

A Publication of the Obesity Action Coalition

Fall 2012

YOUR WEIGHT Matters

MAGAZINE

**Obesity Medications—
Where are We Now?**

**Weight Bias
in Healthcare**

**Obesity Complicates
Dental Health—
Be Proactive**

**Emotional &
Healthy Eating
During the Holidays**

**KID'S
Corner**

**Baking Done
Right & Light:**

*“Family Fun in
the Kitchen for
the Holidays”*

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Weight loss surgery was not a “quick fix.” It was the start of my new life.

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Welcome to the Fall 2012 issue of *Your Weight Matters Magazine*! I can hardly believe how quickly this year is passing. As always, the OAC has been busy on your behalf and the best is yet to come! The Summer 2012 issue of the magazine focused on the *Your Weight Matters* Inaugural Convention, titled "Explore. Discover. Empower." We have assembled an outstanding lineup of speakers to present the latest information on all issues relating to obesity.

I frequently am asked how you initiate a conversation with a friend or family member about their weight. At the Convention, we will give you practical ways to do so. Rapid weight-loss by any means can lead to a hormonal roller coaster and a mix of emotions. We will discuss the impact weight-loss and bariatric surgery may have on your emotions, intimacy and relationships. If you've wondered how you can become more involved with the OAC or how you can "pay it forward," then you will not want to miss the Advocacy Training session on Thursday, October 25.

In addition to the tremendous learning opportunities at the Convention, we are also going to have FUN, FUN, FUN! Friday night we will have a Halloween costume party (yes, we will post photos online) and Saturday night we will highlight some of our truly sensational members at the OAC's 1st Annual Awards Dinner. And, if you're thinking attending a convention will make it difficult for you to continue your workout program, well think again. We will offer multiple exercise classes Friday and Saturday, and on Sunday, we hope to see each and every attendee at the Dallas *Walk from Obesity*. For the latest information on the Convention, please visit www.YWMConvention.com.

Now, I want to know... ARE YOUR BAGS PACKED? I hope so, because I look forward to meeting each and every one of you attending the Convention.

Pamela R. Davis

YOURWEIGHT Matters MAGAZINE

Fall 2012

Volume VIII

Issue I

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Obesity Medications

– Where are We Now?

by Christopher D. Still, DO, FACP, FACN,
Nadia Boulghassoul-Pietrzykowska, MD,
and Jennifer E. Franceschelli, DO



Editor's Note: Please note that some of the medications mentioned in this article have been FDA approved, and may or may not be available at the time of the printing of this issue. None of the medications discussed in this article should be taken while pregnant or while attempting to become pregnant. One medication, Qsymia®, has specific FDA warning label information around the use of birth control due to birth defect risk. If you have questions regarding these medications, please contact a healthcare provider.

This year has proven to be an exciting one for obesity medications. For the first time in more than a decade, we saw two new obesity drugs approved by the Food and Drug Administration (FDA). In an area where individuals affected by obesity had little choice regarding treatment, there are now a few different approved medications, which have a lot of Americans asking the question, “Are these medications right for me?”

In this article, we’re going to take an in-depth look at all currently approved medications for the treatment of obesity, who should take them and more. Please keep in mind that new information on the treatment of obesity unveils itself each and every day. For the latest information on obesity treatments, please visit the OAC Web site.

Who Qualifies for Obesity Medications?

Depending on your body mass index (BMI), various options are available for the treatment of obesity. Although everyone is hopeful for a fast and easy way to lose weight, nothing has been shown to replace a prudent, low-fat diet along with behavior modification and an increase in physical activity as a cornerstone for all obesity treatments. Other options, such as the



use of weight-loss medications and metabolic and bariatric surgery can be considered if weight-loss levels out at a still unacceptable range or if medical problems are not adequately controlled.

The treatment of obesity should be a stepwise approach based on an individual's BMI. If you do not know your BMI, it's very easy to calculate with an online BMI calculator. The OAC provides a great online calculator located on their Web site in the "Measuring Weight" section located under the "Understanding Obesity" tab. Once you calculate your BMI, you will see that you fall into one of the below categories:

Weight Category	BMI
Underweight	< 18.5
Normal	18.5 - 24.9
Overweight	25 - 29.9
Obese	30 - 39.9
Severely Obese	> 40


If someone is overweight (BMI between 25 and 29.9), diet, exercise and behavior modification is recommended. For a BMI of 30 alone or 27 with an obesity-related condition (type 2 diabetes, hypertension, sleep apnea), weight-loss medications can be considered in addition to diet, exercise and behavior modification. Diet and exercise is an essential part to any treatment plan. See the box on page 6 to learn more about incorporating these changes into your daily life.

Obesity Medications

Okay, now onto the section that everyone wants to read. The next tool that can be used to achieve weight-loss and health improvement are medications. Pharmacologic therapy may be offered to individuals affected by obesity who have failed to achieve weight-loss through diet and exercise alone.

Currently there are several drugs that are approved by the FDA for weight-loss:

- orlistat (Xenical® or alli®)
- phentermine products (Adipex® or Suprenza®)
- phentermine-topiramate (Qsymia®) (*FDA approved, now available*)
- lorcaserin HCl (Belviq®) (*FDA approved, but not yet available*)



Let's take a closer look at each of these medications and learn how they work:

Orlistat (Xenical® or alli®)

Orlistat is the only FDA approved weight-loss medication that is available over-the-counter and available at a higher dose with a prescription. It is a tablet that is usually taken three times per day before a meal that contains dietary fat. It works by decreasing the amount of fat your body absorbs. This means that only 2/3 of the calories that you take in from fat will be absorbed. The other 1/3 of the calories gets carried away in the digestion tract as stool.

It does not work well for people who are already on a low-fat diet since their calories from fat are already low. The average weight-loss is about 3-4 percent of your weight after one-year. In a person who weighs 200 pounds, this would mean eight pounds of weight-loss. Most weight-loss medications can only be used for several months due to side effects and tolerance. Orlistat has the advantage that it can be used for several years since tolerance is not an issue and side effects are mild.

Patients using orlistat on a regular basis should take a daily multivitamin as there is potential for deficiency in some vitamins. Common side effects are cramps, gas, stool leakage, oily spotting and gas with discharge that improve with a lower fat diet. Orlistat has also been shown to improve cholesterol levels and reduce risk of type 2 diabetes.

Phentermine (Adipex® or Suprenza®)

Phentermine is a medication available by prescription that works on chemicals in the brain to decrease your appetite. It also has a mild stimulant component that adds extra energy. Phentermine is a pill that is taken once a day in the morning time. Tolerance to this medication can develop, so it can only be used for several months at a time. Common side effects are dry mouth and sleeplessness.

Obesity Medications continued on next page

Diet and Exercise

The Essential Components to any Treatment Plan

You probably read this sub-head and thought, "Yes, I've already dieted and exercised and didn't see any results." Well, you're not alone. Diet and exercise are often the front-line of defense when it comes to weight-loss and most individuals affected by obesity do struggle with this; however, diet and exercise should be the first place for you to start. Regardless of treatment choice, lifestyle modification through diet and exercise is essential to the success of any weight-loss program.

Diet

It seems simple right? We just need to control the calories we consume. Unfortunately, deprivation from foods we are used to eating is difficult to accept by our bodies and minds. In addition, when dieting, the body reacts very quickly by activating compensatory mechanisms that increase appetite and slow metabolism. This makes dieting even harder. As a result, the weight-loss achieved by diet alone is about 5 percent of body weight.

Dieting today is not what "dieting" was 10 or 15 years ago. With the integration of technology, you can easily log your daily caloric intake and keep track of what you eat. There's even an app that allows you to take a picture of your food and it will tell you how many calories are in it!



Exercise

Exercise is an important addition to diet as it boosts metabolism and increases weight-loss. A group of scientists showed that a moderate dose of daily exercise creates an optimal condition for weight-loss; this is equivalent to burning 300 calories which can be achieved during a 45 minute aerobic exercise. Physical activity also helps maintain weight-loss.

There are many tools available to help you find the right exercise for you. From smart-phone apps to full-service fitness centers equipped with all the bells and whistles, you can easily make exercise a part of your daily routine. Start slow by simply going for a walk each day and build-up to more intense exercises such as jogging, swimming, biking, weight lifting and more.



*Obesity Medications continued
from previous page*

Due to its stimulant effect, a person's blood pressure and heart rate can increase when on this medication; therefore, you must be monitored closely by a physician who is experienced in prescribing this medication. It cannot be used in patients with some heart conditions (such as poorly controlled blood pressure), glaucoma (increased pressure in your eye), stroke, overactive thyroid or history of drug abuse because of its effects on a person's heart rate and blood pressure. There is some concern for abuse, but this is minimal if the medication is appropriately used as directed by a healthcare professional. The average weight-loss is 4-5 percent of your weight after one-year. In a 200 pound person, this means about 10 pounds of weight-loss.

Phentermine- Topiramate (Qsymia®)

This combination medication was approved by the FDA in July 2012. Topiramate is a medication used to treat seizures. It was found that a common side effect of this medication was weight-loss. Phentermine, as described in this article, helps to increase your energy and decrease your appetite.

The highest dose of Qsymia® (15 mg of phentermine and 92 mg of topiramate extended-release) has led to a 13.2 percent weight-loss after one-year. In a 200 pound person, a 13.2 percent weight-loss would mean a loss of 26.6 pounds. Cholesterol levels have also been shown to improve. The most common side effects were dry mouth, constipation and pins and needle feeling in extremities. Qsymia® should **NOT** be taken during pregnancy since it has been associated with birth defects.

“ Although weight-loss achieved by diet, exercise and medications seems modest, research has shown that weight-loss as low as 5 percent of initial body weight can lead to favorable improvements in blood pressure, cholesterol, glucose levels and insulin sensitivity. ”



Lorcaserin (Belviq®)

Lorcaserin was approved in June 2012 by the FDA. Although it is not yet commercially available, it has been shown to have an average of 5.8 percent weight-loss after one-year. In a 200 pound person, this would mean an 11.6 pound weight-loss.

It is like many of the other medications and works on the chemicals in your brain to help decrease your appetite. Lorcaserin also requires a prescription. The most common side effects are headache, dizziness, fatigue, dry mouth, upper respiratory tract infection and nausea.

Conclusion

The best weight-loss results are achieved with a comprehensive program involving physicians, dietitians and behavioral specialists providing individual guidance and treatment. Diet, exercise, medications and sometimes bariatric surgery may all be needed to achieve a healthy weight.

Most importantly, the major weight-loss benefit is the improvement of diseases caused by obesity. Although weight-loss achieved by diet, exercise and medications seems modest, research has shown that weight-loss as low as 5 percent of initial body weight can lead to favorable improvements in blood pressure, cholesterol, glucose levels and insulin sensitivity. The risk of developing heart disease is reduced the most in patients who have impaired glucose tolerance, type 2 diabetes or high blood pressure. Moreover, this beneficial effect can be carried on for many years after losing weight.

About the Authors:

Christopher D. Still, DO, FACP, FACN, has been studying developments in obesity and nutrition support for nearly two decades. Dr. Still directs the Geisinger Center for Nutrition and Weight Management as well as their Obesity Research Institute. Dr. Still's interest in weight-loss comes from his personal experiences with obesity. Dr. Still once weighed 385 pounds, and losing the weight was a life and career changing experience. Dr. Still is certified by the American Board of Internal Medicine, the American Board of Nutrition and the American College of Nutrition, among others. He is also an emeritus member of the OAC Board of Directors.

Nadia Boulghassoul-Pietrzykowska, MD, is Board Certified in Internal Medicine and presently a nutrition and bariatric medicine fellow at the GI/Nutrition Department at Geisinger Medical Center. Dr. Boulghassoul-Pietrzykowska is interested in obesity, nutrition and addiction.

Jennifer E. Franceschelli, DO, is a physician training in bariatric medicine and nutrition at Geisinger Medical Center. She earned her bachelor's degree in cellular and molecular biology at West Chester University and completed medical school at Philadelphia College of Osteopathic Medicine. She has an interest in pediatric obesity and a strong proponent of the multi-disciplinary approach in the prevention and treatment of obesity.



Weight Bias

AND DISCRIMINATION:

A CHALLENGE FOR HEALTHCARE PROVIDERS

by Melinda J. Watman, BSN, MSN, CNM, MBA



“Order exists because a system of beliefs and sentiments held by members of a society sets limits to what those members can do.” – James Q. Wilson

As a clinician and former individual affected by obesity, I have the advantage (or disadvantage) to have seen and experienced weight bias from “both sides of the fence.” Because of this, I want to discuss these things from the healthcare provider perspective to try to understand why even care givers, whose first concern is to “do no harm,” so commonly harbor this bias and what can be done to change it.

Let me preface my remarks by saying my intent is not to single out healthcare providers. Negative reactions toward individuals affected by obesity are equally common and destructive among the U.S. population as a whole. But, I choose to focus on healthcare providers because I am one and can speak from experience.

Roots of Weight Bias

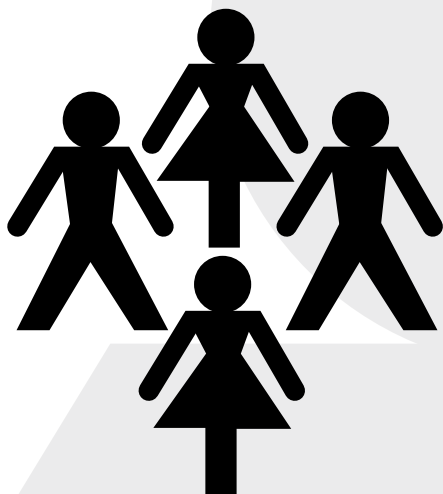
The roots of weight bias run deep. From the time we are children, we learn fat is “bad” and thin is “good.” There are numerous studies substantiating this with children as young as three years old. Therefore, it should not be

surprising that weight bias is also exhibited by those affected by obesity as well. Clearly, it is almost impossible to avoid the influences of these beliefs.

Consider the following effects of obesity prejudice, all of which are supported in the medical, mental health and social welfare literature:

- Unequal employment opportunity
- Acceptance of being publicly humiliated
- Inferior healthcare when compared to those of normal weight
- Difficulty in accessing individual insurance coverage
- Inhibition in seeking medical care
- Difficulty gaining social acceptance

Unlike children in the school yard, most adults may not deliberately set out to inflict pain, despite many of us bearing witness to people acting on their negative feelings. The general attitude of society is those affected by obesity are “fair game” for overt expressions of dislike,



Unlike discrimination and prejudice against other social groups, weight discrimination has increased 60 percent throughout the last decade.



contempt and derogatory “humor.” What further sets the treatment of those affected apart is the acceptance of expressing bias in their presence – after all, it is only a “joke.”

Weight Discrimination at a Glance

Rebecca Puhl, PhD, and Chelsea A. Heuer, MPH, from the Yale Rudd Center for Food Policy and Obesity recently published a review of the literature on weight discrimination and stigmatization, titled “The Stigma of Obesity: A Review and Update.” Their results highlight some important and alarming findings. Unlike discrimination and prejudice against other social groups, weight discrimination has increased 60 percent throughout the last decade. Given this statistic, it is not surprising that many, perhaps most, healthcare personnel share some portion of these feelings. Like anyone else, we are part of a society which condones disapproval of those affected by obesity.

Reducing Weight Bias

One of the first steps in reducing prejudice is to recognize it in ourselves. Once done, it is impossible to go back to “not knowing.” At which point, each of us who finds this prejudice in our hearts can be far more conscious of the ways in which we express ourselves. While we may not always be able to change how we feel, we can change how we act, which is where we have the opportunity to reduce and eliminate weight discrimination.

There are strong, repeated findings that individuals affected by obesity are viewed by a large portion of healthcare providers as awkward, unattractive, non-compliant, sloppy, weak-willed and lazy. Healthcare providers are not immune to harboring these same views - the U.S. population, as a whole, tends to be cor-

related strongly with the same views. For the most part, many believe those affected by obesity have brought their problems on themselves and should be able to “handle” it on their own.

Interestingly, studies also show healthcare providers overwhelmingly feel inadequate in treating obesity. Many in our community feel discomfort in even discussing weight-related issues and lack deep knowledge on effective ways to manage the problem. It has certainly been my experience that healthcare providers can become quite frustrated (often self-critical) if they are ineffective. Those feelings are hard to live with. Perhaps there is some connection between weight prejudice and our frustration when we attempt to embark to place our patients on various weight-loss therapies, unfortunately so often with little long-lasting success.

My hypothesis is, under these circumstances, that it can be tempting to “blame the victim.” Indeed, in our society, such would hardly be the only example of blaming the victim and we all know the harm that can cause. Regardless of the reactions patients affected by obesity elicit in us, we owe it to them to provide the same level of care, compassion, interest and concern as we do for any other patient with a chronic disease.

Unfortunately, there is reliable evidence that many healthcare providers do not consider obesity a disease. So let’s take obesity out of the equation and simply look at the diseases often accompanying it – type 2 diabetes, hypertension, cardiovascular disease – which we can treat. If these patients are avoiding care as a result of well-founded fears of humiliation and stigmatization, we are actually “causing harm.” These are the very patients we should be acting aggressively to enhance the availability of and access to ongoing care. It is hard enough to convince patients to remain diligent about

Weight Bias continued on next page

their healthcare. We certainly don't want to be one of the causes that push them away.

Conclusion

So where does this leave us? It would be wonderful if healthcare providers could simply flip a switch and no longer harbor weight bias or behaviors resulting from it. Given this is an unrealistic expectation, how do things improve?

✓ **STEP ONE** – Increased self-awareness

✓ **STEP TWO** – Change our behavior toward our patients affected by obesity and hope our heart follows

Next, there's a great deal known about obesity. Since it may become the nation's leading health problem, it is important for us to recognize what we know and what we don't know about the problem. Being willing to discuss obesity in the same open, compassionate and helpful manner as is done for patients with cancer or mental illness would be a huge step forward. Extending these changed behaviors beyond the healthcare setting to our family and social life would set examples for others less conscious of the consequences of their actions.

As the quote at the start of this article says, society shapes what is acceptable and what is not. We have the ability to change how we conduct ourselves, if not totally then partially. It is for us to make the choice. We need to be leaders in changing how those affected by obesity are treated both medically and socially.

About the Author:

Melinda J. Watman, BSN, MSN, CNM, MBA, spent years in clinical practice and recently founded "THE F WORD FAT tiny word, BIG impact," a company that provides educational seminars to organizations on understanding, managing and eliminating weight bias and discrimination.

COMBATING WEIGHT BIAS

and Working with Your Healthcare Provider

by JoAnn Stevelos, MPH, MS



Going to the doctor is not high on anyone's list of things to do, especially to visits that involve prodding and poking in areas we'd rather not expose. It's just plain old uncomfortable and sometimes downright embarrassing. Patients affected by obesity tend to suffer through these visits even more; their added weight intensifying the experience as they attempt to sit in small waiting room chairs or lay down on a narrow examining table.

Physician offices and hospitals are slowly becoming aware of the need to eliminate size as a barrier to seeking healthcare. However, there are also psychological barriers that must be addressed as well. Patients affected by obesity report that healthcare providers are just as guilty of perpetuating the same prejudice and stigma that they experience in public. While some physicians are beginning to change the way they treat patients affected by obesity, the lion's share of the work still remains.

Hope on the Horizon

A few rays of hope come from one well-known physician - David Katz, MD, MPH, FACPM, FACP, of the Yale Prevention Research Center. In a recent *Huffington Post* blog, titled "When



Doctors Judge their Obese Patients,” Dr. Katz recognizes the first-hand experience of a patient affected by obesity that he is treating:

“She, of course, knew she was heavy. She also knew that I knew she was heavy. And she knew that I knew that she knew that she was heavy. She avoided our kind like the plague because we had been that virulent in her life. Across an expanse of medical encounters for an array of reasons across a span of years, a whole battalion of us had abused her. We had treated her not as a patient, but as a fat patient.”

Dr. Katz also acknowledges what recent data has told us, that patients affected by obesity avoid the doctor at all cost. For example, some patients affected by obesity report they are not eager to step on the scale to learn they have gained more weight or conversely not lost a single pound. They also report being uncomfortable

as nurses scramble about looking for the larger blood pressure cuff or larger speculum. Consequently, many patients affected by obesity are not getting the preventative tests that could possibly save their lives.

Dr. Katz continued, *“I met a woman who should have received medical attention for a variety of remediable issues, but who had not. I met a woman who should have received cancer screening tests, but had not. I met a woman who should have had screening tests for cardiac risk and received select immunizations - who had not.”*

Dr. Katz publicly apologizes to patients affected by obesity on behalf of his professional counterparts and reminds them of their hippocratic oath. *“In this public forum, I say to my new patient and all others like her: I am sorry. I am sorry for the sins of ignorant brutality originating in a profession that espouses to ‘first, do no harm,’”* stated Dr. Katz.

Weight Bias continued on next page

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And finally Dr. Katz calls on physicians to be compassionate and to stand true to their oath, to the duty of their profession. *"In deriding patients for their struggle with weight, we are doing harm. In denying patients the compassion that was the hallmark of our profession long before the cutting edge of biomedical advance was quite so finely honed, we are doing harm. In driving patients away from the very services we are charged to provide them, we are doing harm - and violating our professional oath."*

Conclusion

We can only hope that more physicians will heed Dr. Katz's call for compassion among physicians. But, there is also another important factor to consider, many physicians and nurses are affected by excess weight. Can we include them in our appeal to create a more comfortable and positive experience for patients affected by obesity in their practices?

On a practical level, it makes sense that if nearly 35.7 percent of Americans are affected by obesity, then

the majority of patients in any given practice are 35.7 percent of a physician's income. Therefore, creating a welcoming environment is not only the right thing to do, but can help physicians maintain their practice and makes good business sense.

For more information on weight bias, please visit the "Weight Bias and Stigma" section on the OAC Web site at www.obesityaction.org.

About the Author:

JoAnn Stevelos, MPH, MS, is a public health professional and freelance health writer. She has managed all aspects of large health and research programs in the fields of public health, health science research, community development, and youth initiatives. She has a BA from Columbia University in liberal arts, an MS in bioethics from Albany Medical College and an MPH from the State University of New York School of Public Health. Ms. Stevelos' research is primarily focused on childhood obesity, pediatric ethics and health disparities.



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FIVE THINGS Healthcare Providers Can Do Right Now to Create a Welcoming Environment for People of All Shapes and Sizes

- 1.** Model compassionate behaviors and protocols to foster an environment of acceptance of people of all shapes and sizes.
- 2.** Move the scale to a private area and ask patients if they would like to be weighed.
- 3.** Stock all examine rooms with instruments of all sizes so they are readily available for nurses and doctors.
- 4.** Encourage your staff to visit the “Weight Bias” section of the Yale Rudd Center for Food Policy and Obesity’s Web site for healthcare providers (www.yaleruddcenter.org) and review the materials and videos.
- 5.** Be proactive. Access the handouts for patients from the Yale Rudd Weight Bias Web site and distribute them to your patients.



FIVE THINGS to Help Make Your Next Physician’s Visit More Comfortable

- 1.** Educate and partner with your doctor. Send your doctor Dr. Katz’s article and this article.
- 2.** Advocate for yourself and others. When scheduling your appointment, ask if there are accommodations for patients affected by obesity. If not, ask for a referral to another doctor who has accommodations.
- 3.** Tell the attending nurse whether or not you would like to be weighed.
- 4.** Make a list of your questions or concerns to review with the nurse and doctor.
- 5.** Let your doctor know whether you are comfortable talking about your weight.

TALKING TO YOUR DOCTOR ABOUT YOUR WEIGHT

Visiting your doctor can sometimes be difficult or uncomfortable when you are affected by obesity. Discussing your concerns with your doctor can help him or her learn how to make your visits more comfortable and productive. Please answer the following questions, and then give this sheet to your doctor at your next appointment.

How often would you like to be weighed when you visit the doctor?

- ☐ At every appointment
- ☐ Only when necessary
- ☐ Only if I request it
- ☐ Once a year

To avoid seeing the number, would you prefer to stand on the scale facing backwards?

- ☐ Yes
- ☐ Sometimes – if I request it
- ☐ No – I would like to see how much I weigh

Would you like your doctor to offer you information and advice about how to lose weight?

- ☐ Yes
- ☐ Only if I ask for this information
- ☐ No

Would you like your provider to ask your permission before discussing your weight with you?

- ☐ Yes
- ☐ No

How would you like your providers to refer to your weight? Please check all words that you feel comfortable with when talking to your doctor about your weight.

- ☐ Body mass index (BMI)
- ☐ Obesity
- ☐ Body weight
- ☐ Weight problem
- ☐ Excess weight
- ☐ Fatness
- ☐ Weight issue
- ☐ Extra weight
- ☐ Other words you feel comfortable with:

ADVOCACY NEWS ADVOCACY ACTION

Obesity Community Comments on State Exchange Benchmark Plan Selection for Determining Essential Health Benefits Package

by Chris Gallagher, OAC Policy Consultant

Academy of Nutrition
and Dietetics



August 22, 2012

RE: Public Comment on the Essential Benefit Benchmark Plan Selection

Submitted via email to: Milton.sanchez@state.nm.us

To Whom It May Concern:

In the coming weeks, the State of New Mexico will move forward in selecting a benchmark health plan to define the scope of its essential health benefits package for its health exchange plan. At this critical juncture, the leading organizations of the obesity community implore the state to recognize our country's rising obesity epidemic and the importance of ensuring patient access to the coordinated continuum of medically necessary care to treat those affected by obesity.

Similar to many other medical conditions, obesity is a complex, multifactorial chronic disease, which requires a multidisciplinary treatment approach. This approach must encompass the best standards of care, both in terms of the treatments chosen, and the care coordination and clinical environment in which they are delivered.

Just as those affected by heart disease receive their care through a coordinated multidisciplinary treatment team, those affected by obesity should also follow a similar continuum of coordinated care. Because of the complex nature of obesity and its variety of impacts on both physical and mental health, effective treatment requires the coordinated services of providers from several disciplines and professions (both physician and non-physician) within both of these treatment areas.

Specifically, we are recommending that the State adopt the Presbyterian Health Plan for State Employees as the model for the essential benefit package with the addition of services required under the Affordable Care Act (see below paragraph) as this plan provides coverage for critical obesity treatment services such as nutritional counseling, pharmacotherapy and bariatric surgery.

Additionally, we urge the state to expand treatment services across the care continuum. For example, at the front end, those affected by obesity will now have access to covered obesity screening and referral to intensive, multicomponent behavioral interventions, as these "preventive" services are recommended by the United States Preventive Services Task Force and mandated under the Affordable Care Act.

Second, we recommend that a process for adding "new" essential benefits be developed quickly as safe, effective and evidence based obesity treatments, such as obesity drugs, either are available or will soon be available to citizens of New Mexico. These exciting new treatment tools will be especially critical for those who do not respond to behavioral intervention but may not yet be ready for bariatric surgery.

Let's Treat Obesity with the Respect, Urgency, and Action it Deserves!

Too often, for too long, private health plans have excluded coverage for obesity treatment services -- partly due to shortsighted cost savings efforts and partly due to the false assumption that these services are either not medically necessary, or not in line with generally accepted standards of medical care despite scientific evidence to the contrary...

In August, the OAC joined with other leading groups from the obesity community (American Society for Metabolic and Bariatric Surgery [ASMBS], The Obesity Society [TOS], The American Society of Bariatric Physicians [ASBP] and Academy of Nutrition and Dietetics [A.N.D.]) in submitting joint comments to a number of states, which are in the process of choosing a benchmark health plan to determine the scope of their essential health benefits (EHB) package.

In the wake of this summer's Supreme Court ruling on the Affordable Care Act, many states have jump started this process which entails the state choosing one plan for its benchmark from either the:

- Three largest small group plans
- Three largest state employee plans
- Largest commercial HMO plan
- Three Federal Employees Health Benefits plans

Therefore, many states are soliciting public comment from stakeholder groups (such as the OAC) regarding which health plan would be the best choice for the state to select – based on balancing coverage and cost. Throughout the last month, the obesity community delivered comments on this critical issue to state policymakers in Arizona, Colorado, Kentucky, Maryland, Nebraska, New Mexico, Nevada, New York, Rhode Island, Tennessee and Utah.

Each of these state-specific comment letters were based on significant research by the leadership of OAC, TOS, ASBP, ASMBS and A.N.D. to determine which health plan provides the best coverage of obesity treatment services.

In the comments, the obesity community urges policymakers to recognize that:

"Similar to many other medical conditions, obesity is a complex, multifactorial chronic disease, which requires a multidisciplinary treatment approach. This approach must encompass the best standards of care, both in terms of the treatments chosen, and the care coordination and clinical environment in which they are delivered...and just as those affected by heart disease receive their care through a coordinated multidisciplinary treatment team, those affected by obesity should also follow a similar continuum of coordinated care. Because of the complex nature of obesity and its variety of impacts on both physical and mental health, effective treatment requires the coordinated services of providers from several disciplines and professions (both physician and non-physician) within both of these treatment areas."

As you can see, the obesity community feels it is very important that the disease of obesity be treated just like any other disease state.

For more information about open public comment periods in your state, please contact OAC Policy Consultant Chris Gallagher at chris@potomaccurrents.com. To view the comments submitted to date, please visit www.obesityaction.org.

NEWS *from the* OAC

OAC Board Member, Ted Kyle, RPh, MBA, Receives the Prestigious Atkinson-Stern Award for Distinguished Service



On September 20, during The Obesity Society's (TOS) Annual Meeting, OAC Board Member Ted Kyle, RPh, MBA, was awarded the Atkinson-Stern Award for Distinguished Public Service for his tireless efforts and contributions to advocacy in the field of obesity.

Ted is a frequent author for *Your Weight Matters Magazine*, chair of the OAC Nominating Committee and an integral contributor to the OAC on many levels such as education, advocacy and more. The OAC congratulates Ted on this prestigious award!

Be a Part of the *Your Weight Matters* Inaugural Convention



Still thinking about attending the *Your Weight Matters* Inaugural Convention in Dallas, October 25-28? Well, don't think about it. DO IT! Registration is still open for this ground-breaking educational and advocacy event and starts at just \$35/day.

From information on medically managed weight-loss to bariatric surgery, we promise to offer you the latest education on weight and health. And, don't forget the special events! Friday evening, the OAC will host a Welcoming Ceremonies Dinner (Halloween themed), on Saturday, be a part of the first-ever OAC Annual Awards Dinner, and on Sunday, start your morning off right by participating in the Dallas *Walk from Obesity*. Stop thinking and start registering. Visit www.YWMConvention.com today!



OAC Debuts New Weight Bias Educational Piece

In August, the OAC debuted a brand new weight bias resource, titled "Weight Bias in the Workplace – Information for Employers." The guide was created to bring awareness of the prevalence of weight bias in the workplace. It provides common examples of

workplace weight bias and gives steps to reducing its impact. The guide also provides an in-depth look at body mass index incentives and penalties, workplace practices and more.

"Weight bias is one of the last acceptable forms of discrimination in today's society. This guide carefully examines bias in the workplace and provides employers with information on how to combat bias in the workplace and create a pleasant work environment for all employees affected by obesity," said Joe Nadglowski, OAC President and CEO.

To view the guide, please visit www.obesityaction.org.

OAC and Obesity PPM Continue Offering FREE Webinars on the Complexity of Obesity



In the past few months, the OAC and Obesity PPM hosted two free webinars in the 14-part series on the complexity of obesity.

In July, webinar four was presented on the topic of "Obesity, Hormones & Metabolism: Everything You Ever Wanted to Know but were Afraid to Ask." Guest presenters Richard Atkinson, MD, and Heather Flannery, Obesity PPM CEO, offered an interesting and insightful look at hormonal issues and obesity.

In September, webinar five was presented on the topic of "Obesity: Community & Lifestyle Planning." Guest speaker Robert S. Ogilvie, PhD, Vice President for Strategic Engagement at ChangeLab Solutions, discussed the unique attributes of urban, suburban and rural living. Dr. Ogilvie also outlined very specific, tactical approaches to supporting beneficial community change.

To view any of the webinars in the 14-part series, please visit www.obesityaction.org.

Upcoming Webinars

- November 8, 2012 — Obesity and Cognition
- January 17, 2013 — Obesity: Education System and Parenting
- February 28, 2013 — Obesity and Nutrition
- April 25, 2013 — Obesity: Workplace and Business Culture
- June 20, 2013 — Obesity: Sleep, Stress and Immunity
- August 15, 2013 — Obesity: Financial Instruments and Funding
- October 10, 2013 — Obesity: Exercise and Activity Level
- December 5, 2013 — Obesity: Food Policy, Production and Delivery



Bariatric Surgery

– What to Eat When the “Honeymoon” Wears off

by Sarah Muntel, RD

The first few months after bariatric (weight-loss) surgery, can seem easy. Patients have limited hunger, eat very small volumes of food, and struggle to get all their food in daily. During this period, it seems as if the weight is just falling off of you. Many people refer to this first year after surgery as the “honeymoon period.” Unfortunately, the “honeymoon” doesn’t last forever.

Things are different as you reach the one-year mark. Typically, as patients near their one-year anniversary, hunger returns a bit, food volumes increase and it can be more of struggle for people to stay on track.

Your diet is very important throughout your journey, but some argue it is even more important as you reach the one-year mark. Following your bariatric diet in the long-term is crucial to having lifelong success. Here are a few tips to keep you going as you approach the one-year mark.

Tips to Keep You Going

Eat solid food.

This is a lesson you learn at pre-op class, but it is even more important now than it was early on in your journey. Runny and crunchy foods slip right through your pouch and leave you feeling hungry more quickly, which allows you to eat a greater volume. New post-op patients tend to eat softer foods. They are easy to eat and go down so easily and that can become a habit. If you don’t start eating solid food, you’ll notice a big change in the amount of food you eat and your hunger level.

A protein supplement may not be the best breakfast for someone one-year post-op because it is a liquid and does not satisfy you. Instead, eat solid food like a scrambled egg and cheese.



Limit your carbs.

We focus on protein at the beginning of your program. As you advance your diet, you may start adding more carbohydrates. Carbohydrates are to be added in moderation. Be very careful with this. Some patients add in a whole grain cereal at breakfast, whole grain pasta at lunch and brown rice for dinner. These are all acceptable choices, but not if you have them in the same day!



Some patients find the more carbohydrates they eat, the more they crave. As they begin to add more carbohydrates, they want to eat more and more. For the patients we see in our clinic, we put them on a very low carbohydrate diet to get their diet under control. They typically find their cravings go down and they are not as hungry. As they gain more control, small amounts of carbohydrates can be added back into their meal plan.

Protein, protein, protein

Protein is and always will be the center of your meals. At this point, you should be getting most of your protein needs (60-80g per day for most) met by eating three protein-based meals. Eating three to four ounces of good solid protein at each meal is a good way to meet your protein needs and keep you full for a longer period of time.



Some people want to add in a protein supplement. Most people do not need a supplement because they are meeting their protein needs with the food they eat. Adding a protein shake at this point only adds extra calories because your needs have been met. A common misconception is that if you want to lose more weight, add a protein shake!

Limit your snacks.

If you snack, make good choices. I recommend three meals per day. Snacking in between meals typically leads to handfuls of carb-based foods (like crackers, cereal or chips). In a perfect world, this works. In our crazy busy lives, it doesn't.

If you are going longer than five hours between meals, think about having a snack. Keep your snacks protein-based (a cheese stick, cup of yogurt or an apple with peanut butter are all good choices) and keep snack foods out of the house. This will keep you full and prevent you from overeating at your next meal.



Journal your foods.

This one makes everyone cringe. Every dietitian out there asks patients to do it. The reason why is because it works! When you write your foods down, you are mindful of what you're eating. It is so easy to grab a couple bites of a snack at work, bites of your child's dinner and a cookie at a social event. These are all things you would never remember you ate if you weren't actively writing them down. Anytime you are struggling, start a journal and you will quickly find what you need to improve.



Bariatric Surgery continued on next page

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Plan your meals.

Planning is everything after bariatric surgery. When you are newly post-op, you plan your meals, supplements, vitamins and fluid. As your diet advances and you are able to eat a greater variety of food, it is easy to begin eating on the run and not planning ahead for meals. If you don't plan ahead, you can begin grabbing high calorie foods that will slow down your weight-loss.

Recently, I spoke with a man who had been fixing his lunch in the morning and having scrambled eggs. He got out of the habit and began running through a fast food restaurant every morning and getting a breakfast sandwich. He couldn't figure out why his weight-loss had slowed. Eventually, he realized it was because he was not eating his planned breakfast and was choosing a breakfast that was around 250 calories extra and he was having it every day!



Get your fluids.

You should always strive for 64 ounces of fluid per day. This can be a struggle when people are newly post-op, but as you approach the one-year mark, most people do not have trouble with it at all. The problem I see is beverages with calories making a comeback. Adding in beverages with calories can slow your weight-loss quite a bit. Stick to calorie-free, non-carbonated, non-caffeinated beverages for your best choice.



As you read through these tips, realize that you won't be perfect. No one is perfect. You do need to make sure that you don't start deviating too far from the rules. If you start slipping a little, get right back on track. You will find the more you follow the rules, the more successful you'll be!

About the Author:

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

Why do you want to lose weight?

Feel better about myself.

Keep up with my kids.

Become healthier.

To be more active.

To live a longer life.

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SOCIAL MEDIA AND THE OBESITY ACTION COALITION:



Join the Online Conversation

by Stephanie Wielinski, OAC Outreach Coordinator

Did you see their
Facebook page?

I just Tweeted
that!

You have to start
“following” them
on Facebook!

Any of these statements sound familiar? Any of them sound confusing? Don't worry because you're not alone. Throughout the past few years, social media has taken the world by storm, creating a new forum for people to discuss various issues, connect with family and friends, as well as brands and organizations they support. The OAC is continuously building our social media presence and we want you to join in the conversation!

This new form of communication may be overwhelming at first, but once you get your feet wet, you are sure to love the accessibility that social media offers. To give you a little head start, we wanted to offer you a “Social Media 101” tutorial. Once you realize how easy it really is, you can connect with the OAC on social media and stay up-to-date with all our efforts!



Facebook

Facebook was one of the first types of social media to emerge, and it has grown by leaps and bounds. With the creation of Facebook Pages, organizations like the OAC were able to create their own presence on Facebook. The OAC's Facebook Page is one of the easiest and best ways to stay connected with the OAC. OAC Facebook fans stay up-to-date with OAC news and can read a wide variety of informational articles on obesity and health-related topics. In addition, our Facebook fans can view pictures from different events the OAC participates in and hosts, as well as voice their opinion on current obesity and health topics. We post to the OAC's Facebook Page multiple times a day, so there is always something new!

create a Facebook Page

Creating a Facebook account is simple. All you have to do is visit **www.facebook.com**. On the homepage, you will see the sign-up form. An email address is required to start a Facebook account. Once you create your account, simply enter "Obesity Action Coalition" in the search bar to find our Facebook Page. You can also become a fan of the OAC Facebook Page by visiting **www.facebook.com/ObesityActionCoalition**.



Twitter

Twitter was one of the next forms of social media that launched online and helped change the face of social media. Twitter is a little different from Facebook in that your posts, or "tweets," are limited to 140 characters. This means that Twitterers have to be short, concise and to the point with their tweets. The OAC posts tweets on Twitter multiple times a day, ranging from news stories about obesity to our educational materials that you can view free-of-charge. We also post all major announcements on Twitter and share (retweet) messages from other helpful resources.

create a Twitter Account

Setting up a Twitter account is easy. When you visit **www.twitter.com**, there is a sign-up form right on the homepage. An email address is required to create a Twitter account as well. Once you sign-up for Twitter, your next step is to create your Twitter handle, or your username. After you set-up your Twitter account, you can search for the OAC. In the search box at the top, enter "@ObesityAction." @ObesityAction is the OAC's Twitter handle and the best way to find our page. You can also find the OAC on Twitter by visiting **www.twitter.com/obesityaction**.

Social Media continued on next page

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Once you join, post your gently worn or new clothing for sale on our site, then shop the site for beautiful clothes you can enjoy immediately.



Visit us at: WearNShareLLC.com

LinkedIn

LinkedIn was created as a social media outlet for professionals. Individuals have a profile that details their professional history and their current job position, and they can connect with others in their professional field. Getting started on LinkedIn is just as easy as Facebook and Twitter, and an email address is required too. The sign-up form is right on the homepage of www.linkedin.com.

One unique feature of LinkedIn is discussion groups. The OAC has a discussion group on LinkedIn and it is a great way to get discussions started about obesity and related health issues. We post new topics regularly, and it gives individuals the chance to voice their opinion and discuss them with other professionals. You can find the OAC's discussion group using the search box at the top of each page. Choose "Groups" then enter "Obesity Action Coalition."

YouTube

YouTube

Many people are familiar with YouTube, but did you know that the OAC has a YouTube Channel?

For those of you that are not familiar with it, YouTube is a social media forum that allows individuals to upload videos, as well as view videos others post. You do not have to create and upload videos to have a YouTube account. You can create an account just to connect with organizations and brands that interest you. You can then subscribe to a YouTube channel, so you receive updates and stay informed when something new occurs on that channel.

Recently, the OAC has been using video messaging to communicate with our followers on social media. All of these videos are hosted on our YouTube channel, ObesityAction. YouTube users have the ability to subscribe to our channel, comment on and "like" our videos, as well as share them on social media sites such as Facebook and Twitter. You can find the OAC's YouTube channel by visiting www.youtube.com/obesityaction or enter "ObesityAction" into the search box when visiting www.youtube.com.

Pinterest

Pinterest

Pinterest is the newest social media forum that the OAC has recently joined. Pinterest is a virtual pinboard that allows you to "pin" images from Web sites and categorize them on "pinboards." The OAC uses Pinterest as an online educational resource. We currently have eight pinboards on the OAC's Pinterest. These boards include: nutrition,



fitness, healthy recipes, weight-loss options, obesity education, weight bias, advocacy and the *Your Weight Matters* National Convention. We are continuously "pinning" resources to our boards, creating a one-stop educational resource for you!

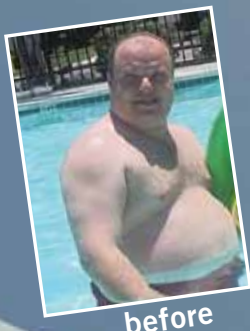
Creating a Pinterest account requires an email address as well, and you can get started by visiting www.pinterest.com. Once your account is created, simply search for the OAC by entering "ObesityAction" into the search box at the top, or by visiting www.pinterest.com/obesityaction. You can then choose to follow all of our pinboards, or only the pinboards that interest you. We are constantly posting new pins, so there are always new resources to be discovered!

conclusion

The world of social media is constantly evolving, and while some thought it might just be a fad, it is here to stay. One thing to keep in mind, all of these social media outlets are accessible from a smartphone, making them easily available. Do you want all of the OAC's latest news and resources right at your fingertips? Then following the OAC's social media on at least one forum is your best bet! Get started, join the conversation today and see what you've been missing!

About the Author:

Stephanie Wielinski is the Outreach Coordinator for the OAC. She manages all social networking and is responsible for the creation of all of the OAC's electronic correspondences. Stephanie is a graduate of the University of South Florida with a degree in mass communications.



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Animals are Telling Us We Don't Know it All When it Comes to the Causes of Obesity

by William Hignett, MPH, and Ted Kyle, RPh, MBA



What do we truly know about obesity and what are the limits of our knowledge? Recent animal research studies challenge our standard viewpoint of obesity causes.



One thing we know from observation is that obesity is increasing in the U.S. and in most countries around the world. The trends are significant and striking, with obesity increasing in all age groups and areas of our country. Approximately one in six children is affected by childhood obesity in the U.S., and 68 percent of adult Americans have excess weight or obesity.

What is known about the cause or causes of this obesity trend? Many believe we understand the reasons for the dramatic increase in obesity rates. Most would say that greater obesity is happening for reasons such as these:

- More sedentary lifestyles
- An environment where foods are more available
- Most foods are more processed and have more calories
- More people are eating at restaurants, with a trend toward supersized food servings

People often say that it boils down to a person eating more calories than the calories they burn, and throughout time the person then gains weight. Overall, the American public gets a fairly consistent explanation of why the obesity trend is increasing, and few individuals question why rates are increasing or doubt that we have all the answers. But, do we have a complete understanding of the obesity epidemic?

What Do We Know?

It is human nature to believe that we know more than we actually do know. Take medicine as an example. Patients

often do not question whether their physicians and other health professionals are up-to-date and have full knowledge of conditions and treatments. Yet, recall that we knew next to nothing about cancer in the 1950s, and medical practitioners at one time treated ulcers with bland diets and antacids.

There is a staggering amount of clinical and scientific information today, and with globalization and rapid technology changes, information is exploding. As science and medicine advance, more is learned, resulting in changes in practices and knowledge. Clinical guidelines are updated and adjusted every few years for most diseases. Patients, for example, who receive a beta blocker and a daily aspirin after a heart attack fare much better than those who do not – an insight from the last few decades. The goal of treatment for patients with diabetes now is tight blood sugar control. Cigarettes are now known to cause heart problems, lung problems, cancer, and other health complications. But, in the 1950's little was known definitely about diabetes, or about cigarettes.



1930's Advertisement featuring doctors and tobacco.

Science works to gain a better understanding of the unknown. At the University of Arizona College of Medicine, a curriculum on medical ignorance helps students realize the shifting domains of ignorance, uncertainty and the unknown. We, as consumers of healthcare, also need to remember that mistaken concepts from the past suggest that we should accept today's facts with caution. This approach, of course, applies to obesity. How firm are the facts and concepts about the cause of the increasing rate of obesity in the last half century?

Let's Look at the Facts and Concepts

Recent animal research studies challenge our standard viewpoint of obesity causes. According to a recent review by German, "most investigators agree that, as in humans, the incidence of obesity in the pet population is increasing." Obesity is a growing problem for dogs and cats, and in 2007 there was a 19 percent increase in claims related to obesity. The Association for Pet Obesity Prevention estimates that 54 percent of dogs and cats have excess weight or obesity in the U.S., which the association estimates would be 93 million animals. Some people may be skeptical of pet obesity, believing owners may simply be overfeeding their dogs and cats. Yet, obesity estimates in the tens of millions should cause at least a raised eyebrow.

A 2010 study in the Proceedings of the Royal Society B: Biological Sciences provides even more rigorous evidence that something is hap-

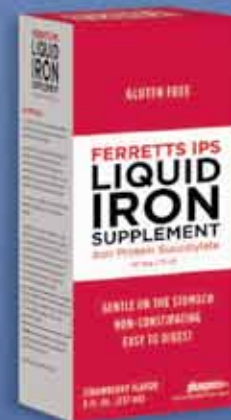
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Animals continued from previous page

pening across mammals, which indicates that the obesity rate increase is not confined to humans. This study was conducted because little is known about whether similar increases in obesity have occurred in animals inhabiting human-influenced environments. The authors examined samples collectively, consisting of more than 20,000 animals from 24 populations of animals within eight species, living with or around humans in industrialized countries. The researchers followed the animals' percentage weight gain per decade.

The results of the study found that both the percentage increase in body weight and the odds of an animal being overweight in any given population showed a strong increasing trend. Although the shift was only significant in less than half of the groups evaluated individually, it was highly significant when all of the animal groups' results were lumped together. The study looked at more than 20,000 animals and found an increasing trend in obesity in lab mice

and rats, chimps, marmosets, rhesus monkeys, feral rats, domestic dogs and cats and other animals. With respect to percent weight change, in 24 out of 24 time periods the trends for weight gain were increasing.



What's Causing Weight Gain in Animals?

What caused this increase in obesity in the studied animals? Perhaps for the feral rats, the greater than 40 percent jump in body weight came from scavenging on the streets of Baltimore, and it reflected the increased richness of their diet from more calorie-dense garbage. Unknown factors might be involved in the other animal populations, many of them lab animals on strict diets. Could it be that toxins which disrupt the endocrine system are causing obesity, or perhaps particular pathogens might be having a widespread effect on the metabolism of mammals?

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At least one study suggests that a virus is involved in stimulating weight gain. Human adenovirus-36 (Adv-36) increases the fat in adipose tissue in chickens, mice and non-human primates. The role of Adv-36 in human obesity is unknown, but data from the study in the International Journal of Obesity found that the prevalence of Adv-36 antibodies is almost three-fold higher in people with obesity compared to others.

Although the animal data does not show causation of factors associated with obesity trends in animals, it points out a lack of knowledge. As Stuart Firestein points out in his new book, Ignorance: How It Drives Science, more often than not, science is looking for a black cat in a dark room, when a black cat might not even be in that room. But it is the “not knowing” that gets researchers into the labs and in the field working long hours to answer tough questions. Hunger for knowledge is the driving force of science. With billions spent on scientific research – \$420 billion annually for U.S. government support of scientific research and education, with an additional \$700 billion annually for corporate scientific research – should we be so accepting about assumptions regarding what causes obesity and other obesity questions?

Summary

Animal research is telling us that we know far from everything about obesity. In fact, we still have much to learn about the many facets of obesity. Perhaps it is time to attack this lack of knowledge with a vigorous effort such as in the 1960's with the “war on cancer,” with an all-out commitment to learn more before the U.S. healthcare system is crushed by the costs of obesity and its many related medical conditions.

About the Authors:

William Hignett, MPH, is a disease management expert with a public health and a business background.

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



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by Abby Lentz

YOGA

IS NOT A 4-LETTER WORD

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

Losing weight and improving your health can often be a difficult journey. You may feel limited to the types of exercises you can perform. Yoga is an excellent low-impact exercise to help you strengthen your core and increase flexibility. The benefits of yoga can be yours regardless of your size!



Photo courtesy of Abby Lentz

What can yoga do for you?

Yoga is a discipline that's thousands of years old. The main physical benefits of yoga are well documented:

- Reduce Stress
- Improve Balance
- Increase Flexibility
- Develop Core Strength

People come to the yoga mat wanting their physical bodies to change. However, it's the feeling of well-being that brings people back to their yoga practice.

When asked, "What do you do?" I often see the look of disbelief creep across faces as I reply, "I'm a yoga teacher." As a woman affected by obesity, I do not fit the image of a yoga teacher, marathoner or triathlete. Yet, that is who I am.

I see this same look of disbelief when I tell a person affected by obesity that they can do yoga right now in the body that they have today. Countless times I've been told that someone would do yoga, but only after they've lost weight. Unfortunately, this eliminates yoga as a tool for reclaiming their health based on their idea that yoga is only for the already thin and flexible. In fact, yoga can be done by everyone — lying in bed, sitting in a wheelchair or standing only for brief moments, the benefits of yoga can still be yours.

Yoga as a Valuable Tool for Weight-loss

First time yoga students are often surprised at how much energy and effort it takes to come into and hold even the most simple of yoga poses. However, with yoga, it is not just calorie burning that best supports weight-loss.

Often, options to reclaim your health can be overwhelming. What to do is only the beginning of the process, as the answers to “who, where and when” can cloud and confuse the mind — leading to no action at all. The easiest way to quiet the mind for clearer thinking is do Deep Belly Breathing (see sidebar) and focus on the words “inhale” and “exhale” to the rhythm of your breath.

Mindfulness is another benefit of yoga that’s often overlooked. Setting your intentions or goals is an important footprint to your success. Some programs require close attention to guidelines to ensure health. Bringing awareness to your life choices, yoga encourages and reminds you to match your actions to your goals.

How to Start Your Yoga Practice

The best way to start a yoga practice is to sprinkle yoga into your daily life. Little pieces of yoga throughout the day will bring you huge benefits with ease — Deep Belly Breathing at a red light or during commercials while watching TV; standing in Mountain pose (see sidebar) while your coffee brews or the microwave is cooking; or gentle seated twists (see sidebar) in front of the computer while it starts or when you find yourself on hold. Taking any movement you have and holding it a little longer, reaching a little farther, will all be beneficial even if you’re confined to a bed.

When you decide it’s time to find a yoga teacher, location is still the first question to answer. You are more likely to be consistent if the class is convenient to your home or workplace. Call or contact the teacher by email to have a chance to talk about what you want and if they have a class that will fit your needs. Remember, you are the customer. Coming early to class will enable you to find a spot that supports your comfort zone. Some of us like to be in the back or close to a wall. Others want to be up front so we can see everything that’s going on.

Yoga continued on next page



Yoga for Everyone!

3-Part Deep Belly Breath

This can be done anywhere and in any position — seated, standing or even lying down. Breathing through your nose, soften your diaphragm. Inhale deeply expanding your lungs from bottom, middle to top. On the exhale, release from top, middle to bottom. Go slow. Enjoy the expansion of your lung capacity while you improve your cardiovascular exchange. Great for stress reduction — I especially like to do this while waiting in the doctor’s office.

Simple Seated Twist

Sit so you’re not touching the back of your chair with your feet comfortably apart planted to the floor. On an exhale, reach across your body with your right hand to left knee or leg. The left hand goes back and can be supported on the seat or the back of the chair. Keep the energy of the hips grounded as you feel the twist deepen from hip to top of the head. Your eyes should look left in the direction of the twist. Breathe in shallow breaths that don’t interfere with the squeeze. Keep your belly relaxed. Hold this twist with the spine tall, even though it’s in rotation. Coming out, inhale back to center and twist to the other side. Twists are great to stimulate and cleanse all the organs and soft tissues of the torso.

Standing Mountain Pose

Stand with your feet at true hip-width apart. We often believe our hips are farther apart than they really are. Reach in from the front and find your hipbones. Place your feet directly below your new found hips — it’s okay if your thighs squeeze! The important thing is to honor the alignment of your frame, not the flesh. Set your feet so the outside edges are parallel. This will make you feel a little pigeon-toed, causing your knees to be soft. (Never stand with locked knees.) Engage both your abdominal and gluteal core. A gentle press of the shoulder blades will open your heart center and give you a feeling of lightness. You can stand like this anywhere and no one will even know you’re practicing yoga.

To add arm work, on an inhale, lift the arms out to the sides and up overhead framing the head at the ears, palms facing not touching. Hold and feel the energy from your feet to your fingertips. On an exhale, release the arms down and soften the whole body as you release the pose.

Yoga continued from previous page

If that first location isn't for you, keep trying. Know that the right teacher and the right class are out there for you. Don't suffer or spend your money on a class that isn't working for you, but don't give up either.

Once you've found a class, give yourself permission not to do every pose that's being taught. Listen for what the foundation movement is, as well as the benefit. From that information, move in a way that makes sense to your body. Go inward and remember — there's never any pain in yoga.

About the Author:

Abby Lentz is founder of HeavyWeight Yoga®, yoga designed for people who are affected by excess weight or obesity. Her mission is to change the image of yoga to include people of all sizes. She was chosen by Fitness Magazine as one of their Fit 50 and her DVDs appear on More Magazine's Best Work DVD Dozen and their Best Yoga DVDs lists. She lives in Austin, TX and teaches yoga throughout the country. You can also find her leading a group yoga class at the OAC National Convention in Dallas. You can reach her at abby@heartfelttyoga.com.



Photo courtesy of Abby Lentz

My 3 A's

Yoga can bring to you what I call the Three A's: Awareness, Acceptance and Affection. As you build your yoga practice, you'll find yourself aware of your body in a new way. Your body's edges will become clearer. Your everyday movements will deepen.

From awareness, you'll begin to notice how different your body is day-to-day, and so begin to accept those differences — especially the ones you can never change.

Finally, it is my deepest wish that you will come to love your body just as it is in the moment. Please remember, permanent changes come from love, not from hate — and you deserve to be loved now and always.

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(optional, but only accessible by OAC members)

Add-on 1: Educational Resources

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

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

Add-on 2: Make a General Donation

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

- | | |
|-------------------------------|--------------------------------------|
| <input type="checkbox"/> \$5 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> Other _____ |

Membership/Add-on Totals:

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MEMBERSHIP



Building a Coalition of those Affected

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

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

Why YOU Should Become an OAC Member

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

Membership Benefits

Benefits to Individual Membership

- Official welcome letter and membership card
- Annual subscription to the OAC's publication, *Your Weight Matters Magazine*
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- "Bias Buster" Alerts, alerting specifically to issues of weight bias
- Immediate Advocacy Alerts on urgent advocacy issues and access to the OAC's expert advocacy team
- Ability to lend your voice to the cause



“Family Fun in the Kitchen for the Holidays”

by Amber D. Huett

The **HOLIDAYS** bring an eagerness for baked goods and tasty recipes, but especially those that can grow the family's waistline. The good news is that there are ways to have fun baking as a family and keep it healthy too.

Before You Start Baking: Introduce and Prepare Your Space

Before introducing the kitchen to the kids, be sure to review all the materials and equipment you'll be using. This will keep them and the family safe and get the kids excited and invested about the process. If you have the space, consider making a “Young Bakers” section of the **KITCHEN** to give them even more ownership in the process. This may include “kid sized” bowls, whisks or other materials as well as commonly used items within reach. Creating a space just for them will help keep them safe as they will be less tempted to reach for tools that might put them in danger.



Finally, review all directions and explain what they do not understand. This includes instructions on packaging, how to properly use utensils, any equipment they might use such as the range, stove, blender or **MIXER**, and how to handle hot items. Use your best judgment in determining what tools are age-appropriate. Having an adult present while handling equipment or knives is strongly recommended!

Search by Flavor

Most people think of **FLUFFY** cakes and crisp cookies when you talk about **BAKING** for the holidays. Talk to your kids about what flavors, **FRUITS** or textures they like most and start your search with that information. If they aren't sure what they like, suggest flavors of snacks they typically enjoy, such as **BANANA**, peanut butter, oatmeal, **CHOCOLATE** or any other naturally sweetened fruits. This will give you a great starting point to search online, talk with other parents, and increase your chances of happy little holiday bakers!

Chocolate and Peanut Butter Lovers

Not only does chocolate taste delicious, but studies have shown that it may improve or reduce stress and make us feel better! It may be why we crave it especially around the holidays! Peanut butter recipes can also have an added bonus of extra **PROTEIN**. An easy way to reduce the **CALORIES** and fat with peanut butter-based recipes is to use a natural peanut butter. It's not surprising that these holidays favorites have many recipes available online, which can satisfy your cravings, but still be health-conscious in moderation.

Here is a recipe that keeps calories low and combines both ingredients. Keep in mind that the number of steps and tools needed will help you choose the best one to prepare with children.

Peanut Butter and Chocolate Cookies

(www.CalorieKing.com)



What you need:

- 1 cup creamy peanut butter
- 1 cup Equal® Sugar Lite (or 24 packets of Equal)
- 1 egg
- 1 tsp vanilla
- 1 cup mini semi-sweet chocolate pieces (or mini M&Ms)

Directions: Preheat **OVEN** to 350°F. Beat peanut butter and Equal® Sugar Lite until blended. Mix in egg and vanilla until combined. Stir in chocolate pieces until well **BLENDED**. Shape dough into one-inch balls. Place on an ungreased cookie sheet. Bake in preheated oven 10 to 12 minutes or until firm to the touch. Cool slightly on cookie sheet. Remove and cool completely on wire rack. **COOKIES** best stored in an airtight container at room temperature.

Yield: 36 cookie balls at approximately 86 calories each. (For 25 slightly larger cookie balls, it would be approximately 125 calories each.)

Sweet Treats: No Oven Needed

For families wanting to keep the smallest of chefs involved, consider a sweet treat that does not require a stove range or oven. To put a holiday twist, add holiday appropriate food coloring, colored sprinkles, crushed nuts or look for holiday versions of typical snacks, which usually come in special colors. The following recipe could have any of the holiday sprinkles, nuts or colorings!

Low-Sugar Pudding and Cream Sandwiches



What you need:

- Approximately 30 graham crackers, broken in half
- 1 large box of sugar-free instant pudding (your choice of flavor, but the variety of flavors include: vanilla, chocolate, white chocolate, pistachio, lemon, butterscotch, cheesecake, banana cream)
- 8 ounces sugar-free or lite whipped topping
- 2 cups skim milk
- Sprinkles and nuts (optional)

Directions: Prepare instant pudding with milk, according to package directions. Whip or stir in whipped topping and blend until smooth. Place a large spoonful on a graham cracker and top with another. Dip each side into **SPRINKLES** or nuts if desired. Place in individual zipper seal sandwich bags and freeze until firm.

Quick Tips and Reminders for Cutting Calories in Recipes

- ✓ Be sure to use measuring tools for all ingredients in a recipe. Small amounts of extra sugar, butter, oil or other fats will add up quickly so it is important to be exact.
- ✓ Beware that flour should not be scooped from a bag or container, but stirred and spooned into a measuring cup and a level top.
- ✓ Check the weighted measures because some flour cups may be as light as three ounces and some more than five ounces, which could nearly double the amount of flour.
- ✓ Try substituting sugar for sugar-substitutes, applesauce with reduced amounts of oil, cooking spray instead of butter to grease pans and dishes and skim for whole milks.
- ✓ Be sure to check the cook time, which may be less with different ingredients.
- ✓ Of course, for recipes that have fewer reasonable substitutions (ones that won't drastically change the taste and texture), try to reduce the portion size and consumption.
- ✓ With cakes, try using cupcake papers to have pre-made, smaller portions.
- ✓ If you're borrowing a recipe, ask the creator how their altered recipes turned out.

KID'S Corner

Bonus Points in Baking

Depending on the age and grade level, take the brainstorming of **FLAVOR** ideas as an opportunity to go over academics, but specifically organizing your thoughts. Your child's teacher may have graphic organizers, charts or Web site database builders that could make the search a chance for learning, not to mention the non-fiction practice of reading a recipe and sequencing events in a logical order. Also, don't forget the math involved in baking! Children will use measurements such as cups, ounces and pounds to fractions, volume and **TEMPERATURE**. Math practice is everywhere in the kitchen! Some teachers may also be willing to give extra credit if children share their experience with baking and what they learned in writing!

3/4



It may be a difficult task to find a healthy treat to satisfy the entire family, but there is great opportunity for holiday fun and bonding time. The togetherness of the kitchen will keep the children during holiday breaks excited to help out around the house and may just reveal a new, special baking talent!

About the Author:

Amber D. Huett is a member of the OAC National Board of Directors 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.

Pumpkin Pies and Cookies, Oh My!

With the leaves in piles and turkeys on our tables, the natural sweet treat is **PUMPKIN** themed. While pumpkin pie is the traditional favorite, there are many options that include this holiday flavor. Many pumpkin recipes also have an added bonus of mixing well with extra protein. Online searches will show many muffin and pie recipes, but something the kids could enjoy and pack for **SCHOOL** parties (parents can also take to holiday potlucks or just to keep for after-dinner treats) are pumpkin cookies. Here is one recipe that includes a quick cook time and extra protein!

Pumpkin Protein Cookies

(www.yummly.com)



What you need:

- 3/4 cup of granular Splenda®
- 1 cup rolled oats
- 1 cup wheat flour
- 1/2 cup soy flour
- 1 3/4 tsp baking soda
- 1/2 tsp baking powder
- 1/2 tsp salt
- 2 tsp ground cinnamon
- 1 tsp ground nutmeg
- 1/2 cup pumpkin puree
- 1 tbsp canola oil
- 2 tsp water
- 2 egg whites
- 1 tsp molasses
- 1 tbsp flax seeds (optional)

Directions: Preheat oven to 350°F. In a large bowl, whisk together Splenda®, oats, wheat flour, soy flour, baking soda, baking powder, salt, cinnamon and nutmeg. **STIR** in pumpkin, canola oil, water, **EGG** whites and molasses. Stir in flax seeds, if desired. Roll into 14 large balls and flatten on a baking sheet. Bake for 5 minutes in preheated oven. Be careful to not over-bake as the cookies may come out dry.

Yield: 14 cookies at approximately 110 calories, 3 grams fat, and 5 grams protein each.

WORD Search!

In the story you just read, you may have noticed certain words in all caps and bolded. These words are important terms for having fun baking this holiday season while staying healthy. Below, you will see a word search. See if you can find all the words! Happy Holidays!

B	S	Y	W	M	B	R	R	S	O	T	S	Q	S	N
N	G	E	I	Q	O	A	E	I	E	N	Y	A	C	Z
V	G	X	L	V	M	I	N	M	T	B	A	S	H	R
G	E	U	A	K	R	P	P	A	L	S	D	T	O	P
R	N	L	O	O	N	E	R	E	N	F	I	I	O	U
X	F	I	L	X	R	I	N	O	Y	A	L	U	L	M
D	C	A	K	A	P	D	R	F	T	K	O	R	L	P
Q	C	H	T	A	E	B	E	P	N	E	H	F	O	K
S	B	U	H	D	B	Z	H	C	S	J	I	M	V	I
K	R	Q	K	K	I	T	C	H	E	N	D	N	M	N
E	W	M	W	E	T	A	L	O	C	O	H	C	S	K
S	E	I	K	O	O	C	N	E	V	O	U	P	W	Z
C	T	I	Y	N	X	B	O	G	C	H	R	U	X	X
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Y	F	O	Z	Q	I	B	G	N	T	P	G	X	N	X

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BAKING
BANANA
BLENDED
CALORIES
CHOCOLATE
COOKIES

EGG
FLAVOR
FLUFFY
FRUITS
HOLIDAYS
KITCHEN
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List as of 9/26/12

EMOTIONAL *and* HEALTHY EATING DURING THE *Holidays*

by Rachel Brown, RD, LDN



THE HOLIDAYS NO LONGER
HAVE TO BE SYNONYMOUS WITH
WEIGHT GAIN. TAKE CONTROL
AND EAT DELICIOUS FOOD
AROUND THE HOLIDAYS!



“THE HOLIDAYS”

To some of you the word “holidays” alone can strike a nerve, increasing your blood pressure and just plain stress you! The holidays are a time for celebration, a happy time when we think of the blessings in our lives and enjoy the company we have around us.

You and you alone can make or break your holiday into a joyous occasion or a time of stress and emotional eating. Your mind is a powerful tool – if you decide to let a few things “roll off your back” and not let them ruin your entire day, month or holiday – it won’t. Even if everything around you is chaotic and falling apart, if you decide that you can control what you are able to control and let go of the things that are not in your control then the stress did not win, you won.



PLAN AHEAD

One of the more effective ways to stay in control of your weight during the holidays is taking charge by bringing an appropriate yummy dish you made yourself to the party. This way you know there is something at the party you can eat and your host is sure to appreciate one less dish they have to prepare.

POSITION YOURSELF

Do not act like you are the bodyguard for the dessert table. Step away from the desserts! Go across the room. If the party is good enough, and hopefully you are enjoying quality events, you will forget about the boring dips and remember that interesting new guy or girl you just met. If the occasion has dancing, dance!

People will notice if you are having fun or scowling in the corner. Dancing will also help keep you away from adding on pounds at the food table and will help you burn calories while making new friends on the dance floor.



PORTION CONTROL

A frame of mind that is good to have at these events is, "I've had that before and know what it tastes like," then move on and save those precious calories for something new and worth it. If you take a bite and realize it is not the best thing your taste buds have tried, stop and don't take another bite of it. That dish and those calories are no longer worth it.

There is a fresh new concept that relates that the satisfaction of food after the first bite declines dramatically after each subsequent bite, thus the more you eat, the less satisfying it is. This is also where mindful eating comes into play. Enjoy your food by eating slower; enjoy each bite figuring out the flavors, textures and smells. When you start appreciating these elements further each time you eat, you will notice you will eat less in volume and enjoy more delicious foods.



NEW TRADITIONS

Just because that ancient family recipe calls for large amounts of artery clogging fat in the dish does not mean if you update the recipe to the 21st century it will not taste just as good or even better. After all, change is good. Embrace the past by making a nod to the history of the recipe and updating it for today. Who knows, this could be the new favorite and if it is healthier, you are doing a favor to your family recipe for generations to come.



Holidays continued on next page

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ALCOHOL

The fastest way to gain weight is drinking your calories! Did I get your attention? Is this your plan? There are many reasons alcohol and moderation go together; no one wants to see the inner contents of your stomach displayed on the dance floor.

The more you drink that holiday beverage, the more calories you are consuming without even getting the benefit of feeling full from it and knowing when to stop. Be smart about your beverage choice. The choice is clear; literally, clear liquid drinks will usually be lower in calories than those that are creamy or dark in color. Plan to order diet tonic water/diet soda or crystal light as a mixer with your hard liquor instead of a simple syrup or regular soda.

In between each alcoholic drink, drink water. This tactic should slow down your consumption of alcohol and help keep your head clear, saving precious calories that are wasted senselessly by drinking them. Eat your calories, do not drink them.



Holidays continued from previous page

Utilize herbs, spices, garlic and lemon juice; these are calorie-free gifts from Mother Nature to completely change the dish! Start new traditions –after a large family gathering or meal, add a physical activity to the mix: a group walk, football game or hiking. These activities after a meal can be a welcome addition. Walking after a meal will help aid in digestion and boost energy.

EMOTIONAL EATING

The only person controlling emotional eating is you. Whether you believe it or not, you are the only person that has control over your thoughts and actions. Take control of yourself and your thoughts. There is significant influence and constructive power in positive thinking. Once you have a powerful, positive mindset and attitude – nothing can stop you.

Keep a food journal – not only write what you are eating and the amount but write the emotions you are feeling during this time. If you write down these thoughts and emotions you are feeling you may discover and work through those emotions on paper and not take them out with food. Food and comfort are not and should not be synonymous. Food will not give you comfort. Comfort, relief, serenity are all derived from your perception of the thing that is stressing you. In other words; you are in control of how you deal with stress.

Emotional/stress eating will do nothing for you but stress you out later and sometimes lead to stress eating. This is not a good cycle. When you are stressed, go for a walk, call a friend, paint your nails, take a bath, clean the house, drink an herbal tea and distract yourself. You deserve to find joy and happiness during the holiday season!



About the Author:

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



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A Low-carb Thanksgiving to Remember!

by Chef George Stella

In the article you just read, titled "Emotional & Healthy Eating during the Holidays," the author provided you with tips on how to maintain healthy eating habits during the holidays. The author also suggested taking old family favorite recipes and making them healthy and new!

In this article, you will find a variety of holiday recipes provided by Chef George Stella. From sausage and herb stuffing to praline pumpkin pie, you'll love these healthy and festive recipes for the holidays!



My name is George Stella, and 12 years ago I was well on my way to weighing 500 pounds! Add in my wife Rachel, who at one point weighed 205 pounds, my oldest son Anthony, who weighed 225 pounds and my youngest son Christian, at 305 pounds, and you have a single family of four that weighed more than half a ton!

Understandably, I am not exaggerating when I say that the way we were eating was indeed killing us. Looking back at the years in which we were literally growing together as a family, I remember our meals consisting on average of things ranging from pizza and macaroni and cheese, to Chinese and fast food.

What finally worked for us was a lifestyle initially based on the Atkins diet, which centers on drastically limiting your carb intake, and together my family of four lost more than 550 pounds in less than three years! After a while, we did find that we were all missing the old comfort foods that we had gotten used to throughout the years, especially at the holidays. As a chef, I decided we needed to make the low-carb lifestyle work to fit our tastes, rather than restricting ourselves completely in order to follow a plan created by someone else.

I have always said that you need to like what you are eating, or you are dooming yourself to failure. For this reason, it is incredibly important that what you're eating includes foods you enjoy! And what better time to enjoy cooking than the holidays! With Thanksgiving around the corner, I thought you might enjoy a few of our favorite low-carb comfort-food sides and desserts that your family is sure to love and remember! All of these recipes are available at www.StellaStyle.com.

Happy Thanksgiving and Happy Eating!

Chef George Stella





Cranberry Relish *(shown with diced apples and walnuts)*

Calories: 20 | Fat: 0g | Protein: 0g | Fiber: 1g | Net Carbs: 3g

It wouldn't be the holidays without cranberries, so we're quite lucky they're naturally low in sugar. Of course, the kinds of sauces you'll find premade in supermarkets are full of the stuff. Which is why this recipe is so darn delicious—because it's made fresh, and isn't it all about the cranberries anyway?

Prep Time: 5 minutes - Cook Time: 15 minutes - Serves 12

Shopping List

- 1 cup bulk sugar substitute (recommend Splenda®)
- 1 cup water
- 12 ounces cranberries, fresh or frozen
- 1 teaspoon freshly grated orange zest



Preparation

1. Combine the sugar substitute and water in a saucepan and bring to a boil on the stove.
2. Add the cranberries and orange zest, and bring back to a boil. Reduce the heat to low and simmer for 10 minutes, stirring occasionally.
3. Remove from the heat and let cool before covering and placing in the refrigerator until ready to serve.

Mock Mashed Potatoes

Calories: 140 | Fat: 11g | Protein: 5g | Fiber: 3g | Net Carbs: 4g

Doing without your favorite foods simply won't do, as that's something absolutely unheard of in the Stella home! For instance, we found a new favorite when we substituted that nameless high-carb root vegetable with healthy and light, yet filling, cauliflower. And even better, we piled them high with the best ingredients we could find!

Prep Time: 15 minutes - Cook Time: 6 minutes - Serves 4

Shopping List

- 1 medium head cauliflower
- 1 tablespoon cream cheese, softened
- 1/4 cup grated Parmesan cheese
- 1/4 teaspoon minced fresh garlic
- 1/4 teaspoon chicken base or bouillon
- 1/8 teaspoon black pepper
- 1/2 teaspoon chopped fresh or dried chives, for garnish
- 3 tablespoons unsalted butter, if desired

Preparation

1. Bring a large pot of water to a boil over high heat.
2. Clean and cut cauliflower into small pieces. Add to the pot and boil for about 6 minutes until well done.
3. Drain well, but do not let cool. Pat the cooked cauliflower between several layers of paper towels or place cauliflower in a colander and use a heavy bowl to press down on it to remove the excess water.
4. Using a food processor or hand blender, pulse the hot cauliflower with the cream cheese, Parmesan, garlic, chicken base and pepper until almost smooth.
5. Garnish with chives and serve hot with pats of butter, if desired.



Thanksgiving continued on next page

Praline Pumpkin Pie



**Calories: 130 | Fat: 11.5g | Protein: 3g | Fiber: 1.5g |
Net Carbs: 2.5g**

This is an updated version of one of the very first desserts Rachel created after we started on our low-carb lifestyle. By recreating an absolutely delicious pumpkin pie, she ensured that we would never go through the holidays without a sweet tradition.

**Prep Time: 25 minutes - Cook Time: 75 minutes -
Serves 12**

Shopping List

CRUST

- 2 tablespoons butter
- 1/2 cup finely chopped pecans
- 1/2 cup bulk sugar substitute (recommend Splenda®)
- 1/8 teaspoon salt
- 1/8 teaspoon ground cinnamon

FILLING

- 1 (15-ounce) can pure pumpkin (not pumpkin pie filling)
- 3/4 cup bulk sugar substitute (recommend Splenda®)
- 1 tablespoon plus a dash more pumpkin pie spice
- 1 ¼ cups heavy cream
- 4 large eggs

Preparation

1. Preheat the oven to 350°F.
2. To make the crust, melt the butter in a small saucepan or in the microwave and mix all the crust ingredients together in a small bowl.
3. While the mixture is still warm from the butter, press it down evenly over the bottom of a 10-inch deep pie pan. Bake for about 5 minutes, until browned, and remove the crust from the oven.

4. Turn the oven up to 425°F.
5. To make the filling, place all the filling ingredients in a medium bowl and whisk together.
6. Pour the filling into the crust. Bake for 15 minutes, and then reduce the heat to 350°F. Continue to bake for an additional 50 to 55 minutes until done. (To test for doneness, stick a toothpick in the center; if it comes out clean, the pie is done.) Cool on the counter for at least 30 minutes, and then chill for at least 3 hours before serving. Try serving with a dollop of sugar-free whipped cream.

Sausage and Herb Stuffing

**Calories: 120 | Fat: 2g | Protein: 3g | Fiber: 1g |
Net Carbs: 2g**

Stuffing is commonly made with bread or croutons, which makes it off limits to low-carbers. But, it doesn't have to be made that way. There's nothing wrong – and everything right – with substituting chopped vegetables to make up the missing bulk. So don't get stuffed. Try this recipe instead of all that bread!



**Prep Time: 15 minutes - Cook Time: 35 minutes -
Serves 8**

Shopping List

- 3/4 pound turkey sausage (you may use pork breakfast sausage)
- 1/4 cup finely chopped celery
- 1/4 cup chopped red onion
- 2 eggs
- 2 cups coarsely chopped cauliflower
- 1/2 cup diced yellow squash
- 1/2 cup grated Parmesan
- 1 tablespoon chopped parsley leaves
- 3 tablespoons chopped fresh sage leaves
- 3 tablespoons chopped fresh thyme leaves
- 1 tablespoon minced garlic
- 1/8 teaspoon salt
- 1/8 teaspoon fresh ground black pepper

EQUIPMENT

- 8 by 8-inch square baking dish

Preparation

1. Preheat oven to 350°F.
2. Remove sausage from casing and crumble it into a pan over medium heat. Add the celery and onion and cook, stirring, until browned. Drain fat if necessary.

3. Beat the eggs in a bowl. Using a spoon, mix in the sausage mixture and all the remaining ingredients.
4. Pour the stuffing into the baking dish and bake until hot and browned, about 30 minutes. Serve hot.

Wild Mushroom Turkey Gravy

Calories: 113 | Fat: 10g | Protein: 1g | Fiber: 0.5g | Net Carbs: 2.5g

Here's the perfect way to use those juices and drippings from your next roasted turkey. There's more than one way to thicken a sauce or gravy! Since flour and cornstarch are out when you're eating low-carb, a classic French cream reduction is in order. This rich sauce is complemented by the hearty taste of the mushrooms, and it's a great accompaniment to anyone's Thanksgiving turkey!

Prep Time: 10 minutes - Cook Time: 15 minutes - Serves 8 (about 1 ⅔ cups)

Shopping List

- 2 cups defatted turkey juices from turkey roasting pan or homemade turkey or chicken stock
- 1/2 cup heavy cream
- 3 tablespoons unsalted butter
- 10 ounces shiitake mushrooms, rinsed, stemmed and sliced
- 1 tablespoon chopped fresh thyme leaves
- 1 clove garlic, minced
- 1/4 cup dry sherry
- Salt and freshly ground black pepper



Preparation

1. Collect the turkey juices from the roasting pan. Remove the fat by skimming off the fat that rises to the top. Discard the fat.
2. Transfer the juices to a small saucepan, bring to a simmer over medium-high heat and cook until reduced by half.
3. Add the cream. Continue to cook until the gravy is thick enough to coat the back of a spoon, about 8 minutes.
4. Heat the butter in a separate sauce pan. Add the mushrooms, thyme, garlic and sherry and sauté over medium-high heat until tender.
5. Combine the sautéed mushrooms with the reduced gravy.
6. Finish by seasoning with salt and pepper to taste. Transfer to a gravy boat and keep warm until serving.

About the Chef:

Chef George Stella, a professional chef for more than 25 years, is an official spokesman for the Junior Leagues' Kids in the Kitchen childhood obesity initiative. He hosted two seasons of his own show, Low Carb and Lovin' It on the Food Network, appears regularly on QVC, Dr. Oz, television and news shows and has written five bestselling cookbooks. You can catch up with George, his family and other families eating fresh, healthy foods at www.StellaStyle.com.

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Obesity Complicates Dental Health —Be Proactive!



by K. David Stillwell, DDS, MAGD, FAAHD

Understanding the Problem

Various studies have shown that individuals affected by obesity have more oral health problems than other individuals in general. Published findings indicate that these special-needs patients have higher tooth decay levels, more missing teeth and fewer required dental fillings. Individuals affected by obesity are known to visit a dentist less frequently, have more difficulties accessing dental care on a regular basis and are likely to only visit a dentist when they have a problem. Regrettably, these patients routinely report that many dentists are reluctant to provide necessary care due to ergonomic access problems in the treatment area.

In this patient group, problems with aggressive decay patterns seem to be aggravated by prescription drugs which can cause extreme dry mouth. Poor diet (frequent sweet snacks and soft drinks), uncontrolled heartburn (known as gastro-esophageal reflux) along with frequent vomiting and poor oral hygiene may often produce a “dental disaster.”

Every individual patient should become aware of the stealthy nature of dental diseases and how they silently progress. In particular, some of the most severe problems surface well after the patient has addressed their obesity. Preventive measures and early recognition provide the best method to protect and preserve good dental health—a critical cornerstone for successfully improving your health.

Defeating Dental Inertia

The simplest acts of moving about in preparation for a trip to the dental office are almost impossible for those with major physical constraints related to severe obesity. Once arrived to see the dentist, inadequate office design can prevent routine treatments as ergonomic obstacles block access and insufficient dental chair lifting capacity constrains proper positioning. In fact, most modern dental chairs are incapable of lifting an individual once their body mass index (BMI) exceeds 40.

The dental office, if not intimidating enough, becomes a nightmare. To fend off paralysis created by embarrassment or feelings of rejection, seek out a special care dentist and work directly with them to overcome the physical and emotional access barriers. There are clinics prepared to accept dental patients affected by obesity, but they are few and far between.

Bariatric Surgery's Effect on Your Body and Mouth

Once bariatric (weight-loss) surgery has been completed and the weight begins to fall off, life begins to resume a sense of normality. Many of the pleasures of daily living return, with exercise and outdoor activities providing freedom and invigoration. However, there are many restrictions placed on the post-surgical patient, foremost being the need to spread daily food intake out over several small meals and to chew all foods in small bites for 30 strokes. The various forms of gastric restriction can induce duodenal stenosis, stomach ulcer, diarrhea, chronic vomiting and gastro-esophageal reflux as the stomach pouch must receive limited food volumes to avoid bloating and overfilling.



For many, changing old eating habits after bariatric surgery is extremely difficult and can often set the stage for dental complications. In fact, a recent clinical study reported the following facts:

- 79% reported vomiting as most frequent problem
- 73% did not change their daily oral hygiene habits
- 37% reported eating more sweet foods
- 37% reported major tooth sensitivity

Overeating causes stomach distension which frequently leads to regurgitation and reflux. Dental health is adversely affected by exposing the teeth to caustic gastric juices at pH 1.2 sufficient to dissolve tooth structure (pH 7.0 is neutral). Dentists call this condition “erosion” or “dissolution of dental tissues by chemical process without bacterial involvement.” Patients frequently complain of hypersensitivity to cold, heat and osmotic pressure when erosion is active. This is compounded when cravings for high frequency sugar ingestion set off a feeding frenzy by oral bacteria capable of steadily producing even more acid. The combined acid attacks induce uncontrolled enamel demineralization which can often overwhelm the daily oral hygiene efforts of an individual previously free of dental decay.

Prevention of erosion/demineralization should center on the following:

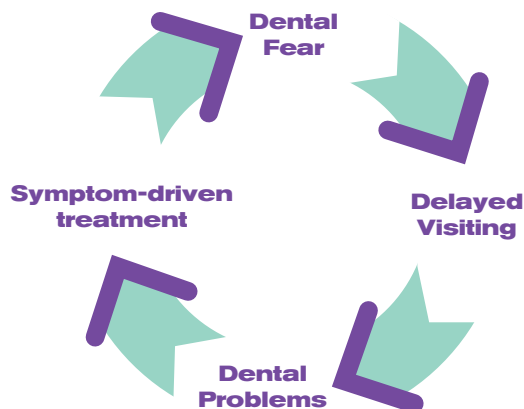
- Small meals
- Wise food choices
- Specific re-mineralization therapies
- Controlling chronic heartburn, reflux and regurgitation with prescription medications

But, keep in mind that prescription drugs all come with a price tag known as the “side effects.” Bariatric patients are frequently provided with mood elevating medications. These include neurotransmitter reuptake inhibitors, sympathomimetic amines or atypical antidepressants. Persistent, notable dry mouth is the most common side effect of these medications. This dry mouth condition is called xerostomia and it has major dental consequences such as:

- Interference with normal swallowing patterns
- Taste alterations (dysgeusia)
- Interference with speech
- Inability to maintain oral tissue integrity
- Mucositis (chronic mouth irritation and inflammation)
- Dental decay
- Erosion

Saliva is a complex physiologic solution known to contain more than 2,300 different proteins, minerals, enzymes and buffering agents. Insufficient quantity

What Can I Do?



Breaking the cycle of delayed treatment, erosion and demineralization requires regular guidance and care from your dental health team. Your dentist can create a preventive care strategy tailored to your individual needs by completing a risk assessment. A sound strategy based on the most current evidence should address five interventions:

- Modifying the daily diet
- Moisturizing and lubricating the oral cavity
- Neutralizing oral acids
- Re-mineralizing damaged tooth surfaces
- Disinfecting the mouth



Diet Modification

Eat more seeds, nuts, soy, seafood and spinach—this starves decay-producing bacteria and reduces acid levels in the mouth. Reduce acidic foods (breads, pasta, refined cereals, coffee, chocolate, fruit juices, wine) and carbonated soft drinks (soda and sports drinks) each day. Increase your intake of cheese and dairy products to provide calcium and phosphorus needed for tooth remineralization while counteracting acidic foods. Get your heartburn and acid reflux under control by consulting your physician.

Moisturization and Lubrication

Try to increase consumption of fluoridated tap water (bottled water is acidified to increase shelf life and typically has no fluoride). Xylitol-sweetened products are known to reduce dental plaque, but the diet must include 6-10 grams of the sweetener per day to demonstrate anti-decay activity.

Chewing xylitol gum or slowly dissolving xylitol mints three times each day provides the maximum benefit while stimulating natural saliva flow. Some caution should be used when increasing the use of polyol sweeteners (xylitol, sorbitol, mannitol, maltitol). Bariatric patients have reported osmotic diarrhea as a side effect if these sugar substitutes are taken in large quantities.



Neutralization

To fight acid imbalances, increase the pH of the mouth by brushing with baking soda twice a day. Dip the wet toothbrush and heavily coat with baking soda for a quick neutralizing treatment, or rinse four to five times each day with a baking soda solution. If the taste bothers you, skim your toothbrush with regular toothpaste and then dip in baking soda. Changing to baking soda toothpaste is an alternative but produces less buffering capacity. Various commercial buffering agents are available as rinses and lozenges for purchase, but standard baking soda straight from the box is great for disrupting oral bacteria and is a highly effective, inexpensive buffering compound.

Re-mineralization

Fluoride therapy has been the mainstay for professional dental re-mineralization since the 1940's. This element enhances re-mineralization by forming a low solubility veneer on the tooth surface and it inhibits bacterial metabolic pathways by diffusing into the cells where it prevents germs from reproducing. Specialized high fluoride pastes, gels, rinses and varnishes are frequently dispensed or prescribed by the dental team when an aggressive demineralization problem is identified. Some of the new pastes are specially formulated with precise levels of fluoride, calcium and phosphorus so that all elements needed to reform tooth structure are applied directly to the damaged areas.

Disinfection

Reducing the overall counts of disease-causing oral bacteria is a very difficult problem, as these germs are highly evolved to inhabit this particular region of our body. High potency antibacterial chemicals often irritate delicate oral tissues so professional guidance is highly recommended. Generally, many dentists continue to endorse daily rinsing with Listerine® mouthwash for 1 minute twice a day prior to brushing and flossing. Prescription-strength Chlorhexidine 0.12 percent rinsed twice a day is an acceptable alternative, but many patients suffer taste alterations and heavy staining with this product. Some probiotic formulas have been introduced recently to out-compete the plaque bacteria, but studies on their effectiveness are not yet complete. Effective daily plaque disruption using good cleansing technique remains the best method of bacterial control.



Dental Health continued from previous page

and quality of normal saliva breaks down a key mechanism for neutralizing oral acids. Once the salivary buffering capacity is disrupted, the mouth loses its ability to neutralize acids and foods cannot be flushed away.

Xerostomia then becomes a major predisposing factor for advancing dental disease. Lessening the effects of dry mouth should normally focus on topical application of re-mineralizing dental pastes, neutralizing with simple buffering agents like baking soda, applying antibacterial solutions to reduce dental plaque, obtaining and using saliva stimulants and reducing the influence of prescription side effects when possible.

Control Your Dental Destiny

Access to adequate dental care is a health issue that has far reaching effects on the well-being of an individual. Oral healthcare for individuals affected by obesity is being provided to a limited extent, but much improvement is needed. Your current best ally will be the bariatric professional who is trained to perform pre-operative oral assessments and make appropriate referrals. This intervention will reduce post-surgical dental complications and improve your overall quality of life.

Early identification and treatment of dental conditions is an essential oral health necessity for all individuals. New high-tech dental detection tools can help swing the battle back in your favor, but taking the first step to seek out care can be overwhelming. Take charge, be proactive, pursue the five-point preventive strategy outlined in this article and break the cycle of symptom-driven emergency behavior. Your long-term health depends on it!

About the Author:

K. David Stillwell, DDS, MAGD, FAAHD, currently serves as associate professor with the University of Arkansas for Medical Sciences' College of Health Professions where he directs their Oral Health Clinic and the postgraduate residency in advanced general dentistry. He holds American Dental Association and American Dental Education Association memberships where he actively follows matters related to dental legislation, dental advocacy, student education and access to care.

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