

## CLINICAL CAPSULES

**Teen Girls' Activity Levels Drop**

A steep decrease in activity levels among teen girls as they age has led to increases in body mass index and adiposity, particularly in black girls, reported Sue Y.S. Kimm, M.D., of the University of New Mexico in Albuquerque.

Dr. Kimm and her associates assessed body mass index (BMI) and the sum of skinfold thickness annually in 1,152 black and 1,135 white girls from age 9 or 10 years to 18 or 19 years.

They also measured habitual activity at year 1, year 3, year 5, and annually from

year 7 to year 10 (Lancet 2005;366:301-7).

A decline in activity of 10 metabolic equivalent times per week (brisk walking 2.5 hours per week) was tied to increases in BMI (0.14 kg/m<sup>2</sup> and 0.09 kg/m<sup>2</sup> in black and white girls, respectively) and the sum of skinfold thickness (0.62 mm and 0.63 mm for black and white girls, respectively). The latter is a measure of subcutaneous fat.

By the end of the study, the difference in BMI between the most active and least active girls was 2.98 kg/m<sup>2</sup> in black girls and 2.10 kg/m<sup>2</sup> in white girls; similar differences were found for the sum of skinfold

thickness. All measures in moderately active girls generally fell in between those for the most and least active girls.

**Binge Eating Disorder**

Guided self-help cognitive-behavioral therapy was associated with a significantly higher remission rate for binge eating disorder than was guided self-help behavioral weight loss treatment, but weight loss was minimal among both groups, reported Carlos M. Grilo, Ph.D., and Robin M. Masheb, Ph.D., of Yale University, New Haven.

Of 90 overweight adults who had binge eating disorder, 37 were randomized to cognitive-behavioral therapy (CBT), 38 to

behavioral weight loss treatment (BWL), and 15 to a control group. The completion rate for the 12-week study was 87% for the CBT and control groups, significantly higher than the BWL group's 67% rate (Behav. Res. Ther. 2005;43:1509-25).

In an intent-to-treat analysis, the CBT remission rate (46%) was also significantly higher than that of the BWL and control groups (18% and 13%, respectively), the investigators said. Patients in the CBT group used a self-help manual to learn about binge eating disorder and to follow six steps for assessing and changing their eating behaviors.

**Managing Gastrogastric Fistulas**

Gastrogastric fistulas are a rare but serious complication of Roux-en-Y gastric bypass, often marked by unresponsive marginal ulcers, failure of weight loss, nausea, and/or vomiting, reported Lester Carrodeguas, M.D., and his associates at the Bariatric Institute and Division of Minimally Invasive Surgery, Cleveland Clinic Florida, Weston, Fla.

In a consecutive series of 1,292 patients who underwent divided laparoscopic Roux-en-Y gastric bypass, 15 (1.2%) presented with gastrogastric fistula. The mean time to diagnosis was 80 days, and 5 of the 15 patients with gastrogastric fistula (33%) required revisional laparoscopic surgery (Surg. Obes. Relat. Dis. 2005;1:467-74).

Of the 15 patients, 12 (80%) presented with new-onset, nonspecific complaints, such as nausea, vomiting, and epigastric pain, Dr. Carrodeguas said. Nearly 30% were dissatisfied with their weight loss. Implementing routine screening may allow for early detection and intervention, which can reduce hospital stays, the authors said.

"In our series, the vast majority of the patients who developed gastrogastric fistulas were diagnosed with either a Gastrografin study or an [intraoperative esophagogastroduodenoscopy], dramatically reducing the need for the more costly CT as a diagnostic method," the investigators said.

**Antipsychotic-Related Weight Gain**

A behavioral weight control program was associated with modest improvements in obese patients taking antipsychotic medications, but longer and more robust interventions are necessary, reported Melissa A. Kalarchian, Ph.D., of the University of Pittsburgh Medical Center, and her associates.

Over 12 weeks, 35 obese outpatients taking antipsychotics for schizophrenia or related psychoses underwent 16 behavioral sessions reinforcing diet restrictions and promoting exercise. Among the 29 who completed the study, the mean weight loss was just over 5 pounds, the mean Eating Behavior Inventory score improved by 13%, and health-related quality of life improved significantly (J. Clin. Psychiatry 2005;66:1058-63).

At a 3-month follow-up, weight continued to drop to a mean of just over 7 pounds in the 27 subjects who completed the posttreatment session. This amounted to a 3.2% loss of initial body weight, Dr. Kalarchian said. "Behavioral weight control is a feasible and promising approach to the treatment of obesity in this population," the investigators said.

—Kevin Foley

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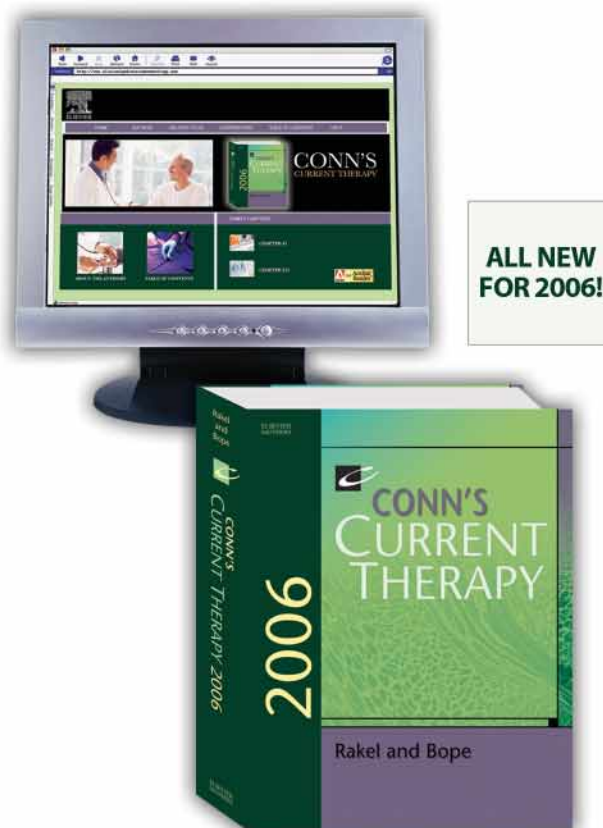
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