NHMedical
A MONTHLY REPORT ON TIMELY HEALTH TOPICS

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THIS MONTH:
WEIGHT MANAGEMENT

A new era in obesity care

A science-first approach to today's weight struggles

By Roberta Baker
Union Leader Staff

For Elizabeth Honigsberg, a general and bariatric surgeon and obesity and weight management specialist at Dartmouth Hitchcock Medical Center in Lebanon, combating obesity and the misconceptions that surround it is a personal mission.

Honigsberg dealt with obesity as a child. As a doctor she explains to her patients that obesity is a hormone, brain and gut disease, not a sign of personal weakness, and she listens to their personal stories with the empathy that comes from lived experience.

"What's so terrible about diet culture is it's been so culturally ingrained that obesity is a moral failing," said Honigsberg. "I can work with patients for years" to overcome that. "It takes that long. That diet culture toxic attitude is so ingrained" and is endemic in the U.S.


ELIZABETH HONIGSBERG

Honigsberg said that although the World Health Organization declared obesity a disease in 1948, misconceptions have persisted worldwide.

"Since 1951, we've been saying this is an overeating issue. They called it 'pathologic overweight' back then. We've adressed weight issues with the 'eat less, move more' culture," she said.

In 2013, the American Medical Association, based on research, redefined it as a medical and hormonal disease state.

The organization Obesity Canada calls it a brain-related disorder.

Both definitions have influence.

"It's not a colon issue per se," Honigsberg said. "Our brain fundamentally regulates our weight and food intake" through a feedback loop that involves gut hormones that communicate feelings of hunger or fullness. The hypothalamus, a tiny region inside the brain, serves as the key regulatory center for our body weight.

And sometimes the set point can be too high, she said, causing us to feel hunger, crave food, eat more often and not feel full because the signaling has become skewed.

Hormones called GLP-1, made in the small intestine, communicate to the hypothalamus and tell our brain we are no longer hungry — at least, that's what's supposed to happen.

"This is neurobiology," Honigsberg said.

The body's own GLP-1 hormones are degraded in one to two minutes, she said, whereas synthetic weight loss drugs that mimic GLP-1 have a half life of 5

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The skinny on why Americans aren't taking weight loss drugs

By Roberta Baker
Union Leader Staff

It's surprising considering the popularity of weight loss drugs in Hollywood, and increasingly, the general public.

According to the National Institutes of Health, the American Heart Association and the American Association of Clinical Endocrinologists, only 1% to 2% of the patients who meet the criteria to take medications for obese or overweight are using them.

Roughly 23% of all patients never speak to their health care providers about their weight or lifestyle interventions for weight management, according to research cited by the Heart Association.

Fifteen percent of patients with obesity said they do not seek care so they can avoid being weighed or having a discussion about their weight, according to a published survey.

"There are so many people who would qualify who would benefit health wise," said Dr. Melissa Scull, an internal medicine and obesity medicine physician at Southern New Hampshire Weight Management in Nashua.

"There are benefits that we haven't been able to achieve with lifestyle changes only."

Health care experts worldwide are sounding the alarm as obesity rates have risen globally and across the U.S.

The National Institutes of Health report that the low use of anti-obesity drugs can be attributed to knowledge gaps among health care providers, concerns about drug safety and prevailing limitations of health insurance coverage.

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According to data on surgery, a sleeve gastrectomy, a type of bariatric surgery, is the most popular operation in the country and the world, said Dr. Andrew Wu, a bariatric surgeon at the New England Weight Management Institute at Catholic Medical Center in Manchester.

Bariatric surgery is still the most lasting treatment for obesity

By Roberta Baker
Union Leader Staff

Weight loss, weight gain, dieting — Americans are immersed.

Since 1975, the average weight of Americans has been steadily rising, the product of factors that include increasing stress, declining sleep, sedentary lifestyles and the abundance of fast food, highly processed snacks, treats with little or no nutrition and opportunities for sweets and carbohydrates everywhere.

We're living in an obesity-promoting environment, doctors warn.

And although science has advanced, the public understanding of obesity is still mired in misconceptions, they say. Obesity is a biochemical disease, not a personal shortcoming or a choice, medical experts say, and it's high time to change the trajectory of weight in the U.S. and other industrialized countries.

"We're in the middle of an obesity epidemic in the U.S. and worldwide," said Dr. Diane Biron, medical director of the New England Weight Management Institute (NEWMI) at Catholic Medical Center in Manchester, the state's longest-running obesity treatment center, which opened in 2003. "Obesity is a disease, a primary disorder and an underlying disease that we need to treat more aggressively," she said.

In 2015, 68% of Americans were obese or overweight, and 38% of that population qualified, based on body mass index, as having obesity or severe obesity, Biron said.

According to recent data, 72% of Americans are estimated to be overweight or obese, with around 42% considered obese. New Hampshire hovers near the same rates. Obesity carries significant risks to health, longevity and productivity, according to global research.

"This year, China is leading the world" in obesity. "It's all the developed countries," said

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No Flavors this week

The monthly NHMedical section takes the place of this week's Flavors section. Flavors, with Our Gourmet, returns next week.

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Personal resistance can also be traced to cultural attitudes and individual mindset. Some people think, or get messages from others, that lead them to believe, "'I don't think it's OK to treat your weight with medication,'" Scull said.

"It's important to understand that underlying obesity is a disease, not a moral failing." Our bodies want to conserve energy and mass.

"Human beings are holding onto an evolutionary need not to starve. The vast majority" of people who live with overweight or obesity have a brain-body setting that produces "higher hunger hormones and lower fullness hormones."

Humans have a built-in "biochemical tendency toward yo-yo dieting. When people diet, their bodies lose weight, which tells their bodies, 'I'm going to starve. I'd better eat more,'" she said.

Complicating lasting weight loss is the fact that as people shed pounds, their metabolism slows in an effort to conserve fuel and energy.

By recalibrating hunger and satiety signals, "medications keep a balance so you're not constantly fighting," said Scull.

Most patients with obesity cannot afford to pay out of pocket for medications that cost, on average, $500 to $1,500 a month, and insurance coverage of FDA-approved, widely used weight loss drugs will disappear in January 2026.

Insurance coverage has been controversial for years. A 2016 analysis of U.S. health insurance plans found that only 11% had some coverage for obesity medications, and only seven state Medicaid plans included obesity coverage, according to the National Institutes of Health.

"It benefits us all if we're all healthier," said Scull. "It should be more affordable and easier to access. Similar to any chronic disease, there's so much biologically and chemically that's going on. If medication treats the problem, it can prevent (people) from having health issues down the road."

PROVIDED BY SOUTHERN NEW HAMPSHIRE WEIGHT MANAGEMENT

Dr. Melissa Scull is a physician at Southern New Hampshire Weight Management in Nashua.

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to 7 days.

"Diet and exercise don't treat obesity. They're for lifestyle, health and longevity," Honigsberg said. "Diseases are treated with medications, procedures and surgery. Obesity is no different."

That said, a holistic and lasting approach to controlling obesity and maintaining good health does involve diet, exercise, healthy sleep patterns and lifestyle changes, Honigsberg said.

Honigsberg said that since 2020 referrals for medication "in the Ozempic era have certainly gone up" along with pediatric referrals for Wegovy, a brand name for semaglutide, an injectable medication that has been approved for ages 12 and up.

According to the National Institute of Diabetes and Digestive and Kidney Diseases, a division of the National Institutes of Health, 142 million Americans applied for GLP-1 therapy in 2022, based on having a body mass index or BMI of 27 or greater along with chronic conditions such as diabetes, high blood pressure and sleep apnea, or a BMI of 30 and higher without chronic disease.

BMI is computed as weight in kilograms per meter squared. A healthy BMI is between 18.5 and 24.9, Honigsberg said.

Severe obesity, a BMI above 40, correlates to poor health and a shorter life span.

She said the obesity epidemic in the U.S. took off in 1979-1980 and has been increasing since. Today, roughly 72% to 74% of Americans are either obese or overweight.

Stress, lack of sleep, certain medications, widespread use of pesiticides — which interfere with hormones — highly processed food, increasingly sedentary lifestyles, lack of access to nutritious food, and disrupted circadian rhythms in a society that is online 24 hours a day all play a part in the obesity crisis.

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>
> **DR. ELIZABETH HONIGSBERG**
> Dartmouth Hitchcock Medical Center, Lebanon

The World Health Organization has sounded an alarm, she said. "If we don't do something by 2030, it will no longer be 1 billion, it will be 3 billion people with obesity worldwide."

Dartmouth Hitchcock's obesity and weight management center offers lifestyle and nutrition counseling, health coaching, health psychologists, individual and group therapies, FDA-approved anti-obesity medications and bariatric surgery.

"Evidence clearly shows that bariatric surgery is still the gold standard for treating obesity and resolution of complications such as Type 2 diabetes and high blood pressure and greater durability of weight loss," Honigsberg said.

"There is no curing obesity. It's a chronic, relapsing disease. Anyone who has obesity knows they will gain weight, lose it, gain and lose, over and over again. The brain always wants to defend our weight and body fat."

In obesity, the brain is defending an abnormal amount of fat and body mass, she said.

"People talk about health at any size. That can happen, but it's rare. It means they have no joint pain, no psycho-social issues, no metabolic disease, no evidence of dysregulation of insulin and glucose or fatty liver disease," Honigsberg said.

"So far bariatric surgery is still the best way to lower that fat mass and keep it down, even if there is some weight gain over time.

"Our goal is not to lower scale weight. It's to achieve metabolic health. There's no predicting how any one patient is going to respond to any one therapy," Honigsberg said.

Bariatric Surgery

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Biron. "It's very multifactorial."

A concise history of obesity in the US

Biron said weight across the U.S. began to climb steadilty after the Department of Agriculture promoted a food pyramid that was developed in response to a nationwide grain surplus.

Americans were told "to eat most of their nutrition as grains, pasta, muffins and cereal. For Americans, weight just starts skyrocketing and it's never gone back down," she said.

After 1975, the food industry introduced a bounty of processed, calorie-dense options for meals and snacks, she said.

"Gen X was weaned on Wonderbread, peanut butter and jelly, Cheetos, graham crackers and chocolate pudding for dessert. This is when you started seeing more fast, processed foods, such a Hot Pockets and Lunchables, with a candy bar for children."

This food revolution was sparked, Biron said, by "marketing plus follow the money."

Now, navigating and negotiating a supermarket requires time, patience and the ability to decipher labels that seem unintelligible.

"For me, it's very hard to know what's in the food," said Biron. "Is it food or chemicals you can't pronounce?"

Treatment choices for people with obesity and overweight exploded with the availability of GLP-1 agonists, injectable medications originally approved for diabetes, that can induce weight loss by suppressing hunger hormones and increasing fullness signaling.

The popularity of these drugs has rocketed in the U.S. despite their high cost to consumers, which can range from roughly $500 with insurance or a drug company discount to about $1,500 without insurance.

Starting in January 2026, most commercial health plans are dropping coverage, and the Trump administration has been negotiating with the manufacturers to bring down the prices, according to obesity medicine specialists in New Hampshire.

Another drawback: The drugs are only effective for as long as they're taken.

There is no such thing as a cure for obesity, just ways to control it. When the medications are stopped, adverse hunger signaling returns, along with the tendency toward weight gain.

The alternative is bariatric surgery, "shown to be the most effective resolution," said Dr. Andrew Wu, a bariatric surgeon at NEWMI. But it's only accessible to about 1% of patients who are overweight, because of insurance company criteria for obesity coverage, and a shortage of surgeons with training in bariatric surgery, he said.

Another factor is patient hesitancy — "a bias and fear" that the public harbors "over having their insides rerouted," Biron said.

"In reality, it's safer than having your gall bladder out. It corrects a lot of the problems of the brain (in obesity) interacting with peripheral hormones. Put simply, our brains don't want us to lose weight."

This seminal fear ingrained in humans can be traced to our ancestors.

"It's a fear that we'll starve," that dates back to hunter-gatherer times, when primitive humans could not count on their next meal or when and where they'd find it. Too much weight never became a problem until this environment where there's such an abundance of food," Biron said.

METRO

Bariatric surgery has shown to be the most effective resolution to weight gain, said Dr. Andrew Wu, a bariatric surgeon in Manchester.

Awareness of obesity began to increase 13 years ago, when the American Medical Association categorized it as a disease. But embracing bariatric surgery — considered the gold standard in treatment today — has not kept pace with the proliferation of obesity, or obesity medication.

In some patients, doctors say, there's an attitude that getting bariatric surgery is somehow "cheating."

What bariatric surgery involves and can do

In bariatric surgery, which removes part of the stomach, the amount of available hunger hormone is decreased so patients are less hungry, and their reduced stomach size enables them to feel full sooner, said Wu.

In another procedure, a balloon is inserted temporarily in the stomach to reduce the available space.

According to data on surgery, a sleeve gastrectomy, a type of bariatric surgery, is the most popular operation in the country and the world, Wu said. But in the last three to four years, bariatric surgery has decreased with the explosion of weight loss medications.

Now, because of the high cost of the drugs or their side effects (which can include pancreatitis, digestive problems, nausea, vomiting, constipation, bloating and heartburn) some patients are seeking the surgical alternative, said Wu.

He said he performs about 250 bariatric surgeries at NEWMI each year. The patients range in age from 20 to 72, although most are in their 30s through 50s, said Biron.

On average, weight loss drugs enable people to lose 15% of their extra body weight within a year, compared to up to 70% through gastric bypass surgery, Biron said.

Surgery for weight loss and health improvements cost less than two years of medications, said Wu.

"Surgery is still not a shortcut," he said. "It's a tool that you need to use in addition to lifestyle changes and healthy diet, exercise and eating."

Biron said the American Metabolic and Bariatric Surgery Society has recently decreased the eligibility criteria for bariatric surgery, but insurance has yet to catch up.

The society recommends critieria of a body mass index or BMI of 30 or higher with a co-occurring chronic condition such as sleep apnea or heart disease, or a BMI of 35 without any chronic conditions.

Quieting the food noise of modern life

Learning to eat mindfully may be America's most overlooked health tool

By Roberta Baker
Union Leader Staff

Dr. Elizabeth Honigsberg, an obesity medicine specialist at Dartmouth Hitchcock Medical Center in Lebanon, had obesity as a child. She knows what it's like to have an up-and-down relationship with food.

She believes the answer to America's rising trend toward obesity and overweight can be found, in part, in mindful eating — a habit that should start young, but can be acquired and practiced at any age.

"We have to learn how to eat again," said Honigsberg. "We need to learn to eat when we're hungry and stop when we're full."

Sounds like common sense and sound advice. But if you're like most people, it's not second nature in a world of abundant food and endless enticing choices.

Honigsberg, who studied nutrition science in college, then went on to become a surgeon and obesity specialist, said it's as if we live in an echo chamber of "food noise." There are ever-present images and messaging on television and social media about things we can consume — fast, slow, pre-packaged, home-delivered, takeout, dine out — food that's available anywhere and 24/7. There's a potentially unlimited banquet in America and most of the industrialized world.

If you have an internal, biochemical tendency toward obesity, your hunger and fullness signals are likely to be off.

"With obesity, you're always hungry, always thinking of food and having cravings all the time," Honigsberg said.

Some people are obese-resistant, meaning "their brain regulates a set point and that's it. They stop eating what they ate during the holidays and go back to normal weight," she said.

The tendency to overweight can run in families, she said, and it has to do with brain-to-gut signaling. In obesity, that communication may not be on time, strong enough or correct for optimal health.

Honigsberg, who has twin children, said she's careful not to encourage a connection with food other than hunger.

"If they're not hungry, we don't eat," she said.

It takes awareness and practice to become mindful around food, the doctor said, and to not engage in stress eating, boredom eating, sad or happy eating, or reflexive eating.

"I'm not saying eliminate social eating. So many of us grew up with 'You don't leave the table until you clean your plate.'"

Also, breakfast is not the most important meal of the day — that was put forth by the cereal industry, she said.

"The most important thing is mindfulness," said Honigsberg. Tune out distractions, be in the moment, and tap into how you feel. Are you hungry? Are you eating because you're stressed? Are you eating out of habit or because it's the way your parents forced you to eat?

"Is true hunger the reason I'm eating, or is it all the non-hunger reasons?" Honigsberg said.

Supermarkets have a superfluity of choices, but "most of what we eat isn't food any more. If we go into a grocery store, very few things are one ingredient. Do the best you can and stick as close to whole foods as possible," she said.

Keep away from highly processed foods, even though they cut cooking time or promise a meal in an instant.

Discard the food pyramid that many of us grew up with and still see in our mind, which tells us to get most of our calories from carbohydrates. To be healthy, and maintain a healthy weight, stay protein focused, eat fruits and vegetables, and eat carbohydrates last, said Honigsberg.

The obesity and weight management clinic at Dartmouth includes health coaches, one certified in exercise training, including for patients with balance and mobility issues, plus classes in Tai Chi, chair exercises and strength training.

As patients lose weight, the emphasis is on regaining muscle mass. There's a focus on health and happiness, not on scale weight or body shape, Honigsberg said. Healthy aging is a goal, and the approach is multi-disciplinary.

"Caloric restriction will work for 6 to 12 months and you'll regain it all." As a permanent cure, "diets don't work," she said.

METRO

Dr. Elizabeth Honigsberg, an obesity medicine specialist, said it takes awareness and practice to become mindful around food.