



# OAC NEWS

*Feature Article*

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### Obesity and Cancer

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Offensive PETA Billboard

Weight Issues in Men

Importance of  
Bariatric Surgery  
Centers of Excellence

Childhood Obesity:  
The Link to Drinks

The Obesity Action Coalition's Quarterly Magazine for those Affected by Obesity



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## A Message from OAC Chairman, Jim Fivecoat

**My message this quarter is bittersweet for me.** This is my last message to all of you as OAC Chairman, as my term expires on January 1, 2010.

Throughout the past couple of years, I have seen the OAC grow by leaps and bounds. From tackling IQ testing requirements for bariatric surgery in Tennessee to dismantling PETA's offensive ad campaign unfairly targeting the obese (*see page 12 for more details*) and hosting more than 3,000 individuals in Washington, DC, for the *Walk from Obesity – Walk on the Capitol*, the OAC has truly shaped itself into the only nonprofit organization whose sole focus is dedicated to giving a voice to those affected by obesity.

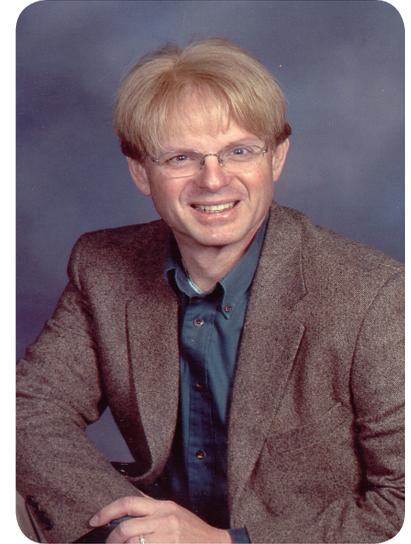
Even though the OAC is still a relatively young organization, it has accomplished a tremendous amount in a short period of time. The one constant variable in all the OAC's strides, accomplishments and successes is you – the OAC member. Even though my time as Chairman has come to an end, I will continue to be a member of the OAC. Membership in the OAC is truly the driving force behind the Coalition. Without our members, many of the OAC's accomplishments would not have been possible.

I leave with a big thank you to the tens of thousands of individuals I have served as OAC Chairman. It is my hope that I have served you with integrity, honesty and loyalty. I thank you for your support. As out-going Chairman of the OAC, I encourage all of you to continue your memberships in the OAC and share the OAC with your family and friends encouraging them to join as well.

You will notice this issue of *OAC News* is a little bit different as we have begun to accept advertising in our publication. If your company is interested in advertising in *OAC News*, please contact James Zervios, OAC Director of Communications, for more details. This issue is full of great information. From a very interesting article on the ever-feared "Freshman 15" to the importance of Bariatric Surgery Centers of Excellence, this issue promises to keep you informed.

Once again, I thank you for your continued support of the OAC. I would also like to invite all of you to extend a warm welcome to the OAC's new Chairperson, Barbara Thompson. I have personally worked with Barbara for more than four years and I can tell you first-hand, she exudes an unsurpassed confidence echoing the OAC's efforts of giving a voice to those affected.

Congratulations Barbara, I wish you all the best as Chairperson!



A handwritten signature in black ink that reads "J. Fivecoat". The signature is fluid and cursive, written in a professional style.

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# OAC NEWS

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The Obesity Action Coalition (OAC) is an independent national non-profit organization dedicated to providing a voice to 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, MBA, *Chairman*; Barbara Thompson, MLS, *Vice-chairman*; Georgeann Mallory, RD, *Treasurer*; Christopher Still, DO, FACN, FACP, *Secretary*; Pam Davis, RN, CBN, CCM; Jeff Haaga; Jacqueline Jacques, ND; Julie Janeway, BBA, MSA, JD, ABD/PhD; and Robin Blackstone, MD, *Director Emeritus*.

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

If you are interested in contributing to *OAC News*, or for reprint requests, contact the OAC National Office.

The mission of the Obesity Action Coalition is to elevate and empower those affected by obesity through education, advocacy and support.

# Obesity & Cancer

By Sherman C. Smith, MD, FACS

**The negative effects of obesity on good health have long been appreciated, and the list of medical conditions associated with obesity is lengthy. It is not surprising that many types of cancer seem to be associated with the problem of obesity.**

## **How Does Obesity Affect Cancer?**

Perhaps one of the most comprehensive studies of the cancer risk faced by the obese comes from the American Cancer Society.<sup>1</sup> Nearly 900,000 men and women were enrolled cancer-free in 1982, and then they were followed for 16 years. Compared to normal weight subjects, men with a body mass index (BMI) greater than 40 were found to have a 52 percent increase in risk of losing life from cancer. A 62 percent increase in risk of death from cancer was found in women with similarly high BMI.

For both sexes, cancer deaths from esophagus, colon, rectum, liver, pancreas and kidney were increased. Hodgkin's lymphoma and multiple myeloma also took a toll on obese men and women. Specific to men were increased deaths from prostate and stomach cancers, and specific to women, deaths from uterus, breast and ovarian cancers were noted.

Stepping back for a broader overview, the same investigators estimated that obese men accounted for 14 percent of all cancer deaths in males and that obese women accounted for 20 percent of all cancer deaths in females. Observing that only 6-8 percent of the population is severely obese to this degree, it is clear that obesity is at least related to an increased risk and that it may also be the cause of these cancers.



## Lung Cancer and Obesity

Lung cancer is a killing disease which is directly linked to smoking. It does not appear that this disease has a link to obesity in the same way as those which are listed above. Stopping smoking after short-term use or never smoking in the first place are key to preventing the squamous cell cancer of the lung, which takes nearly 200,000 American and more than 700,000 Chinese lives each year.<sup>2</sup>

Nevertheless, it is to be expected that an obese patient will face greater risk undergoing a thoracotomy (a surgical procedure to remove all or part of a diseased or damaged lung) than would be true for a normal weight individual.<sup>3</sup> The technical difficulty of the procedure will increase proportional to the patient's body habitus (known as the cardiopulmonary risk index or CPRI), and this translates into greater risk. Abdominal surgery would be even more difficult if not prohibitive for other kinds of cancers in the gastrointestinal tract.

## Cancer of the Esophagus

When acid from the stomach frequently washes back up into the esophagus, the condition known as reflux esophagitis can occur. This is a common problem for those who are obese, occurring more than twice as often as normal weight patients.

Not surprisingly, cancer of the esophagus is also known as an obesity-related disease probably because the chronic irritation which produces changes in the esophageal lining, known as Barrett's esophagitis, can progress to cancer.

While recent reports of curing patients of this problem by radiofrequency ablation (image-guided technique designed to kill cancer cells by heating and destroying them) before it progresses to cancer are promising, the acid reflux must stop to prevent recurrence.<sup>4</sup>

Bariatric surgery procedures have great success in reducing weight, which will frequently relieve symptoms. Gastric bypass is a weight-loss procedure that has a clear benefit of relieving the acid reflux in the great majority of patients.<sup>5</sup> Symptomatic relief is also noted in as many as 90 percent of patients with an adjustable gastric band,<sup>6</sup> another type of weight-loss surgery procedure. This relief comes soon after the procedures, even before the patients lose weight. Perhaps this will translate into a lower incidence of esophageal cancer as well.

## Chemotherapy

Chemotherapy for victims of breast cancer is now standard for Stage II and Stage III disease. These patients with positive lymph nodes for cancer have been reviewed with respect to factors such as obesity, diet and exercise. Obese patients with body weight as little as 20 percent above ideal experienced as much as a 33 percent increase in cancer recurrence compared to those with body weight less than 20 percent above ideal.

Long-term survival was only 40 percent compared to 54 percent on the lighter weight group.<sup>7,8</sup> Overweight patients who exercised and ate high fruit and vegetable diets appeared to have been able to erase the adverse effect of the obesity on survival, but only small numbers of the obese were able to be active and choose food appropriately.<sup>9</sup>

## Conclusion

While we should acknowledge that modern oncology practices involving surgery, chemotherapy and radiation have saved the lives of hundreds of thousands in the past decade, we should not ignore the fact that the moderately and severely obese may not be among the large numbers enjoying those benefits.

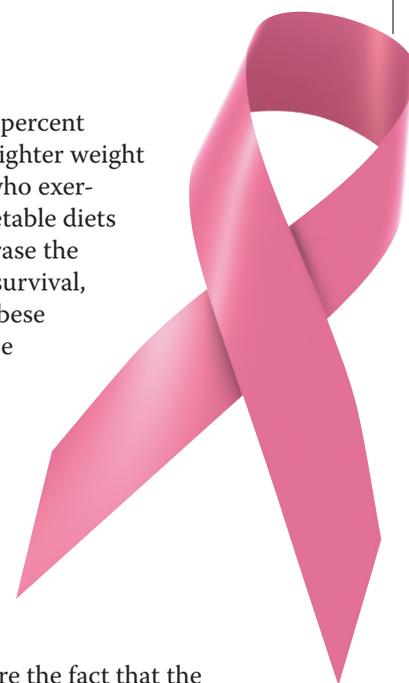
Those who have undergone weight-loss surgery can tell a different story. We remain hopeful that other successful bariatric procedures will carry this same kind of highly favorable impact upon the future wellness of those who choose surgical treatment of this very difficult condition.

### About the Author:

*Sherman C. Smith, MD, FACS, has practiced general and bariatric surgery in Salt Lake City for the past 25 years. He is a graduate of Brigham Young University and received his Doctorate Degree at the University of Utah School of Medicine in 1972. He served in the US Army Medical Corps for eight years before beginning private practice.*

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# Preventing the Freshman

5  
10  
15  
40

*By Julie Janeway, MSA, JD, ABD/PhD, and Haleigh Mistry*

**Well, it is that time of year again!** Young adults are back in school, and for many, this is the beginning of their college career. They are college freshmen, and with that comes new experiences, independence, new routines, more responsibility and demands, and for some, the freshman weight gain of 5, 10, 15 or more pounds.

The “Freshman 15” as it is commonly known, is a real phenomenon. It is not always 15 pounds; sometimes less, sometimes more. It is, however, an issue for many college students (not just freshmen). For those who enter college with weight problems to begin with, it can spell health disaster.

For those venturing off to college for the first time, the experience is one of new beginnings and transition during which they break from familial routines and establish independence. No longer are their parents and elders around to provide guidance and limitations on lifestyle choices. They do what they want, when they want, with whom they please and that includes eating and drinking.

While some students may stock up on fruits and veggies, and even snag some to take back to the dorm room for later, the vast majority does not pay attention to what their bodies

## **College Freshman Weight Gain has Several Root Causes:**

- Eating late at night
- Eating unhealthy cafeteria food
- Keeping unhealthy snacks and food on hand in the dorm room
- Drinking excessive amounts of alcohol
- Energy drinks
- Cheap food coupons and offers
- Fast food delivery to dorm rooms
- Skipping meals
- Lack of exercise
- Poor nutritional skills and education
- Poor sleep habits and sleep deprivation
- Not understanding what their bodies need nutritionally to be healthy

need, and that includes many of the student athletes. Even if a student is trying to eat healthy, they are almost always not educated enough about nutrition to see the hidden fats, sugars and other additives and ingredients that are going to contribute to weight gain and additional health problems. Unfortunately, dining halls and cafeterias aren't really looking out for them in that respect either, and students' health suffers.

### The Experts Weigh-in

According to assistant clinical professor of nutrition, Ruth Reilly of the University of New Hampshire, "this is a very understudied population. They're very hard to reach." She notes that large phone surveys of this age group, such as one conducted by the Centers for Disease Control in 2003, generally do not reach students at college or on cell phones, so we have had a hard time understanding the nature of weight gain and obesity in this late high school to college age population. In the last few years, however, interest has increased, and studies have started to yield some interesting information.

But, it didn't tell us much about what was happening to them when they got there. In order to assess the weight gain of Cornell University first semester students, nutrition sciences and psychology professor David Levitsky assembled a study sample of students taken from two large introductory courses for freshmen.

Each was weighed at the beginning and end of their first 12 weeks of college, and each filled out a questionnaire about eating, exercise and sleeping habits. The college freshmen in the study gained an average of 158 grams (about 5 1/2 ounces) per week. That's the equivalent of ingesting about 174 more calories a day than energy expended. Dr. Levitsky concluded that the amount represents a relatively small change in behavior, yet it has enormous cumulative consequences on weight.

### What Does this All Mean?

The good news? The "Freshman 15" is more like 5 to 7, but it is followed by the "Sophomore 2 or 3." So college students are actually gaining less than 15 pounds, *on average*, but of course the study didn't detail findings for those coming into the study already overweight or obese. Additionally, they are not taking that weight off in their second year or later.

Doctors commenting on the studies say it is good news that the number of pounds gained is less than the widely believed 15, but bad news that "Generation XL" kids seem to be learning patterns of gradual weight gain that could spell trouble way beyond graduation. The National Institutes of Health reports that the *conservative* obesity estimate of persons aged 18-29 is 19.1 percent.

### Social Effects on Obesity and Weight Gain

Students are not only gaining weight and developing poor habits and behaviors because of diet and exercise, but in addition they are becoming heavier simply as a result of who they choose to have as friends, and how their family behaves as well.

Although not aimed directly at college students specifically, Drs. Christakis and Fowler of Harvard Medical School mounted an impressive study of more than 12,000 people of all ages who were tracked for 32 years. The study concluded that obesity is partially a result of voluntary choices or behaviors, but people are embedded in social networks and are influenced by the appearance and behaviors of those around them as well. This suggests that weight gain in one person might influence weight gain in others.

The study reported that a person's chances of becoming obese increased by 57 percent if he or she had a friend who became obese in a given time period. Among pairs of adult siblings, if one sibling became obese, the chance that the other would become obese increased by 40 percent. Persons of the same sex had relatively greater influence on each other than those of the opposite sex.

Obesity appears to spread through social and familial ties. Having obese social contacts might change a person's tolerance for being obese or might influence his or her adoption of specific behaviors (e.g., smoking, eating, and exercising). So, the study shows us that for all of us, college students included, the environmental factors, food and movement behaviors, friend choice and family members can all have an effect on weight gain.

Research suggests that rather than recruiting friends to help with weight-loss, it may be a better strategy to recruit friends of friends who help establish contacts to members of other networks so that the cycle is broken. The researchers reported that their simulations show many traditional weight management plans fail because they only target overweight and obese people without consideration for their surrounding groups and wider social network.

*Freshman continued on page 8*





**A Mayo Clinic study concluded in 2004, reported the number of overweight kids from ages 12 to 19 increased from 11 percent to 17 percent from 1994 to 2004, meaning more overweight students are heading to college than ever before.**

*Freshman continued from page 7*

The popular strategy for dieting with friends is shown to be an *ineffective long-term* weight-loss strategy, whereas dieting with friends of friends or individuals outside any known network can be somewhat more effective by forcing a shift in group boundaries. So, if you or a college student you know are gaining weight, don't rely on your friends to help you out of the jam. Broaden your circle of friends, meet new people, and establish some new groups to help balance the group(s) that helped you into the pickle in the first place.

### **Health and Other Effects of College Weight Gain**

The foods each of us chooses can have a profound effect on energy, concentration, and memory because the body and brain need appropriate nutrition to function properly. Unlike adults, nutrition for young people must provide for physical growth and development, especially during the years up to age 19 during which peak bone mass occurs, setting the stage for strong bones for the rest of our lives.

Additionally, this age group tends to take in an overabundance of refined sugars, unhealthy fats, cholesterol and sodium. College students tend to eat foods that taste good, are easy to grab, or that friends are eating. Those foods tend to be convenience, processed foods that are low in nutrition and high in fat, sugar, sodium and calories. These foods provide some nutrition, but it is not the quality nutrition young bodies need.

A body failing to operate at peak efficiency is going to spend energy trying repair itself and compensate for deficiencies, rather than providing appropriate energy and nutrients so that the brain and body can operate effectively.

The relatively small increase in calories a student takes in each day or week has the profound cumulative effect of adding a significant amount of weight over the years. Experts are worried because they say this sudden weight gain sets the stage for serious health problems linked to obesity, including diabetes, heart disease and most types of cancer.

If overweight or obese students continue on this path, they are expected to be much more of a health burden at age 50 than their parents will be.

Although obesity has been identified as a serious public health issue, other research indicates the harmful effects extend far beyond physical health. As many students gain weight, their self-confidence drops, and they become more self-conscious and aware of the weight they've put on. This can take away more energy from studying because depression or anxiety about weight gain leads to a feeling of loss of control, which can lead to more eating as a way of soothing the anxiety or depression.

The eating and depression cycle becomes unmanageable. Combine that with the other environmental and social factors, and the lack of activity, and one can see how college weight gain can spiral out of control in only a couple of short years.

Focusing on weight gain also equates thinness with health which is an incorrect concept ingrained in our society. For example, a woman who is by all accounts thin, but who has some very unhealthy food behaviors, smokes, and does not exercise, is almost universally considered to be healthier than the woman who is larger, may have some body fat, eats a nutritionally sound diet, exercises, and doesn't smoke. Why is that?

Researchers suggest that we should stop focusing on anyone's weight gain as just being socially unacceptable, and "gross," and instead put the emphasis on making possible and reasonable attempts to live a healthy and positive lifestyle.

2008 research by Delinsky, et al., showed that about two thirds of the study's female college students reported at least a moderate concern about the "Freshman 15," which was connected to concern about their shape and weight. In addition, 2002 research by Graham, et al, has shown that women who worried about the "Freshman 15" had a more negative body image and higher scores on the Eating Attitudes Test, a measure of eating disorder symptoms.

Prof. Crosnoe, who ran a University of Texas study, states that obese girls, besides being more likely to skip school, are "more likely to consider committing suicide, use alcohol and marijuana, and have negative self-images." In any of these instances, academic studies are adversely impacted. How students perform academically is often related to how they fit in socially, and how they relate to others. Freshman weight gain and obesity can have a profound effect on both.

# TIPS on How to Nip it All in the Bud

Whether you're a college freshman, college student, graduate student or parent of a student, here are some tips to prevent school-related weight gain. If you don't need them, pass them along to a student who might benefit.

**Make it about health, not about looks, image, or anything else.** Value yourself enough to care about your health and your own well-being. Make the majority of food choices because they are good for you, will make you feel good, and will make you stronger and healthier. You deserve it.

**Don't skip meals.** Your body needs food to fuel your brain, your immune system, and everything else you require to be a successful college student. Skipping meals starves your body of fuel to run your engine, and you may develop headaches, lethargy, lightheadedness and you won't be able to concentrate. Pack a healthy portable snack like fruit, a granola bar, or a yogurt.

**Eat a good breakfast.** Breakfast is the most important meal of the day because it breaks a "fast" of 5-9 hours without giving the body food. Studies show that skipping breakfast detracts from academic achievement. Again, pack a portable breakfast like a bagel, yogurt, fruit or at least some juice. Skip the fast food breakfast sandwiches. You don't need all the extra fat, carbs and calories.

**Avoid eating unhealthy cafeteria food.** This one is sometimes a little harder to do, especially since many college cafeterias don't really offer much in the way of healthy options. Try to combine foods from different areas of the cafeteria, like adding a grilled chicken breast to a salad, or veggies from the salad bar to a sandwich or a wrap.

**Avoid eating food late at night.** Try to arrange your schedule so that you aren't up late studying or doing homework. Make getting the work done a priority that supersedes play or relaxation. The more tired your body gets and the less you respond with sleep, the more it will convince you that you are hungry rather than tired. Pay attention to your body. Even a half hour catnap will help.

**Don't give in to cheap food offers.** Every college campus is littered with offers for \$5 large pizzas, cheap sandwiches, and a host of other fast, processed foods that can be delivered to your door. Although the deals are great, don't give into temptation. If you must eat junk food, choose wisely and try for the most nutritious thing you can find.

**Don't keep unhealthy snacks in your room.** The campus is filled with unhealthy, but good-tasting, junk foods, so promise yourself that your room will become a healthy haven from that madness. Keep good-for-you things in the same area in which you study and sleep.

**Snacking while studying leads to mindless eating.** You're studying, and the next thing you know you've rifled through a bag of chips. Instead of snacking while studying or reading, promise yourself a small snack at scheduled breaks. Your blood sugar will remain more stable, your eyes and brain will thank you, and you will avoid potentially thousands of calories per week.

**Check your fluids.** Sometimes what we think is hunger is actually thirst. The body will take fluid in any form, even out of food. Stay hydrated throughout the day. Sodas, juice drinks and sports drinks are loaded with sugar, which can add up to extra pounds. If you drink alcohol, keep in mind that it supplies lots of calories, but no nutritional value. Instead, drink plenty of water.

**Go for variety.** Variety is the spice of life and a key to not getting bored with your food. Shake it up. Just because you *can* eat ice cream everyday doesn't mean you *should* eat ice cream everyday. Eat different foods and keep things interesting. You'll get more nutrients and balance your diet.

**Watch your portions.** Americans love to super size everything. Try not to eat a serving of any particular food that is bigger than the palm of your hand (except bananas). Learn what a proper portion is, and try to pare down.

*Freshman continued on page 22*





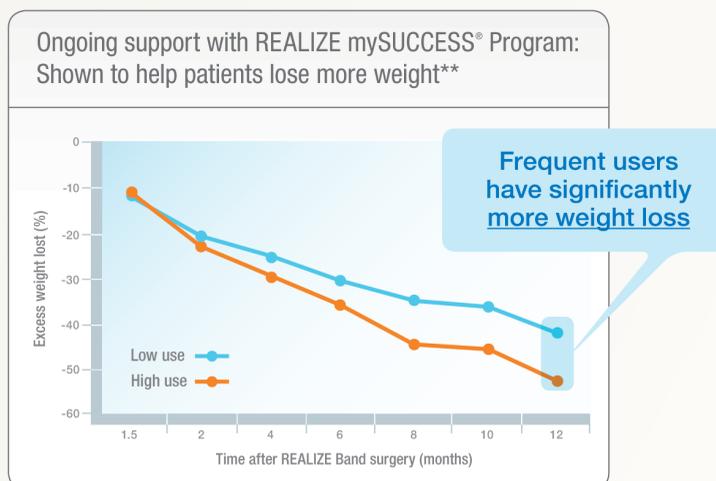
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# ADVOCACY NEWS

## ADVOCACY ACTION

### STRENGTH IN NUMBERS

#### OAC Members Pressure PETA to Remove Offensive Billboard

*By James Zervios, OAC Director of Communications*

On August 19, the OAC was alerted that the animal rights group PETA (People for the Ethical Treatment of Animals) had posted a disturbing billboard touting the benefits of vegetarianism. The billboard, shown above, was an offensive attempt to promote vegetarianism, as claimed by PETA.

Without hesitation, the OAC immediately armed its members and contacted PETA to urge them to remove the billboard. The OAC also issued a national news release.

Within the first 24 hours, OAC members took action. Media interviews reported that Ingrid Newkirk, PETA Founder and President, received thousands of emails expressing outrage and requesting the removal of the advertisement.

Initial responses from PETA were generic - a response that discussed the importance of a vegetarian lifestyle and the effects of consuming vegetables instead of meat. At no point did PETA address the implications of their billboard or sincerely apologize for the damage their message had done.

#### PETA'S MOVE

On August 24, the OAC was invited to debate the billboard with Ms. Newkirk on a national radio show hosted by Montel Williams. After an interesting debate where Newkirk continued to stress the importance of vegetarianism, OAC President and CEO, Joe Nadglowski, expressed the damaging social and emotional effects of the billboard.

Newkirk then announced that PETA would be replacing the billboard. The billboard was taken down and replaced with a new billboard stating, "Gone - Just like all the pounds lost by people who go vegetarian."



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#### OAC REACTION TO THE REMOVAL

The OAC considers this a "bittersweet" win. Yes, the billboard was removed, but the damage was already done. Every person that saw the billboard who is affected by obesity likely was been forced to recall a time when they were stigmatized or teased. The point in our actions was to build awareness, not only to PETA, but to the entire nation, that obesity is the last acceptable form of discrimination and stigmatization and the OAC will NOT stand for it.

#### STRENGTH IN NUMBERS

The removal of the billboard would not have been possible without the support and determination of the OAC's members - there truly is power in numbers. OAC members from across the United States joined forces and voiced their opinions, concerns and outrage to PETA - and PETA listened.

The OAC would like to thank the thousands of individuals who contacted PETA. Your voices truly made a difference.

For those of you that are members of the OAC, we hope that this issue reminds you of the importance that your membership plays in the fight against obesity. If you are not yet a member of the OAC, we strongly urge you to join today to help grow our voice as a Coalition. Join now by turning to page 19 or visiting the Membership section on the OAC Web site at [www.obesityaction.org](http://www.obesityaction.org).

**TOGETHER,  
WE DO MAKE A DIFFERENCE!**

# NEWS *from the OAC*

## OAC Membership Program Announces Exciting New Changes

Our membership is what drives the OAC. We want to thank each of you who are card-carrying members of the OAC. We appreciate your support, both in our efforts and with your contributions.

The OAC recently revamped its membership program to add some exciting new changes and new member benefits. We realize that serving those affected is continually evolving, and so must our membership and what we offer to individuals. Here is a look at what changes you can expect to see with OAC membership:

### Patient Membership Now Called “Individual Membership”

The OAC realizes that many individuals affected do not always call themselves “patients.” This term can sometimes be a little intimidating for those wanting to be involved with the OAC. We serve the INDIVIDUALS affected by obesity, not just those who have been a “patient” in their lifetime. Therefore, the “Patient/Family Membership” category has now been transitioned into “Individual Membership.”

The cost to join as an Individual Member remains the same, just \$20/year. This membership category is designed for any individual affected by obesity, in addition to their friends and family members.

OAC Membership  
Reaches More than  
**12,000**

The OAC is excited to announce that we have built our Coalition’s voice to include more than **12,000** active paid members.

We thank each of our members for joining the cause of obesity and getting involved in our efforts. Our members truly make a difference - there is power in numbers!

With obesity a growing epidemic, our voice must also continue to grow. We are proud to have 12,000 members, but we need more! If you aren’t a member of the OAC, join today! To join, see page 19 for a membership application.

### OAC Sponsored Membership Program

Brand new to membership, the OAC Sponsored Membership Program offers physicians the opportunity to support their patients. Through this program, physicians have the ability to purchase Individual memberships for their patients at a discounted rate. For more information on this program, please contact Kristy Kuna, OAC Director of Membership, at (800) 717-3117 or [kkuna@obesityaction.org](mailto:kkuna@obesityaction.org).

### Surgeon Membership Combined with Physician Membership

The OAC also consolidated its Physician member categories into one. Previously we had Physician Membership and Surgeon Membership, but the OAC finds that these doctors often work together to fight obesity. Why should there be two categories? That’s why we have transitioned the previous Surgeon Membership category into Physician Membership.

The cost to join as a Physician Member is \$150/year. If you joined as a Surgeon Member, your membership will automatically be transferred to Physician Membership.

### Expanded Member Benefits

OAC membership is accompanied with many valuable member benefits. To connect our members with the OAC and the issues we face, we have added new benefits to help inform you of ways you can get involved.

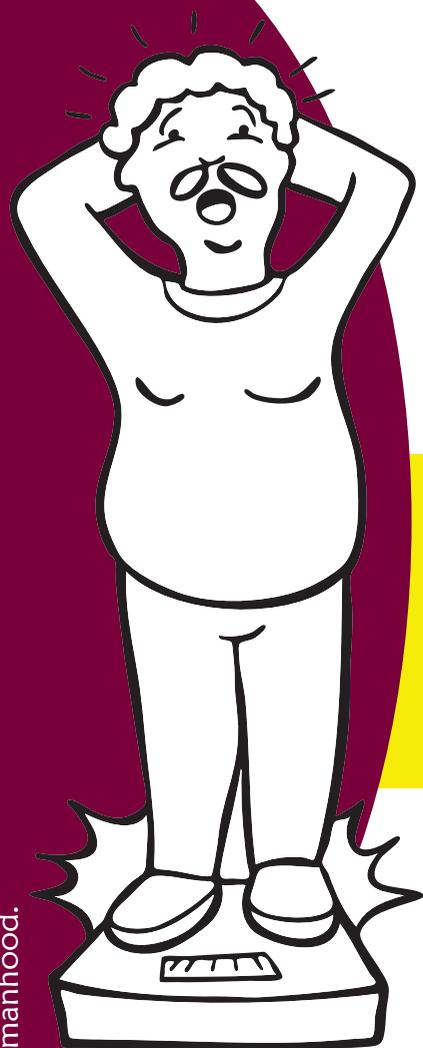
- New “Members-only” e-newsletter (*debuting in late Oct.*)
- Periodic member alerts
- Access to materials in bulk for the Professional Membership category and above
- NEW exclusive benefits for Chairman’s Council members
  - Announcement of newly joined and renewed Council members in the *Obesity Action Alert*
  - Discounts on advertising in *OAC News*
  - And much more

### Questions about Your Membership?

The OAC is excited about these changes! Our goal is to really engage our members, in addition to offering you more resources and benefits.

If you have questions about these changes or your membership status, please contact Kristy Kuna at (800) 717-3117 or [kkuna@obesityaction.org](mailto:kkuna@obesityaction.org).

Man (noun): one possessing of high degree the qualities distinctive of manhood.



# Weight Issues IN MEN

## How Obesity Socially Affects Men Differently than Women

By Charles Ihrig, PhD

Many people think that there is a dramatic difference in how obesity affects men vs. women. The truth is, we have more in common than not, but some notable differences do exist.

The emotional and physical struggles are pervasive and attack a man's self esteem and social status in many of the same ways as women. It may be that the misconception about these differences applies to more overweight individuals.

It may well be that men are less sensitive to being overweight or on the leading edge of obesity as they are often considered to just be the "big guy," and it is less socially acceptable for women to be even moderately overweight.

Men who are overweight are sometimes perceived as being stronger and the guy you ask over to help on moving day. There is however the point of no return where the "big guy" is just the "fat guy." He is no longer seen as the helpful or strong guy but the one that can't be physically active and would only hurt himself on moving day.

### Eating Habits and Gender

It has been documented that there are gender differences in eating habits. Specifically, a study conducted by Foodborne Disease Active Surveillance Network (FoodNet) found that men tend to eat more meat and poultry and women were more likely to eat fruits and vegetables. Additionally, the sexes find comfort in food, but approach this aspect of food in very different ways.

Dr. LeBel of Cornell University in a study conducted in 2005 *Journal Physiology & Behavior* (Vol. 86, No. 4) found that men were more likely to use food in celebration, and they will seek out higher protein foods such as steak. Whereas, women use comfort foods to cope with negative experiences and choose higher calorie sweet snack foods such as chocolate or ice cream.

The stereotype of the man going out for a big steak dinner to celebrate a promotion at work and the woman drowning her sorrows for the lost relationship in a half gallon of ice cream actually have scientific merit.

That is not to say that men do not also deal with negative emotions with food as women do, but that times of celebration are also times of risk for poor eating decisions. These celebratory activities seem to be more unique to men.

The part where men get lost is that coping occurs not just with negative emotions, but with even the positive ones. We often think about our bad decisions and negative coping, but men are more apt to throw caution to the wind in the efforts of celebration.

## Weight Gain and Gender

These differences may well play into how men and women deal with weight gain. There has been a distinct appeal to low carbohydrate approaches to men as they get to keep some of their favorite celebratory foods and are not resigned to salads and raw vegetables. Whereas women may be more likely to struggle with such approaches; or the recommended “protein first” approach to the post-operative diet plans.

Men differ greatly in how they deal with their vanity. Don't fool yourself - even the most manly of men can be vain. Whether it is coloring our gray or replacing our missing hairs, we want our youthful masculine appearance. Weight issues are no exception.

Men long for the six pack abs and gun show arms which will elude most of us. Some of us struggled with weight issues early in our childhood. The early experience left us scared of ridicule and social exclusion. Others mourn the loss of their physical abilities and looks with the addition of weight later in life.

## Male Weight Issues

I have been leading aftercare support groups as part of my work. When starting my work there, we developed a men's-only group, as men were often the minority in the existing support groups. It appeared as though the men wanted such a venue as they felt that there were significant differences in their experiences from women who had undergone gastric weight-loss surgeries.

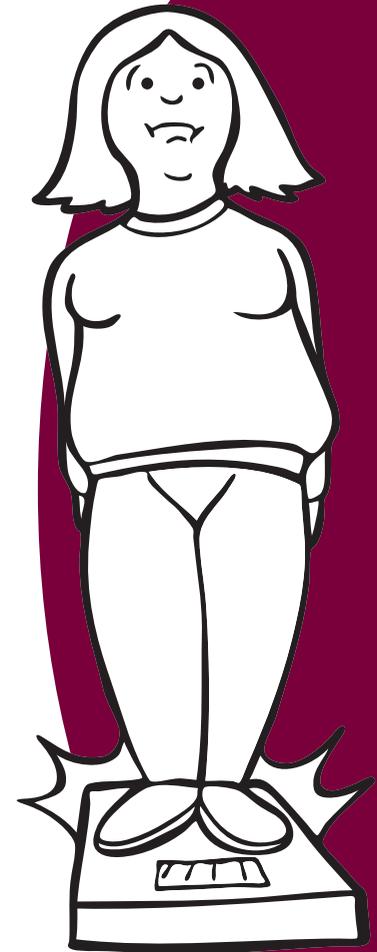
The reality was that their experiences were not as different, but the issues that they wanted to work through were often not appropriate for the coed setting. It seems the weight kept the men from feeling as sexual and that many had given up on themselves. Their comfort in being out of any relationship or taking their relationship for granted had caught up with them.

Yes, I am letting the secret out that men are often more motivated to stay healthy to attract the opposite sex, but irony rears its ugly head. With increased weight comes decreased sex drive, not to mention decreased attractiveness.

Reduced sex drive is a prominent theme of the men's groups; with this comes isolation. Later with their weight-loss well underway they are equally surprised by the return of sex drive and the confusion now how to handle this. With fragile self esteem damaged by weight and years of social isolation, this sex drive is often an unwelcome surprise.

## Conclusion

In conclusion, men struggle emotionally, socially and physically with obesity just as women do, but there may be subtle differences in how that weight evolves and how they deal with the need to reduce the weight. Celebration, isolation, sexuality and self esteem all can be obstacles as well as incentives to men in their weight-loss efforts. A better insight into the individual's reasons for eating and the consequences of their weight will lead to better weight-loss efforts and increased self esteem.



Woman (noun): distinctively feminine in nature.

### 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.



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# Bariatric Surgery Centers of Excellence®:

## Why they are important when selecting your

### *Surgeon and Hospital*

By Gary M. Pratt and Pam Greer-Ullrich, MA, APR

After years of struggling, you still have not lost the weight that has been burdening you. You have endured the bias, stigma and discrimination associated with being overweight, and you suffer with obesity-related illnesses like high blood pressure, high cholesterol, diabetes and heart disease. The far-reaching physical and mental effects of obesity have taken their toll, and you have reached your breaking point.

Bariatric surgery is a weight-loss solution that can enable you to improve your quality of life. So, you've begun investigating your surgical options to determine which procedure is best for you. You've assessed the risks of having surgery and learned that these procedures are just one step in the whole weight-loss process. You've decided to push forward and are ready to begin the difficult process of choosing a surgeon who will set you on the path to a healthier lifestyle.

You find that getting names is the easy part. Now the question is, how can you tell which surgeon or hospital will provide you

with safe and effective care? You'll be happy to know that this part of the process has been made easier for you.

#### **Bariatric Surgery Center of Excellence**

Surgical Review Corporation (SRC), in collaboration with the American Society for Metabolic and Bariatric Surgery (ASMBS), has created a program to help highlight providers who deliver excellent care. The ASMBS Bariatric Surgery Center of Excellence® (BSCOE) designation helps identify where patients like you can expect to receive safer and more effective surgical treatment. Our program is tough, comprehensive and increasingly recognized by leading government and private insurers when making coverage decisions.

#### **Review Process to Become BSCOE**

Simply put, the application process to become a BSCOE is tough. In fact, we believe it to be the most rigorous in the industry. Applicants must meet a list of requirements. They



**[ Our Resolution ]**

## **New Hope for Type 2 Diabetes Patients: Immediate Diabetes Resolution for Many with Bariatric Surgery**

These aren't general surgeons who "dabble" in bariatric surgery - instead, you'll hear most BSCOE surgeons refer to their work as a vocational calling.



must pass a thorough site inspection that includes a full review of the facilities; interviews with surgeons, staff and leaders of the hospital; and a detailed review of medical charts.

But, our process is tougher for another reason. Other center of excellence programs focus their review on the hospital only. We believe that both the hospital and the surgeon must work together to ensure that you receive the best care possible. SRC reviews both and designates them individually based upon whether they meet program requirements. Just because the hospital receives the BSCOE designation does not mean that all surgeons working there should automatically pass.

The requirements of the BSCOE program are comprehensive. They were established to assess each facet of care specific to bariatric surgery patients. Once the center and its surgeons achieve this prestigious designation, they must continue to work hard to keep it. In fact, they are re-evaluated and site inspected every three years.

### Keys to BSCOE Designation

Education and commitment are two key elements of designation. BSCOE surgeons must be board-certified and demonstrate significant expertise in bariatric surgery. They must also

stay abreast of the most current and appropriate treatments through ongoing continuing medical education.

Experience is demonstrated through the number of cases that BSCOE centers must perform each year. Studies show that surgeons and hospitals with higher volumes achieve better results with fewer mortalities, complications, re-operations and revisions. Also, higher volume centers are more likely to offer extended resources, such as a multidisciplinary team of specialists, important for the care of bariatric patients.

SRC requires that each BSCOE hospital perform at least 125 bariatric surgical cases each year. BSCOE surgeons must perform at least 50 bariatric cases each year with a minimum of 125 total bariatric cases in their lifetime.

### Multidisciplinary Care

Multidisciplinary care is integral to the treatment of a bariatric patient and is required for BSCOE designation. The multidisciplinary team assembled at a BSCOE generally includes nutritionists, psychologists, pulmonologists, cardiologists and

*BSCOE continued on page 18*

*Please join us at the New York City American Diabetes Association EXPO as we explore the future of bariatric surgery and its role in resolving Type 2 Diabetes.*

#### Featured guests:

**Francesco Rubino, M.D.**, a world-renowned expert on the surgical treatment of Type 2 Diabetes, will educate attendees about how bariatric surgery can fight Type 2 Diabetes.

**Dr. Judith Korner**, an endocrinology and metabolism expert, will discuss the medical impact of taking diabetes medications.

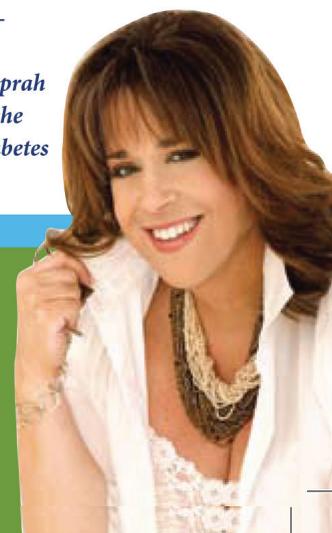
#### • Workshop • Q & A Session

**Saturday, September 26, 2009**  
**11:00 a.m. - Noon**  
**Jacob K. Javits Convention Center**  
**New York, NY**



### BARIATRICS 4 DIABETES

*Stop by our booth or log into [Bariatrics4Diabetes.com](http://Bariatrics4Diabetes.com) to hear Stacey Halprin - author, motivational speaker and frequent Oprah guest - talk about how she resolved her Type 2 Diabetes with surgery.*



If you can't attend our event, but want to participate in our workshop virtually, please register at <http://www.orlive.com/covidienurgical/videos/surgery-providing-hope-and-immediate-resolution-from-type-2-diabetes>.

Participants can ask questions to the panel, both live at the EXPO and online. In January 2009, the ADA recommended weight loss surgery as an option for adults with a body mass index (BMI) of 35 and above with Type 2 Diabetes, especially if the diabetes does not respond well to lifestyle and pharmacologic therapy.<sup>1</sup>

<sup>1</sup> DIABETES CARE, VOLUME 32, SUPPLEMENT 1, JANUARY 2009

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BSCOE continued from page 17

other medical specialists trained in bariatric care. BSCOE centers devote a tremendous amount of time and resources to training these team members.

BSCOE centers also offer support groups that meet regularly and are led by healthcare professionals who can address questions you might have before and after your surgery. BSCOE centers also invest thousands of dollars annually to ensure that their patients return after surgery for proper follow-up. This postoperative care is critical to maintaining weight-loss and ensuring your nutritional needs are met.

### The Importance of the BOLD™ Database

All BSCOE participants are also required to report their detailed patient outcomes information on a regular basis using SRC's Bariatric Outcomes Longitudinal Database™ (BOLD™). It helps SRC keep watch on how well these hospitals and surgeons are doing in real-time, but it also serves other important purposes.

### BSCOE and Insurance Coverage for Surgery

Several major health insurers have taken notice of the ASMBS BSCOE program and BOLD™. Insurers such as the Centers for Medicare and Medicaid Services (CMS), CIGNA, Humana, Kaiser Permanente, and some Blue Cross and Blue Shield plans, require the BSCOE designation as a first-step for inclusion in their bariatric surgery networks and reimbursement. However, more work is needed to increase access to bariatric surgery. SRC and the Obesity Action Coalition are actively committed to patient advocacy, but your voice is needed.

### Conclusion

While the BSCOE designation represents excellence, it doesn't guarantee perfection. As with any surgery, there are associated risks and complications with bariatric treatment. Care is particularly challenging because morbid obesity usually involves a myriad of other medical problems that need to be addressed.

Patients must also do their part by following their doctor's orders implicitly to achieve desired outcomes. SRC and the BSCOE program cannot eliminate all bad things from happening, but we are committed to making your experience with bariatric surgery as safe and effective as possible.

Visit [www.surgicalreview.org](http://www.surgicalreview.org) to learn more about the surgeons and facilities that have earned the Bariatric Surgery Center of Excellence designation.

Bariatric Surgery Center of Excellence® is a registered trademark of the American Society for Metabolic and Bariatric Surgery (ASMBS).

#### About the Authors:

Gary M. Pratt is CEO of the Surgical Review Corporation. Mr. Pratt graduated from the University of Tennessee with degrees in marketing and accounting.

Pam Greer-Ullrich, MA, APR, is the former Communications Director for the Surgical Review Corporation.

# OAC Chairman's Council

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(\$100,000 and up)

Allergan, Inc.  
ASMBS Foundation  
Covidien  
Ethicon Endo-Surgery

## Gold

(\$50,000)

Potomac Currents

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(\$10,000)

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WLS Lifestyles Magazine

## Bronze

(\$5,000)

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Scottsdale Bariatric  
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List as of 9/24/09

To join this distinguished group or for more information on the OAC Chairman's Council, please visit [www.obesityaction.org](http://www.obesityaction.org) or contact us at (800) 717-3117.



# OAC Membership

## *Building a Coalition of those Affected*

The OAC is the **ONLY** non profit organization whose sole focus is helping those affected by obesity. The OAC is a great place to turn if you are looking for a way to get involved and give back to the cause of obesity.

There are a variety of ways that you can make a difference, but the first-step is to become an OAC Member. The great thing about OAC Membership is that you can be as involved as you would like. Simply being a member contributes to the cause of obesity.

### Why YOU Should Become an OAC Member

Quite simply, because the voice of those affected needs to be built! The OAC not only provides valuable public education on obesity, but we also conduct a variety of advocacy efforts. With advocacy, our voice must be strong. And, membership is what gives the OAC its strong voice.

**JOIN  
NOW**

Complete the below application now!  
For more information, visit the OAC Web  
site at [www.obesityaction.org](http://www.obesityaction.org).

### 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. Each membership category offers something different. Here are some of the core benefits to membership:

- Official welcome letter and membership card
- Annual subscription to the OAC's magazine
- Subscription to the OAC's members-only monthly electronic newsletter
- Periodic member alerts informing you of issues that need action/attention
- Ability to lend your voice to the cause
- Representation through advocacy

## Membership Application

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

- Individual Member: \$20/year
- Professional Member: \$50/year
- Physician Member: \$150/year
- Institutional Member: \$500/year
- Chairman's Council: \$1,000 and up/year

**Mail to:** OAC  
4511 North Himes Ave., Ste. 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: \_\_\_\_\_



# Childhood Obesity: The Link to Drinks

By Rodrick D. McKinlay, MD

Childhood obesity rates have doubled throughout the past 30 years in the United States for children ages 2-5 and 12-19, and tripled in the age group of 6-11. Obesity for children is defined as a body mass index (BMI) at or above the 95th percentile for similar age and gender youths.<sup>1</sup>

## Social and Environmental Pressures

Many social and environmental pressures lead to greater obesity in children. Chief among these influences is the wide variety and availability of sugar-sweetened drinks that contain little to no nutritional value. These beverages include:

- Soft drinks
- Sports drinks
- Fruit drinks
- Flavored teas and coffees
- Energy drinks

Throughout the past 10-15 years, these drinks have exploded on to the consumer scene, flooding grocery stores, gas stations, convenience stores and vending machines.

Americans have doubled their consumption of soda pop in the last 25 years, a trend that closely follows the obesity epidemic. The average American drinks 1.6 cans of soda pop a day, more than 500 cans a year. Soda drinking is particularly rampant among teenagers. For decades, milk was the most common beverage consumed by children, but by the mid-1990's, boys and girls were drinking twice as much soda pop as milk.

One recent, independent peer-reviewed study from Harvard demonstrated a strong link between consumption of sugar-sweetened beverages and childhood obesity.<sup>2</sup> Although some studies

conflict regarding the causality between sugar-sweetened beverages and obesity, a number of research studies confirm the Harvard group's findings that increased soft drink and sugar-laden beverage consumption is a risk factor for obesity.<sup>3</sup>

Not only do sugar-sweetened drinks likely lead to obesity, they are also associated with tooth decay and weakening bones.

## Energy Drink Emergence

In the past decade, energy drinks have exploded into the marketplace. In 2006 alone, 500 new energy drinks were launched. Energy drinks, which typically contain large amounts of sugar and caffeine, are equally if not more dangerous to children. Although the target market for energy drinks is young adults aged 18-35, teenagers are consuming significant quantities of these beverages.

Data indicates that soft drinks account for **13 percent** of a teenager's caloric intake – by far the largest source of calories in his or her diet.



### Caffeine by the Can

The amounts of caffeine found in such drinks as Red Bull or Rock Star are about 10 grams per ounce. With that in mind, take a look at the amount of caffeine found in other beverages:

- **Red Bull** (8.3 oz can) = 83 grams
- **Rock Star** (16 oz. can) = 160 grams
- **Coca-Cola Classic** (12 oz. can) = 34.5 grams
- **Pepsi-Cola** (12 oz. can) = 38 grams
- **Coffee** (8 oz. cup) = 57 grams

Most experts recommend that children consume well under 100 grams of caffeine per day.

### Effects of Caffeine on Children

Pharmacologic effects of caffeine are notable in children, most commonly seen as hyperactivity, sleep disturbances and restlessness. Drinking large amounts of caffeine can also be associated with high blood pressure and frequent headaches.

Researchers have reported that a new practice among college-age students is the simultaneous consumption of energy drinks and alcohol, which allows greater consumption of alcohol since alertness is perpetuated by the energy drink.<sup>4</sup> In addition, the sugar content of energy drinks is comparable or higher than most

soft drinks. For example, an 8 oz Red Bull contains 27 grams of sugar and a 16 oz Rock Star has 60 grams of sugar, while the typical non-diet soft drink contains 40-45 grams of sugar.

### How to Combat the High-calorie Beverage Craze

So what can be done to limit the amount of nutritionally-poor liquid calories that children and adolescents are consuming? On an individual-basis, the best approach is simply to replace soda and sports drinks with water or low-fat milk in children's diets. Water is the best hydrator available. Low-fat milk not only hydrates, but delivers calcium, protein and vitamin D.

Children should be monitored at home with their choice of liquids. A glass of 100 percent fruit juice per day is beneficial, but excessive soda, sport drinks or energy drinks is unhealthy. What happens at school may be out of the immediate control of a parent, but parents can petition the school to eliminate vending machines that sell soft drinks and energy drinks in favor of bottled water.

Moderation in guiding children, of course, is appropriate. Children who are constantly deprived of treats are more likely to binge eat or drink. Also, parental modeling is important. Studies suggest that children who are raised by parents who exert excessive dietary restraint may be more likely to become obese.<sup>5</sup>

Children possess the ability to internally regulate their caloric intake. If they see their parents struggle with alternating dis-inhibited eating (abandoning the effort to control food or drink intake) and restrained eating (conscious decision to restrict intake to control weight), they may pattern their own eating and drinking behavior after their parents instead of allowing their internal energy regulation to guide them. This in turn seems to lead to greater obesity in children.

### Conclusion

Parents should adopt healthy eating and drinking patterns, limiting consumption of soft drinks and other sugar-sweetened drinks, and to do so without obsession. Helping children develop a love for the refreshing taste of water or a cold glass of milk will pay immediate health rewards for children as well as dividends for their future health and weight control.

### About the Author:

*Rodrick D. McKinlay, MD, is a certified Center of Excellence bariatric surgeon with Rocky Mountain Associated Physicians (RMAP) in Salt Lake City. Started in 1979, RMAP is one of the longest continuously running weight-loss surgery practices in the United States.*

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*Freshman continued from page 9*

**Don't linger.** You can hang out with friends in the dining hall after eating, but that keeps you grazing on food you don't need. Without rushing through your meal, leave the food area as soon as you have finished. This goes for restaurants too. The more food is available and tempts you, the more you will rationalize that you are hungry.

**Limit sugar and HFCS.** Sugar is sugar and HFCS is high fructose corn syrup. Despite what the commercials tell you, it really can't be eaten in moderation because it's in everything! Read labels, ask if foods contain HFCS, and avoid it when you can. Watch out for foods like ketchup, BBQ sauce, breads, yogurt and salad dressings. Yep, it's in there. Watch the sugar intake as well, it and HFCS just go to fat, and makes you even hungrier.

**Watch fat intake, especially trans fats.** Learn the difference between good fats and bad fats. Trans fats and saturated fats are bad fats. Fried foods have either trans fats or at least saturated fat. Watch fat intake and ask questions in the dining hall about fat content. Limit where you can without totally eliminating fats. You need some fats to be healthy, so look for monounsaturated fats or polyunsaturated fats.

**Get lots of quality protein.** That does not mean hamburgers everyday, or even red meat everyday. Try to vary it up – chicken, fish, pork, red meat, turkey, ham, beans, dairy and eggs are all sources of quality protein. Sliced sandwich meats can be okay, but watch the sodium content and check for HFCS. Yep, sometimes it's in there.

**Eat your fruits and veggies.** Don't do it because mom tells you to do it. Do it because you choose to do it for your own good health and well-being.

**Change your food habits and philosophy.** Don't think of foods as inherently good or bad. No food is really off limits, but moderation, portion control and limiting how often you eat the food are the keys. Every little calorie or fat gram is not what you should focus on. Instead, focus on trying to keep your diet balanced and varied.

**Avoid lots of late nights – get lots of sleep.** Studies have shown that sleep deprivation and poor quality of sleep are significant factors in weight gain. Be good to yourself and get at least eight hours per night. If you need to, give yourself permission to take short naps.

**Walk to class and events.** Is class too far away to really walk it comfortably? Walk part of the way and then promise yourself you'll catch the bus the rest of the way. Or, walk there and take the bus back. Try for at least 5,000 steps per day. Ten thousand would be even better! Get a pedometer to help you work in extra steps.

**Take advantage of exercise facilities.** Make new friends at the gym, tennis court, pool, track, or other exercise facilities. If you hate the word exercise, think of it simply as movement. Do something you enjoy like dancing, Wii fitness, or playing basketball. Join an intramural team and have fun.

## Conclusion

If you are a parent of a college student, make sure your freshman knows about nutrition and what their body needs. Give them this article and encourage them to learn more by going online. There are great Web sites out there, including many offered by the government. The American Dietetic Association has good info, as do many state and university sites. Learn more.

## About the Authors:

*Julie Janeway, MSA, JD, ABD/PhD, Nutr. Spec., is a gastric bypass patient and co-author of the best-selling book, The REAL Skinny on Weight-loss Surgery: An Indispensable Guide to What You Can REALLY Expect! – 2nd edition. Ms. Janeway is a college professor and public health and bariatric educator. Ms. Janeway is a member of the OAC Board of Directors.*

*Haleigh Mistry is a junior at Baylor University and is majoring in Health Science Studies with a minor in Leadership Studies. She is a Dean's List student, an accomplished researcher and lab assistant, and hopes one day to be a physician.*

*To view the references for this article, visit the Web version of "OAC News" on the OAC Web site at [www.obesityaction.org](http://www.obesityaction.org).*

## A BRIEF DESCRIPTION OF RELEVANT INDICATIONS FOR USE, CONTRAINDICATIONS, WARNINGS, AND ADVERSE EVENTS FOR THE LAP-BAND® SYSTEM.

**Indications:** The LAP-BAND® System is indicated for use in weight reduction for severely obese patients with a Body Mass Index (BMI) of at least 40 or a BMI of at least 35 with one or more severe comorbid conditions, or those who are 100 lbs. or more over their estimated ideal weight. The LAP-BAND® System is indicated for use only in severely obese adult patients who have failed more conservative weight-reduction alternatives, such as supervised diet, exercise, and behavior modification programs. Patients who elect to have this surgery must make the commitment to accept significant changes in their eating habits for the rest of their lives.

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

**Warnings:** The LAP-BAND® System is a long-term implant. Explant and replacement surgery may be required at some time. Patients who become pregnant or severely ill, or who require more extensive nutrition, may require deflation of their bands. Patients should not expect to lose weight as fast as gastric bypass patients, and band inflation should proceed in small increments. Anti-inflammatory agents, such as aspirin, should be used with caution and may contribute to an increased risk of band erosion.

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

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

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

**Important:** For full safety information, please visit [www.lapband.com](http://www.lapband.com) or call Allergan Product Support at 1-800-624-4261.

**CAUTION:** This device is restricted to sale by or on the order of a physician.



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**If I lost the weight, I could stop taking so many medications.**

**So I talked to my doctor about the LAP-BAND® System.**

If you're ready to finally lose the weight and keep it off, then you may be ready for the LAP-BAND® System.

The LAP-BAND® System is a device that's placed around the upper part of the stomach—often as an outpatient procedure—to help you feel full faster and longer. It's a healthy way to lose a significant amount of weight, and enjoy long-term results.<sup>1</sup> Unlike gastric bypass surgery, there's no stomach cutting or stapling, plus it's adjustable for your needs, and can even be removed if necessary.

The LAP-BAND® System is not for those who are pregnant, or have symptoms of autoimmune, severe heart, lung or gastrointestinal disease, cirrhosis or pancreatitis. Surgery-related fatalities, reoperation, and band removal are rare. Band slippage, stomach injury, vomiting and heartburn may occur. Read important safety information on following page.

The time is now to ask your doctor how the LAP-BAND® System can change your life.

<sup>1</sup> O'Brien PE, Dixon JB. Laparoscopic Adjustable Gastric Banding in the Treatment of Morbid Obesity. Arch Surg. 2003; 138: 376-382.



To register or learn more, visit: **LAPBAND.COM** call: **1.800.299.1285**





The Obesity Action Coalition's Quarterly Magazine for those Affected by Obesity

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## About the OAC

The Obesity Action Coalition (OAC) is a non profit 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 individuals should first be educated about obesity and its treatments and also encourages proactive advocacy. The OAC focuses its advocacy efforts on helping individuals gain access to the treatments for obesity. As a membership organization, the OAC was formed to bring individuals together to have a voice with issues affecting their lives and health. To learn more about the OAC, visit [www.obesityaction.org](http://www.obesityaction.org) or contact us at (800) 717-3117.



## OAC Resources

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

### Magazine

- OAC News - OAC's quarterly education and advocacy publication for those affected

### E-newsletter

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

### Brochures/Guides

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

- OAC Web site: [www.obesityaction.org](http://www.obesityaction.org)
- 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
  - Understanding Your Weight-loss Options Brochure