Dr. Pickering is director of Integrative and Behavioral Research at the Wiener Cardiovascular Institute of the Mount Sinai School of Medicine in New York City, where he is also professor of medicine. Recognized as a hypertension specialist by the American Society of Hypertension, Dr. Pickering has been involved in exploring the cardiovascular aspects of obesity, particularly the relationship between weight and blood pressure. Since joining the faculty at Mount Sinai in September 2000, his major professional interest has been the medical, integrative, and behavioral aspects of obesity and other risk factors for cardiovascular disease. One of his ambitions is to create a weight management center at Mount Sinai in the near future.

Advanced Studies in Medicine (ASiM) Senior Clinical Editor for this issue interviewed Dr. Pickering about the medical and behavioral aspects of obesity and weight loss, the relationship between obesity and hypertension, his approach to overweight patients with and without comorbid conditions, and his opinions regarding drug and nondrug therapy for weight loss and maintenance. Highlights of the interview follow.

**APPLICATION OF A MEDICAL MODEL**

**ASiM:** Many physicians feel that obesity results from being out of control, while others feel that obesity is a disease requiring treatment. What are the reasons for applying a medical model to obesity and how valid are they?

**Dr. Pickering:** Personally, I think applying a medical model is appropriate. We increasingly recognize that obesity is a major risk factor for many medical disorders. Its prevalence is increasing dramatically and it is usually a lifelong condition.

In the past, people tended to regard obesity as a behavioral consequence of eating too much, but we now have research that recognizes complex metabolic pathways and identifies brain centers that regulate appetite. The prevalence of obesity also depends on genetic factors.

Obesity will eventually be treated as a medical condition, in the same way as hypertension is, where we recognize that the appropriate treatment is a combination of lifestyle modifications and drug therapy. I believe that we are going to see more drugs for treating obesity in the next few years.

**ASiM:** Would the application of a medical model exclude or de-emphasize the behavioral aspects of obesity and weight loss? If so, to what extent?

**Dr. Pickering:** There is a possibility that the application of a medical model would exclude or de-emphasize the behavioral aspects of obesity and weight loss, but I think this is unlikely. A behavioral emphasis will always be needed, both in control of caloric intake and in expenditure of calories through exercise. These behaviors will always be important in weight management.

What is going to change with the application of a medical model is the discovery and introduction of new drugs that can actually help people keep weight off. Orlistat is the first of these agents suitable for widespread use, but I think more of these drugs will be introduced in the next few years.

**ASiM:** Why is it important not to lose sight of these behavioral aspects when managing an obese patient?
CLINICIAN INTERVIEW

Dr Pickering: The behavioral aspects provide benefits other than weight control alone. Certainly, exercise bestows many benefits that are independent of body weight, including favorable effects on osteoporosis, blood lipids, blood pressure, and general well-being. Also, many aspects of nutrition are independent of body weight and will continue to be important.

ASiM: How could the application of a medical model to obesity management change approaches to treatment?

Dr Pickering: Although many physicians have a lot to say about obesity, one of the problems we currently face is that obesity treatment does not really fall into the province of any particular specialty. As a result, obesity treatment is often ignored, particularly by cardiologists. Endocrinologists tend to pay more attention to obesity than a lot of physicians do, but usually only in its extreme forms. A very small number of physicians can be considered obesity specialists, or bariatric physicians.

ACUTE VERSUS CHRONIC

ASiM: Why is it so important for the medical community to change its mindset from obesity as an acute condition to obesity as a chronic condition?

Dr Pickering: Most people who are overweight have a lifelong problem that needs lifelong attention. It usually requires some sort of lifelong partnership between the patient and the physician. Physicians can actually have an enormous impact on patient lifestyle and behavior patterns, but this requires continuing education.

ASiM: In what ways are the medical aspects of obesity management and hypertension management similar? In what ways are the behavioral aspects similar?

Dr Pickering: Both obesity and hypertension tend to be lifelong conditions. In addition, obese people tend to develop hypertension at some point. One of the major issues in hypertension is that control of hypertension is very disappointing despite the availability of an array of powerful and effective drugs. We have not gotten to that stage in obesity, but I’m sure we will see the same type of problem.

Two very important issues that apply to both obesity and hypertension, and to any chronic disease, are patient compliance and continued physician involvement. Hypertension specialists tend to place some degree of responsibility on the patients when they are having difficulty getting better blood pressure control, but we can all attest that the medical system, both in terms of reimbursement and training of health care professionals in obesity management, is not really prepared to manage these chronic conditions. For example, most insurance companies provide little or no reimbursement for nutritional counseling, which is important for both obesity and hypertension. Our current medical insurance system in the United States really needs to undergo some substantial changes in order to include management for these chronic diseases.

SPECIFIC APPROACHES

ASiM: What is your approach to a patient who is 35 pounds overweight but has no comorbid conditions?

Dr Pickering: I would certainly try to counsel that patient on the importance of losing weight, although not necessarily to an ideal body weight, because that is often not achievable. Currently, the generally accepted goal is for an overweight person to try to lose 10% of body weight, initially by a combination of caloric restriction and exercise. When possible, I would also refer that patient to a qualified dietitian for evaluation and counseling.

ASiM: What is your approach to a patient who is 35 pounds overweight and has elevated blood pressure and cholesterol levels?

Dr Pickering: In this scenario, the first thing to point out to the patient is that weight loss will also lower high blood pressure and cholesterol levels. By losing weight, the patient may be able to avoid having to take medications to control blood pressure and cholesterol levels. If the patient does not lose weight, he or
she may need to take one or more drugs to lower blood pressure and another to lower cholesterol.

**ASiM**: What is your approach to a patient who is 30 pounds overweight but has no desire to lose weight or flatly refuses your advice to do so?

Dr Pickering: This patient is one who would be called a precontemplator according to the stages of a specific behavioral change model. Such a patient is not yet thinking about making a change, and telling him or her to lose weight is probably not going to help. In this situation, I would educate the patient and try to convince him or her that being overweight does have adverse medical consequences and that losing weight is not only possible, but also has health advantages. The goal is to give the patient enough information that he or she is able to accept that losing weight is important and definitely worth considering.

**KEY FACTORS FOR SUCCESS**

**ASiM**: What medical and behavioral factors do you believe are essential for successful long-term weight loss and maintenance?

Dr Pickering: Several factors are important. The patient has to understand something about calories and diet and exercise, as well as the consequences of being overweight. An ongoing partnership and ongoing communication between the patient and the health care professional must also be present. That person could be the physician, a nurse, a dietitian, or another health care professional. Continued behavioral modification, including diet and exercise, is also required.

Another important factor is for the patient to understand that the best type of weight-loss intervention is not a crash diet that will produce immediate short-term effects but cannot be maintained over the long run. With a crash diet, most patients end up gaining back all of the weight initially lost, and sometimes gain even more.

**ASiM**: To what extent do weight-loss support programs satisfy the criteria you have identified?

Dr Pickering: I think support programs with telephone access are an excellent development because they provide the possibility of interaction between the patient and the health care professional. Such an interaction will not only inform the patient, but will also encourage him or her to stay with that specific weight-loss plan and helps the patient realize weight loss is possible.

Too often, physicians write a prescription for a weight-loss drug but do not provide the necessary follow-up or are not able or available to answer patient questions. I think the support program is an important step forward.

**ASiM**: To what extent do you feel a patient support program meets the needs of patients and physicians?

Dr Pickering: For patients, it’s a good start. On its own, I do not know if it will meet the needs of patients because these needs are potentially endless. I think it lets the physicians off the hook because it provides another professional, usually one with more time and expertise, who can interact with the patient. Physicians are notoriously ignorant about obesity and nutrition, and they tend to have a very negative attitude about the possibility of doing anything about it.

**REFERENCE**