









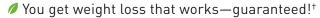


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# A Message from OAC Chairman of the Board, Pam Davis, RN, CBN, BSN

Hello everyone, I hope this note finds you fully recovered from the fun and sun we enjoyed at the 2nd Annual Your Weight Matters SM National Convention. This year, in Phoenix, we had the opportunity to share our passion for the mission, vision and values of the Obesity Action Coalition with 370 of our members from 32 states. Thanks to you, we now have OAC members trained in advocacy in nearly two-thirds of the country! Thanks to NFL Alumni Cory Louchiey and James Thornton, we now know how your weight matters both on and off the football field. Thanks to our exhibitors and sponsors for allowing us to provide this convention in such a cost-effective way. Thanks to the OAC staff for their dedication, passion and exuberance in making this event seamless, beautiful and FUN! Thanks to all of our Convention Planning Committees and again to the OAC staff - so many calls on so many nights after working all day. Your dedication is



appreciated much more than you realize. Many thanks to our Convention Committee Chair, Amber Huett-Garcia, BS, MPA, and our Program Agenda Co-Chairs, Lloyd Stegemann, MD, FASMBS, and Robert Kushner, MD. Thank you to each of our OAC National Board members — your selfless devotion to the OAC and advancing our mission is a true gift.

This note is my last one as Chairman of the Board of the OAC. It has been a truly incredible two years, and I thank each and every one of you for allowing me to serve this organization. I have been so fortunate to be a part of the OAC as we've hosted our first two Your Weight Matters SM Conventions, and as we've initiated Bias Busters, giving us the opportunity to address multiple issues of bias, stigma and discrimination against those of us affected by the disease of obesity.

Two years ago, my goal was to change the public perception of obesity. I believe we have begun to lead that change; however, we still have work to do. I am humbled and honored to have served in the role of Chairman of the Board. I am grateful to have met so many of our members and to now call you my friends. On a personal note, there are no words to convey the breadth and depth of my gratitude to Joe Nadglowski, our President and CEO. Joe has taught me so many valuable lessons and he truly rises each day representing the OAC and all that we stand for. The next two years with Ted Kyle, RPh, MBA, as the new Chairman of the Board will be a continued time of growth, dedication and service. I look forward to following where Ted leads the OAC.

Pamela K. Davis

# **YOUR Weight** Matters

MAGAZINE

Joe Nadglowski **OAC President/CEO** lames Zervios

**Senior Editor** 

Pam Davis, RN, CBN, BSN **OAC Chairman of the Board** 

Lindsay McGhay

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Volume IX

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Your Weight Matters<sup>SM</sup> Magazine is a quarterly publication published in Winter, Spring, Summer and Fall. Subscription to Your Weight Matters<sup>SM</sup> Magazine is an OAC membership benefit.

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

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# NEWS from the OAC Obesity Action Coalition

# Tammy Beaumont, BSN, RN, CBN, Elected to OAC National Board of Directors

In June, Tammy Beaumont, BSN, RN, CBN, was elected to the OAC National Board of Directors. Tammy, a long-time member of the OAC, joined the Coalition in 2005. Tammy is the director of a bariatric program in Dallas, a certified bariatric nurse and a bariatric surgery patient.



As a healthcare professional and patient, Tammy is able to share her experiences, identify with her

patients' struggles and educate, motivate and inspire them to follow her on a path to a healthier lifestyle. Tammy also serves on various OAC committees, such as the OAC Convention Planning Committee, the Convention Program Agenda Subcommittee, the Revenue Generation Committee and many more.

"I am humbled to be among some of the brightest and most passionate individuals involved with combating obesity today and can only hope my contributions compliment all of the OAC's efforts," said Tammy.

Tammy's election to the Board will fill the vacancy left by Barbara Thompson, MLS, Immediate-Past Chairman of the Board. Ms. Thompson resigned in late-June due to medical reasons. The OAC is grateful for all of Ms. Thompson's contributions.

# OAC's Blog Series Offers Education on Weight Bias, Nutrients, Supplements, Exercise and More



If you haven't visited the OAC Blog lately, you need to check it out soon! Throughout the past couple months, the OAC Blog has featured a variety of blog series covering topics such as weight bias, bariatric surgery and supplementation, and exercise after bariatric surgery.

The OAC Blog offers readers a great place to interact with Blog authors and ask questions that they need answers to. The latest blog series, which discusses exercise after bariatric surgery, provides readers with some great tips to get started with their exercise plan.

"The goal of the different blog series is to invite folks to have a dialogue with the authors and learn more about topics that interest them," said James Zervios, OAC Director of Communications. If there is a topic that you would like to see covered on the OAC Blog, please email <code>jzervios@obesityaction.org.</code>

# OAC President and CEO Participates in National Satellite Media Tour



(L-R) Ken Fujioka, MD, and Joe Nadglowski smile for the camera on set of the media tour.

In June, Joe Nadglowski, OAC President and CEO, and Ken Fujioka, MD, participated in a national satellite media tour discussing the availability of new weight-management medications and the importance of recognizing weight's impact on health.

Joe shared his personal experiences with battling excess weight and provided audiences the opportunity to take charge of their weight and health through the *Your Weight Matters* <sup>SM</sup> Campaign. Dr. Fujioka, Director for the Center of Weight Management at Scripps Clinic in San Diego, discussed how new and available treatment options for obesity may help people battling this disease.

Joe and Dr. Fujioka spoke with more than a dozen national radio and television stations. "This was a great opportunity to educate all Americans about the *Your Weight Matters* SM Campaign and encourage them to have the conversation of weight with their healthcare provider," said Joe Nadglowski.



# **OAC's Day on the Hill Exceeds Expectations**



OAC members pose for a picture in front of the Capitol building.

On September 16, OAC leadership and more than 30 members of the Coalition visited Capitol Hill to advocate for the Treat and Reduce Obesity Act of 2013 (TRO ACT). The OAC team completed a remarkable 85 legislative visits including 51 Senate visits and 34 House visits.

The Treat and Reduce Obesity Act of 2013, introduced by U.S. Senators, Tom Carper (D-DE) and Lisa Murkowski (R-AK), and U.S. Representatives, Bill Cassidy (R-LA) and Ron Kind (D-WI), requires the Centers for Medicare & Medicaid Services (CMS) to highlight and provide additional information regarding Medicare coverage of intensive behavioral counseling for the disease of obesity for seniors and their doctors. This legislation also gives CMS the authority to enhance beneficiary access to the new Medicare benefit for intensive behavioral counseling services by allowing additional types of healthcare providers to offer these services. Finally, it allows CMS to provide coverage of prescription drugs under Medicare Part D for chronic weight management to individuals who are affected by obesity, or excess weight (classified as "overweight" according to body mass index) with one or more co-morbidities.

"This legislation will provide Medicare recipients and their healthcare providers with meaningful tools to treat and reduce obesity by improving access to obesity screening and counseling services, and new prescription drugs for chronic weight management," said Ted Kyle, RPh, MBA, Vice-Chairman of the OAC.

To learn more about the TRO Act and contact your elected officials please visit: www.obesityaction.org/treat-and-reduce-obesity-act.

#### TAKE ACTION!

As an OAC member YOU can make a difference and encourage your elected officials to support the Treat and Reduce Obesity Act of 2013. To contact your legislator today, please visit capwiz.com/obesityaction/home/.





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# WHAT TO EXPECT FROM NEW CHRONIC



# WEIGHT MANAGEMENT MEDICATIONS

by Craig Primack, MD, FACP, FAAP

In 2012, two new medications were approved by the U.S. Food and Drug Administration (FDA) for chronic weight management. These drugs have been approved for both men and women with a body mass index (BMI) greater than 30 or greater than 27 with one or more medical conditions, such as high blood pressure, high blood lipids, diabetes, heart disease or sleep apnea. Both medications have unique mechanisms of action and have been studied to be used with a reduced-calorie diet and regular physical activity.

# **BELVIQ**®

The first medication to be approved was BELVIQ (lorcaserin HCI), manufactured by Arena Pharmaceuticals and distributed by Eisai, Inc. BELVIQ is a drug that decreases the intake of food by working on the brain's hunger centers. It is taken two times per day with a standard dose of 10mg.

Side effects of BELVIQ may include headache, dizziness, fatigue, nausea, and constipation. BELVIQ should NOT be used if you are pregnant, nursing or trying to become pregnant.

Prior to FDA approval, BELVIQ was examined in published medical studies on weight-loss. The main study showed that patients receiving 10mg twice daily for one year were more than twice as likely to lose 5 percent of their body weight as patients on placebo¹. Taking BELVIQ also led to almost double the weight-loss compared to the placebo group. A separate study showed that taking BELVIQ twice a day led to greater weight-loss (~5 percent more) than taking it once per day ².

# **Qsymia**<sup>®</sup>

Qsymia is the second newly-approved weight-loss medication. It is a combination drug of phentermine and extended-release (ER) topiramate and is manufactured by VIVUS, Inc. This drug works in two ways. The phentermine part of the medication works on the brain to decrease hunger, and the topiramate part, commonly used in seizure control and migraine headache prevention, works to decrease the food cravings many people experience when trying to lose weight, which can be especially useful in the hours after dinner.

Qsymia has four possible dosages taken in the morning with or without food:

- The starting dose (3.75mg phentermine/23mg ER topiramate) is taken for two weeks.
- After two weeks, the starting dose is increased to the recommended dose of 7.5mg phentermine/46mg ER topiramate.
- If a weight-loss of at least 3 percent is not achieved by 12 weeks of taking Qsymia, the dose may be increased again to the titration dose (11.25mg phentermine/69mg ER topiramate) for two weeks and then continuing on the top dose of 15mg phentermine/92mg ER topiramate.
- If 5 percent weight-loss is not achieved after 12 additional weeks, it is recommended to stop taking the medication.

New Medications continued on page 8

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- **B Vitamins** B-12 Dots
- **Joint Support\***Joint Dots

Available at specialty retailers and health and natural food stores everywhere.



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\* These statements have not been evaluated by the Food and Drug Administration This product is not intended to diagnose, treat, cure or prevent any disease. Possible side effects of Qsymia include: skin tingling, constipation, sleeplessness, dizziness, changes in the way food tastes and dry mouth. These side effects are most common when first starting the medication. ER Topiramate, a component of Qsymia, has been associated with an increased risk of birth defects if a mother is on the medication while pregnant. With this increased risk, the FDA has recommended a pregnancy test prior to starting Qsymia and continuing to test monthly while on it. This test can be done at home or in a doctor's office. Also, two methods of birth control are recommended unless the patient has an intrauterine device (IUD), progestin implant, tubal sterilization or the male partner has a vasectomy.

Qsymia has also had a number of published medical studies conducted on its use. These studies tested how well the different doses worked. Weight-loss with the top dose of Qsymia was between 6.7 and 14.7 percent after 56 weeks of the study, compared to 2.1 percent in the nondrug group<sup>3</sup>. A second study found that after 56 weeks, patients on Qsymia lost between 7.8 and 9.8 percent of body weight, depending on dose. This study was extended to 108 weeks and average weight-loss remained 9.3 to 10.5 percent compared to the non-drug group at 1.8 percent.

Brand Name	Treatment Indications	Recommended Dosage & Duration	Possible Side Effects	Expected Outcomes (% of body weight loss)
BELVIQ°	BMI >30 or >27 with risk factors* Reduced- calorie diet and physical activity	10mg/twice daily	headache, dizziness, fatigue, nausea, constipation	~ 6-10%
Qsymia°	BMI >30 or >27 with risk factors* Reduced- calorie diet and physical activity	Once daily in the morning; four doses available	skin tingling, constipation, insomnia, dizziness, altered-taste sensation, dry mouth	~10-15% with top dose ~8-10% with recommended dose ~7% with starting dose

\*hypertension, hyperlipidemia, diabetes, heart disease or sleep apnea

# CONCLUSION

Overall, weight-loss is improved in many individuals affected by overweight or obesity when these new medications are taken in conjunction with a diet and exercise program.



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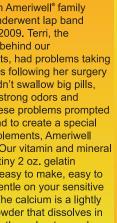


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It is important to note that using a weight-loss medication is just one component of many tools for the chronic treatment of obesity, and they may not work for everyone. Weight-loss requires individualized treatment.

As Qsymia and BELVIQ are both new drugs, their best results will be seen throughout time as part of a comprehensive weight-loss and maintenance program that includes diet, physical activity, behavior change and adequate sleep. When considering medications for weight management, please discuss your options with your primary care physician or seek the advice of an obesity medicine specialist. You may find a specialist in your area by visiting www.FindObesityTreatment.org, which provides a free search by state, city, name or zip code.

#### About the Author:

Craig Primack, MD, FACP, FAAP, is co-director and co-founder of the Scottsdale Weight Loss Center, PLLC, in Scottsdale, Ariz. He is a diplomate of the American Board of Obesity Medicine and is board-certified in both internal medicine and pediatrics. Dr. Primack received his medical degree from Loyola University Stritch School of Medicine (Chicago) and completed a combined residency in internal medicine and pediatrics at Good Samaritan Regional Medical Center and Phoenix Children's Hospital in Arizona. In 2012, Dr. Primack received the Dr. Vernon B. Astler Award from the American Society of Bariatric Physicians (ASBP) in recognition of his efforts to advance the Society's place and purpose within the media, government and medical community. In addition, he has been the ASBP American Board of Obesity Medicine Review Course director since 2011.

Note: Imagery used in this article does not represent actual medication.

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# Education Matters Advocacy Matters Support Matters

# OAC MEMBERS MATTER

# FINDING MY CE

by Tammy Beaumont, RN, BSN, CBN

t was June 2003 when I sat skeptically in a weight-loss surgery informational seminar, that the light bulb came on, and I knew my life was about to change. What I didn't know at the time was how dramatically my world was about to be rocked, and how everything I believed about what I wanted in life was about to be rewritten.

After surgery, I knew almost immediately that my nursing career path was going to shift so that I could work with patients going through what I'd gone through with my weight. I quickly realized, though, that being a patient, even a successful one, didn't qualify me to work in the field of bariatrics. After spending my first year post-op thriving on the high of the "honeymoon phase" and working month after month with my program's support group, it was time to start putting my personal success to the test and start working on some formal education for my professional growth. In 2005, I spent (or rationalized as "invested") almost \$3,000 to send myself to my first American Society of Bariatric Surgery (now American Society for Metabolic and Bariatric Surgery) conference.

It must have been fate that with so many participants I managed to run into a fellow bariatric patient from my program back in Dallas. She was a nurse practitioner working for a bariatric surgeon. She introduced me to her surgeon who just happened to be looking for a coordinator for his program. As I soaked in all the education I could muster, I also spent a lot of time perusing the exhibits. Among all the vitamin and protein supplements, I came across a booth for the Obesity Action Coalition (OAC). With so many booths to explore I took their literature, signed-up for emails and moved along. The rest as they say, "is history!"



"All of a sudden I wasn't afraid to challenge and correct people when they used demeaning statements."

A few weeks later, I received an email from the OAC. The email stated, "Welcome to the premiere issue of the *Obesity Action Alert*, the Obesity Action Coalition's free electronic newsletter." Along the side border it said, "The OAC, a newly formed independent non-profit organization, is designed to educate and advocate on behalf of those living with or affected by obesity." The feature article was titled "OAC Launches National Campaign" and went on to say,

"The OAC is excited to launch its national *Raise Your Voice* membership campaign. Designed to enhance the voice of those personally affected by or who have an interest in obesity, the *Raise Your Voice* campaign seeks to build a nationwide coalition of patients, family members and professionals to proactively get involved in helping educate and advocate on behalf of the millions impacted by obesity. Now is the perfect time to join our efforts as a member of the OAC."

What's funny is that in trying to remember back to the timeline of my joining the OAC, I found the actual August 2005 email in my weight-loss surgery file along with the receipt for the \$20 I paid that same day for my membership. Something about that first email made me think this is an organization that will make a difference. Looking back just over eight years now, I've come to find out that not only was it a newly formed organization, but I was actually member number seven! I can honestly say I started on the ground floor with this organization!

For the first several years, I read the OAC's emails religiously. I was deep into developing my new career and moved quickly from working in a practice to starting up

a new program at a local hospital. I was developing new relationships in the Dallas/Fort Worth bariatric community, actively participating in the organization of our local Walk from Obesity, meeting the staff from the OAC at each year's ASMBS meeting, and even became one of the original nurses to sit for and receive the first ever Certified Bariatric Nurse designation in 2007. But something was missing. It wasn't until I started in my current position at Methodist Dallas Medical Center that I started getting out into the community and started promoting health and wellness and my hospital's Weight Management Institute that I first saw my true passion bloom.

When I was out in the community, I realized I was really making an impact on the people I was speaking to each day. I saw the amazement in their faces when they realized I wasn't just like every other medical professional trying to tell them to eat less and exercise more. They saw that I had left behind the 266 pounds to live a life dedicated to fueling and nourishing my body. They realized that I wasn't just "talking the talk" but rather "walking the walk" right along with them.

At the same time, I was getting to know my fellow OAC members and staff better. I'd like to think they saw what I was feeling and was honored when they asked me to submit an application to become a member of the OAC Advisory Board (and most recently was asked to fill a mid-term vacancy on the OAC National Board of Directors). I was paying more attention to how the media represented those affected by obesity. All of a sudden I wasn't afraid to challenge and correct people when they used demeaning statements. I was surprised, honored and a bit terrified when they then asked me to participate in the 2011 Day on the Hill event. For this, we were to meet with our state's legislative offices to discuss how obesity needed to be included as part of the essential benefits package of healthcare reform. Speaking within my community was one thing, speaking on Capitol Hill – THAT was overwhelming!

Having confidence in myself was never my strong suit, but the words came easily as I related my personal life experiences

Finding My Voice continued on page 14

"When I was out in the community, I realized I was really making an impact on the people I was speaking to each day."

# **Join the Only Coalition of Individuals Affected by Obesity**

# **OAC Membership Categories**

(select one)

□ Individual Membership: \$20/year □ Institutional Membership: \$500/year

□ Chairman's Council

Membership: \$1,000+/year

# **OAC Membership Add-ons**

#### 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 \$100 51-100 pieces/quarter

Premium Package

\$150 101-250 pieces/quarter

## Add-on 2: Make a General Donation

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

\$5	\$50
\$10	\$100
\$25	Other

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# 2013 ÓAC ANNUAL ANARDS

PRESENTED AT THE 2ND ANNUAL

# YOUR WEIGHT MATTERS NATIONAL CONVENTION



uring the 2nd Annual Your Weight Matters<sup>SM</sup>
National Convention, Rise to the Challenge, held
in Phoenix, the OAC presented its 2013 Annual
Awards. A total of seven awards were presented
during the Annual Awards dinner. Four of the awards
were open to nominations from OAC membership and
the remaining three award winners were chosen by the
OAC Annual Awards Program Review Committee. The
OAC also added two brand new awards this year, the
Healthcare Provider Advocate of the Year award and
the Chairman's Award. Below, please find the 2013 OAC
Annual Award winners:

Bias Buster of the Year Award \( \frac{\tau}{} \)

(award winner nominated by OAC membership)

The winner of the 2013 "Bias Buster of the Year" award was Melinda J. Watman, BSN, MSN, CNM, MBA. In June, Melinda testified with courage and passion to a panel of legislators about her personal experiences with weight bias and obesity, the importance of respecting people of all sizes



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

and shapes and protecting them from discrimination. Melinda 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.

She is a frequent author on the topic of weight bias and has written for the OAC's quarterly publication - *Your Weight Matters* Magazine. Melinda also recently completed a blog series on the OAC Blog, which focused on weight bias, perceptions about weight, personal relationships with weight and much more.

The OAC congratulates Melinda on winning the "Bias Buster of the Year" award.

# Healthcare Provider Advocate of the Year Award

(award winner chosen by committee)

The winner of the 2013 "Healthcare Provider Advocate of the Year" award was Christopher Still, DO, FACP, FACN. As a founding member of the OAC National Board of Directors, Dr. Still was instrumental in laying the



Christopher Still, DO, FACP, FACN

groundwork for the development of the OAC. He has advocated for safe and effective treatment options for the disease of obesity on Capitol Hill and is a proud member of the OAC Sponsored Membership Program where he purchases one-year OAC memberships for all of his patients. Dr. Still has dedicated his life and career to helping individuals affected by obesity.

Dr. Still has been studying developments in obesity and nutrition support for nearly two decades. He directs the Geisinger Center for Nutrition and Weight Management as well as their Obesity Research Institute. His 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.

The OAC congratulates Dr. Still on winning the "Healthcare Provider Advocate of the Year" award.

# Dr. Blackstone Outstanding Membership Recruitment by a Physician Award

(award winner chosen by committee)

The winner of the 2013 "Dr. Blackstone Outstanding Membership Recruitment by a Physician" award was the physicians of the St. Vincent Bariatric Center of Excellence.



In one year, the bariatric physicians of St. Vincent joined more than 795 patients through the OAC Sponsored Membership Program by purchasing one-year OAC memberships for each of their patients. The OAC would like to recognize the following bariatric physicians of St. Vincent for their dedication to increasing the voice of the OAC through the OAC Sponsored Membership Program:

- Brenda Cacucci, MD
- David Diaz, MD, FACS
- Christopher Evanson, MD
- Lori A. Hurst, MD
- John Huse, MD, FACS
- Margaret Inman, MD, FACSA
- Douglas J. Kaderabek, MD, FACS

The OAC congratulates the physicians of the St. Vincent Bariatric Center of Excellence on winning the "Dr. Blackstone Outstanding Membership Recruitment by a Physician" award.

# Barbara Thompson Award for Advocacy 🍸

(award winner nominated by OAC membership)

The winner of the 2013 "Barbara Thompson Award for Advocacy" was Maria Caprigno. Since the age of four, Maria has struggled with obesity, which prevented her from having a "normal" childhood. At the age of 14, she took her health into her own hands and chose to have bariatric surgery. Throughout the past four years, she has lost almost

150 pounds and has become a voice for other children and teens affected by obesity. She has joined the OAC on Capitol Hill and stood side-by-side with the OAC in advocating for change.

The OAC congratulates Maria on winning the "Barbara Thompson Award for Advocacy."

Maria Caprigno

# Community Leader of the Year Award

(award winner nominated by OAC membership)

The winner of the 2013 "Community Leader of the Year" award was Phoenix Councilman Daniel T. Valenzuela. Councilman Valenzuela is an advocate for preventative

healthcare, including boosting physical activity and making healthier food choices. He is the co-creator and ambassador of the FitPHX program, a citywide initiative to encourage residents to become more active and achieve their own personal wellness goals.



Phoenix Councilman Daniel T. Valenzuela

He recently helped launch the city's Senior Champions Program to empower seniors to reach for their own fitness "gold."

Councilman Valenzuela is also a Special Operations Fire Fighter for

the city of Glendale, Arizona, where he created programs to promote healthy living and physical fitness. Councilman Valenzuela is also currently working with Blue Cross Blue Shield in Maryvale, Phoenix, on obesity-focused prevention programs and services.

The OAC congratulates Councilman Valenzuela on winning the "Community Leader of the Year" award.

# Chairman's Award T

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(award winner chosen by committee)

The winner of the 2013 "Chairman's Award" was Robert Kushner, MD. As a member of the OAC National Board of Directors, Dr. Kushner has been instrumental in guiding the organization through his expertise and vast knowledge. He is one of the Program Agenda Co-Chairs



Robert Kushner, MD

of the Convention Program Agenda Subcommittee – the committee responsible for developing the educational agenda for the *Your Weight Matters*<sup>SM</sup> National Convention. Dr. Kushner is also a regular contributor to the OAC's quarterly educational publication - *Your Weight Matters*<sup>SM</sup> *Magazine*.

Annual Awards continued on next page

## Annual Awards continued from previous page

Dr. Kushner is a professor of medicine at Northwestern University Feinberg School of Medicine and clinical director of the Northwestern Comprehensive Center on Obesity in Chicago. He is actively involved in the care of patients who struggle with obesity along with conducting clinical research and educating medical students. He is widely-known throughout the healthcare community. He is considered a thought-leader among his peers, and he is past-president of The Obesity Society.

The OAC congratulates Dr. Kushner on winning the "Chairman's Award."

# OAC Member of the Year Award \(\neg \)

(award winner nominated by OAC membership)

The winner of the 2013 "OAC Member of the Year" award was Walter Medlin, MD. Dr. Medlin is an exemplary OAC member and has gone above and beyond in his efforts to raise awareness of the



Walter Medlin, MD

disease of obesity, increase OAC membership and educate all individuals affected by obesity. Dr. Medlin is also a participating practice in the OAC Sponsored Membership Program where he purchases one-year memberships in the OAC for each of his patients.

Dr. Medlin is a frequent author in the OAC's quarterly publication, *Your Weight Matters* Magazine and often takes-on difficult topics to educate OAC members. He is the director of the Metabolic Surgery program at Billings Clinic in Montana and has struggled with his weight since first grade. After performing hundreds of bariatric surgeries, he underwent sleeve gastrectomy in 2008, with outstanding results. In 2011, he joined the OAC in advocating on Capitol Hill for safe and effective treatment options for the disease of obesity.

The OAC congratulates Dr. Medlin on winning the "OAC Member of the Year" award.

The OAC congratulates all of this year's winners and thanks all of our members for their nominations to the OAC Annual Awards. For more information on the OAC Annual Awards, please visit www.ObesityAction.org.

## Finding My Voice continued from page 11

with why we needed weight management coverage. I left Washington, DC, that day knowing that I'd just "turned to the dark side" and become a fearless Washington advocate!

As I said in the beginning, I never imagined the extent of the changes that were going to take place both physically and emotionally — especially in how I viewed standing up for and speaking out for what I believed in. The OAC has given me that voice, and the confidence to use it. Our local Fox affiliate now calls on me to comment on subjects like the recent Boy Scouts of America issue of banning scouts from the national jamboree based on body mass index, or the

recent American
Medical Association
announcement
declaring obesity a
disease. By the time
you read this, I will
have already been
on my second Day
on the Hill event
to help encourage
more legislators to
support the Treat
and Reduce Obesity
Act of 2013.

To say that my life changed would be an understatement! My next goal is to somehow incorporate working with physicians on how to approach the sensitive subject of



Tammy poses in her beachthemed costume for the Your Weight Matters<sup>SM</sup> Convention Costume Contest.

one's weight with patients who may or may not be ready to hear it. How or when that will happen is uncertain but as Walt Disney said, "If you can dream it, you can do it." What I do know though is that none of this would have occurred without that chance encounter at the OAC booth and that 2005 email encouraging us to "Raise Your Voice!"

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# "Your Weight Matters Convention" "YWM2013"

# "Convention"

ife

nless you stopped checking your email or mailbox, you've likely seen all of those words/ phrases listed above at least a dozen times (if not more). This past August, the OAC hosted its 2nd Annual Your Weight Matters<sup>SM</sup> **National Convention** 

to continue

YWM2013 welcomed hundreds of attendees and provided them with the latest evidence-based information on weight and health.

its momentum of providing evidence-based weight management strategies for individuals concerned about

Erin Akey, CPT, and Convention attendees having fun during Aquafit.

weight and health. We were proud to welcome 370 individuals from all across the country and host an amazing crowd of passionate attendees, eager to learn and take back hands-on tools to help along their journey to better weight and health.

The OAC's 2013 Convention set out to encourage individuals to Rise to the Challenge – their personal challenge. Regardless of where an individual is in their weight-loss journey, whether they're just starting their journey or have been on it for quite some time, YWM2013 welcomed one and all with open arms. For some, YWM2013 was a place to recharge batteries, reinvigorate internal drives and take back control of weight and health. For others, YWM2013 was a step – a first step. It was a world – a safe world – where individuals could learn and be free from judgment.

For three full days in Phoenix, our record-breaking crowd from more than 32 states throughout the U.S. learned firsthand through evidence-based information, presented by 37 speakers, why their weight matters to their health, but they also received a lot more.

As the music rose during the kickoff on Friday morning, you could feel the energy. You could feel the excitement. It was time to learn, connect and Rise to the Challenge.

From sessions on food addiction to presentations on weight bias, you could see lives already changing. You could see the "light bulbs" going off – so-to-speak. All around the



(L-R) Michelle Vicari; Maria Caprigno; and Joe Nadglowski, OAC President and CEO, talk to attendees during the Everyday Advocacy: Simple Ways to Make a Difference breakout session.

conference center. attendees' lives were quickly beginning to change and messages were resonating with all. With each session, attendees were rising to a new understanding of weight, health, nutrition, emotions and more.

In between sessions while in the Exhibit Hall, which welcomed 30 exhibitors, you could hear the chatter:

- "I never realized that about people affected by obesity portrayed in media without heads."
- "That was a great session. I always saw exercise as more of a task. Now I realize it should just be part of my daily routine."
- "He was a great speaker. To me, I always measured my success by the number on the scale, but now I see there is much more to success than a number."

It was happening. People were learning, changing and connecting. YWM2013 changed lives by connecting individuals. One-by-one attendees were connecting with each other. They were identifying with each other's struggles, plateaus and triumphs. While the

education presented at YWM2013 was paramount to anything else out there, people were learning from the most valuable resource – each other.

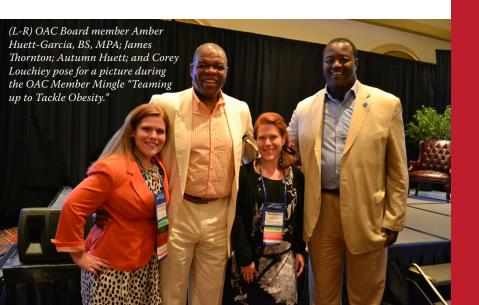
Regardless of the path taken with weightloss, the important part is the journey toward better health. Attendees were realizing that they shared so much with each other in this



Attendees listen as James Thornton and Corey Louchiey discuss their struggles and triumphs with obesity.

journey and they started to realize, "I am not alone." During one of the Convention Special Events on Thursday evening, attendees heard from NFL Alumni James Thornton and Corey Louchiey for the "Teaming up to Tackle Obesity" Program. James and Corey talked about their battles with weight and how each of them chose different paths to weight-loss and improved health. Attendees were seeing first-hand that obesity does not discriminate. Obesity does not have any boundaries. It doesn't care about how much money you have or how smart you are. This is a disease that affects millions without prejudice. But together, with the strength of each other and the knowledge to change, it can be managed. It can be controlled.

YWM2013 continued on next page





# **PLATINUM**



**GOLD** 





**SILVER** 



**BRONZE** 











GEISINGER

YWM2013 represented more than a convention focused on weight and health. YWM2013 was a safe place where the healthy choice was the easy choice. It was a place where we all learned and connected with each other. It was a place where people changed for the better. YWM2013 was a place where 370 individuals rose...to the challenge of life.

The OAC thanks the hundreds of individuals, our guest speakers, exhibitors, volunteers and others that attended YWM2013. We know traveling to an event of this kind takes a lot of planning, saving and preparation. We are very proud to officially announce our plans for 2014, where we will bring this same event that you just read about to Orlando, Fla., September 25 – 28, 2014. There is plenty of time to plan, save and get ready for next year's OAC Convention – it's an event that you won't want to miss!



Steven Boyce, MD, talks with an attendee about Bari Life's products in the Convention Exhibit Hall.

# **TAKE A CLOSER LOOK AT YWM2013!**

Whether you joined us in Phoenix or want to see all that Convention had to offer, the OAC has made it easy for you to take a closer look at YWM2013.



All YWM2013 attendees received the official Your Weight Matters<sup>SM</sup> pedometer. Throughout the three-day event, the total steps taken by all attendees were more than

9,250,000!

# THE OAC ASKED ATTENDEES, "WHAT WAS YOUR BIGGEST **TAKEAWAY FROM YWM2013?"**

# HERE'S WHAT THEY HAD TO SAY:

"My voice makes a difference."

- Jennifer Coleman, Louisiana

"When it comes to weight stigma, we can all do something."

- Rob Portinga, Minnesota

"My journey is important to share. We all are a success no matter where we are on this path to healthy living."

- Joanne Callahan, Texas

"Stop focusing on numbers as a barometer of success and instead focus on how your health is and what you can do now that you couldn't do before."

- Joy Muller, New York



The chatter is still going from YWM2013. Head on over to the YWM2013 Facebook event page at http://on.fb.me/WzcnEL and catch-up on the conversation.



Visit the OAC's YouTube channel today at www.youtube.com/user/ObesityAction to view the educational sessions that were live streamed from YWM2013, watch the Convention photo montage video and much more!



Whether you have a Twitter whether you have a twitter today at www.twitter.com and type "YWM2013" in the search bar. You will see all the tweets that tagged "YWM2013" in them



Want to see all the photos from Convention? Visit w.flickr.com/photos/obesityactions to check out hundreds of photos from this year's Convention



Take a look at the OAC's
#YWM2013 group Pinterest
board to see all the great photos
and videos that other YWM2013
Pinterest users have pinned. Visit
www.pinterest.com/obesityaction



You can still take a look at e OAC's mobile photos and YM2013 attendees' personal otos on Instagram. Visit the C's profile @ObesityAction o

All of these Web sites are also accessible through the OAC's main Web site at www.ObesityAction.org.

## Thank You to the 2013 National Convention Exhibitors

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# STAY CONNECTED

Want to stay connected and be the first to know about all the details for YWM2014? If you want to receive the latest information on next year's Convention, please visit www.YWMConvention.com and sign-up for Convention E-news Alerts today!

# Why We Do What We Do: A Look back at the 2013 Convention — Part 1

Do you want to read about all the details from YWM2013? Visit the OAC Blog today to view a blog entry from Kristy Kuna, OAC Director of Programs and Membership. Kristy will share with you a first-hand look at all YWM2013 had to offer. Visit www.OACBlog.org today!

# SAVE THE DA



OAC's 3" Annual *Your Weight Matters*' National Convention September 25 - 28, 2014 RENAISSANCE ORLANDO AT SEA WORLD WWW.YWMCONVENTION.COM



#### **Platinum**

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#### Gold

American Society for Metabolic & Bariatric Surgery Bariatric Advantage Potomac Currents

#### **Silver**

American Society of Bariatric Physicians Arena Pharmaceuticals New Life Center for Bariatric Surgery Orexigen Therapeutics, Inc.

#### **Bronze**

New Dimensions Weight Loss Surgery Novo Nordisk Rocky Mountain Associated Physicians St. Vincent Bariatric Center of Excellence The Wellborn Clinic

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Platinum: \$100,000 and up Gold: \$50,000 - \$99,999 Silver: \$10,000 - \$49,999

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List as of 09/18/13



# THE MIND CONNECTION TREATING YOUR MIND AND BODY AS ONE

by Mira Rasmussen, BS, ACSM

he strength of our emotional health can break the barriers of physical fitness. We commonly seek instant gratification with a fast and furious physical solution and make goals based upon our outer appearance and judgments from others.

Even if our goals are health-based, such as seeking relief from our physical aches and pains or yearning to lower our medications, we often rush the process. A familiar representation of this relates to weight-loss. In the urgency to lose weight, we tell ourselves that the most extreme diets and exercise regimens are doable because it's only going to be for a short while. The problem here is that if you haven't considered the fitness of your mind, any physical achievements will only last until your determination is overwhelmed by old habits and rationalizations. In order to truly transform yourself and make fitness a part of your



lifestyle, the mind and body have to be treated for their specific needs and then exercised together.

# EMOTIONAL AND PHYSICAL NEEDS

All of us have a number of basic

emotional and physical needs. Often, these needs are lacking due to the day-to-day stressors of life. When this occurs, we are susceptible to unhealthy coping behaviors; unconscious attempts to somehow satisfy or escape the stressful environment or situation. Some of these coping behaviors may be:

- OVEREATING
- SELF-MEDICATING
- AVOIDING SOCIAL SITUATIONS

We all use different methods to try and numb the reality that we don't want to face. Unfortunately, these behaviors

"WITHOUT THE VITAMINS AND MINERALS THAT COME FROM A WIDE VARIETY OF PLANTS AND LEAN MEATS, YOUR BODY IS STILL GOING TO CRAVE THE NUTRIENTS IT'S MISSING AND CAN LEAD TO INCREASED HUNGER."

can ultimately lead to weight gain, depression and a cycle of failures instead of successes. Unhealthy habits can sneak up on you throughout time and before you know it, you are struggling with life-changing health issues like obesity, heart disease, depression or diabetes. Unless you can get a sense of how well the basic needs are being met in your life and address any deficits, your attempts of becoming healthier can often fail before they even start. To further understand, let's examine how emotional and physical needs are interconnected.

# THE CONNECTION

In order to satisfy your physical needs, you must incorporate a balance of regular exercise, healthy nutrition and adequate rest into your daily lives. Regular, sustained physical activity may help:

- Increase the function of the circulatory and respiratory systems
- Enhance overall metabolism
- Improve cognitive function
- Improve your immune system
- Increase strength
- Improve flexibility
- Improve balance
- Decrease stress

These are all critical in allowing you to physically do the things you want to do. When a person is fit, they feel better both physically and mentally.

Proper nutrition is also important as it fuels your body's needs. Nutrition allows you to keep powering forward in a positive manner. The problem is that far too many people don't put a lot of thought into the power of the food that fuels them. What I mean is, how will the food you're eating compliment the goals you're trying to accomplish? Is your food appropriately balanced across the three macronutrients of fat, protein and carbohydrates? Does it contain the micronutrients you need to keep your body running efficiently? Without the vitamins and minerals that come from a wide variety of plants and lean meats, your body is still going to crave the nutrients it's missing and can lead to increased hunger.

The micronutrients in food send the signal to our brains telling us we're full and if your diet isn't richly plant based with vegetables and fruits, it will no doubt be lacking in these essential micronutrients. Finally, quality rest is equally important for the body as it allows for recovery and reenergize of the mind. Without a proper amount of rest, six to eight hours of uninterrupted sleep per night is recommended, our mood, metabolism and energy will be greatly affected. Insufficient rest can cause the body to crave carbohydrates as a quick fix for energy and those extra calories are usually stored as fat. Physical fitness, diet and rest are the physical needs our bodies have every day, but the other component is satisfying our emotional needs as well.

# BASIC HUMAN NEEDS

The consequences from not meeting our physical needs are often easier to recognize than noticing what's missing from our emotional needs. Inherent emotional needs have to be fulfilled. For some, these needs are not intentionally ignored, yet go unfulfilled because many of us are taught to bury our feelings. Or sometimes as a result of a traumatic experience, coping versus dealing with the emotional loss becomes the easiest strategy. When it comes to reaching a balanced and healthy lifestyle, coping can become a major barrier or obstacle to achievement. Only after we give our needs attention can we be ready for growth and change. Take a moment to examine the following list of basic human needs in relation to what is being fulfilled or unfulfilled in your life:



Photo @iStockphoto.com/Rauluminate



## **FRIENDSHIP**

The need for companionship, love, and emotional & physical intimacy



# **ATTENTION**

The need to give and receive regular quality contact from others



# COMMUNITY

A sense of belonging and feeling a part of something beyond yourself



## **GOALS**

A need for purpose and meaning in your life



# CHALLENGE AND CREATIVITY

A sense of stimulation from your environment



## STATUS

A sense of competence and therefore self-worth



#### CONTROL

A sense of stability in relationships, home-life and environment



# MIND-BODY CONNECTION

Without regular nutrition, sleep and exercise your psychological state suffers considerably

Many of these basic needs can overlap or be fulfilled in various ways, and many of them can be experienced through a form of physical exercise. To successfully achieve and maintain fitness, you have to work through your emotional barriers.

# **BREAK THE CYCLE**

Often, we try to separate the body and mind when viewing our progress with an exercise and nutrition program. If separated, we may not notice the rationalizations we make that ultimately sabotage our goals. Here are three common situations and some tools you can use to break the cycle of failures and increase your emotional successes:

# 1) Anytime you eat past full, you are filling an emotional need, not a physical one.

A common question is, "Can I make up for what I ate with more exercise?" If you are just looking at numbers this would seem to equal out just fine. However, this isn't how the body works as a whole. Many times we overeat on foods that are not nutritionally sound or contain empty calories. Additionally, we might have the best intentions of burning those extra calories off through exercise, but most likely the best plans to compensate happen the next day or a few days later when the food has already been stored as fat. Essentially you're making your body work harder.

People that compensate overeating with exercise have a harder time recovering from the exercise bouts and their everyday energy declines. From there, it's easy to get into a vicious cycle where exercise becomes punishment for overeating and instead of changing your diet, you stop exercising. With any experience that has undesirable associations, we are likely to stop and eventually avoid the situation altogether.

The Fit Mind Connection continued on page 26

# Provide your body with the necessary nutrients needed for

# Good Hair, Skin & Nail Health









# Simplify Your Vitamin Regimen

- Simple to take
- Inexpensive
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- Developed by a bariatric surgeon



# Bari Life Bariatric Supplements

Bari Life Bariatric Multivitamins are specifically designed for the bariatric patient.



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# Bari Life Bariatric Supplements the REAL Advantage







# Simplify Your Vitamin Regimen

- Simple to take
- Inexpensive
- Meveloped by a bariatric surgeon







# Bari Life Bariatric Supplements

E-Z Swallow Vanilla Scented Tablet

Meets ASMBS Guidelines in one bottle

Costs \$27 - \$28.50 per month

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	60 IU
	160 mcg
	3 mg
	3.4 mg
	40 mg
	4 mg
	400 mcg
	1000 mcg
	60 mcg
	20 mg
	1500-2000 mg
	45-60 mg
	400 mg
	15 mg
	2 mg
	3.6 mg
	120 mcg
	90 mcg

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	120 mg
	6000 IU
	200 IU
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	6 mg
	8 mg
	40 mg
	8 mg
	400 mcg
	1000 mcg
	600 mcg
	40 mg
-	2000 mg
	45 mg
	800 mg
	30 mg
	2 mg
	4 mg
	240 mcg
	200 mcg
	225 mcg

140 mcg

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	400 mcg
	1000 mcg
	600 mcg
	40 mg
	2000 mg
	45 mg
	800 mg
	30 mg
	2 mg
	4 mg
	240 mcg
	200 mcg
	300 mcg
	140 mcg

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Association of Clinical Endocrinologist, The Obesity Society, and American Society for Metabo

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Mechanick, et al., Clinical Practice Guidelines for the Perioperative Nutritional,

, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient-2013 (

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# Clearly the Right Choice

VITAMIN A VITAMIN C VITAMIN D VITAMIN E

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Bari Life Bariatric Multivitamins are specifically designed for the bariatric patient. The modular dosage plan is easily adaptable to the patient's needs based on the recommendations of the American Society of Metabolic and Bariatric Surgeons. Developed by a bariatric surgeon, Bari Life new and improved multivitamin formula meets or exceeds the new 2013 ASMBS recommendations for vitamin and mineral supplementation after weight loss surgery.

# Instructions for Use

Non-surgical and Pre-surgical patients:

3 tablets/day or 1 scoop of powder

Adjustable Gastric Band:

3 tablets/day or 1 scoop of powder

Vertical Sleeve Gastrectomy:

6 tablets/day or 2 scoops of powder

Gastric Bypass:

6 tablets/day or 2 scoops of powder

Duodenal Switch:

8 tablets/day or 3 scoops of powder

# Coming Soon! New Chewable Duo

Contains natural grape, cherry, orange and vanilla flavorings.



Chewable Multivitamin Grape Flavored Chewable Calcium
Orange Flavored

Chewable Calcium Cherry Flavored

# If you overeat, take a look at the environment, feelings and circumstances in which it happened.

The sensation of hunger is one of the most rationalized physical needs. Society influences the rationale to eat when we celebrate, are in boredom, when we are sad, lonely, disappointed or in pain. Think of the stereotypical woman with a broken heart eating ice-cream or the doctor giving out a sucker after a child gets a shot. We associate our emotions with food, so it's easy to be confused and, it is best to question your hunger when a situation comes up that we associate with eating. Stop and look at what you ate today and ask yourself if it contains the nutrients your body needs or did you consume those foods due to hunger for something else.

Emotional hunger comes on suddenly; physical hunger occurs gradually. When you are eating to fill a void that isn't related to an empty stomach, you crave a specific food, such as pizza or ice cream, and only that food will meet your need. When you eat because you are actually hungry, you're open to options. Emotional hunger feels like it needs to be satisfied instantly with the food you crave; physical hunger can wait. Even when you are full, if you're eating to satisfy an emotional need, you're more likely to keep eating. When you're eating because you're hungry, you're more likely to stop when you're full. Emotional eating can leave behind feelings of guilt; eating when you are physically hungry does not. If we work to examine our emotional needs and address them, emotional hunger and physical hunger become more distinct and easier to identify and thus manage.

# Getting started with physical exercise itself can be overwhelming.

First, let me start with the fact that you don't need to be extreme in order to accomplish your goals; this approach ultimately leads to inappropriate exercise techniques, lack of recovery time and injury. There are emotional consequences associated with starting too aggressively with an exercise program. When you push to extremes, you are



more likely to go "all or nothing," which easily leads to avoidance altogether. Fitness should be accomplished in a balanced manner that accommodates a mind-body connection. Exercise

should begin with your current ability and slowly progress from there. Each week you'll build your confidence and your



strength. Exercise should be a positive experience that rejuvenates you mentally and physically. To do this, find a place to exercise that interests your mind through the surroundings, the people or both. For some people, a regular gym might fit, but for others, the outdoors, a supportive trainer or a group might meet this need better.

Having someone to be your guide and provide education with exercise will help you understand how the body works and help solidify your lifestyle change. Even if you've exercised in the past and did several different activities before, without the education and support, it may not have stuck with you. Knowledge and support empowers you to change your belief system about who you are and what you are capable of. For example, knowing how the body is fueled in relation to exercise is a great tool to

"INSUFFICIENT
REST CAN
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ARE USUALLY
STORED AS
FAT."

have in your pocket! Fitness professionals can give you important tips like: If you are trying to lose weight and are working out extremely hard, you are defeating yourself. The more anaerobic you become while exercising, the less fat you burn for fuel. Also when you work out at high intensities, you'll crave additional carbohydrates, essentially replacing the calories you just burned off. Not understanding this process may lead to many failed attempts and the belief that you simply don't have what it takes to lose weight...but you do. Part of the journey to health is gaining the education of fitness and creating your support system.

# CONCLUSION

To succeed in your health, weight-loss and fitness interventions, you first have to recognize both your physical and emotional needs. Once you give attention to your needs and begin to work toward emotional and physical health, together you can create and accomplish your goals. Education and support are vital pieces of fitness. Learn to treat your mind and body as one, and allow that mind-body connection to empower you to start and maintain a physical exercise program that becomes a lifestyle change and ultimately transforms you.

## About the Author:

Mira Rasmussen, BS, ACSM, is an exercise physiologist and health professional. She is passionate about personalizing the path to wellness and being a guide through that life-changing process. She works with all populations and utilizes her psychophysiological skills in eating disorder recovery, addiction, corporate wellness, personal training and nutrition. Mira has worked side-by- side with renowned dietitians, doctors and psycho-therapists using physical fitness as a vital tool for clients to reach and sustain a well-balanced life.

"IN ORDER TO TRULY TRANSFORM YOURSELF AND MAKE FITNESS A PART OF YOUR LIFESTYLE, THE MIND AND BODY HAVE TO BE TREATED FOR THEIR **SPECIFIC NEEDS AND** THEN EXERCISED TOGETHER."

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# LATE NIGHT FOOD CRAYINGS

by Kate Rivard, RDN, LD

# HAVE YOU EVER

WOKEN UP HUNGRY
BECAUSE YOU ATE
AT THE SAME TIME
THE NIGHT BEFORE?

are creatures of habit, don't you agree? This has positives and negatives. You can bet money and your health that many daytime activities and non-activities play a role in meeting personal sleep needs. This article aims to be a good example of critical thinking and will surely spark some mindful questions on what aspects of cravings can be sleep-related and what to consider when you are ready to make changes to your daily regime.

Typically, a chemical in our blood, called a neurotransmitter, keeps us awake during the day, while different nerve hormones switch on and circulate in the blood to signal our needs for sleep and the refreshment of our brains. As individuals, we also place ourselves into patterns that are easily repeated whether due to stress, necessity or ailment.



According to the National Institutes of Health, our bodies follow a 25-hour circadian rhythm that can be altered by "self-challenges" such as:

- A daily alarm (like a clock)
- Hankering for that daily shake at 10 pm
- Laptop use that prevents us from falling asleep
- Shopping in a warehouse-lit building right after our work shift

We end up eating to stay awake and then learn to "hear" ourselves ask for more food at certain times!

Late Night continued on page 30

# SOME GOALS ARE MORE IMPORTANT THAN TOUCHDOWNS.

# Join Us As We Tackle Obesity

Covidien has teamed up with the Living Heart Foundation (LHF), the NFL Players Association, and a roster of individuals to launch the HOPE (Heart, Obesity, Prevention, Education) Program, an obesity research initiative designed to raise awareness around obesity disease management.

The program is part of Covidien's national campaign to raise awareness and educate payers, providers and patients about effective surgical treatment options for obesity as a medical disease. Visit www.bariatrics4diabetes.com to learn more about qualifying for weight-loss surgery and what options are available to you.

To learn more about the HOPE Program, visit www.covidien.com/hope.







# WHAT CAN YOU DO ABOUT THIS?

Stress can greatly enhance your desire to consume food. Lack of sleep can also contribute to craving food when you are not really hungry or need nourishment. Here are some examples of stressors that minimize healthy patterns and ways you can relax and help fight cravings:

- YOU MAY WORK UNDER BRIGHT LIGHTS DURING THE DAY. TOWARD THE END OF THE DAY, SHUT OR DIM THE LIGHTS.
- DURING YOUR DRIVE HOME, TRY TO CALM YOURSELF.
- CALMING YOURSELF BEFORE BED IS ALSO BENEFICIAL TO RELAXING.

Reducing your focus on putting something in the mouth may be as simple as replacing an eating occasion with a session of stretching to relax muscles of your upper body, legs or torso. You can add exercise or stretching and movement for as little as 10 minutes a day to help combat food cravings.

# WHAT ELSE CAN CAUSE YOU TO HAVE CRAVINGS?

Are there other reasons why cravings happen around bedtime? Can you keep a food diary and sleep record for a few days or even 24 hours to see if in fact you really do consume little during the day, and your hunger finally catches up with you at odd hours during off-work time. Let's take a look at some other reasons you may be experiencing late night cravings:

# I) FOOD MEDICATION INTERACTIONS

When we have multiple medications on board, why not check with a pharmacist, dietitian or rely on ourselves to learn what vitamins or minerals, or side effects may be interacting when using a

medication. Many medicines for mental health should be taken with regard to food, calcium, iron supplements, or citrus juices to maximize the effects of the medication dosage.

# II) SLEEP

Simple lack of adequate, quality sleep will boost or decrease levels of hormones, leading to food cravings. Monthly hormonal surges or changes can also lead to a deficit of sleep through mood swings, along with mental stressors, and lack of normal cues for intake of food and fluids. Warmed milk can increase sleepiness through hormone production leading to a sense of calm in both men and women. Typically, any warm fluids can do this, so heated almond milk, or milk of your choice, likely will suffice.

Sleep-encouraging relaxation techniques include autogenic relaxation, progressive muscle relaxation, and visualization, which can also be assisted by yoga, stretching, massage, listening to music, Tai Chi, and low-level exercise. These are some simple ways to bring about a calm mindset during your sleep hygiene time – 10-60 minutes before bed.

If you feel you require more of a scientific approach to identifying sleep issues, a professional or physician specializing in sleep medicine can assist with this by collecting data and performing a sleep study.

# III) ENERGY NEEDS

Much of our negative thinking presses us to forgo food and fluids until we reach a hunger that equates with severe emptiness. Or you simply haven't been hungry and until eating a little before bed, you find that you are ravenous. Can you relate? If so, talking with a dietitian may help you plan to eat and not consume food and fluids close to bedtime. Protein can be a key factor in keeping energy constant during the day. So there are basics to learn about the foods and fluids we eat and drink. A dietitian can be an excellent resource to help you get and stay on track.

# BELOW ARE SOME QUESTIONS YOU MIGHT ASK YOURSELF WITH REGARD TO SLEEP CHALLENGES:

- HAVE YOU EVER RECORDED HOW MANY HOURS OF REAL SLEEP YOU GET? THEN LOOK OVER THIS RECORD AND ASK YOURSELF WHY EVENINGS WERE SO SHORT OR LONG.
- DO YOU FEEL THAT YOU ATE TOO MUCH, DRANK WINE, BEER, SMOKED, OR HAD CAFFEINE UNUSUALLY LATE AT NIGHT?
- \* WERE YOU STIMULATED BY EMOTIONS?
- DO YOU HAVE INSOMNIA (DIFFICULTY FALLING ASLEEP)? EVEN IF YOU HAVE ALWAYS BEEN A SHORT SLEEPER OR A LIGHT SLEEPER, YOU WILL LEARN ABOUT SLEEP AND WHAT ALTERS THIS MORE BY JOTTING DOWN HOW MANY HOURS YOU GET FOR A WEEK.

# IV) TOBACCO USE

According to the 2010 Centers for Disease control data, 21.3 percent of adults (12th graders, men and women as adults) of the United States population use tobacco. Nicotine-use and caffeine right before bed, like brightness of one's laptop or desktop computer or cell phone, can affect ability to gain your zzzz's. Like alcoholic beverages, sensitivity varies; and it may be that last couple cigarettes at home, in bed, or when you settle in for the evening, holding you up from routinely falling asleep. Alcohol also helps one get to sleep, but a few extra drinks gets one up several hours later and may be part of the middle-of-the-night wakefulness.

# v) DISEASE AND EMOTION

Narcolepsy, Sleep Related Sleep Disorder (a parasomnia), and generalized anxiety, can alter sleep and possibly cause daytime mood swings that lead to extreme fatigue. Use of elicit substances altering mental health, certain medication side effects, and seasonal changes, may enhance depressive symptoms.

Eating in the middle of the night and being unaware of this behavior may be Night Time Binge Eating Disorder (NBED) or Night Eating Syndrome (NES).

# CONCLUSION

In conclusion, absolutely everyone needs time to reboot and relax. No one can keep a party going and not find themselves exhausted without health consequences. Health is both mental and physical, emotional, interpersonal, and social. While we may have to advocate for our own health in a busy family, workplace or relationship, purposefully taking time twice daily for mindful re-focusing can bring even the most efficient person to level ground.

The same goes for working on sleep hygiene, which is defined as controlling all factors that precede or may interfere with restful sleep. Getting more shuteye regularly, or taking a 10 minute catnap, is known to increase control over cravings. If we consider that health is our wealth, we may be more likely to look mindfully at what is driving our evening consumption and interfering with an adequate level of refreshment. Mindfulness may build on your decisions to reduce use of caffeine, nicotine, alcohol or other drug quantities, and food or caloric liquids during busy hours of the day. Seeking healthcare guidance about our mental and physical health allows each of us to feel more appreciated and fulfilled. Good zzzz's to you.

#### About the Author:

Kate Rivard, RDN, LD, has been studying health and wellness psychology for more than two years and is nearing completion of her master's degree. She works as a health coach and healthy eating consultant, a health screener, on-call dietitian, and speaker. Kate speaks and writes on a variety of topics related to stress, sleep, nutrition and activity.



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# Corner

eens have a lot on their minds. Between school, sports, friends and text messages, teens and tweens have little time for eating the right foods. It is common for teens to skip breakfast, grab chips and soda from the vending machine, or grab a giant sugary latte after school with friends. These poor choices can take a toll on the health and wellness of today's teens.

Because of their poor diet choices, teens are at risk for becoming deficient in some essential nutrients. Calcium is a nutrient that is lacking in many teen's diets. Teens need around 1300 mg of calcium each day, which is the equivalent of around four cups of milk or yogurt. Teens can also be at risk for becoming deficient in iron, especially teen girls. Good sources of iron include meats, dark green leafy vegetables, and dried fruit.

Another concern regarding the diet of today's teens is the increasing rates of obesity in children and teens. According to the CDC, in the past 30 years, the



# WHY NUTRITION IS IMPORTANT

by Sarah Muntel, RD

obesity rate in teens ages 12-19 tripled. In 1980, 5 percent of the teen population was affected by childhood obesity. This number increased to 18 percent in 2010. With these frightening statistics, it's time to take a look at teens' diets. The habits and choices that start in the teenage years can carry over into adulthood. By making changes to kid's diets early on, a lifetime of good habits can form.

"ACCORDING
TO THE CDC,
IN THE PAST
30 YEARS, THE
OBESITY RATE
IN TEENS AGES
12-19 TRIPLED."

# HAVE YOUR TEEN TAKE THE FOLLOWING OUESTIONNAIRE WITH YOU TO SEE HOW THEY EAT EVERY DAY:

YES

NO

DO YOU EAT THREE MEALS PER DAY?

Three meals per day are three opportunities to get in good nutrition. When teens skip meals they miss out on these nutrients. Also, as teens skip meals, they typically end up getting overly hungry later and grab high calorie snack foods.

## IF YOU SAID NO...

Try to have quick meal options available that are ready to go. Breakfast is frequently skipped, so fill your fridge with low-fat string cheese, fresh fruit, and boiled eggs. Chop-up fresh veggies and toppings for your teen to make a quick salad for a quick dinner before practice. Don't forget to top it with protein such as chicken, cheese or eggs!

YES

NO

DO YOU CHOOSE A VARIETY OF FRUITS AND VEGETABLES AT MEALS?

Teens' diets can be filled with high calorie processed foods, and many lack fresh vegetables and fruit. Skipping these

Protein Dairy

Choose My Plate.gov

foods can cause your diet to lack vitamins, minerals and fiber! A quick way to determine how much you need is by filling half of your plate with fruit or vegetables for each meal. This "Choose My Plate" model (pictured left) is developed by the USDA and is very easy to remember.

## IF YOU SAID NO...

There are many fruits and vegetables that can be added to your teen's diet. Add diced vegetables to an omelet, top sandwiches with fresh veggies, mix yogurt and fruit together, make a fruit smoothie, or make a tasty dip for a fruit or vegetable.



NO

# DO YOU MOSTLY DRINK WATER?

High calorie sodas and drinks add up so quickly. Frozen drinks and milkshakes can add more than 500 calories at a time. Other juices, flavored drinks and sodas also add many extra calories. Water is always the best choice to stay hydrated. Aim for 8 glasses a day, more if you are exercising.

#### IF YOU SAID NO...

Offer water at meals and snacks. Flavor it with a slice of fresh lemon, lime or even cucumber to add variety.

YES

NO

DO YOU HAVE A DIET FULL OF LOW-FAT DAIRY FOODS, SUCH AS MILK, YOGURT, AND CHEESE?

Teens need 1,300 mg of calcium every day. This can be tough to meet for some teens. An 8 oz. glass of milk, yogurt or a serving of cheese all have around 300 mg of calcium. Calcium is very important in the teen years as strong bones are forming.

## IF YOU SAID NO...

Begin adding calcium to your diet in fun ways. Serve smoothies for snacks. Melt low-fat cheese on eggs or sandwiches or top yogurt with granola for a healthy snack.



NO

## DO YOU CHOOSE WHOLE GRAINS?

It's time to replace white pasta, white bread and white rice with healthy whole grains full of fiber and great nutrition.

## IF YOU SAID NO...

Begin swapping your white flour products for whole grains. These complex carbohydrates are full of fiber, vitamins and minerals and are nutritionally superior to white flour products. Make the switch today!

YES

NO

# DO YOU CHOOSE IRON-RICH FOODS?

Teenage boys need approximately 11 mg of iron daily and teenage girls need approximately 15 mg. Foods high in iron include red meats, egg yolks, dark green leafy vegetables, and enriched cereals. Taking an iron-rich food with a food high in Vitamin C can increase absorption. For example, have a bowl of raisin bran with a glass of juice in the morning!

#### IF YOU SAID NO...

It's not too late; begin adding iron-rich foods today.

YES

NO

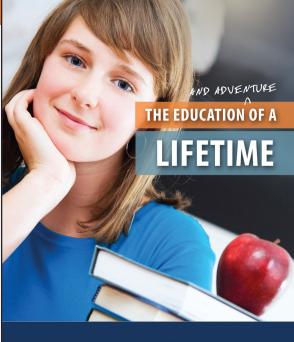
#### **ARE YOU ACTIVE MOST DAYS?**

Balancing healthy nutrition with movement can promote a healthy weight and can start teens on the road for lifetime wellness. It's also a great way to reduce stress in your teen's life.

# IF YOU SAID NO...

Find activities your teen may enjoy. Join an intramural sport or activity. Make it a family affair. Take a family bike ride or walk and get healthy together.

KID'S CORNER continued on next page



# WEIGHT LOSS SCHOOL CAN BE LIFE-CHANGING





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# **MOTIVATION IS KEY**

Now you know what to eat, how do you lead your teen in the right direction? Below, you will find some ways to motivate your teen:

## LEAD BY EXAMPLE

You'll be amazed with what happens when you start leading the way. Your whole family can begin eating healthy together.

# MODIFY SOME OF THEIR FAVORITE "JUNK FOODS"

Talk with your teen about their favorite foods and find ways to make them healthier. For example, make healthy chicken nuggets by dipping chicken in egg and coating in a high-fiber cereal or make a frozen coffee drink with skim milk and low-sugar syrup.

#### TALK ABOUT MAKING THE BEST CHOICE

You're not going to be with your teen all the time. Educate your teen on good choices to make on their own. You can make it fun. Find different places they typically go and find the best choice. Teens will eat fast food but knowing the grilled chicken sandwich is the best choice is a good start. Discuss movie theatre choices and show them how many calories are added when you put butter on your popcorn. Teens will be amazed!

# PRACTICE MODERATION

Not every day is perfect, so if you have a day where you eat high-calorie, high-fat options, balance it out by choosing healthy options the next meal. No one is perfect and no one has a perfect diet. Everyone will splurge once in a while; just make sure your diet is balanced most of the time.

#### **GET MOVING TOGETHER**

Family bike rides, a walk with mom or a hike in the woods are great ways to increase your activity.

# CONCLUSION

The teenage years are a great time to begin a lifetime of healthy habits. Start slowly by making a few changes at a time. You'll be amazed how quickly you'll see progress!

#### About the Author:

Sarah Muntel, RD, is the bariatric coordinator with Community Health Network in Indianapolis. She has worked in the field of bariatrics for the past 15 years and enjoys helping people get to a healthy weight so they can improve their health, feel better about themselves and become more active.

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Answer provided by Jacqueline Jacques, ND

In truth, underlying causes of conditions are generally the same after bariatric surgery as they are in people who have never had bariatric surgery. While nutritional causes may become more common due to new risks (like low-intake and malabsorption), it is still important to consider all the possible causes including things like poor sleep (including that caused by disorders like sleep apnea), stress, depression, low thyroid and more.

This said, I have now stated that nutritional causes of fatigue may become more common after bariatric surgery, so let's review a few of these:

# Iron Deficiency

When iron becomes too low, you don't make enough of a substance called hemoglobin that carries oxygen to your lungs, and the rest of the cells of your body. You also make fewer red blood cells. When these changes happen, common symptoms are fatigue, weakness and shortness of breath.

# **B12 Deficiency**

Vitamin B12 is also involved in making hemoglobin, so similar to iron, low levels result in poor delivery of oxygen around the body. It also plays several important roles in the nervous system, contributing to the production of dopamine, norepinepherine and serotonin. So when B12 is low, you may feel fatigue, but you can also feel depressed – and depression can also cause fatigue.

# **B1** (Thiamine) Deficiency

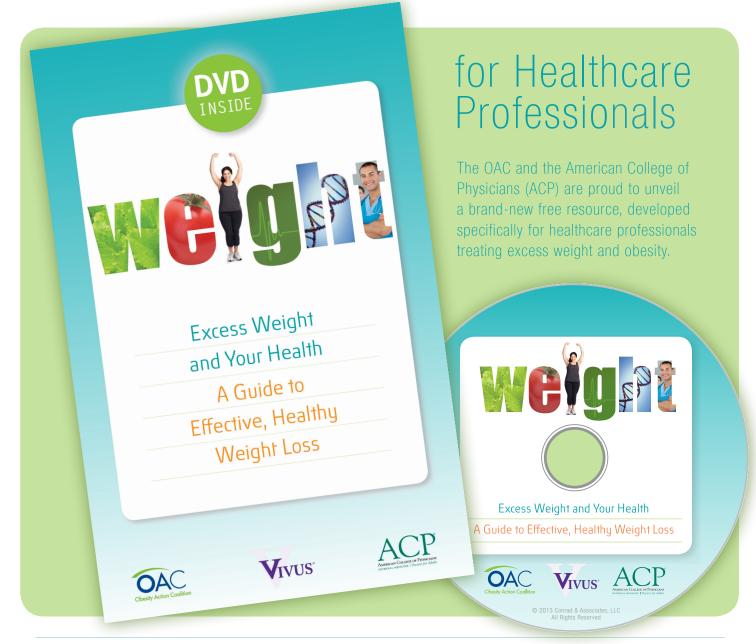
Your body uses B1 to make energy from carbohydrates you eat into energy for your cells. It also uses it to make ATP (adenosine triphosphate), a molecule used by every cell in your body for energy. So if you lack B1, you lack the ability to make energy and that can really make you fatigued. You may also be irritable, depressed, suffer memory loss or confusion, and have neuropathy, nausea and vomiting.

In addition to these key nutrients, many others are known to cause or contribute to fatigue if they are low or deficient. So ultimately, if you are struggling with feeling tired and weak, it's really best to talk to your doctor to try to sort out the cause. If you just take more vitamins hoping that will make you feel better – you may or may not be addressing the problem, and you put yourself at risk of getting worse. The good news is that most cases of fatigue are treatable when we find the cause – so the faster you do, the faster you will get to feeling better.

## About the Author:

Jacqueline Jacques, ND, is a naturopathic doctor with more than a decade of expertise in medical nutrition. She is the Chief Science Officer for Bariatric Advantage (a Division of Metagenics, Inc) a company dedicated to providing the best of nutritional care to weight-loss surgery patients. Her greatest love is empowering patients to better their own health. Dr. Jacques is a member of the OAC National Board of Directors.

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# Benefits of 5-10

hen thinking about weight-loss, one often has an "ideal" body weight in mind or an ultimate weight-loss goal. It's very common for people to think that unless they lose dozens of pounds, they will not be any healthier.

This is a misconception. Studies have shown that health benefits resulting from weight-loss are evident with a weight reduction as low as 5-10 percent. This means that an individual that weighs 200 pounds will benefit greatly from losing 10 to 20 pounds.

There's scientific evidence that many obesity-related conditions improve with a 5-10 percent weight-loss. Let's look at these related conditions and see how modest weight-loss may greatly improve them and your overall quality of health:

#### Cholesterol

Although we have good medications that decrease our "bad" cholesterol also called LDL cholesterol, doctors and patients alike know how hard it is to increase the "good" cholesterol otherwise known as "HDL cholesterol" even by a few points.

A 5-10 percent weight-loss can result in a five point increase in HDL cholesterol. This deserves applause as raising HDL by these few points can lower the risk of an individual developing heart disease. HDL cholesterol of more than 40 mg/dl for men and more than 50 mg/dl for women is protective against heart disease.





There are other fat-like particles in the blood that are harmful in elevated amounts. They are called triglycerides. People with high triglycerides are at higher risk for heart attacks and strokes among other problems. A normal level should be below 150 mg/dl, while anything above 200 mg/dl is considered high.

Losing 5-10 percent of body weight was shown to decrease triglycerides by an average of 40 mg/dl, which is a significant drop. This level can

further improve with exercise, a diet low in concentrated sugars, carbohydrates and fats as well as with reduction of excessive alcohol intake.

#### Hypertension

Excess body weight accounts for about 25-30 percent of cases of hypertension. As body weight increases, it causes hemodynamic abnormalities and other changes that result in elevated blood pressure. By losing 5-10 percent of one's weight, blood pressure, both systolic and diastolic,



decrease by 5 mmHg on average. In conjunction with a salt restricted diet, rich in vegetables, fruit and low-fat dairy, this weight-loss could be potentially even higher.

#### Diabetes

One of the laboratory markers used to screen for diabetes and to monitor its treatment is called Hemoglobin A1C. The normal level should be below 6.5. Research has shown that a 5-10 percent weight-loss can decrease this marker by half a point on average. This comes close to the effect that some anti-diabetic pills have on blood sugars.



Insulin Resistance

Another condition that is seen with weight gain is a phenomenon called insulin resistance. In this disorder, the pancreas produces larger than normal amounts of a hormone called insulin. Insulin is responsible for keeping blood sugar levels normal. In this condition, high levels of insulin are needed because tissues are resistant to its effects. When someone has insulin resistance, the resulting high levels of insulin in the blood cause an increase in fat tissue

# Percent Weight-loss

by Nadia B. Pietrzykowska, MD, FACP

especially in the waist area, abnormal cholesterol, and sometimes a change in certain hormone levels in women that causes male pattern hair growth and infertility. Modest weight-loss was found to significantly decrease insulin levels and thus to help with reversing these conditions.

#### Obstructive Sleep Apnea

Obstructive sleep apnea is a sleep disorder commonly diagnosed in patients affected by excess weight that snore or gasp for air during sleep. It's caused by pauses and gaps in breathing during sleep and results in insufficient oxygenation. This causes fatigue and sleepiness during the day. It also is responsible for making certain diseases less responsive to treatment, like hypertension for example.

When sleep apnea is significant, oxygen levels in the blood are too low during sleep and the use of a breathing machine called CPAP is necessary. It has been shown that a 5-10 percent weight-loss may improve sleep apnea and sometimes if the apnea was

not very severe, one can be weaned from the **CPAP** breathing machine. This is a big

Photo @iStockphoto.com/Leadinglights

"There's scientific evidence that many obesity-related conditions improve with a 5-10 percent weight-loss."

#### Inflammation

In studies looking at the effect of excess weight on

cells of the human body, it was found that fat cells and especially abdominal fat cells produce a large number of substances that result in inflammation



in blood vessels. This inflammation then can result in plaques and clots and turn into strokes and heart attacks. When weight-loss achieves a level of 10 percent, the levels of inflammatory substances circulating in the blood drop significantly and therefore the risk of vascular damage is reduced as well.

#### **CONCLUSION**

achievement for some, as

having to use

a CPAP is

life-saving

perceived as

cumbersome by those who

need to use it.

but often

All these improvements caused by weight-loss as low as 5-10 percent ultimately lead to very significant benefits including a lesser chance of having a heart attack or stroke. Now, the next question that comes to mind is since we know that a 5-10 percent weight-loss is very beneficial, how can it be achieved?

First and foremost, weight-loss starts with lifestyle changes: diet and exercise. The first step is to talk to your healthcare provider. They will help choose the diet that is most appropriate. The diet choices are usually determined by the existing medical problems among other factors and should be discussed with your healthcare provider. On this note, it is worth mentioning that scientists have recently shown

5-10 Percent Weight-Loss continued on next page

that a "Mediterranean diet," which is rich in fish, vegetables, olive oil or nuts will protect you from heart disease even more when compared to other commonly used diets.

To attain and maintain any amount of weight-loss, exercise is mandatory. Generally, an average of at least one hour, five days a week is needed. But this again should be monitored by your healthcare provider to assure safe exercise practices.

Scientists have shown over and over again that lifestyle changes that include an appropriate healthy diet and the right exercise regimen will help attain a 5-10 percent weight-loss. In addition, any legitimate weight-loss program should promote these lifestyle changes as the first step in attaining weight-loss. They are absolutely indispensable. They work on their own when the planned weight-loss is 5-10 percent of body weight and are always used in conjunction with other measures (weight-loss medications or bariatric surgery) if a more significant weight-loss is needed or when lifestyle changes by themselves did not achieve the medically required weight-loss goal.

Thus, when contemplating weight-loss, the initial goal may be set as low as 5-10 percent of body weight. As discussed in this article, this seemingly modest weight change already results in tremendous health benefits.

#### About the Author:

Nadia B. Pietrzykowska, MD, FACP, is a Board Certified Physician Nutrition Specialist with Residency training in Internal medicine and subspecialty training in Bariatric Medicine and Nutrition.







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# Empty Calories Do they add up? by Laura Hill, RD, LDN

merica's appetite for sugar and fat is beginning to show up on the waist-line of the consumer. Obesity is a problem that is sweeping our nation from children to adults. The percentage of those who are affected by obesity has grown to 28 percent, with many more who are affected by excess weight. Left untreated, the excess body weight contributes to chronic health conditions like heart disease, hypertension and diabetes. The typical American diet is full of processed foods containing high amounts of fat, sugar and salt. Most processed foods like cookies, chips, candy and sugar-sweetened beverages are considered empty calorie foods because they have little to no nutritional value but contribute to excess calories and weight gain. The good news is that simple dietary exchanges can be made to reduce excess calories and help fight obesity.

#### **Empty Calorie Foods**

Empty calorie foods offer no fiber, vitamins or minerals that our bodies need to feel satisfied and perform properly. When foods are processed, they are stripped of nutrients and high amounts of sugar, salt and fat are added. Our bodies need vitamins, minerals and fiber to prevent diseases, promote a healthy weight and feel satisfied. If our diet consisted solely on soda, white bread and candy, we would constantly feel hungry. Highly processed foods are often over eaten because they have no fiber and satiety. Fried foods, chips and candy may temporarily fill you up but just an hour or two later you will be hungry again because they offer little protein, fiber and nutrients that the human body needs. It is a vicious cycle that leads to excess daily calories.

Nutrient dense foods are foods that offer a lot of nutrient value for the amount of calories. These are the foods we want to make up the majority of our diets. Foods that are nutrient dense are for the most part found naturally and go through little processing. Sweet potatoes, strawberries, nuts, beans, plain yogurt and brown rice are all examples of foods that are nutrient dense. They provide a lot of vitamins and minerals with little fat, sugar and salt. For instance, a nutrient dense snack could be a cup of strawberries which

contains vitamin c and fiber for only 45 calories and 6 grams of sugar instead of a cup of Skittles which have 830 calories and 185g of sugar.

#### **Empty Calorie Beverages**

Drinking your calories can add up fast throughout a day's time period. Soda and sugar-sweetened beverages are a huge contributor to the excess sugar in many individuals' diets. From your morning coffee with added syrup, a midmorning pick me up with a soda, lemonade with lunch, sweet tea for dinner and a few glasses of juice before bed can add thousands of empty calories to your diet. It is important to understand the portion size and to consume few sugar sweetened beverages.

The portion size is an important thing to look at on beverages just like it is on food products. It is important to note the serving size. Most drinks contain more than one serving so you have to double or triple the calories and sugar on the nutrient facts label if you drink the whole container. The average soft drink is at least 20 ounces and contains 250 calories, which is equivalent to 15 teaspoons of sugar. Many people drink four to five 20 ounce soft drinks a day which can contribute to 1,250 calories from sugar alone.

It only takes 3,500 extra calories to gain a pound so this could easily contribute to a gain of a pound or two a week. Choosing water or sugar free beverages sweetened with artificial sweeteners versus soda, juice and sweet tea can be one step to drastically cut calories in the diet. Often times the sugar content of juice is overlooked because

"The average soft drink is at least 20 ounces and contains 250 calories, which is equivalent to 15 teaspoons of sugar."

it is good for you, although an 8 ounce glass of juice can contain 8 teaspoons worth of sugar and around 130 calories. The consumption of multiple glasses of juice can easily contribute to excess calories. Juice does not contain fiber like the whole fruit. Eating the whole fruit will help with portion control, you are less likely to eat three apples where you might easily consume three servings of juice in one sitting. Therefore, choose whole fruit like an apple versus apple juice. The fiber will increase satiety making it less likely to over consume and the whole fruit provides more vitamins and minerals than the juice.

#### **Choose Healthier Foods and Preparation**

Grain products made with white flour often contribute to empty calories in the diet. Pastries, donuts and sugar sweetened cereals for breakfast can start the day with a sugar rush that will leave you hungry a few hours later due to a crash in blood sugar. Choosing whole grain cereals with 6 grams of sugar or less per serving, whole grain waffles with at least three grams of fiber per serving or omelets made with eggs and veggies will help the body feel full longer and overall consume fewer calories because these foods are more nutrient dense. Whole grain bread at lunch will give you more fiber, protein, vitamins and minerals as opposed to white bread. Choosing whole wheat grain pasta at dinner versus white pasta can also contribute more vitamins and minerals than the white counterpart.

"Frying food in butter or adding breading and deep frying foods adds no nutritional value and adds an enormous amount of excess calories."

The way food is prepared is another way to add empty calories. Whether you are ordering a meal out or whipping up dinner at home it is important to choose foods that are grilled, baked, steamed or raw foods like vegetables and fruit. Frying food in butter or adding breading and deep frying foods adds no nutritional value and adds an enormous amount of excess calories. For example, if you are eating out, choosing a grilled chicken breast, salad and baked potato saves a lot of calories and fat opposed to fried chicken tenders, fries, and macaroni and cheese.

#### Conclusion

Excess calories from processed foods, sugar-sweetened beverages and fried foods add up quickly. To avoid excess calories, it is important to remember to read labels, watch portion sizes and to consume calorie free beverages. Making simple switches like replacing sugar-sweetened beverages with water, choosing grilled meats instead of fried and choosing whole fruit instead of fruit juices creates a calorie reduction that can lead to weight-loss.

#### About the Author:

Laura Hill, RD, LDN, is a registered dietitian in Columbia, Tennessee employed by the Tennessee Department of Health, and the Maury Regional Medical foundation as a nutrition consultant for the Maury County School System.

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t's no secret that too much weight can have an impact on your health. Just look at the list of problems associated with obesity:

- diabetes
- high blood pressure
- heart disease
- · lung disease
- · sleep apnea

Too much weight can also have a serious impact on your bones, joints and muscles. Joints — knees, hips, ankles, shoulders and elbows — are formed when the ends of two or more bones come together and are held together by thick tissues. The knee joint, for example, is formed by the two lower leg bones connecting to the thigh bone.

Joints can carry a certain amount of weight and stress. Putting too much weight or stress on your joints can cause problems. If you are affected by excess weight or obesity, it's more difficult to treat these problems, and the outcomes are not as good as in people of normal weight.

Did you know that every pound of weight gained puts an extra four pounds of pressure on each of your knee joints? So, if you gained just five pounds, it would be like adding 20 pounds to each knee. Think about carrying a 20-pound

weight around all day in each hand and you can imagine how much your knees complain with each step!

And, believe it or not, most people take between 5,000 and 10,000 steps each day! No wonder your knees, and other joints in your body, can wear out faster as you get heavier!

#### **Joint Problems**

These extra pounds can lead to many problems, including arthritis. As the smooth surface called "cartilage" on the ends of bones becomes damaged or worn, you will start to feel pain and stiffness in the joint. Sometimes the joint will swell.

Weight also puts pressure on the connecting tissues around joints, such as tendons. Tendons connect muscles to the bones. The extra pressure placed on the joints by weight gain can cause the tendon to become inflamed, resulting in "tendonitis." Tendonitis can cause swelling, redness and pain around the joint. Sometimes the pain can be almost disabling.

Another joint problem is "bursitis." A "bursa" is a fluid sack near the joint that helps to keep tissues from rubbing against bones. When the bursa is irritated, it can cause pain, swelling and redness, just like tendonitis. Bursitis can

develop after an injury or due to frequent repetitive motions (overuse), but it can also result from being affected by excess weight.

Treating some joint problems may be simple. Losing weight, applying ice to the sore joint, resting the joint, and taking aspirin or other over-the-counter medicines can help reduce the pain, swelling and redness.

#### Joint Replacement Surgery

But if the pain and damage to the joint become really bad, the only option may be to replace the painful joint. During joint replacement surgery, the bone is cut, shaped and replaced by an artificial joint, called "prosthesis." The prosthesis is usually made of metal (such as steel or titanium) and plastic. Joint replacement surgery is very successful in relieving the pain due to arthritis.

Many joints can be replaced. The most common types of joint replacement surgery involve the knee or the hip, but ankle, shoulder, and elbow joints can also be replaced.

The important thing to know is that the chances of needing joint replacement surgery and of having the surgery at a younger age are much greater in people who are affected by excess weight or obesity.

In fact, if you are affected by obesity, you are 20-times more likely to need a knee replacement than someone who is not affected by excess weight. And you will probably need this surgery seven or eight years earlier than someone of normal weight.

Joint replacement surgery, like every other surgery, has risks, which your surgeon will discuss with you. In addition, problems may occur afterward. These complications occur more often in patients who are affected by obesity, regardless of the type of surgery that takes place. Here are some of the most common complications after joint replacement surgery:

- Infection (germs causing pain, redness, and warmth in the joint) If the infection is severe, the doctor may have to remove the artificial joint, wait until the infection heals and then insert a second prosthesis.
- Blood clots (a blockage of blood that can occur in the blood vessels of your legs after surgery) – This is a potentially deadly condition if the blood clot breaks free and moves up to the heart or the lungs.
- **Dislocation of the replacement joint** (especially in hip replacement) This happens when the metal or ceramic hip ball slips out of the plastic socket.

"Did you know that every pound of weight gained puts an extra four pounds of pressure on each of your knee joints?"

Surgery in patients affected by obesity can have other problems. Excess fat makes it harder for the surgeon to find and reach the bone, so the surgery is more difficult. The surgery may take longer and the surgeon may have to make a longer or larger cut in the skin – resulting in a larger scar. After surgery, wound healing and physical therapy to return to previous levels of activity may take longer.

But there's still good news! Despite these problems, patient who are affected by excess weight or obesity have outcomes — relief of pain and getting better use of the joints — that are just as good as those in patients of normal weight.

#### Other Issues to Consider

Did you know that people who weigh too much are more likely than normal-weight people to injure themselves? And patients affected by excess weight have more chances for problems, complications, while the injury heals.

For example, dislocations of the knee joint (when the thigh bone becomes separated from the lower leg bones) are more common in people who are affected by excess weight. And even though you might think that weight would make bones stronger, fractures (broken bones) of the ankle, hip, thigh, and shin bones occur more frequently in people affected by excess weight.

But even if you have not had an injury and do not have arthritis, having too much weight can go hand-in-hand with pain in your bones and joints. This is especially true in older people, even if they are healthy in every other way.

#### **Chronic Pain Syndrome**

This kind of pain is called "long-term" pain or, in medical terms, "chronic pain syndrome." As your weight increases, you are more likely to have chronic pain syndrome. Part of the problem can probably be explained by the increased strain that the extra weight puts on the joints.

Chronic pain, especially in the knees and feet, is more common in children who are affected by childhood obesity than in children of normal weight. In fact, people who are affected by excess weight or obesity are at least two-times more likely to have long-term pain than people of more normal weight.

For more information on musculoskeletal conditions and treatments, visit the patient education Web site of the American Academy of Orthopaedic Surgeons at www.orthoinfo.org.

Bones continued on next page

#### **Next Steps**

Although extra weight can cause problems for your bones and joints, a good weight-loss program can help prevent many of these problems. If you are affected by excess weight, it is important for you to recognize and understand what that extra weight really means for your bones. It is also important that you be willing to deal with these problems by starting a good weight-loss program.

Losing weight can decrease your chances for developing a condition such as arthritis or chronic pain syndrome. It can also lessen your chances for an injury, such as a broken bone. Most doctors understand how hard it is to lose weight. But at the same time, they don't want patients to face more risks during and after surgery. So your doctor may want to delay joint replacement surgery until you lose some weight.

Your doctor should be supportive, respectful, and compassionate. He or she can refer you to Web sites and programs that can help you lose weight.

Losing weight can mean a lot for your bones: less chance for broken bones, less chance for long-term pain, and better outcomes if surgery is needed. Bottom line: a better quality

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"In fact, if you are affected by obesity, you are 20-times more likely to need a knee replacement than someone who is not affected by excess weight."

his residency in orthopaedic surgery at the University of Tennessee/Campbell Clinic. Dr. Kelly served as co-chair of a forum on "Obesity, Orthopaedics, and Outcomes," sponsored by AAOS Now and held at the annual meeting of the American Academy of Orthopaedic Surgeons in Chicago in March 2013.



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