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County Health

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Weighty Choices

When an adolescent's excess pounds threaten his health and psyche, parents will try just about anything to help. Here's what works and what doesn't.

By Catherine Censor



Jarrett Partlow of Greenburgh hated how he looked. Just 13 years old and already six-feet tall, the youngster was an enthusiastic basketball player with a loving, supportive family. But other kids, he says, "gave me grief—I was tired of stares." His doctor wasn't too happy, either. While Partlow was active and reasonably healthy, tests painted a potentially bleak future. By the time Partlow reached adulthood, his doctor feared, he might have diabetes or heart disease—that is, if he made it to adulthood. "It got to a point where I'd go to my doctor for a cholesterol test and the doctor would say, 'How is this guy walking?'" Partlow remembers. "My cholesterol was in the high four-hundreds."

Partlow's problem? The same issue plaguing hundreds of thousands of American children: obesity. At his heaviest, the youngster weighed in at 270 and, if current trends hold true, more of our children will share his predicament. According to *Pediatrics*, the official journal of the American Academy of Pediatrics, 15 to 20 percent of children and adolescents in the United States now meet the clinical criteria for obesity (a score above the 95th percentile of the body mass index, or "BMI," a calculation that evaluates the ratio of weight to height). And that's just the numbers for obesity. When you factor in the figures for the merely overweight (above the 85th percentile of the BMI), you've got a statistical tidal wave. While children born into poor and minority families are more likely

to be obese than their wealthy, Caucasian peers, pediatric obesity is becoming an increasingly common problem across all economic strata.

Yes, even here. Just ask White Plains dietician Lisa Ellis, who has been in practice for 23 years. "In my first two years of practice, ten to fifteen percent of my patients were kids; now, it's sixty percent."

As the obesity epidemic spreads, so too has the evidence of health consequences for its youngest victims. Pediatrics reports that 60 percent of overweight children already suffer from high blood pressure, diabetes, elevated cholesterol, and even hardening of the arteries. In other words, they're suffering from the diseases usually not seen until middle age: What happens when (if?) these kids reach adulthood? Up to 75 percent of them will become overweight adults. And those diseases that they've been developing since childhood...they won't have gotten any better.

"By the time an overweight child turns into an overweight teen, the odds are twenty-eight to one against him being a normal-weight adult," says Jack Rosemarin, MD, a White Plains gastroenterologist who, with the help of a dietician, treats both adults and adolescents coping with obesity.

So, what to do? How about bariatric surgery—for 14 year-olds?

The Cutting Edge



Why would anyone look to surgery instead of the more conventional regimen of diet and exercise? Because treatment success rates for most programs are frighteningly low. "The gold standard for success is that the weight lost stays off for two years," Dr. Rosemarin explains. "Nationwide, the success rate for maintaining the weight loss is just five percent. That means that, two years after reaching their goal weight, ninety-five out of one hundred kids will have regained the weight they've lost."

"There's a government task force that looks at all interventions and rates them," says Dr. Roger S. Madris, an internist with a medically supervised weight-loss practice for adolescents and adults in Rye Brook. "Treatment programs for obesity in adolescents got an 'I' rating, which means there's no data one way or another to recommend or discourage it." Looking for a more optimistic statistic? Good luck! According to Pediatrics, "the current state-of-the-art is intensive, family-based, group behavioral programs," which, in some studies, "produced ten-year success in up to thirty percent of children." Note: that's up to 30 percent. With numbers this disappointing, it's little wonder that experts are looking for more reliable solutions.

Like many of his peers, Jeffrey L. Zitsman, MD, director of the Center for Adolescent Bariatric Surgery at Morgan Stanley Children's Hospital of New York-Presbyterian, believes surgery is the treatment of choice for life-threatening obesity. "It works. If a patient who needs to lose one-hundred twenty-five pounds does it with diet and exercise, it's going to make it into the Enquirer and, even though we want to help that five percent who can do it and treat them without surgery, it's a tremendous feat if they succeed." You've probably read about adults who've sought Lap-Band surgery, in which an adjustable band is surgically placed around the

upper part of the stomach to reduce its capacity. The procedure, while minimally invasive, is reserved for morbidly obese adults who have a BMI over 40 or a BMI above 35 with associated medical conditions like diabetes, hypertension, or cholesterol abnormalities. It's hardly a "quick fix" for obesity. People who have the surgery feel fuller on just a few ounces of food, but they still need to lose the weight through diet and exercise.

The surgery, which was approved for adults in 2001 by the FDA, has a lot of advantages: the Lap-Band is adjustable; the surgery to implant it is laparoscopic and, therefore, low-risk (unlike the older gastric bypass surgery which was more invasive and carried a higher risk of complication and even death); the surgery doesn't interfere with the absorption of nutrients; and, with careful and proper documentation, insurance pays for it. Little wonder, then, that some hospitals are starting to offer this procedure for adolescents.

In New York, Morgan Stanley Children's Hospital of New York-Presbyterian, is just one of three centers nationwide to have been approved by the FDA to implant lap bands in teenagers as young as 14 who meet the same criteria as their adult counterparts. They also must enroll in a supervised weight-loss program for at least six months. If they can lose more than 20 percent of their excess weight in a six-month period on medical therapy, then they're not considered surgical candidates. The hospital's program is part of a study protocol that, if the band proves safe and effective, might broaden the indications for its use.

"We opened our program in March 2006," says Dr. Zitsman. "We've done fifteen procedures on adolescents and we have four with dates for surgery in upcoming weeks. There are about sixty patients in the pre-surgical phase." And although the hospital has limited publicity that it's offering this service, Dr. Zitsman reports, "we're getting calls continuously." And with good reason: the procedure works.

"The long-term success rate for this procedure is about eighty to eighty-five percent and, although that number is predominantly adult because there's not a lot of adolescent experience, we have every reason to think it's safe and effective for adolescents too," Dr. Zitsman says.

If the treatment is effective and safe, why is it reserved as a measure of last resort? "It may turn out that once we've shown that this is safe and effective in a large majority of patients, the indications may be more liberalized," Dr. Zitsman says. "In two years, we might be exploring whether we should be doing this procedure on nine, ten, eleven, and twelve-year-olds."

Just Say "Yes" to drugs?



Medical interventions for kids aren't limited to surgery. Recently, doctors have been exploring the efficacy of diets and drugs designed for obese adults on the pediatric population.

"Plans like Weight Watchers should always be the first order of business but, if they don't work, more aggressive action is called for," says Dr. Rosemarin, whose patients are mostly physician referrals of "more recalcitrant" patients, like a 17-year-old who was

60 pounds above her ideal weight. She had tried Slim Fast, Weight Watchers, and even worked with a dietician. “But nothing worked,” Dr. Rosemarin recalls, “so we put her on a more aggressive program”—a modified, liquid protein-sparing diet of just 1,000 calories a day.

“It’s a combination of shakes, bars, and real food,” explains Dr. Rosemarin. And for kids who are significantly overweight but otherwise healthy, Dr. Rosemarin doesn’t hesitate to prescribe drugs like Meridia to “decrease appetite—especially for carbohydrates” and Xenical, which works in the digestive tract to reduce the absorption of dietary fat. “While it is somewhat controversial, some of the newer meds are quite safe,” maintains Dr. Rosemarin. “The rules say that if an adolescent has a BMI over thirty, he’s a candidate for meds. And while these are guidelines, there are other situations where meds might be necessary.”

Not everyone approves of prescribing diet drugs to teens. “We don’t know the long-term consequences,” Dr. Madris says, “and if you start a kid on meds at sixteen, he’s got a lot of years ahead of him.”

Dr. Rosemarin counters that the real danger is not pills but an inadequate response to obesity. “Interventions performed in the teen years can make a significant impact and prevent diseases,” he says. “Why wait until they’re thirty and weigh three-hundred pounds?”

For Jarrett Partlow, one of Dr. Rosemarin’s patients, growing to be a 300-pound, 30-year-old was a very likely fate. By age 13, he was already 270. “You know how most little kids look forward to going out to play? Well, I looked forward to coming home to eat,” he says. His social life wasn’t much better. “I was tormented by other kids because the fat on my chest made me look feminine.”

With his 16th birthday looming, Partlow, at least 60 pounds overweight, asked his mother, a former patient of Dr. Rosemarin, to take him to see the doctor. “I was determined not to be fat for my birthday,” he says. And with the “aggressive” protein-sparing diet, a low dose of Meridia, and a lot of motivation, he dropped 30 pounds in the first three months. He’s currently down to 230 pounds but wants to go to 218.

His diet plan consists of four shakes or nutrition bars, chicken for lunch, and a light supper. He still takes the Meridia and gets blood tests once a month to make sure the drugs aren’t having a negative impact on his health. Partlow’s 16th birthday party was May 19, 2006. “It was everything I expected it to be,” he says.

Structured Solutions

The impact of excess pounds extends beyond physical disease. For kids who are overweight but not clinically obese, the social and psychological cost ranges from the obvious (teasing from peers, poor self image, trouble finding dates, depression) to the obscure. Dr. Rosemarin insists that obesity even impacts prospects for college acceptance and job opportunities. Especially here in Westchester. “Being overweight in Westchester puts you at a huge disadvantage. “If you’re overweight, you have some of the same problems that minorities face in regards to advancement in social and economic areas.”

Marla, 15, a resident of Scarsdale, agrees. (In fact, the stigma of being overweight in Westchester is so great that she won’t let her real name be used.) With long, lustrous brown hair that seems straight out of a shampoo commercial, and warm, intelligent brown eyes, Marla has got features of which she’s justifiably proud. But at 5’1” and 145 pounds, her figure isn’t one of them. By her estimates, she’s about 30 pounds above her ideal weight and she admits, “I’d feel a lot better if I lost the weight.”

In her effort to shave pounds, she’s tried the standard remedies of diet and exercise. “Even though I know better, it’s hard to resist indulging. Sometimes, I just want that Oreo.” And, although she joined a gym, she discovered, “I’m not a gym kind of person.” Marla’s been going to Ellis since April and she’s started taking a few dance classes to boost her calorie burn. At home, she watches her favorite TV show (America’s Next Top Model) from a step machine. And although progress has been slow—she’s lost just five pounds thus far—she’s sanguine about her prospects for success. “I do feel like I’m learning a lifestyle,” she says, “and that’s going to take time.”

Marla has seen Ellis for counseling on several occasions. (Most of Ellis’s patients see her just until they’ve learned the skills they need—a few sessions—which is why, she says, she doesn’t track her success rate more formally.) Marla appreciates the tips she’s received for selecting healthier choices, navigating restaurant menus when she’s out with her family, and coping with pressure when she’s hanging out with her “naturally thin” friends during their frequent pizza binges.

Whether you find the idea of protein shakes, pills, and surgically implanted Lap-Bands for teens wrong or even shocking, you can be sure of one thing: you’ve got a neighbor who considers any option a potential godsend. Because when you’ve got an overweight kid in Westchester County, nothing is riskier, it seems, than doing nothing at all.

Jarret Partlow before (insets) and after (above) he went on an aggressive protein-sparing diet, which includes the prescription drug Meridia to curb his appetite. His current weight is 40 pounds lighter than his heaviest.

THE DOs AND DON'Ts How to help your overweight child

-Don’t become the food police. “When food becomes an issue of contention, kids start rebelling with food, eating when their parents aren’t around,” says Dr. Jack Rosemarin of White Plains. Older kids, experts agree, have to want to lose weight for themselves. No matter how much parents care, no amount of pressure or pleading will replace a child’s own will (or reluctance) to change.

-DO intervene early. Overweight kids do something overweight adults don’t: they grow. No need for a formal diet or rigorous exercise program—just lifestyle intervention. Hold back on the cookies, institute an after-dinner walk for the entire family, and let

time and nature do the rest. Unfortunately, the success of this kind of approach depends on the age and size of the child. "If everyone in the family is five-foot-five and the child is ten years old and two hundred pounds, the child is not likely to grow to be six-foot-three and grow into his weight," says Dr. Rosemarin. "Therefore, more drastic measures are important,"

-DO take control of the home front. When kids are young, they're eating at home or under your supervision. Make the most of it by molding healthy habits.

-Don't go nuts. For some "Type A" Westchester parents, the specter of obesity is enough to provoke downright dangerous behavior. "My wife, Eve Rosemarin, was in practice as a Scarsdale pediatrician in the nineties," Dr. Rosemarin says, "and she'd see people who were giving skim milk to babies who need fat in their diet to thrive. Kids were being malnourished because these Scarsdale parents were so worried about their kids being overweight!" If you think your kid might have a problem, consult his pediatrician for an objective reality check.