

## THE REST OF YOUR LIFE

# Doctors Share Their Weight Loss Struggles

When patients came to Nick Yphantides, M.D., for advice on how to lose weight and keep it off, he used to tell them “do as I say, not as I do” before replying with specifics.

That’s because the 6-foot-2-inch man weighed 467 pounds.

“I was board-certified in hypocrisy,” said Dr. Yphantides, a preventive medicine physician based in Escondido, Calif., who is an advocate for the medically uninsured.

In 1996, he ran for a seat on the Palomar Pomerado, Calif., health district board of directors. He was just 31 years old, but the local newspaper referred to him as the big man with a huge heart.

“My campaign motto was ‘big problems need big solutions. Vote for Dr. Nick: the big man for the big job,’” he recalled. “I was a big man with a big heart and big convictions.”

He won the seat and went on to chair the health system’s board of directors, but his push to make a difference for others came at the expense of his own health. A testicular cancer survivor, Dr. Yphantides said he became “so consumed with the mission, with the professional responsibilities, and with the requirements of maintaining what I had set out to do that I had to sacrifice my own health and balance in my own life.”

That meant no time for exercise or making healthful food choices. As a result, markers of failing health began to show: borderline high blood pressure and high cholesterol, sleep apnea, and sore knees and ankles from the weight he carried.

“I believe there are lots of physicians who sacrifice their fitness and health in general,” he observed. “They don’t have to weigh over 400 pounds like I did, but the time commitment, the sleep deprivation, the stress—all of the factors that are part of a package of being a practicing physi-

cian—put us in a greater liability of falling into that trap of having an imbalanced and unhealthy lifestyle.”

On April 1, 2001, Dr. Yphantides embarked on a yearlong effort to shed pounds nonsurgically from his massive frame. He took a year off from his practice, secured a bank loan, and crisscrossed the country for a year in a converted van called the U.S.S. Spirit of Reduction to visit all 50 states and to watch baseball games at every major league ballpark. That was the fun part.

The hard part was sticking to an 800-calorie-a-day liquid diet and working out at YMCA gyms along the way (a friend had bought him a pass to use at any YMCA in the nation). Various travel companions, in the form of family and friends, accompanied him on two-thirds of the trip. “The first game I went to was a Dodgers’ game,” he recalled. “I remember wanting to tackle the [food] vendors. It was rough.”

By the spring of 2002, Dr. Yphantides had lost 270 pounds, and today he maintains a weight of about 220 pounds.

“I’m working just enough to put salad on the table,” he said. “I’ve gone from being a physician who was convinced he didn’t have time to work out to a physician who is convinced now that I don’t have time *not* to work out. It’s a matter of life and death, and if I don’t pay attention to my personal health ... I’m not going to have a future.”

He chronicled his success in a book, “My Big Fat Greek Diet” (Nelson Books: Nashville, Tenn., 2004) and maintains a Web site in an effort to inspire others to lose weight ([www.healthsteward.com](http://www.healthsteward.com)).

Losing 270 pounds produced unexpected reactions. When people first learned about his dramatic weight loss, some presumed that he underwent surgery. “I’ve lit-



Hamburgers were only a snack for Dr. Nick Yphantides, before his weight loss journey.



PHOTOS COURTESY DR. NICK YPHANTIDES

In a year, he visited every major league ballpark in the U.S. and lost 270 pounds.

erally had to raise my shirt to show people the lack of scars,” he said.”

Some of his own patients have told him that they miss his former “teddy bear-like” presence. “I have had patients tell me that they felt more comfortable, more secure, more accepted [with me heavier],” he said. His transformation from looking like a walrus to looking like a shark may have threatened some people, who felt that his weight was part of his persona, he added.

He considers the surgical treatment of obesity “a last resort” for patients and frowns on consumer advertising of it. “I am not against the surgery. I am against the surgery being provided or performed on people who have not exhausted every other option,” he said. “People who are obese are desperate. They are vulnerable.”

Michelle May, M.D., was a “yo-yo dieter” for most of her adolescence and early adulthood—up 10 or 20 pounds one year and down 10 or 20 the next. The Phoenix, Ariz.-based physician had started dieting at age 13. Two decades later, she began to pay attention to her behaviors around food and realized that she often turned to food for reasons that had nothing to do with meeting her nutritional needs.

“Like a lot of physicians, one of my common triggers for eating was stress,” said Dr. May, who developed a weight-management system called, “Am I Hungry?”

“I recognized that when I felt like eating cookies or chocolate, that was a signal to me that there was something else that I needed.” She realized that stress, overwork, and tiredness were common triggers for her hunger.

Whenever you have an urge to eat, Dr. May recommends asking yourself a “deceptively simple” question: “Am I hungry?”

To achieve success in your food and exercise choices, Dr. May also advises asking yourself, “How am I going to fit this into my schedule? How do I do this in a way

that’s sustainable, which means not depriving myself?”

Dr. May is coauthor of the book “Am I Hungry? What to Do When Diets Don’t Work” (Nourish Publishing: Phoenix, 2005), available at [www.amihungry.com](http://www.amihungry.com). (See box at left for her 10 steps to weight management.)

Margaret A. Weiss, M.D., can identify with the notion of not depriving oneself.

Over the past 2 years, she lost about 40 pounds and reached her desired weight of 145, but she isn’t about to give up on having a little chocolate or wine now and then.

“If I’m really feeling the urge for chocolate, then I’ll have a very nice piece as opposed to eating a whole candy bar,” said Dr. Weiss, a dermatologist in group practice in Hunt Valley, Md.

“Sometimes people like me, who struggle with their weight, will think too much about a particular food. If you’re fantasizing about having chocolate and you don’t let yourself have it, then there’s a tendency to eat too much of it if you do have some,” she added.

Two things precipitated her weight loss: approaching age 50 (“I didn’t want to be fat at 50,” she said) and having an emergency appendectomy in the summer of 2003. She lost about 8 pounds after surgery, but the experience forced her to evaluate her eating habits.

“During the postop period, you start with liquids and then [what you can consume] is gradually built up, so there is some enforced dieting there,” she said.

Once she was able to eat regular foods, she began to reduce portion sizes and limit her intake of carbohydrates and processed foods. She has also made an effort to cook with olive oil and limit salt.

As for exercise, she tries to walk 2-3 times a week for 15-30 minutes and works out on an elliptical machine at home on weekends. “We’re not talking major exercise here,” she said.

The way she sees it, maintaining a healthy weight “takes an ongoing and lifelong commitment” to exercise, portion control, and paying attention to total calorie intake. ■

## Ten Steps to Help Manage Your Weight

Stumped about how to get a handle on managing your weight? Consider starting with these 10 steps recommended by Dr. May:

1. Let go of the idea that there is a perfect diet that will finally solve your problems. The answer lies within you.
2. Whenever you have an urge to eat, instead of focusing on the food, first ask yourself, “Am I hungry?” Remember that hunger is a physical feeling.
3. If you are hungry, try to make the best possible choice to satisfy your body and your soul. Learning about nutrition and keeping tasty, healthy food on hand make this step easier.
4. Remember that there are no “good” or “bad” foods. You are less likely to overeat certain foods if you know that you can have them again.
5. Stop eating when hunger is gone but before you feel full, even if there is food left.
6. If you are not hungry, ask yourself what else might have triggered your

urge to eat. Was there another physical, environmental, or emotional trigger?

7. If it was an environmental trigger, such as mealtime or a tempting food item, ask yourself what you could do to control or distract yourself from the trigger. For instance, could you do something else until you are actually hungry?

8. If it was an emotional trigger, ask yourself what you could do to better cope with that emotion. For instance, if stress triggered your urge to eat, could you try a relaxation exercise? If you feel sad or angry, could you write in your journal or talk to someone? You will feel better when you meet your true needs.

9. Live an active lifestyle and exercise regularly to feel great, boost your metabolism, and live a longer, healthier life.

10. Don’t expect to be perfect. Learning new skills takes time and practice.

Source: Dr. May ([www.AmIHungry.com](http://www.AmIHungry.com))

### TALK BACK

If you have struggled to lose weight, how has this affected your interactions with overweight patients?

Weigh in at  
[www.internalmedicineneeds.com](http://www.internalmedicineneeds.com)  
We look forward to hearing from you!

By Doug Brunk, San Diego Bureau