

The background of the cover is a photograph of a woman with short blonde hair and a young girl with dark hair, both smiling. They are outdoors, with a blurred background of red and orange autumn leaves. The woman is wearing a bright pink top, and the child is wearing a pink sweater. The title 'OAC NEWS' is prominently displayed at the top in white, with 'OAC' in a large, stylized font and 'NEWS' in a bold, sans-serif font.

OAC NEWS

October 2008

Feature Article

*Weight
Maintenance:
Helpful Resources
and Tips*

In this Issue

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The Obesity Action Coalition's Quarterly Magazine for Patients

A Message from OAC Chairman, Jim Fivecoat

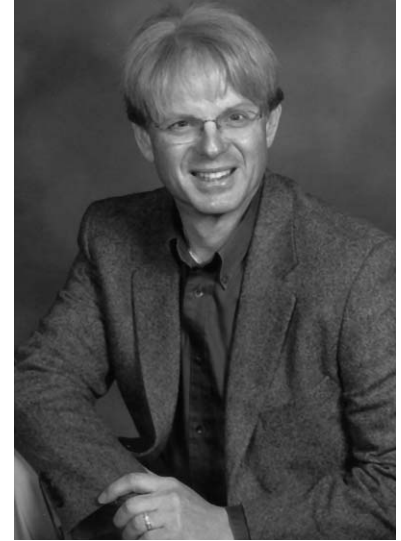
Welcome to the October issue of *OAC News*. As fall begins to set upon us and the holidays steadily approach, we are often reminded that this time of year is a time of giving. And in the spirit of giving, donating to a non profit of your choice is an excellent way to show your support all year round. As a 501(c)3 public charity, the Obesity Action Coalition (OAC) greatly relies on people like you to support its efforts.

Your donations help the OAC in many ways and fund programs such as, the distribution of OAC brochures and guides to millions of Americans, national advocacy initiatives, state advocacy efforts, raising awareness of obesity and much more! We hope that you will consider making a donation to the OAC this holiday season. For more information on donating to the OAC, please visit the "Donate" section on the OAC Web site located at www.obesityaction.org.

Rounding out 2008, the OAC and ASMBS Foundation hosted more than 70 Walks throughout the United States in the annual *Walk from Obesity*. The Walks were a huge success nationwide, as tens of thousands of individuals showed their support in the fight against obesity and helped raise obesity awareness in their local community. We thank all those who participated and a special thanks to all the volunteers who helped make this year a great success!

In this issue of *OAC News*, we address topics such as, why patients should attend support groups, reconstructive surgery, rethinking your plate of food and much more. In addition, be sure to check out the "Advocacy" section where we feature a Q&A with Senator Bob Clegg who spearheaded proactive legislation for those seeking obesity treatments.

As always, we strive to provide you, the reader, with the most up-to-date information in the obesity community and latest news from the OAC. If there are any topics that you would like to see addressed in future issues of *OAC News*, please email them to info@obesityaction.org and we will be sure to consider them.



A handwritten signature in cursive script that reads "J. Fivecoat". The signature is written in dark ink on a light background.

OAC NEWS

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The Obesity Action Coalition (OAC) is an independent national non-profit patient organization dedicated to educating and advocating for those affected by obesity.

The OAC is governed under the authority of a National Board of Directors. Members of the OAC Board of Directors include: Jim Fivecoat, Chairman; Robin Blackstone, MD; Pam Davis, RN, CCM; Jacqueline Jacques, ND; Julie Janeway, BBA, MSA, JD, ABD/PhD; Georgeann Mallory, RD; Christopher Still, DO, FACN, FACP; and Barbara Thompson, MLS.

OAC News is a quarterly educational and advocacy magazine. OAC News is

distributed in January, April, July and October. Subscription to *OAC News* is a membership benefit, however, anyone is welcome to request copies at any time.

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

If you are interested in contributing to this publication, or for reprint requests, please contact the OAC National Office.

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Rethink Your Plate



By Amie Louwers, RD, LD, CD

The simplicity of following the “Plate Method” comes from replacing your usual high-fat, high-calorie foods with more nutritious options, such as colorful fruits, vegetables, green salads, beans, whole grains, nuts, low-fat dairy and lean meats such as fish and white meat poultry.

How the Plate Method Works

The usual American dinner plate is typically distributed with the meat or main entrée covering half the plate and starches filling the other half. Sometimes, a lucky vegetable makes its way onto the plate. With this typical meat and potatoes dinner, it is far too high in fat, sugar, refined carbohydrates and ultimately, calories.

Instead, using the Plate Method, cover one-half of your plate with non-starchy vegetables (vegetables other than corn, peas or potatoes), one-quarter of your plate with lean protein (chicken or turkey breast, fish, low-fat dairy), and one-quarter of your plate with fruit or whole grains/starches (brown rice, whole wheat pasta, whole wheat couscous, barley, beans, whole grain bread or potatoes).

By filling your plate with more fruit, vegetables and grains, you can help prevent chronic disease such as diabetes, cancer and heart disease. You can also lose weight because you will feel full on fewer calories and all while gaining the benefits from the more plant-based diet.

What if, instead of focusing on calories, you could improve your health and lose weight by simply changing what your plate looks like at mealtimes?

Sound simple? It is!

Rethinking How You Eat

Once your food is re-distributed on your plate, the next step is to rethink how you eat. Start with your vegetables. Most of the time, you concentrate on the meat and starchy side dishes. If you are still hungry after finishing those, you go back for more – not having touched the vegetable still sitting there. Instead, eat your vegetables first! This way, you are calming your hunger with high-fiber, low-calorie foods, which fill you up and sustain you. Once you finish your vegetables, move on to the whole-grains or main entrée.

Here's another trick you can try. If you start and end your meal with vegetables, you will be less likely to go back for seconds on the higher calorie items. The last bite of food that you put into your mouth is the trigger for what foods in which you go back for seconds. If you end with macaroni and cheese, this is what you may likely re-fill your plate

with. However, if you start with a hot vegetable and end with a salad, the salad provides a neutral taste and negates your impulse to head back to the kitchen. Besides, who really gets excited for going back for seconds on salad?

If you normally enjoy a dessert following a meal, try replacing it with fresh fruit. Interestingly, the sweet fruit does calm our taste buds for the sweet dessert.

A general guideline for the entire Plate Method concept is to make fruits and vegetables about half of what you eat, and every time you eat.

The Plate Method Works Wherever You Go

Following the Plate Method is an easy way to ensure you stay on track whether eating at home, at a restaurant, on vacation, or at a friend's house. You can take the principles of it anywhere. The Plate Method is also something that the entire family can follow and is appropriate for anyone interested in weight-loss, as well as preventing heart disease, diabetes or cancer.

About the Author:

Amie Louwers, RD, LD, CD, is a Registered Dietitian at Walter Reed Army Medical Center in Washington, DC. She specializes in adult weight management, cardiovascular health, diabetes and post-operative bariatric surgery counseling and education. Her passion is in empowering patients to meet their health and weight-loss goals which will improve their quality of life and self-confidence.

ADVOCACY NEWS

ADVOCACY ACTION

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.” - *Margaret Mead*

You Might be an Advocate...

By Pam Davis, RN, CBN, CCM

- If you’ve ever “promoted” a cause or charity... *you might be an advocate.*
- If you’ve ever “insisted” an issue or concern be addressed... *you might be an advocate.*
- If you’ve ever “persuaded” someone to come around to your point of view... *you might be an advocate.*
- If you’ve ever “refused” to give up or give in just because “that’s the way it is...” *you might be an advocate.*
- If you’ve ever “questioned” why criteria apply to one group of persons, but not another... *you might be an advocate.*
- If you’ve ever “argued” that obesity is a disease and should be treated as such... *you might be an advocate.*

What is an Advocate?

An advocate is defined as: one that pleads the cause of another; one that defends or maintains a cause or proposal; or one that supports or promotes the interests of another (“Advocate,” 2008). The examples given above (while channeling one of my favorite comedians, Jeff Foxworthy) are all examples of advocacy.

We all recognize extraordinary efforts of advocacy, such as the *Walk from Obesity – Walk on the Capitol* that took place this

past June in Washington, DC. For this event, many hours of dedication and hard work went into place to make the Walk happen, but it was each of the individuals in attendance that made it a success.

Advocacy comes in many forms – it can be communicating with your elected officials, government regulators, insurers, employers, the media and the public. Working in healthcare for the last 15 years, I know those in the healthcare community are patient advocates every single day, some on a small scale and some on a much larger scale.

While in DC at the American Society for Metabolic and Bariatric Surgery (ASMBS) conference, I was fortunate enough to participate in several of the OAC’s activities including visiting the offices of many of the legislators from my home state of Tennessee. The result? They *are* receptive to learning more about obesity, they *do* want to address the obesity crisis; both Senator Lamar Alexander and Senator Bob Corker signed off on a letter to the National Institutes of Health (NIH) requesting they update their outdated obesity treatment guidelines. In all, 42 senators signed off on this request. Why, because many individuals were advocates for this request.

Why Should You Become an Advocate?

Simply, because it works. Legislators, regulators, insurers, employers, the media and the general public want to hear from the direct beneficiaries of their actions. Many successful advocacy efforts, especially in the healthcare community, were either patient-driven or had direct patient involvement.

Advocacy continued on page 4

NEWS *from the OAC*

OAC Web Site Updated!

If you haven't recently visited the OAC Web site, then you haven't seen all the new and exciting information! The OAC Web site has been completely revamped with new sections and great user-friendly tools to help you become an effective obesity advocate.

You can now easily measure your obesity, access the OAC's Legislative Action Center, learn more about our wide variety of educational tools, order OAC materials, learn how to start advocating today and much more.



One of the most exciting new features of the OAC Web site is the "Advocacy Tools" section. You can now find all the resources and tools needed to join the OAC in its battle against obesity. To begin, you will have full access to our Legislative Action

Center, where contacting your legislator is as easy as just typing your zip code – that's right, just type your zip code and you are well on your way to raising obesity awareness in your home state. This section also includes easy-to-find state-specific guides, obesity treatment coverage fact sheets and much more.

Visit the OAC Web site today at www.obesityaction.org.

Blog with the OAC

- Got a topic you want to discuss?
- Need to get something off your mind?
- Want to sound off on the latest obesity news?

If you said "yes" to any of these questions, then you need to visit the OAC Blog today! The OAC Blog is constantly updated with new information affecting those dealing with obesity. From the presidential election and obesity to obesity-offensive online greeting cards, the OAC Blog has a topic for you to comment on and share your thoughts.

And, while you're there, if you feel there is a topic you want to discuss but don't see it listed, feel free to email the OAC at info@obesityaction.org and we'll post it for discussion.

Walk from Obesity Gives back to Local Communities with the Bryan Woodward Community Grant Program

In late July, the *Walk from Obesity* presented two community programs each with the Bryan Woodward Community Grant. The first grant was awarded to the YMCA of Greater Des Moines' "Trim Kids Program," (pictured below) which gives parents and children the tools needed to approach a lifetime of weight-management. The second grant was awarded to the Faces of Hope's "Hope Program," which educates children and their families about healthy options and encourages personal empowerment.

The Bryan Woodward Community Grant Program was founded to support local initiatives to address the obesity epidemic in cities that host an ASMB Foundation and Obesity Action Coalition *Walk from Obesity*. Grant funds are specifically restricted to use in addressing the obesity epidemic in the local community through both prevention and/or intervention programs.

Only those organizations/programs located in a city that hosts a *Walk from Obesity* are able to apply and receive the grant. The grants are awarded in amounts of \$5,000 or less, and approximately 10 projects are funded annually.

If you have a program/initiative that you would like to request funding for and you live in a city that hosts a *Walk from Obesity*, we encourage you to apply today! To learn more or apply for a grant today, please visit the "Walk from Obesity" section on the OAC Web site at www.obesityaction.org.



The YMCA of Greater Des Moines is presented with a Bryan Woodward Community Grant that will be used for their "Trim Kids Program."

OAC

Chairman's Council

The OAC is grateful for the generous support of its
Chairman's Council Members:

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Allergan, Inc.
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SmartForme
Surgical Associates of Marion County

The Chairman's Council is the OAC's most prestigious membership level. As a Chairman's Council member, you make a commitment to improving education and advocacy efforts for the obese. Most importantly, your membership strengthens the voice of patients in the obesity community.

To add your name to this list, please visit
www.obesityaction.org or contact us at
(800) 717-3117.

Advocacy continued from page 2

And speaking of patient involvement, one of the easiest ways to get involved and start your advocating is to become a member of the OAC. The OAC is an organization that represents YOU, and membership is vitally important because it shows these key decision makers that you, along with so many, are an individual impacted and you want change!

Together, we can all work to:

- Educate legislators, patients, family members and the public
- Help gain access to medical treatment
- Advocate for safe and effective treatments
- Strive to eliminate the negative stigma associated with obesity
- Empower obese individuals to make a difference in their lives and the lives of others

What Does Advocacy Mean to You?

Does it sound like too much work or that it may take too much of your time? You don't have to go to DC, you don't have to write a letter, you don't have to participate in the *Walk from Obesity*, you don't even have to join the OAC; someone else will take on the cause, right? Someone else will advocate on your behalf, right?

No, they won't; because no one can speak as effectively about your individual cause as you can. Speak up; speak out; write a letter; join a Walk; join the OAC; let someone know what you support and what "just ain't right!"

Be careful though, when you do so... you might be an advocate!

Hear from an advocate who took action! The OAC had the privilege of interviewing Senator Bob Clegg (R-Hudson) who was the driving force behind passing an important piece of legislation. To read the interview, please see page 6.

About the Author:

Pam Davis, RN, CBN, CCM, is the Bariatric Program Director for Centennial Center for the Treatment of Obesity in Nashville, Tenn. Pam is a Registered Nurse, Certified Bariatric Nurse and Certified Case Manager. She is an active member of the ASMBS, serving as chair of the Allied Health Clinical Issues and Guidelines committee. She is a member of the Tenn. chapter of the ASMBS, CMSA, NABN and serves on the National Board of Directors for the Obesity Action Coalition. In 2001, Pam had laparoscopic Roux-en-Y gastric bypass surgery at Centennial and has since developed a passion for working with others living with obesity.

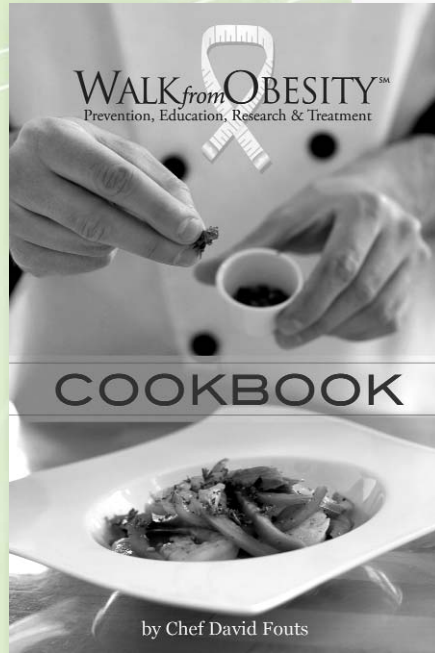
Reference:

Advocate. (2008). In Merriam-Webster Online Dictionary. Retrieved August 17, 2008, from <http://www.merriam-webster.com/dictionary/advocate>

WALK *from* OBESITY™ COOKBOOK

The *Walk from Obesity* is excited to debut the official *Walk from Obesity* Cookbook. The proceeds from this cookbook directly benefit the *Walk from Obesity*.

The cookbook contains a variety of recipe categories, such as appetizers, beef, seafood, pork, poultry and much more. This cookbook is also one of the only available featuring the nutrition facts for each recipe so you can easily manage serving size, caloric intake and much more.



*Get Your Copy
Today!*

Cost of Cookbook:
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plus \$4.95 for
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Return to: OAC, 4511 North Himes Ave., Suite 250, Tampa, FL 33614, or **Fax to:** (813) 873-7838



Q&A with New Hampshire Senator Robert “Bob” Clegg, R-Hudson

By James Zervios, OAC Director of Communications

In late August, I had the pleasure of speaking with Senator Bob Clegg of New Hampshire. Senator Clegg is a “no nonsense” conservative who is truly for the people. He is also a man who has had his own struggle with weight and sought treatment through weight-loss surgery.

On July 15, 2008, Senator Clegg made history in the state of New Hampshire by leading the fight in the passing of SB 312. SB 312 requires insurance providers to cover weight-loss surgery. The OAC had the privilege of catching up with Senator Clegg after the victory, and here is what he had to say.

OAC: Why did you decide to have weight-loss surgery?

Senator Clegg: I had been working for two and a half years reducing my size. I went to the gym and exercised, tried to eat right and other stuff – nothing worked. I was getting worse and worse. My doctor said I might have to have a tracheotomy.

I began to research weight-loss surgery. I even watched a surgery on the hospital’s Web site.

OAC: What has been the biggest adjustment for you with weight-loss surgery?

Senator Clegg: The fact that I have to be reminded to eat. People will say to me “Did you remember to have breakfast?” I just feel that my body is happy with the intake of food that I have now. I eat a lot of proteins and also eat healthy. I guess my body no longer craves food like it used to.

OAC: What were some of the challenges with passing SB 312?

Senator Clegg: Well, my insurance would pay for a tracheotomy, but said they were no longer covering obesity or

morbid obesity or its related conditions. This made no sense to me. I was fortunate to be able to pay for my own surgery. I had esophageal problems, severe dysplasia and low grade cancer.

The insurance companies were trying to cut down the fact that they were no longer covering obesity or its conditions, but were just covering weight-loss surgery. But the truth was that they weren’t going to cover anything that had to do with obesity and it back fired on them.

I wanted them to cover the ailments more than weight-loss surgery. That was my goal. The biggest help to get SB 312 through was that I put my face on the cover it. I felt that if people could see me going through it, it would mean more.

People wrote to me and said, “Hey you fat pig, if you didn’t eat so much you wouldn’t need this.” I mean, you’re always going to get that. It’s just ignorance. I combated this type of behavior by demonstrating the difference in healthcare costs to them before and after my surgery. Bottom line, after the surgery, there were none.



Senator Bob Clegg

OAC: What would you suggest to others that want to advocate to their elected officials about obesity?

Senator Clegg: Start with your elected officials. When election time rolls around, ask questions. Ask them what they will do or will not do when it comes to obesity and its related conditions.

It's simple; we know insurance cost is increasing. They say it is going up because the amount of usage is increasing, such as testing for diabetes, hypertension, etc. So why not start performing procedures to slow that down? Weight-loss surgery is a perfect example of that. I can honestly say that I've saved the healthcare community at least \$100,000 by having surgery.

Also, and this one is important - forget the form letters or postcards. I'll be completely honest with you. As an elected official, we take them for what they are. We simply pile up the pros and cons from the form letters and that's the result. Personal letters are taken much more seriously. And I'll tell you another thing - testify at a hearing. Let your elected official know what it means to you to be obese.

Everyone needs to band together and tell their story. Everything we bring to the legislature should always be focused on how we can save money. That is what they want to hear. Show them how treating your obesity will save the taxpayer money and they'll listen.

OAC: Did you receive any backlash from fellow legislators for the bill?

Senator Clegg: Absolutely! It was a sore spot with the statewide newspaper I can tell you that. To me, a conservative is someone who wants people to be healthy at a reduced cost to the population. I asked the insurance companies, "Who will take care of the obesity ailments for the people?" They said, "Medicaid will." What an answer. Insurance companies are not out there for your health. They're there to profit.

OAC: Why do you think recognizing obesity as a disease is such a battle?

Senator Clegg: It's because for years people profited on it. Look at the commercials on obesity and they all push something. People try these programs like Jenny Craig and Weight Watchers and they eat the meals and lose weight, but then they regain the weight. People say, "Oh, they have no willpower." That's not it at all.

We need to say, "Yes, there's a place for Jenny Craig and Weight Watchers, but we have to offer something else for those that the programs just don't cut it." Also, and this is very important, we need to educate.

OAC: What do you think Americans need in order to address their obesity if they wish to do so?

Senator Clegg: I think there's a self-embarrassment emotion with morbid obesity. We don't mind the jokes. Heck, we even make them ourselves. You grow to the point where you say, "I guess this is the way it's supposed to be." You give up on yourself. It's not until you have a catastrophic health problem that you realize you have to do something.

OAC: Did the bill generate any type of stigma-related comments from fellow legislators?

Senator Clegg: Absolutely. They said, "You were too lazy to diet." It was quite common. I am not a shy guy and jokingly I would tell them, "I am going to pass a law against ignorance and if you're found to be ignorant, you have to leave the state."

I had this guy who was diabetic and eating a piece of cake and told me, "Oh sure, you can eat dessert and I am paying for it." I looked at him and said, "Listen, you may be a thin diabetic, but you're eating dessert too and I am paying for the diabetes meds."

OAC: If you could ask the members of the OAC to do one thing for advocacy, what would it be?

Senator Clegg: Band together and take your frustrations out on elected officials. If enough people get together, the officials will listen. We need to show the legislators the cost savings of addressing obesity.



Keeping Your Head in the Game: Why Support Groups are so Important

By B. Charles Ihrig, PhD

Everything in our culture is centered around food. We are bombarded with advertisements, and restaurants are seldom more than a block away in the city or a five minute drive from anywhere. Eating is our social event and family time; it is how we celebrate, how we romance, and the one thing that consistently marks every significant event in our lives.

If you made that decision to address your weight, you now no longer fit into this part of your culture. The good part is, with some sustained work, you will never fit into those big pants either. Those people around you may not understand your food choices. They may be supportive of your efforts, or they may resent that you do not celebrate food with them anymore. They may be your food police and monitor everything you eat and you may be the one to resent their “help.”

**Whether supported by family and friends or not, there is a place to turn –
It’s your local support group!**

Support Groups and Long-term Success

Weight-loss support groups are key for long-term success. Throughout years of seeing individuals succeed and struggle, one thing that most of those seem to have in common is that they are not well connected to a support group.

Simply, it is about “Keeping Your Head in the Game!” This line was a recent statement from a regular member of one of my aftercare groups as to why she continues to come, and I felt that sums up the whole point.

No matter how you chose to lose weight, whether it was through non-surgical or surgical means, significant weight-loss produces dramatic changes in your life. However, no changes were made to your brain and how you think. No matter what, changes are difficult, but are not unique. Others who have gone through this can guide you through these changes.

Support Groups and Helping Your “Addiction”

The notion has been put forth that for many individuals struggling to lose weight, food was an addiction. While everyone’s experience with obesity is a very personal one, this theme rings true for many. People feel isolated in their addiction and in their recovery. Support groups offer the companionship, accountability and healthy substitute for the prior unhealthy eating behaviors.

For people with all types of addictions, meetings have been the solution. For example, alcoholics find solace and support in Alcoholics Anonymous meetings. Those addicted to drugs gain sobriety with the help of Narcotics Anonymous. Likewise, gamblers learn to spend time at Gamblers Anonymous meetings rather than at the horse track or in a casino.

Those who have spent most of their lives in a battle against obesity are also in need of such support to conquer their addictions and change their behaviors. Support groups typically offer the same anonymity and acceptance found in 12-step experiences. Members share a similar history and unity in their weight-loss journey.

The group offers an understanding not found in our homes, family and communities. Families are also welcomed in these support groups. They see the similarities in others and feel less alone. They also get support for themselves with the changes in their home when a loved one has changed their lifestyle and chosen to treat their obesity.

Exploring Your Weight Problems

Very uniquely, I lead aftercare groups at the Centennial Center for the Treatment of Obesity in Nashville, Tenn. I am a Clinical Psychologist and the groups are geared toward a more therapeutic approach. While most support groups are organized and led by patients in their communities and neighborhoods, professionally lead groups offer the opportunity for a more guided experience. This allows for

exploration of some of the thoughts and behaviors that lead to their initial weight problems.

Individuals are able to identify obstacles that may now stand in their way. Additionally, struggles during the weight-loss occur; patients share these struggles and are guided into identifying what may be behind this struggle. Stresses, depression, family problems and relationships all provide possible hurdles to the weight-loss and numbers take on new meaning, or old meanings haunt the numbers.

For instance, a patient may be stuck at 85 pounds of weight-loss and they recall the last time they were at that particular weight. They were in high school and were rejected by their high school sweetheart who had commented negatively on their weight. Meanings and motivations can be explored in such formats. Although, this should not be seen as a substitute for individual counseling, which provides an opportunity to deal with issues too personal to discuss in the group format.

Peer-led Support Groups

Peer-led support groups often reach out beyond the group itself. They serve as small communities. Peer-led support groups form walking groups or advocate for obesity-related causes in their cities and towns. Also, they share recipes and cook weight-friendly foods for each other. As a group, they go to restaurants to patron those places which accommodate appropriate food choices and servings. Mostly they share experiences, triumphs and failures.

Conclusion

Regular attendance and involvement in support groups serves as a reminder of what you are supposed to be doing. Support groups keep you honest and accountable. You are reminded of the importance of portion control and exercise. You learn tips that work for others and how to incorporate them into your life and family. Also, you learn strategies and get advice, but most of all, you will not be in it alone.

So, “Keep Your Head in the Game!” Go to your local support group, or start one in your area. Get online and join an online support group; whatever it takes, get connected to others and stay connected.

About the Author:

Charles Ihrig, PhD, is a licensed clinical psychologist and the owner and founder of Athena Consulting and Psychological Services, LLC. His company has been offering pre-surgical evaluations and follow-up psychotherapy for surgical groups in the middle Tennessee region for the last seven years.

To find a support group in your area, please visit the “Find a Support Group” page in the “Educational Tools” section of the OAC Web site at www.obesityaction.org.



“I was a lot like my character, Billy Bob. I was the funny fat guy in high school. I wanted to make everyone laugh and use my weight to do it,” said Ron.

By James Zervios, OAC Director of Communications

Yes!

Ron poses for a picture at a celebrity event.

That’s Billy Bob!

In 1999, a movie was released that would set the tone for the teenage movie genre for years to come. You had the token athlete, pretty girl, smart girl and of course the “fat” funny guy. The movie was *Varsity Blues*, and the “fat” guy was Ron Lester (aka Billy Bob).

As far back as Ron Lester could remember he was always the “big kid” in school. At the age of five, Ron experienced a blood problem and was put on iron supplements to help him.

“Man, as soon as I went on this stuff, I went into a growth spurt,” said Ron. He could remember going to school in fifth grade wearing his father’s flight jacket.

“This was my dad’s jacket and by the fifth grade, I was already big enough to

wear it. At the time, I thought it made me look muscular and hid my weight,” said Ron.

Ron recalled the challenges and frustrations he felt in school at a young age. He talked about how the girls would always consider him their “friend,” but nothing more. “I made the girls laugh. I was their ‘friend.’ It frustrated me,” said Ron. What Ron didn’t know was that his ability to be funny would pay off later in life.

Catapulted into Stardom

While working at a dollar theater in Atlanta, a friend of a friend introduced Ron to a producer and he landed his first commercial role. From there, Ron’s acting career began to take off, but unfortunately, so did his weight gain.

At the age of 27, Ron would be cast as “Billy Bob” in the movie, *Varsity Blues*. An instant teen classic and pretty much a blueprint for future teen movies, *Varsity Blues* catapulted Ron into Hollywood stardom. His character was the funny “fat” guy that everybody loved, but deep down inside was dealing with emotional issues often hidden by his partying ways.

“I was a lot like my character, Billy Bob. I was the funny fat guy in high school. I wanted to make everyone laugh and use my weight to do it,” said Ron.

He recalled filming the movie and the interesting experiences he had. “You know that scene where Amy Smart bounces the quarters into the shot glass? Well, it took her 32 times to make the quarter go in the glass. I had to drink 32 glasses of fake beer and iced tea, (the

iced tea gives it that beer color), before she made it. I got so sick that I really did vomit in the washing machine on that first take," laughed Ron.

After Ron's success with "Varsity Blues," he was cast in the WB Network's show, "Popular." Out of the entire WB lineup, Ron was the only "fat" (morbidly obese) actor on the network, and rarely, if ever, did he appear on the promo spots during commercial breaks. "It aggravated me. I mean, here I was a character on one of the best shows on the WB, but yet I was never in a single promo," said Ron. It was during the filming of the show "Popular" that Ron realized his weight had become a problem.

While filming a scene for the show, Ron had to act as a limo driver. The scene was about to take place and Ron had to sit behind the wheel of the limo. He tried to get in at first, but could not fit. Next, they removed the seats and he still could not fit. "I looked at the director and just began to break down," said Ron.

At 508 pounds, Ron knew it was time to address his weight. "I remember I was sitting there watching television and I saw an interview with someone who had gastric bypass. Right then and there, I

knew that was what I had to do. I called my good friend Jon Voight and told him I was having gastric bypass. He said, 'Ron, you have to do what you have to do. I knew right then this was what I needed,'" confidently said Ron.

Exactly nine days later, Ron was on the surgery table.

The Journey Begins

As many of you are aware, that is an incredibly fast time to go through the process of surgery and Ron found that out the hard way. "Man, that was not the way to go about this procedure. It completely messed with my mind," said Ron. Ron lost approximately 300 pounds in one year. He basically changed personalities.

"I would've died famous and rich, but this surgery made me go from one personality to another. You lose your identity as a person," said Ron.

Not going through the proper psychological process adversely affected Ron. After surgery, Ron retired from acting for seven years. When I asked Ron if he would do it differently if he could go back, he said "no." He explained

that even though he can admit now that the quickness of the surgery was bad, he wouldn't change anything due to the fact that by losing the weight, Ron was able to care for his dying mother. "I'll never regret this because I was able to care for my mom. My money saved my life and allowed me to be there for her," proudly said Ron.



Ron, before weight-loss surgery, receives an award.

Since his surgery, Ron has lost 348 pounds and has undergone 17 plastic surgeries. He has gone from a size 64 inch waist to a 30 inch waist. It took Ron nearly three years to gain 32 pounds to appear healthy. "This surgery thing is a tool. You will gain weight back. It needs to be respected," strongly said Ron.

When I asked Ron if he could sum up his weight-loss surgery journey in a few words he said, "There are more downsides to this surgery than upsides, but the biggest upside is you are alive."

Today, Ron has returned to acting and is currently working on a film with "Varsity Blues" co-star Jon Voight, titled "Glutton for Stardom."

"It's a comedy about a boy who falls in love with a girl after he loses weight," laughed Ron. Well, Ron, just as you found identity in Billy Bob, I am sure you will be able to find an identity in your new character as well.

For more information on Ron Lester, please visit his official Web site at www.ronlesteronline.com/indx.php.



Ron poses with Erik Estrada at a charity event.

Weight Maintenance

Weight maintenance is one of the most difficult parts of the weight-loss journey. You will face many challenges and triumphs along the way, and it is important to have a strong support system in place to help you. Here are some important tips on weight maintenance, along with an introduction to a non profit organization that is designed to support individuals in their weight-loss journey.

The Elusive Weight Maintenance By Monica Ganz, PhD, CWLC

We all know exactly what weight gain is; the scale goes up in numbers, our clothes start to get tight, it takes more effort to get out of a chair, the seat belt is tighter and we just don't feel as well.

We all know what weight-loss is; the scale shows us a lower number, our clothes hang funny and fall off of us, people start complimenting us about the way we look, we feel better and we need less medicine.

But, weight maintenance is something that we all have failed to understand. We have gone up and down in our weight our entire lives, struggling to keep the weight off, gaining weight over and over again. Gaining it has always been easy; I just look at brownies and I gain two pounds. I never understood my neighbor who was always a perfect size eight and ate everything in sight. We all know people like that.

Weight Maintenance – the Missing Link

What has always been missing is weight maintenance – it was something that I had never achieved. It was elusive to me. I was a constant “yo yo.” I would lose the weight and thought I could maintain my weight-loss, but those old habits would sneak back in and sabotage me one more time. The frustration grew every time that I would go down and then back up again, and many times with bonus extra pounds. Each time getting more and more frustrated.





Successful Make it a Lifestyle Weight Maintenance Strategies

Weight maintenance requires daily exercise, healthy eating, a long-term commitment and constant attention. The following habits are essential to develop in order for you to achieve long-term weight maintenance:

- **Healthy snacks and meals** – Focus on low-calorie, nutrient-dense foods, such as fruits, vegetables and whole grains. Keep saturated fat low and limit sweets and alcohol. Remember that no one food offers all the nutrients you need. Choose a variety of foods throughout the day. Remember to eat two bites of dense protein to one bite of anything else.
- **Exercise program** – One of the most important things you can do for weight maintenance is to continue an aggressive exercise program. Studies suggest that it only takes 30 to 60 minutes of moderately intense physical activity daily to maintain weight-loss. Moderately intense physical activities include swimming, fast walking, biking and hiking.
- **Know and avoid your food traps** – Know which situations can trigger your out-of-control eating. The best way to identify these food traps and emotional eating is to keep a food journal. For as long as you find it helpful, write down what you eat, how much you eat, when you eat, how you're feeling and how hungry you are. This will help you understand and stay in control of your eating behaviors.
- **Regularly monitor your weight** – People who weigh themselves at least once a week are more successful in keeping off the pounds. Monitoring your weight can tell you whether your efforts are working and can help you become aware of small weight gains before they become larger.
- **Be consistent** – Sticking to your new lifestyle plan during the week, on the weekends, and amidst vacation and holidays increases your chances of long-term maintenance.
- **Attend a support group** – Getting support is critical. Whether through a friend, family member, trained professional or support group, support ultimately means the difference between your success and failure.

The Weight Maintenance Road

We all have heard the new Weight Watchers ad campaign, that diets do not work. Every one of us know that diets do not work. We have tried them all and look where we ended up; heavier and more frustrated.

The only thing that will have lasting effects on us is when we are ready to make lifestyle changes. These changes will make us not only lose the weight, but keep it off for life. To lose weight and keep it off, the best approach is to focus on lifestyle changes and develop an eating plan that's enjoyable, yet healthy and low in calories. This approach will result in weight-loss that you can live with – that is, that you can maintain over a long period of time.

We need to attend support groups and get a constant stream of positive motivation to keep us on the maintenance road. It is easy to get lost and to end up in a dead end; your support group can direct you back at anytime. We are here to help you achieve the goals that are important to you.

We each need to learn to make it a lifestyle that you can live with and enjoy day in and day out to continue to maintain your weight-loss.

About the Author:

Monica Ganz, PhD, CWLC, is a behaviorist who has worked with support groups for more than 30 years. She is an internationally known speaker on behavioral changes that are needed to maintain long-term weight-loss and to overcome obesity. She is the founder of www.MakeitaLifestyle.com and works with Healthwise Technologies, Inc. as their Corporate Bariatric Program Director.

Weight Maintenance

Healthy Lifestyle is



Take off Pounds Sensibly (TOPS) has been a strong support and place to turn for those who are seeking to address their weight. They not only focus on helping individuals lose weight, but also emphasize the importance of weight maintenance.

Though difficult to imagine, there was a time when people did not have organizations to help them lose unwanted weight and strive to live a healthier lifestyle. Physical activity was commonplace in everyday efforts and was at a high enough level to burn off what was eaten. Eating didn't take on the appearance of a recreational sport with sites available for participation at every corner. Then things began to change.

Obesity is now spiraling toward epidemic status. The need to deal with this problem has spawned a host of groups, many for-profit offering help. TOPS Club, Inc. was the first weight-loss organization. It has been going strong for 60 years and remains nonprofit.

Humble Beginnings for Big Impact

In 1948, a Milwaukee housewife named Esther S. Manz was sitting at the kitchen table with three of her friends, all grumbling about the extra pounds they gained over the holiday season. She suggested that – rather than go to a costly “fat farm” – they should commit to meeting regularly to provide support and encouragement to help each other lose weight.

Esther witnessed the power of mutual support while participating in group sessions designed to prepare women for childbirth. She discussed the idea of group support for weight control with her personal physician who encouraged her to try it.

Their first meeting was held at a local community center in Milwaukee, WI. Verna Konings (one of the original three friends) suggested they call their new group TOP, for “Take Off Pounds.” They soon had proof that a supportive environment was a crucial ingredient to helping them lose weight and achieve better health – by the second meeting, the four recorded losses totaling 28 pounds.

Word began to spread after an article appeared in the local newspaper about this young, innovative group. So many people showed up for the next meeting that there was barely enough room for them all. In this same article, the reporter inadvertently pluralized TOPS. The ladies decided to keep the

“S,” which would stand for “Sensibly.” The word, “Sensibly,” cemented the philosophy upon which TOPS would operate – the involvement of a personal physician and supportive community-minded sensibilities.

TOPS Chapters

By the end of the second year, TOPS was so popular that new chapters were formed throughout the city. Esther found herself riding the bus all over Milwaukee, carrying the TOPS scale and records and helping to launch new chapters. In an amazingly short period of time, this grassroots effort snowballed into an international network of support groups dedicated to helping people live healthier lives.

What is, perhaps, most special about TOPS Club, Inc. is the fact that, in spite of its success and tremendous growth, the same principles hold true today that Esther Manz recognized in 1948:

Obesity is a disease that requires a lifelong vigilance. A warm hand of friendship, a caring group of friends, a little recognition and some fun add up to successful behavior changes.

Her unwavering commitment to providing affordable, effective, accessible support has touched hundreds of thousands of loyal and grateful TOPS members throughout the world. Esther Manz was ahead of her time, and every TOPS member benefits from her vision.

TOPS Provides Weight Management Support

TOPS Club, Inc. is a nonprofit, weight-loss support organization based in Milwaukee, WI. Their two-fold objective is to encourage healthy lifestyles through weight management support groups and to sponsor obesity research. Throughout the years, as additional weight management problems, such as bulimia and anorexia, became widely recognized by the medical community, TOPS expanded their scope to include all people with weight problems, including those who require surgical assistance with their weight-loss efforts.

A Quick Look at TOPS

Nearly 180,000 TOPS members comprise about 9,000 chapters in the United States, Canada and various countries throughout the world. Local weekly meetings emphasize nutrition, wellness and exercise education focused on supplementing a member's effort to manage their weight and benefit from a healthy lifestyle. Membership is open to everyone: women, men and teens and children ages seven and older.

They also created an incentive for members who reach and maintain their weight at their goal level to graduate to KOPS (Keeps Off Pounds Sensibly) status, giving them extra recognition to help encourage other members to achieve the same type of success with their efforts.

How TOPS Club, Inc. Works

Nearly 180,000 TOPS members comprise about 9,000 chapters in the United States, Canada and various countries throughout the world. Local weekly meetings emphasize nutrition, wellness and exercise education focused on supplementing a member's effort to manage their weight and benefit from a healthy lifestyle. Membership is open to everyone: women, men and teens and children ages seven and older.

A system of competition, rewards and recognition encourages additional emphasis on the support necessary to achieve and maintain healthy weight. TOPS also publishes a wealth of educational materials for their members.

New TOPS members are requested to consult with their licensed healthcare professional to obtain a goal weight for themselves, and then report it to their chapter "weight recorder." Members meet weekly in their local chapters. A private weigh-in is followed by a program. Programs vary, but all serve to provide members with positive reinforcement and motivation in adhering to their healthy lifestyle plans. Chapters elect their volunteer leaders from among their membership. Professional field staff provide direction and support for those efforts.

TOPS started financially supporting medically-oriented activities in 1966 with the funding of an obesity and metabolic research program at the Medical College of Wisconsin in Milwaukee. To date, more than \$6.5 million from TOPS'

earnings and members' contributions have funded this research. Findings from the program have been published in more than 140 papers in medical journals. Volunteer TOPS members are currently part of a landmark research project overseen by Dr. Ahmed Kissebah, medical advisor to TOPS Club, Inc.

TOPS Encourages and Recognizes Success

In keeping with Esther Manz's original desire to treat members like royalty, reward their successes and recognize the efforts they took to manage their weight, TOPS has a fully-developed system of awards and recognition, starting at the chapter level, advancing to the state/province level, and culminating with international recognition.

Each year, TOPS hosts their International Recognition Days event. During this celebration of members' success, awards are announced and shared for the greatest weight-loss winners in various categories based on such criteria as starting weight, age and surgical assistance. Recognition is also given to KOPS (Keep Off Pounds Sensibly) members and a graduation ceremony is held to highlight those members' ability to maintain their goal weight for at least one year. Attending KOPS of all levels (up to 51 years at this writing) are honored. The three-day event culminates in the coronation of the International King and Queen – the man and woman, from among all members, who lost the most weight to goal in the previous year.

Experience TOPS Yourself

Visitors are always welcome to attend their first TOPS meeting free-of-charge. To find a local chapter, visit the TOPS Web site at www.tops.org or call TOPS Headquarters at (800) 932-8677.

Article provided by TOPS Club, Inc.



TOPS was a proud partner in this past June's "Walk from Obesity – Walk on the Capitol," where many of their members were a part of this important advocacy event.



Will I need reconstructive plastic surgery after weight-loss?

By J. Timothy Katzen, MD, FACS

With weight gain, the skin stretches to accommodate underlying excess muscle and fat. After weight-loss, skin tries to recoil or bounce back. The “amount” of skin bounce back essentially determines if you will “need” reconstructive plastic surgery. If there is great recoil ability in the skin, the skin bounces back and one probably will not “need” reconstructive plastic surgery. If however, the skin does not shrink back, then you will probably “need” reconstructive plastic surgery.

Understanding the Skin

The ability for skin to recoil at all is truly amazing. This incredible ability is due in part to the elastic fibers within skin. During childhood, this skin stretching ability allows us to grow without having

to “shed” our outer skin. The contractile forces of skin also allow skin to bounce back after such natural things as childbirth.

Skin possesses naturally occurring elastic fibers which act similar to the elastic fibers in a rubber band. The effect of weight gain on skin is similar to the effect of pulling a rubber band. With enough constant stretch applied, the fibers in the rubber band become disrupted or break.

With weight gain, the skin is similarly stretched and the elastic fibers are disrupted. After weight-loss or after removing the load from the rubber band, the elastic fibers contract, but only so much. In either case, the result is a

reflection of the ability of the elastic fibers to completely contract. The amount of skin recoil is multi-factorial. There are major and minor factors involved. The two major factors influencing skin recoil are the amount of skin stretch and skin’s age.

Determining if Your Skin Will Recoil

The main factor determining skin recoil is the amount of stretch. Even if skin recoil is excellent, the ability of the skin to recoil may be ruined by the amount of stretch. Typically, the more significant the stretch on the skin, the less likely the skin will shrink back completely. Thus, the more weight you lose, the more likely you will need plastic surgery. Everything

else being equal, the skin of a person who loses 600 pounds is different from one that loses 100 pounds. The person who loses 600 pounds is much more likely to “need” reconstructive plastic surgery.

The second major factor determining skin recoil is your skin’s age. Younger skin has better elastic properties and thus, has more inherent abilities to spring back. Conversely, “older” skin is less likely to recoil. Expecting your skin to completely shrink back to the way your tummy looked when you were 20 years old after a 100 pound weight-loss is simply unrealistic.

The correct analysis of skin “age” is also complex. Skin age is determined by your physical age (how old you are) and factors which have accelerated the “age” of your skin. These accelerators of skin aging are the topic of much medical research. These are minor factors in comparison to amount of stretch and “age” of skin. However, these minor factors all contribute to the “need” for reconstructive plastic surgery.

Minor factors accelerating skin aging include:

- Sun damage
- Smoking
- Malnutrition
- Poor vitamin intake (especially vitamin C)
- Your genetic skin type

Thus, avoidance of sun, smoking cessation, maintaining a healthy diet and exercising regularly all contribute to healthy skin with maximal contractile or recoil ability. These factors lead to skin contraction and recoil after weight-loss.

However, sometimes it is not even the sheer amount of excess skin that may lead one to seek reconstructive plastic surgery. Even minor amounts of excess skin can become moist and harbor

bacteria. These bacteria can then lead to chronic skin infections that are impossible to eradicate without reconstructive plastic surgery. Thus, sometimes even “minor” excess skin may “require” reconstructive plastic surgery.

Only you will know if you “need” reconstructive plastic surgery. No one else can tell you – not your family, nor your friends. You may not even know if you “need” reconstructive plastic surgery until your weight-loss is complete.

Reconstructive plastic surgery after weight-loss is a personal choice. Always remember, the most important decision you have made has been to lose weight.

The Psychiatric Component

There is also sometimes a psychiatric component to the “need” for reconstructive plastic surgery after weight-loss. For some people it is not about the “amount” of excess skin. Some patients feel “fat” even after a 100 pound weight-loss and excellent skin recoil. For these patients, the “need” to have reconstructive plastic surgery is different. This “need” is an emotional one.

For these patients, reconstructive plastic surgery “needs” to be performed in order for the patient to feel “complete.” This type of reconstructive plastic surgery is independent of the physical amount of skin, but still needs to be performed.

This type of plastic surgery is performed to make a patient feel whole and to help complete their weight-loss journey.

Reconstructive Plastic Surgery is a Personal Choice

Only you will know if you “need” reconstructive plastic surgery. No one else can tell you – not your family, nor your friends. You may not even know if you “need” reconstructive plastic surgery until your weight-loss is complete. Reconstructive plastic surgery after weight-loss is a personal choice. Always remember, the most important decision you have made has been to lose weight.

Almost always, weight-loss significantly and positively impacts your health. Weight-loss can lead to the elimination of some forms of diabetes and high blood pressure, in addition to reduction on the weight of your ankles, knees and hips. The “need” for reconstructive plastic surgery may be just the final step required for elimination of excess hanging skin and residual fat and the completion of your weight-loss journey.

About the Author:

J. Timothy Katzen, MD, FACS, is a plastic surgeon who practices in Beverly Hills, CA. Dr. Katzen specializes in reconstructive plastic surgery after weight-loss. He has performed thousands of procedures on weight-loss patients. To learn more about Dr. Katzen, please visit www.BodyByKatzen.com.



Environmental Triggers

for Obesity By Jacqueline Jacques, ND

Obesity is not a simple disease. The more we study obesity, the more it is clear that there is not one single factor that is the cause. There are clearly multiple genetic and lifestyle issues that contribute, including diet, exercise, hormonal influences and societal factors. Some research also suggests that chemicals in our environment, food and water may be part of the equation. This article will explore some of the science in this area.

We know our environment is full of a lot of chemicals that didn't used to be there. These include herbicides, pesticides, plastics, heavy metals, drug residues and much more. On a daily basis, you probably don't get exposed to a toxic dose of any one thing – but over years or decades, individuals may be exposed to harmful levels of many toxins. There are even some toxins that can act across generations – impacting the children of those who were exposed to them.

A class of chemicals that has received special attention in the world of obesity research are those classified as *endocrine disruptors*. Your endocrine system is a group of glands in your body (such as the pituitary, thyroid, pancreas, ovaries and testes) that secrete hormones (like growth hormone, thyroid hormone, insulin, estrogen and testosterone) that regulate functions such as metabolism, growth, development and reproduction.

According to the journal *Nature*, an endocrine disruptor is “an exogenous [outside] substance that changes endocrine function and causes adverse effects at the level of the organism, its progeny and/or the populationⁱ.” Basically, they are many substances that act like or disrupt your natural hormones in your body, ultimately harming you, your kids or society at large.

Chemicals that disrupt the endocrine system may come from a wide variety of sources – pesticides, plastics, cosmetics, solvents, cigarette smoke, etc – and include things that we are often exposed to from infancy (baby bottles) if not even in the womb. As far back as the early 1960's, researchers began to recognize that man-made substances in the environment held the potential to have lasting and damaging effects on both humans and wildlife.

The 1962 book *Silent Spring*ⁱⁱ by Rachel Carson first spotlighted the reproductive deformities and deaths of birds due to the use of the pesticide, DDT. While quite controversial (both at the time and now) this book almost directly led to the banning of DDT in the United States and fostered much more serious scientific interest in what other chemicals were doing not just to birds but to us.

Later, in the 1970's, the synthetic hormone *diethylstilbesterol (DES)* put endocrine disruptors in the public eye when it was found that the daughters of women who had used this drug to prevent miscarriage were at exceptionally high risk for having deformity of the reproductive system and vaginal cancerⁱⁱⁱ.

So what does any of this have to do with obesity?

Fast-forward 30 years from DES and we find ourselves in the midst of an obesity epidemic.

It has long been known that the environment of the fetus during critical stages of development can impact lifelong health. For example, under-nutrition at

specific stages of fetal development has been linked to the adult development of coronary artery disease and possibly to diabetes^{iv}.

When it comes to obesity, the theory goes something like this: while we know that diet and exercise clearly impact the development of obesity after birth, there also appear to be people who are susceptible to the development of obesity. Many researchers believe that the current rise in obesity clearly cannot be explained by changes in diet and activity alone, yet they also find it impossible to believe that our genetics have changed quickly enough to explain the rapid rise in obesity. Thus, many believe that there must be other factors influencing fetal development and genetic expression - and environmental causes are a likely target.

There are known examples of this that we have begun to understand. We know, for example, that smoking during pregnancy is strongly correlated with childhood weight gain^v. Because hormone exposure during fetal development has a direct and powerful influence on cellular differentiation and expression, in the past decade, researchers have turned to

Many researchers believe that the current rise in obesity clearly cannot be explained by changes in diet and activity alone...

looking at both hormones and endocrine disruptors as possible influencers in the development of both childhood and adult obesity. They are likely targets because we know that can impact fetal development in other ways, especially in animals, and because hormone-like substances are bioactive at incredibly small concentrations.

In fact, with DES exposure mice are initially born smaller, but after puberty become much larger than controls, accumulate more fat cells and occasionally have a hard time processing sugar. But as few people now have been or ever will be exposed to DES, it is not a great concern.

There are literally thousands of potential endocrine disrupting substances in our environment, and it will likely take years or decades before researchers look at all of them. The major chemical that has attracted concern lately is one called *Bisphenol A*, or BPA.

BPA is a compound found in numerous plastics and resins. BPA has some chemical similarities with DES, so it has long drawn attention as an endocrine disruptor. Commercially it is found in dental sealants, plastic food containers, plastic drinking bottles, baby bottles and the linings of many cans. It has been used in plastics and packaging in the United States for more than 50 years. This means that unlike DES, BPA is everywhere – you almost cannot avoid it. Studies conducted by the Centers for Disease Control in 2003-2004 found that 93 percent of all children and adults had BPA present in their urine^{vi}.

Animal studies done since the mid-1990s showed that BPA might be linked to a variety of health concerns including predisposition to breast^{vii} and prostate cancer^{viii}, genital tract malformation^{ix} and behavioral changes^x. In September 2008, a study published in the Journal of the American Medical Association examined urinary levels of BPA in 1,500 individuals and found a strong correlation with heart disease and diabetes in individuals with the highest levels of BPA^{xi}.

Earlier animal models from 2002 had shown that prenatal stimulation with BPA actually led more cells to develop into adipocytes (fat cells), resulting in “a tendency for the animals to become obese.”^{xii} A 2007 study exposed pregnant mice to BPA and found that their offspring had both increased cholesterol and fat tissue^{xiii}. Female offspring weighed 11 to 13 percent more than controls and male offspring weighed between 22 and 59 percent more than controls. Both groups had significantly elevated cholesterol as well.

For now, the FDA is claiming that BPA is safe and that current levels of exposure do not pose a threat to human health^{xiv}. If you are looking to reduce your exposure to this chemical, it is a good idea to avoid plastics with the recycling numbers 3 and 7.



Most importantly, don't heat things in these containers, as BPA leaches from plastics most when heated. Approximately 10 U.S. states are currently considering legislation to reduce consumer exposure to BPA.

Overall, we do not have conclusive evidence that BPA or other chemicals are a cause of obesity and if so, how significant of a contribution they may make. We do know that obesity is a complex condition and, in the end, it is unlikely that we will find one single cause that explains all or even most cases.

About the Author:

Jacqueline Jacques, ND, is a Naturopathic Doctor with more than a decade of expertise in medical nutrition. She is the Chief Science Officer for Catalina Lifesciences LLC, a company dedicated to providing the best of nutritional care to weight-loss surgery patients. Her greatest love is empowering patients to better their own health. Dr. Jacques is a member of the OAC National Board of Directors.

References:

Resources used for this article may be found on the Web version on the OAC Web site at www.obesityaction.org.



Why should my weight matter to me? My BMI is 30, what does that mean?

By Rona Scott and Lloyd Stegemann, MD

Weight affects all bodily systems. Without a doubt, a healthy weight is always better. For someone who has never attempted or experienced significant weight-loss, a body mass index (BMI) of 30 or greater typically means there is an ongoing upward trend in body weight. As one would expect, continual weight gain results in added stress on the body. Yo-yo dieting is even worse.

Why should your weight matter to you?

While society would pressure us to look like supermodels, the reality is that we should move out of a DIET mentality and move into a HEALTH mentality. A number on a scale does not validate who you are as a human being. It is merely a reflection of your lifestyle. Good health is why your weight should matter to you.

Consider common co-morbidities experienced by obese and morbidly obese individuals such as diabetes mellitus, obstructive sleep apnea, etc. There is a greater occurrence of these conditions at a BMI of 30 than there is at a BMI of 25, though not tremendously greater. However, knowing that a BMI of 30 is indicative of a person's weight being on the rise, it is important to know that the co-morbidities increase drastically as BMI increases past 30.

According to the Department of Nutrition at the University of North Carolina in Chapel Hill, it is not gross

overeating resulting in overweight and obesity. Instead, a slight increase on weekends, special occasions, stressful times and holidays can seriously impact a person's weight. The average American aged 19 to 50 consumes 115 more calories on a weekend day than on a weekday. The startling results of this slight increase in calories combined with a slight decrease in expended energy can result in an annual weight gain of five pounds, or 100 pounds, throughout the course of 20 years. This is why your weight should matter to you.

When we move out of the diet mentality and into the health mentality, we realize it is essentially effortless to simply substitute a diet soft drink or bottle of water for one high calorie beverage. This one small effort is a step in the right direction.

For individuals who lost a substantial amount of weight and lowered their BMI from 40 or 50, a BMI of 30 can be a healthy and successful result. Just as a BMI of 30 prior to significant weight-loss is typically indicative of ongoing weight gain, a BMI of 30 after significant weight-loss can be a reflection of ongoing weight-loss. A reduction in BMI of five points can result in greatly increased health.

Ideally, both professionals and individuals will evolve from basing weight-loss success on weight or BMI. Instead, an overall improvement in health and improvement/reversal of co-

morbidities will be the true indicator. The goal for anyone struggling with obesity is to be healthy. Live your goal!

About the Authors:

Rona Scott is the director of the bariatric surgery program for New Dimensions in San Antonio, Texas. Prior to this, she spent two years as a national consultant with iVOW, inc. facilitating the implementation of new bariatric programs and the enhancement of existing ones. She served as interim administrator of Sound Health Solutions, a medically managed pre-operative and post-operative program. Ms. Scott presents educational lectures throughout the country for caregivers of the obese and morbidly obese patient. She is active in advocacy issues facing the obese. She is founder and host of the support group F.A.C.E.S of WLS.

Lloyd Stegemann, MD, is a private practice bariatric surgeon with New Dimensions Weight Loss Surgery/Weight Wise in San Antonio, TX. He is the driving force behind the Texas Weight-Loss Surgery Treatment Options Introduction Weight Loss Surgery Summit and in the formation of the Texas Association of Bariatric Surgeons (TABs) where he currently serves as President. He has been very active in the Texas state legislature trying to increase patient access to weight-loss surgery. Dr. Stegemann is a member of the American Society for Metabolic and Bariatric Surgery (ASMBS) and the OAC Advisory Board.



Membership



Building a Coalition of those Affected

About OAC Membership

The OAC is a grassroots organization and was created to bring together individuals impacted by the disease of obesity. One of the first steps to getting involved and making a difference is to become a member of the OAC.

Membership allows the OAC to build a Coalition of individuals impacted, bringing a unified voice in obesity. These are the individuals that make up OAC's membership:

- Those who are currently struggling with their weight, whether obese or morbidly obese
- Those who are seeking treatment for their obesity
- Individuals who have successfully and/or unsuccessfully treated their obesity
- Friends, coworkers and family members of patients
- Professionals whose work is dedicated to those affected
- Organizations that support efforts in obesity

You probably find yourself fitting into one of the categories above. This is because obesity affects just about every person in the U.S. and directly impacts more than 93 million Americans. With this number continuing to grow, so must our voice. And that is where **YOU** become an important part in what the OAC strives to do.

Membership Categories and Benefits

The OAC wants **YOU** to be a part of what we do. No matter how you're impacted, having individuals join our efforts who believe in making a difference is essential. That's why the OAC offers various member categories, so you can get involved at your desired level.

Several valuable benefits also accompany your OAC membership, including an annual subscription to OAC News. Each membership category offers something different. To learn more about membership benefits, please visit the OAC Web site at www.obesityaction.org.

Not ready to join the OAC as a paid member?

You can become a "Friend of the OAC" and still have your voice be heard. When joining the OAC in this category, you can get involved in our efforts while receiving electronic benefits. There is no charge to become a "Friend of the OAC." To sign-up, check the box below and complete the application.

- Sign me up as a "Friend of the OAC."

Membership Application

Yes! would like to join the OAC's efforts. I would like to join as a/an:

- Patient/Family Member: \$20
- Professional Member: \$50
- Physician Member: \$100
- Surgeon Member: \$150
- Institutional Member: \$500
(Doctors' offices, weight-loss centers, surgery centers, etc.)
- OAC Chairman's Council: \$1,000 and up

Mail to: OAC
4511 North Himes Ave.
Suite 250
Tampa, FL 33614

Or Fax to: (813) 873-7838

Name: _____

Company: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Payment Information

- Enclosed is my check (payable to the OAC) for \$ _____.

Please charge my credit card for my membership fee:

- Discover® MasterCard® Visa® Amex®

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

Signature: _____

About the OAC

The Obesity Action Coalition (OAC) is a non profit patient organization dedicated to educating and advocating on behalf of those affected by obesity, morbid obesity and childhood obesity. The OAC distributes balanced and comprehensive patient educational materials and advocacy tools.

The OAC believes that patients should first be educated about obesity and its treatments and also encourages proactive patient advocacy. The OAC focuses its advocacy efforts on helping patients gain access to the treatments for obesity. As a membership organization, the OAC was formed to bring patients together to have a voice with issues affecting their lives and health. To learn more about the OAC, visit www.obesityaction.org or contact us at (800) 717-3117.



OAC Resources

The OAC provides numerous beneficial resources for patients, as well as professionals. OAC resources are complimentary and members of the OAC can request materials in bulk. To request materials, please contact the OAC National Office at (800) 717-3117 or send an email to info@obesityaction.org.

Magazine

- OAC News - OAC's quarterly education and advocacy publication for patients

E-newsletter

- Obesity Action Alert - the OAC's free monthly electronic newsletter

Brochures/Guides

- BMI Chart
- OAC Insurance Guide
- State-specific Advocacy Guides

- More than 100 obesity-related topics located on the OAC Web site
- Understanding Obesity Series
 - Understanding Obesity Brochure
 - Understanding Obesity Poster
 - Understanding Morbid Obesity Brochure
 - Understanding Childhood Obesity Brochure
 - Understanding Childhood Obesity Poster
 - Understanding Obesity Stigma Brochure



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