

Fall 2011

OAC's Magazine Celebrates 25th Issue!



25th
Issue



Kid's Corner: School is Back in Session – What to Pack for Lunch

Protein Supplements and Weight-loss Surgery





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A Message from OAC Chairman of the Board, Barbara Thompson

This is my last chairman's message to you. In January 2012, my term as Chairman of the Obesity Action Coalition (OAC) Board of Directors will expire and I will assume the responsibilities as Immediate-past Chairman.

I have served as Chairman of the Board for the past two years, and I have watched the OAC grow tremendously, with the help of the Board of Directors, the OAC staff and so many of you. The support of all of you is what makes this organization so strong and has allowed us to grow so rapidly in membership, stature, finances and respect.

Please let me highlight some of our accomplishments within the past two years.

- ✓ We launched the *Your Weight Matters Campaign* that challenges everyone to start a dialogue with a healthcare professional regarding their weight.
- ✓ Throughout the years, our members have repeatedly asked how they could help. We heard you and developed a number of subcommittees of the Board of Directors and invited our members to join so they could be actively involved with the OAC.
- ✓ As Chairman, I participated in legislative visits to our nation's Capitol, along with other members and individuals affected by obesity.
- ✓ We challenged PETA when they produced a billboard that was extremely biased toward those affected by obesity. PETA removed the billboard. Similarly, we challenged the state of Georgia when they launched a series of billboards that unfairly targeted and stigmatized kids who are affected by obesity.
- ✓ With the help of an organizational supporter, the OAC produced a DVD detailing the OAC and the importance of building a voice. This DVD is now shown in support groups nationwide and is a great resource for support group leaders.
- ✓ Our membership more than doubled. Amazing!
- ✓ This is the 25th issue of *Your Weight Matters Magazine*, which now is supported by our advertisers. We also launched the popular "Kid's Corner" in the magazine this past summer.
- ✓ We have established our social media presence on Facebook, Twitter, LinkedIn and more.
- ✓ We sponsored a national petition to address childhood obesity and end bullying, which thousands signed-on to.
- ✓ We launched a new brochure series focusing on type 2 diabetes and excess weight.



It has been an honor to serve you as Chairman of the Board and to meet many of you while I represented the OAC. I will remain a member of the OAC National Board of Directors in the years to come, but will miss serving as the leader of this organization that is so important to me. I am sure that you will join me in welcoming the new Chairman, Pam Davis, RN, CBN, as she assumes the responsibility of OAC Chairman in January. I know I am leaving the OAC in extremely capable hands.

YOURWEIGHT Matters MAGAZINE

Fall 2011

Volume VII

Issue I

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OAC President/CEO

Barbara Thompson, MLS
OAC Chairman of the Board

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Editor

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

Your Weight Matters Magazine is a quarterly publication published in Winter, Spring, Summer and Fall. Subscription to *Your Weight Matters Magazine* is an OAC membership benefit.

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.

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Obesity & Kidney Disease

by Sharon Stall, RD, MPH, and Joseph A. Vassalotti, MD

Many individuals think that kidney failure and diagnosis of kidney disease only happen to older populations. But, did you know that the epidemics of type 2 diabetes and obesity contribute to an increase in chronic kidney disease (CKD)?

What is chronic kidney disease?

The kidneys filter the blood to produce urine. In 2002, the National Kidney Foundation (NKF) defined CKD as a decrease in the kidney's ability to function as a filter, and/or markers of kidney damage that usually appear in the urine. CKD is a silent disease, since most people with the condition feel well or have minimal symptoms. Complications of CKD include:

- High blood pressure
- Anemia (low blood count)
- Bone disease
- Poor nutritional health
- Nerve damage

Usually only when the kidneys fail do wastes build to high levels in the blood and make one feel sick. Kidney disease also increases the risk of having heart and blood vessel disease.

How do you know if you have CKD?

There are two simple CKD tests that can be performed during a routine physician visit. The first is a measure of the kidney function called estimated glomerular filtration rate (eGFR). The eGFR is determined using the serum creatinine (a blood test), age, sex and race. This simplifies the more cumbersome and generally less accurate 24-hour urine collection.

Second, urine is also evaluated for urinary albumin-creatinine ratio. Albumin, a type of protein, is a sign of kidney damage when found in the urine.

CKD is most commonly caused by diabetes and high blood pressure. Early detection and treatment can often keep CKD from getting worse. CKD may progress to chronic kidney failure, which requires dialysis or a



About 10 to 15 percent of the U.S. adult population has CKD. In other words, one in every nine American adults has CKD.

kidney transplant to maintain life. About 10 to 15 percent of the U.S. adult population has CKD. In other words, one in every nine American adults has CKD.

The epidemics of type 2 diabetes and obesity, as well as the aging of the population, are expected to contribute to an increase in CKD. When most people think of kidney disease, they think of dialysis or kidney transplantation. They do not understand that CKD is a spectrum and that the majority of people are unaware they have the condition.

Does obesity cause CKD?

As an indirect cause, obesity increases the risk of the major CKD risk factors - type 2 diabetes and high blood pressure. A direct cause would be when the kidneys have to work harder, filtering above the normal level, called hyperfiltration, to meet the metabolic demands of the increased body mass index (BMI) in individuals affected by obesity. This increase in normal function is also associated with a higher risk of developing CKD in the long-term.



Why is CKD awareness important for a person affected by obesity?

A person affected by obesity should consider the positive benefits of weight reduction, which include the prevention or risk reduction, and in some cases cure of chronic diseases like diabetes, high blood pressure, cardiovascular disease and CKD. Kidney screening tests, such as annual eGFR and urinary albumin-creatinine ratio, are suggested for all individuals with obesity, particularly those with diabetes or high blood pressure.

How is a person affected by obesity and CKD treated?

The integration of a healthy diet, physical activity and refreshing sleep is the focus of management of the patient with obesity and CKD. There are a number of cell phone applications that allow the individual to track daily dietary intake and physical activity to aid implementation. These recommendations may be helpful, whether or not you have CKD.

Diet

Extreme diets are not advised and probably not successful in the long-term. The challenge is to modify behavior in a way that will change the way a person lives, resulting in prolonged benefits. The United States Department of Agriculture's new MyPlate strategy attempts to achieve that goal using an icon of a plate divided into sections to recommend a healthy meal plan (see image above). Using smaller portions, changing from large nine-inch plates to seven-inch plates, is an example of a behavioral technique that might be helpful. Another simple and clear recommendation is to substitute water for sugary drinks.



Specific diet components worth highlighting include limiting protein and sodium. A general recommendation you can use with meals to moderate protein intake is three ounce portion sizes of meat, fish or chicken. This serving is visualized as the size of a deck of cards, which is consistent with the MyPlate concept. Popular high-protein diets for weight-loss, such as the Atkins Diet, should be avoided as the protein excess may increase the work load of the kidney and promote loss of kidney function.

Obesity & Kidney Disease continued on page 6

Too much salt consumption increases blood pressure and contributes to CKD in predisposed individuals. The recent Institute of Medicine report recommends a sodium intake of 2,300 milligrams/day for healthy young people and 1,500 milligrams for all Americans more than 50-years-old, or for younger individuals with diabetes, high blood pressure or CKD.

Medical nutrition therapy with a dietitian is covered by Medicare for both diabetes and CKD but is unfortunately underutilized. A nutrition expert can help you read a food label to make healthy choices for your individualized diet plan.

Physical activity

Physical activity is crucial to successful healthy weight reduction. Exercise increases energy expenditure, promotes weight-loss and helps sustain a healthy weight. Inactivity is unhealthy and should be avoided.



The goal to work toward is two hours and 30 minutes of moderate intensity exercise a week. This is usually spread out throughout the week in doable moments of activity, 20-30 minutes at a time, or even shorter intervals. A simple step is to increase daily walking. Using a gradual approach to increase activity is most likely to be successful. You should partner with your healthcare practitioner to determine the best type of exercise program.

Sleep

Adequate sleep promotes maintenance of a healthy weight. Most individuals require about seven hours of sleep each night. Many studies suggest that irregular sleep patterns, eating before sleep and short sleep duration are all linked to obesity. Also, individuals with obesity are more likely to have sleep apnea, which may be found with high blood pressure and CKD. Symptoms of sleep apnea are daytime sleepiness, lack of feeling refreshed after sleep, loud snoring and periods of not breathing during sleep.

Pharmaceutical treatment of obesity in the context of CKD

It is best to try to avoid drug therapy and focus first on the previous interventions mentioned. Drug therapy may be

used to augment the previously mentioned interventions and should only be used under the supervision of a treating clinician.

Surgical treatment of obesity in the context of CKD

Weight-loss surgery is used to treat severe obesity for individuals with a BMI greater than 40 or a BMI greater than 35 with diabetes or any other obesity-related condition. The substantial weight-loss often reported may result in improvements in blood sugar and blood pressure and a resolution of hypertension. Preliminary results suggest such surgery can improve the levels of albumin in the urine for patients with CKD.

Research is ongoing to assess the effects of this treatment in patients with CKD. Weight-loss surgery has an added benefit for the CKD patient affected by obesity, as it increases the chances to qualify for a kidney transplant, since obesity may limit access to kidney transplantation as a treatment for chronic kidney failure.

Conclusion

Healthy lifestyle and an environment promoting healthy eating and physical activity will help in the prevention and treatment of obesity. Moreover, healthy body weight will reduce the risk of major chronic diseases, diabetes, high blood pressure, CKD and cardiovascular disease. Increasing awareness of CKD among overweight patients and healthcare professionals alike will help spread the word that CKD is preventable, harmful and treatable.

For a list of references used in this article, please view the online version at www.obesityaction.org.

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Protein Supplements & Weight-loss Surgery

by Kimberly Mahoney, MS, RD, LDN

When you step into a health food store or a vitamin shop, there is often an abundance of protein supplements to choose from and sales people claiming they are “nutritionists” trying to sell you the best liquid or powder protein products on the market. There is a large assortment of protein supplementation available to consumers; however, it is essential to recognize that some supplements are of higher quality than others. For weight-loss surgery (WLS) patients, it can be very confusing if you are not aware of what to look for when it comes to protein supplementation.

Why is protein important?

Proteins are a part of every cell, tissue and organ in our bodies. These body proteins are constantly being broken down and replaced. The body does not store protein for later use, therefore consuming adequate high quality protein is necessary, otherwise the body will inevitably suffer. When protein intake is not adequate, the body will break down lean body mass to compensate for poor oral intake. Loss of lean body mass is inevitable for WLS patients or individuals following a very low calorie diet. To minimize that loss, sufficient high-quality protein must be consumed.

When should liquid or powder protein supplements be used?

Most WLS patients rely strictly on liquids during the early post-operative phase, and the majority of their calories consumed during that time are often from protein supplements. Liquid or powder protein supplements may also be used post-operatively when patients are unable to consume adequate protein from food alone. This may be due to volume restrictions or food intolerances to protein rich foods.

Is there a risk of developing protein deficiency?

WLS patients, who have undergone the BPD/DS, are often at a higher risk of developing protein malnutrition. However, all WLS patients, despite the procedure, who do not comply with the recommended dietary guidelines are at risk.

What is the best quality liquid or powder protein supplement?

Commercial protein supplements are available in many flavors, textures, tastes, mix-ability and price; however, the product's amino acid composition is of the most importance when choosing protein supplements. Amino acids are the building blocks of protein. There are nine indispensable (essential) amino acids (IAA) and 11 dispensable (nonessential) amino acids (DAA). The IAA must come from dietary intake because the body is incapable of producing these compounds.

During rapid weight-loss, when protein supplements are the main source of dietary protein intake, it is essential to choose products that contain all of the IAA. Also, it is important when choosing protein supplements that they have a score of 100 on the protein digestibility corrected amino acid score (PDCAAS). This is a system that was developed as a method to evaluate protein quality. PDCAAS scores of as close to 100 as possible are desired to indicate that it contains the appropriate amount of IAA that the body needs.

Protein supplements that are made from whey, casein, soy and egg whites have a PDCAA score of 100. It is important to recognize that many of these protein sources are sold as either concentrates or isolates.

Isolates

In general, isolates tend to have a higher concentration of protein than concentrate forms. For whey protein isolates, the filtration process removes a lot of the lactose, minerals and fat in the product; therefore, these products have very little or no lactose and often provide more protein in smaller volumes. These products may be beneficial to those patients who have lactose intolerance. Also, isolates tend to have a better mix ability and cleaner taste, therefore compliance is often better with these products.

Concentrates

Whey protein concentrates have a lower concentration of protein and higher concentration of lactose. Although the protein is of good quality, the percentage of protein will vary. Consumers can always view the nutrition label as well for accurate quantities of protein.

Protein supplements and meal replacement shakes - they are different

It is important to also recognize that there is a difference between protein supplements and meal replacement shakes (i.e. Unjury® vs. SlimFast®). Many meal replacement supplements often have a blend of soy, casein or whey protein to enhance the texture or taste of the product. Meal replacement shakes also have higher amounts of vitamin and minerals and varying amounts of carbohydrates and fiber.

How much protein does the WLS patient need?

Many surgical weight-loss programs recommend between 60-80 grams of protein per day for the adjustable gastric band (AGB), vertical sleeve gastrectomy (VSG) and the Roux-en-Y gastric bypass (RYGB). The biliopancreatic diversion with duodenal switch (BPD/DS) requires approximately 90 grams of protein per-day to accommodate for the malabsorption associated with this procedure.



These recommendations are for individuals without complications (malabsorptive procedures alter digestion, thus causing the food to be poorly digested and incompletely absorbed). Those with complications will have different protein needs. The exact requirements for postoperative WLS patients with complications are not defined. It is recommended to follow-up with your surgeon and dietitian to assess protein requirements and adequate protein intake.

One thing to consider is that meal replacement shakes are often designed to supplement a diet that includes animal and plant sources of protein. These should not be used as the sole source of protein or calories in the diet for an extended period of time.

Protein Supplements continued on page 11



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What protein supplements should be avoided?

Collagen-based protein supplements are not a good source of high-quality protein and should not be used as the sole source of protein intake in WLS patients. Collagen-based protein supplements do not contain all of the indispensable amino acids that the body needs. When consuming collagen-based products as your sole source of protein, the loss of lean body mass can occur despite meeting your daily protein goals.

Do WLS patients need liquid or powder protein supplements for life?

As you begin to consume more food after surgery, the need for protein supplementation often declines or ceases. Relying solely on protein supplements to meet your protein needs is not recommended after the early post-operative liquid stage. Foods of high biological value are encouraged (meat, poultry, fish, eggs, milk, etc.). WLS patients who cannot meet their protein needs from food alone may benefit from supplementation of high quality protein.

What are the dangers of excessive protein intake?

If you are not well hydrated, excessive protein intake may contribute to dehydration. It is also important to remember that additional protein intake, above the recommended amount, may inhibit the consumption of other important nutrients.

Conclusion

WLS patients are going to get the best bang for their buck when they choose supplements made from whey or soy isolate and avoid whey concentrate and collagen-based products. It is also important to remember that the use of protein supplements are typically decreased or cease throughout time as the WLS patient is able to meet daily protein goals from food of high biological value.

About the Author:

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ADVOCACY NEWS ADVOCACY ACTION

Advocating in Your Own Backyard

by Chris Gallagher, OAC Policy Consultant

“All politics is local” is the truest statement ever made about the most important factor in being successful with your advocacy efforts. When people think of advocacy or lobbying Congress, often times they think of Capitol Hill as the best place to press their issue with a legislator. But, the best advocacy pilgrimages might be a short drive in your car to your legislator’s district office or attending a local public event, such as the state fair, where your legislator may be “pressing the flesh” to stay “connected” with their constituents. The following provides some tips on how you can connect and influence your legislators right in your own backyard.

VISIT THE DISTRICT OFFICE

While members of Congress do a majority of their work from their Washington, DC, offices on Capitol Hill, they also have a number of district offices back in their state. For example, House Speaker John Boehner (R-OH) has two district offices – one in Troy and one in West Chester, Ohio. While the primary function of these offices is “case work,” such as helping constituents with social security benefits and immigration status, these offices become the home base for the legislator during “district-work periods” when Congress is out of session. These periods, which are sometimes referred to as “recess,” are clearly defined at the beginning of every year and publicly listed through the official House and Senate legislative calendars.

Once you have consulted your “legislator’s calendar,” be sure to call their district office a few weeks prior to when they are supposed to be back in the state so that you can schedule an appointment. Even though your legislator may be “on recess,” they still have extremely busy schedules when they return to the state, so don’t just drop by their office – call ahead of time so that your legislator can carve out some time to listen to your concerns.

ATTEND A TOWN HALL MEETING

Another great way to access your legislators is by attending a town hall meeting that legislators frequently sponsor back in the state. Many remember the town hall meetings that took place across the country during the healthcare reform debate. Though the images of these

gatherings were often heated, they illustrate how these events afford constituents a wonderful opportunity to dialogue with their legislators about important issues.

Most recently, legislator town hall meetings have been focusing on jobs and the economy. One possible way to ensure that your issues become the focal point of your legislator’s next town hall meeting is to work with fellow advocates to set up your own town hall meeting – again, reaching out to your members of Congress and local legislators far ahead of time so that they can make time on their schedule to participate.

VOLUNTEER FOR A CAMPAIGN

While U.S. Senators only face re-election every six years; members of the House of Representatives seem to always be in the middle of a campaign, given their elected term is two years. Giving up some time on your weekend to help your legislator secure another term in office can be very rewarding. Not only will you learn a great deal about the candidate, you can also build fantastic relationships with key staff for your legislator – both at the local and national level.

GET INVOLVED EARLY AND OFTEN

Finally, the best way to ensure a strong bond with your legislator in Congress is by establishing a relationship before they are even sworn in on Capitol Hill. Countless members of Congress worked their way up through the ranks – serving on local school boards or as county supervisors, running town or city governments as mayors, or serving in the state legislature. Becoming politically active and engaging and supporting policymakers at the early stages of their political careers will ensure that their door will always be open to you when your issue comes up.

Bottom line, being a good advocate takes time, commitment and patience. The best time to develop these “advocacy skills” is at the local level. Don’t have the patience, but have the commitment and time? Run for office. What better way to make sure your voice gets heard than by speaking about issues important to you as the policymaker for your neighborhood, town, county or state!

NEWS *from the OAC*

OAC Conducts 3rd Advocacy Day of 2011

On September 19, 2011, 14 OAC members visited 26 Senate offices in Washington, DC, urging support of the Akaka/Inouye “Dear Colleague” letter urging inclusion of obesity treatments in the essential benefits package. A legislative briefing also took place featuring OAC Board Member Christopher Still, DO, FACN, FACP, and Joe Nadglowski, OAC President and CEO, presenting on the complexity and treatments of obesity.

OAC representatives also met with the Department of Health and Human Services (HHS) to discuss essential benefits. This meeting had a great outcome with the HHS team pledging to connect the OAC with HHS colleagues at the Department of Labor who is jointly writing regulations on essential benefits with HHS.

Special thanks to Allergan for supporting the OAC’s Day on the Hill activities in 2011. If you are interested in learning more about advocacy, please visit the OAC Web site at www.obesityaction.org.



OAC members (from left to right) Christopher Still, DO, FACN, FACP; Richard Atkinson, MD; Jim Fivecoat, Immediate-past OAC Chairman; Barbara Thompson, MLS, OAC Chairman; Jerome Biggars; Gail Deneault; Joe Nadglowski, OAC President and CEO; Sandi Henderson; Lloyd Stegemann, MD; Ted Kyle, RPh, MBA; Francesca Dea; Rhonda Montgomery; Jim Montgomery; and Pam Davis, RN, CBN; OAC Vice-chairman, pose for a photo before their legislative visits at the U.S. Capitol.



Legislative staffers listen as OAC representatives discuss obesity and the importance of access to care.



OAC Board Member Christopher Still, DO, FACN, FACP, speaks to legislative staffers about the treatments of obesity.

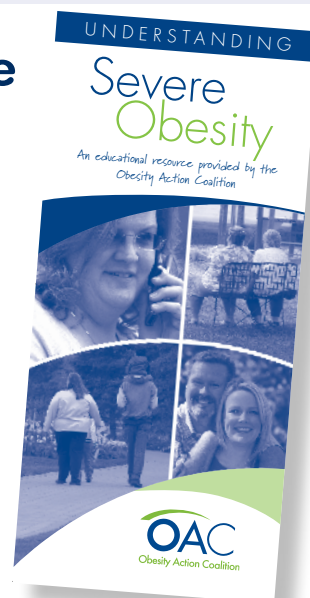


OAC President and CEO Joe Nadglowski elaborates on the complexity of obesity.

OAC’s *Understanding Morbid Obesity* Brochure Renamed *Understanding Severe Obesity*

The OAC’s educational brochure *Understanding Morbid Obesity* is now called *Understanding Severe Obesity*. This change comes after the OAC Board of Directors decided to move away from the terminology “morbid obesity” and replace it with “severe obesity.” Recently, the medical community has strayed from using the language “morbid obesity” due to its stigmatizing tone and the affect it has on individuals affected. The OAC decided to switch to the terminology “severe obesity” to stay in-line with the medical community. The OAC also updated the information in the *Understanding Severe Obesity* brochure so it remains current.

The *Understanding Severe Obesity* brochure gives an in-depth look into the issues faced by individuals who are more than 100 pounds overweight or whose body mass index (BMI) is greater than 40. It discusses the risk factors and causes of severe obesity, as well as possible treatment options. You can view the *Understanding Severe Obesity* brochure by visiting www.obesityaction.org/educationaltools/brochures/uoseries/uso.php. Individuals can also order a free copy of the *Understanding Severe Obesity* brochure by visiting www.obesityaction.org/ordermaterials/overview.php.





Ghrelin, the "Go" Hormone

by Ted Kyle, RPh, MBA, and William Hignett

What if we could, for one day, create our bodies and change them as we please to improve our physical nature? How would we enhance our strengths and address what we see as problems? How would we change our bodies and minds to alleviate stress, anxiety and physical problems? Related to weight, we would probably make it easier and very straightforward to lose pounds and fat and to keep the weight off our bodies.

If we had this power, we might consider simplifying hormonal actions that fuel and curb hunger so these actions are clear-cut and we comprehend exactly how to lose weight. In fact, in real life, two hormones do appear to be this direct in their actions on eating and weight. Ghrelin (grel-in) is the hunger hormone and leptin is the stop appetite hormone. Many believe that the actions of these "go and stop" appetite hormones are straightforward, and that one is bad and the other is good.

Ghrelin, the "Hunger Hormone"

Ghrelin is responsible for stimulating hunger, and it is the "go" hormone that tells you when to eat. As the "hunger hormone," some may be ready to make ghrelin out to be a villain. Obesity and weight-loss are complicated, so perhaps it would be comforting to have a bad guy hormone that stimulates hunger so we can focus on this "bad" hormone that causes us to gain weight.

Interesting Fact

What exactly is meant by saying ghrelin is the hunger hormone?

The ghrelin hormone, discovered in 1999, is released primarily from cells in the stomach and travels to the brain. There, it interacts with both the hypothalamus (the brain's physiological eating center) and the brain's pleasure centers to arouse hunger.

Throughout the course of a day, ghrelin levels naturally change dramatically, rising steeply before a meal and then plummeting after eating. Ghrelin stimulates the brain, which leads to an increase in appetite, and it slows metabolism and decreases the body's ability to burn fat. Ghrelin also favors the amassing of fatty tissue in the abdominal area. In experiments, people who got injections of ghrelin before a buffet meal ate 30 percent more than a group of eaters not given extra ghrelin.

Like many things in life, it is not as apparent as it seems that ghrelin is a hunger hormone and therefore bad. Consider, for example, that ghrelin levels in the blood of individuals affected by obesity are lower than those in leaner individuals. That finding is opposite to expectations that obesity would be due to excess levels of the hunger hormone. It has also been discovered that

Ghrelin continued on page 16

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A woman with dark hair, wearing a blue long-sleeved shirt, is shown from the chest up. She has her arms raised in the air and is smiling broadly, looking upwards. The background is a solid yellow color. This image is part of a collage that also includes text from other pages of the magazine.



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What is Leptin?

The opposing hormone to ghrelin is the stop appetite hormone, leptin. Leptin is a hormone produced in the fat cells. It plays a role in regulating body weight by signaling the brain to reduce appetite and burn more calories.

Individuals suffering from anorexia have high blood levels of ghrelin compared to both the thin and normal-weight controls.

The findings suggest that ghrelin is inversely related to calorie intake. Other studies have found that individuals who lose weight and try to keep it off make more ghrelin than they did before losing weight, as if their bodies are fighting to regain the lost fat. An explanation for these findings is that excess weight may increase sensitivity to ghrelin. For example, there may be more receptors in those affected by obesity for the hormone, so not as much ghrelin is needed to stimulate hunger.

Leptin, the “Stop Appetite Hormone”

The opposing hormone to ghrelin is the stop appetite hormone, leptin. Leptin is a hormone produced in the fat cells. It plays a role in regulating body weight by signaling the brain to reduce appetite and burn more calories. Leptin is a primary modulator of body weight and metabolism, and it mediates weight-loss by decreasing hunger and food consumption and increasing energy expenditure. Yet, some studies have shown that losing weight causes a marked decrease in leptin levels, which may in turn increase appetite.

Counter to what would be anticipated, obesity is linked to unusually high concentrations of leptin. Some research suggests that these high concentrations make the receptors for leptin inactive and impair the very mechanism that should eliminate excess fat. Then, although plenty of leptin is produced, the body's appetite suppression system is unable to function properly.

Ghrelin Blockers as a Weight-loss Treatment

If ghrelin stimulates hunger, wouldn't a ghrelin inhibitor (antagonist) be effective in helping people lose weight? Several pharmaceutical companies have or are conducting research on such a compound. The Scripps Research Institute in California in 2006

successfully developed an anti-obesity ghrelin vaccine that significantly slowed weight gain and reduced body fat in animals. It is possible that in the future there will be a ghrelin blocking medication. But, since ghrelin also makes eating food more pleasurable, a drug blocking the brain's pleasure centers might create side effects related to mood regulation.

The research on ghrelin blockers is no slam dunk. Take as an example the promising medication, rimonabant, which works by interfering with one of the brain's cannabinoid receptors and successfully causes weight-loss. However, rimonabant also affects the pleasure center in the brain and side effects include the potential for severe depression, sometimes leading to suicide. This drug was not approved for use due to these side effects.

Conclusion

Finally, what is not known is how important the role ghrelin plays in everyday eating and weight gain/loss. More research is needed before firm conclusions can be drawn about the effects of ghrelin. But, if we could create our bodies for one day, perhaps we'd simplify the actions of ghrelin and leptin and overcome the appetite stimulating effects of the “hunger hormone.”

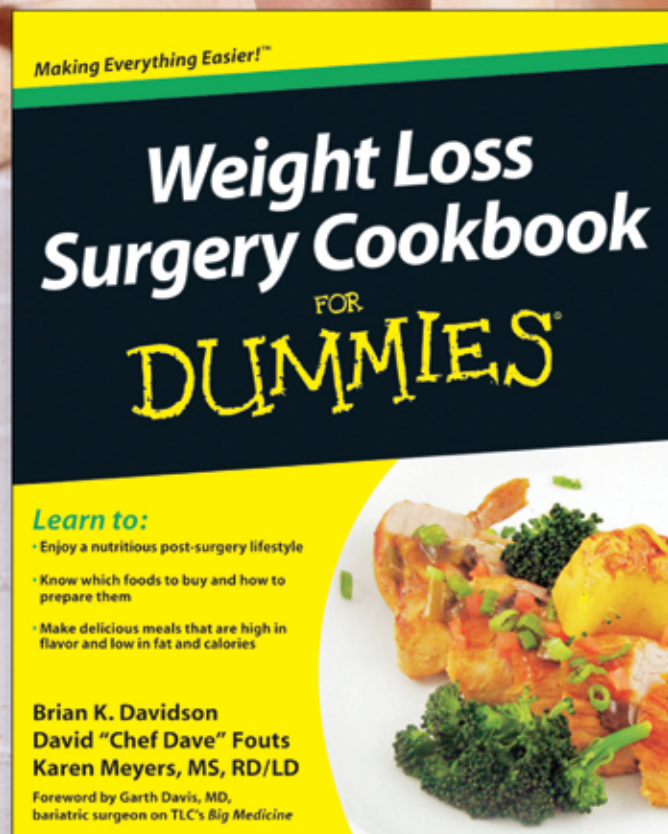
Beyond this wish, the reality is that the human body has a complex system of hormones that interact in countless ways. Therefore, we are not likely to find a simple one-to-one relationship between these hormones and weight, or that ghrelin and leptin are likely part of a chain of physiological processes; too bad. We could use a villain when considering the challenges of obesity.

About the Authors:

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

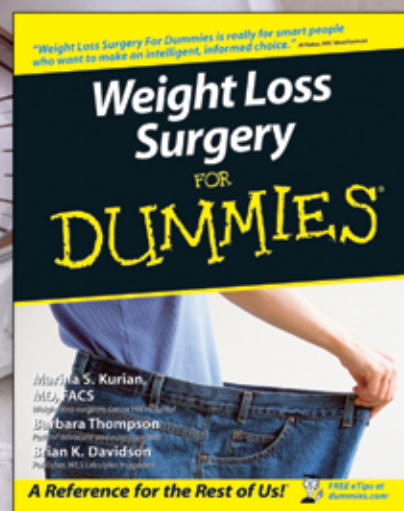
William Hignett is a disease management expert with a master's degree in public health from the University of Pittsburgh. He has years of experience as a health educator for universities, hospitals, Fortune 100 companies and health insurers.

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YOUR **WEIGHT** Matters MAGAZINE CELEBRATES ITS **25th** ISSUE

Welcome to the 25th issue of Your Weight Matters Magazine!

This issue marks a milestone for the OAC, as we celebrate 25 issues of the leading publication for individuals affected by obesity. There is no doubt this magazine has come a long way since the OAC was formed in 2005, so this issue is dedicated to looking back at our progress and thanking our members, readers, authors and advertisers. Your continued support of the OAC and Your Weight Matters Magazine is appreciated!

It really does seem like just yesterday that we were sitting at a round table, brainstorming names for a potential magazine, and here we are, 25 issues later! We've had the pleasure of being co-editors of this magazine since the first issue and we are amazed at how far it has come in such a short time. Even though we have probably read each issue a dozen times before it is printed, we're still impressed when we see it in our mailboxes each quarter.

The OAC started out as a small non-profit, born out of the idea that there not only needed to be a strong voice to impact advocacy issues, but there needed to be an organization that provided balanced obesity education. That's what this magazine is – a publication that our readers count on each quarter to not “sway their minds” to one treatment over another, or market products to them that just won't work. Our goal in this magazine is to give the information needed for individuals to make the best decision about their health and lives, and I think we can say that this goal has been accomplished since the first issue came off the press.

What's helped Your Weight Matters Magazine thrive as one of the most popular educational resources out there is through the support of our volunteer writers and advertisers. We've been lucky to work with some of the most prestigious experts in the field of obesity. Not one writer in any of our 25 issues has ever been paid (or asked to be paid) to write. I think this speaks volumes to the type of individuals who support the OAC. Our advertisers make it possible for us to produce this magazine every quarter. What's unique about our advertisers is that they are all share in the common mission to help those affected. We are lucky to have such a great group of supporters all-around!

Most of all, we would like to thank our members and readers. You inspired the initial idea to produce a quarterly magazine in the first place. It's your enthusiasm that makes our jobs here at the OAC all that much easier. It's been a pleasure to serve you all through this magazine, and we look forward to serving you in the decades to come as the only non-profit organization out there fighting for you each day!

Kristy Kuna

OAC Director of Membership
Editor, Your Weight Matters Magazine

James Zervios

OAC Director of Communications
Editor, Your Weight Matters Magazine

Top 10 Most Popular Articles Among Our Readers

1. *"Fattertainment" - Obesity in the Media - Spring 2010*
2. *Obesity Discrimination - Summer 2008*
3. *Weight-Loss Surgery Treatment Options - Summer 2006*
4. *How to Deal with Jealousy of Loved Ones after You Have Lost Weight - Winter 2008*
5. *Weight-loss Surgery and Cross Addiction: A Look at Binge Eating Disorder - Summer 2010*
6. *Magic Pills: The Marketing of Dietary Supplements for Weight-loss - Winter 2007*
7. *The Care and Feeding of Children: Beating Childhood Obesity with Realistic Nutritional Recommendations - Winter 2007*
8. *A Not-so-sweet Story - High Fructose Corn Syrup - Winter 2008*
9. *Changing the Taste of School Lunch - Winter 2010*
10. *Obesity and Depression - Spring 2007*

All past articles from the OAC's magazine are archived on our Web site. To view all of our past articles, please visit the "Magazine" section on the OAC Web site at www.obesityaction.org.

Milestones of the OAC's Magazine Throughout the Past 25 Issues



October 2005

First Issue of *OAC News* Debuted as a 20-page Newsletter

October 2007

Circulation Reached 15,000/issue

July 2008

Transitioned Publication from a Newsletter to Magazine

January 2010

- Changed Name of Magazine to *Your Weight Matters Magazine*
- Went to a 4-color Publication
- Accepted Advertising for the First-time

July 2011

Magazine Expanded to 40 Pages, and Circulation Reached 32,000/issue

January 2006

First Child Shares their Personal Struggle with Obesity in Newsletter

January 2007

Newsletter expanded to 32 pages of educational content

October 2008

First Q&A Interview with a U.S. Senator Printed in Magazine

July 2009

Published a "Special Edition" of the Magazine Focusing on Nutrition

July 2011

OAC Debuts "Kid's Corner"

October 2011

25th Issue Printed



Our Members Make Our Magazine Possible

As we celebrate 25 issues of our magazine, we've invited two of our charter members to share their story of discovering the OAC for the first-time, along with their passion of being part of the only non-profit organization dedicated to helping individuals affected by obesity. We are grateful for the contributions of our members, and this section is dedicated to the more than 27,000 OAC members who have supported our efforts along the way.

In this section, you will also notice many different adjectives scattered throughout. In our members-only monthly e-newsletter, we profile our members and ask them to describe the OAC using only one word. These are words taken directly from every member we have profiled when asked to describe the OAC. These adjectives define who we are, and knowing they come from our members means we are doing what the OAC was formed to do. Thank you to all our members for your support of this magazine!

Why I Joined the OAC – a member's perspective



Jim Fivecoat
OAC Chairman 2007-2009
OAC Member Number 6

In 2002, I was 50-years-old and way overweight. I had classic symptoms of metabolic syndrome. I asked my physician what I could do to avoid going on any additional

medications and he said to lose some weight. Well, that advice was much harder than it sounded and was actually depressing. Before moving to Greenville, NC, I had worked on my weight since my first diet when I was in fourth grade. I had tried them all.

Deciding to Choose Weight-loss Surgery

I went online to try to learn about my alternatives. I had heard about weight-loss surgery and tried to find information

Member's Perspective continued on page 20

on it. About four months later, my wife and I both decided we needed to look more seriously at this option and started researching. Through the process of preparing for the surgery, I had what I later determined was a normal set of problems with insurance coverage. I work in the benefits department of my employer and knew that what I was being told by the insurance company was not the way our plan was written. It also made me mad that the plan was not being administered correctly. Six other employees had waited months, jumping through unnecessary hoops, to get the treatment they needed. I decided then that if I ever got the opportunity to help others through the process, I would. I had my surgery, and I can gladly say it was, and remains, a successful and life-changing event for me.

Lighthouse

Learning about the OAC

A little over a year after having gastric bypass surgery, I had the opportunity to make some presentations to various groups on the surgery from a patient's perspective. I was finally getting to do at least a little to help others get access to the care they needed. During a couple of these presentations, I started to hear rumors of an organization being organized to be a patient advocacy group for folks like me, who had struggled with weight-loss and needed to be able to seek that treatment. The rumors continued, and I heard that a president for the organization had been hired. As it turned out, he and I ended up speaking at an event in Celebration, Fla. Joe Nadglowski, OAC President and CEO, had been on the job about two weeks. Joe discussed the goals and dreams of the organization. His words hit home for me and I joined that night. My membership card was number six.

As I had hoped, joining the OAC gave me the opportunity to give back. I became involved quickly and became a member of the early Board of Directors. I was able to help write the initial OAC Insurance Guide and started taking OAC materials with me to the presentations I was doing. When we as a Board decided that it was time to have a Chair, I was fortunate enough to be honored with the first Chairmanship of the OAC. This provided me more opportunities to speak and spread the word on access to care and the need to include the treatment of obesity in all types of medical insurance and wellness plans.

It's clear to me that one of the best things I have ever done was to join the OAC and then taking every opportunity to use our materials to discuss with anyone who will listen about obesity and issues surrounding it. Thanks OAC for being here and letting me come along for the ride.

Unstoppable



**Tammy Beaumont BSN,
RN, BC, CBN
OAC Member Number 7
Advisory Board Member
2010-Present**

When I woke up from weight-loss surgery almost eight years ago, I knew at that moment my life was about to change

forever. It was at that moment, that I decided that I wanted to do for other patients what an incredible team of surgeons and nurses had done for me, both before and after my surgery. They had taught me not only why it was necessary for me to lose weight, but also how I was going to have to live my life after surgery if I wanted my health back.

I started studying and sending myself to conferences. It wasn't long before I came across some information about a relatively new organization called the "Obesity Action Coalition" that was formed to take a formal approach to advocating on behalf of our population affected by obesity. While I'd never been involved in politics, I thought it was kind of cool that this group was stepping up to what I call, "fight city hall." I immediately signed-up and before long, was one of their major users of their literature, as I not only educated my patients, but also my hospital staff and my community.

Informative

Advocacy in Action

In 2010, I was asked to be a member of the OAC Advisory Board. While I didn't really know what all that entailed, I found out quickly that they ask you to use your passion for the cause to help stimulate interest and action in others. I was both excited and terrified when they asked me to join them for a "Day on the Hill" in Washington, DC, to talk to legislators and their staff about current issues. What did I know about talking to legislators? I could easily be considered almost apathetic in my dealings with politics!

As it turned out, just before we arrived in DC, Representative Ed Towns from New York was distributing what they refer to as a "Dear Colleague" letter. This letter was asking his fellow legislators to join him in supporting legislation that would ensure those affected by obesity would have access to comprehensive treatment for obesity through healthcare reform. I was so excited about this new proposal that I couldn't see straight. As scared as I was to talk "politics," so to speak, as soon as it was my turn to initiate the conversation in Representative Joe Barton's office, from my home town in Arlington, Texas, the words came out as easily as if I was talking to my neighbor. It amazed me at how advocacy, or "politics," could be so easy when you are passionate about the subject!

I get an incredible amount of satisfaction from the dealing I have with my patients every day. I never thought I'd even come close with anything else; however, now that I've been to DC, I feel like a new fire is burning inside of me. I'm watching my emails now for our next opportunity to go "fight city hall!" I've been up on my soap box telling the patients in my support groups about my activities in DC. They were also excited and watched enthusiastically as I showed them how easy it was to go to the OAC Web site and find easy steps and even letter templates to contact their representatives.

Yes, the surgery gave me the tool to save my life, but the OAC has given me the voice to perhaps help save thousands of lives!

Advocate

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KID'S Corner

SCHOOL is Back in Session



Your summer vacation is over. You traded flip flop sandals and bathing suits for clean tennis shoes, cute flats and freshly pressed clothing; you are going back to school!

I have 21 kids. So, back-to-school is a crazy time.

Okay, okay, the 21 kids happen to be my third grade class in Memphis, Tenn., but it still is an exciting time for a teacher, too. I get to see kids eager about being back in the building and learning. And while learning might be why some students are ready to be back at school, they are also pumped to be back with friends, laughing and having a good time.

And before they are back in the building, they will wander the aisles of local stores searching for the hippest of school supplies. Remember to plan for what is not on the official list: food to pack in your lunch.

Bringing your lunch means planning ahead and keeping things interesting as you prepare for 180 school days of brain fuel! It is important to remember that while food tastes good, the **CALORIES** in our food are actually energy for our bodies.

While school has been in session for a couple months, the familiar groans of “this again?” have echoed in our not-so-quiet lunch line. While kid favorites tend to be pre-packaged crackers with cheese and meat, fruit juices and potato chips, there are more nutritious options that you could be packing for lunch. Your body needs proper **NUTRIENTS** to focus, think clearly to ace an exam and snag all of those class participation points!

Food for Thought

After noon, my class still has three hours of math, writing, science and social studies to stay alert, engaged and participating. Some of the most unfocused students have not just made poor food choices, but skipped lunch altogether. The saying “food for thought” is very true! In order to think about and process what we learn, we must **EAT**.

The bad moods that students can feel at school may not be just the worksheets, tests and papers, usually it's from skipping lunch. Skipping lunch can leave you feeling frustrated, emotional, tired or hungry and cause you to have a difficult time **CONCENTRATING** or making good decisions.

Leaving the processed, packaged foods on the store shelves in favor of healthier options will be good for your body and you can have fun while making lunch more interesting.



Fruit and Yogurt



Baked Chicken
Sandwich

What to Pack for Lunch

by Amber D. Huett

Make it a Family Activity

Lunch isn't the only time that we need to eat the right foods to fuel our bodies. It is also important when we prepare breakfast and dinner in our homes. This can be a fun way to spend time with your parents, siblings or other guardians, like grandparents or aunts and uncles. Spend the evenings coming up with healthy recipes and make extra for lunch the next day! You should ask for help when making meals at home, but try some of the following dinners that make a delicious leftover lunch that will keep you going through your school day:

1. Turn a baked chicken, potato and salad dinner into a brag-worthy sandwich for lunch. Grab a piece of whole grain bread and add chicken, lettuce and a healthy spread such as a spicy mustard or low-fat mayonnaise or Miracle Whip. Add crunchy, cool carrots and a healthy dip such as hummus.
2. Does mom have a great vegetable soup? As the crisp fall weather approaches, take an insulated **THERMOS** of soup; add some whole grain crackers and you have that comfort of home right at the school lunch table! This hot item will be the new cool thing to bring!
3. Think international: try some stir fry with noodles, veggie eggrolls or chicken tacos where you can build your own with mini whole-wheat shells and enjoy them a second time with new toppings.

Packing it up

When it comes to school lunches, remember to keep your mind open and ask adults, including teachers, lunchroom staff, school nurses, physical education teachers and coaches, when you want your food to do more for you. Packing up your lunch doesn't have to mean the same chips and sandwiches that might leave you feeling **TIRED** or unable to focus. Remember to take care of your mind and body by feeding it fuel it can use!

About the Author:

Amber D. Huett is an OAC Advisory Board Member and a gastric-banding patient. She is a third grade teacher in Memphis, Tenn., with Teach for America. She has a bachelor's degree in political science and journalism from Bradley University in Peoria, Illinois, and a master's degree in public administration from the University of Illinois-Springfield.

The Lunch Challenge with Friends

When others around us are making good choices about food, research shows that we also make good decisions. You can be a good influence on your friends by being creative about what to pack for lunch! Try one of the following healthy food themes to keep that 30-minute lunch fun and your body healthy and ready to learn:

Focus Foods: Have each person in your usual lunch group bring something new and healthy that will help them focus, but is also tasty! Many foods have the right things for our body to help us focus and learn better.

1. **NUTS**, such as almonds or walnuts, can be mixed in with yogurt or fruit. The **PROTEINS** in nuts have been known to support learning and focusing.
2. Natural sugars found in **FRUIT** also help you to stay alert and focused more than processed sugars, such as that found in canned or pouched juices. That's perfect for those less-than-interesting math lessons that can follow lunch time!
3. Blueberries, mixed with strawberries or a low-sugar cream cheese or yogurt, can give your **MEMORY** a boost. Who couldn't use a little more help for those exams?

Mix it up: Sometimes the healthier foods can cost our families more money, especially fruits and vegetables. If your school rules allow it, get a group of your friends to all bring a vegetable, fruit, whole wheat crackers or cheese. Have your parent divide up enough for the group and switch it up! You get an interesting meal each day and it will make packing up a lunch easy for you and your parents, and give you something to look forward to for lunchtime variety.

In the story you just read, "School is Back in Session – What to Pack for Lunch," you may have noticed certain words in all caps and bolded. These words are important terms for eating healthy this school year. Below, you'll see a double puzzle. See if you can unscramble each word and figure out the final phrase!

What to Pack for Lunch

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4 5 6 7 8 4 9



Answer: Eat Healthy

Unscramble each of the clue words.

Copy the letters in the numbered cells to other cells with the same number.

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

The Value of Caffeine in Weight-loss

Valued for its ability to stimulate alertness, caffeine is the most popular (and most unregulated) psychoactive substance in the world, with consumption estimated at one caffeinated beverage serving per person per day. Given its stimulant qualities, it's not surprising that people commonly believe caffeine promotes weight-loss. But, are these assumptions true?

Historical records for caffeine use have been found across many cultures and date back thousands of years. Caffeine is most commonly found in the beans of the coffee plant, leaves of the tea bush and in various products derived from the kola nut. In North America, approximately 90 percent of adults consume caffeine daily.

The Facts

Let's start with what we do know about caffeine. Caffeine acts as a potent natural pesticide in the plants in which it is found, serving to promote species survival. It has been included on the FDA list of "Generally Recognized As Safe" (GRAS) substances since 1958 and is approved as an over-the-counter alertness aid.

Numerous studies in the last 20 years helped disprove the connection between caffeine and breast cancer, caffeine and osteoporosis, caffeine and digestive tract cancers, caffeine and coronary disease and stroke, and caffeine and negative pregnancy effects and outcomes. In its 1988 report on nutrition and health, the office of the Surgeon General reiterated its position that caffeine consumed in moderate daily amounts (equal to the amount of caffeine in one to two cups of coffee) creates no significant health risks for healthy adults.

Caffeine, however, does increase heart rate and insomnia and can have significant negative health effects, including

Here is the amount of caffeine in a number of commonly available products:

Item	Serving Size	Caffeine mg per serving, average
Coffee, brewed	6 oz	100
Coffee, instant	6 oz	65
Coffee, decaf	6 oz	3
Tea, brewed	6 oz	40
Tea, instant	6 oz	28
Coke® soft drink	12 oz	35
Mountain Dew® soft drink	12 oz	54
Red Bull® energy drink	8.3 oz	76
Monster® energy drink	16 oz	160
NoDoz® Maximum Strength caffeine supplements	1 tablet	200
Hershey's Milk Chocolate® bar	1.55 oz	9
Hershey's Special Dark® chocolate bar	1.45 oz	31



death, if taken in too high of a dose. Also, because it is habit-forming, caffeine leads to unpleasant withdrawal symptoms such as headache, grogginess and irritability.

Caffeine and Weight-loss

Caffeine's reputation as a weight-loss aid comes from its status as a stimulant and a substance that enhances physical performance. A 1979 study showed a 7 percent increase in distance cycled over two hours among subjects who consumed caffeine versus those who did not. In another study among trained runners, those who consumed caffeine showed a 44 percent increase in race-pace endurance compared to those who did not.

Some research has suggested that caffeine may stimulate thermogenesis – a scientific name for the way your body generates heat and energy from the calories in your food; but nutrition experts say that this effect probably isn't enough to produce significant weight-loss. Caffeine may also reduce your desire to eat for a brief time, but again, there's no good evidence over the long-term that this effect leads to weight-loss. To date, no conclusive clinical studies have been done to determine the long-term effect of caffeine on weight loss, and the smaller studies that have been done show a lot of variability in the outcomes.

At present, even though caffeine may have a small effect on energy and appetite that could lead to some positive short-term effects on your energy balance, there's no evidence that it can actually cause you to lose weight. On the other side of the equation, excessive caffeine consumption clearly can be harmful.

One must also consider the known risks represented by other performance-enhancing products, which may be combined with caffeine in dietary supplements promoted for weight-loss. Ephedra, for example, is an ergogenic whose side effects include heart attack, stroke and death. It was banned by the FDA in 2004. In November 2011, the FDA, after a year-long review, told the manufacturers of seven caffeinated alcohol drinks that their products pose a public health concern and cannot stay on the market in current form. Other dietary supplement weight-loss aids such as bitter orange, capsicum and ginger make claims about energy and/or weight-loss, but have not been reviewed or approved by the FDA.

Caffeine and Weight Gain

When you start to look deeper, you will find other research that has shown that consuming caffeine throughout the day may actually result in weight gain, because caffeine affects cravings for food. Drinking caffeinated beverages, for example, may prompt you to eat more snacks and larger meals.

Caffeine raises the stress hormone cortisol, which tells your body to increase its energy stores and also raises heart rate and blood pressure. Resulting stress can also interfere with your sense of well-being and can trigger emotional eating or a desire for comfort food. In addition, drinking caffeine can prompt hypoglycemia – low blood sugar caused by a drop in levels of blood glucose – which also increases your appetite and causes your body to crave higher calorie foods. The more caffeine you consume, the more your body urges you to eat the foods that yield glucose, such as starches, sweets, fruit and milk.

Caffeine also contributes to insulin resistance, when glucose and insulin build up in the blood. Since insulin is a metabolism hormone affecting every cell in the body, it plays a role in controlling weight as it regulates blood sugar, controls the storage of fat and affects appetite control. Too much insulin can result in food being stored as fat and in protein changing into sugar and fat.

Another condition related to insulin resistance is insomnia and sleep deprivation, both of which can be caused by consuming caffeine. Not getting enough sleep has been shown to increase levels of a hunger hormone and decreases levels of a hormone the makes you feel full. Not surprising, the effects may lead to overeating and weight gain.

Conclusion

If you're getting the idea that caffeine can have lots of different effects on your weight, you're on the right track. And this is why people have been unable to prove that caffeine causes weight-loss.

While the chemistry of caffeine is clearly not simple, the evidence for caffeine in weight-loss is pretty weak when the potential for weight gain is considered. In short, if you indulge in a cup or two of coffee, tea or a caffeinated soft drink every day, enjoy; but don't count on seeing any positive effect on your bathroom scale. And if you don't really like the caffeine, you might be better off without it.

About the Authors:

Gwyn Cready, MBA, is a communications consultant with more than 20 years of healthcare policy and brand marketing expertise as well as an award-winning romance novelist.

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



GOING ORGANIC:



Does it make or break a healthy lifestyle?

by Jenna Slagle, RD, LDN

Throughout the last decade, a steady flow of mixed reviews on the benefits and/or wastefulness of organic food consumption have left readers in a state of confusion. The problem is that for each research study declaring higher nutrient levels found in organic agriculture products, there are scientific findings equally available that proclaim organic labeling is notable only to increase your weekly grocery bill. With recent food trends moving toward eating local fares and “clean” foods, organic farming methods will only continue to grow in favor of the public.

Communities’ increasing demand for safe food handling and the availability of nutrient-rich, minimally processed foods for purchase have also promoted this era. Yet, the question still remains: is it to my advantage in terms of health and prevention of chronic disease to spend almost double at the grocery store? If you’ve ever stood in the grocery store aisle dwelling over this very decision, the information within this article may help lead you to an answer.

“The United States Department of Agriculture (USDA) requires that products labeled as organic must contain at least 95 percent of organically produced ingredients.”

What Qualifies Food as Organic?

After years of organic products crowding grocery store shelves and farmer’s markets, the consumer interpretation of organic production and its benefits still remain quite hazy. The United States Department of Agriculture (USDA) requires that products labeled as organic must contain at least 95 percent of organically produced ingredients. The remaining 5 percent of non-organic ingredients are permitted only when there is not an organic alternative and must be approved by the National List of Allowed and Prohibited Substances. The National List is submitted by the National Organic Program (NOP), a program administered by the USDA, and is responsible for governing organic food production.

Synthetic or Non-synthetic

Farmers and manufacturers that are growing, harvesting and producing foods that will be labeled and sold as organic are required to follow the regulations provided within this list. Synthetic products, implying artificial synthesis, are allowed for application or use in the production of organic products; however, the USDA heavily regulates use of these substances and in most cases prohibits contact with the soil, crop or feed mixture provided for livestock.

Because non-synthetic substances are derived from living organisms and are free from additives and chemical treatment, this does not give producers free reign in using them to assist in production; there are several non-synthetics included in the National List.

While organically produced items are free from pesticides, growth hormones and antibiotics, and are regulated for synthetic and non-synthetic substances, we find that they may be more inclined to carry harmful bacteria due to improper use of manure as fertilizer. Recent repercussions of this have been seen in outbreaks of salmonella and escherichia coli by contamination of fresh organic produce.

While the NOP documents that manure must be composted and not raw when used for fertilizer, it is all but possible for the USDA to mandate all organic farm productions. Still, one must also consider the significantly fewer pesticide residues that accompany organic produce, as well as the absence of antibiotics and growth hormones in organic meat and dairy products.

Livestock

Farmers and large corporations who organically raise livestock harvested for human consumption are mandated to keep detailed records of production practices, such as feed mixtures and medicines given. Animals must also originate from land and farming techniques that have been free from prohibited practices or substances for at least three years prior to harvest, such as feeding regimens and chemicals sprayed to improve soil and pasture growth. Organic meat producers are also forbidden to feed the livestock animal by-products, manure and feed containing urea.

Organic Labeling

When purchasing processed and packaged foods claiming to be organic, it is important to note that this labeling signifies that the product contains agricultural products such as meat, poultry, eggs, grains, dairy or fresh produce that have been organically produced following USDA standards.

Products such as these are severely restricted or prohibited in the use of food additives and preservatives and should not contain substances such as monosodium glutamate, artificial sweeteners, food colorings and artificial flavorings. The 5 percent of non-organic constituents that are allowed will likely be natural additives and must continue to follow the guidelines set forth by the National List of Allowed and Prohibited Substances.

Going Organic continued on page 38

If your desires are to consume organic produce but lack the financial component, look into joining a Community Supported Agriculture (CSA) program within your area, which should be more affordable than purchasing at your local grocery store, while also supporting local farmers. Farms offer the consumer the flexibility of purchasing full shares or half shares, depending on the needs of your household. You can also opt to share with a neighbor or friend to reduce costs. Get to know your farmer and discuss production methods to ensure that the products have been organically produced. CSAs range from providing fresh produce to meat, eggs, dairy products and grains. To find a CSA near you, visit www.localharvest.org.

"If you choose to go the organic route, opt to purchase items that have the green and white USDA Organic label stamped on the package to ensure that the manufacturer has followed production and processing guidelines set by USDA to be certified organic."



ARTIFICIALLY SWEETENED BEVERAGES—

Friend or Foe? You be the judge.

by Cassie Truran, RD, CWC

As a child, you remember your parents asking you, “Would you like grape, strawberry or fruit punch Kool-Aid?” as you came inside after a long afternoon of playing in the hot sun. You chose fruit punch and as soon as the sweetness met your lips, you smiled and began to cool off. Sweetness is a desire we are born with, proven by a baby’s preference for breast milk. As children, we are rewarded with a sweet drink when we get home from school. As we continue to grow into young adults, the preference for sweetness remains strong for most.

Unfortunately, we live in a society that promotes weight gain by bombarding us with calorie-laden foods and offering more incentives to sit, rather than to move. Because of this, drinking highly caloric sweetened drinks may not be the best choice for our waistlines. Saccharine was invented in 1879 by accident when

chemist Constantin Fahlberg accidentally spilled something on his hands that he later noticed to taste sweet. This began the revelation of artificial sweeteners – something that tastes sweet, but contains little to no calories. The best of both worlds, right? Not necessarily.

Health professionals now claim that artificially sweetened beverages (diet sodas, energy drinks, etc.) may actually promote weight gain, just like their sugared counterpart. Take a look at the claims and decide which side of the fence you fall on.



FIRST, TAKE THIS TRUE/FALSE QUIZ TO GAIN SOME PERSPECTIVE INTO YOUR PERSONAL HABITS:

I crave sweets all the time.	T	F
I do not like the taste of water.	T	F
I drink less than 64 oz of water daily.	T	F
I am always thinking about food.	T	F
I am currently trying to lose weight.	T	F

If you answered true to two or more of these questions, pay special attention to the claims that artificially sweetened beverages can promote weight gain, as you may be especially susceptible to those factors.

FRIEND

- **Replaces high caloric drinks:**
 - ♦ Americans consume approximately 25 percent of their daily calories from beverages. For most people, this would mean that they drink 450-625 calories each day. Therefore, if you replace all caloric-containing beverages with beverages that provide no calories, you would decrease your total calorie intake for the day.
- **Provides a sweet taste with little-to-no calories:**
 - ♦ Some people find that enjoying a no/low calorie sweetened beverage at the end of the day is a relaxing way to enjoy a sweet flavor without an enormous load of calories. Instead of eating ice cream while watching television, they will sip on an artificially sweetened beverage.
- **Increases fluid consumption for people who don't like water:**
 - ♦ For people who have had weight-loss surgery, especially those who have recently had surgery, consuming adequate fluids is essential. Due to the rapid amount of weight lost in the immediate months after surgery, patients are at a high risk for dehydration. Some patients find that adding a small amount of an artificially sweetened beverage to their water helps increase the amount of fluid they consume, therefore, preventing dehydration.

FOE

- **Constant sweet flavor drives cravings for sweets:**
 - ♦ Drinking these beverages frequently can drive the desire to have something sweet. If you are someone who "craves" sweets all day, you may benefit from a "sweet detox." This means you take one week away from all sweets/treats. Try eating whole foods only. If it doesn't grow from the ground, swim in the ground or walk on the ground, don't eat it. Drink plain water only or tea

Energy Drinks-Healthy or Not Healthy?

by Rachel Brown RD, LDN

It is after lunch, mid-afternoon on a Monday; we have all been there. You are seriously dragging in your energy level and all you want to do is take an afternoon siesta. You need some energy and you need it quick. Many of us will head straight to the vending machine or cafeteria to buy a shiny, promising hope of energy in a can; the energy drink. Is this the best choice?

Americans spend millions of dollars each year on energy drinks. That says two things; we as Americans are lacking energy and are really thirsty! Before we get into the nitty gritty of energy drinks, it is important to realize that the effects of the added nutrients promoted on energy drink cans have not been studied long-term. Taurine, guarana and B-Vitamins are some popular examples. These added supplements are not standardized in manufacturing, so there is no way to know that what it says on the bottle is the same form of that vitamin you can buy at your local vitamin store.

These factors could lead to unknown food/drug interactions or side effects. Most of the bells and whistles added into energy drinks to entice consumers to buy, can easily and naturally be obtained through a well-balanced diet.



Let's Take a Deeper Look

TAURINE: Taurine is a common dietary supplement found naturally in meat, dairy and fish that is thought to have antioxidant properties. Some studies propose that taurine may improve athletic performance, which may describe why taurine is the current trend in energy drinks. Taurine is an amino acid that supports the nervous system and helps regulate the level of water and mineral salts in our blood. Researchers have found that caffeine and

without any sweetener (artificial or sugar). Our taste buds and desire to eat certain foods can be reset fairly quickly and often times a “sweet detox” can help decrease those sweet cravings.

■ **“Numbs” taste buds decreasing flavor from healthy foods:**

- ♦ Artificial sweeteners are 100-400 times sweeter than sucrose (table sugar). By constantly bombarding our taste buds with this intense sweetness, healthy foods begin to taste bland, and high fat/high salt foods can end up winning the meal choice.

■ **Theory – drinking artificially sweetened beverages can cause you to eat more:**

- ♦ An interesting study conducted on rodents showed those fed saccharin (an artificial sweetener) actually gained weight compared to those fed sugar. Scientists speculate that because you are taking in something with a sweet flavor without any calories, there is a disconnect between your brain and your body. The theory is that your brain will then set you up to seek out the calories that it didn't find in that sweetened beverage, therefore, eating more calories throughout the day.

CONCLUSION

Now that we've evaluated some of the claims on artificially sweetened beverages, think about your own personal preferences for sweets and healthy foods. Our lives change frequently and there is no “right” answer to how artificially sweetened beverages affect you. Weight-loss and maintenance of a healthy weight always comes down to calories in versus calories out. Therefore, reaching for a sugar-laden drink, loaded with calories, isn't always a wise choice; however, assuming an artificially sweetened drink is safe is not always accurate either. As is true with all things, enjoy in moderation!

Of course, the ideal beverage is readily available, cheap and considered Mother Nature's health drink. You guessed it...water! However, when the time comes

when water just isn't cutting it and you need a little variety, try flavoring naturally. Lemons, limes, oranges, raspberries, cucumbers and mint all add a nice flavor to water. Keeping it simple by using natural ingredients will actually get you the best of both worlds; a little variety, but with natural ingredients that your body knows how to break down and digest.

About the Author:

Cassie Truran, RD, CWC, has worked as a dietitian and wellness coach at Scottsdale Healthcare Bariatric Center for more than six years counseling both surgical and non-surgical weight-loss patients and serves on the ASMBS Integrated Health Professional Education Committee.

Let's Look at the Facts:

Full Throttle Energy Drink (Citrus Flavor)
– 16 fluid oz/Calories: 220/Carbs: 58gm/
Caffeine: 144 mg

Rockstar Energy Drink – 16 fluid oz/
Calories: 290/Carbs: 68gm/Caffeine: 160mg

RedBull Energy Drink – 8.4 fluid oz/
Calories: 110/Carbs: 28gm/Caffeine: 80mg

**Starbucks Double Shot Energy and
Coffee Drink – 15 fluid oz/Calories: 220/
Carbs: 36gm/Caffeine: 146mg**

Water – 0 Calories/0 Carbs

**Water with Mio
Water Enhancer
Squirt – 0 calories/
0 carbs**



taurine can raise blood pressure and affect cardiac function. There is little known about the effects of the long-term use of taurine, so moderation is important.

CAFFEINE: Safe levels of caffeine are considered to be 0-300 milligrams a day, equal to about two to four cups of coffee. Keep in mind that many things have caffeine, some of which you may not have thought about, including chocolate and medications, such as Excedrin. Too much caffeine can lead to irritability, nervousness, high blood pressure, insomnia and an increased heart rate. Some energy drinks have as much caffeine as 15 cans of soda! Caffeine promotes dehydration so it is not a good choice to use for hydration before or after exercise.

SUGAR: Drinking your calories is never a good idea and is the quickest way to pack on excess weight with ease. After that third energy drink of the day, you can easily have added more than 800 calories to your daily caloric intake from your drinks alone! Remember that 3,500 calories equals a pound. Adding a calorie-dense, sugar-packed beverage does not help our bulging waistlines.

B-Vitamins: B-Vitamins are not original to energy drinks. These vitamins help the process your body uses to get or make energy from the food you eat and help form red blood cells. You can acquire B vitamins from proteins such

as fish, poultry, meat, eggs and dairy products, leafy green vegetables, beans, peas, fortified cereals and some breads. B1 thiamine, B3 niacin, B5 pantothenic acid, B6, B7 biotin, B12 and folic acid are in the group pinned as B-Vitamins.

Conclusion

Let's face it; most of us don't drink just one of anything these days. Portion control is one of the biggest issues today, helping to lead our nation into obesity. Moderation, meaning maybe one every now and then, can be a part of a healthy diet. These are not everyday drinks and children, especially, should not be consuming these. Some have more than one a day which could easily lead to dependency and addiction. It has been said that as little as 100mg of caffeine can lead to addiction.

Energy drinks are packed with chemicals and flaunt the promise of energy now! We buy, consume and quickly crash. We then feel worse than we did before we wasted three dollars to feel jittery, anxious and agitated. Was it worth it?

About the Author:

Rachel Brown RD, LDN, is a registered dietitian at the Centennial Center for the Treatment of Obesity in Nashville, Tenn. She helps counsel weight-loss surgery patients, pre and post-op, on their journey to healthier lives.

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What to do When You're Denied (Bariatric) Weight-loss Surgery

by Pam Davis, RN, CBN

*Please note: The terms "bariatric" and "weight-loss" are used interchangeably throughout this article.

Kick, scream, yell, cry, curse and take a deep breath. Kick, scream, yell, cry, curse again and take a few more deep breaths. Of one thing you can be sure, you are not the first person to be denied approval for weight-loss surgery by your insurance; nor will you be the last. While access to care has most certainly improved for many in the last few years, coverage for weight-loss surgery is not standardized and can vary tremendously based on your employer and your insurance plan.

Your Coverage Depends on Your Employer

Frequently, we may be quick to blame the insurer for lack of coverage. It is important to make a clarification. In order to provide coverage for their employees, companies must purchase a "rider" for weight-loss (bariatric) surgery coverage. Self-insured employers (typically larger employers where the money paid for their claims comes from their own pocket) frequently provide weight-loss surgery benefits.

In this circumstance, where the company has elected to provide coverage, the insurance company now applies their standard criteria to those seeking surgery. If the employer has coverage and you meet the criteria on the plan, you are approved, right? Well, not always.

It has been my observation throughout the last several years that many times, it appears as if our patients are denied the first time for a multitude of reasons:

"We did not receive the letter from your primary care physician." – Rest assured, it was sent.

"We do not have documentation of failed previous weight-loss attempts." – This too was sent.

"Documentation of weight for one of the previous five years is missing." – Uh-huh, sure it is.

The good news here is if your employer is self-insured with a bariatric surgery benefit and you have documentation, you meet all of the criteria on the plan and you are denied, they do not have a leg to stand on! Ask your surgeon's office to arrange a "peer-to-peer" review. This is where your surgeon will speak with the medical director at the insurance company to review your documentation and to point out how you meet the criteria.

As an alternative, you may also ask the human resources director at your company to intervene on your behalf. Whatever you do, please, please do not hang your head and say, "Oh, it just wasn't meant to be" or "God must not have wanted me to have surgery." Please do not give the insurer that power because they will surely take it. I also encourage you to consider hiring a professional, such as an obesity lawyer, to intervene on your behalf.

If your employer is self-insured but they do not have a bariatric surgery benefit, please visit the OAC Web site. There, you can find a fact sheet titled, "Why it makes sense to provide treatment for obesity through bariatric surgery" (www.obesityaction.org/advocacytools/wlsfs.php). This fact sheet is designed for you to share with your employer, insurance provider, elected officials and others. It provides in-depth information on the benefits of weight-loss surgery.

All of that research you've done on bariatric surgery? Take it too. Make sure your decision makers are informed. You cannot rely on someone else to educate them for you.

The majority of standard insurance plans sold to businesses do not have bariatric surgery benefits included. For smaller businesses that are not self insured, they pay a set amount of money per employee to the insurance company; the money goes there and stays there regardless of how much is paid in claims. In most states, these small companies have no access to purchase an insurance plan that provides bariatric surgery coverage. The plan benefit will typically read, "bariatric (weight-loss) surgery is an exclusion on this plan."

Advocacy is Important in the Fight for Access to Care

The long-term solution is to advocate for access to care. Advocacy can often be intimidating to an individual who has never advocated for a cause; however, the OAC has made advocating to your elected officials for coverage of weight-loss surgery extremely easy. The OAC's Legislative Action Center is designed to help you advocate to your elected officials (capwiz.com/obesityaction/home). Simply type in your zip code and you'll instantly have access to all your elected officials' contact information. For tips on what to write to your elected officials, please visit www.obesityaction.org/advocacy/gettingstarted.php.

Alternative Ways to Access Care

While you are advocating for future coverage, it may not be enough to help you in your immediate goal to have surgery. In this instance, do your research; locate a Bariatric Surgery Center of Excellence program and surgeon that offer a comprehensive program at a reduced self-pay (cash) rate that includes coverage of complications or readmissions through the BLIS program (www.bliscompany.com). Then approach your employer with the information from your bariatric program, the resources listed at the end of this article, and the total costs to self-pay for surgery (that includes covering any potential complications and ask them to pay the surgeon and program directly or ask them to share the cost with you).

You and your employer will both benefit from you being a healthier and more productive employee and you do not have to go through your insurance company. Additionally, there are healthcare financing companies available for those choosing to self-pay for surgery, bypassing insurance altogether.

What to do When You're Denied continued on page 37

To Do List if Denied:

- ☐ Speak with your human resources department – is your company self-insured?
- ☐ Find out if you meet their criteria.
- ☐ Make sure it is documented that you meet their criteria.
- ☐ Work with your surgeon/program to complete a peer-to-peer review if your company covers surgery and you meet the criteria.
- ☐ Consider hiring an advocate, such as a lawyer that specializes in representing individuals affected by obesity.
- ☐ Educate yourself and others using the resources mentioned in this article.
- ☐ Gather your documentation, speak with your human resources department or company owner regarding cost sharing a self-pay rate at a comprehensive program with BLIS coverage.

Membership Application

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

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

Name: _____

Company: _____

Address: _____

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Please indicate areas where you would like to serve the OAC:

- ☐ Serve on an OAC committee
- ☐ Help fundraise
- ☐ Advocacy
- ☐ Educational outreach

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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 membership application now! Or, just scan the code to the left using your barcode scanner app on your smartPhone! For more information, visit the OAC Web site at 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

It's about Education and Advocacy

"Thank you for your interest in bariatric surgery, unfortunately your plan does not cover this procedure."

"Weight-loss surgery is an excluded benefit from your plan."

"You have been denied access to weight-loss surgery."

Unfortunately, these statements are not uncommon in today's world of navigating one's insurance policy. Each day, hundreds of individuals are denied access to bariatric surgery. Being denied surgery often leads to feeling lost and hopeless; however, there is still hope and it comes in the form of education and advocacy.

One of the most impactful messages that can be sent to an insurance provider, employer or elected official is a message from someone who was affected by obesity and received weight-loss surgery. Often times, weight-loss surgery patients are an excellent resource for information and support and can speak loudly and positively in regards to the impact of weight-loss surgery on an individual's quality of health and life.

You can connect with weight-loss surgery patients in a variety of ways, such as attending a post-surgery support group meeting; social networking on Facebook, Twitter, etc; or asking your surgeon if they can help you connect with a post-surgery patient for more information.

As you can see, hearing that you've been denied weight-loss surgery does not have to be the "final word." As an informed citizen, you have many options to first educate yourself on the procedure and then advocate to your insurance provider, employer, elected officials and others for coverage. For information on weight-loss surgery, advocacy and more, please visit **www.obesityaction.org**.

About the Author:

Pam Davis, RN, CBN, is a certified bariatric nurse and the Program Director for Centennial Center for the Treatment of Obesity in Nashville, Tenn. Pam is the Vice-chairman of the OAC.

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Should I Switch to Organic Foods?

When considering whether to go organic or not, that is lastly a decision that must be made by the consumer by weighing the pros and cons based on the resources available and prioritizing what is most important in terms of a nutritionally sound diet. If pesticide contamination or conventionally-fed livestock concerns weigh heavy, it may serve you well to purchase organically produced foods. If you choose to go the organic route, opt to purchase items that have the green and white USDA Organic label stamped on the package to ensure that the manufacturer has followed production and processing guidelines set by USDA to be certified organic.

Another option is to go organic only when purchasing produce that has been shown to contain the highest levels of pesticide residue. These foods are often termed the “dirty dozen” and include:



- peaches
- apples
- sweet bell peppers
- potatoes
- celery
- nectarines
- strawberries
- cherries
- pears
- grapes (imported)
- spinach and lettuce

Proper Food Cleaning

Always practice proper cleaning techniques at home regardless of the product purchased. Follow these quick and bacteria proof guidelines:

- Clean produce thoroughly with cold tap water.
- Remove and discard outer leaves of lettuce heads.
- Wash pre-packaged items, even if they claim to have been pre-washed.
- Scrub firm produce such as melons and potatoes with a clean scrub brush.
- Clean outer covering even if it will not be consumed: bananas, kiwis, avocados, etc.

Conclusion

Lastly, if you decide to consume conventionally produced fruits and vegetables, meats and processed products, you can rest assured that you are receiving the same nutritional benefits as the organic consumer. Although there is research supporting an increased amount of phytochemicals and trace minerals found to be in organic products, credible research findings are also available that have found non-organic products to be equally nutritious. Because the research is condescending, it's important not to have tunnel vision, so to speak, when deciding what reviews to read.

About the Author:

Jenna Slagle, RD, LDN, is a registered and licensed dietitian working at Southern Hills Medical Center providing outpatient nutrition counseling.

Important LAP-BAND® System Safety Information

INDICATIONS: The LAP-BAND® System is indicated for weight reduction for patients with obesity, with a Body Mass Index (BMI) of at least 40 kg/m² or a BMI of at least 30 kg/m² with one or more obesity related comorbid conditions.

It is indicated for use in 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 be pregnant.

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

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

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

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

IMPORTANT: For full safety information please visit www.lapband.com, talk with your doctor, or call Allergan Product Support at 1-800-624-4261.

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LAP-BAND[®] is not for those who are pregnant or who have autoimmune or organ diseases. Reoperation, removal and fatalities are rare. Band slippage, stomach injury, vomiting and heartburn may occur.

1. O'Brien PE, et al. *Obes Surg*. 2006;16:1032-1040. 2. Dixon JB, et al. *Obes Surg*. 1999;9:385-389. 3. Dixon JB, et al. *Diabetes Care*. 2002;25:358-363. 4. Dixon JB, et al. *Arch Intern Med*. 2001;161:102-106. 5. Dixon JB, et al. *Obes Surg*. 1999;9:527-531. 6. Directions For Use (DFU). LAP-BAND AP[®] Adjustable Gastric Banding System with OMNIFORM[®] Design. Allergan, Inc. Irvine, CA. 09/10. 7. Fisher BL, et al. *Am J Surg*. 2002;184:9S-16S.

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Membership Expires on:



About the OAC

The Obesity Action Coalition is an IRS registered 501(c)3 National non profit organization dedicated to giving a voice to those affected by obesity. The OAC was formed to build a nationwide coalition of individuals affected by obesity to become active advocates and spread the important message of the need for obesity education.

To increase obesity education, the OAC offers a wide variety of free educational resources on obesity, morbid obesity and childhood obesity, in addition to consequences and treatments of these diseases. The OAC also conducts a variety of advocacy efforts throughout the U.S. on both the National and state levels and encourages individuals to become proactive advocates. To learn more about the OAC, visit www.obesityaction.org or contact us at (800) 717-3117.



How YOU Can Support the OAC

As a non profit organization, the OAC is always looking for individuals and organizations to support the OAC through a variety of ways. There are many ways that **YOU** can give back to the OAC and our efforts, and there are many ways that **YOU** can get involved in leading the fight against obesity. Here are ways that **YOU** can help make a difference through the OAC.

- **Become an OAC Member** - membership is available at a variety of levels. Any individual impacted by obesity NEEDS to be a member of the OAC.
- **Make a Donation** - as a 501(c)3 charity, donations to the OAC are tax-deductible. Every dollar makes a difference!
- **Advertise in Your Weight Matters Magazine** - our magazine is made possible through the generous support of advertisers. If you have a product that you want our readers to know about, consider advertising today!
- **Write to Your Elected Officials** - help spread the OAC's message to key decision makers and write to your elected officials through the OAC Legislative Action Center. Let them know that these issues matter to you!
- **Help Spread the Word by Encouraging Others to Join** - the OAC relies on our supporters to spread our message and encourage others to become members of the OAC. You can also distribute our educational resources!
- **Join a Local Walk from Obesity** - as a proud partner in the Annual Walk from Obesity, the OAC encourages you to get involved at the local level through this important fundraising event.