During the 1970s, a small segment of the medical profession gained a terrible reputation for dispensing diet pills and promoting exotic lose-weight schemes that occasionally resulted in the deaths of patients.

Today the practice of helping overweight individuals shed pounds is on the increase among doctors, but the techniques they use to achieve those ends have changed considerably in the last decade and a half. "It now has some respectability and it has some credibility," says Dr. Sydney Cracker of Abbeville, a family practitioner who treats a large number of obese patients.

Gone is the extensive reliance on dangerous amphetamines to suppress hunger. More thorough medical testing of obese individuals is the norm. And the doctors who are working in the area of weight reduction, called bariatric medicine by its practitioners, are trying to get their specialty recognized by the medical establishment - much like cardiology or neurology.

Due in part to very troubling statistics about our national tendency toward corpulence, research on the subject of obesity has exploded in the 1980s. Unfortunately, despite the extensive studies of the human chemistry of fat, there are still many mysteries about why some people can eat calorie-laden meals every day and not gain a pound, while others can just look at a cheesecake and put on weight.

Today, the literature, both technical and popular, is filled with speculation on such subjects as the relationship between heredity and weight gain, the so-called set points below which people can't lose weight and the comparative value of protein and carbohydrates in designing a diet. There is, to say the least, little agreement in the field. As a recent article in the New England Journal of Medicine said, "There seems to be no end to the contradictory statements made about human obesity."

But one fact is indisputable. Despite their propensity for doing everything wrong when it comes to eating, Americans desperately want to lose weight. A survey four years ago by a national magazine found that 90 percent of Americans think they are too fat. In 1985, they spent more than $5 billion on diet books, over-the-counter weight loss medications and low-calorie foods, according to Newsweek.

The tragedy is that much of the effort to shed pounds is for naught. Many chronically obese individuals are trapped in a perpetually recurring cycle of losing and gaining weight, called the yo-yo syndrome. Almost as soon as the fat comes off, it reappears, settling into place on hips and around waists.

Residents of Acadiana, as is any other area of the country, share in the national concern for slimmers. But the need to lose weight often takes on more meaning in South Louisiana, where much of our culture is based on food and its preparation. The consumption of foods with huge fat contents results in high incidences of coronary disease, hypertension and colon cancer.

The good news is that reversing this process can make dramatic improvements in the overall health and well-being of obese people. Programs to lose weight are not easy, but they can work if the patient sticks with them and follows the advice of the doctors administering them.

But doctors and nutritionists insist that no program will work if the patient is not truly committed to changing his approach to food and eating. "There has to be a true decision or want. There
has to be a lifestyle change,” says Jackie Judice, director of dietary services at Women’s and Children’s Hospital.

There are many approaches to losing weight currently being employed in Acadiana. Here, in brief form, are some of the ideas being used by four local doctors who have devoted all or a part of their practice to dealing with obese patients. In each case, the technique used is combined with thorough medical screening and monitoring of vital signs during the course of the weight-loss program.

“We want you to consider that you’re managing a medically prescribed number of calories.”

—Dr. William Cherry

800 Calories a Day

When Dr. William Cherry was practicing surgery in the 1960s, he had a dim view of the doctors who treated fat individuals with large amounts of diet pills. But after serving as head of the state Department of Health and Human Resources in the late 1970s, Cherry became interested in the practice of bariatric medicine quite by accident. And he found that he liked the idea of making patients happy by helping them reduce unwanted pounds. “I used to make people sick, when I took out a lung or something,” says Dr. Cherry.

The affable physician has been working in the area of obesity for 10 years, and treats patients in New Iberia, Lafayette and Baton Rouge. Unlike some doctors who tend to shy away from treating overweight individuals who have other medical complications, Cherry accepts virtually anybody with the need to slim down. He has even seen patients who are undergoing kidney dialysis, a process which can lead to rapid weight gain.

The key to Cherry’s approach, as with any true weight loss program, is reducing the amount of calories the individual is consuming. To achieve that end, he gives his patients a food regimen that amounts to about 800 calories a day for those who weigh under 200 pounds. (Heavier patients receive a slightly higher daily allotment.) If he follows Cherry’s plan, a patient who weighs, for example, 190 pounds can expect to lose about 12 pounds in the first month.

Cherry resists calling his eating plan a diet. “Dieting carries a negative,” says Cherry. “We want you to consider that you’re managing a medically prescribed number of calories.” In that spirit, Cherry suggests to his patients
"I don't try to get the patient down to an insurance company's idea of what is acceptable."

—Dr. Sidney Crackower

dieting, says Cherry, because reducing the amount of food you eat also cuts back on fluid consumption since most food is water.

Patients are encouraged to take a multi-vitamin and a Vitamin C supplement to replace what they might be missing in their diet, and they are given a fibrous supplement. "Any diet less than 1,000 calories, people have to be watched for potassium," says Cherry.

Cherry emphasizes to his patients that as long as they are managing their diets, they should not worry about all kinds of foods they will be eating after they complete his regime. His wife, Jackie, conducts weekly group sessions in which proper nutrition and the psychological causes of overeating are discussed.

And he insists that patients not abandon their favorite foods for exotic items that are unusual or unpalatable. He will attempt to figure out the caloric content of virtually anything people want to eat—even such local dishes as alligator sauce piquante—so that they can work it into their food management system. "A caloric of pizza is just the same as any other food," says Cherry.

The Attainable Goal

patients who want to lose large amounts of weight must be able to set realistic goals before a program can be designed, says Dr. Sydney Crackower, a family practitioner from Abbeville who has been treating overweight patients for about four years.

"I don't try to get the patient down to an insurance company's idea of what is acceptable," says Crackower. Instead he will ask a patient how heavy she wants to be and how long it has been since she actually weighed that much. If a 170-pound woman who is 40 years old wants to be 120 pounds, but she hasn't weighed that amount since her high school prom, that's probably unreasonable. But if she says she wants to lose weight for children for several years, it might be attainable.

As with Cherry, the key to Crackower's approach is a reduced calorie diet. Crackower puts women on 800 calories a day and men on 1,000 calories a day or up to 1,200 calories if they must. The plan is contained on three sheets of paper that he urges patients to retain for the rest of their lives if they want to keep off the weight they lose. "They can cheat, but they always have the sheets to go back to," says Crackower.

The foods are generally light and the plan includes suggestions on "snacks" such as raw vegetables that require a lot of chewing and can help the patient deal with his cravings. There are no liquid supplements as with some other counter and doctor-based reduced plans.

The program lasts three months. If it does not work, the patient can sit out a month and return for a repeat try. If faithful to the diet, a 200-pound person can lose 10-15 pounds a month and a 150-pound person can lose 7-8 pounds.

Crackower prescribes several medications to assist the patient in staying on the diet. They receive phenetermine, a drug which is related to amphetamines but does not have the additional side effects such as any psychological dependency," says Crackower. Also, continued prescriptions for phenermine are conditional on progress in the diet. "If you don't lose weight, you don't get any medication," says Crackower.

Patients on Crackower's diet also receive two vitamins and multivitamin and B-complex supplements to give them additional stamina. He prescribes a diuretic that helps them to eliminate excess fluid, and an anti-spasmodic to reduce the gorging in the stomach caused by reduced food intake. That growing success helps to create a psychological state that leads to excess or untimely eating.

Crackower also works with his patients to redirect their choice of foods, a particularly difficult task in South Louisiana where food can often take on religious connotations. "One of the big problems is the cultural aspect of eating," says Crackower, a Canadian by birth. His advice to patients that they reduce their intake of such foods as boudin, cracklin' and the like is often treated as "heresy" by these
parents or other devotees of the regional cuisine.

Crackower stresses that his program is not for everybody. In some cases, he will refer patients who are compulsive overeaters to a psychologist for counseling. (Conversely, he often receives referrals from therapists who think their patients can improve their states of mind by losing weight.) And he says that the results of weight-loss programs tend to be pretty much the same across the board. About one-third keep their weight down, another third go back to their original weight and the remainder actually become more obese.

The Non-fat Dieter

Many doctors dealing with overweight patients tend to cater to the very obese—those whose body size is way above what is considered normal. Though Dr. Douglas Sagrera of New Iberia has his share of those patients, he also has devised a plan he says works well for someone who wants to lose small amounts of weight, "the skinny-minny who wants to get into a bikini," as he puts it.

As with Cherry and Crackower, the heart of Sagrera's program is a "very concise, easy to follow diet" that becomes almost an icon for the patients. "They have to memorize it and put it in some prominent place where they can see it every day," he says.

He also requires patients to purchase a food scale so they can weigh portions and ensure they are within the guidelines of the amounts set out on their diets. They must also make a commitment to follow the diet. In return, they receive a lot of encouragement from Sagrera, who meets with them once a month to chart their progress.

They also receive a drug whose scientific name is sympathomammetic amines and is related to decongestants. The medication is taken orally and helps to suppress the appetite, but much more safely than the drugs that were used in the past. "It doesn't have the side effects, it doesn't have the drug-dependency potential that the old drugs did," says Sagrera.

Patients also are prescribed a mild sedative for sleeping at night, since the decongestant-related drug may tend to inhibit drowsiness.
If followed correctly, the program should result in a weight loss of about 3.5 pounds per month. "After a month, they are very encouraged," says Sagrera. Not everyone is accepted into his program. Sagrera does not treat patients with diabetes or high blood pressure. He usually refers persons with compulsive eating problems to Overeaters Anonymous.

When the patient reaches his target weight, he converts to a maintenance program which involves a long counseling session about food and proper eating habits, which Sagrera calls "lifetime lifestyle retraining."

Dr. Douglas Sagrera has a diet plan for "the skinny-minny who wants to get into a bikini."

Optifasting

When talk-show host Oprah Winfrey announced that she was pursuing a drastic weight loss goal by using the Optifast technique, the local marketer of the program received 500 inquiries in one day. Obviously, not every caller signed up for the program, but Oprah's dramatic success in shedding pounds has been a great boost for Optifast, which was developed in the 1970s by Victor Vertes, a doctor in Cleveland, Ohio.

According to Dr. Michael Prejean, an internist who serves as medical director of the local Optifast program, Vertes found that obese patients who suffered from diabetes and hypertension often found that their medical conditions improved when they lost weight. Of course, that was often easier said than done, so Vertes devised a liquid food product replete with vitamins and minerals that patients could use as a substitute for more calorie-laden solid food. The product was more nutritionally balanced than some of the liquid diets that had resulted in deaths in the 1960s and 1970s, according to Prejean.

Vertes soon hooked up with a major pharmaceutical company that helped refine the product and began marketing it under the name Optifast. In Lafayette, the program has been franchised to Behavioral Health Inc.

Optifast is a 26-week program that begins with two weeks of evaluation and then 12 weeks of fasting on a very low calorie diet of shakes and fluids. Patients come to the office once a week to have their blood pressure and heart
rate checked, and also participate in a one-week class in nutrition where, according to the program dietitian, Suzette Sanders, they learn “to deal with stress and not use food as a solution to problems.”

After the 12-week fasting period, participants enter a six-week “refeeding” program during which they go from eating nothing but the

Oprah Winfrey’s dramatic success in shedding pounds has been a great boost for the Optifast program.

supplement to eating regular food. That is followed by another six-week stabilizing program. Results can be dramatic: Losing 50-75 pounds over the course of the program is not unheard of.

Optifast is not for the person who wants to shed a few pounds to fit into his clothes better. To determine if eating is causing a serious health problem, as opposed to a purely cosmetic one, Prejean suggests that you evaluate the consequences of your food behavior. If your cholesterol is high, if your triglycerides are high, perhaps it is time to deal with your eating habits.

A key element in the Optifast program is an understanding of the roots of an overeating problem. Prejean, who has studied addictive behaviors, says that food is often used as a means of avoiding the negative effects of childhood abuse, in the same way as alcohol or drugs. “Eat a chocolate bar, you feel better. Drink a Coke, you feel good,” says Prejean. Patients must come to understand why they eat too much if they are going to make a permanent change in their weight.

“We tell them Optifast is not the answer. We are what anabuse is to the alcoholic,” says Prejean. (Anabuse is a drug that makes the alcoholic sick when he consumes liquor.)

“If the overeater doesn’t change his lifestyle, he’ll never quit eating,” says Prejean. “Without behavior modification, the long-term effects are nil.”