

Transcript Details

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The Diabetes Breakthrough: Dr. Osama Hamdy on his 12-week Plan

Dr. Maurice Pickard:

Obesity and sedentary activities have contributed to an epidemic of diabetes mellitus in America. Is there an answer that is not a fad diet? I'm your host, Dr. Maurice Pickard, and you're listening to Book Club on ReachMD, and with me today is Dr. Osama Hamdy. Dr. Hamdy is the Medical Director of the Weight Management Program at Joslyn Diabetes Center and Assistant Professor of Medicine at Harvard Medical School.

Thank you very much for joining me today, Dr. Hamdy.

Dr. Osama Hamdy:

It is my pleasure, Maurice.

Dr. Maurice Pickard:

Recently, Dr. Hamdy and Dr. Sheri Colberg wrote a breakthrough book. In fact, it's even called The Diabetes Breakthrough: Better health in just 12 Weeks, based on a scientifically proven plan to lose weight and cut medication. Dr. Hamdy, we're going to be talking about this book, and I know that it's based on a program called Why WAIT. What is that?

Dr. Osama Hamdy:

Why WAIT is an outcome of 15 years of research that we did at Joslyn trying to find way that can help people with type 2 diabetes not only to lose weight, but also to maintain that weight loss for a very long duration. We started this program in year 2005. So I have been doing it for almost nine years so far. Patients in this program lost in total nine thousand three hundred pounds so far, and we cut their medications significantly down.

Dr. Maurice Pickard:

Now, I know the Why WAIT program was used at Joslyn. I think you've also taken it to the home. Has it varied at all, and have your results varied at all?

Dr. Osama Hamdy:

Yes, exactly true. Yes.

Dr. Maurice Pickard:

Were the results the same, whether they were actually on site or at home trying themselves to follow your program?

Dr. Osama Hamdy:

We are expecting that the results at home will be similar to what we get in the actual Why WAIT at Joslyn Diabetes Center. The only difference is people will be missing the group intervention style, but I encourage anyone who would like to do the program to do with with someone from family, neighbors, friends. This will give the same group sense, but the information in the Why WAIT and in the book are exactly the same, and I believe in the book, there is a lot of additional information that people can obtain, and can review, and can return back when they would like to remember any part which is not usually available in the actual Why WAIT program _____ (2:43) is not always the case.

Dr. Maurice Pickard:

Well, why don't you tell us...I know it's a 12-week program, and it's hard to summarize in the brief time we have together, but could you summarize Why WAIT is different than other weight-reducing programs?

Dr. Osama Hamdy:

Why WAIT is a multi-disciplinary program. It is a very comprehensive program that has many innovations starting from structure dietary intervention program, balance, and the gradual, individualized exercise program. Then it has several other components like the behavior modification. We call this cognitive behavior part. We have also medication adjustment. Then have an algorithm for medication adjustment, and then the last part is the diabetes education session.

As you know, weight loss in people with diabetes is a big challenge. So this program was customized specifically for people with diabetes and people at high risk for diabetes, and in every week, we give them one piece of information and one piece of intervention from the multi-disciplinary interventions and then progress gradually over time over the 12 weeks. Our expectation's that people will lose consistently weight over weeks exactly at the same rate.

Dr. Maurice Pickard:

Did your patients self-select though? When we look at the data, did you enroll them from a certain environment, both at Joslyn and also at home?

Dr. Osama Hamdy:

There is a selection in the actual Why WAIT program. Definitely at home, there will not be that much limitations. At Joslyn, we do evaluation before the program, but the main reason for our evaluation is to exclude people who cannot do the exercise component of the program or may have some cardiovascular risk. So, in the book, we explained what this evaluation looks like and what we will need to do before the start in the weight management program.

Dr. Maurice Pickard:

I was going some place else. So much of people who are diabetic in this country, especially type 2 diabetes, belong to minority groups that are marginalized economically and also often as far as literacy is concerned in understanding your program. Does this program then apply to people who really are having difficulty understanding your program? Are you, in other words, selecting a more, shall we say, educated group and are willing to follow the program? Where really, we have this huge problem in our country of people who don't have the money to buy the kind of foods that you're suggesting.

Dr. Osama Hamdy:

Since we have been doing this program for almost nine years, and we have significant variety of people over time. We have more than 500 patients have been enrolled in the program. So we encountered every single aspect of economic, social, and educational part. That's why, when we wrote this book, we tried to make it very simple. Very easy, simple to read, and simple to follow as well. We have illustration, diagrams that can help people.

But the most important part, that dietary intervention, is from the food that be able to eat every single day. The only thing that we did is we change the dietary composition a little bit, but we let people enjoy what they usually eat in every day. We just omitted the very simple and very easy. So there is nothing exotic, nothing expensive, nothing that would cost them that much. Even the exercise program in the book, people can do it without need to go for a gym, or pay membership, or spend significant amount of money.

Dr. Maurice Pickard:

I live in a large metropolitan city, and it has been my observation that grocery stores, high-end food stores, or even the family-run food stores are not available in areas in which maybe crime exists or poverty exists, and you're saying that this program can be followed easily even in areas like this?

Dr. Osama Hamdy:

That's exactly. We don't have any significant packaging meal or food that should be bought or supplied. It is the food that, as I mentioned, people eat every day, whether it is meat, or pasta, or chicken, or fish, or whatsoever, and you know, the amount of protein that we have in that structure of the plan is a little bit higher, but people can use _____ (7:12) protein which is much cheaper. So we have all the varieties available for people, and we have around 15 different menus that people can select from.

Dr. Maurice Pickard:

Oh, that's good to hear. If you're just tuning in, you're listening to Book Club ReachMD. I'm your host, Dr. Maurice Pickard, and joining me today is Dr. Osama Hamdy who has written a book, The Diabetes Breakthrough based on a scientific plan to lose weight and cut medication. How successful have your patients been in keeping the weight off? I mean, I'm an internist, and certainly, I've had lots of patients who used to joke, "I've lost hundreds of pounds many times." They were saying that they lost it and put it back on. I assume that they've been able to keep it off, and why has your program been successful where so many of us have failed?

Dr. Osama Hamdy:

First of all, we have data, four, five years of follow up, and the average weight loss after five years is still around 6.4 percent. This is the longest and the largest weight loss that we have seen in clinical practice of diabetes so far. You ask a very important question, Maurice,

about the reason people maintain that weight loss for a long time. Let me explain one from the mental point about weight loss. The major important point in weight loss is how to lose fat and maintain the muscle mass during weight loss. If you'll be able to maintain muscle mass, your energy expenditure and resting metabolically remains high and can help you to maintain the weight loss for longer duration.

So one of the fundamentals in the program that we focus on increasing the amount and duration of strength exercise and adding more protein to maintain muscle mass. By the end of the program, the muscle mass to the fat mass went significant up. Mind that people with diabetes lose around one pound of their muscle mass every single year. So, if someone has diabetes for 20 years, already they lost 20 pounds of the muscle mass. Usually, with any dietary plan, without that type of exercise, 30 percent of the weight loss is from the muscle mass.

So, if someone lost ten pounds, three pounds at least are muscle mass. We're able to reduce the loss in the muscle mass totally around 10 percent of the total weight loss. Again, the amount and duration of exercise, this has been evaluated in clinical research, and with each certain level and duration of exercise, has been shown in clinical trials to maintain weight loss for longer duration. Just one final point. More than 50 percent of our patients maintained all that weight loss. So, the average weight loss in those people are around 9.5 percent weight loss by five years.

Dr. Maurice Pickard:

And what did that do to their medication and their insulin dosage?

Dr. Osama Hamdy:

In general, by the end of the program, people cut their medication down by 50 to 60 percent. They saved on diabetes medication only \$561 in average. Long-acting insulin had been significantly down. The 21 percent of the participants who started on insulin actually stopped insulin by the end of the program, and also the insulin dose had been significantly down through the program. So those people saved on medication but also have much better health and good weight loss.

Dr. Maurice Pickard:

I know Dr. Colberg dealt with the exercise component of your program, mainly, and it begins slowly, but ultimately reaches one hour of exercise six times a week. Have you found this a problem maintaining it, especially in people who work physically, do manual labor? I know in my practice I would talk to people who are bricklayers, electricians, construction work and ask them to ultimately exercise what you're suggesting, and they would look at me and say, "I don't have to do that. I've been on a roof all day. I've been laying pipe all day. I do exercise." Have you had any difficulty in maintaining this particular part of your program?

Dr. Osama Hamdy:

_____ (11:25) is to separate physical activity from exercise. People usually misinterpret that daily activity is not exercise, and this is not absolutely true. Exercise is a synchronized activity that lead to increase the heart rate over a certain bit of time. So, usual day activity will not be counted...although it is very helpful, but it will not be counted as an absolute exercise.

To maintain good amount of exercise will make exercise very simple and easy. We ask people to do three types of exercise. Flexibility, aerobics exercise, and stress exercise, but we usually start with a very simple way in short bouts of 10 minutes. They can do 10 minutes of flexibility in the morning. They can eat at lunch and walk for 10 minutes. This is aerobic component, and then we teach them about using the stretch bend for 10 minutes to do strength exercise.

If, in general, any individual did those 30 minutes per day, this will end up with 210 minutes per week. If gradual increase, there's two, three hundred minutes, clinical research showed that those people who reach 300 minutes usually maintain the weight loss for longer duration, and we have seen in the group that maintained the weight loss for longer duration, most of them continue to do that amount of exercise.

Dr. Maurice Pickard:

Now, I was aware that physical exercise and the kind of exercise you're describing are different. It's just that so often, I heard, "Look, doctor, I'm tired when I get home," and I think it takes a certain kind of motivation. In coming to that, were you able to identify something unique about your successful losers?

Dr. Osama Hamdy:

Yes. You know, successful loser usually continue good level of exercise to start with, and we're able even to define exactly how much exercise those people should do to maintain the weight loss, built on our retrospective analysis, and those people at home maintain the weight loss, and as you mentioned, if we reach close to 50, 60 minutes per day, in short, about each one of 10 minutes is _____ (13:32) during the day it is most likely that that person will maintain the weight loss.

The second part, we noted that people who keep their protein intake in their diet higher and lower glycemic index carbohydrates...those are the types of carbohydrates that don't affect blood glucose level that much or blood sugar level that much. Those also, from clinical trial, are patients who maintain weight loss for longer duration. People who use the meal replacement diabetes-specific metered measurement as part of their nutrition plan also had been shown in many clinical trials, an _____ (14:09) way to maintain weight loss.

Finally, people who weight themselves every single day in the morning and don't skip breakfast, those are the people who usually maintain very good amount of weight loss.

Dr. Maurice Pickard:

Well, after talking to you...certainly I read your book. There's a lot of information in one place. You don't have to go from place to place. It's really a very good addition to most doctors library, but when we come right down to it, there is not simple answer, but nothing worthwhile is, Dr. Hamdy, is it? I want to thank you very much for joining us today.

Dr. Osama Hamdy:

It is my pleasure.

Dr. Maurice Pickard:

This is Dr. Maurice Pickard, and if you've missed any of this discussion please visit ReachMD.com/bookclub to download the podcast and many other in this series. Thank you for listening.