has mental health benefits as well: better concentration and mental performance, better sleep, stamina, energy, self-esteem, less anxiety and tension, and improved neurocognitive function.

### EIM: Going Global

Based on all these research findings on the benefits of physical activity in the prevention and treatment of chronic disease, the American College of Sports Medicine and the American Medical Association co-launched EIM™ Global Initiative in 2007 in Washington, D.C. ([www.exerciseismedicine.org](http://www.exerciseismedicine.org)). Since then, many countries around the globe have formed their own national Task Forces – Australia, Canada, Colombia, Mexico, and the latest, Singapore.

With the increasing prevalence of NCDs in the Philippines, Coca-Cola Philippines, Coca-Cola being the founding member and funding partner of EIM, took the initiative of inviting representatives of various organizations, namely, PAFP, PCSM, FNRI, PASOO and NDAP, to a meeting with **Dr. Arian Hutber**, VP for EIM™ Global Initiative, in July, 2011, to explain what EIM is all about. On February, 2012, the same group plus representatives from PCP, Diabetes Philippines, and Philippine Center for Diabetes Education, listened to

*(Continued on page 12)*





Ramon F. Abarquez, Jr., FPCP, FASCC, FPCC, EFACC, CSPSH  
Academician,  
National Academy of Science and Technology  
Professor Emeritus,  
College of Medicine, University of the Philippines



**Who is obese? Is being obese, bad, not necessarily so, or may be good? Does it matter when obesity started? Who among the obese cases is more prone to a greater CVD risk? Who should reduce weight or who may stay at his/her “comfortable” weight?**

## “Adiposity” or “Adiposopathy”

### WHO IS OBESE?

An obese person or human “adiposity” (excess fat cell/tissue - mass) is characterized as being overweight or obese generally depending on body mass index (BMI) indicators (body mass index = weight in kg / height meters squared). Obese individuals have BMI usually > 30kg/m<sup>2</sup>

### IS OBESITY BAD, GOOD OR IT DEPENDS?

For being obese to be bad, adiposity need to be a pathological risk to the cardiovascular system, a hindrance to quality of life, a risk for earlier mortality and more importantly to some, “ugliness” rather than being “beautiful”. The “slimmers’ world” projects the Caucasian or colored culture of modeling apparels, swim suits or promotional products. However, being obese may depend on individual or population variability in taste, culture, upbringing, family traits, socio-economic standards, self-esteem and more importantly, personal choice or “taste”. Among Polynesians, Hawaiians, Africans, Sumo wrestlers, Filipino social scientists, Weight lifters, Comedians, Artists, Singers though not necessarily opera performers and Politicians among

many others, consider obesity as a “must be” asset to success, fortune, popularity or role modeling.

### IS BEING OBESE PATHOLOGICAL?

Not many diabetic, hypertensive, dyslipidemic cases or metabolic syndrome cases are obese. Likewise, not all obese or metabolic syndrome persons have diabetes, dyslipidemia, hypertension or related cardiovascular diseases. Excessive fat-mass mechanisms leading to adipocyte and adipose tissue dysfunction or dysfunctional fat cells (adiposopathy) are associated with metabolic diseases. (*Bays, Expert Rev Cardiovasc Ther* 2008;6:343–68)

### WHY IS OBESITY METABOLICALLY HEALTHY?

“Metabolically healthy but obese” persons are “genetically protected by less visceral fat despite” being obese is “adiposity”. Apparently, adiposity or obesity (increase fat-mass) is not necessarily related to metabolic dysfunction or disease.

Conversely, “metabolically obese with increased visceral fat but with normal weights” is “adiposopathy”. Individuals are frequently younger with any weight levels but already with insulin resistance, hyperinsulinemia and dyslipidemia. Furthermore, adiposopathy or ‘sick fat’ or with visceral fat without adiposity or increased weight has adverse consequences. Thus, adiposopathy is a pathologic adipocyte or adipose tissue dysfunction that can be promoted or aggravated, in genetically susceptible cases by weight gain. (*Kanelin, J ClinEndocrinolMetab* 2004; 89: 2569-2575)

### ADIPOSOPATHY DIABETES FACTOR:

In visceral or “sick fats”, leptine and adiponeptines are cytokines associated with insulin sensitivity. Impaired adipokine activity is related to leptin resistance and insulin decreased action. The dysfunctional adipokine - leptin increase or decrease activities translate into insulin activity changes related to corresponding glucose metabolism involved in DM pathogenesis. Lipotoxicity is also related to adiposopathy initiated excessive FFA release leading to fatty liver, DM, dyslipidemia, liver and muscle insulin resistance and decreased pancreatic insulin release. (*Bays, J ClinEndocrinolMetab* 2004;89:463-478)

### ADIPOSOPATHY DYSLIPIDEMIA FACTOR:

Adipocyte initiated increased FFA released can lead to hypertriglyceridemia, low HDL, abnormal LDL particle sizes, apolipoprotein E, cholesteryl transfer protein, complement factor, endothelin, lipoproteinlipase, lysophospholipids, macrophage inhibitory factor, metalloproteases affecting collagen., NO synthase, phospholipid transfer protein, endothelial growth factor, and hepatic synthesis – CRP initiated by IL-6 are all inflammatory responses as a precursor to atherosclerosis.

### ADIPOSOPATHY HYPERTENSION FACTOR:

Adiposity can compress the kidneys resulting in sleep apnea and hypertension. Visceral fat is associated with RAS abnormal release of angiotensin-II, angiotensinogen, angiotensin converting enzymes, cathepsin, and leptin related catecholamine elevation. These are factors contributing to hypertension risk. (*Bays, Expert Rev Cardiovasc Ther* 2008;6:343–68)

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

## SETTING UP A REGISTRY FOR OBESITY RESEARCHES IN THE PHILIPPINES

**The Philippine Association for the Study of Overweight and Obesity (PASOO) is a national organization with the mission to pioneer in the prevention and control of obesity and its complications through education, research and advocacy. Its vision is to create an obesity-risk free nation.**

Recognizing the value of country-specific research for national policy making, it has initiated an effort to exhaustively review all existing researches on obesity in the Philippines.

We conducted an extensive and comprehensive search for available local data on obesity. Educational institutions, training hospitals, professional organizations, libraries, private researches and theses, as well as published local and international journals were searched and contacted. All papers touching on obesity, overweight, body mass index (BMI), waist circumference, and waist hip ratio were collected. Papers on both adult and pediatric subjects, whether published or unpublished, were included in this review.

After eight months of searching and collecting information, a total of 214 articles were retrieved. One hundred sixty four (77%) were published, while 50 (23%) were unpublished papers. The papers were classified into two major groups: adult obesity and pediatric obesity. Papers on adult obesity were further distributed into 5 categories: 1) Epidemiology and Risk Factors, 2) Sociocultural Dimension, 3) Screening and Diagnosis, 4) Therapeutics and Prevention, and 5) Complications. Papers with data encompassing more than one group or category were shared among the respective working groups. Data on prevalence and associations were summarized and compared with foreign literature. A systematic review, analysis and synopsis were done for all descriptive data. Whenever possible, meta-analysis was done for data on treatment.

### TECHNICAL WORKING GROUP: ADULTS



**INTRODUCTION:** Elizabeth Paz-Pacheco; **METHODOLOGY:** Cherry Mae Sison, Aveline Sue Ann Lim, Miguel Lorenzo Litao, Joseph Bongon; **EPIDEMIOLOGY:** Cherry Mae Sison, Rodolfo Florentino; **RISK FACTORS:** Rodolfo Florentino, Aveline Sue Ann Lim, Erickson Madronio; **SCREENING AND DIAGNOSTICS:** Cecile de la Paz, Jarna Hamin; **SOCIOCULTURAL:** Nina Castillo-Carandang, Aveline Sue Ann Lim, Imelda Antonio; **THERAPEUTICS/PREVENTION:** Monica Therese Cating-Cabral, Cristina Jaring, Imelda Antonio; **COMPLICATIONS:** Elizabeth Paz-Pacheco, Marvi Holgado-Galicia, Luisa Arkoncel-Rivera

### TECHNICAL WORKING GROUP: PEDIATRICS



**INTRODUCTION:** Sioksoan Chan-Cua, Catherine Pangilinan; **EPIDEMIOLOGY & RISK FACTORS:** Jedeanne Aragon; **Screening and Diagnostics:** Catherine Pangilinan; **SOCIOCULTURAL:** Nina Castillo-Carandang, Catherine Pangilinan; **THERAPEUTICS/PREVENTION:** Sioksoan Chan-Cua, Catherine Pangilinan; **COMPLICATIONS:** Josephine Salud

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Roberto C. Mirasol, MD, FPCP, FPSEM  
Head, Weight Management Center,  
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# Bariatric Surgery and Type 2 Diabetes

**There is an increasing trend in the use of bariatric surgery after failed conservative management for the treatment of the obese patient.** There is significant weight loss and its greater impact is on the metabolic effects of the procedure specifically the resolution of type 2 diabetes. This was confirmed with two recent randomized controlled trials published in the New England Journal of Medicine (*Schauer, 2012 and Mingrone, 2012*). Although these were small studies both looked at surgical procedures vs. intensive medical weight loss therapy. The Cleveland study looked at sleeve gastrectomies and bypass, while the Italian study used ileojejunostomy and bypass.

Both studies showed dramatic reductions in weight that were generally seen within 3 months and a significant improvement in all the metabolic parameters in diabetics -- including lipids, hemoglobin A1c, and even blood pressure. This happened even before the weight loss was completely achieved. Some patients were taken off diabetic medicines and in some cases even lipid-lowering therapy. This was never seen in patients who received only intensive medical weight loss therapy.

**Professor Alberti** from UK and **Professor Paul Zimmet** from Australia in an editorial said **"The studies . . . are likely to have a major effect on future diabetes treatment. Such procedures should no longer be considered as a last resort in diabetes and might well be considered earlier in the treatment of obese people with type 2 diabetes."** They added, "Who could predict that years after the discovery of insulin, surgeons would be challenging the physician's territory for treating diabetes."

The very positive results for surgery achieved in these two trials together with the improved survival data from Swedish Obesity Study (NEJM, Aug 2007) support the

justification for new recommendations for the role of surgery in the treatment for obesity as well as diabetes.

Most guidelines indicate that bariatric surgery should be performed only in patients with type 2 diabetes who have BMIs of  $>35$  kg/m<sup>2</sup>. **The International Diabetes Federation guidelines, also in addition, recommend bariatric surgery as a reasonable treatment option in those with a BMI of 30 to 35 "if the patient has poorly controlled diabetes."**

These studies suggest other areas for future research. These include durability of remission, effect of surgery on more advanced diabetes, the relative risk/benefit of other bariatric procedures, and the impact of surgery on secondary complications of diabetes such as blindness, renal failure, and cardiovascular events. More randomized controlled trials involving more number of patients should be undertaken.

Zimmet and Alberti caution, however, that surgery is not yet "the universal panacea for obese patients with type 2 diabetes." Both studies had relatively small sample sizes and short duration, which are important limitations, they note. And bariatric surgery is associated with perioperative risks and potential long-term problems due to micronutrient deficiencies, both of which need to be considered. More studies are needed, "particularly those that may provide better prediction of success and the expected duration of remission and long-term complications," they conclude.

**Although these two studies provide strong evidence for bariatric surgery as an effective treatment for type 2 diabetes, we must place more focus on diabetes prevention in order to reduce the impending burden of diabetes for generations to come.**





Sanirose S. Orbeta, MS, RD, FADA  
Vice-President, PASOO  
Consulting Clinical and Sports Nutritionist

# Enjoy your Calories Burned

With the holding of the just concluded London Olympics, the Global Community has become more focused on total body fitness and how the body responds to good nutrition, sound physical program and disciplined exercise. Even in ancient cultures like the Aztec Indians, Chinese, Egyptians and Greeks, all had rigorous programs of exercise and body regimen for fitness. In fact, sports was integrated in their cultural heritage, living habits, ethnic traditions and even in the curative beliefs.

The Olympic Games had its origin in the Greek Islands, and from there came the beginning of modern sports sciences. The Greeks believed that if one had to be physically fit, active and strong, one had to possess a well-fed and properly nourished body. Therefore, good nutrition brought about a great state of physical health which meant sustained physical well being. This, too, is the philosophy we have adopted in making the Filipino Pyramid Activity Guide. Good healthy weight comes with proper nutrition and regular physical activity.

1. Survey shows, however, that majority of adults, especially in the Philippines, do not take the importance of physical activity for optimal health seriously. Worse, our population is getting more sedentary, inactive, indolent and that includes even the young.
2. We are in the midst of a full-blown computer age marked with technologies of alarming speed and sophistication. There are no more time zones nor

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## THE FILIPINO PYRAMID ACTIVITY GUIDE

Keep **HEALTHY** by keeping **ACTIVE**

### RECOMMENDATION FOR TOTAL HEALTH

Enjoy Leisure & Recreational Activities, Aerobic, Strength and Flexibility Activities as often as you can

DO DAY TO DAY ACTIVITIES HABITUALLY

AND REGULARLY FOR METABOLIC EFFICIENCY

**10** minutes at a time for  
**30** minutes a day at least  
**5** days a week



Conceptualized by the Philippine Association for the Study of Overweight and Obesity (PASOO)

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## THE MANY FORMS OF

# Disordered Eating



Celeste C. Tanchoco, Dr. P.H.  
Scientist III & Chief Science Research Specialist  
Food and Nutrition Research Institute,  
Department of Science & Technology

### *Boredom eating, emotional eating, night eating syndrome and binge eating.*

#### **Boredom eating occurs when someone eats in response to feeling of boredom.**

When the child eats when feeling bored, does not know the difference between physical hunger and boredom hunger or has the habit of eating at certain times usually when during times of boredom or low physical activity, referral to a pediatrician and/or a psychologist may be advisable. To help the child reduce boredom eating:

- Help your child understand the difference between boredom and hunger
- Ask your child if he/she is hungry or bored when he/she asks for a snack
- Identify activities that frequently lead to boredom
- Break bad habits of eating at times of low activity
- Help your child develop a list of fun, fun activities and post it at a strategic place
- Remind your child to engage in a fun activity when bored
- Encourage your child to engage in a social or physical activity with friends and/or family members when bored
- Eliminate food that you know your child likes to snack on when bored
- Remind your child to take a 20-minute break before the second serving so that the body knows that it is full.

**Emotional eating is eating in response to stressful emotions. Emotional eaters sometimes eat a lot of food to feel better, or sometimes the portions are normal but unhealthy.** These unhealthy foods contain greater levels of tryptophan which make people feel more peaceful and less stressed. This may lead to a cycle of using food to feel better.

Whenever you or your child exhibit the following:

- Eats when feeling upset or unhappy
- Craves sweet, fatty food or has a large appetite
- Has a difficult time describing feelings to other people
- Does not know how hunger is different from negative mood
- Uses food to reduce emotional stress
- Has depressive mood

it is time to refer your child to a psychologist

To help your child reduce emotional eating, encourage your child to:

- Identify negative emotions and determine the reasons for the emotions
- Learn the difference between boredom and

hunger

- Express feelings in an appropriate way
- Seek out social support when feeling negative emotions
- Engage in a pleasurable activity when feeling stressed out
- Practice relaxation exercises and deep breathing to help with stress reduction
- Do a physical activity to help release brain chemicals that decrease stress and improve mood
- Take a 20-minute break before eating seconds so that the body knows that it is full
- Use a hunger scale to identify appropriate times to eat

For both forms of eating, use a hunger scale to identify appropriate time to eat

1. stomach feels very empty
- 2.
2. stomach feels hungry
- 4.
- 5.
- 6.
7. stomach feels satisfied
- 8.
- 9.
10. stomach feels uncomfortably full

#### **Night Eating Syndrome (NES) is triggered by eating at night and getting into that pattern so that body learns to be hungry at night.**

Likewise, restricting food during the day which creates intense hunger in the afternoon and evenings, often creating a need to overeat later in the day may also trigger NES. **NES eaters consume 25% or more calories after the evening meal.** Night eating occurs at least twice per week. The person may lack the desire to eat breakfast and/or skip breakfast at least 4 days per week, but exhibits wanting to eat between evening meal and falling asleep or during the night. NES eaters will have difficulty falling or staying asleep at least 4 days per week. They believe that one needs to eat to fall or to stay asleep. The frequent depressed mood or worsening mood during the evening are usually evident and these eating behaviors are repeated over a 3-month period.

To help a child reduce NES:

- Distribute calorie consumption evenly throughout the day
- Develop a regular meal schedule in which your child eats five times a day without skipping

- meals and with steady intake at each meal
- Eat breakfast on a regular basis
- Improve depressed mood
- Establish a consistent night time routine to help reduce the time it takes your child to fall asleep
- Leave water by the bed so that your child can sip it if he/she wakes up
- Encourage your child to stay in bed when he/she wakes up to avoid waking up further
- Learn relaxation strategies to assist with night time awakening and to reduce impulsive behaviors
- Set a time for when you would like your child to stop eating each night and begin gradually reduce your child's access to food by 10-20 minutes at a time until the last meal/snack is at that set time.

#### **Binge eating is eating very quickly large amount of food in a short amount of time, even when not hungry.**

The person feels a lack of control while eating resulting to feeling upset after a binge. Usually the person eats alone and the binge episodes occur at least 2 days a week for a period of 6 months.

Other than anti-depressant medication, interpersonal therapy and cognitive behavioral therapy with psychologists and other specialists, binge eaters may be helped by the following:

- Develop a regular meal schedule in which your child eats 5 times a day without skipping meals and with steady intake at each meal
- Identify triggers of stress and negative mood and develop ways to reduce or avoid them
- Assist your child in developing better self-control
- Help your child to replace negative thoughts related to bingeing
- Guide your child through the steps of problem-solving when feeling the urge to binge
- Eliminate foods that your child typically overeats
- Model healthy eating and exercising for your child
- Avoid negative comments about your child's eating habits or their body
- **Focus on giving positive comments to your child in order to help improve self-image**
- Remind your child to take a 20-minute break before eating seconds so that the body knows it is full.



(... From page 3)

## The 6<sup>th</sup> Asia-Oceania Conference on Obesity (AOCO) 2011 in Manila

# CALL TO ACTION AGAINST ASIA-OCEANIA



AOCO 2011 Opening Ceremonies. PASOO President Dr. Sioksoan Chan-Cua, AOCO Over-all Chair Dr. Rosa Allyn G. Sy, Dr. Kuo Chin-Huang, AOASO President



Call to Action Against Overweight & Obesity Asia-Oceania Perspective at the 6th AOCO 2011



AOCO 2011 Organizing Committee Members



Local and foreign Asean delegates at the AOCO 2011 Fellowship Night

### We, the participants of the 6<sup>th</sup> Asia-Oceania Conference on Obesity,

**Appalled** by the rapid rise in the prevalence of overweight and obesity in countries in the region, bringing with it the increasing rate of co-morbidities – cardiovascular disease, diabetes, hypertension, cancer and other chronic diseases;

**Reminded** of the heavy health and economic burden that obesity imposes on individuals, communities and nations, affecting our country's development;

**Convinced** that prevention of overweight throughout the lifecycle starting from improvements in maternal and child health in pregnancy is the key to successful public health control;

**Realizing** most solutions are outside the health system and that population approaches directed to obesogenic environment and practices in communities, schools and workplace rather than individual approaches, are necessary to achieve long-term success,

**Confident** that while standard approaches of self-monitoring, physical exercise, low calorie diets and lifestyle modification remain as the basic strategies in the management of obesity, motivational interviewing and new technological approaches are needed to encourage permanent behavior change;

**Aware** of the strong link between obesity and cardio-metabolic risk through complex metabolic pathways and cross-talking of fat cells with distant organs through cytokines and hormones; and

**Recognizing** the need to re-examine our approach to current therapeutic management with the advent of new drugs and their combinations, and the importance of individualizing therapies and balancing risks;

### Hereby declare, as members of our respective associations and societies for the study and control of obesity:

- To strengthen networking among members of Asia-Oceania Associations for the Study of Obesity (AOASO) through regional conferences, workshops, training, and collaborative research.
- To focus our individual and collective efforts towards the prevention of obesity throughout the lifecycle starting from conception;
- To Intensify our efforts to spread public awareness of the dangers of obesity to the health and economic development of individuals, communities and country, and pursue programs of public education on the problem of obesity, its prevention and control;
- To advocate a population-based approach towards an anti-obesogenic environment in the home, community and workplace;



# OVERWEIGHT AND OBESITY: PERSPECTIVE

- To promote positive policies, programs, strategies and therapeutic modalities known to have high potential for success;
- To continue the search for improved preventive and therapeutic approaches by keeping abreast with the latest scientific advances; and
- To support scientific research to understand better all aspects of obesity – from its pathogenesis to new therapeutic modalities.

## In support of this Declaration:

- We urge our respective governments to exert their political will to support comprehensive policies, strategies and programs to control the rapidly growing problem of overweight and obesity in our populations, and at the same time examine policy options focusing on food and environments that are responsible for this rising trend;
- We entreat all sectors, particularly the media and food industry, to contribute to the efforts of AOASO and its members in pursuing the vision of an obesity risk-free region.

## Resolved, as it is hereby resolved,

That copies of this Declaration be furnished to officials of relevant international and government agencies, medical and health associations, non-government organizations, the media and pharmaceutical industry in our respective countries.

Done this 2nd day of September, 2011, at Sofitel Philippine Plaza Hotel, Manila, Philippines.

## Signed:

Australian and New Zealand  
Obesity Society (ANZOS)

Hong Kong Association  
for the Study of Obesity (HKASO)

Malaysian Association  
for the Study of Obesity (MASO)

All India Association  
for Advancing Research in Obesity (AIAARO)

Indonesian Society  
for the Study of Obesity (ISSO)

Obesity Japan Society  
for The Study Of Obesity (JASSO)

Korean Society  
for the Study of Obesity (KSSO)

Obesity Philippine Association  
for the Study of Overweight and Obesity (PASOO)

Singapore Association  
for the Study of Obesity (SASO)

Taiwan Medical Association  
for the Study of Obesity (TMASO)

Thailand Society  
for the Study of Obesity (TSSO)



AOCO 2011 Secretariat Staff



Servier Fit and Fabulous Dinner Symposium at the AOCO 2011  
with Speaker Nina T. Castillo-Carandang



AOASO General Council Meeting held on the occasion of the AOCO 2011



President's Dinner on August 31, 2011



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# EIM

## What is it?

**Dr. Benedict Tan**, Head of the EIM Singapore Task Force, discussed the EIM- Singapore organization and activities since its formation in 2011. Currently, EIM Singapore is headed by Dr.Tan, with medical specialists, primary care physicians, allied health professionals, and fitness professionals as members. Its initiative goal is for physical activity to become a Vital Sign, with health care providers routinely discussing it with each of their patients, and either prescribe appropriate physical activity to each patient or to refer the patient to a certified health and fitness professional to get a physical activity prescription. This meeting was followed by another meeting on June 12, 2012, called by Coca-Cola where **Ms. Angie Miles**, Scientific and Regulatory Affairs Director, described the EIM global structure, guiding principles, and EIM's vision, values and mandate. In that

meeting, it was decided to hold a strategic planning workshop of allied professionals to discuss proposals for the creation of EIM-Philippines. Thus on July 11, 2012, a Planning Workshop was held in Oakwood Joy-Nostalg Center, Manila, facilitated by **Professor Nina Castillo-Carandang**, to brainstorm on a proposed concept of EIM-Philippines, including its vision and mission, its organizational structure, membership, strategies, programs and short- and long-term activities. The proposed concept when finalized, will be presented to stakeholders at the formal launching of EIM-Philippines Initiative.

It is time that exercise and physical activity, being an indispensable requisite to health and wellness, should not only be a routine part of the health care providers' weapon in the prevention and management of chronic disease, but a life-long practice of everyone. **An intensive campaign to promote physical activity in the population will curb the growing epidemic of physical inactivity, the major root of many unhealthy conditions.** ♦



Participants to the planning/workshop on EIM, held at Oakwood Joy-Nostalg Center, Manila, July 11, 2012.



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#### **ADIPOSOPATHY IMPLICATION:**

Currently, the specific 'sick fat' factor is most likely pathognomonic of metabolic abnormalities and disease processes. Yet, such sick fat remains to be identified. Hence, obesity management cannot be limited to mere weight reduction. Obviously, co-morbidities of DM, dyslipidemia, hypertension as well as cigarette

smoking significantly contribute to success or failure of compelling weight reduction. Most importantly, correction of adiposopathy induced dysfunction will maximize "metabolic health".

#### **BIASES REGARDING WEIGHT AND MORTALITY:**

In chronic kidney disease (CKD) and proteinuria a few weeks of weight loss plus co-morbidity control can be beneficial in a systematic review (*Morales, CurrHypn Rev 2012;14: 170*) However, obesity is protective among CKD cases on dialysis but with negative effects among non-dialyzed and kidney transplant cases. (*Kalaitzidis, IntUroNephrol 2011;771:84*)

Increased vasomotor changes i.e. "hot flushes" occur with weight gain during menopause in a 4-year longitudinal study. (*Thurston, Am J Epid 2009;170:766*) However, chronic disease risk remains inconclusive. (*Widman, ObstGynecolClin N Am 2011;38:441*)

In a critical review, (*Flegal, Am J Epidemiol 2011;173:1*) a curvilinear or "U -curve" relation exist with increased mortality risk at both low and high BMI values. Relative mortality risks in these studies are usually < 1.5 - 2.0. Elderly studies often show the highest relative risks at low BMI levels, with little excess risk at higher BMI levels, suggesting a reverse causation or bias caused by preexisting

illness and attendant weight loss. There are studies showing low weight related lower bone density is a mortality risk due to hip fractures; or colon cancer patients found underweight had significantly increased mortality; or COPD with low weight had but also weight gain improves mortality implying that the low weight itself is a mortality causative factor. (88); or inverse association of obesity and lung cancer may be causal rather than artifactual. Large USA, UK, India, Japan, Korea, and China have shown increased mortality at low BMI values among never smokers, corrected for prevalent illness. Thus, some of the increase in mortality at low BMI levels does not appear to be artifactual.

The "impact of a given weight level on mortality is a function of the effects of weight on disease incidence, the effects of disease on weight, and the effects of weight on survival inpatients with that disease". Which is which, if these effects are all existing in the same sample population? Any effect of weight loss leading to poorer survival is not a biased observation. Or elevated mortality among the leanest older men depends heavily on whether being lean causes COPD or the result of COPD or leanness in COPD increases mortality. Thus," it is unnecessary to invoke bias to explain the numerous studies showing an inverse BMI-mortality relation in the elderly. (*Flegal, Am J Epidemiol 2011;173:1*)

**Remember, despite being obese, a person can be genetically and metabolically healthy. Being "not obese" or "lean" may still be being metabolically obese due to visceral fat.** More importantly, despite "obesity paradox" suggesting better survival among HF, CAD, PAD and CKD cases, (*Morse, CurrHypertens Rep 2011;112:120*) compounding factors or epiphenomena may confuse weight changes and mortality. So therefore, **"do not judge a book by its cover".** ♦

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### **SETTING UP A REGISTRY FOR OBESITY RESEARCHES IN THE PHILIPPINES**

A comprehensive synthesis covering various aspects of existing obesity research in the Philippines will serve as a framework for recommendations for research agenda setting and prioritization. Some of the critical questions that need answers include the following:

**Do Filipinos, as a specific Asian population, have particular traits that differently affect obesity as a disease and vice versa? What are the current knowledge and treatment gaps for obesity in Filipinos?**

The PASOO, through its linkages with national governmental and non-governmental agencies can provide valuable resource through its registry, with its commitment for ongoing updates. As a result of the recognition of these

gaps in research and planning for future research, it is hoped that we can minimize unnecessary duplication and utilize limited resources for projects that can provide more impact and a unified approach. It is hoped that translation of these researches will provide the rationale for critical prevention and intervention programs in the country.

We urge all involved in any form of research related to obesity to submit their work to the registry to provide a comprehensive data base for a better understanding of this condition among Filipinos, to achieve our goals. Please submit through our website [www.obesity.org.ph](http://www.obesity.org.ph) or contact our Secretariat at telephone numbers **(632) 632-1533 / 359-9268** or email [sec@obesity.org.ph](mailto:sec@obesity.org.ph). ♦



# Enjoy your Calories Burned

distance to reckon with. With just the dexterity of the fingers, one can click through a universe of data. How can sports nutritionists and health care professionals compete with beautiful television programs and tele-novelas, exciting video games, attractive websites and the popularity of the internet amongst all age group? How can we match these trends to make physical activity a more attractive and pleasurable part of our daily lives?

At the Philippine Association for the Study of the Overweight and Obesity (PASOO) we decided to launch the **Filipino Pyramid Activity Guide**. The Guide illustrates how a little willingness to give some time for physical activity in any form, style and manner that's most convenient can go a long way towards physical health and well being. In fact the easier the activity, the more people will do it. The Filipino Pyramid Activity Guide therefore aims:

- To provide a safe and easy activity guide for people of all ages, sizes and persuasions to follow.

- To motivate health professionals to take up the challenge to be role models and leaders in making the public more aware and responsive to the need for regular physical activity.
- To create a companion guide to go hand-in-hand with the Filipino Pyramid Food Guide as part of the preventive and strategic educational tool for weight loss and weight maintenance, using the same simple format and action words like "habitually", "regularly", "often" and "minimally".
- To encourage people to enjoy physical activity for its psycho-social value whether this be formal, informal or just for fun. Other nations have launched **Exercise is Medicine Program**. So why should we not in the Philippines have our own? As someone once said: "If not us – who? If not now, when?" Now is the time to make a difference!!!

## Example of Calorie Expenditures for Various Activities

Reference Weight: 75kg (165 lbs)				
Activity Group	Amount of Calories Burned			
	15 minutes	30 minutes	45 minutes	60 minutes
Day to Day	45-113	90-225	135-338	180-450
Aerobic Exercise	90-259	180-518	270-777	360-1035
Recreational (regular)	57-158	113-315	169-473	225-630
Recreational (oftentimes)	45-101	90-203	135-743	180-990
Exercise for flexibility & strength	45-248	90-495	135-743	180-990
Sedentary	34	68	101	135