Thank you to everyone who attended the 2018 P&F Symposium held on 9/27 at MGH. Our presenters, Dr. Christian Rask Madsen, Dr. Pouneh Fazeli, Dr. Marie-France Hivert and Dr. Kriston Ganguli, all gave wonderful presentations of their project progress!

We are very pleased to inform you – THE SUGAR SYMPOSIUM VIDEOS ARE POSTED! – go check out the full recorded presentations at norch.org!

Guest Columnist: Dr. Fatima Cody Stanford

How the Fat Acceptance Movement Hinders Progress in Obesity Care – Opinion piece By Fatima Cody Stanford

In the midst of Childhood Obesity Awareness month in September 2018, an intriguing article surfaced in the Huffington Post entitled, “Everything You Know About Obesity is Wrong” written by staff reporter, Michael Hobbes. This article, likely secondary to its catchy title, the subject matter, and high profile placement has since received attention in the lay population as a credible source for why our approach to obesity care has been substandard. **Read More on pg. 4**

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Obesity Medicine Physician Scientist
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Recent Publications from NORCH Investigators

- Genetic Determinants of Glycemic Traits and the Risk of Gestational Diabetes Mellitus

- Methodological Issues in Studying PAHSA Biology: Masking PAHSA Effects

- The effect of exposure to high altitude and low oxygen on intestinal microbial communities in mice

- I-Alanine activates hepatic AMP-activated protein kinase and modulates systemic glucose metabolism

- The circulating metabolome of human starvation

Do you have a suggestion for a publication feature? Please send the citation to: HarvardNORC@mgh.harvard.edu

Longitudinal 5-year evaluation of bone density and microarchitecture after Roux-en-Y gastric bypass surgery

Previous work has suggested a deleterious short-term effect of Roux-en-Y Gastric Bypass (RYGB) on bone mineral density (BMD), but the long-term effects of RYGB on bone health are not well understood. To investigate this question, NORCH member Dr. Elaine Yu and colleagues prospectively followed serum bone markers and bone density in 21 adults who received RYGB. Bone density was assessed using serial dual-energy X-ray absorptiometry (DXA), quantitative computed tomography (QCT), and high resolution peripheral QCT (HR-pQCT) scanning. Bone turnover markers type I collagen C-terminal telopeptide (CTX) and procollagen type I N-terminal propeptide (P1NP) were elevated 2 years after surgery and remained elevated at 5 years. Both spine and hip BMD had decreased significantly at 2 years post-RYGB and continued to decline between years 2-5, although most of the BMD loss occurred during the first two years after surgery. Peripheral volumetric BMD also continued to decline at a steady rate between 2-5 years after RYGB. Overall, the study, which is the first to date reporting outcomes 5 years after RYGB, shows continued high-turnover bone loss and deterioration in bone microarchitecture, demonstrating a need for close follow-up of bone density post-RYGB as well as further study into the mechanisms of post-RYGB bone loss and strategies for prevention.

Click here to view full article!

Citation:

Our work as a Center is measured in part by the contributions we make to published science. Please cite the National Institutes of Health Grant P30 DK040561 in all publications that results from the use of NORC-H services or resources.

Have a comment, questions or suggestion? Email us at HarvardNORC@mgh.harvard.edu

Cite the grant! P30 DK040561
The News from other NORC’s

**Boston Nutrition Obesity Research Center @ Boston University**
- Adipose Seminar Series sponsored by the Adipose Tissue Biology and Nutrient Metabolism Core (ABM) of BNORC – Tuesday 10/30/18 @ BUMC, EBRC Building, 650 Albany Street, 7th Floor, Room 714
- WEBINAR: Creating a Discussion Guide for Qualitative Research, Sponsored by Enrichment Program of Boston Nutrition Obesity Research Center – Friday, 10/26/18
- Inaugural TOS NORC Symposium during Obesity Week 2018 – Tuesday 11/13/2018, 3:30-5 PM @ Music City Center Room 202 A-C level 2 – Click here for more info

**Nutrition Obesity Research Center @ University of Alabama Birmingham**
- Seminar Series Videos for 2018 now available online – Click here for more info
- Award: Valene Garr Barry recognized for Top Scoring abstract
- Article: UAB researchers testing innovative childhood obesity intervention

**New York Obesity Nutrition Research Center @ Columbia University**
- DeWitt Goodman Seminar Series (Wednesdays @1:30 PM in Archley-Loeb Conf. room) – 10/24, 10/31, 11/7, 11/14, 11/28

**Mid-Atlantic Nutrition Obesity Research Center @ The University of Maryland, Baltimore**
- Symposium: Tuesday 10/30/2018 @ University of Maryland, Baltimore School of Medicine, Health and Science Facility III, Lecture Hall, room 1010 – Click here for more info

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Visit our website at: www.norch.org
Cite the grant! P30 DK040561
In the midst of Childhood Obesity Awareness month in September 2018, an intriguing article surfaced in the Huffington Post entitled, “Everything You Know About Obesity is Wrong” written by staff reporter, Michael Hobbes. This article, likely secondary to its catchy title, subject matter, and high-profile placement has since received attention in the lay population as a credible source for why our approach to obesity care has been substandard. This article was forwarded to me via email and social media outlets over the 48 hours after it was released, and it quickly became a “go to” resource for the lay population regarding falsehoods surrounding weight stigma, bias, and the care of patients with obesity.

In addition to the lay population taking note, the news media took note of the article as well. As such NPR decided to delve deeper into the article contents by dedicating a show to the topic of the article with Mr. Hobbes serving as a guest alongside myself on NPR On Point. While many have had a chance to listen to the interview, others have not. However, one thing became quite clear on the hour-long broadcast - the “Fat acceptance” movement is yet another hindrance to providing the appropriate care to patients with obesity. While there are some positives associated with the “fat acceptance” movement, such as the desire to eliminate weight bias and stigma, some believe that physicians and other health care practitioners should not aim to treat obesity as they do not believe it to be a disease.

I am an advocate of people first language in obesity as noted in my recent article in JAMA Pediatrics on this topic. In people first language for obesity, we acknowledge that people have the disease of obesity, but they are not defined by it. So, we should never refer to patients as “obese patients”, but rather we should state that we have “a patient with obesity.” Additionally, we should refrain from judgmental and derogatory terms such as “morbid.” As an advocate for the treatment of obesity, a disease with actual pathophysiology which has been formally acknowledged by the largest organized medical organization in the United States, the American Medical Association, in 2013, I do have concern that the fat acceptance movement encourages persons to not seek appropriate care for the treatment of obesity. While diets are not the answer to obesity treatment, we do have strategies and guidelines to treat obesity which include evidence-based lifestyle and behavioral modifications, pharmacotherapy, devices, and surgery. Unfortunately, comprehensive obesity treatment is hard to come by, and most physicians and other health care professionals are undertrained to serve the patient with obesity. Also, we need to do a better job to reduce weight bias and stigma among our ranks because patients will delay care, be less likely to follow up, and have poorer health outcomes if they experience weight bias and stigma.

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The views expressed in this piece are those of the author and are not necessarily reflected by the NORCH and its member institutions, including the NIH.