KFF Health News

NAVIGATING AGING

New Weight Loss Drugs Carry High Price Tags and Lots of Questions for Seniors

By Judith Graham
JULY 25, 2023

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(MARIO TAMA/GETTY IMAGES)

Corlee Morris has dieted throughout her adult life.

After her weight began climbing in high school, she spent years losing 50 or 100 pounds then gaining it back. Morris, 78, was at her heaviest in her mid-40s, standing 5 feet 10½ inches and weighing 310 pounds. The Pittsburgh resident has had diabetes for more than 40 years.

The Washington Post

This story also ran on The Washington Post. It can be republished for free.

About ‘Navigating Aging’

Navigating Aging focuses on medical issues and advice associated with aging and end-of-life care, helping America’s 45 million seniors and their families navigate the health care system.

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Managing her weight was a losing battle until Morris’ doctor prescribed a Type 2 diabetes medication, Ozempic, four months ago. It’s one in a new category of medications changing how ordinary people as well as medical experts think about obesity, a condition that affects nearly 4 in 10 people 60 and older.

The drugs include Ozempic’s sister medication, Wegovy, a weight loss drug with identical ingredients, which the FDA approved in 2021, and Mounjaro, approved as a diabetes treatment in 2022. (Ozempic was approved for diabetes in 2017.) Several other drugs are in development.

The medications reduce feelings of hunger, generate a sensation of fullness, and have been shown to help people lose an average of 15% or more of their weight.

“It takes your appetite right away. I wasn’t hungry at all and I lost weight like mad,” said Morris, who has shed 40 pounds.

But how these medications will affect older adults in the long run isn’t well understood. (Patients need to remain on the drugs permanently or risk regaining the weight they’ve lost.)

Will they help prevent cardiovascular disease and other chronic illnesses in obese older adults? Will they reduce rates of disability and improve people’s ability to move and manage daily tasks? Will they enhance people’s lives and

alleviate symptoms associated with obesity-related chronic illnesses?

Unfortunately, clinical trials of the medications haven't included significant numbers of people ages 65 and older, leaving gaps in the available data.

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While the drugs appear to be safe — the most common side effects are nausea, diarrhea, vomiting, constipation, and stomach pain — "they've only been on the market for a few years and caution is still needed," said Mitchell Lazar, founding director of the Institute for Diabetes, Obesity and Metabolism at the University of Pennsylvania Perelman School of Medicine.

Given these uncertainties, how are experts approaching the use of the new obesity medications in older people? As might be expected, opinions and practices vary. But several themes emerged in nearly two dozen interviews.

The first was frustration with limited access to the drugs. Because Medicare doesn't cover weight loss medications and they can cost more than $10,000 a year, seniors' ability to get the new drugs is restricted.

There is an exception: Medicare will cover Ozempic and Mounjaro if an older adult has diabetes, because the insurance program pays for diabetes therapies.

"We need Medicare to cover these drugs," said Shauna Matilda Assadzandi, a geriatrician at the University of Pittsburgh who cares for Morris. Recently, she said, she tried to persuade a Medicare Advantage plan representative to authorize Wegovy for a patient with high blood pressure and cholesterol who was gaining weight rapidly.

“I’m just waiting for this patient’s blood sugar to rise to a level where diabetes can be diagnosed. Wouldn’t it make sense to intervene now?” she remembered saying. The representative’s answer: “No. We have to follow the rules.”

Seeking to change that, a bipartisan group of lawmakers has reintroduced the Treat and Reduce Obesity Act, which would require Medicare to cover weight loss drugs. But the proposal, which had been considered previously, has languished amid concerns over enormous potential costs for Medicare.

If all beneficiaries with an obesity diagnosis took brand-name semaglutide drugs (the new class of medications), annual costs would top $13.5 billion, according to a recent analysis in The New England Journal of Medicine. If all older obese adults on Medicare — a significantly larger population — took them, the cost would exceed the total spent on Medicare’s Part D drug program, which was $145 billion in 2019.

Laurie Rich, 63, of Canton, Massachusetts, was caught off guard by Medicare’s policies, which have applied to her since she qualified for Social Security Disability Insurance in December. Before that, Rich took Wegovy and another weight loss medication — both covered by private insurance — and she’d lost nearly 42 pounds. Now, Rich can’t get Wegovy and she’s regained 14 pounds.

“I haven’t changed my eating. The only thing that’s different is that some signal in my brain is telling me I’m hungry all the time,” Rich told me. “I feel horrible.” She knows that if she gains more weight, her care will cost much more.

While acknowledging difficult policy decisions that lie ahead, experts voiced considerable agreement on which older adults should take these drugs.

Generally, the medications are recommended for people with a body mass index over 30 (the World Health Organization’s definition of obesity) and those with a BMI of 27 or above and at least one obesity-related condition, such as

diabetes, high blood pressure, or high cholesterol. There are no guidelines for their use in people 65 and older. (BMI is calculated based on a person's weight and height.)

But those recommendations are problematic because BMI can under- or overestimate older adults' body fat, the most problematic feature of obesity, noted Rodolfo Galindo, director of the Comprehensive Diabetes Center at the University of Miami Health System.

Dennis Kerrigan, director of weight management at Henry Ford Health in Michigan, a system with five hospitals, suggests physicians also examine waist circumference in older patients because abdominal fat puts them at higher risk than fat carried in the hips or buttocks. (For men, a waist over 40 inches is of concern; for women, 35 is the threshold.)

Fatima Stanford, an obesity medicine scientist at Massachusetts General Hospital, said the new drugs are "best suited for older patients who have clinical evidence of obesity," such as elevated cholesterol or blood sugar, and people with serious obesity-related conditions such as osteoarthritis or heart disease.

Since going on Mounjaro three months ago, Muriel Branch, 73, of Perryville, Arkansas, has lost 40 pounds and stopped taking three medications as her health has improved. "I feel real good about myself," she told me.

When adults with obesity lose weight, their risk of dying is reduced by up to 15%, according to Dinesh Edem, Branch's doctor and the director of the medical weight management program at the University of Arkansas for Medical Sciences.

Still, weight loss alone should not be recommended to older adults, because it entails the loss of muscle mass as well as fat, experts agree. And with aging, the shrinkage of muscle mass that starts earlier in life accelerates, contributing to falls, weakness, the loss of functioning, and the onset of frailty.

Between ages 60 and 70, about 12% of muscle mass falls away, researchers estimate; after 80, it reaches 30%.

To preserve muscle mass, seniors losing weight should be prescribed physical activity — both aerobic exercise and strength training, experts agree.

Also, as older adults taking weight loss drugs eat less, “it’s critically important that their diet includes adequate protein and calcium to preserve bone and muscle mass,” said Anne Newman, director of the Center for Aging and Population Health at the University of Pittsburgh.

Ongoing monitoring of older adults having gastrointestinal side effects is needed to ensure they’re getting enough food and water, said Jamy Ard, co-director of Wake Forest Baptist Health’s Weight Management Center.

Generally, the goal for older adults should be to lose 1 to 2 pounds a week, with attention to diet and exercise accompanying medication management.

“My concern is, once we put patients on these obesity drugs, are we supporting lifestyle changes that will maintain their health? Medication alone won’t be sufficient; we will still need to address behaviors,” said Sukhpreet Singh, system medical director at Henry Ford’s weight management program.

We’re eager to hear from readers about questions you’d like answered, problems you’ve been having with your care, and advice you need in dealing with the health care system. Visit kffhealthnews.org/columnists to submit your requests or tips.

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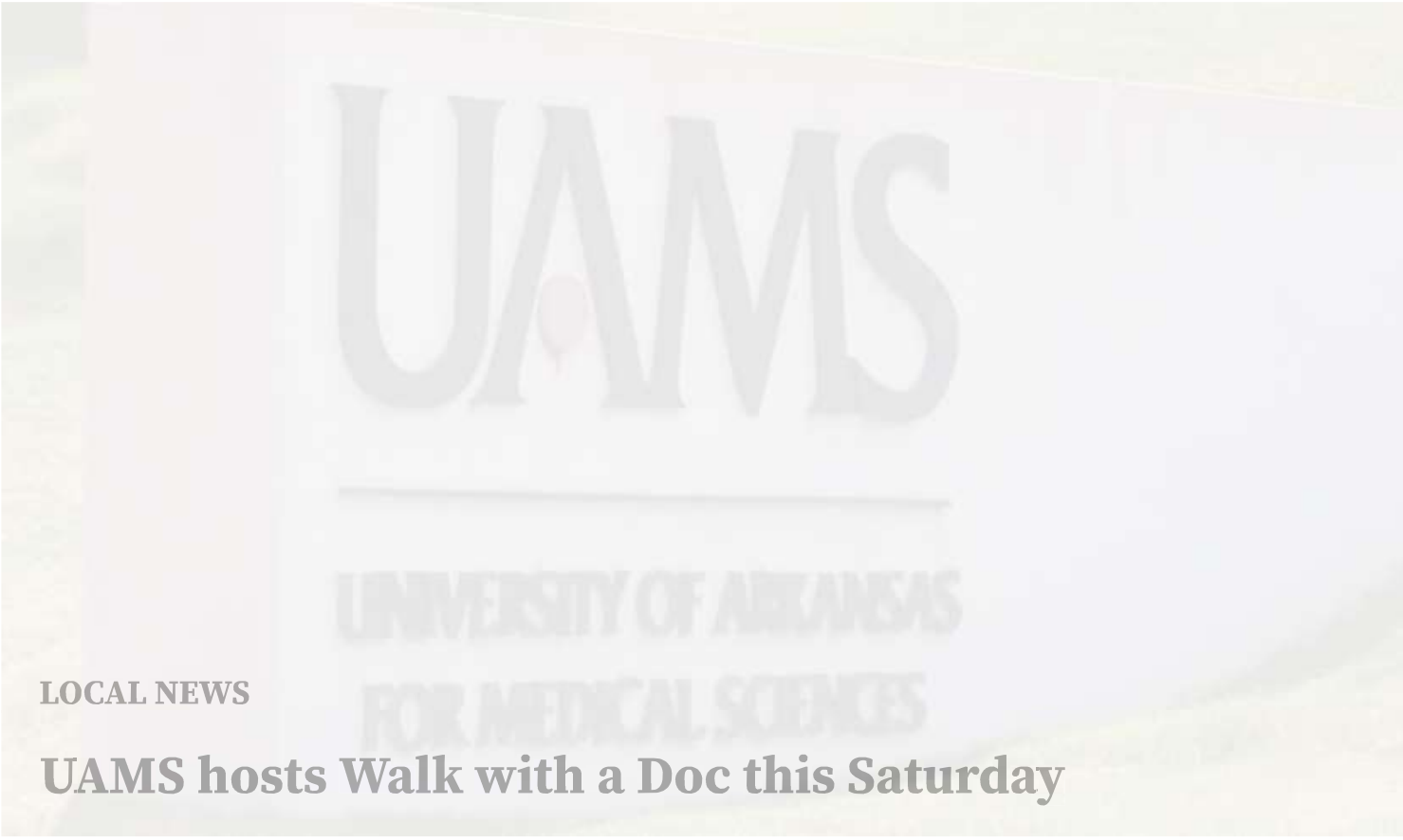

LOCAL NEWS

UAMS hosts Walk with a Doc this Saturday

by: Alex Kienlen
Posted: Jul 5, 2022 / 10:12 AM CDT
Updated: Jul 5, 2022 / 10:12 AM CDT

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LITTLE ROCK, Ark –This Saturday, July 9, UAMS is initiating its Walk with a Doc program at War Memorial Stadium.

Beginning at 9 a.m. on the stadium's north lawn, the walking program is an opportunity to hear from a medical professional, Dr. Dinesh Eden, about diabetes, obesity and complications.

Eden will be joined by medical student Chynna Denham.

UAMS, civic club The Links partner to promote healthy eating for kids ›

The walks are scheduled for the first Saturday of each month and are free. Masks and social distancing are encouraged.

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EATING LAB

What seniors should know about Ozempic and new weight loss drugs

By Judith Graham
July 18, 2023 at 12:00 p.m. EDT

Corlee Morris has dieted throughout her adult life.

Her weight began climbing in high school, and she spent years losing dozens of pounds, then gaining them back. Morris, 78, was at her heaviest in her mid-40s — at 5 feet 10½ inches tall, she weighed 310 pounds. The Pittsburgh resident also has had diabetes for more than 40 years.

Managing her weight was a losing battle until Morris's doctor prescribed the Type 2 diabetes medication Ozempic four months ago. It's one in a new category of medications changing how ordinary people as well as medical experts think about obesity, which affects more than 4 in 10 people 60 and older. Ozempic and similar drugs target receptors in the brain to reduce feelings of hunger and generate a sensation of fullness; they have been shown to help people lose an average of 15 percent or more of their weight.

"It takes your appetite right away. I wasn't hungry at all, and I lost weight like mad," said Morris, who has shed 40 pounds.

But how these medications will affect older adults in the long run isn't well understood because clinical trials of the medications haven't included significant numbers of people ages 65 and older, leaving gaps in the available data. Beyond that, how seniors will pay for these expensive drugs is another big question.

Given these uncertainties, how are experts approaching the use of the new obesity medications in older people? Although opinions and practices vary, several themes emerged in nearly two dozen interviews.

Will Medicare pay for Ozempic?

The Food and Drug Administration approved Ozempic, an injectable semaglutide, to treat diabetes in 2017. Wegovy, a weight-loss drug with identical ingredients to Ozempic, was approved by the FDA in 2021. Mounjaro, whose key ingredient is tirzepatide, was approved as a diabetes treatment in 2022. Several other drugs are in development.

While the drugs appear to be safe — the most common side effects are nausea, diarrhea, vomiting, constipation and stomach pain — "they've only been on the market for a few years and caution is still needed," said Mitchell Lazar, founding director of the Institute for Diabetes, Obesity and Metabolism at the University of Pennsylvania Perelman School of Medicine.

In the near term, because Medicare doesn't cover weight-loss medications and these new drugs can cost more than $10,000 a year, seniors' ability to get the medications is restricted.

There is an exception: Medicare will cover Ozempic and Mounjaro if an older adult has diabetes, because the insurance program pays for diabetes therapies.

"We need Medicare to cover these drugs," said Shauna Matilda Assadzandi, a geriatrician at the University of Pittsburgh who cares for Morris. Recently, she said, she tried to persuade a Medicare Advantage plan representative to authorize Wegovy for a patient with high blood pressure and cholesterol who was gaining weight rapidly.

"I'm just waiting for this patient's blood sugar to rise to a level where diabetes can be diagnosed. Wouldn't it make sense to intervene now?" she remembered saying. The representative's answer: "No. We have to follow the rules."

Seeking to change that, a bipartisan group of lawmakers introduced the Treat and Reduce Obesity Act, which would require Medicare to cover weight-loss drugs. But the proposal has languished amid concerns over enormous potential costs for Medicare.

If all beneficiaries with an obesity diagnosis took brand-name semaglutide drugs, annual costs would top $13.5 billion, according to a recent analysis in the New England Journal of Medicine. If all older obese adults on Medicare — a significantly larger population — took them, the cost would exceed the total spent on Medicare's Part D drug program, which was $145 billion in 2019.

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"I haven't changed my eating. The only thing that's different is that some signal in my brain is telling me I'm hungry all the time," Rich said. "I feel horrible." If she gains more weight, she said, her care will cost much more.

Which seniors should take weight-loss drugs?

While acknowledging difficult policy decisions lie ahead, experts voiced considerable agreement on which older adults should take the drugs.

Generally, the medications are recommended for people with a body mass index over 30 (the World Health Organization's definition of "obese") and those with a BMI of 27 or above and at least one obesity-related condition, such as diabetes, high blood pressure or high cholesterol. There are no guidelines for their use in people 65 and older. (BMI is calculated based on a person's weight and height.)

But those recommendations are problematic because BMI can under- or overestimate older adults' body fat, the most problematic feature of obesity, noted Rodolfo Galindo, director of the Comprehensive Diabetes Center at the University of Miami Health System.

Dennis Kerrigan, director of weight management at Henry Ford Health in Michigan, suggests physicians also examine waist circumference in older patients because abdominal fat puts them at higher risk than fat carried in the hips or buttocks — for men, a waist over 40 inches is of concern; for women, 35 is the threshold.

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When adults with obesity lose weight, their risk of dying is reduced by up to 15 percent, according to Dinesh Edem, Branch's doctor and the director of the medical weight management program at the University of Arkansas for Medical Sciences.

Why weight loss is different for seniors

Still, weight loss alone should not be recommended to older adults, because it entails the loss of muscle mass as well as fat, experts agree. And with aging, the shrinkage of muscle mass that starts earlier in life accelerates, contributing to falls, weakness, the loss of functioning and the onset of frailty.

Between ages 60 and 70, about 12 percent of muscle mass falls away, researchers estimate; after 80, it reaches 30 percent.

To preserve muscle mass, seniors losing weight should be prescribed physical activity — both aerobic exercise and strength training, experts agree.

Also, as older adults taking weight loss drugs eat less, "it's critically important that their diet includes adequate protein and calcium to preserve bone and muscle mass," said Anne Newman, director of the Center for Aging and Population Health at the University of Pittsburgh.

Ongoing monitoring of older adults having gastrointestinal side effects is needed to ensure they are getting enough food and water, said Jamy Ard, co-director of Wake Forest Baptist Health Weight Management Center.

Generally, the goal for older adults should be to lose 1 to 2 pounds a week, with attention to diet and exercise accompanying medication management.

“My concern is, once we put patients on these obesity drugs, are we supporting lifestyle changes that will maintain their health? Medication alone won’t be sufficient; we will still need to address behaviors,” said Sukhpreet Singh, system medical director at Henry Ford’s weight management program.

KFF Health News, formerly known as Kaiser Health News or KHN, is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs at KFF.

KFF Health News

In Older Adults, a Little Excess Weight Isn’t Such a Bad Thing

NAVIGATING AGING

In Older Adults, a Little Excess Weight Isn’t Such a Bad Thing

By Judith Graham
JULY 17, 2023

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(E+/GETTY IMAGES)

Millions of people enter later life carrying an extra 10 to 15 pounds, weight they’ve gained after having children, developing joint problems, becoming less active, or making meals the center of their social lives.

This story also ran on CNN. It can be republished for free.

About 'Navigating Aging'

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Should they lose this modest extra weight to optimize their health? This question has come to the fore with a new category of diabetes and weight loss drugs giving people hope they can shed excess pounds.

For years, experts have debated what to advise older adults in this situation. On one hand, weight gain is associated with the accumulation of fat. And that can have serious adverse health consequences, contributing to heart disease, diabetes, arthritis, and a host of other medical conditions.

On the other hand, numerous studies suggest that carrying some extra weight can sometimes be protective in later life. For people who fall, fat can serve as padding, guarding against fractures. And for people who become seriously ill with conditions such as cancer or advanced kidney disease, that padding can be a source of energy, helping them tolerate demanding therapies.

Of course, it depends on how heavy someone is to begin with. People who are already obese (with a body mass index of 30 or over) and who put on extra pounds are at greater risk than those who weigh less. And rapid weight gain in later life is always a cause for concern.

Making sense of scientific evidence and expert opinion surrounding weight issues in older adults isn't easy. Here's what I learned from reviewing dozens of studies and talking with nearly two dozen obesity physicians and researchers.

Our bodies change with age. As we grow older, our body composition changes. We lose muscle mass — a process that starts in our 30s and accelerates in our 60s and beyond — and gain fat. This is true even when our weight remains constant.

Also, less fat accumulates under the skin while more is distributed within the middle of the body. This abdominal fat is associated with inflammation and insulin resistance and a higher risk of cardiovascular disease, diabetes, and stroke, among other medical conditions.

“The distribution of fat plays a major role in determining how deleterious added weight in the form of fat is,” said Mitchell Lazar, director of the Institute for Diabetes, Obesity and Metabolism at the University of Pennsylvania’s Perelman School of Medicine. “It’s visceral [abdominal] fat [around the waist], rather than peripheral fat [in the hips and buttocks] that we’re really concerned about.”

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Activity levels diminish with age. Also, with advancing age, people tend to become less active. When older adults maintain the same eating habits (energy intake) while cutting back on activity (energy expenditure), they’re going to gain weight.

According to the Centers for Disease Control and Prevention, 27% of 65- to 74-year-olds are physically inactive outside of work; that rises to 35% for people 75 or older. For older adults, the health agency recommends at least 150 minutes a week of moderately intense activity, such as brisk walking, as well as muscle-strengthening activities such as lifting weights at least twice weekly. Only 27% to 44% of older adults meet these guidelines, according to various surveys.

Concerns about muscle mass. Experts are more concerned about a lack of activity in older adults who are overweight or mildly obese (a body mass index in the low 30s) than about weight loss. With minimal or no activity, muscle mass deteriorates and strength decreases, which "raises the risk of developing a disability or a functional impairment" that can interfere with independence, said John Batsis, an obesity researcher and associate professor of medicine at the University of North Carolina School of Medicine in Chapel Hill.

Weight loss contributes to inadequate muscle mass insofar as muscle is lost along with fat. For every pound shed, 25% comes from muscle and 75% from fat, on average.

Since older adults have less muscle to begin with, "if they want to lose weight, they need to be willing at the same time to increase physical activity." said Anne Newman, director of the Center for Aging and Population Health at the University of Pittsburgh School of Public Health.

Ideal body weight may be higher. Epidemiologic research suggests that the ideal body mass index (BMI) might be higher for older adults than younger adults. (BMI is a measure of a person's weight, in kilograms or pounds, divided by the square of their height, in meters or feet.)

One large, well-regarded study found that older adults at either end of the BMI spectrum — those with low BMIs (under 22) and those with high BMIs (over 33) — were at greater risk of dying earlier than those with BMIs in the middle range (22 to 32.9).

Older adults with the lowest risk of earlier deaths had BMIs of 27 to 27.9. According to World Health Organization standards, this falls in the "overweight" range (25 to 29.9) and above the "healthy weight" BMI range (18.5 to 24.9). Also, many older adults whom the study found to be at highest mortality risk — those with BMIs under 22 — would be classified as having "healthy weight" by the WHO.

The study's conclusion: "The WHO healthy weight range may not be suitable for older adults." Instead, being overweight may be beneficial for older adults, while being notably thin can be problematic, contributing to the potential for frailty.

Indeed, an optimal BMI for older adults may be in the range of 24 to 29, Carl Lavie, a well-known obesity researcher, suggested in a separate study reviewing the evidence surrounding obesity in older adults. Lavie is the medical director of cardiac rehabilitation and prevention at Ochsner Health, a large health care system based in New Orleans, and author of "The Obesity Paradox," a book that explores weight issues in older adults.

Expert recommendations. Obesity physicians and researchers offered several important recommendations during our conversations:

- Maintaining fitness and muscle mass is more important than losing weight for overweight older adults (those with BMIs of 25 to 29.9). "Is losing a few extra pounds going to dramatically improve their health? I don't think the evidence shows that," Lavie said.
- Unintentional weight loss is associated with several serious illnesses and is a danger signal that should always be attended to. "See your doctor if you're losing weight without trying to," said Newman of the University of Pittsburgh. She's the co-author of a new paper finding that "unanticipated weight loss even among adults with obesity is associated with increased mortality" risk.
- Ensuring diet quality is essential. "Older adults are at risk for vitamin deficiencies and other nutritional deficits, and if you're not consuming enough protein, that's a problem," said Batsis of the University of North Carolina. "I tell all my older patients to take a multivitamin," said Dinesh Edem, director of the Medical Weight Management program at the University of Arkansas for Medical Sciences.
- Losing weight is more important for older adults who have a lot of fat around their middle (an apple shape) than it is for people who are heavier lower down (a pear shape). "For patients with a high waist circumference, we're

more aggressive in reducing calories or increasing exercise," said Dennis Kerrigan, director of weight management at Henry Ford Health in Michigan.

- Maintaining weight stability is a good goal for healthy older adults who are carrying extra weight but who don't have moderate or severe obesity (BMIs of 35 or higher). By definition, "healthy" means people don't have serious metabolic issues (overly high cholesterol, blood sugar, blood pressure, and triglycerides), obesity-related disabilities (problems with mobility are common), or serious obesity-related illnesses such as diabetes or heart disease. "No great gains and no great losses — that's what I recommend," said Katie Dodd, a geriatric dietitian who writes a blog about nutrition.

We're eager to hear from readers about questions you'd like answered, problems you've been having with your care, and advice you need in dealing with the health care system. Visit kffhealthnews.org/columnists to submit your requests or tips.

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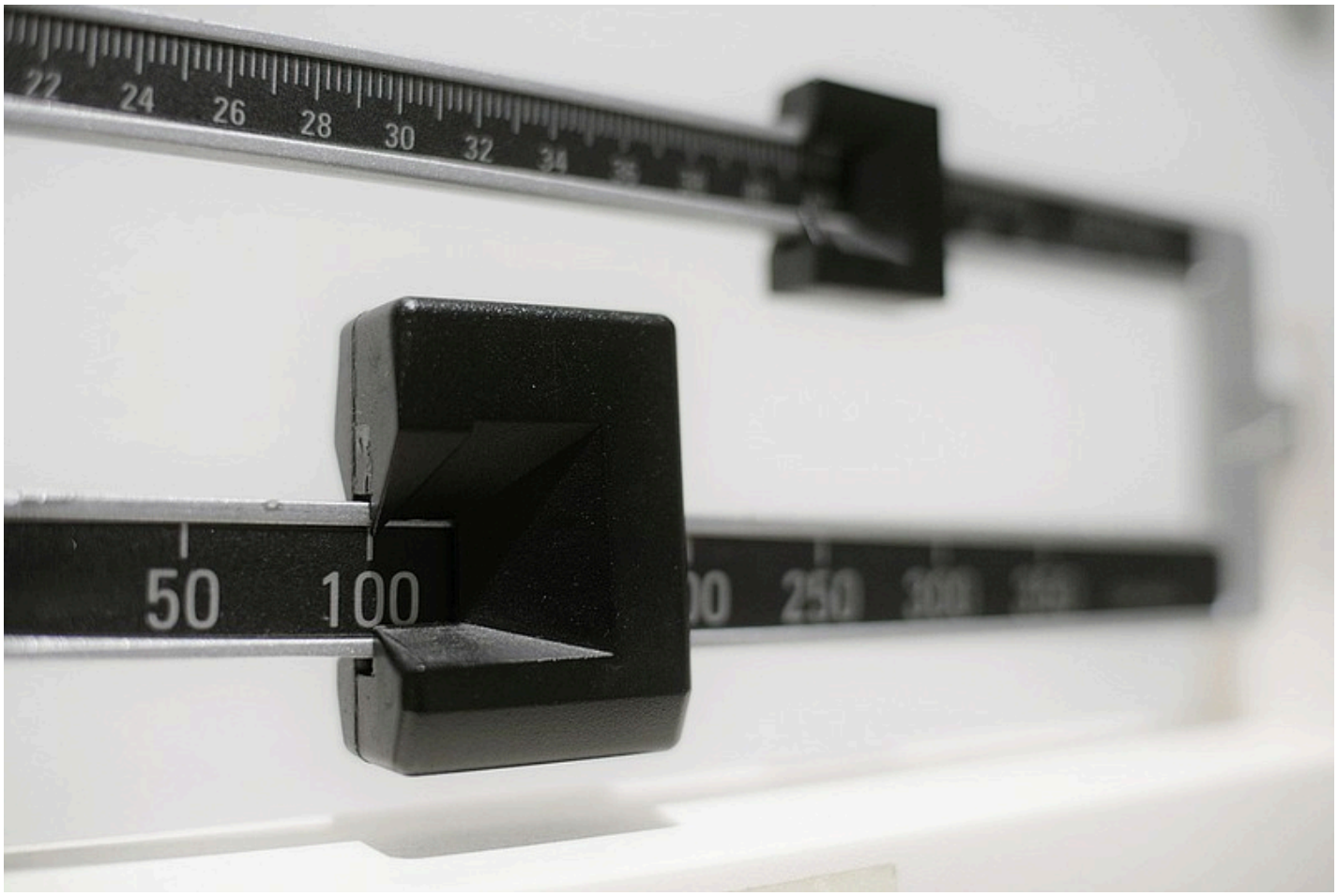
Arkansas' dip in national obesity rankings not a clear sign of improvement, experts say

Health care professionals caution that the downward trend is misleading

October 9, 2023 at 7:20 a.m.

by Tony Holt



A close-up of a beam scale, a traditional weight scale, is seen in New York in this April 3, 2018 file photo. (AP/Patrick Sison)

Arkansas saw its obesity rate dip and its national ranking among the fattest states drop -- but those perceived improvements are being met by muted applause among health professionals across the state.

To them, Arkansas is still in dire straits when it comes to the obesity crisis.

The latest State of Obesity figures from Trust for America's Health were released last month, and at first glance Arkansas appears to be trending in the desired direction, with a 1.3% year-over-year decrease in its obesity rate from 2021 to 2022 and dropping from sixth to a tie for 12th as the country's most obese state.

Dr. Dinesh Edem, director of the Medical Weight Management Program and assistant professor of endocrinology at the University of Arkansas for Medical Sciences, said the proper conclusion to draw from the report is that Arkansas'

obesity crisis hasn't really tapered and its rankings have only gone down because other states are showing steep increases in obesity.

He pointed out that the latest statistics only prove that Arkansas is no longer an outlier. The state's obesity numbers are still staggering.

"The obesity problem in this country is multifactorial, and none of it is improving," Edem said.

Arkansas' year-to-year reduction from a 38.7% adult obesity rate in 2021 to 37.4% is still within the margin of error, according to the Arkansas Center for Health Improvement, or ACHI.

Dr. Joe Thompson, the president and CEO of ACHI, said the latest report "should be interpreted with caution" because there are no clear signs of improvement.

"While more states fared worse than we, our statistics have not substantively changed," Thompson said. "A decade ago, no state had an adult obesity rate at or above 35%, and now Arkansas is among 22 states with obesity levels that high, up from 19 states in the previous year. The takeaway for Arkansas is that we continue to have one of the worst adult obesity rates in the nation."

Among all 50 states and the District of Columbia, Arkansas is tied with Iowa for the 12th-highest obesity rate in the country, according to the annual report.

The annual State of Obesity report relies on 2022 data collected by the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System. It aims to identify trends at the state and national levels in the pursuit of improved public health, according to its website.

Edem pointed out that the data from the Behavioral Risk Factor Surveillance System is collected by calling random people and asking them their age, height and weight and calculating their body mass index. A person is declared obese at 30 BMI or higher. A BMI between 25 and 29.9 is within the overweight range, according to the CDC.

"This is not an accurate way to get obesity numbers," Edem said, adding that Arkansas' obesity problem is likely worse than what is reflected in the report.

"It's prone to be erroneous," he continued. "Just because it shows that Arkansas is 12th in the country in obesity, it doesn't mean that we're actually 12th."

The first report was released in 2004, so this year marks the 20th anniversary of the State of Obesity. Even with greater attention on the issue, the national obesity crisis continues to worsen. Since the report's launch, the national adult obesity rate has increased by 37% and the national youth obesity rate has gone up by 42%, according to the report.

That reality that 34.7% of adult Arkansans are obese should still set off alarm bells, Edem said.

"The ideal number would be 0%," he added. "So that's how bad it's gotten."

CAUSES FOR OBESITY

"The country is headed in the wrong direction," Edem said. "In 1999, the national obesity rate was 30%. … By 2030, it's expected to be 50%."

Like Edem, his colleagues in the field of obesity treatment and prevention describe obesity as a multifactorial disease.

Dr. Bala Simon, the deputy chief medical officer at the Arkansas Department of Health, said various factors influence what people eat, how much they eat and how much they exercise. The latter is significant because not only does exercise help a person maintain their weight, but perhaps more importantly, it improves mental health as much as physical health, he said.

As many medical professionals have concluded, a sedentary lifestyle puts people on the fast track toward obesity.

"It's true that one cannot outrun a bad diet, but there is no question that physical activity has enormous benefits," Simon said. "One of those benefits is

that exercise helps with mental health. The losing-weight benefit may not even be in the top five when it comes to exercise.

"People use food as a coping mechanism. Exercise should be the coping mechanism. It increases blood circulation. It's good for bones and joints. It creates a positive sense of well-being in addition to preventing weight gain."

A point that was emphasized in the State of Obesity report, and echoed by ACHI, is that the decades-long shift in the United States to a more sedentary lifestyle coupled with rising food consumption -- with the food itself having far less nutritional value -- is adding fuel to the already-raging fire.

Higher-calorie and carbohydrate-dense foods are regularly advertised to people, and the food options at so many major intersections offer mostly unhealthy snacks and meals, experts have said.

"We spend more time in cars and in front of screens and less time being physically active compared to previous generations of Americans," Thompson said. "We've also shifted our diet to include more super-sized restaurant meals, processed foods and sugary snacks and drinks."

Edem made the point that such foods are more accessible and cheaper than healthier foods.

"Foods that are processed are profitable," Edem said. "You can make foods really cheap if you use high-fructose corn syrup, which is found in a lot of our foods."

YOUTH OBESITY

The outlook gets even bleaker when it shifts to youth obesity.

The State of Obesity report states that obesity has been increasing among children for decades. From the period of time between 1976 and 1980 to the period between 2017 and 2020, obesity rates for children ages 2-19 more than tripled, from 5.5 to 19.7%.

Additionally, Black and Hispanic youths had higher rates of obesity compared to their Asian and white counterparts. Nine percent of Asian youths are considered obese and 16.6% of white youths are obese. The obesity rate for Black and Hispanic youths, by comparison, are 24.8 and 26.2%, respectively, according to the report.

In Arkansas, the percentage of children ages 10-17 who are obese or overweight is 35.7%. So more than one out of three in that age group are above a desired weight, the report stated.

"These kids go on to become adults with obesity, and it just keeps worsening," Edem said.

Low-income families turn to cheaper alternatives to feed their children, and for the most part, those food choices contribute to the rise in obesity.

In less-affluent communities, residents don't have traditional grocery stories or farmers markets in proximity. Instead, those areas have an abundance of gas stations and dollar stores that only offer cheaper, processed foods, according to experts.

"Arkansas is both a state with high levels of poverty and one with many areas that lack access to grocery stores," Thompson said. He referred to those areas as food deserts.

"Students have shown that food insecurity can contribute to obesity," he continued. "People who live in food deserts and have limited access to transportation are likely to rely for their food purchases on local convenience stores, which tend not to stock many healthy foods such as fresh produce. … When you have limited resources to buy food with, a cheap fast-food meal can look like the best option, but for your long-term health, it's not."

ADDRESSING THE PROBLEM

Arkansas legislators made a significant move in 1997 to address the obesity problem in Arkansas, particularly among children.

Anthony Goudie, an assistant professor at the Fay Boozman College of Public Health at UAMS, gave a presentation Monday outlining what Arkansas did more than a quarter-century ago to tackle the persistent problem of youth weight gain. His presentation was part of the Grand Rounds series held by the state's health department.

The "preemptive action" that state lawmakers took on in 1997 to gather data and come up with a science-based solution to address obesity resulted in Act 1220, which was passed in 2003 by the Arkansas Legislature and signed into law by then-Gov. Mike Huckabee, who himself had lost more than 100 pounds through improved diet and physical activity.

One of the key components of Act 1220 was annual BMI screenings for all public school students, with the results being sent to parents.

Changes were made in 2007 that "diminished the full potential" of the BMI data collection after a number of parents objected due to the ongoing worry over stigmatizing overweight and obese students, Goudie said. Since then, children started getting screened every other year. If a student was absent the day of a screening, that child would have a four-year gap in between BMI measures, he said.

Since those changes to Act 1220, obesity among Arkansas students has increased more sharply, according to statistics.

"Forward momentum was not lost in the surveillance of BMI among public school children, but it impacted the precision in which researchers could try and find, and assess, timely interventions to tackle the child obesity problem," Goudie said.

In 2018, ACHI took a bold step of becoming an evaluator for the "Champions of Health" school initiative that focused on a variety of efforts to improve health and reduce obesity. It took place at Morrilton Intermediate School during the 2018-19 school year.

The "full-court press" initiative led to more students drinking water rather than soda, consuming more fruits and vegetables in place of junk food and implementing more exercise in their daily routine. For students, the initiative had a lot of "fun" attached to it, Goudie said.

"That's a big tag-along," he said during his Monday presentation. "If you can make it fun, you have a better chance at helping them lose weight."

Goudie didn't mince words when he talked about what steps need to be taken to roll back the obesity rate. He said a "Manhattan Project-level effort" is needed. Such programs, like the one at Morrilton, need to be wide-ranging, as well as highly focused.

"We're going to have to go full-force on this," he said.

During the question-and-answer period, Simon stood up and was handed a microphone.

He said the "quantifiable point of no return" for the obesity crisis is when "the health-care system breaks down."

Obesity, Simon said, leads to heart disease, diabetes, hypertension, strokes and cancer -- all of which are dangerous and costly health conditions. The worse the epidemic, the greater the likelihood that the system won't have the means to treat everyone who is sick and dying.

"I think we need a reinvigorated will," Goudie said.

HEALTH

Health and Wellness Expo coming Saturday to Statehouse Convention Center

by: Pat Walker
Posted: Sep 22, 2022 / 04:42 PM CDT
Updated: Sep 22, 2022 / 04:42 PM CDT

SHARE

LITTLE ROCK, Ark. – The Arkansas Health and Wellness Expo is coming up this Saturday.

Amanda Copley with the Arkansas Democrat-Gazette, along with UAMS Dr. Dinesh Edem stopped by KARK 4 News at Noon to talk about the event.

The event will be this Saturday at the Statehouse Convention Center from 9 a.m. to 1 p.m.

The expo will feature free health screenings, education and seminars from UAMS.

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ARKANSAS STYLE

Diabetes & Endocrinology care

by: Arkansas Style team
Posted: Jan 12, 2023 / 03:34 PM CST
Updated: Jan 26, 2023 / 11:33 AM CST

SHARE

Dr. Dinesh Edem, the director of the Medical Weight Management Program at UAMS, joins us to talk about his weight loss clinic.

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Vrbo

September 22, 2023 6 min read

Q&A: Medication plus lifestyle strategies best for type 2 diabetes prevention

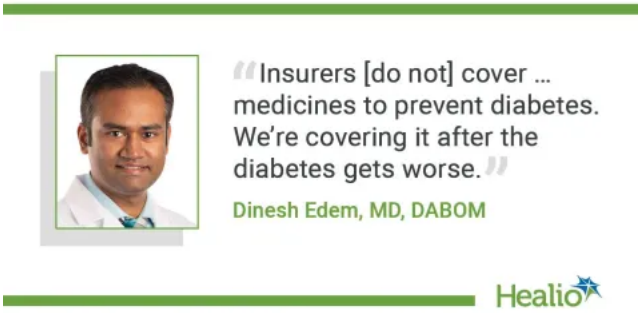
Key takeaways:

- Providers should consider prescribing pharmacotherapy in addition to lifestyle modification for adults with prediabetes.
- More trials are needed to analyze the effects of newer medications in prediabetes.

Providers should focus more on using pharmacotherapies in addition to lifestyle intervention to prevent progression prediabetes to type 2 diabetes, according to two researchers.

Priyanka Majety

In a review article published in *Frontiers in Endocrinology*, the authors described how strategies for preve type 2 diabetes have become a bigger focus in recent years. Preventing diabetes involves a multifaceted approach, with lifestyle modification and medication both needed to achieve the best results, according t study co-author **Priyanka Majety, MD,** assistant professor of internal medicine and adult outpatient diab director in the division of endocrinology, diabetes and metabolism at Virginia Commonwealth University Health System.



"I cannot emphasize enough the importance of sticking to lifestyle modification," Majety told Healio. "It is the cornerstone for every patient with prediabetes and diabetes. If we take away the medications and they aren't adherin the lifestyle modifications, they lose all the benefits."

Newer medications such as GLP-1 receptor agonists and the dual GIP/GLP-1 receptor agonist tirzepatide (Mounjaro, Lilly) are changing the way providers treat type 2 diabetes and obesity, according to study co-author **Dinesh Edem, M DABOM,** assistant professor of internal medicine and endocrinology at University of Arkansas for Medical Sciences

(UAMS) College of Medicine and director of the medical weight management program at UAMS Health. However, whi many drug trials and studies focus on treating type 2 diabetes, Edem said, prevention is just as important due to the r number of diabetes cases in the U.S.

"Diabetes has a 12% incidence and prediabetes has a 38% incidence," Edem told Healio. "That is a combined significa burden on American health care. The cost of diabetes management is around $327 billion per year in the U.S. Reversin diabetes and preventing type 2 diabetes is of major importance. The epidemics of prediabetes and diabetes are paralle the obesity epidemic. Promoting healthy behaviors that help lose weight will prevent type 2 diabetes and also reverse prediabetes."

Though multiple FDA-approved options are available for people with type 2 diabetes or obesity, most of these option unavailable for adults with prediabetes. Edem and Majety said more studies need to be conducted on the effects of pharmacotherapy among people with prediabetes to expand access to medications for those who need them and potentially slow the increasing incidence of type 2 diabetes in the U.S.

Edem and Majety spoke with Healio about the evidence surrounding pharmacotherapies and prediabetes, what provic should do when treating adults with prediabetes and what types of studies still need to be conducted.

Healio: Why is it so important to review the impact of pharmacotherapies on type 2 diabetes prevention?

Edem: The obesity epidemic is leading to an increase in diabetes and prediabetes incidence. We all know that diabetes comes with a host of complications. However, prediabetes can also cause complications like retinopathy and neuropa consider prediabetes as a mild form of diabetes. My HbA1c goal is less than 5.7%, not 6.5%. Prediabetes is a great opportunity for me to tell my patients that you're already at risk for complications. That's why this review will empha the options available to the patients who want to avoid type 2 diabetes. Bariatric surgery is the most efficacious for we loss, but is not an option for the majority of people. Lifestyle changes are essential, but most patients may not be able sustain these in the long run. These medications and pharmacotherapies can help boost the efforts that patients are actually taking.

Healio: Is there any strategy that is best for preventing type 2 diabetes?

Majety: The first and foremost is lifestyle modification. We have large numbers of studies like the Diabetes Preventio Program or the Finnish Diabetes Study that found lifestyle modifications can reverse or slow the progression of type 2 diabetes.

The medications with the most evidence are older medications that have been here for a while. Metformin has been around, a lot of patients are on it, so we just have more data about metformin slowing the progression of type 2 diabe There is emerging evidence that GLP-1s and the dual GIP/GLP-1 tirzepatide, by means of weight loss, will slow the progression of type 2 diabetes.

Patients who have obesity or have a higher weight are at higher risk for diabetes development. The ability of a medica to prevent progression or slow progression depends on how much weight loss that patient achieves. It is a balance, because sometimes at higher doses the patients may not be able to tolerate these medications. It's all proportionate t weight loss that the drug is helping them achieve.

Healio: What did your review find about other suggested therapies such as vitamin D and testosterone for preventin type 2 diabetes?

Majety: There is very limited evidence on medications that are not typically used for treating type 2 diabetes. Vitamin deficiency is very prevalent. The hypothesis that vitamin D status may influence the risk of type 2 diabetes is plausibl only because both impaired pancreatic function and insulin resistance, which are cornerstones for the pathophysiolo for type 2 diabetes, anecdotally have been reported in patients with low vitamin D levels. There is some observational

that show that low vitamin D status may be associated with risk of development of type 2 diabetes. But these are not robust, randomized controlled trials. That's why the Vitamin D and Type 2 Diabetes (D2d) study was conducted. Wher they did this large randomized controlled trial, there was no significant reduction in type 2 diabetes risk.

Edem: With testosterone, there was a study called T4DM published in 2021, which was a double-blind study in which group of patients were getting testosterone and the other group were not getting the testosterone, or the placebo grou In that study at the end of 2 years, patients who were not on testosterone had a 21% incidence of type 2 diabetes vs. a type 2 diabetes incidence in the testosterone group. It has something to do with increasing muscle mass, reduction in weight, improvement in insulin resistance, but with side effects like increasing hematocrit. Testosterone itself is not approved for improving glucose metabolism as further studies need to be done to investigate the effect of testosteron type 2 diabetes.

Healio: Do you think enough providers are discussing type 2 diabetes prevention with patients?

Majety: A limitation is that we do need larger studies looking at this question of prevention specifically and not just treatment of diabetes so that we can get these FDA approved. Right now, these medications are not approved [for prediabetes], so it's very hard for us physicians to get these medications covered for patients, even if we think they're good candidates.

Edem: In the STEP-2 trial, HbA1c levels were less than 6.5% in 68% of the semaglutide (Wegovy, Novo Nordisk) 2.4 m group vs. 15% of the placebo group. But now, due to cost and supply chain issues, insurers are not ready to cover these amazing medicines to prevent diabetes. We're seeing it covered only if the diabetes gets worse. Patients who actually it are not getting these medications. If you want to address the root problem of the situation, which is obesity and the progression to type 2 diabetes, these new age medicines are doing a great job.

Healio: Are there other key barriers that are preventing people with prediabetes or those who may be at risk for type diabetes from accessing these medications?

Edem: About 30% of all diabetes cases are undiagnosed. The patients don't even know they are diabetic. Just imagine many patients with prediabetes are undiagnosed. We are underestimating the incidence of prediabetes. We need to a better job of diagnosis and then making them aware of all of these options, not just lifestyle [interventions]. Right no we just have metformin and lifestyle changes, which are good, but they're not better compared to the newer medicine that we currently have. We need specific trials for the specific diagnosis of prediabetes and see the change in incidenc know that the newer medications will do a great job in preventing type 2 diabetes. But it's about convincing the provi the patients, the insurers, everyone to provide these medications based on robust large-scale trials.

Healio: Are there any other future studies or areas of research that need to be addressed?

Majety: This is an evolving area right now. After we published our review paper, there was another group led by **W. Timothy Garvey, MD, FACE, MABOM,** that [published] a post hoc analysis looking at tirzepatide to see if it reduced th risk of developing type 2 diabetes, and it absolutely does. Like we were discussing, it's proportionate to the dose, a hig dose means higher weight loss and better prevention of type 2 diabetes. We have good evidence from subanalyses and hoc analyses that these medications are amazing, and they can help to prevent type 2 diabetes, but we need that speci question in a randomized controlled trial just looking at patients at higher risk, giving them these medications and th following them long term to see if these medications truly decrease the incidence of type 2 diabetes.

Edem: The STEP 10 study is looking at how well semaglutide works in people with obesity and prediabetes, and we are awaiting results. Currently, I think we're missing out on treating this large pool of patients with obesity and prediabe where these medicines can be studied and go on to FDA approval. These medications would be most beneficial for the patients.

For more information:

Dinesh Edem, MD, DABOM, can be reached at dedem@uams.edu.

Priyanka Majety, MD, can be reached at majetypriyanka@gmail.com.

Reference:

- Majety P, et al. *Front Endocrinol*. 2023;doi:10.3389/fendo.2023.1118848.

Published by:

Endocrinetoday

Sources/Disclosures

Collaps

Source: Healio Interviews

Disclosures: Edem and Majety report no relevant financial disclosures.

Read more about

type 2 diabetes | metformin | semaglutide | tirzepatide | glucagon like peptide 1 agonist | university of arkansas for medical sciences | virginia commonwealth university

Edem, Dinesh

From: Yasmeen Smith <Yasmeen.Smith@arkansas.gov>
Sent: Tuesday, June 6, 2023 1:37 PM
To: Edem, Dinesh
Subject: 8/17/23 Grand Rounds
Attachments: BLANK - AUTHORIZATION FOR VISUAL AND AUDIO REPRODUCTIONS.pdf; Online Financial Disclosure Instructions.docx; CME Compliance and Writting Objectives.pdf

Categories: Orange category

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You are scheduled to present for the Public Health Grand Rounds at the Arkansas Department of Health on **Thursday, August 17, 2023 from 8:00 a.m. to 9:00 a.m.** in the Arkansas Department of Health Auditorium. There will be limited seating; however, the presentation will be broadcast via Zoom. We look forward to your presentation, and we require that you provide us a few items so we can offer Continuing Medical Credits (CMEs) to the audience.

Please complete the following tasks no later than Wednesday, August 9, 2023:

- The title of your presentation
- Three (3) measurable Objectives
- A draft of your PowerPoint presentation
- Current CV or Resumé
- Sign the Authorization for Visual and Audio Reproduction form attached. (This can be faxed to me @ 501-661-2388 or signed electronically and emailed.)
- Financial Disclosure Form: Please go to https://uams.cloud-cme.com/Form.aspx?FormID=478 and complete the form as directed.

The final version of your presentation is due no later than 4:00 p.m. on Tuesday, August 15th

Should you have any questions or concerns about the information presented above, please feel free to contact me, Yasmeen Smith, at 501-661-2882 or via e-mail at Yasmeen.smith@arkansas.gov.
Thank you so much for agreeing to participate in this presentation and activity.

Many thanks for all your continued help,

Yasmeen Smith
Arkansas Department of Health

- Home
- About ADH
- Grand Rounds

ADH GRAND ROUNDS

Grand Rounds sessions will be held from 8-9 a.m. on the 1st and 3rd Thursday of each month. These will include a combination of in-person seating in the Dr. Joseph H. Bates Professional Education Auditorium at the Arkansas Department of Health and virtually via Zoom.

Continuing education is only available for live sessions.

In-person: Dr. Joseph H. Bates Professional Education Auditorium at 4815 W. Markham Street, Little Rock, AR 72205.

Auditorium seating is open. But, to protect yourself and others, please consider your vaccination status and the potential need to wear a mask.

- Zoom Access

Public Health Grand Rounds is jointly sponsored by the Arkansas Department of Health, the Fay Boozman College of Public Health at the University of Arkansas for Medical Sciences, and the Arkansas Center for Health Improvement (ACHI).

You can obtain a copy of your transcript at https://uams.cloud-cme.com/.

- CloudCME Troubleshooting
- Attendance via SMS Texting
- Creating a CloudCME Account
- How to Sign in to your CloudCME Account

CHEC Credit: To claim Category I CECH hours for CHES/MCHES, e-mail Deborah.Landers@arkansas.gov to request the evaluation form. Evaluation needs to be completed and returned before the certificate is sent.

- Public Health Grand Rounds Accreditation Details

Upcoming Presentations

Date	Presenter *(presenters are subject to change)*	Topic
December 7	Katie Seely, PhD, HCLD (ABB) Director, Glen F. Baker Public Health Laboratory	Unusual Samples: How the Public Health Laboratory Answers the Question “What is it?”

Past Presentations

Date	Topic
November 16	Implementation Science in Community-Based Intervention: Active Studies at the Arkansas Children's Nutrition Center | Taren Swindle, PhD. Associate Professor, Family and Preventive Medicine, UAMS
November 2	Antimicrobial Resistance: The Global Scale and US Experience | Payal K. Patel MD, MPH, FIDSA System-Wide Medical Director of Antimicrobial Stewardship, Associate Professor, Intermountain Health
October 19	The United States Supreme Court and Public Health: Review of Recent Terms and Predictions for the 29-23-24 Term and Beyond | Kevin Ryan, JD Associate Professor and Associate Dean, College of Public Health, UAMS Faculty Member, William H. Bowen School of Law, UALR
October 5	20th Anniversary of Act 1220 History and Current State of Childhood Obesity in Arkansas | Anthony Goudie, PhD, Associate Professor, College of Public Health, UAMS
September 21	Let’s Talk About It: Suicide in Arkansas | Austin Porter III, DrPH, MPH, Deputy Chief Science Officer at ADH and Susie Reece, SPRC Director of Lived Experience
September 7	Arkansas Center for Health Improvement’s 25th Anniversary | Joseph W. Thompson, MD, MPH | President & Chief Executive Office Arkansas Center for Health Improvement
August 17	Diabesity 101 | Dinesh Edem, MD | Assistant Professor of Endocrinology, Director of UAMS Medical Weight Management Program
August 3	Strategies to Enhance Communication and Language Access: Opportunities for Optimal Health | Suzanna Reiss-Koncar, MPH, CHI™ | Health Care Interpreter and Language Access Educator
July 20	POLST: Understanding Physician Orders for Life-Sustaining Treatment in AR | Sarah Harrington, MD, FAAHPM, Professor of Medicine & Director, Division of Palliative Medicine at UAMS | David E. Smith, MD, Director, Palliative Care at Baptist Health Medical Center
July 6	What You Do Matters: Simple System Changes Lead to Big Healthcare Impacts | Jerrilyn Jones, MD, MPH | Medical Director, Health Preparedness & Response Branch at ADH
June 15	Blunt Smoking and Tobacco Product Use: Cigarettes, E-Cigarettes, and Cigars | Brian J. Fairman, Ph.D. | Assistant Professor, Department of Epidemiology at UAMS
June 1	Maternal Mortality-Maternal Health | William W. Greenfield, MD, MBA, FACOG | Medical Director, Family Health Branch, Center for Health Advancement
May 18	A Surgeon’s Perspective on Acute Pain Management During the Opioid Epidemic | Kyle Kalkwarf, MD, FACS | Assistant Professor, General Surgery at UAMS
May 11	Tuberculosis Transmission in Arkansas 2009-2022, How Do We Get to Tuberculosis Elimination | Charles T. Bedell, MPH, MD | DrPH

62° 59° 65°

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UAMS gives nutrition tips for long-term health in the new year

by Cayla Christian
Mon, January 9th 2023, 2:26 AM CST

As we kick off the new year many Arkansans are looking to live a healthier lifestyle in 2023. UAMS is offering ways to help you stick to your resolution through nutrition. (KATV: File Photo)

Little Rock (KATV) — As we kick off the new year many Arkansans are looking to live a healthier lifestyle in 2023. UAMS has offered ways to help you stick to your resolution through nutrition.

According to Dr. Dinesh Edem, Endocrinologist, and Director of UAMS's Medical Weight Management Clinic, to be successful each person should find diet plans that incorporate items that are catered toward their desires in order to make health prioritization something sustainable long-term. Establishing attainable goals is also encouraged.

"First of all, you should understand why you're doing it like... What is the motivator behind losing weight? Because obviously number one should be their health then should be cosmetic issues. The other is improved mobility functionality," Edem said.

Edem said a healthy amount of weight loss without medication is 2-4 pounds monthly, averaging 1/2 to one pound per week.

Promoted Links

The goal is to eat when you are hungry and sto
hindering our progress.

"There are two concepts that you need to unde
called cravings. Cravings mean wanting someth
salt and you have previous experiences with foods that make you happy.

Eating in a calorie deficit is important when it comes to weight loss meaning burning more calories a day than you're consuming. It is encouraged to do this at a healthy pace and with foods that will keep you on track.

According to a 2021 Trust for America's Health report, Arkansas ranked 9th highest state for obesity across the country... Edem offered these steps to put your lifestyle change in motion.

"I always tell my patients it's mostly behavior and mindset. Next is a good nutrition plan which is low-calorie. Next is activity, not just exercise but just walking around doing chores taking the stairs. Next comes medications. You know there are really good medications out there for weight loss," Edem said.

Professionals suggest that getting off track won't ruin your progress if you pick it back up soon after, which is why finding a method catered to your needs is important.

UAMS does suggest consulting your health care provider to find the most effective solution for your body and lifestyle.

According to Dr. Edem, many plans can be successful long term if you avoid diet trends, and quick fixes but if your body mass index is still over 40 after taking these steps, you could be an eligible candidate for weight loss surgery.

For more information on weight management click here.

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Doctor panel discussions covering topics to help improve your quality of life

10 - 10:30 a.m.

Dr. Purushottam B. Thapa
Being a Good Friend to Ourself: Mindful Self-Compassion

10:30 - 11 a.m.

Dr. Mohammed M. Moursi
Things You Need to Know About Carotid Artery Disease

11 - 11:30 a.m.

Dr. Dinesh L. Edem
Preventing and Treating Weight Related Complications

11:30 a.m. - Noon

Dr. Jeanne Y. Wei
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UAMS employees and students volunteered at the Health & Wellness Expo. UAMS sponsored the event, which was presented by the Arkansas Democrat-Gazette.

UAMS-Sponsored Health & Wellness Expo Draws Hundreds

By Linda Haymes

Sept. 30, 2022 | The Annual Health & Wellness Expo, held Sept. 24 at the Statehouse Convention Center in downtown Little Rock, drew nearly 500 Arkansans for the half-day event.

The annual event, sponsored by UAMS Health and presented by the *Arkansas Democrat-Gazette*, offered free health screenings and 30-minute presentations from UAMS physicians.

UAMS staff and students performed about 100 blood pressure and heart rate screenings during the expo.

UAMS staff and students performed about 100 blood pressure and heart rate screenings and another 100 blood glucose checks.

Geriatricians from the UAMS Donald W. Reynolds Institute on Aging provided free consultations at the "Ask the Doctor" booths.

The UAMS medical specialties and services represented at the Expo with booths included the Vascular Center, the Donald W. Reynolds Institute on Aging, the Heart Center, AR ConnectNow mental health treatment program, UAMS Adult Sickle Cell Clinical Program, TeleSANE sexual assault care program and the ARresearch Registry with the UAMS Translational Research Institute.

The MammoVan was on site to teach attendees about it, and an inflatable Mini Brain model display attracted those present to learn more about stroke and other brain injuries and disorders.

Speakers from UAMS included Purushottam B. Thapa, M.D., director of the UAMS Mindfulness Program who shared information about mindful self-compassion; Mohammed Moursi, M.D., UAMS' chief of vascular surgery who spoke about carotid artery disease; Dinesh Edem, M.D., an endocrinologist and director of the UAMS Medical Weight Management program who discussed how to prevent and treat weight-related complications; and Jeanne Y. Wei, M.D., Ph.D., director of the Donald W. Reynolds Institute on Aging who shared tips for aging well.

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Endocrinologist Dinesh Edem, M.D., director of the UAMS Medical Weight Management program, discusses how to prevent and treat weight-related complications.

UAMS News

NEWS

TikTok Is Obsessed With Brazil Nuts—But Are They Really That Good for You?

By Sherri Gordon Published on March 21, 2023

Fact checked by Nick Blackmer

FAST FACTS

- Recent social media trends are boosting Brazil nuts' popularity.
- The nuts are nutrient-dense and rich in selenium. [1]
- Experts recommend sticking to the proper serving size of Brazil nuts, as too many can lead to excess selenium.

Brazil nuts are experiencing a boom in popularity in the wellness space, with videos boasting the food's health benefits garnering upwards of 4.2 million views on TikTok.

Packed with a ton of vitamins and minerals, it is not surprising that they are growing in popularity. They make a quick and nutritious snack that can

from fiction.

Experts share everything you need to know about Brazil nuts—including how you can add them to your diet, why you shouldn't overdo it, and whether or not you need to "activate" them by soaking them in water.

GETTY IMAGES / HANDMADEPICTURES

What's in Brazil Nuts?

Originating in the Amazon rainforest, Brazil nuts are shaped similarly to a kidney bean with a hard outer shell and a creamy, buttery inner seed or nut. Not only are they large and nutrient-dense, but they also are rich in selenium, which is largely due to the complex soil of the Amazon River. [1]

How and Why to Plan an Active Vacation

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"The soil content of selenium in the Amazon River basin is very high, which results in higher selenium in Brazil nuts—around 400 times more than any other nut," explained Dinesh Edem, MD, an endocrinologist specializing in obesity management, thyroid disorders, and diabetes and director of the Weight-Loss Clinic at the University of Arkansas for Medical Sciences. "This gives Brazil nuts the unique benefit of improving health by improving selenium levels."

Brazil nuts also are an excellent source of other minerals, as well as protein and fiber, but are mostly fat, added Kristine Dilley, RDN, CSOWM, LD a registered dietitian at The Ohio State University Wexner Medical Center.

"These [healthy] unsaturated fats and fiber in Brazil nuts are staple recommendations for improved heart health," she noted. "However, the high fat content also makes these nuts very calorically dense, so it is important to watch portion sizes when consuming Brazil nuts."

A serving of Brazil nuts (about two whole Brazil nuts) can offer nearly 1 gram of fiber and close to 2 grams of protein, depending on the brand and

Benefits of Selenium

The Brazil nut's selenium makeup is primarily discussed in reference to the thyroid hormones.

"Selenium is an antioxidant and mineral that is important for the immune system and thyroid health, especially in the conversion of T4 thyroid hormone to active T3 thyroid hormone. It can also be helpful in lowering TPO antibodies found in most cases of Hashimoto's disease," explained Lindsay O'Reilly, RD, a registered dietitian who specializes in treating people with thyroid conditions.

If you are considering Brazil nuts for help with a thyroid condition, it is important to remember that not only is selenium deficiency rare in the United States, but improving your thyroid health extends well beyond Brazil nut consumption, said Melissa Loseke, DO, PhD, an expert in hormonal health and a medical advisor for Joi Women's Wellness.

"Improving true thyroid health requires looking at overall gut health, cortisol levels, and glucose or insulin regulation," Dr. Loseke continued. "The thought that adequate amounts of Brazil nuts or adding them to your daily, regular diet will correct your thyroid dysfunction, would only be looking at one piece of the whole puzzle."

Dr. Loseke also noted that selenium goes beyond thyroid health, and can possibly reduce inflammation in the body and decreases oxidative stress, which if unbalanced can lead to cellular damage.[1] "Brazil nuts, which also contain ellagic acid, can in combination with the selenium present, increase antioxidants leading to a decrease in neuro-inflammatory conditions such as Alzheimer's."

Dr. Edem agreed, "by improving antioxidant function and inflammation they [Brazil nuts] also can reduce risk of chronic diseases."[3]

Possible Risks of Brazil Nuts

While Brazil nuts can be beneficial to your overall health, this is definitely one case where more is not better, warned Dilley. “If you want to consume Brazil nuts, buy them in small quantities and use them less than daily to prevent excess selenium intake.”

Overconsuming Brazil nuts pose a number of health risks, such as selenium toxicity. This might look like diarrhea, nausea, a metallic taste in the mouth, and hair loss among other symptoms, explained O’Reilly. According to the National Institutes of Health Office of Dietary Supplements, extremely high intakes of selenium can cause tremors, kidney failure, heart attacks, and heart failure. [1]

“There really is no recommended intake of Brazil nuts,” O’Reilly added. “But you’ll most commonly see one to three Brazil nuts daily or a few times a week when a recommendation is made.”

The recommended dietary intake (RDI) of selenium for a healthy adult is 55 mcg, said Dilley. To put that in perspective, six to eight Brazil nuts provide 544 mcg or 989% of the daily value, which exceeds tolerable intake levels for selenium. [1]

Dr. Edem pointed out that the soil where Brazil nuts grow also can potentially have soil contaminants like barium. “This means they can have two to three times the amount of barium compared to cashews, peanuts, and walnuts.” [4]

However, he added that studies are mixed on how barium in Brazil nuts can impact individuals. [4] But the potential for these contaminants may be yet another reason to limit your intake.

“Activating” Brazil Nuts

Activating Brazil nuts in water or salt water has become a popular trend based on the belief that doing so makes them more digestible, increases the bioavailability of their nutrients, and deactivates enzyme inhibitors.

“But most of the data suggests that in doing so you can turn a relatively healthy snack into a more unhealthy version,” clarified Dr. Loseke. “Whether you soak them or not, they are generally well-tolerated in the gut.”

Soaking foods is supported for things like beans, legumes, grains, or seeds, but scientific studies that have evaluated these soaking methods for nuts have shown only minimal reduction of phytate or sometimes even small increases in phytate content of the nuts tested, Dilley explained.

Adding Brazil Nuts to a Balanced Diet

“The ‘start low and go slow’ approach is always a simple and easy way to start,” suggested Dr. Loseke. “You can add just one Brazil nut a day to your diet with a meal of your choice, but it would be recommended to not exceed more than three in a day. Selenium intake should be limited to 400 mcg per day, with each Brazil nut containing between 70 to 100 mcg.”

When preparing Brazil nuts, you can eat them raw or roast them in the oven, Dilley explained. “Chopping Brazil nuts and adding them to a salad or stir-fry is a great way to add some flavor while still watching the portion size.”

The kernel and the skin have a lot of phytochemicals that have positive antioxidant effects, Dr. Edem added. “Roasted brazil nuts have more flavor,

Before adding them to your diet, it is always best to talk to a healthcare provider. It also may be helpful to get a blood test to check your selenium levels—especially if you are concerned your levels are low. A healthcare provider can advise you on whether Brazil nuts are right for you—and how much you should eat per day—given your medical history and nutritional needs.

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State's obesity rate a reflection of U.S.

Experts: Downward trend misleading

October 10, 2023 at 12:00 a.m.

by Tony Holt

Arkansas saw its obesity rate dip and its national ranking among the fattest states drop -- but those perceived improvements are being met by muted applause among health professionals across the state.

To them, Arkansas is still in dire straits when it comes to the obesity crisis.

The latest State of Obesity figures from Trust for America's Health were released last month, and at first glance Arkansas appears to be trending in the desired direction, with a 1.3% year-over-year decrease in its obesity rate from 2021 to 2022 and dropping from sixth to a tie for 12th as the country's most obese state.

Dr. Dinesh Edem, director of the Medical Weight Management Program and assistant professor of endocrinology at the University of Arkansas for Medical Sciences, said the proper conclusion to draw from the report is that Arkansas'

obesity crisis hasn't really tapered and its rankings have only gone down because other states are showing steep increases in obesity.

He pointed out that the latest statistics only prove that Arkansas is no longer an outlier. The state's obesity numbers are still staggering.

"The obesity problem in this country is multifactorial, and none of it is improving," Edem said.

Arkansas' year-to-year reduction from a 38.7% adult obesity rate in 2021 to 37.4% is still within the margin of error, according to the Arkansas Center for Health Improvement, or ACHI.

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Dr. Joe Thompson, the president and CEO of ACHI, said the latest report "should be interpreted with caution" because there are no clear signs of improvement.

"While more states fared worse than we, our statistics have not substantively changed," Thompson said. "A decade ago, no state had an adult obesity rate at or above 35%, and now Arkansas is among 22 states with obesity levels that high, up from 19 states in the previous year. The takeaway for Arkansas is that we continue to have one of the worst adult obesity rates in the nation."

Among all 50 states and the District of Columbia, Arkansas is tied with Iowa for the 12th-highest obesity rate in the country, according to the annual report.

The annual State of Obesity report relies on 2022 data collected by the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System. It aims to identify trends at the state and national levels in the pursuit of improved public health, according to its website.

Edem pointed out that the data from the Behavioral Risk Factor Surveillance System is collected by calling random people and asking them their age, height and weight and calculating their body mass index. A person is declared obese at 30 BMI or higher. A BMI between 25 and 29.9 is within the overweight range, according to the CDC.

"This is not an accurate way to get obesity numbers," Edem said, adding that Arkansas' obesity problem is likely worse than what is reflected in the report.

That reality that 34.7% of adult Arkansans are obese should still set off alarm bells, Edem said.

"The ideal number would be 0%," he added. "So that's how bad it's gotten."

CAUSES FOR OBESITY

"The country is headed in the wrong direction," Edem said. "In 1999, the national obesity rate was 30%. … By 2030, it's expected to be 50%."

Like Edem, his colleagues in the field of obesity treatment and prevention describe obesity as a multifactorial disease.

Dr. Bala Simon, the deputy chief medical officer at the Arkansas Department of Health, said various factors influence what people eat, how much they eat and how much they exercise. The latter is significant because not only does exercise help a person maintain their weight, but perhaps more importantly, it improves mental health as much as physical health, he said.

As many medical professionals have concluded, a sedentary lifestyle puts people on the fast track toward obesity.

"It's true that one cannot outrun a bad diet, but there is no question that physical activity has enormous benefits," Simon said. "One of those benefits is that

exercise helps with mental health. The losing-weight benefit may not even be in the top five when it comes to exercise.

"People use food as a coping mechanism. Exercise should be the coping mechanism. It increases blood circulation. It's good for bones and joints. It creates a positive sense of well-being in addition to preventing weight gain," he added.

A point that was emphasized in the State of Obesity report, and echoed by ACHI, is that the decades-long shift in the United States to a more sedentary lifestyle coupled with rising food consumption -- with the food itself having far less nutritional value -- is adding fuel to the already-raging fire.

Higher-calorie and carbohydrate-dense foods are regularly advertised to people, and the food options at so many major intersections offer mostly unhealthy snacks and meals, experts have said.

"We spend more time in cars and in front of screens and less time being physically active compared to previous generations of Americans," Thompson said. "We've also shifted our diet to include more super-sized restaurant meals, processed foods and sugary snacks and drinks."

Edem made the point that such foods are more accessible and cheaper than healthier foods.

"Foods that are processed are profitable," Edem said. "You can make foods really cheap if you use high-fructose corn syrup, which is found in a lot of our foods."

YOUTH OBESITY

The outlook gets even bleaker when it shifts to youth obesity.

The State of Obesity report states that obesity has been increasing among children for decades. From the period of time between 1976 and 1980 to the

period between 2017 and 2020, obesity rates for children ages 2-19 more than tripled, from 5.5 to 19.7%.

Additionally, Black and Hispanic youths had higher rates of obesity compared to their Asian and white counterparts. Nine percent of Asian youths are considered obese and 16.6% of white youths are obese. The obesity rate for Black and Hispanic youths, by comparison, are 24.8% and 26.2%, respectively, according to the report.

In Arkansas, the percentage of children ages 10-17 who are obese or overweight is 35.7%. So more than one out of three in that age group are above a desired weight, the report stated.

"These kids go on to become adults with obesity, and it just keeps worsening," Edem said.

Low-income families turn to cheaper alternatives to feed their children, and for the most part, those food choices contribute to the rise in obesity.

"Arkansas is both a state with high levels of poverty and one with many areas that lack access to grocery stores," Thompson said. He referred to those areas as food deserts.

"Students have shown that food insecurity can contribute to obesity," he continued. "People who live in food deserts and have limited access to transportation are likely to rely for their food purchases on local convenience stores, which tend not to stock many healthy foods such as fresh produce. … When you have limited resources to buy food with, a cheap fast-food meal can look like the best option, but for your long-term health, it's not."

ADDRESSING THE PROBLEM

Arkansas legislators made a significant move in 1997 to address the obesity problem in Arkansas, particularly among children.

Anthony Goudie, an assistant professor at the Fay Boozman College of Public Health at UAMS, gave a presentation Monday outlining what Arkansas did more than a quarter-century ago to tackle the persistent problem of youth weight gain. His presentation was part of the Grand Rounds series held by the state's health department.

The "preemptive action" that state lawmakers took on in 1997 to gather data and come up with a science-based solution to address obesity resulted in Act 1220, which was passed in 2003 by the Arkansas Legislature and signed into law by then-Gov. Mike Huckabee, who himself had lost more than 100 pounds through improved diet and physical activity.

One of the key components of Act 1220 was annual BMI screenings for all public school students, with the results being sent to parents.

Changes were made in 2007 that "diminished the full potential" of the BMI data collection after a number of parents objected due to the ongoing worry over stigmatizing overweight and obese students, Goudie said. Since then, children started getting screened every other year. If a student was absent the day of a screening, that child would have a four-year gap in between BMI measures, he said.

Since those changes to Act 1220, obesity among Arkansas students has increased more sharply, according to statistics.

"Forward momentum was not lost in the surveillance of BMI among public school children, but it impacted the precision in which researchers could try and find, and assess, timely interventions to tackle the child obesity problem," Goudie said.

Simon said the "quantifiable point of no return" for the obesity crisis is when "the health-care system breaks down." Obesity, he said, leads to heart disease, diabetes, hypertension, strokes and cancer -- all of which are dangerous and costly health conditions. The worse the epidemic, the greater the likelihood that the system won't have the means to treat everyone who is sick and dying.

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Arkansas bill aims to provide healthier foods options for people

by: Rebecca Brown
Posted: Mar 16, 2023 / 06:32 PM CDT
Updated: Mar 16, 2023 / 06:56 PM CDT

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FAYETTEVILLE, Ark. (KNWA/KFTA) — Arkansas lawmakers have filed a bill that would provide access to healthier food options for more Arkansans.

House Bill 1645 would provide financial incentives to retailers that increase this access to affordable healthy foods for underserved communities.

Dr. Dinesh Edem, a weight loss physician at the University of Arkansas Medical Sciences, says Arkansas is consistently in the top five worst states for obesity.

“Around 39% of Arkansas adults — they’re in the obesity category, and the number is just increasing every year,” Edem said.

Edem says obesity is caused by a number of things, but one factor can be that person’s socioeconomic status.

“The weight is going up, especially in the industrialized countries and especially where the balance of money has shifted, where the patients who cannot afford that much are having access to these high-energy foods,” Edem said.

Democrat State Rep. Tippi McCullough filed House Bill 1645 to present a healthier food choice closer to a person’s home.

“We have areas that don’t have access to these types of foods, and so it’s not specific to anywhere. But what we really want to try to do is to work all over the state to try to solve this problem,” McCullough said.

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McCullough says there will be a lot of options presented to private sectors to make this a new reality for people to afford healthier foods.

“Whether that’s loans or there’s a multitude of ways that we can try to help people be able to make this become a reality financially, it’s not necessarily a big chunk of money given from the state. There are lots of options for ways to create that money, and by using public and maybe private and all kinds of community resources,” McCullough said.

McCullough says the bill is an effort to give Arkansans a choice to eat healthier locally.

“It could be a big grocery store, or it could be even a small convenience store with a certain section that’s trying to make sure that there’s some fresh, affordable food. It could be farmer’s market-related. That’s why we try not to limit it to any one or two things. Tried to make it where communities could be as creative as they needed to be,” McCullough said.

McCullough says House Bill 1645 will be presented to the Senate Committee of Agriculture and Economic Development within the next two weeks.

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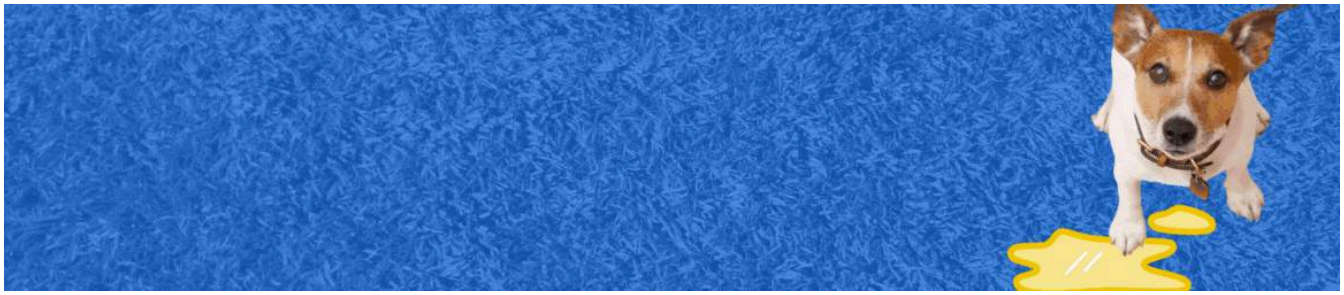

A New Way To Lose: The Pros And Cons Of The New Prescription Weight-Loss Drugs

Posted by Todd Traub | Sep 29, 2023 | Health, Health Care, Magazine | 0 |

People have been trying to lose weight for years, and if history is a guide, they will try just about anything to make it happen.

A sampling of the lineup of past fad diets includes some dubious recommendations such as the Cigarette Diet of the 1920s (just smoke when you are hungry), the Chewing Diet of 1903 (chew 32 times and spit out what is left), the Avoiding Swamps Diet of the early 1700s (just avoid living near swamps), the Cotton Ball Diet (a dangerous concept

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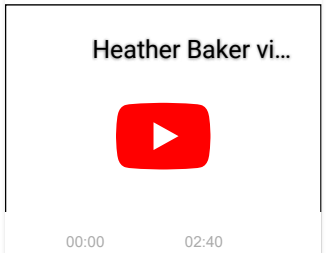
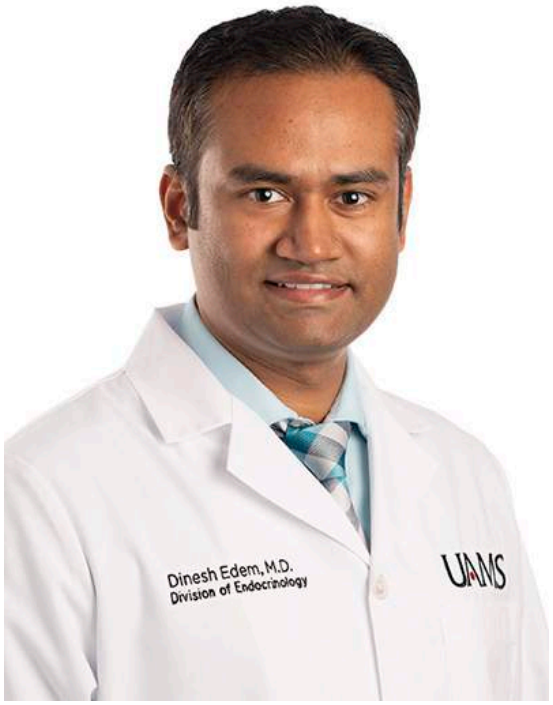


Cayden Parker for Northwoods

involving eating cotton balls dipped in liquid) and the Drinking Man's Diet of the 1960s, copies of which are still available on Amazon.

Maybe it tracks that the current spate of popular weight loss drugs led by Ozempic and Wegovy have their origins in lizard spit. More on that in a minute.

With observable, measurable results and Food and Drug Administration approval, the drugs, originally designed to help treat diabetes, have exploded in popularity thanks to an assist from celebrities who tout their effects.



Dinesh Edem

"This has been called a Hollywood drug because it makes you lose weight, and in Hollywood or the East Hamptons, they have this image of being in the normal [body mass index] range," said endocrinologist Dinesh Edem, an assistant professor at the University of Arkansas for Medical Science Division of Endocrinology and Metabolism and director of the hospital's weight-loss clinic.

"In case they gain weight, instead of doing the hard work like in lifestyle, they fall back on these medicines to stay in shape when they're not obese to begin with."

The FDA approved Ozempic for people with Type 2 diabetes in 2017 and approved Wegovy for those with obesity or who are overweight and have additional health problems in 2021.The Wegovy approval marked the first time since 2014 that federal health authorities approved a new weight-loss drug.

Both Wegovy and Ozempic are forms of the drug semaglutide, of the drug class glucagon-like peptide (GLP-1) agonists. GLP-1 is a hormone that causes the body to produce more insulin to make a person feel full, but the FDA approved them for different indications and dosages.

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Eric Paul

"I think three to five years from now, it might be a very different picture, but right now, it seems to be working well for people as an adjunct to what I do," said Eric Paul, a bariatric surgery specialist with the Baptist Health Bariatric Center-Little Rock.

Paul approaches obesity primarily from the surgical side, while Edem's approach is through medication. They refer patients to each other, and each makes lifestyle recommendations part of the process.

The doctors agree that drugs like Ozempic and Wegovy, taken by injection, are useful in treating obesity and that they do work safely as weight-loss drugs of choice.

"It's very different from the other types of weight-loss drugs we've been using forever, like Adipex, which are basically amphetamine driven and falsely speed up your metabolism," Paul said. "Theoretically, you're only supposed to be able to use those for a short period of time due to cardiac side effects."

It is never the drugs alone that cause weight loss, Edem said. Diet, exercise and other lifestyle choices must be included.

"I have made patients lose 100 pounds of weight in eight months with these low-dose medicines," he said. "It's not just medicines. It's a whole host of things other people have to do."

So how did such drugs come on the scene and earn their popularity?

"It started 15 years ago," Edem said. "There's a lizard called gila monsters, which will go into hibernation for months, and the scientists were like, 'Why is this animal not eating?' They did some saliva tests and found elevated levels of GLP-1."

From the lizard saliva, a synthetic GLP-1 medicine was formed.

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"When you inject it, it suppresses your hunger and appetite in the brain," Edem said. "Next, it slows down your stomach so you don't get your hunger pangs. If you eat half the food you did earlier, you feel full."

Weighty matters

Long-term use (more than 12 weeks) of Ozempic or Wegovy can lead to major weight loss. The combination of weight-loss medicine and lifestyle changes leads to greater weight loss than just attempting lifestyle changes alone.

Taking the drugs for a year can lead to a loss of total body weight of 3 percent to 12 percent, more than what people can lose by just working out and changing their eating habits. Losing 5 percent to 10 percent of total body weight can have health benefits such as lowered blood pressure, blood sugar levels and levels of triglycerides, or fats, in the blood.

A physician may recommend a weight-loss drug for those who have not managed to lose weight using a combination of diet and exercise if their BMI is greater than 30 (obesity) or their BMI is greater than 27 and they have a medical problem linked to obesity, such as diabetes or high blood pressure.

Patients should consult with their health care providers about their medical histories and health challenges and go over the pros and cons of weight-loss drugs. They should not be used if a person is pregnant, breastfeeding or trying to get pregnant.

In the U.S., about 70 percent of adults are obese or overweight, which can lead to health problems that put them at increased risk for heart disease, stroke, diabetes and some types of cancer.

A BMI of 25 to 30 falls within the overweight range. Someone whose BMI is 30 or higher is considered obese. Obesity is subdivided into Class 1 (BMI of 30 to 35), Class 2 (BMI of 35 to 40) and Class 3, sometimes categorized as "severe" (BMI of 40 or higher).

Arkansas' rate of obesity has bounced up and down in recent years but has stubbornly remained in the top rankings of the most obese states in America. With 38.7 percent of the population classified as obese, Arkansas is currently No. 6, according to data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. Previously, the state was No. 9 at 36.4 percent.

"Obesity is truly a disease, and the obese populations, their brain chemistry acts different with them, their balances are different," Paul said.

Celebs and supply

As Edem noted, Ozempic and Wevogy have gained popularity and publicity thanks to the celebrity crowd. Jimmy Kimmel made an Ozempic joke at the Academy Awards, and Elon Musk has tweeted about it.

In fact, a number of celebrities have advised caution, saying they tried the drugs and stopped because of side effects such as nausea or that they do not personally use them but would not criticize those who did.

Still, with stars like Tracy Morgan, Sharon Osbourne and Real Housewife Lauren Manzo talking them up, the weight loss drugs have grown in popularity and demand, so much so that they might not be available for people who are truly obese.

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"They're to the point where people who actually need them for their diabetes are having a hard time getting them," Paul said. "The drug makers are doing their best to keep up the supply."

Much of the public discussion is dominated by people with money, and for the wealthy, cost is not an issue, but for the bulk of the national population, and within the state, there are cost and availability issues.

Edem noted that Arkansas' high national obesity rank means there is a great demand for weight-loss treatment. Second, Edem said, there are not many providers for the number of patients suffering from obesity. "There is a patient-physician disparity," he said.

Third, he added, the popularity of weight-loss drugs around the country has put a strain on supply chains, especially in Arkansas, which does not have that many resources. That is rough for patients who may start the drug, then cannot get it for one or two months and have to start over again.

"This creates supply chain [problems] for actual diabetics who need to lose this weight," Edem said, "so there are significant disparities."

Using Ozempic or Wegovy without insurance coverage can cost more than $15,000 a year, which is problematic for doctors and patients, especially in Arkansas. Both physicians noted that employer insurance rarely, if ever, covers weight-loss drug prescriptions.

"The way we practice here in Arkansas is much different from other states, and other states' insurance has made it easy to approve these types of drugs," Paul said. "We'll send out 20 referrals to insurance, and maybe only one will get accepted."

Insurance protocols differ from state to state, Paul said, explaining that his hospital tries to do "a lot of things" with Arkansas Medicaid, but insurance can be a struggle.

"We have to fight with them a lot for everything we can do," he said. "At Baptist, we try to serve an underserved population. We do take Medicaid and Medicare, but it's becoming more difficult to do that because they just don't reimburse, and the hospital is losing money every time we try to help these people that need operations and medications."

Causes and effects

So what is the good and the potentially bad in pursuing weight loss through the use of medicines like Ozempic and Wegovy?

The good, Edem said, is they suppress a person's natural biology of hunger and appetite.

"You eat less food," he said. "You think less about eating food, and you can be in a significant calorie deficit. So people that have lost weight, they reduce the quantity of foods and change to better quality of foods."

However, Edem noted, without exercise that uses weights or muscle-strengthening exercises, the medicines can cost a person 30 percent to 40 percent of weight in muscle loss, while 60 percent to 65 percent will be fat.

If a person loses weight with the drugs, they will probably need to keep taking them, as those who quit Ozempic or Wegovy often regain weight quickly, something Paul said has not been stressed enough to the public.

"For people who need to lose 30 pounds or so, it can be effective," he said. "I don't know, for people who are just jumping on the bandwagon, if they understand that they have to take it forever. There is a significant weight gain when they come off the drug. I don't think that's been portrayed."

Side effects, while not necessarily widespread, most commonly include gastrointestinal problems. In clinical trials, patients have experienced nausea, diarrhea, vomiting, constipation, abdominal pain, headaches, fatigue, indigestion, dizziness, bloating and gas. Edem said around 10 percent to 15 percent of patients experience side effects and of those 30 percent to 40 percent are nausea.

"Your stomach slows down and your acid comes up," he added.

In 10 percent to 15 percent of patients, there may be vomiting, Edem said. Some can experience abdominal pain or constipation.

"That's why we start with the lower dose and start it up slowly, a month or two. Then you go up in the dose," Edem said, "and you go up only if you don't have side effects. If you have side effects, you don't go up."

There are medicines for suppressing nausea and treating constipation such as Zofran and stool softeners that can mitigate side effects for the most part.

"Rarely, if ever, do my patients stop these medicines because of side effects," Edem said.

Patients with pancreatitis or a family history of medullary pattern cancers should not use the drugs, Edem said.

CNN ran a story about stomach paralysis as a side effect, Edem said, adding that sometimes the most extreme side-effect cases make it into the news.

"I've had zero cases of permanent paralysis of the stomach," he said. "Medicine doesn't work that way. These are temporary. The symptom goes away in 10 days. … If the medicines are not tolerable to you, you change the class of medicine."

Edem warned against shady operators such as medical spas that provide non-FDA-approved compounded semaglutide without knowing about potential side effects, which has resulted in some of the negative stories.

Down the road

Ultimately there are more benefits than detriments if weight-loss drugs are used properly under a physician's care, Edem said.

"For the most part, these medicines have played a very positive role in weight loss for people who take them," he said. "Many of them have gone on to reduce their diabetes, reduce their hypertension."

It will take several years to really understand the long-term effects of the drugs, Edem said, because not enough time has passed and there are no studies as of yet.

"We are still learning about the side effects from the general population," he said. "We do not know what happens if patients take this more than 10 years."

That said, he added, the outlook is fairly positive, and the drugs and our knowledge will only improve with time.

"So far, I don't think we will have any permanent side effects," Edem said. "These drugs will be studied more and more in the future. More and more classes of drugs will come up which do similar things, or even better."

The important thing is for patients to continue working and consulting with their doctors, follow their advice and work within guidelines.

"My goal is when you reach your weight goal, I stop these medicines, and if you're regaining the weight, which happens sometimes, we restart the medicines," Edem said. "I give them a soft landing with other medicines and lifestyle so they don't regain the weight."

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UAMS' Emir Tas, M.D., (left) leads a table discussion about fatty liver disease and the benefits of high-intensity interval training. ***Image by Diane McKinstry***

Arkansas Undergraduates 'Speed Date' with Research at UAMS Obesity and Diabetes Workshop

By Seth Hooker

June 9, 2022 | The University of Arkansas for Medical Sciences (UAMS) presented undergraduate students with an opportunity to learn more about obesity and diabetes at a uniquely structured workshop May 25.

The workshop, hosted by Arkansas INBRE (IDeA Network of Biomedical Research Excellence), was attended by 15 students from around the state. There were presentations from seven UAMS researchers, five of which were carried out in a rotating, small group format with each presentation taking 20 minutes.

Elisabet Borsheim, Ph.D., (right) presents in one of the small-group discussions.

"Being able to talk to the various experts face to face, rather than just sitting in a big lecture hall, really helps you understand the material," one of the attendees said.

The Arkansas INBRE program fosters interest in research science careers in colleges and universities around the state. It is funded by the Institutional Development Award (IDeA) Program of the National Institutes of Health (NIH), a program created to expand geographic distribution of NIH funding for biomedical and behavioral research.

Arkansas INBRE is directed by Lawrence Cornett, Ph.D., a distinguished professor in the College of Medicine Department of Physiology and Cell Biology at UAMS. Thomas Kelly, Ph.D., who serves as the program's Primarily Undergraduate Institution liaison, organized the workshop. He is associate director

for Cancer Research Training and Education at the UAMS Winthrop P. Rockefeller Cancer Institute and professor in the College of Medicine Department of Pathology.

Joseph Henske, M.D., was among the seven UAMS faculty who presented at the workshop.

The workshop highlighted the unique approaches of UAMS researchers in combatting obesity and diabetes. The researchers represented the College of Medicine Department of Internal

Medicine, Division of Endocrinology and Metabolism; Department of Neurobiology and Developmental Sciences; and Department of Pediatrics. Researchers also represented the Fay W. Boozman College of Public Health.

The students enjoyed the experience, based on an anonymous survey conducted after the workshop. When asked what the most important thing they learned was, the students' responses included:

- "I didn't know that obesity was such a widespread issue, or how much research and medicine have to work together."
- "I learned about the extensive health problems caused by diabetes and the public policy roadblocks to treat obesity."
- "It was most important to me to get the opportunity to talk to physicians and professionals about their lives and passions. It was eye-opening to see the research at UAMS."

Dinesh Edem, M.D., presents to the 15 students attending the workshop.

Feedback on what was most helpful about the workshop included:

- "The wide array of knowledgeable and kind people."
- "The organization and structure with the rotating groups."
- "Hearing case studies and hearing from a variety of research fields and backgrounds was very helpful for learning more about the opportunities available in the health care field."

In addition to Cornett and Kelly, UAMS faculty who participated in the event were:

- Elisabet Børsheim, Ph.D., professor, College of Medicine Department of Pediatrics
- Dinesh Edem, M.D., assistant professor, College of Medicine Department of Internal Medicine, Division of Endocrinology and Metabolism
- Eva Diaz Fuentes, M.D., assistant professor, College of Medicine Department of Pediatrics

- Joseph Henske, M.D., associate professor, College of Medicine Department of Internal Medicine, Division of Endocrinology and Metabolism
- Lee Ann MacMillan-Crowe, Ph.D., director, Graduate Program in Interdisciplinary Biomedical Sciences
- Tiffany Miles, Ph.D., post-doctoral fellow, College of Medicine Department of Neurobiology and Developmental Sciences

Tiffany Miles, Ph.D., (right) leads a group discussion at the workshop.

- Emir Tas, M.D., assistant professor, College of Medicine Department of Pediatrics
- Michael Thomsen, Ph.D., professor, College of Public Health
- Jerry Ware, Ph.D., professor, College of Medicine Department of Physiology and Cell Biology

LOCAL NEWS

UAMS 'Walk with a Doc' program takes first steps Saturday

by: Bob Clausen
Posted: Jul 7, 2022 / 04:28 PM CDT
Updated: Jul 7, 2022 / 04:28 PM CDT

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LITTLE ROCK, Ark. – This Saturday, Arkansans can move forward toward a healthier lifestyle and get medical questions answered as personal health becomes a step-by-step conversation.

UAMS Dr. Dinesh Edem stopped by KARK 4 News at 4 to discuss Walk with a Doc taking place the first Saturday of each month.

Walk with a Doc begins at War Memorial Stadium at 9 a.m., and with the help of medical student Chynna Denham, will turn towards topics ranging from diabetes to obesity.

The program is free. Masks and social distancing are encouraged.

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Dr. Dinesh Edem discusses the Medical Weight Management program at UAMS, the differences between weight management and weight loss, what can make weight management difficult for patients, and more.

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Experts from the University of Arkansas for Medical Sciences (UAMS) talk about a variety of health topics, providing tips and guidelines to help people lead healthier lives.

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Medical Weight Management Program at UAMS

Dr. Dinesh Edem discusses the Medical Weight Management program at UAMS, the differences between weight management and weight loss, what can make weight management difficult for patients, and more.

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Featured Speaker:

Dinesh Edem, MD

Dinesh Edem, MD is the director of the Medical Weight Management program at UAMS health which will open a clinic in April 2022 at the Financial Center Parkway location. n

Learn more about Dinesh Edem, MD

Transcription:

Evo Terra (Host): Today, we're learning about the medical weight management program at UAMS. Joining us today is Dr. Dinesh Edem, endocrinologist and Director of the Medical Weight Management Clinic. This is UAMS Health Talk, the podcast from the University of Arkansas for Medical Sciences. I'm Evo Terra. Dr. Edem, welcome to the show.

Dr. Dinesh Edem: Thanks so much, Evo. Thanks for having me.

Evo Terra (Host): I'd like to start this by asking you to clarify, if you will, the difference between weight management and weight loss. They sound the same, but I know they're different.

Dr. Dinesh Edem: Yeah. That's a great question, Evo. And often, many people can get

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Medical Weight Management Program at UAMS

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Featured Speaker:

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Evo Terra (Host): Today, we're learning about the medical weight management program at UAMS. Joining us today is Dr. Dinesh Edem, endocrinologist and Director of the Medical Weight Management Clinic. This is UAMS Health Talk, the podcast from the University of Arkansas for Medical Sciences. I'm Evo Terra. Dr. Edem, welcome to the show.

Dr. Dinesh Edem: Thanks so much, Evo. Thanks for having me.

Evo Terra (Host): I'd like to start this by asking you to clarify, if you will, the difference between weight management and weight loss. They sound the same, but I know they're different.

Dr. Dinesh Edem: Yeah. That's a great question, Evo. And often, many people can get confused. When someone talks about weight loss, it seems like you only have to work hard until you lose weight, then you can give up after that. And you've known many people regain that weight once they're off a so-called diet. But the term weight management is much more broad and comprehensive as it involves like the initial weight loss, then weight maintenance or further weight loss, and then managing weight regain. So it involves the understanding of how to lose weight and keep it off for a long time.

Evo Terra (Host): And that's ultimately the goal because you're right, I've been on many of diets and I can shed the pounds quickly and they seem to come back just as quickly, which is always a challenge. Now I know, sir, that you're an endocrinologist. And so perhaps you can help us understand the relationship between our endocrine system and our weight.

Dr. Dinesh Edem: Yes. As endocrinologists, we are supposed to learn nutrition, metabolism and signs of how hormones work and that's part of our job. We also learn about energy balance, resting energy expenditure, and how many daily calories are needed to maintain, lose, or gain weight. So for example, if your body needs like 2000 calories to maintain your weight, and if you eat 1500 calories on an average, then you are in a calorie deficit and then you lose weight. The more the calorie deficit, more the weight loss. Not only that, we as endocrinologists also deal with secondary or hormonal causes of weight gain, like low thyroid, high cortisol or steroid levels, high growth hormone or low testosterone levels. But, you know, these are rare causes of weight gain, and many people think that these are more common than they actually are.

According to Mayo Clinic Precision Medicine Lab, they found out that there are four body types which lead to weight gain. So number one is hungry stomach where you don't feel full, you have to eat more. And next is a hungry brain

where you have cravings, even though your stomach is full, so you end up eating more. Next are the emotional eaters who tend to eat in response to any kind of stress as they're coping mechanisms. And next, finally, there are slow metabolizers where you need to be on an even stricter calorie deficit than other people to lose weight. So there are these four body types. One person can have more than one body type. So there are different treatments available for different body types, and we should pair those treatments according to the body types.

Evo Terra (Host): Excellent insight. I mean, listening to you list off those things, I'm pretty sure I'm a hungry brain. I never really am hungry. But if somebody says, "Would you like some popcorn?" Sure, I'll take some popcorn, and I probably shouldn't do that.

Dr. Dinesh Edem: Right. So, you know, off the record, ideally we should eat when we are hungry and stop when we are full. But these days, because of availability of foods, because of our tongue liking certain foods, we tend to overeat even when we are not hungry. Plus when we are stressed out, we are not thinking too much. We just want to eat something. And we eventually eat a lot of foods that we like, so that's what happens. The nature is set against us. The biology is against us.

Evo Terra (Host): Pesky biology. Well, on this topic, would you say that it's more important for us to pay attention to what we eat or is it more important to spend time thinking about how much we eat?

Dr. Dinesh Edem: You see how much to eat and what to eat is a question that I get frequently. But let me tell you, there is no single diet that is better than the others. Multiple randomized control studies have shown there's no diet better than the other. The only diet plan that works is something which is low in calorie and the one which we can do for a prolonged period of time, so kind of sustainable eating. There are many fad diets and commercial diets in the market, which work in the highly motivated patients for few weeks to months. And then, they go off it and they usually gain the weight back. So I don't recommend these fad diets, like the keto diet, Mediterranean diet, South Beach diet. Number one, they're costly. They're hard to do just by themselves. So it's ideal to actually follow a diet given by a physician who knows what they're doing and do it for a prolonged period of time. So most of my patients, they eat a low carbohydrate diet as they have diabetes and low carb reduces their sugars. But ideally, you should eat a diet, which is high end protein, high fiber, they're filling foods, which are low in simple processed carbs and fat, which should be kind of a balanced diet, which has been missing from many restaurants these days.

Evo Terra (Host): Yes. It certainly can be. And you're right about that, I understand that the diet will get the weight off, but it's more about maintaining and continuing to eat that way so you can keep it off. You brought up endocrine issues, diabetes. So maybe you could tell us for a moment what makes weight management difficult for patients who have diabetes? And maybe you could answer that for both for the type 1 and type 2 of diabetes.

Dr. Dinesh Edem: You know, 12% of Americans have diabetes. That's a staggering amount of patients. Of all diabetes cases, type 2 patients are like 95% of all cases and type 1 are 5% of the cases. But both the patients in both these groups struggle with weight issues. In type 1, the weight increases if you eat more carbs and fats and take more insulin injections or use a pump, and then it makes you slowly grow and put on weight. So insulin makes you put on weight if you tend to eat more. So for these patients, we advise patients to reduce their carbs, calorie and insulin use and they lose weight. But for type 1, there are no weight loss medications indicated specifically for type 1, but they're indicated for type 2. But exercise is a great way to lose weight for any kind of diabetic as it keeps you in a calorie deficit, right? But in type 2 diabetes, in addition to exercise and diet changes, there are some medications which have been approved. But to answer your question with the same medications, like the Ozempic or Victoza, patients without diabetes lose more weight than with diabetes, which makes it harder to lose weight because

diabetics are resistant to these medications sort of. But I have a lot of diabetics who lost a lot of weight and they're now diabetes-free and they're in remission as long as they're on a good diet.

Evo Terra (Host): And there's the good news. There's hope for everyone out there possibly. Great. So that was diabetes. Let's talk about thyroid issues. What are the challenges for patients with thyroid issues and how difficult is it for them to keep the weight off?

Dr. Dinesh Edem: Yes. So low thyroid hormones do slow down your metabolism and it makes it harder to be in a calorie deficit in such cases, as you have to eat even less to lose some weight. When you are frankly hypothyroid, you do gain weight, because the body's like shutting down, slowing down and you're packing on all these calories. But we want their thyroid levels or we call TSH, thyroid-stimulating hormone levels to be in the normal range. But thyroid disease as a cause of weight gain is usually overestimated in the general population. And when we check the thyroid labs, it's fine, but the patients still think it's the thyroid. But I think we have to be open-minded and explore other possible causes of weight gain

Evo Terra (Host): Such as?

Dr. Dinesh Edem: Increased calorie intake, overeating, excessive stress leading to overeating, underestimating the calories that someone is eating and reduction in the exercise, not walking, not being active as much. All these, they pack on the weight.

Evo Terra (Host): Yeah. Makes sense. It all goes back to math, doesn't it? Put in less calories and your body's burning you'll lose some weight there.

Dr. Dinesh Edem: Exactly. It's hard. It's not easy.

Evo Terra (Host): No. No, it's not easy at all. Can you tell me a little bit about the weight management program you're running at UAMS? Let's talk about the patient specifically. Who is a good candidate to be working with your weight management clinic.

Dr. Dinesh Edem: Yeah, thanks for asking. Our medical weight management clinic is located in Financial Centre Parkway. It's in West Little Rock. It includes myself, Dinesh Edem, and I'm specially trained and certified in obesity management. We also have an awesome APRN. Her name is Rebecca Amick and she's getting additional certification and training in obesity medicine. We also have a dedicated weight management dietician. Her name is Ashtyn Knowles who helps us and the patients be accountable with their diet and eating plan. So we see patients who have BMI more than 30 and who are ready and motivated to lose weight by changing their eating habits, increasing their physical and starting any weight loss medicines as needed based on the insurance coverage. And like the last resort, we can refer them to bariatric surgery and we collaborate with Baptist Bariatric Surgeons, and we refer patients there.

So the good candidate is anyone who has BMI more than 30 and any weight-related illnesses like hypertension, diabetes, high cholesterol, reflux disease, osteoarthritis, sleep apnea, heart attack, stroke, fatty liver, gallstones, PCOS and any weight-related issues. So if someone wants to come and see us, all they have to do is ask their doctor if they have any weight-related diseases. If they do, they can refer to our medical weight management clinic, where we can evaluate and suggest any treatment. So basically weight management is not about the diet or the exercise. It's actually about the mindset, the motivation, the willingness to lose weight, like knowing actually having the

knowledge why you need to lose the weight, what happens if you don't lose the weight and how can I lose it and how can I keep it off. It's that, right? Knowing what diet. I can give you the best diet, but, you know, if somebody doesn't realize it, they won't be able to follow it. But I think this is pretty decent. With this information when they come in, I'm going to tell them all these behavioral tidbits.

Evo Terra (Host): Excellent. Well, Dr. Edem, thank you for all of the great information today.

Dr. Dinesh Edem: Sure. No, pleasure is mine. Thank you for having me, Evo.

Evo Terra (Host): And once again, that was Dr. Dinesh Edem, endocrinologist and Director of the Medical Weight Management Clinic at the University of Arkansas for Medical Science. To make an appointment, call 501-614-2340. Thanks for checking out this episode of UAMS Health Talk. For more information on this topic and to access the resources mentioned, please visit uamhealth.com.

If you found this podcast to be helpful, please share it on your social channels and be sure to check out our entire podcast library for topics of interest to you. My name is Evo Terra. Thanks so much for listening, and we'll talk next time.

ARKANSAS STYLE

Diabetes & Endocrinology care

by: Arkansas Style team
Posted: Jan 12, 2023 / 03:34 PM CST
Updated: Jan 26, 2023 / 11:33 AM CST

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Dr. Dinesh Edem, the director of the Medical Weight Management Program at UAMS, joins us to talk about his weight loss clinic.

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Doctor panel discussions covering topics to help improve your quality of life

10 - 10:30 a.m.

Dr. Purushottam B. Thapa
Being a Good Friend to Ourself: Mindful Self-Compassion

10:30 - 11 a.m.

Dr. Mohammed M. Moursi
Things You Need to Know About Carotid Artery Disease

11 - 11:30 a.m.

Dr. Dinesh L. Edem
Preventing and Treating Weight Related Complications

11:30 a.m. - Noon

Dr. Jeanne Y. Wei
Tips for Aging Well

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UAMS employees and students volunteered at the Health & Wellness Expo. UAMS sponsored the event, which was presented by the Arkansas Democrat-Gazette.

UAMS-Sponsored Health & Wellness Expo Draws Hundreds

By Linda Haymes

Sept. 30, 2022 | The Annual Health & Wellness Expo, held Sept. 24 at the Statehouse Convention Center in downtown Little Rock, drew nearly 500 Arkansans for the half-day event.

The annual event, sponsored by UAMS Health and presented by the *Arkansas Democrat-Gazette*, offered free health screenings and 30-minute presentations from UAMS physicians.

UAMS staff and students performed about 100 blood pressure and heart rate screenings during the expo.

UAMS staff and students performed about 100 blood pressure and heart rate screenings and another 100 blood glucose checks.

Geriatricians from the UAMS Donald W. Reynolds Institute on Aging provided free consultations at the "Ask the Doctor" booths.

The UAMS medical specialties and services represented at the Expo with booths included the Vascular Center, the Donald W. Reynolds Institute on Aging, the Heart Center, AR ConnectNow mental health treatment program, UAMS Adult Sickle Cell Clinical Program, TeleSANE sexual assault care program and the ARresearch Registry with the UAMS Translational Research Institute.

The MammoVan was on site to teach attendees about it, and an inflatable Mini Brain model display attracted those present to learn more about stroke and other brain injuries and disorders.

Speakers from UAMS included Purushottam B. Thapa, M.D., director of the UAMS Mindfulness Program who shared information about mindful self-compassion; Mohammed Moursi, M.D., UAMS' chief of vascular surgery who spoke about carotid artery disease; Dinesh Edem, M.D., an endocrinologist and director of the UAMS Medical Weight Management program who discussed how to prevent and treat weight-related complications; and Jeanne Y. Wei, M.D., Ph.D., director of the Donald W. Reynolds Institute on Aging who shared tips for aging well.

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Endocrinologist Dinesh Edem, M.D., director of the UAMS Medical Weight Management program, discusses how to prevent and treat weight-related complications.

UAMS News

83°

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NEWS

Arkansas' obesity rate improves: study

by: Kyler Swaim
Posted: Oct 11, 2023 / 08:21 PM CDT
Updated: Oct 11, 2023 / 08:21 PM CDT

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FAYETTEVILLE, Ark. (KNWA/KFTA) — A new study found that Arkansas' rate of obesity among adults is dropping, but that might be the only good news.

The State of Obesity Study by Trust for America's Health found Arkansas has the 12th highest obesity rate in the country, tied with Iowa.

For reference, Arkansas was ranked 6th in last year's study.

The report also found obesity rates in 21 states rose over the past year, which was part of why Arkansas fell in the rankings.

Walmart closing stores on Thanksgiving for fourth consecutive year ›

Dr. Dinesh Edem with UAMS says this study is not good news for the state or the country.

"As a whole, the country is going in the wrong direction. Obesity rates are just getting worse and worse. In Arkansas, we should not celebrate but we should try to find where we are lacking and we should try to improve those things," said Dr. Edem.

The state with the highest obesity rate was West Virginia with Louisiana, Oklahoma, Mississippi, and Tennessee rounding out the top five.

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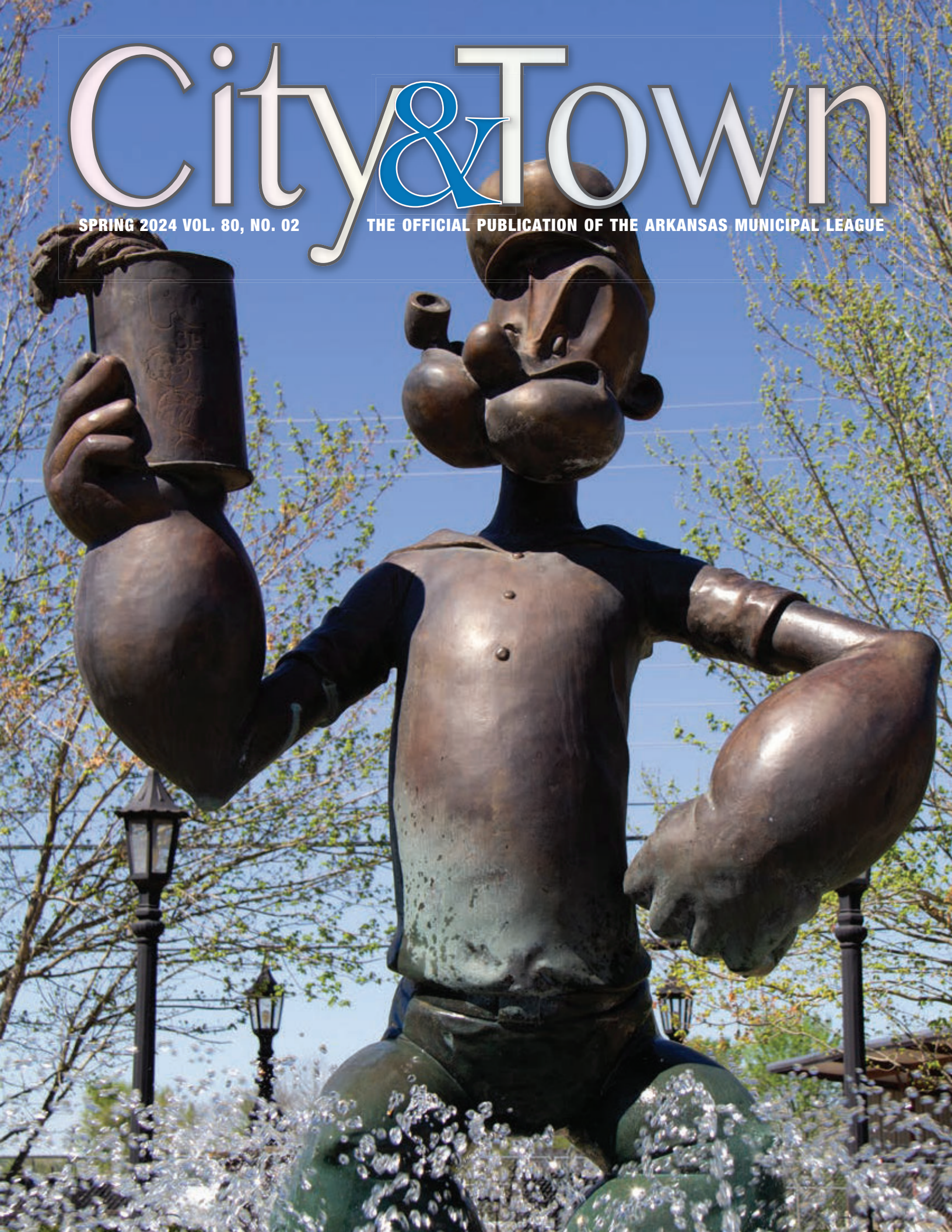


A look at the latest in weight-loss medications

By Dinesh Edem, M.D.

Obesity is a complex disease that historically has been underrecognized and undertreated by the medical community. Only in the past 10 years have we begun to have discussions about treating it as a public health emergency because of its significant health and economic impact.

The problem began in the 1970s after the introduction of processed foods, but we've seen it become a crisis in the 21st century. The United States' obesity rate rose from 30% in 2000 to about 42% in 2020, according to the Centers for Disease Control and Prevention (CDC). Obesity is a major risk factor for many other health conditions, and it has caused a rapid increase in the prevalence of heart disease, diabetes, kidney disease, cancer and infertility. According to the CDC statistics, obesity contributed to seven of the top 10 causes of deaths in 2021.

With obesity rates heading in the wrong direction, you can see why weight-loss drugs have captured the attention of the public, particularly in recent months as pharmaceutical companies market new medications that have shown impressive results.

If you're a patient who's considering these medications, I hope to give you a better understanding of how they work and where they fit into your pursuit of a healthier lifestyle.

How do these drugs work?

The new generation of weight-loss drugs is designed to mimic two hormones, secreted by the large (GLP-1) and small intestines (GIP), that lower blood glucose levels by releasing insulin when you eat carbohydrate-loaded foods and by suppressing glucagon in your liver. These medications also share the hormones' ability to suppress hunger signals in the brain and to slow the movement of food through your digestive system, making you feel full sooner.

The new drugs, known as semaglutide and tirzepatide, are excellent options for those with Type 2 diabetes and obesity. They've proved to be far more effective than older-generation medications, which suppressed cravings and hunger but helped patients lose much smaller amounts of weight.

Semaglutide and tirzepatide are safe when used under a doctor's supervision, but as with any drug, they're not without side effects. The most common are gastrointestinal issues such as nausea, diarrhea, constipation, abdominal pain and vomiting. Hypoglycemia, also known as low blood sugar, can occur if patients use these drugs while they're also on insulin.

Whom do they help?

The Food and Drug Administration approved the new medications to help patients diagnosed with obesity or Type 2 diabetes, both of which are chronic health conditions that require long-term treatment. Although medical spas in some parts of the country have offered the drugs to anyone who can pay, most doctors will not recommend these treatments for patients who lack a clinical diagnosis.

Unfortunately, even those who are eligible to use these medications might encounter obstacles that limit their ability to do so. The popularity of these drugs has caused demand to outpace production, which has limited their availability. The cost of treatment has also proved prohibitive for many people, as the medications cost $1,200 to $1,500 a month and aren't covered by many private or federal insurers.

In the coming months and years, it will be very important that manufacturers and insurers work to improve the accessibility of these treatments for the patients who need them.

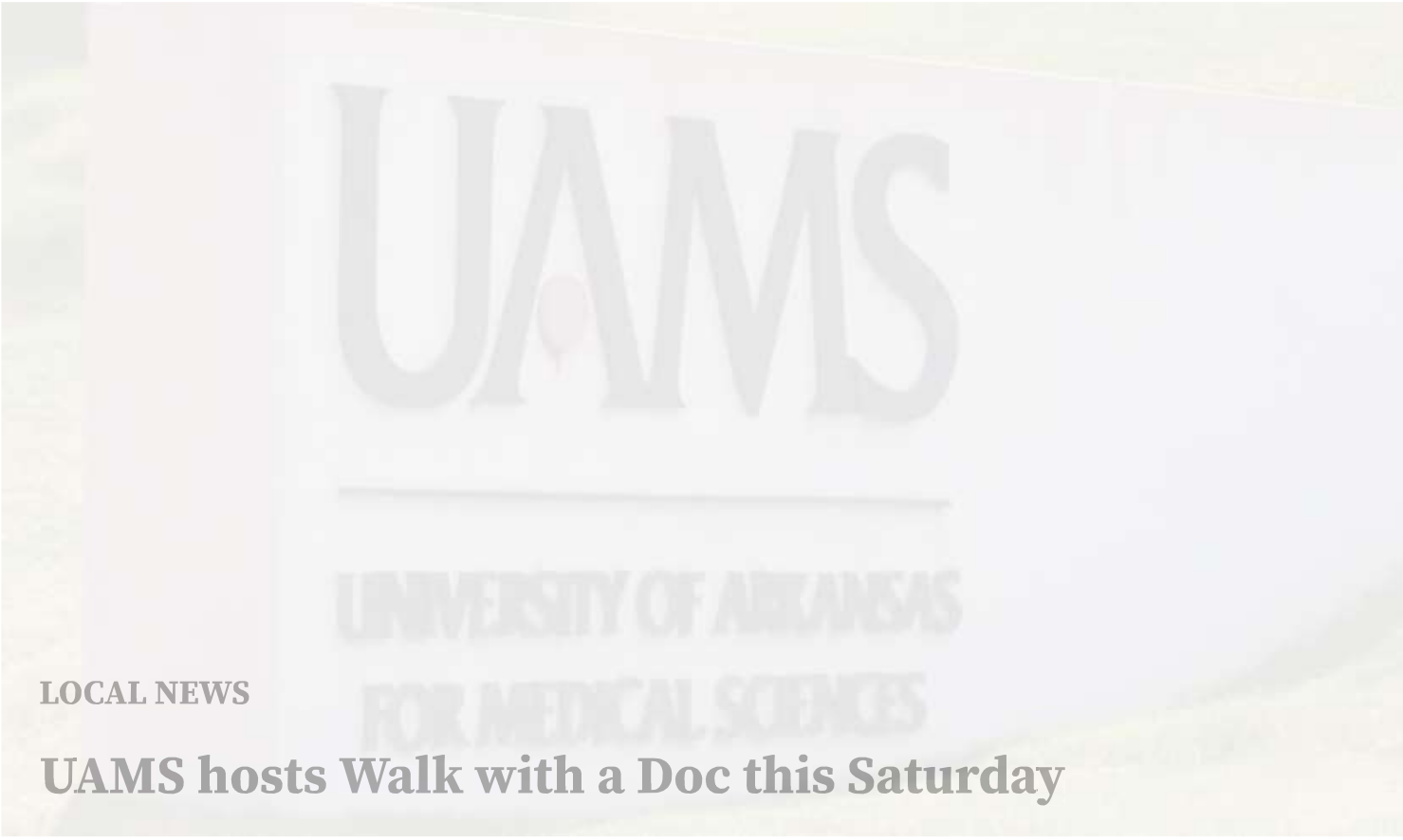
A healthy lifestyle

While these drugs can have a significant impact in the lives of patients, we also need to recognize that they're not a solution by themselves. At the end of the day, any obesity management regimen should identify behavioral drivers of eating and reduce them, improve the quantity and quality of the calories you take in, and increase physical activity and burn off calories.

Those lifestyle changes are essential to losing weight and improving your health. Medications should be used when other measures are unable to help with or sustain the desired weight loss.

Dinesh Edem, M.D., is an assistant professor of endocrinology in the University of Arkansas for Medical Sciences (UAMS) College of Medicine and director of the UAMS Health Medical Weight Management Clinic in Little Rock

61°



LOCAL NEWS

UAMS hosts Walk with a Doc this Saturday

by: Alex Kienlen
Posted: Jul 5, 2022 / 10:12 AM CDT
Updated: Jul 5, 2022 / 10:12 AM CDT

SHARE

LITTLE ROCK, Ark –This Saturday, July 9, UAMS is initiating its Walk with a Doc program at War Memorial Stadium.

Beginning at 9 a.m. on the stadium's north lawn, the walking program is an opportunity to hear from a medical professional, Dr. Dinesh Eden, about diabetes, obesity and complications.

Eden will be joined by medical student Chynna Denham.

UAMS, civic club The Links partner to promote healthy eating for kids ›

The walks are scheduled for the first Saturday of each month and are free. Masks and social distancing are encouraged.

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