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Obesity management: A global challenge

Obesity is a complex syndrome (not only a disorder) that involves psychiatric, metabolic, inflammatory and hormonal and the system dysfunctions. Complications triggered by obesity include more than 50 conditions, such as hypertension, diabetes, several types of cancer, autoimmune disorders, liver dysfunctions and psychiatric. Indirectly, it is reasonable to say that obesity is the most important indirect cause of chronic renal failure and non-traumatic deaths in USA and other countries. Unfortunately, we are losing the battle against this epidemic. All the efforts done so far seem to be insufficient, once obesity prevalence started growing. A paradoxical correlation has been observed worldwide, once there is a direct and not inverse, correlation between awareness levels of steps for a healthy life and weight loss strategies and obesity prevalence: The more a certain population is aware, the more obese this same population is and not the contrary, which should have been expected. Certainly this relation does not show causality, but it does show that lifestyle approach is not enough, once obesity pathophysiology includes important changes in orexigenic and anorectic pathways, neurotransmitters dysfunctions and real addiction to high density calorie meals (sugar and cocaine has similar brain pathways and reward mechanisms, for instance). Given the epidemic and high prevalence of obesity, there is still inertness from medical community. Thus, several actions should be done: All physicians, not only obesity and endocrinology board certified, should be skilled and familiar to treat obesity. Psychotherapy, a strong tool, should be offered to obese patients. Psychotherapists should receive intensive training programs. New emerging diets, already scientifically validates, such as intermittent fasting diet, carb cycling diet and diets that allow free meals as part of the diet have been shown to be as or more effective than traditional hypo caloric diets and brings light to most patients, whose prohibition of certain foods brings anxiety and brings short life to diet programs. Real understanding of obesity as a psychiatric and metabolic condition and real actions regarding effective pharmacotherapy is still unknown by most doctors. The too-easy way to bariatric surgery: Medical doctors have given up treating clinically obese subjects and referred too quick to bariatric surgeons. Issues with this modality have been underestimated and clinical approach to obesity has failed, partly due to the lack of real knowledge about obesity approach. New paradigms over obesity therapy, that do now allow patients to regain weight after the loss period, the change of the overweight-centered approach and how to create and manage a bariatric surgery prevention center. All these actions and others should be urgently spread among clinicians in order to prevent dozens of millions of bariatric surgeries and it is still unknown long-term complications (as many vitamins and minerals are not absorbed once duodenum stays in the blind handle) and to save hundreds of billions of dollars.

Biography

Flavio Adsuaara Cadegiani is a board certified Endocrinologist and Internist from Federal University of Sao Paulo. He has completed his Master's degree in Endocrinology at Federal University of Sao Paulo and pursuing his PhD in Endocrinology at the same university. He is also the Founder and CEO of the most successful obesity clinic in Latin America and has become the first bariatric surgery prevention center in the world.

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