

YOUR WEIGHT Matters

Summer 2015

MAGAZINE

FOR YOUR HEALTH



CELEBRATE 10 YEARS with the OAC

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SHOPPING AT THE GROCERY: WHERE DO I START? p22



The OAC's 4th
National Convention is
Just around the Corner!

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for Details and Registration
Discount Code!



Obesity Action Coalition

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

For Content Contributions and Advertising Information: Please contact James Zervios at zervios@obesityaction.org. The acceptance of advertising in *Your Weight Matters*SM Magazine does not constitute or imply endorsement by the OAC of any advertised product or service.

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A Message from the OAC Chairman of the Board

More than a Decade

People seem to measure their lives in decades. By telling a compelling story of the 1960s, the television drama *Mad Men* won 15 Emmy and four Golden Globe Awards in seven seasons. This year, the Obesity Action Coalition (OAC) marks the completion of our first decade of education, advocacy and support for people affected by obesity, so it's a good time to reflect on a decade of some amazing changes that the OAC has made.



Ted Kyle, RPh, MBA

A decade ago, the OAC was born in a spare bedroom of our President/CEO, Joe Nadglowski. Policymakers made a habit of creating policies that effectively ignored the human reality of people living with obesity, and access to evidence-based care for obesity was routinely excluded from health plans. Shaming and blaming people with obesity was not only tolerated, but even thought by some to be important for encouraging people to improve their own health without any medical help. Existing drugs for obesity treatment were being withdrawn, and applications for new ones were denied.

Much has changed in this first decade of the OAC's work. Four new drugs have been approved for obesity, as well as the first new medical device in more than a decade. Weight bias and discrimination gets called out when it surfaces. Access to care is slowly, but surely, improving. Most major employers now cover intensive behavioral support, obesity drugs and bariatric surgery. Smaller employers and other health plans are bringing up the rear and adding coverage. Policymakers are listening to the voices of people with obesity. Increasingly, they are backing away from bad assumptions about obesity.

The OAC has grown from just one member to more than 50,000 in only 10 years. I can remember previously thinking that a vibrant membership organization for people affected by obesity might be a fantasy. So many people run from the "O" word and all of the stigma it carries.

Today, we have a community of people who support each other to defeat this relentless, chronic disease, and we have hundreds of trained and highly effective advocates whose voices are helping to shape health policies that relate to obesity.

OAC members are being heard in Congress, the Institute of Medicine, the Food and Drug Administration, state legislatures and health plans all over the country. Obesity will become a manageable and ultimately curable disease, and when it does, it will be in part because of the OAC and our members who make the difference.

"Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has."

– Margaret Mead

Treat and Reduce Obesity Act of 2015 Introduced

The OAC proudly supports Senators Carper (D-DE); Cassidy (R-LA); Coons (D-DE); Grassley (R-IA); Heinrich (D-NM) and Murkowski (R-AK), and Representatives Kind (D-WI) and Paulsen (R-MN) for introducing the Treat and Reduce Obesity Act (TROA) of 2015. The TROA provides 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. The bill also requires the Health and Human Services Department to develop and implement a comprehensive new research and outreach plan to combat the obesity epidemic.



“If you’re a current Medicare recipient, you can have counseling by your primary care physician, or you can have bariatric surgery. Those are the two extremes of coverage, the beginning and the end,” said OAC President/CEO Joe Nadglowski. “What the Treat and Reduce Obesity Act does is fill the gaps in-between.”

The TROA was first introduced in 2013 during the 113th Congress. While the legislation received strong bipartisan support in both the House and Senate, with 121 co-sponsors, the legislation did not progress beyond the committee level. To learn more about the Treat and Reduce Obesity Act of 2015, please visit www.TROA2015.com.

OAC Launches ‘Ban the F Word’ Movement to Fight Fat-Shaming

A word doesn’t define us, and the Obesity Action Coalition wants to make that clear in its new National movement to “Ban the F Word,” by putting an end to fat-shaming and other weight bias. With this movement, we hope to raise awareness about weight bias and give individuals a place to join together and take a stand. The movement is anchored by an online petition that individuals are encouraged to sign, pledging their support to raise awareness of fat-shaming and put an end to it.

“The word ‘fat’ is most appropriately used as a noun,” said Melinda J. Watman, BSN, MSN, CNM, MBA, OAC Board Member and Chair of the OAC’s Weight Bias Committee. “The fact that today we use it as an adjective and shame people dealing with the disease of obesity is highly unacceptable. As Chair of the Weight Bias Committee, I know individuals, especially children, are often targeted and shamed for their weight. Ban The F Word will raise awareness of this alarming trend and hopefully put a stop to its pervasiveness.”

This one word isn’t who you are, and it’s not what you see about yourself, so why should it be how others see you? Take the pledge today to Ban The F Word at www.BanTheFWord.com.

Join Us for YWM2015

The final registration deadline is approaching! In less than two months, the OAC will host its 4th Annual *Your Weight Matters* National Convention on August 13-16 in San Antonio. It’s going to be a great event that you won’t want to miss.



YWM2015
OUR JOURNEY
RESTORE. REFRESH. RENEW.

No matter where you are in your journey with weight, the OAC’s National Convention has something to offer you. From topics like “Learning to Enjoy Your Journey through the Progress, Pit Stops and Potholes” to “Get Off the Yo-Yo Diet Roller Coaster,” YWM2015 promises to offer you the latest, evidence-based educational information presented by the country’s leading experts in weight, health, nutrition, exercise, treatment and more.

We would like to thank all of our supporters and National sponsors for helping make this event a growing success: Platinum level sponsors – Novo Nordisk; Gold level sponsors – Apollo Endosurgery, Inc. and Eisai Inc.; Silver level sponsors – Arena Pharmaceuticals, Medtronic, and Takeda Pharmaceuticals; Bronze level sponsors – Aspire Bariatrics, Celebrate Vitamins, Ethicon, Geisinger Obesity Institute, KVK-Tech and vBloc Neurometabolic Therapy.

To learn more about YWM2015, please see page 33 or visit www.YWMConvention.com.

OAC Releases New *Your Weight Matters* Campaign National PSA

The OAC is happy to announce that we released our second National television public service announcement (PSA) in April for the *Your Weight Matters* Campaign. The newest PSA focuses on family, relationships and their impact on weight and health. To date, the PSA has aired more than 2,600 times nationwide.



To view the OAC’s newest PSA or take the Campaign challenge, please visit the *Your Weight Matters* Campaign Web site at www>YourWeightMatters.org.

Education Matters
Advocacy Matters
Support Matters

OAC MEMBERS
MATTER

Being Successful

by Stephen G. Boyce, MD, FACS, FASMBS

I have been interested in medicine, health and fitness for as long as I can remember. I was born with severe asthma and was hospitalized many times with pneumonia and rheumatic fever. I was often referred to as a “sickly child,” unable to participate in sporting activities, and there were very few drugs to help my symptoms.

Learning to live, cope and adapt with a chronic disease shaped just about every area of my life, including my decision to become a doctor.



Dr. Boyce poses with his son Derek (left), his wife Courtney (center) and his daughter-in-law Guinn.

As I matured, my disease became more manageable, and I was able to incorporate physical exercise into my life. I became interested in weight training and exercise, which also improved my lung capacity and health. While in medical school and residency at the University of Texas Southwestern Medical School, Parkland Hospital, I trained for

and competed in triathlons and marveled at how changing my lifestyle improved my chronic asthma.



While I have never suffered from the disease of obesity, I certainly understand the life-long struggle of chronic disease. During my general surgery residency, I was introduced to bariatric surgery by one of the founders of bariatric surgery, Otto Willbanks, MD, who taught me how to perform what was, at the time, controversial, open bariatric surgery procedures. Even back then, I saw first-hand the dramatic health improvements that weight-loss could create and how the disease could be managed with proper treatment.

I moved to Knoxville, Tenn. in 1992 and set up my general and vascular surgery practice, including bariatric surgery in my practice.

In 2003, I decided to devote my career to helping those affected by obesity, and created The New Life Center for Bariatric Surgery, which was designated the 7th Center of Excellence in the Nation by the American Society for Metabolic and Bariatric Surgery (ASMBS).



The staff at the New Life Center for Bariatric Surgery assist with ensuring the practice remains the 7th Center of Excellence.

Today, The New Life Center for Bariatric Surgery is accredited by the American College of Surgeons, providing a multidisciplinary team designed to meet the needs of individuals affected by obesity and to help them learn how to improve their life and health with proper tools and education.

I first learned of the Obesity Action Coalition (OAC) in 2005, and my staff and I quickly realized that the OAC would be an important advocate for education and access, two important issues for my practice and my patients.

I feel the OAC represents a great value for my patients as they receive not only an informative magazine that touches on many subjects of interest to anyone living with obesity, but also a membership in an organization that is committed to empowering them and meeting their needs through education, representation and support.

In the halls of my practice you might hear the words, "we are willing to commit if you are." Bariatric surgery is just the beginning of a long journey to health and wellness. In my 25 years of treating patients affected by severe obesity, I know that the patients who are most successful continue with regular follow-up visits, implement healthy eating habits, exercise regularly and utilize educational tools.

"Being successful doesn't necessarily make you great. What makes you great is when you reach back and help somebody else become great."

— Joel Osteen

Just as a surgical weight-loss patient needs a multidisciplinary team to facilitate change and success after bariatric surgery, they also benefit greatly from education on multiple aspects of their new life. The well-informed and supported patient has the best chance of reaching their maximum health potential, and this need for information is the mechanism that creates the power of the OAC. One of the mechanisms for providing education for my bariatric surgery patients has been to enroll them for membership in the OAC.

Realizing early on in my practice that bariatric surgery requires specialized nutrition, and that vitamin deficiencies were a major concern, I developed a special interest in researching the nutritional, vitamin and mineral needs of my bariatric patients to ensure their long-term health. Based on my clinical experience, it became evident to me that there were not any supplements available for my patients that I was comfortable recommending, so I created my own custom vitamin and mineral formula that would encourage my patients to easily adhere to the supplementation program.

Now we have a full line of clinically-proven bariatric protein supplements and vitamins, Bari Life Bariatric Supplements, which are available online and in many doctor's offices and hospital pharmacies. I am extremely proud of all that Bari Life has accomplished in providing quality products and educational tools designed specifically for bariatric patients

OAC Members Matter continued on page 11

OAC Membership Application

Why Join the OAC? The OAC is a nearly 50,000 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: \$20/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: _____

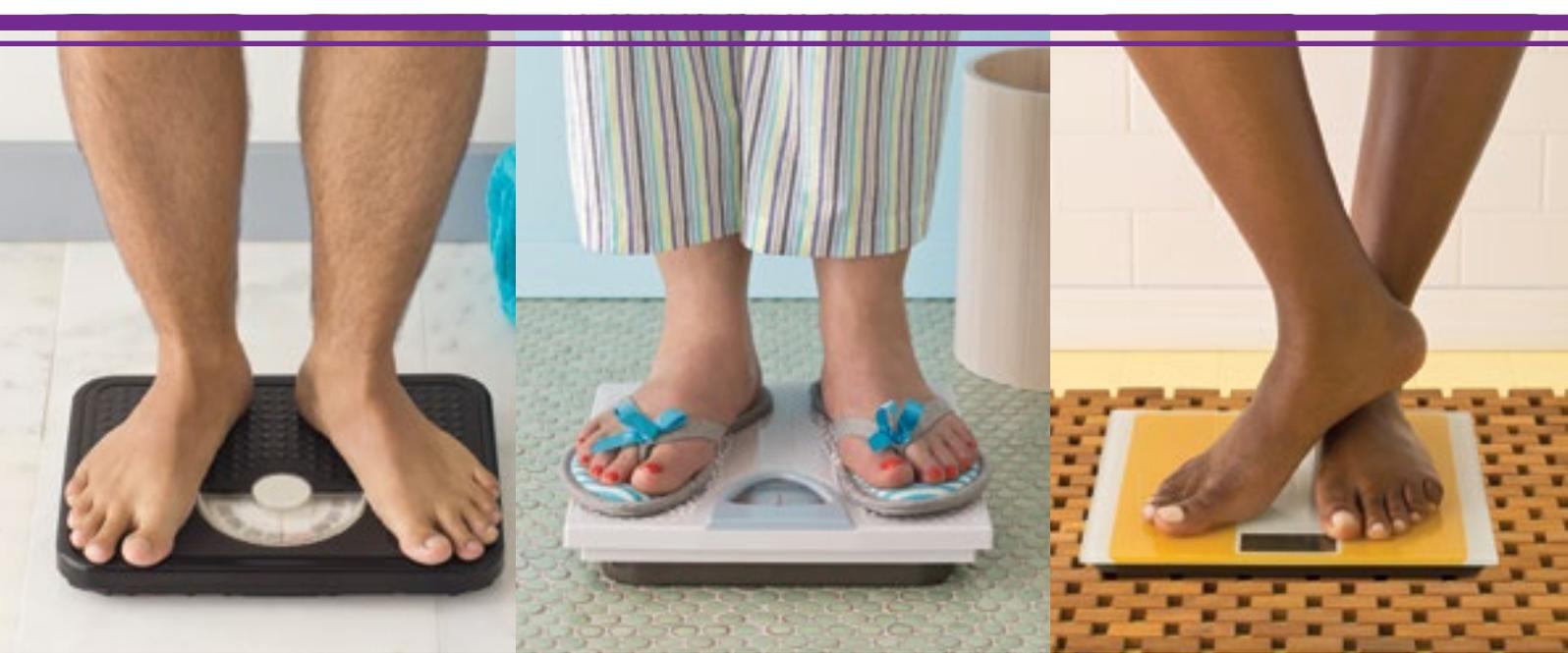
Contact Information

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 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.

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Qsymia® is for adults with a BMI* of 30 or more† and should be used with a reduced-calorie diet and increased physical activity.

**EVERY DAY SOMEONE STARTS
A DIET THAT MAY NOT WORK**

**WE HAVE 2 REASONS WHY
THAT COULD CHANGE**



Qsymia (Kyoo sim ee' uh) is the only once-daily FDA-approved weight-loss medicine that contains 2 ingredients that can help you lose weight and keep it off.

2 IN 1 WEIGHT LOSS

One ingredient likely reduces appetite and decreases food consumption



The other ingredient may make you feel full throughout the day

The precise mechanism of action of the 2 ingredients on chronic weight management is unknown. Capsule shown is not actual size.

Once-daily Qsymia is a prescription medicine that can help some obese adults or some overweight adults who also have weight-related medical problems lose weight and keep it off.

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

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

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

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

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

IMPORTANT SAFETY INFORMATION

Who should not take Qsymia?

Do not take Qsymia if you are pregnant, planning to become pregnant, or become pregnant during Qsymia treatment; have glaucoma; have thyroid problems (hyperthyroidism); are taking certain medicines called monoamine oxidase inhibitors (MAOIs) or have taken MAOIs in the past 14 days; are allergic to topiramate, sympathomimetic amines such as phentermine, or any of the ingredients in Qsymia.

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

Qsymia can cause serious side effects including:

Birth defects (cleft lip/cleft palate). If you take Qsymia during pregnancy, your baby has a higher risk for birth defects called cleft lip and cleft palate. These defects can begin early in pregnancy, even before you know you are pregnant. **Women who are pregnant must not take Qsymia. Women who can become pregnant should** have a negative pregnancy test before taking Qsymia and every month while taking Qsymia and use effective birth control (contraception) consistently while taking Qsymia. Talk to your healthcare provider about how to prevent pregnancy. **If you become pregnant while taking Qsymia, stop taking Qsymia immediately, and tell your healthcare provider right away.**

Increases in heart rate. Tell your healthcare provider if you experience, while at rest, a racing or pounding feeling in your chest lasting several minutes when taking Qsymia.

Suicidal thoughts or actions. Topiramate, an ingredient in Qsymia, may cause you to have suicidal thoughts or actions.

Call your healthcare provider right away if you have any symptoms, especially if they are new, worse, or worry you. Some symptoms

are thoughts about suicide or dying, attempts to commit suicide, new or worse depression/anxiety, trouble sleeping, or any other unusual change in behavior or mood.

Serious eye problems which include any sudden decrease in vision, with or without eye pain and redness or a blockage of fluid in the eye causing increased pressure in the eye (secondary angle closure glaucoma). **These problems can lead to permanent vision loss if not treated.** Tell your healthcare provider right away if you have any new eye symptoms.

What are the possible side effects?

Qsymia may cause **mood changes and trouble sleeping, concentration, memory, and speech difficulties, increases of acid in bloodstream** (metabolic acidosis), **low blood sugar** (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes, **possible seizures** if you stop taking Qsymia too fast, **kidney stones, and decreased sweating and increased body temperature (fever).**

Some common side effects include:

numbness or tingling (paresthesia), dizziness, taste changes (dysgeusia), and trouble sleeping.

These are not all the possible side effects of Qsymia. Call your doctor for medical advice about side effects.

You are encouraged to report side effects to VIVUS, Inc. at 1-888-998-4887 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see Important Facts for Qsymia on following page.

*BMI (body mass index) measures the amount of fat in the body based on height and weight.

[†]Or a BMI of 27 or more with one weight-related medical condition.

Qsymia[®]
(phentermine and topiramate
extended-release) capsules **CIV**
Imagine the feeling

ASK YOUR DOCTOR IF QSYMIA IS RIGHT FOR YOU.

Learn more about Qsymia and money-saving offers at www.Qsymia.com.



Qsymia (Kyoo sim ee' uh)—text "Qsymia" to 99000.
Standard text messaging rates may apply.

Important Facts for Qsymia® (phentermine and topiramate extended-release) capsules CIV

This summary of the Medication Guide contains risk and safety information for patients about Qsymia. This summary does not include all information about Qsymia and is not meant to take the place of discussions with your healthcare professional about your treatment. Please read this important information carefully before you start taking Qsymia and discuss any questions about Qsymia with your healthcare professional.

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

Qsymia can cause serious side effects, including:

- **Birth defects (cleft lip/cleft palate).** If you take Qsymia during pregnancy, your baby has a higher risk for birth defects called cleft lip and cleft palate. These defects can begin early in pregnancy, even before you know you are pregnant.

Women who are pregnant must not take Qsymia.

Women who can become pregnant should have a negative pregnancy test before taking Qsymia and every month while taking Qsymia and use effective birth control (contraception) consistently while taking Qsymia. Talk to your healthcare provider about how to prevent pregnancy.

If you become pregnant while taking Qsymia, stop taking Qsymia immediately, and tell your healthcare provider right away. Healthcare providers and patients should report all cases of pregnancy to FDA MedWatch at 1-800-FDA-1088, and the Qsymia Pregnancy Surveillance Program at 1-888-998-4887.

- **Increases in heart rate.** Qsymia can increase your heart rate at rest. Your healthcare provider should check your heart rate while you take Qsymia. Tell your healthcare provider if you experience, while at rest, a racing or pounding feeling in your chest lasting several minutes when taking Qsymia.
- **Suicidal thoughts or actions.** Topiramate, an ingredient in Qsymia, may cause you to have suicidal thoughts or actions. **Call your healthcare provider right away if you have any of these symptoms, especially if they are new, worse, or worry you:** thoughts about suicide or dying, attempts to commit suicide, new or worse depression, new or worse anxiety, feeling agitated or restless, panic attacks, trouble sleeping (insomnia), new or worse irritability, acting aggressive, being angry, or violent, acting on dangerous impulses, an extreme increase in activity and talking (mania), other unusual changes in behavior or mood.
- **Serious eye problems,** which include any sudden decrease in vision, with or without eye pain and redness, blockage of fluid in the eye causing increased pressure in the eye (secondary angle closure glaucoma). **These problems can lead to permanent vision loss if not treated.** Tell your healthcare provider right away if you have any new eye symptoms.

What is Qsymia?

Qsymia is a prescription medicine that contains phentermine and topiramate extended-release that may help some obese adults or some overweight adults who also have weight-related medical problems lose weight and keep the weight off. Qsymia should be used with a reduced calorie diet and increased physical activity.

It is not known if Qsymia changes your risk of heart problems or stroke or of death due to heart problems or stroke. It is not known if Qsymia is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products. It is not known if Qsymia is safe and effective in children under 18 years old.

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

Who should not take Qsymia® CIV?

Do not take Qsymia if you are pregnant, planning to become pregnant, or become pregnant during Qsymia treatment, have glaucoma, have thyroid problems (hyperthyroidism), are taking certain medicines called monoamine oxidase inhibitors (MAOIs) or have taken MAOIs in the past 14 days, are allergic to topiramate, sympathomimetic amines such as phentermine, or any of the ingredients in Qsymia. See **Qsymia Prescribing Information.**

What should I tell my healthcare provider before taking Qsymia?

Tell your healthcare provider if you:

- Are pregnant or planning to become pregnant
- Have had a heart attack or stroke
- Have or have had an abnormal heart rhythm
- Have or have had depression, mood problems, or suicidal thoughts or behavior
- Have eye problems, especially glaucoma
- Have a history of metabolic acidosis (too much acid in the blood) or a condition that puts you at higher risk for metabolic acidosis such as chronic diarrhea, surgery, a diet high in fat and low in carbohydrates (ketogenic diet), weak, brittle, or soft bones (osteomalacia, osteoporosis, osteopenia), or decreased bone density
- Have kidney problems, have kidney stones, or are getting kidney dialysis
- Have liver problems
- Have seizures or convulsions (epilepsy)
- Are breastfeeding. It is not known if Qsymia passes into your breast milk. You and your healthcare provider should decide if you will take Qsymia or breastfeed. You should not do both.

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Qsymia taken with other medicines may affect how each medicine works and may cause side effects.

Especially tell your healthcare provider if you take:

- **Birth control pills.** Tell your healthcare provider if your menstrual bleeding changes while you are taking birth control pills and Qsymia
- **Water pills** (diuretics) such as hydrochlorothiazide (HCTZ)
- **Any medicines that impair or decrease your thinking, concentration, or muscle coordination**
- **Carbonic anhydrase inhibitors** [such as ZONEGRAM® (zonisamide), DIAMOX® (acetazolamide) or NEPTAZANE® (methazolamide)]
- **Seizure medicines** such as Valproic acid (DEPAKENE® or DEPAKOTE®)

What should I avoid while taking Qsymia?

- **Do not get pregnant while taking Qsymia.**
- **Do not drink alcohol while taking Qsymia.** Qsymia and alcohol can affect each other causing side effects such as sleepiness or dizziness.
- **Do not drive a car or operate heavy machinery, or do other dangerous activities until you know how Qsymia affects you.** Qsymia can slow your thinking and motor skills, and may affect vision.

What are the possible side effects of Qsymia?

- **Mood changes and trouble sleeping.** Qsymia may cause depression or mood problems, and trouble sleeping. Tell your healthcare provider if symptoms occur.
- **Concentration, memory, and speech difficulties.** Qsymia® (phentermine and topiramate extended-release capsules) CIV may affect how you think and cause confusion, problems with concentration, attention, memory or speech. Tell your healthcare provider if symptoms occur.
- **Increases of acid in bloodstream (metabolic acidosis).** If left untreated, metabolic acidosis can cause brittle or soft bones (osteoporosis, osteomalacia, osteopenia), kidney stones, can slow the rate of growth in children, and may possibly harm your baby if you are pregnant. Metabolic acidosis can happen with or without symptoms. Sometimes people with metabolic acidosis will: feel tired; not feel hungry (loss of appetite); feel changes in heartbeat; or have trouble thinking clearly. Your healthcare provider should do a blood test to measure the level of acid in your blood before and during your treatment with Qsymia.
- **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 Qsymia and while you take Qsymia.
- **Possible seizures if you stop taking Qsymia too fast.** Seizures may happen in people who may or may not have had seizures in the past if you stop Qsymia too fast. Your healthcare provider will tell you how to stop taking Qsymia slowly.
- **Kidney stones.** Drink plenty of fluids when taking Qsymia to help decrease your chances of getting kidney stones. If you get severe side or back pain, and/or blood in your urine, call your healthcare provider.
- **Decreased sweating and increased body temperature (fever).** People should be watched for signs of decreased sweating and fever, especially in hot temperatures. Some people may need to be hospitalized for this condition.

Common side effects of Qsymia include numbness or tingling in the hands, arms, feet, or face (paraesthesia), dizziness, change in the way foods taste or loss of taste (dysgeusia), trouble sleeping (insomnia), constipation, and dry mouth. Tell your healthcare provider if you have any side effect that bothers you or does not go away. These are not all of the possible side effects of Qsymia. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to VIVUS at 1-888-998-4887. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit MedWatch or call 1-800-FDA-1088.

Need more information?

Read the Qsymia Medication Guide before you start taking it and each time you get a refill. There may be new information. This information does not take the place of talking with your doctor about your condition or treatment. Visit www.Qsymia.com to access the Qsymia Medication Guide.

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and anyone who is interested in achieving and maintaining a healthy weight.

Bari Life Bariatric Supplements has been a National sponsor for the OAC's National meetings and *Your Weight Matters Magazine*, and will continue to support the OAC in the future. Since signing-up that first patient for a membership, I have seen great response to the Coalition from our patients and have facilitated more than 2,500 patient introductions through the OAC's Sponsored Membership Program. My partnership with the OAC has been personally rewarding, but most importantly has allowed me opportunities to give back and help my patients by directing them to this effective and committed organization.

In all our lives, we receive helping hands. Some we notice, some we don't. The OAC is a helping hand for the community of patients who are affected by obesity. We encourage you to get involved in the OAC, because you will gain the opportunity to help and be helped.

About the Author:

Stephen Boyce, MD, FACS, FASMBS, obtained his Bachelor of Science and Masters of Science from Texas A&M University, College Station, before beginning medical school in Dallas, Texas at the University of Texas Southwestern Medical School where he received his medical degree. Surgical Residency was performed at Parkland Memorial Hospital in Dallas where he completed his general surgery training. With more than 24 years of experience performing bariatric surgeries, Dr. Boyce has completed more than 4,000 bariatric surgical procedures, has special training in advanced laparoscopic surgery and has also completed a Masters Certification in Bariatric Surgery. He started his own practice, the New Life Center for Bariatric Surgery, in Knoxville, Tenn. in 2002, which shortly after became one of the Nation's first Centers of Excellence (7th in the Nation) in 2005. His special interest in bariatric nutrition led him to develop Bari Life Bariatric Supplements, specializing in custom multivitamin formulas for the bariatric surgery patient. Additionally, he is an active educator for Ethicon-Endo Surgery and a two-time recipient of the OAC's "Dr. Blackstone Outstanding Membership Recruitment by a Physician" award.



Dr. Boyce (center) poses with OAC Board Member, Lloyd Stegemann, MD, FASMBS (left) and OAC President/CEO Joe Nadglowski while accepting the Dr. Blackstone Outstanding Recruitment by a Physician Award at the OAC's 2014 Annual Convention.



by Sunil Daniel, MD

Obesity is a complex, chronic disease that should be properly assessed and treated seriously. It is second only to smoking tobacco as the leading cause of preventable death in the United States. According to Center for Disease Control and Prevention (CDC), in 2011-2012 more than one-third of adults (34.9 percent) and one-sixth (16.9 percent) of children and adolescents in the United States were affected by obesity.

Obesity is defined as having a body mass index (BMI) equal or greater than 30 kg/m² which increases the risk for multiple chronic conditions such as type 2 diabetes, hypertension, heart disease, musculoskeletal disease, cancer, obstructive sleep apnea, kidney disease and abnormal cholesterol, among other health conditions. These chronic conditions not only have a great impact on the quality of an individual's life, but they also contribute to higher healthcare cost and decreased work productivity.

According to World Health Organization, Cardiovascular Disease (CVD), defined as disorders of the heart and blood vessels, is the number one cause of death globally. Multiple risk factors contribute to CVD. These can be divided into modifiable and non-modifiable risk factors:

Modifiable Risk Factors

- Unhealthy Diet
- Physical Inactivity
- Hypertension
- Excess Weight/Obesity
- Tobacco Use
- Abnormal Cholesterol
- Raised Blood Glucose/Diabetes

Non-modifiable Risk Factors

- Age
- Gender
- Family History

Obesity is an independent risk factor for CVD, negatively affecting the heart's function and structure as well as the blood vessels' inner lining. Obesity affects the heart through risk factors, such as:

Risk Factors:

- Hypertension
- Obstructive Sleep Apnea
- Elevated Blood Glucose
- Inflammation

Therefore, obesity has a major influence on CVD, contributing to symptoms such as heart failure, atrial fibrillation, coronary heart disease, stroke and venous thromboembolism.

Heart Failure

Based on National Health and Nutrition Examination Survey (NHANES) 2007-2010 survey data, about 5.1 million Americans 20 years of age or older in United States have heart failure. In 2009, 7.2 percent of deaths were due to heart failure. A higher BMI is associated with increased risk of heart failure—for every one unit of increase in BMI, the risk of heart failure increases by 5 and 7 percent in men and women respectively.

As body weight increases, its total blood volume and the amount of blood pushed by the heart into the body also increases, resulting in increased cardiac output. The increase in the body's total blood volume also increases the volume of blood that returns to the heart, leading to dilation and enlargement of the right and left ventricle and increasing wall tension. Throughout time, the muscle wall of the left ventricle thickens, known as left ventricular hypertrophy, and this leads to heart failure. In right heart failure, the heart cannot pump blood to the lung for oxygenation, and in left heart failure, the heart cannot pump enough oxygenated blood to the body.

Atrial Fibrillation

Atrial Fibrillation (AF) is the most common type of arrhythmia, an abnormal heart rate or heartbeat rhythm. Under normal conditions, the upper and lower chambers of the heart contract and relax in a synchronized fashion to move blood from the upper to lower chambers, and pump blood out to the lungs and body. During AF, the upper and lower chambers of the heart are not synchronized. The upper chambers beat irregularly and too fast, resulting in ineffective transfer of blood into the lower chambers and out to the body. This also contributes to the slowing of blood flow and an increased risk of blood clot formation that, if pumped out of the heart, can travel to the brain, resulting in stroke.

A higher BMI is associated with increased risk of heart failure—for every one unit of increase in BMI, the risk of heart failure increases by 5 and 7 percent in men and women respectively.

Obesity and Heart Disease continued on next page

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Obesity and Heart Disease continued from previous page

Affecting three million Americans in 2005, AF has been projected to reach eight million by the year 2050. While increase in age, medical history of coronary heart disease, hypertension and heart failure predispose an individual to AF, obesity is also a major risk factor. One study showed that obesity increases the risk of developing AF by 49 percent, and the risk increases with a higher BMI.

Coronary Heart Disease

Based on NHANES 2007-2010 survey data, 15.4 million Americans above 20 years of age have Coronary Heart Disease (CHD). In 2009, CHD accounted for 49 percent of deaths due to cardiovascular disease. Atherosclerosis, plaque deposits on the inner walls of the blood vessel, is the cause of coronary heart disease. Plaque is made up of cholesterol, calcium, clotting material, and other substances. As the plaque builds up in blood vessels of the heart, it can partially or completely block the flow of the blood to the heart. This results in decreased delivery of oxygen to the heart muscles, causing chest pain (angina) and/or a heart attack.

Plaque deposition and build-up is a slow process, and it can start in individuals as young as 5 to 10 years of age. In general, obesity and excess fat around the abdominal area is associated with increased atherosclerosis. One study showed that obesity in adolescents and young adults accelerates the progression of atherosclerosis.

Stroke

Each year, 795,000 people experience a stroke, with 610,000 of them having their first attack. On average, every 40 seconds someone in United States has a stroke. Based on the NHANES 2007-2010 survey data, 6.8 million



Americans above 20 years of age have had a stroke. A stroke occurs when there is lack of oxygen delivery to the brain. During this time, brain cells are very sensitive and within minutes of low or no oxygen delivery, they begin to die.

There are two types of strokes: ischemic and hemorrhagic. Ischemic stroke is the most common type of stroke, accounting for 87 percent of those experienced. It is caused by disruption to the flow of oxygenated blood to the brain. This disruption can be due to plaques or blood clots that have formed in the blood vessels that supply oxygenated blood to the brain (thrombotic stroke). The disruption of blood flow can also be caused by a plaque or blood clot that was formed outside of the brain and through blood flow lodges in narrow brain vessels.

Hemorrhagic stroke (13 percent of strokes) occurs when the blood vessel in the brain leaks or ruptures. Risk factors for stroke include hypertension, atrial fibrillation, obstructive sleep apnea, diabetes, physical inactivity and high blood cholesterol. Obesity is the common link among these risk factors.

Obesity and Heart Disease continued on page 16



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It is indicated for use only in adult patients who have failed more conservative weight reduction alternatives, such as supervised diet, exercise and behavior modification programs. Patients who elect to have this surgery must make the commitment to accept significant changes in their eating habits for the rest of their lives.

Contraindications: The LAP-BAND® System is not recommended for non-adult patients, patients with conditions that may make them poor surgical candidates or increase the risk of poor results (e.g., inflammatory or cardiopulmonary diseases, GI conditions, symptoms or family history of autoimmune disease, cirrhosis), who are unwilling or unable to comply with the required dietary restrictions, who have alcohol or drug addictions, or who currently are or may be pregnant.

Warnings: The LAP-BAND® System is a long-term implant. Explant and replacement surgery may be required. Patients who become pregnant or severely ill, or who require more extensive nutrition may require deflation of their bands. Anti-inflammatory agents, such as aspirin, should be used with caution and may contribute to an increased risk of band erosion.

Adverse Events: Placement of the LAP-BAND® System is major surgery and, as with any surgery, death can occur. Possible complications include the risks associated with the medications and methods used during surgery, the risks associated with any surgical procedure, and the patient's ability to tolerate a foreign object implanted in the body.

Band slippage, erosion and deflation, reflux, obstruction of the stomach, dilation of the esophagus, infection, or nausea and vomiting may occur. Reoperation may be required.

Rapid weight loss may result in complications that may require additional surgery. Deflation of the band may alleviate excessively rapid weight loss or esophageal dilation.

Important: For full safety information please visit LAPBAND.com, talk with your doctor, or call Apollo Customer Support at 1-855-551-3123.

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Venous Thromboembolism

A common finding in severe obesity is leg swelling, which may be a consequence of the structural and functional effect of excess weight on the heart. Leg swelling and decreased mobility encountered in those with excess weight and obesity reduces the pumping function of the calf and leg muscles. This results in blood flow problems in the leg veins, and leads to malfunctioning of the valves in the veins. The risk of severe and sustained lower extremity venous flow problems (venous stasis) causes leg ulcers and skin infections. The risk of developing blood clots in legs, known as venous thromboembolism (VTE), and in lungs, known as pulmonary embolism, is also increased in obesity.

Weight-loss and Heart Disease

Moderate weight-loss of even 10 percent in those with excess weight and obesity can improve or even prevent obesity-related risk factors for CVD. Current therapies available for weight management include diet, physical activity, pharmacotherapy and bariatric surgery. Behavior modification to help with diet and activity is an important component of all of these treatments. A beneficial impact of weight-loss on the cardiovascular system is decreased stress on the heart, leading to improvements in its structure and function.



In a major clinical trial, an Intensive Lifestyle Intervention (ILI) involving group and individual meetings to achieve and maintain weight-loss through decreased caloric intake and increased physical activity was compared to a group that received usual care and education. Dietary strategies included portion-controlled diet, liquid meal replacements, and recommendations to use other portion-controlled items to promote adherence. The exercise goal was at least 175 minutes of physical activity per week, using activities similar in intensity to brisk walking. Behavioral strategies, including self-monitoring, goal setting and problem solving were stressed.

Several research studies provide consistent evidence that those with severe obesity undergoing bariatric surgery have lower rates of heart attacks, strokes, and other heart disease-related complications after weight-loss.

Moderate weight-loss

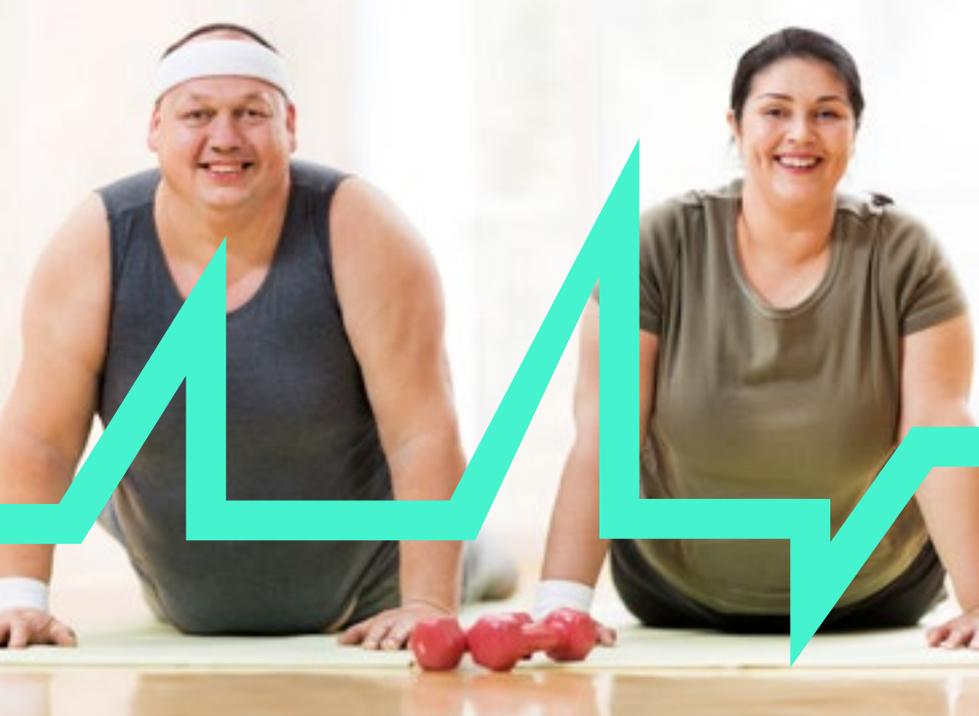
of even as much as

10%

in those affected by excess weight and obesity

can **IMPROVE** or **PREVENT** obesity-related risk factors for Cardiovascular Disease.





The ILI was successful in producing sustained weight-loss and improvements in cardiovascular fitness and CVD risk factors through four years of follow-up. A significantly greater decrease in the number of medicines used to treat their diabetes and blood pressure was also seen. Several research studies provide consistent evidence that those with severe obesity undergoing bariatric surgery have lower rates of heart attacks, strokes, and other heart disease-related complications after weight-loss.

Conclusion

Recent research has brought to light a paradox showing individuals affected by excess weight or obesity (Stage 1, BMI 30-34.9) have a slight protection against serious CVD complications compared to individuals with normal weight (BMI <25) who have CVD. However, the evidence is very clear and strong that those with severe obesity (BMI > 40) carry an extremely high risk for CVD complications, including sudden death. This highlights the importance of cardiovascular fitness regardless of weight status.

The American College of Sports Medicine recommends that most adults engage in moderate-intensity cardiorespiratory exercise training for more than 30 minutes per day on more than five days a week, for a total of more than 150 minutes per week. For greater weight-loss and enhanced prevention of weight regain, the recommendation is approximately 250 to 300 minutes per week of moderate-intensity physical activity.

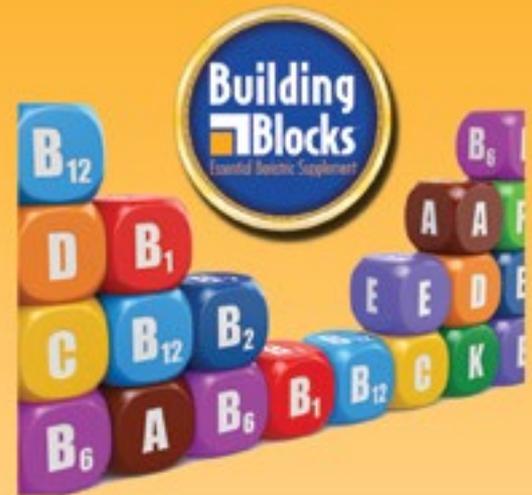
About the Author:

Sunil Daniel, MD, is an obesity medicine physician with fellowship training in clinical nutrition and obesity management. His academic experience includes a faculty position in the Department of Nutrition Sciences at the University of Alabama at Birmingham (UAB). He has authored several scientific papers on obesity and its medical management. Dr. Daniel is a Duke University-trained Integrative Health Coach and an innovator who is passionate about developing mobile technology enabled weight-loss solutions that are both evidence-based and meaningful to the user. He takes pride in sharing with others his own success and challenges with weight-loss and weight maintenance.

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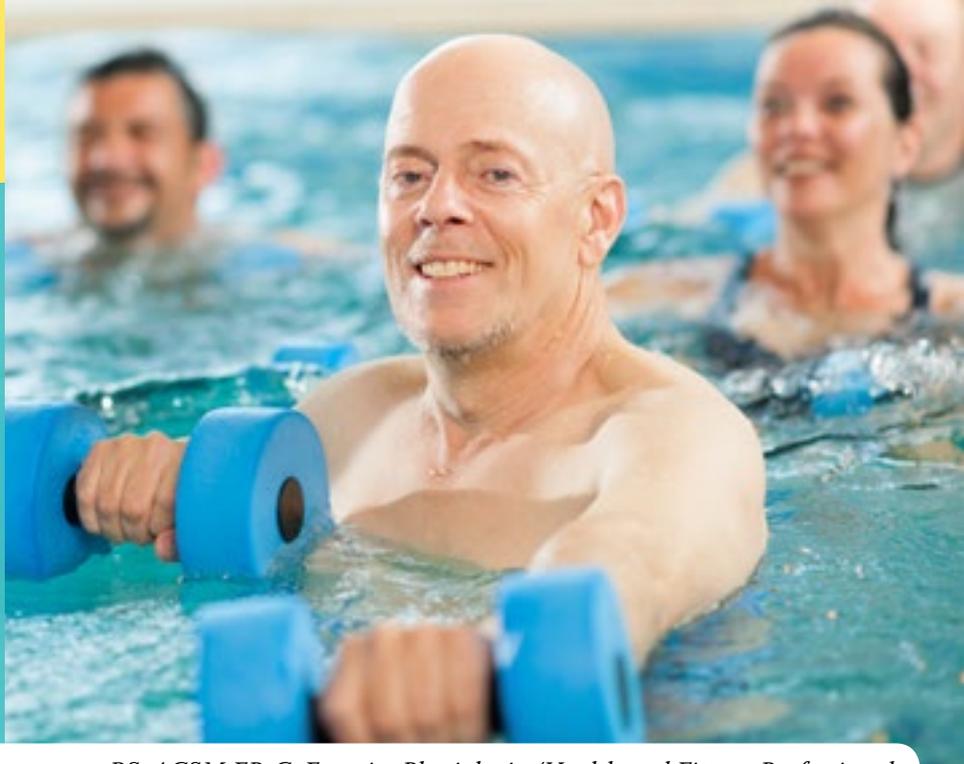
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TAKE ADVANTAGE

OF THE AQUATIC BURN



by Mira Rasmussen, BS, ACSM EP-C, Exercise Physiologist/Health and Fitness Professional

What kind of exercise program allows you to ditch your athletic shoes, reduce joint pain and stay cool in the summer heat? The answer is simple - Aquatics!

WHAT IS AQUATICS?

Before the groans and excuses roll in, take a minute to decide if the benefits of this exercise mode outweigh your concerns. For starters, the water's unique properties such as buoyancy and resistance create a no-impact, but fantastic calorie burn exercise—no swimming required.

Aquatic exercise, sometimes known as Water Aerobics, combines the power of cardiovascular training and strength training all rolled into one total-body workout. It has a calorie burn similar to a light run or walk, and puts the least amount of stress on the body compared to these and other exercise routines.



HOW ARE THEY PERFORMED?

Aquatic exercises can be done in a group setting or on your own by using a few simple but effective water techniques. The best workout is attained by getting in a pool of chest-deep water, ideally set at a temperature of 83–86 degrees Fahrenheit. Most outdoor pools in the summer work great. As stated before, no swimming is required. Water walking alone, or walking with equipment that creates resistance or drag in the water, like water noodles, can provide great metabolic benefit. Of course, the harder you work in the water, the more cardiovascular and muscular improvement you will achieve.

Some ways to advance the workout on your own are by using a flotation vest so you can run in deeper water, or by using some simple water toys to add resistance to the water as you move like water dumbbells, kickboards, or other floatables. Even without equipment, you can advance upper-body exercises by closing your fingers together to make a flat paddle with your hand. This will allow you to create additional resistance for your arms as you press underwater.

WILL I BURN CALORIES?

Water depth and the speed of movement also contribute to the amount of calories you'll burn in a workout. There are a range of exercises you can do in a pool. In fact, most land exercises can be mimicked in the water, like chest presses, bicep curls and even floating crunches to strengthen your core. Make sure to include some cardio movements, faster paced exercises that increase your heart rate and do at least one exercise for every major muscle group (chest, back, legs, core and arms). Either on your own or in the more social atmosphere of a class, an aquatic routine provides a total-body workout that burns up to 500 calories per hour.

In the past, aquatic exercise was thought to be a less effective method of exercise because of the cooling effect from the water or lack of strain and sweat we typically associate with weight-loss and exercise. However, the energy (calorie) demand from the body is equivalent to running or walking at a 10–11 minute per mile pace.



The way calories are burned in aquatic workouts is different than exercise on land. When walking or running, the amount of calories you burn is linked to the weight you carry, how fast you move and the resistance given from a machine or by climbing in elevation. On land, we can't get away from gravity loading our joints during movement. Joint load increases with impact exercises like running or jumping. For those affected by obesity, joint load during exercise, combined with speed and repetition, can take a toll on already stressed joints.

Force across the knee joint is three times one's body weight while walking, six times one's body weight while stair climbing and ten times one's body weight while jumping.

AN AQUATIC
ROUTINE PROVIDES A
TOTAL-BODY WORKOUT
THAT BURNS UP TO 500
CALORIES PER HOUR.



For this reason, many health practitioners recommend walking or using a stationary bike for exercise. Although these two workout modes decrease the amount of load on your joints when exercising, they don't provide the same total-body stimulation or joint relief as water. The natural resistance of water replaces the toll of gravity bearing down on your body.

It's important to realize heart rate is affected by the environment of the water as well. Though your heart rate can be reduced by as much as 17 beats per minute when compared to land exercise, you are still meeting the exercise requirements needed to lose weight and improve cardiovascular health.

Aquatic Burn continued on next page

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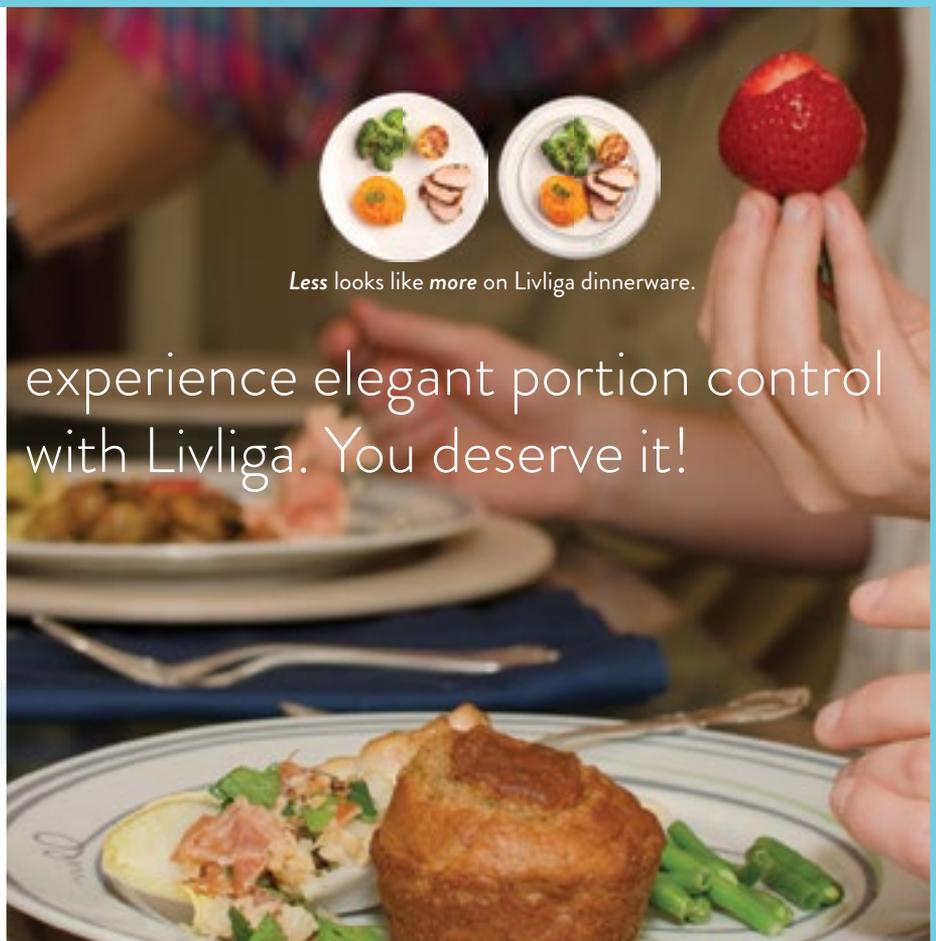


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Aquatic Burn continued from previous page

WHAT ARE THE OTHER BENEFITS OF AQUATICS?

The buoyancy of the water can reduce overall body weight applied to a joint by about 90 percent, which leaves muscles less sore and joints feeling the benefit of movement without swelling or strain. Buoyancy also supports the individual in balance, allowing for movements in the water that may be too challenging on land. The subtle hydrostatic pressure of water can provide pain relief from inflammation and assist in awareness of body alignment. Chest-deep water provides enough pressure on the body to reduce swelling and enhance circulation. Just using the natural resistance of water is a perfect way to start strength training since water provides resistance in all directions, facilitating muscular strength and endurance. Joint mobility is increased as well as flexibility since the effects of gravity are reduced.

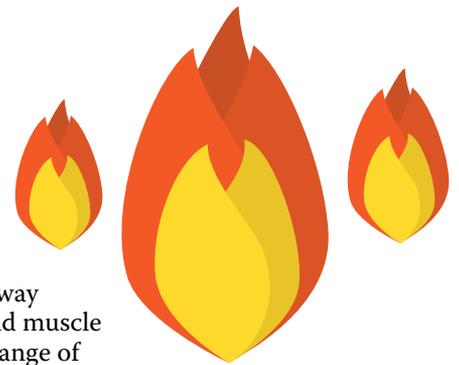
Due to the water's beneficial properties, aquatic exercise is sometimes known as hydrotherapy. If you are seeking the maximum pain relief from osteoarthritis, muscle tension, or poor range of motion, a true hydrotherapy class, where the water temperature is set at a higher 89.6–96.8 degrees Fahrenheit, might be the best environment for you. Hydrotherapy is usually administered by an exercise physiologist or physical therapist, although other exercise professionals may offer this specialized class as well.

CONCLUSION

Water workouts, by any name, can be a fun and engaging way to exercise.

The atmosphere of aquatics encourages movement as it buffers away barriers like joint pain and muscle soreness, but allows for range of motion, balance and calorie burn.

Contact your local YMCA, your local university's exercise science department or a major health club for their Aquatic Class schedule. You can also start "pooling" in the benefits on your own if you have access to a community pool.



About the Author:

Mira Rasmussen, BS, ASCM EP-C, has been an exercise physiologist and health professional for the last eight years, and owner of a specialized personal training and wellness business in Georgetown, Texas. Mira is passionate about personalizing the path to wellness and being a guide through that life-changing process. Mira has worked side-by-side with renowned dietitians, doctors and psycho-therapists using physical fitness as a vital tool for clients to reach and sustain a well-balanced life.

I thought my weight was just my doing. Turns out it's also science.



Science now shows what many of us have long suspected:

- After losing weight, your body's response is to try to put it back on
- One study showed that a body's response to weight loss may turn up signals that trigger appetite for at least 12 months, which can potentially cause overeating
- Healthy eating and physical activity may not be enough to maintain your weight



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SHOPPING AT THE GROCERY

by Sarah Muntel, RD

WHERE DO I BEGIN?



Shopping for groceries can be a daunting task. Many people feel overwhelmed the minute they pull up to the store. For some, the goal is to get in and grab food as quickly as they can, sacrificing nutrition along the way, throwing processed convenience foods and sweetened beverages in their cart. Change your thinking! The food you purchase at the store can be your first step to health. Filling your cart with the right foods can provide your body with the nutrition it needs to get through the week.

Start with a Plan

Every great shopping trip begins with a plan before you walk in the door. It is very difficult to have a successful trip without knowing what you need. Scan your cabinets and cupboards and make a list. Decide what necessities you may need, as well as items for your latest recipe. You can build on your list all week so you won't forget. Add a dry erase board to your kitchen or keep an open shopping list on your smart phone, and add items you need as you remember so you won't find yourself making multiple shopping trips each week.

It's also a good idea to get your family involved as well. Post a list on the refrigerator where family members can add to it. If your daughter has an idea of what she wants for an after school snack, add it to the list. If your partner has a new recipe he or she wants to try, list the ingredients.

Find the Deals

Certainly, you don't have to be an "extreme couponer" to get a good deal, but before you decide where to go, take a look at the latest sale ads. Some shoppers have time to go to multiple stores. They may pick up chicken on sale at one store and fresh vegetables on sale at another. If you have time for this, great! If not, pick the one with the best sale for you. You may even want to consider planning your meals around the sales to save extra money. For example, if chicken breasts are on sale, plan to have chicken enchiladas, chicken salad and chicken stew, or pick up some extra chicken to throw in your freezer. Coupons can be a great way to save money. Collect coupons of your favorite items and keep them handy. There are also some great Web sites that help you match what's on sale with the coupons you may have. Check out www.couponmom.com or www.thekrazycouponlady.com for great coupon tips and bargain shopping.

On your mark, get set, go!

- Wear comfortable shoes while at the store.
- Don't grocery shop while hungry.
- Avoid grocery shopping during peak times, like Saturday or Sunday afternoons.

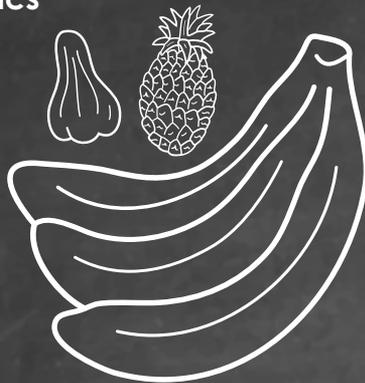


While you are shopping...

There are so many things to remember as you walk into the store. Here are a few things to keep in mind:

Remember the basics

Fill your cart with the essentials. A common recommendation is to shop the perimeter of the store. By doing this, you see mostly your basic foods such as fruits, vegetables, dairy and meat. These products are the core of any diet.



Stick to your list

When you bring your prepared list, you will be less likely to be tempted by sale items and junk foods.

Beware of fortified foods

Many foods have added nutrients and are marketed as "healthy." For example, sugar laden cereals that have added fiber or sweetened drinks that are fortified with vitamins and minerals. These products seem

healthy, but are they? Think about a healthy food like an apple or a carrot. Does it need a label telling you its nutritional benefits?

Bulk can be an option

Some stores carry bulk items. Flour, oatmeal, and other grains can be bought cheaply this way. Typically, you can get as much or as little as you would like. This can be a great way to try new things. If you've never tried whole wheat flour, now is your chance! Get a half a scoop and see what you think.



Read the ingredients

The ingredient panel can tell you everything you need to know. Look at the bottom of the label to find the ingredient panel. The ingredient listed first is the ingredient there is the most of in the food item. Avoid products which have a long list of ingredients or ingredients you can't pronounce.

Plan for emergency meals

Always have emergency meals on hand at home. These are for those times you need a quick Plan B meal. Have extra canned beans, frozen vegetables and whole grain pasta on hand just in case.

Easy meal options

Sometimes life can get hectic. There are several items you can get at the store that can be quick and easy meal options. Some of these options may be a little more expensive, but can be a lifesaver on busy nights. Items like rotisserie chicken and pre-chopped and washed fruits and vegetables can be a great choice for busy nights.



Shop for food staples when they are on sale

There are certain things your family always needs. If you see your favorite brand of black beans or whole grain cereal on sale, grab some extra because you know you'll use it later on.

Shopping continued on next page

As You Tour Each Aisle: Key Choices

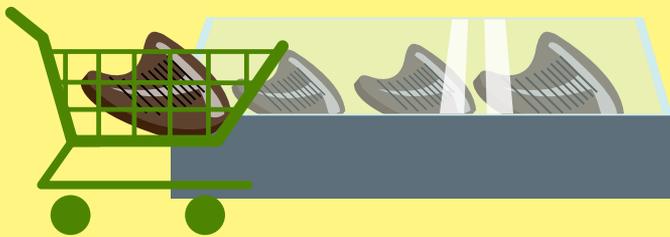
Produce

You can't go wrong here. Fresh fruits and veggies should make up at least half of your plate, so you need a lot of these. Opt for choosing your staple food items, as well as things you may not typically purchase, so you're trying new things. For example, spaghetti squash is a great substitute for pasta, and romaine lettuce can make a good sandwich wrap. Sometimes it pays to purchase chopped produce. Yes, it costs a little more, but if you are more likely to eat it, then go for it! Beware the high calorie dips and dressings and reach for a lower calorie option.



Meats

Meats are a great source of protein. The goal is to choose a low fat meat, and that can be tricky. In this food group, the biggest obstacle is the fat content. Opt for skinless meats, but if you do purchase items with skin, trim it before you cook it. Look for very lean beef, lean hamburger, sirloin steaks and pork loin as they are all great choices.



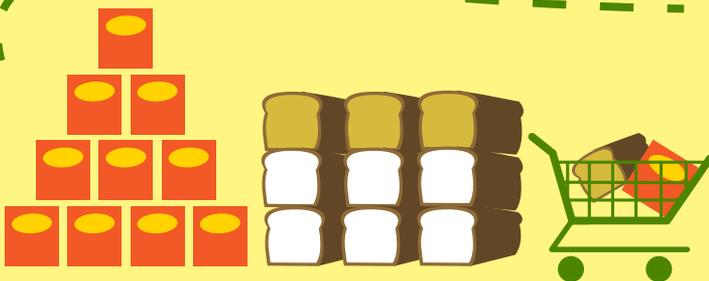
Dairy

Foods in the dairy section can provide protein and they are a great supply of calcium. Be sure you reach for one percent milk, low fat cheese and light yogurt. You'll get the same protein and calcium without the fat.



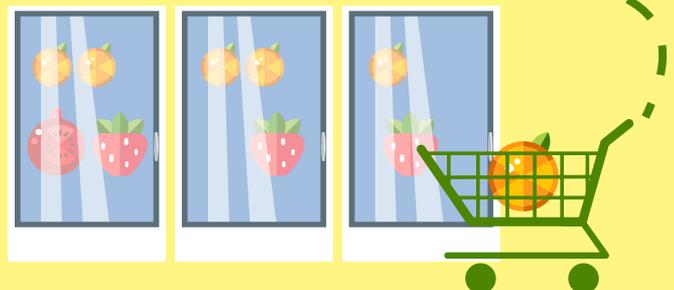
Cereals and Breads

Whole grains provide your body with the fiber and carbohydrates it needs. Reach for whole grain cereals and oatmeal without added sugar. They can be a great choice to get you going in the morning. Pass over the white bread and choose a whole grain option.



Frozen Foods

Frozen foods need not be overlooked. You can find frozen vegetables and fruit that can be used anytime. Frozen chicken, beef and turkey meat balls are great to keep on hand. When you get to the ice cream section, remember to practice moderation!





There are Alternatives

Some people are avoiding the grocery altogether. A new trend is online grocery stores. These stores allow you to shop in the comfort of your own home and have the food delivered to your door. For many, this is a great way to stay on track with what they need to purchase, avoid choosing things not on their plan and save time.

At the End of the Day

At the end of the day, work on changing your focus to health. Begin viewing the grocery store as another chance

for you to move to a healthy lifestyle by choosing foods that will positively affect your body. Remember the old saying, "you are what you eat." That's the truth, and this is the first step to get there.

About the Author:

Sarah Muntel, RD, is a Bariatric Coordinator at Community Bariatric Surgeons in Indianapolis, IN. She has 15 years of experience working with bariatric patients and loves to work with people as they change their lives and improve their health. Her favorite part of her job is her weekly Support Group. In her free time, Sarah enjoys spending time with her husband and three children.

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CELEBRATE



The OAC Celebrates its 10 Year Anniversary – Stand with Us Today!

“Doctor, I feel like my weight is starting to affect my health.”

“Well, maybe you should push away from the table and get a little more active.”

“Fat people are not allowed at buffet restaurants anymore!”

“You know what? You did it to yourself! Why should I pay for your weight?”

10 YEARS with the OAC

by James Zervios, OAC Vice President of Marketing and Communications



Statements such as these would've been completely acceptable 10 years ago. In fact, these statements would've not only been accepted, but also not refuted in any way, shape or form. Today, that is absolutely not the case because you have 50,000 passionate individuals ready, willing and able to proudly stand with the Nation's leading organization representing individuals affected by the disease of obesity – the Obesity Action Coalition (OAC).

How it All Began

Most individuals do not know the backstory to how the OAC was developed. In 2005, the OAC was founded when, at a meeting of legislators, one elected official stood up and said, "I can eliminate access to obesity surgery in my state today and not a single person would stop me." In that sentence, the reason for the OAC's existence was born. Shortly after that, healthcare professionals Robin Blackstone, MD; Georgeann Mallory, RD; and Christopher Still, DO, FACN, FACP, worked with industry representatives to lay the framework for what would become a first-of-its-kind non-profit organization whose sole focus would be to represent individuals impacted by the disease of obesity.

"All of the professional societies for obesity were in existence, yet we realized that we were not hearing what is arguably the most important voice – the patient voice. Creating the framework for the OAC is something that I hold near and dear to my heart. To see this organization grow to what it is today is simply amazing,"

**– Christopher Still, DO,
FACN, FACP, OAC Board
Member Emeritus**

TAKE STEPS WITH BELVIQ®

What is BELVIQ®?

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

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

Important Safety Information

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

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

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



You could be carrying more than just extra weight.

In FDA clinical trials, people who added BELVIQ® to diet and exercise were able to **lose weight as well as improve certain health risk factors**,* such as high blood pressure, high blood sugar, and high cholesterol levels.

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*BELVIQ was evaluated in three clinical studies involving overweight adults (with at least one weight-related medical condition) and obese adults. All three studies compared people taking BELVIQ plus diet and exercise to people using diet and exercise alone (placebo). The results of the first two 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 half of all participants completed the first two studies; nearly two-thirds of the participants completed the third study.

†Restrictions apply.

IMPORTANT PATIENT INFORMATION

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

What is BELVIQ?

BELVIQ is a prescription medicine that may help some obese adults or overweight adults who also have weight related medical problems lose weight and keep the weight off. BELVIQ should be used with a reduced calorie diet and increased physical activity.

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

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

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

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

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

Who should not take BELVIQ?

Do not take BELVIQ if you:

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

What should I tell my healthcare provider before taking BELVIQ?

Before you take BELVIQ, tell your doctor if you:

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

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

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

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

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

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

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

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

How should I take BELVIQ?

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

What should I avoid while taking BELVIQ?

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

What are the possible side effects of BELVIQ?

BELVIQ may cause serious side effects, including:

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

can cause painful erections that last more than 6 hours. If you have an erection lasting more than 4 hours whether it is painful or not, stop using BELVIQ and call your doctor or go to the nearest emergency room right away.

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

The most common side effects of BELVIQ include:

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

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

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

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

How do I store BELVIQ?

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

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

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

General information about the safe and effective use of BELVIQ.

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

This Patient Information summarizes the most important information about BELVIQ. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about BELVIQ that is written for health professionals.

For more information, go to www.BELVIQ.com Website or call 1-888-274-2378.

What are the ingredients in BELVIQ?

Active Ingredient: lorcaserin hydrochloride

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

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

Rx Only

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Celebrate with the OAC continued from page 27

Starting with a small staff of three full-time employees in Tampa, Fla., and a handful of National Board Members, the OAC quickly dove headfirst into taking on important issues such as weight-based discriminatory policies by retail giant Walmart, BlueCross BlueShield of Tennessee's IQ testing requirements to access bariatric surgery and much more.



Founding staff members OAC President/CEO Joe Nadglowski (right), OAC Vice President of Programs and Operations Kristy Kuna (center) and OAC Vice President of Marketing and Communications James Zervios (left) in St. Louis for the 2007 AADE Annual Meeting.

"The early days for the OAC were interesting," said Joe Nadglowski, OAC President/CEO, "nobody could argue that individuals affected by this disease were often overlooked and ignored in day-to-day life, work, healthcare and more; however, we would often find a blatant disregard for individuals dealing with weight issues."

Within its first year, thousands of individuals joined the OAC. You could easily tell buzz was growing and that for the first time, an organization existed that would stand-up for obesity rights and advocate with a passionate voice for all those affected.

OAC Growth and Success

Throughout the next 10 years, the OAC would become a staple in the healthcare community and general public. From visiting the White House to meet with the First Lady's staff on childhood obesity, to hosting the Inaugural Your Weight Matters National Convention, to distributing more than one million pieces of educational information, the OAC continued to see unparalleled success on many fronts.

"I don't know that anyone was prepared for the following that the OAC would generate at such an early stage in its life," said Pam Davis, RN, CBN, MBA, OAC Past-Chairman, "people from all throughout the United States, and even overseas, were interested in joining the Coalition and helping us spread the word about obesity."

OAC Timeline

- 2005
- OAC Office Opens – 1st Member Joins
- 2006
- 501(c)(3) Status Granted
- 2007
- OAC Wins BlueCross BlueShield Weight Bias IQ Testing Issue
- 2008
- One Million Educational Pieces Distributed
- 2009
- OAC Visits the White House to Meet with First Lady's Office
- 2009
- OAC Defeats PETA – PETA Removes Stigmatizing Billboard
- 2010
- OAC Testifies at the FDA
- 2010
- Your Weight Matters Campaign Launched, First Television PSA Commercial
- 2011
- 25,000 members, 25th issue of Your Weight Matters Magazine
- 2012
- Inaugural Your Weight Matters Convention
- 2014
- Convention Scholarship Program Launched
- 2014
- OAC Releases Spanish Versions of its Materials
- 2015
- 50,000 Members Join!

For the first time in history, individuals affected by obesity had a voice. They had a voice shouting back at weight bias. They had a voice telling their healthcare provider that they needed more than an age-old advice of "eat less and move more." They had a voice advocating for new obesity treatments and access to evidence-based weight-loss options. Simply stated – for the first time, they had a VOICE!

Celebrate with the OAC continued on next page



Celebrate with the OAC continued from previous page

The Future of the OAC – The Future of YOU!

Since its inception, the OAC has seen many successes on many fronts; however, none of these successes would have been achievable without the support of the most important component in the OAC – the membership. Standing with more than 50,000 members nationwide, the OAC has become a mighty force to be reckoned with, and this is why you matter.

“Serving as Chairman of the OAC has been one of the most fulfilling experiences of my life,” said Ted Kyle, RPh, MBA, OAC Chairman, “from attending *Your Weight Matters* Conventions to advocating on behalf of our membership on Capitol Hill, I cannot help but have a sense of dedication and responsibility to this organization.

Seeing where we’ve gone in 10 years excites me because I can only dream of where we will be in the next 10.”

As we look ahead to the next 10 years, it is you, as an OAC supporter, who will help us continue to fight for the rights and needs of all individuals affected by obesity. We, the OAC, are making a commitment to you that we will stand with you and help you along your journey toward improved health. In return, we ask that you make the commitment to stand with us.

For the remainder of 2015, the OAC will be asking all individuals throughout the United States to stand with us and sign the OAC’s pledge to commit yourself to the organization. For more information on how you can be a part of this one-of-a-kind opportunity, please see the below box.

I STAND
with the
OAC
Obesity Action Coalition



In 2005, the OAC was formed when a legislator stood up at a meeting and called for the creation of an organization that would be the first of its kind: an organization representing individuals with obesity. For the past 10 years, the OAC has stood for YOU and for ALL individuals affected by this disease.

Whether it has been passionately advocating for access to obesity treatment and care; standing up to weight bias; supporting individuals who found themselves unrepresented and without a voice; or providing the RIGHT information through our evidence-based education, the OAC has stood strong as THE organization for individuals with obesity.

We pledge to continue to stand up for the more than 93 million Americans with obesity. Now, we need YOU to pledge to stand with us as we fight for a better world for those affected by this disease:

- A world free of weight bias
- A world where individuals are treated with dignity and respect, regardless of their size or weight
- A world where those who are affected by obesity have the right to access safe and effective treatment options

Please pledge your support of our mission, and let us know that YOU STAND WITH THE OAC. This pledge will be symbolic in commemorating the OAC’s 10 Years, and will help us build our momentum to continue into the future.

Help the OAC build momentum for the future by signing our “I Stand with the OAC” pledge at:

www.ObesityAction.org/10Years



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— Michelle Vicari, YWM2015 Convention Committee Chair

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- Get Off the Yo-yo Diet Roller Coaster
- Overcoming Your Weight-loss Challenges



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Dear Doctor



I had gastric banding surgery and have just become pregnant. Do I need to have the band removed?

Answer Provided by Walter Medlin, MD, FACS

No, you do not need your gastric band removed during pregnancy!

There are a couple of important points to keep in mind, though:

During Pregnancy:

- Do your full, regular prenatal care.
- Take recommended vitamins.
- Get regular, moderate exercise.
- Eat nutritious food.
- Never smoke, but especially not during pregnancy.

Make sure you have an expert surgical team available. There are plenty of other caregivers who say they are “knowledgeable” or “familiar” or “comfortable” handling band issues. Unless they have a surgeon in the office, you need to take control and get that extra appointment. Plan to meet with a bariatric program dietitian during your pregnancy, and to have monthly phone calls or telemedicine visits.

Band Adjustments

You do not automatically need to have the band adjusted, but you want to have that relationship “on your speed dial” so that urgent adjustments can happen in a day or two, and also so that you are on the lookout for more subtle changes that may help you avoid a crisis.

Some less experienced providers will jump to completely empty the band, which is not always needed, and can result in excess weight gain.

Of course, it is best if you have kept up a steady relationship with your original surgeon. He or she will know the most about your anatomy, and have records on hand. He or she may recommend a yearly barium swallow to check your band position and function. You definitely want to consider this before any pregnancy, if possible. Even though shields can be used, your healthcare provider will avoid any “elective” use of x-ray once pregnant.



Addressing Problems during Pregnancy

If you are having problems during a pregnancy, that is another matter. All of your providers need to have your important health information, so do not be afraid to remind them. Our office has a trans-nasal endoscope that allows us to inspect the inside of the stomach in the office with no sedative medications. We almost never use this during pregnancy, but it can be a valuable tool.

Your time after pregnancy is also important. Get back in with your program dietitian ASAP – and get regular with a support group and a trainer. Post pregnancy metabolism is not a trap, but there are a lot of moving targets and you need all the angles covered.

Conclusion

A happy mom means a happy family. Taking care of yourself is never harder than this, but your family will benefit from your self-care as well as from your self-sacrifice.

About the Author:

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

Article Photos: © istockphoto.com/RuslanDashinsky

Did You Know?

Did you know the OAC offers valuable resources on obesity and pregnancy? The OAC Blog currently features a new blog series, written by Nicole Avena, PhD, covering obesity and pregnancy, foods to eat while pregnant and considerations for post-pregnancy. View this blog series by visiting www.ObesityAction.org/obesity-and-pregnancy.



Obesity and Pregnancy

by Nicole Avena, PhD

We have known for quite some time now that maternal weight can have drastic effects on the health outcomes of a child. But what about how your weight affects your ability to get pregnant, and once you get pregnant, how do you maintain an optimal weight to ensure a healthy pregnancy and baby? Overweight and obesity rates continue to rise in the United States and more than half of all pregnant women in the U.S. are affected by excess weight or obesity, where one in five were affected by obesity at the start of pregnancy. A BMI that is 25-29.9 is considered "overweight," whereas 30 or higher is obesity.

Being overweight (a BMI of 25-29.9) or affected by obesity (a BMI 30 or higher) at the start of and/or during pregnancy not only puts the mom at risk for health problems, but the baby is also at a higher risk for certain conditions and complications. Obesity may even be detrimental to your



Nicole Avena, PhD

OAC Chairman's Council

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

Patron

Alaska Bariatric Center
Billings Clinic
Center for Medical Weight Loss at Complete Family Medicine
Chattanooga Bariatrics
ConscienHealth
Pam Davis, RN, CBN
Dr. Takem's Weight Loss and Wellness
Ephrata Community Hospital Weight Loss Clinic
Jaime Fivecoat
Geisinger Health Care System
Guthrie Healthcare
IU Health Bariatric & Medical Weight Loss
KVK-Tech, Inc.
Marquette General Weight Loss Center
Tracy Martinez, RN
Mercy Bariatric Center Washington, MO
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Northeast Internal Medicine
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NYU Langone Weight Management Program
Provost Bariatrics
ReShape Medical
Lloyd Stegemann, MD
Christopher D. Still, DO
Scottsdale Healthcare Bariatric Center
Southern Surgical Hospital
Surgical Weight Loss Solutions at Tempe St. Luke's
The Obesity Society
Wilmington Lady Fitness
Woman's Hospital

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

List as of 6/8/15

An illustration featuring a central brown wolf with green eyes, wearing a blue suit jacket and a red tie. The wolf is surrounded by several white sheep, also wearing blue suit jackets and red ties. The background is a light green and white patterned texture.

FOOD MARKETING TO CHILDREN: A WOLF IN SHEEP'S CLOTHING?

By Megan LoDolce, MA

CHILDREN TODAY MAY BE THE FIRST GENERATION TO LIVE SHORTER LIVES THAN THEIR PARENTS.

The diet of children today is full of sugar and fat and contains too little fruits, vegetables and whole grains. Research suggests that our food environment is largely responsible. Only 10 percent of a person's daily calories should come from "empty calories," or calories from sugar and saturated fat. Yet, 40 percent of the calories that children take in are empty, and they are consumed most often in foods like desserts, pizza, fruit drinks and soda. In fact, 60 percent of children eat too little fruit and a whopping 95 percent eat too few vegetables.

Many manufacturers of "kids' foods" argue that kids won't eat healthy foods. They argue that they are providing convenient options for parents, but consider the long-term effects of an unhealthy diet. Today, one out of every three children is affected by excess weight or obesity. These children are more likely to continue living with obesity as adults. Type 2 diabetes was once "adult onset" diabetes because it never occurred in children, but this is not an appropriate title today. According to a recent study, 23 percent of adolescents had prediabetes or diabetes in 2007 to 2008, compared with just 9 percent in 1999 to 2000.

There are other serious life-long consequences to consuming a poor diet as a child. These include heart disease, cancer, strokes and arthritis. Proper nutrition in childhood is necessary during a time of critical growth, and a poor diet can have negative outcomes, whether a child has excess weight or not.

WHAT DOES THIS HAVE TO DO WITH FOOD MARKETING?

Getting kids to eat healthy is much tougher than just saying "no" to junk food. Today's food environment makes it very difficult to feed children a healthy diet. Unhealthy food is everywhere, it's easy to get, and it's quick and often costs less than healthy food. So-called "kids' foods" have poor nutritional quality – they are especially high in added sugar. The most harmful feature of the food environment may be how these foods are marketed to children. This is a major public health concern.

Food marketing is everywhere. It's powerful, and it's effective. It's particularly effective for children and teens, who are a much more vulnerable audience. The food industry spent a total of 15 billion dollars in 2014 on all food, beverage and restaurant marketing in the United States. To provide a means of comparison, in the same year, the National Institutes of Health spent 12.5 billion on cardiovascular disease, type 2 diabetes, obesity, hypertension and prevention research combined.

The truth about food marketing

\$1.8 billion
Spent per year on
marketing aimed
at children & teens



- <1% fruits & vegetables
- 9% other foods
- 40% fast food
- 51% sugary drinks, sugary cereals, sweets & snacks

The food industry spent \$1.8 billion in 2009 on marketing aimed specifically at children. Most of what the industry spends on food marketing to youth promotes unhealthy foods and drinks. Sugary drinks and cereals, candy, sweet and salty snacks and fast food make up 91 percent of spending dollars. On television alone children see about 13 food ads every single day, and teens see about 16. Nine out of 10 of these ads are for products high in salt, sugar and fat. Only one of these 10 food ads are for fruits and vegetables. There is simply no competition.

Food marketing reaches far beyond television advertising. Companies market to children in the communities where they live. They market to children in their schools. They are also turning to digital media to get their attention.

Children now spend most of their time in the digital media space, interacting with their peers, out of sight of their parents. Companies know this and market to children anywhere and everywhere they spend their time. A 2009 report showed that 11 to 14-year-olds spent about one hour and 46 minutes online every day. Nearly every food brand that markets food products to children has a Web site designed just for them. These sites are full of games, virtual worlds and other clever interactive activities. They are highly engaging and very hard to resist for a child. Children spend time on other types of Web sites as well, such as "coolmath-games.com." Here, they are bombarded by banner advertisements on the top or sides of the page as they play games for free. These ads compete for their attention.

Food Marketing continued on next page

**THE FOOD INDUSTRY SPENT
A TOTAL OF 15 BILLION
DOLLARS IN 2014 ON ALL
FOOD, BEVERAGE AND
RESTAURANT MARKETING
IN THE UNITED STATES.
TO PROVIDE A MEANS
OF COMPARISON, IN THE
SAME YEAR, THE NATIONAL
INSTITUTES OF HEALTH
SPENT 12.5 BILLION ON
CARDIOVASCULAR DISEASE,
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Food Marketing continued from previous page

Youth also see advertising when interacting with their friends on social media. They see display ads on Facebook, for example, but they also see posts notifying them of their friends “liking” brands such as Doritos and Pepsi. In this way, youth help companies in their marketing efforts. Simply by endorsing products they like, they provide free marketing for companies.

Children see far more advertising in digital media than most parents realize. The use of social media to market foods and beverages has exploded. In 2012, six billion fast food advertisements appeared on Facebook. Starbucks, McDonald’s, and Subway ranked in the top-12 of all brands on Facebook that year, with more than 23 million “likes.” Coca-Cola, Red Bull, and Pepsi were the top-three drink brands on Facebook, Twitter and YouTube in 2013. Coca-Cola was “liked” by more than 84 million people on Facebook in 2014 (a 174 percent increase since 2011). The brand had 2.5 million Twitter followers in the same year (a 766 percent increase since 2011). Pepsi’s social media followers increased by 600 percent on Facebook and by 30 times the number of followers on Twitter from 2011 to 2014.

Children also use mobile gaming apps frequently on their mobile phones, many of which are free. Food and beverage apps are part of this picture, where the brands actually become part of the game. Fanta Fruit Slam, for example, is a dodgeball-type game featuring the soda and starring cartoon Fanta characters.

OK, SO YOUNG PEOPLE SEE A LOT OF UNHEALTHY FOOD MARKETING. WHAT’S THE BIG DEAL?

Food marketing has a direct, powerful impact on young people’s food preferences. It affects eating behaviors and influences diet, weight, and health in many negative ways. Watching food ads makes children eat more. It makes them prefer and ask for the foods they see — sugary drinks and fast food. The Institute of Medicine, World Health Organization, and others agree that food marketing works. Messages in food advertising encourage youth to pester their parents and snack between meals. They create positive emotional associations with the brands that can harm their health. Food marketers spend a great deal of

money and effort appealing to children in very powerful ways. These ways are difficult to resist; making products appear cool, fun and exciting.

“WE’RE RELYING ON THE KID TO PESTER THE MOM TO BUY THE PRODUCT, RATHER THAN GOING STRAIGHT TO THE MOM.”

**— BARBARA MARTINO,
ADVERTISING EXECUTIVE**

SO WHAT CAN PARENTS DO?

We often hear from parents that they feel there’s nothing they can do to stop this. They feel that marketing is just part of our culture, and that food companies aren’t going to listen to them. However, there are ways that parents can protect their children from the negative effects of food marketing in their own homes and communities.

WHAT YOU CAN DO...

IN THE HOME

START THE CONVERSATION.

One of the most important things we can do with our children is talk to them about food marketing and encourage them to talk to us. Tell them what marketers are trying to do when they advertise. Research shows that up until the age of eight or so, children are unable to understand that marketing presents a biased point of view. They believe what they see and hear. If an advertisement for sugary cereals shows children having fun, they will believe that they will have fun too.

You are probably familiar with the following scene at the grocery store: a young child begs and pleads for a product on the shelf as a parent grits his or her teeth and often gives in to avoid conflict. Maybe this has happened to you.



This is what marketers want to happen. They actually have a name for it. It's called "pester power," and marketers talk about it at conferences and think it works. When your child asks for an advertised food, explain why you don't want to buy it. Explain how the advertiser has spent a great deal of money trying to convince them that they must have this food.

REMOVE TV'S, COMPUTERS AND OTHER SCREENS FROM BEDROOMS.

Research shows that having a television in a child's bedroom increases their screen time by one to two hours per day, increasing the risk of becoming overweight by 31 percent, and reducing the amount of time they spend reading, sleeping and enjoying their hobbies. Youth are spending more time on smart phones, computers and tablets, and this is screen time too. Make a curfew for such devices and remove them from your child's room after a given time.

Food Marketing continued on next page



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Food Marketing continued from previous page

CHANGE AT SCHOOL

FIND OUT HOW MUCH FOOD MARKETING YOUR CHILD SEES IN SCHOOL.

Nearly 70 percent of elementary and middle school students encounter some form of food-related marketing in school. According to a 2012 FTC report, food companies spent about \$149 million in schools in 2009. Most of this money was spent on contracts to sell foods in schools, outside the school meal program. About 93 percent of this was marketing for beverages, especially soda. Products marketed most often to children in school contain an average of 19 grams of added sugar (almost 5 teaspoons).

Marketers see schools as an opportunity to get easy access to children and a captive audience. Learn about food marketing in your child's school. Look for sales of branded food for fundraisers, company-sponsored classroom materials (like M&Ms counting books), logos on scoreboards, coolers and sporting equipment, incentive programs for food purchases (Box Tops for education, etc.), and company-sponsored events. If you notice things like this and you don't like it, talk to other parents about it and see if they agree.

There are ways to make a difference in school. There are other options for healthy fundraisers, such as fruit baskets, "walk-a-thon" type fundraisers and talent shows. Schools are now required to have a wellness policy, and it must address food marketing. You can even serve on the committee for creating this policy.



About the Author:

Megan LoDolce, MA, is a Research Associate at the UConn Rudd Center for Food Policy and Obesity. The Rudd Center employs a diverse group of global experts on obesity. The mission of the Center is to improve the food environment and fight weight stigma. Megan has studied the scope and impact of food marketing to children since 2008. She leads content analysis research on the food marketing team, and looks at the various techniques and messages food marketers use to appeal to children in the media.

RESOURCES:

To learn more about food marketing and find helpful resources, see the following links:

- More on food marketing to youth: www.uconnruddcenter.org/food-marketing
- More on food marketing in schools: www.ruddrootsparents.org/food-marketing-in-schools
- Model school wellness policy, with marketing included: www.uconnruddcenter.org/resources/upload/docs/what/communities/Model_Wellness_Policy.pdf

CHANGE ON A LARGER SCALE

We have enormous power as consumers. If we demand that companies market healthier foods to kids, food marketers will have to listen. If we refuse to spend our hard-earned money on unhealthy products, food marketers will have to listen. Public health officials, advocates, policy makers and legislators will continue to work hard to combat the toxic food environment. If consumers join the fight, there is no limit to the positive change we can make for children.



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BUILDING HEALTHY NUTRITIONAL HABITS FOR YOUR FAMILY

by Cassie I. Story, RD, CWC

Three, two, one, go!" The fake gunshot boomed and we were set loose. The butterflies in my stomach started to fly away as we began jogging through the warm spring air on our first race as a family.



This was no ordinary race, with professional runners who train for months in advance. No, this was a fun run. A one-mile obstacle course with: foam, slime, water guns, cargo nets that required climbing, mouse traps which needed to be avoided, and balance beams that required, well, balance.

This was supposed to be "fun," right? As a single mother of two young girls, I was nervous. How would they do? Was the course too difficult or too far? Was I going to get slime in my eyes?

How did I get us into this mess? A friend of mine invited us to sign-up with her and her family. "Sure!" I exclaimed. I am an avid runner, and have completed five half-mile marathons. What I have not done is involve my children. This sounded like the perfect family event.

The night prior to the race I prepared my daughters. We laid out our perfectly pink outfits and I gave them a good pep talk about racing etiquette. "This is for fun." "Stay with our team." "Don't run ahead." "Please help me not get slime in my eyes." You know, the usual race day advice.

Back at the race, the gunshot boomed and we were off. Did my darling daughters listen to me and stay with the group? No - they ran ahead and never looked back. They amazed me. One obstacle after another they tackled with pure joy and excitement, never knowing how hesitant their mom was watching their every step.

As parents, I think we often underestimate our children's abilities. Experiencing something new with my daughters opened my eyes to what they are capable of. Once we crossed the finish line, we were rewarded with our finisher medals. I will cherish those medals above all others on my wall.

STEPS TO BUILD HEALTHY HABITS AS A FAMILY:

BE A ROLE MODEL



LET THEM SEE YOU TRY NEW THINGS (new foods, activities, and self-care techniques).

TRY NEW FOODS TOGETHER. If you try something and don't like it that's okay, but let your children see you try new foods and encourage them to do the same.

DON'T GIVE UP TOO EARLY.

Some studies suggest that a child needs to be exposed to a food nine to 15 times before they like it (adults only need three to five times). On the other hand, do not force them to eat everything on their plate. Offer a new food and allow them to take one bite. Do not force them to eat an entire serving of something they don't enjoy.



EAT MEALS TOGETHER. This improves physical and mental health for all members of the family. Turn off the TV and enjoy each other's company.

SET YOUR FAMILY UP FOR SUCCESS

LIMIT SCREEN TIME. Standard recommendations are to limit screen time (TV, computer, video games, tablets, phones) to two hours or less per day.



ENCOURAGE PHYSICAL ACTIVITY.

Have a designated area in your home with age appropriate activities: jump ropes, sidewalk chalk (for hopscotch), balls, sporting equipment, hula hoops, bicycles, etc.

HAVE HEALTHY FOOD IN YOUR PANTRY, REFRIGERATOR AND FREEZER.

You don't need to have "kid foods" on hand. Prepackaged foods that appeal to children are typically loaded with sugar, salt and fat. Focus on whole and minimally processed foods. Examples include: nuts or natural nut butters, apples or no-sugar-added applesauce, grapes, carrots, snap peas, yogurt or cheese sticks.



ANTICIPATE SETBACKS

IT'S UNLIKELY THAT EVERYONE IN YOUR FAMILY WILL BE IN THE SAME PLACE WITH THEIR DESIRE TO CHANGE. Some members of your family may really enjoy their nightly bowl of ice cream while watching TV and may not want to change that behavior. Be open and honest with how that affects you and your health goals and come up with creative solutions to support each other.

SET SMALL, ATTAINABLE GOALS AND BUILD ON THEM EACH WEEK.

For example, "We will watch our favorite TV show together this Tuesday after we've gone on a 15 minute walk."



OFFER REWARDS AND CELEBRATE ACCOMPLISHMENTS



CREATE A NON-FOOD BASED REWARD SYSTEM.

When you meet your daily or weekly goals as a family, reward yourselves with a trip to a favorite park, museum, art show, festival, movie, etc. Get creative and find things that you enjoy doing together.

Kid's Corner continued on next page



PRACTICAL TIPS

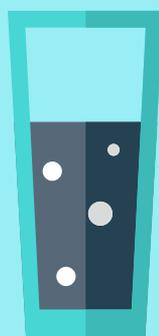
FOOD

EAT BREAKFAST. It can be small and simple, but plan at least a few minutes every morning for breakfast. Examples include: yogurt with berries and granola, whole rolled oats (add cottage cheese or protein powder if you need to increase your protein intake) with a banana, whole wheat toast with nut butter and a small drizzle of honey.



PREPARE MEALS TOGETHER. Have the kids help in the kitchen. Studies have shown that children who help prepare meals are more likely to eat the food being served. Young children can help wash produce and stir or pour items in recipes, and older children and teens can help you prepare entire meals.

LIMIT FAST FOOD. On busy nights, stop at the grocery store and grab a rotisserie chicken, ready-to-steam frozen vegetables, and an easy-to-prepare whole grain side (brown rice, quinoa, or minimally processed sweet potato fries).



ELIMINATE SUGARY BEVERAGES. Numerous studies point to the negative health effects of drinking beverages that contain calories. Keep your home environment free of beverages that provide calories from sugar. Soda, sports drinks, juice drinks, etc. should be limited to special occasions only.

EAT MORE FRUITS AND VEGETABLES. If you tend to leave fruits and vegetables rotting on the counter only to throw away once they've gone bad, spend a little more money and purchase pre-cut produce. Keep fruits and vegetables on the counter or eye level for your children in the refrigerator. Wash and cut produce as soon as you get home from the store (again, remember ask your children to help).

ACTIVITY

LIMIT SCREEN TIME TO TWO HOURS OR LESS PER DAY.

WHEN YOU DO WATCH TV HAVE A DANCE PARTY DURING COMMERCIALS - PUT ON A CURRENT FAVORITE SONG AND DANCE WITH YOUR CHILDREN.

SIGN YOUR CHILDREN UP FOR A RECREATIONAL SPORTS LEAGUE. KEEP TRYING DIFFERENT ACTIVITIES UNTIL THEY FIND ONE THEY TRULY ENJOY.

GO ON WALKS TOGETHER AS A FAMILY. MAKE IT AN ADVENTURE!



SLEEP AND SUPPORT

THERE ARE DIFFERENT RECOMMENDATIONS FOR SLEEP FOR THE ENTIRE FAMILY. Adults need about eight hours per night, teens need around nine hours, children need 10 hours, and preschoolers need about 11 hours (including naps).

CREATE A BEDTIME ROUTINE. Listen to relaxing music or a guided meditation, read a book as a family, or simply rub a calming scented lotion (such as lavender) on your hands and feet and take a few deep breaths before you get into bed.

BE AWARE OF YOUR SELF-TALK. Don't criticize your own body or make negative remarks about others. Avoid comparing your weight and size to other people. Little (or maybe big) ears are listening. Show appreciation for each person's uniqueness and focus on life-long, healthy habits - not a number on the scale.





CONCLUSION

It's never too late to change family patterns. It takes continual effort, persistence and focus to make a change. Each family has different needs, likes and dislikes, schedules and many other factors that need to be considered.

Think of yourselves as a team. Sit down as a family and decide what's important to you, choose a team name and set rules and expectations. When you work together and support each other, the sky's the limit - just watch out for slime if you sign up for a fun run!

About the Author:

Cassie I. Story, RD, is a dietitian who has been working with bariatric patients for the past 10 years. She recently started a food blog, www.WLSDailyPlate.com, to help inspire healthy eating following weight-loss surgery. She enjoys cooking, hiking, and spending time with her two daughters in Arizona.

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TAKE A STAND AGAINST OBESITY.

A New Option for the Obesity Treatment Gap

by Aurora D. Pryor, MD



Is your appetite your enemy? No matter how hard you try to diet or exercise, does your hunger cause you to eat too much and defeat your efforts to lose weight?

There is a new treatment you may want to ask your physician to consider for you. vBLOC® therapy is a new, FDA-approved treatment that acts as a “pacemaker” on your appetite.

vBLOC® blocks the signals sent from the nerves in your stomach to your brain telling you to eat more – and you end up eating less. Losing even a small amount of your excess weight can reduce the risks of obesity, such as diabetes and hypertension. vBLOC® therapy can help you lose 25 to 30 percent or more of your excess weight in the first year, and vBLOC® may help you to keep that weight off throughout the following years.

The result for most patients means reduced or even no medications, more energy and a happier, healthier lifestyle.

A New Treatment for Obesity

The newest approach to treating obesity being offered to patients and the medical community is called “vBLOC® Neurometabolic Therapy,” or just “vBLOC®.” vBLOC® therapy is delivered through an implantable device, called the Maestro System, and was approved by the U.S. Food and Drug Administration in January. It is the first new medical device approved to treat obesity in more than a decade.

vBLOC® takes a totally new approach to attacking weight-loss. Many patients using vBLOC® report less hunger, helping them make healthier choices for both diet and exercise. This very simple sounding approach to weight-loss works without changing your lifestyle or even your food choices. It is a tool that helps you control your appetite and lets you eat less of the everyday foods you enjoy.

How vBLOC® Works

Following 150,000 years of evolution, your body developed specific actions to protect you from times of famine, and those actions make the body treat dieting and fat-loss as a threat. These various systems trigger multiple signals, including intense hunger, which act as the body’s defense tool and may cause you to gain (and regain, the yo-yo dieting effect) extra weight.

vBLOC® acts as a long-term partner to help you break the weight-loss/weight regain cycle. It is an active treatment that works throughout the day to help patients eat less and feel fuller longer after eating smaller meals.

Effect of vBLOC® on Body Weight

People who used vBLOC® lost more excess weight than those with an inactive device who participated in the same post-surgery diet and exercise program.

On average, people who received vBLOC® for 12 hours per day lost 28 percent of their excess weight in one year.

In one study, patients on vBLOC® therapy lost weight and saw improvements in their type 2 diabetes and hypertension measures.

This is a therapy that works by partially blocking the signals between your stomach and brain that signal hunger. Those nerves, called the vagus nerves, control the feeling of hunger. By occasionally blocking those signals, the body does not try to “fix” the blockage, leading to weight-loss.

Because vBLOC® directly targets the source of your hunger, to lose weight you do not need to change the foods you eat. You lose weight simply by eating less.

How the Maestro System is Placed

The Maestro System is inserted by your surgeon using a minimally invasive surgical technique called “laparoscopy.” For most patients, this procedure takes about an hour and is performed on an “outpatient basis” as a same-day surgery. The device appears safe, with less than 4 percent of the patients in the study reported to the FDA having device-related complications – the most common of which were nausea and heartburn.

During this procedure, the surgeon will connect the two wires around your vagus nerve, in the area just above your stomach, and place the Maestro device just under the skin below your rib cage. You would not be awake during the procedure, and almost all patients will go home that afternoon.

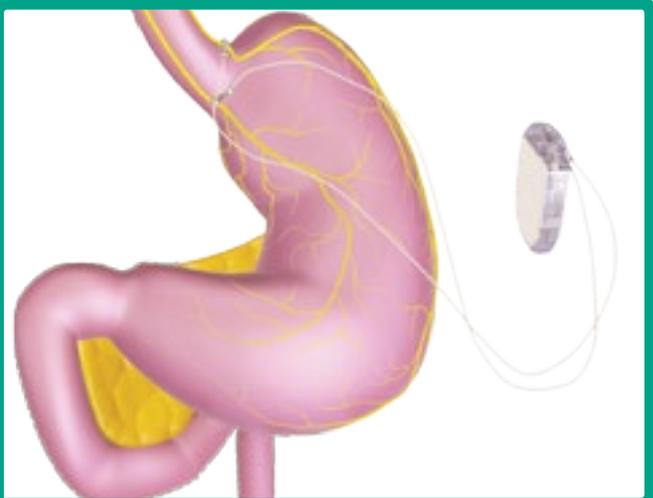
What to Expect after Your Procedure

Typically, vBLOC® patients are able to go back to work within a few days.

Your physician’s support team will work with you by:

- **Scheduling follow-up office visits, especially in the first year of therapy;**
- **Education on how to use and maintain your Maestro System; and**
- **Help you manage your diet and exercise program.**

For most patients, you will receive vBLOC® therapy at least 12 hours each day, typically during waking hours. The therapy is adjustable and customizable to your personal needs, for both the intensity of the treatment and the hours of use.



Ask your physician if you are a candidate for vBLOC® if you meet these criteria

1. **BMI of 35 to 39.9 with a health-related condition such as:**
 - Type 2 Diabetes
 - Sleep Apnea
 - High Blood Pressure
 - High Cholesterol
2. **BMI of 40 to 45**
3. **Have been unable to maintain weight-loss through diet and exercise in a supervised program within the last five years**
4. **Are at least 18 years of age**

Who is not a candidate vBLOC®?

vBLOC® is not for patients with:

- **Cirrhosis of the liver (disease of the liver)**
- **Portal Hypertension (high blood pressure in the veins of liver)**
- **Esophageal Varices (enlarged veins at bottom of esophagus)**
- **Significant Hiatal Hernia**
- **Have another permanently implanted, electrically powered device (e.g., heart pacemaker, implanted defibrillator or neurostimulator)**
- **Planned MRI or diathermy**
- **Patients at high-risk for surgical complications**

Also, the safety and effectiveness of the Maestro System has not been established for use during pregnancy. If you become pregnant, your surgeon or nurse may choose to turn off your neuroregulator. In all cases, ask your doctor if vBLOC® is right for you.

Making the Decision

Obesity is a very difficult disease, and there are many costs associated with obesity, such as diets, supplements, medications and medical costs. Many people affected by obesity want to lose weight, but existing treatments haven’t worked for them.

vBLOC® therapy is a new alternative for people with obesity that have failed to lose weight through other means and want to try a different surgical option. Talk to your doctor about whether vBLOC® is the best option for you.

About the Author:

Aurora D. Pryor, MD, is Professor of Surgery and Vice Chair for Clinical Affairs, Chief of the Bariatric, Foregut and Advanced GI Division and Director for the Bariatric and Metabolic Weight Loss Center at Stony Brook School of Medicine in New York. Dr. Pryor serves on the Executive Council for the American Society for Metabolic and Bariatric Surgery (ASMBS).



BINGE EATING DISORDER & OBESITY:

THE MECHANICS OF THE MIND

by *Lizbeth Wesely-Casella*

Binge eating disorder (BED) is the most common type of eating disorder, affecting more individuals than anorexia and bulimia combined. It's found in both men and women almost equally (reporting in women is slightly higher), in children and adults, in every income level, geographic region, gender, sexual orientation, level of ability and disability and so on. BED does not discriminate, but it is often linked with experiences of trauma and considered a means of coping.

Like all eating disorders, BED is a mental health condition, and the good news is that there are several forms of treatment that support better health and wellbeing, including Dialectical Behavior Therapy (DBT), Cognitive Behavioral Theory (CBT), mindfulness and medication to name a few.

HOW TO IDENTIFY BED

Unfortunately, many people with this disorder are either unaware they have an actual medical condition, or they are too ashamed to ask for help. Individuals who are ashamed may be suffering from the effects of weight bias compounded by the stigma of having an eating disorder. Under these circumstances, it's not hard to imagine that getting help can be a paralyzing prospect.

THE MOST COMMONLY DISCUSSED SYMPTOMS OF BED INCLUDE:

- A frenzied or frantic feeling around food
- A loss of control over both the amount and speed with which food is consumed
- Using food as a source of coping



Usually these episodes are followed by humiliation, shame, a need for secrecy and isolation. For many, a binge is simply part of a cycle that includes anxiety, guilt, depression, shame and the need to sooth again, triggering another binge.

There are, however, many people who experience BED and who describe a wider, more nuanced spectrum of experiences. Binging doesn't have to be frenzied. It can be grazing. It can be a small amount of food, but with accompanying shame and worry, or it can be a sense of not deserving nutrition and proper care because of body size, shape or previous binge behavior. BED also includes significant bouts of restriction, the only 'compensatory' behavior with regard to food use.

Binge Eating Disorder continued on next page

"It isn't simply additional helpings at Thanksgiving or that special delicious dinner that happens infrequently. BED is about a disordered relationship with both food and body, and it's about mental health."

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BED IS ABOUT A DISORDERED RELATIONSHIP WITH BOTH FOOD AND BODY

Binge Eating Disorder continued from previous page

A binge episode is more than simply overeating. Most every person with resources to eat freely has experienced overeating or emotional eating. A typical binge for someone with BED is more like desperately trying to fill an unidentifiable need, with a drive to consume and the inability to soothe a deep wound. It isn't simply additional helpings at Thanksgiving or that special delicious dinner that happens infrequently. BED is about a disordered relationship with both food and body, and it's about mental health. It's about coping mechanisms, about feelings, about shame and often, about reward. BED is a consistent companion for those who struggle, and it's often a guiding voice when stress and anxiety become overwhelming.

OBESITY AND BED

Obesity can be one of the long-term effects of binge-eating, restrictive-eating and weight cycling. For those who live at the intersection of having BED and existing in a large body, the many layers of bias, stigma and size discrimination can be truly oppressive.

For people who experience negative social cues for obesity, consider the shame of being affected by this disease and having a shame-inducing secret about food

and mental health. Consider the thought of never, even in private, feeling “good enough” for basic human needs like food, rest or companionship. That's what an eating disorder, on top of social cues about a large body, sounds like.

WEIGHT BIAS AND BED

Until recently, BED was among the least common eating disorders discussed. It was only in 2013 that the American Psychological Association added it to the DSM-5, and before that, many people simply didn't have the information available to know there was such a disorder. There are many more reasons people don't discuss BED — it's closely associated with obesity and all of the shameful associations people make about body size.

Often, people with BED live in larger bodies and those bodies are frequently discounted as belonging to lazy, undisciplined and irresponsible people. People don't often connect excess weight or obesity, to anything more substantial than ‘personal choice.’ For those in large bodies, comments, jokes, exclusion, discrimination, humiliation, and even violence are not unusual occurrences and may even happen on a daily basis. These are the painful, and often traumatic, experiences of people acting on weight bias.



Weight bias is unacceptable behavior that runs the spectrum from socially condoned to blatantly unlawful. There is an increasing awareness surrounding the very real harm that weight bias causes, and it's being linked to protections and remedies, but not nearly fast enough.

People in large bodies, regardless of the reason, still do not have protections in most states from job loss due to discrimination. Additionally, many people in large bodies, as well as people with BED, are discriminated against in employee wellness programs if they do not meet health metrics such as body mass index (BMI) and weight-reduction benchmarks, or choose not to participate in the program at all. Often, the penalty is being forced to pay large financial sums in order to retain insurance coverage. This is unjust and discriminatory action based on a person's size.

These forms of bias and discrimination add to the cultural belief that people in large bodies— people who suffer from obesity, people with BED and people with disabilities— are worth less than people in smaller bodies. That the work they perform has less importance, that they aren't as disciplined or smart, or aren't valuable employees and that they should be ashamed. The expression of those beliefs is bias, the internal consequence of which is stigma and all of this is social injustice.

Beyond the workplace, weight bias, weight stigma and size discrimination happen in all areas of life.

Binge Eating Disorder continued on next page

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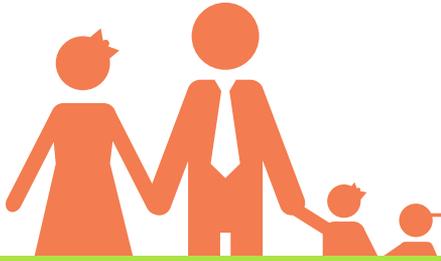


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HERE ARE A FEW INTERESTING FACTS THAT APPLY TO ANYONE



Family members are often reported as the most frequent sources of weight bias.

- Rudd Center on Food Policy & Obesity

“The likelihood of being bullied is 63 percent higher for a child affected by obesity compared to a thinner peer.”

- Rebecca Puhl, PhD, Rudd Center on Food Policy & Obesity

63%



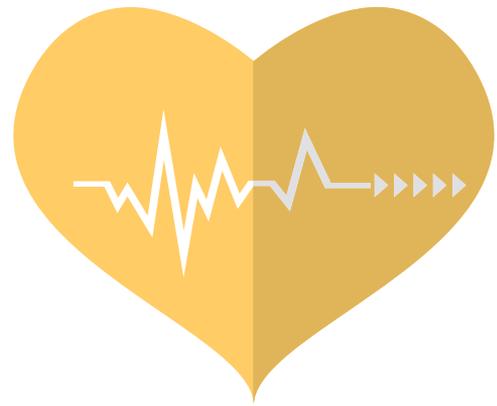
Because of the fear of being the “fat kid,” hospitalizations for eating disorders in kids under 10 years of age are on the rise – this includes BED.

- American Academy of Pediatrics (AAP)

Weight-based discrimination has been shown to lead to:

- Depression
- Poorer body image & self-esteem
- Decreased education/work outcomes
- Suicidal ideation

- Janet Latner, PhD



Weight-related teasing in adolescents is associated with:

- Lower self-esteem
- Depression
- Suicidal ideation in victims

- Dianne Neumark-Sztainer, PhD



“Children as young as three years old have been found to have internalized anti-fat attitudes.”

- Jennifer A. Harriger



Whether you have BED, or you are living in a large body, and you find yourself the target of size discrimination for any reason, you must understand that it is never acceptable or deserved.

It's worth noting that eating disorders have the highest mortality rate of all mental health diseases— a low estimate of the death rate is 10 percent, and that's due in part to faulty reporting. If a person with an eating disorder succumbs to organ failure, often times the eating disorder is not listed as having caused the death even though it directly contributed.

People in general are bombarded by messages proclaiming the complete inadequacy of people with obesity, however, people with BED are often more sensitive to these messages which are directly connecting personal worth with body size and shape.

TREATING BED

So if you have BED, what next? Should you seek treatment? Yes. Will it help these shaming messages have less power? Yes. Will it help teach coping skills and critical listening skills? Yes. Will it make me lose weight? That's not the goal of treatment.

Unfortunately, the person in this position with BED is likely to assume that seeking treatment will result in significant weight-loss, and that's simply not true.

Though weight changes may occur, the point of seeking treatment is not to find another way to diet. Treatment is designed to address the underlying reasons

WHETHER YOU HAVE BED, OR YOU ARE LIVING IN A LARGE BODY, AND YOU FIND YOURSELF THE TARGET OF SIZE DISCRIMINATION FOR ANY REASON, YOU MUST UNDERSTAND THAT IT IS NEVER ACCEPTABLE OR DESERVED.

for the food use: stress, poor coping skills, inability to prioritize self, body shame, low self-esteem and the repeated feelings of failure for having dieted and then weight cycled, having promised never to binge again only to succumb due to self-imposed pressure.

With a qualified treatment provider, ideally a BED specialist, individuals who are struggling learn that food is not the enemy, and that bingeing has less to do with food, and more to do with unmet needs. A therapist trained to treat BED will never suggest putting their client on a diet, because it is counterproductive to building the healthy food relationships that our bodies and

minds need. A good BED therapist will assist in identifying emotions and disconnecting them from harmful behaviors.

If you are looking for a therapist or clinician, learn about the distinct certifications and credentials for eating disorder treatment providers, such as Certified Eating Disorders Specialists (CEDs), and Fellows of the Academy for Eating Disorders (FAED). Though your provider need not have those specific certifications, there are many amazing certified social workers, clinical social workers, licensed marriage and family therapists, psychologists and more.

When looking for the right type of therapist, familiarize yourself with what these treatment styles and subspecialties mean in order to narrow your search for what best fits your needs. Whenever you can, try to identify a therapist who has had significant time dealing with BED, weight stigma, trauma and shame.

Binge Eating Disorder continued on next page

CONCLUSION

The bottom line is that BED is a mental health issue that may impact weight and body size, and that treating the disorder may or may not change the shape of the body. The goal of treatment is to provide relief from the eating disorder, not to lose weight or 'get in shape.' When working on recovery, the body's cues to eat when hungry and stop when satiated will fall in line, as will improved coping skills and interest in self-care. Those are the goals for treatment and those are the changes that truly improve daily life. To live a life of sound mental health and stability fulfills the promises that diets simply can't. A healthy mind is not equivalent to a smaller size of pants.

If you feel as though you are out of control around food, that you feel fixated and isolated, that you are ashamed to eat around other people and that you hate your body, you may want to speak with your doctor about screening for binge eating disorder. If you need support finding a BED specialist who can help you, reach out to the Binge Eating Disorder Association (BEDA). BEDA is the sole organization focused on supporting people with BED and the providers who care for them. To learn more about BED or to become a BEDA member, please visit www.bedaonline.com or call 855-855-BEDA (2332).

About the Author:

Lizabeth Wesely-Casella is a weight stigma prevention advocate and a binge eating disorder (BED) expert. She works in Washington, DC as a coalition builder and speaker addressing the impact of size discrimination on communities and industry and the profound effect that weightism has on individuals with eating disorders, especially BED.

As a speaker, Lizabeth blends science, humor, and cultural wisdom to engage her audience, creating a clear understanding of the disconnect between health and body shape and underscoring that shape and size do not reflect personal value or character. She also connects the dots between weight discrimination as a civil rights issue and the negative consequences to our economy, education, and workforce.

Lizabeth's advocacy has afforded her opportunities to speak in the Senate, on film, and in radio. Her advocacy work has positively influenced program design from college campuses to the White House including the Let's Move! initiative. Lizabeth lives in Washington DC with her loving husband and delightfully spoiled dog, Noodle.

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References: 1. Wadden TA et al. A multicenter evaluation of a proprietary weight loss program for the treatment of marked obesity: a five-year follow-up. *Int J Eat Disord.* 1997;22:203-212.

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