

YOUR WEIGHT Matters

Summer 2016

MAGAZINE

FOR YOUR HEALTH

5 YEARS STRONGER: THE OAC IN 2021

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← EDUCATION

↑ SUPPORT

WEIGHT BIAS →

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KID'S
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YOUR WEIGHTMatters
 FOR YOUR HEALTH MAGAZINE

Summer 2016 | Volume XI | Issue 4

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Opinions expressed by the authors are their own and do not necessarily reflect those of the OAC Board of Directors and staff. Information contained herein should not be construed as delivery of medical advice or care. The OAC recommends consultation with your doctor and/or healthcare professional.

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A Message from the OAC Chairwoman of the Board

Dear members,

In the last couple of issues, I have previewed the OAC's 5-year goals. I've called these our "North Star" and the foundation for our organization through 2021. Today, the issue describing them in detail has arrived.

I'm a goal-oriented person and lead best with a vision for transformational change for communities and people who are impacted by inequality. Inequality is unnecessary injustice.

When it comes to obesity and a person's lived experience, those injustices play out in small and major ways. Injustice might appear as a six-month waiting period for treatment of obesity when no other disease is treated as such; it's the real discrimination of losing a job because of your weight, or flipping on the television and seeing a sports analyst tear down the women of San Antonio and refer to them as wearing "big ol' bloomers" and not "cute panties." It's layers of bias and discrimination and when we, the membership, stand up to the bullying – the message from media and the public has by and large been "don't be so sensitive" or, frankly, these individuals taking just enough action to avoid a lecture.

What will it take for us to be treated like the powerful group that we can be? I propose we all dive in. We have to approach the

work we do by not thinking about it in isolated tasks in order, by a deadline or even to a certain degree of satisfaction. We have to be about changing the world and living in that each day. Injustice for those affected by obesity is no different than any other injustices – we need everyone all in. There is no room for silent bystanders.



Amber Huett-Garcia, MPA

So, join me. Read and internalize our goals, cut the article out and put it in your planner, share this with friends, your networks and anyone you know who would read these and say "you know what, I'm in too." We've got to be about collecting allies and expanding our membership to active doers. As Desmond Tutu said, "My humanity is bound up with yours; for we can only be human together."

I hope to see you all in August in Washington, DC, at the 2016 *Your Weight Matters* National Convention!

Sincerely,

A handwritten signature in cursive script that reads "Amber Huett-Garcia".

DONATE TODAY!

GIVE THE GIFT OF EDUCATION

How can you make a difference in someone's life today? Give the gift of education by donating to the OAC's Convention Scholarship Fund.

The OAC's Convention Scholarship Fund is an ongoing designated fund within the OAC that provides high-quality education to underserved individuals actively seeking the right information on obesity, weight and health. Since 2014, the Fund has made it possible for more than 30 people to be part of the compassionate *Your Weight Matters* National Convention community.



DONATE NOW by visiting www.obesityaction.org/ScholarshipFund OR by calling (800) 717-3117

OAC Partners with the YMCA of Metropolitan Washington and B'more Fit for Healthy Babies for a Community Health Outreach Day during YWM2016

The OAC, along with the YMCA of Metropolitan Washington and B'more Fit for Healthy Babies led by the Baltimore City Health Department and Family League of Baltimore, are excited to partner on the OAC's Community Health Outreach Day, taking place at the *Your Weight Matters* Healthy Living EXPO during the OAC's 2016 *Your Weight Matters* National Convention at the Gaylord National Resort in National Harbor, MD, on Saturday, August 27.

"The OAC is honored to partner with the YMCA of Metropolitan Washington and B'more Fit for Healthy Babies for our Community Health Outreach Day. We recognize the need for access to the right kind of information on weight and health, which can often be difficult to find. We're very excited for the local communities to join us for this great opportunity," said Joe Nadglowski, OAC President and CEO.

The OAC's Community Health Outreach Day invites the public into the *Your Weight Matters* Healthy Living EXPO for FREE, where local area residents can take part in a targeted health and wellness exposition that includes a diverse set of vendors specific to the weight management industry, educational information and the opportunity to participate in a free health and wellness screening.



"As a leader in the health and well-being in the DMV region, the Y saw the partnership with the OAC as a tremendous opportunity to share resources through promotion and support of the *Your Weight Matters* Healthy Living EXPO," said Lisa M. Horton, MS, Association Senior

Director of Healthy Living. The YMCA is one of the nation's leading nonprofits strengthening communities through youth development, healthy living and social responsibility. Across the DC region, 16 Ys engage over 250,000 men, women and children – regardless of age, income or background – to nurture the potential of children and teens, improve the nation's health and well-being, and provide opportunities to give back and support neighbors. The Y has the long-standing relationships and physical presence not just to promise, but to deliver lasting personal and social change. For more information on the YMCA of Metropolitan Washington, visit www.ymcadc.org, like us at [facebook.com/YMetroDC](https://www.facebook.com/YMetroDC) or follow us at twitter.com/ymcadc.

"We are excited to partner with the OAC because we shared their commitment to providing information and resources to the



community about weight management. It is a joy to be included in this event," said Stacey G. Tuck, MS, B'more Fit Program Director. The B'more Fit for Healthy Babies Coalition, led by the Baltimore City Health Department and the Family League of Baltimore, is part of the B'more for Healthy Babies (BHB) infant mortality strategy for Baltimore City. BHB addresses eleven factors that impact maternal and infant health including obesity. B'more Fit is a holistic wellness movement that helps families focus on nutrition, stress management, and fitness to achieve a healthy weight. BHB strives to help women reach their optimal health in preparation for healthy pregnancies. Also, moms influence the health habits of the entire family, so moms are the primary audience. BHB services include weekly, evidence-based weight loss lessons, hour long workouts, a trauma informed care approach, and transportation and childcare. BHB also has a partnership with residency programs. Doctors in their pediatric rotation come to our sites to teach the moms' children about healthy eating and fitness. B'more Fit is the only program of its kind to offer such comprehensive services to low income families in Baltimore. Funding is provided by the federal Office on Women's Health, and other private sources.

If you would like to learn more about the OAC's Community Health Outreach Day, please visit www.YWMConvention.com/EXPO.

Healthline Selects the Obesity Action Coalition's (OAC) Blog As one of the Best Obesity Blogs of 2016

For the third year in a row, the Obesity Action Coalition (OAC) is excited to announce that the OAC Blog has been selected by Healthline as one of the Best Obesity Health Blogs of 2016. "We're very honored to be recognized by Healthline among some of the most respected obesity blogs in today's mass media, such as Dr. Arya Sharma's "Obesity Notes," Dr. Yoni Freedhoff's "Weighty Matters," Michelle Vicari's "The World According to Eggface" and many others," said Joe Nadglowski, OAC President and CEO.

In 2016, the OAC Blog tackled some hard-hitting topics such as "Transfer Addiction Following Bariatric Surgery," "Don't Wait: Why You Should See a Doctor about Your Weight," "The Science of Weight Bias," and many more.

The OAC thanks Healthline for once again recognizing the OAC Blog as one of the best obesity blogs of 2016. The OAC promises to continue delivering engaging blog content to all of its viewers. To learn more about the OAC Blog or read the latest entry, please visit www.ObesityAction.org/blog.

Education Matters Advocacy Matters Support Matters

OAC MEMBERS MATTER

The Defining Moment

by Jennifer Shoalmire

“...the journey is not the end, it is the place where we try and sometimes fail, we stumble and sometimes fall, but where we always, always move forward.”



While growing up, school pictures were very important to us as a family, and my mother proudly displayed mine and my two siblings' pictures in the hallway of our family home in south Louisiana. My brother, sister and I each had a section on the wall where all of our pictures were hung in order. As a teenager, I began to notice that in the photographs taken of me between 3rd and 4th grade my appearance had changed dramatically. My face was fuller and my smile was a little different, but I really didn't know why I was changing that dramatically at such a young age. Later, I would recall this as one of my most defining moments.

Each year, I would see my face get a little more full and my smile change slightly, and I knew, deep down, that there was a happy girl in those pictures. She was trying so hard to show her joy, but she was also struggling with how to show herself love and care. As an adult, thinking about my childhood, I remember some of the things I heard from adults went something like this: “You weigh 95 pounds,” (as a 4th grader being weighed by the school nurse, in front of the class), “Your tummy is too big,” “Can't you just stop eating?” or “Why are you eating that? What is the matter with you?”

I truly thought that something was “wrong” with me, but as a child and later as a teenager, I didn't really know how to answer those questions. My response was to act defensively, protect myself and answer in ways that could have been interpreted as sarcastic or disrespectful. I had ways of defending myself, mostly through hurtful words, and I was deeply affected by what others might have thought about me.

In order to not think about my feelings of low self-worth, I chose to use food to cover up those feelings. It was a pretty good coping mechanism, especially for a child. In south Louisiana, in the heart of “Cajun Country,” food equals love, and there are so many defining moments in my life where good times, good food and good fun with family and friends revolved around a steaming hot bowl of spicy seafood gumbo or my Mama's homemade chocolate cream pie.

However, the hidden flavor of choice in most Cajun dishes is fat, and lots of it. It satisfies for the moment, but in the end we all end up wider. Breaking away from all of the home cooking and overindulgences was one of my biggest challenges. As time went on — and my waistline increased — I eventually weighed 379 pounds and was suffering from sleep apnea, hypertension, bouts of depression, high cholesterol and a lack of hope. After many years of strict dieting, self-imposed calorie and food restrictions, exercise regimes, negative self-talk and much, much more, I realized that I could not go further in this condition, and I chose to have gastric bypass surgery.

When I walked into the hospital at 6 am on Nov. 2, 2012, my husband told me that at that moment, I was the bravest he'd ever seen me. This is in stark contrast to my previous experiences as a child, because even though my mother worked in the charity hospital and was the supervisor of the local blood bank, I was terrified of doctors, hospitals and anything that resembled a needle. When it was time for me to get a booster shot for school or lab work for the pediatrician, I would run away screaming and crying before the nurses could even get the tourniquet on my arm.

I had my husband take my picture in the hallway of the hospital on the day of my surgery because I knew in my heart that I would never look or feel like that again. That day was another one of my defining moments.

After 18 months of strict adherence to protein and food guidelines, daily exercise and measuring my water intake, I had lost 200 pounds and was at what I thought was my goal weight. My body knew better though, and I continued to lose 30 more pounds, even after I increased my daily calorie and protein allotment. Today, I am 40 months post-bariatric surgery, and I continue to track my protein, calories, exercise and water consumption. I am right around 150 pounds and well on my way to living the life I dreamed about before my surgery. The process in and of itself was life-changing, to say the least. My entire approach toward life has morphed me into a new being, more in tune with myself and my surroundings, and with other people as well.

So, here's what works for me. This may or may not work for you, but at the very least give yourself enough love to take the time to figure out what you need and what you want for your healthy journey.

These are the truths that I have come to embrace so far:

- Life is definitely for the living, and I don't have to have everything figured out right this second. So until then, I will enjoy the ride.
- I keep myself on track. I need to pack my pink lunch bag every day with my protein shake, spinach salad, healthy snacks and water bottles.
- It is easy to mess up and sometimes hard to clean-up, but the cleaning-up brings order —whether it's with people, housework or life in general.
- Daily, I make a conscious decision to take care of myself by eating healthy foods, moving every day and drinking water.

OAC Members Matter continued on following page

OAC Membership Application

Why Join the OAC? The OAC is a more than 52,000 member-strong 501(c)(3) National non-profit organization dedicated to giving a voice to the individual affected by the disease of obesity and helping individuals along their journey toward better health through education, advocacy and support. Our core focuses are to raise awareness and improve access to the prevention and treatment of obesity, provide evidence-based education on obesity and its treatments, fight to eliminate weight bias and discrimination, elevate the conversation of weight and its impact on health and offer a community of support for the individual affected.

1. OAC Membership Categories *(select one)*

- Individual Membership: \$10/year
- Institutional Membership: \$500/year
- Chairman's Council Membership: \$1000+/year

Are you joining for the first time, or are you renewing your OAC Membership?

- I am joining for the first time *(never been an OAC member)*.
- I am renewing my membership *(have joined the OAC in the past)*.

2. Donation Add-on

Add-on Donation: Make a General Donation

Make a tax-deductible donation to the OAC when joining as a member. Your donation helps the OAC's educational and advocacy efforts.

- \$5
- \$10
- \$25
- \$50
- \$100
- Other _____

3. Membership/Donation Add-on Totals:

Membership Fee: +\$ _____

Donation Add-on *(optional)*: +\$ _____

TOTAL PAYMENT: \$ _____

Payment Information

- Check (payable to the OAC) for \$ _____.
- Credit card for my TOTAL, including add-ons, of \$ _____.
 - Discover® Credit Card Number: _____
 - MasterCard® Expiration Date: _____
 - Visa® Billing Zip Code: _____
 - Amex® CV Code: _____

Contact Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

JOIN ONLINE! To join the OAC online, please visit www.ObesityAction.org and click on the "Get Involved" tab.

Mail: OAC
4511 North Himes Ave. Ste. 250
Tampa, FL 33614

Fax: (813) 873-7838

With these truths as my guide and my new outlook on life, I am taking time to remember some of my fondest defining moments. I bet you can recall very specific moments in your life when you had to stop and think - maybe even take an extra-long breath just to process and record in your memory what was being said, what you heard, what you smelled, touched or even tasted.

While the weight-loss goal on my journey may have been reached, the healthier, fuller part of my life journey is just getting started. As a child, I used food to cover up my feelings of inadequacy and it worked very well in the short run. As an adult and after bariatric surgery, I still struggle with choosing healthy coping mechanisms.

Sometimes this comes by blaring my music loudly, or by walking or running, praying, cheering up a friend, calling a family member or many other fun things. Other times it's realizing I'm scared that I might try to use food to cover up my feelings. It's during those moments that I'm grateful I have someone I can talk to who doesn't judge me and takes time to truly listen to me.

One of my favorite healthy coping mechanisms is competing in organized races that benefit charitable organizations that I support. I completed my first competitive 5K in College Station, Texas, at their annual Turkey Trot. Three friends and I walked 3.1 miles in the windy, cold air, and I crossed the finish line after 61 minutes.

For the very first time, I felt like an athlete. That was definitely one of the toughest things I've ever done, and it's another defining moment in my life. Previous to that, I could only walk one mile and it took me about 30 minutes. I did that one mile loop every day in order to keep moving and progressing on my journey. Currently, I have completed numerous 5K's, one 10K and two half-marathons. I mostly walk each race, and my challenge to myself is to cross each finish line a little quicker than I did in the last one.

Another one of my favorite healthy coping mechanisms involves the friendships I have made through my local bariatric surgery support group and my membership in the Obesity Action Coalition (OAC). I learned about the OAC from Michelle Vicari, who runs her Web site www.TheWorldAccordingtoEggface.com. She is also a gastric bypass patient and continues to have success fighting the disease of obesity and advocating for people who may struggle from this horrible disease.

While surfing her Web site for yummy, protein-packed recipes, she shared about her work with the OAC and I felt so inspired to help others who may have suffered like I did, so I joined that day. I also learned of the *Your Weight Matters* Convention through the OAC's emails and newsletter and I applied for a scholarship so I could attend the Convention in Orlando, Fla.



Jennifer Shoalmire and her spouse at a race event in July 2014.

Once the scholarship applications were reviewed, I was notified that I unfortunately would not be one of the recipients of that year's scholarships. I emailed the staff at the organization and thanked them for the opportunity. I also shared my excitement for those who had been chosen and that I hoped they would enjoy their experience while learning from all of the experts.

Later, I received another email stating the committee had chosen 13 recipients and that my application was number 14. As fate would have it, one of the 13 recipients would not be able to attend the Convention, so I was able to attend! From the moment I snapped my non-extended seatbelt on the plane in Texas, to the last day when I said goodbye to my new friends in Orlando, I took every opportunity to listen, learn, and share with others during that 3-day conference. That time in Orlando was another one of my defining moments.

My advice to you is that as you go along on your journey, remember that what works for me may or may not work for you, but I can tell you that there is ALWAYS hope. You have options. You have an ability to give yourself grace, and you have an opportunity to share love with yourself and others in a healthy way. You are not "an obese person," "a sad person," "an ugly person," "a fat person" or any other negative adjective you might have heard someone say to you. You are a good person with honest struggles, and there are healthy ways for you to seek and receive help to guide you on your way to a healthier, fuller life. But the journey is not the end, it is the place where we try and sometimes fail, we stumble and sometimes fall, but where we always, always move forward.



Jennifer Shoalmire and her husband during the U.S. Army's "Dining Out" event in December 2014.

Special thanks to my husband, Alan, who calls me "Wonder Woman" because of what he sees in me — a person with super-human strength in the face of adversity.

JOIN US

at the OAC's 2016 *Your Weight Matters* National Convention!



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Your Weight MattersSM National Convention

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August 25-28, 2016 • Washington, DC
Gaylord National Resort & Convention Center



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- ★ Health by Design: Creating a Mindful Eating Environment
- ★ NEW This Year - The Great Debate Series: Can You be Healthy and Have Obesity?
- ★ Balancing Perspectives: A Look at Real Life Post-Bariatric Surgery
- ★ NEW This Year - The Great Debate Series: Food Addiction

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Thank You to Our 2016 Convention National Sponsors!



MANAGING YOUR WEIGHT

During and After Pregnancy

by Julia Karlstad, MEd, CSCS, SFN-ISSA

In October of 2015, I gave birth to my first child, Jackson. Like most moms, he means the absolute world to me and I'd do anything for him. I want you to ponder that statement a bit more, "...I'd do anything for him!"

Before you read any further, what does that statement mean to you?

Considering you'd do most anything for your child, I think it's only fitting you'd be willing to get yourself in the best health possible so that your child can reap the benefits — which can start long before you even get pregnant!

Being pregnant, giving birth and nurturing your new little bundle of joy is one of the most astounding things a woman can ever go through. It can also be one of the most demanding, tiring and stressful times of your life. Finding the right balance between the two to get and stay healthy is vital for both you and your baby!

A HEALTHY MOM EQUALS A HEALTHY BABY

Nearly half of all women in the U.S. gain too much weight while they're pregnant, according to the Center for Disease Control and Prevention. Appropriate weight gain is an important health factor to balance during pregnancy. Of course, it is normal to gain some weight during pregnancy, but pay close attention that you're gaining the right amount according to your current body weight.

You can determine this by calculating your body-mass-index (BMI), and then looking at the following chart:

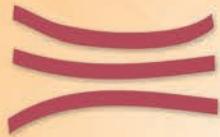
BMI	Appropriate Weight Gain
< 18.5.....	28-40 lbs
18.5-24.9.....	25-35 lbs
25-29.9.....	15-25 lbs
> 30.....	11-20 lbs

Source: Institute of Medicine

Managing Your Weight continued on page 12



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www.lomaira.com**

CONSIDERATIONS BEFORE BECOMING PREGNANT

The better your health is before you conceive, the easier your pregnancy will be along the way. Exercise will give you energy, aide in stress management, improve the quality of your sleep, facilitate an easier labor and speed your post-delivery recovery time. So get started early!

Here are a few things you can do pre-pregnancy to prepare for the excess baby weight.

Pre-pregnancy Weekly Workout:

MONDAY // Walk for distance; each week walk a little further until you're able to walk 3 consecutive miles.

TUESDAY // Total Body Strength (see sample workout below.) Perform 2-4 sets of each exercise.

WEDNESDAY // Yoga and/or Stretching Exercises

THURSDAY // OFF

FRIDAY // Total Body Strength

SATURDAY // Walk 15-60 minutes

SUNDAY // Yoga and/or Stretching Exercises

Here are some sample workouts you can try for a total body strength routine:



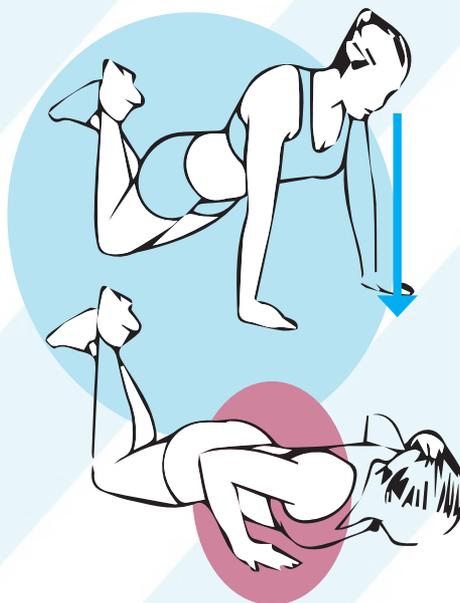
Dumbbell Squats: Stand with your feet shoulder-width apart. Hold the dumbbell in each hand. Slowly sit back into the exercise, and go as low as possible (ideally until your thighs are parallel to the ground). Push through your heels and stand back up. Repeat this 12-15 times.

Trunk Rotations: Sit on a chair or bench and lean back slightly, while keeping your back straight. Grasp a single dumbbell with both hands. Slowly rotate that

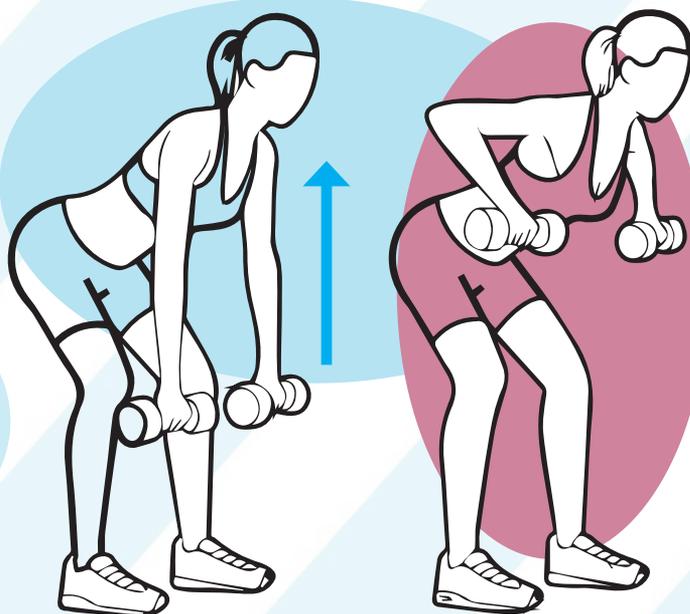


dumbbell toward your right hip and then bring it back around to your left hip. Follow the dumbbell with your eyes to make the full rotation. Repeat this 15 times (back and forth counts as one). For added difficulty, lift your feet off the floor while performing this exercise.

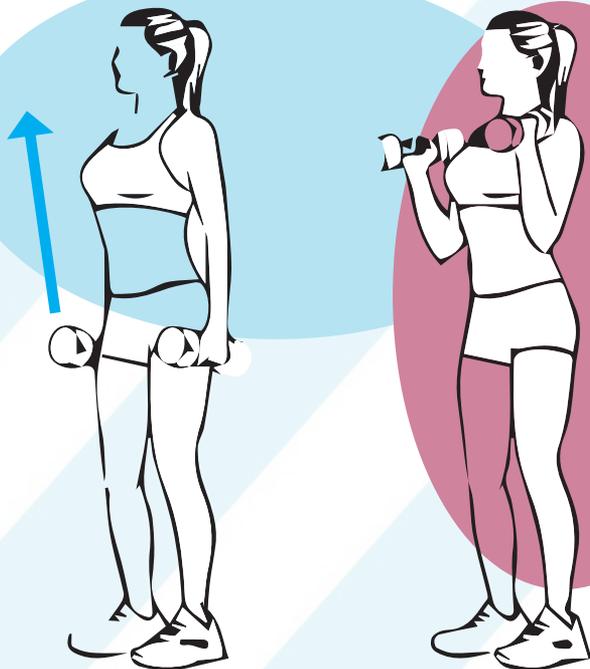
Modified Push-ups: From your knees, do a push-up. Make sure your arms are in alignment with your chest, or about six inches behind your shoulders. Lower down until your elbows are at a 90-degree bend, and then push back up until your arms are fully extended. Engage your abdominal muscles and make sure your butt is down and your back is straight. Complete this 10-15 times.



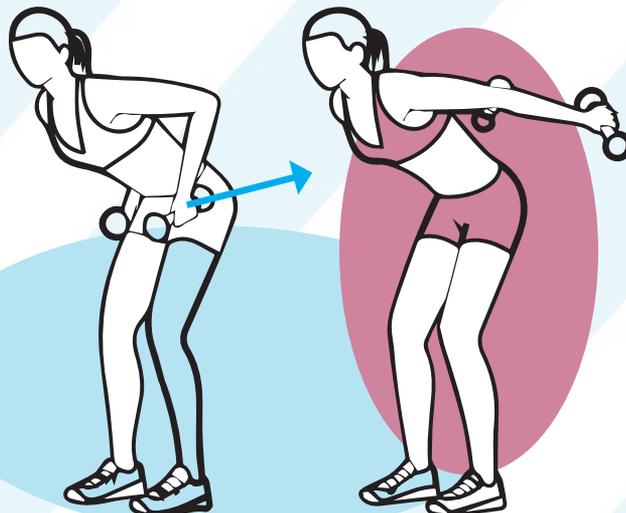
Dumbbell Bent Over Rows: Grasp a dumbbell in each hand. With your knees slightly bent, bend over at the waist and keep your back straight. Pull the dumbbells up toward your armpits, driving your elbows up toward the sky. Slowly release until your arms are fully extended. Repeat this 12-15 times.



Dumbbell Bicep Curls: Grasp a dumbbell in each hand, and curl them up toward your shoulders until your knuckles are up or facing the sky. Release the weight back down to the starting position, with your arms fully extended. Repeat this 12-15 times.



Dumbbell Triceps Kickback: Grasp a dumbbell in each hand. Keep a slight bend in your knees and bend over at your waist, keeping your back straight (similar to your bent over row position). Start with the dumbbells up by your shoulders, with elbows pinned at your side. Slowly kick the dumbbells back until your arms are fully extended (in alignment with your back) and then bend your elbows, bringing the dumbbells back toward your shoulders. Repeat this 12-15 times.



Managing Your Weight continued on following page

FREE Bariatric Vitamins

See why doctors, dietitians and their patients are recommending the ProCare Health® "1-Once Daily" Bariatric Multi-Vitamin.



Tired of taking your vitamins 2, 3 or 4 times per day?

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Prefer a Chewable?

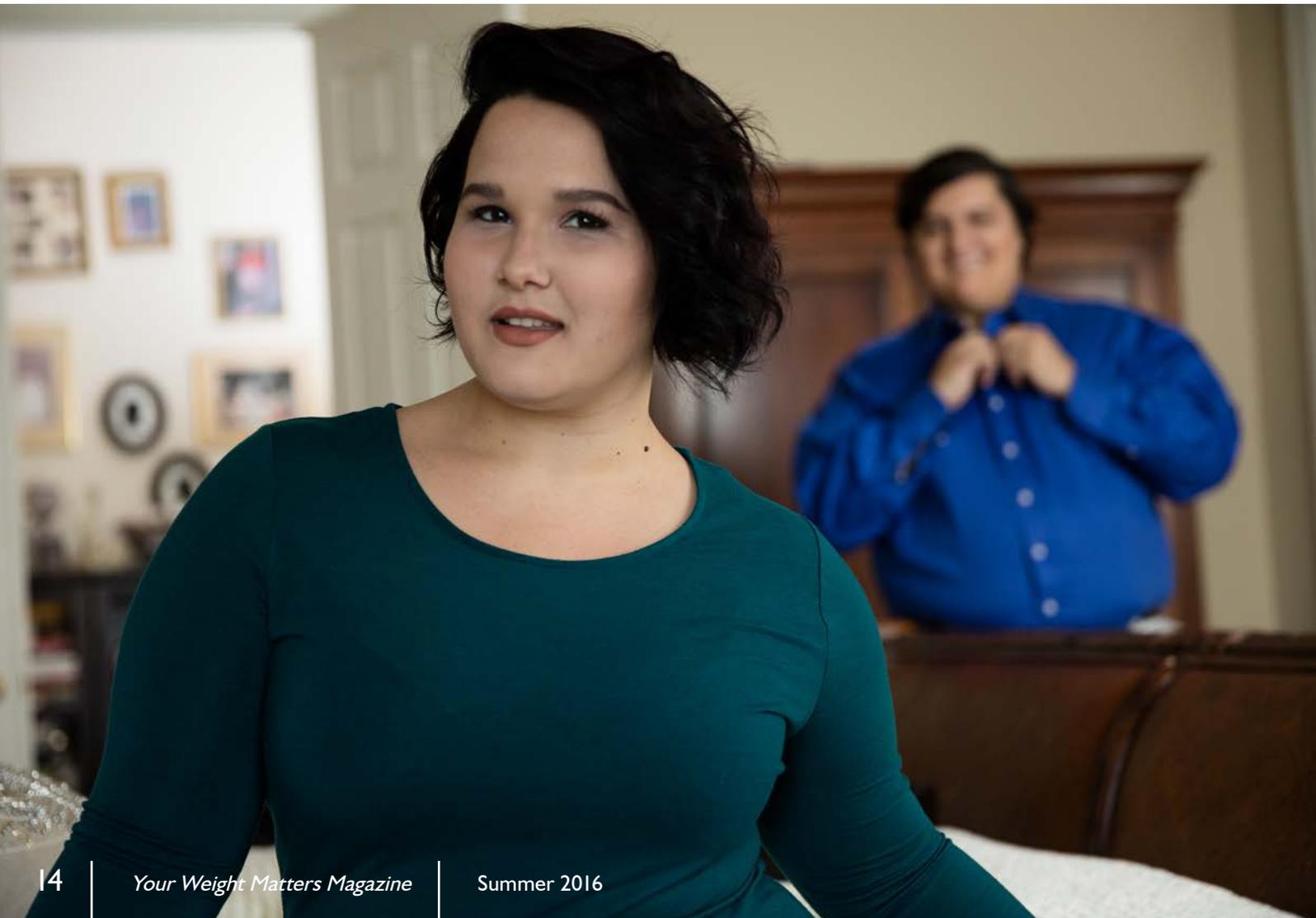
Check out our "1-Once Daily" Bariatric Multi-Vitamin CHEWABLE offer also found in this publication.

Be active early in the process, and continue throughout your pregnancy. This includes paying close attention to gaining the appropriate amount of weight during pregnancy, and then working hard to get any excess weight off postpartum.

As the statistics stated above, moms are gaining too much weight during their pregnancies. Additionally, moms-to-be who are affected by obesity have higher rates of miscarriage, premature births and babies with birth defects. If the excess pregnancy weight isn't lost, it has also been found to be associated with excess weight and obesity 10-15 years later in life, according to the CDC. Consequently, this can escalate into other complications such as type 2 diabetes, heart disease, hyperlipidemia, high cholesterol, sleep apnea, depression and even cancer.

Weight gain can be minimized by eating a clean diet, participating in regular exercise and taking time to engage in mental health exercises, such as meditation or deep breathing exercises. It sounds easy, but when you're plagued with the stressors of pregnancy itself and all of the demands a newborn brings about, it can prove to be challenging if you don't have a plan!

“Having a plan that includes consistent assessing and reassessing is the key to long-term weight management, and your healthy due diligence now will only further enhance the quality of both you and your baby's lives for the long-term!”



THE PLAN FOR WEIGHT-LOSS WHEN YOU HAVE A NEWBORN

1. Take the following self-assessment monthly:

- Weight: _____
- Girth measurements of:
 - o Waist (above the belly button) _____
 - o Chest (across the nipple line) _____
 - o Right upper arm (midway between the shoulder and elbow) _____
 - o Right upper leg (midway between hip bone and knee cap) _____
 - o Hips (largest area of the hips with feet together) _____

2. Track three days' worth of your daily caloric intake:

- Day 1 _____ calories
- Day 2 _____ calories
- Day 3 _____ calories

3. Take these assessments at the following time intervals:

- Before you're trying to get pregnant
- Monthly throughout your pregnancy
- When you get home from the hospital
- Monthly during postpartum, until you've achieved your postpartum goal weight

4. Exercise weekly according to your fitness level. Seek a qualified fitness professional for an individualized program. You should start slow and gradually progress. You can continue the weekly workout outlined above once you're pregnant, just be sure not to do any exercises on your back after the first trimester, as this can put undue stress on the baby. It's best to avoid any exercises on your back after this point in the pregnancy.

Additionally, once you've become pregnant, your body releases a hormone called relaxin. This hormone causes your joints to be more relaxed, thus putting you at a slight increased risk for injury to your joints. Avoid contact sports and excessive stop-and-go or lateral movements.

5. Once you've recorded and analyzed your food intake, assess the caloric intake as it relates to your weight gain and/or loss. Make adjustments as necessary to create a healthy caloric deficit. Remember that you're generally going to be burning between 300-500 excess calories during the 2nd and 3rd trimesters of pregnancy, as well as when you're nursing. Do not skip meals, and be sure to eat smaller meals more frequently throughout the day.

6. Spend 10 to 60 minutes each day on mental health. This can include such things as meditation, yoga, deep breathing or any other activity that forces you to be present with yourself in the moment without distraction (both physical and mental).

Conclusion:

I've been a health and fitness professional for more than 10 years now, and I can personally relate to the challenges of being a mom! During my pregnancy, I gained 29 pounds total and within seven weeks postpartum, I was at my pre-pregnancy weight. I utilized the plan I outlined above to manage my weight gain throughout my pregnancy journey, and have utilized this plan with hundreds of clients seeking guidance on how to lose weight themselves. I'm hoping my experience and expertise may inspire pre and postnatal moms to make health and fitness a priority in their lives. Having a plan that includes consistent assessing and reassessing is the key to long-term weight management, and your healthy due diligence now will only further enhance the quality of both you and your baby's lives for the long term!

About the Author:

Julia Karlstad, MEd, CSCS, SFN-ISSA, is the President and Founder of JKFITNESS, LLC. She has more than ten years of experience developing, implementing and directing exercise, education and training programs within medical-based programs and facilities. She is extremely passionate about helping people change their lives through fitness. She is an author, acclaimed speaker and has been featured in magazines and television.



Julia Karlstad demonstrates an exercise utilizing dumbbells while sitting on a fitness ball.

Connecting Osteoarthritis and Obesity

by Kirsten Ambrose, MS, CCRC

Hardly a day goes by without a news story or the latest statistic mentioning the growing obesity epidemic in the United States. Indeed, the number of adults who are affected by obesity has reached 78 million, and no state in the Nation reports fewer than 20 percent of its residents as having obesity.

However, many days and even weeks can go by without any news stories or updated statistics on the soaring rate of osteoarthritis (OA). Did you know that OA is the number one cause of disability in the U.S.? Or that it affects nearly 31 million people? Arthritis affects at least 17 percent of adults in every state, with women being more frequently affected than men.

Unfortunately, as childhood obesity rates continue to rise, people are developing OA at younger ages than ever before.

Osteoarthritis and obesity are connected — and here's how.

Osteoarthritis and Obesity: An Unfriendly Connection

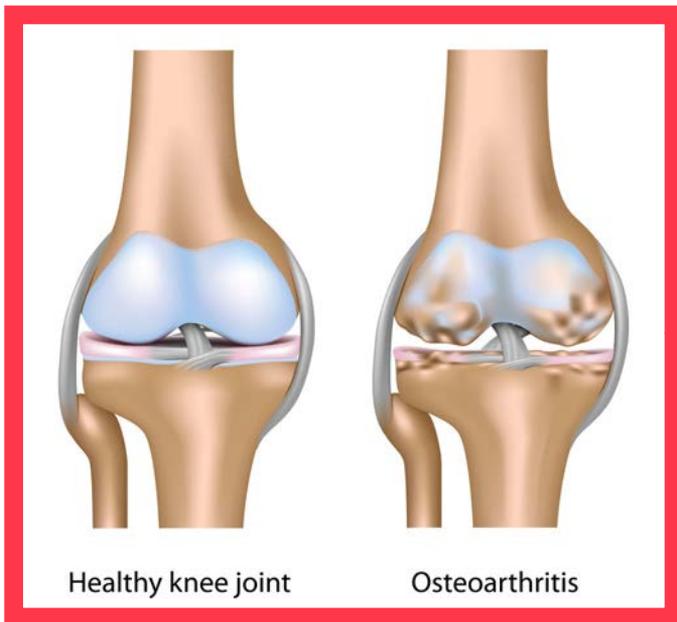
It is well known that people with excess weight or obesity have a higher risk of developing other chronic illnesses such as diabetes, heart disease and cancer. They are also at major risk for developing OA.

To understand why, let's take a look at OA. Out of about 100 different kinds of arthritis, OA is the most commonly developed. People who have OA often feel pain and stiffness in their joints and their joints may swell and lose range of motion. In a healthy joint, there is a layer of soft tissue, or cartilage, between the ends of bones that acts like a cushion. In OA, the cushion breaks down, causing bones to rub together and become painful and swollen. While OA can occur in many joints, knees, hips and hands are parts of the body that are most commonly affected.

It is easy to see how extra body weight results in a greater pressure or load on weight-bearing joints, such as knees and hips. Throughout time, this places more strain on joints than they were designed to handle. Body pain increases, movement becomes more difficult, sleep worsens and a host of other problems arise.

Extra joint load is not the only problem with OA because this does not explain OA in the hands. Researchers now understand that the immune system, which normally protects us from disease, can cause joints to become swollen and painful.





Healthy knee joint

Osteoarthritis

For more than 30 percent of Americans who have both arthritis and obesity, the combination results in physical inactivity, followed by additional weight gain and joint strain. For some, this leads to disability and a loss of income, and still more weight gain and joint pain. It can take very little time for a vicious cycle to develop, which results in worsened overall health, poor quality of life, loss of independence and higher healthcare costs for the patient and society in general. This cycle is extremely hard to break, but it can be done.

Osteoarthritis used to be thought of as a disease that happened to older adults. However, as childhood obesity rates have gone up during the last couple of decades, the average age of people experiencing OA has been lowered. We are now seeing adults in their 30s and 40s developing OA due to obesity in their childhood.

When people develop OA earlier in life, they are much more likely to need joint replacements later on. If body weight remains excessive in people who have OA, the affected joint continues to worsen and the potential for joint replacement increases. Joint replacement surgery is expensive and comes with serious risks.

When left unchecked, OA and obesity can wreak havoc on a person's health, life and well-being. To maintain better health, it's important to keep joints as healthy as possible for as long as possible to avoid replacement or disability.

Connecting Osteoarthritis continued on following page

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“When left unchecked, OA and obesity can wreak havoc on a person’s health, life and well-being. To maintain better health, it’s important to keep joints as healthy as possible for as long as possible to avoid replacement or disability.”



Physical Activity and Weight Management – A Winning Combination

The good news is that simple strategies such as physical activity and weight management can have a significant impact on both OA and obesity. To be clear, “simple” is not the same as “easy” in this case. No doubt, exercising with painful joints can be slow going and, well, painful. The idea of losing a large amount of weight can be overwhelming and downright discouraging.

Simple, in this case, means there is no magic, no trick, no complicated formula and no way around it. Simply taking a small step in the right direction can make a big difference.

Researchers have found that every one pound of weight-loss translates to four pounds of relief on knee joints. Weight-loss of 15 pounds can cut knee pain in half. For people with excess weight who do not yet have OA, an 11-pound weight-loss is enough to reduce the risk of developing knee OA by half.

Researchers have also shown that moderate-intensity, low-impact physical activity such as walking or swimming reduces arthritis pain, and increases the ability to complete daily activities, one’s mood, sleep and quality of life. This level of physical activity does not cause symptoms to worsen or arthritis to become more severe. Physical activity along with a healthy diet also helps people manage weight.

Knowing that physical activity and weight management are important for joint health is one thing. Taking the first step is another thing altogether.

By the Numbers:

17

Arthritis affects 17 percent of adults in the United States

4

Every 1 pound of weight-loss = 4 pounds of relief on knee joints

15

15 pounds of weight-loss can cut knee pain by ½

11

11 pounds of weight-loss can reduce the risk of OA by 1/2

Here are a few keys to success:

- **Discuss a plan for weight-loss or physical activity with your doctor or qualified healthcare provider.** This person can work with you to tailor a plan to meet your needs and goals to ensure your safety and success.
- **With physical activity, everything counts.** The idea is to move more than before. The National Physical Activity Guidelines for Americans give specific recommendations to achieve a certain amount of time and intensity over the course of a week. This is certainly useful for a lot of people. However, for people who are just starting out, who have joint pain, and who are affected by obesity, these guidelines can seem overwhelming.
- **Set realistic, achievable goals for weight-loss and physical activity.** A good mantra is to “start low and go slow.” Behavior change, and that is what we are talking about, is hard. Make small changes to your diet and activity, and get used to them for six to eight weeks before making more changes.
- **Take part in enjoyable activities.** Fun, pleasant activities are often the first to go when pain limits movement and daily functioning. Quality of life suffers without joy, regardless of pain. That’s why it’s essential to focus on activities you enjoy.

Connecting Osteoarthritis continued on following page



Healthcare Professionals: Earn CME/CE Credit

Patient-Centered Paradigms in the Management of Obesity and Weight-Related Comorbidities



Available as part of the *Comprehensive Obesity Management Learning Center*, this series of educational offerings closely examines the individualization of weight-loss therapy, selection of therapy based on patient characteristics, and the management of weight-related health risks over the long-term. In addition, patient-engagement tools that clinicians can use to improve patient outcomes are provided.

Provided by Boston University School of Medicine (BUSM)

Produced by Haymarket Medical Education, in partnership with the Obesity Action Coalition

Supported by an educational grant from Takeda Pharmaceuticals U.S.A., Inc., and Novo Nordisk

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Visit: <http://www.myCME.com/obesitycenter>



- **Find physical activity programs that are local and convenient.** There are many programs that are known to help people with arthritis. A few examples include “Enhance Fitness,” which is offered by many local YMCAs, Zumba classes, Fit and Strong! and the Arthritis Foundation’s Walk With Ease program. Some are offered in group formats, while others can be self-directed. The Arthritis Foundation recently launched a Resource Finder to locate programs like these in local communities around the country. You can visit it at www.ResourceFinder.Arthritis.org.

Conclusion:

The combination of OA and obesity have the potential to create significant burdens for patients, their care givers and their community. By learning more and taking action, people with OA can have greater control over their health, and that is always a “step” in the right direction!

The Osteoarthritis Action Alliance (OAAA) is Working Hard to Bring About Change

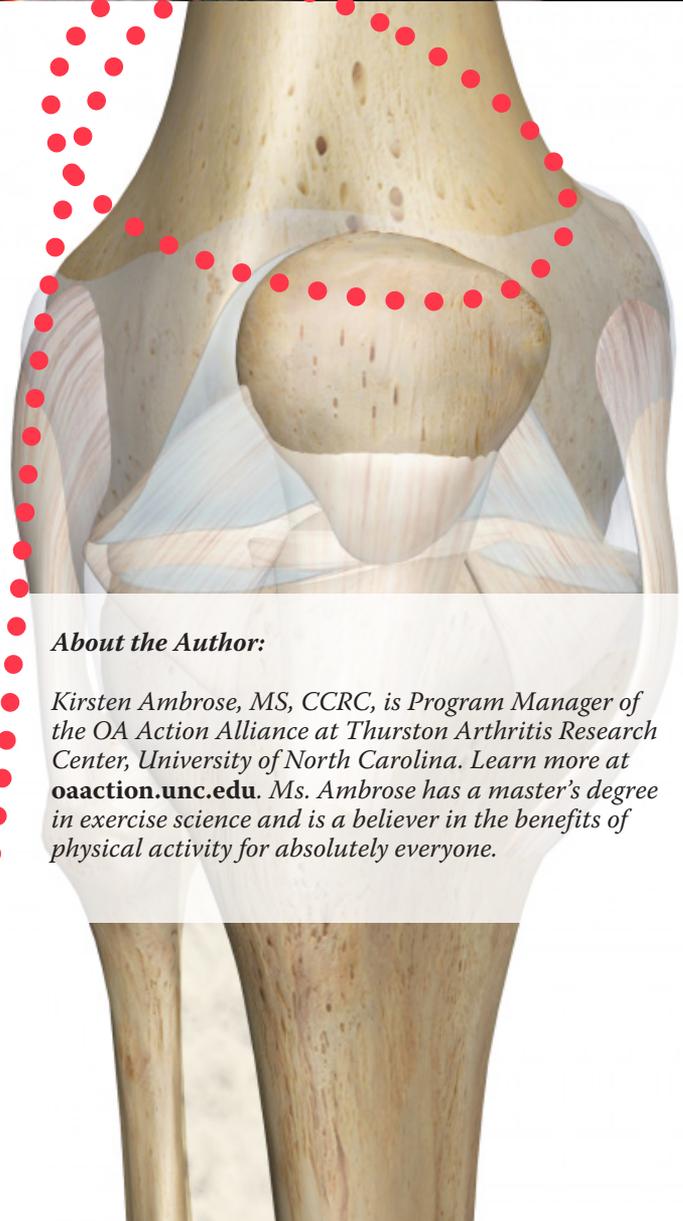
The OAAA is a coalition of 90 organizations that are concerned with reducing the national impact of OA. A few examples of OAAA members include the Obesity Action Coalition, The Obesity Society, American Physical Therapy Association and the American College of Sports Medicine.

The Alliance is raising awareness about OA and provides educational resources as well as links to community programs that can help people learn about and better manage arthritis. It also promotes strategies such as injury prevention and weight management.

The OAAA proactively reaches out to policymakers at all levels, encouraging them to consider OA in programming and funding decisions. Ultimately, the goal is to get healthcare systems and providers to improve care for people with this disease.

Anyone may access the many free resources, brochures, and other educational materials available on the OAAA Web site (<http://oaction.unc.edu>). Several that were developed jointly with OAC include:

- **Weight Gain and Joint Pain**
- **Can My Weight Make My Joint Pain Worse?**
- **Background Facts on the Vicious Cycle of Obesity, Osteoarthritis (OA), and Disability**



About the Author:

Kirsten Ambrose, MS, CCRC, is Program Manager of the OA Action Alliance at Thurston Arthritis Research Center, University of North Carolina. Learn more at oaction.unc.edu. Ms. Ambrose has a master's degree in exercise science and is a believer in the benefits of physical activity for absolutely everyone.



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At Orexigen, we understand that losing weight is a journey best traveled together. That's why we're proud to support the OAC and its efforts to help each individual. Together, we hope to help the millions of people struggling with obesity through personalized support, effective weight loss strategies, and programs that fit each person's lifestyle.

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5 YEARS STRONGER: THE OBESITY ACTION COALITION IN 2021

by Amber Huett-Garcia, MPA, OAC Chairwoman



In the winter issue of *Your Weight Matters Magazine*, the topic of the Obesity Action Coalition's (OAC) 5-year goals was previewed. Each of these goals is targeted at achieving the OAC's mission of providing education, advocacy and stronger support. When the OAC's mission is strong, the lives of our membership and our constituents are improved.

In our 11 years as an organization, this is the first time we've made our goals public and put them on display. During the brainstorming and revision process among the OAC's board and staff, there were moments of tension and pushing on each other. What if we were aiming too high?

In the end, it's a risk we were all willing to take.

OAC's "Ask" and Our Goals

In the hustle of managing family, work, our health and taking a minute to rest – it is easy to not make space for new work. The work the OAC is going to ask of you looks very different, with a variety of lifts. It will range from taking a minute to donate to a new campaign when it's

easier to delete the non-essential emails, to sending a letter to your elected official when it's easier to imagine many others will instead. It will be challenging the corporation, writer or comedian who thinks that making fun of people with excess weight is funny and it will be challenging your human resources department into examining your employer's healthcare benefits when you or a co-worker are denied coverage for obesity treatment.

The point is, we can always push the work onto the doers, the individuals paid to do the work – or in other words, to the people who have always done it.

Resist this!

You are our doers. You are the achievers, the members we want standing up for our goals. It is our collective efforts that make these goals feasible.

5 Years Stronger continued on page 24



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Important ORBERA™ IntraGastric Balloon System Safety Information

The ORBERA™ IntraGastric Balloon System is a weight loss aid for adults 22 years and older and suffering from obesity, with a body mass index (BMI) ≥ 30 and ≤ 40 kg/m², who have tried other weight loss programs, such as following supervised diet, exercise, and behavior modification programs, but who were unable to lose weight and keep it off. To receive ORBERA™ you must be willing to also follow a 12-month program, beginning with the placement of ORBERA™ and continuing for 6 months after, that includes a healthy diet and exercise plan. If the diet and exercise program is not followed, you will not experience significant weight loss results; in fact, you may not experience any weight loss. Losing weight and keeping it off is not easy, so you will be supervised throughout this program by a team of physicians, physiologists, and nutritionists. This team will help you make and maintain major changes in your eating and exercise habits. ORBERA™ is placed for no more than six months. Any time that the balloon is in the stomach for longer than six months puts you at risk for complications, such as bowel obstruction, which can be fatal. Some patients are ineligible to receive ORBERA™. Your doctor will ask you about your medical history and will also perform a physical examination to determine your eligibility for the device. Additionally, at the time of placement, the doctor may identify internal factors, such as stomach irritation or ulcers, which may prevent you from receiving ORBERA™. You must not receive ORBERA™ if you are pregnant, a woman planning to become pregnant within six months' time, or breast-feeding. Complications that may result from the use of ORBERA™ include the risks associated with any endoscopic procedure and those associated with the medications and methods used in this procedure, as well as your ability to tolerate a foreign object placed in your stomach. Possible complications include: partial or complete blockage of the bowel by the balloon, insufficient or no weight loss, adverse health consequences resulting from weight loss, stomach discomfort, continuing nausea and vomiting, abdominal or back pain, acid reflux, influence on digestion of food, blockage of food entering the stomach, bacterial growth in the fluid filling the balloon which can lead to infection, injury to the lining of the digestive tract, stomach or esophagus, and balloon deflation. Important: For full safety information please visit orbera.com/dfu, talk with your doctor, or call Apollo Customer Support at 1-855-MYORBERA.

CAUTION: Rx only.

References: 1. Directions For Use (DFU), ORBERA™ IntraGastric Balloon System (ORBERA™). Austin, TX: Apollo Endosurgery, Inc.
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MKT-00837-00R01

Let's break it down. What are the OAC's 5 year goals?

- 1. Access:** By 2021, the OAC will have secured universal coverage for comprehensive obesity treatment services for all who wish to receive them. With this goal achieved, the only barrier that would exist in 2021 for treatment of excess weight is one's own decision-making – not a lack of healthcare insurance .
- 2. Funding:** By 2021, the OAC will have a robust and diverse fundraising structure to adequately support our growing programs and services and allow for the creation of a reserve fund. We will have enough money to reach our goals, and in those leaner years, we will have enough in the bank to not close up shop.
- 3. Weight Bias:** By 2021, the OAC will continue to actively combat weight bias and strive to reduce its impact on those affected by obesity, specifically with the goal of reducing the fat phobia, blame and social rejection scales by at least 10 percent. By achieving this, more people will understand obesity and speak up when obesity is portrayed as something to blame and shame.
- 4. Education:** By 2021, the OAC will be recognized as the authority for unbiased and clear patient education focused on improving the health of those affected by obesity. You and everyone else will trust the OAC as the premiere organization for obesity and weight education. Period.
- 5. Visibility:** By 2021, the OAC will increase both its visibility and brand recognition by doubling 2016 levels of recognition within our core target audiences and the general public. By 2021, twice as many people reading this now will know who we are in 2021 – both prompted and unprompted.
- 6. Support:** By 2021, the OAC will have built the infrastructure, initiatives and programs to actively engage our supporters and volunteers in an active, vibrant community, whether online or in person at the local, state and National levels. We will engage and recruit members in new ways and we have enough staff and resources to do it well.



Getting involved

These six goals alone are just that – goals. In order to ensure the OAC is on track, the board and staff felt it was important to create benchmarks for achieving success.

Take a look at the benchmarks below – cut it out and put it on the refrigerator, put it on your vision board, stick it in your weekly planners and ask yourself: “What part can I play in moving these forward?”

In ACCESS the OAC will...

- ➔ Advocate for evidence-based behavioral, mental, medical, pharmaceutical and surgical treatment for obesity.
- ➔ Create a state and Federal advocacy network to ensure access to care and reasonable reimbursement in both public and private insurance.
- ➔ Ensure that all 50 states have coverage under Medicare and Medicaid.
- ➔ Eliminate non-evidence-based requirements that insurers use to prevent or limit treatment.

In FUNDING the OAC will...

- ➔ Increase the number of Annual donors from 1 percent to 10 percent of its supporter database.
- ➔ Acquire five new high level donors from a diverse range of organizations, foundations and companies.
- ➔ Sustain OAC's base operating expenses on membership revenue.
- ➔ Create a reserve equal to 1 year of base operating expenses.
- ➔ The OAC will grow its yearly revenue to \$5 million by 2021.

In WEIGHT BIAS the OAC will...

- ➔ Develop weight bias educational programs, centered on the goal to educate the public about weight bias and its consequences.

5 Years Stronger continued on following page

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*This offer is restricted to new customers only and cannot be combined with any other offer. Limited to one free bottle per person &/or household. Other offers or discounts may apply to existing customers. Please allow 4 to 6 weeks for delivery.

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➔ Develop Nationwide weight bias awareness and response campaigns to help our membership and the public increase awareness in recognizing weight bias and decreasing the incidence of it in all sectors.

➔ Create an activation strategy that mobilizes at least 15 percent of our supporters to take on issues of weight bias.

In EDUCATION the OAC will...

➔ Expand its educational offerings to include information for under-represented populations, along with related disease states.

➔ Increase its distribution of educational resources to 5 million pieces annually by 2021.

➔ Create partnerships with key medical associations to distribute OAC educational resources to all major medical providers, with the goal to reach 2 million of their patients annually.

➔ Expand mediums used to deliver education (webinars, videos, social media, etc.).

In VISIBILITY the OAC will...

➔ Increase organizational and cause-focused visibility through improved SEO rankings.

➔ Leverage www.ObesityAction.org to be within the top hit Web sites for obesity searches.

In COMMUNITY ENGAGEMENT the OAC will...

➔ Create a state chapter network to organize individuals in their local communities.

➔ Create platforms, in-person and virtual, to engage OAC supporters in conversations.

“It is not enough to take steps which may someday lead to a goal; each step must be itself a goal and a step likewise.” -Goethe

➔ Diversify the OAC’s membership/supporter base to expand under-represented groups in three areas:

1. Increase male supporters by 25 percent
2. Increase support/involvement from supporters of racial/ethnic groups by 25 percent
3. Balance geographic regions

➔ Sponsor the development of international affiliates.

Showing up as a Doer

Similar to any big commitments for change, it may feel difficult to know where to start. One quote that personally reminds me of this task is one that I’ve always looked at when I’m making changes to my health or a routine I’m no longer getting energy from: “It is not enough to take steps which may someday lead to a goal; each step must be itself a goal and a step likewise.” (Goethe).

Showing up for these goals will require vulnerability, courage, time and energy, and it will look different for each of you, which is why we need all of you!

Contributing to our goals can look like whispering to a co-worker “that felt biased and I think an apology is in order,” after you hear an offensive joke.

Advancing our goals might be you at a town hall with an elected official who is glazing over obesity problems in your community, and you take the podium to say “I’m your constituent and I know this is a real problem. Let me tell you why.”

It might be activating and standing alongside on your connections in your everyday lives, such as a friend who works in a corporation who wants to spread wellness materials to their employees or start an employee giving campaign, a relative who works for a major insurance company and wants to improve health outcomes or someone you know who wants to contribute to a fundraising quarterly call-to-action.

Sometimes, courage in standing up as a doer may come out less polished. I’m guilty of this, and in rooms where I’m surrounded by friends, and not foes. It’s a product of wanting things to be different than they are and starting your change with the frustration.

In the OAC January board of directors’ retreat, we discussed our membership structure, specifically cost; I was among a small group of board members who said that the 10 to 20 dollars held people back from joining the OAC.

Inside my heart and head, I hold a different lived experience than that of my colleagues. My proximity both personally

and relationally to poverty is high. My more mature and refined side would have calmly said: “I’ve seen families and individuals make the decision between needs and an OAC membership doesn’t qualify as a need. Or, I might have said “I live in Memphis, and its ranked third in poverty when you look at populations over 500,000, including more than 45 percent of the city’s children.” Instead, in my most annoyed, ugly voice I said “If we think that ten to twenty dollars isn’t a barrier to families – this is ridiculous!”

This is not the doer I’m asking you to be. The point is that sometimes standing up as a doer means first getting mad. Practice your story. What’s moving you to get involved? Start with what you know best – your own experience — and be transparent with why you’re showing up. Together, we will make the next five years of the Obesity Action Coalition the best yet.

About the Author:

Amber Huett-Garcia, MPA, is a long-time member and chairwoman of the OAC National Board of Directors and a bariatric surgery patient. She is a director with Teach For America - Memphis. Amber holds a Master's of Public Administration from the University of Illinois - Springfield and is a graduate of Bradley University in Peoria, Ill. She resides with her husband, Matt, and daughter, Parker, in Memphis, Tenn.

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- **Weight loss was maintained with Saxenda®** in another 1-year medical study,^{b,c} in which 8 out of 10 people were able to lose 5% or more of their weight within 4 to 12 weeks with a low-calorie meal plan alone. In addition, at the end of this study, on average, people who were on Saxenda® were able to achieve an additional 6.2% weight loss

^aThese results were from a 56-week trial of adults with excess weight (BMI ≥27) with at least 1 weight-related condition, or obesity (BMI ≥30), not including patients with type 2 diabetes. On average, there were 27% of people on Saxenda® and 34% on placebo who did not complete the studies. In the study, 62% of patients on Saxenda® lost ≥5% body weight (34%, placebo) and 34% lost ≥10% body weight (15%, placebo). Significant weight loss was evaluated only at 56 weeks, as per study design.

^bA 56-week trial of adults with excess weight (BMI ≥27) with at least 1 weight-related condition, or obesity (BMI ≥30), not including patients with type 2 diabetes. This study was designed to measure weight loss (beginning to end of trial), ability to keep weight off (didn't gain >0.5%), and those who achieved ≥5% weight loss.

^cResults may not reflect those expected in the general population.

Ask your health care professional about Saxenda® and learn more at Saxenda.com

What is Saxenda®?

Saxenda® is an injectable prescription medicine that may help some adults with excess weight (BMI ≥27) who also have weight-related medical problems or obesity (BMI ≥30), lose weight and keep the weight off. Saxenda® should be used with a reduced-calorie meal plan and increased physical activity.

- Saxenda® is not for the treatment of type 2 diabetes
- Saxenda® and Victoza® have the same active ingredient, liraglutide, and should not be used together
- Saxenda® should not be used with other GLP-1 receptor agonist medicines
- Saxenda® and insulin should not be used together
- It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight-loss products
- It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke
- It is not known if Saxenda® can be used safely in people who have had pancreatitis
- It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children

Important Safety Information

What is the most important information I should know about Saxenda®?

Serious side effects may happen in people who take Saxenda®, including:

1. Possible thyroid tumors, including cancer. During the drug testing process, the medicine in Saxenda® caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer in people. If medullary thyroid cancer occurs, it may lead to death if not detected and treated early. If you develop tumors or cancer of the thyroid, your thyroid may have to be surgically removed.

- Before you start taking Saxenda®, tell your health care professional if you or any of your family members have had thyroid cancer, especially medullary thyroid cancer, or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Do not take Saxenda® if you or any of your family members have medullary

thyroid cancer, or if you have MEN 2. People with these conditions already have a higher chance of developing medullary thyroid cancer in general and should not take Saxenda®

- While taking Saxenda®, tell your health care professional if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer

2. Inflammation of the pancreas (pancreatitis), which may be severe and lead to death.

Before taking Saxenda®, tell your health care professional if you have had:

- pancreatitis, stones in your gallbladder (gallstones), a history of alcoholism, high blood triglyceride levels

While taking Saxenda®:

Stop taking Saxenda® and call your health care professional right away if you have pain in your stomach area (abdomen) that is severe and will not go away. The pain may happen with or without vomiting. The pain may be felt going from your abdomen through to your back. This type of pain may be a symptom of pancreatitis.

Who should not use Saxenda®?

Do not use Saxenda® if:

- you or any of your family members have a history of medullary thyroid cancer
 - you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body
 - you are allergic to liraglutide or any of the ingredients in Saxenda®
- Symptoms of a serious allergic reaction may include:

- swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very rapid heartbeat, problems breathing or swallowing, severe rash or itching

Talk with your health care professional if you are not sure if you have any of these conditions.

- are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby

Please see brief summary of Prescribing Information on adjacent page.

If you would like more information, please speak to your health care professional. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.



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Saxenda®
liraglutide (rDNA origin) injection

Saxenda[®]

liraglutide (rDNA origin) injection

Brief Summary of Information about Saxenda[®] (liraglutide [rDNA origin] injection)

Rx Only

This information is not comprehensive. How to get more information:

- Talk to your healthcare provider or pharmacist
- Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling
- Call 1-877-484-2869

What is the most important information I should know about Saxenda[®]?

Serious side effects may happen in people who take Saxenda[®], including:

- 1. Possible thyroid tumors, including cancer.** During the drug testing process, the medicine in Saxenda[®] caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Saxenda[®] will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer in people. If medullary thyroid cancer occurs, it may lead to death if not detected and treated early. If you develop tumors or cancer of the thyroid, your thyroid may have to be surgically removed.
 - Before you start taking Saxenda[®], tell your healthcare provider if you or any of your family members have had thyroid cancer, especially medullary thyroid cancer, or Multiple Endocrine Neoplasia syndrome type 2. Do not take Saxenda[®] if you or any of your family members have medullary thyroid cancer, or if you have Multiple Endocrine Neoplasia syndrome type 2. People with these conditions already have a higher chance of developing medullary thyroid cancer in general and should not take Saxenda[®].
 - While taking Saxenda[®], tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer.
- 2. Inflammation of the pancreas (pancreatitis),** which may be severe and lead to death.

Before taking Saxenda[®], tell your healthcare provider if you have had:

- pancreatitis
- stones in your gallbladder (gallstones)
- a history of alcoholism
- high blood triglyceride levels

These medical conditions can make you more likely to get pancreatitis in general. It is not known if having these conditions will lead to a higher chance of getting pancreatitis while taking Saxenda[®].

While taking Saxenda[®]:

Stop taking Saxenda[®] and call your healthcare provider right away if you have pain in your stomach area (abdomen) that is severe and will not go away. The pain may happen with or without vomiting. The pain may be felt going from your abdomen through to your back. This type of pain may be a symptom of pancreatitis.

What is Saxenda[®]?

- Saxenda[®] is an injectable prescription medicine that may help some obese adults or overweight adults who also have weight related medical problems lose weight and keep the weight off.
- Saxenda[®] should be used with a reduced calorie diet and increased physical activity.
- Saxenda[®] is not for the treatment of type 2 diabetes mellitus.
- Saxenda[®] and Victoza[®] have the same active ingredient, liraglutide. Saxenda[®] and Victoza[®] should not be used together.
- Saxenda[®] should not be used with other GLP-1 receptor agonist medicines.
- Saxenda[®] and insulin should not be used together.
- It is not known if Saxenda[®] is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.
- It is not known if Saxenda[®] changes your risk of heart problems or stroke or of death due to heart problems or stroke.
- It is not known if Saxenda[®] can be used safely in people who have had pancreatitis.
- It is not known if Saxenda[®] is safe and effective in children under 18 years of age. Saxenda[®] is not recommended for use in children.

Who should not use Saxenda[®]?

Do not use Saxenda[®] if:

- you or any of your family members have a history of medullary thyroid cancer.
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body.
- you are allergic to liraglutide or any of the ingredients in Saxenda[®]. See the end of this Medication Guide for a complete list of ingredients in Saxenda[®].

Symptoms of a serious allergic reaction may include:

- swelling of your face, lips, tongue, or throat
- fainting or feeling dizzy
- very rapid heartbeat
- problems breathing or swallowing
- severe rash or itching

Talk with your healthcare provider if you are not sure if you have any of these conditions.

- are pregnant or planning to become pregnant. Saxenda[®] may harm your unborn baby.

What should I tell my healthcare provider before using Saxenda[®]?

Before taking Saxenda[®], tell your healthcare provider if you:

- have any of the conditions listed in the section "What is the most important information I should know about Saxenda[®]?"
- are taking certain medications called GLP-1 receptor agonists.
- are allergic to liraglutide or any of the other ingredients in Saxenda[®]. See the end of this Medication Guide for a list of ingredients in Saxenda[®].
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
- have or have had kidney or liver problems.
- have or have had depression or suicidal thoughts.
- have any other medical conditions.
- are pregnant or plan to become pregnant. Saxenda[®] may harm your unborn baby. Tell your healthcare provider if you become pregnant while taking Saxenda[®]. If you are pregnant you should stop using Saxenda[®].
- are breastfeeding or plan to breastfeed. It is not known if Saxenda[®] passes into your breast milk. You and your healthcare provider should decide if you will take Saxenda[®] or breastfeed. You should not do both without talking with your healthcare provider first.

Tell your healthcare provider about all the medicines you take including prescription and non-prescription medicines, vitamins, and herbal supplements. Saxenda[®] slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda[®] may affect the way some medicines work and some other medicines may affect the way Saxenda[®] works. Tell your healthcare provider if you take other diabetes medicines, especially sulfonylurea medicines or insulin.

Know the medicines you take. Keep a list of them with you to show your healthcare provider and pharmacist each time you get a new medicine.

How should I use Saxenda[®]?

- Inject your dose of Saxenda[®] under the skin (subcutaneous injection) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider.
- Do not inject into a vein or muscle.**
- If you take too much Saxenda[®], call your healthcare provider right away. Too much Saxenda[®] may cause severe nausea and vomiting.
- Never share your Saxenda[®] pen or needles with another person. You may give an infection to them, or get an infection from them.

What are the possible side effects of Saxenda[®]?

Saxenda[®] may cause serious side effects, including:

- **possible thyroid tumors, including cancer.** See "What is the most important information I should know about Saxenda[®]?"
- **inflammation of the pancreas (pancreatitis).** See "What is the most important information I should know about Saxenda[®]?"
- **gallbladder problems.** Saxenda[®] may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
 - pain in your upper stomach (abdomen)
 - fever
 - yellowing of your skin or eyes (jaundice)
 - clay-colored stools

- **low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus.** Saxenda[®] can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda[®]. Signs and symptoms of low blood sugar may include:

- shakiness
- sweating
- headache
- drowsiness
- weakness
- dizziness
- confusion
- irritability
- hunger
- fast heartbeat
- feeling jittery

Talk to your healthcare provider about how to recognize and treat low blood sugar. Make sure that your family and other people who are around you a lot know how to recognize and treat low blood sugar. You should check your blood sugar before you start taking Saxenda[®] and while you take Saxenda[®].

- **increased heart rate.** Saxenda[®] can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take Saxenda[®]. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes when taking Saxenda[®].

- **kidney problems (kidney failure).** Saxenda[®] may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.

Call your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth.

- **serious allergic reactions.** Serious allergic reactions can happen with Saxenda[®]. Stop using Saxenda[®], and get medical help right away if you have any symptoms of a serious allergic reaction. See "Who should not use Saxenda[®]?"

- **depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

Common side effects of Saxenda[®] include:

- nausea
- constipation
- vomiting
- decreased appetite
- tiredness
- stomach pain
- diarrhea
- low blood sugar (hypoglycemia)
- headache
- upset stomach
- dizziness

- changes in enzyme (lipase) levels in your blood

Nausea is most common when first starting Saxenda[®], but decreases over time in most people as their body gets used to the medicine.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the side effects with Saxenda[®]. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Keep your Saxenda[®] pen, pen needles, and all medicines out of the reach of children.

Manufactured by:
Novo Nordisk A/S
DK-2880 Bagsvaerd, Denmark

More detailed information is available upon request.

Available by prescription only.
For information about Saxenda[®] contact:
Novo Nordisk Inc.
800 Scudders Mill Road
Plainsboro, NJ 08536
1-844-363-4448

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Health On-the-Go: Keeping Your Kids Healthy on Vacation

by Mira Rasmussen, BS, ACSM-HFS

Staying healthy on vacation doesn't have to contradict the let-loose and be-free attitude we look forward to. In fact, staying healthy on vacation enhances the experience by offsetting mood swings and keeping our energy levels up. Happy kid equals happy parent, right?

All too often, we associate overindulging with vacation, making choices that leave us and our kids feeling overfed and lethargic. Instead, make this summer vacation one that captures the balance of adventure and indulgence. These tips for activity and nutrition will help keep your kids healthy while on-the-go.

Kid's Plan One Event Daily

When planning your vacation, it's important to get the kids involved. Instead of a vacation that is just associated with the destination, look to see what activities are unique to your route. Then have your kids decide which activities appeal to them most. This will allow for travel stops they can look forward to.

Choose active locations for a rest stop instead of a restaurant, places where you can take a quick walk on a nature trail or at least play five rounds of "Simon Says" before getting back into the car. Many larger cities have parks or play areas that are characteristic of the area.

Zoos or aquariums are another great place to go while traveling. They differ quite a bit from city to city, and they

can be short-visit places vs. destinations. Regardless of your choice, look for stops that provide room to burn energy and disengage from sitting entertainments.

Electronics are for Sitting Periods Only

If sitting for long periods is a mandatory part of your trip, such as a plane or car ride, make an agreement with the kids that travel periods while sitting will be the only time allowed for electronics (challenge yourself on this too). Otherwise, the plan is to move!

Once you're out of the vehicle and standing, make a game out of finding a stairway to take or associate waiting in line to marching (or dancing) in place.

Discussion of this arrangement is best before you leave for your trip so kids understand it's not a punishment, but a well thought out agreement between you. The benefit is true engagement in family experiences and the memories that come with it!

Be Active in Your Surroundings

Children and teenagers need at least 60 minutes of physical movement daily. Many vacation spots provide more activities than what initially meets the eye. Beach trips are a great time to swim with the sea animals.

At the beach, you can also:

- Go snorkeling.
- Play Bocce ball.
- Walk around and collect shells together.

If you find yourself in a city, look for a bike-sharing system where you can pick up a bike at a kiosk. Use this mode of transportation instead of a taxi service. Not only will you get to see the city in a whole different light, but you've accomplished your day's activity before you even arrived to your destination!

Other pastimes becoming popular are inner-city kayaking and water sports. See if there are any city lakes or rivers near your destination spot. Spending an hour each day in movement will help keep everyone's energy levels more balanced, which leads to better-behaved kids during less active periods of the day.

Make Nature Activities More Game-like

A hike doesn't have to be just a hike. Make a scavenger hunt out of it! Here's how:

- Find 10 plants with a shade of red on them.
- Identify at least four animals on the hike (easy options such as a deer, dog, lizard, fish).
- Find a water source (rain or dew drops, water fall, or lake), etc.
- Count the time it takes your family to travel inbound on the trail and see if you can beat your time outbound.

Projects in nature, like setting up a tent or building a fire, can be very rewarding without a thought to physical activity. Many national parks also have a Junior Ranger program, where kids can receive a badge after participating in special activities, games or puzzles. Ultimately, they are being active while learning more about the environment you're in.

Travel to Family or Friends

Maybe your trip this summer is to a relative's or friend's house. You can still ensure your kids are active daily by encouraging acts of service for your host. Activities like washing their car together or working in their garden offer a chance to connect with natural conversation.

After an hour or two of visiting, let your hosts know that it's important for you to have active time with the kids. See if all the adults will participate! Build a fort in the backyard, set up a good-old-fashioned sack race, play a game of horseshoes, or set up a little outdoor theatre on the porch where everyone gets dressed up and acts out stories together. The more involved you get, the more your kids will believe that being active is a family affair, not just a distraction for them. Though destination vacations have their place, children often describe their favorite trips in connection to people, not places.

Kids Corner continued on following page

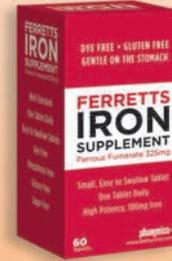
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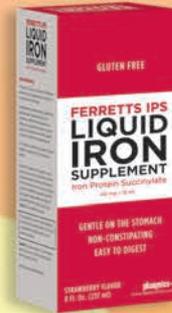
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Adventure Vacations

Trips centered around action make activity goals a breeze. Dare to get out of your family's comfort zone by planning a trip with whitewater rafting, zip-lining, scuba diving, spelunking or mountain biking. There are usually some age and weight requirements to look into first, but many of these activities can be surprisingly kid-friendly and make memories for a lifetime!

CHECK OUT THESE EXTRA TIPS for making your summer vacation as healthy as possible:

The 80/20 Rule for Nutrition

It can be hard to pass up a Dairy Queen on the road or ignore New York's famous pizza while in New York City. Instead of overindulging, make 20 percent of the calories your family eats each day the treat of their choice, then try to make the healthiest decisions for the rest of your meals that day.

Part of traveling can be experiencing a variety of foods, and this can be a great addition to vacation as long as there's balance between what your body needs for fuel and what it considers a treat. Think of the calories

your family eats each day as a bank account. If your family saves on calories from treats earlier in the day by choosing a nourishing breakfast and a well-balanced lunch, then dinner that night can be indulgent and satisfying.

Water is Choice

Flying by plane, driving or just being out in the sun can easily dehydrate us. Stock your car, backpack and hotel room with bottled water and make sure to carry it everywhere you go. Not only will regular hydration keep everyone healthier, but this drink choice goes along with the 80/20 rule for nutrition. It's easy for kids to drink their calories with juice and soda instead of saving those calories for something they will remember more, like eating ice-cream at a one-of-a-kind diner while they cherish the day's events.

Five a Day

Vegetables and some fruits have the highest amounts of vitamins and minerals that make our bodies feel and function well, no matter what age group we fit into. As important as these foods are in daily life, they become even more important as you attempt to balance the nutrient-empty foods, such as treat foods

that are high in fat, sugar or foods that break down into sugar. Prioritizing nutrient-rich plant-foods, like oranges and leafy greens, will help keep your immune system ready to fight off travel germs and keep your family healthy throughout the trip.

Pack Snacks

Resist the urge to push through your day and skip meals until the activities are over. Not only will this lead to cranky kids (not to mention the adults), but hunger and fatigue can quickly lead to extra-large meals that are less nourishing. Packing some healthy easy-travel snacks like beef jerky, small pouches of nuts or protein-enriched granola bars will help keep your family's energy levels going strong.



Conclusion:

Vacation is a great time to feel your best and engage in all the festivities the trip has to offer. When kids get a chance to be active each day, they are more focused and calm when the trip requires it, not to mention their rest will be deeper at the end of the day (allowing you to achieve the relaxation time you deserve, too). Energizing your family with healthy foods and teaching balance in indulgences will demonstrate the care you have for yourself and your family — making any experience on-the-go healthier and happier!

About the Author:

Mira Rasmussen, BS, ACS-HFS, is the founder and president of Fitness Beyond Training, LLC, which specializes in functional training for the general population, athletes and those managing disease or any physical limitations. As an exercise physiologist and health professional for the last eleven years, Mira Rasmussen is passionate about personalizing fitness and nutrition plans to create lasting lifestyle changes. Committed to promoting a healthy lifestyle, she serves on the Obesity Action Coalition's Education Committee. For more information on Mira, please visit www.fitnessbeyondtraining.com.

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Gettin' Your Head in the Game: Regrouping after Setbacks



by Merrill Littleberry, LCSW, LACD, CCM, CI-CPT

Let's try something different. How about we start off with a deposit first? I'm talking about an emotional deposit, that is. One that will allow you to clear the withdrawal of feelings and thoughts that come with the word "setback."

There is such a negative connotation that comes with this word. However, a setback ultimately is a positive thing. It means you had the strength to reach a place that you would like to return to. It is not some dream, myth or made up fairytale conjured up in your head. You know it is real and possible because you have already been there.

What Are Setbacks?

How do you define a setback? When do you actually call it a set back? I think this is a very good place to start, since we just learned a setback has many stages before it is actually identified. In the arena of weight-loss, a setback is only brought to my attention as a therapist once several pounds have already been regained. That is not the setback. It was a result of it.

Webster defines a setback as "A check in progress." Yes, progress! You can only experience a setback after experiencing success. The first time you achieved it, it may have been on hope and faith alone. This time, hope and faith are accompanied by wisdom and experience. There was a time you never thought you could do what you did. Well, today isn't that day.

The distress and dilemmas you have today are making you capable and stronger for your tomorrows. This is so awesome! Why? Because that means all of the experiences you had in your past gave you the power and potential to conquer your NOW. That means for some of us, we have a million minutes of practice (a boot camp in some ways) of building an inner strength to defeat the full spectrum of battles facing us today.

The question arises, "How did I get back here?" Along your journey, the priority of successful progress took a back seat. That is typically what I find when exploring circumstances surrounding setbacks. The thing you made a priority, the goal that was so important, the fears of the future or not having one, have moved to the back burner.

Navigating the High Seas of Setbacks

When your priority structure gets rearranged, you become disengaged. You may say, “life happened.” Well, life is always happening. We must not let the heavy waters of the world sink our vessel when a storm blows in. The more you allow in, the harder it is to get it out — especially if you ignore the point of the entry where the crack began! It becomes the source of distraction weighing you down, leaving you feeling extremely guilty and overloaded.

The boat that sunk isn't the setback! The setback instead was not addressing the negative thinking which began at the first sign of distress. Instead, the mistakes were compiled, allowing the issues to occupy, then dominate, your safe space. It was allowed to take priority over your progress. That small leak that you noticed, such as the soda you started sipping, the walk you stopped doing, the time you no longer take for yourself or those negative thoughts you started having throughout time, will cause your ship to sink. It won't happen overnight but it will happen.

Look back at what created the crack. When do you first recall its appearance? You may feel you have been defeated, when truly you were merely distracted. So, what do we do now? Become mindful, interrupt and redirect. Oh, and gather lots of duct tape and buckets too!

There is typically a change factor, large or small, showing that something shifted. When facing setbacks, additional rationales are thrown in to the session such as, “Now, I have a longer commute to work... children's activities... job stress... a break-up or a new relationship.” These rationales are misused as valid reasons to change your priority of a healthier, happier life. When these and many other classic life events occur, you stop doing what was working, and you start doing something that literally works against you.

Here's a real life example from one of my patients: “Football season started and we are on-the-go all the time. It is much easier, since we don't have time, just to stop and pick up something at the drive-through.” However, last year during football season, that same person was preparing and being proactive for the day, as opposed to being reactive. The same 24 hours in the day still exist, each hour still containing no less than 60 minutes. The situation didn't change, the person's priorities did.

Who Sunk My Battleship?

I cannot count how many times a patient starts a session saying, “I don't know why I am having setbacks or backsliding.” Some get stuck in the same rut, and others process through it. You can begin to move forward, actually living life again, as opposed to life living you. Look at where your map leads you. Is this where you want to go?

If not, I suggest you quickly change your course. Is it possible you are suffocating in the clutter of excess emotional F.A.T. (Falsely Acquired Thoughts), and it's preventing you from staying the course? F.A.T. is toxic and it has impeccable timing. It punches you right in the gut,

just when you thought you were on the up-side of down. Unfortunately, you may have learned to be a collector of these harmful ideas, hoarding them throughout the years, until it feels like there is no room to stand.

Continuing to say negative things to yourself when nobody's listening. Continuing to do negative things when nobody's watching, always hoping no one will find out. These are examples of practice gone bad or “practice gone pain” as I like to say!

I have heard many people say, “It was like a drug. It was an incredible high, only to be followed by unmeasurable shame and self-hate.” Drugs, sex, food, abuse, spending... the choice might be different, but the destruction of the human mind is still the same. What makes you continually refuel that source of pain?

This behavior provides unlimited energy to the frustration and disgusting feelings that you are trying desperately to fight off and avoid. One can carry this F.A.T. around, allowing it to weigh you down and create a lethal environment inside and out. Once again, not allowing you to float your boat. This is physically and emotionally toxic to you and everyone around you.

Now, I hope that does NOT sound appealing, pleasurable or sustainable. If it does, you have learned how to function in dysfunction. Which means you feed off the pain of others or your own. It is done just to feel something, instead of nothing. This has become so familiar, and you can't imagine your life without it.

This is where reading an article stops and seeking out individual therapy is needed. There are many types of dysfunction used to mask emotional pain and emptiness. Examples include unsafe sexual or promiscuous acts, using not-prescribed or illegal drugs to deaden life's pains. Another example can be over-filling your body with excessive food that it cannot effectively use, just to distract from the hollow feeling of emotional bankruptcy. Some will go into debt by spending what they don't have to make others believe they are someone they don't even want to be. Another common dysfunction is hurting those around you by inflicting unnecessary pain because you never dealt with your own damage.

It stems from not feeling lovable, not worthy and not a priority. That changes now! You can't always go back and undo the harm caused to others or yourself, but you can make the choice not to do it again. If you don't have the ability right now to help yourself, just don't continue to hinder, hurt or cause self-harm. These are two completely different things. For example, not everyone in your life can help you but it sure would be great if they stopped hurting you, correct? Well, don't be one of them.

Why do these behaviors fill our lives? Typically it's because you're “empty.” The same thoughts that made you happy, proud and successful have now turned into feelings of selfishness and guilt. Tell yourself: “I'm making myself a priority. I am important. I matter too.”

Regrouping after Setbacks continued on page 39

Ask your healthcare professional about BELVIQ®

What is BELVIQ®?

BELVIQ is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some overweight (Body Mass Index [BMI] ≥ 27 kg/m²) adults with a weight-related medical problem, or adults living with obesity (BMI ≥ 30 kg/m²), lose weight and keep it off.

It is not known if BELVIQ when taken with other prescription, over-the-counter, or herbal weight-loss products is safe and effective. It is not known if BELVIQ changes your risk of heart problems, stroke, or death due to heart problems or stroke.

Important Safety Information

- **Pregnancy:** Do not take BELVIQ if you are pregnant or planning to become pregnant, as weight loss offers no potential benefit during pregnancy and BELVIQ may harm your unborn baby.
- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions:** Before using BELVIQ, tell your doctor about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or life-threatening side effects if taken with BELVIQ. Call your doctor right away if you experience agitation, hallucinations, confusion, or other changes in mental status; coordination problems; uncontrolled muscle spasms; muscle twitching; restlessness; racing or fast heartbeat; high or low blood pressure; sweating; fever; nausea; vomiting; diarrhea; or stiff muscles.
- **Valvular heart disease:** Some people taking medicines like BELVIQ have had heart valve problems. Call your doctor right away if you experience trouble breathing; swelling of the arms, legs, ankles, or feet; dizziness, fatigue, or weakness that will not go away; or fast or irregular heartbeat. Before taking BELVIQ, tell your doctor if you have or have had heart problems.
- **Changes in attention or memory:** BELVIQ may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ affects you.
- **Mental problems:** Taking too much BELVIQ may cause hallucinations, a feeling of being high or in a very good mood, or feelings of standing outside your body.
- **Depression or thoughts of suicide:** Call your doctor right away if you notice any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.
- **Low blood sugar:** Weight loss can cause low blood sugar in people taking medicines for type 2 diabetes, such as insulin or sulfonylureas. Blood sugar levels should be checked before and while taking BELVIQ. Changes to diabetes medication may be needed if low blood sugar develops.
- **Painful erections:** If you have an erection lasting more than 4 hours while on BELVIQ, stop taking BELVIQ and call your doctor or go to the nearest emergency room right away.
- **Slow heartbeat:** BELVIQ may cause your heart to beat slower.
- **Decreases in blood cell count:** BELVIQ may cause your red and white blood cell counts to decrease.
- **Increase in prolactin:** BELVIQ may increase the amount of a hormone called prolactin. Tell your doctor if your breasts begin to make milk or a milky fluid, or if you are a male and your breasts increase in size.
- **Most common side effects in patients without diabetes:** Headache, dizziness, fatigue, nausea, dry mouth, and constipation.
- **Most common side effects in patients with diabetes:** Low blood sugar, headache, back pain, cough, and fatigue.
- **Nursing:** BELVIQ should not be taken while breastfeeding.
- **Drug interactions:** Before taking BELVIQ, tell your doctor if you take medicines for depression, migraines, or other medical conditions, such as: triptans; medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, monoamine oxidase inhibitors, or antipsychotics; cabergoline; linezolid (an antibiotic); tramadol; dextromethorphan (an over-the-counter (OTC) common cold/cough medicine); OTC supplements such as tryptophan or St. John's Wort; or erectile dysfunction medicines.
- BELVIQ is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.

For more information about BELVIQ®, talk to your healthcare professional and see the Patient Information on the reverse side.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.



You've got your goals and
You've got BELVIQ®

FDA approved for *weight loss*

Adding BELVIQ® to your healthy routine may help you take weight loss further and may help lower blood pressure.* In clinical studies, BELVIQ® helped some people **lose weight and keep it off** more effectively compared with diet and exercise alone.† **Ask your healthcare professional if BELVIQ® is right for you.**

 **BELVIQ®**
(lorcaserin HCl) ^{IV}

Proven 2X as effective
as diet and exercise alone

Sign up for monthly savings‡ and free support.

Visit BeginBELVIQ.com or call 1-855-BELVIQ1 (1-855-235-8471)

PROMO CODE: OC

*Though it is not a blood pressure treatment, BELVIQ may lower blood pressure.

†BELVIQ was evaluated in 3 clinical studies involving overweight adults (with at least 1 weight-related medical condition) and obese adults. All 3 studies compared people taking BELVIQ plus diet and exercise to people using diet and exercise alone (placebo). The results of the first 2 studies (involving 7,190 people without diabetes) showed that 47.1% of people taking BELVIQ lost 5% or more of their body weight compared with 22.6% of the placebo group. People taking BELVIQ also had significant improvements in their blood pressure and cholesterol levels. A third clinical study (involving 604 overweight people with type 2 diabetes) showed that 37.5% of people taking BELVIQ lost 5% or more of their body weight compared with 16.1% of the placebo group. People taking BELVIQ also had significant improvements in their blood sugar levels. Nearly one-half of all participants completed the first 2 studies; nearly two-thirds of the participants completed the third study.

‡Restrictions apply.

IMPORTANT PATIENT INFORMATION

Read the Patient Information that comes with BELVIQ® (BEL-VEEK) (lorcaserin hydrochloride) tablets before you start taking it and each time you get a refill. There may be new information. This page does not take the place of talking with your doctor about your medical condition or treatment. If you have any questions about BELVIQ, talk to your doctor or pharmacist.

What is BELVIQ?

BELVIQ is a prescription medicine that may help some obese adults or overweight adults who also have weight related medical problems lose weight and keep the weight off.

BELVIQ should be used with a reduced calorie diet and increased physical activity.

It is not known if BELVIQ is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.

It is not known if BELVIQ changes your risk of heart problems or stroke or of death due to heart problems or stroke.

It is not known if BELVIQ is safe when taken with some other medicines that treat depression, migraines, mental problems, or the common cold (serotonergic or antidopaminergic agents).

It is not known if BELVIQ is safe and effective in children under 18 years old.

BELVIQ is a federally controlled substance (CIV) because it contains lorcaserin hydrochloride and may be abused or lead to drug dependence. Keep your BELVIQ in a safe place, to protect it from theft. Never give your BELVIQ to anyone else, because it may cause harm to them. Selling or giving away this medicine is against the law.

Who should not take BELVIQ?

Do not take BELVIQ if you:

- are pregnant or planning to become pregnant. BELVIQ may harm your unborn baby.

What should I tell my healthcare provider before taking BELVIQ?

Before you take BELVIQ, tell your doctor if you:

- **have or have had heart problems including:**
 - congestive heart failure
 - heart valve problems
 - slow heartbeat or heart block
- have diabetes
- have a condition such as sickle cell anemia, multiple myeloma, or leukemia
- have a deformed penis, Peyronie's disease, or ever had an erection that lasted more than 4 hours
- have kidney problems
- have liver problems
- are pregnant or plan to become pregnant
- are breastfeeding or plan to breastfeed. It is not known if BELVIQ passes into your breastmilk. You and your doctor should decide if you will take BELVIQ or breastfeed. You should not do both.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

BELVIQ may affect the way other medicines work, and other medicines may affect how BELVIQ works.

Especially tell your doctor if you take medicines for depression, migraines or other medical conditions such as:

- triptans, used to treat migraine headache
- medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors (SSRIs), selective serotonin-norepinephrine reuptake inhibitors (SNRIs), monoamine oxidase inhibitors (MAOIs), or antipsychotics
- cabergoline
- linezolid, an antibiotic
- tramadol
- dextromethorphan, an over-the-counter medicine used to treat the common cold or cough

- over-the-counter supplements such as tryptophan or St. John's Wort
- medicines to treat erectile dysfunction

Ask your doctor or pharmacist for a list of these medicines, if you are not sure.

Know all the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

How should I take BELVIQ?

- Take BELVIQ exactly as your doctor tells you to take it.
- Your doctor will tell you how much BELVIQ to take and when to take it.
 - Take 1 tablet 2 times each day.
 - **Do not** increase your dose of BELVIQ.
 - BELVIQ can be taken with or without food.
- Your doctor should start you on a diet and exercise program when you start taking BELVIQ. Stay on this program while you are taking BELVIQ.
- Your doctor should tell you to stop taking BELVIQ if you do not lose a certain amount of weight within the first 12 weeks of treatment.
- If you take too much BELVIQ or overdose, call your doctor or go to the nearest emergency room right away.

What should I avoid while taking BELVIQ?

- **Do not** drive a car or operate heavy machinery until you know how BELVIQ affects you. BELVIQ can slow your thinking.

What are the possible side effects of BELVIQ?

BELVIQ may cause serious side effects, including:

- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions.** BELVIQ and certain medicines for depression, migraine, the common cold, or other medical problems may affect each other causing serious or life-threatening side effects. Call your doctor right away if you start to have any of the following symptoms while taking BELVIQ:
 - mental changes such as agitation, hallucinations, confusion, or other changes in mental status
 - coordination problems, uncontrolled muscle spasms, or muscle twitching (overactive reflexes)
 - restlessness
 - racing or fast heartbeat, high or low blood pressure
 - sweating or fever
 - nausea, vomiting, or diarrhea
 - muscle rigidity (stiff muscles)
- **Valvular heart disease.** Some people taking medicines like BELVIQ have had problems with the valves in their heart. Call your doctor right away if you have any of the following symptoms while taking BELVIQ:
 - trouble breathing
 - swelling of the arms, legs, ankles, or feet
 - dizziness, fatigue, or weakness that will not go away
 - fast or irregular heartbeat
- **Changes in your attention or memory.**
- **Mental problems.** Taking BELVIQ in high doses may cause psychiatric problems such as:
 - hallucinations
 - feeling high or in a very good mood (euphoria)
 - feelings of standing next to yourself or out of your body (disassociation)
- **Depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.
- **Low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus.** Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as insulin or sulfonylureas). You should check your blood sugar before you start taking BELVIQ and while you take BELVIQ.
- **Painful erections (priapism).** The medicine in BELVIQ can cause painful erections that last more than 6 hours. If you have

an erection lasting more than 4 hours whether it is painful or not, stop using BELVIQ and call your doctor or go to the nearest emergency room right away.

- **Slow heartbeat.** BELVIQ may cause your heart to beat slower. Tell your doctor if you have a history of your heart beating slow or heart block.
- **Decreases in your blood cell count.** BELVIQ may cause your red and white blood cell count to decrease. Your doctor may do tests to check your blood cell count while you are taking BELVIQ.
- **Increase in prolactin.** The medicine in BELVIQ may increase the amount of a certain hormone your body makes called prolactin. Tell your doctor if your breasts begin to make milk or a milky discharge or if you are a male and your breasts begin to increase in size.

The most common side effects of BELVIQ include:

- headache
- dizziness
- fatigue
- nausea
- dry mouth
- constipation
- cough
- low blood sugar (hypoglycemia) in patients with diabetes
- back pain

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of BELVIQ. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How do I store BELVIQ?

Store BELVIQ at room temperature between 59°F to 86°F (15°C to 30°C).

Safely throw away medicine that is out of date or no longer needed.

Keep BELVIQ and all medicines out of the reach of children.

General information about the safe and effective use of BELVIQ.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use BELVIQ for a condition for which it was not prescribed. Do not give BELVIQ to other people, even if they have the same symptoms you have. It may harm them.

This Patient Information summarizes the most important information about BELVIQ. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about BELVIQ that is written for health professionals. For more information, go to www.BELVIQ.com Website or call 1-888-274-2378.

What are the ingredients in BELVIQ?

Active Ingredient: lorcaserin hydrochloride

Inactive Ingredients: silicified microcrystalline cellulose; hydroxypropyl cellulose NF; croscarmellose sodium NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; talc USP; FD&C Blue #2 aluminum lake; and magnesium stearate NF.

This Patient Information has been approved by the U.S. Food and Drug Administration.

Rx Only

BELVIQ® is a registered trademark of Arena Pharmaceuticals GmbH, Zofingen, Switzerland
Manufactured by Arena Pharmaceuticals GmbH, Untere Brühlstrasse 4, CH-4800, Zofingen, Switzerland
Distributed by Eisai Inc., Woodcliff Lake, NJ 07677
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How can we let what we need for survival be interpreted as selfishness? The better, the happier and the healthier you are, the more you and the world around you thrives. The development and renewing of self-love is an absolute necessity in reaching and sustaining what you value. Not valuing the importance of your being will make you feel lesser, which in turn makes you do less, for you.

Loving yourself is the foundation to achieving long-term success instead of short-term change. When you learn to appreciate who you are and what you have, your perception changes. Only then will you cherish the harmony necessary to sustain inner balance.

Get Your Head Back in the Game

You've never really been out of the game, you just started paying more attention to the forces around you than the power within you. To score again in this game, you need to remember what you practiced that made you feel like you could be victorious. Re-evaluate by asking yourself the following:

What is my vision, desire and capacity?

Vision: See where you want to be.
Desire: Inquire within as to your why.
Capacity: Increase your knowledge through skill building, and enhancing tenacity.
Get it, Got it, Good!

So what needs to change? Maybe it's nothing. The word "change" seems so difficult and daunting. So, how about an upgrade! Now that word has a positive connotation. In most cases an upgrade is a great thing! You're due for a full upgrade, one that will require a reboot. Apply an improved method to your ordinarily routine. Will it work? Well, how important is it to you?

I have yet to see anybody downgrade their cell phone for the older version just because of its difficulty to learn or due to the amount of time necessary to master the new device. Something keeps us trying, mistake after mistake. We make it a priority. It is so important to us that we keep on trying until we don't even realize when it's just something we do.

So many times patients will ask, "When will this feel normal?" When you stop thinking it's abnormal. None of you out there think you have an abnormal cell phone unless you just purchased it. You know in your head, "I just haven't figured it out, yet."



Conclusion:

I ask that you be mindful and examine your distribution of energy. Where and when did you redirect your distribution of emotional kilowatts? Remember, you are just going through it, don't own it. You have the choice: continue consuming your "feeling bad energy," or use that same energy to be free. If for whatever reason after the storm has passed, if you still have a little water in your boat, use it "to feed the weeds or feed the flowers. Whichever one you choose, that's what you will grow."

About the Author:

Merrill Littleberry, LCSW, LACD, CCM, CI-CPT, aka Vitamin M as many know her, is a motivator and healthcare professional specializing in the area of mental, emotional and physical well-being through balance.

As a motivational speaker, psychotherapist, personal trainer, friend, mother and many other assorted roles she lives, one thing always remains the same in her world. She believes mental and physical health are equally important, stating that "One cannot function optimally without the other."

As a dedicated advocate striving to improve the lives of others, her hopes and aspirations are ongoing to continually discover new ways to motivate and impact the futures of others. Her true passion in life is to help ignite the uninspired, to create new motivators and to stimulate society by transforming lives to be all they were designed to become. As Vitamin M says often, "Each evening, ask yourself, did you excel at your capacity?"

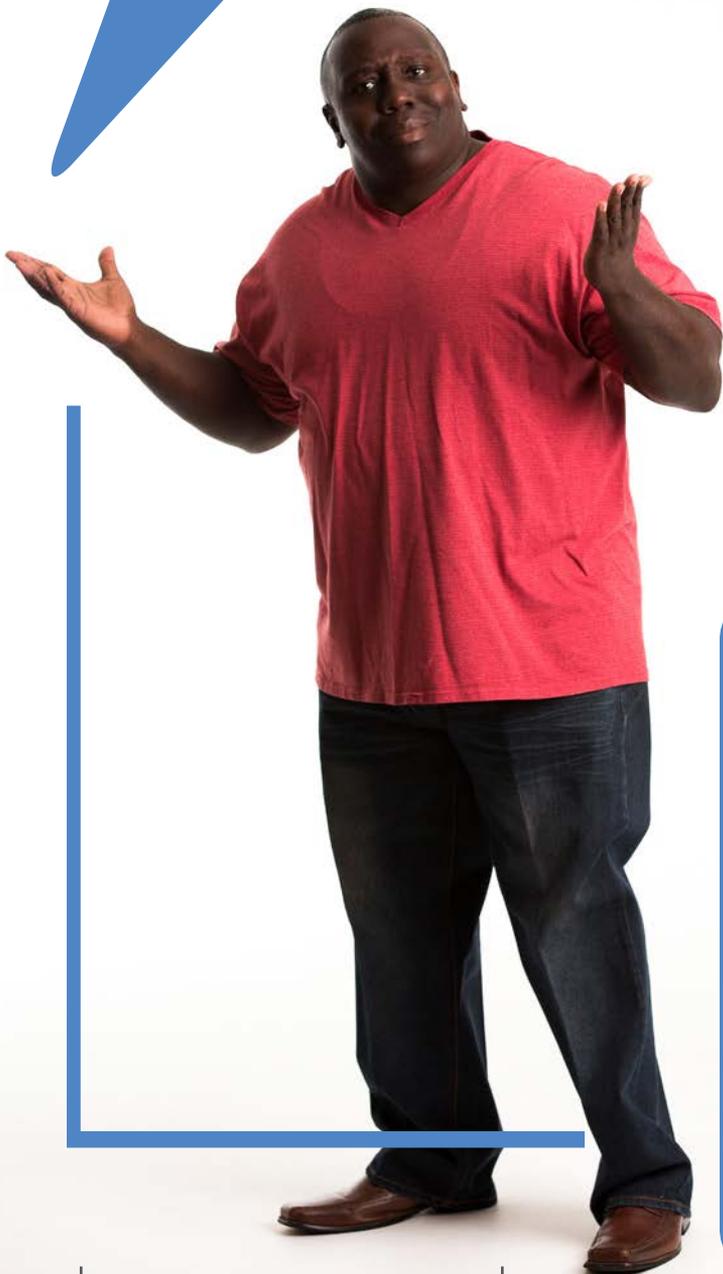


Dear Doctor



Answer provided by Walter Medlin, MD, FACS

“I’m considering bariatric surgery. What do I need to know?”



It all starts with a consultation with a surgical team. The team will help map out the risks and benefits of having bariatric surgery for you as an individual. Make that appointment today!

Surgeons understand that many of us have not made a final decision about whether or not to undergo the procedure until sometime AFTER a surgical plan is crafted. Surgeons expect people to be cautious and fretful (it’s the fearless folks who scare me!).

You need to know that the risk to your health is usually LESS with surgery than with leaving severe obesity untreated! You really don’t have to do “homework” ahead of time, except to be ready to give the surgical team a good report of your medical history and current medications and medical problems. You can come in with open questions. For example, you can ask about your GERD (heartburn) or snoring (sleep problems such as apnea) if they have not been fully evaluated.

The 5 W’s of Bariatric Surgery

What is bariatric surgery?

Bariatric surgery is a safe and effective treatment option for those affected by severe obesity. Moreover, these same procedures have also been recognized for their impact on metabolic or hormonal changes that play a major role in hunger (the desire to start eating) and satiety (the desire to stop eating) as well as improvement and/or resolution of conditions that can occur as a result of severe obesity.

Who undergoes bariatric surgery?

Bariatric surgery is a recognized and accepted approach for both weight-loss and many of the conditions that occur as a result of severe obesity; however, not all people affected by severe obesity will qualify for bariatric surgery. There are certain criteria that a person must meet in order to be a candidate for bariatric surgery.

When is it recommended someone receive bariatric surgery?

The National Institute of Health has identified several criteria for candidacy for bariatric surgery, including:

- Body Mass Index (BMI) = a number calculated based on a person's height and weight:
- BMI >40, Severe obesity (or weighing more than 100 pounds over ideal body weight)
- BMI 35-40 with significant obesity-related conditions (type 2 diabetes, high blood pressure, sleep apnea or high cholesterol)
- No endocrine causes of obesity
- Acceptable operative risk
- Understands surgery and risks
- Absence of drug or alcohol problem
- No uncontrolled psychological conditions
- Failed attempts at medical weight-loss (diets, other weight-loss options)

Consult with your primary care provider (PCP) and insurance provider to see if you are a candidate.

Where is the procedure completed?

The procedure is typically performed at a hospital, and the length of stay varies depending on the procedure chosen.

Why would someone have bariatric surgery?

Within two to three years after the operation, bariatric surgery usually results in a weight-loss of 10 to 35 percent of total body weight, depending on the chosen procedure. Those considering bariatric surgery should talk to their healthcare provider about what their personal expectations should be for loss of excess weight. In addition, co-morbidities, such as diabetes, high blood pressure, sleep apnea and others are often reduced or may go into remission. Most will find they require fewer medicines throughout time and many will discontinue their medicines completely.

Dear Doctor continued on following page



Platinum

Eisai Inc.
Novo Nordisk
Takeda Pharmaceuticals America, Inc.

Gold

American Society for Metabolic
& Bariatric Surgery
Bariatric Advantage
Covidien
Potomac Currents

Silver

Apollo Endosurgery
Arena Pharmaceuticals
Ethicon
New Life Center for Bariatric Surgery
Obesity Medicine Association

Bronze

Celebrate Vitamins
Eliza Kingsford, Executive Director,
Wellspring Camps
EnteroMedics Inc.
Rocky Mountain Associated Physicians
The Wellborn Clinic

Patron

Alaska Bariatric Center
Billings Clinic
BIGSHOT Inbound
BMI of Texas
Center for Medical Weight Loss at
Complete Family Medicine
Chattanooga Bariatrics
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Lloyd Stegemann, MD
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Scottsdale Healthcare Bariatric Center
Southern Surgical Hospital
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Woman's Hospital

Platinum: \$100,000 and up Bronze: \$5,000 - \$9,999
Gold: \$50,000 - \$99,999 Patron: \$1,000 - \$4,999
Silver: \$10,000 - \$49,999

List as of 6/29/16



“ It is a lifelong disease, but we have many good tools to treat it, and many wonderful providers who are available to help! ”

You can look into insurance coverage, but do not jump to conclusions until you have had a consultation – there are often options and appeals throughout the process. The resources from the OAC are a great place to gather information for background, but don't leap to conclusions based on “civilian” articles. Being informed is helpful, but often things need a more complex team approach.

People commonly make assumptions about the limitations of bariatric surgery with age, cancer or surgery history, the ability to exercise, possible food restrictions, the recovery process and family life, and when it's time to return to work. This is more than I can address here, but be assured – your team will take the time and you can always keep asking questions!

In terms of your health, remember that the goal of bariatric surgery is to help your OVERALL quality of life, not just to help you lose weight. This means good care and evaluation of various health areas, such as stress and mental health issues, heart and lung health, and low vitamin or iron levels (most are low on Vitamin D).

Many of these “hurdles” are not meant to be difficult, but making the risk as low as possible is not always simple. A friend of mine calls it “getting your ducks in a row” – making sure that you don't accidentally have some factor working against your best chance for safety and good results – both in the short and long-term.

Most importantly, do not worry about being “rejected” for bariatric surgery. This very rarely occurs for a few patients who are not able to take care of themselves safely or who threaten a caregiver. Most other issues can be modified, even if it takes some extra time.

On the other hand, if you need to check out a few different programs to get the right fit, go right ahead!

Feeling comfortable with my surgeon was super important to me, and I know a lot of surgeons.

Almost all programs offer lifelong follow-up, but many patients do not see great value after a few years, and they drift away. This is a real mistake – long-term issues can sneak up on all of us! I am now almost eight years out from when I had bariatric surgery and I still see a dietitian yearly and a coach or trainer weekly. Even though I know a lot, an outside perspective and professional support keeps me from falling victim to gaps in my own self-knowledge.

Finally, stay empowered. The disease of obesity makes people feel helpless. It is a lifelong disease, but we have many good tools to treat it and many wonderful providers who are available to help! Stay engaged with your healthcare provider and your surgical team, and be ready to spend some time throughout the rest of your life at least paying attention to healthy habits and managing hunger.

Additional Resources to Learn about Bariatric Surgery:

- Obesity Action Coalition Web site – www.ObesityAction.org
- Obesity Help – www.ObesityHelp.com
- Weight Loss Surgery Foundation of America – www.WLSFA.org
- BariatricPal – www.BariatricPal.com

About the Author:

Walter Medlin, MD, FACS, is a bariatric surgeon in Utah and sleeve gastrectomy patient now seven years post-op. He is a member of the OAC National Board of Directors and tweets @bonuslife.

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Trendy Foods:

Are they Really Healthy for you?

by Sarah Muntel, RD

It's getting complicated these days! Eat this, but not that and don't forget to add a little of this. It is hard to decipher what you should eat, and it seems as though new foods keep popping up with added health benefits. These new foods leave many people running to the nearest grocery store for the latest and greatest, but are they for real?

Let's take a look at a few of them and see how they stack up.

Kombucha

Kombucha is a fermented black or green tea drink which has been around for more than 2,000 years. It is made from sweetened tea that has been fermented by bacteria and yeast. This tea is acidic and it contains sugar, B vitamins and antioxidants.

Many claims have been made on this tea, showing health benefits of treating illnesses, stimulating the immune system, reversing gray hair and many more, but are they true? There have been very few studies on this, and most have been in animals. At this point, the claims are unfounded. There needs to be more studies performed to determine the real health benefits.

There have also been adverse effects associated with kombucha, possibly due to the fermentation of the tea and the bacterial content of tea. Be careful if you choose to drink this tea. The benefits may not outweigh the risks.

Quinoa

Quinoa has gained popularity during the last couple of years and is popping up all over grocery stores in salads and sides. It is one of the few plant-based sources of protein. This grain "wins" over other grains due to its higher protein and fiber content. A half cup serving is 120 calories, three grams of fiber and 4.5 grams of protein, plus added B Vitamins. This food is a "yes" for sure in any nutrition book!

There are some things to keep in mind though. Even though the nutrition is great, watch your portions, as half of a cup can easily turn into one cup or even one and a half, and you will quickly pack in extra calories. Pay attention to eating recommended portion sizes with this grain.





Chia Seeds

What is it with these small brown, gray, black and white seeds? They seem to be everywhere these days! These small seeds absorb up to 12 times their weight in liquid when soaked, and then form a gel texture. They can be used in many ways, but they are commonly used in smoothies, bars and yogurts.

Nutritionally, these small seeds pack a big punch! They are rich in B Vitamins, calcium, iron, magnesium and phosphorus. They are also a great source of fiber, protein and omega 3's. In a one ounce serving, you will get 11 grams of fiber and four grams of protein.

Although some initial studies have not shown the benefits of chia seeds, the nutritional breakdown alone makes them a winner in our book!

Kale

Kale chips, kale salad, kale everything! This leafy, green super food from the cabbage family packs quite a nutritional punch. It is high in vitamin A, vitamin C, vitamin K, and B6, just to name a few. It is also high in phytonutrients, such as carotenoids, lutein and zeaxanthin. Kale can add flavor, color and variety to many dishes. It's a nutrition YES!

Trendy Foods continued on following page





Greek Yogurt

High protein items seem to be the rage these days, which has turned people to Greek yogurt. When you compare plain Greek yogurt to regular yogurt, you find a higher protein content, typically less sugar, a thicker consistency and the same live bacterial cultures.

Some people find that Greek yogurt needs some flavoring. Add some fresh fruit for sweetness, or mix in whole grain oats. There are great low-fat and low-sugar flavored varieties in stores everywhere. These products add some sweetness without the extra calories. This is a nutrition win for sure.



Be careful, though — not all Greek yogurt products are the same. Since this is a new buzz word, you see it all over the grocery store. Greek yogurt covered pretzels, Greek yogurt cakes and Greek yogurt cereal bars are some examples. Many of these products have lots of added sugar. Just because it says Greek, it doesn't automatically make it

a good product. Take a good look at the label before you add these to your shopping cart!



Flaxseed

Flaxseed from the flax plant has been used for years, starting with Egyptians. Flaxseed contains protein and fiber, which can help with satiety as part of a balanced diet. Additionally, flaxseed is rich in alpha-linolenic acid (ALA), an omega 3 fatty acid that has been shown to reduce the risk of heart disease and arthritis. Flaxseed also contains lignans, a phytoestrogen, and there are mixed studies on the benefit of lignans in fighting cancer.



Flaxseed can be added to many varieties of foods. There are many health claims surrounding flaxseed, and most of these claims are due to the composition of flaxseed and its great nutritional breakdown. More research is being done, but flaxseed is something that can be of great benefit to a balanced diet. Give it a try!

Agave Nectar

The “oh so natural” agave nectar is processed from plants. You see it around, frequently sweetening foods, and it’s natural, right? Is this the perfect sweetener for you? Well... no. Agave nectar may be natural, but it isn’t any better than plain old sugar, and could possibly even be worse for you.

Calorically, agave has 60 calories per tablespoon, verses 40 calories per tablespoon of sugar. It is sweeter than sugar, so you may use a little less, but you certainly don’t save any calories with this. Additionally, agave nectar is mostly made up of fructose. Fructose consumption can lead to insulin resistance and increased triglyceride levels, both of which can increase your risk of developing heart disease.

In the long run, agave nectar is one to limit. Instead, try Stevia – a natural, less calorically-dense product.

Trendy Foods continued on following page



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Coconut Products

Coconut flour, coconut oil, and coconut water (just to name a few) are some of the new products you'll see while browsing the grocery aisle. People use coconut oil for moisturizing and other beauty rituals, so it can also be found in the beauty aisle.



Coconut oil: Coconut oil is extracted from the fruit of mature coconuts. It is a saturated fat, which consumers have been historically advised to stay away from. It is composed of lauric acid, which is a medium chain fatty acid, and has been shown to benefit your cholesterol levels by increasing your HDL's (good cholesterol). This may make it a better choice than other saturated fats that may also contain trans-fat, but it can still have a negative impact on your LDL's (good cholesterol).

The bottom line: This can be a substitute for other fats, but it is still a high caloric food so it's not a free-for-all. Consider substituting it for other oils in moderation, but never add it to your diet or your calories will increase, and so will your waist!

Coconut flour: Coconut flour can be a nice substitute for regular flour, although it's a little thicker and denser. You may have to modify your recipes a bit, and it is a gluten free option. Per 1/4 cup serving, it has 10 grams of fiber (versus the 0.8 grams found in white flour), and 16 grams of carbohydrate (versus the 24 grams found in white flour). This is a nutrition win. Give it a try!

Almond Milk

Almond milk is exactly what it sounds like — a plant milk with a nutty taste. Almond milk is made with almonds and water. A plus to almond milk is that it does not contain lactose, and that makes it a great vegan option. It gained increased popularity during the last several years.



The upside? Almond milk contains 40 calories per cup (versus the 90 calories found in skim milk), so it can be a calorie-saver. It is also lower in carbohydrates, which can be a plus for diabetics, and is fortified with calcium, so it is very similar to the calcium content of milk. Almond milk is low in fat and naturally cholesterol free, which is a bonus.

The downside? Protein. Almond milk is lower in protein than cow's milk. For those who are counting protein grams, this product is lacking.

The verdict? Sure! This can be a great option for many people. Just beware of the lower protein count. If you feel you are looking for a higher protein choice, opt for cow's milk.



Pulses

A pulse is a mix of dried beans, peas and lentils that has been used all over the world. You can find it in soups and chili. A one-half cup cooked serving is equivalent to one vegetable serving and a two ounce meat equivalent. It is full of protein and fiber and contains a whole mix of vitamins including iron, zinc, folate and magnesium, as well as several antioxidants. These mixes can improve lipid profiles and are a low glycemic index food. Other claims include decreasing risk of chronic disease, but more research needs to be completed.

This one is easy- a nutrition yes!



Before you grab a bar, take a look at the label. Many bars have added sugar, are higher in carbohydrates and have less protein than you would think. Some bars are really not any better nutritionally than a candy bar. Here's a tip, make sure the bar has at least 15-20 grams of protein and make sure the sugar content is lower (around five grams). The majority of these won't meet those nutritional guidelines, so look closely.

Conclusion:

There are so many products available these days. It takes a savvy shopper, label reader, and nutrition guru to determine what works. We can't possibly cover all of them in one article, but here are a few tips to think about:

- **Look at the label:** The less ingredients on the list, the better. Look for ingredients you are aware of or at least can pronounce.
- **Don't believe everything you see online:** There is a lot of good information on the Internet, and there is a lot of not-so-good information. Go to a trusted site for your information. When in doubt, ask. Find a registered dietitian or health professional to answer your question.
- **Back to basics:** You really can't go wrong with fruits, vegetables, dairy and protein. Sometimes that's all you need. There really is no such thing as a magic food.

At the end of the day, do the best you can. No one is perfect. Small steps and changes can make a huge impact in your overall health!

About the Author:

Sarah Muntel, RD, is a Registered Dietitian and Bariatric Coordinator at Community Bariatric Surgeons in Indianapolis, IN. She has worked with bariatric surgery patients for 17 years and especially enjoys leading support groups. In her free time, she enjoys spending time with her husband and three children.



Protein Bars

Protein bars are a quick meal or snack option for many in our busy days and crazy schedules. When people don't have time to prepare a meal or snack, they can quickly grab a protein bar. These bars are wrapped up in a package and look like the picture of health. This sounds like a great idea in theory, but what is the nutritional breakdown of these bars we grab?

Online Resources

for Health, Fitness and Well-being

by Michelle Vicari



How many times do you log onto the Internet each day, check your Facebook page or look at your mobile phone? If you are in the majority of Americans (73 percent), you go online on a daily basis. Almost half of those surveyed by the Pew Research Center shared that they go online several times a day.

The constant availability of technology and often sedentary behavior associated with our increased technology use is thought to be a contributor to the rise in obesity, but that same technology-use provides a unique opportunity to improve our health and health behaviors. That habit of checking your laptop or phone several times a day may just help you turn your healthy goals into daily habits that you can incorporate into a healthy lifestyle.

Here are some important things to remember about online resources:

- Always follow professional advice from your healthcare provider. Online resources are not meant to replace medical advice. Much like the children's game telephone, sometimes information found online can provide questionable or distorted facts. It may have started out accurate, but throughout time been altered. When in doubt, print it out and share the information you find with your doctor or medical professional.

- Be aware that personal health information you share online and log into apps with may not be private. In fact, assume it's not. It is the World Wide Web, so for safety reasons don't share anything that you wouldn't want the whole world to potentially read. There are ways to protect who views certain things, like privacy settings and the use of pseudonyms or handles versus real names, but the best way to protect what you don't want to share is not to share it.

Support Groups

A few keywords typed into Google will garner you a lengthy list of health-related support groups, some facilitated by medical professionals and some with peer-to-peer support. Try adding specific keywords (weight-loss, fitness, bariatric surgery, running, walking, etc.) into your Web search to get a more accurate fit. Online groups are like little communities and will have all types of people and personalities. It may take some clicking (and perhaps a few hits of the back button) to find the right group for you.

Online Resources continued on page 52



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*Reference our store locator on premierprotein.com to find a store near you.

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PROTEIN / **CALORIES** / **SUGAR** / **FAT** / **VITAMINS & MINERALS**

*More calories from protein than sugar.

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Here are some online support resources that I recommend:

Online Support Groups

The Obesity Action Coalition (OAC) web site hosts a publicly-submitted, state by state list of support groups
www.ObesityAction.org/Advocacy/Support-Groups

My Fitness Pal Community
www.Community.MyFitnessPal.com/en/Categories
(Free, registration required to post)

Weight Watchers
www.Community.WeightWatchers.com/Index.aspx
(membership required)

T.O.P.S. Take Off Pounds Sensibly
www.TOPs.org
(membership required)

ObesityHelp
www.ObesityHelp.com
(Free, registration required to post)

Bariatric Pal
www.BariatricPal.com
(Free, registration required to post)

Thinner Times Forums
www.ThinnerTimesForum.com
(Free, registration required to post)

Hospital Support Groups: Ask your physician, bariatric surgeon or dietitian if he, she or the local hospital has a support group and if it has an online component. Many do.

Find Support on Social Media

Facebook Groups

Type keywords in the search box and you will have hundreds of groups come up. Most are peer-to-peer support.

Twitter

On social sites like Twitter, a hashtag is a word or phrase preceded by a hash or pound sign (#) used to identify messages on a specific topic. Finding anything on Twitter can be done using the right hashtag. Type a hashtag in the Twitter search box to find people who are tweeting about a particular health topic of interest, and then be sure to follow those people.

Some popular hashtags include: **#weightloss #health #fitness #nutrition #lowcarb #wls #walking #running #yoga**

How to find health related hashtags: www.Simplur.com/Healthcare-Hashtags/

While on Twitter, be sure to follow @ObesityAction, @YWMOAC and myself, @Eggface.

Tweet Chats are organized events where people participate in an interactive conversation through tweets on Twitter. Many are hosted by doctors, dietitians or health professional groups. The conversation usually focuses on a pre-arranged topic, and a specific hashtag for the tweet chat allows the conversation to be easily followed. The chats are scheduled for a specific time and date, but you can always just scroll through the hashtag that was used to read the information shared and follow some favorite tweeters.

Some frequent health-related tweet chats include: **#HealthChat #HealthTalk #abcDRBchat #HealthTipsChat #HACHat #StartSmall #RDChat**

Instagram

At first glance, Instagram appears like a place to share photos of your dog or kids. Much like using hashtags elsewhere on social networks, hashtags on Instagram help users organize and categorize photo content. Search hashtags like #fitness, #nutrition, #recipes, #weightlossjourney and #WLSCommunity to lead you to others who are sharing about those subjects.

Pinterest

Pinterest is a visual bookmarking site that allows you to create boards of things that you find online, with each of these things being referred to as a "pin." Pinterest users can find recipes, health tips, sample menus, workouts and motivational quotes. Search by topic and look for pages authored by sources like government agencies, trusted non-profit organizations and health professionals.

The Obesity Action Coalition has a great page (www.Pinterest.com/ObesityAction), as does the OAC's *Your Weight Matters Campaign* (www.Pinterest.com/YWMOAC).



Some other standout pages include:

- Everyday Health (www.Pinterest.com/EverydayHealth)
- Weight Watchers (www.Pinterest.com/WeightWatchers)

YouTube

The largest video sharing site is a great source for free workouts! Be aware that many are created by non-fitness professionals, and if you're just beginning to exercise, start cautiously and progress slowly. It's important to always consult your doctor before starting an exercise program.

Here are some YouTube channels of note:

- www.YouTube.com/user/FitnessBlender
- www.YouTube.com/user/YogaWithAdriene

Mobile Fitness Apps

Whether you're trying to lose weight, walk more steps in a day, workout in your living room, or drink more water, a few helpful nudges from the mobile phone in your pocket might make all the difference in reaching your health goals.

Here are some mobile fitness apps I recommend:



Lose It! (Free, premium 39.99/yr.) – This health tracker allows you to keep a food diary and exercise log. It is compatible with many fitness devices. It also has a barcode scanner for entering packaged foods into your food diary. Lose It! has an active chat community and a tab called “challenges” where you can participate in fitness and health challenges with other users or even create your own.



MyFitnessPal (Free, premium 49.99/yr.) This app is consistently on every best health apps list because it really is one of the best. Users input meals, snacks and drinks they consume, as well as the calories expended in exercise and movement. It's compatible with a number of fitness trackers and can automatically pull that data in daily. Entering what you consume into your database is slow going for the first few weeks, but we generally repeat favorite foods and once they are entered the process becomes quicker. There is a great feature in the app to scan barcodes so packaged foods are a snap to enter. You also can connect with the MyFitnessPal support community for motivation and to cheer each other on.



Fitbit (Free, but Fitbit brand activity tracker is needed for full utilization) – Fitbit is one of the most popular activity trackers on the market. It has its own app to track activity, record workouts and log food from its extensive database of nutritional information. It also features a barcode scanner, and it's a great way to connect with friends and family who are also using the tracker.

If you want to lose weight, MyFitnessPal, Lose It! and the Fitbit app are very helpful tools. Let's say you want to lose 10 pounds in 10 weeks (consult your doctor before starting any weight-loss program). You can enter that information in, and the apps will provide a daily number of calories you should aim for in order to meet your goal.

Online Resources continued on following page



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Here are some other great apps to help you with nutrition:



Waterlogged (Free) – It's easy to mistake thirst for hunger! Use this app to track your daily water intake and get reminders when it's time to drink up.



Calorie King (Free) – This app contains over 70,000 foods, including items from 260 fast food chains and restaurants. By tapping on a specific food, you can access detailed information including calories, carbohydrates, protein, fiber, saturated fat, trans fat, cholesterol, sodium and alcohol.



HealthyOut (Free) – This app can help you find low-calorie, low-carb dishes at local eateries. You can search by cuisine type or diet, like vegetarian or gluten-free options or by popular commercial diets like South Beach or Atkins.

Besides a healthy diet, nothing is more important to health than regular physical activity. **These apps will get you moving:**



Sworkit (Free) – An app that allows you to customize and play personalized video workouts. Choose the types of workout that you would like: strength, cardio, yoga or stretching, and you'll receive video instruction of the routine. Pick the amount of time you would like to work out. It can range anywhere from 5 minutes to 60 minutes.



MapMyFitness (Free) – This fitness tracking app enables you to use the built-in GPS of your mobile device to track all of your fitness activities. Record your run, walk, hike and ride details, including duration, distance, pace, speed, elevation, calories burned and the route traveled on an interactive map.



Daily Workouts (Free) – This app provides video instruction of 50 targeted area exercises and users can select 10 to 30-minute full body workouts.



Couch-to-5K (\$1.99) – If running a 5K one day is a goal, this app will help you get there. For 30 minutes a day, 3 days a week, this app gets you ready for a 5K in 9 weeks.



AllTrails (Free) – This app provides information curated by fellow hikers, campers and mountain bikers about trails, so you'll be able to find the perfect hike, bike or run by trail length, rating and difficulty level when close to home or traveling. You can also filter options by whether or not they are dog-friendly, kid-friendly or wheelchair-friendly trails.



The Walk (\$2.99) and Zombies, Run! (Free) – If you'd like a fun alternative to the sounds of nature or music when you walk or run, these adventure games will give you just that.

Stress is a part of life, but too much stress can take a toll on your health and contribute to weight gain by leading to unhealthy eating and other behaviors. **Here are a few apps that could be beneficial to controlling stress:**



Simply Yoga (Free) – This app contains 20, 40 and 60-minute yoga routines with video demonstrations of poses. You simply choose your workout length and follow along.



Calm (Free) – Users can select background scenery and sounds (a mountain lake is one of many examples). Set a timer and relax for a few minutes; this app is a great stress reliever and alternative to snacking.



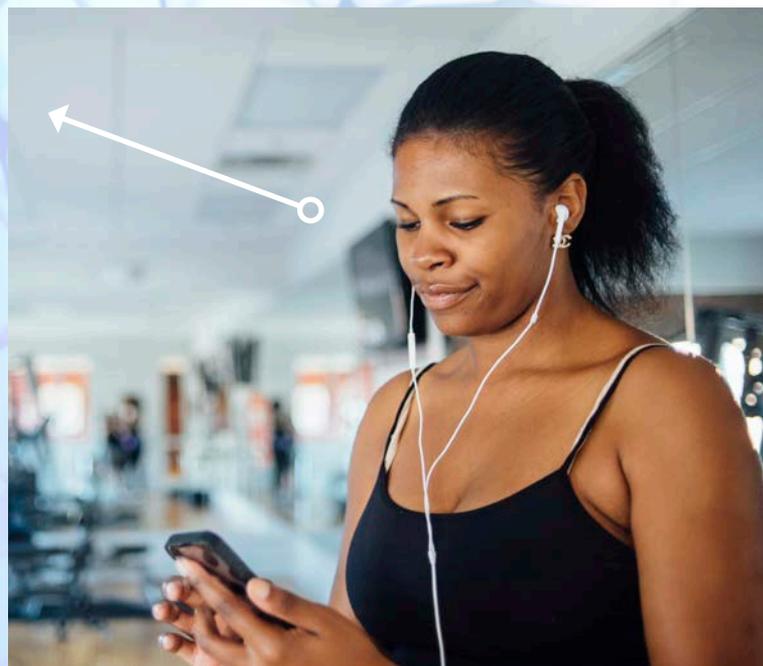
Insight Timer (Free) – A simple meditation timer with hundreds of free guided meditations on a variety of topics.

I hope you find these online resources helpful in your journey to better health. I look forward to connecting with you online:

- www.TheWorldAccordingtoEggface.com
- www.facebook.com/TheWorldAccordingtoEggface
- www.pinterest.com/Eggface
- www.twitter.com/Eggface
- www.instagram.com/TheWorldAccordingtoEggface

About the Author:

Ms. Vicari is a 10-year post-operative gastric bypass patient, maintaining her 158-pound weight-loss. Ms. Vicari is well known for her popular blog and Facebook page, The World According to Eggface, where she shares her weight-loss journey and supports individuals on theirs. Ms. Vicari's healthy recipes and post-bariatric surgery lifestyle tips have been featured on television, in magazines, and numerous hospital newsletters and Web sites. Ms. Vicari is a member of the OAC National Board of Directors and is Chair of the OAC Convention Planning Committee.



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- Gluten-free



OPTISOURCE® Very High Protein Drink

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