JOHNS HOPKINS
InsideTract

OBESITY MEDICINE ISSUE

FALL 2015

NEWS FROM THE JOHNS HOPKINS
DIVISION OF GASTROENTEROLOGY AND HEPATOLOGY

JOHNS HOPKINS MEDICINE

At the Johns Hopkins Digestive Weight Loss Center, nutritionists, exercise physiologists, mental and behavioral health professionals, gastroenterologists and surgeons work together to tackle the intricacies of obesity.

More Than One Tool **in the Toolbox**

Despite obesity's recognition as a chronic disease by the American Medical Association in 2013, bariatrician Kimberly Gudzune says the field of obesity medicine still has its skeptics.

"Based on past experiences, many physicians perceive medical weight loss as only dispensing medications like phentermine to help patients lose weight," Gudzune says, referring to the stimulant first approved by the FDA for appetite suppression in 1959. "That's not our goal at the Johns Hopkins Digestive Weight Loss Center."

Instead, Gudzune and her colleague, Zoobia Chaudhry, approach treatment with a comprehensive strategy that includes intensive diet, exercise and behavioral counseling in addition to medication management. "Obesity is a complex disease, so we use more than one tool in the toolbox."

Though it resides in the Division of Gastroenterology and Hepatology, the center is a collaboration between many specialties at Johns Hopkins. Treatment plans may integrate nutritionists, exercise physiologists, mental and behavioral health professionals, gastroenterologists and surgeons.

Gudzune has been through extensive continuing medical education to earn board certification in obesity medicine. "Obesity medicine is an emerging subspecialty. Most physicians don't receive in-depth training on nutrition, exercise, counseling and medication management during residency or fellowship," says Gudzune. "That's one of the things that really distinguishes our clinic at Johns Hopkins."

When she evaluates patients during their early visits to the clinic, she spends considerable time looking for clues that could contribute to obesity. "Eating disorders are under-recognized in this population," says Gudzune. "Most people are familiar with bulimia and anorexia. But things like binge-eating disorder and night-eating syndrome may be contributing to a patient's weight struggles."

Gudzune also works with patients who have had bariatric surgery, assisting primary care physicians with nutritional management and other postsurgical issues.

In addition to her clinical practice, Gudzune's research has drawn national attention.

In early 2015, she published results of an extensive study of commercial weight loss programs. Her findings: Despite grand claims, only a few have shown that their clients lose more weight than people not using the programs. Very few of the most popular commercial programs have been rigorously

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"OBESITY MEDICINE IS AN EMERGING SUBSPECIALTY."

—KIMBERLY GUDZUNE

Tony Kalloo

A Broad Scope: Weight Loss at Johns Hopkins

By now, we've all seen the numbers: According to the Centers for Disease Control, more than one-third of American adults are obese. Annual medical cost of obesity is approaching $150 billion. And medical costs are almost $1,500 higher annually for people who are obese.

This editon of *Inside Tract* offers just a few examples of the ways the Division of Gastroenterology and Hepatology at Johns Hopkins is taking on the pernicious problem of obesity.

Kimberly Gudzune's research has garnered much national media attention recently, and her work in our Digestive Weight Loss Center takes on the complexities of—and the underlying reasons for—obesity in patients.

Linda Lee's common-sense philosophy of nutrition and weight loss is time-tested and effective. As director of the Integrative Medicine and Digestive Center, she believes in evidence-based practices that enhance conventional care.

Johns Hopkins is among the pioneers of endoscopic weight loss techniques, and Mouen Khashab and Vivek Kumbhari are at the heart of that work. Using the stitching mechanism on the endoscope, he has restored the effects of bariatric surgery for patients who have lost the surgery's benefits. For patients who have not had gastric bypass surgery, his stitching technique mirrors the common gastric sleeve procedure.

We are happy to welcome Vivek Kumbhari to Johns Hopkins. Even before the FDA approved endoscopic gastric balloons for weight loss in the United States, Kumbhari performed the procedure numerous times in his native Australia, where the balloon was approved several years ago.

As always, we welcome your thoughts, and we invite you to call on us if we can contribute to your practice.

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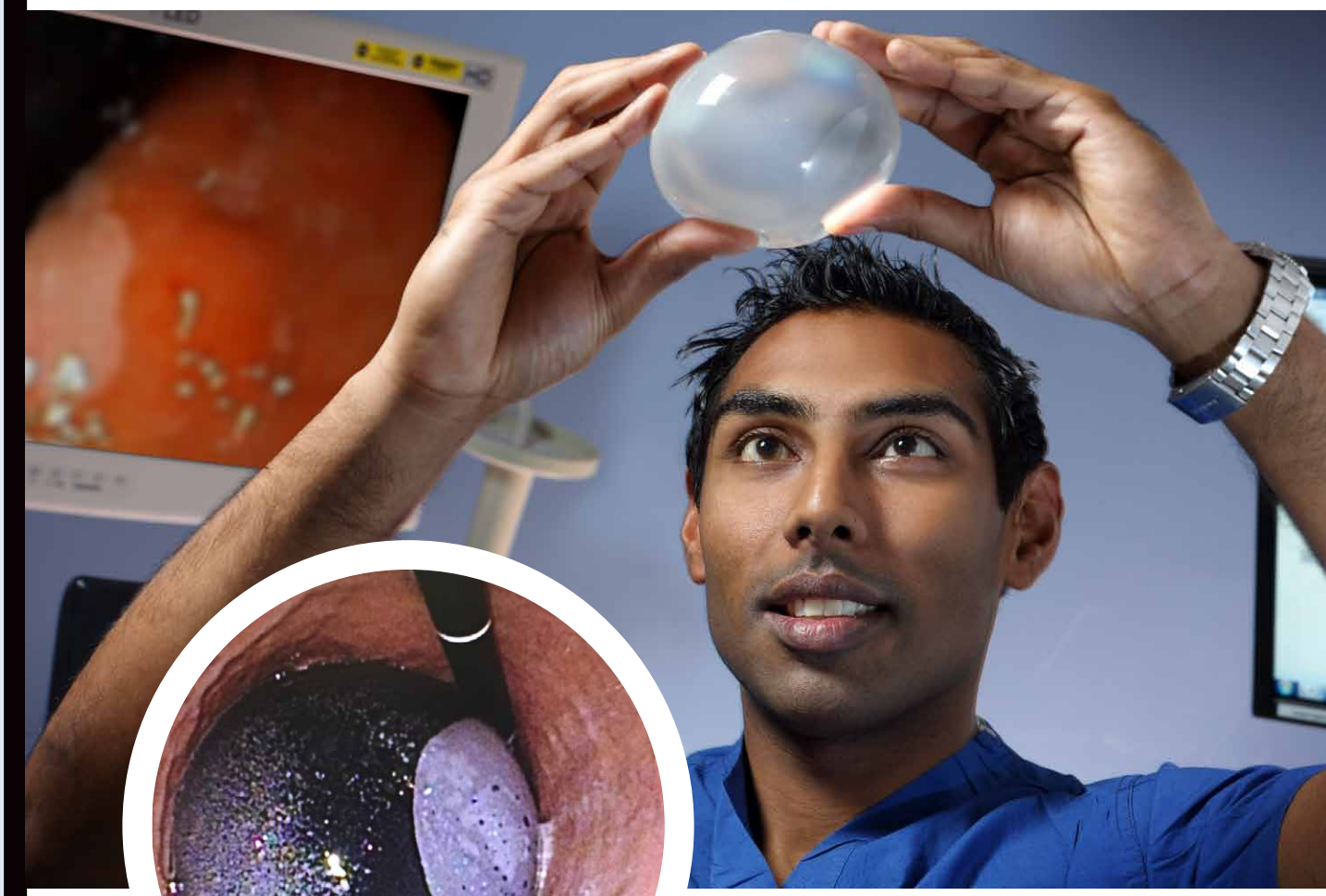
Up and Away Go the Pounds

Endoscopic balloon is a new weapon in fight against obesity



The balloon device, left, is delivered via endoscope to the stomach and inflated with saline. Though it is newly approved by the FDA, Vivek Kumbhari has done the procedure about 30 times in other countries.

The Food and Drug Administration recently approved a promising new tool in the arsenal against obesity.

Endoscopic placement of a silicone balloon in a patient's stomach is designed to help patients augment their more traditional weight loss efforts.

"Until now, despite the huge problem with obesity in the U.S., there were no endoscopic devices approved for weight loss," says Johns Hopkins gastroenterologist Vivek Kumbhari. "So we're very excited about FDA approval of the intragastric balloon."

Kumbhari has performed the balloon insertion procedure in countries where it's already approved. "I've done about 30 of these," says the native of Australia, "and I've seen patients lose significant weight."

The FDA approved two different balloon devices within a few weeks of each other. Both perform the same function, says Kumbhari, who describes the balloon insertion as a quick, simple and safe procedure.

"The patient is sedated and, using the endoscope, we go down to the stomach and inflate the balloon with 600 to 900 cubic centimeters of saline fluid," he explains. "There's a self-detaching mechanism, and the balloon stays in the stomach when we remove the endoscope. The procedure takes about 15 minutes, and the patient goes home."

The balloon remains in the patient's stomach for six months. Kumbhari says the removal is as simple as the insertion.

Patients who've had the balloon report feeling full earlier.

"There might be some nausea in the first week or so," Kumbhari says. "But I've had patients tell me they played tennis three days after getting the balloon. You get accustomed to it very soon, and after a few days, it starts working."

In clinical trials, patients with a body mass index between 30 and 40 lost 30 percent greater excess body weight compared with controls.

Kumbhari cautions that the balloon doesn't work on its own. "The balloon helps change behavior, but it's not magic. The patient definitely has to take some ownership.

"One of the good things at Johns Hopkins is that we have an integrated service, where patients work with a dietician, an exercise physiologist, a psychologist, a gastroenterologist and a surgeon. We don't just put in a balloon. We work closely together to look at all facets of obesity." ■

Surgery-Saving Endoscopic Stitching for Weight Loss

Endoscopic stitching used to be limited to patients whose bariatric surgery needed a boost. Today, Johns Hopkins gastroenterologists are using new procedures in endoscopic stitching to replace surgery.

When results of Roux-en-Y bariatric surgery deteriorated, says gastroenterologist Mouen Khashab, the endoscope frequently was the next step.

Whether the patient's stoma opening had widened or whether the stomach pouch itself had stretched, Khashab says the fix was endoscopic.

"When the stoma gastric outlet becomes enlarged, the early satiety that's induced by the Roux-en-Y procedure is gone and patients can regain weight," says Khashab. "Sometimes the opening gets as big as 30 or 40 millimeters. We can use the stitch device to get that back down to 8, where it's been associated with weight loss."

Similarly, endoscopic stitching has been the go-to procedure for patients whose stomach pouches have stretched to sizes nearly as large as their presurgery stomachs.

"ENDOSCOPIC STITCHING TO CREATE A GASTRIC SLEEVE TAKES BETWEEN 60 AND 90 MINUTES AND IS ASSOCIATED WITH ABOUT 30 PERCENT OF EXCESS WEIGHT LOSS."

"The stomach can distend over time," says Khashab, "and the early satiety that the surgery caused is lost."

Khashab says a simple stitching can restore the benefits of bariatric surgery.

But he adds that there is increasing interest in a similar endoscopic procedure that would replace the surgical sleeve gastrectomy, which, in the past few years, replaced the Roux-en-Y as the most common bariatric surgery.

"In the past few years, there has been a movement to try something similar, only using the stitching device on the endoscope rather than surgery. We're trying to mirror the surgical sleeve gastrectomy," says Khashab.

Mouen Khashab

"Basically, we create a gastric sleeve, which causes reduction in gastric volume and induces weight loss."

Khashab says improvements in the technique have

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Steps to **Sustainable Weight Loss**

Linda Lee's patients get a common-sense approach to eating.

Linda Lee's ostensibly simple approach is designed to help patients lose and keep off weight for the long term.

When the American Medical Association announced that it now recognizes obesity as a disease that requires a range of medical interventions, the gates opened for the field of obesity medicine. Barely two years later, the treatment landscape has transformed.

Gastroenterologist and director of the Johns Hopkins Center for Integrative Medicine Linda Lee takes a common-sense approach, based on a growing body of knowledge of what can be the bewildering complexities around gaining and losing weight. The two keys are helping patients understand what to expect from treatments and programs, and making sure that the weight loss is sustained for the long term.

LEE: I have patients who want to lose weight and patients who want to gain weight. My approach is the same; the theory is that if patients are concerned about weight, the first questions they have to answer is about their ideal bodies. How much should they weigh? Do they know how many calories they should be eating to maintain health?

I work with patients to find a goal that's healthy and attainable. If someone wants to lose 100 pounds, that's fine. But we start with something easier to reach.

INSIDE TRACT: Do you find that patients have high expectations about the amount of weight they should lose in a short period of time?

LEE: Yes, that's often the case, so we develop a program where patients lose about a half a pound per week. Now, before anyone says that's not enough, think about it: Half a pound a week adds up to 26 pounds per year.

There are faster ways to lose to weight, but the goal is to shed it permanently.

INSIDE TRACT: Once you've determined a healthy goal weight and reasonable expectations, what's next?

LEE: We ask our patients to keep a food diary for three days, and as simple as it sounds, it's a powerful exercise.

INSIDE TRACT: Why?

LEE: Patients might think, *I know what I eat: breakfast, lunch and dinner*. But many of us tend to forget that piece of candy we took from the bowl on a colleague's desk. And that someone else brought cookies to work. And yesterday's late-night snack.

The diary is a real eye-opener for patients over the course of those three days. It helps people become a lot more mindful of what they are consuming.

After the three-day period, we look at calorie intake and other things, such as the types of carbohydrates they are taking in. We ask where that patient might cut, say, 300 calories a day from his or her diet. Again, eliminating 300 calories a day doesn't sound like much, which is exactly why it's an effective weight-loss strategy. ■

More than One Tool in the Toolbox

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evaluated with randomized controlled trials.

Gudzune's research has also examined how weight stigma may influence the relationships between clinicians and their patients with obesity. She published a study that concluded that overweight and obese people who feel their physicians judge them about their weight are less likely to successfully lose weight. "Given my research findings in this area, it is critically important to me that we deliver high-quality, compassionate care to our patients at the Digestive Weight Loss Center."

Gudzune says there's no minimum or maximum weight to be treated at the Digestive Weight Loss Center.

"I see patients who are only slightly overweight but want to take action now to prevent any complications associated with progressing to obesity," she says. "The only real requirement is that they're motivated. ■

Surgery-Saving Endoscopic Stitching for Weight Loss

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made the procedure even more promising.

"It's more effective and more durable," he says. "Endoscopic stitching to create a gastric sleeve takes between 60 and 90 minutes and is associated with about 30 percent of excess weight loss.

"It's done in the endoscopy unit using standard equipment."

Patients are typically kept overnight to treat mild pain and nausea. ■

ICD-10 Is Here

Please make sure to include ICD-10 codes when referring your patients to Johns Hopkins Medicine.

CONTACT INFORMATION

Gastroenterology Central Scheduling
410-933-7495
The only number you need to refer any patient to any Johns Hopkins GI service

Gastroenterology and Hepatology Resource Center
www.hopkins-gi.org

Hopkins Access Line (HAL)
Your 24/7 connection to Johns Hopkins full-time faculty in any subspecialty
410-955-9444 or 800-765-5447

Online Referral Directory
Find a Johns Hopkins physician by name, specialty and more hopkinsmedicine.org/doctor.

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Inside Tract is one of many ways the Johns Hopkins Division of Gastroenterology and Hepatology seeks to recognize and enhance its partnership with its thousands of referring physicians. Comments, questions and thoughts on topics you would like to see covered in upcoming issues are always welcome.

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Johns Hopkins Medicine
Marketing and Communications
901 S. Bond St./Suite 550
Baltimore, MD 21231

Gastroenterology and Hepatology
Anthony N. Kalloo, M.D., *Editor*
Email: akalloo@jhmi.edu

Marketing and Communications
Dalal Haldeman, Ph.D., M.B.A., *Senior Vice President*
Patrick Smith, *Writer*
Justin Kovalsky, *Managing Editor*
Email: jkovals1@jhmi.edu
Max Boam, Kristen Caudill, *Designers*
Keith Weller, *Photographer*

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