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Annotated Bibliography

Topic: The obesity epidemic

Bakalar, N. (24, 2016 August). Obesity is linked to at least 13 types of cancer. Retrieved from

http://well.blogs.nytimes.com/2016/08/24/obesity-linked-to-at-least-13-types-of-cancer/?_r=0.

1. The cancer rates have risen alongside the obesity rates. Obesity can be linked to several different types of cancer. This article draws its claims from thousands of scientific studies of obesity's relationship to cancer. The cancers cause by obesity include but aren't limited to pancreatic cancer, gastric cardia, liver cancer, gallbladder cancer, thyroid cancer, ovarian cancer, meningioma, and multiple myeloma cancer. These 13 cancers account for 42 percent of the increase in cancer patients. The only environmental factor that is as dangerous as obesity is smoking. The closest link found was between obesity and uterine cancer and a close second was obesity and breast cancer in postmenopausal women.

2. Nicholas Bakalar is a writer for "Well" in *The New York Times*. He has published works related to health and longevity in *The New York Times*, *The Boston Globe*, *Seattle Times*, *Business Standard*, *Houston Chronicle*, *The Columbus Dispatch*, *Buffalo News*, *The Ledger*, and *The Pittsburgh Post-Gazette*.

3. The intended audience is cancer researchers, health professionals, and obese people. Obese people would want to know that their weight puts them at a higher risk for developing cancer, because they can control their weight and lower the risk. Cancer

researchers that haven't seen these studies might want to use them as secondary research for a study. Healthcare professionals would want to know about the studies mentioned and the link between obesity and cancer in order to keep their patients healthier and happier.

4. This article is different from the others because it draws conclusions based on several scientific studies and tests. The other articles use facts and statistics to back up their claims instead of studies and tests. Sometimes the articles will state where the statistics came from or how they were found but they aren't as in depth as this article. This article is similar to the others though, because of the way that the article finds a link between obesity and another terrible thing, in this case it is a disease. The other articles are similar to this one, because of the ways the articles show weight loss would prevent these people from getting a disease.

5. This article would help to add even more scientific backing to a research paper. Scholarly articles hold a lot of weight, and this article links to several of them that detail what the studies were about. This adds another claim that obesity is preventable, and can prevent people from getting diseases like cancer and diabetes. Obviously, no one can totally avoid cancer, but a healthy weight greatly decreases risk compared to an unhealthy weight.

Chan, R., & Woo, J. (6, 2010 February). Prevention of Overweight and Obesity: How Effective is the Current Public Health Approach. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2872299/>.

1. This article examines the current mainstream health policies and recommendations and their effectiveness on the obesity rate. Chan and Woo believe that the current public

health approach could be effective if the general public followed it. This would be more likely to happen if it was more practical and included ways to eat healthy on a budget as well as on the go. The article defines overweight and obesity and reviews the causes of obesity rates increasing so quickly on a global scale. Obesity has different effects on different ethnicities and different stages of life. Obesity can affect quality of life and self-esteem at every stage. However, there are certain things that obesity effects that are age specific, such as purchasing life insurance and making sports teams. There are some ethnicities that are more affected by obesity, for example African Americans are already predisposed to heart disease and obesity just increases this risk.

2. Ruth Chan Ph.D. is a research assistant professor at the Chinese university of Hong Kong. Her research topics include nutrition throughout a human's life and lifestyle changes in order to treat or cure chronic illnesses caused by obesity. Chan is an expert in nutrition epidemiology, human nutrition, and lifestyle modification. Jean Woo M.D. is an emeritus professor of medicine at the University of Hong Kong, a Henry G Leong research professor of gerontology and geriatrics, a CUHK Jockey Club Institute of ageing director, and a director for the center for nutritional studies at The Chinese University of Hong Kong.

3. This article appeals to everyday people, healthcare professionals, and people in the food industry. Everyday people would be interested in this article, because people need to know if their approach to getting fit is effective and healthy. Healthcare professionals would also like to see this information and form a better more scientific diet and exercise program. This article would also enable them to see the differences between ethnicities and ages. The information about the differences would also allow the doctors to create

personalized health plans base on the patient's age and ethnicity. People in the food industry would want to know this information, because they might not know that a lot of people would like a healthier option.

4. This article is different from the others because it examines the everyday lifestyle. This article breaks down bigger statistics into daily statistics. It also examines decisions healthcare professionals make in regards to diet and exercise. The article gives facts about whether these decisions are wise or not, because doctors should be working to fix the obesity epidemic. However, even if the doctors gave advice that could help a patient lose weight and gain health, there is no guarantee that the patient would follow the doctor's orders. The article is similar in the fact that it sees obesity as an epidemic and tries to find viable solutions to shrink the growing obese population. Also, the article provides a different insight, since the authors are both from China, and one of them is a doctor and the other is a professor of medicine. Their view point adds a level of credibility to the research that was not there before.

5. This would work well in a paper because the information is very practical. The article shows things people can change in their everyday life in order to get fit and healthy. Every change that the article suggests is backed up by more scientific facts and statistics to give credibility. The authors also add ethos to the paper, since they have great credentials. Most people don't need a lot of factual evidence to back up something a doctor and a professor of medicine say. However, the authors provide evidence to back up all of their claims anyways.

Hamdy, O. (6, 2016 July). Obesity. Retrieved from <http://emedicine.medscape.com/article/123702-overview>.

1. A person is considered overweight by the World Health Organization if they have a body mass index of 30 or greater. Some doctors don't think this is accurate as body fat percentage. A man is considered obese if they have 25 percent or more body fat with 21 to 25 percent being borderline or overweight. A woman is considered obese if they are more than 33 percent body fat with 31 to 33 percent being borderline. Grade 1 refers to overweight people; their body mass index is 25-29.9 kg/m². Grade 2 are considered obese, and these people have a body mass index of 30- 39.9 kg/m². Grade 3 are considered morbidly obese, and have a body mass index greater than or equal to 40 kg/m². There are also comorbidities that are typically diagnosed with obesity like sleep apnea, a predisposition for heart disease or cancer, and gastrointestinal disease just to name a few. Treatments include medications that don't allow the body to absorb as much food, appetite suppressants, and medications that speed up metabolism. However, sometimes medication is not enough and surgery is needed. There are several different types of surgery, but most of them require the patient to have lost a certain amount of weight first. These surgeries include but are not limited to a lap band, gastric bypass, and duodenal switch procedures.

2. Osama Hamdy MD wrote *The Diabetes Break Through*. Hamdy also created the weight achievement intensive program or "Why WAIT?" at Joslin Diabetes Center in Boston. He has also written a chapter on obesity in the *Cecil Textbook of Medicine* and the diabetes desk book at Joslin Diabetes Center. He also wrote the chapter on obesity for *Medscape* a section of *WebMD*. His research includes body fat distribution and the way people carry and burn fat differently. He specializes in the short and long term weight reduction in people with and without type II diabetes. Hamdy is the medical director of the Obesity Clinical Program at Joslin Diabetes Center. He is also a clinical investigator and attending endocrinologist at Joslin. He is a "coinvestigator of two landmark studies the National Diabetes Prevention Program and the Look

AHEAD (Action for Health in Diabetes) Study,” according to the diabetesbreakthrough.com. He used both of these studies to create the “Why WAIT?” program.

3. The audience includes people that are looking to lose weight, people studying obesity, and professionals treating obesity. People that want to lose weight in order to be healthy would be interested in this article because the article lists different treatment plans that a doctor can provide if exercise and diet alone aren’t enough. The article also lists many comorbidities that a doctor would need to diagnose and treat as soon as possible in order for the patient to remain safe. People studying obesity would find the statistics and list format of this article very useful. They could learn several different treatment methods, comorbidities to look for, and the difference between grade 1, grade 2, and grade 3 obesities. Healthcare professionals would use this article to show patients the different things that could go along with obesity.

4. This article is very informative like the others. However, this article provides basic information that the others either barely mention or don’t touch on at all. The other articles give information on cost of living as an obese person, the increased risk for cancer, and the increase in the obesity rates. This article gives the statistics of body mass index and body fat percentage that qualifies a person as obese. The article is similar to the others because they all have many different statistics. They also all list a lot of different risks that obesity causes.

5. This article would be great to use for background information in an essay. It isn’t common knowledge what percentage of body fat makes a person obese but that is still useful information. Basic information about obesity would be needed in order to set the reader up to be ready to learn more complicated facts about obesity. A reader could think that some of the information about obese people pertains to overweight people if they don’t know the difference. The information in this article would be incredibly helpful by clarifying the difference

between obese, morbidly obese, and overweight as well as define some of the comorbidities that go along with obesity.

Haslam, D. (2006, 24 October). Obesity- time to wake up. Retrieved from

http://eurobesitas.org/data/docs/ABC_Obesity_time_to_wake_up.pdf.

1. This article provides statistics about obesity mainly from the United Kingdom but a few other countries are touched on as well. This article examines obesity as a broad topic and briefly explores several different aspects of obesity. The article touches on the economic effects of obesity, the health complications that obesity causes, and the ways that today's culture is increasing obesity rates around the world.

2. David Haslam wrote this article in 2006 so some of the information is dated but the article still provides interesting insights. Haslam is a general practitioner in Hertfordshire, England. He is also the chairman and the clinical director of the national obesity forum in England. He has medical experience and graduated from St. Thomas Medical School. He has written several books about obesity like *Your Questions Answered - Obesity, Fat, Gluttony and Sloth Obesity in Literature, Art and Medicine* with Fiona Haslam, and *The Obesity Epidemic and its Management* with Terry Maquire.

3. The intended audience is doctors that are trying to create solutions for the obesity epidemic. However, other audience members could include obese people trying to lose weight, friends and family of obese people, and fast food companies. The obese people would be interested in the amount of money that they could save if they were not obese. The friends and family would like the article because it could be used to motivate their friends to lose the weight and be healthier. The fast food companies would either want to use the article to make their food healthier or let a public relations team frame their franchise in a healthier way so that they don't lose customers.

4. This article is different from the others because it isn't centered around America. This article focuses on obesity in the United Kingdom but obesity rates from around the world are mentioned. This article provides a global view that no other articles present. The article is similar to the others because it provides some of the same types of statistics, just for a country that isn't the United States.

5. This article could provide comparison between obesity in other countries and obesity in America. The article provides evidence that the culture is a major factor that causes obesity. The other articles mainly give examples of things that obesity causes. This article would be useful because it gives an example of what causes the obesity rate to rise, like the convenience of fast food.

Kennedy, P. (5, 2016 November). The Thin Gene. Retrieved from

<https://twitter.com/nytimes/status/803124505791045632>.

1. Abby Solomon has a genetic mutation called neonatal progeroid syndrome. This mutation causes the people that have it to have bad vision and nasal problems. The main issue that it causes though is with appetite. The syndrome causes the body to not make enough asprosin a hormone that regulates blood sugar. This causes the people that have this mutation to weigh very little and age quickly. Ms. Solomon agrees to be studied by doctors in order to help others. The doctors at Baylor discovered the hormone asprosin and believe that they may be able to use it to stop obesity and reverse diabetes. People with neonatal progeroid syndrome don't experience normal hunger. They are on the edge of hypoglycemia and must constantly snack to keep from passing out. Solomon said she wouldn't change anything about her condition, since it is allowing her to help others.

2. Pagan Kennedy writes for the *New York Times*. She has written eleven books and won many awards. Her awards include a Smithsonian fellowship, a Massachusetts Book Prize honor in nonfiction, and a National Endowment for the Arts fellowship. She has had articles published in many magazines and has been an MIT Knight Science Journalism fellow. Pagan was an innovation columnist for the *New York Times*. Most of her books and writing feature around innovative ideas and new inventions.

3. The audience that Kennedy intended would be obese patients looking for a treatment, doctors looking for new ways to treat patients, and anyone looking for an interesting story. Obese patients would like to know that there could be a new treatment available to them in the near future that doesn't rely on will power. The doctors would be interested to know about the new hormone found called asprosin, and that the team at Baylor is working to find a way to block the hormone. Anyone else would've found this story interesting because Abby Solomon is very interesting. She is 21 years old and most people don't live past their teenage years with this mutation. She has had numerous surgeries and always participates in studies. If the studies will benefit someone else she will do them, but only if there is some benefit to others. This story had a lot of pathos in it, and that would make this story endearing to most people.

4. This story is different because it is about the research being done to cure obesity. The other articles don't center around a single person. This story was definitely more interesting to read because of Abby Solomon. The other sources don't center around one person. They center around ideas and statistics, while this article centers around the way Solomon's genetic disorder might be the way to cure obesity.

5. This article could be used to give a little life to an essay. The other articles provide a lot of facts, and this story fills in the holes by providing an emotional tie in. This addition of emotion makes people think and connect a little more than hard facts do. This article could be used to make an essay more interesting to read, since there is a personal account to tie obesity and obesity research to.

Kolata, G. (25, 2016 September). Why do obese patients get worse care? Many doctors don't see past the fat. Retrieved from <http://www.nytimes.com/2016/09/26/health/obese-patients-health-care.html>.

1. Doctors are more likely to be annoyed by an overweight patient. Doctors are often guilty of diagnosing a patient as fat without ever really examining them. Several women in this article went to the doctor, and were dismissed without proper examination or couldn't be accommodated by the medical technology, because they were over the weight limit. Many doctors claim that refusing to treat obese patients is an effort to keep hospital and personal ratings high. There is more risk to operate on an obese person, because obese people react to anesthesia differently. This risk makes many doctors refuse to operate, because they are afraid of a malpractice suit. Poor ratings can lead to the government not reimbursing a hospital for as much Medicare and Medicaid as the hospital would have gotten with a high rating.

2. Gina Kolata is a writer for *The New York Times*. She focuses on writing about science and medicine related topics. She is knowledgeable about science because she went MIT, and studied molecular biology at the graduate level. She also has a master's degree in applied mathematics from the University of Maryland. Kolata has won the Pulitzer price twice once in 2000 for investigative journalism and again in 2010 for explanatory journalism. Also in 2010 she won an award from the Silurian society for her work on the war on cancer, and she won another award from The Associated Press Sports Editors for writing about Caster Semenya and the intersex

controversy that happened at the world track championships. She has written several books that center around health, medicine, and science. She often lectures as a guest speaker at many universities.

3. The audience is prejudiced doctors, obese people, and hospital managers. Doctors that are prejudiced might not even realize that they are doing so, but this article might bring it to their attention. Doctors need to provide equal treatment especially at the general care level where little to no risk is involved. Doctors should be able to decide if they think an operation is too risky for them to complete safely, but they should be aware that prejudices towards obese are common. Obese people need to know that not all of the medical equipment will be able to handle their weight, and they may have to go somewhere else to get an MRI, weigh, or get a CAT scan. This article would alert obese people to doctors' prejudices and allow them to seek out proper medical care if they feel that they have been ignored. Hospital managers would find this article interesting, because it is important to keep ratings high so that the hospital can be reimbursed and continue to attract patients.

4. This article is different from most of the other ones because it has personal accounts interspersed with the facts. There are still statistics like the other articles, but it also shares stories of several people getting denied proper care, because they were obese. This story definitely has a lot of pathos present. The people in the article tell heart wrenching stories of being dismissed as just another fat person, but really she had blood clots in her lungs. The other articles don't really have that level of pathos in it.

5. This article could be used to make the paper a little more interesting. An essay with just straight facts and statistics is useful and certainly has its place, but it isn't very exciting to read. This article would add in an exciting element while still presenting facts in a way that teaches the reader something while entertaining them. The article could also be used to show another

aspect of life obese people have to deal with. This could be shown by including some of the quotes from the people that were turned away because of their weight, and it would document the prejudices of the doctors without bogging the reader down with even more facts and statistics.

Marks, J. (2004 January). Obesity in America: It's getting worse. Retrieved from

<http://clinical.diabetesjournals.org/content/22/1/1>.

1. This article details a few of the reasons that the American population has become obese. About 2/3 of the adult American public is overweight or obese. The media and the doctors are working hard to alert the public to the rising rate of obesity and the health implications it can cause. Even though the media and doctors are alerting people about the problem the obesity rates are still continuing to rise. A commercial or a recommendation from a doctor doesn't seem to be enough to get people to change their habits. The human body is designed to hold onto food in case there is ever a famine. This combined with the fact that most people supersize meals and don't exercise has led to the increase of the obesity rates.

2. Jennifer B. Marks M.D. teaches at the University of Miami Miller School of Medicine as a professor of medicine. Marks received her degree from the University of Miami. She completed her residency in internal medicine and a fellowship in endocrinology. She is an advanced researcher in the NIH funded multicenter. The work she is doing is intended to prevent or delay the onset of type I diabetes, and "Glycemic Control and Complications in Diabetes - Type 2". Some of the other work she does includes researching the effects of obesity on diabetes, and its relation to the control and even reversal of diabetes.

3. The intended audience is people fighting obesity, people with diabetes, and doctors doing research over the relation between obesity and diabetes. People that are obese could use this as motivation for losing weight, since developing type II diabetes is very common. People that already have diabetes could be interested in losing weight because a lower BMI can help regulate blood sugar, and that makes managing type I or type II diabetes easier. Doctors would be interested in this article because it shows the major reasons weight control is important, and the ways that doctors can help patients lose weight while managing diabetes.

4. The article provides the reasoning behind the rapid increase in obesity rates over the past 40 years. The other articles provide statistics about the rising obesity rates, not statistics explaining the reason that obesity rates rose so high so quickly. The article is similar to the other ones in the way that there are statements with factual evidence backing it up. None of the claims made in this article are the same as the claims made in other articles though.

5. This article provides background information that would be needed to understand the entire reason behind the rise in obesity. It provides more factual information based upon the way the human body works and adds to some of the claims made in other articles. Mostly, this article would just be used to fill in some of the holes about the reason obesity began to sky rocket when it did. It would also add more factual evidence to back up some of the claims that don't have as much factual support.

Patel, S. (16, 2008 March). Short sleep duration and weight gain: a systematic review. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/18239586>.

1. Chronic sleep deprivation has increased at almost the same rate as obesity has. This has led people to examine the effects of sleep on obesity. Patel has used secondary research to design a study that tests the short term effects of sleep deprivation on appetite, physical activity and thermoregulation. His results were deemed inconclusive, but it is possible that sleep deprivation is linked to weight gain. His results were inconclusive only because there were too many variables that could have skewed his results, since the people he used were not in a controlled environment. In order to have a more definitive conclusion on sleep and obesity's relationship tests that manipulate sleep and monitor weight over a long period of time would be needed.

2. Sanjay R. Patel M.D. is an associate professor of medicine at Harvard Medical School, a courtesy physician in the division of sleep and circadian disorders and the department of medicine and neurology at Brigham and Women's Hospital, and an associate physician in the division of pulmonary, critical care and sleep medicine, and the department of medicine at Beth Israel Deaconess Medical Center. Patel's main research interest is the effects different kinds of sleep disorders have on the metabolism and over all well-being throughout one's lifespan.

3. The intended audience includes other doctors and scientists interested in studying sleep's effects on the body. The doctors and scientists could use his article as secondary research to begin their own study and receive more conclusive results. Obese people are another member of the audience. If sleep deprivation can slow a metabolism, then obese would need to know, so they can adjust their sleep patterns for more efficient weight loss. People with sleep conditions would find this article interesting as well, because sleep deprivation and sleep apnea can cause many types of illnesses and health issues.

4. This article is different because it deals with the effects of sleep on obesity. The other articles look at obesity and age, ethnicity, and genetics, but not with sleep. The article is similar to the others though because the article shows a lengthy list of drawbacks that sleep deprived obese people experience. This article is similar to a few of the other ones because they are written from a doctor's view point. The article also has a lot of facts and statistics in it like the other articles did, but the statistics are about obesity and sleep. Other than the topic being different this article is similar to many others.

5. This article adds yet another thing that could be causing obesity rates to sky rocket so quickly. The addition of sleep to the causes of obesity would make a paper longer and cover more subject matter. The article would be able to provide speculation on the relation of sleep and obesity, and the way that it has affected the general public. The article would be useful in an essay, because not everyone expects sleep to affect obesity in such a great way, and it would keep people interested. If these sources were used to write an essay, another article that studied sleep's effect on obesity would be needed to provide more conclusive results.

Reinberg, Steven. (2012, October 2). Obesity driving U.S. health costs. Retrieved from <http://abcnews.go.com/Health/Healthday/story?id=4508878&page=1>.

1. Reinberg, partnered with the *HealthDay* Reporter, analyzed obesity and the average increase in cost an obese person causes. They also examine obesity costs and their effect on healthcare as a whole. The article contains many statistics about the growing cost of healthcare in relation to the growing number of obese people in the United states. Heart disease and diabetes caused by obesity are responsible for anywhere from \$100 billion to \$150 billion per year, and that is only two of the many health problems obesity can cause.
2. Steven Reinberg is *HealthDay's* senior staff reporter. He has won awards for his work. He was a former reporter for *Reuters Health*. His work has also been featured in The

Scientist and other publications. Reinberg writes about everything health related from obesity to HPV vaccinations.

3. The intended audience for this article includes obese people, doctors, people paying for health insurance, and medical students. This article is intended for these people because all of them can learn from it. The article was published on ABC news online, so it could still be read by the general public without needing to look up every other word. Since the article was published online this allows people to access it easily through a simple google search. Therefore, it can be inferred that the audience is probably people doing research on healthcare costs and obesity rates.

4. The article isn't as full of technical jargon as some of the other articles are; this one is much easier to read and follow than some of the other sources. However, this article is similar to the sources in a lot of ways as well, because it includes both tips about obesity and statistics about obesity and the healthcare industry.

5. This article supports the claim that obesity affects more people than just the obese person. The article provides statistics that obesity drives up the cost of healthcare because of all of the diseases that obesity can cause. The rising cost of health care affects almost every American. This article supports the idea that obesity is a big deal for the entire country and not just the 29 million people that are obese.

Ungar, Rick. (2012, April 30). Obesity now costs Americans more in healthcare than smoking.

Retrieved from <http://www.forbes.com/sites/rickungar/2012/04/30/obesity-now-costs-americans-more-in-healthcare-costs-than-smoking/#6df9752f18c5>.

1. Obesity had risen 34 percent between 1960 and 2012, when this article was published. In 2012 the government released a statement about Obamacare, and the cost of obesity

was adding around \$190 billion to the annual national healthcare cost. This additional cost adds onto the insurance premiums that every day people have to pay in order to cover some of the costs of these obese people. This article also breaks down some more statistics like the amount of additional costs the average obese person spends on healthcare compared to the typical person. The article also mentions the ways that Obamacare proposed solutions by allowing employers to charge obese people 30-50 percent more than people that were average weight, if they refused to participate in an approved program designed to help people lose weight. Ungar also brings up the ways obesity harms the environment. Obesity accounts for 1 percent of gasoline usage from the extra weight put on cars.

2. Rick Ungar writes for Forbes. His biography says he writes from the left with a liberal viewpoint, so this could create some bias. However, even if he is biased his statistics are still correct. He can be found on Fox news debating with other political reporters on “Forbes on Fox”. He also speaks on other shows on the fox network. He is a democratic strategist for Mercury Public Affairs.

3. The audience that this could be directed at could be everyday consumers that buy health care, environmental enthusiasts, doctors, obese people, or employers. The consumers would want to read this, because it shows the way that obesity is costing them money, even when they aren't part of the problem. Environmental enthusiast would like to see it because it speaks on a needless waste of gasoline that adds to greenhouse gases. Doctors would want to see it because it shows through monetary value the large amount of health problems obesity causes. Obese people would definitely find this interesting, because the article has the amount of money obese people spend on health care compared

to the amount that a person with an average weight spends on healthcare. Employers would find this interesting because they may not know that they can charge obese people more for healthcare if their obese workers don't participate in a weight loss program.

4. This article is different than the others because the article focuses more on monetary affects obese people are causing. The article gives dollar amounts instead of statistics. The monetary values make it seem more concrete to readers, because everyone has to deal with money. This article puts obesity into perspective using dollar amounts; a figure that more people are likely to understand. This article is similar to the others in the way that it does give statistics and lists the effects of obesity on the public and the effects obesity has on obese people.

5. This article in particular provides a lot of substantial scientific support for a lot of claims the other articles make. Some of the articles claim that obesity is causing the cost of health care to increase. These articles don't back these claims up with statistics though. The statistics in this article can be used to support those claims with more concrete evidence.