

➤ **The more people we help to make healthier, the less money will be needed to provide care for people who are sick.**

FP's patients are successful "losers"

As a family physician at a clinic at which obesity is the No. 1 disease treated, I thought "Weight loss strategies that really work" (*J Fam Pract.* 2010;59:378-385) was a great article. The authors made several key points about successfully helping patients lose weight.

Several years ago, I became so frustrated by my inability to help my obese patients that I began extensive research into what I could do better. In March 2009, I opened a separate business alongside my busy practice to give patients another option for weight loss and, more importantly, better health. My weight loss clinic now treats more than 150 patients each month, and members of our community have collectively lost more than 20,000 pounds. I've seen my patients reduce—and in many cases eliminate—medications for diabetes, hypertension, hyperlipidemia, and other diseases. The greatest part for me has been the renewed gratification of practicing medicine and seeing my patients get well.

Based on my experience, there are several points I would like to make: The first is the importance of becoming role models for patients we treat for obesity. That doesn't necessarily mean having a BMI between 20 and 25, but it does mean promoting a healthy lifestyle.

Second, the fact that most health insurers do not cover many weight loss issues is actually a blessing. I've found that patients need to make both a financial and time commitment to succeed in achieving and maintaining a healthy weight. In addition, the lack of insurance coverage means less hassle for the treating physician.

Finally, treating obesity in the communities in which we practice just might be the answer to our nation's health care crisis. The more people we help to make healthier, the less money will be needed to provide care for people who are sick.

Mike Hagaman, MD
Mountain Home, Ark



Bariatric society is here to help

As the president of the American Society of Bariatric Physicians (ASBP), I commend your effort to address the obesity epidemic and the important role physicians play in supporting weight loss efforts. However, I was very disappointed by the shortcomings of the article by Kolasa et al.

While the authors mentioned several resources that

provide weight management tools, it is important to recognize the ASBP as a reputable source of clinical education and practical tools for the treatment of obesity. Founded in 1950, the ASBP's mission is to advance and support the physician's role in treating overweight patients.

Another shortcoming of the article: It states that physicians need fewer than 5 minutes to provide patients with basic counseling on healthy behaviors. While the ASBP membership would certainly agree that patients are considerably more likely to succeed at weight loss when supported by a physician, we view 5 minutes of basic counseling as simply inadequate. A successful weight loss program includes counseling on diet and nutrition, exercise, behavior, and prescription medications, if needed.

As the article states, most primary care physicians do not have the time, knowledge, or training to assist their obese patients with weight loss. I would like to suggest that physicians refer their patients to a medical bariatric physician in order to properly address obesity and its related comorbidities.

Larry A. Richardson, MD, FASBP
President, American Society of Bariatric Physicians
Aurora, Colo

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