



**Sydney Medical
Weight-Loss Centre**

Professional Solutions for Weight Loss

Submission No. 14
(Inq into Obesity)

AE
15/05/08

Mr Steve Georganas MP
Chair, the House Health Committee on Obesity

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Dear Mr Steve Georganas,

Regards: REVIEW OF OBESITY IN AUSTRALIA

My submission addresses the second part of the terms of reference, namely

The Committee will recommend what governments, industry, individuals and the broader community can do to prevent and manage the obesity epidemic in children, youth and adults.

I am a medical practitioner, in Sydney, in a practice devoted entirely to bringing long-term weight loss to overweight and obese patients.

This practice has seen about 500 overweight and obese patients over the past 9 years.

Regrettably, I do not have the resources to tabulate results. Hence, my opinions come from the large body of published scientific research (available to all) together with my experience with patients.

I regret that the general medical community in Australia has not moved beyond the moral judgment position of obesity, in light of the scientific information on obesity.

Biochemical and physiologic explanations for the obesity epidemic¹ are in keeping with my experience with patients trying to lose weight.

It is clear to me that willpower does not work for weight loss.

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(From Neil Peace MD)

This is not surprising, given the research findings, since 1994. The discovery of leptin²⁻⁴ explains why most people regain weight.

I suggest that willpower is helpless compared to the power of the brain to force us to “seek food, eat food, eat extra”.

Many hormones and neuronal centres are involved in seeking food and laying down body fat (presumably as storage of energy in case of food scarcity).

My dealings with overweight and obese patients lead me to believe that “to diet” is to signal that food is scarce, which in turn sets in motion a drop in metabolic rate and other measures aimed at ensuring survival. This cannot be won with willpower.

For weight loss, if not willpower, then what?

In my practice, we start with the premise that weight loss must happen “despite the patient”.

Hence, the task is to find a series of tricks to overcome the innate drive to “seek food, eat food, eat extra”.

To this end, it is my view that,

Hunger is not winnable in pursuit of weight loss

In my patients, by avoiding hunger, the biochemical drivers to “seek food, eat food, eat extra” are kept as quiet as possible (leptin, ghrelin, hypothalamic nuclei etc)

It is my view that,

The only requirement for eating is the presence of food. In my experience it is not necessary to be hungry or bored or stressed or whatever, to eat. As long as food is present, it is very likely to be eaten.

Therefore, many patients benefit by distancing themselves from food, when not time to eat. If not hungry and no food nearby, then eating does not happen.

Distancing from food is difficult, especially for mothers, and others who work close to food

It is my view that,

Exercise is contrary to the body’s intention to preserve body fat, as fuel. Hence, everyone finds exercise difficult.

Therefore, with my patients, the attitude is that,

“Exercise is not fun; it just has to be done”.

It is my experience that if exercise is purely for weight loss or fitness, it will wear out. It will not be sustainable. For my patients, the objective is to set up exercise in such a way that they have no choice but to do it. This is not easy. There are few options.

(From Neil Peace MD)

These are a smattering of ideas used to bring weight loss “despite the patient”.

The science is clear but the application differs from one patient to another. It requires cunning and imagination.

Multiple factors contribute to obesity and it is not within the power of most patients to find appropriate advice.

Therefore, if there is any hope of stemming the tide of obesity, it is at a government level, in which the environment is manipulated to make weight control easier.

It seems to me that every step likely to help reduce obesity is politically unacceptable.

The following are ideas that might help reduce obesity and in no particular order.

1. Build special fences and run cycle paths alongside train lines
2. Legislate that all new buildings have gyms and changing rooms/showers for employees
3. Legislate for two-hour lunch breaks, allowing workers to exercise for an hour
4. Give tax breaks for all fitness related product
5. Impose a 20 % tax on foods containing 20 % or greater fat or sugar content
6. Improve packaging to spell out effect of the food on weight gain
7. Make physical activity compulsory, at schools, for an hour per day
8. Encourage doctors to work on weight loss for their patients
9. Before leaving hospital, compile a weight loss plan for every overweight patient (we know these patients will be back unless they lose weight)
10. Spend as much money on walking paths and cycle paths as on roads
11. Force Local Governments to build pavements for walking and cycling in all areas, before building more roads

(From Neil Peace MD)

12. Create a safe path to school so that kids can walk or cycle to school and adopt the attitude of,
Whatever it takes!
13. This might mean an adult or "lollipop" person on every street corner or every 100 metres
14. Create holiday camps for school kids with weight problems
15. Complete a walking/cycle path the entire way around Australia
16. Label street signs with distances from A to B
17. Recruit celebrities to walk/cycle well-known paths to try to sell the message that it is "cool" to be fit and trim
18. Enter all parliamentarians in fitness classes so they are seen as setting a good example to the public – especially federal, state health ministers, and the prime minister
19. Put large taxes on luxury foods for kids such as soft drinks and chocolates
20. Ban food advertising on TV and anywhere that exposes kids to food messages

In conclusion, despite 20 years working in the field of obesity, to me the subject remains fascinating. It is a most interesting and satisfying area of medicine to work in.

However, millions of Australians live miserable lives due to obesity. Millions of overweight Australians spend a large part of their daily mental energy on the problem of their excess weight.

Nobody chooses to be obese.

I hope that I can contribute in some way to the understanding of the obesity pandemic.

Yours faithfully,

Neil Peace MD

(From Neil Peace MD)

¹ In reality, the frequency of obesity deserves the term “pandemic”

² Kettaneh A, et al Eur J Clin Nutr 2006 Dec 13 “High plasma leptin predicts an increase in subcutaneous adiposity in children and adults”

³ Farooqi IS, et al N Engl J Med 2007 Jan 18;356(3):237-47 “Clinical and molecular genetic spectrum of congenital deficiency of the leptin receptor”

⁴ Bagnasco M, et al Obes Res 2003 Dec; 11(12):1463-70 “Leptin expression in hypothalamic PVN reverses dietary obesity and hyperinsulinemia but stimulates ghrelin”