

## Weight Loss (Although Apparently Modest) and Physical Exercise: Two Powerful Weapons for the Reduction of Risk Factors for Coronary Artery Disease

José Ernesto dos Santos

Departamento de Clínica Médica - FMRP - USP - Brazil

Generally identified as an esthetic problem, obesity is little recognized as a health problem. Over the years, its treatment has been neglected, perhaps due to the countless difficulties involved in its clinical approach such as patient compliance with conservative therapeutic proposals requiring changes in life style, and especially the goal of treatment (usually on a short-term basis) which is to reach a desirable weight (BMI >20 and < 25 kg/m<sup>2</sup>). Obesity is associated with a higher prevalence of risk factors and with greater morbidity and mortality due to cardiovascular disease (CAD)<sup>1</sup>. Noradrenergic<sup>2</sup> and serotonergic<sup>2</sup> medications and blockers of intestinal fat absorption<sup>2</sup> have been used with relative success and for a period of time not exceeding one year. The medications of the first two groups require special care when prescribed to patients with hypertension or with diagnosed CAD. More recently, a significant and increasing number of surgeries<sup>3</sup> have been performed in order to provoke weight reduction. These procedures, although promoting a great weight loss (in general 40% of the initial weight), especially during the first years, and an important control of risk factors for CAD, may have several side effects such as protein-calorie malnutrition and specific vitamin deficiencies<sup>3</sup>.

This issue of *Arquivos Brasileiros de Cardiologia* contains papers by Barbato et al<sup>4</sup> and Kasinski et al<sup>5</sup> which make important contributions to a reflection about the problem. In the first, the authors demonstrate that a 5% weight loss in grade I obese subjects is sufficiently

effective to reduce arterial pressure and total cholesterol, LDL cholesterol and plasma renin levels. This apparently small reduction has an important impact of the reduction of glycemia, insulin and HOMA. The weight loss observed in the study by Barbato et al<sup>4</sup> was achieved with diet therapy and exercise and with changes in behavior. Similar results were recently obtained by Waden et al<sup>6</sup> in a study comparing pharmacotherapy alone or combined with behavioral therapy for the treatment of obese subjects. Within one year of treatment, patients who had received behavioral therapy had a greater weight loss and fewer adverse effects than those who had received pharmacotherapy alone. Another problem considered is postprandial lipemia and, even though in their study Kasinski et al<sup>5</sup> did not observe the expected effect of acute exercise, it was clear that fasting lipemia was a predictor of the postprandial lipemia curve.

Taken together, these two studies provide important elements for a rethinking about several aspects of obesity. One of them, and perhaps the most important, is the need to see obesity as a clinical sign or symptom that requires urgent clinical measures for its control, such as long-term (indeed, life-long!!!) clinical treatment. It should be considered that even modest weight losses such as a 5% loss of the initial weight have a profound impact on the control of some risk factors and that successful weight reduction can be obtained by attempts at changing life style using behavioral therapy.

**Mailing Address:** José Ernesto dos Santos • Av. Bandeirantes, 3900 – 14049-900 - Ribeirão Preto - SP - Brazil

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