

Handbook of Obesity Treatment, 3rd ed

by Thomas A Wadden and Albert J Stunkard, editors

Review by David Moiel, MD

As a practicing bariatric surgeon and as part of the team that has redesigned the Kaiser Permanente Northwest (KPNW) program for weight management and severe obesity, I found much of value in this primer on obesity. For those who are interested in a comprehensive review of current thinking on this topic, this compendium of 624 pages is well written and well organized. However, it will not be useful as a guide to developing an obesity treatment program.

The contents of this handbook follow a clear path from etiology of obesity, its consequences, and its prevalence to assessment, treatment, and prevention. For those practitioners who have not had substantial exposure to past and current thinking about obesity management, this book will provide a clear and concise overview. The numerous contributing editors are from varied disciplines, including psychiatry, psychology, medicine, surgery, molecular biology, pediatrics, epidemiology, nutrition, diabetes education, neurobiology, behavioral medicine, and research. Differences in writing style are invisible in this collection.

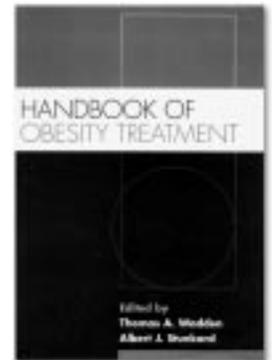
The chapters on etiology, consequences, and prevalence include exploration of genetic influences, the universal nature of obesity, and the tension between individual and public health views of obesity. The long-term physical health consequences of this disorder are enormous, especially for a health care entity. The psychological aspects are reviewed extensively and reinforce the current health care financing dilemma that results from not all therapeutic options being covered by insurance. The medical and behavioral health assessment section is complete, though somewhat disappointing because it does not review differences between the overweight population and the morbidly obese population.

The chapters on treatment provide practitioners an excellent review of published experience with exercise, popular diets, medically supervised care, drug treatment, and bariatric surgery. I read with particular interest the surgical chapter and found it to be current but poorly illustrated. Discussed in this chapter

is the recent increase of the medical community's faith in bariatric surgery as the answer for the obesity problem. This chapter deals with the success of surgery but does not explore or analyze the complex psychosocial factors that initially led to the condition. In addition, the book does not mention appropriateness of candidacy; readiness and contraindications for surgery; or elements of the comprehensive program needed for care of patients who have surgery. The authors tie performance failure of gastric restrictive operations to poor surgery, continuous nibbling of food, and lack of exercise. Missing is any discussion of the relation between surgical outcome and the patient's impaired response to life stressors. Constant eating and lack of exercise are widely recognized as factors that lead to weight regain and thus to "failure of surgery," but this view of surgical failure is needlessly simplistic and reflects a psychologic form of tunnel vision.

Chapters cover commercial weight-loss programs, maintenance of weight loss, and even a good review of treatment of patients from ethnic minorities; however, this last topic is excluded from the assessment section of the book. The book also discusses body image, eating disorders, and nondieting approaches to weight loss and concludes by focusing on childhood obesity and obesity prevention, with a review of the literature. A public health view is explored through discussion of interesting interventions in microenvironments (eg, worksite, cafeterias and restaurants).

The complex and counterintuitive aspects of obesity management necessitate broad background knowledge. This book covers a substantial breadth of information and is recommended reading for clinicians who wish to explore our newest public health problem. As a surgeon, I would not have been able to find this information without using many texts; however, I found that the sections within my expertise were weak and prejudicial. ❖



New York: Guilford Press; 2002. ISBN: 1572307226. 624 pages. \$65.

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David Moiel, MD, is Regional Chief of Surgery at Northwest Permanente and is an active participant in efforts to improve our care of significantly obese patients, many of whom now are referred for bariatric surgery without adequate psychologic preparation or plans for the long-term support necessary for a successful outcome.