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Meaningful Lives As We Age

Reflections of My Weight Journey with Joe Sapone

Applications from the GSA KAER Toolkit on the Management of Obesity in Older Adults
Momentum Discussions Podcast from the Gerontological Society of America
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Announcer:
Welcome to the Gerontological Society of America's Momentum Discussions, where we explore groundbreaking topics in the field of aging.

Jen Pettis:
Welcome to this GSA Momentum Discussions podcast episode titled *Reflections of My Weight Journey with Joe Sapone*. GSA thanks Nova Nordisk for their support of today's podcast episode. My name is Jen Pettis, and I'm the Director of Strategic Alliances at the Gerontological Society of America (GSA). I'm pleased to serve as the host for today's Momentum Discussion. I am delighted to be joined today by Joseph or Joe Sapone. Joe resides in Atlantic Highlands, New Jersey, with his wife, Carolyn, and their golden retriever, Ella. After a 35-year career in the chemical industry, he currently is doing consulting work, including sales training and coaching. In his spare time, he enjoys hiking, golfing, kayaking, and seeing live music in Manhattan and local Monmouth County venues. Joe has graciously accepted my invitation to share his weight journey with our listeners. GSA appreciates the Obesity Action Coalition (OAC) connecting us with Joe. OAC is a more than 85,000 member-strong nonprofit

organization dedicated to serving the needs of every individual affected by obesity. Joe is one of those members. Welcome, Joe. I'm glad you could join me.

Joseph Sapone:
Thanks for having me. I look forward to the conversation. This is something near and dear to my heart.

Jen Pettis:
Thank you. Joe, would you start by sharing a little bit about when your journey with obesity began? How old were you? What else was happening in your life at the time, and how did your weight impact your life at that time?

Joseph Sapone:
Would you like me to start when I started treatment or earlier than that?

Jen Pettis:
When you began to feel that you were living in a larger body size.

Joseph Sapone:
My body size started increasing soon after the birth of my twins. I was in my late thirties, and I swapped lunchtime workout for naps. I was quite fatigued, as you can imagine. It was challenging in our house that the golden retriever we had at the time left the bedroom after a week and a half to sleep elsewhere.

I started gaining weight and I wasn't much aware of it at the time. I was fairly fit, in the low two hundreds, maybe 215. I was six foot and a little overweight. Over time, I just started growing and sort of maxing out in my early to mid-fifties, at 337 pounds. I had tried several things over time, lost 25 or 30 pounds or more, and subsequently gained it back and usually gained a few pounds more. I'm somebody who knows a lot about nutrition. People tell me I'm a good cook – a gourmet cook - and I was a weightlifter at the gym religiously four times a week. A lot of that changed upon the birth of my twins.

I had started and stopped and failed and saw a couple of specialists, but they weren't obesity-type people. Then I was traveling, and my background is in chemistry, and I have an MBA as well. I've been reading a feature section of the New York Times called The Science Times since I was in my early twenties. I read this article by Dr. Katherine Saunders and her boss, Dr. Louis Aronne, who started his obesity research in the mid-1980s. I read an article whose title was something like Weight loss programs; one size fits all, not a chance. I started reading the article, and I said to myself, "Wow, he's describing my life."

Like he's describing my story, how I've started, stopped, and failed. Also, it's grossly misunderstood, not only by the general population but also by medical professionals who are not necessarily obesity-trained. That was sometime in December of 2016, and I reached out early the next year and scheduled an appointment to see Dr. Saunders, who was at the time at Weill Cornell Medical Center. I don't know how much detail you'd like, but I walked in, I had a Dartmouth sweatshirt on, my daughter attended Dartmouth, and she had the exact same jacket. The bond was immediate, and I won't go into that whole story, but I could tell almost immediately that she was different. From that point on, you sort of project forward eight years. I've lost over 120 pounds, and I've more or less kept it off.

The weight loss journey for me, I think, and you'll find this is fairly consistent for most of the people that go through this: You lose some, you plateau, you gain some back, and if you're on a good program, you lose some more.

You plateau, you gain some back, and hopefully, over time, you continue to lose weight. At this point, I still have about 25 pounds to go. It's still part of my journey. It gets slower over time. The ability to lose weight is still there, but for whatever reason, your body adapts, and that's a whole other technical science conversation.

Jen Pettis:
It sounds like that newspaper article was an "aha moment." You thought, "I'm not the only one going through this. This is my story, and maybe it's not so much that I'm not doing the right things here, but I'm not getting the help I need." Tell me about the birth of your twins, and as they were growing, how did obesity impact your overall health and wellness during that time? Then, as you aged, you continued to get older and carry the extra pounds. Tell me about that.

Joseph Sapone:
I had gone from somebody who was very fit to somebody with stretch marks, from being built to somebody who had put on weight to the point where for me, even to jog, my heart rate would go up out of range, which became dangerous. I developed high blood pressure; my cholesterol went up. I had developed a fatty liver, which is a very worrisome condition to have. I'll say that, in and of itself, is substantial. Then there are these things you feel as a person being overweight and how you're ashamed, and people think it's funny. It's something that is seen as okay to mock for whatever reason. Yeah, it had an impact, but probably because of my own personal nature - I'm very competitive - I tend not to let those things get in my way as much as probably many others. Certainly, it had an impact, but it wasn't like it shut me down. I also had to buy new clothes, which were not inexpensive.

Jen Pettis:
You mentioned a little bit about the stigma and bias that people have. We know that individuals who have obesity and overweight face that stigma, and it further complicates their lives in many cases. Older adults, in particular, may have faced these for years, if not decades, when they face bias in their personal and professional lives, again, due to their body size, but also in healthcare. I wondered if you could share some reflections on how you experience that personally, professionally, or in healthcare settings.

Joseph Sapone:
It's pervasive and I'll say, professionally, it's like one of those things. There's a bias, but you're never going to hear it for the most part. People think you're lazy; they think you're undisciplined. They'll make comments, make faces, blow up their cheeks, that sort of thing. In the healthcare system, I had one doctor in particular who just looked down her nose and said, "You have to lose weight; you're going to die." She would almost chastise me. I left that doctor, frankly, and moved on, and rather than being supportive or helpful, that made the situation much worse. Talk about that as an "aha moment."

A second "aha moment" was when I started with Dr. Saunders. I lost 40 or 42 pounds over eight to nine months, something like that. Then, she informed me that she was going out on maternity leave. Between the time she went out on maternity leave, which was probably three months before she came back, I had lost 42 pounds, but I had gained 12 pounds back while she was away. When she came back, I had a wisecrack. I said I gained an empathetic 12 pounds back because you were gaining weight. She laughed. She's got a good sense of humor in addition to being a great doctor. We sat down to have a conversation, and she said, "Okay, really no big deal. You gained 12 pounds back, and we're just going to change up your meds." I was floored. I was like, wow, this is the real thing.

She understands it. That was what I call a watershed moment in the relationship that I had with her because I could see that her deeds matched her words, which is a highly unusual thing these days.

Jen Pettis:
That's wonderful. You mentioned several other chronic conditions, like high blood pressure. Did the doctors ever offer to support you in treating your weight as part of a chronic condition in order to manage those others? I think of folks who get blood pressure pills, but their root cause is probably the extra weight that they're carrying, and if we had treated that, we might not have needed blood pressure medicine. I'm just curious about your reflections on that.

Joseph Sapone:
No. I took that upon myself and was going to see a therapist who specialized in "eating disorders." On the one hand, that was helpful; certainly, the psychological part of it is important, but it was not effective, obviously. The treatment with Dr. Saunders was, and I actually went one step further. I'm a very analytical person. Dr. Saunders would tell me what I had to do, and I would ask her if I could see the medical journal articles to understand the why behind the what. Reading that was transformative for me because, in retrospect, if you read it and understand why and still choose to do something else, that's a whole different story, right?

The other different thing was that not only was I getting treated, but I was also getting a very comprehensive treatment from somebody who was trained in obesity as a specialty. With one of the original researchers on obesity, Dr. Louis Aronne, it was a very comprehensive approach in terms of caloric reduction, logging my food, watching my macronutrients, getting consistent blood work done, and even managing my gut biome. It was multifaceted, in addition to exercise and weight training, which I hadn't done in years since my twenties. It's 30 years later, and I'm doing cardiovascular up to 150 minutes a week. I had to work up to that and do weight training. It was working and terrific. I mean, it was like, wow. I have to tell you, it was earth-shattering to me how effective it was. In my mind, the key thing was having this multifaceted approach that covered all the different aspects of it, including the psychological parts.

Jen Pettis:
A very comprehensive approach is important to achieve that. Get somebody who's trained in obesity management. You mentioned you had medications, but at the same time, you were doing weight-bearing exercise and cardiovascular exercise as well, along with diet, keeping track of the nutrients, and things like that. Not just calorie reduction, but looking at what you are eating. Not just reducing calories.

Joseph Sapone:
Everybody thinks it is calories in / calories out, but the truth is it's not. I also learned that more than 60% of weight issues have a genetic implication, which was completely new to me. When she said, "It's not your fault"; that's part of what Dr. Saunders was talking about. It's a bit better known now, but seven years ago, nobody had heard of anything like that. They just thought it was easy.

Jen Pettis:
It's not just eat less, move more. There's other stuff going on there. You noted when we conversed earlier, but also during our discussion here, about medications as a component of your weight loss plan. The media has continuous streams of stories about these medications.

From your personal experience, what information has been helpful for you as someone living with obesity, and what has been misleading? What would you caution others about as well?

Joseph Sapone:
They called me in the morning to be a guest on Good Morning America and wanted to interview me later that day. I was already in New York with my friends. I had to pivot and go into preparing for interview mode. I found most of what I've heard in the media to be unhelpful and misleading, with many mistruths, which was my main concern. Then you also hear that secondhand from people who have heard about certain limited aspects of weight loss medications. That was very unhelpful. Frankly, I found that my knowledge level was much higher than what they were talking about. My doctor, a clinician, is not somebody to blow a lot of smoke. She told me I probably knew more than 98% of active physicians about weight loss. Now, I'm unusual. I read those articles.

I'm a little bit of a nerd, although you'd never know. I'm an extroverted nerd. One of the main reasons I prepared so much for the interview was that I wanted to make sure that if they asked me a question that was misleading, I could spin the conversation to something more factual. One of their main things was, will it affect my appreciation or dread of the holidays? I said, "Well, no. Food is a part of holidays, but it's about family and other things." Interestingly, that was their perspective.

The interviewers also disparaged weight loss medications because it is considered a long-term medicine. Aren't blood pressure meds like that, more or less, unless you improve your circumstances? The other thing is that there are 200 conditions associated with obesity. They talk about the monthly cost, but what they don't talk about in the media is what is the cost over somebody's lifetime for those 200 conditions or whatever set of conditions they have relative to what it would cost to treat obesity. Nobody's done that math yet, but right now, it is in progress in so-called meta-studies.

Jen Pettis:
You mentioned cost, which is important to mention. Right now, Medicare doesn't provide coverage that allows older adults to access the full continuum of care. They don't allow older individuals or people on Medicare to access weight-loss medications. I shouldn't even say for weight loss; I should say for obesity management. These are not cosmetic medications. They also don't allow intensive behavior therapy or a comprehensive approach. What messages do you have for policymakers about what older adults deserve to treat the chronic condition of obesity?

Joseph Sapone:
I have some pretty strong feelings about this. Medicare covers medication used to treat diabetes, but not for obesity per se. I would urge and encourage our leaders to think through the concept of the net cost of dealing with the conditions associated with obesity versus dealing with obesity in and of itself. Give people the resources they need to get their situation back to where obesity is less of an issue or not an issue so that they can improve their health outcomes. For what it's worth, I'm off the cholesterol meds; my blood pressure meds are in half and may likely be going away. My fatty liver is gone. I've probably added 10 or more years to my lifespan. I'm taking fewer meds overall than I was way back when. Frankly, I'm exercising, and weightlifting and it's had a huge impact on my life, mindset, and energy level.

Jen Pettis:
I would love for you to also comment on your quality of life, Joe.

Joseph Sapone:
It's remarkable. I live in a great place with a great park system, and I hike with the dogs. It has dramatically improved my quality of life. It's remarkable. I've had to buy a whole new set of clothes, which is a high-class problem, but you feel and act differently. It energized me in an incredible way.

Jen Pettis:
That's wonderful. Joe, I appreciate you taking your time and your openness and sharing your story. It's been lovely to have this conversation with you. What are some final thoughts you'd like to leave our listeners with?

Joseph Sapone:
That the technology and the options that are available to help people lose weight are dramatically different than they were five years ago, and compared to 10 years ago, it's not even close. Many things can be done. I would highly encourage people to seek out an obesity specialist. There's a lot of misinformation out there about so-called compounded products, such as you can get counterfeit materials, you can get bad advice, and you can get incomplete advice. I'd invest in yourself, and you only get one shot at this, right? There are lots of options compared to what there used to be, and it will change your life.

Jen Pettis:
That's wonderful. Joe, I can't thank you enough for joining me. Thanks to everyone who listened to this episode of the GSA Momentum Discussions podcast. We hope you found it informative and enjoyable. Again, Joe, thank you so much.

Announcer:
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