

**A Quote from Dr. Carl Lowe Jr.
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As reported in *FOOD ADDICTS IN RECOVERY ANONYMOUS (FA)*

Perhaps You're a Food Addict? (2013). In *Food Addicts in Recovery Anonymous* (1st ed., pp. 6-8). Woburn, MA: Food Addicts in Recovery Anonymous

I've been doing bariatric surgery since 2004, so I've had eight years of meeting with hundreds and hundreds of people who have struggled with their weight. In my view, undeniably, food addiction is real. I see it every day.

Food addiction is not simply a physical problem. My patients know that they should not eat the foods they eat. They know their eating is taking them down a destructive road of weight gain and the medical problems associated with it - diabetes, high blood pressure, high cholesterol - but they can't help themselves. They have to eat as powerfully as other people have to have a cigarette.

You might be thinking my patients don't know any better, that education is the solution, but ignorance is not the problem. Most of the people I see are more educated than I am about nutrition and dieting and low-calorie foods. Our nutritionist talks with them. We tell them what we want them to eat. We give them lists of healthy foods, but they still can't stop themselves from eating high-carbohydrate, high-fat, or calorically dense foods - flour and sugar foods, as FA would put it. People in FA are familiar with this experience.

My patients come to me because they want a solution, and they haven't ever been able to find one. They've tried exercise. They've tried commercial weight loss programs. They've had personal trainers and tried every diet known to man - diets from books, green tea diets, cabbage soup diets.

Unfortunately, looking at the scientific data, we see that there's no easy solution when people can't control how much and what they eat. The medical literature tells us that if someone weighs 100 or 150 pounds too much, that person has just a 1-2 percent chance of losing that weight and keeping it off over a sustained period of time.

In a gold standard study done in Sweden, researchers tracked about sixteen hundred people who were classified as morbidly obese. One group of about eight hundred people were to lose weight under a doctor's supervision, with a nutrition program, any medications that seemed helpful at the time, and advice regarding exercise and calories. After ten years, they were heavier than when they started. None of them had success to anything like FA during that time.

A second group of eight hundred had bariatric surgery. That group did much better, but the Swedish study and others indicate that surgery can be only one small part of a solution. It can potentially help people with medically diagnosed morbid obesity get down to obesity and then to a place where they're merely overweight, but it's highly unusual for anyone to reach what is medically considered a healthy body weight after bariatric surgery. Typically, a year and a half after the operation, people reach their lowest weight - about 50 percent of what they need to lose - and then, over the next ten years, they slowly regain some of what they've lost, until they reach a plateau.

I tell my patients all the time that they have to change their perception of food and how they relate to it or they will regain their weight. "We can plan surgery for your stomach so that you can't eat large volumes of food," I say, "but I can't do anything to make you wisely select the kinds of food you put into your stomach."