

# The Society of Women in Urology



# NEWS

Winter 2006

## President's Message

Brenda S. Kinard, MD



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### ***The procrastinator's quote:***

***"I always start my diet on the same day – tomorrow."***

By the time you receive this newsletter, you will have had ample time to forget all of your New Year's resolutions. Since many of us weigh more now than we did at the beginning of December, 2005, it seemed appropriate to talk about obesity.

According to CNN, the top 3 resolutions are weight loss, smoking cessation and decreased alcohol consumption. In 2005 we saw an increased number of articles related to obesity in our journals, discussing the links with common diseases, the inability to assess some patients in conventional CT and MRI scanners due to their size, and the risks for poorer outcomes in our cancer patients. Most of us have noticed increased consults for catheter placement in obese patients, so it should not be a surprise that Dr. John Mulcahy's research has shown that every 35 lbs of weight gain in males translates into a one inch loss of penile length.

Obesity is the number one nutritional disorder in the developed world. Upon reviewing the urologic literature, you might think there is more obesity among male patients, but NIH statistics show that, when obesity is defined as a Body Mass Index (BMI) of over 30, 24.7% of women and 19% of men in the US are obese. Even though five to 10 percent of US healthcare dollars are spent on obesity and related problems, translating to over \$100 billion per year, 300,000 still die each year due to complications of obesity. The AMA Women Physicians Congress chose this important epidemic as the focus of the Women Physicians Summit last March - "Food for Thought, Action and Advocacy". Speakers included representatives from the US Department of Health and Human Services, the President of ACOG, and the Director of the Nutrition Policy Center for Science in the Public Interest.

What did the participants learn? For physicians, there are many barriers preventing us from encouraging weight loss. Dr. Arthur Frank's data show that we feel powerless against this epidemic which is viewed by many of us as either self-indulgent behavior or an emotional disorder. We may be impatient with slow progress or even ignorant of therapeutic modalities. But research suggests that the role of the practitioner is crucial to patient success. In behavior modification for weight loss, motivation is 85%, perspiration 10% and education only 5%.

So, how do we start helping our patients? The National Women's Health Information Center has an 8-page publication available on [www.4woman.gov](http://www.4woman.gov) or by calling 1-800-994-9662. This offers an excellent start for our patients. It includes frequently asked questions about obesity and weight loss along with a listing of multiple websites for organizations providing information on or resources for nutrition and physical fitness. By having a copy of this in your office, your patients are alerted to your interest in addressing obesity as a disease state, and that you can be a resource and educator for them.

For those of you who are parents or who practice pediatric urology, the challenge is greater. There has been a 47% increase in obesity among 12 to 16 year olds in this country in recent years. Obese teens are subject to stigmatization, prejudice, and discrimination in relation to employment, education, and social relationships. Self-esteem is inversely associated with BMI and can lead to poor self-image, depressive symptoms, and suicidal ideation. Eleven billion dollars each year is spent on advertising junk food, with much of this targeting children. Ninety eight percent of all high schools have vending machines, some of them funded by companies that give a substantial donation to the school for recognition on their team billboards, etc. In both middle and high schools, 75% of beverage options and 85% of snacks are of poor nutritional quality. The Center for

Science in the Public Interest is aware of this trend and is trying to make changes in the vending machine choices as well as in school stores, fundraisers, and other venues. The CSPi is also sponsoring legislation requiring calorie and other nutrition labeling on menus at fast food and other chain restaurants. To get involved, contact [www.cspinet.org](http://www.cspinet.org) or call 202-777-8352.

The recent focus on obesity in reality TV has shown that we can all benefit from increased exercise. The quote "Close your mouth and move your feet" from a recent winner on The Biggest Loser is an accurate assessment of what is needed for most patients to lose weight. The perfect prescription for this is an eight week program called Move 4 Life which can be accessed through [www.move4life.org](http://www.move4life.org).

Challenge yourself and your patients by addressing obesity as a disease state that impacts our health and well-being. A list of resources is included in this newsletter for promoting disease prevention through partnerships between public and private sectors. We can make a difference. ♦

### ***Costs of weight loss:***

***\$750 /lb with surgery; \$1500/lb with medical therapy***

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# To Your Good Health: Online Resources for Nutrition and Fitness

Whether we, our patients, or our family members have normal BMIs or weight problems, are fit or sedentary, it is useful to know where to go online to obtain up-to-date, accurate, and helpful information about healthy nutrition and meeting current fitness recommendations. The following are websites that may prove useful for you, your patients, or family members.

- ✓ [www.nhlbi.nih.gov/about/oei/index/htm](http://www.nhlbi.nih.gov/about/oei/index/htm)
- ✓ [www.Mayo/Clinic/Health/Letter.com](http://www.Mayo/Clinic/Health/Letter.com)
- ✓ [www.usda.gov/FoodsandNutrition](http://www.usda.gov/FoodsandNutrition)
- ✓ [www.ama-assn.org](http://www.ama-assn.org)
- ✓ [www.diet-reviews-zone.com/Fad-Diets.htm](http://www.diet-reviews-zone.com/Fad-Diets.htm)
- ✓ [www.obesity.org](http://www.obesity.org)
- ✓ [www.shapeup.org](http://www.shapeup.org)
- ✓ [www.healthierus.gov](http://www.healthierus.gov)

# We are Not Alone: Obesity as an Epidemic of the Western World

Although a recent bestseller crowed that French women do not get fat, in fact, many French women, men, and children are getting fat because they are adopting modern habits that detract from healthful activities such as exercise, long family-oriented meals with smaller portions, and freshly-prepared food. A recent New York Times article highlighted findings in studies of French eating habits that many individuals eat in front of the TV, that average meal times have dropped from 88 minutes to 38 minutes, and that more prepared or fast foods are being eaten. Amazing as it may sound, of all the European countries, McDonalds does the largest volume of business in France.



A French poster, "Obesity Kills".

Unlike the U.S., the French government does not have to deal with the lobbying of special interests, so vending machines with soft drinks and fattening snacks have been banned from public schools. Laws have also been enacted to prohibit misleading advertising and to assess a 1.5% tax on the advertising budgets of companies that do not encourage healthy eating. Certainly, the French government has a vested interest in cutting costs related to obesity, as it sponsors the country's universal health coverage. The U.S. would do well to take notice.

And France is not alone. A recent Google search for images relating to obesity produced a plethora of posters from websites all over Europe touting the obesity epidemic and its ultimate effects on overall health. The Europeans tell it like it is: these images tend to focus on stark pictures of obese individuals in poses that suggest shame and/or illness or off-putting cartoons or photographs of people eating excessively with faces smeared with food. (One dramatic image is reproduced above.) It is too bad that similar posters or renderings are not more prominent here in the U.S.

Perhaps the only good to come out of the trend toward obesity in French society is a new-found acceptance of the fuller-figured woman in various media. From the famous fashion shows to television, the larger woman has begun making appearances and has become an 'icon of the real people'. But even this is a double-edged sword, as it may reflect the acceptance of overweight as an acceptable cultural norm. The French not only may be softer on fat, it may actually be that they are also becoming more tolerant. *Sacre bleu!* ♦

# Obesity, Exercise, and the Female Urologist

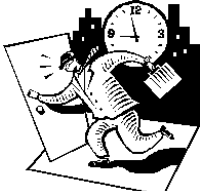
A number of studies have demonstrated that obesity is associated with stress urinary incontinence. When morbidly obese patients undergo bariatric surgery and have stress incontinence preoperatively, they often become dry after losing a significant amount of weight. Although this may ultimately be bad for business, given the comorbidities of obesity, most would rather operate on those who do not improve after significant weight loss. If these patients are better able to exercise as they decrease their avoirdupois, so much the better, as strengthening their pelvic floor will also help them with continence. Aerobic activity not only promotes the burning of calories, but strengthens the heart. If a patient can do nothing else, she can at least walk. Current recommendations include 30 minutes of vigorous activity 5-6 days/week. However,



Britain's take on obesity.

as is true of anything that is good for you, even if one can only manage to exercise three times a week, it is certainly better than no exercise at all. Ultimately, physical activity facilitates weight loss and must be encouraged in conjunction with any diet program. However, there is an important caveat. In the past, many urologists and gynecologists insisted that their patients lose weight before they would agree to perform anti-incontinence procedures. These patients, who may not qualify for bariatric surgery, are then caught in a no-win situation. They leak when they exercise, so they often avoid physical activity and try dieting alone to lose weight, a demoralizing situation. If we operate on these patients, making them dry, their self-esteem will improve and they will be more motivated to exercise and to lose weight. As noted above, we can be cheerleaders for our patients, helping them to set and realize weight loss and fitness goals.

Another word about exercise and the pelvic floor: Anyone who does a significant amount of pelvic floor medicine or treats voiding disorders sees a large proportion of patients with various manifestations of pelvic floor dysfunction. Practitioners are well-acquainted with the highly successful efforts of our physical therapy colleagues who rebalance the pelvic floor and otherwise restore normal structure and function. Although patients are usually discharged from pelvic floor physiotherapy with a long-term home exercise program, often patients forget about this or simply do not follow through. Other patients cannot afford the time or do not have the resources for physical therapy. An alternative that has proved helpful for many patients with pelvic floor dysfunction or those who need more structure to keep up a regimen that promotes pelvic floor health are yoga or Pilates classes. Although costs for these activities can be prohibitive, many community centers offer classes for nominal fees. Occasionally, medical facilities will offer such classes as part of overall wellness programs, offering dietary counseling and other services as well. Many such programs are affordable or even free, as they may be sponsored by local businesses. By encouraging patients to participate in such activities, you will not only be promoting pelvic floor health, but an overall healthier lifestyle via such associated benefits as stress reduction. Although urologists may think of themselves as surgeons first, they are physicians above all and should have a full armamentarium of knowledge and expertise to offer their patients, including an understanding about how alternative or complimentary therapies can improve their patients' lives. ♦



## Dues are due!

Help keep SWIU thriving! If you haven't paid your dues this year, please submit payment today. You can pay your dues quickly and easily online at [www.swiu.org](http://www.swiu.org). Or, call the SWIU office at 847-517-7225 for assistance.

## Address Corrections Requested

Please notify the SWIU of any changes in your contact information, including change of address, phone or fax numbers, and email address. This information is only disseminated to the membership and is used for networking, one of our primary missions.

Thank you.

# Dietary Discretion: Variety as the Spice of Life

Nina Davis

Just before the decision was made to dedicate this issue of the newsletter to obesity-related health issues, I had read an intriguing idea. Unfortunately, I did not think to keep the reference for appropriate attribution. However, I thought it was worth sharing as a novel idea about a not-so-novel problem - dieting, something that we are good at in spurts, but to which we rarely dedicate ourselves.

The proposal was predicated on the concept that Americans need novelty. They are always seeking the fanciest new gadget, the latest style in clothing, or the hottest vacation spot. They bore easily and are fickle in their tastes. If this fundamental truth is applied to choosing a weight loss regimen, then it is necessary to change the diet frequently to maintain an individual's interest and motivation. It was therefore suggested that individuals wishing to lose weight change the diet they are on every few weeks. As an example (ignoring the putative worth of each regimen), one would follow the South Beach Diet for 4 weeks, then pursue the Grapefruit Diet for 2 weeks, then the Zone Diet for 4 weeks, etc.

Actually, one of my former patients had a simpler way to deal with the boredom of dieting. She counted calories, eating a balanced, but low-calorie diet every day of the week except Saturday. On Saturday, she did not restrict her diet in any way, eating or drinking whatever she wanted. As she described it, Saturdays were her reward for "being good" the rest of the week. By adjusting her caloric intake upward or downward at various times, she used this method to either lose weight or maintain her weight. I know others who apply the same concept, only on a daily basis. They control their calories for breakfast and dinner, but eat without restriction for lunch. The latter doesn't sound like a very good weight loss regimen, but it certainly is easier to stick with. Remember, skipping meals is generally not recommended.

I doubt many people have tried a "variable diet regimen" let alone studied it to determine efficacy. Assuming sound nutritional programs are chosen, this could work for both losing weight and maintaining weight. If anyone chooses to try this, please let us know whether you're successful or not and how long you maintained your regimen. Variety may not only be the spice of life, it may be a source of long life. ♦

# Thoughts on an Interesting Observation

Nina Davis

For those of us affiliated with academic centers, our life follows the academic calendar. This means that, with the falling leaves of autumn come the residents applicants, eager to secure a urology training position for the coming year. Although I have been interviewing applicants for years, asking many of the same questions faculty all over the country ask, this year I changed my question set a bit and began asking the soon-to-be-graduating students to name their greatest strength and greatest weakness. I found it fascinating that every male applicant described his strength first, then his weakness, whereas every female I interviewed named her weakness first, then her strength. I do not think this is particularly surprising. I'm sure many of the books touting the distinctions in the modus operandi of men and women allude to similar differences in responses and related behaviors. Though I have not availed myself of such literature (I prefer fiction or essays when I find the rare opportunity to read for pleasure), I suspect that women, in general, tend not to be as self-promoting as men, and, when in surgical realms, often feel compelled to be self-effacing for fear of being labeled aggressive.

I bring this up because I hope the insight will stimulate the female students and residents that may read this newsletter to think about their interviews as well as their interactions with peers, support staff, and attendings. Certainly, we do not want to be threatening, but we need to decide for ourselves when it is important to be assertive or self-assured. It can be a difficult balancing act, but once the skills that permit you to present yourself constructively as a competent, confident, and accomplished individual are mastered, they will serve you well in all of your endeavors, whether it be dealing with a *prima donna* attending surgeon, negotiating for a job, or getting into the residency you want. So from now on, think about putting your strengths before your weaknesses (though honest self-appraisal with a view toward self-improvement is always good). Remember the words of the scholar Hillel: "If I am not for myself, who will be for me?" ♦

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The SWIU Board of Directors welcomes  
our new resident board member

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Vanderbilt University

## Society of Women in Urology



2005 - 2006

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## **Society of Women in Urology**

*Annual Breakfast Meeting and Networking Reception*

### **Annual Breakfast Meeting**

*Sunday, May 21, 2006*

6:45 a.m. – 9:30 a.m.

Georgia World Congress Center, B211

### **Networking Reception**

*Tuesday, May 23, 2006*

5:30 p.m. - 7:30 p.m.

Georgia World Congress Center, B311

**Registration materials will be mailed soon!**

**Or, you can register quickly and easily online at [www.swiu.org](http://www.swiu.org)! ♦**

If you have an idea for a column, wish to contribute to the newsletter, or have comments about the newsletter, please contact Dr. Nina Davis. We are particularly interested in information regarding job prospects, as well as individual achievements, both personal and professional.



Nina Davis, M.D., *Editor, SWIU News*

Society of Women in Urology

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