

HEALTH

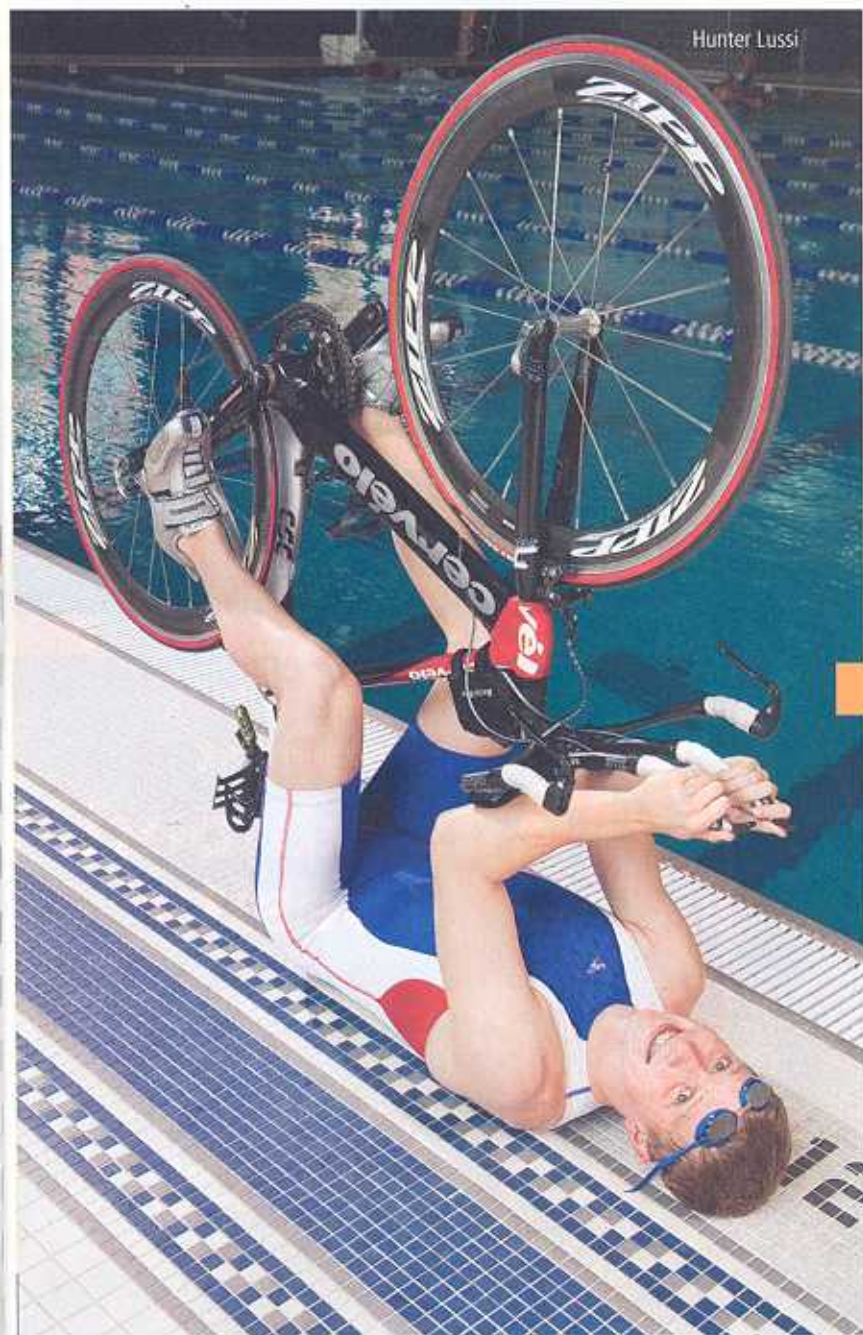
SEPTEMBER/OCTOBER 2010

LOSING TO WIN

The battle
against
**childhood
obesity**

Kensington teen
Hunter Lussi
is an Ironman triathlete
and advocate in the fight
against obesity.

Hunter Lussi



ERICK GIBSON

154 Follow the Leader

How a Chevy Chase dermatologist cares for her own skin.

By Leah Ariniello

COVER STORY

156 Weighty Subject

One inspiring teenager from Kensington thinks he has the answer to childhood obesity.

By Stacey Colino

166 The Trials of Parker Robb

After beginning life in a bubble, a local teenager is living life to the fullest.

By Lisa Braun-Kenigsberg

172 The Messenger of Ward 57

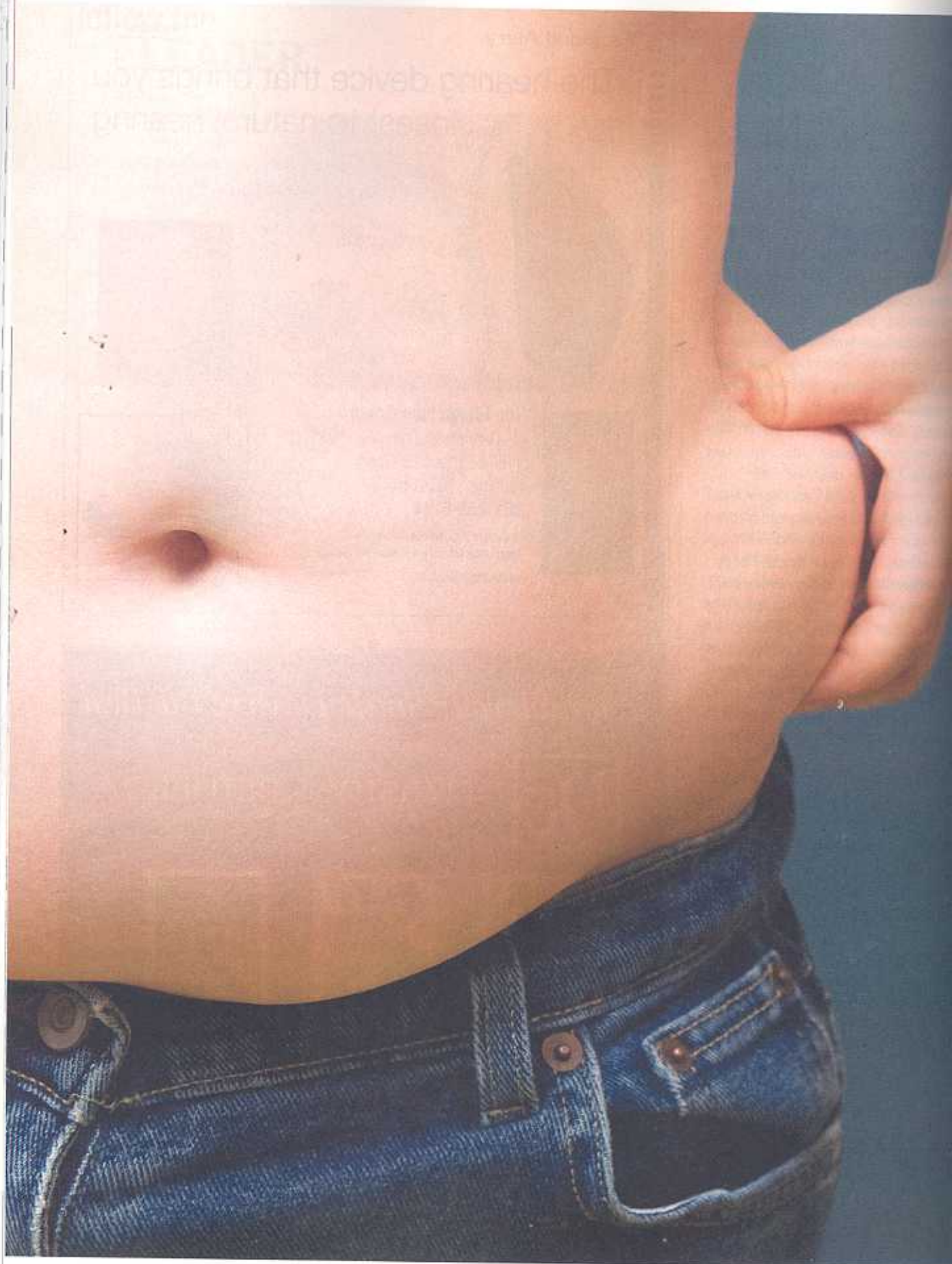
Mary Bochanis knows what life can be like for amputees and their families at Walter Reed.

By Meredith Carlson Daly

176 Health Calendar

Seminars, running events and support groups.

By Virginia Myers



weighty subject

How Montgomery County experts—and one extraordinary teen—are working to combat childhood obesity

By Stacey Colino



Once a self-described fat kid, 16-year-old Hunter Lussi now works to promote fitness in this country. He's pictured here at Georgetown Prep.

By his own admission, Hunter Lussi used to be a fat kid. From the time he was a toddler, he had a burgeoning belly and chubby cheeks, and "he was at the top of the weight charts—at the 95th percentile," recalls his dad, Craig. At school, Hunter was occasionally picked on for being fat, but the school put a quick end to the teasing and taunting.

What was more frustrating for Hunter was the fact that he came from a family of accomplished athletes who are naturally slim: His mom, Jeannette, was an all-state soccer and lacrosse player in high school and is now a serious triathlete; his younger sister and brother play travel soccer; and his dad, a former competitive figure skater, now does triathlons. Hunter's grandfather, Craig M. Lussi, was an Olympic ski jumper for the United States in 1960, and his great-grandfather, Gustave Lussi, was

instrumental in developing the modern sport of figure skating and coached some 300 national, Olympic and world champions.

That's quite a legacy in the Kensington family, and early on, Hunter felt out of sync. "I'm the least coordinated person in this house," admits Hunter, an earnest 16-year-old with bright eyes and a shy grin. "I'd do the same things my brother and sister...do—and I kept wondering why I was different, why I have a slow metabolism." It's true, his dad says: "When Hunter eats something, it stays with him. If he eats a cookie or a doughnut, it's almost as if he has consumed two or three in terms of how much exercise he has to do to work it off."

Hunter could have sat back and felt sorry for himself. Instead, he decided to look for physical activities that suited him. He already knew he didn't enjoy



Hunter and his siblings

“I’d do the same things my brother and sister, who are **skinny** and very coordinated, do—and I kept wondering why I was different, why I have a **slow metabolism**.”

—Hunter Lussi, 16, of Kensington



Hunter at 13 with Robert Vigorito, founder of the Columbia Triathlon, before the start of the Ironman swim

soccer, karate or football, but he discovered he was a natural swimmer—“because I was fat, I could float,” he says—and he enjoyed riding his bike.

Then, in 2000, he accompanied his parents to the Ironman Triathlon in Lake Placid, N.Y., and got caught up in the energy and excitement. As his parents neared the finish line, Hunter ran onto the course and grabbed their hands so

they could cross together. Right there he decided he’d compete in a race like that one day. It was a major turning point.

The nation is in the midst of an obesity epidemic—and kids are over-tipping the scales right along with their parents. A third of children and teenagers are either obese or at risk of becoming obese, according to the Washington, D.C.-based

WASHINGTONIAN PLASTIC SURGERY

NAVIN K. SINGH, MD

Iitown, Harvard, and Hopkins trained dual board-certified Plastic Surgeon

Imagine a new you...

We provide each client with the latest and safest personalized plastic surgery care in order to meet our patient's goals and create beautiful natural results with concierge attention.

Washingtonian Magazine Top Doc

as voted by doctors in the Washington, DC Metropolitan Region



CALL: (888) 903-2362

WWW.WASHINGTONIANPLASTICSURGERY.COM

Chevy Chase - 5454 Wisconsin Avenue, Suite 1710
Chevy Chase, MD 20815

Tysons Corner - 8200 Greensboro Drive, Suite 120
McLean, VA 22102

Richard J. Castiello, M.D.

Board Certified

DERMATOLOGIST

DISEASES OF THE SKIN INCLUDING, BUT NOT LIMITED TO, ACNE, INFECTIONS AND ECZEMA

SURGERY OF BENIGN AND CANCEROUS GROWTHS OF THE SKIN

COSMETIC PROCEDURES:

BOTOX • RESTYLANE • LASER HAIR REMOVAL
LASER TREATMENT OF FACIAL VEINS
SCLEROTHERAPY FOR LEG VEINS • CHEMICAL PEELS

HIGHEST MEDICAL QUALITY
SKIN CARE PRODUCTS

5530 WISCONSIN AVENUE, SUITE 1418
CHEVY CHASE, MD 20815

(301) 986-1880

WWW.DRCASTIELLO.COM

“We suspect [girls are] overeating to cope with stress and difficult relationships. We think they’re using food to numb out the negative emotions.”

—**Marian Tanofsky-Kraff,**

a researcher at the Unit on Growth and Obesity at the National Institute of Child Health and Human Development

Institute of Medicine. In the last 30 years, the prevalence of obesity has more than doubled among children 2 to 5, more than tripled among kids 6 to 11 and increased even more among individuals 12 to 19, according to the Centers for Disease Control and Prevention (CDC). Statistics like these inspired first lady Michelle Obama to launch the “Let’s Move” campaign earlier this year, which aims to reduce this country’s childhood obesity rate dramatically in the next 20 years.

Ideally, kids (and their parents) will slim down by following Hunter Lussi’s lead. After that fateful Ironman triathlon in 2000, Hunter, then 6, went home and started working out. At school, he ran during recess and joined a swim team. Over the course of a year, he worked up to swimming 500 yards, followed by biking 10 miles, and then running 2½ miles.

At 13, he participated in his first Ironman triathlon in Cambridge, Md., and became the youngest Ironman Distance Finisher in history. He swam 2.4 miles, biked 112 miles and ran 26.2 miles. At 14, he joined a swim team at the North Baltimore Aquatic Club, where Olympic gold medalist Michael Phelps still trains when he’s in town—and though it was a gradual process, that’s when Hunter really started getting thinner. Since then,

his athletic accomplishments have been featured in *Sports Illustrated Kids*, *Current Health*, *The Washington Post* and elsewhere. Now 5 feet 9 and 167 pounds, Hunter has competed in 37 triathlons—and become a model for slimming down and shaping up.

“Through the process of training and achieving these goals, I became fit and thinner, and I feel better,” says Hunter, a junior at Georgetown Prep who has written a booklet called *America, Get Off the Couch!* and met with members of Congress to promote fitness for all Americans. He also is trying to get federal legislation passed that would make Labor Day America’s “Fitness Tri Day.”

Far more than an aesthetic concern, childhood obesity can have serious consequences. Obese children and teenagers are more likely to become obese adults. They’re also more likely to suffer adult-size, weight-related health problems during childhood, including high blood pressure, lipid abnormalities, type 2 diabetes (formerly called adult-onset diabetes), liver disease, obstructive sleep apnea and orthopedic problems.

“Children are having the onset of these obesity-related medical problems in childhood, and they’re going to

carry these through adulthood,” says Dr. Sandra Hassink, chair of the American Academy of Pediatrics’ Obesity Leadership Workgroup and director of the Nemours Pediatric Obesity Initiative in Wilmington, Del. “Obesity itself is the driver of these conditions, and it’s a symptom of what’s not going right in our environment—in terms of diet and exercise—for kids.”

And research has found that “overweight kids are more likely to be bullied, which can lead to trauma and psychopathology down the road,” says Ann Jacob Smith, a psychotherapist specializing in weight management and eating disorders in Chevy Chase. “Overweight kids generally aren’t happy kids—they’re often ostracized and mistreated.”

Even if they’re not overtly mistreated, they may experience subtle forms of discrimination. A Chevy Chase mother whose 9-year-old son has a large build and is at least 10 pounds overweight recalls an incident in the late spring on a group camping trip. While her son had fun on the trip, it bothered him that the mother in charge of S’mores gave him just one, even as other kids were having seconds and thirds. A few days later, the boy’s mother saw the woman at the pool and mentioned the incident. “I wasn’t going to let him have another 500 calories,” the woman said, “so I let him have another marshmallow.”

“I know my son’s feelings were hurt,” his mother says, “and this is another example of being treated differently if you’re an overweight child.”

Years ago, pediatricians didn’t use the word “obese” when classifying a child’s weight, but the language used today is the same for adults and children. Among children 2 to 19, a body mass index (BMI, a measure of weight in relation to height) between the 5th and 84th percentiles for that child’s age and sex is considered a “healthy weight.” Those whose BMI falls



STACY ZAPIN-GOLDBERG

Marian Tanofsky-Kraff

(left) and her colleagues at the Uniformed Services University of the Health Sciences and the National Institutes of Health are looking for **girls 12 to 17** years old who are **above average weight** and experience episodes where they feel a **loss of control over their eating**. If you're interested in having your daughter participate, call **1-800-411-1222** and mention **study #08-CH-0139**.

between the 85th and 95th percentiles are "overweight." And those above the 95th percentile are "obese." (Parents can calculate their children's BMI at apps.nccdc.gov/dnpabmi/Calculator.aspx.)

It's not enough for parents to visually judge their child's weight, experts say, because the perception of what's "normal" has shifted. As body weight in the United States has increased in recent decades, someone considered heavy in the 1970s or 1980s may appear quite normal now. "You get used to what you see in your environment," Hassink says. "The landscape has changed, so the question is whether we're recalibrating ourselves to see things differently. That's why we want to measure kids' height and weight and calculate BMI. Just using your eyes doesn't always give you the most reliable picture."

Many parents believe that chubbiness in young kids is simply "baby fat," something they'll outgrow. But that may not happen, given that we're living in what experts call an "obesogenic" environment, one in which excessive calorie intake and decreased physical activity con-

spire to pack on unnecessary pounds. "The environment has changed for kids," Hassink says, "and we can't assume they'll outgrow their excess weight."

Often, the solution isn't for an overweight child to lose weight but to keep the weight steady until his or her height can catch up. What experts don't want to do is set kids on a course of early dieting, as this is now known to be a risk factor for becoming overweight as an adult or developing an eating disorder.

Because her 11-year-old daughter was thinking about losing weight, Jackie Seguin took both her and her 8-year-old daughter to a nutritionist. The girls have consistently been in the 90th percentile for weight, and Seguin wanted to help them focus on health, not weight. "I know that I'm a role model for my daughters, so it was important to educate them about their dietary needs, healthy portion sizes and general wellness," says Seguin, a Chevy Chase resident who has struggled with her own weight most of her life. "Our fridge now displays the food pyramid and a list of

25 healthy snacks on the exterior and lots of fruits, vegetables and low-fat dairy choices inside, so it's easy for the girls to grab healthy foods."

Many of the factors contributing to child obesity are ubiquitous: consuming too much junk food, sugary beverages and super-size restaurant portions, as well as too little physical activity and too much time in front of the television, computer or personal game systems. "In the computer and tech age, there's a whole culture around sitting down now," Smith says. Many parents don't feel comfortable letting their kids play at the park, the playground, or even in the front yard without parental supervision. So if that's not an option, kids are forced to stay indoors.

Meanwhile, with nationwide cutbacks in physical education in public schools, parents can't count on kids getting enough exercise at school. Instead of having P.E. every day, as kids used to, they now have it once a week in most places. Some parents criticize the quality of Montgomery County school

lunches, although “the county does a better job than most schools, in terms of meeting the federally designated nutrition standards and providing more food choices while working within the small budget they have,” says dietitian Ann Gerber, owner of Wellness On The Run, a Bethesda-based weight management and wellness practice.

In Montgomery County, families’ over-packed schedules are adding to these challenges. “This is a pretty health-conscious area,” Gerber says, “but because of the busyness of people’s lifestyles, families are eating fewer meals together at home, they’re opting to eat out more in restaurants or ordering takeout, and snacking more throughout the day on energy-dense foods such as brownies, cupcakes, chips and sugary drinks. All of this is contributing to kids becoming overweight.”

On some level, “kids and their parents know they should eat less and move more. The question is: Why are they overeating, especially unhealthy foods?” says Marian Tanofsky-Kraff, an assistant professor of medical and clinical psychology at the Uniformed Services University of the Health Sciences, and a researcher at the Unit on Growth and Obesity at the National Institute of Child Health and Human Development in Bethesda. To find out, Tanofsky-Kraff and her colleagues are conducting a four-year trial to identify what triggers a loss of control over eating and what interventions seem to help. Although the study is only at the midpoint, Tanofsky-Kraff has noticed some patterns.

“In particular, girls with loss-of-control eating episodes tend to have generally healthy eating and exercise patterns—many are on sports teams—but they gain too much weight as they grow, and we think this may be due to the episodes where they lose control of their

Obese children and teenagers are more likely to ... suffer **adult-sized, weight-related health problems** during childhood, including high blood pressure, lipid abnormalities, type 2 diabetes, liver disease, obstructed sleep apnea and orthopedic problems.

eating,” she says. “They also show a distinctive pattern of food selection, preferring carbohydrates, snacks and sweets when they lose control.”

What’s triggering these episodes? “We suspect they’re overeating to cope with stress and difficult relationships,” Tanofsky-Kraff says. “We think they’re using food to numb out the negative emotions. And while they get this temporary relief, afterwards they’re that much more upset because they overate.”

Given these realities, what’s a parent to do? Provide healthy meals, model healthy eating habits and ensure that kids get plenty of physical activity. It’s the approach Hunter Lussi’s parents took.

Four years ago, when he started training seriously for triathlons, Hunter stopped eating pizza and chips and started filling up on vegetables, fruits, roasted chicken and pasta. “I can’t eat a hamburger or pizza, then go run 10 miles,” he says. “I’ve started to look at food as fuel for what I’m going to do—run, bike, swim—and I try to pick the foods that will help me perform better. It was hard at first, but it’s gotten easier.”

Instead of talking about weight with kids, it’s better to frame the discussion

around healthy habits for the whole family. “The worst thing parents can do is panic and put their kids on a diet,” says Smith, the Chevy Chase psychotherapist. “The new high-risk group is the high [socio-economic status] kids because there’s so much pressure to perform and look a certain way. And they start to crumble. They can develop emotional eating or stress-related eating, anxiety disorders, eating disorders, or substance abuse.”

It’s important to gently guide kids in the right direction without being heavy-handed about it, the experts say. “From what I’m seeing, I think parents in this area are letting kids make a lot of the food decisions, and that’s not the healthiest way to do it,” says Emily Poole, a dietitian certified in child and adolescent weight management in Clarksburg. “Instead of asking children open-ended questions like, ‘What do you want for dinner?’ it’s better to steer kids in a healthy direction by giving them this-or-that choices—such as, ‘Would you rather have broiled chicken, corn and broccoli, or salmon, asparagus and brown rice for dinner?’

“Give your children an appropriate portion for their ages, then let them

ask for more if they want it," Poole advises. "It's not healthy to encourage kids to clean their plates. You want them to be aware of when they've had enough. Children are very good at self-regulating how much they eat. They're going to eat when they're hungry and stop when they're full. So it's helpful to encourage them to tune into their hunger-fullness gauge."

It's something parents should get reacquainted with, too, experts say. "There's this whole movement toward intuitive eating, which really just means eat when you're hungry and stop when you're full," Smith says. "It's not rocket science, but I have to teach people how to do that. Part of it is waiting long enough to let yourself feel hungry, something that doesn't always happen with the constant snacking that's going on."

As for overeating for emotional reasons, "it's important to identify what

precipitates loss of control over eating," Tanofsky-Kraff says, "then to encourage kids to find other things—such as practicing relaxation techniques, getting support from family members or friends, exercising, or writing in a journal—to make them feel good, rather than using food to cope."

And limit kids' screen time to no more than two hours a day (not including for homework), according to the American Academy of Pediatrics. As Hunter transformed himself into a serious athlete, he became a reformed sofa spud. "Now I make myself exercise before I play video games or watch TV," he says. "If you relax after exercising, you feel better about yourself; you don't feel lazy."

Parents should help kids get 60 minutes of physical activity every day—through a combination of sports, going on family hikes or bike rides and play-

ing active games like tag or pickup basketball. "Physical activity should be just as routine as brushing your teeth," Poole says. By making healthy eating and exercise habits a family affair, the whole family can get or stay fit and healthy, without making a particular family member feel like the target of these efforts.

"I see how my personal experience of exercising with my family has helped me—I've gotten thinner and fitter," Hunter says. "Now I want to help other kids be able to do that. I want people to be fit—because when you're fit, there's a self-confidence boost and you feel better. I want everyone to have that." ■

Stacey Colino lives in Chevy Chase and regularly writes about health, psychology and family issues for national magazines. If you'd like to comment on this story, e-mail comments@bethesda magazine.com.

Travel Advisory & Immunization Clinic

A full service Travel Medicine Clinic serving travelers and corporate employees for more than 15 years

- International Travel Immunizations (Yellow Fever, Typhoid, Hepatitis A, Hepatitis B, etc.)
- Routine Immunizations (MMR, Polio, Tdap, Varicella Zoster (chicken pox), Zostavax (shingles), Influenza, etc.)



Comprehensive, site-specific travel advice

Prescriptions for travel-related illnesses and conditions



15005 Shady Grove Road, Suite 450
Rockville, MD 20850
(301) 738-6420

Visit our website for important travel information
www.travelclinicmd.com

Family & Cosmetic Dental Care

Metal-Free dentistry
Modern equipment
Lumineers™ (veneers)
Invisalign™ (clear braces)
Convenient location
Member of American Dental Association (ADA)

Special Offer:
Teeth Whitening
Only \$299
(value \$600)



Call today for an appointment!

301-365-0055

Reza Shefaat, DDS

7501 Democracy Blvd, Suite 121, Bethesda, MD 20817