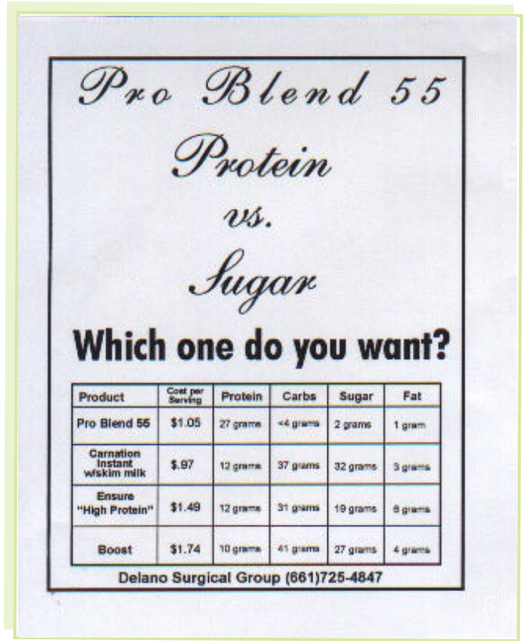
Central Valley Bariatrics

1205 Garces Hwy Suite 303
Delano, CA 93215



January/February, 2002

Central Valley Bariatrics Newsletter

Ara Keshishian, M.D. — Dawn Keshishian, BSN, RN, CCRN

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Issue 14

Calendar of Group Meetings:

Delano:

January 8 6:00 PM
Delano Regional Medical Center Zacharias Conference Center 1401 Garces Hwy.
February 12 6:00 PM
(Second Tuesday of every month)

Paso Robles:

January 17 & February 21 6:30 PM
(Third Thursday of every month) We changed the meeting location to enable continuity each month. **The meetings will now be held at the new Paso Robles Airport conference center facility 4000 Wing Way 2nd floor.** There are elevators available.

Fresno:

Due to lack of attendance we will no longer be conducting meetings at the Fresno location.

Ukiah:

January 4 & February 1 6:30 PM
Ukiah Valley Medical Ctr 275 Hospital Dr. 2001 contact Ruth Lorain for further information at letstalk@iwon.com (First Friday of every month)

Bishop:

January 21 & February 18 6:30 PM
(Third Monday of every month)..Partridge Building Northern Inyo Hospital. Contact Corrine Shuey at cshue2@jcpenney.com or Sherrie Prem at cshue2@jcpenney.com

Red Bluff:

First meeting will be December 27, 2001 6 p.m. at the Coyne Educational Center, 2550 Sister Columa Dr. Red Bluff, CA. We are in the process of setting up monthly or bi-monthly group meetings in Red Bluff. Please contact myself keshishiand@gr-ds.com for details or check the calendar on our website www.gr-ds.com.

Eureka:

January 10, and February 14 12:00 PM
Second Thursday of each month. General Hospital Campus, Burre Conference Room 2200 Harrison Ave, Eureka, CA 95501

Calling all Post-op Patients!

You will see a new feature in each edition of the newsletter...A Post-op Patient Profile!

If you are interested in being a featured post-op patient and would like to share your story with us, please e-mail a one page story to me at keshishiand@gr-ds.com in Word format. Include any pictures (in Jpeg format) you may also have of yourself pre and post-op. If you do not have a computer you can send a typed one-page story and your pictures of yourself pre and post-op. You can send the story and pictures to me via regular mail. 1205 Garces Hwy Suite #303, Delano, CA 93215. Hope to be able to share all your successes!

We would also like to put together a 2003 calendar of pre and post-operative pictures of patients one year or more out from surgery. If you would like to participate in the calendar project, please forward your pictures to me via regular mail or e-mail in Jpeg format along with your surgery date and name. We will only complete the project if we have enough participation.

Your participation is important. Pre-op patients are encouraged when they see your success!

2001 Year in Review

It has been quite a year for Central Valley Bariatrics, not to mention the entire nation. CVB celebrated the first 100 patients in April 2001 and now our family has now grown to more than 180 patients! We are so proud of all of you and your success! Each one of you is considered a part of our family. At times it is quite emotional for us to see the changes you all go through. There are times when we haven't recognized some patients because of the tremendous transformations! Congratulations to you all!

This year a new surgeon joined the staff... Dr. Karim Zahriya, who is now assisting Dr. Keshishian with the GRDS cases. You will be meeting him at upcoming group meetings or at your follow-up appointments. Give him a big welcome to our team!

We also gained two new staff members, Olga and Maria. Olga is assisting Dee with insurance issues and Maria is working with the doctors in the back office. Be sure to welcome them to the team, also!

New group meeting sites are being added in several cities in Califomia and Nevada. Please check the website calendar for further information as we confirm dates and facilities for these new group meetings.

We cannot express how the events of September 11th affected us all. Our deepest sympathies go out to those who lost someone or have been affected in any way by this horrible tragedy. Many heartfelt thank yous and prayers go to those who are serving or have family members serving our great country. May we all take a moment to remember and give thanks for the lives we have.

Each of us at CVB wish you a year full of transformations, health, and dreams come true for the year 2002! Thank you all for your support and attendance throughout the year!

Patient Referral List:

Dee Tinkle tinkled@gr-ds.com	661-725-4847	
Ketty Chamlian kettyc@alistarinsurance.com	559-495-3200	ext 113
Ken Couch	949-859-6130	
Paulette Kizer Dpkbear@aol.com	209-838-3348	
Mark & Regina Johnson reginahj@goldrush.com	209-830-0591	
Stacy Anderson-Couch andersta@gateway.com	949-859-6130	

Patient Profile: Kathy Davidson

Living with Fat and My New Life

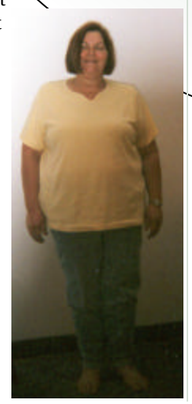
By the time I entered school, I was already fat. As a fat child in the 50's I was the minority. I was always the largest student in the room, and in a student body of 3000, I could count on one hand the obese students, including me. That phenomenon continued until the 90's when everyone else seemed to be packing 50 extra pounds, but I was still usually the largest person in the room.

I decided early on to be an achiever—to have an outgoing personality, even though that was uncomfortable—and above all, to BE LIKED by everyone so that I could overcome the weight and the appearance I so hated.

I did achieve that, but strangers would still "zing" me with remarks. When I was a child, other children were guilty of this unfair treatment, but as an adult, strangers would find me an easy target. Every single vacation I took in the last 20 years, someone felt the need to attack my weight with a nasty slur. I might have been on one of my 1000 calorie diets at the time, depriving myself so I would look normal, but they did not know that. I always felt the injustice of it all, because I really tried.

About age 50 the Atkins diet took off about 75 lbs. with about 50 staying off, and then with a nutritionist's help, I began a lifestyle diet with exercise and counting fat grams (30 per day, too low) which lost me another 50. No matter how much less I ate I could not get below 250. Then after menopause I gained 10 lbs. and was actually eating less calories! What was going on?

I once had a well known "fat" doctor client (who had studied ancient obesity history as a hobby) tell me my body was made for Neanderthal days — it kept on the fat to preserve the species — that I would battle it all my life. Unfortunately I was living in a modern society.



That was when my doctor suggested the Distal Gastric Bypass with a Duodenal Switch surgery. I would never have een open to such a drastic action, except he intimated that he felt in 5 years I would get Onset Adult Diabetes or have heart surgery. I began investigating the surgery.

It was also clear to us both that my body processed fat differently from many others. My genetic background was grim: Father 400 lbs., paternal grandmother 500 lbs., 4 paternal aunts & uncles 300+ lbs., maternal grandmother 250 lbs.

After my investigation and talking to other GRDS patients, I began the insurance nightmare. To my surprise it was the doctor's office that was the hold up, so I got on the net and saw Dr. Keshishian's website and asked, "Where's Delano?" Within 2 days I had all my answers and began the process.

My oldest daughter, Diana was about 160 lbs. overweight and we decided to do the surgery together and convalesce together which we did. She had her surgery on 3/22/01 and I had mine on 3/23/01. To date she has lost about 130 lbs. and I have lost 85 lbs. She is about 40 lbs. from her goal and I am about 25 lbs., I think. I really don't know as I have never had a normal body. I just know that I look half of what I did 8 months ago.

What about my new life? I am thoroughly enjoying the compliments and wishes of good will given to me by my clients, co-workers, friends and club members. I know they are curious and so I freely discuss the surgery and have been personally responsible for at least 4 people getting the surgery. I want to run up to every grossly overweight person I meet and tell them too, but I do not want to offend them.

Most people think I have had a "stomach stapling" and confuse my surgery with the one rock star Carnie Wilson had last year. I quickly explain the difference and that I have NO staples inside me. My surgery is not a food reduction surgery (ring and stomach stapling) but instead, I absorb my food differently, more like people with normal metabolisms now.

I am not eating 1-2 ounces of food per meal. Instead I eat a senior or full portion meal. I can eat 3/4 of a prime rib dinner and almost all the potato and even bread and salad. I am always careful not to stuff myself, and recognize when I have had enough and often take home a doggie bag for lunch the next day. It all depends, I have found, on how long I take to eat. If I take the time, I can eat the entire meal comfortably.

I have no real hunger. I eat to stay alive and healthy. I occasionally have cravings, and if not real drastic, I will indulge myself, but I also take care not to make it a habit. I religiously take my vitamins as recommended by Dr. K and I keep my post op appointments.

Those that have had the surgery have called me from the hospital and we have shared tears of joy together because we know what living the life of a fat person feels like: Seat belts that won't buckle, worried about chairs breaking under you, being the largest person in the room, not fitting into restaurant booths or airline seats, not being able to trim your own toenails, acid reflex, spastic colon, the back and leg pain, swollen ankles and feet, sleep apnea, snoring, sweating and inflamed cheeks.

This life-saving/life-changing operation stops adult onset diabetes in its tracks with a 100% cure rate. Those born with the disease enjoy a 95-100% cure. What a miracle! All the cholesterol, acid reflex, and pain killer drugs take their toll on your liver, and after surgery you can toss them out. Think of the savings too!

It is such a blessing that this surgery was available to me in my lifetime. As I approach 60 in February, I don't have any of the symptoms above and no longer need to take the drugs to keep them under control. It's all GONE! I can buy an outfit off the rack and not even try it on! I can actually purchase a $10 watch at Kmart and it will fit me. Usually I have to buy a good watch, and have a jeweler put extensions on the band to get it past my hands.

If I sound like a sales rep for this surgery, I can't help it. I sing its praises. It truly has changed and extended my life and I now can enjoy activities (including vacations) in comfort and ease. The support group meetings keep me on track and motivated. The after-surgery care I received from Dr. K and his staff are the best I have known in my life.

If any investigator of this surgery wishes to contact me by phone or e-mail, feel free to do so. I can be reached at 707/468-8763 eves or kathlyn@pacific.net. Good Health!

The Role of One's Mood on Weight Gain and Overall

By Cynthia Buffington, Ph.D. (as seen in *Beyond Change*)

Are you sad or depressed? Are you a worrier? Do you feel that your self-worth is measured in your appearance? Are you ashamed of your body? Do you believe that you are not as good as other people? Are you in a stressful situation at home or work? An affirmative answer to any of these questions may mean that you are at increased risk of weight gain or weight regain.

Low self-esteem, depression, and anxiety (nervous, worried) are common to the obese, as has been determined from studies that have measured these indices of psychological distress in adults, as well as children and adolescents. In our own studies, we found, in a population of mild-to morbidly obese females and their lean controls, a very strong, positive association between bodysize, as measured by the body mass index (BMI), and scores on test which measure degree of depression and anxiety. These findings either suggest that the more obese the individual, the more likely he/she is to suffer form psychological distress many cause weight gain and obesity.

The prevalence of anxiety and certain forms of depression among the morbidly obese may be particularly high. In a study of more than 700 morbidly obese pre-surgical candidates, we found that 84% of the population had anxiety and 90% were clinically depressed. The study further showed that the severity of depression among our morbidly obese patients was greater for females than for males and that, in all study subjects, the severity of depression was strongly and positively related to eating abnormalities.

Reports of a close association between psychological distress and binge eating, as well as other abnormal eating behaviors (night eating, increased snacking, hunger, emotional eating, reduced feeling of fullness, and others) have been frequently cited in the scientific literature. There are also studies showing an exceptionally strong relationship between intensity of psychological distress and carbohydrate craving, the most common eating disorder of the obese. Such dysfunctional eating behaviors, caused or worsened by psychological distress, may increase weight and account for reported findings of increased drop-out-rates and lowered weight loss successes of those obese individuals who present at weight loss programs with high degrees of psychological distress.

How does psychological distress influence eating behavior and body size? Psychological distress causes changes in various hormones, gut factors, and neurotransmitters (messengers in the brain and nervous system) that influence body volume and preference, and the body's ability to burn calories. A discussion of the effects of psychological distress on such regulators of energy balance is beyond the scope of this article. However, the author will discuss in some detail how psychological distress may influence levels on one of the primary brain neurotransmitters, serotonin, and how changes in this particular messenger may influence eating behavior and body weight.

Neurotransmitters are messengers in our brain which help us to think, talk, move, feel, breathe, and live. The serotonin system is the largest in the central nervous system and works along with other neurotransmitters to perform an array of functions. Serotonin helps to regulate mood, pain sensitivity, and blood flow in your lungs, heart and brain, blood pressure, sleep patterns, appetite, meal size and food preference.

Low levels of serotonin in the brain cause feeling of sadness or depression, enhance pain sensitivity, may cause insomnia and frequent headaches, often interfere with concentration, may increase one's addictive potential, contribute to impulse disorders such as binge eating, increase appetite, reduce satiety (feelings of fullness) and cause fatigue and low activity. Furthermore, individuals with low levels of brain serotonin crave carbohydrates and frequently snack on cookies, candy, cakes, crackers, bread, chips, and other foods high in carbohydrates as well as fat.

Increased consumption of carbohydrates stimulates the production of the hormone insulin, which indirectly leads to an increased uptake of the amino acid, tryptophan, into the brain. Tryptophan is readily converted to serotonin. So, high carbohydrate consumption increases brain levels of serotonin and causes improvement in mood, appetite, food cravings, and overall well-being. However, the "serotonin high" is only temporary and the individual must frequently eat, particularly carbohydrates, in order to maintain these feelings of well being.

Do the obese, or at least a subset of the obese, have low serotonin levels? Levels of serotonin, in a component of the blood believed to be reflective of brain serotonin levels, are lower for the obese than for lean. Furthermore, many obese individuals have conditions suggestive of low brain serotonin, such as reduced mood, high carbohydrate craving, binge eating, increased appetite, low satiety, enhanced pain sensitivity, and insomnia.

What may cause low brain serotonin levels in certain individuals who are obese? As mentioned previously, the obese tend to have a high degree of psychological distress and such distress may be either a consequence or a cause psychological distress may lower serotonin, with concomitant increase in carbohydrate craving and consumption, may cause weight gain and obesity. Alternatively, the "shame and blame" of obesity inflicted by our society, particularly upon females, may drive serotonin levels down, causing the same response in the obese.

Low serotonin levels in certain individuals may also be caused by defects in production or clearance (break-down) of serotonin in the brain. A recent European study found that activities of one of the enzymes responsible for the clearance of the break-down of serotonin is high in the obese, resulting in reduced levels of serotonin. The obese individual with such a defect may be unconsciously eating large amounts of food and snacking frequently in a somewhat futile effort to increase their brain level of serotonin and to improve mood.

It may be possible that individuals with low serotonin are more susceptible to the serotonin lowering effects of stress than those individuals with higher levels of the neurotransmitter. For example, women have less available serotonin in their brains than men and women also lose more serotonin through stress. Dr. Judith Wurtman from the Massachusetts Institute of Technology explains that this may be one of the reasons why there are more obese women than men in this country. Is it possible that the serotonergic system of the obese, as compare to the lean, is more sensitive to the serotonin lowering action of stress?

How can brain serotonin levels be raised? Serotonin may be increased by certain anti-obesity drugs and anti-depressants. Serotonin may be enhanced by changes in diet, by relaxation and various anti-stress techniques, and through exercise and repetitive movements, even knitting. There are two books, of which the author is aware, that have been written for the general public regarding various ways in which one may increase their brain levels of serotonin. One of these books is by Dr. Judith Wurtman and her colleague Susan Suffes and is entitle, "The Serotonin Solution". Dr. Carl Hart writes "Secrets of Serotonin".

In summary, obesity may cause psychological distress or psychological distress may cause obesity and may involve, in part, defects in the serotonergic system. Keep in mind, however, that the serotonergic system is not the only way psychological distress may influence appetite and body weight.

If you know or feel that you are depressed or anxious, before or at any time after your surgery, talk to your obesity surgeon who will likely be able to recommend a behavioral healthcare professional knowledgeable of the psychological and physiological problems or