

# Newsletter

August 21, 2021

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## Let's Talk About It:

Let's talk about obesity.

It's a topic doctors dance around with their patients all the time. They tell you your BMI number but don't always tell you your BMI classification. This may be because telling someone they are obese can be difficult for both parties. So, with your permission we shall talk about how obesity is defined and classified.

The Obesity Medicine Association (OMA) of which I am a member defines obesity this way: "Obesity is defined as a chronic, progressive, relapsing, and treatable multi-factorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences". Quite the mouthful. But there are some very important words in that long sentence.

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Obesity is now understood to be a **chronic disease**. What this means is it is like other chronic diseases (DM, HTN, Hypothyroidism, ect.), it requires intensive treatment and long term follow up. If there is no treatment and sometimes in spite of treatment, it is progressive (worsens over time), and if it is not monitored long term it will usually relapse (weight is gained back). It is a treatable disease but can be difficult due to the fact that it results from multiple factors including the fact that it is both affected by and affects the nervous system and one's behavior. It also affects the lives of those who have it metabolically (causing diabetes, cancer, high lipids, high-blood pressure, etc), biomechanically (GERD, arthritis, sleep apnea, etc), and psycho-socially (depression, anxiety, poor self-esteem, eating disorders, feeling of ostracism, stigma, discrimination, ect).

Having clarified how obesity is defined and the fact that it is a chronic disease, how do doctors diagnose it? The most commonly used method is Body Mass Index (BMI) Classification. BMI is calculated using your height and weight. It's pretty general and unfortunately doesn't take into account body composition (how much muscle, fat and bone you have). So, obesity medicine specialists take it a step further and they look at your Percent Body Fat (PBF) and consider that in your diagnosis.

Let's now look at the classification of obesity based on BMI and PBF. Because it's important to understand that an individual may fall into a "Healthy BMI" but have a body composition that is actually classified as overweight or even obese due to their body fat content (adiposity) and lack of muscle.

As you've seen in the office we also look at waist circumference. It is a measure that provides additional information regarding adipose function/dysfunction and a patients predisposition to metabolic disease. The rule of thumb here is women with a waist circumference of  $\geq 35$  inches have abdominal obesity, while men with a waist circumference  $\geq 40$  inches has abdominal obesity and both are at increased risk of

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metabolic disease due to “sick fat”, such as heart disease, high-blood pressure, cancer, and, diabetes.

BMI is measured in Kg of body weight divided by height in meters squared or Kg/m<sup>2</sup>.

Normal	18.5 - 24.9
Overweight	25.0 - 29.9
Class I Obesity	30.0 - 34.9
Class II Obesity	35.0 - 39.9
Class III Obesity	≥ 40

OMA Classification of	Obesity by PBF DXA score	
	Women	men
Essential	< 15%	<10%
Athlete	15 - 19%	10 - 14%
Fitness	20 - 24%	15 - 19%
Acceptable	25 - 29%	20 - 24%
Pre-obesity	30 - 34%	25 - 29%
Obesity	≥ 35%	≥ 30%

Let's look at a couple of real patient's measurements.

T.J. is a female patient who is 64 inches tall, weighs 214 pounds and her BMI is 36.8 kg/m<sup>2</sup>. Her PBF is 41%. She falls into the Class II obesity category when using BMI and obesity category when using PBF.

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R. F. is a female patient who is 65 inches tall, weighs 165 pounds, and her BMI is 27.44 kg/m<sup>2</sup>. Her PBF is 40.2%. She falls into the overweight category when using BMI but falls into the obese category when using PBF. This is because her body mass is actually mostly fat mass versus muscle mass.

Both of these patients experience similar complications from their adiposity even though one appears to only be overweight. They both have abnormal cholesterol findings, slightly elevated blood sugars, complain of lack of confidence, and mobility restrictions.

## Task For The Week

This week using your body composition analysis that we give you at each visit, find your BMI and utilizing the chart above, write down your BMI category. Next, find your percent body fat (PBF) and look it up on the PBF chart, write it down and compare it to your BMI category, do your findings match? Are they what you expected? Identify one thing that you are willing to do that can help change your body composition. It might be to take a longer walk one day a week or spend 15 minutes strength training. Now use the SMART guidelines we learned about last week to set this new goal. Remember, changing behaviors takes time, so prioritize your goal and choose only one or two goals at a time. When you are comfortable with your progress, you can then begin to work on new goals.

Remember to keep your goals **Specific, Measurable, Attainable, Realistic, and Time-oriented**.

I've left the daily activity level multiplier on the next page as a reference for understanding what your activity level currently is and what will move you up the scale.

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#### Daily Activity Level Multiplier

**1.3 (Very Light)** - Typical office job (sitting, studying, little walking throughout the day)

**1.55 (Light)** - Any job where you mostly stand or walk (teaching, shop/lab work, some walking throughout the day)

**1.65 (Moderate)** - Jobs requiring physical activity (landscaping, cleaning, maintenance, jogging/ biking/working out 2 hours/day)

**1.80 (Heavy)** - Heavy manual labor (construction, dancer, athlete, hard physical activity min. 4 hours/day)

**2.00 (Very Heavy)** - Moderate to hard physical activity min. 8 hours/day

See our facebook page here:

[Dr. Q's Total Weight Loss Center - Home](#)



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## Recipe of the week

### Low Carb Keto Friendly Peanut Butter Balls

Makes 18 servings, serving size one ball.

**Nutrition Facts Per Serving:** Net Carbs 3.2g, Fiber 4.4g, Total Carbs 7.6g, Protein 6.4g, Fat 3.8g, Calories 170

### Ingredients

1 Cup Salted Peanuts Finely Chopped  
1 Cup Unsweetened Peanut Butter  
1 Cup Powdered Sweetener (Swerve)  
8 Ounces of Sugar Free Chocolate Chips  
Pinch of Salt

### Instructions

**Step 1.** Mix together the chopped peanuts, peanut butter, and sweetener. Divide the dough into 18 pieces and shape into balls. Place on a wax paper lined baking sheet. Refrigerate until cold.

**Step 2.** Melt the chocolate chips in the microwave or on top of a double boiler. I microwave chocolate chips, stirring every 30 seconds until they are 75% melted. Then I just stir until the rest melt.

**Step 3.** Dip each peanut butter ball in the chocolate and place back on the wax paper. Refrigerate until the chocolate sets.

If you have a recipe you would like to share, please send it to [drqweightloss@gmail.com](mailto:drqweightloss@gmail.com)

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## Announcements

Vitruvian BodyWorks is offering Yoga, Pilates, Zumba, and Fitness Evolution classes. They are pleased to announce these additional classes that are coming soon: HIIT Senior Edition, Senior Drum Ball Cardio, Dancing to The Oldies, and Let's Get Moving Morning Class. Call or email to sign up and get your first Yoga or Pilates class free (applies only to Yoga and Pilates) 727-273-2030. You can also register virtually using the [Mindbody](#) app. If you are interested in attending a class, but don't see a time that works for you, let us know and we will try to schedule a class at a time and date that does.

All Classes \$10.00, Except for Pilates \$15.00/class.

See the attached class schedule for this week.

23	24	25	26	27	28
Lets Get Moving* 9AM YOGA (J) 5:30PM ZUMBA (J)6:30PM	Pilates (NT) 9AM Yoga (J) 5:30PM Fitness Evolution (C) 6:30PM	Senior Drum Ball* 9AM YOGA (J)5:30PM ZUMBA (J)6:30PM	Pilates (NT) 9AM Yoga (W) 5:30PM Fitness Evolution (C) 6:30PM	HIIT Silver* 9AM Yoga (N) 5:30PM	YOGA (J) 10:00AM ZUMBA (J) 11:00AM

Private classes in Yoga \$60.00, Pilates \$70.00, or Personal Training sessions with Larry-Gerard for \$50.00 are also available.

We will also be offering drop-in Personal Training sessions with Larry-Gerard Monday thru Friday at 8AM, 9AM, 4PM, and 5PM.

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## Q & A:

# What is visceral fat and why do doctors call it sick fat?

Visceral fat is fat that gets deposited in and around the organs when the body's capacity to handle sub-cutaneous (under the skin) fat is overwhelmed. It is so named because of association to the viscera or organs. Every individual has a set point, if you will, of how much fat they can store under their skin, once that is met, then the body begins to store fat in and around the major organs. This includes the heart as pericardial fat which leads to the formation of atherosclerotic coronary artery disease and ultimately a heart attack or stroke, the liver leading to Non-alcoholic Fatty Liver Disease (NAFLD) which can result in liver failure and metabolic disease, the spleen causing immunity disorders including lowered immunity and/or auto-immune disorders, the pancreas causing abnormal insulin secretion, the muscles causing a slowing of metabolism, insulin insensitivity and muscle weakness and the kidneys resulting in elevated blood pressure, elevated blood sugar, elevations in inflammatory cytokines, kidney failure and metabolic disease.

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Please feel free to email us with questions, topics, or ideas that you would like to see included in this newsletter.

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