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YOUR WEIGHT Matters

Summer 2013

MAGAZINE

FOR YOUR HEALTH

PRESCRIPTION MEDICATIONS and Weight Gain – What You Need to Know

BARIATRIC Support Group Secrets

OBESITY and Breast Cancer

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*American Diabetes Association: Standards of Medical Care in Diabetes — 2012 (Position Statement). Diabetes Care 35 (suppl.1): S11-S63.

On Nutrisystem you add in fresh grocery items.



Have you ever wondered if your weight really matters? Think about it. The name of this magazine is *Your Weight Matters*SM Magazine. Our annual convention, set for August 15-18, is the *Your Weight Matters*SM National Convention. The obvious message we are trying to send is “Yes, your weight matters.” However, you may be wondering whom it matters to besides you? Maybe you’ve tried to discuss your weight with your physician(s) in the past and were met with little interest from your healthcare provider in developing a treatment plan. Or maybe you weren’t sure how to initiate the discussion thinking surely if your weight were impacting your health your physician would address it with you, right? Well, the chances are very likely your healthcare provider is avoiding the topic for any one of several reasons. Those reasons could include a fear they will make you angry or uncomfortable, they may not feel adequately prepared to treat a complex and dynamic health obstacle such as obesity, or perhaps, your healthcare provider too is affected by obesity and therefore they are not comfortable initiating a discussion.

The answer to the question, “Does your weight really matter?” is a resounding – YES! Your weight impacts your health. Your weight matters. Let me be very clear – your weight does not define you, it does not determine your self-worth, it is a number on a scale (a tool of measurement). What that number can do is indicate your susceptibility to developing numerous other health conditions. That number needs to be recorded and discussed on a regular basis with your healthcare provider. We want you to initiate the discussion of your health, specifically the discussion of your weight, with your healthcare provider. We’ve put together a tremendous toolkit to help you begin this conversation. Visit www.YourWeightMatters.org and take the *Your Weight Matters* Campaign Challenge today!

I hope to meet many of you at the 2nd Annual *Your Weight Matters* National Convention, *Rise to the Challenge*, in Phoenix. YOUR WEIGHT MATTERS AND SO DO YOU! I would love to hear from you and how you rose to the challenge and initiated the discussion of weight with your healthcare provider. Please email me at pdavis@obesityaction.org.

Pamela R. Davis

**YOUR
WEIGHTMatters**
MAGAZINE

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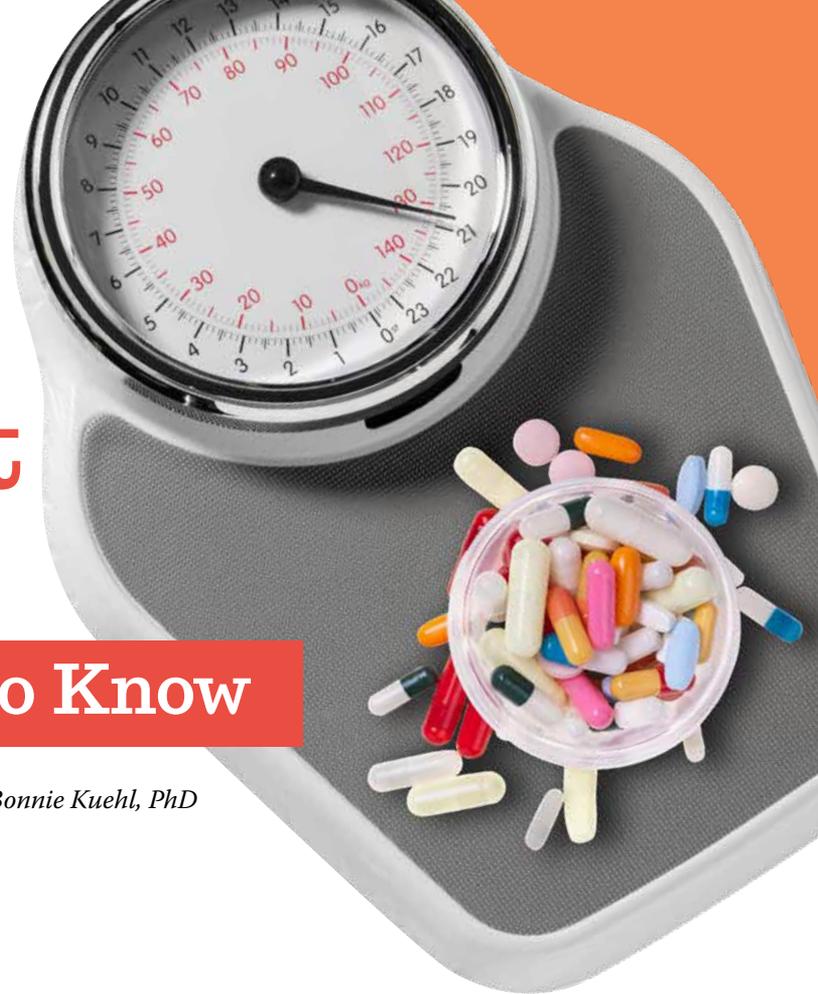
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Prescription Medications

& Weight Gain

– What You Need to Know

by Ted Kyle, RPh, MBA, and Bonnie Kuehl, PhD



How can I be gaining weight? I'm eating smarter, I'm walking more. What am I doing wrong?

You might not be doing anything wrong. Certain prescription medications, not all, such as those used to treat diabetes, high blood pressure, mood disorders, seizures and even migraines, can actually cause weight gain – even several pounds a month. Whatever you do, don't stop taking the medication without speaking with a healthcare professional first. In most cases, a healthcare professional will be able to switch you to another medication that helps your condition but does not cause weight gain and, in some cases, the medication may even help you lose a few pounds.

What causes medication-related weight gain?

Sometimes it is not the drug itself causing weight gain; however, it is the side-effects from the drug. Some drugs stimulate your appetite, and as a result, you eat more. Others may affect how your body absorbs and stores glucose, which can lead to fat deposits in the midsection of your body. Some cause calories to be burned slower by changing your body's metabolism. Others cause shortness of breath and fatigue, making it difficult for people to exercise. Other drugs can cause you to retain water, which adds weight but not necessarily fat.

How much weight is gained varies from person-to-person and from drug-to-drug. Some people may gain a few pounds throughout the course of a year, while other people can gain 10, 20 or more pounds in just a few months. Because many of these medications are taken for chronic conditions, you may use them for several years with their use contributing to significant weight gain throughout time.

What can you do?

1 Ask - When a healthcare professional prescribes a new medication, ask them if the drug is known to cause weight gain. Discuss your concern about weight gain with your doctor and ask for a medication that will not cause weight gain.

2 Be Aware - If you have been gaining weight after starting a new medication, ask your doctor if the new medication could be to blame. Most medications that cause weight gain will have their effect early – within six months of starting. Importantly, it is not just a matter of putting on a few pounds. Extra weight, regardless of where it comes from, can cause or worsen health conditions. Diabetes, high blood pressure, osteoarthritis, metabolic syndrome and high cholesterol all may begin or may be made worse by added excess weight.

3 Be Smart - Know about the medications that may cause weight gain. Common drugs that cause unwanted pounds include corticosteroids, antidepressants, diabetes medications such as insulin or those containing sulfonylureas, some heartburn drugs, hormone therapy/contraceptives, and anti-seizure drugs such as Depakote®. You should also be aware that while some medications don't cause you to gain weight, they may make it more difficult to lose excess weight.

To offset weight gain or to help work off excess weight, consider keeping a food diary tracking what you eat and when you eat. Becoming a mindful and aware eater is a great first step to managing your weight and keeping it off. You should also consider becoming more active; go for a walk with family and friends instead of watching TV or having coffee. Being active burns calories, which helps offset any drug-induced weight gain.

Throughout the rest of this article, you will find a table that details medications known to possibly cause weight gain and some possible alternative medications:

Drug Class/Type (and Potential Related Weight Gain)	Common Name	Proprietary or Brand Name	Alternative Drugs (Weight neutral or may promote weight-loss)
Diabetes Therapies (may cause up to 8 kg weight gain in an intensive 3-month treatment course)			
Insulin	insulin lispro insulin aspart insulin glulisine	Humalog® Novolog® Apidra®	metformin (Glucophage®, Glucophage® XR, Fortamet®, Glumetza®, Riomet®, generics)
Thiazolidinediones (TZDs)	pioglitazone	Actos®	Linagliptin (Tradjenta®) saxagliptin (Onglyza®) sitagliptin (Januvia®) exenatide(Byetta®) Liraglutide (Victoza®) acarbose (Prandase®, Precose®) miglitol (Glyset®)
Sulfonylureas (SUs) <i>usually ≤5 kg gain during 3-12 months of treatment</i>	glipizide glyburide glimepiride chlorpropamide tolbutamide	Glucotrol® Glucotrol® XL Diabeta® Micronase® Glynase® Amaryl® Diabinese® generics	<i>These combination products tend to have fewer side-effects and less weight gain:</i> metformin/pioglitazone (Actoplus Met®) glipizide/metformin (Metaglip®) glyburide/metformin (Glucovance®) glimepiride



Prescription Medications continued on next page

Prescription Medications continued from previous page

Drug Class/Type (and Potential Related Weight Gain)	Common Name	Proprietary or Brand Name	Alternative Drugs (Weight neutral or may promote weight-loss)
Psychiatric/Neurologic Therapies			
Tricyclic Antidepressants <i>General gains of 0.4 to 4.12 kg/month minority of patients gain 15 to 20 kg in 2 to 6 months</i>	amitriptyline doxepin imipramine nortriptyline trimipramine mirtazapine	Elavil® Endep® Vanatrip® Adapin® Dilenor® Sinequan® Tofranil® Tofranil® PM Aventyl® Pamelor® Surmontil® Remeron® Remeron® SolTab®	Bupropion (Aplenzin®, Wellbutrin®, Wellbutrin SR®, Wellbutrin XL®, Zyban®) *Black Box warning for increased risk of seizure. nefazodone (generic†) †Black Box warning for liver failure and suicidal thoughts.
Selective Serotonin Reuptake Inhibitors (SSRIs) <i>Initial weight-loss followed by gain within 6 months in a minority of patients</i>	sertraline paroxetine fluvoxamine	Zoloft® Paxil®, Paxil® CR, Pexeva® Luvox®, Luvox® CR	
Lithium <i>Gains in 11% to 65% of treated patients; up to 10 kg or more in 6 to 10 years</i>		Eskalith®, Eskalith CR®, Lithobid®	
Antipsychotics (most likely to cause weight gain)			
	haloperidol loxapine clozapine chlorpromazine fluphenazine risperidone olanzapine quetiapine	generics Oxilapine®, generics Clozaril®, FazaClo® Thorazine® generics Risperdal®, Risperdal® M-TAB® Zyprexa® Seroquel®, Seroquel® XR	Ziprasidone (Geodon®)



Drug Class/Type (and Potential Related Weight Gain)	Common Name	Proprietary or Brand Name	Alternative Drugs (Weight neutral or may promote weight-loss)
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Antiseizure / anticonvulsants

Variable gains of up to 15 to 20 kg	valproic acid (sodium valproate, divalproex sodium)	Depakote® Depakene® Depakote® ER Depakote® Sprinkle Stavzor®	topiramate (Topamax®) zonisamide (Zonegran®) lamotrigine (Lamictal®)† † Black Box warning for serious rash.
Gains of up to 15 kg during 3 months of treatment	carbamazepine	Carbatrol® Eptol® Equetro® Tegretol® Tegretol® -XR	
	gabapentin	Horizant® Neurontin®	

Steroid Hormones

Oral Corticosteroids (used to treat systemic anti-inflammatory diseases) Polymyalgia rheumatica: 2 to 13 kg Gains in >50% patients receiving 1 year daily prednisone	prednisone cortisone	Prednisone Intensol® Sterapred® Sterapred® DS	NSAIDs (where appropriate)
Inhaled Corticosteroids (used to treat asthma)	budesonide ciclesonide fluticasone	Pulmicort® Alvesco® Flovent®	
Hormone Therapy/ Contraception <i>hormone therapy (used to treat menopausal symptoms and contraceptive agents to prevent pregnancy)</i>	estrogen progestagens		

“ How much weight is gained varies from person-to-person and from drug-to-drug. Some people may gain a few pounds throughout the course of a year, while other people can gain 10, 20 or more pounds in just a few months. ”

Prescription Medications continued on next page

Drug Class/Type (and Potential Related Weight Gain)	Common Name	Proprietary or Brand Name	Alternative Drugs (Weight neutral or may promote weight-loss)
Miscellaneous Agents			
<p>Antihistamines (Taken for sleep in patients affected by obesity, Benadryl® can mask sleep apnea; also used as allergy medication)</p>	diphenhydramine	Aler-Dryl® Benadryl® Diphenhist® Nytol® PediaCare Children's Allergy® Siladryl® Silphen® Sominex® Unisom® generics	decongestants and inhalers 
<p>Beta-Adrenergic Blockers (used to lower blood pressure)</p>	propranolol metoprolol atenolol	Inderal® Inderal® LA InnoPran® InnoPran® XL Pronol® Lopressor® Toprol® Toprol XL® Tenormin®	<p>ACE Inhibitors: ramipril (Altace®†) benazepril (Lotensin®†) enalapril (Vasotec®†) lisinopril (Prinivil®†, Zestril®†)</p> <p>Angiotensin II Receptor Blockers: losartan (Cozaar®†) candesartan (Atacand®†) † Black Box warning for use during pregnancy</p> <p>Ca⁺⁺ Channel Blockers</p>

Conclusion

If you are gaining weight and suspect that your current medications may be the cause, it is important that you do not stop taking the drug or switch to a lower dosage without first speaking to your doctor. Stopping or changing your medication may result in a potentially serious health condition going untreated, which may put your health at risk.

In most cases, there are other medications available that your doctor can switch you to that offer the same beneficial effect but will not cause excess weight gain. If the drug cannot be switched, then your doctor can provide you with advice on diet changes that might help and will likely encourage you to increase your aerobic exercise to offset any weight changes.

About the Authors:

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

Bonnie Kuehl, PhD, is CEO and founder of Scientific Insights® Consulting Group Inc. a scientific and medical research and communications company. Scientific Insights® specializes in the interpretation of scientific, medical and clinical information and technology – translating science into English. Bonnie has a PhD in cell and molecular biology from the University of Toronto and post-doctoral experience from The University of Dundee in Scotland and McMaster University in Hamilton, Ontario.



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The Obesity Action Coalition (OAC) invites you to join us for the 2nd Annual *Your Weight Matters* National Convention, the nation's premier educational event presenting evidence-based weight management strategies for anyone concerned about weight and health. This 3-day event is truly unique and powerful, bringing together the nation's leading experts on weight and health to present a comprehensive, diverse educational program. No matter where you are on your journey, there is literally something for everyone. This is the opportunity for you to not only learn directly from the experts, but to also join together with like-minded individuals who understand each other's successes, challenges and triumphs.

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Understanding and Managing
Food Addiction



Al Aly, MD
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Talking to a Healthcare Professional about Your Weight – Where to Start

by Pam Davis, RN, CBN, BSN



We've all been there, done that. You go to the doctor for a cold, an ache, really any issue, and if you're affected by obesity, somehow that issue is tied to your weight. This can result in a pretty frustrating encounter with your healthcare provider. You're sick, you don't feel well, you passed both a mirror and a scale this morning, so you do realize your weight is an issue; however, it's not the direct focus of your visit that day. Any conversations about weight and weight-loss options at this type of visit are generally not received well by you.

What about the other type of physician's visit? The one where you're actively seeking suggestions, advice, dare I say...treatment for your weight? The visit may go something like this:

You: "Dr. Jones, I'm really worried about my weight. It's been creeping up for a long time, and it feels like no matter what I do I just keep gaining."

Physician: "Well, stop eating."

You: "It's really becoming more difficult to keep up with the kids or to even get up and down the ramps at the Tennessee Titans games. I just get so short of breath."

Physician: "You know I really thought the Titans were going to do better this year. How long have you had your seats?"

You: "I've tried everything; the cabbage soup diet, injections and even starving where I only eat one meal a day. Nothing seems to work."

Physician: "Well, what are you going to do? Have you looked around lately? We could all stand to lose a few pounds. Take your chart up front when you check-out and remember to keep pushing away from that table."

Wow, profound words of wisdom on how to treat a complex, multi-factorial disease process like obesity. I wish I could say the encounter above is the exception, and not the norm, but unfortunately, I've heard this or similar scenarios described again and again.

Before it sounds like I'm coming down too hard on healthcare providers, specifically physicians, please understand I am not. Just like there are multiple factors that affect our weight, there are multiple factors that affect our opinions and knowledgebase about obesity and obesity treatment. Very few physicians receive education on nutritional counseling in medical school. Unless they specifically choose and seek out additional training, their knowledgebase and background may be formed more by public opinion and societal norms (obesity continues to remain the last socially acceptable form of discrimination).

Part of my job is to educate physicians and other healthcare providers on the importance of:

- First, having a conversation with their patients about their patient's weight
- Second, providing them the resources and tools to make that a constructive conversation where together they can develop an appropriate treatment plan based on the individual, their current weight and their weight-loss goals

The Conversation Isn't Happening

In June 2011, the results of a survey sponsored by both the Obesity Action Coalition and Ethicon Endo-Surgery revealed that: "Patients and primary care physicians aren't having candid conversations about obesity and weight-loss surgery."

"Healthcare professionals should be having detailed discussions with people suffering from obesity about all their treatment options, including bariatric surgery," said Joe Nadglowski, OAC President and CEO. "The survey results indicate that doctors are not speaking to patients about their weight, and the effects it can have on their health. Informed patients can proactively manage their health, weight and improve their quality of life."

The fact that this conversation is not happening is one of the key reasons why we continue to see an obesity epidemic nationwide. In order for individuals affected by obesity to manage their weight effectively and safely, they must have this important conversation with their healthcare provider.

Your Next Step

Go to your next doctor visit armed with the most powerful tool in the world – information. Here are some tips and questions to get you prepared for your next appointment:

- Write down and take with you a list of all the weight-loss methods you've tried in the past and include how long you worked on each effort.
- What were the results (how much weight did you lose)?
- How long did it take to lose the weight?
- Did you regain the weight?
- How quickly did you regain it?
- What changes were you able to live with?
- Which changes were just completely intolerable?



Talking to a Healthcare Professional continued on next page



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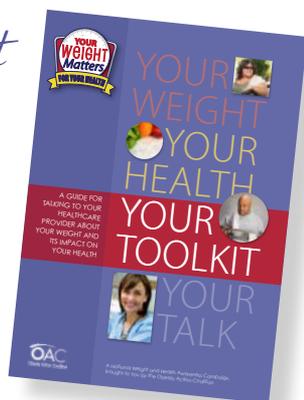
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The *Your Weight Matters* Campaign is a great place to start. By taking the Campaign Challenge, you will receive the *Your Weight Matters* Toolkit, which provides a list of questions for you to ask your doctor about your weight and health, as well as a list of questions you can expect your doctor to ask you – so that you can be prepared.



Conclusion

The best way to get control of your health and weight is to be proactive and involved in your own care. I know you've heard it before, but it's very true. **YOU HAVE TO BE THE LEADER OF YOUR HEALTHCARE TEAM.** Research your options, and have the conversation with your physician. In fact, initiate the conversation with your doctor. If they're not willing to work with you, find another doctor.

Remember, *Your Weight Matters* – whether it's too high, too low or within the normal range, it impacts your health.

About the Author:

Pam Davis, RN, CBN, BSN, is a certified bariatric nurse and the Program Director for Centennial Center for the Treatment of Obesity in Nashville and Chairman of the OAC National Board of Directors. Pam serves on the Integrated Health Executive Council and chairs the Integrated Health Clinical Issues and Guidelines Committee of the ASBMS and the Health Systems team of the Tennessee Obesity Taskforce. Through her work at Centennial, Pam strives to educate employers and physicians on obesity prevention and treatment.

Visit www.YourWeightMatters.org or scan the QR code and take the Campaign Challenge today!

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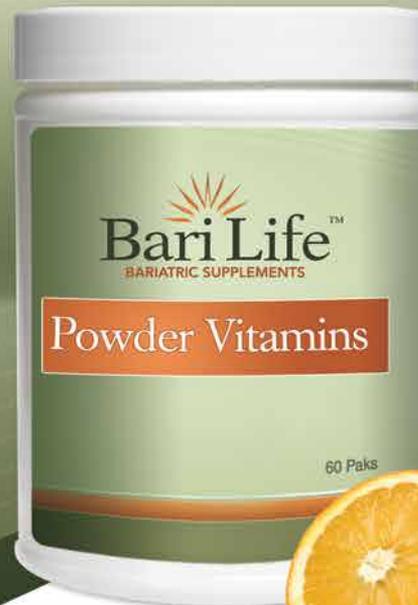
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Moves that **Matter**

by Andrea White, OAC Member since 2012

“I’m taking belly dancing lessons.” A few hastily muffled chuckles and wide-eyed stares greeted my announcement. I watched the reactions of a few of my “friends” during a dinner get-together and pretended not to notice the silent shock.

Having been affected by excess weight for the majority of my life, I was used to such behavior. Though no one said the word aloud, I felt as if I could hear what they were thinking, “Why in the world would someone her size dare to do something like belly dancing?” Even though I was used to this type of behavior, I was not unaffected by it.

This incident would later become one of the defining moments in my adult life. Reflecting back on that conversation helped me to realize something that changed the way I think about my body. I learned that it wasn’t my body that kept me from enjoying physical activity, it was the fear of what other people would think or say that often stopped me from taking that new dance class, going on a hiking trip, or any number of activities that I had shied away from throughout the years. I decided to do the things I enjoyed regardless of whether other people approved or not. I was tired of letting my size, and other people’s reactions to it, dictate every aspect of my life. I took my belly dancing class and loved it!

That decision led me to develop a true appreciation for moving my body. I made a habit of including regular exercise into my daily routine. I learned that even

“*I made a habit of including regular exercise into my daily routine. I learned that even moderate levels of physical activity could make a major difference in my mood and overall health.*”

moderate levels of physical activity could make a major difference in my mood and overall health. I managed to lose 80 pounds and maintain a level of consistency with my weight that I had never really had. While still considered “overweight” at a size 16, for a girl who hadn’t seen that size since the age of 10, those 80 pounds were significant. My 20-year battle with Polycystic Ovarian Syndrome (PCOS) and a myriad of other health concerns were all significantly improved. My small moves had made a big impact on my health.

However, it wasn’t until two of my former schoolmates died due to complications from severe obesity that I began to realize how powerful my small moves could be.

Could I have done more to encourage small lifestyle changes for my friends?

Would sharing my story have a positive influence on others struggling with some of the same issues?

In some small way, could I help someone dealing with weight stigma feel empowered to do something about it?

I didn’t know the answers to these questions, but I figured that the possibility of saving someone’s life was worth me finding out. That’s why I created the Make a BIG Move Campaign, an initiative born out of the struggles of myself and all of those people in my life who have been challenged by weight issues.

The goal is not necessarily to associate physical activity with weight-loss, rather we want people to learn to enjoy physical activity and then reap the rewards (weight-loss, improved mood, better physical health) that may come because of it. More information about the Campaign and ways for those interested in getting involved may be found in the box to the right.

Sounds like a great idea, right? I thought so too... until I realized that my friends and I aren’t the only ones who could use some extra encouragement to exercise. I started to wonder how in the world I would get the word out about the Campaign. Who would allow me a platform to tell others about the Campaign? My love of fashion provided the answer.

My old hobby of plus-size modeling introduced me to plus-size beauty pageants. One thing that beauty pageants, plus-sized or not, have in common is that they encourage the contestants to have a platform or a cause that they feel strongly about promoting. Bingo! I entered my first national plus-sized pageant

OAC Members Matter continued on next page

About the Make a BIG Move Campaign



The premise of the Make a BIG Move Campaign is simple:

To encourage people of size to engage in regular physical activity in order to promote positive physical and mental health outcomes, dispel the myth that all people of size are lazy, build a network of support for those dealing with weight-related issues, and develop habits that support long-term lifestyle changes.

The Campaign is YouTube based and we are asking plus-sized individuals to submit videos of themselves engaged in their favorite physical activity (all videos will be subject to review). The video should include a brief explanation of the activity, why the person enjoys it, and how it impacts their overall physical or mental well-being. These videos will serve as a repository of hope for people of size who want to get out there and move. Videos will be judged based on their content, and the individual who submits the most compelling video will receive a prize package and featured on the Make a BIG Move Web site.

If you want to join me in making a BIG move, submit a video to the Campaign from July 31 - October 31 at www.makeabigmovecampaign.com. The winning video will be announced on December 1, 2013. Let’s Make a BIG Move together!

OAC Members Matter continued from previous page



and began researching organizations and groups that had the advancement of initiatives for people-of-size as part of their mission. My search led me to the Obesity Action Coalition (OAC).

I was excited to see that the goals of the OAC correlated with those of the Make a BIG Move Campaign. The advocacy efforts of OAC made me

decide that if there was any way that I could promote its mission to other people of size, then I would do my part.

I got that opportunity in March 2013 when I was blessed to win the Ms. Exquisite Full-Figured USA Pageant. With the title serving as a national platform to discuss the issues impacting people of size in the U.S., my hope is that I can promote the work of the OAC and the Make a BIG Move Campaign. I don't want to waste any more time worrying about what people think I can't do. I don't want to lose another friend to the complications of obesity.

“We can choose to let other people's negative perceptions paralyze us or empower us. I chose to be empowered, and I encourage you to do the same.”

We can each do our part to help each other to be more responsible about our physical and mental health. The end of weight-related stigma and body shaming starts with us. We can choose to let other people's negative perceptions paralyze us or empower us. I chose to be empowered, and I encourage you to do the same. Take the energy engendered from past hurt, anger, fear, and embarrassment and use it as the impetus to make positive changes in your life and in the lives of others. That's the biggest move of all.

- Andrea White

Join the Only Coalition of Individuals Affected by Obesity

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(select one)

- Individual Membership: \$20/year
- Institutional Membership: \$500/year
- Chairman's Council Membership: \$1,000+/year

OAC Membership Add-ons

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To order bulk copies of OAC resources, members can purchase educational packages. If you'd like to order resources, select one of the below packages.

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

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

Membership/Add-on Totals:

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Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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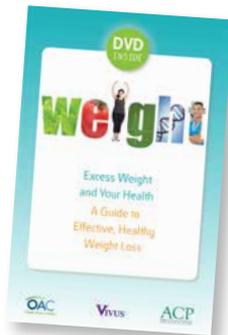
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OAC and ACP Unveil FREE Resource for Health Professionals

The OAC and the American College of Physicians (ACP) are proud to unveil a brand-new free resource, “Excess Weight and Your Health – A Guide to Effective, Healthy Weight Loss,” developed specifically for healthcare professionals treating excess weight and obesity.



“Excess Weight and Your Health – A Guide to Effective, Healthy Weight Loss” is a combination of a 32-page guidebook and DVD which provides healthcare professionals with a mechanism to introduce the topic of weight into their practices. From an in-depth look at weight to information on today’s latest weight-loss options, this resource provides viewers and readers with a thorough look at excess weight and obesity, and its effect on health.

The DVD features two of the leading experts in the field of obesity discussing real patients who have battled, and continue to battle, excess weight and obesity. Dr. Christopher Still, DO, Medical Director, Center for Nutrition and Weight Management at the Geisinger Obesity Institute, and Dr. Domenica Rubino, MD, Founder and Director, Washington Center for Weight Management and Research, provide an insightful look at how weight impacts health and what patients can do to manage their weight and improve their health.

To learn more about the DVD and guidebook and order your FREE copy today, please visit www.obesityaction.org/oacacpdvd.

that all our content was mobile-friendly,” said James Zervios, OAC Director of Communications.

Your Weight MattersSM Campaign Helps Thousands

The *Your Weight Matters* Campaign has officially launched and the response has been amazing! Thousands of individuals have taken the Campaign challenge and prepared themselves for that important conversation of weight with their healthcare provider.



In April, the OAC re-launched the Campaign with a brand new Web site, Campaign Toolkit, weekly e-newsletter – *Your Weight Matters Weekly* – and much more! From billboards to mass media coverage, the Campaign launched with a tremendous positive energy to increase awareness of weight and its impact on health.

“We are extremely pleased with the initial response to the *Your Weight Matters* Campaign. The conversation of weight between the patient and healthcare provider is very important. There must be a clear, effective line of communication in order to pro-actively treat and manage excess weight and obesity,” said Pam Davis, RN, CBN, BSN, OAC Chairman.

Take the Campaign Challenge today at www.YourWeightMatters.org!

OAC Web Sites Now Available on Mobile Devices

The OAC is excited to announce that all of its Web sites are now available on mobile devices!

- OAC main site – www.ObesityAction.org
- *Your Weight Matters* Campaign site – www.YourWeightMatters.org
- *Your Weight Matters* Convention site – www.YWMConvention.com

YWM2013 Set for Phoenix – Register Today!

The final countdown is on for the 2nd Annual *Your Weight Matters* National Convention! On August 15-18, at the Arizona Grand Resort & Spa, individuals from across the U.S. will convene in Phoenix to learn evidence-based information on weight and health.



YWM2013
OAC's 2nd Annual *Your Weight Matters*SM
NATIONAL CONVENTION

“We’re less than two months away from this year’s Convention and the excitement is growing more and more each day. From topics such as, ‘Your Life-long Journey – Understanding Your Weight-loss Options’ to ‘Who’s in Control? The Science behind Willpower,’ this year’s Program Agenda looks absolutely spectacular,” said Joe Nadglowski, OAC President and CEO.

For more information on the Convention, please visit www.YWMConvention.com or turn to page 9.



The OAC wants to ensure that we provide you with the ability to access your favorite OAC sites – even while on-the-go. Therefore, we’ve updated all of our Web sites to now be accessible from your mobile device (smartphone, tablet and more).

“The mobile sites are a great way for our members and the general public to easily access all of our content from their mobile devices. At the 2012 *Your Weight Matters* Convention, so many attendees utilized mobile devices throughout the meeting to access OAC content. With that in mind, we wanted to make sure

Dear Doctor



Dr. Walter Medlin

Dear Doctor, I am affected by obesity and not interested in intimacy. Why is this?

Answer provided by Walter Medlin, MD, FACS

Putting the Frisky back in Our Business!

The dilemma for most of us: Wanting intimacy but fearing vulnerability.

Sexuality is still probably the toughest issue to discuss, or even to think clearly about in our society. It's very ironic that we are deluged with sexual images and humor to sell stuff and to get our attention, but Americans are fairly repressed and conservative in terms of actual intimacy and intercourse.

Media and society will show explicit violence over sexuality for some reason, to the point of laughable avoidance of male nudity. You can watch TV and see murder, mayhem and meanness on network shows even in the "family hour," but there will be no actual depiction of sexual pleasure on TV (unless it is betrayal). We are far more comfortable as a country with sexual tension than sexual activity.

“ One key concept is that women often expect to be interested in sexual intimacy prior to actually engaging in contact. This is often the reverse of what actually occurs! ”

Please let me remind you that you're talking with a surgeon about something that is usually more in the realm of a counselor. As a member of your healthcare team, I am very happy, though, to get you started on this process and help if I am the provider you're most comfortable sharing these issues with.

Getting Started

Let's clarify some specifics. In what way (or ways) does this loss of interest in intimacy bother you? Is it more of an issue for you or your partner? Or maybe something you have mutually decided is an area of desired change?

Misconception of Female Sexual Response

I highly recommend a book that I read for this article, titled *The Sex Starved Marriage*, by Michele Weiner-Davis, PhD. The book is very clearly written and reflects an extensive clinical experience. One key concept is that women often expect to be interested in sexual intimacy prior to actually engaging in contact. This is often the reverse of what actually occurs! Many women just don't get desire until actually involved in arousing activity. Dr. Weiner-Davis also highlights many important areas in her book that are listed on the following page.

Medical, Hormonal and Physical issues

Medical

There are several factors that can lead to loss of sexual desire or enjoyment. Antidepressant medications in the SSRI class can alter libido. These include Celexa, Lexapro, Paxil, Prozac, Zoloft and others.

Hormonal

Menopausal or premenopausal changes can alter feelings of desire and are often unrecognized in early stages. The body can also have adjustments after childbirth or chemotherapy.

The term “chronic disease” covers a lot of ground, but many conditions, including diabetes, can contribute to change in desire. Vascular disease is more highlighted in males because of the role in maintaining erection, but likely has some role in female sexual response as well. Smoking cessation is always a good idea!

Polycystic ovary syndrome can give women higher testosterone values, which can lead to acne and hair issues, as well as irregular periods.

Physical

Fatigue is probably most important, medically, for desire. Low Vitamin D is almost the rule in our patients, and it takes weeks to months to correct. Hypothyroidism is less common, but treatable. Lack of regular exercise directly affects sexual desire and arousal and ability to orgasm. It also indirectly affects fatigue, which is part of the body’s counter-regulatory efforts to dieting.

By the time many women reach our clinic, they have been through dozens of diet attempts throughout the years. Their bodies have become well-adapted to this self-imposed “famine” by going into a near hibernation state, which is best characterized by overwhelming chronic fatigue.



Dear Doctor continued on next page

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When you feel burnout in life, it is understandable to be sexually disempowered. Clinical depression, medications and body image problems can certainly have a role. Understanding all of this is the first step to adjusting to it all. Please note that I did not use the word “fixing” here! An attitude of “fix” can block our ability to “treat.”

Behavioral and Relationship Issues

Another of Dr. Weiner-Davis’ ideas that I really appreciate is that of “emotional nutrition,” which is an inborn need to bond. How can we have a true sexual bond with our partner if there is no friendship? Anger, cynicism and even selfishness may all be reasonable responses to the harsh reality of the world for many of us, but they also isolate us. Balancing the need for self-care with the need to be cared for requires a leap of faith!



Here are some questions for you and your partner that may help you both identify intimacy issues:

- Are you in a relationship now? If so, how has intimacy worked in this relationship in the past? What previous relationships do you bring into the current one?
- Are you a post-op metabolic/bariatric surgery patient? Has your partner responded positively to changes? Is your partner “oversexed” (exhibiting an excessive sexual drive or interest)?
- Does your body image or previous sexual trauma create fear or reluctance toward intimacy?
- Are you sexually active but feeling a lack of desire/pleasure or not having intercourse? Do you have a sexual relationship with yourself? (Yes, we are now talking about masturbating, an even more taboo subject than sex!) Do you have thoughts but not act on them?
- How is your underlying friendship with your partner? What other conflicts may be unresolved? Some relationships undergo radical “power” changes after bariatric surgery, and the partner who has been taking the other for granted often reacts defensively.
- How do you handle stress now? Food can be a crutch even for normal weight people – they don’t call it comfort food for nothing! You may need to replace old coping behaviors with new ones.
- Do you have “safe” space in your relationship to talk about issues without causing hurt feelings? Are you waiting for your partner to agree with you before taking action? When we offload the obligation for our happiness onto our partner, it can lead to a compounding of problems.
- Remember, change can be stressful, even if it is winning the lottery. A new life can be disruptive, and adjustment disorder is common.

Recognizing Other Important Issues

Most relationships hit roadblocks at some point, and counseling can give tremendous benefit even if it is only for a few sessions or a few months. Even when the underlying sexual problem is completely related to medication or physical problems, our feelings and communications are easily disrupted. As the saying goes, “Sex is only 10 percent of the relationship – unless you’re not having sex, then it’s 90 percent!”

Dear Doctor continued on page 22

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Here is a list of other concepts to explore:

- Distracted society (Internet, TV, busy lives)
- Anxious society (continual messages of crisis and tragedy)
- Neurotic society (continual messages of inadequacy)
- Pornified society (inability to live up to fictional standards)
- Hyper-society (inability to just chill out for a day on the couch with partner or self)
- Habit of avoiding, delayed gratification
- Does only intercourse “count” anymore? Are we keeping score too closely?
- Romantic fiction (Is it okay just to “hook up” with your partner occasionally? Does all sex need to have deep personal connection, or can it just be fun?)
- Spontaneous ideal (Sometimes planning, even scheduling, can be helpful.)
- Sensitive feelings (Innocent comments can cause real harm. Your body language may be misunderstood as rejecting, even if it has nothing to do with your partner.)
- Discounting positive attention (Negative self-talk blocks romance!)
- Honest and CLEAR communication of needs and turnoffs
- Do you talk with friends, but your partner is in the dark?
- Be VERY careful of the word “should.” It is the root of a lot of toxic behavior and unrealistic expectations.
- Is impatience for a complete solution keeping you from making small steps?
- Would regular exercise help?
- Do we feel overly responsible for our partner’s happiness?

As you can see, there are a wide variety of concepts that may impact sexual behavior and desire. It is important to discuss these issues with your partner to encourage clear and honest communication.

The Takeaway

Communicate with your partner, take that leap of faith! If you have major anger, or major vulnerability, it is a good idea to have a counselor. Just get started! Don’t let intercourse or orgasm problems block the enjoyment you can have with other components of an intimate relationship (even if it starts alone). Most important – don’t ever count yourself out! This important part of life has not passed you by, even if you are far out of practice.

Expect to have some dead ends in your search for solutions. No single source or practitioner has every answer, and many of us practitioners have only limited experience with certain components of sexuality. Be wary of the easy answers, this is complicated stuff!

As you progress through examining and making changes in your sexual life, expect that the questions may change. I am a strong advocate of Mindfulness-based Stress Reduction techniques for keeping our problems in perspective. Remember, your most important sex organ is your brain! Self-care is fundamental to happiness. Most of us have ongoing negative internal dialogue about weight and self-worth. Don’t beat yourself up just for having a challenge in desire. It is not a “fault,” but another opportunity for learning about this amazing journey of life.

Here’s hoping you all have the frisky, romantic summer that you surely deserve!

Be positive, but be persistent!

Answer provided by:

Walter Medlin, MD, FACS, is director of the Metabolic Surgery program at Billings Clinic in Montana and an OAC Advisory Board Member. He struggled with his weight since first grade. After performing hundreds of bariatric surgeries, he underwent sleeve gastrectomy in 2008, with outstanding results. Dr. Medlin is also a participating practice in the OAC Sponsored Membership Program where he gives each of his patients a one-year membership in the OAC and he is honored to be a longtime member of OAC. Dr. Medlin is also an avid user of Twitter; his handle is “@bonuslife.”

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KID'S Corner

EXERCISE for the Whole Family

by Jillian McAfee

School's out for summer! No more teachers, no more tests and no more homework to worry about! You're able to kick back and relax during the summer months but try not to get too comfortable. I recommend dedicating this summer to learning about your health and experimenting with different types of physical activities.

Physical Activity and Health

Physical activity can have numerous benefits for your health and well-being. It makes your muscles strong, your heart and lungs more efficient and your mind happier. Living a healthy lifestyle can be challenging at times, but surrounding yourself with people who have similar goals as you can be a huge help. Talk with your family members about their health, and encourage them to increase their physical activity with you!

As a personal trainer, I have the privilege of working with people of all age groups. I particularly love working with children because they are always eager to learn! I have adults tell me all the time, "I wish I started exercising when I was younger." In my opinion, as a child, you have a great advantage over adults because you are in a position to develop and continue healthy habits through adulthood. You are able to experiment with all types of exercise and hopefully find your niche.

Set Goals

Make it your goal to try numerous types of exercises with your family this summer. You should not be alone in this journey. Encourage the ones you love to participate with you!

Fitness
Class



Here are some ideas:

1 Dance the Day Away

It's time for a dance party! If you are feeling tired or lazy, music and dancing can be serious mood boosters. Turn on your favorite tunes and bust a move with your friends. Take turns giving each other the spotlight and cheer for each other!

If you are interested in taking dance lessons, you can find beginner classes in your community and try all different kinds. Whether it is hip hop, jazz, tap or ballroom, dance can be an awesome form of exercise (that doesn't always feel like exercise).

2 Play Outside

There are so many options for outdoor play and many are forgotten because of video games, computer games and other forms of technology. Play tag, jump on the trampoline, or take turns jumping over the sprinkler. One of my favorite activities as a kid was setting up an obstacle course using items such as jump ropes, cones and the trees in your yard as landmarks!

3 Try Different Fitness Classes

Many gyms have programs for kids in the summer. Take the time to try new things! If structured sports, like volleyball and basketball, aren't your favorite, try a fitness class at the gym such as kickboxing, cardio dance, kids' yoga or Pilates.

4 Work on Your Swimming Skills

If the water is unfamiliar territory for you, ask to enroll in swim lessons. Swimming is a wonderful low-impact form of exercise that works out your entire body. You don't have to swim laps to get a good workout though – create relay races with your siblings!

5 Hop on the Bike

Cycling is a great form of exercise for the whole family. Go for a bike ride around the neighborhood after dinner or find some cool trails at local parks. Make sure that you and the people you ride with practice good bike safety rules and wear a helmet.

6 Wear a Pedometer

It is recommended to walk 10,000 steps each day, however, set a goal that is doable for you at this time. Keep track of your family's progress and create a reward system for the members who have reached their goal. If you are having trouble reaching your step goal each day, work on creating the habit of taking your dog for a walk or walking a certain distance with your family each day.

7 Summer Reading

During summer break, many kids may not be eager to bury their nose in a book. If you are, however, looking for some fun reading materials, check out the health and fitness section in your local library or ask a parent to help you find a kid-friendly wellness Web site. It's never too early to start educating yourself about your body. Once you know the reasons why you need to exercise and eat right, you are more likely to want to stick with the healthy habits you are creating.

Dance



Jump Rope



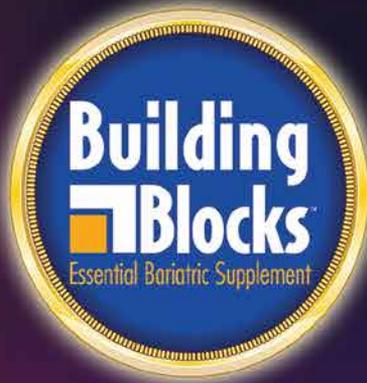
Ride Bikes



Wear a Pedometer



Kids Corner continued on page 29



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Safety Tips to Remember

1. Don't wait until you're thirsty to drink water. Kids sweat less than adults and often drink less fluid during a workout because their bodies don't remind them to do so. Get into the habit of drinking before, during and after exercise sessions to ensure proper hydration.
2. Warm-up before you start your exercise session to wake up your muscles and reduce your risk of injury. Suggested stretches before a workout are spinal twists, shoulder rolls, marches and leg swings.
3. Remember to take time to stretch after you exercise. Post-workout stretches include poses for the major muscle groups (quads, hamstrings, lower back and chest). If you need help thinking of stretches to do, you can search online or even find some fun tutorials on YouTube to follow along with.



Drink Water

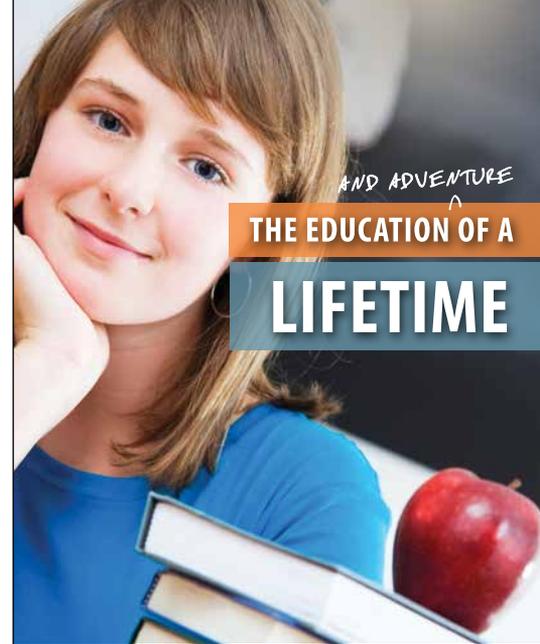


Conclusion

After reading this article, I hope that you are inspired to try new forms of physical activity and exercise this summer. Exercise can change your life – have fun with it! Experiment with ways to incorporate exercise into your daily life that you enjoy doing. Don't forget to encourage your family members to join you in your efforts to improve your health and fitness! Set an example for your family to follow and have fun creating memories with them in the process!

About the Author:

Jillian McAfee is a Personal Trainer and General Manager of Downsize Fitness Chicago– a gym that is specifically designed to train individuals who are 50 pounds or more overweight. Jillian received her Bachelors of Science degree in Kinesiology at Indiana University and is a Certified Personal Trainer through the American College of Sports Medicine. The most rewarding part of her job is being able to see exercise change people's lives every single day.



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by Nadia Boulghassoul-Pietrzykowska, MD, FACP

If you go down the beverage aisle in any grocery store today, you're bound to find a wide variety of sports drinks, all promising things like "power," "hydration," "energy bursts" and much more. Quite often, this is crafty marketing on the part of the sports drink manufacturers; however, the main question on your mind in the sea of "promises" should be, "Are these sports drinks healthy?" Well, let's find out.

SPORTS DRINKS

Sports drinks are sugar sweetened beverages containing water, sodium, potassium, artificial color and flavorings. They are recommended for athletes that perform intense exercise lasting more than 60 minutes according to the American College of Sports Medicine. For such

intense exercise, they help provide energy and prevent dehydration. Sports drinks typically contain water and electrolytes (usually sodium and potassium) for rehydration, and carbohydrates (as sugars) for energy.

They were invented in the 1960s to replenish fluid and provide extra fuel for intense sporting activity of a long duration. From the physiological point of view, there's a benefit in having carbohydrates for sustained intense exercise of more than 60 minutes. This is because when we start exercising, our muscles initially use their stores of carbohydrate for fuel, but these stores become depleted after about 90 minutes. Our muscles then start to become more reliant on fat burning for fuel. This isn't as efficient as burning carbohydrates, so our pace is slowed. The intake of worthwhile amounts of carbohydrate from a source during exercise, such as a sports drink, provides an alternative or additional source of fuel allowing carbohydrates to continue to be 'burned' at the higher levels needed to sustain the athlete's optimal pace.

For ordinary people who play sports more casually, there's no need for them because the fluid requirements can be met by water and generally we do not sweat enough to lose excessive amounts of electrolytes. In addition, if we

are exercising to lose weight, drinking a sports drink may mean that we need to spend an extra half hour or more at the gym. This is why, for less intense physical activity, water is considered to be the best hydrator.

A national survey of high school students showed that less than 20 percent of students reach a high level of physical exertion, therefore, much of the youth drinks these beverages without a good reason and to the detriment of their health.

EXTRA CALORIES

When used outside of the context of significant physical exertion, these drinks provide large amounts of unnecessary sugar and sodium. Many of them are available in 32 ounce bottles and contain 56 grams of sugar, which is the equivalent of 14 teaspoons of sugar. This is above the recommended maximum amount for a whole day. Studies have shown that these beverages were linked to weight gain in both adults and children.

In addition, a large sports drink bottle contains about 480 mg of sodium, which is one fifth of the maximum daily allowance as recommended by the American Heart Association. This is significant because increased sodium consumption may raise blood pressure, which in turn may increase the risk of stroke and heart disease.

The American Academy of Pediatrics (AAP) states that children consuming these beverages are at increased risk for obesity. Therefore, the recommendation is to avoid consuming them and children should drink water before, during and after exercise. AAP also adds that small amounts of these drinks can be given to children exercising in hot and humid conditions for more than one hour.

In addition, scientists have shown that individuals consuming sports drinks on a regular basis have eroded tooth enamel. Many of these products are based on acidic fruits and the amount of enamel lost was significant. Dental erosion is the most common chronic disease of children ages 5 to 17 and it has been recently recognized as a dental health problem.

SALES CONTINUE TO INCREASE

Despite having no benefit for most, the sales of these drinks skyrocketed in recent years. Furthermore, as the consumption of carbonated soft drinks in schools has finally decreased, at the same time, the purchase of sports drinks by youth increased by 70 percent. This is mostly due to the fact that they are marketed as healthy drinks; however, in reality, most of them are nothing but sugar sweetened beverages with many unhealthy features.

Even when it comes to lower-calorie versions of the drinks, consumers should still be certain they know what constitutes a "serving," as well as how many servings are in an individual bottle. A particular low-calorie sports drink, for example, might advertise that it has only 20 calories per 8-ounce serving, but have 2.5 servings in a bottle. That's still a savings instead of the full-calorie version of the beverage, which may have 80 calories per serving. But it's not zero.

Sports Drinks continued on page 32

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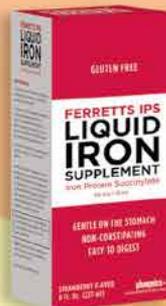
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When you're deciding whether to choose water or a sports drink, here are some guidelines:

Use water when:

- Exercising to lose weight
- Exercising for an hour or less

Consider using a sports drink when:

- Doing intense sustained exercise for 90 minutes or more
- The outcome of a competition is important to you and you need to perform at your best. Using small amounts every 10-15 minutes can make you feel like working harder.



Also, sports drinks should not be confused with energy drinks. These have also a lot of caffeine and contain various herbs and supplements and make health claims not approved by the U.S. Food and Drug Administration.

CONCLUSION

When you decide to choose a sports drink, be aware that they are not created equal. Below, please find a table which details some of the most popular sports drinks:

Name	size	calories	carbs	sugars	sodium	protein
Propel Zero	8 oz	0	0	0	80 mg	0
Gatorade G Series	8 oz	50	14 g	14 g	110 mg	0
Gatorade G2 Series	8 oz	20	5 g	5 g	110 mg	0
Gatorade Fit O2 Perform	8 oz	10	2 g	2 g	110 mg	0
Gatorade Fit O3 Recover	11 oz	100	12 g	9 g	310 mg	0
Powerade Powerade	8 oz	50	14 g	14 g	100 mg	0
Powerade zero	8 oz	0	0	0	110 mg	0
Sobe lifewater	8 oz	0	3 g	0	25 mg	0
All Sport Body Quencher	20 oz	150	40 g	40 g	140 mg	0
Glaceau Vitamin water	8 oz	50	13 g	13 g	0	0
Glaceau Vitamin water zero	8 oz	0	0	0	100 mg	0

Also, If you want to try to spruce up plain water, a spritz of lemon juice or lime juice, or a packet of a very low-calorie drink such as Crystal Light, can make things more palatable And with all this said, let's reconnect with the oldest beverage known to mankind – water.

About the Author:

Nadia Boulghassoul-Pietrzykowska, MD, FACP, is a board certified physician nutrition specialist with residency training in internal medicine and subspecialty training in bariatric medicine and nutrition.



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Obesity & Breast Cancer



*by Nancy Kushner, MSN, RN,
and Robert Kushner, MD*

Obesity and breast cancer are both on the rise worldwide. These two disorders are also linked to one another. Excess body weight, poor diet and physical inactivity have been associated with an increased risk of breast cancer in postmenopausal women. With 70 percent of postmenopausal women in the U.S. estimated to be affected by excess weight or obesity, this is cause for concern.

The good news is that weight management also plays a key role in the prevention of breast cancer and in improving the prognosis once breast cancer is diagnosed. The relationship between obesity and breast cancer, however, is complex and not fully understood.

What do we know about the relationship between excess body fat and breast cancer?

A strong relationship exists between obesity and many cancers, particularly postmenopausal breast cancer. Excess body fat may increase the risk of developing postmenopausal breast cancer through factors that include:

- Insulin resistance
- Changes in the level of sex hormones
- Chronic inflammation

In contrast to postmenopausal breast cancer, the relationship between excess body fat and premenopausal breast cancer is less certain. In fact, some studies showed that excess body fat was protective against developing breast cancer in premenopausal women, though this was not always statistically significant.

We also know that many pre and postmenopausal women, after receiving a breast cancer diagnosis, end up gaining weight. Weight gain and obesity lead to poorer breast cancer prognosis, more obesity-related conditions like heart disease and diabetes and worse surgical outcomes including higher infection rates, poorer healing, lymphedema, fatigue and functional decline.

Why is this important?

Breast cancer is the most common cancer among American women, excluding skin cancer. About 1 in 8 women in the U.S. will develop invasive breast cancer in their lifetime. Understanding the connection between excess weight and breast cancer risk gives individuals more reasons to better manage their weight and decrease risks of developing this all-too-common and life threatening disease. It can also empower individuals

to take control of their weight after a breast cancer diagnosis.

Understanding Breast Cancer Risk Factors

A risk factor is anything that increases your risks of developing a disease. Different types of cancer have different risk factors. However, risk factors don't tell the whole story. Some women can have multiple breast cancer risk factors and never develop the disease, while others may have no risk factors and develop the disease. Still, it's important to be aware of your breast cancer risk factors and be able to distinguish between the ones you can change, and the ones you cannot change.

Main breast cancer risk factors you cannot change:

- Being a woman (breast cancer is 100 times more common in women than in men)
- Aging (two out of three invasive breast cancers occurs in women age 55 and older)
- Genetics (about 5-10 percent of breast cancer is thought to be due to gene defects inherited from a parent)
- Family history of breast cancer (breast cancer risk is higher if a relative has had the disease)



Lifestyle-related breast cancer risk factors you can change:



- Alcohol intake (women who consume one drink a day have a slightly higher risk as compared to nondrinkers and women who drink two to five drinks daily have about one and a half times the risk as nondrinkers)
- Being affected by excess weight or obesity (after menopause, this is a significant risk factor)
- Physical inactivity (research is growing in this area to show that physical activity decreases your risk of developing breast cancer)
- Poor diet (diet is modestly associated with breast cancer risk; total calorie intake is positively associated with breast cancer risk; a low-fat and high-fiber diet may be weakly protective against breast cancer)



What can you do to prevent breast cancer?

- See your healthcare provider for regular breast exams and breast cancer screening mammograms.
- Control your weight.
- Be physically active by engaging in aerobic activity (a minimum of 150 minutes per week of moderate activity or 75 minutes per week of vigorous activity) and muscle strengthening exercises two days per week.
- Choose a healthful, balanced diet that is rich in vegetables and fruits, lower in saturated fat, higher in fiber and calorie-controlled.
- Limit your alcohol intake.
- Talk to your healthcare provider about your family history of breast cancer and ways to lower your risk.
- Learn about the risks and benefits of hormone replacement therapy.



How can you improve your prognosis after a breast cancer diagnosis?

Survival rates for early-stage breast cancer have improved remarkably with the introduction of new therapies. A woman diagnosed with early-stage breast cancer has a 98 percent chance of being cancer free five years later and survival rates remain more than 77 percent even 10-15 years after treatment.

Weight management is considered a standard of care in women affected by excess weight or obesity diagnosed with early-stage breast cancer. If someone affected by excess weight or obesity is motivated to lose weight during cancer therapy, there is no contraindication to modest weight-loss (of no more than two pounds per week) through exercise and calorie restriction, as long as the oncologist (cancer specialist) approves, weight is closely monitored and no adverse effects are noted. Intentional weight reduction through exercise (aerobics and resistance training) and calorie restriction has been associated with health benefits.

For some cancer survivors, however, intentional weight reduction may be better tolerated once chemotherapy, radiation or surgical therapies are complete. In these situations, preventing weight gain, weight maintenance and preserving, or rebuilding, muscle mass are the recommendations.

Breast Cancer continued on page 36



A woman diagnosed with early-stage breast cancer has a 98 percent chance of being cancer free five years later and survival rates remain more than 77 percent even 10-15 years after treatment.

Some cancer survivors may unintentionally lose weight as a result of cancer treatment and these patients need to be assessed and managed to improve their nutritional status. Many factors can negatively affect the ability of cancer survivors to engage in exercise, such as severe anemia, severe fatigue or having a compromised immune status which makes going to the gym risky. Under a health professional's direction, it's prudent for cancer survivors to avoid inactivity and return to normal activities as soon as possible.

Conclusion

Though the relationship between obesity and breast cancer is complex, we do know that achieving or maintaining a desirable body weight through eating a healthy, well-balanced diet and regular exercise, may be one of the most important lifestyle behaviors in the prevention of breast cancer and to improve survival after a breast cancer diagnosis.

About the Authors:

Nancy Kushner, MSN, RN, is a nurse practitioner, health writer and co-author of Dr. Kushner's Personality Type Diet and Counseling Overweight Adults: The Lifestyle Patterns Approach and Toolkit.

Robert Kushner, MD, is Clinical Director of the Northwestern Comprehensive Center on Obesity in Chicago, Professor of Medicine, Northwestern University Feinberg School of Medicine, Past President of The Obesity Society, a member of the OAC National Board of Directors, author of more than 180 scientific articles on obesity and nutrition, author of Dr. Kushner's Personality Type Diet, Counseling Overweight Adults: The Lifestyle Patterns Approach and Toolkit and Fitness Unleashed: A Dog and Owner's Guide to Losing Weight and Gaining Health Together.



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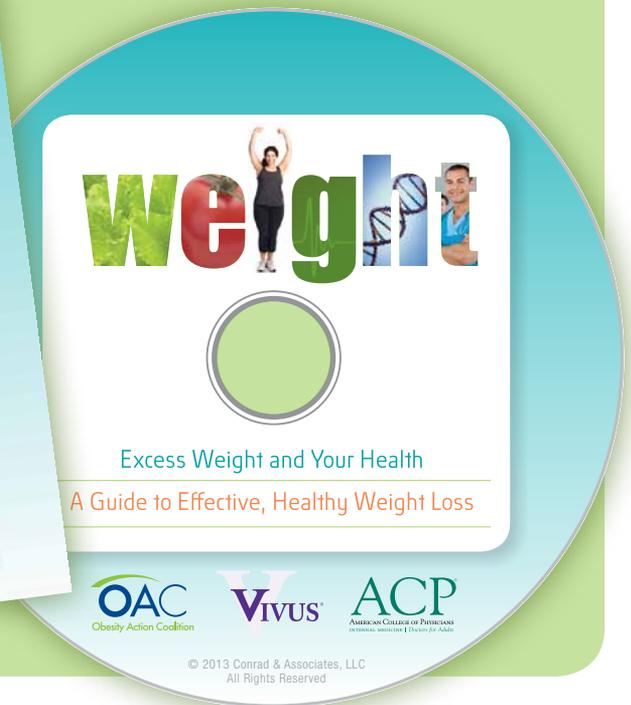
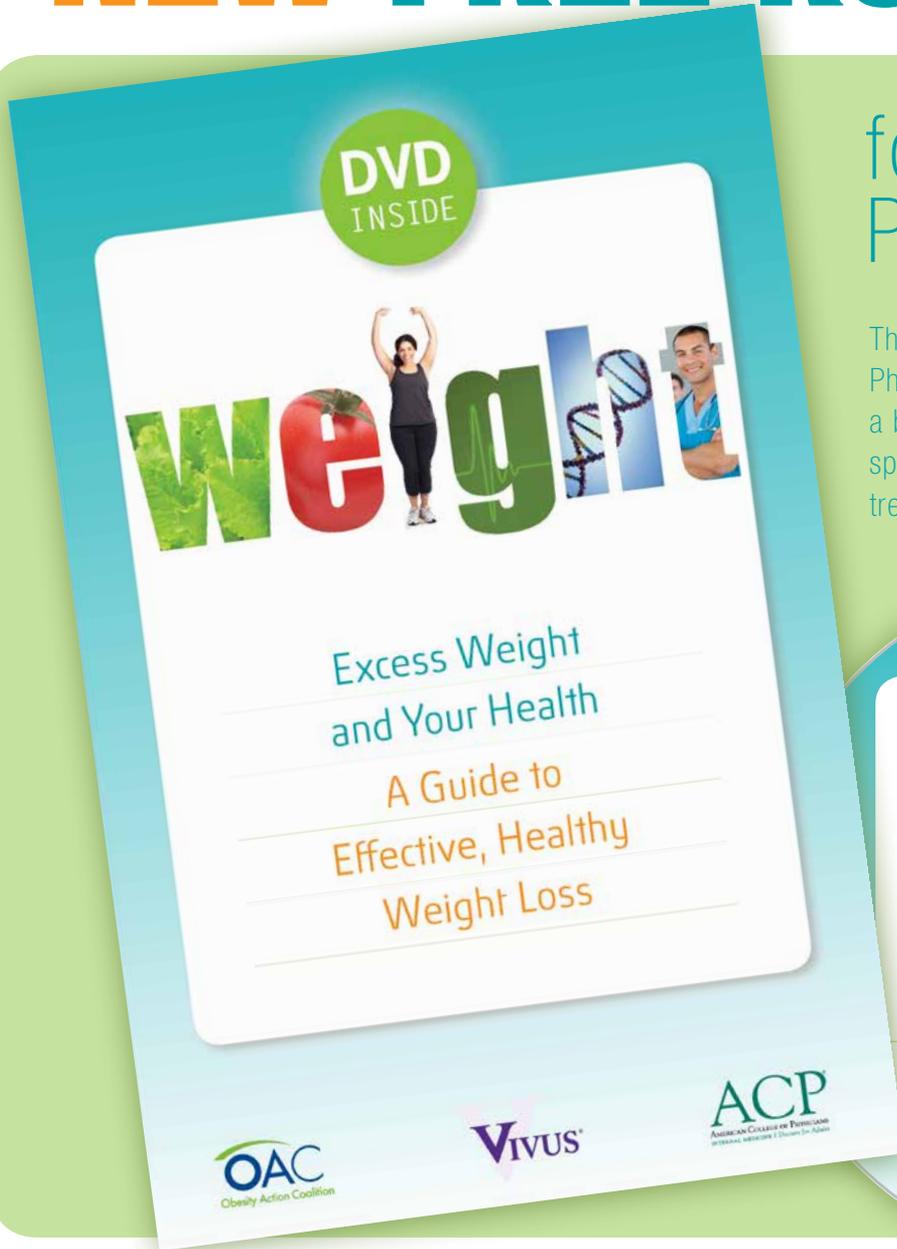
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Getting More

out of the Little Things



by Michael Harper, MEd

We commonly hear about people incorporating a few extra activities into their day to help burn a few extra calories, but do we really get much out of the little things like those in the below list?

- Parking your car further away
- Taking the stairs instead of an escalator
- Carrying a hand basket instead of using a cart at the store
- Using a shared printer further away from your office
- Cleaning or vacuuming the house
- Skipping the drive-thru and walking into a business

For most folks, time is the biggest hurdle when it comes to consistent exercise and healthy eating patterns. Adding in a little extra activity here and there can be an effective strategy. Small changes add up throughout the course of a year. In fact, eating an extra 100 calories a day leads to a 10 pound weight gain throughout the course of a year. That is 20 chips or one cup of soda each day. It works both ways.

A recent study evaluated activities like those in the list to the left to see if incidental, or little, activity had an impact on cardiorespiratory fitness. This study of 135 inactive participants affected by excess weight and obesity measured the amount of incidental, sporadic activities. These are activities, or movements performed throughout the day (such as those in the list to the left), that alone does not provide enough activity to meet the health recommendation of 150 minutes per week of moderate intensity exercise.

Those who participated in more activity throughout their day did have higher cardiorespiratory fitness levels compared to those with less activity. The strongest predictor of those with higher cardiorespiratory levels was the intensity of the sporadic activities, not the duration. Thus, if deciding where to park your car, pick the spot that requires you to walk uphill versus just a longer distance.

Benefit of Sporadic Activity

Participants engaging in more sporadic activities throughout the day have higher cardiorespiratory levels than those doing less activity. The higher cardiorespiratory levels of those doing more sporadic activity were at the very low end when compared to those who met health benefits of 150 minutes per week of moderate exercise. Still, among the mostly inactive individuals affected by obesity, the separation between those engaging in more activity, while only sporadic, provided protective value.

Those who did 10 additional minutes per day of incidental activities consisting of at least eight minutes at a moderate intense threshold may be associated with a decreased risk of 6.5 percent for all-cause mortality and 7.5 percent for cardiovascular disease when compared with the least active group.

Those who accumulated 30 minutes of moderate activities compared to the group who only did approximately seven minutes may be associated with a risk reduction of 13 percent in all-cause mortality and 15 percent in cardiovascular disease.

Significant health concerns do still exist for the participants of this study due to obesity. Nevertheless, previous research has demonstrated that individuals affected by obesity, with higher levels of cardiorespiratory fitness, are at a substantially decreased risk of morbidity and mortality compared to those with low cardiorespiratory fitness.

Increase the Intensity

During cardio workouts, the higher the intensity, the more calories you burn. If your doctor has cleared you for higher intensity exercise, consider increasing the intensity of your workout. Higher intensity exercise burns more calories. If you are able to exercise for the same length of time at a higher intensity, then you burn more calories. Don't be tricked into exercising at a lower intensity to stay in the "fat burning zone" which actually burns fewer calories. A calorie is a calorie. Burning more calories means more excess weight-loss. Plus, you get the added bonus of greater improvements in aerobic capacity which decreases your risk of death due to both cardiovascular disease and certain types of cancer.

Still Pressed for Time

As you work toward the recommendation of 150 minutes of moderate activity per week for health benefits, if you are still pressed for time, try adding the following calorie boosters into your workout:



■ Try splitting your aerobic workouts into two parts. Studies show that splitting a 30 minute session of cardio into two 15 minute sessions or three 10 minute sessions burns more calories post exercise. Although the amounts were small, subjects burned an average of 10-15 more calories during recovery when splitting the cardio sessions. Researchers believe that the body has to go through a recovery process which elevates calorie burning after each bout of exercise. Splitting the sessions means the body has to go through these same processes multiple times. This is similar to the concept of eating multiple small meals per day, which raises your metabolism more times as the body burns extra calories to digest the food. If you are really pressed for time, splitting your workouts might have some added benefit.

■ When you have the extra time, longer cardio workouts yield more calorie burn post-exercise. In one study where participants walked at 70 percent of maximal aerobic capacity for 60 minutes, they burned an average of 76 extra calories post-exercise. However, after 20 minutes of exercise, they only burned an extra 43 calories and after 40 minutes of exercise, they only burned an extra 49 calories.

Don't be tricked into exercising at a lower intensity to stay in the "fat burning zone" which actually burns fewer calories. A calorie is a calorie.

Little Things continued on next page

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List as of 06/06/13

Little Things continued from previous page

The Bottom Line

All activity is beneficial. But as seen above, intensity is one of the most important factors. Many of the incidental activities, like parking the car further from the door, only provide low intensity activity if you walk slowly. Picking up the pace can improve fitness and increase the calorie burn. While incidental activities do provide benefit, more health benefits can be achieved by participating in 150 minutes of moderate activity per week. But doing something is better than doing nothing and continues to offer at least some health benefit. Think of ways to increase the intensity of those incidental activities by walking uphill or adding bursts of speed walking throughout the day



About the Author:

Michael Harper, MEd, is an Associate Director at The Cooper Institute (www.CooperInstitute.org) in Dallas where he is an instructor of education classes such as Weight Control Strategies, Walking for Wellness and other health and wellness areas for the general public, trainers, first responders and healthcare professionals. Contact Michael at mharper@cooperinst.org.

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BARIATRIC SUPPORT GROUP SECRETS –

What I Learned as a Support Group Leader

by Sarah Muntel, RD

EVERY BARIATRIC CENTER HAS THEM. BARIATRIC SURGEONS TALK ABOUT THEM. PATIENTS PROMISE TO GO. WHEN IT IS ALL SAID AND DONE, THERE ARE MANY MORE PATIENTS THAT DO NOT ATTEND SUPPORT GROUP THAN THOSE WHO DO. STUDIES SHOW THOSE WHO ATTEND GROUPS ON A REGULAR BASIS HAVE A BETTER WEIGHT-LOSS. SO WHAT GOES ON IN THOSE GROUPS AND WHAT MAKES THEM SPECIAL?

I am a registered dietitian and have been a support group leader for more than 12 years. With all the groups I've attended and lead, I'm here to tell you exactly what goes on and why you should clear your schedule to make them part of your life.

ATTENDANCE

Let's first talk about why people don't go. Even though I've distributed hundreds of schedules, calendars and newsletters, there are a large number of patients who don't attend. Here are the top reasons why people don't attend:

1. "My schedule is too hectic."

People have a lot going on in their lives between work, home and social activities. Most of the time, their schedule becomes busier as they lose weight. It's so important to make your health a priority. Successful patients tell me they decide to let other things in their life slide so they can fully focus on their program. For example, the laundry may sit an extra day, so they can attend an evening support group.

2. "I feel like an outsider."

It can be intimidating as you walk into a group who seem to all know each other. Everyone seems to be chatting away like they are old friends. Know that the more you come, the more you'll meet people and get comfortable. The first step is walking in the door. At each group, you will find many other first-timers as well, and the old-timers who love to tell their story to the new people. It's easy to get comfortable when you go.

3. "I'm doing well, so I don't need them."

When you are doing well, it's easy to say you don't need it, but you do need to know that there will be bumps in the road. As you hit those bumps in the road, the support you have at group can give you the inspiration to continue. Even if you feel like you don't need it now, you will need it at some point. Make it a priority to get your support system together in the beginning.

RELATIONSHIPS

My favorite part of support group is the patient relationships that form. Most people have support at home with family or friends, which is great. There is a difference between that support and the support you get from someone who's been in the same situation you are in with weight. The bonds people form at group are strong. When you see the same people week after week, you become friends. Many feel so connected they stand and talk in the parking lot for more than an hour when group is over or arrange to get together and walk or shop during the week.

Sometimes relationships change after surgery. New friends can easily be found at support group. There is something to be said about connecting with someone who is in the exact same situation you are.

SAFETY

Support groups offer a "safe place." Support group is a place where anything goes and you aren't judged. Patients feel like they can openly talk about what's going on in their life and what they're struggling with. Recently at a support group, the topic went to the discussion of being off track. Patients were able to share their struggles. So many people had the same struggles. The ones who weren't struggling were able to offer support. In a room full of 20 to 30 post-op patients, you can get great ideas and suggestions that have all worked for them in the past.

As a group leader, sometimes I feel like I only need to sit and observe as one person tells another to stop making poor food choices or take their calcium every day. The next time they see each other, they ask how they've been doing making the changes they talked about the previous week.

EDUCATION

Support groups can offer education. Bariatric surgery can be like a foreign language when you start. There is so much to learn! You can't possibly soak it all up in your follow-up appointments. Many groups are education-focused where you can learn about food choices, meal plans, vitamins and fluid guidelines.

For those patients who think they know all the basics, remember, bariatric surgery is a growing field. As surgeries change and research is found, recommendations change. Patients who attend are aware of the newest up-to-date recommendations. Throughout the years, meal plans and vitamin recommendations change. This information is vital for health, and coming to group assures you get the latest information.

At Support group, you learn the tricks that you don't learn in the books. There are books about bariatric surgery and health professionals that also help you along the road. All of this is very important information. Support group can offer you ideas not found in the book. Patients share tricks that work for them. For example, at support group, you can learn what the best tasting protein supplement is, where to buy your calcium citrate and how you really feel after surgery. The things you hear at group are things you don't hear from the professionals but are invaluable.

CONCLUSION

Support group is a time during the week that you think about your surgery and your progress. Life is busy and people get overwhelmed with work, kids and other commitments. Sometimes your surgery and your program take a backseat. When your surgery takes a backseat, your program can slip. Coming to support group can give you a shot in the arm and you will become refocused. Some patients say support group is like going to church!

Make it your mission this month to try a group out, and see what you think. I believe your success depends on it, and I'm pretty sure once you go, you'll keep coming back to it.

About the Author:

Sarah Muntel, RD, is a registered dietitian with IU Health Bariatric & Medical Weight-loss. She has worked in bariatrics for the past 12 years and enjoys helping people get to a healthy weight so they can improve their health, feel better about themselves and become more active.

> THERE IS SOMETHING TO BE SAID ABOUT CONNECTING WITH SOMEONE WHO IS IN THE EXACT SAME SITUATION YOU ARE.

Comfort Foods –

Why do they make us happy?

by Kimberly Gorman, PhD, HSPP



“There, there. Just let me bake you some cookies.”

“Don’t cry. We’ll stop and get some ice cream, and it will all be better.”

Do these sound familiar? Maybe statements that you heard as a young child? They were innocent words and very genuine actions on the part of our caregivers to express love and concern to us when we were hurting. The way they knew to do this was through food – and not just any food. Usually, the foods offered were foods rich in fats and carbohydrates – the foods that we have come to term “comfort foods.” In this way, food has come to be used as a special type of medicine, as an anti-depressant of types, to cure the mood that ails us. However, such patterns can become very problematic, especially if it is a habitual pattern causing excessive weight gain.

We are given messages early in our lives and then reinforced throughout our lives about how food can make us feel different, to feel better.

Scientists continue to research the effect that the chemical composition of foods may have on our moods. While such research is very valuable, I want to focus on the psychology, not the biology, of comfort food.

Food and Customs

All cultures have customs around food. In my childhood, money was scarce and when there was some kind of special occasion, it meant that we would use limited resources to buy special foods. It meant that we were being treated in a special way. Birthdays meant choosing a special meal and a type of cake and ice cream (within a budget). Funerals involved having food brought to the bereaved. The funeral ritual is one of special interest to this topic. The message is quite obvious: “I hope this food makes you happier.” Again, nothing is ill-intended and the gift is given with much love and care. However, it is another reinforcement of the use of food to make us “feel better.”

We are given messages early in our lives and then reinforced throughout our lives about how food can make us feel different, to feel better. Because we equate food with happiness, we continue to turn to food for such comfort. And we do feel happy or better, albeit temporarily.

Changing Patterns

1. The key to changing this lifelong pattern of equating food with happiness is to first be aware. Take some time to reflect on how food was used through your life and its connection to emotional states for you.
2. Next, take some time to reflect on your own emotional states. You may keep a feeling journal and write down how you felt each day. In reflecting, you will be more aware of the connection of food to your feelings in the past and more aware of your feelings in the present.
3. Then, the work begins. Take each emotion connected to food and create a list of other things you may do to tend to that emotion. For instance, you may have "sadness" as one emotion that has been connected to eating. Alternative ways to get comfort when sad may be:

- Talk to a friend
- Cry
- Journal your feelings
- Listen to music
- Write a song or a poem



4. By creating alternatives, you begin to see how you can break the cycle of comfort eating.
5. Post this list of alternatives in a place that you are likely to see it regularly. Consult it. Add to it as needed. Or mark things off that you have tried that maybe didn't work.



Food and Behavioral Conditioning

One important means of understanding the connection between food and behavior is understanding how we are conditioned to have a certain response when we are exposed repeatedly to a stimuli. In this case, when we have been told repeatedly that we can feel better with food (the stimuli), we believe that we do indeed feel better (the response) when we eat cakes

Comfort Foods continued on next page

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Comfort Foods continued from previous page

and cookies and such. However, what we don't think about is the other stimulus, the care, the concern, the love that came with the food and how that made us feel. In other words, we may have attributed our response (feeling better) to the wrong stimulus (food) rather than the one that actually did make us feel better, which was the love we felt.

So maybe it is not the food that makes us feel happy. Maybe it is the memory of these people expressing their love and care to us. Maybe that is what really makes us happy. Patients often tell me that they eat when sad, lonely or bored. They are seeking comfort.

They want to feel "full" or "satisfied" and the food does offer that physical release. However, the true comfort that they seek cannot be found in carbohydrates or fat, but it can

be found in the feeling of belonging, of connecting with others, of being creative and inspired.

Conclusion

Remember, you have had a lifetime of creating a pattern of using comfort foods, so it is not likely to change quickly. Make sure to give yourself some time to make these changes. When you are able to change the relationship with food, you are able to change your relationships with others, and you just might find more satisfying and healthier relationships.

About the Author:

Kimberly Gorman, PhD, HSPP, is a licensed psychologist and works with pre-op and post-op patients. She has been specializing in the area of eating disorders and body image for the past 12 years. She likes to emphasize the importance of empowerment in the change process and works hard to help patients gain this sense of control in their lives.



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Source: National Institutes of Health: National Heart, Lung, and Blood Institute in cooperation with The National Institute of Diabetes and Digestive and Kidney Diseases. *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*. Bethesda, MD: National Institutes of Health; 1998. NIH publication 98-4083.

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