TERAPIA DIETETICA NEL TRATTAMENTO INTEGRATO DELL'OBESITA'

DOTT.SSA FRANCESCA SOLARI

CASA DI CURA CITTA' DI PARMA


Kellogg's
FROSTIES
CHOCOS
DIANA
Il fumo uccide
DIANA
Bar
Brioss
LEAGUE
ATHLETIC
MARINI
PIAVA
hicarbonate
di sodio


Lay's
Wavy
Original
Classic
Diet Coke
CAPRI SUN
HOT POCKETS
Uncle Ben's
MOTT'S
TEXAS
RAGU
Gwaltney
BROWN SUGAR
Virginia Cured Bacon
Maruchan Ramen
Flatout
BURGER KING

UNHEALTHY LIFESTYLE = Stile di Vita Infiammatorio

Dieta

Cibi ad **ALTO CONTENUTO DI ZUCCHERI**

Immunosoppressione
Stress oss

Cibi ad **ALTO CONTENUTO DI GRASSI**

SFA
Ac Linolenico

CARENZA DI FIBRE

Costipazione
Riduzione muco
Riduzione della capacità di riparo
Traslocazione batterica

CARENZA DI FITONUTRIENTI

Carenza benefici nutrigenomici

ALTERAZIONE DEGLI ACIDI GRASSI

Insufficiente ALA, EPA, DHA, GLA
Eccesso trans fat, SFA

DISBIOSI

Multifocale

INSUFFICIENTE ATT FISICA

Infiammazione TA
Carenza miochine
Insulino resistenza

CARENZA DI VITAMINE E MINERALI

XENOBIOTICI/TOSSINE

Fumo, ...

STRESS E EMOZIONI

ALTO RAPPORTO Na^+/k^+

Cibi **ALLERGOGENICI**

Mimetismo molecolare
Formazione immunocomplessi

CIBI PROMUOVENTI SIBO

Fruttosio, Glucosio, Sucralosio, ...
Farine, Caseari, ...

ALTERAZIONE RITMI CIRCADIANI E CARENZA DI SONNO

TABLE 9 Preprocedure checklist (including lifestyle medicine)[a]

- ✓ Complete history and physical (obesity-related comorbidities, causes of obesity, weight, BMI, weight-loss history, commitment, and exclusions related to surgical risk)
- ✓ Routine labs (including fasting blood glucose and lipid panel, kidney function, liver profile, lipid profile, urine analysis, prothrombin time/INR, blood type, and CBC)
- ✓ Nutrient screening with iron studies, B_{12} and folic acid (RBC folate, homocysteine, methylmalonic acid optional), and 25-vitamin D (vitamins A and E optional); consider more extensive testing in patients undergoing malabsorptive procedures based on symptoms and risks
- ✓ Cardiopulmonary evaluation with sleep apnea screening (ECG, CSR, and echocardiography if cardiac disease or pulmonary hypertension suspected; deep vein thrombosis evaluation, if clinically indicated)
- ✓ GI evaluation (*H. pylori* screening in areas of high prevalence; gallbladder evaluation and upper endoscopy, if clinically indicated)
- ✓ Endocrine evaluation (A1C with suspected or diagnosed prediabetes or diabetes; TSH with symptoms or increased risk of thyroid disease; androgens with PCOS suspicion [total/bioavailable testosterone, DHEAS, Δ_4-androstenedione]); screening for Cushing syndrome if clinically suspected (1-mg overnight dexamethasone test, 24-hour urinary free cortisol, 11 pm salivary cortisol)
- ✓ Lifestyle medicine evaluation: healthy eating index; cardiovascular fitness; strength training; sleep hygiene (duration and quality); mood and happiness; alcohol use; substance abuse; community engagement
- ✓ Clinical nutrition evaluation by RD
- ✓ Psychosocial-behavioral evaluation
- ✓ Assess for individual psychological support/counseling
- ✓ Document medical necessity for bariatric surgery
- ✓ Informed consent
- ✓ Provide relevant financial information
- ✓ Continue efforts for preoperative weight loss
- ✓ Optimize glycemic control
- ✓ Pregnancy counseling
- ✓ Smoking-cessation counseling
- ✓ Verify cancer screening by primary care physician

Abbreviations: BMI = body mass index; CBC = complete blood count; CSR = Cheyne Stokes respiration; ECG = electrocardiogram; GI = gastrointestinal; INR = international normalized ratio; PCOS = polycystic ovary syndrome; RBC = red blood cell; RD = registered dietitian; DHEAS = dehydroepiandrosterone-sulfate; TSH = thyrotropin.
[a]Based on information included in Mechanick et al. *Endocr Pract.* 2013;19:337-372 (1).

Obesity A Research Journal

THE OBESITY SOCIETY

AACE/TOS/ASMBS/OMA/ASA 2019 Guidelines | Free Access

Clinical Practice Guidelines for the Perioperative Nutrition, Metabolic, and Nonsurgical Support of Patients Undergoing Bariatric Procedures – 2019 Update: Cosponsored by American Association of Clinical Endocrinologists/American College of Endocrinology, The Obesity Society, American Society for Metabolic and Bariatric Surgery, Obesity Medicine Association, and American Society of Anesthesiologists

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Q4. What are the elements of medical clearance for bariatric procedures?

R13. (NEW). Lifestyle medicine is the nonpharmacological and nonsurgical management of chronic disease (and to reemphasize: obesity is a chronic disease) (415). A significant number of patients fail to meet target metrics following bariatric procedures. This is not only due to biological factors, selection pitfalls, and technical issues, but also preoperative lifestyle habits. Gilbertson et al. (416) provide evidence that supports the hypothesis that lifestyle intervention is beneficial in those patients with unhealthy lifestyles and *bariatric surgery resistance*. However, in a prospective, randomized intervention study (N = 143) on preoperative behavioral lifestyle using face-to-face and telephone encounters for 6 months, there were no improvements in weight loss by 24 months postoperatively (417). Nevertheless, completing the lifestyle medicine component of the preoperative checklist (Table 9) can be useful, particularly since formal lifestyle medicine training is seldom part of formal medical education, though the specific timing, content, and methodology of preoperative lifestyle intervention, beyond usual standards of care for patients with obesity, remain to be determined.

R30. (2019*). The important role of behavioral medicine in the pre-operative and continuing management of patients undergoing bariatric surgery is strengthened, particularly in the context of durable interdisciplinary team management, assessing and enhancing patient readiness for surgery, improving patient-centered care by increasing a patient's knowledge about postoperative behavioral regimens and potential challenges, and reducing risk, liability, and clinic burdens (506). Formal domains for preoperative psychosocial evaluation are weight history, eating-disorder symptoms (night-eating syndrome, binge eating, compensatory behaviors, anorexia nervosa, etc.), psychosocial history, developmental and family history, current and past mental health treatment, cognitive functioning, personality traits and temperament, current stressors, social support, quality of life, health-related behaviors (substance abuse, smoking history, adherence, and physical activity), motivation and knowledge base (including weight-loss expectations) (336), as well as self-harm and suicide (507). Formal psychometric testing is commonly employed preoperatively and should be performed by qualified behavioral HCP providing a written report and organizing appropriate postoperative monitoring (336). Alcohol metabolism and addiction are recognized problems that occur in patients who have undergone malabsorptive bariatric surgical procedures. In a report by Acevedo et al. (508,509), SG was similar to RYGB with respect to adverse effects on a patient's response to alcohol ingestion. In fact, in these patients, there are faster and higher peak blood alcohol concentrations, resulting in underestimation of alcohol levels by breath analyzers (508).

- Prevenzione
- Sensibilizzazione
- Trattamento dietetico prescrittivo

Terapia dietetica

- LCD
- VLCD
- VLCKD

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The Science of Obesity Management: An Endocrine Society Scientific Statement

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Future considerations/summary

Diets with many different macronutrient compositions can result in short-term weight loss. However, weight loss reaches a plateau within the first 3 to 6 months. After that, weight is regained and often returns to baseline by 1 to 2 years.

Maintenance of long-term weight loss is strongly influenced by the ability to adhere to the dietary program. Behavioral support can significantly improve outcomes. There are variations among individuals in the response to each diet, which are larger than the difference in mean weight loss between comparison diets. Clinicians should consider genetic differences regarding dietary response to weight loss, as personalized dietary regimens might improve the efficacy of long-term weight-loss regimens.

Current data indicate that some (but not all) individuals can achieve modest long-term weight loss with any one of the diets evaluated herein. Additional research is needed to identify optimal diets for weight control and long-term health, which should extend beyond macronutrient composition and examine food quality and overall dietary patterns, as well as factors that can improve long-term compliance. The Nurses Health Study and Health Professionals Follow-up Study reported that improving diet quality was associated with less weight gain, especially in younger women or individuals who are overweight (280).

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