



Hennepin County Medical Center's Guilford Hartley, M.D., fights obesity one patient at a time.

Photo by Steve Wewerka

On a warm July afternoon, Guilford Hartley, M.D., is talking about weight. More precisely, he's talking about how to lose it, and lose a lot of it. Seated in a windowless conference room in Hennepin County Medical Center, Hartley delivers a lecture that has become second nature for him to about a dozen people, most of whom are women and all of whom are obese.

All have struggled to lose weight and keep it off. After a lifetime of failure with diet, exercise, and other strategies, they are now considering bariatric surgery to help them shed sometimes 100 pounds or more. The participants, who look like the growing number of overweight people you might see at work, on the street, or in your own family, want to know how long they must wait to have the surgery, how long it will take them to recover, and whether their insurance will pay for it. Most of all, they want to know if surgery is right for them.

Hartley solicitously answers, "Yes, Sir," and "Yes, Ma'am," showing a bit of old-school formality. He is a well-spoken man who comes from a prominent Duluth family. His great grandfather and namesake was, in Hartley's words, a low-level Robber-baron who started with nothing and eventually became a lumber tycoon and started the Duluth Street Railway Co.

The 55-year-old Hartley is no swashbuckling character, however. He is deliberate and more interested in poring over data than being the focus of attention. As he speaks to this group, he incorporates a heavy dose of the latest research on weight loss. "I try to emphasize . . . that obesity is dangerous and people die from the complications of obesity, and that surgery is the most effective treatment for severe obesity. And although it . . . is not perfectly safe, it is safer to have surgery than no effective treatment," he says.

The prospective patients, as well

THE STRAIGHT SHOOTER

By Scott D. Smith

As medical director of the Hennepin Bariatric Center, Guilford Hartley, M.D., relies on no-nonsense talk to help obese patients step out of their oversized shadows.

as Hartley's current ones, appreciate his candidness. "He's a no b.s. kind of doctor," says John Herges, 47, of Minneapolis. Herges had bariatric surgery at HCMC this summer and was treated by Hartley for complications.

According to Hartley, about three-quarters of the people attending his talk are likely to have the surgery within a year. Of those, about one-quarter will end up seeing Hartley, who directs the Hennepin Bariatric Center, for complex pre- or postoperative situations.

Like other such centers in Minnesota, HCMC has seen its bariatric surgery business grow. In 2000, the center performed fewer than 50 surgeries; last year it did 334, which, according to the hospital's CEO Jeff Spartz, provided the safety-net facility with much-needed revenue.

As a scientist, Hartley knows that the most frequently recommended weight-loss approaches—diet, exercise, and even drugs—don't work for many patients. He believes surgery is the best option for the severely obese—people with body mass indices (BMIs) greater than 35 who have a comorbid condition such as diabetes, and for those who have a BMI over 40. And that conclusion isn't one he's arrived at lightly. It comes from years of seeing disappointing (and sometimes lethal) results with weight-loss devices, drugs, and other therapies.

Accidental Obesity Expert

When Hartley joined Hennepin Faculty Associates, the medical group that

provides patient care at HCMC, as a primary care physician in 1985, he didn't set out to become an obesity expert. At that time, few primary care physicians were interested in obesity, which was largely seen as a personal failing rather than a medical problem. About that same time, Donald Jacobs, M.D., a general surgeon who is now CEO of Hennepin Faculty Associates, joined HCMC and was developing an expertise in gastric bypass surgery.

Jacobs asked Hartley to provide medical evaluations for patients interested in weight-loss surgery, which wasn't the treatment of choice in most cases. Though bariatric surgery in the United States was pioneered in the Twin Cities (University of Minnesota surgeon, Richard Varco, M.D., performed one of the world's first intestinal bypasses in 1954; the procedure evolved into today's gastric bypass), it was still considered a radical option in the 1980s. "People recognized that it was not the theoretical ideal, so they were always looking for alternatives," Hartley says.

Hartley closely followed the trial of a number of those alternatives. Among them was what he calls "the balloon fiasco." In the mid 1980s, HCMC was gearing up to offer patients what was then considered the latest and greatest obesity treatment: a balloon implanted in the stomach and inflated to limit eating. The idea never made it aloft because the balloon spontaneously deflated in some patients and caused a bowel obstruction. "It was never a good idea, and there

was never proof it would work or be safe," Hartley says. The balloon was taken off the market before it was ever used on a patient at HCMC.

One treatment that looked like it might help patients was the drug combination of phentermine and fenfluramine. The Food and Drug Administration (FDA) approved the two drugs for obesity treatment decades ago (phentermine in 1959 and fenfluramine in 1973). Physicians prescribed them separately until 1992, when a series of published articles suggested that using them in combination could treat obesity.

Use of the drugs, known as "fen-phen," took off, and by 1995, physicians had written 14 million prescriptions. Hartley saw fen-phen as a possible alternative to surgery. So he started giving the drug to patients as part of an open-label trial in 1994.

He also did something colleagues consider remarkable: With no funding and on his own time, he set up a database to track vital statistics of his obese patients who were taking the drug combination. Little did Hartley know that his homegrown database would eventually help researchers confirm that fen-phen was life-threatening.

In 1997, the FDA issued a public health advisory about the drug combo's potentially damaging effect on heart valves. Fenfluramine was withdrawn from the market later that year. Shortly after that, endocrinologist Mehmood A. Khan, M.D., who worked at HCMC at the time, met an

GUILFORD HARTLEY, M.D., AT A GLANCE

Present positions

Medical director of the Hennepin Bariatric Center; clinical assistant professor of medicine, University of Minnesota.

Education

M.D. University of Minnesota Medical School, 1979
Residency, internal medicine, Hennepin County Medical Center, 1979-1983

Family

Wife, Kathy; son, Sam, 21; and daughter, Eliza, 15

Hobbies

Reading history, literary novels, and Harry Potter

What his peers say

Guilford Hartley's colleagues say he's kind of like a good banker—detailed, organized, and trustworthy. In Hartley's case, those qualities make patients (quite a few of whom have been physicians over the years) feel comfortable trusting him with their health. Above all, colleagues say Hartley is the consummate workhorse primary care doctor who uses his mind, his curiosity, and his belief in science to treat his patients.

"He's a physicians' physician," says Donald Jacobs, M.D., CEO of Hennepin Faculty Associates. Jacobs specializes in gastric bypass surgery and is a former Hartley patient.

HCMC CEO Jeff Spartz describes him as a "Sherlock Holmes" of internal medicine. Like Holmes, not all of Hartley's conclusions please. "The only advice he ever gave me that I didn't like was to lose weight," Spartz says.

FDA official at a diabetes conference and told him that a physician in his group already had excellent data on long-term fen-phen users. That led to the funding of a comparison study involving Hartley's fen-phen patients and a control group. The study, which resulted in the publication of an article in *The New England Journal of Medicine* in 1998, proved claims that the drugs, rather than obesity itself, as some contended, was damaging heart valves and confirmed the decision to keep the drug off the market.

Hartley's diligence—and its results—impressed his colleagues. "Here is a person, a practicing primary care physician who set this up because he wanted to give good care to his patients, and he did it in such a scientific way that the FDA could come in and use it," says Susan Nicol, Ph.D., a senior clinical psychologist at the Hennepin Bariatric Center.

Jacobs, who describes Hartley as a professional, detailed guy, says he doesn't cut corners or jump to conclusions. Instead, he says, Hartley does the grunt work needed to find answers.

Personal Battle

Hartley also shows empathy for his patients. He understands their struggles, having battled his own weight since childhood. Like most people who rely on diet and exercise alone to control their weight, he's been slowly losing the battle of the bulge. "I kind of feel that I am hanging on with my fingernails scratching down the wall like Wile E. Coyote falling into the canyon," Hartley says.

Hartley has had two episodes of major weight loss in his life. The first came after he graduated from Kalamazoo College in Michigan with a B.A. in physics and spent a year teaching English in Germany. Hartley worked only 12 hours a week and spent enjoyable days exploring the historical sites around Cologne on his bike. He shed

50 pounds and reached his ideal weight of 155 pounds in about eight months without even trying.

While in Germany, he also decided to come back to the United States and study medicine. During his medical training at the University of Minnesota, Hartley's weight went up and down. At first, the stress of medical school caused him to put the weight he lost in Germany right back on. By the end of medical school, he again lost about 50 pounds by restricting his diet and riding his bike to clinic. But he found he couldn't maintain that routine during his internship and the scale started creeping upward again.

Hartley says his own struggles helped spark his professional interest in obesity. He also says it helps him understand his patients' frustration with trying to take and keep weight off using diet, exercise, and behavior modification.

So what does a doctor who treats obesity prescribe for himself and others? He's sad to say he hasn't found a really effective treatment option for people like himself who are moderately overweight and are not candidates for surgery.

That is in large part because he sees the obesity epidemic sweeping America as a cultural problem rather than a medical one. There is no definitive research answering the question of why Americans are getting fatter, he says. But there is a growing consensus that it is because we are less physically active and are surrounded by a broad variety of palatable foods. "Sitting around and having delicious and enticing food in front of us all the time has resulted in obesity," he says. He points to a study that found that if you give lab rats an abundance of standard rat chow, they maintain a normal weight, but if you give them a variety of especially tasty, sweet and salty foods, they became obese. "We are performing that same experiment on ourselves," he says.

Given the cultural causes of obesity, he sees the long-term solution also as being cultural—changing the built environment so that it becomes easier for people to be physically active, eliminating sugary drinks from schools, a shift away from labor-saving devices, and so forth. But such changes take time.

And that places physicians who are dealing with patients whose weight keeps increasing every year in a tough spot. Because obesity is a disease with clear medical repercussions that also is very difficult to prevent, Hartley says physicians should advise their patients to continue trying to lose weight or at least stop gaining weight. But there is not much more they can do, he says, and that makes doctors uncomfortable.

Changing Minds, Changing Lives

Knowing that he can't change society, Hartley is instead trying to help patients one at a time and change the minds of physicians. If there's one message he would like primary care physicians to take to heart it's that bariatric surgery can improve—and in some cases save—the lives of certain patients.

“As a group, the medical profession needs to get over its prejudice against weight-loss surgery and begin exploiting it for the benefit of patients,” Hartley says.

He says studies have shown that obese patients undergoing gastric bypass tend to lose and keep off 50 to 60 percent of their excess weight. Such weight loss can cure a patient's diabetes and hypertension and alleviate their arthritis symptoms, he says. The weight loss also improves sleep apnea, allowing about 50 percent of patients to stop using their CPAP blowers.

Not content to rely on existing data, Hartley is quietly tracking data on his own patients. He's found that after a year, only about half of the surgical patients keep their follow-up ap-

pointments with the center. Those who do come in for follow up have lost about 60 percent of their excess body weight, on average. Ten years after surgery, only 20 percent are continuing to come in for follow up appointments. This group, which may not be representative of all patients who have had the surgery, has continued to keep off about 33 percent of their excess body weight.

And it's from those patients, who

have shed the lifelong burden of being heavy, that Hartley gets his greatest rewards. “There is a great deal of joy in seeing the patients feel euphoric . . . and seeing the life-transforming effect of weight-loss surgery,” he says. Seeing a patient's diabetes go away is just “the most satisfying thing in the world.”

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