

# YOUR WEIGHT Matters

Spring 2017  
MAGAZINE

FOR YOUR HEALTH



# Join Us

for the OAC's 2017

## Your Weight Matters NATIONAL CONVENTION!

August 10-13, 2017  New Orleans

Full Convention details beginning on p. 30

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1. Ard JD, Schroeder MC, Kivilaid K, et al. Practical application of a comprehensive weight management program in patients with and without metabolic syndrome. *J Obes Weight Loss Ther.* 2014;54:007. doi:10.4172/2165-7904.54-007. 2. Wadden TA, Foster GD, Letizia KA, et al. A multicenter evaluation of a proprietary weight reduction program for the treatment of marked obesity. *Arch Intern Med.* 1992;152(5):961-966. 3. Drawert S, Bedford K, Largent D. Change in glucose, blood pressure, and cholesterol with weight loss in medically obese patients. *Obesity Res.* 1996;4(51):675.

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**YOUR WEIGHTMatters**  
FOR YOUR HEALTH MAGAZINE

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# A Message from the OAC Chairwoman of the Board

To our community,

It's that time of year again! We're excited to be less than four months out from the 2017 *Your Weight Matters* National Convention. This issue is packed with all the information you need to get planning and start that countdown to August 10<sup>th</sup>!

As the convention approaches, I'm excited to announce there will be big changes coming to the Obesity Action Coalition (OAC) in the second half of 2017 and into 2018. Throughout the last year, our National Board of Directors and staff have had hours of discussion and planning, gathered mountains of data, and will unveil an entirely new membership structure and the way we think about our mission of providing education, advocacy, and support. Additionally, we'll be working to have more comprehensive weight bias work – a topic so pervasive in obesity that we struggle to find a way it doesn't relate to nearly everything we take on.

While we won't be announcing the full details of our membership structure until YWM2017, I wanted to give a little preview today. We thought long and hard about the question: "What's the point of membership?" Was the \$10 to \$20 our most valuable measure of a member's dedication to our vision? Our

answer was ultimately no. To be sure, we need revenue to run our organization (and don't worry, we'll ask). Nevertheless, the primary goal of our membership is and will be to build a community of people who will make noise, activate on issues, and be a relentless voice for advocacy for people affected by obesity. We're opening the doors to everyone who envisions a different world.



Amber Huett-Garcia, MPA

To realize our 2021 goals, we need people who are passionate and willing to show up – not just at the Convention (but please come!), but speaking out when you find a discriminatory policy in your health insurance based on weight, when you overhear someone being cruel on an airplane about a passenger's weight, or when an article lacks People-first Language – and the countless other ways you can be a community member. We need OAC members who will show up and show up regularly. Will you join our community and bring others with you?

In this together,

**MAKING IT POSSIBLE...**

**GIVE THE  
GIFT OF**

**EDUCATION**

**by DONATING to the 2017 Convention Scholarship Fund!**



Your Weight Matters  
**YWM** NATIONAL CONVENTION  
OAC  
August 10-13, 2017 New Orleans  
**YWMConvention.com**  
**DONATE TODAY!**

YOU Can Make it Possible for Individuals to Experience the Life-changing **OAC Educational Event – the *Your Weight Matters* National Convention!**

The OAC's *Your Weight Matters* National Convention Scholarship Program is funded EXCLUSIVELY through generous contributions from people just like YOU – Will you make a gift to make a difference and help make it possible for individuals to get the help they need?

Can We Count on You? **Make a tax deductible donation to the Convention Scholarship Program TODAY –**  
Visit [www.obesityaction.org/donatenow](http://www.obesityaction.org/donatenow) or **DONATE** by Phone at (800) 717-3117!

## New Details on the OAC's Convention Scholarship Program Available

As plans for the 6<sup>th</sup> Annual *Your Weight Matters* National Convention continue, we are pleased to share that the application process for the Convention Scholarship Program opens on **Monday, April 17**. Individuals who are unable to afford the cost of registration and/or travel are able to apply for a full or partial scholarship to help make attending the 2017 Convention possible. Key dates in the application process are as follows:

- **Application Process Opens:** Monday, April 17
- **Application Deadline:** Friday, May 19
- **Application Third-Party Review:** Begins the week of May 22
- **Application Status/Award Notifications Sent:** June 2

The OAC's Convention Scholarship Program was created in 2014 to help provide quality education and a supportive community to individuals who may not be able to afford the cost of attending the National Convention. However, as funds are limited each year and the OAC is unable to afford monies to all who apply, we are currently seeking the generous support of individuals to step forward and donate to the OAC Convention Scholarship Fund.

You can help give the gift of education today! Help impact the lives of others and give them a chance to attend the OAC's 2017 National Convention by donating to the OAC's Convention Scholarship Fund. To donate, please visit the OAC Web site and search under "Ways to Give."

## Help Support the Establishment of National Obesity Care Week

In February, Senators Tom Carper (D-DE) and Shelley Moore Capito (R-WV), alongside Representatives Eric Paulsen (R-MN) and Ron Kind (D-WI), introduced a resolution to Congress that would proclaim the week of **October 29 – November 4** as National Obesity Care Week (NOCW).

NOCW aims to advance an evidence-based understanding of obesity and access to respectful, comprehensive and appropriate care. NOCW also aims to encourage all people in the United States to create a foundation of open communication about obesity so that we can break barriers of misunderstanding surrounding this disease and improve the lives of all individuals affected by it.

OAC members and supporters are encouraged to raise their voice by urging their elected officials to co-sponsor and support the passage of this important Congressional resolution. By writing to your legislators and sharing your personal experiences, you can help others better understand the impact of obesity.

To contact your elected officials, please visit the OAC's **Legislative Action Center** at [www.ObesityAction.org](http://www.ObesityAction.org)



## OAC and YMCA of Central Florida Tackle Weight Bias in Healthcare

In February, OAC V.P. of Marketing and Communications, James Zervios (pictured right), joined the YMCA of Central Florida in educating healthcare professionals at Nemours



Children's Hospital in Orlando, Fla. about weight bias and stigma. Presented during the Nemours grand rounds, the OAC and YMCA presented on the topic of weight bias and the many ways in which bias is present in the healthcare system – from the lack of People-First Language for obesity and the use of headless imagery to the many ways that patients with obesity often face stigma when working with their healthcare provider.

"The Nemours staff was extremely receptive to our presentation on weight bias. The simple fact that they took the initiative to invite the OAC and YMCA to their hospital in order to educate their employees on weight bias speaks volumes for their dedication to maintaining a bias-free facility. The Q&A after the presentation was very insightful and also helps us, the OAC, recognize even more ways that we can work with healthcare providers to eradicate weight bias," said James Zervios.

The OAC and YMCA of Central Florida are longtime partners and work together on many initiatives from the *Your Weight Matters* Campaign to combatting weight bias. "We truly value our relationship with the YMCA of Central Florida, as it provides the OAC with an opportunity to partner with an incredible organization and fulfill our goal of eradicating weight bias," said Joe Nadglowski, OAC President and CEO.

## Urge Congress to Support the Treat and Reduce Obesity Act

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

Although this legislation is focused on improving access to obesity treatments for Medicare beneficiaries, it is important to ALL Americans because many private and employer-based insurance plans oftentimes base their coverage on matching Medicare coverage.

It's time to take action! We encourage each of you to reach out to your elected officials and urge them to sign-on and co-sponsor this important piece of legislation. Simply visit the OAC's **Legislative Action Center** online to reach out to your legislators, share your own personal experiences and help others understand the need for expanding access to critical obesity treatment tools.

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OAC MEMBERS  
**MATTER**

# My JOURNEY

by Jason Krynicki



Jason visits Washington, D.C. to share his journey and talk about improving obesity care with members of Congress!

“I’ve gotten the chance to meet so many new friends through this organization, and those friends have in turn become my new family for life.”

I first learned about the OAC in October 2015 through my participation in the Kennedy University Bariatric Support Group in Stratford, New Jersey. In February 2016, I visited the OAC headquarters in Tampa, Fla., and spoke with several staff members. I immediately fell in love with the OAC because of its educational and empowering work in the field of obesity. I truly believe that the OAC is an amazing organization, and I got the chance to experience that first-hand while attending the 2016 *Your Weight Matters* National Convention in Washington, DC.

At the Convention, I learned how to advocate for legislation to be passed in the United States Congress. As a result, I contacted several New Jersey State politicians, urging them to recognize the obesity epidemic by creating National Obesity Care Week. I highly recommend the OAC to everyone because they are a well-rounded organization and the individuals leading it are a very professional group of people. I also urge OAC members and supporters to attend the *Your Weight Matters* National Convention because I promise that you will learn so much and meet so many great people as well!

I sincerely believe that the OAC is the best organization in the world. The community that the OAC fosters is a family, it's life-changing, and I'm so glad that I have become a part of it. I've gotten the chance to meet so many new friends through this organization, and those friends have in turn become my new family for life. Through its leadership and its mission, the OAC has taught me so much, and I owe a lot to this incredible cause.



Jason shows his determination to advocate for better obesity care by speaking with legislators on Capitol Hill!

## My Journey with Advocacy

As a passionate advocate for the OAC, I constantly share all of the wonderful and helpful information from the OAC social media channels to my own personal pages. I also pass on the OAC's information and educational resources to people I meet at the Kennedy University Bariatric Support Group and on their social media pages as well. Additionally, I talk about the important work that the OAC does when I speak to groups of people who are beginning the bariatric surgery process through the Kennedy Health Alliance in Cherry Hill, New Jersey, and I discuss the value of the OAC with the doctors' monthly seminar.

## Writing My Story – and How the OAC Helped Me Get Here

Since choosing to have bariatric surgery, I have turned my life around and I'm eager to share my journey with the general public. So many individuals struggle with obesity, and I want them to know that there are options available to them for a healthier and happier lifestyle. My gastric band surgery is just one example.

For my whole life, I've been judged by family members. I've struggled with obesity since childhood, and I've always faced jokes and judgement. Because of this, I've motivated myself each and every day to set new goals and to work

*OAC Members Matter continued on following page*

# OAC Membership Application

**Why Join the OAC?** The OAC is a more than 56,000 member-strong 501(c)(3) National non-profit organization dedicated to giving a voice to the individual affected by the disease of obesity and helping individuals along their journey toward better health through education, advocacy and support. Our core focuses are to raise awareness and improve access to the prevention and treatment of obesity, provide evidence-based education on obesity and its treatments, fight to eliminate weight bias and discrimination, elevate the conversation of weight and its impact on health and offer a community of support for the individual affected.

## 1. OAC Membership Categories *(select one)*

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

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

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

## 2. Donation Add-on

**Add-on Donation: Make a General Donation**

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

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

## 3. Membership/Donation Add-on Totals:

Membership Fee: +\$ \_\_\_\_\_

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

**TOTAL PAYMENT:** \$ \_\_\_\_\_

## Payment Information

- Check (payable to the OAC) for \$\_\_\_\_\_.
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- Discover®      Credit Card Number: \_\_\_\_\_  
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*OAC Members Matter continued from previous page*

hard to meet them so that I can improve my life. I made the decision to find improved health. So, I began to research bariatric surgery and attended a seminar for bariatric procedures. Then, I decided to undergo gastric band surgery. Before my procedure, I stopped smoking, lost 25 pounds and started exercising by walking every day. Then, on September 2, 2015 at the age of 33, I had bariatric surgery at Virtua Voorhees Hospital in Marlton, New Jersey with my amazing surgeon – Adam Goldstein, DO, FACS.

I am 5' 6" tall and before my surgery, I weighed 267 pounds, was very inactive, smoked heavily, had sleep apnea among other health issues, and was told by my doctor that I might not live to be 35 if I continued on the same path. My dad died at the age of 50, so my doctor's words were a wake-up call for me. I was also told by people that I wasn't a good role model. That has also motivated me each and every day.

I truly believe that I made the right decision because my surgery gave me my life back. I have always strictly followed my doctor's orders and cautions as a post-op patient, and after six months, all of my medical issues were resolved. I no longer had sleep apnea, high blood pressure, hypertension or a bad back. I also exercise five days a week at my local YMCA, and I completed three 5K runs – something I could have never done before.

As of today, I have lost 88 pounds. I follow a specific exercise program and strictly adhere to all of the dietary guidelines I was given following gastric band surgery. I have become my own success story! I would formally like to thank Dr. Goldstein, my bariatric nurse Joann, my nutritional and cultural counselors Cheri and Aly, my bariatric nurse coordinator Melissa, and my receptionist Cristin for giving me my life back and helping me throughout this entire process.

On September 10, 2016, I – along with other men and women who had successful bariatric procedures – participated in a fashion show at Cherry Hill Mall in Cherry Hill, New Jersey, to talk about bariatric procedures as a treatment for obesity. Then, on December 14, 2016, I had plastic surgery to remove the excess skin that resulted from my significant weight-loss.

As of today, I speak at one of the doctors' seminars to individuals who are beginning their own process with obesity treatment and bariatric surgery. Through this journey, I have become a bariatric support group leader and a bariatric "back on track" facilitator. I am also taking more classes so that I can help individuals just like me within the bariatric community. These days, I feel so positive and I'm always motivated to help others through their unique weight-loss journeys by sharing my own experiences, enthusiasm and



Jason poses for a picture with OAC Board Member Michelle Vicari at the 2016 *Your Weight Matters* National Convention.

knowledge. If I can help change just one person's life for the better, I will feel like I've made a difference in the world.

It's nice to run around with my five-year-old nephew, not to be out of breath and to become healthier so that I am around to see him grow up. I have also gained many new friends throughout this process, including all of my friends who I have met through the OAC.

Before my surgery, I felt that some people didn't believe that I could go through this process of improving my health. Now, it feels awesome that I proved them wrong! After I made the decision to change my lifestyle, many of my friends whom I had not spoken to in years saw my posts on social media and contacted me to tell me that they went through similar processes or are beginning their own healthier journeys because they've seen my success. People now tell me that I am their role model, and the OAC continues to help me find support and be that support for others!

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

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\*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.



# WHY YOU SHOULDN'T DELAY YOUR MEDICAL APPOINTMENTS



by Angela Fitch, MD



## YOU ONLY HAVE ONE LIFE TO LIVE — DON'T DELAY!

### pro • cras • ti • nate

“to put off intentionally the doing of something that should be done; the avoidance of a task that should be accomplished.”

Approximately 80 percent of us do it on a regular basis. We do it with putting off cleaning the stove, repairing our car, seeing a doctor or dentist, preparing a job presentation or academic assignment, or discussing a stressful issue with a friend. Procrastination can lead to feelings of guilt, inadequacy, depression and anxiety. To a certain degree, it is normal to procrastinate. It can be a useful coping tool to identify what is important because most people tend to procrastinate less on truly valued tasks.

### WHY DO WE PROCRASTINATE?

Procrastination is an inherently human behavior. Other mammals don't do it, so why do we? The theory is that procrastination arose as a by-product of impulsivity. The more impulsive someone is, the more likely they

are to put off those tasks that don't provide immediate gratification and do other rewarding things instead. No one likes to do things they perceive as not giving them a reward. In our current society, there are so many things that give us instant gratification – so why would we do something where the reward is not instantaneous, and the task may be painful or challenging?

### YOUR HEALTH MATTERS!

It's important that you don't delay creating a beneficial relationship with your healthcare team. Support from a healthcare team can bring you so much reward in the long term! It's typically not an instant reward, and it can sometimes be painful. Sometimes you have to talk about difficult issues, and sometimes you have to do difficult things and face your fears – fear of death, fear of disease, or the fear of something that's not right. Denial is a powerful motivator of procrastination.

If we wait too long while living in denial, we miss an opportunity to live better, healthier and fuller lives! Our current healthcare system is more of a disease care system.

*Medical Appointments continued on page 12*

## Dosing That Can Change as You Change

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8 mg tablets



**Lomaira is FDA-approved for use as often as 3 times a day before meals.**

*With the flexible dosing options of Lomaira, you can work together with your doctor to create an individualized treatment plan for your specific needs.*

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

- Phentermine HCl has been prescribed by doctors for nearly 60 years and is the most commonly-prescribed medicine for weight loss.
- By adding Lomaira to your diet and exercise routine for three months, you may lose more weight than with diet and exercise alone.<sup>1</sup> The limited usefulness of this drug class (anorectics), including Lomaira, should be measured against possible risk factors inherent in their use.
- Lomaira is not for everyone. Ask your doctor if Lomaira is right for you.

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### **INDICATION**

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

### **IMPORTANT SAFETY INFORMATION**

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

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

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

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

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

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

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

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

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

For Full Prescribing Information, visit [www.lomaira.com](http://www.lomaira.com).

\*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m<sup>2</sup>.

<sup>1</sup>Lomaira Package Insert

*Medical Appointments continued from page 10*

We wait until the last minute to seek medical attention for something because:

- We are either too busy or don't have the transportation to attend appointments.
- We're not allowed to take off work.
- We can't find a provider to take our insurance.

Many of these situations are real problems that we must abolish if we want to switch from a disease care system to a healthcare system!

## EVERYONE DESERVES TO BE WELL

We all deserve to have a medical home where we can turn to for the best health and wellness care. This should be a place where you can form a relationship with a medical home, a team of providers (nurses, lab techs, medical assistants, patient service representatives, health coaches, dietitians, nurse practitioners, physician assistants, and physicians), and a place that knows what health risks and challenges you face in your wellness journey. If we form these relationships when we are well, then we can work on preventing diseases and identifying others early in the process. This allows us to take action so that we can change the outcome or improve our overall quality of life.

“Good things happen to those who wait” is NOT the mantra when it comes to addressing medical issues. If we wait too long, any disease or issue we might have may be too far along and not as effectively treatable. Or, if it is treatable, it may be more painful or even decrease your quality of life. These days, we are living longer and longer – and we not only want to live long, but we want to have a good quality to that length of life.

## MAKING HEALTHCARE WORK FOR YOU

Patients tell me all the time that they assumed I would “yell” at them for their weight, poor eating habits, sedentary behavior, blood sugar levels, blood pressure or poor sleep. Why do we assume people will “scold us?” Why is life always about the negative and punishing behavior? We inherently do not like to see or hear about something which we are doing wrong. This is called the pleasure principle – or our instinctive drive to seek pleasure and avoid pain – but we have to balance that principle with unpleasant (or perceived as unpleasant, such as going to the doctor) tasks.

Healthcare systems are working to make the experience of accessing healthcare more pleasing. This includes a more pleasant waiting room, shorter wait times, virtual care, walk-in care and online scheduling – just to name a few. Stepping on the scale or getting an injection are situations that are harder to make pleasant, but we can offer tools and resources instead of criticism. This is what is most beneficial.



Weight bias in the world is very real, and it can lead to a delay in care. There are lots of discussions about this important issue, and even healthcare centers are sometimes guilty (though often not intentionally). Talk to your healthcare team about your concerns and be open and honest about your feelings and needs. They might not realize if there is a problem. For instance:

- If it is hard to get out of the chairs, tell someone.
- If the phone system was challenging to navigate, tell someone.
- If the gowns are too small, tell someone.

This will take a team effort and a patient-centered medical home to make progress, but together we can!

## CONCLUSION

If you delay care for your car, you can either pay the price for repair or buy a new one. If you delay care for your body, you only have one of those options. You can't buy a new body, so take care of the one you have!

Put your feet, fingers and forks to use for good and consider following my "5 P's for a Healthy Life" – **planned portions**, mostly **plants** and **protein**, doing something **powerful** with your muscles each day and respecting your **pillow** with a good night's sleep!

### **About the Author:**

*Angela Fitch, MD, is an Associate Professor of Internal Medicine at the University of Cincinnati College of Medicine. Board-certified in pediatrics, internal medicine and obesity medicine, she is the VP of UC Health Primary Care and serves as the Director of Medical Weight Management at the UC Health Weight-loss Center. She is a Board Trustee for the Obesity Medicine Association. Dr. Fitch developed an interest in obesity medicine after years of treating patients with obesity and related complications in primary care, and finding this to be an area not adequately addressed in general practice. Her commitment to focus on practicing in the field of obesity medicine was solidified when she completed her training and board certification from the American Board of Obesity Medicine.*

## ARE YOU PROCRASTINATING?

### CHECK OUT THESE TIPS IF YOU FIND YOURSELF PROCRASTINATING MEDICAL CARE:

- **PRACTICE MINDFULNESS** – Be aware of habits and thoughts that lead to your decision to procrastinate your care.
- **SEEK OUT HELP** – Seek out help for self-defeating problems such as fear, anxiety, difficulty concentrating, poor time management, indecisiveness and perfectionism.
- **EVALUATE YOURSELF** – Take a look at your own goals, strengths, weaknesses and priorities.
- **SET REALISTIC GOALS** – Develop a personal and positive link between the tasks and your concrete, meaningful goals. Think of all the good reasons that you should be part of a medical "home."
- **RESTRUCTURE YOUR PRIORITIES** – Reorganize your daily activities so that you can put yourself first when needed. Yes, your child may have soccer practice – but you cannot take them to practice if you are not around to do so.
- **TAKE YOUR TIME** – Tackle issues in small blocks of time instead of trying to solve whole problems at once. When you make your appointment, be sure to talk with the scheduling staff to ensure that you will have enough time with the provider to meet your needs. Realize that you may need to address issues in a prioritized manner because you can't always cover it all in one sitting.
- **EXAMINE YOUR OPTIONS** – Shop around and get advice from friends to find a care team that you feel comfortable working with.
- **STAY UP-TO-DATE** – Sign-up for the healthcare team's electronic reminders or patient portal (take MyChart with the Epic Systems electronic medical record, for example). Get a text reminder for your appointments.
- **BE PREPARED** – Go into your provider's office with a specific agenda and tell them what you are hoping to accomplish at the visit. What do you want to get from that day's appointment?



# Dear Doctor

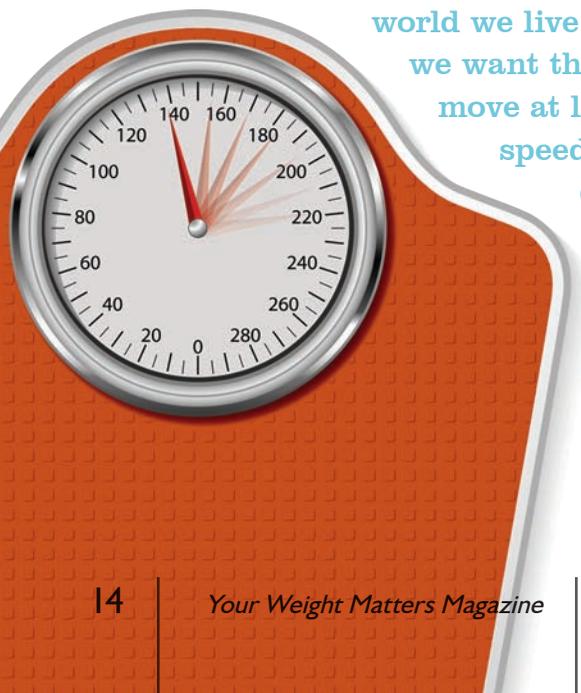
Can losing weight too fast hurt me?



Answer Provided by  
Deborah Horn, DO, MPH, MFOMA

I am committed!  
I am starting today!  
I want it off by TOMORROW!

Almost everyone who struggles with their weight has had this mental conversation. It may have taken years or decades of abnormal physiology and struggling with good choices to put weight on, but once we are committed to change, we want it off now! Similar to the fast-paced technological world we live in today, we want the scale to move at lightning speed. But does rapid weight-loss work? And is it safe?



*Please note: Before starting any weight-loss program, please consult with your primary care physician.*

## What Doesn't Work...

Many promises of rapid weight-loss are a result of mass marketing and commercial approaches – the ones you see on infomercials at 2 am or read about as the latest Hollywood “secret.” Do any of these sound familiar?

**“Drop a dress size in 7 days.”**

**“Lose weight fast – no exercise required!”**

**“Boost your metabolism!”**

These diets make unproven promises. They often claim to increase your ability to burn fat, simply block the fat you eat, “rev up” your metabolism, or provide a miracle pill composed of “newly-discovered compounds.” Components of these diets often include gimmicks and unproven approaches such as:

- Starvation diets
- Over the counter (OTC) pills and supplements
- Cleanses and detoxification diets
- Colonics and enemas
- Non-FDA approved injections such as HCG

While you might lose weight with these gimmicks initially, this is typically due to a severely decreased caloric intake. Most of these diets promise weight-loss without the need for physical activity – and frankly, on such a low-calorie intake, you don't feel well enough to exercise anyway. Without medical monitoring from a healthcare professional, these options can lead to serious health risks. Additionally, most of these rapid weight-loss approaches are not sustainable – and once stopped, the weight will most likely come right back.

*Dear Doctor continued on page 16*

# PACKED *with* PROTEIN

## NOT SUGAR *or* CALORIES\*



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- Costco
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- Walmart
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- Many Grocery Chains\*\*

\*\*Reference our store locator on [premierprotein.com](http://premierprotein.com) to find a store near you.

**30g** / **160** / **1g** / **LOW** / **24**  
**PROTEIN** / **CALORIES** / **SUGAR** / **FAT** / **VITAMINS & MINERALS**

\*More calories from protein than sugar.

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## What DOES Work...

There are two medically monitored and proven options for rapid weight-loss:

- Very low calorie diets, “VLCD’s”
- Bariatric surgery

Both of these options are very different from the gimmicks on page 14 in that they have proven results, known side effects, and they allow you to work alongside your healthcare provider to optimize your response.

### Option 1: VLCD’s

Medically-monitored VLCD’s are typically diets of less than 800 calories. The plan is often built around a nutritionally complete protein-based meal replacement in the form of a shake, although it can be done with regular food as well. This rapid weight-loss approach focuses on high intake of protein and decreased intake of carbohydrates. Whether protein is built into a shake or taken separately, these diets require an adequate intake of vitamins, minerals, electrolytes and fatty acids. VLCD’s have been shown to demonstrate not just faster weight-loss, but also greater weight-loss at one year than dietary interventions which did not include a VLCD component.

### Option 2: Bariatric Surgery

Bariatric surgery can include gastric bypass, gastric sleeve and the gastric band. There are also intermediary procedures available such as the gastric balloon. All of these are currently FDA-approved and create rapid weight-loss in most patients. The rate and total amount of weight-loss can vary widely from person to person.

So, there are some proven and some unproven options for rapid weight-loss. Let’s come back to our initial question. Can losing weight too fast hurt me?

Yes. There are potential negative effects of rapid weight-loss. For this reason and many others, it is recommended that you team up with an obesity medicine specialist, a bariatric surgeon or other experienced healthcare provider with expertise in the treatment of overweight and obesity. Together, you can reduce the risks and optimize the benefits if you choose a rapid weight-loss strategy.

## Most Common Rapid Weight-loss Risks:

- **Hypoglycemia** – This is better known as low blood sugar. If you have diabetes and you are on diabetes medication, your dose of medication can quickly become too high during rapid weight-loss.

### What can you do?

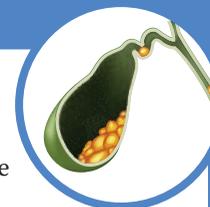
Medications like insulin and a group of medications called oral sulfonylureas are particularly important to follow under medical supervision. Diabetes medications often need to be decreased before starting the intervention – or at a minimum, quickly decreased in the very beginning and throughout your weight-loss journey.



- **Gallstones** – The risk of gallstone formation and acute gallbladder disease requiring gallbladder removal is greater with rapid weight-loss. New gallstones were found in 25-35 percent of individuals on a rapid weight-loss plan. This risk was highest when the rate of weight-loss exceeded approximately 1.5 percent of body weight per week. For example, in a 300-pound individual, this risk would be increased when more than 4.5 pounds per week are lost. Symptoms include right upper abdominal pain – particularly after a meal.

### What can you do?

Discuss this with your doctor. If you still have your gallbladder and you have a history of gallstones and/or acute gallbladder disease, you may consider a medication called ursodeoxycholic acid. Studies show that this medication, when used during rapid weight-loss, can decrease gallstone formation from 28-32 percent of individuals to only 2-3 percent of individuals.



- **Hypotension** – This is better known as low blood pressure. If you are on medication to treat your blood pressure, you can be at risk for dizziness, lightheadedness and potentially falling/injury if your blood pressure becomes too low.

### What can you do?

Blood pressure medications often need to be adjusted at the beginning or very early on in a rapid weight-loss plan in order to avoid these risks. Your doctor can help you manage these changes appropriately.



- **Muscle Loss** – Strong, lean skeletal muscle is one of the major components of metabolism. Muscle is at higher risk of loss during rapid weight-loss attempts when compared to more conservative rates of weight-loss. When we lose weight, individuals typically lose 30-40 percent of their weight from this strong lean muscle. You won't have any symptoms to identify the problem.

### What can you do?

Make sure you are working with your doctor to monitor your muscle mass as you are losing weight. This is done by frequently measuring your body composition. Getting adequate protein in your diet and stimulating muscles with physical activity may help decrease this loss of lean strong muscle. Scientists are still determining how this may affect your metabolism long-term, and it is likely to be different in different people.



- **Dehydration** – Decreased fluid intake, decreased salt intake and decreased carbohydrate intake can all lead to decreased total body water. Lightheadedness and/or dizziness are the most common symptoms.

### What can you do?

Drink plenty of fluids. If you are on medication for high blood pressure, this may need to be adjusted sooner on a rapid weight-loss plan as some of these medications work by decreasing your total body fluid. With a change in nutrition and weight, you may need to consider a lower dose or the discontinuation of these medications.



- **Electrolyte Imbalances** – This includes changes in magnesium, calcium, potassium and others. Symptoms can vary.

### What can you do?

Any very low-calorie diet or bariatric surgery intervention should include regularly scheduled labs to check these electrolytes and provide supplementation as needed. Your obesity medicine specialist or bariatric surgeon can help you monitor these at appropriate intervals.



*Dear Doctor continued on page 21*

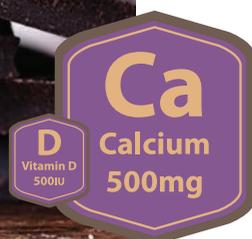
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# Ask your healthcare professional about BELVIQ®

## What is BELVIQ®?

BELVIQ is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some overweight (Body Mass Index [BMI]  $\geq 27$  kg/m<sup>2</sup>) adults with a weight-related medical problem, or adults living with obesity (BMI  $\geq 30$  kg/m<sup>2</sup>), lose weight and keep it off.

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

## Important Safety Information

- **Pregnancy:** Do not take BELVIQ if you are pregnant or planning to become pregnant, as weight loss offers no potential benefit during pregnancy and BELVIQ may harm your unborn baby.
- **Hypersensitivity Reactions:** Do not take if you are allergic to either of these medicines or any of their ingredients.
- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions:** Before using BELVIQ, tell your doctor about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or life-threatening side effects if taken with BELVIQ. Call your doctor right away if you experience agitation, hallucinations, confusion, or other changes in mental status; coordination problems; uncontrolled muscle spasms; muscle twitching; restlessness; racing or fast heartbeat; high or low blood pressure; sweating; fever; nausea; vomiting; diarrhea; or stiff muscles.
- **Valvular heart disease:** Some people taking medicines like BELVIQ have had heart valve problems. Call your doctor right away if you experience trouble breathing; swelling of the arms, legs, ankles, or feet; dizziness, fatigue, or weakness that will not go away; or fast or irregular heartbeat. Before taking BELVIQ, tell your doctor if you have or have had heart problems.
- **Changes in attention or memory:** BELVIQ may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ affects you.
- **Mental problems:** Taking too much BELVIQ may cause hallucinations, a feeling of being high or in a very good mood, or feelings of standing outside your body.
- **Depression or thoughts of suicide:** Call your doctor right away if you notice any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.
- **Low blood sugar:** Weight loss can cause low blood sugar in people taking medicines for type 2 diabetes, such as insulin or sulfonylureas. Blood sugar levels should be checked before and while taking BELVIQ. Changes to diabetes medication may be needed if low blood sugar develops.
- **Painful erections:** If you have an erection lasting more than 4 hours while on BELVIQ, stop taking BELVIQ and call your doctor or go to the nearest emergency room right away.
- **Slow heartbeat:** BELVIQ may cause your heart to beat slower.
- **Decreases in blood cell count:** BELVIQ may cause your red and white blood cell counts to decrease.
- **Increase in prolactin:** BELVIQ may increase the amount of a hormone called prolactin. Tell your doctor if your breasts begin to make milk or a milky fluid, or if you are a male and your breasts increase in size.
- **Most common side effects of BELVIQ® include:** Headache, dizziness, fatigue, nausea, dry mouth, constipation, cough, low blood sugar (hypoglycemia) in patients with diabetes, and back pain.
- **Nursing:** BELVIQ should not be taken while breastfeeding.
- **Drug interactions:** Before taking BELVIQ, tell your doctor if you take medicines for depression, migraines, or other medical conditions, such as: triptans; medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, monoamine oxidase inhibitors, or antipsychotics; cabergoline; linezolid (an antibiotic); tramadol; dextromethorphan (an over-the-counter (OTC) common cold/cough medicine); OTC supplements such as tryptophan or St. John's Wort; or erectile dysfunction medicines.
- BELVIQ is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.

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

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**



You've got your goals and  
*You've got* **BELVIQ**<sup>®</sup>

FDA approved for *weight loss*

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

 **BELVIQ**<sup>®</sup>  
(lorcaserin HCl) 

*Proven 2X as effective*  
as diet and exercise alone

**Sign up for monthly savings<sup>‡</sup> and free support.**

**Visit [StartBELVIQ.com](http://StartBELVIQ.com) or call 1-855-BELVIQ1 (1-855-235-8471)**

**PROMO CODE: WM**

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

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

‡Restrictions apply.

## IMPORTANT PATIENT INFORMATION

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

### What is BELVIQ?

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

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

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

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

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

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

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

### Who should not take BELVIQ?

#### Do not take BELVIQ if you:

- are pregnant or planning to become pregnant. BELVIQ may harm your unborn baby.
- are allergic to lorcaserin hydrochloride or any of the ingredients in BELVIQ. See the end of this leaflet for a complete list of ingredients in BELVIQ.

### What should I tell my healthcare provider before taking BELVIQ?

#### Before you take BELVIQ, tell your doctor if you:

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

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

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

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

- triptans, used to treat migraine headache
- medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin uptake inhibitors (SSRIs), selective serotonin-norepinephrine reuptake inhibitors (SNRIs), monoamine oxidase inhibitors (MAOIs), or antipsychotics
- cabergoline
- linezolid, an antibiotic

- tramadol
- dextromethorphan, an over-the-counter medicine used to treat the common cold or cough
- over-the-counter supplements such as tryptophan or St. John's Wort
- medications to treat erectile dysfunction
- Ask your doctor or pharmacist for a list of these medicines, if you are not sure.
- Know all the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

### How should I take BELVIQ?

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

### What should I avoid while taking BELVIQ?

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

### What are the possible side effects of BELVIQ?

**BELVIQ may cause serious side effects, including:**

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

people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as insulin or sulfonylureas). You should check your blood sugar before you start taking BELVIQ and while you take BELVIQ.

- **Painful erections (priapism).** The medicine in BELVIQ can cause painful erections that last more than 6 hours. If you have an erection lasting more than 4 hours whether it is painful or not, stop using BELVIQ and call your doctor or go to the nearest emergency room right away.
- **Slow heart beat.** BELVIQ may cause your heart to beat slower. Tell your doctor if you have a history of your heart beating slow or heart block.
- **Decreases in your blood cell count.** BELVIQ may cause your red and white blood cell count to decrease. Your doctor may do tests to check your blood cell count while you are taking BELVIQ.
- **Increase in prolactin.** The medicine in BELVIQ may increase the amount of a certain hormone your body makes called prolactin. Tell your doctor if your breasts begin to make milk or a milky discharge or if you are a male and your breasts begin to increase in size.
- The most common side effects of BELVIQ include:
  - headache
  - constipation
  - dizziness
  - cough
  - fatigue
  - low blood sugar (hypoglycemia) in patients with diabetes
  - nausea
  - dry mouth
  - back pain

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

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

Call your doctor for medical advice about side effects.

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

### How do I store BELVIQ?

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

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

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

### General information about the safe and effective use of BELVIQ.

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

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

For more information, go to [www.BELVIQ.com](http://www.BELVIQ.com) Website or call 1-888-274-2378.

### What are the ingredients in BELVIQ?

**Active Ingredient:** lorcaserin hydrochloride

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

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Revision: November 2016

Dear Doctor continued from page 17

## A few additional symptoms of rapid weight-loss to watch for include:

- **Fatigue** – Due to low energy intake
- **Headaches** – Often caused by dehydration
- **Hair loss** – Usually transient, but your doctor should check your thyroid levels
- **Dizziness** – Due to dehydration, low blood pressure, or low blood sugar as described on page 17
- **Constipation** – Due to dehydration or increased protein in nutritional plan

Rapid weight-loss is just like other health decisions we try to make. It is a matter of weighing the risks versus the benefits. If you and your doctor decide together that you can manage a VLCD or surgical intervention, and that you can maintain follow-up with your healthcare provider, these options are tolerable and the adverse side effects can usually be managed appropriately.

## Here are some key points to remember as you consider all of your options:

1. **Have a Plan** – You need a plan to transition off the rapid weight-loss intervention as you approach your goals. This long-term plan needs to be sustainable for you and your lifestyle.
2. **Consider Medication** – There are FDA-approved anti-obesity medications which can help with the rate of weight-loss by controlling hunger and satiety, regardless of whether you choose a moderate rate or rapid rate plan.

Evidence is mounting that these anti-obesity medications are just as important during weight maintenance as they are in active weight-loss. Anti-obesity medications do work, so use them!

3. **Obesity is a Chronic Disease** – This is the most important concept – no matter how you choose to approach the disease. While treating any disease brings risk, obesity itself is associated with 236 other diseases – that is real risk.

It's not your fault – it's your physiology. Chronic disease requires chronic management and this is where it does become YOUR responsibility to seek care and partner with your doctor to manage your health. Together, you can plan for active phase and maintenance phase treatments that are individualized to you and optimize the benefit versus risk ratio. With many pathways to achieve your goals, the most important thing is to start the conversation today!

### About the Author:

*Deborah Horn, DO, MPH, MFOMA, is the President of the Obesity Medicine Association and Clinical Assistant Professor in the Department of Surgery at The University of Texas McGovern Medical School at Houston. She is the Medical Director for the UTHealth Center for Obesity Medicine and Metabolic Performance. Dr. Horn was also the recipient of the OAC's Healthcare Provider Advocate of the Year award, an award given to a healthcare provider who is a tireless advocate for patients, the OAC and the cause of obesity.*



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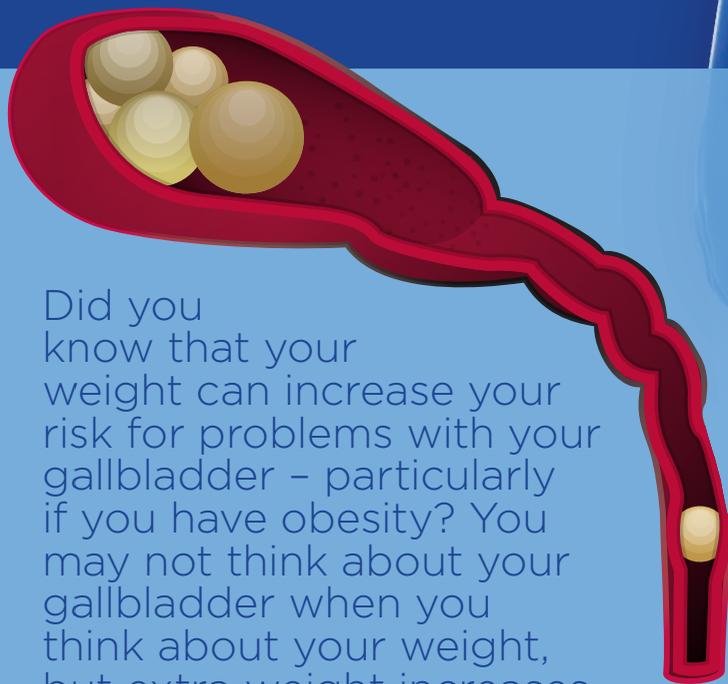
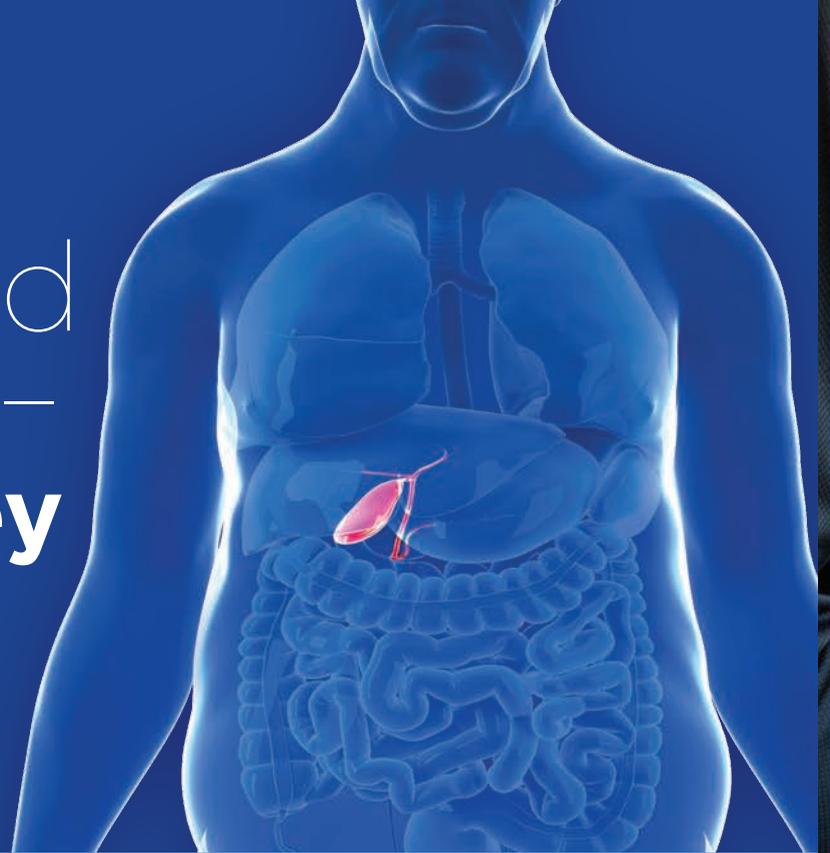
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List as of 3/30/17

# Obesity and Gallstones – How Are they Related?

by Jennifer Franceschelli Hosterman, DO



Did you know that your weight can increase your risk for problems with your gallbladder – particularly if you have obesity? You may not think about your gallbladder when you think about your weight, but extra weight increases the risk of gallstones in your gallbladder. About 15 percent of people in the U.S. have gallstones. This means that nearly 20 million people are affected!

A study in 2013 showed that the risk of symptomatic gallstones increased 7 percent with every one point increase in Body-Mass-Index (BMI). While a majority of people with gallstones will not have symptoms, those that do may need to have their gallbladder removed surgically. Luckily, there are some ways to try to avoid this.

## What Does Your Gallbladder Do, Anyway?

Your gallbladder is located in the upper right portion of your abdomen, just under your liver. The main function of the gallbladder is to store and concentrate bile – a fluid that our bodies use to digest fats and fat-soluble vitamins and then use them for energy. Bile is produced in the liver and is then secreted into the gallbladder where it is stored. When we ingest dietary fat, the gallbladder contracts and releases our bile into the small intestine via passageways called ducts. Keeping these ducts open is important to the function of the gallbladder. The gallbladder contracts to release bile every time we eat a meal that contains fats. In between meals, the gallbladder fills back up with bile to get ready for the next meal.

## What Exactly Are Gallstones?

The bile that is stored in your gallbladder is composed of a delicate balance containing mostly cholesterol, bilirubin and bile salts. Too much or too little of one of these components, or a poorly emptying gallbladder, can lead to the formation of a solid cluster known as a gallstone. They can be as small as a grain of salt or as big as a golf ball, and they range in number from one large to many small stones at a time.

Many people will have gallstones and not even know it! They are often found on accident while seeing the doctor and having imaging done to evaluate something else. Gallstones aren't usually a problem unless they start to disrupt the function of the gallbladder and surrounding organs.



You might begin to experience symptoms if they get stuck in the ducts and bile cannot get out of the gallbladder. This buildup of pressure in the gallbladder can be uncomfortable and even painful, and it's often referred to as a gallbladder attack. Attacks are usually triggered by a fatty or heavy meal. Symptoms usually last for the time that the gallstone is blocking the duct, and they go away once the duct is no longer blocked. This can be for several minutes to several hours, but if the gallstone does not dislodge, it can cause serious side effects like infection, inflammation and dehydration.

## What Does My Weight Have to Do with Gallstones?

Why does my weight matter?

- **Obesity** – At least 25 percent of individuals with severe obesity (BMI > 40) have evidence of gallstone disease. Where you carry this extra weight also makes a difference. Scientists believe that your risk is even higher when you carry more of this extra weight around your abdomen than in your hips and thighs.

However, adults are not the only ones affected. A study in 2012 noted that children with overweight or

*Obesity and Gallstones continued on page 24*

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

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

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obesity were more likely to have gallstones compared to those who were underweight or at average weight. Obesity in the late teenage years seems to carry the highest risk.

One of the many concerns linking obesity and the gallbladder is that obesity can make it harder for the gallbladder to empty. Bile then becomes stagnant and more concentrated, which in turn increases the chances of precipitating a gallstone. Another concern is that obesity is associated with increased cholesterol production in the liver which leads to more cholesterol in the bile. This disrupts the balance of bile composition and therefore increases the risk of gallstone formation.

- **Rapid Weight-loss/Bariatric Surgery** – Rapid weight-loss is defined as losing more than three pounds per week, and it's also associated with an increased risk of gallstone formation. One explanation for this is the increase in mobilization of cholesterol from fat tissue during the rapid weight-loss phase. This, in turn, leads to more cholesterol in the bile – thus causing the imbalance that can lead to gallstones.

About 30 percent of people within 12-18 months after bariatric surgery will develop new gallstones. People with gallstones related to weight-loss are more likely to have symptoms compared to those without rapid weight-loss.

- **Low-calorie Diet or Prolonged Fasting** – Nearly 10-12 percent of people on a low-calorie diet for 8-16 weeks will develop gallstones. The gallbladder contracts when we ingest fats. If you are on a very low-calorie diet or you're fasting for a long period of time, then little (if any) fat is ingested. This is because the gallbladder doesn't have to contract and empty itself regularly, leaving gallstones subject to form.
- **Weight-cycling** – Repeatedly losing and gaining a significant amount of weight can also increase your risk of gallstones, but the reason is unclear. The rise in cholesterol associated with rapid weight-loss may be the culprit. Additionally, some yo-yo dieting requires prolonged fasting which is also a likely contributor.
- **Physical Activity** – Having a more sedentary lifestyle can be associated with a higher risk of gallstones. The reason for this may have to do with the increase in weight that often occurs if we are less active.
- **Non weight-related Risks for Gallstones** – Being over 40 or being a female can increase your risk for developing gallstones substantially. Pregnancy, family history of gallstone disease and even some medications are other factors known to increase the incidence of gallstones.



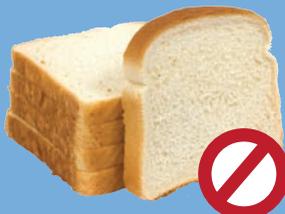
## What Are the Treatment Options?

- **Observation** – Having gallstones does not mean that you need your gallbladder removed right away. A majority of people with gallstones will never have any symptoms. In this case, people are monitored and they should be aware of potential symptoms so that they can notify their doctor if any develop.
- **Medical Treatment** – There are medications that can help to dissolve the gallstones. These work on smaller gallstones and may take months or sometimes years to work. However, there is a chance that the stones will reoccur once the medication is stopped.
- **Surgical Treatment** – If you are experiencing serious/chronic symptoms such as fever, vomiting, jaundice (yellowing of the eyes/skin) or low blood pressure, then your doctor may recommend that you have your gallbladder removed. This is called a cholecystectomy, and it's often done laparoscopically (several small incisions in the abdomen instead of one larger incision).

After this procedure, most people can go home that very day. If symptoms are more severe or the surgeon has to do an “open” cholecystectomy (a much larger incision instead of several smaller incisions), then you may stay overnight in the hospital for a few days to ensure a healthy recovery.

## What Can You Do to Reduce Your Risk?

- **Maintain or Strive Toward a Healthy Weight** – If you are losing weight rapidly (> 3 pounds per week) or have had weight-loss surgery, then you should talk with your doctor about your own individualized risk reduction plan. If possible, aim to make more gradual changes with a weight-loss goal of about ½ -2 pounds per week.
- **Avoid “Weight Cycling”**
  - Find consistency in your healthy lifestyle changes. Make sustainable modifications to your diet and exercise plan.
- **Reduce or Eliminate Refined Carbohydrates**
  - Reduce white bread, pasta and sugary drinks.
- **Increase Your Fiber Intake** – Increase your consumption of foods like vegetables and fruits.
- **Become More Physically Active** – The American Heart Association recommends 150 minutes of moderate physical activity per week for adults. This equates to about 30 minutes, five days per week. For children, the recommendation is 60 minutes of moderate to vigorous physical activity each day.



The good news is that many of these risk factors are modifiable. You have the power to reduce your risk!

### **About the Author:**

*Jennifer Franceschelli Hosterman, DO, is a board certified internal medicine and pediatric physician who specializes in nutrition and obesity medicine at Geisinger Medical Center. She is also the Medical Director of Camp ENERGY, which is a healthy lifestyle camp for adolescents. She earned her Bachelor's degree in cellular and molecular biology at West Chester University and completed medical school at Philadelphia College of Osteopathic Medicine. She is a strong proponent of the multi-disciplinary and family approach in the prevention and treatment of obesity.*

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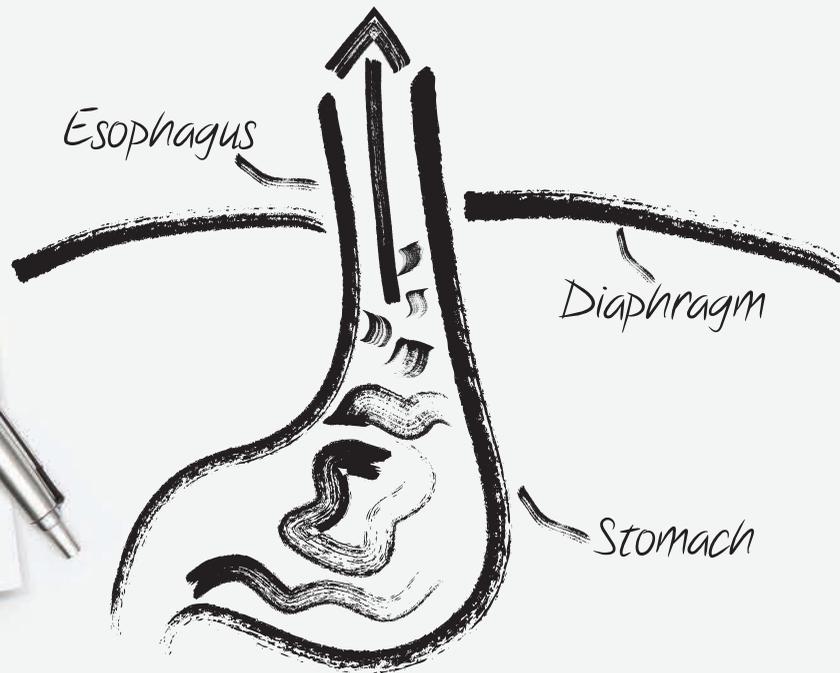
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# GERD and Bariatric Surgery

by Erin Moran-Atkin, MD



Should you experience symptoms of GERD before or after surgery, your surgeon can help!

If you are planning to undergo bariatric surgery or have already had it, consider this: how often do you get heartburn? One in five people experience heartburn or acid reflux on a weekly basis, and two in five people have heartburn or acid reflux at least once a month.

If you experience more frequent heartburn, you may have a problem called gastroesophageal reflux disease (GERD). GERD can affect different options and choices for bariatric surgery and may require treatment after bariatric surgery as well. Your doctor can discuss the best treatment options for you.

## What Is GERD?

Just about everyone has heartburn sometimes. Heartburn is the most common symptom of GERD, but GERD is more serious than simple heartburn. GERD occurs when instead of keeping food and acids in the stomach, a weak muscle lets them move back up (reflux) into the esophagus. Not only does GERD feel uncomfortable or even painful, but it can also damage the esophagus – thus causing a problem called esophagitis.

## When Is Heartburn Actually GERD?

If you get heartburn once in a while after you overeat or have spicy food, you most likely have normal heartburn and it's typically not normal to need medication every day to prevent it. If you experience heartburn twice or more per week, however, you might have GERD. GERD can also make you feel as though your stomach contents are coming up into your throat, but your doctor can perform official tests to determine if you are experiencing it. Some less-common GERD symptoms include:

- Trouble swallowing
- Throat clearing
- Sore throat
- Wheezing
- Chronic cough
- Asthma
- Laryngitis
- Sleep apnea
- Chest pain



## GERD and Weight: How Are They Connected?

People with excess weight or obesity are much more likely to have GERD. Reflux also happens more frequently as Body-Mass-Index (BMI) increases. Additionally, people with a BMI above 30 are 2.5 times more likely than people with a BMI below 25 to have reflux or GERD-related damage to the esophagus.

We do not know exactly why individuals with excess weight are more likely to have GERD, but we think that one reason is because weight gain increases pressure on the abdomen – thus pressing against the stomach and pushing its contents up toward the esophagus. Most doctors advise weight-loss and/or weight management as one way to improve GERD symptoms. For people with obesity (BMI>30), weight-loss is critical to the success of treatment.

## GERD Before and After Bariatric Surgery

People who are planning to receive bariatric surgery often have GERD. The good news is that weight-loss as a result of bariatric surgery can often help relieve GERD symptoms. The surgery itself can help as well! The two most common types of bariatric surgery are gastric bypass and sleeve gastrectomy. Gastric bypass resolves symptoms of GERD in a large majority of patients. However, a sleeve gastrectomy can sometimes make GERD symptoms continue or worsen – so it is generally not recommended for people with severe GERD.

Although bariatric surgery can alleviate GERD, it is possible to have GERD after surgery. If you have had bariatric surgery and you still have GERD, tell your surgeon! It may affect your quality of life and keep you from reaping the full benefits of weight-loss. If you must eat to settle your stomach, GERD can even make it more difficult to comply with your diet.

Your doctor can help you find the cause of your GERD and recommend treatment for it. There are several options available to help alleviate GERD after surgery, including:

- ◆ **Medication** – Doctors prescribe drugs called proton pump inhibitors (PPIs) for up to six months after bariatric surgery. If someone has GERD after stopping PPIs, their doctor will run tests to find out why. Sometimes, a person might need to be on PPIs for a longer period or use them occasionally. However, long-term use of PPIs can cause side effects, so doctors may use other options for long-term treatment.

- ◆ **Surgery** – GERD after any bariatric surgery may indicate that there is a hiatal hernia which may require surgical repair. GERD after sleeve gastrectomy may also be caused by a twisted sleeve which may also need surgical repair. Individuals with severe GERD after sleeve gastrectomy will occasionally need a second bariatric surgery, converting the sleeve to a gastric bypass. This is not a decision to be taken lightly, for there are significant risks associated with having a second bariatric procedure.

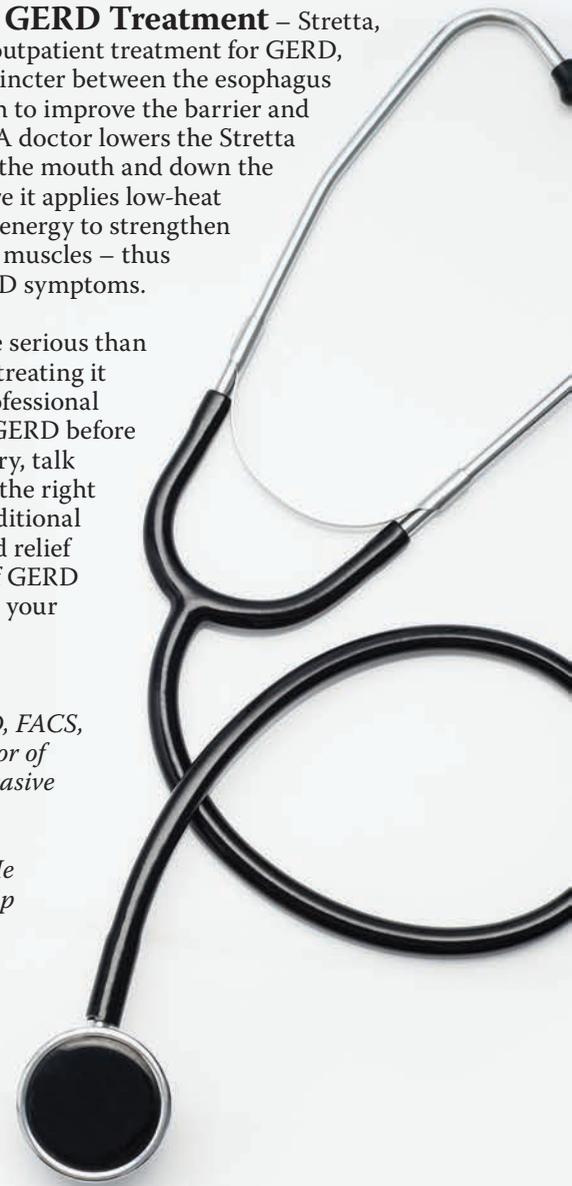
People who have had bariatric surgery cannot have traditional reflux surgery (referred to as Nissen Fundoplication). However, one surgical option is to implant a device called LINX. This device consists of a ring of magnetic beads that is implanted around the weak muscle (sphincter) at the entrance to the stomach in order to help prevent reflux. The device stays magnetically closed until it relaxes when a person is swallowing or belching.

- ◆ **Endoscopic GERD Treatment** – Stretta, a non-surgical outpatient treatment for GERD, fortifies the sphincter between the esophagus and the stomach to improve the barrier and prevent reflux. A doctor lowers the Stretta device through the mouth and down the esophagus where it applies low-heat radiofrequency energy to strengthen and thicken the muscles – thus improving GERD symptoms.

Because GERD is more serious than occasional heartburn, treating it effectively requires professional attention. If you have GERD before or after bariatric surgery, talk to your surgeon! With the right bariatric surgery or additional treatment, you can find relief from the discomfort of GERD and prevent damage to your esophagus.

### **About the Author:**

*Erin Moran-Atkin, MD, FACS, is the Assistant Professor of Surgery, Minimally Invasive and Bariatric Surgeon at Montefiore Medical Center in Bronx, NY. He completed his fellowship in bariatric surgery at The Johns Hopkins Hospital. Disclosures: Dr. Moran-Atkin is an investigator in a study of the effects of Stretta after sleeve gastrectomy.*





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

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

<sup>c</sup>Results may not reflect those expected in the general population.

Ask your health care professional about Saxenda® and learn more at [Saxenda.com](http://Saxenda.com)

### What is Saxenda®?

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

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

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

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

**Possible thyroid tumors, including cancer.** Tell your health care professional if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

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

### Who should not use Saxenda®?

#### Do not use Saxenda® if:

- you or any of your family have a history of MTC
- you have MEN 2. This is a disease where people have tumors in more than one gland in their body
- you are allergic to liraglutide or any of the ingredients in Saxenda® Symptoms of a serious allergic reaction may include: swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very rapid heartbeat, problems breathing or swallowing, and severe rash or itching

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

#### Before taking Saxenda®, tell your health care provider about all of your medical conditions, including if you:

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- are taking certain medications called GLP-1 receptor agonists
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Please see brief summary of Prescribing Information and additional Important Safety Information on adjacent page.

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



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**Saxenda®**  
liraglutide injection 3mg

**Saxenda**<sup>®</sup>  
liraglutide injection 3mg

**Brief Summary of Information about Saxenda<sup>®</sup> (liraglutide) injection 3 mg**

**Rx Only**

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

- Talk to your healthcare provider or pharmacist
- Visit [www.novo-pi.com/saxenda.pdf](http://www.novo-pi.com/saxenda.pdf) to obtain the FDA-approved product labeling
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**What is the most important information I should know about Saxenda<sup>®</sup>?**

**Serious side effects may happen in people who take Saxenda<sup>®</sup>, including:**

**Possible thyroid tumors, including cancer.** Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, Saxenda<sup>®</sup> and medicines that work like Saxenda<sup>®</sup> caused thyroid tumors, including thyroid cancer. It is not known if Saxenda<sup>®</sup> will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

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

**What is Saxenda<sup>®</sup>?**

Saxenda<sup>®</sup> is an injectable prescription medicine that may help some obese or overweight adults who also have weight related medical problems lose weight and keep the weight off.

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

**Who should not use Saxenda<sup>®</sup>?**

**Do not use Saxenda<sup>®</sup> if:**

- you or any of your family have a history of medullary thyroid carcinoma.
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body.
- you are allergic to liraglutide or any of the ingredients in Saxenda<sup>®</sup>.
  - Symptoms of a serious allergic reaction may include:
    - swelling of your face, lips, tongue, or throat
    - problems breathing or swallowing
    - fainting or feeling dizzy
    - severe rash or itching
    - very rapid heartbeat

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

- are pregnant or planning to become pregnant. Saxenda<sup>®</sup> may harm your unborn baby.

**Before taking Saxenda<sup>®</sup>, tell your healthcare provider about all of your medical conditions, including if you:**

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

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

**How should I use Saxenda<sup>®</sup>?**

- Inject your dose of Saxenda<sup>®</sup> under the skin (subcutaneous injection) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider. **Do not inject into a vein or muscle.**

- If you take too much Saxenda<sup>®</sup>, call your healthcare provider right away. Too much Saxenda<sup>®</sup> may cause severe nausea and vomiting.
- Never share your Saxenda<sup>®</sup> pen or needles with another person. You may give an infection to them, or get an infection from them.

**What are the possible side effects of Saxenda<sup>®</sup>?**

- **Saxenda<sup>®</sup> may cause serious side effects, including: possible thyroid tumors, including cancer.** See "What is the most important information I should know about Saxenda<sup>®</sup>?"
- **inflammation of the pancreas (pancreatitis).** Stop using Saxenda<sup>®</sup> and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.
- **gallbladder problems.** Saxenda<sup>®</sup> may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
  - pain in your upper stomach (abdomen)
  - yellowing of your skin or eyes (jaundice)
  - fever
  - clay-colored stools
- **low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus.** Saxenda<sup>®</sup> can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda<sup>®</sup>. Signs and symptoms of low blood sugar may include:
  - shakiness
  - weakness
  - hunger
  - sweating
  - dizziness
  - fast heartbeat
  - headache
  - confusion
  - feeling jittery
  - drowsiness
  - irritability

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

- **increased heart rate.** Saxenda<sup>®</sup> can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take Saxenda<sup>®</sup>. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes when taking Saxenda<sup>®</sup>.
- **kidney problems (kidney failure).** Saxenda<sup>®</sup> may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.

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

- **serious allergic reactions.** Serious allergic reactions can happen with Saxenda<sup>®</sup>. Stop using Saxenda<sup>®</sup>, and get medical help right away if you have any symptoms of a serious allergic reaction. See "**Who should not use Saxenda<sup>®</sup>?**"
- **depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

The most common side effects of Saxenda<sup>®</sup> include:

- nausea
- headache
- decreased appetite
- dizziness
- diarrhea
- vomiting
- upset stomach
- stomach pain
- constipation
- low blood sugar (hypoglycemia)
- tiredness
- change in enzyme (lipase) levels in your blood

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

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

These are not all the possible side effects of Saxenda<sup>®</sup>. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**Keep your Saxenda<sup>®</sup> pen, pen needles, and all medicines out of the reach of children.**

For more information, go to [saxenda.com](http://saxenda.com) or call 1-844-363-4448.

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

**More detailed information is available upon request.**

Available by prescription only.

For information about Saxenda<sup>®</sup> contact: Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536 1-844-363-4448

Saxenda<sup>®</sup> and Victoza<sup>®</sup> are registered trademarks of Novo Nordisk A/S.

**PATENT Information:**

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

Revised: SEPTEMBER 2016, VERSION 2



# COMING TOGETHER

## Educate. Advocate. Celebrate HEALTH!

### Join Us

### FOR THE 6TH ANNUAL



### NATIONAL CONVENTION

August 10-13, 2017  New Orleans

Your journey with weight is an important one – and it's not meant to be traveled alone. Through every challenge, setback, milestone and victory, there is power in **COMING TOGETHER!** Imagine having all of the education, tools, support and community that it takes to cross every hurdle and finish line – what would your journey look like *then?*

**Y**ou've faced the struggles, the misinformation and the roller coaster of ups and downs. You know first-hand how difficult it is to find evidence-based information and support that will successfully help you navigate your journey with weight and health. That's why the Obesity Action Coalition (OAC) was created – to provide individuals just like you with the resources and opportunities to live their fullest and healthiest lives!

Since our inception in 2005, we've discovered that one of the best ways to achieve this vision is to unite and connect with one another— and the desire to provide an educational and supportive community has compelled us to host our Annual *Your Weight Matters* National Convention each year since 2012! This Summer, we're ready to bring individuals from across the country (and globe!) together once again for a weekend filled with leading education, empowerment and community – and we want you to know that **YOU'RE INVITED** to join us at **YWM2017** as we **COME TOGETHER** to **Educate, Advocate and Celebrate Health!**



# At **YWM2017**, You'll Experience...

## World-class **EDUCATION** Presented by the Nation's Leading Experts



Offering information on more than 50 topics, the OAC's National Convention is dedicated to providing evidence-based education for any individual looking to manage their weight and health long-term and find lasting support along their journey! Some of the hot topics offered at **YWM2017** include:

- **The Power of Coming Together: The Harm of Accepting Weight Bias**
- **The Secret Life of Pets and Human Obesity**
- **Changing My Weight Destiny: Can I Choose a Diet that Better Matches my Biology?**
- **What's YOUR Come Back Rate? How to Turn Struggles into Your Greatest Strengths**
- **Sweet Dreams: The Relationship between Sleep Health and Your Weight**
- **ASMBS Nutritional Guidelines**

**YWM2017** is YOUR place to come and learn what you need for finding long-lasting success on your journey with weight. We know that you have questions, and we know you want access to science-based weight management strategies. That's why we've secured some of the Nation's biggest names and acclaimed experts in their field – including, but not limited to:

- Sought-after Registered Dietitian, TV personality and Convention Favorite **Dawn Jackson Blatner, RDN, CSSD, LDN**
- Internationally recognized, award winning Veterinarian and television guest star, **Dr. Ernie Ward, DVM**
- Bariatric surgery dietitian and health psychology expert **Nina Crowley, PhD, RDN, LD**
- Renowned behavioral sleep medicine expert and Associate Professor in the Department of Neurology at Northwestern University, **Dr. Jason Ong, PhD.**

## The Tools to **ADVOCATE** for a Healthier Future

You'll find plenty of opportunities at **YWM2017** to discover the power of advocacy and learn how to influence change – through the OAC and through the legislative process! Explore ways to affect change by learning how to advocate for obesity awareness, access to obesity treatments, valuable weight management resources and more!

- **National Advocacy Training Sessions** – Learn from the OAC's policy consultant and other OAC leaders on how to be an effective advocate for change. Then, put your skills to the test during our mock legislative visits!
- **Engage! Discover the Power of Your Voice** – This interactive, hands-on session is designed for anyone who wants to get more involved with the OAC. It's an excellent opportunity to learn more about our organization and discover ways that you can help advance our efforts!
- **OAC's Advocacy March** – Designed as an interactive and community-centered "send-off" to end the weekend, this event showcases advocacy in its many forms and offers activities that support the OAC's advocacy, education, and weight bias initiatives.

*NOTE: The above training sessions are available to all registered Convention attendees and pre-registration is required. Space is limited, so be sure to sign-up in advance when completing your registration.*



## Earn Up to 18 CE Credits!

At the *Your Weight Matters* National Convention, nurses and some health professionals have the opportunity to learn what their patients learn about weight, health, nutrition, exercise, obesity and more – and earn CE credits at the same time!

This year at **YWM2017**, the OAC is excited to offer up to 18 CE credits – more than any other OAC National Convention yet!

- **Full Registration w/CE Credits - \$145**
- **Single-day Registration w/CE Credits - \$65**

## A **CELEBRATION** of Health

No matter *where* you are at on your journey, or the role you may play in shaping the journey of someone else, celebrating health is important – and we're celebrating health **TOGETHER** at **YWM2017**! Join us as we honor ourselves *and* those who have helped us along the way with some of our special celebratory evening events:

- **Friday Night Welcoming Ceremonies** – This kick-off social event of the weekend will feature music, dancing, a buffet dinner and even a costume contest! Our New Orleans-inspired theme this year is "It's a Celebration!" and attendees are invited to get creative and **CELEBRATE** with our welcoming and supportive Convention community!
- **OAC Annual Awards Ceremony** – Held traditionally as more of a formal Convention ceremony, the OAC will host its 6th Annual Reception and Awards dinner to honor our members, advocates and volunteers who exemplify excellence in championing the OAC's cause and the journey toward improved health!



## A **COMMUNITY** like No other...

At **YWM2017**, we're passionate about providing an environment where ALL individuals can "Come Together" for an empowering and life-changing weekend! The Convention offers a safe and supportive place where you can connect with individuals who have shared experiences, build valuable relationships, gain support and encouragement without judgement, and find the tools and resources you need for long-lasting weight management success.



## **YWM2017 Exercise Program**

At **YWM2017**, try something new by participating in our safe and supportive exercise program! Stay energized throughout the weekend with our exciting exercise classes encompassing anyone from beginner to more advanced, including:

- **Morning walks and runs**
- **Aqua Zumba**
- **Hip hop Cardio**
- **Yoga**
- **Barre**
- **Pilates**



# YWM2017 PROGRAM AGENDA



## Thursday, August 10

- 10:30 am – 5:00 pm** Registration Open
- 1:00 pm – 4:00 pm** OAC National Advocacy Training  
OR  
**ENGAGE! Discover the Power of Your Voice**
- 5:30 pm – 7:00 pm** Convention Attendee and Exhibitor Welcome Reception  
(included with all registration options)

## Friday, August 11

- 7:00 am – 7:45 am** Group Exercise Classes and Morning Walks/Runs
- 7:00 am – 5:00 pm** Registration Open
- 7:45 am – 5:30 pm** EXPO Hall Open
- 7:45 am – 9:15 am** Breakfast in the EXPO Hall
- 9:00 am – 9:45 am** Event Welcome -  
**The Power of Coming Together:  
The Harm of Accepting Weight Bias**  
Event Leaders - Amber Huett-Garcia, MPA – OAC Chairwoman; and Michelle Vicari – OAC Convention Chair  
Featuring Scott Kahan, MD, MPH
- 9:50 am – 10:30 am** **Changing My Weight Destiny: Can I Choose a Diet that Better Matches My Biology?**  
– Christopher Gardner, PhD
- 10:30 am – 11:15 am** Break – Visit EXPO Hall Vendors
- 11:05 am – 11:15 am** Pre-session Exercise Demo
- 11:15 am – 12:00 pm** **Understanding Your Body's Response to Exercise and Hunger: Creating a Personal Prescription** – Tim Church, MD, MPH, PhD
- 12:15 pm – 1:30 pm** **Lunch with the Experts (Special Event-ticketed)**
- 1- Ready, Set, Go! Starting Your Weight Management Journey – Holly Lofton, MD
  - 2- Open Minds: Why You Should Consider Surgical and Device Treatments – Walter Medlin, MD, FACS
  - 3- Staying on Track with My Weight: Entering the Maintenance Phase – Catherine M. Champagne, PhD, RDN, LDN, FADA, FAND, FTOS
  - 4- An Open Discussion about Transfer Addiction – Nina Crowley, PhD, RD
  - 5- Beyond the Mirror: Seeing is Not Always Believing – Nanette Adams, MEd, LPC
  - 6- Getting back in the Saddle: Addressing Weight Regain
  - 7- Plant-based Diets... from the Ground-up
  - 8- Spreading the Message: OAC Resources for Support Group Leaders – Tammy Beaumont, BSN, RN, CBN

- 12:45 pm – 1:30 pm** **Coffee Break with the Experts (Special Event-ticketed)**
- 1 - There's a First Time for Everything: YWM2017 New Attendees UNITE! – Rob Portinga
  - 2 - Your Role in Defeating Weight Bias: Learn How You Can Help – Patty Nece, JD
  - 3 - Childhood Obesity: Finding the Right Care and Support
  - 4 - Seeking Treatment? Understanding the Insurance Process – Sarah M. Bramlette, MSHL
  - 5 - DIY: Creating a Local Support Network – Jaime Fivecoat, MBA
  - 6 - Women, Weight and Hormones: Piecing it Together
  - 7 - Tips and Tricks for Staying on Track in Social Situations – Michelle Vicari
  - 8 - Minimizing Your Fear as Your Surgery Date Comes Near



- 1:45 pm – 3:00 pm** **Breakout Sessions (2 offered)**  
**The Patient Care Continuum**  
OR  
**I Lost Weight, Now How Do I Keep it off?**  
Session Moderator - Robert Kushner, MD
- Topic 1: Weight Maintenance and Weight Regain – What the Research Shows – Robert Kushner, MD
- Topic 2: Strengthening My Biology Using Pharmacotherapy – Scott Kahan, MD, MPH
- 3:00 pm – 3:45 pm** Break – Visit EXPO Hall Vendors
- 3:35 pm – 3:45 pm** Pre-session Exercise Demos
- 3:45 pm – 5:00 pm** **Breakout Sessions (2 offered)**  
**Guidance in the Guidelines: Looking at Your Nutritional Needs after Bariatric Surgery**  
Session Moderator – Nina Crowley, PhD, RD
- Topic 1: Let's Look at the ASMB's Nutritional Guidelines – Nina Crowley, PhD, RD
- Topic 2: Recognizing Deficiencies – Signs, Symptoms and What Your Annual Labs Tell You – Christopher D. Still, DO
- Topic 3: Preventing Deficiency - Knowing What You Need in Your Supplements – Cassie I. Story, RDN
- OR  
**Point/Counterpoint – Are All Calories Created Equal?**  
Robert Kushner, MD, and Catherine M. Champagne, PhD, RDN, LDN, FADA, FAND, FTOS
- 5:00 pm – 5:15 pm** Break – Visit EXPO Hall Vendors
- 5:15 pm – 6:15 pm** **Friday Afternoon Workshop:**  
**Finding The Upside of down- Piece by Piece** (ticketed event)  
Featuring Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT
- 5:30 pm – 6:15 pm** **Afternoon Group Exercise Classes**
- 7:30 pm – 11:30 pm** **Friday Night Welcoming Ceremonies Dinner** (ticketed event – included with Full Convention Registration)



# COMING TOGETHER

Educate. Advocate.  
Celebrate HEALTH!



## Saturday, August 12

- 7:00 am – 7:45 am** **Group Exercise Classes**
- 7:00 am – 5:00 pm** **Registration Open**
- 7:45 am – 5:30 pm** **EXPO Hall Open**
- 7:45 am – 9:15 am** **Breakfast in the EXPO Hall**
- 9:00 am – 9:45 am** **Sweet Dreams: The Relationship between Sleep Health and Your Weight** – Jason C. Ong, PhD
- 9:50 am – 10:30 am** **What's YOUR Come Back Rate? How to Turn Struggles into Your Greatest Strengths** – Dawn Jackson Blatner, RD, CSSD
- 10:30 am – 11:15 am** **Break** – Visit EXPO Hall Vendors
- 11:05 am – 11:15 am** **Pre-session Exercise Demo**
- 11:15 am – 12:00 pm** **The Secret Life of Pets and Human Obesity** – Ernie Ward, DVM
- 12:15 pm – 1:30 pm** **Lunch with the Experts (Special Event-ticketed)**
- 1 - Understanding Your Relationship with Food – Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT
  - 2 - A Protein is a Protein, is a Protein... or IS it? – Cassie I. Story, RDN
  - 3 - Realistic Expectations: Finding the Balance in Your Weight Management Goals – Tammy Beaumont, BSN, RN, CBN
  - 4 - Body Contouring after Weight-loss – What to Consider
  - 5 - Open Minds: Why You Should Consider an Anti-obesity Medication – Scott Kahan, MD, MPH
  - 6 - Finding Your Flow: Breaking Through a Weight Plateau
  - 7 - Advice on Surgical Revisions: Perspectives from a Surgeon and Patient – Walter Medlin, MD, FACS, and Amber Huett-Garcia, MPA
  - 8 - Chronic Physical Pain and its Impact on Your Weight Management Journey
- 12:45 pm – 1:30 pm** **Coffee Break with the Experts (Special Event-ticketed)**
- 1 - Better Together: A Family Approach to a Healthy Lifestyle – Peter T. Katzmarzyk, PhD, FACSM, FAHA
  - 2 - Logged-on: Online Resources to Achieve Your Health and Fitness Goals – Michelle Vicari
  - 3 - Influencing Obesity Policy in Your Community... and Beyond! – Sarah M. Bramblette, MSHL
  - 4 - A to Zen: Holistic Approaches to Managing Your Lifestyle – Jason C. Ong, PhD
  - 5 - Ok to 5k: Every Exercise Journey Has a Start – Pandora Williams, CPT
  - 6 - It's Complicated: Challenges in Romantic Relationships for Post-surgery Patients – Nanette Adams, MEd, LPC
  - 7 - Limited by Your Mobility? Simple Ways to Get Moving



- 1:45 pm – 3:00 pm** **Breakout Sessions (2 offered)**
- Living Nutritiously: Making the Healthy Choice the Easy Choice** – Session Moderator – Cassie I. Story, RDN
- Topic 1: Eat Fit: Navigating Restaurants, Fast Food, and On-the-go Options – Molly Kimball, RD, CSSD
- Topic 2: Pot Lucks to Parties: Navigating Social Gatherings – Nina Crowley, PhD, RD
- Topic 3: Renovate Your Plate: Recipe Makeovers
- OR**
- Transforming Your Lifestyle: Building Healthy Behaviors** – Session Moderator – Robert Kushner, MD
- Topic 1: Time to Get-up! Reducing Sedentary Behaviors
- Topic 2: Sleep Tight and Don't Let the Stress Bugs Bite – Jason C. Ong, PhD
- Topic 3: Tools in the Toolbox: Resources to Keep Yourself Accountable – Donna Ryan, MD
- 3:00 pm – 3:45 pm** **Break** – Visit EXPO Hall Vendors
- 3:35 pm – 3:45 pm** **Pre-session Exercise Demos**
- 3:45 pm – 5:00 pm** **Breakout Sessions (2 offered)**
- Health Interrupted: What's Preventing Your Weight Management Progress?** Session Moderator – Tammy Beaumont, BSN, RN, CBN
- Topic 1: Friend or Foe: Identifying What's Holding You back – Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT
- Topic 2: Facing Sabotage Head-on: Peer and Professional Support – Pam Davis, RN, CBN
- Topic 3: Hear from Your Peers – an Open Discussion on Sabotage
- OR**
- Point/Counterpoint – Which Impacts Weight Gain More - Genes or Environment?** Donna Ryan, MD, and Peter T. Katzmarzyk, PhD, FACSM, FAHA
- 5:00 pm – 5:15 pm** **Break** – Visit EXPO Hall Vendors
- 5:15 pm – 6:15 pm** **Saturday Afternoon Workshop: Modern Day Meal Planning – Hacks, Shortcuts and the Keys to Nutrition HAPPINESS!** (ticketed event)
- Featuring Dawn Jackson Blatner, RD, CSSD
- 5:30 pm – 6:15 pm** **Afternoon Group Exercise Classes**
- 7:30 pm – 9:00 pm** **OAC Reception and Awards Ceremony**

## Sunday, August 13

- 8:00 am – 9:30 am** **ENGAGE! OAC's Advocacy March and Send-off Event!** (included with all registration options)

**YWM  
2017**

# CONVENTION HIGHLIGHTS

Each year at the *Your Weight Matters* National Convention, we strive to offer exciting, new and special events that will appeal to both seasoned and brand-new attendees! Check out some of these unique highlights you'll find exclusively at **YWM2017**:

## Point/Counterpoint Series – NEW This Year!

Listen-in as the experts explore both sides of two hotly debated topics related to weight and health, and hear what each point has to say in what's sure to be two energetic and insightful sessions!

- **Point/Counterpoint: Are All Calories Created Equal?** – A Lively Discussion between: Robert Kusher, MD and Catherine M. Champagne, PhD, RDN, LDN, FADA, FAND, FTOS
- **Point/Counterpoint: Which Impacts Weight Gain More – Genes or Environment?** – A Lively Discussion between: Donna Ryan, MD, and Peter T. Katzmarzyk, PhD, FACSM, FAHA

## Connect with the Experts

- **Lunch with the Experts**  
One of our most popular events of the Convention, Lunch with the Experts offers the unique opportunity for attendees to sit one-on-one with an expert at a topic table of their choice! *Note: This special event is an additional \$18/day and space is limited, so be sure to sign-up in advance when completing your Registration.*
- **Coffee with the Experts – NEW This Year!**  
Brand-new to the Convention this year as an extension to our popular Lunch with the Experts, you're invited to grab coffee and sit with an expert about a topic important that's important to you! *Note: This special event is an additional \$12/day and space is limited, so be sure to sign-up in advance when completing your Registration.*



## Afternoon Workshops – NEW This Year!

This year at **YWM2017**, we'll be offering two brand-new, ticketed workshops hosted by some of our Convention Favorites that are designed to give attendees a hands-on approach to finding long-lasting support on their journey. Check out these two workshops offered this year at **YWM2017**:

- **Finding the Upside of Down – Piece by Piece!**

Experience the inspiration behind nationally acclaimed psychotherapist, **Merrill Littleberry**, as she shows you how to start or restart your journey to "the Upside of down" and create sustainable progress in all aspects of your weight management journey – along with your overall health and life!



- **Modern Day Meal Planning – Hacks, Shortcuts and the Keys to Nutrition HAPPINESS!**

Catch television's favorite dietitian, **Dawn Jackson Blatner**, as she offers attendees practical strategies to modern day meal planning – with a glimpse into a newly-coined concept called "Delicious Monotony!" This session is designed specifically for those who've never had the time or urge to plan, and want to find the keys to their nutrition HAPPINESS!



*Note: These Special ticketed workshops are an additional \$15 fee, with 100% of the proceeds benefiting the Convention Scholarship Program.*

## Your Weight Matters Healthy Living EXPO

The YWM Healthy Living EXPO features a diverse array of 30+ vendors offering proven devices, products, services and samples in the health and wellness industry. Attendees are invited to interact and connect with individuals who have shared experiences, all while hearing from companies and organizations looking to help them on their journey toward improved health!



Let's Get Social with **#YWM2017!**



facebook

Let's get social with **#YWM2017!** Visit the official YWM Convention Facebook page at [www.Facebook.com/YWMConvention](http://www.Facebook.com/YWMConvention) and track the hashtag **#YWM2017!**

## See What Others Are Saying about the *Your Weight Matters* National Convention...

"Every year, the OAC's Convention helps me renew my commitment to my bariatric surgery. I come away refreshed, motivated, informed and ready for another successful year. When I return home, my support groups always look forward to hearing some of the highlights!"

– David Nina,  
Orlando, FL



"I love going to the OAC's National Convention to catch up with old friends, meet new ones, and find comfort and support around people who have common experiences and challenges similar to my own. I feel fulfilled each year by being a source of care and support to others I share a common bond with."

– Lisa Hernandez,  
San Antonio, TX



"Although my own journey with my weight has been unique, I have always been treated with kindness and concern by everyone associated at the *Your Weight Matters* National Convention. The Convention is a LIFELINE that I look forward to every year!"

– Mary Grisaffi,  
New Orleans, LA



# Make Your Plans to Attend!

## Reserve Your Room in New Orleans with Our Official Convention Room Block!

The OAC is excited to be hosting our 6th Annual *Your Weight Matters* National Convention this year in New Orleans at the beautiful Sheraton New Orleans Hotel – just steps away from all of the action in the Big Easy! By booking a room in the host hotel for **YWM2017**, you'll have the opportunity to stay right in the middle of it all for just **\$125/night** (Single/Double Occupancy) and experience a classic New Orleans property with amenities you are sure to enjoy, including these special perks:

- Complimentary Wi-fi in each room
- Discounted valet parking - \$16/overnight; \$10/day (preferred parking rates extended to those not staying at the Sheraton as well)
- Complimentary access to the hotel's fitness facility



### Reserve Your Room Online

To reserve your room online for **YWM2017**, please visit **YWMConvention.com** and click on the "Travel Details" section in the top menu bar.



### Call to Make a Reservation

To make your reservation by phone, please call **(888) 627-7033** and mention the group code "**OAC Convention**" to receive our preferred rate!



## Affordable Pricing Options for Everyone

We know the value in having access to the quality of education that the *Your Weight Matters* National Convention offers, so we strive to make the cost of attending as affordable as possible! With attendees traveling-in from all across the country (and globe), we have a variety of registration options to meet all needs and budgets – whether you're a healthcare professional, a patient, or someone who is simply seeking the right education, tools and support for your journey!

### Single-day Registration

**\$40**  
per day

For the low starting price of just **\$40/day**, this registration package includes:

- Access to all educational sessions and group fitness classes
- YWM Healthy Living EXPO
- Official Convention T-shirt, souvenir tote bag and Convention Program Book
- The opportunity to pre-register for the OAC's Training Sessions
- One ticket to the OAC's Advocacy March

*Meals, Lunch/Coffee with the experts, social events and special workshops are NOT included with Single-day Registrations.*

### Full Convention Registration

**\$95**

For just **\$95**, Our full Convention package includes:

- Access to all educational sessions and group fitness classes
- YWM Healthy Living EXPO
- Official Convention T-shirt, souvenir tote bag and Convention Program Book
- The opportunity to pre-register for the OAC's Training Sessions
- Breakfast on Friday and Saturday morning
- One ticket to the Event Welcoming Ceremonies Dinner, Annual Awards Ceremony and OAC Advocacy March

*Lunch/Coffee with the Experts and special workshops are NOT included with Full Convention Registration.*

*Note: Prices listed above are part of our Early-bird Registration period and will last until May 31. For additional pricing information, please visit **YWMConvention.com**.*

## THANK YOU

to the EARLY National Sponsors of the 2017 *Your Weight Matters* National Convention!



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The OAC is not affiliated with and/or does not endorse the products, services or messages of its Convention National Sponsors.

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**Register NOW**  
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once again to....

**Get the RIGHT Education**

**Advocate for a Healthier Future**

**Join-in a Welcoming Community**

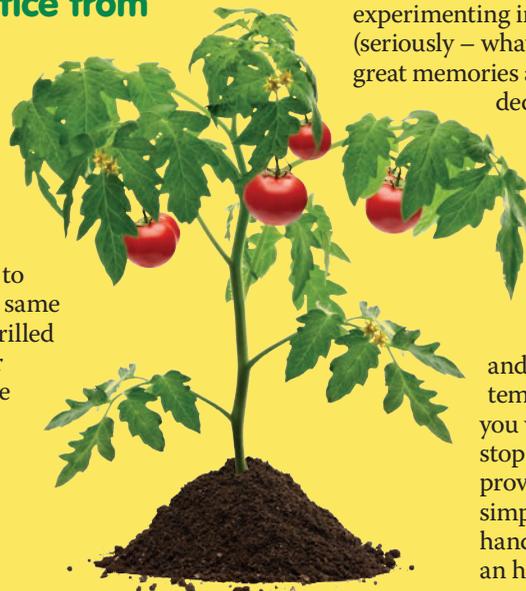
**Celebrate Our Journeys – Together!**

# PLANTING A Spring Garden for Healthy Family Fun

by Cassie I. Story, RDN

**T**here are few activities in life that bring the entire family together. Well, let me rephrase that – there are few activities in life that every member of the family enjoys doing at the same time. Think about it. How often do your weekends revolve around trying to keep every member of the family happy? Oftentimes, that involves sacrifice from one member to another.

Trust me – I have to psyche myself up to endure the bright lights and loud noises that inevitably come from my daughters' request to visit the local arcade. At the same time, I'm sure they're not thrilled when I announce, "Get your shoes on – we're going to the grocery store!" (Yes...I do actually enjoy going to the grocery store.)



Activities that bring joy to every member of the family are few and far between. Gardening is one of those rare pastimes! Two-year-olds flourish when playing in the dirt. 11-year-olds are thrilled by science and experimenting, and 17-year-olds...okay, I don't know if those with a newly possessed driver's license will like gardening, but you can give it a shot!



Planting a spring garden can reap many rewards far beyond the food that you grow. Bonding with each member of the family, tasting homegrown produce, experimenting in the kitchen with pounds of tomatoes (seriously – what do you do with all of those?)... Surely great memories are to be made when your family decides to plant a garden.

Fortunately, starting your own garden has never been easier! With one quick glance online, you can find and purchase any type of garden that works for your space and household. Or, if you're the crafty type, a few pieces of scrap wood and your imagination could serve as a template for an interesting container. If you would like a more linear garden, one stop to your local hardwood store can provide you with pre-cut wood and a few simple tools. With the help of a few sets of hands, you can build a garden box within an hour or so.

# Container Gardens for Families with Young Children:

Container gardens are easy to plant, require few tools and will hold the attention span of young children. Follow these easy steps and enjoy the fruits of your labor in no time!

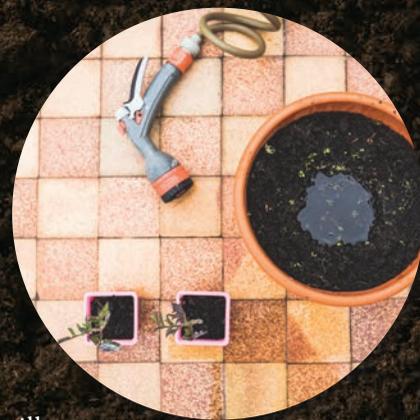


## 1. Choose Your Containers.

Start with a large container or pot that is at least 15 inches deep and wide. If you are a beginner gardener, bigger is better because you can hold more soil and lock moisture in longer. Larger flowerpots, barrels, baskets, planters or any larger container will work – so get creative!

The container or pot must drain well. Ensure that there is at least one hole in the bottom for water to run out of. If your container does not have drainage holes, use a drill to create four to six holes throughout the bottom.

Choose one vegetable or herb for each container, especially if this is your first time gardening. It's important not to overcrowd the pots!



## 2. Place Your Container in an Appropriate Area.

Choose an area that receives about six to eight hours of sunlight a day. If you live in warmer areas of the country, you may need to elevate your container from the hot concrete. Try placing it on a small cart or wooden box.

## 3. Plant!

Purchase potting mix that is designed to retain moisture well, along with quality plant starts or seed packets from your local garden store. Fill the base of the container with an inch or two of small rocks or pebbles to help drainage and to prevent mold or mildew.

Add soil to the container, leaving about two inches of space from the top. Thoroughly water the soil and let drain for a few hours before planting the seeds or starter plant.

For seeds, plant them according to package directions. For starter plants, dig a hole deep enough for the soil to reach the same level they were growing in their pot.



## 4. Water Your New Plants.

Maintain moisture levels. The soil should feel moist about one to two inches below the surface. Depending on the climate you live in, you will likely need to water your plants multiple times per week. Watering in the morning is preferred to the evening because it helps the plants stay hydrated during the heat of the day.



*Kids Corner continued on page 38*



## When and What to Plant

The best time to plant your garden is two to four weeks after the last evening frost. Your local garden store will be able to help you determine what will work best for your climate. In general, hardy to semi-hardy vegetables make for a great spring garden.

## Spring Vegetable/Herb Chart

1. Beets
2. Broccoli
3. Brussels sprouts
4. Carrots
5. Cauliflower
6. Celery
7. Herbs: basil, oregano, sage and thyme
8. Kale
9. Melons (for a summer harvest)
10. Radish
11. Spinach
12. Tomatoes



## Raised Garden Boxes for Families with Pre-teens/Teenagers:

If your family would like a larger garden, a raised garden box is the way to go as it helps to eliminate many challenges that can come along with gardening (weeds, varying soil types, etc.). You can buy a premade garden box online (that you assemble at home) or purchase wood from your local hardwood store and create your own. This time of year, most hardwood stores have piles of wood laid out specifically for a garden box, along with detailed building instructions.

Once you've assembled your garden box, follow these easy steps and in no time you'll enjoy some delicious homegrown produce.

1. Place your garden in an area that will receive adequate sunlight (once you place the box, you won't be able to remove it).
2. Place a thin layer of newspaper (black and white ink only – no colored advertisements) along the bottom of the box. This will help prevent weeds from growing and it will also decompose.
3. Cover with gardening soil (the hardwood store can help you determine how much soil you need based on the size of your garden box).
4. Plant! Water! Eat!

Whether your family members are novices or seasoned gardeners, planting a garden can be easy, rewarding and great for bonding.

**Now – go play with your food!**



# What do I do with my Harvest?

## Brussels Sprouts



Members of the cruciferous family, Brussels sprouts contain large amounts of antioxidants that can protect the body from damaging free radicals. They've also come a long way from your aunt's soggy steamed Brussels sprouts dish that we all remember from family gatherings long ago.

**How to Store:** Keep them in a bag in your refrigerator for several weeks. Wash and dry them just before using. The outer leaves will shrivel and turn brown – remove those prior to cooking.

**How to Use:** Half or quarter (depending on size) and toss in a bowl with olive or coconut oil. Let your imagination run wild with flavor additions (herbs, spices, nuts, seeds and dried fruits) and roast in a 400 degree oven until edges are slightly browned and crispy.

**Recipe:** One of my favorite side dishes is roasted Brussels sprouts tossed with coconut oil, walnuts, a small amount of honey, crushed red pepper flakes, and salt and pepper.

## Carrots

This is a root vegetable that provides a large amount of Vitamin A, potassium and fiber. They taste slightly sweet and make a nice addition to soups or casseroles.

**How to Store:** Store them loosely in a bag in your refrigerator for up to three weeks. Wash, dry, cut off the ends and peel (if desired, you can also leave the peel on) just prior to using.

**Recipe:** Looking for a new version of sweet potato fries? Try using carrots instead! Preheat your oven to 450 degrees. Slice them in the shape of traditional potato French fries. In a bowl, combine the carrots, olive oil (to coat), one tablespoon of chopped fresh parsley, one large minced garlic clove and kosher salt and pepper. Place on a baking sheet in a single layer and roast for 10 minutes, then turn and roast for an additional 10-15 minutes.



## Tomatoes



Planting these red jewels will yield plenty of fruit for a wide variety of dishes. I have vivid memories of watching my mom eat tomatoes right off the vine growing up – I swear she could make a meal out of freshly picked raw tomatoes (and a salt shaker of course).

**How to Store:** Store in a cool (but not cold) location. The kitchen counter (away from the stove/oven) is a great spot! They bruise easily, so it's best to place them in a single layer – not on top of each other.

**Recipe:** Black bean, corn and tomato salad makes an easy and delicious side dish. In a bowl, combine the following ingredients and then refrigerate to eat within three days.

- 1 can of black beans (rinsed and drained)
- 2 tomatoes roughly chopped
- ½ cup frozen corn
- ½ cup chopped avocado
- 1 minced garlic clove
- 1 Tbs. olive oil
- Juice of 1 lime
- 1/8 tsp. cayenne pepper
- ½ tsp. kosher salt

### About the Author:

Cassie I. Story, RDN, is a dietitian who has been working with surgical and non-surgical weight-loss patients for the past 12 years. She is the Clinical Science Liaison for Bariatric Advantage where she helps educate other healthcare professionals around the unique nutrition needs of weight-loss surgery patients. She has her own food blog, [www.WLSDailyPlate.com](http://www.WLSDailyPlate.com), which provides recipe inspiration for all members of the family – including those who have had metabolic/bariatric surgery. She enjoys traveling, hiking and spending time outdoors with her two daughters in Arizona.

# Spring Cleaning Your Kitchen - for Your Health!

by Sarah Muntel, RD



The days are longer, the weather is warmer and spring is in the air! Gone are the short, cold days of heavy meals, steamy hot chocolate and cuddling up under a blanket. Many people are motivated and recharged during this time of year, and they use spring as a time to clean up their diet and begin making healthier changes to their lifestyle.

For your spring diet overhaul, it's important to set yourself up for success. Having the right foods and drinks in your kitchen cabinets can make things so much easier! Throughout the winter, the wrong foods can easily creep in. Chips, cookies and cakes can make their way into your cabinet, and when the wrong foods are in your kitchen, you will be tempted to reach for unwanted food. It's time for the spring swap to get the right foods back into your kitchen!

## Placement is Everything

When you place your foods in the correct place, you know where they are. This makes healthy eating so much easier! Everything has a place, so make sure your food items are in the right spot and easy to find. If you carelessly throw veggies in the back of the fridge, no one will see them and they can easily be missed. Finding spoiled produce in your fridge is such a bummer...so keep them in the crisper or wherever else you're sure to see them!

When organizing your shelf, make it easy to find the "good foods". For example, put the healthiest foods and best choices at eye level so they will be easier to grab. You will be much more likely to pick the healthy choice if you are staring right at it! Another idea is to place good foods on the counter. A bowl of fruit on the kitchen table will encourage you to eat healthier foods every time you walk by.

## Think Outside the Cupboard

Think beyond organizing your cupboards. There are other spring ideas to get your diet recharged! Think about planting a garden, for example. There is no better way to get fresh vegetables than by planting them yourself. If you aren't up for a full garden, plant a couple different pots of vegetables. What's better than a pot of homegrown tomatoes on your patio? This will save money for your pocketbook as well as room in your fridge!

*Spring Cleaning continued on page 42*



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The ORBERA™ Intra-gastric Balloon System is a weight loss aid for adults 22 years and older and suffering from obesity, with a body mass index (BMI)  $\geq 30$  and  $\leq 40$  kg/m<sup>2</sup>, who have tried other weight loss programs, such as following supervised diet, exercise, and behavior modification programs, but who were unable to lose weight and keep it off. To receive ORBERA™ you must be willing to also follow a 12-month program, beginning with the placement of ORBERA™ and continuing for 6 months after, that includes a healthy diet and exercise plan. If the diet and exercise program is not followed, you will not experience significant weight loss results; in fact, you may not experience any weight loss. Losing weight and keeping it off is not easy, so you will be supervised throughout this program by a team of physicians, physiologists, and nutritionists. This team will help you make and maintain major changes in your eating and exercise habits. ORBERA™ is placed for no more than six months. Any time that the balloon is in the stomach for longer than six months puts you at risk for complications, such as bowel obstruction, which can be fatal. Some patients are ineligible to receive ORBERA™. Your doctor will ask you about your medical history and will also perform a physical examination to determine your eligibility for the device. Additionally, at the time of placement, the doctor may identify internal factors, such as stomach irritation or ulcers, which may prevent you from receiving ORBERA™. You must not receive ORBERA™ if you are pregnant, a woman planning to become pregnant within six months' time, or breast-feeding. Complications that may result from the use of ORBERA™ include the risks associated with any endoscopic procedure and those associated with the medications and methods used in this procedure, as well as your ability to tolerate a foreign object placed in your stomach. Possible complications include: partial or complete blockage of the bowel by the balloon, insufficient or no weight loss, adverse health consequences resulting from weight loss, stomach discomfort, continuing nausea and vomiting, abdominal or back pain, acid reflux, influence on digestion of food, blockage of food entering the stomach, bacterial growth in the fluid filling the balloon which can lead to infection, injury to the lining of the digestive tract, stomach or esophagus, and balloon deflation. Important: For full safety information please visit [orbera.com/dfu](http://orbera.com/dfu), talk with your doctor, or call Apollo Customer Support at 1-855-MYORBERA.

CAUTION: Rx only.

References: 1. Directions For Use (DFU). ORBERA™ Intra-gastric Balloon System (ORBERA™). Austin, TX: Apollo Endosurgery, Inc.

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MKT-00837-00R01

# Out with the Old and in with the New

**Drinks:** Many don't know this, but fluids can add many extra calories and a lot of sugar to your diet if they're not chosen correctly. For example, a 12-oz soda contains almost 40 grams of sugar which almost equates to 10 teaspoons. That's a lot of sugar! Alcohol, hot chocolate and sweet teas can provide your body with too much sugar throughout the day as well. This spring, swap to sugar-free options. Water is always best, but for some, it can get boring. Try adding a slice of lemon or lime to your water for added flavor. Sugar-free flavored beverages, decaffeinated teas and decaffeinated coffee are also great options.

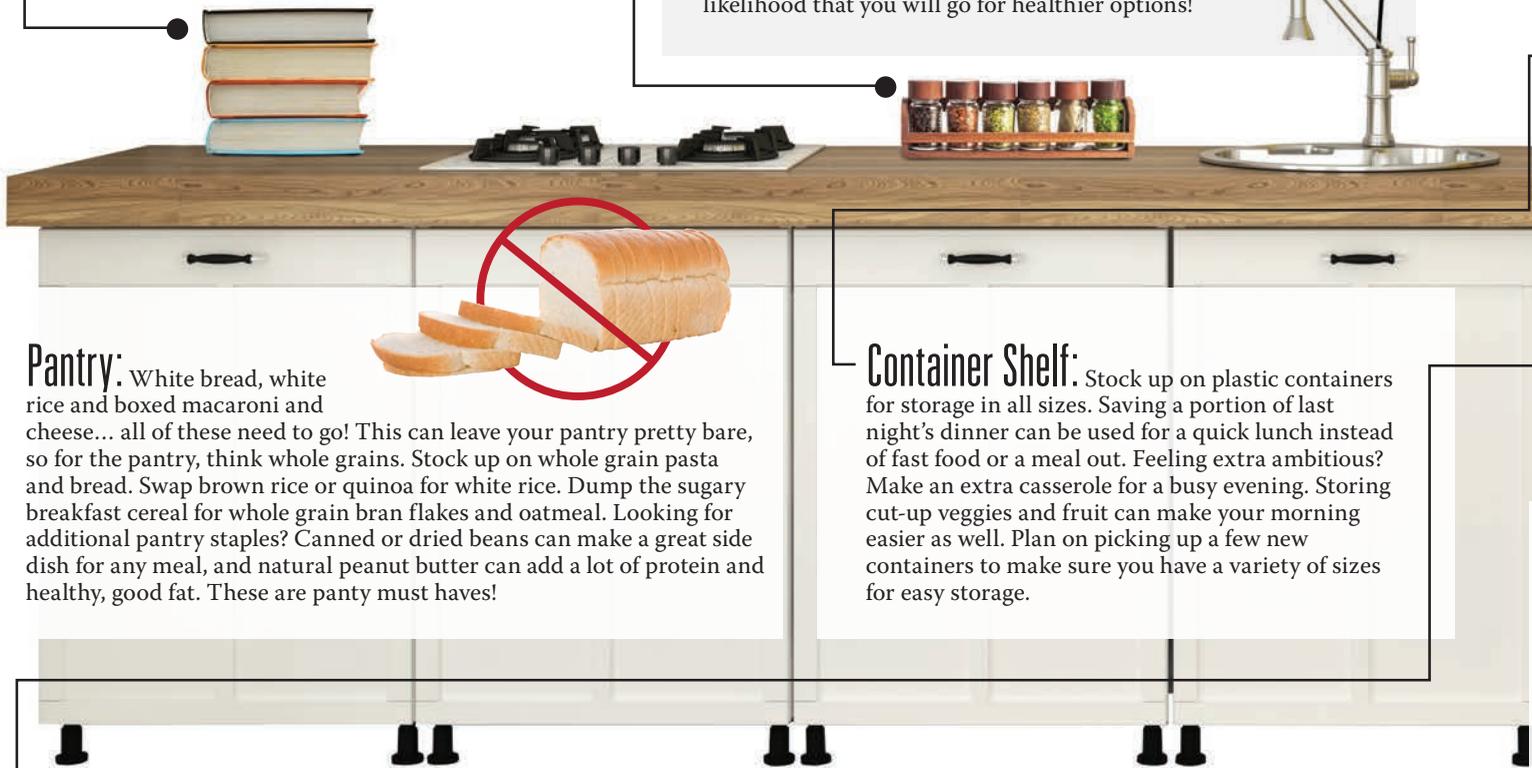


**Snack Drawer:** This is easy. Chips, cookies and cakes all need to go. High-fat and high-sugar items need to be replaced with better options. You'll feel better and have more energy with the appropriate snack choices! It's pretty easy to empty this drawer, because for most, all of it goes. Now, what do you fill it with? Snacks are an important part of anyone's diet. Fill this drawer with whole grain crackers (you can add some nut butter or cheese), popcorn, nuts and protein bars.



**Cookbook Shelf:** Time to dust off the cookbooks this spring! Get out of the winter rut of recycling the same five meals every week. Try new recipes this spring to spice things up in the kitchen! Make a pact to try one new recipe each week. Fresh salads, grilled meats and vegetable dishes can add a lot of variety to your dull winter meal plan.

**Spice Rack:** How long have you had your spices? In general, whole spices last about four years and ground spices last about three. Dried herbs last for about one to two years. Many of us have spices that are more than 10 years old! Toss the old and fill up with new. Spices can be a great way to add flavor to your foods. Add garlic, onion, sage, rosemary and marjoram to your meat. Flavor your fruit with cinnamon and nutmeg and your vegetables with parsley, lemon or dill. Adding a little spice will enhance the flavor and increase the likelihood that you will go for healthier options!



**Pantry:** White bread, white rice and boxed macaroni and cheese... all of these need to go! This can leave your pantry pretty bare, so for the pantry, think whole grains. Stock up on whole grain pasta and bread. Swap brown rice or quinoa for white rice. Dump the sugary breakfast cereal for whole grain bran flakes and oatmeal. Looking for additional pantry staples? Canned or dried beans can make a great side dish for any meal, and natural peanut butter can add a lot of protein and healthy, good fat. These are pantry must haves!

**Container Shelf:** Stock up on plastic containers for storage in all sizes. Saving a portion of last night's dinner can be used for a quick lunch instead of fast food or a meal out. Feeling extra ambitious? Make an extra casserole for a busy evening. Storing cut-up veggies and fruit can make your morning easier as well. Plan on picking up a few new containers to make sure you have a variety of sizes for easy storage.

**Fridge:** Out with the full-fat dairy, high-calorie dips and desserts. Reach way back and grab the moldy strawberries, wilted lettuce and old fruit as well. It's time to start over! Fill your fridge up with the essentials. Low-fat milk, low-fat cottage cheese, low-fat cheese and Greek yogurt are all great dairy options and can provide you with a great protein source. Looking for more protein options? Hardboiled eggs and low-fat lunch meat can add some protein to any meal. Next, visit the produce section and fill your crisper with fresh fruits and veggies. Feeling lazy? Go ahead and buy the pre-chopped choices to make things easier on yourself. Pre-cut veggies and fruit make a quick go-to snack on a busy day.

**Freezer:** Empty out freezer-burned items, frozen pastries and ice cream. Now you have some extra room and there are several things to fill it back up with. Frozen chicken, beef and pork are all great options, and throwing meat in your freezer can make it easy to put a quick meal together on a busy night. Although fresh fruits and vegetables are always the best, frozen options are also great for quick meals! Frozen veggies make a great side dish, and you can pair it with frozen chicken for a quick stir fry. Similarly, frozen fruit can quickly be added to a smoothie for some extra nutrients.



## At the End of the Day . . .

Sweep the cobwebs away and let's go. Start with one cupboard at a time and begin to add the healthy food your body needs. Make this spring all about YOU as you move toward a healthy kitchen and a healthy lifestyle!

### **About the Author:**

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

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## Does Your Exercise Match Your

# FITNESS GOALS?

by Mira Rasmussen, ASC, EP-C

Every form of exercise has benefits, but not every form of exercise will accomplish your goals! Take a **high-intensity program** like CrossFit, for example. The average crossfitter tends to have a wealth of power and strength because their workouts are structured for these benefits. However, if you have other goals in mind such as relieving joint pain or simply weight-loss, a high-intensity training program wouldn't directly meet your needs due to its type of programming. The structure of training programs – including sets, repetitions, intensity and duration – make up a formula for a specific goal.

Do you know what result your current exercise is intended for, or are you just moving and hoping for results? Exercise in general is good, but knowing how to match your cardio exercise and resistance training to your specific fitness goals will produce results much faster!

### **GOAL: OVERALL HEALTH AND RECOVERY**

**Cardio Exercise:** When you first start moving after a surgical procedure or after long periods of inactivity, it's best to move slow and increase your overall lifestyle activity. Though you're technically burning fat at this stage, it's not being burned at its fullest potential (most fat calories per minute of exercise). The health and recovery goal is about preparing your body for increased movement at higher heart rates while reducing the risk of injury. Generally, the following cardio exercises listed to the right are associated to an intensity of 50-60 percent of Maximum Heart Rate (MHR) and match this particular fitness goal.

- Increased bouts of standing versus sitting
- Walking for chores or errands
- Small bouts of continuous activity, 5-10 minutes at a time
- Flexibility exercises



**Resistance Training:** If you experience pain or weakness when you move, it's important to have a qualified fitness professional examine your movement patterns before you start an exercise program. This evaluation will determine if you have any muscular imbalances, and that information is important for strengthening underactive muscles and learning to relax areas of tension in your body. The workout program that a qualified fitness professional provides can help reduce pain during exercise and help you regain functional muscle and posture.

**Exercise Plan:** This plan should be individually prescribed and is specific to muscular function.

**Program:** Training 2-3 times per week/partial body weight or light resistance with dumbbells or bands/ 2-3 sets of 10-15 reps.

**PIL  
GOAL  
N**



**GOAL:**  
**FAT BURNING  
AND BASIC  
ENDURANCE**



**Cardio Exercise:**

Since oxygen must be readily available to burn fat, this exercise intensity level should allow for easy breathing. The workout should be relatively light, but long. Fat is a slow-burning fuel, and therefore a longer workout will be needed to maximize the amount of fat burned (vs. a high intensity, short duration workout). Well-trained individuals make an exception because they can often burn fat at higher intensity levels. The ability to do this is the ultimate goal for all of us, but being able to burn fat in the meantime is essential! Generally, the following exercises are associated to an intensity of 60-70 percent of MHR and match this particular fitness goal.

- Brisk walking outdoors or on a treadmill
- Riding a stationary bike
- Elliptical training (light to moderate)
- Water walking

**Resistance Training:** Since you've already worked out muscular imbalances and addressed areas of the body that were painful or restricted (if not, see the recovery goal above), it's time for a total body workout! A total body workout continues to improve your fitness level while working the body as a system instead of individual parts. This workout is best for weight-loss because it burns the most calories per session by training all of the muscles in your body in just one workout. This training will also impact the way you move day-to-day, and it will gently tone your muscles as you focus on overall energy expenditure and conditioning.

Sets and repetitions are high on this program. To complete so many reps in good form, you'll have to keep the weight at a moderate level.

**Exercise Plan:** At least one exercise for quadriceps, glutes, hamstrings, core, arms, shoulders, back and chest. Introduce new exercises at least every six weeks.

**Program:** Training 2-3 times per week using moderate resistance with partial body weight, dumbbells, kettlebells, or bands/2-3 sets of 15-20 reps.

*Fitness Goals continued on page 48*

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Nearly half of patients taking CONTRAVE lost 5% or more body weight and kept it off (vs 23% of patients taking placebo). Individual results may vary.

## Ask your doctor about CONTRAVE®

**CONTRAVE (naltrexone HCl/bupropion HCl) is a prescription weight-loss medicine that may help adults with obesity (BMI greater than or equal to 30 kg/m<sup>2</sup>), or are overweight (BMI greater than or equal to 27 kg/m<sup>2</sup>) with at least one weight-related medical condition, lose weight and keep the weight off. CONTRAVE should be used along with diet and exercise.**

### Important Safety Information

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

**Stop taking CONTRAVE and call your healthcare provider right away** if you experience thoughts about suicide or dying; depression, or anxiety; panic attacks; trouble sleeping; irritability; aggression; mania; or other unusual changes in behavior or mood.

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

medicines to help stop taking opioids, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, or take sedatives, benzodiazepines, or anti-seizure medicines and you abruptly stop using them; or are taking monoamine oxidase inhibitors (MAOIs). **Do not start CONTRAVE until you have stopped taking your MAOI for at least 14 days.** Do not take CONTRAVE if you are pregnant or planning to become pregnant or are breastfeeding.

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

**Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider says it is okay.**

**If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away.**

**Additional serious side effects may include:** opioid overdose or sudden opioid withdrawal; severe allergic reactions; increases in blood pressure or heart rate; liver damage or hepatitis; manic episodes; visual problems (glaucoma); and increased risk of low blood sugar

(hypoglycemia) in people with type 2 diabetes mellitus who take certain medicines to treat their diabetes.

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

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

**You are encouraged to report negative side effects of drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**



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

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

#### CONTRAVE can cause serious side effects, including:

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

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

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

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

### What is CONTRAVE?

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

#### Limitations of Use

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

#### Who should not take CONTRAVE?

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

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

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

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

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

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

#### How should I take CONTRAVE?

Take CONTRAVE exactly as your healthcare provider tells you to.

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

### What should I avoid while taking CONTRAVE?

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

### What are the possible side effects of CONTRAVE?

#### CONTRAVE may cause serious side effects, including:

##### • See “What is the most important information I should know about CONTRAVE?”

• **Seizures.** There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who: take higher doses of CONTRAVE; have certain medical conditions; or take CONTRAVE with certain other medicines. If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away. You should not take CONTRAVE again if you have a seizure.

• **Risk of opioid overdose.** One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE. You or someone close to you should get emergency medical help right away if you: have trouble breathing or become very drowsy with slowed, shallow breathing; or feel faint, very dizzy, confused, or have unusual symptoms.

• **Sudden opioid withdrawal.** People who take CONTRAVE must not use any type of opioid for at least 7 to 10 days before starting CONTRAVE. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before undergoing a medical procedure or surgery.

• **Severe allergic reactions.** Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms of an allergic reaction:

- rash, itching, hives, or fever
- painful sores in your mouth or around your eyes
- swelling of your lips or tongue
- swollen lymph glands
- chest pain or trouble breathing

• **Increases in blood pressure or heart rate.** Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking and while you take CONTRAVE.

• **Liver damage or hepatitis.** One of the ingredients in CONTRAVE (naltrexone) can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems:

- stomach area pain lasting more than a few days
- dark urine
- yellowing of the whites of your eyes
- tiredness

• **Manic episodes.** One of the ingredients in CONTRAVE (bupropion) can cause some people who were manic or depressed in the past to become manic or depressed again.

• **Visual problems (angle-closure glaucoma).** Signs and symptoms of angle-closure glaucoma may include eye pain, changes in vision, and/or swelling or redness in or around the eye.

• **Increased risk of low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines such as insulin or sulfonylureas to treat their diabetes.** Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus. You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE.

#### What are common side effects?

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

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

**This information is not comprehensive. If you would like more information, talk to your doctor and/or go to [www.contrave.com](http://www.contrave.com) for full Product Information.**

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

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

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

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## GOAL: AEROBIC FITNESS, HEART HEALTH AND TONING

**Cardio Exercise:** This goal requires a harder workout than the fat burning and basic endurance goal mentioned previously. Though you'll likely reduce the amount of fat burned during a session, this type of training increases heart health by working the heart as muscle. A stronger heart can work more effectively to deliver nutrient-rich blood to the body, making the heart more resilient against disease. Generally, the following exercises are associated to an intensity of 70-80 percent of MHR and match this particular fitness goal.

- Jogging
- Elliptical (moderate intensity)
- Water aerobics
- Rower (light to moderate intensity)
- Dancing (R&B, slow)
- Bike riding (general)



**Resistance Training:** Toning incorporates the same type of resistance training program for fat burning and basic endurance, but uses slightly more weight and a few less reps. It's common to include small bouts of high intensity exercise in a workout. For example, you may finish off a great squat set (modified for full) with ten chair burpees or a minute of jumping jacks. This will not only train your heart, but it will allow your body to make further muscular adaptations and increase your overall fitness.

Another good example of this type of training is a walk/run track that has exercise stations set up periodically along the path. These are often found in community parks or trails.

**Exercise Plan:** At least one exercise per workout for quadriceps, hamstrings, low back, biceps, triceps, and chest, and two exercises for glutes, upper back and abdominals. Introduce new exercises as soon as the goal for sets and reps has been accomplished.

**Program:** Training 3-4 times per week/ full body weight or moderate-heavy resistance with dumbbells, kettlebells, barbells or bands/ 2-3 sets of 8-10 reps.

## GOAL: INCREASED PHYSICAL PERFORMANCE AND STRENGTH

**Cardio Exercise:** This goal will have you training at higher heart rates where your anaerobic system will kick into gear, thus resulting in improved physical performance. Fat burning during the workout is minimal since your body will need to burn readily available fuel that requires very little oxygen (this fuel is carbohydrates). These higher intensities will tax your body and require a cardiorespiratory system that can support this increased physical effort. Generally, the following exercises are associated to an intensity of 80-90 percent of MHR and match this specific fitness goal.

- Running
- Rowing
- Dancing (Techno, fast)
- Swimming laps
- Athletic cycling or Spin



**Resistance Training:** To gain strength and size, moderate to heavy or heavy weight must be used with a low number of repetitions. Lifting heavy weight in good form requires less reps as muscle exhaustion is reached quickly. This method of training could cause some bulking in your physique depending on your body fat percentage. Bulking occurs when there are gains in muscle size without losing the layer of fat on top of the muscle.

**Program:** 1-2 or 3-4 sets of 5-8 reps (depending on the weight and specific muscle). Training 4-5 times per week/ heavy resistance with dumbbells, kettlebells, barbells or bands/ 4-5 sets of 5-8 reps.

**Exercise Plan:** Split your workouts with concentration on one muscle group at a time. For example, on day one, work out your back and biceps. On day two, work out your chest and triceps. On day three, work out your legs and on day four, repeat with your weakest muscle group. Exercises are changed every four to six weeks after the participant has maxed out their weight goal for each exercise.





## GOAL: SPEED TRAINING, ATHLETIC PERFORMANCE

**Cardio Exercise:** This goal uses almost all carbohydrates to fuel short-term bouts of very high intensity exercise. It's best to have previous training experience in order to reap the benefits of this goal with less risk of injury. Generally, the following exercises are associated to an intensity of 90-100 percent of MHR and match this specific fitness goal.

- HIIT (High Intensity Interval Training)
- Sprints (running, cycling, swimming, rowing, etc.)
- Tabata (periods of sprints mixed with rest)

**Resistance Training:** Athletic training is a mixture of agility, strength and power. The sport athlete or crossfitter fits into this category nicely. The base of this training is functional fitness, but the intensity and variation is meant for experienced athletes with strong self-awareness during maximal workouts.

**Exercise Plan/Program:** Highly varied sets and reps, but usually uses maximal weight and exertion. Some exercises are heavy with low reps, whereas others are lighter and faster. Exercises are usually done back-to-back with very little to no rest in between.

## CONCLUSION

Training with a program designed for your goals will produce results faster and drive your motivation towards lifelong fitness. If you have multiple goals from your cardio workouts, spend a small amount of time training in each area – but spend the most amount of time exercising at the heart rate intensity reflecting your primary goal.

Weight training, however, doesn't work the same as cardio training. Pick a specific goal for resistance training and stay with that program for at least three months. Once you feel like you have accomplished that goal, decide to either maintain those benefits by changing up your exercises or pick a different goal altogether and work with that programming for at least three months.

True health and fitness require not just cardio or resistance training, but both. Together, these two forms of exercise – when matched appropriately – will help you reach your fitness goals!

### About the Author:

*Mira Rasmussen, ASC, EP-C, is the founder and president of Fitness Beyond Training which specializes in functional training for the general population, athletes and those managing disease or any physical limitations. Committed to promoting a healthy lifestyle, Mira serves on the Obesity Action Coalition's Education Committee and frequently writes for Your Weight Matters Magazine. For more information on Mira, please visit [www.fitnessbeyondtraining.com](http://www.fitnessbeyondtraining.com).*

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# Myths & Misunderstandings about Obesity and Bariatric Surgery

by Walter Medlin, MD, FACS

*YOU are going to have a UNIQUE journey – I guarantee that!*

Humans are “predicting” animals. We use our big brains to try to anticipate outcomes. We use all sorts of memories, information, comparisons and probability calculations to help us feel better about selecting which action to take – and even when to do nothing at all. Choices are tough, and so we try to avoid the unfamiliar or the “unpredictable.” Sometimes this keeps us out of trouble, but sometimes it can keep us from taking advantage of important opportunities.

Statistics, however, are valuable for helping us understand groups of people, operations and outcomes – but they only serve as a guide.

Throughout this article is a list of “FAQ” points that may seem simplistic. Some are the result of simply inaccurate information. Some are the result of bias and discrimination – using unfair comparisons and twisting the truth on purpose. Some are the result of assuming that science doesn’t make progress, or that safety never improves.

More subtle are the unreasonable expectations based on wanting simple answers in a world that is complex and complicated. No journey in this world is the same for any two people – period. Even the same exact plan and input is

going to be a bit different every time. Science and “big data” are very strong – but there are just too many factors involved to be 100 percent confident in any outcome.

Uncertainty sucks! More important, though, is not the variation and risk in the journey of bariatric surgery. The important thing to remember is this: no procedure or surgery that I know of is more successful than bariatric surgery. I have seen almost every problem occur in patients – either in my practice or a colleague’s – and I do not know of a single patient that regrets taking this journey.

## Do any of these sound familiar?

I’ll Never Need to Watch What I Eat Again.

Surgery for obesity is not a cure – it is very powerful for hunger reduction and very easy for creating fullness. Weight-loss is almost “automatic” for three months and pretty easy for the first year, but the “honeymoon” does not last forever – even though most people are able to manage hunger long-term with their surgery helping.

I Won't Need to Change  
My Lifestyle.

A few patients have “perfect” outcomes and only have an appetite problem based on genetics. The rest of us (99 percent) still have to work on something to get durable results. Expect challenges and changes along the way, but not all at once. Adjustments happen continuously and even years after surgery, so keep your program team close and see them regularly – forever!

I Have to Change  
EVERYTHING!

Too many people are afraid that they have to become a “marathoning vegan” who cooks three times a day, never eats tasty food and has to live a “boot camp” lifestyle. We do have to try to live healthy, but everyone has to live a real life with compromises and adjustments. Yes, most of us need some change, but usually not as much as you might worry about.

*Myths & Misunderstandings continued on page 52*



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I'll Lose a lot of Weight Really Fast.

Within the first few months, it is common to lose 10 or even 20 pounds each month. Usually after that, one to two pounds per week is common – and small “plateaus” happen to almost everyone.

I Am Too High Risk.

Surgery is relatively safe – even for many people who have had previous heart attacks and strokes and for many who are in need of kidney, liver or heart transplants. In fact, it can often be helpful in these conditions.

I Am Too Old.

Most programs operate on patients well into their 70's. Good medical evaluation helps us prepare and “tune up” before surgery in order to reduce any risks.

It Won't Work for Me.

*(Note: this was my main concern before my operation, even though I had done more than a thousand successful operations before having it myself.)*

No operation is perfect, but this is almost never a problem. The real worry is long-term, 5-20 years out for most. Even then, a 20 pound regain is the BEST time to be making sure you are getting evaluated by your program. Most people do not regain more than half the weight that they originally lost.

I Will Be a Failure if I Don't Meet My “Goal” Weight and My Team Will Be Angry.

Setting a “goal” weight isn't always helpful. Set a goal lifestyle and a goal for a healthy relationship with food and self-care. My personal goal for myself and my patients is to be alive and kicking butt at age 80! Be amazing – and be good to yourself. We will watch our weight, too – but it is not the same as happiness.

It Always Fails.

This is absolutely untrue! Our goal is not a cure for issues with weight (expectations that are unrealistic cannot be met), but total weight regain is virtually unheard of with an intact tool. For example, there are a majority of patients who opt to have their lap band emptied or surgically removed after 10 years. Old gastric bypass and vertical banded gastroplasty operations can “undo” themselves in rare cases with gastro-gastric fistula. They can regain back to baseline weight, but it is not a failure of the patient or of the original operation.

Insurance Never Pays.

Every insurance company has policies that pay if they cover federal employees, Medicare or Medicaid patients. They just may not sell that policy to small employers. Most of the largest companies (Fortune 500) have coverage! Advocacy, however, is important. We know dozens of workplaces and public entities (like my home in Salt Lake City) that have added coverage in the last few years alone because of patients who have advocated for access to care.

I Haven't Earned It/ Don't Deserve It.

Studies have shown that self-blame and shame can keep patients from seeking appropriate, evidence-based care for weight management. This may be the most common barrier to making that first appointment.

I Don't Want to Be Opened Up.

Less than 1 in 200 patients have an incision larger than an inch for new bariatric surgeries. This includes those who have had other major “open” operations for hernias, gallbladder issues, colon surgery, etc. There is always a chance of this surgery happening, so it may be on your consent form as “possible open surgery” – but don't expect it to be needed. Even those few who do require a large incision do much better than in previous decades.

I Will Only Be Living on Shakes and Liquids.

This is inaccurate, but it's a common mistake that people make. Brief preoperative liquid diets are common for a week or two. As you recover, protein shakes are needed just for convenience – but within 30-90 days, patients are back to consuming many regular foods with slow intake and good chewing.

My Body Won't Look Right after Surgery.

Extreme television has made this seem like a common occurrence. Plastic surgery is common, but not in the extreme. At one year after surgery, temporary hair loss and muscle loss are at their maximum – but recovery after 18 months is amazing! (This is better with regular exercise and following nutritional guidance.)

My \_\_\_\_\_ Died from It.

Older operations were more dangerous, and today's intensive care colleagues have many more tools so that even complications such as pneumonia, heart attack and blood clots occur less common – therefore minimizing life-threatening risks.

My \_\_\_\_\_ Gained ALL of their Weight Back.

(See above) Gastric band and the “breakdown” of a few old operations can cause weight regain, but in the most common scenario, weight only comes halfway back. (The patient may have excess weight, but their friends and casual observers either forgot or never knew where they started from.)

I Just Need to Get My Head Together.

Obesity is not a character flaw or a “simple” psychological error in thought process. Yes, you should take factors such as stress and emotional eating seriously if you deal with them. Yes, you should seek good care for issues with mental health. Please know that this is not going to result

*Myths & Misunderstandings continued on page 54*

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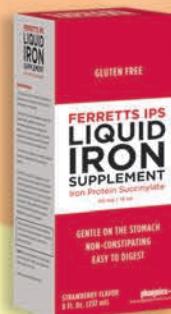
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in massive weight-loss, however (despite the fact that a few medications for mental health can directly lead to significant issues with appetite). This is also true with substance abuse.

**I Have Failed Everything Else – this Won't Work Either.**

No other treatment directly modifies your hunger in a durable way like surgery is able to do. Medications can provide a short or medium-term change, but only while you are taking them –and the effect usually diminishes over time.

**Once they Fix My (Knee/Back/Hernia), I Will Exercise and Lose It All without Surgery.**

Research has shown that it just doesn't work that way. You may become more active, fit and happy, but you will almost certainly not lose as much weight in the long-term as many of us believe.

**I Just Need Help to Lose the Weight, and Then I Can Keep It Off on My Own.**

Again, as much as we want it to be true, our appetite is largely controlled by genes – and that is a lifelong condition that needs lifelong treatment. (By the way – this means you really should get almost all the credit for staying in your program, no matter what the scale says!)

**My Primary Doctor Hates It, and He Has Seen Too Many Complications.**

Studies have shown that many doctors' and nurses' bias against obesity and patients with obesity gives them misconceptions about "risk versus benefit". That is to say – they far underestimate the risk of doing nothing, and far overestimate the risk of surgery for obesity.

**I Have Anemia, or I Am Afraid of Anemia and Other Mineral Problems.**

These problems do happen, but they can be treated. Not everyone who has a problem is "skipping out" on their follow-up – but that is very common. Even if you are taking all your recommended supplements and vitamins, problems can occur. If you are getting regular lab testing (yearly for most who are stable), then a problem can be detected early and be corrected with less consequences. You do not want to be diagnosed with osteoporosis at a late stage! If we all live long enough, bone health is going to be a consideration. Early detection is key!

You are not alone, and you will never stop having doubts! Even my heroes have anxiety about "never going back" – and so do I. Our education goes on together. So, many thanks to the patients, professionals and the scientists who keep teaching me and challenging my own misconceptions!

**About the Author:**

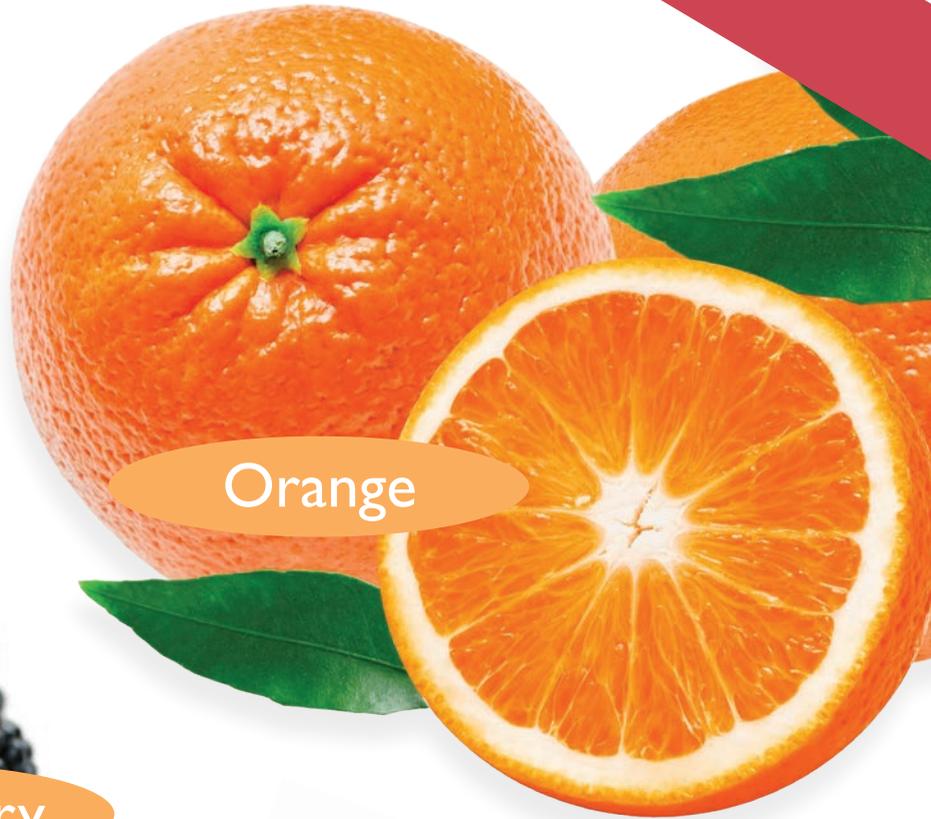
*Walter Medlin, MD, FACS, is a bariatric surgeon in Utah and sleeve gastrectomy patient now seven years post-op. He is a member of the OAC National Board of Directors and tweets @bonuslife.*





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