

Obesitas Surgery Can Cure More than Obesitas Alone. Contact Can Change a World

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Case Report

When he first came into our practice, we all were somewhat afraid of the Very Fat Man. He had moved in our area and we had the "honour" to be his general practitioners.

His file showed diagnosis "astma" and "aggression-regulationdisorder" and he had plenty medication to alleviate his symptoms: $2\times25 \text{ mcg}$ salmeterol, $4\times400 \text{ mcg}$ salbutamol, $3\times40 \text{ mcg}$ ipratropium and $2\times250 \text{ mcg}$ fluticason. One or two times a year he suffered an exacerbation but stop smoking was impossible to him, because he would get more aggressive, as he said. Once a psychiatrist dismissed him with high doses of benzodiazepines, which he took for years; now he takes every day: $2\times50 \text{ mg}$ oxazepam and $2\times2 \text{ mg}$ flunitrazepam and this dose seemed indeed to prevent burst-outs, as his wife told me once. His aggression, he told me, ("stress-reaction" as he called it) was rooted in the very severe illness of his first child in her first year of life (1991). However, already in 1981, when his weight was only 107 kg, he was prescribed with small doses of benzodiazepines quite often.

Gradually his morbid adipositas prevented any outdoor activity and for years, he could not do anything but sitting on the floor (since no chair was able to hold his 256 kg). This inactivity enhanced his weight-gain and his smoking. For several years, it was thought that, his case was hopeless, so no way was found to improve his life. It was rather anger than "a professional distance" that characterised my attitude to him. During a home-visit for another exacerbation, the man was seen with his neglected body, sitting on the messy floor of the living room, full ashtray on the table, asking for some antibiotics. This lifestyle would surely be lethal, sooner rather than later.

Now -5 years later- he tells me that this moment was a turning point for him: only then, he realized the danger he was in. Two weeks later, he came to the clinic to discuss possibilities for change. This resulted in referral for obesitas-surgery and all the medical care that was needed before and after. Several operations later, he had lost >150 kg and he keeps his weight stable now with diet for more than two years.

He got regular work, quitted smoking and feels much better.

He stopped the asthma medication (which he had used for more than 25 years) without any problem. He gradually stopped his benzodiazepines in a few months (with some outbursts of aggression indeed) and is now not disturbing his family anymore with his bad moods or violence. His wife told me that he has changed and his violence had disappeared for years now. This year he will get 50 years with many scars but a proud mind.

There is a well-known association between obesitas and asthma [1] and improvement of asthma after bariatric surgery has been reported before [2,3], but this improvement in my patient does probably also result from stop-smoking. The improvement in his psycho-social functioning is also striking, but not altogether unexpected [4,5].

Most astonishing was the way all this improvement started: the contact that was made by expressing caring feelings might have helped this patient to change.

This patient taught us how surgery might cure behavioural problems and to keep courage.

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