

Introduction

We are pleased to be editing a second edition of *Managing Obesity: A Clinical Guide*.

The first edition, published in 2004, seemed to meet the need for a resource that combined authoritative research briefings with practical advice about bringing empirically supported treatments to life. In this edition, we have more than updated this important information; we have also added new chapters on issues such as pregnancy and menopause, weight bias, and reimbursement.

In the first edition, we included a number of sections that discussed the clinical care of the obese individual in both outpatient and inpatient settings. This information remains important, but not much has changed. We have added some important new information about the Nutrition Care Process, but we have not repeated sections that we thought could be read in the original edition and remain current today.

On the other hand, in the last edition, we devoted only one chapter to dietary approaches for obesity management. Over the years, it has become clear that all diets that create an energy deficit result in weight loss, and most approaches are associated with improvements in health. The Achilles' heel of any dietary approach is adherence, which remains less than optimal for most hypocaloric regimens. Therefore, in this second edition of the book, different dietary approaches are explored in greater detail. To that end, we asked experts who have been instrumental in the development and/or evaluation of various dietary approaches to write separate sections about each one: meal replacements (Chapter 2), low-glycemic index/load diets (Chapter 3), Mediterranean/DASH diets (Chapter 4), and low-carbohydrate diets (Chapter 5). In addition, each of the diet-focused chapters includes a section written by a clinical expert

on implementing these approaches in the real world. As reviewed in the first edition, no matter which approach is used, it is important to keep in mind several principles: (a) flexibility; (b) nutritional status; (c) health outcomes; (d) weight-loss outcomes; and (e) the client's perspective.

In Section 1 of this edition, we have once again structured chapters to present a brief, authoritative research overview followed by a discussion of practical applications that translates science into real-life scenarios. In this section, we have updated the assessment, physical activity, behavior therapy, and weight maintenance chapters (Chapters 1, 6, 7, and 10, respectively) because these topics remain vital to any successful weight-management strategy. The medication chapter (Chapter 8) has been rewritten to include the most up-to-date information about Food and Drug Administration approvals and nonapprovals as well as what may be in store in the future. The surgery chapter (Chapter 9) has been expanded to include more information on the different kinds of surgery, the recommendations for weight loss before surgery, and postoperative micro- and macronutrient needs.

Finally, we have added an entirely new section on special issues. Chapters 11 through 16 address six topics not explicitly covered in the first edition that we believe are critical to better understanding and treating those who suffer from obesity.

It would be remiss not to bring public health issues to the forefront. The chapter on obesity and public health (Chapter 11) highlights that the individual is not the only focal point. Public health efforts help change the environment, making the difficult work of eating better and moving more a bit easier.

As efforts to secure insurance coverage for the treatment of obesity continue, the

chapter on economics of obesity (Chapter 12) underscores both the significant costs of obesity and its associated diseases and the issues of billing for a nonreimbursable disease. This up-to-date information is vital to any clinician who treats obesity.

As Chapter 13 explains, cultural mores--such as beliefs about body size, dietary preferences, and physical activity--are critical to consider in the clinical arena. Discrimination and prejudice related to obesity (Chapter 14) is another topic to which our field has not paid enough attention. Greater focus on these issues will result in increased sensitivity among clinicians and more compassionate care for those we treat.

We have also included a chapter on prevention of obesity in school settings (Chapter 15). Given the serious and refractory nature of obesity and the limited reach of any clinic-based treatment, prevention is a key to reducing overall obesity prevalence. In schools, we have an opportunity to change an environment in which children spend a great percentage of their time, potentially reducing the risk of obesity and promoting a lifetime of healthy behaviors.

Finally, Chapter 16 discusses the distinct weight-management challenges that face women from puberty to menopause. Helping to prevent weight gain during these particular life stages, and helping women to understand they are not alone, is vital to the long-term health of women as they age.

It takes tremendous effort to defend against an environment that promotes individuals to eat more and move less. This biological and behavioral battle must be approached from both an individual and a public health perspective. It is heartening to see progress. Obesity prevalence remains high, but recent reports show a flattening in prevalence for both adults and children (1). There is a growing national movement to

increase physical activity in schools and to promote more community gardens and bring farm food back to the neighborhood. At least six cities/counties--New York City, Kings County (WA), Multnomah County (OR), San Francisco, Santa Clara county (CA), and Philadelphia--and one state (California) have mandated that calorie information be easily available in chain restaurants. On the individual side, there are encouraging signs that the toolbox for treating obesity, from diet to surgery, is getting larger and making long-term intervention possible. Recent research by Wing and her colleagues in the *New England Journal of Medicine* has shown remarkable rates of weight maintenance after weight loss (2). Finally, it is important to remind ourselves and our clients that small weight losses bring large improvements in health and quality of life.

We hope that this second edition of *Managing Obesity: A Clinical Guide* offers a more holistic view of obesity with a clear focus on how to best treat this serious, prevalent, and refractory disease. Most importantly, we hope this book offers encouragement to all of you working on the frontlines of the obesity pandemic. Although we have much more to do, we are moving on the right track.

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References

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2. Wing RR, Tate DF, Gorin A, Raynor HA, Fava JL. A self-regulation program for maintenance of weight loss. *N Engl J Med*. 2006;355:1563-1571.