

YOUR WEIGHT Matters

Fall 2014

MAGAZINE

FOR YOUR HEALTH

CRASH DIETS

The Truth + The Risks



YWM2014 –
OAC SHATTERS
Attendance
Records

BREAKFAST

Is it really the most
important meal?

TAKE A LOOK INTO THE
CURRENT STATE
OF THE TREATMENT OF OBESITY

OAC Annual Awards
Winners Announced



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NOURISHING PERSONAL HEALTH

FALL 2014 • CONTENTS

News from the OAC 05

The OAC is calling on tech giants nationwide to remove fat-shaming apps from app stores. OAC member Sarah Bramlette wins photo contest.

The Risks of the Crash Diet 14

by Jacqueline Jacques, ND, FTOS

Crash diets – they're all too common and unfortunately very unsafe. Health expert Jacqueline Jacques, ND, FTOS, shares with us why crash dieting is not healthy and why the weight-loss will not last.

OAC Presents its Annual Awards 19

The OAC is proud to announce the winners of the 2014 OAC Annual Awards.

KID'S Corner – Staying Healthy during Your First Year of College: With Freedom Comes Responsibility 36

by Lea Crosetti Andes, RD, CSSD

The dreaded freshmen 15 – everyone has heard of it and most likely experienced it. Expert dietitian Lea Crosetti Andes, RD, CSSD, takes a closer look at the freshmen 15 and gives us some great tips to help work through it.

Dear Doctor, I notice that I am getting a rash in a skin fold. Will the rash just go away on its own? 42

Answer provided by Walter Medlin, MD, FACS

Skin irritations can often be an uncomfortable situation for individuals affected by obesity. Dr. Medlin explains why skin irritations occur and how to treat them.

Obesity and Gastric Ulcers 48

by Nadia B. Pietrzykowska, MD, FACP

Obesity is a serious disease carrying with it more than 40 related conditions. One of those conditions, gastric ulcers, is a serious condition but can be managed. This article takes a look at how to know if you may have gastric ulcers and what you can do to treat them.

OAC Members Matter - Be the Change You Wish to See in the World 06

by Michelle Mata

OAC member Michelle Mata provides us with an in-depth look at her struggles with mental illness and how the OAC's National Convention changed her life forever.

YWM2014 – We SHINED Together 16

YWM2014 is officially over, and more than 500 attendees truly SHINED Together in Orlando, Florida.

Current State of the Treatment of Obesity 22

by Stephen Boyce, MD

Throughout the past few years more and more obesity treatments have become available, and we're learning more each day how to treat this disease. Dr. Boyce provides us with a very in-depth look at bariatric surgery and how this surgical specialty continues to evolve.

Breakfast - A Healthy Start to Your Day 38

by Pam Helmlinger, RD, LDN, CDE

Is breakfast the most important meal of the day, and if so, what's a healthy breakfast? Pam Helmlinger, RD, LDN, CDE, breaks this question down for us and gives us some great ideas for a healthy breakfast.

STEP AEROBICS: A Functional Method of Weight Maintenance 44

by Laurel Dierking, MEd, NFPT

Exercise by taking a step? Laurel Dierking, MEd, NFPT, provides us with an inside-look at how step aerobics can help individuals affected by obesity get moving and improve their health.

To Shake or Not to Shake: The Truth about Salt, Blood Pressure and Weight 52

by Gwyn Cready, MBA, and Ted Kyle, RPh, MBA

It's on the table. You always add "just a little bit," but do you need it? This article takes a look at salt and helps us understand how there's more salt in our food than we're aware.

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

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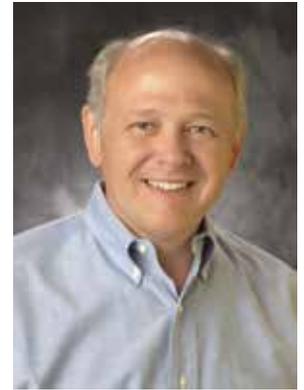


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A Message from the **OAC** Chairman of the Board

YWM2014, OAC's 3rd Annual National Convention, had many highlights – perhaps too many to count – as I think about the fresh memories of this extraordinary event. But the best highlights have been counted – more than 500 members of this vibrant, caring community from more than 40 states and multiple countries.



Ted Kyle, RPh, MBA

Obesity has been described as a condition that hides in plain sight. Though it affects a third of the population directly and most people indirectly, people only talk about it as an abstract idea. We have to listen to esoteric debates about whether or not it's really a disease and what the root causes are. But the real, important truth is that this condition is something that profoundly affects the lives of many people. And because it's a subject that makes people uncomfortable, it leaves those of us who are affected feeling isolated.

At YWM2014, that isolation was gone. We were re-united with people we know from prior meetings. We met people we only knew through the online communities that have grown up around the OAC. The energy, strength, struggles, caring, and good humor of this diverse collection of people who are the OAC inspired me and will fuel the work I do throughout the coming year. When I am with policymakers, trying to explain why they should fix the flaws in obesity-related policy, the stories of the people I met at YWM2014 make those changes imperative. It's your experiences, your struggles, and your successes that will move the world ahead.

Inspiring speakers, who brought unique human insight into confronting the challenges of dealing with obesity, equipped us for moving ahead in ways that scientific facts and observations alone could never do. Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT, has been one of the most captivating speakers at the YWM Convention year after year. As a passionate and compassionate psychotherapist, she brought a keen understanding of the physical and emotional challenges of weight issues to her inspiring presentation of how "Vision Is Vital."

The costume and awards dinners were great occasions – two of many opportunities to connect with our friends. Even if we didn't feel like talking in the wee hours of the morning, some of us couldn't resist the call of Starbucks at 6 am, and another chance to share some time together.

Which brings us back to the real highlight of YWM2014 – YOU! Whether you were one of the more than 500 people there in-person or you followed the meeting online, you were the real highlight of this meeting. The community that surrounds us at this meeting and at the OAC throughout the year is something you can find nowhere else. This community is indeed changing the world for people affected by obesity. Thank you for making it happen.

OAC Calls on Amazon, Apple, Google and Microsoft to Remove Fat-shaming Applications from Online Stores

The OAC, along with more than 20 supporting organizations, has issued formal letters to the leaders of Amazon.com, Apple Inc., Google Inc., and the Microsoft Corporation calling on each of them to remove offensive fat-shaming applications from their online app stores and strengthen their review process to ensure no further fat-shaming apps are approved for download.

“Applications such as “Fatify,” “Fatbooth,” “Fat You!” and others greatly perpetuate fat-shaming and weight bias in today’s society. Children are the primary users of these types of apps, and the apps are teaching children that the disease of obesity is a funny cosmetic issue, which we know is not true,” said Joe Nadglowski, OAC President and CEO. “You would never see an app target other diseases such as cancer, anorexia or HIV; therefore, obesity should be treated with the same consideration,” continued Joe.

The OAC was prompted to call on the tech giants to remove these types of apps after an OAC member contacted one of the app’s developers expressing concern and was told the app is intended for entertainment purposes only. Approximately 30 percent of girls with excess weight and 24 percent of boys with excess weight report being teased by peers at school. These apps have the potential to further exacerbate weight-based bullying and fat-shaming. The OAC and its supporting organizations are hopeful that Amazon, Apple, Google and Microsoft will remove the apps before any further harm is done.

Along with the OAC’s letters, the OAC is also encouraging its members, and the general public, to sign a petition displaying their support for the removal of fat-shaming apps and stronger app approval guidelines. To date, the petition has generated more than 1,400 signatures. To view and sign the petition and view a copy of the letters, please visit www.ObesityAction.org.



OAC Joins Forces with the YMCA of Central Florida to Tackle Obesity

The OAC and the YMCA of Central Florida are proud to announce an exciting new partnership aimed at educating the public about obesity, health and wellness and much more. With synergistic missions focused on overall health, the partnership is a proactive step forward to help the more than 93 million Americans impacted by the disease of obesity.

Founded more than 160 years ago, the YMCA brings to the partnership its many valued programs such as the YMCA’s Diabetes Prevention Program, LIVESTRONG®, THE COACH APPROACH® and more. Working in conjunction with the OAC’s

Your Weight Matters Brand, the collaboration will allow both organizations to utilize each other’s resources to fully maximize the partnership’s potential in working with individuals affected by excess weight and obesity.

“The OAC is proud to partner with the YMCA of Central Florida. As the leading patient-advocacy organization for individuals affected by obesity, the OAC is constantly looking for new ways to educate the public about obesity and offer it unbiased evidence-based information on weight and health,” said Joe Nadglowski, OAC President and CEO.

“As a leader in Healthy Living and prevention, the Y is committed to helping people and communities turn the tide on obesity and chronic disease,” said John Cardone, YMCA of Central Florida Senior Vice President of Health Strategies/Business Development. “It’s not a simple challenge, nor is there a one-size-fits-all solution. That’s why the Y is excited about our new partnership with the OAC. Together, through personalized programs, support and education, we can begin to turn in the tide on obesity in Central Florida and beyond.”

Through the strategic utilization of each organization’s programs and services, the partnership will have the potential to reach all Americans wanting to learn more about how their weight impacts their overall health and what they can do to improve their quality of life.



OAC Member, Sarah Bramlette, Wins HealthCentral.com’s LiveBold Anti-Stigma Photo Contest

OAC member Sarah Bramlette of Portsmouth, Ohio, is the first place winner in the Health Central Live Bold Anti-Stigma Photo Contest. Ms. Bramlette, an OAC member since 2012, shared with the world an in-depth look at her struggles with the disease of Lipedema and how weight bias impacts her daily life.

Her winning photo (*pictured right*) caught the eyes of contest voters daily as it features her taking part in her daily water aerobics. According to the LiveBold Facebook page, Sarah has a “goal to become an aquatic fitness instructor and teach classes for other



News from the OAC continued on page 13

Education Matters
Advocacy Matters
Support Matters

OAC MEMBERS
MATTER

Be the Change You Wish to See in the World

by Michelle Mata

“Be the Change You Wish to See in the World”

I have always read and heard this quote for as long as I can remember and could never even imagine that I can make a change in my own life, let alone in the world.

I started working in the mental health field as a Peer Advocate around 2006. I was advocating and learning about new things available for people living with mental illnesses. I remember traveling from Austin, Texas to Athens, Greece, doing things such as talking to our legislators about bills, learning new and innovative ways to help people on their road to recovery and helping to change how mental health services and peer-led services were being rendered or utilized. It felt good to be able to do something that was going to help me and people in my home state. Although I am proud to have been a part of that, I think I am most proud of the work I have been doing this past year.

I make an impact in my own community with people I know personally, my peers. I began working with a non-profit and doing some advocacy work with the Crisis Intervention Team (CIT) Training. I started learning that I was somebody with a strong voice. For years, I was told I would never amount to anything and that I was a failure. I felt worthless and being affected by obesity made things challenging for me as an adult. I was average weight as a child and not impacted by obesity. I was an okay student, but I remember I was bullied at school. But to tell you the truth, I don't really know why I was bullied, and I didn't really care.



What I was really more concerned about was the abuse I was enduring every day of my childhood until I left home and severed all contact with my family at about the age of 18. Once I left, I knew I needed to keep myself safe from any further abuse. For me, I thought if I gained weight; people would not want to touch me or be around me. People would not want to bother a fat girl. This sounded like the only logical thing at the time. So, I ate; I ate because I was happy, I ate because I was sad, bored, anxious, because everyone else was eating. I ate because I didn't want to waste food. Food became my comfort and being fat became my safety net. My life went on, but as I gained weight, I became depressed and I lost myself in it. I was working and going to school full time and taking care of my two children. As I ate, I got bigger and bigger and started having some health problems such as diabetes, high blood pressure and sleeping issues. I guess you can say I was safe from anyone hurting me – I just never thought about the things I could do to hurt myself. I never thought that I can abuse my own body and that is exactly what I was doing.

I was told by one of my doctors that I needed to lose weight or I would die before I was 40. I tried losing weight on my own and tried all the fad diets that I could afford and I would lose some weight but gained it all back and more. I started hearing more and more about bariatric surgery and that people were losing hundreds of pounds and their diabetes was gone and blood pressure was normal and they felt better and were able to do things they stopped

OAC Membership Application

Why Join the OAC? Because it's the ONLY National non-profit organization whose sole focus is helping individuals affected by obesity. The OAC needs every individual who is concerned about the cause of obesity to join our Coalition. With your voice, we can make a difference in education and advocacy for the millions of individuals affected by obesity.

OAC Membership Categories *(select one)*

- Individual Membership: \$20/year
- Institutional Membership: \$500/year
- Chairman's Council Membership: \$1000+/year

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

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

doing because of the weight. I started researching bariatric surgery and the different options. After doing my research, I found that the gastric banding was the right option for me. I found a surgeon and started the process and found the resources I needed to get some support. The nutritionist at my surgeon's office gave me information about the Obesity Action Coalition (OAC) and I became a member in 2009. I had gastric band surgery in December and then attended the Inaugural *Your Weight Matters* National Convention in 2012 in Dallas. I was so excited and also scared to attend by myself, but determined to go. I started planning. I saved money and made reservations and even planned on seeing some friends in Ft. Worth while I was in Dallas for YWM2012.

As YWM2012 neared, I started getting scared. What would people say or think about me? What will I say or do, I didn't know anyone there. Well, as I started meeting people and talking to them I realized that they had the same struggles as I had. It felt great to be around people that didn't care about my weight. All that mattered was that I was working on getting myself healthier and that I was learning things and finding new resources I never knew before. I started to feel confident and feeling confident in my own skin while I was working on getting healthier. I was okay with being me, the person I knew, that had been hiding in her fatness. I learned so much from the OAC Convention about different weight-loss options, motivation to lose weight, exercise, eating healthier or cooking differently or choosing the right foods. I learned that I matter. I matter at any size. I am somebody and that what I have to say, or the advocacy work I do, is important, and I can make a difference in people's lives.

I learned so much from the OAC Convention about different weight-loss options, motivation to lose weight, exercise, eating healthier or cooking differently or choosing the right foods. I learned that I matter. I matter at any size. I am somebody and that what I have to say, or the advocacy work I do, is important, and I can make a difference in people's lives.

After the Convention, I started working on my advocacy work more passionately and during the presentations, I became more comfortable standing in front of an audience of law enforcement officers, public transit police, child protective services workers, social workers, student nurses and anyone else that have direct contact with someone in a mental health crisis. My advocacy work doing presentations is about sharing my life experiences living with a mental illness. I help to educate them on how to approach me, maybe what to say or what not to say. I also answer any questions they may have so that they can understand what is going on in my head or why I behave in a certain way. I share my dark days living with a mental illness, my acceptance of my diagnosis, my treatment plans of my mental illness, the coping skills I utilize on a daily or weekly basis, and I share all of my success, hopes and dreams. After each section, I open it up to questions and answers. I answer the questions as honestly as I can.

Members Make a Difference continued on next page

OAC Membership Add-ons

(optional, but only accessible by OAC members)

Add-on 1: Educational Resources

To order bulk copies of OAC resources, members can purchase educational packages (not required for *Institutional* and *Chairman's Council Members*).

- Standard Package**
10-50 pieces/quarter \$50
- Deluxe Package**
51-100 pieces/quarter \$100
- Premium Package**
101-250 pieces/quarter \$150

Add-on 2: Make a General Donation

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

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

Membership/Add-on Totals:

Membership Category: \$ _____
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Michelle Mata dancing during the OAC Annual Awards Dinner.

I tell them how I would want to be treated if I was ever in a mental health crisis again. People that respond to a mental health crisis usually only see the person at their worst. I help to show them that people diagnosed with a mental illness do recover and that we can lead happy lives.

The best part of my presentation is reminding them that just because I have a diagnosis, does not negate the fact that I am human. I have rights and deserve to be treated with dignity and respect – just as if their loved-ones were diagnosed and in a crisis. I help them remember that there

is still a person with hopes and dreams still living inside. I show them the positive side of a person living with a mental illness. I help to put a face to people living with a mental illness. I am a mother, sister, friend, community member, voter, volunteer, trainer – a human living with a mental illness.

The diagnosis of a mental illness does not define me, it is not who I am. It is something I live with. My diagnosis and the advocacy work I do help make an impact for those living with a mental illness. It helps me educate people on how to respond and treat people living with a mental illness. I find it strange that someone diagnosed with a mental illness during a crisis can be arrested and sent to jail instead of getting the help they need. If someone in a medical crisis, say a heart attack, needs help, they go to the hospital and get medical help. They don't get arrested and sent to jail. But a person in a mental health crisis is arrested and may never get the mental health help they need to recover, thus perpetuating their situation. The cycle can just go on and on. This is where my advocacy work comes in, to help the trainees see that intervention is needed instead of handcuffs.

This is why I believe the way I was treated and what I learned at the Inaugural *Your Weight Matters* Convention helped me realize that my weight had no bearing on the work I was doing. My weight was never a factor in how what I was saying was going to be heard or not. It was my life story, my experiences, my voice that was going to make an impact or a difference.

One in four people are living with a mental illness. It is most likely that you know someone living with a mental illness. Think about it, if your own family member was diagnosed with a mental illness, the way you would want

them to be treated if they were in the middle of a crisis is the same way I want to be treated. I hope the work I do will normalize the idea that living with a mental illness is okay and that it is not anyone's fault. We don't deserve to go to jail or be criminalized just because we have a mental illness. We have rights and deserve to be treated with dignity and respect and to receive appropriate mental health treatment.

In June 2014, I received a call from a non-profit organization in California asking if I would be willing to be filmed for a documentary about CIT Training and the advocacy work I do during their training with my presentations. I agreed to be filmed. I was going to be able to reach more people and help them help people living with a mental illness get the help they need. I don't think I would have ever agreed if it were not for the Obesity Action Coalition's Inaugural Convention in 2012. If I had not attended the Convention, I don't think I would have gotten the call let alone agreed to be filmed. I gained so much since attending. If the first *Your Weight Matters* Convention gave me so much, I can't wait to see what the next few years will give me. I am ready to make an even bigger difference. I don't know what or how it will look, but I am ready.

I love the work I do and will continue it with all my passion. I will continue working on myself, my weight-loss, exercising, eating right and doing the things that make me feel happy. I still have a mental illness and will forever. But I know that with my friends, family, peers, my treatment and my work, I can overcome those challenges. The path I make for myself is mine to make on my journey in life. We all, every one of us, face obstacles. It is overcoming the obstacles that makes us who we are. My hope is to cope with my diagnosis and finding what is right for me. I still struggle with things in my life, but I have found that if I want my life to be fulfilling, I need to love myself, continue advocating and staying positive. For me, having a healthy mind is just as important as having a healthy body.

The path I make for myself is mine to make on my journey in life. We all, every one of us, face obstacles. It is overcoming the obstacles that makes us who we are.

"Be the change you wish to see in the world." The quote I will forever remember. I never thought I could or would ever make a difference in the world. I make a difference every time I share my story. If you want to change something or make a difference in your own life, start small.

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-Kim D. (customer since August 2014)

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THEM!!!!"

-Debra D. (customer since July 2014)



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

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



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

2 IN 1 WEIGHT LOSS

One ingredient likely reduces appetite and decreases food consumption



The other ingredient may make you feel full throughout the day

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

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

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

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

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

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

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

IMPORTANT SAFETY INFORMATION

Who should not take Qsymia?

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

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

Qsymia can cause serious side effects including:

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

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

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

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

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

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

What are the possible side effects?

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

Some common side effects include:

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

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

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

Please see Important Facts for Qsymia on following page.

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

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

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

ASK YOUR DOCTOR IF QSYMIA IS RIGHT FOR YOU.

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

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

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

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

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

Qsymia can cause serious side effects, including:

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

Women who are pregnant must not take Qsymia.

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

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

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

What is Qsymia?

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

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

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

Who should not take Qsymia® CIV?

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

What should I tell my healthcare provider before taking Qsymia?

Tell your healthcare provider if you:

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

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

Especially tell your healthcare provider if you take:

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

What should I avoid while taking Qsymia?

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

What are the possible side effects of Qsymia?

- **Mood changes and trouble sleeping.** Qsymia may cause depression or mood problems, and trouble sleeping. Tell your healthcare provider if symptoms occur.
- **Concentration, memory, and speech difficulties.** Qsymia® (phentermine and topiramate extended-release capsules) CIV may affect how you think and cause confusion, problems with concentration, attention, memory or speech. Tell your healthcare provider if symptoms occur.
- **Increases of acid in bloodstream (metabolic acidosis).** If left untreated, metabolic acidosis can cause brittle or soft bones (osteoporosis, osteomalacia, osteopenia), kidney stones, can slow the rate of growth in children, and may possibly harm your baby if you are pregnant. Metabolic acidosis can happen with or without symptoms. Sometimes people with metabolic acidosis will: feel tired; not feel hungry (loss of appetite); feel changes in heartbeat; or have trouble thinking clearly. Your healthcare provider should do a blood test to measure the level of acid in your blood before and during your treatment with Qsymia.
- **Low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus.** Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as insulin or sulfonylureas). You should check your blood sugar before you start taking Qsymia and while you take Qsymia.
- **Possible seizures if you stop taking Qsymia too fast.** Seizures may happen in people who may or may not have had seizures in the past if you stop Qsymia too fast. Your healthcare provider will tell you how to stop taking Qsymia slowly.
- **Kidney stones.** Drink plenty of fluids when taking Qsymia to help decrease your chances of getting kidney stones. If you get severe side or back pain, and/or blood in your urine, call your healthcare provider.
- **Decreased sweating and increased body temperature (fever).** People should be watched for signs of decreased sweating and fever, especially in hot temperatures. Some people may need to be hospitalized for this condition.

Common side effects of Qsymia include numbness or tingling in the hands, arms, feet, or face (paraesthesia), dizziness, change in the way foods taste or loss of taste (dysgeusia), trouble sleeping (insomnia), constipation, and dry mouth.

Tell your healthcare provider if you have any side effect that bothers you or does not go away. These are not all of the possible side effects of Qsymia. For more information, ask your healthcare provider or pharmacist.

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

Need more information?

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

Qsymia[®]
(phentermine and topiramate
extended-release) capsules ©

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Lipedema and Lymphedema patients so they have a comfortable environment among peers to exercise and get support.”

As the first place winner, Sarah will receive a \$500 prize, which she will use to fund her next advocacy trip to Washington, DC. Sarah is a seasoned Capitol Hill advocate and has taken on topics such as access to care for Lipedema patients, obesity, weight bias and more.

“I am overwhelmed with the amount of votes and comments my photo received during the contest. My boyfriend took the picture and my initial reaction to it was a sarcastic ‘thanks babe.’ I soon realized how very powerful the photo was and how it really captured my story. There is more to me and my story than what appears on the surface. The people who take the time to see past my surface appearance get the benefit of knowing me, and in exchange, I get to know them and their story. While I entered for the opportunity to share my story, winning now gives me an even larger platform to spread awareness and to advocate for Lipedema and Lymphedema patients. We all may live with different medical challenges but together our stories make a huge impact in the fight against stigma that exists in society,” said Sarah Bramblette.

“The OAC congratulates Sarah on winning the contest. Sarah is an incredible member of the OAC and has always stood strongly with the Coalition as we advocate for effective change and raise awareness of the disease of obesity,” said Joe Nadglowski, OAC President and CEO.



**Congratulations
to Sarah
Bramblette for
Winning the
OAC “Member
of the Year”
Award**

To learn more, turn to page 19.



by Jacqueline Jacques, ND, FTOS

It often seems appealing to lose weight quickly. For many of us, it's easier to think about severely restricting what we do to see rapid gains in a short period of time, than it is to think about making long-term sustainable life changes. But rapid weight-loss – especially the sort that we commonly call “crash” dieting – is not without risk that must be considered in relation to any possible rewards.

SOME OF THE RISKS OF CRASH DIETS ARE AS FOLLOWS:

GALLSTONES

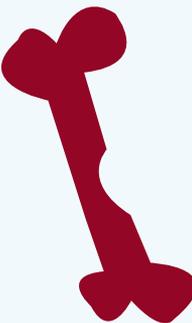
The gallbladder is a small organ that lives right below your liver. It stores a liquid substance called bile that helps you to break down fat when you eat it. Gallstones form when substances in bile crystalize and

the crystals grow together. Sometimes they are very small (like sand), but they can grow to be very large (like golf balls). Large stones can cause severe pain and illness. Rapid weight-loss (3 pounds or more per week in this case) can significantly increase the risk of forming gallstones. Up to 25 percent of individuals who use diets that are very low in calories (800 or less) develop gallstones. Experts think this is from changes in fat metabolism that happen with very rapid weight-loss. Weight cycling – losing and regaining weight repeatedly – also increases the risk for gallstone formation.

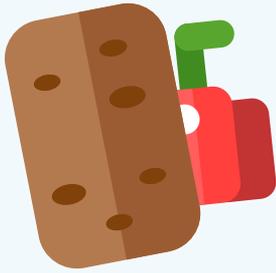


LOSS OF LEAN BODY MASS

When someone loses a lot of weight, some part of that weight is always likely to be lean body mass (muscle and bone) rather than fat. Following strict dietary protocols under the supervision of a health professional can help to minimize that and this is part of why physician supervision is important for anyone who really wants to use a very low calories diet (VLCD).



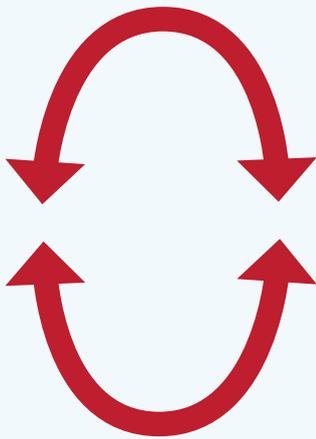
Without intervention, a VLCD can produce a greater than 25 percent loss in lean body mass. This is important for multiple reasons including the fact that loss of bone tissue can contribute to later-life frailty and loss of muscle harms both metabolism and strength. Overall loss of lean body mass is associated with poor health, especially as we age.



POOR NUTRITION

We get our nutrition (protein, fats, vitamins, minerals etc.) from the food we eat. For an important set of nutrients (those that we call essential) we have to get them in minimum amounts each and every day (or at least very regularly) to assure good health. When you dramatically reduce what you eat, it can be very hard to meet your nutritional requirements.

Additionally some crash diets may severely restrict the types of food people eat (no carbohydrate, no fat, no dairy foods, and so on) making it more challenging to get complete nutrition. While most of us have adequate nutrient stores to go very short periods of time without all of our essential nutrients, we can't do this for long. Nutrient deficiencies can cause both short and long term health issues, some of which are very serious.



THE REBOUND EFFECT

When you lose weight, one of the hardest things to do is to keep it off. In one study of a VLCD, 40 percent of participants gained back more than they lost. When you drastically reduce calories, even if you need to lose weight, your body thinks you are starving. As a protective mechanism, your body slows your metabolism – but this makes it harder to keep losing weight. It also means that when you start adding more calories, you can regain weight very quickly. Many people will find they regain faster than they lost after this kind of drastic diet.

OTHER RISKS

Other possible side effects from very rapid weight-loss include electrolyte imbalances, abnormal heart rate and rhythm, low blood sugar, dehydration, acute gout, hair loss, weakness, constipation and more.

CONCLUSIONS

While it may seem tempting to engage in dramatic and rapid weight-loss, it's not something that you should do on your own. Medically supervised diets can provide the appropriate safety measures to protect you while you lose weight, monitor your health for side effects, and help to assure your safety. If you are thinking of attempting rapid weight-loss on your own, it is important to consider the possible risks and talk to your doctor if you have any health conditions.

About the Author

Dr. Jacques, a frequent author in the OAC's quarterly publication, Your Weight Matters Magazine, is a Naturopathic Doctor, medical nutrition expert, and Fellow of The Obesity Society. Dr. Jacques is currently the Vice President of Research and Development for Thorne Research, a company dedicated to enhancing health by providing the highest standards in quality and purity in therapeutic supplements for three decades. Her greatest love is empowering patients to better their own health. Dr. Jacques is a member of the OAC National Board of Directors.

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YWM 2014

TOGETHER WE
S.H.I.N.E.

Support, Health, Inspiration, Networking and Education – S.H.I.N.E. This was the theme for OAC’s 3rd Annual Your Weight Matters National Convention, and for those that joined the OAC in Orlando this past September, we did just that. Together, we truly did SHINE!

More than 500 individuals joined the OAC to learn about topics such as food addiction, mindful eating, weight-loss options and more from experts in the healthcare field. In addition to the unparalleled evidence-based education, the OAC also offered some brand new components this year, such as the OAC’s Inaugural Advocacy March to Washington, DC, the YWM Healthy Living EXPO, and a brand new advocacy session, Advocacy for Beginners: Developing Your Inner Advocate.

THE SUPPORT



YWM2014 attendees pose for a picture during the Lunch with the Experts session.

The *Your Weight Matters* National Convention is unique in that there is no other meeting in existence that offers the same level of support and sense of community.

YWM2014 offered attendees a safe place to relax, feel comfortable and, most importantly, learn from each other.

The support offered at Convention is the foundation for the meeting. Only through support can we truly open up our minds to learning new information, accepting ourselves for who we are and helping one another in this lifelong journey toward improved health.

THE HEALTH

Why does our weight matter? It matters for our health. YWM2014 attendees experienced a wide variety of health-focused components of Convention, such as nutrition, exercise and health screenings.



Attendees enjoying themselves during the Lunch with the Experts session.

Nutrition

Let’s start with the nutrition. Each meal offered at YWM2014 was carefully crafted by volunteer nutrition expert Cassie I. Story, RD. Cassie is a longtime member of the OAC and took great pride in developing all Convention meals. And not only were all of the meals nutritious and tasty, but they were also accompanied with full nutrition information.



Vegetables and hummus appetizer served at YWM2014



Robanne Robin leading her exercise class in a hip hop routine.

Exercise

Walking, running, dancing, aquafit, yoga – you name it, and we offered it at YWM2014. The OAC knows that exercise is a core component of our attendees’ health plan. We wanted to give folks the opportunity to try something new or engage in a Convention-favorite such as our morning walks.

Health Screenings

Brand new for YWM2014 this year, the OAC unveiled the *Your Weight Matters* Healthy Living EXPO in partnership with the YMCA of Central Florida. Featuring more than 30 vendor booths displaying products and services best suited to help individuals along their journey toward improved health, the EXPO offered attendees a wide variety of useful products and services.



An attendee gets her height measured during the EXPO’s free health screenings.



Attendees visit the EXPO Hall

The YWM Healthy Living EXPO featured an incredible lineup of health-focused exhibitors, and most importantly it also offered attendees free health screenings.

WE SHINED TOGETHER!

Attendees were able to have their height, weight, BMI, A1C and blood pressure measured – all for FREE. Special thanks to Eisai for their sponsorship of this year's health screening.

The OAC thanks the YMCA of Central Florida for their partnership in hosting the 2014 YWM Healthy Living EXPO.

THE INSPIRATION

Throughout the Convention, attendees took part in an inspiring effort to symbolically march to Washington, DC. The OAC's Inaugural March to Washington, DC, challenged attendees, along with our members at home virtually, to generate enough steps to march from Orlando, Fla. to DC. The OAC needed to march 1.7 million steps to make it to DC – and we marched more than 2.5 million steps throughout the weekend!



March participants pose for a final picture at the end of the Advocacy March.



Joe Nadglowski, OAC President and CEO, helps an attendee email their elected official.

The culminating event, held on Sunday of Convention, brought a finale to the Advocacy March. Attendees were able to visit interactive stations while walking the grounds of the host hotel. Each station offered attendees the opportunity to advocate in different ways such as standing-up to weight bias, contacting their elected officials and more!

Proceeds from this inspirational event benefitted the Convention Scholarship Program. In its inaugural year, the program awarded 13 Convention Scholarships to individuals from across the country, providing them the opportunity to take part in YWM2014.



Jill Ruitenberg takes a stand against weight bias during the Advocacy March.

THE NETWORKING

Learning from each other is one of the most valuable components of YWM2014. Quite often, individuals affected by obesity feel alone. Well, at YWM2014 attendees were anything BUT alone. From the social events to the special Advocacy Training Sessions (more than 80 attendees were trained advocates this year), networking and making new friends at YWM2014 was easy.



Advocacy for Beginners attendees practice exhibiting for the OAC.

Brand new to the Convention this year, the OAC offered a special advocacy session, Advocacy for Beginners: Developing Your Inner Advocate. Attendees learned there's more to advocacy than just contacting your legislators. Session participants had the opportunity to practice exhibiting for the OAC and participate in mock radio interviews. Advocacy has many forms and for those in the Beginner session, we learned that advocacy can be as simple as sharing your personal journey with weight.

While we did lots of learning at YWM2014, there was no shortage of fun and exciting social events. From the "Blast from the Past – Party of the Decades" to the OAC Annual Awards Dinner, OAC attendees enjoyed themselves by dancing, laughing and connecting with others.



YWM2014 attendees smile for the camera while dressed in their decade-themed costumes.

THE EDUCATION

By far, the most important component of the *Your Weight Matters* National Convention was the education. With a diverse offering of more than 50 topics on the Program Agenda, attendees had the unique opportunity to learn from the leading physicians, researchers and scientists in the obesity medicine field.



Attendees listen intently as Dr. Sharma discusses how health is not measured in pounds.

YWM2014 continued on next page

The world of weight-loss is often clouded with unrealistic promises made by gimmicky products and services. The OAC strives to exclude gimmicky weight-loss ideals from Convention and only offers attendees the latest evidence-based information on weight and health. We know our attendees want quality education, and that's what we deliver at Convention.



Beloved Convention speaker Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT, inspires the crowd.

S.H.I.N.E.

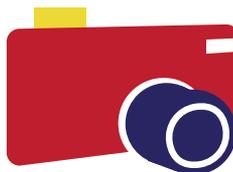
The acronym "S.H.I.N.E." is one that the OAC takes to heart. Only together can we shine bright enough to raise awareness of obesity, continue expanding treatment options, eradicate weight bias and most importantly – support each other. If you were able to join us for YWM2014, we thank you for your time, dedication and support. If you were not able to join us, we hope that you will consider taking part in next year's Convention set for August 13-16, 2015 in San Antonio, Texas. It is our hope to once again S.H.I.N.E. with You!

CATCH A GLIMPSE OF THE MEETING!



YWM2014 Live Stream

Want to see the sessions from YWM2014? The OAC live-streamed TWO valuable sessions from our educational program. To view the live stream sessions, please visit the OAC's YouTube Channel at www.youtube.com/user/ObesityAction. Special thanks to Covidien, the official Convention Multimedia Educational Sponsor for YWM2014.



SHINE for the Camera!

The OAC is excited to offer all of the Convention photos from YWM2014! To view them, please visit the OAC's flickr account at:

www.flickr.com/photos/obesityactioncoalition

THANK YOU TO THE YWM2014 NATIONAL SPONSORS WHOSE SUPPORT MADE THIS INCREDIBLE EVENT POSSIBLE!

PLATINUM



GOLD



SILVER



BRONZE



THANK YOU YWM2014 EXHIBITORS

American Society of Bariatric Physicians (ASBP)

Bariatric Advantage

BariatricPal.com

Bariatric Support Centers International (BSCI)

Bari Life Bariatric Supplements

BariMelts

BiPro USA

Building Blocks Vitamins

Celebrate Vitamins

Covidien

Eisai Inc.

EnteroMedics Inc.

Robanne Robin, Get Your Strong On!

LAP-BAND® by Apollo Endosurgery

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Pharmics

ProCare Health

Shades of Hope Treatment Center

Slimpressions

Squeaky Cheeks

STOP Obesity Alliance Milken School of Public Health

TOPS Club, Inc.
(Take Off Pounds Sensibly)

Vitamix

VIVUS, Inc.

Weight Loss Surgery Foundation of America

Weight Management DPG

WLS Daily Plate

Wonder Natural Foods Corp.

Save the Date **YWM2015**

OAC's 4th Annual Your Weight Matters National Convention

August 13 – 16, 2015 • San Antonio, TX

www.YWMConvention.com

2014 OAC Annual Awards Winners Announced

Presented at the 3rd Annual
Your Weight Matters National Convention



The OAC proudly presented the 2014 OAC Annual Awards during the 3rd Annual *Your Weight Matters* National Convention in Orlando, Florida. A total of seven awards were presented during the Annual Awards dinner. Four of the awards were open to nominations from OAC membership and the remaining three award winners were chosen by the OAC Nominating Committee. We are excited to announce this year's winners:



Sarah Bramlette

OAC Member of the Year Award

(Award winner nominated by OAC membership)

The winner of the 2014 "OAC Member of the Year" award was Sarah Bramlette. As an OAC member since 2012, Sarah has dedicated herself to raising awareness of the OAC, weight bias and the disease of obesity.

In 2014, Sarah was featured in the OAC's publication, *Your Weight Matters Magazine*, where she provided readers with an in-depth look at living with lipedema. She was also the first-place winner of HealthCentral's #LiveBold Anti-stigma Photo Contest. She is a lipedema, lymphedema, obesity, and health insurance advocate and blogs about her life experiences at www.born2lbfat.com. Sarah is currently working toward a master's degree in health law.

Sarah has worked closely with the OAC leadership, other members and staff on a variety of issues in 2014. From weight bias issues to representing the OAC in the media, she has gone above and beyond for the OAC.

Healthcare Provider Advocate of the Year Award

(Award winner chosen by committee)

The winner of the 2014 "Healthcare Provider Advocate of the Year" award was Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT.

Ms. Littleberry received her Bachelor of Science degree in Social Work from the University of Texas at Arlington in



Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT

1994, followed by her Master of Science in Social Work a year later in 1995. She is a Licensed Chemical Dependency Counselor and a Certified Case Manager. She is licensed by the Texas State Board of Social Worker Examiners as a Licensed Clinical Social Worker. She is a member of the American Society of Metabolic and Bariatric Surgery and the National Association of Social Workers. Her most recent certification was received from the Cooper Institute as a Certified Personal Trainer.

As a psychotherapist, Merrill understands the debilitating effects of emotional and physical weight. She is constantly searching for education and understanding to better assist others. In addition to becoming a certified personal trainer, she has since been certified to teach in the art of T'ai Chi, tactical fitness, and more. Her training as a licensed chemical dependency counselor and nationally certified case manager adds to her insight and expertise to improve the unique goals of one's mind and body. She is a frequent *Your Weight Matters* Convention speaker and often one of the most anticipated sessions each year.

Chairman's Award

(Award winner chosen by committee)

The winner of the 2014 OAC "Chairman's Award" was Amber Huett-Garcia, MPA, BS. As a long-time OAC member and member of the OAC National Board of Directors, Amber has played a key role in guiding and directing the Coalition. In addition to her position on the National Board of Directors, Amber is also the Chair of the *Your Weight Matters* National Convention Committee.



Amber Huett-Garcia, MPA, BS

For the 2014 *Your Weight Matters* National Convention, it was Amber's goal to make anyone's wish to attend Convention a reality. She accomplished this by creating the Convention Scholarship Program. In its inaugural year, the program awarded 13 Convention Scholarships to individuals from across the country, providing them the opportunity to take part in YWM2014. The Convention Scholarship Program received more than \$100,000 in requested funds from individuals throughout the United States and was able to award more than \$10,000 in scholarships.

Annual Awards continued on next page

Barbara Thompson Award for Advocacy

(Award winner nominated by OAC membership)

The winner of the 2014 “Barbara Thompson Award for Advocacy” was Rob Portinga. Mr. Portinga is a Specialist in Fitness Nutrition, certified by the International Sports Sciences Association and is dedicated to constantly furthering his education in the field of health, wellness and nutrition and is a Certified Holistic Health Coach from the American Association of Drugless Practitioners after studying with the Institute of Integrative Nutrition. Rob is also one of the co-hosts of The Wake Up Call, a health and wellness program, and founder of his blog, titled “Former Fat Dudes!”



Rob Portinga

Rob is a tireless advocate for the OAC, its mission and goals. In September 2013, Rob joined the OAC on Capitol Hill in Washington, DC, as the OAC advocated to elected officials for the Treat and Reduce Obesity Act of 2013, which would allow for coverage of obesity management services and treatments under Medicare.

As a bariatric surgery patient, Rob easily identifies with the struggles individuals affected by obesity face on a daily basis. He is able to use this to help others educate themselves on obesity, treatments, advocacy and more.

Bias Buster of the Year Award

(Award winner nominated by OAC membership)



Abby Lentz

The winner of the 2014 “Bias Buster of the Year” award was Abby Lentz. Abby was an integral part of the OAC’s many bias initiatives this year. She continually notified the OAC of weight bias issues in the media, pop culture and other areas. She also worked on the documentary, *All of*

Me, which provided viewers with an in-depth look at life after bariatric surgery. She is the founder of HeavyWeight Yoga®, yoga designed for people who are affected by excess weight or obesity. Her mission is to change the image of yoga to include people of all sizes. She was chosen by Fitness Magazine as one of their Fit 50 and her DVDs appear on More Magazine’s Best Work DVD Dozen and their Best Yoga DVDs lists.

Abby has appeared on *Better*, the nationally syndicated lifestyle show from Better Homes and Garden, as well as *Great Day Houston* and *Great Day San Antonio*. Spreading the word about yoga for everyone, Abby has been interviewed on many news shows throughout Texas. Her presentation, “Yoga is not a 4-letter word,” has been well received at health conferences and corporate events.

Community Leader of the Year Award

(Award winner nominated by OAC membership)

The winner of the 2014 “Community Leader of the Year” award was the Georgia Chapter of the American Society for Metabolic and Bariatric Surgery (ASMBS). Working in conjunction with the OAC for the past three years, the Georgia Chapter of ASMBS played an integral role in helping to restore the bariatric surgery benefit for Georgia state employees.



In a time when there were so few treatment resources for individuals affected by severe obesity, the Georgia Chapter of ASMBS truly stepped to the forefront of the fight and advocated for coverage of bariatric surgery.

Dr. Blackstone Outstanding Membership Recruitment by a Physician Award

(Award winner chosen by committee)

In 2014, the OAC identified two practices that joined more than 500 new OAC members each and helped grow the voice of the OAC. Therefore, we’ve decided to honor both of these practices with the 2014 “Dr. Blackstone Outstanding Membership Recruitment by a Physician Award.” These programs are especially deserving as both of these practices have previously won this award.



The winners of the 2014 “Dr. Blackstone Outstanding Membership Recruitment by a Physician” Award are the New Life Center for Bariatric Surgery – Stephen G. Boyce, MD; and Rocky Mountain Associated Physicians – Sherman C. Smith, MD, FACS; Steven C. Simper, MD, FACS; Rodrick McKinlay, MD, FACS; and Fielding Dunn, PA-C.

The OAC congratulates all of this year’s winners and thanks all of our members for their nominations to the OAC Annual Awards. For more information on the OAC Annual Awards, please visit www.ObesityAction.org.

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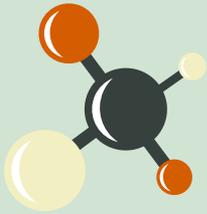
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CURRENT STATE

of the Treatment of Obesity

by Stephen Boyce, MD



Obesity continues to be a serious health concern claiming hundreds of thousands of lives worldwide annually. So much of our thinking around obesity, its pathophysiology (disordered physiological processes associated with disease or injury), and how surgical procedures actually work has changed throughout the past 10 years.

We know that obesity has all the hallmarks of a chronic disease and has been classified as a disease by a number of influential organizations, including the American Medical Association, other organizations, including the Obesity Action Coalition (OAC), The Obesity Society, the American Society for Metabolic and Bariatric Surgery, the World Health Organization, the Centers for Medicare/Medicaid Services, and the Social Security Administration to name a few.

Classifying Obesity

Like any other disease, the most appropriate treatment for obesity is dependent upon its severity. In medicine, we classify the severity of obesity based on a calculation called the body mass index (BMI).

Body Mass Index (BMI)

- A healthy weight individual is generally considered to have a BMI of 20-24.99.
- Medically, a person is "overweight" if their BMI is 25-29.99.
- A person suffering from obesity has a BMI of 30-34.99 and would be considered to have "severe obesity" if their BMI is greater than 35-39.99 in combination with a weight-related medical problem or a BMI more than 40 without any weight-related medical problems.

Current State continued on page 24



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

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

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

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

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Severe obesity is sometimes called “morbid obesity” because that is when we start to see other diseases develop in patients as a direct result of the obesity. That is to say the obesity is causing our patients to have the morbidity of other diseases like diabetes, hypertension and sleep apnea. The term “morbid obesity” has, however, developed a negative/offensive connotation and the term “severe obesity” is preferred.



Metabolic Set Point

Throughout the past 10 years, much has been learned about the pathophysiology of obesity and the mechanisms by which surgery appears to work in patients suffering from severe obesity when nothing else has been effective in providing lasting weight-loss. The disease of obesity is multifactorial with genetic, environmental, and behavioral components. However, one of the predominant concepts

that have emerged about the cause of obesity is that of the “metabolic set point” and thinking of bariatric surgery as “metabolic surgery.”

Through a series of elegant experiments at Harvard and the University of Cincinnati, Dr.’s Kaplan and Seeley (and others preceding them) have suggested that we all have a “metabolic set point” and that what our bodies defend is how much “energy” or fat our bodies store. If that is true, then to try to change the amount of fat we have would be fighting our bodies’ natural physiology. It would be like someone trying to eradicate his or her high blood pressure through sheer willpower.

This set point is probably programmed by our genetics and appears to be regulated by the secretion of hormones from our intestines, brain and adipose tissue. This knowledge is very liberating and hopefully will help dispel the negative connotations associated with patients suffering from obesity. Hopefully, it will also help people avoid the negative thoughts and self-deprecation that is all too often associated with their disease.



Treatment Options

Regarding treatment, if a person suffers from excess weight or obesity, the most appropriate treatment would include behavior modification (diet and exercise) and medical weight management. There are a few new

medications for obesity that have been approved within the last couple years such as Qsymia® and Belviq®. The patient who suffers from severe obesity, however, is oftentimes treated with one of the surgical options, several of which have withstood the test of time and are approved by the Food and Drug Administration (FDA).

Non-surgical Treatment Options

This is the mainstay of treatment for people suffering from excess weight and obesity. The good news is that in addition to diet, exercise and our old friend phentermine, the FDA has approved two new drugs for our arsenal. The FDA also recently approved an additional obesity drug in September, Contrave® (naltrexone-bupropion).

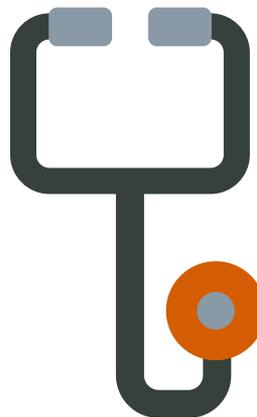
Qsymia® is a combination drug (phentermine and topiramate ER) whose mechanism of action is not well understood. Clinical trials showed that the drug was safe and provided significant weight-loss. As a result, in 2012 the FDA approved the drug to be used as an adjunct with diet and exercise for chronic weight management in adults with a BMI of > 30 or as low as 27 with co-morbid conditions.

Belviq® (lorcaserin HCl) is a serotonergic drug that acts as an appetite suppressant. It was also approved by the FDA in 2012 for adults with a BMI of > 30 or as low as 27 with co-morbid conditions.

Surgical Treatment Options

Surgical treatment is the mainstay for the person suffering from severe obesity. We used to discuss the operations based on their presumed mechanism of action such as providing “restriction” or “malabsorption” for our patients. In light of our new understanding of the metabolic nature of the disease of obesity, we now are inclined to classify and talk about the different operations based on their ability to alter our metabolism.

The available approved operations vary our physiology (the way our bodies regulate energy storage levels) to differing degrees with some having no effect on physiology (non-metabolic operations) and others altering the physiology in a way that decreases our bodies’ desired storage level for energy or fat, suppresses appetite, and increases energy expenditure (metabolic operations).



Normally our appetite is controlled at least in part by the secretion of intestinal hormones, some of which make us feel hungry (orexigenic hormones) and some of which take our hunger away (anorexigenic hormones). The most commonly referenced orexigenic hormone is made by the stomach and is called ghrelin. Examples of well-studied anorexigenic hormones include GLP-1, PYY, CCK, and amylin.

Non-metabolic Operations

The options in this group provide significant weight-loss without altering the physiology of energy (fat) storage includes the laparoscopic adjustable gastric bands (LapBand® and the Realize Band®). They are considered non-metabolic options because they do not alter the body's normal mechanisms that occur when dieting. With bandings and with dieting, orexigenic hormones increase and anorexigenic hormones decrease.

Metabolic Operations

The operations in this group help patients lose weight by altering their gastrointestinal tracts. Examples include the vertical sleeve gastrectomy (VSG), Roux-En-Y gastric bypass (RNYGB), and the biliopancreatic diversion with duodenal switch (BPD/DS).

Non-metabolic Operations

Laparoscopic Adjustable Gastric Bands

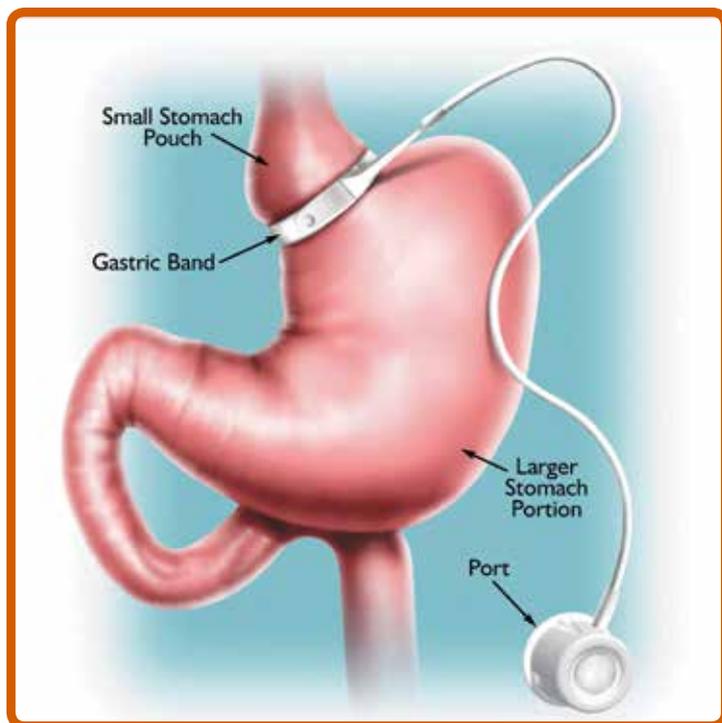


Photo courtesy of Ethicon.

How they work:

The bandings provide significant weight-loss by restricting the amount of healthy food one can consume during a meal.

What is done:

The operation involves placing a silastic band around the upper part of the stomach. The band partitions the stomach into an upper small pouch and the rest of the body of the stomach below. The band's job is to provide "restriction" to the flow of healthy food into the body of the stomach. Restriction is obtained by inflating the balloon inside the band with saline. This makes the band tighter on the stomach; therefore, slowing the passage of food from the upper pouch into the

body of the stomach. Patients' weight-loss is optimized if they receive four to six band "fills" in the first year after surgery.

Weight-loss:

Weight-loss is usually slow and steady with a goal of one to two pounds/week in the beginning. The bandings typically provide an excess weight-loss in the range of 35-50 percent for the typical patient throughout the long term. This amount of weight-loss usually leads to significant improvement in weight-related medical problems such as diabetes, hypertension, and obstructive sleep apnea.

Advantages:

Since the bandings do not alter the gastrointestinal tract, recovery is faster. The surgery is often safely accomplished as an outpatient or a 23-hour stay. Recovery is usually quick with most patients returning to work in about one week. The risk of death is very low with reported rates of 0.1 percent or less.

There is a low risk of developing nutritional deficiencies since the bowel is not rearranged in any way and, therefore, there are fewer vitamin and mineral supplements needed after surgery. The band is relatively easy to remove, thus restoring the gastrointestinal tract to normal.

Disadvantages:

The most commonly cited disadvantage is the overall lower amount of weight-loss by the average patient. The bands are associated with the highest rate of re-operation with 10-30 percent of the patients requiring band removal or conversion to another operation usually for failed weight-loss, band erosion, or band slip.

Current State continued on next page

Metabolic Operations

How they work:

The approved operations in this class help patients have lasting significant weight-loss by altering the patient's physiology in a way that lowers their metabolic set point for how much energy or fat their bodies naturally want to store. They also decrease appetite and increase energy expenditure. This is achieved by altering the gastrointestinal tract in a way that decreases orexigenic hormones and increases anorexigenic hormone secretion in response to food and weight-loss. These changes are accomplished by two means.

First, there is reduction in the hunger-producing hormone from the stomach (ghrelin) by either resecting or dividing the stomach in two.

Second, there is an increase in the satiety-producing hormones from the last part of the small bowel and pancreas (GLP-1, PYY, CCK, amylin). This is triggered by getting food to the last part of the small bowel faster through promoting faster transit or by bypassing part of the small bowel. This combination allows the patient to lose more weight with less appetite and hunger feelings.

Vertical Sleeve Gastrectomy (VSG)

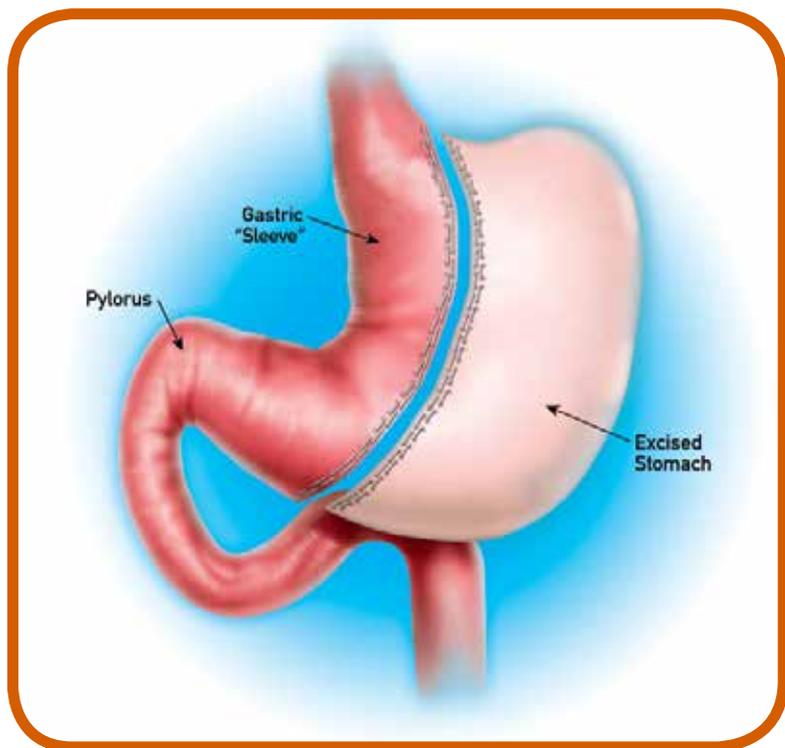


Photo courtesy of Ethicon.

The VSG is a relative newcomer as a stand-alone weight-loss surgical procedure. Today, it is the most frequently performed bariatric operation.

Medicare approved it in 2012 and most private insurers have followed. The VSG is performed by removing approximately 80 percent of the stomach. Almost all of the part of the stomach responsible for ghrelin production (the fundus of the stomach) is removed, which leads to decreased appetite and seems to influence the resolution of diabetes because ghrelin is diabetogenic (promotes diabetes). The remaining stomach is a tubular pouch that resembles a banana. The stomach may initially only have a capacity of 2 or 3 ounces. This smaller stomach reduces food capacity and empties faster than a normal sized stomach; therefore, food gets to the distal bowel quicker where the anorexigenic hormones are secreted.

Advantages:

It is a metabolic operation with weight-loss equal to a Roux-En-Y Gastric Bypass (RNYGB). Patients may expect to lose about 60-70 percent of their excess weight. However, patients with a BMI > 50 may not achieve the weight-loss they need with a sleeve alone. It is perceived as a simpler operation because there is no re-routing of the intestines. If the patient needs further weight-loss later, the VSG is easily converted into a biliopancreatic diversion with duodenal switch (BPD/DS).

Disadvantages:

The VSG is the only operation that is completely non-reversible. Life-long vitamin and mineral supplementation is required because, even though there is no bowel bypass, there are nutritional consequences of removing 80 percent of the stomach and absorption of vitamins and minerals are affected. Patients with a BMI > 50 may not lose enough weight with VSG alone. Because it is relatively new, we do not know what the risk of inadequate weight-loss or significant weight regain is (but in my opinion, will likely be similar to the risk after RNYGB).

Current State continued on page 30

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B6	4 mg
FOLIC ACID	400 mcg
B12	1000 mcg
BIOTIN	60 mcg
PANTOTHENIC ACID	20 mg
CALCIUM	1200-2400mg*
IRON	45-60 mg
MAGNESIUM	400 mg
ZINC	15 mg
COPPER	2 mg
MANGANESE	3.6 mg
CHROMIUM	120 mcg
MOLYBDENUM	90 mcg
IODINE	
SELENIUM	

	
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THIAMIN	6 mg
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B12	1000 mcg
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CALCIUM	2000 mg
IRON	45 mg
MAGNESIUM	800 mg
ZINC	30 mg
COPPER	2 mg
MANGANESE	4 mg
CHROMIUM	240 mcg
MOLYBDENUM	200 mcg
IODINE	300 mcg
SELENIUM	140 mcg

* 1200-1500mg for Band, Bypass and Sleeve 1800-2400mg for Duodenal Switch

1. Mechanick JI, Kushner RF, Sagarman HU, et al. American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic & Bariatric Surgery medical practice lines for clinical practice for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient. *Surg Obes Relat Dis*. 2008; 4: S109-S124.

2. Allis L, Blomkeschj J, Buffington C, Furdoo W, Purrott J. ASMBS allied health nutritional guidelines for the surgical weight loss patient. *Surg Obes Relat Dis*. 2008; 4: S27-108.

3. Mechanick, et al., Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient: 2013 Update. Co-sponsored by American Association of Clinical Endocrinologists, the Obesity Society, and American Society for Metabolic and Bariatric Surgery. *Surgery for Obesity and Related Diseases* 9 (2013) 157-170.



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-Stephen G. Boyce, MD

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Roux-En-Y Gastric Bypass (RNYGB)

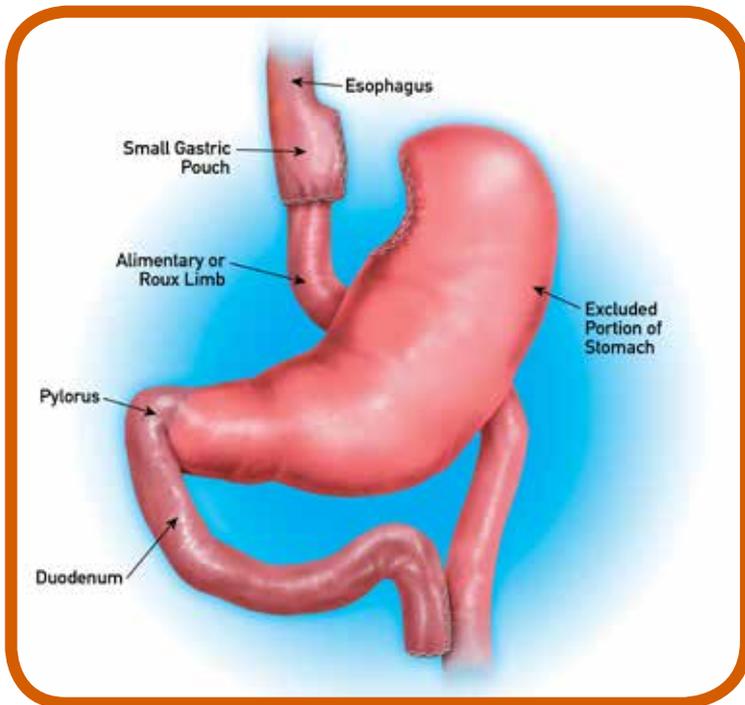


Photo courtesy of Ethicon.

The RNYGB, until recently, was the most commonly-performed bariatric surgery worldwide. It has been around for almost 50 years and has been done laparoscopically since the early 1990's.

There are two parts to the procedure. First, a small stomach pouch, approximately one ounce in volume, is created by dividing the top of the stomach from the rest of the stomach. Next, the small intestine is divided about one to two feet from the stomach (the average person has about 20 feet of small intestines), and the bottom end of the divided small intestine is brought up and connected to the newly created small stomach pouch. The procedure is then completed by connecting the top portion of the divided small intestine back to the small intestine 3-5 feet further down so that the stomach acids and digestive enzymes from the bypassed stomach and first portion of small intestine will eventually mix with the food.

Similar to most bariatric procedures, the newly created stomach pouch is quite small and facilitates significantly smaller meals than normal. This translates into fewer calories consumed. Additionally, because there is less digestion of food by the smaller stomach pouch, and there is a segment of small intestine that would normally absorb calories as well as nutrients that no longer has food going through it, there is probably to some degree less absorption of calories and nutrients. Most importantly, the rerouting of the food stream produces changes in gut hormones that promote satiety, suppress hunger, and reverse one of the primary mechanisms by which obesity induces type 2 diabetes.

Advantages:

We have a great deal of experience with the RNYGB and know how to help patients with complications should they arise. It is a metabolic operation with all the benefits. The long term weight-loss (60-70 percent excess weight-loss) and resolution of co-morbid diseases is excellent. It is a great option for patients with severe gastro-esophageal reflux with a high rate of resolution of reflux symptoms.

Disadvantages:

There is an increased risk of ulcers with the RNYGB. The ulcers form in the small intestines next to the gastric pouch and are a source of bleeding, blockage and pain. Because smoking and NSAID's (nonsteroidal anti-inflammatory drugs, like aspirin, ibuprofen, etc.) promote ulcers, these MUST be avoided after RNYGB. About 25 percent of patients will have inadequate weight-loss or weight regain long term after RNYGB. Like other metabolic operations, it is important to follow the recommended vitamin and mineral supplementation for the rest of your life.

Biliopancreatic Diversion with Duodenal Switch (BPD/DS)

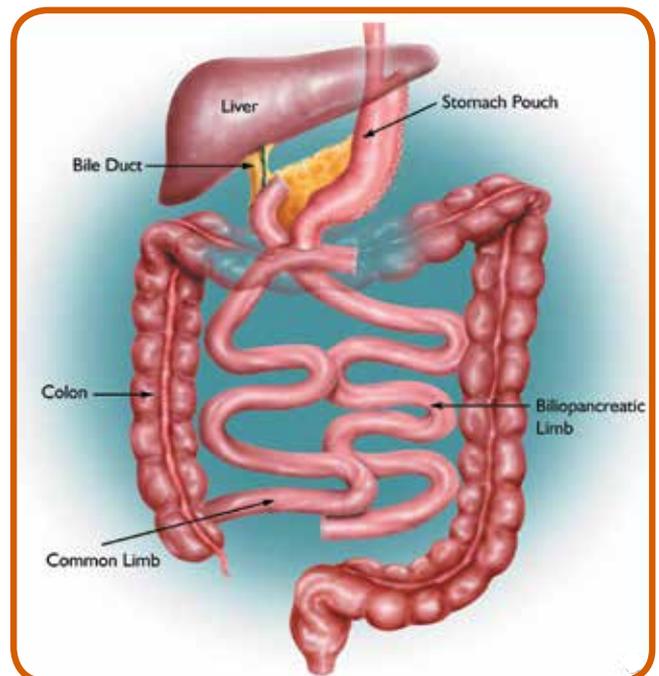


Photo courtesy of Ethicon.

The duodenum, or the first portion of the small intestine, is divided just past the outlet of the stomach. The stomach is sleeved similar to but larger than (should hold about 6 ounces) a VSG. Then, an 8-9 foot long segment of the

distal (last portion) small intestine is then brought up and connected to the outlet of the newly created stomach, so that when the patient eats, the food goes through a newly created tubular stomach and empties directly into the last segment of the small intestine. Roughly 60 percent of the small intestine is bypassed by the food stream. The bypassed small intestine, which carries the bile and pancreatic enzymes (the biliopancreatic limb) that are necessary for the breakdown and absorption of protein and fat, is reconnected to the last portion of the small intestine so that they can eventually mix with the food stream.

Similar to the other surgeries described in this article, the BPD/DS initially helps to reduce the amount of food that is consumed; however, throughout time, this effect lessens and patients are able to eventually consume near “normal” amounts of food. Since the food does not mix with the bile and pancreatic enzymes until very far down the small intestine, there is a significant decrease in the absorption of calories and nutrients (particularly protein and fat) as well as vitamins dependent on fat for absorption (fat soluble vitamins). Lastly, the BPD/DS, similar to the RNYGB and VSG, affects gut hormones in a manner that impacts hunger and satiety as well as blood sugar control. The BPD/DS is considered to be the most effective surgery for the treatment of diabetes.

Advantages:

The BPD/DS provides the greatest weight-loss (often in excess of 80 percent excess weight-loss) and seems to be especially well-suited for our patients with a BMI of > 50. Co-morbid diseases like diabetes, high blood pressure and sleep apnea resolve to a greater extent with the BPD/DS than with any of the other operations. Fortunately, this operation also has the lowest risk of inadequate weight-loss or weight regain (<5 percent), which may be the most attractive feature of all.

Disadvantages:

There is a higher risk of serious malnutrition after the BPD/DS (2 percent of patients). Since food only goes through about 40 percent of the small intestine, absorption is diminished and patients have to eat more protein and take more vitamin and mineral supplementation than with the other procedures.

Clinical Practice Guidelines

Another important development in the treatment of obesity is the development of clinical practice guidelines (CPG). These were developed in a collaborative effort of the American Society of Metabolic and Bariatric Surgery (ASMBS), The Obesity Society (TOS), and the American Association of Clinical Endocrinologists (AACE). They were written in 2008 and updated in 2013. The CPG detail the multidisciplinary approach to the care of people afflicted with severe obesity before and after surgery. This includes specific guidelines regarding appropriate vitamin and mineral supplementation after surgery. It is very important that patient’s surgical/medical teams are familiar with the guidelines and that they follow them. It is very important that patients familiarize themselves with what the recommendations are for appropriate supplementation, so they can be sure that what they are taking is recommended by the clinical practice guidelines.

Current State continued on page 35

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What is BELVIQ®?

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

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

Important Safety Information

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

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

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



You could be carrying more than just extra weight.

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

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(lorcaserin HCl) (C)

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VISIT BeginBELVIQFree.com

OR CALL 1-855-BELVIQ1 (1-855-235-8471) TO GET A

15-DAY FREE† TRIAL

PROMO CODE: **OC**

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

†Restrictions apply.

IMPORTANT PATIENT INFORMATION

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

What is BELVIQ?

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

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

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

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

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

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

Who should not take BELVIQ?

Do not take BELVIQ if you:

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

What should I tell my healthcare provider before taking BELVIQ?

Before you take BELVIQ, tell your doctor if you:

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

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

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

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

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

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

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

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

How should I take BELVIQ?

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

What should I avoid while taking BELVIQ?

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

What are the possible side effects of BELVIQ?

BELVIQ may cause serious side effects, including:

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

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

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

The most common side effects of BELVIQ include:

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

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

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

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

How do I store BELVIQ?

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

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

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

General information about the safe and effective use of BELVIQ.

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

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

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

What are the ingredients in BELVIQ?

Active Ingredient: lorcaserin hydrochloride

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

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

Rx Only

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Current State continued from page 31

What's on the Horizon?

Gastric Plication

According to the recent CPG, this is an investigational or experimental procedure that involves rolling in (plicating) the greater curve of the body of the stomach to provide restriction without a foreign body (band) or need for removal (VSG). It has been used in combination with the bandings to improve weight-loss.

Endoscopic Procedures

A number of endoscopic procedures are in development. Some involve plicating the stomach much like a gastric plication. Others involve placing a plastic barrier lining (Endobarrier®) that keeps food from contacting the small intestines, so it cannot be absorbed there. There is also an intra-gastric balloon (BioEnterics®) designed to make the patient feel full with less food.

Neuromodulation

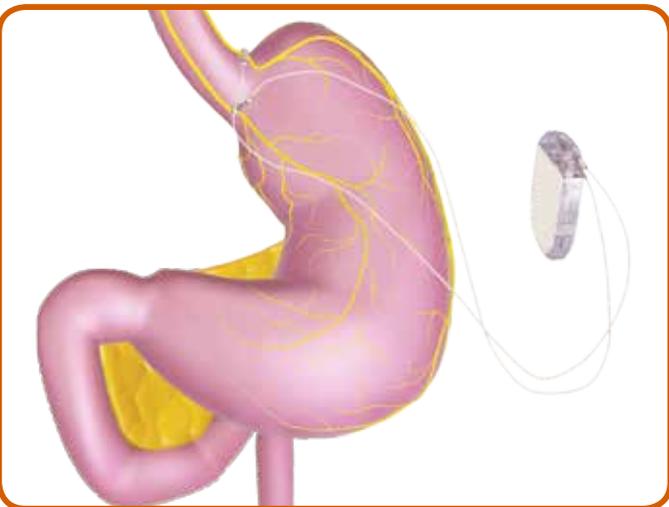


Photo courtesy of EnteroMedics Inc.

The vagus nerves are a primary communication pathway between the brain and the abdominal organs and control much of the activity of the stomach, intestine, and pancreas. The vagus nerves play a significant role in food

processing and in signaling the feeling of fullness and in prolonging the absence of hunger through nervous control. Neuromodulation (pictured lower-left) is an experimental device that involves the implantation of electrodes onto the stomach to block the vagus nerves (VBLOC®) (The FDA is currently reviewing this device for approval in the U.S.) powered by a battery that is implanted under the skin of the abdominal wall.

The ASMBS' position states, "The use of novel technologies should be limited to clinical trials done in accordance with the ethical guidelines of the ASMBS and designed to evaluate the risk and efficacy of the intervention."

Conclusion

Bariatric surgery is the most appropriate treatment for the person affected by severe obesity. If you are considering bariatric surgery, it is important that you consult with a bariatric surgeon regarding your options. To locate a surgeon in your area, please visit www.ASMBS.org. If you are a post-surgery patient, it is important to follow-up with a multidisciplinary team and follow their recommendations regarding diet, exercise and supplementation.

About the Author:

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

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STAYING HEALTHY DURING YOUR FIRST YEAR OF COLLEGE: WITH FREEDOM COMES RESPONSIBILITY

STARTING COLLEGE CAN EVOKE MANY EMOTIONS, BUT ONE OF THE MOST COMMON IS FREEDOM! WHILE FREEDOM CAN BE EXCITING, IT ALSO COMES WITH RESPONSIBILITY.

by Lea Crosetti Andes, RD, CSSD

The first major and most fundamental responsibility is our health. Eating well and being physically active is key to overall health and wellbeing. However, it may not always make it to the priority list contributing to unhealthy habits and potential weight gain during the first year of school. Despite the phrase “freshmen 15,” college freshmen tend to gain about 3-10 pounds within the first year on average. There are several factors that contribute to this. This article discusses five problematic areas and provides a roadmap to healthfully navigate through them to live happy and healthy during your first year of freedom/responsibility.

1. DORM LIVING

Dorm rooms are typically small shared spaces with limited appliances. Oftentimes, there may be room for a mini refrigerator and microwave. Because of this, convenience foods like chips, cookies, Top Ramen, Hot Pockets and Mac N Cheese tend to be staples in many dorm rooms. These fast and easy foods are typically highly processed and calorie dense while lacking in important vitamins and minerals. It is always better to have healthy options at “home” and go out for the less healthy options because it will likely be eating just because it is there and easily accessible. Storing healthier options in the refrigerator like hummus and veggies, natural peanut butter, yogurt and fruit can help assure there are healthy options nearby.

2. CAFETERIA BUFFET

A Cornell study showed that 20 percent of college weight gain was due to the all-you-can-eat cafeteria buffets. It is

easy to get carried away with the plethora of food in many cafeterias. The idea of being able to eat anything you want can leave freshmen newbies at risk for loading their plates with lots of high calorie foods. In addition, vegetables are likely to be skimmed on since mom is not there to make sure you are eating them. And let’s not forget the loaded dessert bar or self-serve ice cream with toppings that many cafeterias also have. These wonderful and tasty treats can easily become a freshmen’s daily routine, which can pack on even more empty calories. Some tips for navigating the cafeteria are always make sure 1/2 of your plate is vegetables and limit the desserts and ice cream to a couple of times a week.

3. SOCIAL LIFE

Several studies have shown that the major contributor to weight gain in the college years is alcohol consumption. Although freshmen are not legally old enough to drink alcohol and should refrain from consuming it, many local parties tend to have it and that new sense of “freedom” (or rebellion) can kick in. Not only is alcohol extremely calorie dense, it is also considered to be empty calories because it provides no nutritional value at all. Another concern often seen with an increase in alcohol consumption is poor food choices. In fact, there is a direct relationship between alcohol and “junk” food: the more people drink, the more they tend to choose high fat/calorie foods. In addition, alcohol impairs vitamin and mineral metabolism and can contribute to deficiencies when alcohol is consumed in large quantities and/or throughout time.

**A CORNELL STUDY
SHOWED THAT
20 PERCENT OF
COLLEGE WEIGHT
GAIN WAS DUE TO
THE ALL-YOU-CAN-
EAT CAFETERIA
BUFFETS.**

4. EXERCISE

With an increasing social life and the need to study and pass courses, exercise can often be neglected. According to the American College of Sports Medicine, exercise helps to relieve stress and can lead to better grades. Numerous studies have shown that exercising increases blood flow and nutrients to the brain, increases the number of brain cells and balances neurotransmitters. This can improve the connection between the brain cells. Exercise can be a fantastic outlet to relieve stress and improve mental focus to better complete the task at hand. The goal is to be physically active every day. Take breaks between study sessions to stay alert and improve blood flow to the brain. If you are studying for hours, take 10 minutes every hour to walk and move around. Investing those 10 minutes can actually allow your brain to retain more than if you studied straight through. And if you are worried that exercise may cut into your social time, look for group classes you can take with friends. There are many boot camps and gyms around campuses that can be a great way to stay healthy and meet other active people.

5. MEAL PATTERNS

Living under your parent's roof gives you some structure, but with this new "freedom" of living in a dorm and taking care of yourself, you "call the shots." And because of this, meal patterns often change. Whether you are up late studying or out late socializing, you may find yourself consuming a 4th meal. And usually the only food options available after midnight are fast food restaurants or other types of "junk" food delivery. This can easily be an extra 500-1,000 cal added to the day....that's 1-2 pounds of extra weight a week if you did that every night. Without mom there telling you to "eat breakfast," you may be inclined to skip that meal while rushing to class and wait until lunch to eat. However, numerous studies have shown that eating breakfast can help regulate weight. And oftentimes when people skip breakfast, they will likely overeat later in the day and/or evening. Another common issue with meal pattern is grazing while studying and stress eating or stress eating from the pressure of exams and maintaining a good GPA. You can definitely have a snack, but I would recommend taking a break and eating. Eating while studying can interfere with you listening to your fullness signals, which can lead to you eating more than you really need. Never bring a bag or a box of "snacky foods" to the desk to study; you could likely consume 1/2 to the full package without even realizing you did.



CONCLUSION

There really is nothing like the first year of college. You are truly a young adult and can take care of yourself. Establishing new life-long habits can start here. Don't be afraid to ask mom for some healthy tips and recipes (moms love to help with this). Enjoy this time, and at the same time, take care of your body (it's the only place you have to live).

About the Author:

Lea Crosetti Andes, RD, CSSD, is a registered dietitian and board certified specialist in sports dietetics. With a strong background in both sports and bariatric nutrition, Lea coined the term and founded BariAthletes®. Her mission is to not only help bariatric athletes meet their specific nutritional needs, but also help them embrace their inner athlete.

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List as of 10/17/14



by Pam Helmlinger, RD, LDN, CDE

There may be varying opinions on whether breakfast is the most important meal of the day, but it is wise to time meals throughout the day, starting with a healthy breakfast. It has been shown that those who skip meals tend to make up those missed calories somewhere throughout the day such as in specialty coffee drinks or liquid calories, or they may graze between meals.

WHY IS SKIPPING BREAKFAST BAD?

Skipping breakfast can lead to several issues when one is trying to lose weight or keep it off. One problem is that after going several hours without eating while sleeping, a lack of food after getting up is likely to have a negative impact on your mood and cause you to feel hungry earlier in the day. This can contribute to food cravings and make you more likely to make higher calorie choices at lunch as a result of hunger.

Eating a healthy breakfast can also help to regulate blood sugar levels through lunch time and therefore, can play

an important role in your mood and thought process. Including protein at breakfast has been shown to reduce hunger throughout the rest of the day. The National Weight Loss Registry shows that of those who have successfully maintained a significant weight-loss for more than five years, 78 percent eat breakfast every day and only 4 percent report never eating breakfast.

THE NATIONAL WEIGHT LOSS REGISTRY SHOWS THAT OF THOSE WHO HAVE SUCCESSFULLY MAINTAINED A SIGNIFICANT WEIGHT-LOSS FOR MORE THAN FIVE YEARS, 78 PERCENT EAT BREAKFAST EVERY DAY AND ONLY 4 PERCENT REPORT NEVER EATING BREAKFAST.

WHAT IS A HEALTHY BREAKFAST?

What should a healthy breakfast consist of, especially for those who are not hungry when they wake up or need something quick on the way to work? It is a good idea to pair some protein and complex carbohydrates early in the day. While it would be easy to grab a protein bar to eat in the car, a healthy lifestyle change means making real food choices and choosing satisfying protein sources.

FOR THOSE WHO HAVE HAD BARIATRIC SURGERY, EATING AT LEAST 60-80 GRAMS OF PROTEIN EVERY DAY IS A KEY TO SUCCESS.

A good breakfast should contribute at least one-third of one's protein requirement for the day. The simplest option to start your day on the way to work is to drink a protein shake, either ready-to-drink or blend-and-go by mixing your favorite protein powder with water and ice, milk of choice, or a non-dairy alternative such as unsweetened almond or coconut milk. Just be sure to measure and track how many calories you are adding to your shake – keep it

simple! If you want to add some extras, try a small handful of berries or some chia seeds for omega 3 fatty-acids and fiber.

Another quick and healthy choice for breakfast is a low-sugar, high protein yogurt such as plain Greek yogurt with fresh fruit. For a hot breakfast, try eggs and fully cooked breakfast chicken sausage links. If you are really short on time in the morning, boiling eggs or preparing them in a muffin pan baked in the oven the night before can save time, or you can make several on the weekends.



Healthy Breakfast continued on next page

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Another side that can be cooked in advance is bacon – yet, be mindful to read the label carefully. If you can find it in your local stores, it is healthier to stick with a brand of uncured turkey bacon. It is free of nitrates/nitrites and is lean enough to consider it a protein source versus fat. A typical slice of turkey bacon contains 25 calories and 2 g protein, while the uncured turkey bacon contains 35 calories and 6 g protein (or three times as much). The same holds true for some brands of all-natural, lean chicken sausage with 6 g protein per link, compared to 3-4 grams of protein in turkey sausage links.

The following are a couple of methods for cooking eggs in advance for the week:

- **First, spray your muffin tin with a little oil.**
- **Next, crack your eggs and drop them into the muffin pan tins. Sprinkle with salt and pepper and add any other herbs and spices you wish!**
- **Place into a pre-heated 350 degree oven for 15-20 minutes, depending on how you runny or cooked you prefer your eggs.**
- **Then, let them cool slightly and remove them, using a fork or a spoon.**



RECIPE – MUFFIN FRITTATAS

INGREDIENTS:

- 2 cups chopped vegetables
- 1 teaspoon olive oil
- 3 cups egg substitute, or 12 large eggs, salt & pepper to taste
- tomato chopped or sliced
- ¼ cup shredded cheese
- non-stick cooking spray

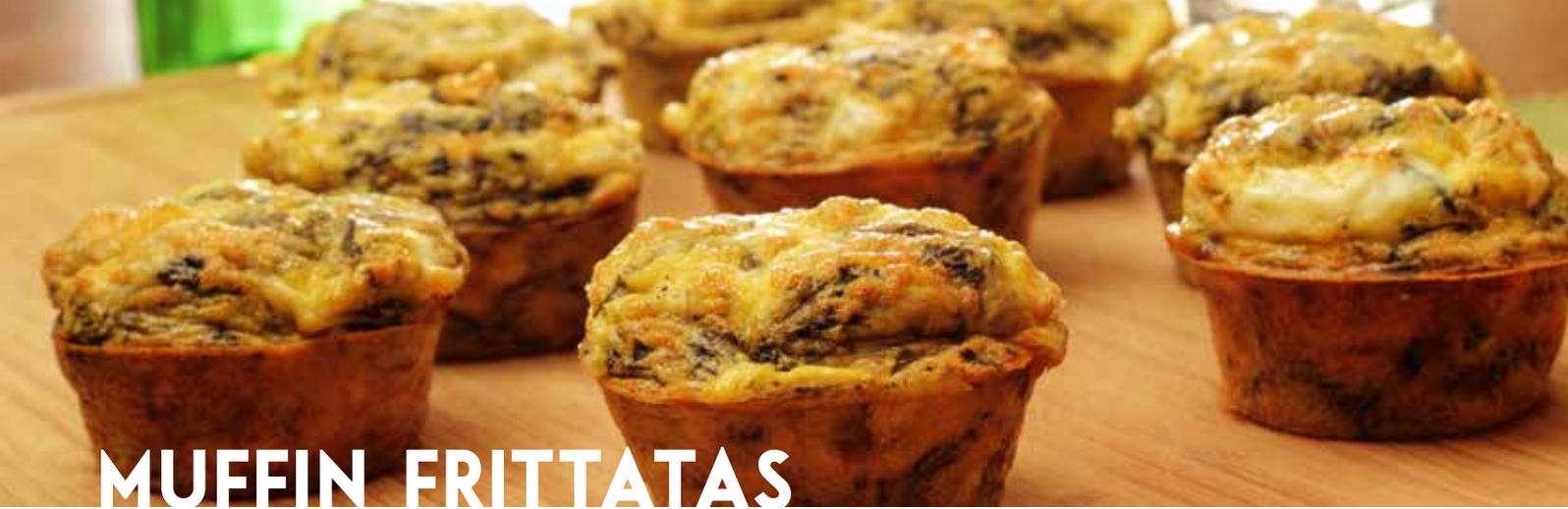
DIRECTIONS:

- Preheat the oven to 325 degrees & spray a 12-cup muffin pan with non-stick spray. Set aside.
- Chop enough vegetables to equal 2 cups such as onion, bell peppers, and mushrooms. (Other suggestions: broccoli, spinach, zucchini, yellow squash, carrots, and fresh herbs)
- Heat a skillet over medium heat and add the olive oil. Add the vegetable mixture and sauté until vegetables are soft. Divide the mixture among the 12 muffin cups.

- Mix egg substitute, salt, and pepper, and continue whisking. Pour the egg mixture into the muffin pan, filling each cup $\frac{3}{4}$ full. Bake in 325 degree oven for 25 minutes; frittatas will rise. Remove from oven and set oven to broil. Top each muffin frittata with tomato (sliced or chopped) and a sprinkle of cheese. Place under broiler until cheese melts.
- Let the muffins sit for a few minutes, then remove them from the pan with a fork.
- Variations: For added protein, try adding diced lean meats such as Canadian Bacon, uncured turkey bacon, and lean chicken or turkey sausage.

NUTRITION FACTS FOR 1 MUFFIN (USING EGG SUBSTITUTE):

- **Calories 50**
- **Carbohydrates 2g**
- **Protein 7g**



MUFFIN FRITTATAS

WHAT'S THE BOTTOM LINE?

The bottom line is in order to follow a healthy meal plan, it requires at least some time preparing your meals and planning in advance. So if you are watching your weight, it is recommended that you plan all of your meals, starting with breakfast. Your body will come to expect the first meal of the day and improve your metabolism when you eat consistent meals at approximately the same time each day. Spacing your meals throughout the day and eating quality protein sources will help keep you on the right track!

About the Author:

Pam Helmlinger, RD, LDN, CDE, is a registered dietitian and diabetes educator at Centennial Center for the Treatment of Obesity. She provides nutrition counseling to pre- and post-op bariatric patients along with a medical weight-loss program. She earned her Bachelor of Science in Dietetics from Harding University in 2001 and has worked with the program since 2006.

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Dear Doctor



I notice that I am getting a rash in a skin fold. Will the rash just go away on its own?

Answer provided by Walter Medlin, MD, FACS

There are several different skin issues that occur before and after bariatric surgery. There are ways to combat individual issues, but no single answer – except that surgery is ultimately the durable solution when the problem is excess skin. Keep in mind, however, that even normal weight folks can have skin problems. Other conditions will not be discussed here, except to mention that psoriasis and other problems may change their episodes for better and worse during the first year of weight-loss, and that long term malnutrition protein and vitamin deficiencies can show up with various skin signs and problems.

Skin Concerns

Skin cancer is the most common type of malignancy, and can show up in many unusual ways. Dermatologists are there for a reason – ask your primary caregiver for a referral if things don't improve. Also, remember that melanoma has doubled in our generation – stop tanning and get covered up! It's too late for me to undo the dozens of sunburns I had as a kid, but that's no excuse not to take care of myself today.

Most common is intertriginous dermatitis, or intertrigo. Diaper rash is a type of intertrigo, but any skin fold can have it. Odor is probably the cause of the most anxiety, and while "poor hygiene" is often blamed, some excessive measures can actually make odor worse by damaging skin – creating an even better micro environment for yeast and bacteria that cause most odor.

Causes of Skin Irritation

Chafing

First is simple irritation from friction – chafing! While it is very easy to describe, solutions may be challenging. If you are unable to change activities or clothing to minimize, then consider Body Glide, or similar skin lubricant that work for long distance runners. It's very important to PLAN

AHEAD with lubricant, though. Often, Lycra-type clothing can reduce rubbing, as can adjusting other factors, such as time of day you are moving. Under breasts and armpits are hardest to get dry again, though thigh chafing is the painful first area for many of us.

Chronic (long term) chafing can lead to skin that has now been damaged, and now is at risk of yeast or bacterial infection. In the short term, infection may require appropriate antibiotics or anti-fungal meds (oral if a deeper infection, usually cream if just mild or on unbroken skin). See your doctor if any concern of deeper infection. Steroid creams can help reduce inflammation, but long term use is a no-no without a doctor and a specific plan with monitoring!



Moisture

Long term (chronic) moisture alone can cause skin surface breakdown and open the door for infection. The skin has a dead layer of cells (epidermis) that give us a "waxy" coating that protects from losing moisture, but this can become locally disturbed, and leave the deeper layer open and vulnerable.

Trying to just "dry" things up aggressively may just make more damage. BE VERY CAREFUL in how you combat chronic moisture! If urine or feces is involved, definitely see your doctor. If sweat seems

to be the main cause, you can try to minimize the issue. First, keep things dry from the start – using a cool setting on a hair dryer (again, avoid heat damage). Some astringents, like Witch Hazel or rubbing alcohol, can temporarily dry the skin but may lead to a vicious cycle and cause acne. Some protective creams can reinforce the waxy epidermal barrier, like petroleum jelly (Vaseline) or some lotions, but please start slow and cautious.

Many folks with chronic issues will place absorbent cloth under certain skin folds. The area under the breasts or tummy work well for this. Open-toed shoes can help if the issue is between toes or avoiding tight clothes if in armpits or groin. Remember that not all skin problems are simple – do not try to do too much on your own if you have any questions.

Treatment and Insurance Coverage

The medical (and insurance) term for long term skin breakdown and rash from skin fold problems is “intertrigo” or “intertriginous dermatitis.” **MAKE SURE YOUR PRIMARY CAREGIVER USES THIS CODE!** While almost no insurance covers cosmetic procedures, many who have paid out-of-pocket feel it was worth the expense. The good news is that many insurers **WILL** cover simple skin removal to improve the moisture related problems. Please consider getting professional help with insurance appeals, and do not expect that all your wishes will come true! Most covered procedures are the “simplest,” and not automatically that extreme makeover.

The other good news is that many skin problems improve as skin does tighten some throughout that first 18 months after bariatric surgery, almost always slower than the weight-loss. Muscle development cannot hurt, but sit-ups and tricep extensions do NOT give local skin tightening. Also, remember that skin is very sensitive to smoking! You will not get the best shrinkage if you are lighting up. Sun exposure in the past will change your skin, and ongoing exposure, including tanning beds, is not a good idea (age and genetics are factors, but we cannot change those).

The other good news is that many skin problems improve as skin does tighten some throughout that first 18 months after bariatric surgery, almost always slower than the weight-loss.

Finally, surgery really is the most reliable “cure,” but remember that not all problems have to be fixed immediately, and give yourself some room on this journey. Body image issues can get tied up in this; do not try to make it a separate issue from your ongoing lifelong care and health!

About the Author:

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

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Tired of Chafing & Rash?

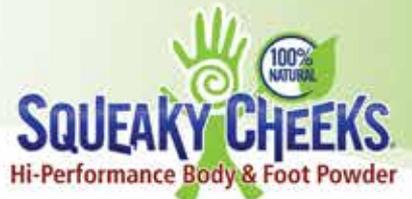
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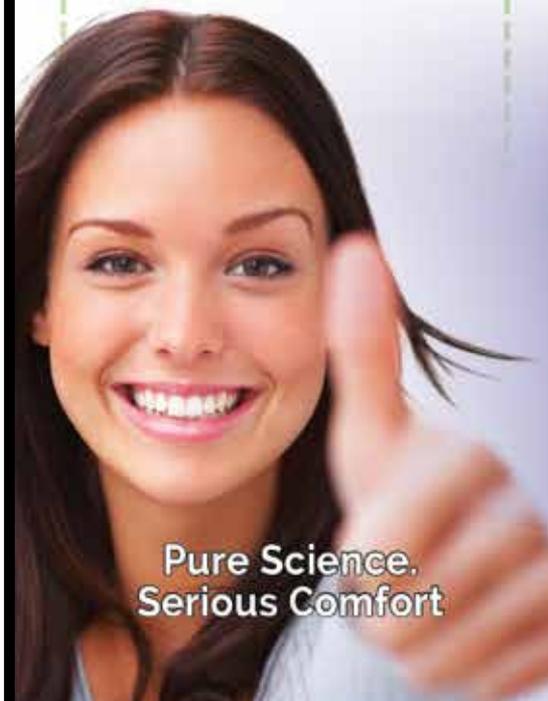
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STEP AEROBICS:

A FUNCTIONAL METHOD OF WEIGHT MAINTENANCE

by Laurel Dierking, MEd, NFPT

DISCLAIMER: To develop an exercise program that best suits your needs, please consult with your physician. It is important to talk with your doctor before beginning any exercise program.

STEP AEROBICS PROVIDES AN EXCITING, RHYTHMIC EXERCISE EXPERIENCE THAT HAS BEEN PROVEN TO AID IN WEIGHT MAINTENANCE, MUSCLE GROWTH, AS WELL AS IMPROVEMENTS IN HEART AND OVERALL HEALTH.

This fun and functional form of exercise brings numerous health benefits to individuals struggling with weight-loss and its accompanying problems. These benefits are particularly important for those individuals who have a body mass index (BMI) greater than or equal to 25. A person's BMI represents an estimated ratio of body weight to height. Individuals with a BMI between 25 and 29.9 are classified as "overweight," while a BMI greater than or equal to 30 is indicative of obesity. Oftentimes, the discomforts associated with exercise lead to continued sedentary lifestyles, which only further exacerbates poor health outcomes. A practical and invigorating approach that you may not have associated with combating these outcomes is step aerobics.

WHAT IS STEP AEROBICS?

Step aerobics involves simple and rhythmic step movements performed continuously for an extended period of time on an adjustable stair step. Moving to a sequence of dance-like combinations, step aerobics can enhance functional fitness, and improve muscular and cardiovascular endurance. This type of exercise allows for the optional use of hand-held weights to further increase the level of intensity (greater effort).

Energized by an upbeat music playlist, the class is led by an encouraging aerobics instructor who enthusiastically guides the rhythmic flow and speed of the class. Participants



are motivated to keep a steady pace that stimulates improvements in coordination and balance. Consistency and duration of aerobic exercise enables optimal fat loss.

Step aerobics not only provides a unique and engaging workout, but also allows for an increase of lean muscle mass, which yields innumerable benefits such as allowing your body to burn fat better (improved metabolism) and improved sustainable energy. Physical limitations partnered with low cardiovascular endurance require a distinct and safe approach to exercise through low intensity aerobic work.

AEROBIC EXERCISE

Keep in mind that aerobic work relates to any exercise that improves or is intended to improve the efficiency of the body's cardiovascular system in absorbing and transporting oxygen. Aerobic exercise specifically involves the use of oxygen to convert fat into energy for the working muscles. The involvement of multiple muscles groups during

**AEROBIC EXERCISE
SPECIFICALLY INVOLVES
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Step Aerobics continued on next page



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Step Aerobics continued from previous page

exercise, coupled with continuous low intensity aerobic work will maximize fat conversion and lead to greater overall fat loss.

If you have a BMI greater than or equal to 25, you must be aware of potential contraindications to exercise in order to progress toward holistic, injury-free, long term weight-loss management. These contraindications may include jumping or bouncing, jogging, high impact movements, and heavy lifting. Performing these types of movements can lead to injury and should be avoided initially until adequate strength and joint support is developed.

Step aerobics allows for the manipulation of intensity (greater amount of work) either by adding additional steps or with the use of handheld weights. In order to avoid high impact strain on your joints from the step, you will want to keep your step level relatively low to begin and gradually

progress as your body weight decreases and the muscles around your joints are strengthened.

DURATION AND INTENSITY

It is a common myth that in order for your workout to be sufficient, you need to be working at 100 percent of your maximum effort. Fortunately, for those with little exercise experience and extreme limitations, this daunting fable is not even close to being true! Depending on your weight-loss goals and current physical state, the most important aspect of plunging into a new exercise routine is duration, not intensity. As previously mentioned, aerobic exercise is necessary to burn fat. It is imperative that you start slowly and progress gradually when beginning a new training routine, whether it is your first experience with exercise or you were once a fit athlete.



It is important for all individuals to build your aerobic capacity so that you could sustain 15 to 60 minutes of low intensity aerobic exercise at least three times per week. As your body becomes capable of completing a particular amount of aerobic work, you should gradually increase your work load and/or duration. Depending on your fitness goals, as your ability to work for a longer period of time improves, your intensity level of work can also increase. This is where step aerobics offers a great modality to do just that. Simply add another level to your step or add handheld weights to increase intensity! Low intensity aerobic exercises such as walking, biking, or swimming, partnered with a well-balanced diet are other great ways to maximize fat loss. Including step aerobics into your exercise routine provides you with the most critical aspects of attaining healthy weight-loss.

CONCLUSION

Although you may think of just leotards and leg warmers when aerobics are mentioned, step aerobics is a preferred method of exercise for anyone looking to maximize their weight-loss or improve overall fitness. Step aerobics as a method of exercise for individuals affected by obesity is proven effective in reducing total body weight and fat mass, improving muscle tone, decreasing strain on joints, improving cardiovascular health, and even boosting self-esteem, all through low intensity aerobic exercise.

Step aerobics classes are taught in most gyms, many private health institutions, as well as in local community health centers, such as the YMCA. After four to six weeks of consistent exercise, you will want to increase not only the intensity, but the type of training in order to continue progressing with your weight-loss and improving your heart health. In addition to weight-loss, step aerobics will also bring comfort and ease into your physical body while nurturing a positive self-image. This, coupled with a well-balanced nutritious diet, will lead you down the road to long term weight-loss and management, and the achievement of your goals.

About the Author:

Working within the health field for three years, Laurel Dierking MEd, NFPT, is passionate about cultivating body, mind and spirit awareness through holistic health practices. As a Health and Fitness Professional and yoga instructor at JKFITNESS, Laurel strives to guide individuals on a path to self-awareness, long-term functional fitness, and weight-loss management.

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OBESITY AND GASTRIC ULCERS

by Nadia B. Pietrzykowska, MD, FACP

EXCESS BODY WEIGHT HAS BEEN LINKED TO VARIOUS ABDOMINAL AILMENTS. THESE MAY INCLUDE ABDOMINAL PAIN, BLOATING, VOMITING, HEARTBURN, DIARRHEA OR CONSTIPATION.

Scientific studies are also increasingly reporting a correlation between obesity and gastritis as well as gastric ulcers. A recent, large study that specifically focused on analyzing gastric and duodenal ulcers confirmed that excess weight predisposed individuals to gastric ulcers when compared to their normal weight counterparts.

Why are individuals affected by obesity prone to gastric ulcers?

According to these scientists, there are several possible explanations:

1. Excess weight seems to promote inflammation in the gut.

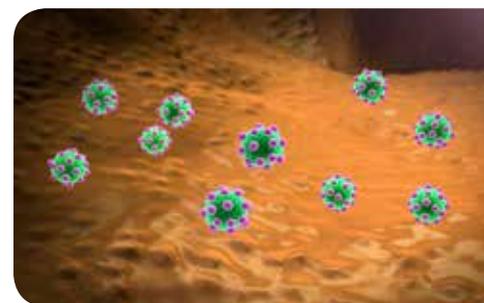
There has been a lot of talk in the scientific community about general inflammation and its role in many chronic diseases. This seems to be true in the case of obesity as well.

It is known that fat cells produce inflammatory particles. They become particularly abundant in people that are affected by obesity. These substances then travel to multiple destinations around the

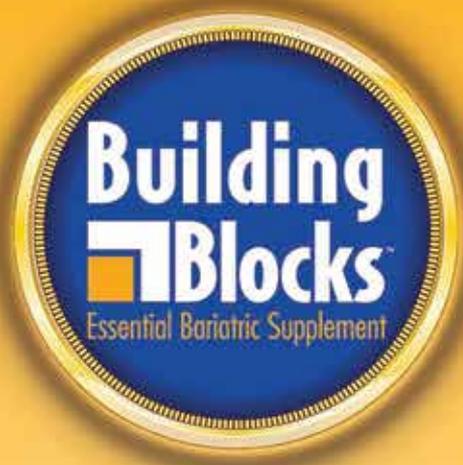
body using blood vessels. This causes inflammation through the entire body. In addition, more recent discoveries also confirm that inflammation is present in cells that form the lining of the gut. This is especially important as this inflammation may lead to weakness of gut cells and make them prone to ulcer formation.

2. Gut bacteria are different in individuals affected by obesity compared to individuals with a weight in the normal range.

To understand the importance of this fact, let's first review the importance of gut bacteria. Indeed, there are millions of bacteria in the gut.



Obesity and Gastric Ulcers continued on page 50



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These normal gut “residents” are very important to maintain a healthy gut. They have many jobs. For instance, they not only play a significant role in the digestion as well as absorption of nutrients, but also protect gut cells and keep them healthy.

This said, it was found that individuals with excess weight tend to have gut bacteria that are different from normal weight individuals. This difference seems to create a weaker “gut army” and makes gut cells more susceptible to inflammation and ulcers.

3. The lining of the gut appears to be leakier in individuals affected by excess weight and obesity.

What it means is that, in addition to the processes that were described previously in this article, some studies showed that the normal spaces and connections that exist between gut cells tend to get disrupted. This can possibly facilitate the entry of harmful toxins, irritants, bacteria and other pathogens into the gut lining. Such events may also induce ulcers.

Now that we know that excess weight and obesity make individuals more susceptible to ulcers, how would you know that you have a stomach ulcer?

There are several symptoms that you should be looking for if you think you may have a stomach ulcer:

- The most common one is burning pain that can be felt anywhere from your breastbone to your navel. This pain is caused by stomach acid getting in contact with the ulcer. It might be worse when your stomach is empty and during the night. Certain foods may help decrease the pain just like antacids sold at the drugstore can as well.
- Some people may also experience bloating, nausea and vomiting.
- More alarming symptoms may include vomiting blood that can be red or black like coffee grounds. This may be life threatening and should prompt an immediate trip to the hospital. Noticing black stools is also very serious and requires immediate medical attention. Sometimes, changes in appetite or some degree of weight-loss can be noticed as well.



If you have any of these symptoms, you should promptly seek medical attention. Ulcers that are not treated can have various consequences, from simply being a nuisance to putting individuals at risk for life threatening complications.

How are ulcers treated?

For milder symptoms, your doctor may first ask you to take an acid-blocking medication. In other cases, you might be referred to a gastroenterologist (physician specializing in gut diseases).



Sometimes, an endoscopy may be recommended. It involves inserting a small, lighted tube (endoscope) through the throat and into the stomach. This is done to confirm the presence of ulcers and to take biopsies. This procedure is usually done if you are having severe symptoms. This also helps the physician determine whether bacteria called *Helicobacter Pylori* caused the ulcer. If these bacteria are identified, you will be asked to take a course of antibiotics in addition to any acid-blocking medications.

If you are diagnosed with ulcers, you will also be asked to avoid medications called NSAIDs, like aspirin, ibuprofen or naproxen for example. Some NSAIDs like aspirin come in a “coated” form that breaks down further down in the gut and is much less damaging to the stomach than regular aspirin tablets. You should always inform your doctor about any prescribed or over-the-counter medications that you take.

What else can you do to avoid ulcers?

As we discussed at the beginning of this article, excess weight and obesity seem to be linked to a significantly higher chance of having ulcers. This can happen regardless of whether the typical causes of ulcers are identified, like the presence of *Helicobacter Pylori* in the gut or excessive use of NSAIDs.

Besides the usual recommendations and prescriptions to treat ulcers, weight-loss needs to be emphasized. Talk to your doctor about your weight and seek advice on how to manage it.

Many body systems and organs are affected by obesity. If you have excess weight and are prone to gastric ulcers, this becomes an additional reason to seek professional help with weight-loss. This may help you treat and prevent many obesity-related diseases and their complications, including gastric ulcers.

About the Author:

Nadia B. Pietrzykowska, MD, FACP, is a Board Certified and Fellowship trained Obesity Medicine and Physician Nutrition Specialist. She is the Founder and Medical Director of “Weight & Life MD,” a Center dedicated to Medical Weight Management, Nutrition, Fitness and Lifestyle located in New Jersey.

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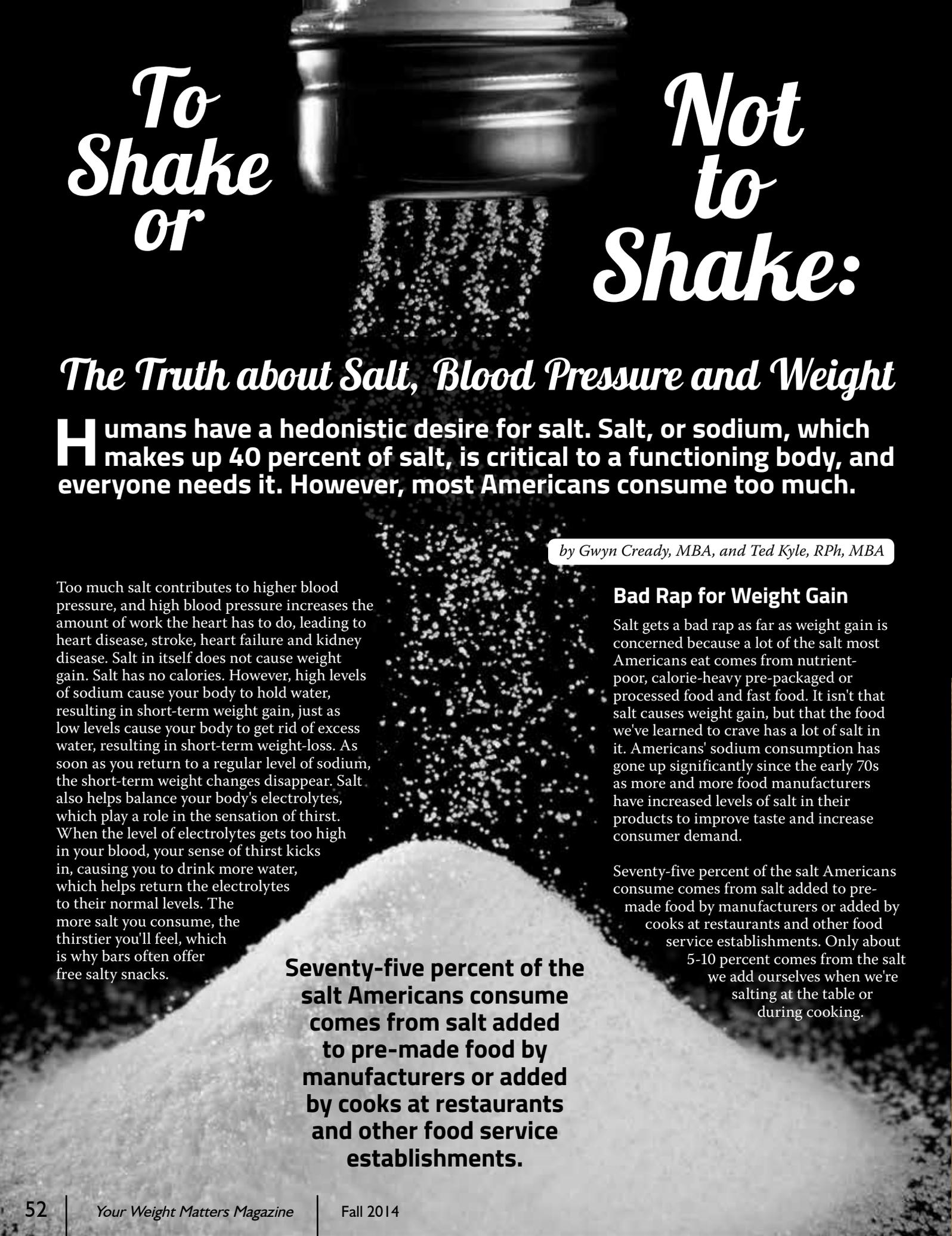
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A black and white photograph of a salt shaker pouring salt onto a pile of salt. The salt is falling in a thick stream, creating a large, conical pile at the bottom. The background is dark, making the white salt stand out.

**To
Shake
or**

**Not
to
Shake:**

The Truth about Salt, Blood Pressure and Weight

Humans have a hedonistic desire for salt. Salt, or sodium, which makes up 40 percent of salt, is critical to a functioning body, and everyone needs it. However, most Americans consume too much.

by Gwyn Cready, MBA, and Ted Kyle, RPh, MBA

Too much salt contributes to higher blood pressure, and high blood pressure increases the amount of work the heart has to do, leading to heart disease, stroke, heart failure and kidney disease. Salt in itself does not cause weight gain. Salt has no calories. However, high levels of sodium cause your body to hold water, resulting in short-term weight gain, just as low levels cause your body to get rid of excess water, resulting in short-term weight-loss. As soon as you return to a regular level of sodium, the short-term weight changes disappear. Salt also helps balance your body's electrolytes, which play a role in the sensation of thirst. When the level of electrolytes gets too high in your blood, your sense of thirst kicks in, causing you to drink more water, which helps return the electrolytes to their normal levels. The more salt you consume, the thirstier you'll feel, which is why bars often offer free salty snacks.

Seventy-five percent of the salt Americans consume comes from salt added to pre-made food by manufacturers or added by cooks at restaurants and other food service establishments.

Bad Rap for Weight Gain

Salt gets a bad rap as far as weight gain is concerned because a lot of the salt most Americans eat comes from nutrient-poor, calorie-heavy pre-packaged or processed food and fast food. It isn't that salt causes weight gain, but that the food we've learned to crave has a lot of salt in it. Americans' sodium consumption has gone up significantly since the early 70s as more and more food manufacturers have increased levels of salt in their products to improve taste and increase consumer demand.

Seventy-five percent of the salt Americans consume comes from salt added to pre-made food by manufacturers or added by cooks at restaurants and other food service establishments. Only about 5-10 percent comes from the salt we add ourselves when we're salting at the table or during cooking.

The Dietary Guidelines for Americans currently recommends no more than 2,300 milligrams of sodium per day (about 1 teaspoon of salt) for most Americans and only 1,500 milligrams per day (about 5/8 of a teaspoon) for individuals with hypertension, blacks, and middle-aged and older adults. Americans, on average, consume about 50 percent more than the recommended amount—about 3,400 milligrams per day. Other groups have recommended a maximum of 1,500 milligrams of sodium for everyone.

GROUP	MAXIMUM PER DAY
USDA Dietary Guidelines <ul style="list-style-type: none"> • Adults (except as noted below) • Adults with hypertension, blacks and middle-aged and older adults 	2,300 mg sodium (about a teaspoon of salt) 1,500 mg sodium (about 5/8 teaspoon of salt)
American Heart Association/American Stroke Association (all adults)	1,500 mg sodium (about 5/8 teaspoon of salt)

The FDA's Role in Regulating Salt

The Food and Drug Administration (FDA) classifies salt as a GRAS (Generally Recognized as Safe) ingredient, whose use in food does not require FDA approval. The FDA does require that food manufacturers state sodium content on their labels, and it sets criteria for how the claims "low sodium" and "reduced in sodium" can be used.

In 2007, the FDA held a public hearing on the agency's policies regarding salt in food and solicited comments from

the public about future regulatory approaches. The agency was also a sponsor of a high profile report released by the Institute of Medicine (IOM) in 2010 that recommended various strategies to reduce the amount of sodium Americans consume, including actions food manufacturers, public health professionals, consumer educators and government agencies should take. The report recommended that the FDA set mandatory national standards for the sodium content in foods. The recommendation was not that

The Truth about Salt continued on next page

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Evidence shows that a decrease in sodium can be accomplished successfully without affecting consumer enjoyment of food products if it is done in a stepwise process that systematically and gradually lowers sodium levels across the food supply.



The Truth about Salt continued from previous page

sodium should be banned as an additive, but that approved sodium levels in manufactured food and food served in restaurants should be gradually reduced throughout time.

According to the IOM report:

"It is important that the reduction in sodium content of foods be carried out gradually, with small reductions instituted regularly as part of a carefully monitored process. Evidence shows that a decrease in sodium can be accomplished successfully without affecting consumer enjoyment of food products if it is done in a stepwise process that systematically and gradually lowers sodium levels across the food supply."

The report argues that the voluntary approaches taken to date on the part of food manufacturers and restaurants "have not been sufficient," and it concludes that "without major change, hypertension and cardiovascular disease rates will continue to rise, and consumers, who have little choice, will pay the price for inaction."

The FDA is reviewing the IOM recommendations, but, to date, has not acted on them.

What You Can Do

Most experts agree it's important for Americans to take steps to lower their sodium intake. Here are five tips from the National Kidney Foundation for things you can do to lower yours:

1. Make reading food labels a habit. Sodium content is always listed on food labels. Sodium content can vary from brand to brand, so compare and choose the lowest sodium product. Certain foods don't taste particularly salty but are actually high in sodium, such as cottage cheese, so it's critical to check labels.
2. Stick to fresh meats, fruits, and vegetables rather than their packaged counterparts, which tend to be higher in sodium.

3. Avoid spices and seasonings that contain added sodium, for example, garlic salt. Choose garlic powder instead.
4. Many restaurants list the sodium content of their products on their Web sites, so do your homework before dining out. Also, you can request that your food be prepared without any added salt.
5. Wait it out. You can learn to adjust to eating less salt. It typically takes about six to eight weeks on a low-sodium diet to get used to it. After that, you'll actually find that some of your favorite salty foods, like potato chips, taste too salty to you.

In short, shake if you must, but being a well-informed shaker can help you improve your health.

About the Authors:

Ted Kyle, RPh, MBA, is a pharmacist and health marketing expert and is also Chairman of the OAC National Board of Directors.

Gwyn Cready, MBA, is a communications consultant with more than 20 years of healthcare policy and brand marketing expertise as well as an award-winning romance novelist. You can visit her at www.cready.com.

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