

OFFICE OF RESEARCH ON WOMEN'S HEALTH (ORWH)

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PINN POINT ON WOMEN'S HEALTH

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PODCAST 10:
Obesity

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1 P-R-O-C-E-E-D-I-N-G-S

2 MALE VOICE: From the National
3 Institutes of Health in Bethesda, Maryland,
4 America's premier medical research agency,
5 this is Pinn Point on Women's Health with Dr.
6 Vivian Pinn, Director of the Office of
7 Research on Women's Health.

8 Now, here's Dr. Pinn.

9 DR. PINN: Welcome to this episode
10 of Pinn Point on Women's Health. Each month
11 on this podcast we take a look at the latest
12 developments in the area of women's health and
13 the medical research that affects our lives.

14 For today's podcast, I am delighted
15 to welcome Dr. Susan Yanovski, who is
16 Codirector of the Office of Obesity Research,
17 Director of Obesity in the Eating Disorders
18 Program in the National Institute of Diabetes
19 and Digestive and Kidney Diseases here at the
20 National Institutes of Health.

21 But, first, some hot flashes from
22 the world of women's health research, coming

1 up in 60 seconds when we continue with Pinn
2 Point on Women's Health.

3 MALE VOICE: Recent studies have
4 shown that diabetes can be prevented, and the
5 results are even greater with my patients over
6 age 60. Losing a small amount of weight by
7 getting some physical activity -- 30 minutes
8 five days a week -- and eating healthier has
9 proven to be effective. Listen to the great
10 results from one of my patients.

11 FEMALE VOICE: I had to learn how
12 to change my way of eating, because diabetes
13 runs in my family, and I wanted to take
14 control of it before I got it.

15 MALE VOICE: Having diabetes in
16 your family and being overweight puts you at a
17 higher risk for Type 2 diabetes. These risks
18 increase with age, which is why it is
19 important to take your first step today.

20 FEMALE VOICE: There was a time I
21 could not go from my basement up to my
22 bedroom, but now I can. And that means a lot

1 to me.

2 MALE VOICE: It's not too late to
3 prevent diabetes. Join my patients who are
4 taking small steps and gaining big rewards.
5 For more information on how to prevent Type 2
6 diabetes, call 1-800-438-5383. This is a
7 message from the U.S. Department of Health and
8 Human Services and the National Diabetes
9 Education Program.

10 DR. PINN: Welcome back to Pinn
11 Point on Women's Health. As promised, it's
12 time to take a look at some of the hot flashes
13 in the news regarding women's health research.
14 I want to remind you that the month in which
15 we are recording this podcast contains a day
16 that is HIV/AIDS in Women and Girls Day, and
17 celebrating HIV/AIDS in Women and Girls Day
18 provides us an effort to address the issues
19 about women who are living with HIV and AIDS.

20 You should know that in 2005, women
21 accounted for over a quarter of all new
22 reported AIDS cases. Thirty-six percent of

1 13- to 19-year-olds diagnosed with HIV
2 infection were female. Currently, almost 25
3 percent of all people infected with HIV don't
4 know they have it. And if new infections
5 continue at the current rate around the world,
6 women with HIV may soon outnumber men with HIV
7 worldwide.

8 What can you do? Get tested. Stop
9 the spread. Live longer and healthier,
10 remembering that treatments are available to
11 help women with HIV/AIDS maintain their
12 health. Support and nurture women living with
13 HIV/AIDS, and learn more about how to prevent
14 HIV/AIDS.

15 There are many government resources
16 that can give you information about HIV/AIDS,
17 both prevention, what we know about treatment,
18 and data. Among them is the CDC, the Centers
19 for Disease Control and Prevention. But I
20 would recommend to you the podcast, one of the
21 ORWH podcasts, just from a couple of months
22 ago with Dr. Victoria Cargill from the Office

1 of AIDS Research, where she gives a wonderful
2 discussion about issues related to women with
3 HIV.

4 In another flash, something that
5 I'm very excited about, and that is the
6 announcement just this day of a new NIH Web
7 site that the National Library of Medicine has
8 developed working with the Office of Research
9 on Women's Health. This is a Web site that is
10 devoted to women's health research.

11 It is a one-stop resource for both
12 consumers and researchers. It includes
13 consumer information on health topics for
14 women based upon the most recent NIH
15 priorities for women's health and also
16 provides a source of information not only
17 about health issues, research issues, but also
18 literature information about women's health.

19 We are very excited about this, and
20 if you want to get information and go to this
21 Web site, you can go to nih.gov and click on
22 either NLM for the National Library of

1 Medicine or ORWH, or Women's Health, and go to
2 the Office of Research on Women's Health Web
3 site, which is in fact orwh.od.nih.gov, G-O-V,
4 and look right on our front page and you will
5 see a way to connect right to this Web site.

6 It is new as of the time we are
7 doing this particular podcast. I would
8 recommend and hope you will go to it, that you
9 will find it useful whether you're a
10 researcher, an advocate, a woman, or a man
11 just looking for information about women's
12 health, and please feel free to get to us with
13 suggestions or other comments.

14 Well, we'll have more updates in
15 the next podcast, and coming up next, I will
16 be right back with Dr. Susan Yanovski for a
17 discussion about obesity in women. We'll be
18 back in a sec with Pinn Point on Women's
19 Health.

20 (Brief pause.)

21 DR. PINN: Welcome back to Pinn
22 Point on Women's Health. Our guest today is

1 Dr. Susan Yanovski, Codirector, The Office of
2 Obesity Research, and Director, Obesity and
3 Eating Disorders Program, in the National
4 Institute of Diabetes and Digestive and Kidney
5 Diseases at the National Institutes of Health.

6 Dr. Yanovski is a world authority
7 on obesity and has been extremely helpful to
8 the Office of Research on Women's Health over
9 the years as we have attempted to do what we
10 can to address the issues related to obesity.

11 So welcome, Dr. Yanovski.

12 DR. YANOVSKI: Thanks. It's a
13 pleasure to be here.

14 DR. PINN: Well, we want to talk
15 about women's health, and we want to talk
16 about obesity. We hear so much about obesity.
17 Set the stage for us. Tell us why this is an
18 important topic that we should be discussing
19 and learning about in relationship to women's
20 health.

21 DR. YANOVSKI: Well, obesity is
22 really a major health problem in the U.S.

1 Right now, more than a third of men and women
2 are considered obese. That's a body mass
3 index of 30 or more. And 17 percent of
4 children are considered obese. So it's a
5 really major health problem.

6 Some of the diseases affected by
7 obesity include heart disease, Type 2
8 diabetes, nonalcoholic fatty liver disease,
9 and certain kinds of cancer. In women, for
10 example, both breast cancer and uterine cancer
11 are associated with obesity.

12 DR. PINN: Well, we'll come back to
13 some of those specific conditions that are
14 related to obesity. But I think just to set
15 the stage, when I was growing up, before I
16 became what I hope is a scientist, I can
17 recall that most people who were, shall we
18 say, large in size or had too much adipose
19 tissue accumulated, blamed it on thyroid
20 trouble, whether it was diagnosed or not.

21 What are the major causes of
22 obesity? And what should our listeners be

1 aware of?

2 DR. YANOVSKI: Well, we know now
3 that obesity really has a strong genetic
4 component. That is, if you have a family
5 history of obesity, you are more likely to be
6 at risk for obesity. We've learned a lot
7 about the basic science behind obesity and
8 some of the hormones and chemicals that tend
9 to contribute to obesity, and there have
10 always been people who have been overweight.

11 What has changed in the past 30
12 years is the number of people who have become
13 overweight. Now, we don't think our genes
14 have had a major change in the past 30 years.
15 What has happened is that our environment has
16 changed dramatically, such that it's a lot
17 easier to eat high-calorie foods and large
18 portions, and we tend to exercise less with
19 all of the labor-saving devices. And we tend
20 to be more sedentary. We spend more time in
21 front of our screens and the TV.

22 Now, what we think is happening is

1 that there is an interaction between people
2 who are genetically susceptible to obesity and
3 our obesity-promoting environment, so that
4 more of us today are obese.

5 DR. PINN: What would you say has
6 been the most exciting bit of information
7 related to obesity that we have learned from
8 research in recent years that would be
9 important for women to know?

10 DR. YANOVSKI: Well, I think that
11 right now we are very excited about learning
12 more about the impact of the intrauterine
13 environment, and the effects that your
14 prenatal health may have later on your child.
15 And we are looking into this very carefully at
16 NIDDK. We've had some initiatives and
17 workshops where we are trying to study what
18 impact, for example, does gestational diabetes
19 or pregnancy-induced diabetes have on the
20 baby?

21 There is some evidence, both from
22 animal studies and also from human studies,

1 that if the mom is overweight going into
2 pregnancy, or if the mom has diabetes, then
3 her child is more likely to later develop
4 diabetes or to become overweight.

5 This is a very exciting finding,
6 because it really gives a point of
7 intervention, where if we can help people to
8 come into their pregnancy at a healthy weight
9 and gain a healthy amount of weight during
10 their pregnancy, we may then be able to break
11 the vicious cycle that we are seeing with
12 increasing numbers of kids becoming obese.

13 DR. PINN: I think that's terribly
14 fascinating -- the fact that the intrauterine
15 environment may well affect how you or I might
16 -- how our health will be affected by the
17 intrauterine environment, including whether or
18 not we may be obese, knowing that may be one
19 of many factors, but an important one.

20 What kind of interventions are
21 being studied, or have been shown, to perhaps
22 be helpful in situations dealing with

1 gestational diabetes? And maybe -- we both
2 use those terms. Maybe explain what
3 gestational diabetes is.

4 DR. YANOVSKI: Sure. Gestational
5 diabetes is a special kind of diabetes that
6 develops during pregnancy. Doctors usually
7 find it out by doing a glucose tolerance test
8 where many women who have been pregnant know
9 the doctor gives them a sugary drink and then
10 measures their blood sugar. And it can be
11 controlled sometimes with diet, but you may
12 need insulin during your pregnancy.

13 The important thing about it is not
14 only might it affect your baby, but it also
15 means that you are at high risk later for
16 developing diabetes. So one of the things we
17 want to do is have women come into pregnancy
18 at a healthy weight, because if you are not
19 overweight, you are less likely to develop
20 diabetes.

21 Another really important area is
22 women need to gain some weight, of course,

1 during pregnancy. We don't want to have women
2 gain too little weight, because that can have
3 a negative impact on the baby. But for many
4 years, the emphasis was really on making sure
5 the woman gained enough weight, and that then
6 might have some impact both on the baby's
7 health and also how much weight you tend to
8 retain after you've become pregnant.

9 Right now, the Institute of
10 Medicine is actually putting together a panel
11 to look at this, to say, is it time to
12 actually revise how much weight we are telling
13 women to gain? So that we can have the
14 optimum effect on the baby, but also on the
15 mom and on the mom's health.

16 We also have at NIDDK -- the
17 National Diabetes Education Program has some
18 information on gestational diabetes and on
19 appropriate weight gain during pregnancy. And
20 we are also doing studies, both animal studies
21 and then there are some studies -- right now
22 there aren't many intervention studies going

1 on, but we have had a couple that are starting
2 to look at how to help women during pregnancy
3 eat healthfully and have a nutritious diet and
4 exercise and gain an appropriate amount of
5 weight to protect their babies.

6 DR. PINN: I recall not too long
7 ago some very exciting news coming out of
8 NIDDK, your institute, related to obesity and
9 diabetes. Could you tell us about that?

10 DR. YANOVSKI: Absolutely. This is
11 really truly a landmark study and very
12 important, and that is that diabetes can be --
13 Type 2 diabetes can often be delayed or
14 prevented through lifestyle change. The
15 Diabetes Prevention Program was a very
16 important study where they took men and women,
17 all different races and ethnicities and ages,
18 who were at high risk for developing Type 2
19 diabetes.

20 Many of them were women who had had
21 gestational diabetes, because, as I told you,
22 if you've had gestational diabetes, you are

1 more at risk for developing Type 2 diabetes
2 later. Others were people who just had a
3 slightly elevated blood sugar, what we now
4 call pre-diabetes.

5 And these individuals were then
6 assigned to either a lifestyle intervention,
7 where they try to lose just about seven
8 percent of their body weight through eating a
9 low-fat diet and getting some physical
10 activity, or to a medication called Metformin,
11 or to their usual types of care. And the best
12 results were found in those who had the
13 lifestyle intervention. Their risk of
14 developing Type 2 diabetes decreased by more
15 than a half.

16 DR. PINN: My.

17 DR. YANOVSKI: And even though they
18 didn't lose what we'd consider all that much
19 weight, okay, they lost about seven percent of
20 their body weight, and it even started
21 creeping back up over time, as it often does
22 when you lose weight, it still -- four years

1 later -- had an impact on their health, so
2 much so that they had to stop the study early
3 because the results were so important.

4 DR. PINN: Well, that's
5 fascinating. For listeners who don't know
6 much about clinical research, usually you fund
7 a study, and it goes for a period of years.
8 And if the study is stopped early, it means
9 results have been found. And in this study,
10 the results were good results or results that
11 represented hope.

12 Just think about what Dr. Yanovski
13 has said, that rather than testing for and
14 finding that you might pop another pill or two
15 to help prevent diabetes, that actually
16 behavioral changes could help prevent the
17 development of diabetes.

18 The behavioral changes were --
19 again, reiterate that. I think it's so
20 important.

21 DR. YANOVSKI: The behavioral
22 changes were lifestyle interventions, eating a

1 lower fat diet that had a modest reduction in
2 calories, about 500 calories less a day, and
3 exercising. And most of the exercise was
4 lifestyle exercise, like walking 30 minutes a
5 day.

6 So, you know, these are the kinds
7 of things that people really can incorporate
8 into their lifestyle. It was nothing
9 dramatic. It wasn't a very restrictive diet.
10 It was behavioral changes and lifestyle. And,
11 in fact, there is a small steps/big rewards
12 program, and people can go to the National
13 Diabetes Education Program and find out about
14 how they can make these changes in their lives
15 and help prevent diabetes.

16 DR. PINN: Well, I want to go for
17 some of the bad things about obesity, and then
18 let's end up with a positive note of some of
19 the good things we have learned about obesity.

20 So tell us, I know that you have
21 mentioned obesity as something of concern for
22 babies who are born or mothers who may have

1 gestational diabetes. And we have talked
2 about diabetes in women, reproductive age. We
3 haven't really talked about it in older age.

4 Could you just give us a little
5 demographic information about women, maybe
6 across the life span, and how we compare in
7 the U.S. perhaps to other countries around the
8 world?

9 DR. YANOVSKI: Well, we've had a
10 head start. I'm afraid that other countries
11 are starting to catch up to us in terms of the
12 prevalence of obesity.

13 Right now, about a third of men and
14 women in the U.S. -- adults are obese, which
15 is over 72 million people.

16 DR. PINN: That's a lot of obese
17 people.

18 DR. YANOVSKI: That's a lot of
19 obese people. The good news is that -- we've
20 been showing this dramatic increase for years
21 -- it is starting to flatten out. So maybe
22 some of the messages are starting to get

1 across, and some of the changes that we're
2 seeing in terms of healthful foods being more
3 available are starting to take root. So we're
4 flattening out, but we are sure not there yet.

5 Particular among women, an
6 important demographic is that racial and
7 ethnic minority women are at particularly high
8 risk for obesity. For example, African-
9 American women and Hispanic women who are
10 between the ages of 40 to 60, more than half
11 of them are obese. That's a BMI of 30 or
12 more. And just to give your listeners some
13 idea, that would be a woman who was 5'5" and
14 weighed 180 pounds or more.

15 Severe obesity, which is being -- a
16 BMI of 40 or more, which is about 100 pounds
17 overweight, 15 percent of African-American
18 women age 40 to 60 are severely obese.

19 DR. PINN: Oh my.

20 DR. YANOVSKI: And along with that
21 comes all of the health consequences of
22 particularly diabetes and heart disease.

1 DR. PINN: You were mentioning
2 early on in this discussion about some of the
3 diseases that seem to be affected by, or may
4 well be related I should say, to obesity.
5 Could you talk a little bit more about those
6 and some of the reasons why obesity may be
7 related to some of these diseases and
8 conditions?

9 DR. YANOVSKI: Sure. The one that
10 we often think of -- well, I'm from the
11 Diabetes Institute, so Type 2 diabetes is one
12 that starts -- even when you're starting to
13 get into the lower ranges of overweight into
14 obesity, that is really highly significantly
15 related to obesity.

16 People with obesity, or what they
17 call metabolic syndrome, with a large waist,
18 tend to be very susceptible to Type 2
19 diabetes. And that may also change with race
20 or ethnicity. For example, Asians at a lower
21 BMI, a BMI that might not even be considered
22 in the obese range, may be at higher risk for

1 diseases such as diabetes, because they tend
2 to have more fat around the midsection.

3 And so, you know, there are racial
4 and ethnic differences in people's risk for
5 obesity, and that's why it's so important that
6 you don't just look at the number on the
7 scale. You don't even just look at BMI. But
8 you talk with your doctor, who can look at
9 your family history, who can look at your
10 blood pressure, who can look at the fats in
11 your blood, and your blood sugar, and to
12 really determine for you what your risk is,
13 and how maybe intensive treatment ought to be
14 to try and get your weight down.

15 DR. PINN: Well, what is some of
16 the good news about obesity? Well, I guess
17 not good news that we're seeing an increase in
18 obesity.

19 DR. YANOVSKI: No.

20 DR. PINN: You said it's leveling
21 off. But what is a positive message that you
22 can give related to what we're doing and

1 learning about obesity?

2 DR. YANOVSKI: Well, I think that
3 one of the things we talked about, the fact
4 that we know now that even modest weight loss
5 can really have a dramatic impact on your
6 health.

7 Another is I think that it's
8 getting a little bit easier to eat healthful
9 foods than it was. We were talking earlier
10 today about the fact that, for women in
11 particular, you know, they -- women have so
12 many demands on them. They are often raising
13 kids, responsible for meal preparation for the
14 family, maybe taking care of elderly parents,
15 maybe working outside the home, and it is
16 becoming a little bit easier now to find
17 healthful foods that are also convenient.

18 I think that that -- that's a good
19 news story. I think that people are becoming,
20 again, more aware in schools of the real risks
21 of childhood obesity and starting to look at
22 ways to just make the school environment more

1 healthful.

2 So I think that there is becoming
3 more of an understanding at all levels of our
4 society of what a big problem obesity is, and
5 I think there is a will out there to try to do
6 whatever we can to help people to eat better
7 and to exercise more.

8 DR. PINN: Is there any new
9 research going on that we can look forward to,
10 maybe learning some new things about obesity
11 that our listeners should hear about?

12 DR. YANOVSKI: Well, there's
13 research going on at every level, from very
14 basic science looking at the genetics of
15 obesity and why some people are more
16 susceptible, research about what types of
17 foods that one can eat that might be more
18 healthful and help people control their body
19 weight.

20 There has been research on
21 bariatric surgery, which is a treatment for
22 people who have severe obesity that recently

1 was actually shown to prolong lives of people
2 who have been at high risk for obesity.

3 So we're not there yet. But I
4 think that we have research looking at policy
5 changes and research in communities. So I
6 think that it's a multipronged approach. It's
7 going to take everybody working together at
8 all levels, but I think that research is going
9 to help us understand better why people become
10 obese and to really personalize the treatment,
11 so that we can ultimately do what we want to,
12 which is prevent people from becoming obese in
13 the first place.

14 DR. PINN: In other words, another
15 aspect of personalized medicine --

16 DR. YANOVSKI: Another aspect.

17 DR. PINN: -- for the future.

18 DR. YANOVSKI: Absolutely.

19 DR. PINN: We've been talking about
20 obesity. I didn't ask you to actually define
21 what obesity is. And as we've gone through
22 this discussion, maybe we should just stop,

1 before we end it, and have you define, what is
2 being obese?

3 DR. YANOVSKI: Sure. Obesity is
4 really just an excess of body fat, an excess
5 of adipose tissue. What we do is we often
6 define "overweight" and "obesity" through the
7 body mass index, which is just a measure of
8 your weight divided by your height.

9 And we call someone overweight when
10 their body mass index is 25 or more, which is
11 a -- someone who would be 5'5", a woman, let's
12 say, who weighed 150 pounds or more. And, as
13 I mentioned, obesity -- if that same woman
14 weighed 180 pounds.

15 We also have the whole area of
16 childhood obesity, where the definitions are
17 different because they are based on the
18 child's age and sex, and so that confuses the
19 issue a little bit more. But basically, if
20 you're obese, it means that you're overfat.

21 DR. PINN: You do a lot of public
22 speaking on obesity, and I know that so many

1 people come to you to ask about obesity,
2 including members of my staff, and even I do,
3 because we know that you are probably one of
4 -- not probably, you are one of this country's
5 authorities on obesity.

6 So I want to just sort of have an
7 open mike moment for you. What are some of
8 the things that maybe I didn't raise with you
9 that you would want to have our listeners know
10 about obesity and obesity research?

11 DR. YANOVSKI: Sure. Well, I
12 think, first of all, again, it is a very
13 exciting time in obesity research. We are
14 learning so much. The more we learn, the more
15 complicated we can see it is to really
16 understand how the body regulates energy.
17 That being said, I don't think we're going to
18 need to know all of the answers to be able to
19 have an impact and make a difference.

20 Ultimately, it comes down to energy
21 in and energy out. It's not always easy. I
22 tell people it's not fair. You know, we would

1 all love to have it be very -- very easy to be
2 able to take a pill and not have to worry
3 about what we eat or how much activity, how
4 much energy we expend.

5 But the health benefits are
6 tremendous, and if you can eat a healthful
7 diet, and if you can be physically active,
8 it's going to have more impact than just in
9 terms of your body fat. It's going to make
10 you healthier. It will help your mental
11 health. It will help your cardiovascular
12 health. So there are lots of reasons, other
13 than preventing obesity, to eat a healthful
14 diet and to be physically active.

15 DR. PINN: And how do we help our
16 listeners know what is a healthy diet? You've
17 mentioned some aspects, but how -- what would
18 you suggest they use as resources to learn --

19 DR. YANOVSKI: Sure.

20 DR. PINN: -- about what a healthy
21 diet is and what they should know about
22 helping themselves in terms of preventing or

1 getting rid of their obese state?

2 DR. YANOVSKI: Sure. Well, there
3 are so many resources, both on the Internet
4 and also in terms of printed materials from
5 the NIH and elsewhere. Of course, there is
6 pyramid.gov that will tell you about the USDA
7 pyramid. There's materials -- we have a
8 Weight Control Information Network, and
9 perhaps we can give people that information.
10 I know you can get there through the NIDDK Web
11 site -- that has a variety of materials on
12 healthful eating, physical activity, and
13 weight control that is really fact-based.

14 In addition, there is also now for
15 parents out there who are interested in
16 helping their kids -- We Can is a new effort.
17 It's spearheaded by NHLBI, but the Child
18 Health Institute and NIDDK participate -- that
19 is out there to help parents come up with the
20 tools they need to help keep their kids at a
21 healthy weight.

22 And we didn't talk a lot today

1 about childhood obesity, but this is an area
2 we really have to address or face the
3 consequences years down the road.

4 DR. PINN: Well, before we
5 conclude, let me, then, ask you to focus a
6 little bit on childhood obesity. I know that
7 there are so many stories in the media
8 focusing on obese children.

9 DR. YANOVSKI: Yes.

10 DR. PINN: We see on some of the
11 talk shows, the sensational talk shows,
12 mothers with their kids who eat all day and
13 who are twice, if not more, the weight they
14 should be. What can we look forward to in
15 terms of helping such children? And what is
16 the prognosis for living and life for children
17 with this type of obesity? What should our
18 mothers, our mothers-to-be, be aware of?

19 DR. YANOVSKI: Yes. I think that
20 -- that one of the first things is to make
21 sure that your pediatrician or family
22 physician or other health care provider is

1 looking at your child's BMI, and they should
2 be tracking that. And, again, there are some
3 interventions that we know are good for kids
4 that may help to prevent obesity.

5 For example, decreasing screen
6 time. There is no reason for kids to have a
7 TV in their room today. And the American
8 Academy of Pediatrics recommends that kids
9 have less than two hours a day of screen time.
10 Decreasing sugar-sweetened drinks. Again,
11 these are things that aren't going to hurt a
12 child, can only help.

13 Certainly, while there is some
14 controversy about it, breast-feeding has a
15 number of health benefits, irrespective of
16 whether we find out that it, you know, is
17 necessarily going to prevent obesity. We know
18 that breast-fed children tend to have a lower
19 prevalence of obesity.

20 So there are actually some
21 recommendations out there for both kids and
22 for parents, and for doctors advising parents

1 that may really help to prevent childhood
2 obesity.

3 DR. PINN: Well, I want to thank
4 Dr. Yanovski for providing us with information
5 about how research is helping us to understand
6 obesity, how obesity can affect our health,
7 the interaction between obesity and diabetes,
8 and the fact that there are some new
9 interventions that really aren't so new, but
10 that we're newly learning and reemphasizing
11 through science, to help us deal with, and
12 hopefully prevent and lessen the impact of
13 obesity on our society.

14 So I want to thank Dr. Yanovski,
15 and tell you coming up next a final thought
16 for the month when Pinn Point on Women's
17 Health continues.

18 FEMALE VOICE: Attention shoppers,
19 if anyone is missing a rather plump set of
20 love handles, please come to the Customer
21 Service counter and claim them. The ample
22 love handles were lost in the produce

1 department where their former owner had
2 purchased fruits and veggies to munch on
3 during the big game.

4 Thank you, and have a good day.

5 MALE VOICE: Small step number 81,
6 snack on fruits and veggies. It's just one of
7 the many small steps you can take to get
8 healthy. Learn more at www.smallstep.gov.

9 FEMALE VOICE: A public service
10 announcement brought to you by the U.S.
11 Department of Health and Human Services and
12 the Ag Council.

13 DR. PINN: And now, a few final
14 thoughts. You've heard about obesity. We
15 know it's a problem. It's probably far more
16 of a problem, as you've heard from Dr.
17 Yanovski, than any of us really realize.

18 And the exciting thing is that we
19 are learning that in order to prevent some of
20 the bad effects, ill effects of obesity on our
21 health, sometimes even just a modest loss of
22 weight can make a difference and make us

1 healthier, can prevent diabetes, perhaps can
2 have an impact on many of the other conditions
3 that are affected by being obese, and that is
4 exciting.

5 Research is continuing to help us
6 learn more about the prevention of diabetes,
7 what kinds of interventions help. But just
8 think, with all of the research, what we are
9 confirming is really what all of us should
10 pretty much know, and that is healthy living
11 can make a difference.

12 We have heard that in so many of
13 the topics we have discussed in our podcast.
14 A little bit, or maybe a lot of exercise,
15 watching what we eat, what we take in, and
16 being aware, getting information so that you
17 know about conditions that can affect your
18 health.

19 And as you've heard from Dr.
20 Yanovski, there is good information. If you
21 want information about diabetes, about
22 obesity, and about so many other things that

1 affect your health, all you have to do is go
2 to the NIH Web site, which is nih.gov, G-O-V,
3 and then when you get the Web site you can
4 type in "search" and you can put in "obesity"
5 and it will take you to the NIDDK Web site and
6 let you know what materials are available, or
7 put in "diabetes" or put in "cancer," or put
8 in whatever you are concerned about, and you
9 will be able to get information that is free
10 to you from the National Institutes of Health
11 about research and about what we've learned.

12 Well, that concludes today's
13 podcast. I want to thank, again, Dr. Yanovski
14 for joining us, and I really want to thank you
15 for listening to this episode of Pinn Point on
16 Women's Health.

17 In just a moment, the announcer
18 will tell you where to send your comments and
19 your suggestions for future episodes.

20 I am Dr. Vivian Pinn, Director of
21 the Office of Research on Women's Health at
22 the National Institutes of Health, in

1 Bethesda, Maryland.

2 Thank you for listening.

3 MALE VOICE: You can e-mail your
4 comments and suggestions concerning this
5 podcast to Marshall Love at lovem@od.nih.gov.
6 Pinn Point on Women's Health comes from the
7 Office of Research on Women's Health and is a
8 production of the NIH Radio News Service, News
9 Media Branch, Office of Communications and
10 Public Liaison, at the Office of the Director,
11 National Institutes of Health, Bethesda,
12 Maryland, an agency of the U.S. Department of
13 Health and Human Services.

14 (Whereupon, the podcast ended.)

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