

Making gains in weight loss

A new program at Penn is named after a "giant in the field" of obesity

By Stacey Burling

INQUIRER STAFF WRITER

Albert J. "Mickey" Stunkard stumbled onto his life's work more than 50 years ago, he says wryly, when an older researcher suggested that he work on obesity.

Scientists already pretty much knew how obesity worked in rats, the older researcher told him, so it would take only three years or so to pin things down in people.

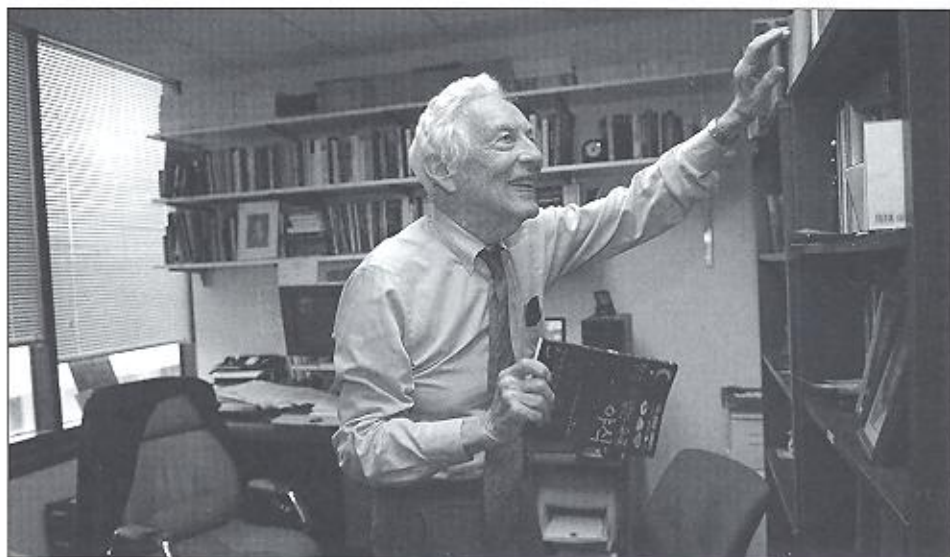
"Obesity's a big problem," his friend reasoned, well worth three years of your life.

Of course, obesity was nowhere near as big a problem then as it is now. And Stunkard still has not "wrapped things up" as his mentor predicted.

At 85, the always-trim University of Pennsylvania psychiatry professor still commutes to work to his office on Market Street, eager to delve into the brain scans and genetics of overweight patients, who still fascinate him.

His tenacity has earned him a new honor, one he finds a little embarrassing. Beginning this week, a new program on the floor below his office will bear his name. The Albert J. Stunkard Weight Management Program promises to incorporate what Stunkard and other scientists have learned about obesity over the past half-century into a weight-loss program for the public. Until now, Penn has focused on research, so people who did not fit a research protocol had to look elsewhere for diet help.

Stunkard's colleagues at Penn wanted to honor his research as well as his curiosity and impressive work ethic. "Dr. Stunkard really is the dean of obesity research," said Tom Wadden, director of the Center for Weight and Eating Disorders, Penn's research program. Stunkard, he said, was the first to describe binge eating and to declare that diets do not work. He was early to use behavior modification and link genetics to obesity.



SHARON GEKOSKI-KIMMEL / Inquirer Staff Photographer

Professor Albert J. "Mickey" Stunkard has been studying obesity for more than 50 years. He will be an advisor to the program at the University of Pennsylvania, which bears his name.

Eric Ravussin, a Louisiana researcher and president of the Obesity Society, called Stunkard a "giant in the field." He praised Stunkard for studying genes, behavior and environmental factors when others blamed obesity on "sloth and gluttony."

Stunkard will be an adviser to the new center, which will offer a six-month course of treatment. The core of it will be a meal-replacement program — fully prepared meals and drinks purchased by participants — that Penn studies have found more effective than diets that allow people to make their own food.

Patients will be monitored by a doctor or nurse practitioner and will have access to specialists who treat obesity complications, such as heart disease, diabetes and sleep problems. There will be weekly group meetings, an approach that provides support, understanding, and "a healthy dose of competition," Wadden said. Patients may also receive weight-loss medication.

Given the breadth of America's obesity problem, such programs might be

expected at all hospitals, but they aren't. In this area, a few offer educational groups or meetings led by dietitians. Medically managed, evidence-based programs are rare. Thomas Jefferson University and Riddle Memorial Hospitals have long-standing programs that use liquid diets. Christiana Care Health System in Delaware has an ambitious, multidisciplinary program.

Insurance helps little

There probably are not more, experts said, because patients generally have to pay out of their own pockets. Health insurance plans, which will pay for diabetes and heart treatment and, sometimes, weight-loss surgery, usually cover little of the work involved in losing weight the hard way — with diet and exercise.

"We do have to be fee-for-service because insurance reimbursement is scarce at best," said Martin Binks, director of behavioral health and research at the Duke Diet and Fitness Center.

Kim Tran, program director of Christiana's Weight Management Center, said her program, created in the mid-1990s, loses money because of the lack of insurance reimbursement. The health system keeps it going, she said, because "it's part of our mission to serve the community."

On the other hand, Becky Bailey, director of Riddle's program, said it made money, primarily because of income from the nutritional supplement it sells.

Binks said it could also be difficult for a scientific program to draw patients when people had so many appealing alternatives. "It's a tough market to compete in against all of the quick-fix and fad diets out there," he said.

Don Liss, mid-Atlantic regional medical director for Aetna Inc., said the people who bought health insurance — mostly employers — must balance the benefits of helping people lose weight and affordability.

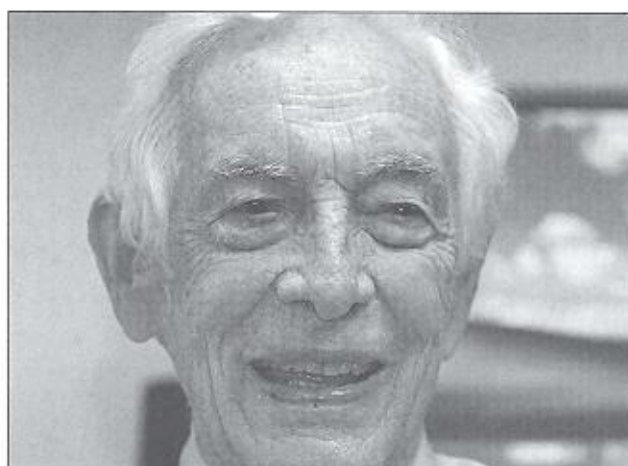
It's a 'conundrum'

"It absolutely is a conundrum," he said. After weighing all the factors involved — the likelihood of diet success, the huge numbers of people who might want to use such programs and their cost, and the likelihood that future health problems will be prevented — most employers opt against coverage. Aetna's plans will cover visits with a nutritionist for particular health problems. Many large employers cover bariatric surgery, Liss said.

Rather than write diet coverage into insurance, employers are more likely to offer wellness and education programs, he said.

Independence Blue Cross in July added six visits a year to a nutritionist to its benefits, a decision that hospital weight-program leaders hailed. It also subsidizes memberships to health clubs and Weight Watchers, but does not cover meals or diet medication.

Leaders of Penn's Stunkard Center said they thought there would be enough people willing to pay cash to keep things afloat. The program will cost about \$12 a day for food, \$20 a week for class fees plus \$200 to \$240 for an initial medical work-up and \$50 to



SHARON GEKOSKI-KIMMEL / Inquirer Staff Photographer

"With two-thirds of Americans overweight or obese, and thus candidates for treatment, insurance coverage would be impossibly expensive."

Albert J. Stunkard, on why most insurance plans do not cover weight management.

\$75 a month in medical fees after that.

Dieters clearly are willing to spend their own money on weight-loss help. One market-research firm estimated 2004 revenue of the U.S. weight-management industry at about \$46 billion. Weight Watchers customers alone spent \$3 billion on its products and services in 2006.

Wadden said he expected participants in Penn's program to lose 10 percent to 12 percent of their body weight in six months, about twice what they would lose at some popular commercial programs. That is enough to improve health, he said.

Stunkard understands why insurance coverage is spotty. "With two-thirds of Americans overweight or obese, and thus candidates for treatment, insurance coverage would be impossibly expensive," he said.

It does not bother him that obesity remains such a daunting problem after

Supersizing the U.S.

Federal health authorities have been tracking the growing percentage of U.S. adults who are considered overweight or obese.

Period	Obese	Overweight
1960-62	13.4%	24.3%
1971-74	14.5%	25%
1976-80	15%	25.4%
1988-94	23.3%	33.3%
1999-2002	30.4%	34.7%
2003-04	32.3%	34.1%

SOURCE: Centers for Disease Control and Prevention.

all his work. That just means there are more questions to ask and answer.

He is devoting himself these days to night-eating syndrome, an eating disorder he defined early in his research days. He recently finished a paper on the subject and is negotiating a grant with a drug company for more research, participating in a genetic study based on Swedish twin data and lobbying the American Psychiatric Association to give night eating more prominence in its influential directory of disorders.

People with night-eating syndrome consume much of their food after dinner, often getting out of bed to eat. They tend to have no appetite for breakfast. They are unusual in the general population but

more common among the obese. Stunkard said there was a genetic component to the problem, which responds well to some antidepressants. He also sees it as a disruption of normal metabolic rhythms.

"It's as if the biologic rhythm is slowed down," Stunkard said, his face alight with curiosity. "I think biological rhythms are going to become more and more important in medicine."

Stunkard's sense of humor and enthusiasm are intact, but he has had to make a few concessions to age. He gave up driving last year because of failing eyesight. "I couldn't tell the difference between the red and green lights," he said. In his book-filled office, he uses a computer screen that magnifies type. He wears a hearing aid. But he is still going to the gym and has no plans to quit working. His biologist father published his last paper at 96, deciding then he could no longer compete with young people with computers.

Why does Stunkard do this?

"Well, you know I wonder, too," he said with a bemused smile. "It's really a lot of fun."

Contact staff writer Stacey Burling at 215-854-4944 or sburling@phillynews.com.

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Behavioral Health
University of Pennsylvania Health System