



## *Gastrointestinal Disorders and Obesity*

Obesity is overwhelmingly prevalent in the United States. While obesity usually is associated with diabetes and cardiovascular diseases, there are many gastrointestinal diseases for which obesity is the direct cause or is a significant risk factor, such as reflux. The gastrointestinal tract plays a key role in obesity through its contributions to the production of gut hormones that influence appetite and absorption of nutrients that results in obesity. We discussed the role obesity plays on the gastrointestinal tract with Gastroenterologist Kathryn Hutchins, MD.



According to Dr. Hutchins, "Obesity is an increasing medical and public health problem. Obesity is associated with significant gastrointestinal tract morbidity. Obesity is a direct cause or significant risk factor for many gastrointestinal and hepatic diseases."

Obesity appears to be associated with a higher risk of developing Nonalcoholic fatty liver disease (NAFLD). NAFLD is a disorder affecting the liver and is characterized by deposition of fat within the liver in people who drink little or no alcohol. NAFLD encompasses primarily two categories, specifically isolated steatosis (fat) or steatosis with inflammation changes (nonalcoholic steatohepatitis (NASH)). NASH is associated with liver injury and can lead to fibrosis and ultimately cirrhosis. Approximately twenty percent of patients with NASH will progress to cirrhosis.

"Clinically, physicians utilize tools to analyze the risk of patients with NAFLD. In certain situations, a liver biopsy is performed to evaluate for the presence of inflammatory changes (simple steatosis versus NASH). The mainstay of treatment is weight loss. Studies have shown a significant improvement in liver inflammation with sustained weight loss of 10% (or greater). Medication options are limited; however, there are several pharmacologic agents targeting fat and inflammation in clinical trials for the treatment of NASH."

There is also an increased risk of colon polyps or colon cancer due to obesity. While there are different types of colon polyps, adenomatous polyps and serrated polyps are precancerous types polyps. "When performing colonoscopy, the goal is to identify and remove these types of polyps to minimize the risk of colorectal cancer. Studies have demonstrated an increased prevalence of adenomatous polyps when comparing higher Body Mass Index (BMI) versus lower BMI. Obesity is associated with increased risk of adenoma recurrence and risk of serrated polyps in the colon."

Along with colon polyps, Dr. Hutchins also noted colon cancer risks increase with obesity. "Colorectal cancer is one of the most common cancers in the United States and the second leading cause of cancer deaths. A review of multiple studies have demonstrated obesity as a risk factor for colon cancer. The association is stronger in men. The distribution of fat also makes a difference. Individuals with central obesity (apple shape) are at greater risk than individuals with peripheral obesity (pear shape)."

Other gastrointestinal complications related to obesity include, gastroesophageal reflux disease, erosive esophagitis, Barrett's esophagus, esophageal adenocarcinoma, erosive gastritis, and gallbladder disease. Dr. Hutchins stated, "Within my patient population in gastroenterology, the most common health factors I see are elevated liver enzymes related to nonalcoholic fatty liver disease and gastroesophageal reflux disease."

Dr. Hutchins recommends weight loss as a critical step to reduce GI complications. "Healthy weight loss is best achieved by utilizing a program that adopts long term changes in healthy eating and exercise habits. An initial weight loss goal should be achievable and not overwhelming. Fad diets tend to result in rapid weight loss but also rapid weight gain once the diet is stopped. A dietitian can prove to be a helpful resource to achieve successful weight loss."

To make an appointment with a gastroenterologists at Midwest GI, please contact 402-397-7057.

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