

YOUR WEIGHT Matters

Summer 2017

MAGAZINE

FOR YOUR HEALTH

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Needs to
Stop

Combating
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OAC
Obesity Action Coalition

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1. Ard JD, Schroeder MC, Kivilaid K, et al. Practical application of a comprehensive weight management program in patients with and without metabolic syndrome. *J Obes Weight Loss Ther.* 2014;S4:007. doi:10.4172/2165-7904.S4-007. 2. Wadden TA, Foster GD, Letizia KA, et al. A multicenter evaluation of a proprietary weight reduction program for the treatment of marked obesity. *Arch Intern Med.* 1992;152(5):961-966. 3. Drawert S, Bedford K, Largent D. Change in glucose, blood pressure, and cholesterol with weight loss in medically obese patients. *Obesity Res.* 1996;4(51):675.

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YOUR WEIGHTMatters
FOR YOUR HEALTH MAGAZINE

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Your Weight MattersSM Magazine is the official publication of the Obesity Action Coalition (OAC). The OAC is an independent National non-profit organization dedicated to giving a voice to those affected by the disease of obesity.

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A Message from the OAC Chairwoman of the Board

To our community,

I have the privilege of traveling and talking with others about obesity. Whether I'm on a plane or sitting behind a table overflowing with Obesity Action Coalition (OAC) brochures at a health fair – I catch a glimpse of the self-talk people affected by obesity use on a regular basis. I hear some version of what seems to be innocent statements, such as, “if I could just push myself from the table...” or “I know I need to just do [fill in what they feel is a simple habit].” I also hear more harmful mantras such as, “I look terrible!” or ones rooted in comparison (against self and others) with “I used to look really great before I gained (back) all this weight.”

Nearly every single time I mention my involvement with the OAC to someone affected by excess weight or obesity it becomes a race to the punchline. They put themselves down or blame themselves before I can even tell them about the OAC.

Let me be clear on two points. First, reject weight bias and discrimination projected onto you because of your weight. You are more than the size of your body. The problem(s) people have with your size are rooted in their own deficiencies and insecurities. Try very hard not to let other people's biases write your story. Only you deserve to write your story.

Second, your weight does matter for your health. You are allowed to want to address your weight and love who you are without qualification. Loving yourself at any size is not a radical idea.

If you're reading this, I hope you join our community to help us stand up against weight bias and discrimination. Let's work to change the things we hear and read so they don't become our inner voices. Weight bias and discrimination keeps us from conversations on treatment, makes us less likely to advocate for ourselves, keeps us from getting the support we need, and well – it's just plain wrong. You are enough in the OAC community.

With love,



Amber Huett-Garcia, MPA

DONATE TODAY!

**WE ENVISION A
WORLD WHERE ALL
INDIVIDUALS ARE
TREATED WITH DIGNITY
AND RESPECT... A
WORLD FREE OF
WEIGHT BIAS.**

You can help us achieve this world. **SUPPORT** the OAC's efforts to fight weight bias and put an end to the unfair stigma of obesity. **JOIN US** in the fight and make a tax-deductible gift to the OAC to help us grow our weight bias initiatives and raise awareness of the damaging effects of weight bias!

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

New Research from the Obesity Action Coalition Shows Weight Bias is a Problem in Europe, as well as in the U.S.

The U.S. has been battling weight bias for years, and new research shows that it is an issue in Europe. Ted Kyle, RPh, MBA, Immediate-past Chairman of the OAC, provided 2017 European Congress on Obesity (ECO2017) attendees with new insights into European views of obesity and those affected by it. From a sample of 34,320 adults in Sweden, UK, Germany and Italy, beliefs that obesity results from junk food addiction stand out in all four countries.

“Fully 70 percent of adults in Italy agree that obesity results because ‘people get hooked on addictive junk food and sugary drinks.’ Half of them say they strongly believe it. In Sweden, 72 percent agree with that idea, but significantly fewer people believe it strongly,” said Kyle.

The research also showed that weight bias seems to be common throughout Europe. There was a strong belief in Italy that “people with obesity are lazier than most people.” Furthering this global pattern of bias, people in the UK believe more strongly that people with obesity are at fault for their condition. In both Sweden and the UK, beliefs that obesity results from “disgusting” irresponsibility was more common.

“The OAC finds tremendous value in studying weight bias with our global partners. This research not only demonstrates that bias is a worldwide issue, but it also tells us that there are similar patterns in the bias itself. These findings will help us address weight bias and help those affected by obesity,” said Joe Nadglowski, OAC President and CEO.

OAC Partners with the Canadian Obesity Network to Tackle Important Issues Facing Individuals Affected by Obesity in Canada

This past spring, Joe Nadglowski, OAC President and CEO and Ted Kyle, RPh, MBA, Immediate-past Chairman of the OAC, visited Canada to participate in a strategic planning session of the Canadian Obesity Network’s (CON) Public Engagement Committee.

The OAC recognizes that many of the challenges which exist in the U.S. for individuals affected by obesity are challenges that also exist in Canada and around the world – including a lack of understanding surrounding obesity as a disease, poor access to evidence-based care and the existence of weight bias.

Because of our commitment to fostering patient advocacy around the world, the OAC was honored to participate in CON’s strategic planning session. The meeting reinforced the idea that although our government systems are very different, the issues that individuals with obesity face across the globe are very similar.

OAC Launches New Weight Bias Reporting Tool

Unfortunately, weight bias and discrimination are everywhere in our society. People affected by obesity are often ridiculed and blamed for their weight, and negatively stereotyped as lacking willpower and self-control.

Furthermore, individuals affected by obesity often face weight-based discrimination from employers, policy makers and even healthcare providers. That’s why the OAC is committed to actively fighting against weight bias. We’ve created a brand-new Weight Bias Task Force that evaluates bias issues and decides how best to respond. How can you help with this fight? By reporting any instances of weight bias you experience or see with our online reporting tool!

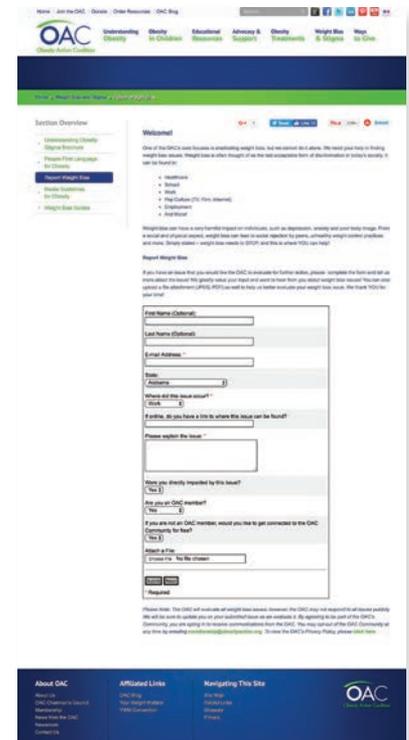
To join our fight against weight bias and access the online reporting tool today, please visit OAC Web site at www.ObesityAction.org/weight-bias-and-stigma.

Raise Your Voice with The OAC and Support The Treat and Reduce Obesity Act!

The OAC is excited to share that the Treat and Reduce Obesity Act (TROA) was introduced to Congress early in 2017. If passed, TROA would provide Medicare beneficiaries and their healthcare providers with meaningful tools to reduce obesity by improving access to weight-loss counseling and new prescription medications for chronic weight management.

While TROA is focused on improving access to obesity treatment for Medicare beneficiaries, this important piece of legislation is relevant to all individuals because many private and employer-based insurance plans base their coverage on matching Medicare coverage.

You can support TROA’s passage by urging both of your Senators as well as your House of Representatives member to co-sponsor and support this critical legislation! To raise your voice with the OAC, please visit the OAC’s Legislative Action Center at www.ObesityAction.org/advocacy.



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OAC MEMBERS
MATTER

It's Never
Too Late to
**CHOOSE
BETTER
HEALTH**



by Julie A. Vullo, MLA

“ I know all too well the effects of being the largest person in the room. As someone who is native to New Orleans, in a city full of average-sized people, I literally couldn't find a place to fit in. ”

I know all too well the effects of being the largest person in the room. As someone who is native to New Orleans, in a city full of average-sized people, I literally couldn't find a place to fit in.

The loneliness, the physical and emotional pain and the social discrimination that plagued my body for most of my life seemed to be burdens I'd grown used to living with.

At 5'5 and nearly 400 pounds, I exceeded the expectations for what any woman with severe obesity should've physically been able to do. I did 5k bridge races, kayaking, trail mud runs and sport motorcycle riding – and these activities were a way of life for me until it all came to a screeching halt during a routine annual wellness exam in late 2015.

I walked in thinking it would be a quick visit as usual, but it was far from it. Instead, I was diagnosed with non-alcoholic fatty-liver disease (NAFLD) and several other serious obesity-related diseases. I knew immediately I had to make a decision. Would I head toward a liver transplant, or have bariatric surgery to reduce the amount of fat surrounding my liver?



Pictured: Julie and her husband from their recent graduation from Tulane University.

My choice was clearly the better of the two. I chose better health. In February 2017, my weight was down 170 pounds (and counting) after deciding to undergo the vertical sleeve gastrectomy (VSG). However, the weight-loss was just a side effect – I never chose to measure my success with a scale. My comprehensive blood work panel proved I was cured of all co-morbidity diagnoses, including NAFLD!

At one point in my life, I seemed like the poster child for severe obesity. I realize how fragile the balance can be between harm and health, and I now strive to live a healthier lifestyle beyond the limitations and isolation my larger body once caused me. Little did I know back then how much the quality of my life would improve. I can enjoy all the activities I did before, and even more now thanks to the improved cardio exercise that accompanied my better health.

I've gained a new lease on life. I no longer take my health for granted and I'm now experiencing life in ways that I've never experienced before! You have to surround yourself with positivity and believe you can improve your health, even when it doesn't feel like you can. We can all change our lives for the better by choosing to seek improved health.

For years, I tried to analyze what could be holding me back from reaching my health goals. I knew I wasn't lazy or unwilling, as these stereotypes often plague those affected by obesity. I knew my health was at stake, but I thought there would be more time to change later or that those cruel disease statistics wouldn't include me. It wasn't until I discovered I was sick that I realized I was the only person standing in my way.

Before my surgery, my health continued to deteriorate and the weight never came off. I would lose pounds only to see them come back several months down the road. I don't look at surgery as an end-all solution to my problem with weight, but I see it instead for what it is – a tool to help me achieve the health goals I have set for myself. I'm still a work in progress!

I had an appetite that was impossible to satisfy with a tendency to stress eat for most of my life. I have discovered there is no magic cure that can replace healthy eating and an active lifestyle. I've been asked at what point my journey felt successful and the truth is that you never reach a point where you are finished. The road to good health is one that you travel on for the rest of your life.

OAC Members Matter continued on following page

OAC Membership Application

Why Join the OAC? The OAC is a more than 56,000 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

Here are a few tips that my journey has taught me to help me achieve my goals. I know you've heard them before, but have you given them the best you've got?

- **Be Kind to Yourself** – You will have to love and fuel your body to carry you through your journey to better health.
- **Water: Drink Lots of it** – When you think you might float away from drinking so much, drink more! I aim for at least a gallon a day.
- **Fill-up on Protein** – I notice that more protein intake helps to curb my hunger. I still supplement one meal a day with a protein shake.
- **Limit “Bad” Carbs** – Trade bread and chips for more leafy greens. I found this to be the solution that helped satisfy my cravings and cut calories.
- **Get Lots of Rest** – Life is hard sometimes, but big changes are even harder on you. Recharging your body is as important as refueling your body, and there's no substitute for it.
- **Get Moving** – Even if it means shifting sides in your chair or getting up to grab the remote, get moving. Simply walking is still my favorite exercise!

- **Listen to Hunger Cues** – Everyone's cues can be different. For some, it's a yawn or a sneeze. For me, it's a small sigh that tells me I'm nearly full. I've learned to stop there before overeating.
- **Gadgets Help** – My favorites are the insta-pot and air fryer. They really speed up food prep and cook times.

Remember, the journey to improved health can be overwhelming to begin, so start with one good decision a day and set small, attainable goals. Rest assured that it's okay to experience many emotions, no matter what point you may be at on your journey. Moving out of the darkness and into a lifestyle filled with many more opportunities is great motivation in my personal fight against obesity. I wholeheartedly support the OAC's initiative to improve the lives of individuals such as myself and all of those affected by the disease of obesity. It is comforting to know that we are never fighting obesity alone.

About the Author:

Julie Vullo, MLA, is an active OAC member who recently graduated from Tulane University. She volunteers as a member of our Convention street team, and would like to use her experiences to help others on their journey with weight and health.

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† Based on a six-month clinical study of overweight individuals taking *Bifidobacterium animalis lactis* B-420 as compared to placebo (Reference: Stenman L, et al. *EBioMedicine*. 2016 Nov;13:190-200.)



WEIGHING THE ODDS FOR HEALTHCARE REFORM

by Chris Gallagher, OAC Policy Consultant

PARTY TIME?

On May 4th President Donald Trump invited Republican members of Congress to the White House for a celebration because they had just passed the American Health Care Act (AHCA) – the House Republican healthcare reform bill. Watching and listening to all the speeches on the White House lawn that day, many might think they were seeing the final step in the Republican effort to repeal and replace the Affordable Care Act (ACA) – more commonly known as “Obamacare.” In truth, Republicans who now control both houses of Congress and the White House had successfully completed only the first step of the process of how a bill becomes a law.

Please Note: At the time of this article, healthcare reform was still being debated. Therefore, this article may not reflect the most current information. Please visit the OAC site at www.ObesityAction.org for the latest information on healthcare reform.

That May 4th celebration at the White House was about Republicans narrowly passing the AHCA in the House of Representatives after weeks of negotiations between House leadership, the White House and conservative and moderate Republicans. The result was a bill that included many controversial provisions such as rolling back expansion of Medicaid coverage, weakening preexisting condition protections, allowing states to opt out of covering mandated essential health benefits (EHB) and allowing them to base monthly insurance premiums on an individual’s health status – provided the state also establishes a high-risk pool for those individuals that are no longer able to afford health coverage under the new system.

On June 22nd, United States Senate Majority Leader Mitch McConnell (R-KY) unveiled the Senate Republican leadership healthcare reform bill – the Better Care Reconciliation Act (BCRA) of 2017. While the Senate bill is slightly more moderate than its House counterpart, the Senate version would still allow states and insurance companies to opt out of many of the ACA patient protections. For example, while the Senate bill bars states from using waivers to charge people with preexisting

conditions higher rates, states could still allow insurance companies to drop providing coverage for certain essential health benefit categories such as maternity care, mental health services, or emergency care. In addition, the Senate bill would impose a six-month waiting period when purchasing insurance for individuals whose coverage lapsed for 63 days or more during the previous 12 months.

At the time of this report, the Congressional Budget Office (CBO) had just released its estimate of the spending and coverage impact of the BCRA. Among other things, CBO found that: the number of uninsured would increase by 22 million in 2026 relative to current law, for a total of 49 million; about 15 million more people would be uninsured in 2018, primarily due to elimination of the individual mandate; and that average premiums would increase in the non-group market prior to 2020 compared to current law; after that, premiums are projected to be relatively lower, largely due to the reduced actuarial value of the benchmark plans, which will cover a smaller share of health care services than under current law. CBO estimates that fewer low-income people will purchase plans starting in 2020, despite being eligible for premium tax credits, due to higher deductibles and copayments.

Healthcare Reform continued on page 12

An Affordable Option for Weight Loss




Lomaira™^{IV}
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8 mg tablets

*Sometimes Diet and
Exercise Are Not Enough*

*Flexible dosing options might help suppress appetite
at breakfast, lunch, and dinner.*

Lomaira™ (phentermine hydrochloride USP) 8 mg tablets, CIV is an appetite suppressant used for a short period of time (a few weeks) for weight loss and should be used together with regular exercise and a reduced-calorie diet.

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Ask your doctor if Lomaira is right for you.*

INDICATION

Lomaira™ (phentermine hydrochloride USP) 8 mg tablets, CIV is a prescription medicine used for a short period of time (a few weeks) for weight reduction and should be used together with regular exercise and a reduced-calorie diet. Lomaira is for adults with a BMI* of 30 or more (obese) or 27 or more (overweight) with at least one weight-related medical condition such as controlled high blood pressure, diabetes, or high cholesterol. The limited usefulness of this drug class (anorectics), including Lomaira, should be measured against possible risk factors inherent in their use.

IMPORTANT SAFETY INFORMATION

Don't take Lomaira if you have a history of cardiovascular disease (e.g., coronary artery disease, stroke, arrhythmias, congestive heart failure or uncontrolled high blood pressure); are taking or have taken a monoamine oxidase inhibitor drug (MAOI) within the past 14 days; have overactive thyroid, glaucoma (increased pressure in the eyes), agitation or a history of drug abuse; are pregnant, nursing, or allergic to the sympathomimetic amines such as phentermine or any of the ingredients in Lomaira.

¹ Lomaira package insert

² Lomaira B.I.D. compared to Contrave®. Contrave® is a registered trademark of Orexigen Therapeutics, Inc. Medi-Span Price Rx 2016 WAC Price

³ Symphony Health Solutions, 2016 data

*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m².

Lomaira™ (phentermine hydrochloride USP) 8mg tablets, CIV

Taking phentermine with other drugs for weight loss is not recommended. Primary pulmonary hypertension (PPH), a rare fatal lung disease, has been reported in patients who had taken a combination of phentermine and fenfluramine or dexfenfluramine for weight loss. The possible association between phentermine use alone and PPH cannot be ruled out. Patients should report immediately if they experience any decrease in the amount of exercise that they can normally tolerate, shortness of breath, chest or heart pain, fainting or swelling in the lower legs.

Serious heart valve problems or disease have been reported in patients taking a combination of phentermine and fenfluramine or dexfenfluramine for weight loss. The possible role of phentermine has not been established, therefore the possibility of an association between heart valve disease and the use of phentermine alone cannot be ruled out.

If your body becomes adjusted to the maximum dose of phentermine so that its effects are experienced less strongly, the maximum dose should not be exceeded in an attempt to increase the effect.

Caution is advised when engaging in potentially hazardous activity such as driving or operating machinery while taking phentermine. Phentermine has the potential to be abused. Keep Lomaira in a safe place to prevent theft, accidental overdose, misuse or abuse. Using alcohol with phentermine may result in an adverse drug reaction.

Phentermine can cause an increase in blood pressure. Tell your doctor if you have high blood pressure, even if it's mild. If you are taking medicines for type 2 diabetes, your doctor may have to adjust these medicines while taking phentermine.

Some side effects of phentermine that have been reported include pulmonary hypertension, valvular heart disease, palpitations, increased heart rate or blood pressure, insomnia, restlessness, dry mouth, diarrhea, constipation and changes in sexual drive. These are not all of the potential side effects of phentermine. For more information, ask your doctor or pharmacist.

To report negative side effects of prescription drugs, contact FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.

For Full Prescribing Information, visit www.lomaira.com.

*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m².

¹Lomaira Package Insert

Healthcare Reform continued from page 10

Should Senator McConnell be able to secure enough Republican Senators to pass the BCRA, the GOP healthcare reform package would still face a very tough conference committee where House and Senate leaders must iron out the differences between the two bills and merge them into a single compromise package that would be able to be passed by both houses of Congress. Finally, the House and Senate compromise language must meet President Trump's approval before he signs the legislation into law. In short, congressional Republicans are far from the finish line in their effort to repeal and replace Obamacare.

HOW DOES OBAMACARE TREAT OBESITY?

When the ACA was signed into law in 2010, many in the obesity community were hopeful that Obamacare would finally open the door to better patient care for the millions of Americans affected by obesity. Patients would no longer be rejected for health insurance coverage because of their weight or pay thousands of dollars for additional coverage to treat their obesity.

These hopes were based on the belief that Obamacare would provide wide coverage for those with chronic disease like diabetes and heart disease. Sadly, people with obesity are not treated the same as those with diabetes or heart disease. Yes, these people now have health insurance coverage but their plan will often deny payment for any type of weight-loss treatment because health plans continue to see obesity as a lack of self-control.

At the center of this hope was the ACA-mandated 10 broad categories of essential health benefits that all state health exchange plans must cover, including:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care

To see how state exchange health plans were including coverage for obesity treatment under these 10 EHB categories, the obesity community conducted a study of obesity treatment coverage language contained in EHB benchmark plan submissions for each of the 50 states and the District of Columbia for 2017. The study focused on coverage language specific to obesity screening and referral for counseling for weight management – a key recommended preventive service. The study also evaluated coverage language pertaining to other evidence-based obesity treatment services such as FDA-approved drugs and bariatric surgery to examine any or all treatment options for those individuals that are diagnosed with obesity through the preventive services screening benefit.

The study confirmed that a large majority of states continue to exclude coverage for obesity treatment services. For example, 27 states continue to exclude coverage for bariatric surgery and 48 states and the District of Columbia do not cover FDA-approved obesity drugs. Even coverage for obesity screening and counseling services was excluded in 24 states despite this benefit being an ACA-mandated preventive healthcare service – just like periodic screenings for cancer and heart disease.

DOES THE OAC SUPPORT EITHER THE HOUSE OR SENATE HEALTHCARE REFORM BILLS?

No. Unfortunately, both the AHCA and the BCRA would likely do more harm than good for those with obesity. Both bills would allow states to eliminate or weaken many key patient protections that are currently guaranteed under Obamacare, such as strong prohibitions on health plan coverage language that discriminate against individuals that have a preexisting health condition. These and other Obamacare protections allow individuals with obesity to buy quality and affordable health insurance across all health plans. Finally, states would be allowed to define their own essential health benefits package, which could lead many states to drop coverage for services related to mental health, substance use or maternity care. This would lead to many patient and disease-specific groups fighting over coverage.

HOW IS THE OAC INVOLVED IN THE HEALTHCARE REFORM DEBATE?

Throughout the last nine years, OAC President/CEO Joe Nadglowski, OAC Board members and OAC patient advocates have participated in more than 900 visits with congressional offices and federal regulators to educate policymakers about obesity being a complex chronic disease that needs to be both prevented and treated. Earlier this year, the OAC joined with the other member groups of the Obesity Care Continuum (OCC) in developing the OCC's Healthcare Reform Principles.

The OAC helped create the Healthcare Reform Principles to call out lawmakers in Congress to make sure they don't pass any kind of healthcare reform that ignores those with obesity. These principles ask legislators to make sure these individuals:

- Have access to counseling
- Have access to obesity drugs and bariatric surgery
- Are protected against unfair patient cost-sharing
- Are treated the same as any other person suffering from a chronic disease

FOLLOWING IS A SUMMARY OF THE OCC HEALTHCARE REFORM PRINCIPLES:

- Recognize that obesity is a chronic disease.
- Ensure that patients can access all kinds of obesity treatment such as counseling, drugs and surgery.
- Ensure that those with obesity are not denied coverage or charged more for their treatment than those with other types of chronic disease.
- Ensure that health plans cannot place unnecessary hurdles in the way of people seeking treatment for their obesity. If these prior authorization programs are for sound medical reasons, they must still be done as quickly and efficiently as possible so patient care is not delayed.
- Ensure that federal and state governments are making sure that health plans are providing coverage for Obamacare-mandated obesity screening and counseling services.
- Ensure patient access to current and new obesity treatments.
- Protect employees from employer-offered health or wellness programs that discriminate against employees with obesity.

If you are an OAC member and would like to share the OCC's Healthcare Reform Principles with your legislators on Capitol Hill, please email the OAC at info@obesityaction.org and we will help you reach out to your Senators and Representatives within your state!

About the Author:

Christopher Gallagher more than thirty years of experience of legislative and lobbying experience where he specialized in health care, tax and education issues. He currently manages several health care issues while working with different agencies.



Combating Weight Bias: WHY WE NEED TO

Discrimination toward people affected by obesity is common in our society, with individuals often facing negative stereotypes, bias and unfair treatment because of their weight. These experiences of weight bias can occur in everyday settings such as:

- Employment
- Healthcare
- Education
- Media
- Family or Friends

In fact, weight bias is reported to be one of the most widespread types of discrimination experienced by U.S. adults, and weight-based bullying has been documented to be one of the most common forms of bullying experienced by youth.

This is a problem and we need to develop strategies to stop weight bias. In recent years, awareness of weight bias has led researchers, community advocates and health professionals to seek strategies that can help reduce stigma and improve the lives of those who are targets of weight bias. Different types of strategies have been developed, and some have been tested in research.

For example, programs that educate people about the causes of obesity and challenge common weight-based stereotypes have had some initial success in improving social attitudes. Researchers have also examined potential policy changes to address weight discrimination, such as workplace laws that would make it illegal to discriminate against employees because of their weight. While few laws exist, researchers have found increased public support for legal measures to ban weight discrimination.



**TAKE
ACTION**

by Rebecca Puhl, PhD

YOUR VOICE MATTERS

There is work that remains to discover what types of bias-reduction strategies will be useful and effective. Critical to these efforts are the voices of people affected by obesity, as their view is valuable in identifying what kinds of bias-reduction remedies are needed and what settings may be the targets for these changes. Unfortunately, the voices of people affected by obesity are frequently absent in these efforts. This needs to change! Efforts to combat weight bias must seek the views, opinions and knowledge of people who have experienced this stigma.

To begin to address this problem, my research team at the Rudd Center for Food Policy and Obesity teamed up with the Obesity Action Coalition (OAC) to conduct a recent study. Our objective was to survey OAC members who had experienced weight bias and to learn about a broad range of potential bias-reduction strategies. We wanted to know what types of strategies they viewed to be important, as well as their view on ways to reduce weight bias across different settings, such as education, healthcare, employment, and more.

Our study included 461 OAC members who responded to our survey. All of these people were affected by excess weight or obesity, and almost all (91 percent) reported that they had experienced weight bias in the form of teasing, unfair treatment or discrimination. We provided participants with a list of 35 different strategies to reduce weight bias and asked them for their perspectives on the importance and potential impact of each strategy.

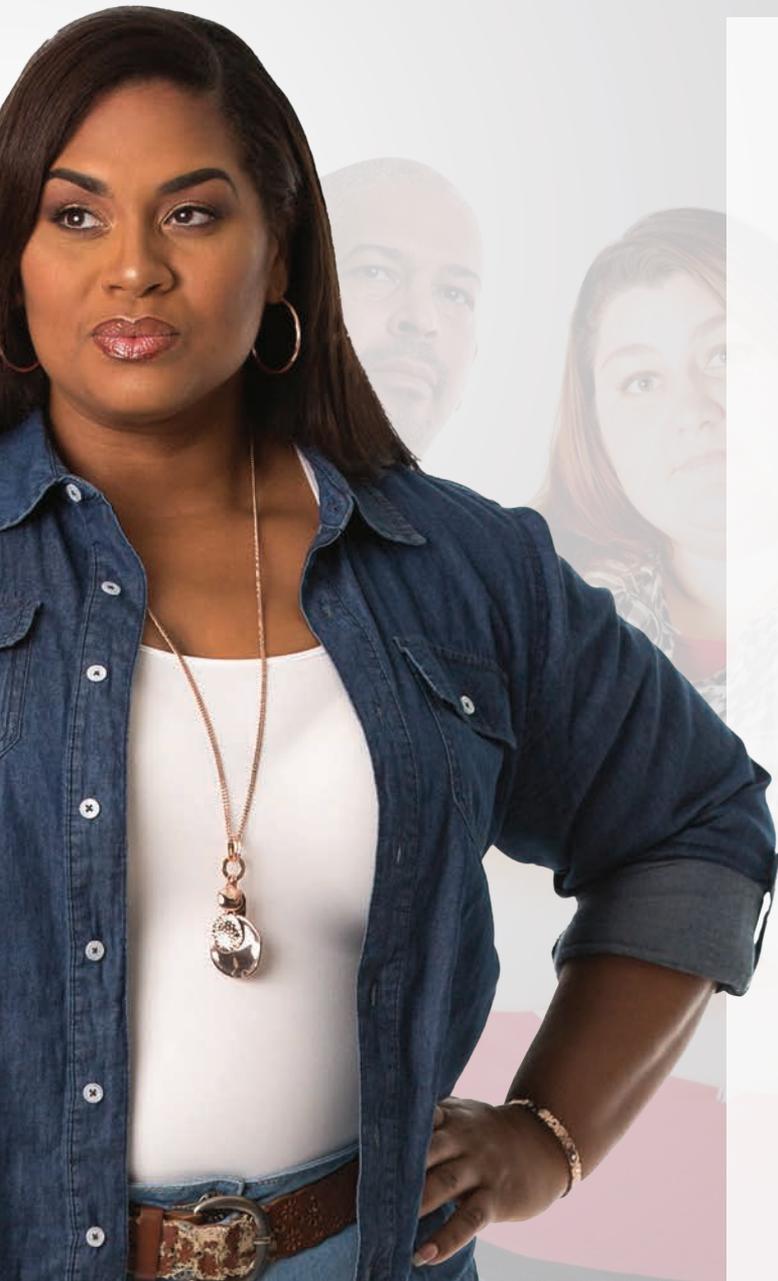
The findings of the study were striking. The majority of participants (76-95 percent) listed high importance to 31 of 35 bias-reduction strategies, with school-based and healthcare approaches receiving the highest ratings.¹ Providing education about weight bias in existing anti-harassment training in the workplace was rated as the most impactful and possible strategy. Other specific key findings are highlighted below:

KEY STUDY FINDINGS

- 95 percent assigned high importance to the implementation of anti-bullying policies to protect students from weight-based bullying.
- 94 percent placed high importance on implementing comprehensive education about obesity in medical schools, and training for healthcare providers to give respectful, compassionate care to patients affected with obesity.
- 94 percent assigned high importance to providing parents with access to resources for support.
- 91 percent identified weight-loss programs as an important opportunity to provide services that help people cope with weight bias in their lives.
- More than 85 percent assigned high importance to legislative remedies, including strengthening state anti-bullying laws to include protections for youth against weight-based bullying and adopting laws to make it illegal for employers to discriminate against employees because of their weight.

Also noteworthy is that 86 percent of OAC members identified family members as playing a major role in efforts to reduce weight bias. Family relationships have received less attention from researchers in the context of weight bias, but these findings suggest that we need to prioritize efforts that involve family.

Combatting Weight Bias continued on next page



WHAT CAN WE LEARN FROM THIS STUDY?

The high importance that OAC members gave to many bias-reduction strategies across different settings highlights the need for comprehensive approaches to effectively reduce weight bias. Put simply, those who have experienced weight bias see a need for different strategies to address bias in many life areas, ranging from the family/home to broader state-level policies. Given how common weight bias is in our society, these views are certainly justified. No single approach will be enough to address society's weight bias – we need to target multiple settings.

The views of OAC members in this study further point to several specific bias-reduction strategies that were viewed to have high potential impact. These included:

1. Addressing weight bias in workplace harassment training
2. Increasing public education about the complex causes of obesity
3. Implementing anti-bullying policies in schools to protect students from weight-based bullying
4. Providing training for healthcare providers on respectful and compassionate care to patients affected by obesity

These strategies offer specific opportunities that can be prioritized for advocates, researchers, educators, employers and health professionals in efforts to reduce weight bias.

WHAT CAN YOU DO TO ADDRESS WEIGHT BIAS?

Combatting weight bias requires a collective effort from all of us. There are many ways to get involved, ranging from individual actions in your daily life to advocacy efforts such as contacting politicians. Below and on the following page are some examples of how you can be a part of these efforts.

- Use respectful language when talking about people affected by obesity. Be mindful and sensitive about the words to refer to someone's weight. Modeling respectful language is a way to show others how to do the same.
- Speak up if you witness someone engaging in weight-based teasing. "Fat jokes" are not funny – they are harmful and reinforce society's stigma.
- If you are the target of weight bias from family or friends, let them know that their actions are hurtful and unfair.
- Educate others in your life about weight bias and its consequences. Helping people understand that obesity is a disease with complex causes can help stop harmful weight-based stereotypes.
- If you have school-age children, find out what kind of anti-bullying policy is in place at their school. Does it protect students from weight-based bullying? If not, you can raise this issue with school administrators.



Combatting weight bias requires a collective effort from all of us.

- ✓ Does your workplace have an anti-harassment policy in place? Is there an opportunity to improve this policy to ensure that employees affected by obesity are not vulnerable to bias or mistreatment because of their size?
- ✓ When interacting with your doctor or healthcare provider, inform him/her of any experiences of weight bias that you've faced in the healthcare setting. This can include the way that providers have talked to you about your weight.
- ✓ When you see examples of weight bias in the media (e.g., in television shows or on social media), speak out! Contact the OAC with any examples of public weight bias that you see, and the Weight Bias Task Force can tackle them head on.
- ✓ Some states in the U.S. are considering enacting laws that would prohibit discrimination. Sending a letter or email to your local or state legislator is a great way to encourage them to support policy-level solutions to reduce weight bias.

¹Specific findings and details of the study can be found in the following published research article:

Puhl, R.M., Himmelstein, M.S., Gorin, A.A., Suh, Y.J. (2017). Missing the target: Including perspectives of women with overweight and obesity to inform stigma-reduction strategies. *Obesity Science & Practice*. DOI: 10.1002/osp4.101

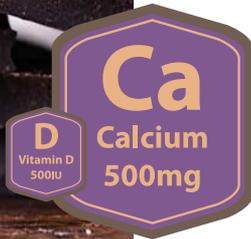
About the Author:

Dr. Puhl is a Professor of Human Development and Family Studies at the University of Connecticut and the Deputy Director of the Rudd Center for Food Policy and Obesity. She has conducted research on weight stigma for over 15 years and leads research and policy efforts aimed at reducing weight-based stigma and victimization and improving the quality of life of children and adults affected by obesity. More information about Dr. Puhl's work is available at www.uconnruddcenter.org.

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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.

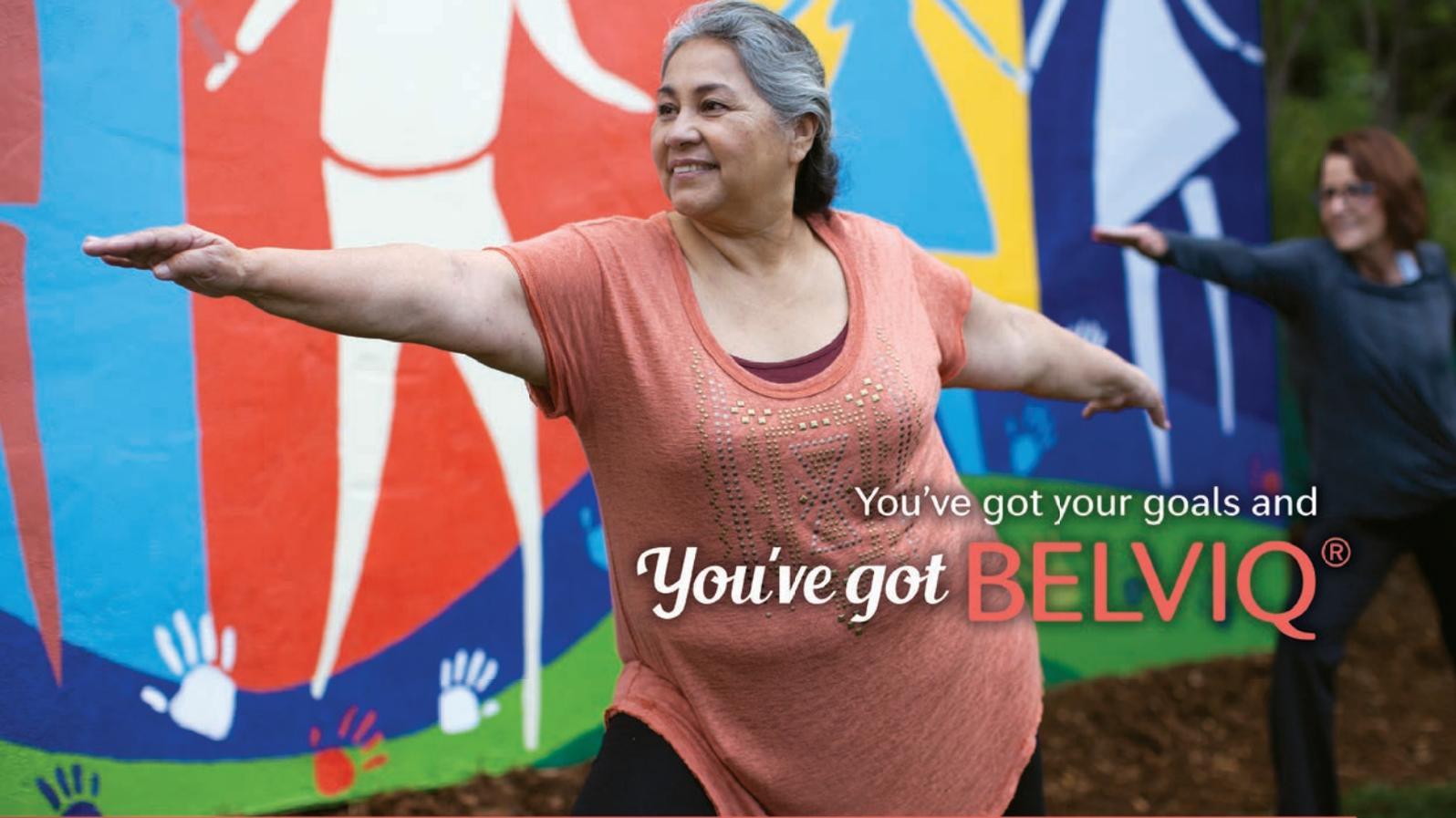
It is not known if BELVIQ when taken with other prescription, over-the-counter, or herbal weight-loss products is safe and effective. It is not known if BELVIQ changes your risk of heart problems, stroke, or death due to heart problems or stroke.

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.
- **Hypersensitivity Reactions:** Do not take if you are allergic to either of these medicines or any of their ingredients.
- **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 of BELVIQ® include:** Headache, dizziness, fatigue, nausea, dry mouth, constipation, cough, low blood sugar (hypoglycemia) in patients with diabetes, and back pain.
- **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.



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*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) before you start taking it and each time you get a refill. There may be new information. This leaflet 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.
- are allergic to lorcaserin hydrochloride or any of the ingredients in BELVIQ. See the end of this leaflet for a complete list of ingredients in BELVIQ.

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 heart beat 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 breast feeding 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 uptake 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 heart beat, 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 heart beat.** 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
 - constipation
 - dizziness
 - cough
 - fatigue
 - low blood sugar (hypoglycemia) in patients with diabetes
 - nausea
 - dry mouth
 - back pain

Tell to 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 leaflet 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.

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The SECRET LIFE OF PETS & Human Obesity

by Ernie Ward, DVM, CVFT



There's a secret life of pets that we don't often talk about. The secret begins with the fact that over half the nation's dogs and cats are now classified as having overweight or obesity by their veterinary healthcare provider. Nearly 59 percent of cats (50.5 million) and 54 percent of dogs (41.9 million) are at risk for weight-related health disorders.

In addition to pet obesity and its associated illnesses and complications, I've also been uncovering another secret of pet obesity: inflammation. In fact, I'd go as far as to say that inflammation is the new "obesity" and is also the real secret we need to reveal to both pet parents and the public.

I've been studying pet and humans affected by obesity for the past 20 years. During that time, I've witnessed the pet obesity discussion evolve in the following way:

- "Fat is funny"
- "Fat is deadly"
- "Fat is boring"

Many people ignore warnings about pet obesity in the same way they ignored the fatal risks of smoking for decades. Deep down, most folks know that obesity is dangerous; they just don't think anything bad will happen to them or their pet. Psychologists call this phenomenon "optimism bias," or the belief that you or your pet is at less risk for harm evidence of the contrary. While this is a necessary coping mechanism that allows us to get through our days, it also gets in the way of change.

For more than five years, I've begun changing the way I describe obesity to clients and veterinarians. Pet owners usually see a "big pet." Most veterinarians see a "fat pet." I see inflammation. The real danger of obesity in pets and people isn't the fat; it's the inflammation the fat causes. That's what I've been communicating the past few years: reducing chronic inflammation associated with obesity should be our true medical objective.

I've been teaching pet owners and veterinary professionals for two decades not to chase a number on a scale, but to focus on improving quality of life and decreasing disease risk. What this really means is to take measures to help reduce obesity-related inflammation. Fortunately, this is one area in which the media is helping.

The popular press has latched onto the idea that inflammation is bad. Rarely does a week pass without a story on inflammation making the news. This public awareness offers physicians and veterinarians an opportunity to pivot the conversation from "You or your cat is affected by

obesity” to “You or your cat is experiencing severe systemic inflammation caused by obesity.” That helps remove the stigma associated with “obesity” and allows us to focus on addressing the underlying medical problems and improve quality of life.

I’m so passionate about helping pets with obesity because I’ve witnessed the toll it takes on their quality of life. In my pet obesity book appropriately titled, *Chow Hounds*, I speculate dogs affected by obesity must feel lousy most of the time. This is based on studies of humans suffering from obesity who confront chronic fatigue, malaise, decreased energy and vitality, and a laundry list of aches and pains. I can’t imagine pets with obesity feel any better. I think it’s time we clearly convey to pet owners how lousy obesity makes pets feel.

In addition to feeling lousy, pets with obesity are more likely to develop type 2 diabetes and insulin resistance. Hypertension and kidney disease are also common, especially in cats diagnosed with obesity. Managing these conditions in pets can be challenging, even for the most dedicated pet lover. Administering insulin injections and blood pressure medications requires patience, persistence and lots of veterinary checkups. The great news is that these diseases can often be prevented by proper nutrition, an active lifestyle and maintenance of a healthy weight.

Arthritis and joint problems are also common in pets enduring obesity. The hips, knees, shoulders and elbows of dogs and cats are commonly affected. Dogs affected by obesity are much more likely to suffer severe arthritis pain and debilitation. Arthritic cats can cleverly hide their pain until the disease is advanced. Recent research has shown that most cats with obesity have joint damage. Sadly, that’s not the worst consequence of obesity.

Secret Life of Pets continued on the following page

“Obesity is perhaps the most complex and challenging medical condition in both human and veterinary medicine, and ultimately one of the most important.”



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¹Papas K, Kalbfleisch J, Mohon R. *Dig Dis Sci*. 2007 Feb;52(2):347-52. Epub 2007 Jan. 10.

²Argao EA, Heubi JE, Hollis BW, Tsang RC. *Pediatr Res*. 1992 Feb;31(2):146-50.

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Cancer is also now recognized as a result of obesity. While studies in dogs and cats are currently lacking, the physiological connection between laboratory animals, humans and cancer is clear. Human and animal doctors need to more openly discuss the emerging evidence that links many cancers and obesity with patients and clients. And that leads us to the biggest challenge of all in the fight against human and pet obesity.

I believe the biggest adversary in the war on pet obesity is silence. Many veterinarians complain they aren't comfortable talking about a pet's weight for fear of accidentally offending the client. Physicians grumble that patients don't change. I understand their concerns, but I urge my veterinary colleagues to forget fat and start talking about inflammation and disease.

I also ask doctors to continue talking to their patients who are affected by obesity. Overcoming obesity is not a simple task; it requires commitment, exploration and adaptability. We must evolve until we find the perfect balance between science and language, promotion and procedures, health and happiness. The challenges of overcoming human and pet obesity can be difficult, and this is why human and veterinary medical forces must unite to preserve the human and animal family.

It's also time that veterinarians reshape the pet obesity conversation. I'm calling on my profession and the human medical community to help me accomplish the following:

1. DEFINE PET OBESITY. Obesity has been defined for humans with clinical terms for years. This has helped doctors discuss associated risks with patients who are affected by. Currently, veterinarians can't define what "clinical obesity" is in animals. This confuses and clouds the issue. We don't have a consensus for the terms "overweight" and "obesity." I'm officially offering the independent organization, the Association for Pet Obesity Prevention, to help jumpstart the conversation.

2. STANDARDIZE BODY CONDITION SCORES (BCS). BCS is the pet world's closest equivalent to Body Mass Index (BMI). There are at least three major dog and cat BCS scales used worldwide. I'll be the first to agree that there are limitations to the BCS. The advantages are that the BCS is simple to administer, works well in most situations and is already widely accepted and used in clinical practice. Our profession needs to come together and settle on one scale and move forward.

3. DEFINE PET OBESITY AS A DISEASE. The American Medical Association (AMA) officially defined obesity as a human disease in 2013. I'd like to see the American Veterinary Medical Association (AVMA), World Small Animal Veterinary Association (WSAVA), and other global organizations follow. I believe classifying pet obesity as a disease would ultimately encourage more veterinarians to talk about the condition and inspire our industry to develop better solutions.

4. DEFINE PREDIABETES. For years, I struggled with the concept of "prediabetes" until I started evaluating studies on people diagnosed with prediabetes. Screening and discussions appear to raise awareness of diabetes and offer a potential early intervention point for clinicians. There's growing evidence that we may be able to apply the prediabetes strategy in veterinary medicine, especially in cats with obesity. There are useful veterinary biomarkers that could help general practitioners identify at-risk pets earlier.

5. DEVELOP BETTER TECHNOLOGY. We need a technological solution to quickly and accurately assess body fat composition in dogs and cats. We desperately need improved tools for tracking weight, BCS and dimensions in pets who are affected by obesity.



“The challenges of overcoming human and pet obesity can be difficult, and this is why human and veterinary medical forces must unite to preserve the human and animal family.”

CONCLUSION

This is only a glimpse into the secret lives of pet and human obesity. Obesity is perhaps the most complex and challenging medical condition in both human and veterinary medicine, and ultimately one of the most important. Obesity affects nearly everyone – human and animal – in some harmful manner, steals billions in medical bills, and robs quality of life and life expectancy for hundreds of millions. That’s why the battle to cure obesity is so important and why I’m committed to fighting it. Let’s combine veterinary and human medical efforts to benefit the people, children and pets with obesity we love and cherish. Ultimately, the real secret I want to share is a healthier and happier future for all living things.

About the Author:

Ernie Ward, DVM, CVFT, is an award-winning practicing veterinarian who has devoted his career to improving veterinary medical standards, developing a higher quality of life for animals and sharing healthier habits for pets and people.

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Eating Healthy WHILE EATING OUT

by Molly Kimball, RD, CSSD



This year at the OAC's 6th Annual *Your Weight Matters* National Convention, we're excited to introduce a very unique addition to our expert speaker lineup – Molly Kimball, RD, CSSD, a registered dietitian and nutrition expert based in New Orleans, where the National Convention will be hosted.

In August, Molly will bring to the Convention stage her expertise in nutrition and her passion for helping others live their healthiest lives possible! She currently manages the nutrition program at the Ochsner Fitness Center in New Orleans and is also the founder of Eat Fit NOLA – a nonprofit initiative of Ochsner Health System. This proactive organization aims to make the healthy choice the easy choice by collaborating with local restaurant owners, chefs, corner markets, event venues and food service establishments to develop innovative dishes that match the Eat Fit nutritional criteria.

With all of the people who have sought Molly's counsel throughout the years, we're proud to have her as a 2017 OAC National Convention speaker right in her home town! As we look ahead to the Convention next month, we wanted to offer a sneak peek at some of the knowledge Molly will share this August about making healthy choices and eating out – and we decided to do it interview style!

Here's what Molly had to say:

1. WHAT TIPS OR THINGS SHOULD WE CONSIDER WHEN CHOOSING A RESTAURANT TO EAT AT?

At almost any restaurant, anything can be modified to be healthy and nutritious – you just have to know what to look for (except if they only offer fried foods!). Try not to overcomplicate your food choices, and look at the menu ahead of time so that you're not distracted at the restaurant by all of the food passing by. However, try to find places that make it easier for you to eat healthy by featuring different options and preparations like fresh seafood, vegetables and whole-grain pasta. It's okay to substitute items and ask for the sauce and dressing on the side to make healthier choices.

2. HOW SHOULD WE NAVIGATE THE MENU?

Usually, I don't look at salads first. Instead, I look at the entrees so I can see what proteins and side items are offered. Salads are sometimes among the highest calorie items on the menu because of the added dressings and toppings. When I'm looking at the entrees, I always ask myself:

- **Do the entrees look appetizing?**
- **What kinds of side items do they offer?**
- **How can I possibly adjust the menu to fit my needs?**

I might look at the salads if I can't find anything from the entree items, but I look carefully at the toppings. When the food gets to your table, this is when you should decide if you want to box some of it up. As far as appetizers go, you should really only order them if you can find something very lean or if you want to indulge in something without eating a lot of it.

3. ARE THERE CERTAIN ITEMS OR PREPARATIONS WE SHOULD AVOID?

Try avoiding fried foods, panko-crusted foods, heavy creams, starchy items, certain sauces and free items on the table such as bread or chips. It's important to ask if things are crusted and how they are prepared. If you're really craving something specific, get it on the side so you can have just a bit of it. Make that decision ahead of time so that you can come to the table prepared.

4. DO YOU HAVE ANY MOTIVATIONAL TIPS TO HELP US MAKE THE CORRECT EATING CHOICES WHILE EATING OUT?

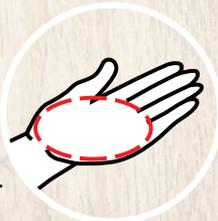
For most people, dining out is the norm. Don't fake yourself out by saying it's a special occasion when it's actually the norm. Your long-term health concerns usually don't provide immediate behavior changes. So, when making food choices, think about how you're going to feel after the meal later. This is a good motivator. On the flip side, think about how much better you'll feel when you make better choices.

5. WHAT HEALTHY EATING TIPS CAN YOU OFFER FOR CHILDREN AT RESTAURANTS?

If you want healthy items for kids, don't order off of the kid's menu. Most chain restaurants don't offer healthy kid menu items. Instead, find healthy options from the adult menu to order. This may be a good time to use the to-go box because you know your child won't eat it all.

6. DO YOU HAVE ANY TIPS FOR EATING THE CORRECT PORTION SIZES?

Your protein portion should be the size of your palm. Make sure you get protein with your meal because it will keep you fuller for longer periods of time. Eat unlimited vegetables and request fats on the side such as sauces, dressings and others. That way, you can have smaller amounts of it. You can also ask for your food to be prepared without the fats. For the carbs, you can usually leave it up to negotiation. Most places don't offer whole-grain options. Negotiate!



If you have the bread or chips, use that as your carb choice for the meal. If you want your starch in your entree, don't eat the appetizer. ALWAYS eat desserts with your friends/family so you can share them. Alcohol is also negotiable.

7. WHAT ARE YOUR FAVORITE RESTAURANTS?

Indian food is one of my favorite cuisines, and I love getting tandoori chicken or tandoori fish. Both options are cooked in a clay pot so they're lower on oils and also super tasty! Sushi is an additional option which offers you fresh seafood, and I also like getting fajita-styled food. Steak restaurants are another one of my favorite types of restaurants where I order steak cooked rare, charred on the outside and served with veggies on the side. Here in New Orleans, I also like eating at Thai restaurants that offer lean proteins packed with fun flavors.

8. WHAT ARE SOME COMMON CONCERNS YOU HEAR FROM OTHERS ABOUT STICKING TO HEALTHY NUTRITION HABITS?

Many individuals believe that healthy nutrition habits require a lot of work and deprivation, so they put pressure on themselves to be perfect which only results in feelings of guilt. You don't have to go to Whole Foods or farmers markets to eat healthy because you can find healthy options almost anywhere! Don't get lost in the "Only eat non-gmo or organic food" types of messages and miss the actual goal of eating healthy. People over-complicate things, so it's helpful to break down these barriers and strive for improvement – not perfection.

9. WHAT MOTIVATED YOU TO BE A SPEAKER AT THE 2017 YOUR WEIGHT MATTERS NATIONAL CONVENTION?

I'm really excited to speak in New Orleans because I'm looking forward to the opportunity to share about Eat Fit NOLA and offer healthy options for individuals while they're visiting the city. Eat Fit NOLA offers more than 100 restaurants in New Orleans, and because they're a non-profit organization, they don't charge anyone to participate!

About the Author:

Molly Kimble, RD, CSSD, is a well-respected nutrition expert with a passion for making it easy for people to live their healthiest lives possible. An established nutrition consultant, she is a registered dietician, board certified as a specialist in sports dietetics, and is also a nutrition and fitness expert for WGNO News as well as a nutrition columnist for NOLA.com | The Times-Picayune.



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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 and increased physical activity. In addition, at the end of this study, on average, people who were on Saxenda® were able to achieve an additional 6.8% weight loss vs placebo (0.0%)

^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® (liraglutide) injection 3 mg 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: **Possible thyroid tumors, including cancer.** 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. In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. Do not use Saxenda® if you or any of your family have ever had MTC, or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

Who should not use Saxenda®?
Do not use Saxenda® if:

- you or any of your family have a history of MTC
- you have 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, and severe rash or itching

Talk with your health care provider if you are not sure if you are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby.

Before taking Saxenda®, tell your health care provider about all of your medical conditions, including 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®
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food
- have or have had problems with your pancreas, kidneys or liver
- have or have had depression or suicidal thoughts
- are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby.

Tell your health care 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 health care provider should decide if you will take Saxenda® or breastfeed. You should not do both without talking with your healthcare provider first

Please see brief summary of Information about Saxenda® 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 injection 3mg

Saxenda[®]
liraglutide injection 3mg

Brief Summary of Information about Saxenda[®] (liraglutide) injection 3 mg

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 1-844-363-4448

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

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

Possible thyroid tumors, including cancer. 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. In studies with rats and mice, Saxenda[®] and medicines that work like Saxenda[®] caused thyroid tumors, including thyroid cancer. It is not known if Saxenda[®] will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

Do not use Saxenda[®] if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

What is Saxenda[®]?

Saxenda[®] is an injectable prescription medicine that may help some obese 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 have a history of medullary thyroid carcinoma.
- 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
 - problems breathing or swallowing
 - fainting or feeling dizzy
 - severe rash or itching
 - very rapid heartbeat

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.

Before taking Saxenda[®], tell your healthcare provider about all of your medical conditions, including 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[®].
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
- have or have had problems with your pancreas, kidneys or liver.
- have or have had depression or suicidal thoughts.
- 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 over-the-counter 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 diabetes medicines, especially sulfonylurea medicines or insulin.

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).** Stop using Saxenda[®] and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.
- **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)
 - yellowing of your skin or eyes (jaundice)
 - fever
 - 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
 - weakness
 - hunger
 - sweating
 - dizziness
 - fast heartbeat
 - headache
 - confusion
 - feeling jittery
 - drowsiness
 - irritability

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.

The most common side effects of Saxenda[®] include:

- nausea
- headache
- decreased appetite
- dizziness
- diarrhea
- vomiting
- upset stomach
- stomach pain
- constipation
- low blood sugar (hypoglycemia)
- tiredness
- change 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 possible side effects of Saxenda[®]. 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.

For more information, go to saxenda.com or call 1-844-363-4448.

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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PATENT Information:

<http://novonordisk-us.com/patients/products/product-patents.html>

Revised: SEPTEMBER 2016, VERSION 2

Dear Doctor +



Answer Provided by
Sagar V. Mehta, MD

Is it True that there is a Hormone that Can Make it Difficult to Lose Weight?

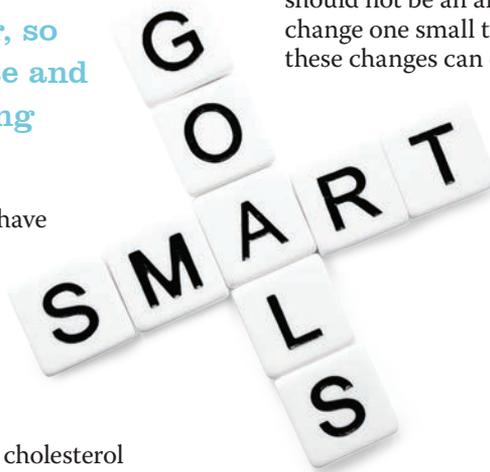
With more than two-thirds of the U.S. population who struggle with excess weight, chances are that you have battled issues with weight at some point in your life. Maybe at the beginning of this year you made some New Year's resolutions to get healthier, so you increased your exercise and changed some of your eating habits.

As we approach summer, many of you have probably had some success by now. Whether it is 10 pounds or over 100 pounds that you want to lose, several studies have shown that just a modest 5-10 percent of total body weight-loss has been associated with improved health. Diseases such as diabetes, high blood pressure and high cholesterol can all improve, which may lead to overall decreased cardiovascular risk. I congratulate all of you on your lifestyle changes and wish you continued success on your path to a healthier life.

However, some of you might not have had as much success. Maybe you tried a "diet" that a friend told you about, or one you found on the internet that promised quick results. As you got into your second week of the diet, you realized this was not something you could stick to. Perhaps life got busy

with work and/or family obligations, so you weren't able to keep a consistent routine with healthy eating and activity habits. If you happen to fall into this category, don't worry – you are not alone!

Unfortunately, weight-loss does not come easy – but don't discount the attempts made at a lifestyle change. It's not about being perfect; mistakes are bound to happen. It should not be an all-or-none approach because when you change one small thing here and another small thing there, these changes can collectively lead to big results.



Some studies suggest it takes a minimum of 21 days to form a habit, and much longer for most. Getting a buddy to join you may help you stay committed, or joining a commercial/physician supervised weight-loss program could be what you need for that extra support and accountability. Setting SMART goals has also been shown to be effective:

- S** – Specific
- M** – Measurable
- A** – Achievable
- R** – Relevant
- T** – Time-based

So... if at first you don't succeed, try again!

Lastly, there may be a group of you who have been following most of the “rules,” but you’re not losing weight at the expected rate. These rules include:

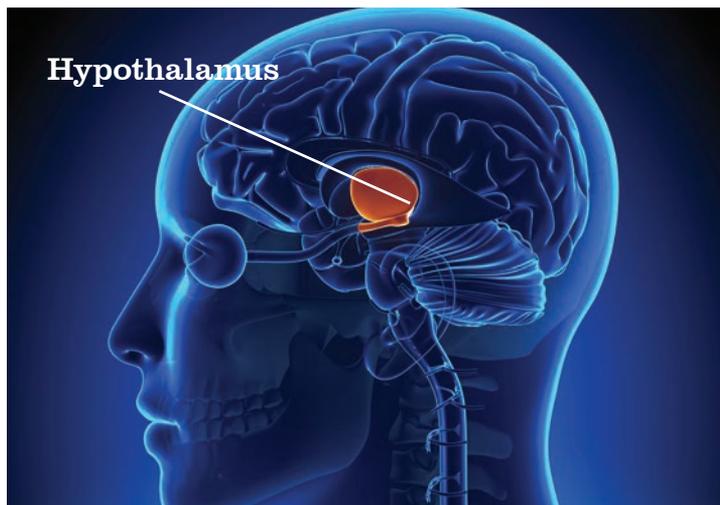
Rules for Weight-loss

- Eating a low-calorie diet
- Keeping a daily food log
- Weighing yourself regularly
- Staying adequately hydrated while not drinking any sugary beverages
- Working at meeting the minimum requirements for physical activity set by the American College of Sports Medicine – 150 minutes per week of moderate-intensity activity (or 75 minutes of vigorous activity) PLUS two days per week of full body resistance training



Maybe you’ve lost weight and hit a plateau, or you’re slowly starting to regain. You might even struggle with a constant sense of hunger, or never feel satisfied after a meal. Most people would agree that achieving some weight-loss is not usually the challenging part, but maintaining that weight-loss is. Hormones within your body might just be part of the reason why we struggle.

Weight-loss regulation is complex and is mainly regulated by a part of your brain called the hypothalamus. There are many hormones and pathways that have been identified which contribute to this. Some of these hormones and/or pathways are orexigenic (hunger promoting) and some are anorexigenic (hunger reducing). Too much of one or not enough of another may be the reason why so many individuals struggle with their weight-loss and weight maintenance efforts.



Dear Doctor continued on the following page

Platinum

Novo Nordisk

Gold

American Society for Metabolic & Bariatric Surgery
Bariatric Advantage
Orexigen Therapeutics, Inc.
Potomac Currents

Silver

Eisai Inc.
Ethicon
New Life Center for Bariatric Surgery

Bronze

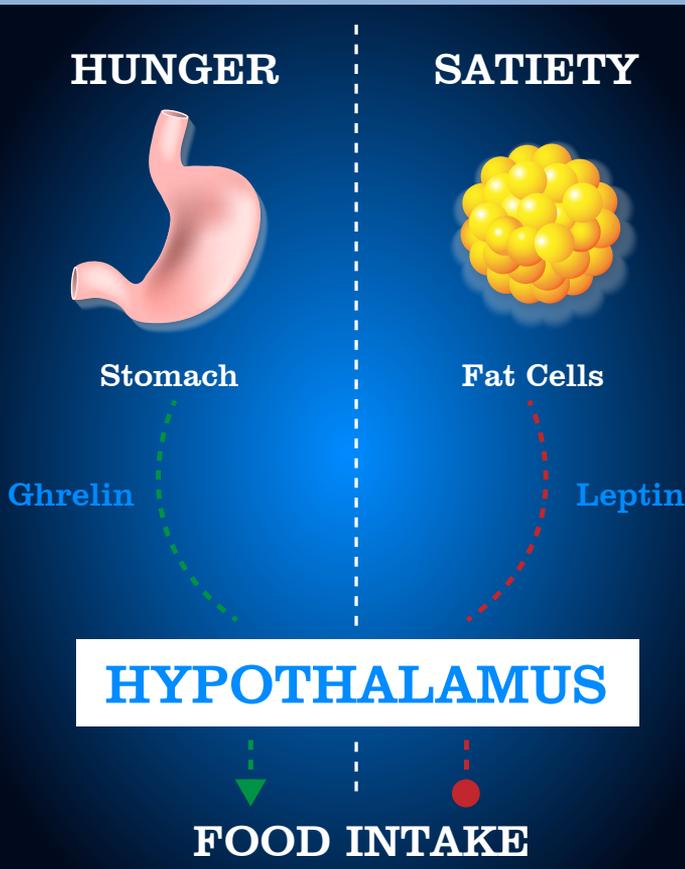
Celebrate Vitamins
Geisinger Healthcare System
KVK-Tech, Inc.
Medi-Weightloss®
Nestle Health Sciences/OPTIFAST
Rocky Mountain Associated Physicians

Patron

Alaska Bariatric Center
Allurion Technologies
Aspire Bariatrics/Aspire Assist
Billings Clinic
BMI of Texas
Bronson Bariatric & Metabolic Specialists
Chattanooga Bariatrics
ConscienHealth
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Jaime Fivecoat
Fortris Corporation
GI Dynamics®
IU Health Bariatric & Medical Weight Loss
Livliga/Elegant Portion Control
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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 7/6/17



Ghrelin

For example, ghrelin and leptin are two of the most-discussed hormones involved in energy homeostasis. Ghrelin was discovered in 1999, and has typically been referred to as the “hunger” hormone since it promotes appetite (orexigenic). Throughout the course of a day, ghrelin levels naturally change dramatically – rising sharply before a meal and then falling after eating. It is primarily produced in your stomach and is secreted into circulation. Then, it stimulates food intake, decreases energy expenditure and increases fat storage.

In patients affected by obesity, ghrelin levels are in fact lower compared to individuals with a healthier weight, which may suggest that people impacted by obesity are more sensitive to ghrelin. Weight-loss actually triggers ghrelin levels to increase and attempt to fight against lost fat stores. This makes weight-loss even more challenging.

Leptin

On the other hand, Leptin is the “anti-hunger” hormone discovered in 1994. Its actions are thought to be opposite of ghrelin because it is primarily produced by fat cells which inhibit appetite (anorexigenic). Leptin functions as a feedback mechanism that signals to key regulatory centers in the brain to inhibit food intake and increase energy expenditure to regulate body weight. Leptin levels are directly correlated with fat stores, and are typically higher in patients with higher BMIs and body fat percentages.

This information suggests that resistance to leptin, rather than leptin deficiency, is the problem for individuals with obesity. Resistance is thought to be the result of a dysfunction in receptors due to overfeeding. Research on leptin has primarily focused on its relationship to obesity, but it may play a more important role in reduced energy – such as with fasting or weight-loss. Leptin levels will actually decrease following weight-loss, which causes the decrease of the “anti-hunger” effects that encourages more energy from food.

Therapeutic interventions to overcome these hormonal imbalances have been attempted, but not with as much success as hoped. For instance, leptin is available to treat patients with a true deficiency – an extremely rare disease. Treatment doesn’t benefit individuals without this condition because leptin levels are actually elevated in patients with obesity.

On the other hand, ghrelin-blocking agents such as rimonabant have successfully reduced appetite, food intake and weight. Unfortunately, it also affected pleasure centers in the brain and led to severe psychiatric conditions and increased suicide rates – so it was never approved in the U.S. Bariatric surgery has been shown to have a positive influence over some of these important hormones, but the long-term influence of these actions still remains unknown.

Conclusion

It appears as though the brain is more focused on preserving energy stores rather than preventing the development of obesity. The difficulty of weight regulation is apparent in the different mechanisms, pathways and causes of obesity. While there have certainly been many advances that allow us to better understand obesity as a disease and to treat it more effectively, there is still much that remains unknown. Because of this intricate system, it is unlikely that one individual target for obesity treatment will be the answer. For now, current treatment options should continue to focus on lifestyle changes in diet, behavior and exercise – and for some, they may include FDA-approved anti-obesity prescription medications and bariatric surgery.

About the Author:

Dr. Sagar V. Mehta is the Director of Bariatric Medicine at St. Luke’s Weight Management Center in Allentown, PA. He founded and developed the non-surgical arm of a hospital-based comprehensive weight management center offering surgical and non-surgical interventions for weight-loss. Dr. Mehta is a fellowship trained Obesity Medicine Specialist and holds board certifications by the American Board of Obesity Medicine, National Board of Physician Nutrition Specialists and the American Board of Internal Medicine.

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EMBRACE *Summertime Fun* IN THE BACKYARD

by Sarah Muntel, RD

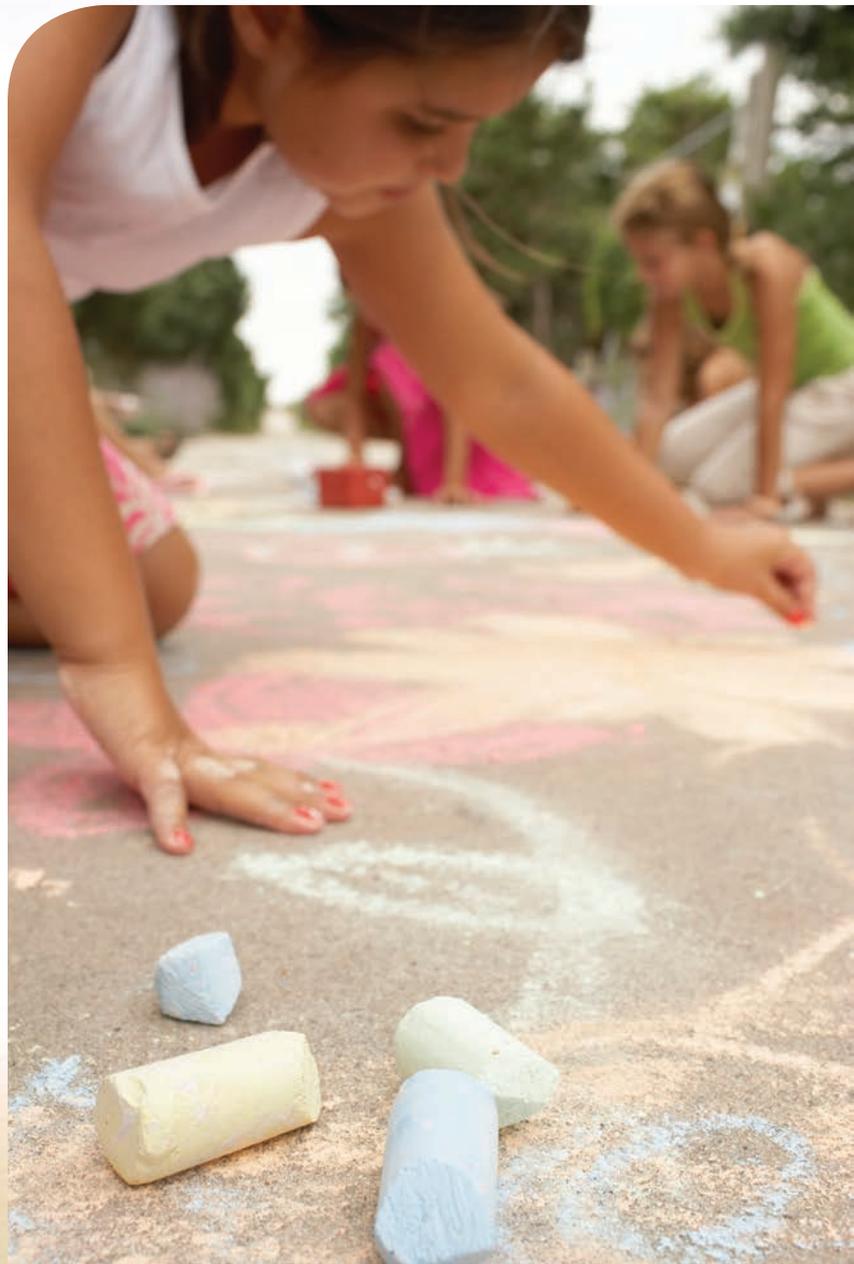
"I'm bored!" School is out for the summer, the sun is shining, the birds are singing and kids are looking for things to do. Summer can be a great time to get outdoors, reconnect with friends and family and have a little fun.

This summer, it's time to step away from the iPad and find some fun things to do outside!

There are many benefits of getting your kids outdoors this summer. First, kids need to move. We all know about the increasing childhood obesity rates, and having your kids active is one way to help prevent childhood obesity.

Playing outside and being active will increase sleep, and that's a big one for parents. Also, kids need Vitamin D – and what better way to get this than from sunshine! Lastly, playing outside is fun and has been shown to lead to happier kids.

Sometimes, we all need a little push to get outdoors. Here are a few suggestions to get you started.



Kids Games

OUTDOOR COLORING

A bucket of chalk will provide hours of entertainment!

- **Body Tracing** – Have everyone take a turn lying on the driveway for the kids to trace each other. Then have fun coloring-in and adding accessories!
- **Coloring Contest** – Who can draw the prettiest flower? Have a contest to see.
- **Connect the Dot Puzzles** – Challenge each child to make a dot-to-dot puzzle, then fill them in.
- **Hop Scotch and Twister** – These classics are always a hit!
- **Draw Self Portraits** – This can be almost comical. Have kids draw themselves, or better yet – you!



FUN TOSS GAMES

Who doesn't like a challenge?

- **Ring Toss** – This summer, collect old milk jugs or juice containers. Label them each with a point value, then pick up some diving rings and use these to toss. Keep score and see who gets the most points.
- **Grand Prize Game** – Grab some buckets and tennis balls and set them up in a line of six or seven. Have kids try to get the ball in each bucket and see who can go the furthest!
- **Corn Hole** – Drag your corn hole game out of the garage and set it up for kids to use.



KID'S Corner continued on the following page

HEALTHY SUMMER RECIPES

Blueberry Yogurt Smoothie

Source: www.sparkrecipes.com

Ingredients:

- 1½ cups fat-free natural plain yogurt
- 1 package frozen blueberries
- 2 ripe bananas
- ½ cup no pulp, 100% natural orange juice

Directions:

Put all ingredients into a blender. Liquefy and add more orange juice if the consistency is too thick. It comes out a beautiful purple color!



Chunky Peach Popsicles

Source: www.eatingwell.com

Ingredients:

- 1½ pounds ripe peaches (3-4 medium), halved and pitted
- Juice of 1 lemon
- ¼ cup freshly squeezed orange juice
- ¼ cup sugar, or to taste
- ¼ tsp. vanilla extract

Directions:

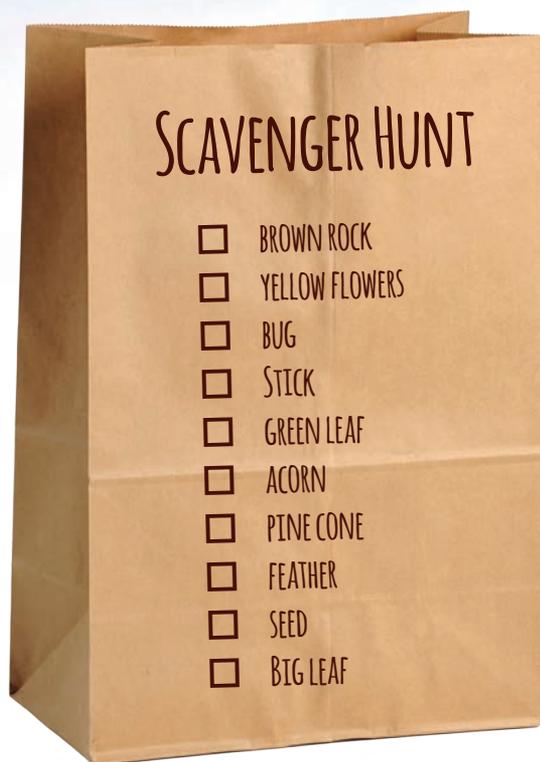
1. Coarsely chop peaches in a food processor. Transfer 1 cup of the chunky peaches to a medium bowl. Add lemon juice, orange juice and sugar to taste (depending on the sweetness of the peaches) to the food processor. Puree until smooth. Add to the bowl with the chunky peaches and stir in vanilla.
2. Divide the mixture among twelve 2-ounce or eight 3-ounce freezer-pop molds (or small paper cups). Freeze until beginning to set, about 1 hour. Insert frozen-treat sticks and freeze until completely firm, about 1 hour more.



FUN WITH WATER

Because what's summer without a little water!

- **Water Balloons** – Fill up some balloons with water for balloon toss, or even hold a water balloon fight.
- **Sprinklers** – A sprinkler can add so much fun to your day. Set up one or two for even more fun!
- **Pool Time** – Set up a baby pool full of water. Add toys, sponges, kitchen utensils and even a little soap for bubbles!
- **Water gun fight!** Pick up some water guns and ask the neighborhood kids to come over for a fun water fight.
- **How about a sponge toss?** Giant sponges filled with water can lead to water-drenched fun!



OLD SCHOOL GAMES

Remember the games you used to play as a kid?

- **Capture the flag; Duck, duck goose; Four square** – remember those as a kid? These games can provide hours of entertainment.
- **Scavenger hunt** – Put together a list of outdoor items for kids to collect (yellow flowers, bugs, brown rocks, etc.). Provide them with bags and see who wins!



NIGHT TIME GAMES

Fun doesn't always have to happen during the day!

- **Catch Lightning Bugs** – This can provide hours of evening entertainment and can be challenging too!
- **Flashlight Tag** – Each kid needs a flashlight and regular tag rules apply.
- **Overnight Campout** – A few kids, a few sleeping bags and a lot of patience = a night to remember!



Don't forget to Cook Out!

Low Carb "Cauliflower" Potato Salad

Source: www.delish.com



Ingredients:

- 1 large head of cauliflower, cut into small bite-sized pieces
- 3 hard-boiled eggs, chopped
- ½ cup mayonnaise
- ½ cup Greek yogurt
- ¼ cup dill pickles, finely chopped
- ½ red onion, finely chopped
- 1 tbsp. red wine vinegar
- Juice of half lemon
- 1 tbsp. Dijon mustard
- 1 tsp. salt
- ¼ tsp. freshly ground black pepper
- ¼ cup plus 2 tbsp. thinly sliced scallions
- ¼ cup plus 2 tbsp. chopped dill
- 1 tsp. paprika
- 4 Romaine lettuce leaves

Directions:

1. Steam cauliflower until tender-crisp, about 5 minutes. Transfer to a large bowl and let cool slightly.
2. Add mayonnaise, yogurt, pickles, onion, vinegar, lemon juice, mustard, salt and pepper. Toss to combine, ensuring the cauliflower is evenly coated. Taste and adjust seasoning. Fold in 1/3 cup each of scallions and dill. Cover with plastic wrap and refrigerate for 2 hours.
3. When ready to serve, sprinkle paprika and remaining herbs over the salad. Lay lettuce leaves on a platter and scoop salad on top.

- Get together friends, family and neighbors for an evening of food fun
- Add some music and decorations
- Enjoy an evening of fun!
- **Healthy Tip:** Try a substitution – swap out high-carbohydrate foods for healthier selections. For example, swap cauliflower for potatoes to sneak in some extra veggies. This will taste SO good, and no one will even know the difference!
- And don't forget your protein... Try this next recipe for some delicious flavor!



Barbeque Chicken

Source: www.allrecipes.com

Ingredients:

- 1 cup lemon juice
- ¼ cup vegetable oil
- ¼ cup vinegar
- 1 tablespoon dried oregano
- 2 tsp. garlic powder
- 1 whole chicken, cut into pieces
- Salt and pepper to taste

Directions:

1. In a large glass bowl, mix lemon juice, vegetable oil, vinegar, oregano and garlic powder. Place chicken pieces in the bowl and season with salt and pepper. Cover and marinate in the refrigerator at least 1 hour.
2. Preheat an outdoor grill for high heat and lightly oil grate.
3. On the prepared grill, cook chicken until no longer pink and juices run clear. Periodically brush chicken with the remaining marinade mixture while cooking. Discard any leftover marinade.



Now it's time to sit back, relax and enjoy your summer while focusing on health and wellness. Your kids will thank you for it!

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.



CAN MY WEIGHT CAUSE MEMORY ISSUES?

by Taraneh Soleymani, MD, FTOS

OBESITY AND DEMENTIA are common, complex and chronic diseases that significantly impact public health. Genetics, lifestyle, socioeconomic status and environmental factors all contribute to these conditions.

Whereas obesity is characterized by excess body fat and is often measured by Body Mass Index (BMI), cognitive decline involves problems with memory, language, thinking and judgment that are greater than normal changes we experience with age. Meanwhile, dementia is a general term used to describe a group of symptoms that are severe enough to impact an individual's everyday activities – including loss of memory, judgment, language and ability to perform complex movement. Dementia is caused by permanent damage or death of the brain's nerve cells. The most common cause of dementia is Alzheimer's disease followed by vascular dementia.

The connection between body fat, cognitive decline and dementia can be difficult to understand, but there is growing evidence that points to a relationship between them. The Swedish performed a study to further test the relationship between high levels of body fat and cognitive decline. The Swedish twin study reported these results:

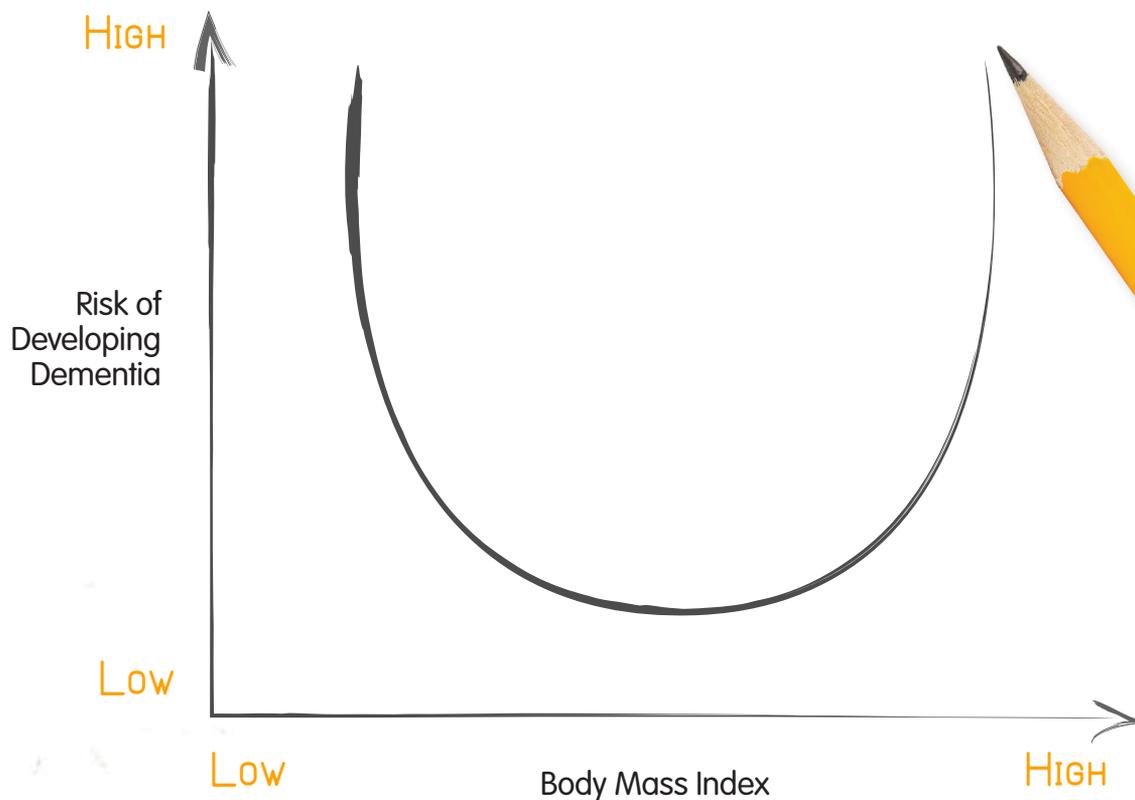
- Adults with overweight (BMI 25.0 – 29.9) at mid-life (about 45-55 years) have a higher chance of having dementia or Alzheimer's disease later in life. (≥ 65 years).
- Adults at mid-life with obesity (BMI > 30.0) have a higher chance of acquiring Alzheimer's disease as well as vascular dementia later in life.

Similarly, a meta-analysis of 15 studies showed that overweight and obesity in mid-life are associated with increased risk for dementia when compared with a normal BMI. It was also discovered that individuals with a BMI suggesting underweight during their middle years were associated with an increased risk for dementia later in life.

These findings below suggest that there is a U-shaped relationship between mid-life BMI and a risk of developing dementia in late-life, where individuals with either overweight, obesity or underweight in mid-life have an increased risk of developing dementia in their older years. This analysis also found that obesity in mid-life affects the risk of developing dementia in women and men differently, with women at an increased risk of developing Alzheimer's dementia (3.08 times) compared to men (2.4 times).

The relationship between changes in body weight and cognitive function from mid-life to late-life contradicts itself. Studies suggest that individuals with excess weight or affected by obesity in mid-life are more likely to develop dementia at 65 years of age or older, while having excess weight after the age of 65 years may actually protect them from developing it. In one study, weight-loss preceded the diagnosis of dementia in women by 11-20 years. A similar finding did not exist in men. Other studies have suggested that a BMI greater than 25.0 could protect individuals in late life from developing dementia.

Memory Issues continued on the following page



The Relationship Between Mid-life BMI and Risk of Developing Dementia in Late life.

CAN EXCESS WEIGHT AFFECT YOUR BRAIN?

Cognitive decline with age is a normal process in older adults due to changes in the brain that result in decreased cognitive ability. When testing for cognitive aging, a negative association remains between BMI and cognitive performance in adulthood. This is because obesity negatively affects brain function and structure (such as volume) in adulthood as well as in childhood and adolescence.

Structures of the Brain

The Hippocampus is an important brain structure that is responsible for learning and memory. If the hippocampus decreases in size, this can also cause problems with cognition and dementia. Obesity in mid-life has been linked to a decrease in both the size of the hippocampus and the brain's executive functions. These include the ability to perform complex tasks requiring knowledge, understanding, thought and experience.

“ Obesity negatively affects BRAIN FUNCTION AND STRUCTURE (such as volume) in adulthood as well as in childhood and adolescence. ”

Similarly, other studies have highlighted the relationship between decreased hippocampus volume and impaired attention among adolescents with metabolic syndrome. Other structural changes in the brain caused by increased BMI include reduced volume of the temporal lobe and gray matter density in the frontal lobe. The negative effect that obesity has on cardiovascular health and metabolic functions (such as diabetes and elevated cholesterol) is clear. Obesity impacts the brain and its blood vessels, often promoting atherosclerosis (a process in which plaque made of fatty material is deposited in the inner walls of our arteries) and resulting in the development of vascular cognitive impairment.

Changes in Brain Function

Another change in brain function for individuals affected by severe obesity is increased activity among two specific proteins in the hippocampus:

- Amyloid-beta precursor protein (APP)
- Tau protein

These proteins are the markers of Alzheimer's disease. This shows that obesity may increase the risk of developing Alzheimer's dementia. However, the exact process is not fully understood.

What is Obesity?

Obesity is characterized by excess body fat that mostly consists of white adipose tissue (a type of fat cell). The enlarged tissue contains immune cells (such as lymphocytes and macrophages) that produce inflammation, and this is the reason why obesity is often described as an inflammatory condition. The increased level of inflammatory markers has a negative effect on brain structure and function. Studies have shown that an increase in specific blood levels is associated with dementia and a decrease in executive functions. Inflammation can potentially explain the association between obesity and cognitive impairment.

Weight-loss can be achieved by lifestyle modification, medications and bariatric surgery. Lifestyle modification includes:

- DIET
- PHYSICAL ACTIVITY
- BEHAVIOR CHANGE

Weight-loss improves blood pressure, insulin resistance and inflammation. However, the degree of cognitive function improvement achieved through lifestyle modification is not consistent. In a six-month weight-loss study comparing the effects of low-carbohydrate and high-carbohydrate diets on cognitive function in middle-aged, healthy adults affected by excess weight or obesity, results showed little improvement in executive function and memory. However, a one-year weight-loss study of elderly individuals (>60 years) affected by obesity and mild cognitive impairment showed that a decrease in BMI achieved through reduced caloric intake and increased physical activity was associated with improved verbal memory, language and executive function. The effect of increased physical activity on cognitive function appears to be more clear, resulting in increased gray matter, blood volume and circulation in the hippocampus.

CONCLUSION

More studies need to be done to better understand the role of diet and physical activity on cognitive impairment in adults of all ages. Bariatric surgery is an effective tool for weight-loss and is recommended for patients with class III obesity (BMI of 40.0 or higher) or class II obesity (BMI of 35.0 -39.9) with obesity-related comorbidities (i.e. hypertension, type 2 diabetes and obstructive sleep

apnea). Weight-loss from bariatric surgery and lifestyle modification is more achievable long-term when compared to lifestyle intervention alone. Studies consistently show that bariatric surgery is associated with improvement in cognitive function that lasts for several years.

Additionally, further studies must also be done to fully understand the process of underlying cognitive improvement after bariatric surgery. Several factors such as improved obesity-related diseases (i.e. hypertension, type 2 diabetes and obstructive sleep apnea), reduced inflammation, changes in appetite hormones) and gut microbiota have been suggested.

About the Author:

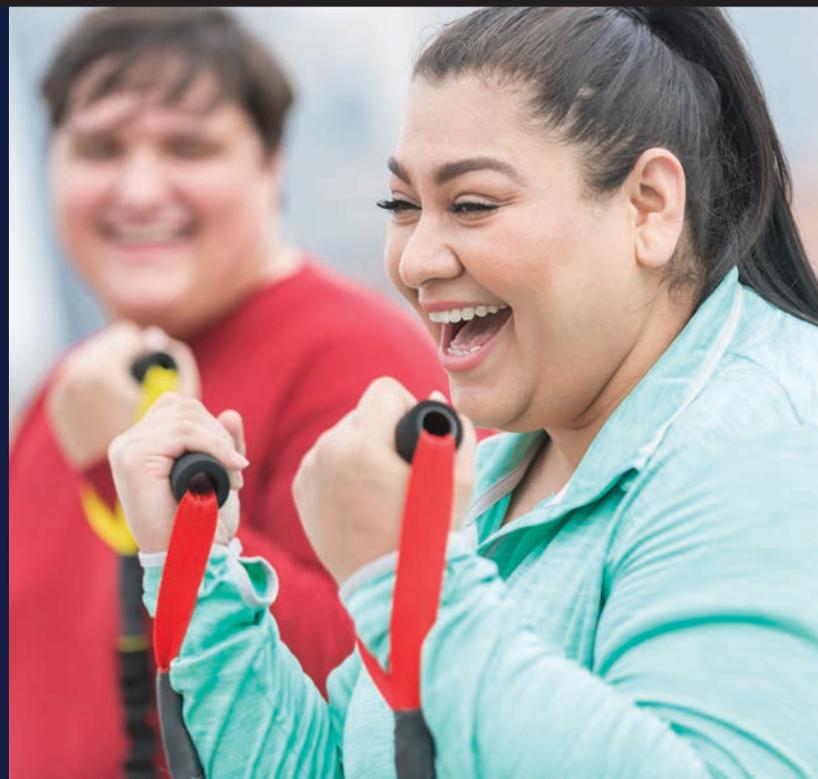
Taraneh Soleymani, MD, FTOS, is an assistant professor in the Department of Nutrition Sciences and Medicine at the University of Alabama at Birmingham (UAB), and the medical director of EatRight by UAB, a comprehensive weight management program. Dr. Soleymani is also the co-director of UAB's Weight-loss Medicine Center, and the director of nutrition consultation services at Birmingham VA Medical Center. She is board certified in internal medicine with fellowship training in clinical nutrition and obesity management, and her clinical expertise includes patient tailored comprehensive medical management of obesity and inpatient nutrition management for the critically ill.

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Your Fitness Journey BEGINS WITH PROGRESSION

by Pandora Williams, CPT

Please note: Before starting any exercise program, please consult with your primary care physician.

It's not a secret that incorporating fitness and activity into your weight management journey will help you in your fight against obesity.

Recommended activity levels from the American Heart Association (AHA) and the American College of Sports Medicine (ACSM), tell us that we should be performing cardiovascular exercise at moderate-intensity levels for 30 minutes a day, at least 5 days a week, in order to maintain a healthy heart. It's also suggested that if we are trying to lose weight, this number should increase to 60 minutes a day, 5 days a week. These organizations also suggest 2-3 days a week of strength and resistance-based exercise with a focus on all major muscle groups. It's also crucial that we make sure that we are working opposing muscle groups evenly.

However, here's something that the standard recommendations don't tell you: fitness and physical activity aren't things that you simply decide to do after waking up one day, and then suddenly have the necessary skills and endurance just because you've decided to make them a part of your life.





Just like our journey with weight and health, nothing happens overnight – and the most effective approach to a healthier lifestyle is to figure out where you are with these key ideas:

- Set short-term, realistic goals
- Determine when/how those goals are or will be achieved
- Start working toward new ones

While standard exercise recommendations may suggest that you should be doing 60 minutes a day, 5 days a week of moderately intense cardiovascular exercise, those numbers aren't going to work for you if you are just starting out on your fitness journey. A smaller, more realistic goal might be:

- Exercising for 20 minutes a day, 3 days a week
- Adding another day once you've achieved that goal for 2-3 weeks
- Adding 5 minutes, etc. once you've worked your way up to 5 days a week

PROGRESSION IS THE KEY TO EVERYTHING.

We live in a society that is very impatient. It's easy for us to get lost in the "instant gratification" philosophy that surrounds us and to get wrapped up in that "all or nothing" mentality. There is one simple word that can prevent us from falling into this fitness philosophy mindset: progression.

Fitness professionals are trained to teach you that exercise and activity should be safe and progressive. Standard recommendations are put in place to tell you what the average healthy adult should be doing each day. Those of us affected by obesity are not always the standard healthy adult, and that means that these parameters don't always accurately represent where we are in our fitness journey. They also don't give us a realistic starting point.



Your Fitness Journey continued on the following page



DEFINING YOUR “MODERATE” IS QUINTESSENTIAL TO YOUR FITNESS JOURNEY.

It's important to remember that when we use an adjective like “moderate” to define exercise intensity, there is a lot of room for interpretation. That adjective can have many definitions when applied to different people. When defining our “moderate,” it is important to realize that there is a natural progression and we must identify our individual starting point.

Each of us is a unique individual. We all start our weight and fitness journeys at different places, skills, abilities, health issues, likes and dislikes. What is considered moderate activity level to each of us is defined by how our body responds and adapts to exercise, and the parameters for that change as we work toward progression in our own journey.

For example, 20 minutes of walking at a brisk pace might be considered moderately intense exercise for someone who is at the beginning of their fitness journey. As the duration of that activity progresses, their body adapts to the new level of activity and 60 minutes of walking at a brisk pace will be their new definition of moderate activity.

Exercise at its root is progressive. If we are consistent in our efforts with exercise, it can become obvious that we need to switch it up by keeping things challenging and reaching toward our personal “moderate.” When we apply this progression theory to cardiovascular exercise, we do this by altering a few different components such as:

- Duration
- Frequency
- Intensity

The same progression theory applies to strength and resistance exercises. If you've never lifted weights, you're not going to start out doing 3 sets of 12-20 repetitions of bicep curls with 15-pound dumbbells, or chest presses with a 40-pound barbell. Your muscles aren't going to have the strength and endurance for that yet. Instead, you're going to need to start with light weights, low sets, low reps and then build-up slowly as your muscles adapt to this new activity.

If you don't know the proper form of an exercise, it is important to ask for help to avoid the risk of personal injury. If what you are doing has a high potential risk for injury or overdoing it, you're breaking one of the biggest rules when it comes to exercise and activity by not practicing safe and effective progression.

PROPER FORM, TECHNIQUE AND EXERCISE EXECUTION SHOULD BE YOUR FIRST PRIORITY.

As a personal trainer, my first responsibility is to make sure that my client's exercise regimen is designed around their skills, ability and current fitness levels. We have the same responsibilities to ourselves when we begin our fitness journeys.

It's also important to remember not to fall into that "instant gratification" mindset when approaching strength and resistance exercise. Before you buy into that latest online fitness challenge that encourages you to start out at 25 squats a day and build up to 200 squats a day in 30 days, ask yourself if you can perform 3 sets of 12 squats with proper form and technique. If the answer is "no" or even "I don't know," then that fitness challenge isn't something for you. Those types of "challenges" do not encourage safe and effective progression.



EXERCISE AND ACTIVITY ARE NOT A "ONE-SIZE-FITS-ALL" ENDEAVOR.

Fitness fits everyone, but it fits each of us differently. We need to make sure that we are not getting swept up in that "all or nothing" or "I want it now" mentality.

Just like our journey with weight and health, no matter what approach we take and what tools we decide to use to fight obesity, none of us will wake up the next day miraculously thin. Fitness works the same way. It's a slow and steady journey with no clear destination or finish line. We must set small goals and hold ourselves to realistic expectations, and when we meet those goals, we must set new ones that continue to challenge us in our own journey.

About the Author:

Pandora Williams, CPT, is a transformation specialist who is an ISSA Certified Fitness Trainer and a Cooper Institute Approved Wellness Coach. She is also a motivational speaker and author of "Desperately Seeking Slender" and serves on the OAC's Weight Bias Task Force and National Convention Exercise Committee.

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CONTRAVE (naltrexone HCl/bupropion HCl) is a prescription weight-loss medicine that may help adults with obesity (BMI greater than or equal to 30 kg/m²), or are overweight (BMI greater than or equal to 27 kg/m²) with at least one weight-related medical condition, lose weight and keep the weight off. CONTRAVE should be used along with diet and exercise.

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One of the ingredients in CONTRAVE, bupropion, may increase the risk of suicidal thinking in children, adolescents, and young adults. CONTRAVE patients should be monitored for suicidal thoughts and behaviors. In patients taking bupropion for smoking cessation, serious neuropsychiatric events have been reported. CONTRAVE is not approved for children under 18.

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Do not take CONTRAVE if you: have uncontrolled hypertension; have or have had seizures or an eating disorder; use other medicines that contain bupropion; are dependent on opioid pain medicines, use

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Before you start taking CONTRAVE, tell your healthcare provider about all of the above and any other current or past health conditions.

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The most common side effects of CONTRAVE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

These are not all the possible side effects of CONTRAVE. Please refer to the Summary of Information about CONTRAVE on the following page or talk to your doctor.

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



Contraception
(naltrexone HCl/bupropion HCl)
8 mg/90 mg • Extended-Release Tablets
Contraception.com



OREXIGEN

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Summary of Information about CONTRAVE® (naltrexone HCl/bupropion HCl) Extended-Release Tablets

What is the most important information I should know about CONTRAVE?

CONTRAVE can cause serious side effects, including:

- **Suicidal thoughts or actions.** CONTRAVE contains bupropion, which has caused some people to have suicidal thoughts or actions, or unusual changes in behavior, especially within the first few months of treatment.

Stop taking CONTRAVE and call a healthcare provider right away if you, or your family member, have any of the following symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying, or attempts to commit suicide
- acting aggressive, being angry, or getting violent
- new or worse depression
- acting on dangerous impulses
- new or worse anxiety or irritability
- an extreme increase in activity and talking (mania)
- feeling very agitated or restless
- panic attacks
- other unusual changes in behavior or mood
- trouble sleeping (insomnia)

While taking CONTRAVE, you or your family members should pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings.

What is CONTRAVE?

CONTRAVE is a prescription medicine for adults 18 or older that contains 2 medicines (naltrexone and bupropion) that may help some obese or overweight adults who also have weight-related medical problems lose weight and keep the weight off. CONTRAVE should be used with a reduced calorie diet and increased physical activity.

Limitations of Use

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

Who should not take CONTRAVE?

Do not take CONTRAVE if you: have uncontrolled hypertension; have or have had seizures; use other medicines that contain bupropion such as WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL, and APLENZIN; have or have had an eating disorder; are dependent on opioid pain medicines, use medicines to help stop taking opioids, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, or use sedatives, benzodiazepines, or anti-seizure medicines and you stop using them all of a sudden; are taking monoamine oxidase inhibitors (MAOIs); are allergic to naltrexone or bupropion or any of the ingredients in CONTRAVE; or are pregnant or planning to become pregnant. Do not start CONTRAVE until you have stopped taking your MAOI for at least 14 days.

What should I tell my healthcare provider before starting treatment with CONTRAVE?

Before you take CONTRAVE, tell your healthcare provider about all of your medical conditions, including if you: have or have had depression or other mental illnesses; have attempted suicide; have or have had seizures or a head injury; have had a tumor or infection of your brain or spine; have had a problem with low blood sugar or low levels of sodium in your blood; have or have had a heart attack, heart problems, or stroke; have or have had liver or kidney problems; are diabetic taking insulin or other medicines to control your blood sugar; have or have had an eating disorder; abuse prescription medicines or street drugs; are over the age of 65; or are breastfeeding or plan to breastfeed.

CONTRAVE can pass into your breast milk and may harm your baby. You and your healthcare provider should decide if you should take CONTRAVE or breastfeed. You should not do both.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider has said it is okay to take them. CONTRAVE may affect the way other medicines work and other medicines may affect the way CONTRAVE works, causing side effects.

How should I take CONTRAVE?

Take CONTRAVE exactly as your healthcare provider tells you to.

Swallow CONTRAVE tablets whole. Do not cut, chew, or crush CONTRAVE tablets.

What should I avoid while taking CONTRAVE?

Do not drink a lot of alcohol while taking CONTRAVE. If you drink a lot of alcohol, talk with your healthcare provider before suddenly stopping. If you suddenly stop drinking alcohol, you may increase your risk of seizure.

What are the possible side effects of CONTRAVE?

CONTRAVE may cause serious side effects, including:

- **See “What is the most important information I should know about CONTRAVE?”**
- **Seizures.** There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who: take higher doses of CONTRAVE; have certain medical conditions; or take CONTRAVE with certain other medicines. If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away. You should not take CONTRAVE again if you have a seizure.
- **Risk of opioid overdose.** One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE. You or someone close to you should get emergency medical help right away if you: have trouble breathing or become very drowsy with slowed, shallow breathing; or feel faint, very dizzy, confused, or have unusual symptoms.
- **Sudden opioid withdrawal.** People who take CONTRAVE must not use any type of opioid for at least 7 to 10 days before starting CONTRAVE. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before undergoing a medical procedure or surgery.
- **Severe allergic reactions.** Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms of an allergic reaction:
 - rash, itching, hives, or fever
 - painful sores in your mouth or around your eyes
 - swelling of your lips or tongue
 - swollen lymph glands
 - chest pain or trouble breathing
- **Increases in blood pressure or heart rate.** Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking and while you take CONTRAVE.
- **Liver damage or hepatitis.** One of the ingredients in CONTRAVE (naltrexone) can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems:
 - stomach area pain lasting more than a few days
 - dark urine
 - yellowing of the whites of your eyes
 - tiredness
- **Manic episodes.** One of the ingredients in CONTRAVE (bupropion) can cause some people who were manic or depressed in the past to become manic or depressed again.
- **Visual problems (angle-closure glaucoma).** Signs and symptoms of angle-closure glaucoma may include eye pain, changes in vision, and/or swelling or redness in or around the eye.
- **Increased risk of low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines such as insulin or sulfonylureas to treat their diabetes.** 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. You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE.

What are common side effects?

The most common side effects of CONTRAVE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

Tell your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of CONTRAVE.

This information is not comprehensive. If you would like more information, talk to your doctor and/or go to www.contrave.com for full Product Information.

You may report side effects to the FDA at 1-800-FDA-1088.

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

This brief summary is based on Contrave Prescribing Information LBL-00022, September 2016.

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Why Am I So Tired?

by Nadia B. Pietrzykowska, MD, FACP

This is probably the most common complaint that I hear from new patients coming to see me for weight management. Fatigue can range from mild to very severe, and can even be debilitating enough to significantly decrease quality of life.

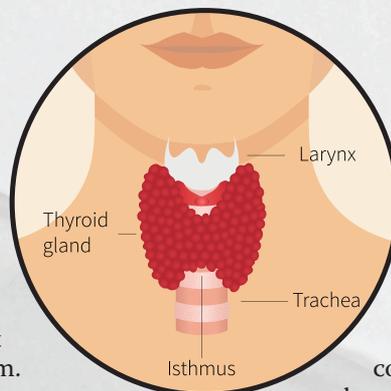
There are several possible conditions that can cause fatigue and they should be diagnosed and treated accordingly. Some of those conditions are hormone abnormalities, nutritional deficiencies, mental health conditions and other diseases.

Hyperthyroidism is a condition in which the thyroid gland doesn't produce enough thyroid hormone. Common symptoms of hypothyroidism include, but are not limited to:

- Fatigue
- Weight gain
- Cold sensitivity
- Constipation
- Brittle nails

Thyroid Disorders:

The thyroid is a gland located in the neck that is responsible for producing hormones involved in energy metabolism. An underactive thyroid results in the slowing of metabolic processes that can range from mildly noticeable to life threatening. Testing thyroid function is part of a yearly routine physical exam.



Thyroid testing should be performed to assess thyroid function if these symptoms are present. When laboratory tests are abnormal, your doctor will determine the causes of hypothyroidism and prescribe treatment. "Borderline" thyroid function may also need to be treated if the clinical symptoms are very typical. In some cases, thyroid dysfunction is part of more complex medical conditions that include multiple hormone-producing organs, and when diagnosed, they should be treated by an endocrinologist.

Insulin Resistance and Metabolic Syndrome:

A large amount of patients coming to see me for weight gain also have some form of abnormal glucose metabolism such as:

- Insulin resistance
- Prediabetes
- Diabetes

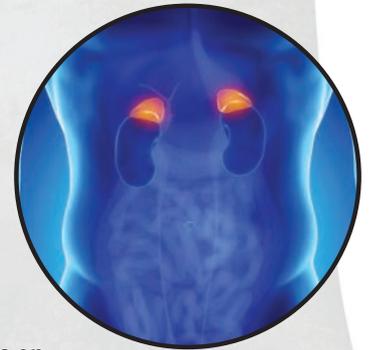
Explaining the differences between these would be beyond the scope of this article, but it is important to know that both high and low blood sugar levels can cause fatigue. If diagnosed, these conditions should be treated. Prediabetes is a medical condition that should be treated aggressively before it leads to diabetes. However, it can be reversed with weight-loss as small as 10 percent.



Metabolic syndrome consists of multiple symptoms which may include abnormalities in blood pressure, cholesterol, blood sugar and abdominal adiposity. If your physician diagnoses you with insulin resistance or metabolic syndrome, you may need medication to treat it. Excessive weight and metabolic syndrome are connected, and treating them is very important. With treatment, patients report feelings of increased energy and less “highs and lows” during the day when compared to before treatment.

Adrenal Gland Disorders:

These are generally rare and can include disorders that result in either underactivity or over-activity of the adrenal gland. Some of these disorders are also linked to obesity, and your physician may order a specialized workup or refer you to an endocrinologist to further investigate and treat these conditions.



Why Am I So Tired? continued on the following page

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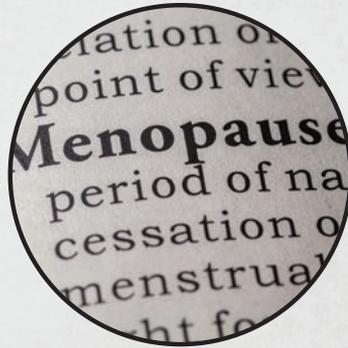
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Menopause:

Peri-menopausal women often complain of fatigue. Changing hormone levels around menopause may be the culprit, especially with estrogen. Decreasing estrogen levels may result in increased fat mass, decreased muscle mass and abdominal adiposity, which altogether can result in fatigue. Proper diet and physical activity may help prevent this from occurring. Hormone replacement therapy is generally not recommended for the treatment of fatigue-related symptoms linked to menopause.



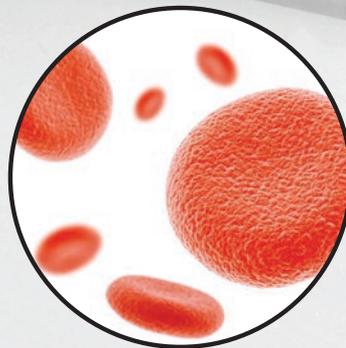
Andropause and Low Testosterone Levels:

Inappropriately low testosterone levels may result in fatigue. Unfortunately, the topic of testosterone replacement remains controversial due to possible adverse effects and unclear benefits.



Anemia:

Red blood cells transport oxygen from the lungs to all body organs. When the number of these blood cells decreases, this is called anemia and it often appears as fatigue. Your doctor will investigate to ensure that this is not the result of undiagnosed, slow blood loss from any gastrointestinal source. If there's no bleeding, the most common causes of anemia are iron deficiency and vitamin B12 deficiency. These are discussed next.



Nutritional Deficiencies:

Individuals trying to lose weight often follow diets that are not necessarily "healthy" and may result in nutritional deficiencies. In addition, it is also known that individuals affected by obesity may consume high-calorie, low nutrient foods that can also result in nutritional deficiencies. Some patients may follow restricted diets for religious or personal reasons. Any dietary deficiency can manifest as fatigue.



- **Iron deficiency and vitamin B12 deficiency** – These deficiencies can be present and cause fatigue even if anemia does not exist yet. Your healthcare provider will order appropriate blood tests to look for these abnormalities and treat them with supplementation. Among patients with excess weight, those with restricted diets or a history of bariatric surgery are most prone to these deficiencies.
- **Vitamin D deficiency** – The topics of vitamin D and supplementation spark controversy and debate. This said, individuals affected by excess weight often have low vitamin D levels and fatigue. Therefore, this deficiency should be treated and may help resolve symptoms.

Lack of Physical Activity:

As individuals gain weight, they are often less active due to physical restrictions. This can lead to weight gain and the loss of muscle mass, thus resulting in reduced stamina and fatigue. Physical activity should be resumed gradually to ensure safe and injury-free progress to a healthier body.





I WAS YOU

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but one of the best decisions I’ve made.”*

—Marybeth B.

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To find tips, tools, and patient stories, visit www.thehealthpartner.com/WLS

Weight loss surgery has risks. Patients should consult their physicians to determine if this procedure is appropriate for their condition.

Depression:

Sometimes fatigue can be confused with depression. It's very important that you report to your clinician if you are experiencing symptoms of depression such as:

- Feelings of sadness
- Loss of interest or pleasure in activities
- Changes in sleep, appetite, or concentration
- Social isolation



Depression is a serious psychiatric condition that needs to be treated as soon as possible. In cases with depression, fatigue may improve when depression is treated.

Sleep Disorders:

- **Obstructive Sleep Apnea:** Weight gain may cause a medical condition called obstructive sleep apnea. Patients typically snore at night, may gasp for air during sleep, have restless nights, wake up with headaches or feel a lack of rest after a night of sleep. They are also sleepy and tired during the day. This condition is the result of inadequate brain oxygenation at night and interrupted or non-existent "deep sleep." This is a serious condition that needs to be evaluated and treated by a sleep medicine specialist. It typically improves or resolves with weight-loss.
- **Other sleep abnormalities:** In addition to obstructive sleep apnea, there are several sleep disorders that may affect sleep and prevent rest at night. Commonly, this results in perceived fatigue during the day. Whenever an individual does not get a good night's sleep and does not feel rested during the day, this should be investigated.

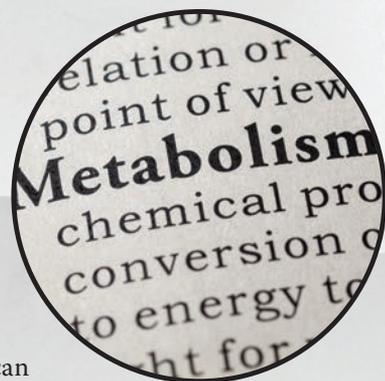


- **Inadequate sleep hygiene:** In our society, sleep is not taken seriously enough. The demands of daily life paired with busy work schedules affect individual health. In addition, poor sleep hygiene that includes staying up late, watching television and working on a computer late at night may prohibit proper rest and result in fatigue. It is a good idea to take a minute and think about your sleep hygiene. Sometimes, minor changes like going to bed at the same time every night and designating your bedroom only to sleep can help improve fatigue significantly.

Decreased Metabolic Rate or "Slow Metabolism":

Many of the medical conditions discussed above can result in a slower metabolism. However, there are other conditions that can slow your basal metabolic rate as well:

- **Low muscle mass:** This is common and happens with aging, but an exercise regimen that includes resistance training can help preserve muscle mass. This will not only help maintain a healthy metabolism and appropriate energy levels, but it will also promote healthy aging and decrease cardio metabolic risk.
- **Inappropriate eating habits:** Skipping meals, eating poor diets, etc., may also decrease your metabolic rate.
- **Chronic dieting:** Patients that are always on a diet tend to be fatigued. This is most likely caused by a slowing of their metabolic rate, often resulting from chronic caloric restriction and possible nutritional deficiencies.



Food Sensitivities:

Blaming all of our issues on food allergies and sensitivities is based more on hype than on fact. This said, sometimes patients can identify specific foods that make them feel bloated, uncomfortable or tired. A simple test where the food in question is eliminated can resolve the issue. However, it's recommended that you discuss this with your healthcare provider to ensure that your diet remains balanced and appropriate because food restriction may result in nutritional deficiencies.



Medications:

Various medications can also contribute to fatigue as well. Some examples may include:

- Certain types of blood pressure medications
- Some cholesterol medications
- Psychiatric medications
- Antihistamines
- Medications used for acid reflux



If you believe that some of your medications are causing fatigue and/or weight gain, talk to your doctor to see if you may be able to find alternatives. Do not discontinue any medication on your own as this may be harmful to your health.

Fibromyalgia:

This is a medical condition characterized by generalized musculoskeletal pain as well as issues with mood, sleep, memory and fatigue. This misunderstood condition is more common in women than in men, and treatment may include medication, physical and occupational therapy, counseling and some alternative treatments such as acupuncture.



Why Am I So Tired? continued on the following page

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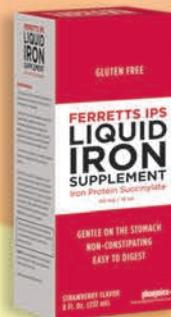
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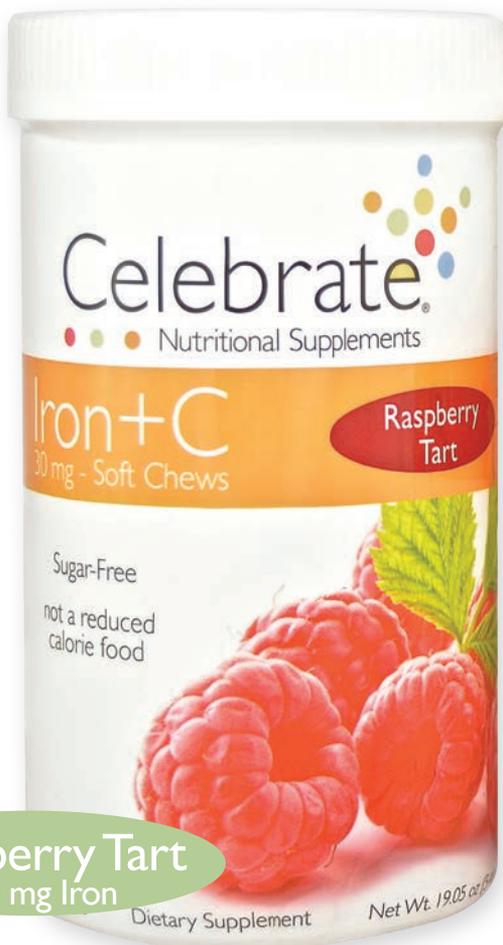
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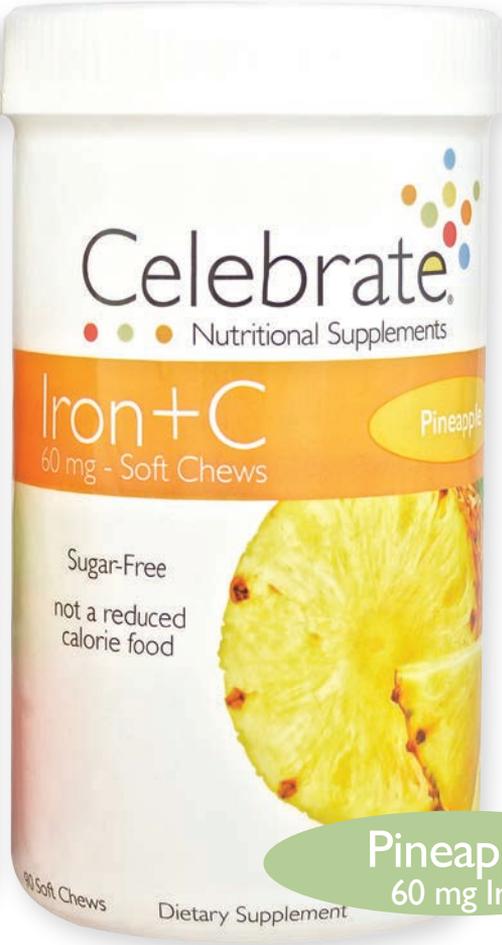
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