



The following article is adapted from a chapter by the same name written by Lawrence D. Mass for the forthcoming *The Bear Book II* from Harrington Press. It is published here with permission.

Let me now proceed to some of the specific health consequences of being overweight/obese. Though these conditions/diseases are found throughout the population, most are notably more common among those who are overweight. In alphabetical order, here are the most common:

**1) sleep apnea.** The whole field of what we call "sleep disorders" is relatively new. It is only with the publication in recent years of major studies demonstrating the commonness of serious sleep disorders and their health consequences that sleep-disorder clinics, evaluations and guidelines have begun to proliferate. By far the most common sufferers, are those who are overweight/obese. **The principle symptom of sleep apnea is loud snoring.** This is something I've been living with all my life. Ever since I was in my late teens/early twenties I've been told by those I've slept with or near that my snoring is... formidable. Richard Dyer, music critic of the *Boston Globe* (my close friend during the years of my medical training in Boston), once likened the noise level of my snoring to be "like a buzz saw." On closer inspection, many of us loud snorers will be seen to be not only obstructing (the literal cause for the snoring) as we breathe, but entering periods when we stop breathing altogether (hence the term

## Bears & Health Part II

apnea). What results is a night during which quality sleep is fitful, when one awakens from time to time sweating and breathing heavily because breathing had stopped altogether, until the carbon dioxide reached a level that it stimulated rebreathing. **The most serious long-term consequences of sleep apnea are high blood pressure, chronic exhaustion and associated psychological and psychiatric problems, and premature death from stroke or heart attack.**

What can we do? **There are treatments for sleep apnea.** One approach is to lose a lot of weight. In my own case, I feel fairly certain that significant weight loss improves my breathing, and this has kept me from pursuing more certain treatments – e.g., prosthetic devices, to be worn during sleep, that reshape the mouth so that air can be exchanged with less obstruction; and (most successful), CPAP. CPAP (continuous positive airway pressure) is applied from a machine that costs \$1000-2000 and which exerts its effect through a cloth mask or nasal cannulae (prongs) worn during sleep. It is somewhat cumbersome but is by far the most effective treatment to date. **If you think you have sleep apnea – and I've no doubt that a significant percentage of us bears do – you must first be evaluated by a sleep disorders clinic/center, which, for those of you who have health insurance, would be arranged via your carrier and primary physician.**

**2) arteriosclerotic cardiovascular disease** what used to be called "hardening of the arteries." This refers to the phenomenon of plaque buildup in the arteries, the principle contributors to which are cholesterol and other fats. **ASCVD is ubiquitous – most folks have it in greater or lesser degree – but it is most common and serious in overweight adults, among whom it too often eventually exacts a heavy toll – early death from the principal complications of ASCVD – heart attack (myocardial infarction) and stroke. Various cholesterol and lipid-lowering medications can be helpful,**

**but weight reduction remains the optimum treatment.**

**3) arteriosclerotic peripheral vascular disease (ASPVD):** hardening of the arteries, as it applies, primarily, to the extremities (**arms and legs**). The principal manifestation of this disease is a symptom called claudication, whereby the legs don't get enough blood flow and begin to ache from lack of oxygen, sometimes even with minimal physical activity. Other symptoms include tingling and numbness and a sense of having literally cold

**4) arthritis.** Arthritis or osteoarthritis is just what most of you know it to be – an inflammation of the joints and bones that is painful and that can even be deforming, and that seems to be more common as we get older. That's all true, but it is also a lot **more common among overweight folk.** Arthritis can be caused by or associated with other diseases. In most sufferers, however, why it develops (its etiology) is not well understood. And there are no definitive treatments. For many arthritics, losing weight unquestionably helps. Antiinflammatory agents like aspirin, ibuprofen (motrin), naproxen and others can limit inflammation and ease pain; in more severe cases, more powerful medications with serious side-effects and even surgery may be necessary. Though there are no known cures for arthritis, several experimental medications show considerable promise for more sustained relief of symptoms with fewer or no side-effects.

**5) cancers.** Cancers, like many other diseases, are often statistically/circumstantially associated with such factors as age, gender, ethnicity and location. Weight is another. While none of these factors is actually causative, they may be associated with increased risk and are thus called "risk factors." Cancer of the bladder, stomach and lung are more commonly associated with leanness. **Two cancers that have been statistically associated with being overweight are two of the most commonly diagnosed**

