

YOUR WEIGHT Matters

Fall 2015

FOR YOUR HEALTH

MAGAZINE



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Obesity Action Coalition

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Corner

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by Jaime Ponce, MD, FACS, FASMBS; and Rachel Moore, MD

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

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

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A Message from the OAC Chairman of the Board

Looking back on at YWM2015, there's a lot to marvel at: record attendance, world-class speakers, a beautiful setting for the meeting and exquisite food. But rising above everything else was the incredible sense of a vibrant community where people belong, where they are thrilled to be back among friends who understand their life journey.



The energy was unmistakable. Pictures of friends finding each other exploded on social media. The buzz of people excited to be in the safe, supportive company of others who accept and understand them filled the hall for the opening reception.

Ted Kyle, RPh, MBA

It was pretty plain to see that people put their time and their money into YWM2015 for one big reason above all others. People came for a sense of community — for an antidote to the toxic bias and hostility that greets people living with obesity every day. OAC members are quick and consistent in saying why they're here: "no judgment, support, acceptance, shared passion, my other family."

In other words, the OAC has grown into a vibrant community because we needed it. We needed it because our larger communities have, so far, failed us by addressing obesity mostly with blame and shame.

So now in the OAC, we have a community of like-minded people who are going to fix that mistake. Quite literally, hundreds of people have stepped up for advocacy training so that they can help change the world. Some are committed to everyday advocacy. Some are going the extra mile for National advocacy. But at every level, that advocacy is indispensable. The voice of people living with obesity is rising and making a difference in policies to reduce the burden of this disease. Slowly, but surely, we are fixing the terrible mistakes of obesity policy grounded in shame and blame.

But we are also supporting each other through this community. Sharing good information and encouragement is part of what makes our vibrant community so valuable. It's hard to believe that we are only celebrating the first decade of OAC and only our fourth *Your Weight Matters* National Convention. I know we'll keep the community going online, even though we'll miss the personal contact. That's why I can't wait to re-unite with all our friends at YWM2016 in Washington, DC!

Ted Kyle



OAC Visits the White House to Discuss the “Let’s Move!” Campaign

OAC President and CEO Joe Nadglowski, and OAC Board Chairman Ted Kyle, RPh, MBA, visited the White House in August to meet with “Let’s Move!” The group also included (*pictured below*): Penny Gordon-Larsen, PhD; Francesca Dea of The Obesity Society; Jeanne Blankenship, RD, of the Academy of Nutrition and Dietetics; and Raul Rosenthal, MD, of the American Society for Metabolic and Bariatric Surgery.

The group met with Executive Director Debra Eschmeyer to discuss ways to support the work of the First Lady’s “Let’s Move!” Campaign. Eschmeyer updated the group on the “Let’s Move!”



Campaign and its initiatives, such as the Childhood Nutrition Reauthorization and the U.S. Food and Drug Administration (FDA)’s proposed revision of nutrition facts labels to also include information about added sugars.

“We owe a big thanks to First Lady Michelle Obama and the ‘Let’s Move!’ program as they have had remarkable success raising awareness of childhood obesity,” Nadglowski said. “Our hope is that this program will continue beyond the Obama administration’s time in office and continue to look at ways to improve the health and lives of children and families who currently struggle with obesity.”

To learn more about the nutrition facts label proposal by the FDA, visit bit.ly/FDANutrition.

OAC Bias Busters Call for Removal of Stigmatizing Video

We’ve had a weight bias victory! On July 23, the OAC was alerted to an extremely offensive video shared by KevinMD.com. The satirical video, produced by Healthcare NOT FAIR, showed a physician treating a woman affected by obesity, and negatively portrayed the interaction between the physician and his patient. It went as far as to show the physician shaming his patient for “her big, fat tummy,” suggesting that she doesn’t “exercise willpower,” and that her excess weight was a result of “someone introducing her to fast food.”

Upon receiving notice of this video, the OAC reached out to our supporters and encouraged them to write to both KevinMD.com and Healthcare NOT FAIR, asking them to remove the video from their Web pages. In less than one day, we had more than 100 individuals raise their voices! On July 24, KevinMD.com completely removed the video from their Web site and social media. We thank each and every one of our supporters in this matter for showing your support and standing with the OAC against weight bias! Learn more about the other weight bias issues the OAC has tackled on page 27.

More than 100 Members of Congress Ask for Passage of TROA

The Treat and Reduce Obesity Act (TROA) of 2015 (HR 2404 and S 1509) continues to gain momentum with 101 members of the House of Representatives and 10 members of the Senate co-sponsoring this important legislation. The Act, originally introduced by Representatives Paulsen (R-MN); and Kind (D-WI); and Senators Carper (D-DE) and Cassidy (R-LA), aims to provide Medicare beneficiaries with additional treatment tools to help individuals address their excess weight and obesity.



TROA would provide the Centers for Medicare and Medicaid Services with the authority to expand the existing Medicare benefit for intensive behavioral counseling by allowing additional types of healthcare providers to offer these services. It would also lift the decades-old Medicare Part D coverage exclusion of FDA-approved prescription drugs for chronic weight management, which would give individuals a full range of treatment options for the disease of obesity. To learn more about The Treat and Reduce Obesity Act of 2015 or to contact your legislator, please visit www.troa2015.com.

OAC to Host Local Event in Los Angeles During ObesityWeek 2015

With the tremendous success of last year’s community outreach program in Boston attracting nearly 125 individuals from the local and surrounding communities, the OAC will once again host a patient event in conjunction with ObesityWeek on Saturday, November 7 from 8:00 am to noon at the Los Angeles Convention Center.



This year, the OAC is proud to bring the *Your Weight Matters* message into the Los Angeles community with the *Your Weight Matters* Local Events Program. We are proud to partner again with The Obesity Society and the American Society for Metabolic and Bariatric Surgery on YWMLocal – Los Angeles 2015, a half-day educational event designed to reach into the surrounding area to provide evidence-based education to individuals seeking weight management solutions.

For more information about YWMLocal – Los Angeles 2015, please visit www.YWMLocal.com, and learn more about the event on page 31.

Education Matters
Advocacy Matters
Support Matters

OAC MEMBERS
MATTER

Defying Obesity

by Jeff Newell

Walt Disney once said, “All the adversity I’ve had in my life, all my troubles and obstacles, have strengthened me... You may not realize it when it happens, but a kick in the teeth may be the best thing in the world for you.” Ironically, my “kick in the teeth” would happen in one of his theme parks.

One year ago, I was in the queue to ride one of my favorite attractions in Orlando, and I was unable to squeeze in when I got to my seat. Embarrassed, my wife and I had to wait for the ride operator to seat the rest of the guests and escort us out of the attraction. That was my breaking point. In that ride, I knew something had to give. My weight was out of control, and it had consumed my life.

Months prior to that, I had quit my job, thinking I had enough qualifications and experience to find a new one with no problems. Fat chance (pun intended). With years of experience behind me, I was turned away from job after job. There was only one thing to blame for my lack of being hired – I had obesity.

I had never let my weight stop me from doing the things I wanted to do. I would go to ball games and concerts, squeezing into the seats or taking my place in the “standing room only” area. I would go to the beach and take off my shirt — I didn’t care what anybody might think or say about me. It was my life to enjoy, and I’m going to enjoy it the best way I can. It was only when the world around me started to show its limits to my size that it became an issue.



Jeff Newell climbs Cadillac Mountain after losing weight to improve his health.

I knew obesity is commonly a catalyst for other health issues – high blood pressure, diabetes, heart disease, etc. — but other than being severely overweight (533 pounds on my 6-foot-1-inch frame) I had no other complications. My doctor didn’t understand why, but I was the picture of health. For that reason, I never worried about my weight, but with the things I wanted to do getting harder and harder for me to do, I knew it was time to make a change. I researched bariatric surgery and started my journey to a new me.

I continued my job hunt, and had no luck. I was tired of being overlooked due to my weight. In my frustration, I researched information about weight bias, and that led me to join the Obesity Action Coalition (OAC). I realized that I wasn’t alone; there were others like me and a team of people fighting to end weight bias and provide rights to those with obesity. I soon found out about the *Your Weight Matters* National Convention, and knew I had to be at it, but how? I had been out of work for more than a year, and couldn’t afford to make the trip to Orlando, Fla. for the convention.

I decided to take a shot at crowd-sourcing, and to my surprise, it worked. Through the love and generosity of my family and friends, I was able to make the trip to Orlando, Fla. and attend YWM2014. They even threw in a couple of tickets to theme parks as a bonus for me.

The OAC's National Convention changed my life. I was able to meet with some of the leaders in the field of obesity treatment, and speak to them one-on-one to ask questions about my personal health. I learned what it was to be an advocate and lend a voice to help others in the fight for obesity rights. While doing all this, I gained timeless friendships — hundreds of people just like me were there, each having their own story and reason for being there, and it was awesome to meet so many of them. When I left for the long drive back to Massachusetts, I knew that the decision to pursue bariatric surgery was the right one.

On Dec. 1, 2014, I had gastric bypass surgery, and it was the best thing to happen to me. In the seven months since my operation, I've lost 189 pounds and have built a new life for myself. I still have a long way to go on my journey, but I don't let that stop me. I hike, I bike, I swim; I do whatever I can to the best of my ability. I'm even planning a trip back to the theme park to get on ALL the rides.

OAC Members Matter continued on page 11



Jeff Newell during the 2014 "Your Weight Matters" National Convention in Orlando, Fla.

OAC Membership Application

Why Join the OAC? The OAC is a nearly 50,000 member-strong 501(c)(3) National non-profit organization dedicated to giving a voice to the individual affected by the disease of obesity and helping individuals along their journey toward better health through education, advocacy and support. Our core focuses are to raise awareness and improve access to the prevention and treatment of obesity, provide evidence-based education on obesity and its treatments, fight to eliminate weight bias and discrimination, elevate the conversation of weight and its impact on health and offer a community of support for the individual affected.

1. OAC Membership Categories *(select one)*

- ☐ Individual Membership: ~~\$20/year~~ \$10!
- ☐ Institutional Membership: \$500/year
- ☐ Chairman's Council Membership: \$1000+/year

Are you joining for the first time, or are you renewing your OAC Membership?

- ☐ I am joining for the first time *(never been an OAC member)*.
- ☐ I am renewing my membership *(have joined the OAC in the past)*.

**\$10 memberships available through Dec. 31, 2015*

2. Donation Add-on

Add-on Donation: 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
- ☐ \$10
- ☐ \$25
- ☐ \$50
- ☐ \$100
- ☐ Other _____

3. Membership/Donation Add-on Totals:

Membership Fee: +\$ _____

Donation Add-on *(optional)*: +\$ _____

TOTAL PAYMENT: \$ _____

Payment Information

- ☐ Check (payable to the OAC) for \$_____.
- ☐ Credit card for my TOTAL, including add-ons, of \$_____.
- ☐ Discover® Credit Card Number: _____
- ☐ MasterCard® Expiration Date: _____
- ☐ Visa® Billing Zip Code: _____
- ☐ Amex® CV Code: _____

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

JOIN ONLINE! To join the OAC online, please visit www.ObesityAction.org and click on the "Get Involved" tab.

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Qsymia® is for adults with a BMI* of 30 or more† and should be used with a reduced-calorie diet and increased physical activity.

EVERY DAY SOMEONE STARTS A DIET THAT MAY NOT WORK

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Qsymia (Kyoo sim ee' uh) is the only once-daily FDA-approved weight-loss medicine that contains 2 ingredients that can help you lose weight and keep it off.

2 IN 1 WEIGHT LOSS

One ingredient likely reduces appetite and decreases food consumption



The other ingredient may make you feel full throughout the day

The precise mechanism of action of the 2 ingredients on chronic weight management is unknown. Capsule shown is not actual size.

Once-daily Qsymia is a prescription medicine that can help some obese adults or some overweight adults who also have weight-related medical problems lose weight and keep it off.

Qsymia should be used with a reduced-calorie diet and increased physical activity.

It is not known if Qsymia changes your risk of heart problems or stroke or of death due to heart problems or stroke.

It is not known if Qsymia is safe and effective when taken with other prescription, over-the-counter, or herbal weight-loss products.

It is not known if Qsymia is safe and effective in children under 18 years old.

Qsymia is a federally controlled substance (CIV) because it contains phentermine and can be abused or lead to drug dependence. Keep Qsymia in a safe place, to protect it from theft. Never give your Qsymia to anyone else, because it may cause death or harm them. Selling or giving away this medicine is against the law.

IMPORTANT SAFETY INFORMATION

Who should not take Qsymia?

Do not take Qsymia if you are pregnant, planning to become pregnant, or become pregnant during Qsymia treatment; have glaucoma; have thyroid problems (hyperthyroidism); are taking certain medicines called monoamine oxidase inhibitors (MAOIs) or have taken MAOIs in the past 14 days; are allergic to topiramate, sympathomimetic amines such as phentermine, or any of the ingredients in Qsymia.

What is the most important information I should know about Qsymia?

Qsymia can cause serious side effects including:

Birth defects (cleft lip/cleft palate). If you take Qsymia during pregnancy, your baby has a higher risk for birth defects called cleft lip and cleft palate. These defects can begin early in pregnancy, even before you know you are pregnant. **Women who are pregnant must not take Qsymia. Women who can become pregnant should** have a negative pregnancy test before taking Qsymia and every month while taking Qsymia and use effective birth control (contraception) consistently while taking Qsymia. Talk to your healthcare provider about how to prevent pregnancy. **If you become pregnant while taking Qsymia, stop taking Qsymia immediately, and tell your healthcare provider right away.**

Increases in heart rate. Tell your healthcare provider if you experience, while at rest, a racing or pounding feeling in your chest lasting several minutes when taking Qsymia.

Suicidal thoughts or actions. Topiramate, an ingredient in Qsymia, may cause you to have suicidal thoughts or actions.

Call your healthcare provider right away if you have any symptoms, especially if they are new, worse, or worry you. Some symptoms

are thoughts about suicide or dying, attempts to commit suicide, new or worse depression/anxiety, trouble sleeping, or any other unusual change in behavior or mood.

Serious eye problems which include any sudden decrease in vision, with or without eye pain and redness or a blockage of fluid in the eye causing increased pressure in the eye (secondary angle closure glaucoma). **These problems can lead to permanent vision loss if not treated.** Tell your healthcare provider right away if you have any new eye symptoms.

What are the possible side effects?

Qsymia may cause **mood changes and trouble sleeping, concentration, memory, and speech difficulties, increases of acid in bloodstream** (metabolic acidosis), **low blood sugar** (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes, **possible seizures** if you stop taking Qsymia too fast, **kidney stones, and decreased sweating and increased body temperature (fever).**

Some common side effects include:

numbness or tingling (paresthesia), dizziness, taste changes (dysgeusia), and trouble sleeping.

These are not all the possible side effects of Qsymia. Call your doctor for medical advice about side effects.

You are encouraged to report side effects to VIVUS, Inc. at 1-888-998-4887 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see Important Facts for Qsymia on following page.

*BMI (body mass index) measures the amount of fat in the body based on height and weight.

†Or a BMI of 27 or more with one weight-related medical condition.

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Important Facts for Qsymia® (phentermine and topiramate extended-release) capsules CIV

This summary of the Medication Guide contains risk and safety information for patients about Qsymia. This summary does not include all information about Qsymia and is not meant to take the place of discussions with your healthcare professional about your treatment. Please read this important information carefully before you start taking Qsymia and discuss any questions about Qsymia with your healthcare professional.

What is the most important information I should know about Qsymia?

Qsymia can cause serious side effects, including:

- **Birth defects (cleft lip/cleft palate).** If you take Qsymia during pregnancy, your baby has a higher risk for birth defects called cleft lip and cleft palate. These defects can begin early in pregnancy, even before you know you are pregnant.

Women who are pregnant must not take Qsymia.

Women who can become pregnant should have a negative pregnancy test before taking Qsymia and every month while taking Qsymia and use effective birth control (contraception) consistently while taking Qsymia. Talk to your healthcare provider about how to prevent pregnancy.

If you become pregnant while taking Qsymia, stop taking Qsymia immediately, and tell your healthcare provider right away. Healthcare providers and patients should report all cases of pregnancy to FDA MedWatch at 1-800-FDA-1088, and the Qsymia Pregnancy Surveillance Program at 1-888-998-4887.

- **Increases in heart rate.** Qsymia can increase your heart rate at rest. Your healthcare provider should check your heart rate while you take Qsymia. Tell your healthcare provider if you experience, while at rest, a racing or pounding feeling in your chest lasting several minutes when taking Qsymia.
- **Suicidal thoughts or actions.** Topiramate, an ingredient in Qsymia, may cause you to have suicidal thoughts or actions. **Call your healthcare provider right away if you have any of these symptoms, especially if they are new, worse, or worry you:** thoughts about suicide or dying, attempts to commit suicide, new or worse depression, new or worse anxiety, feeling agitated or restless, panic attacks, trouble sleeping (insomnia), new or worse irritability, acting aggressive, being angry, or violent, acting on dangerous impulses, an extreme increase in activity and talking (mania), other unusual changes in behavior or mood.
- **Serious eye problems,** which include any sudden decrease in vision, with or without eye pain and redness, blockage of fluid in the eye causing increased pressure in the eye (secondary angle closure glaucoma). **These problems can lead to permanent vision loss if not treated.** Tell your healthcare provider right away if you have any new eye symptoms.

What is Qsymia?

Qsymia is a prescription medicine that contains phentermine and topiramate extended-release that may help some obese adults or some overweight adults who also have weight-related medical problems lose weight and keep the weight off. Qsymia should be used with a reduced calorie diet and increased physical activity.

It is not known if Qsymia changes your risk of heart problems or stroke or of death due to heart problems or stroke. It is not known if Qsymia is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products. It is not known if Qsymia is safe and effective in children under 18 years old.

Qsymia is a federally controlled substance (CIV) because it contains phentermine and can be abused or lead to drug dependence. Keep Qsymia in a safe place, to protect it from theft. Never give your Qsymia to anyone else, because it may cause death or harm them. Selling or giving away this medicine is against the law.

Who should not take Qsymia® CIV?

Do not take Qsymia if you are pregnant, planning to become pregnant, or become pregnant during Qsymia treatment, have glaucoma, have thyroid problems (hyperthyroidism), are taking certain medicines called monoamine oxidase inhibitors (MAOIs) or have taken MAOIs in the past 14 days, are allergic to topiramate, sympathomimetic amines such as phentermine, or any of the ingredients in Qsymia. See **Qsymia Prescribing Information.**

What should I tell my healthcare provider before taking Qsymia?

Tell your healthcare provider if you:

- Are pregnant or planning to become pregnant
- Have had a heart attack or stroke
- Have or have had an abnormal heart rhythm
- Have or have had depression, mood problems, or suicidal thoughts or behavior
- Have eye problems, especially glaucoma
- Have a history of metabolic acidosis (too much acid in the blood) or a condition that puts you at higher risk for metabolic acidosis such as chronic diarrhea, surgery, a diet high in fat and low in carbohydrates (ketogenic diet), weak, brittle, or soft bones (osteomalacia, osteoporosis, osteopenia), or decreased bone density
- Have kidney problems, have kidney stones, or are getting kidney dialysis
- Have liver problems
- Have seizures or convulsions (epilepsy)
- Are breastfeeding. It is not known if Qsymia passes into your breast milk. You and your healthcare provider should decide if you will take Qsymia or breastfeed. You should not do both.

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Qsymia taken with other medicines may affect how each medicine works and may cause side effects.

Especially tell your healthcare provider if you take:

- **Birth control pills.** Tell your healthcare provider if your menstrual bleeding changes while you are taking birth control pills and Qsymia
- **Water pills** (diuretics) such as hydrochlorothiazide (HCTZ)
- **Any medicines that impair or decrease your thinking, concentration, or muscle coordination**
- **Carbonic anhydrase inhibitors** [such as ZONEGRAM® (zonisamide), DIAMOX® (acetazolamide) or NEPTAZANE® (methazolamide)]
- **Seizure medicines** such as Valproic acid (DEPAKENE® or DEPAKOTE®)

What should I avoid while taking Qsymia?

- **Do not get pregnant while taking Qsymia.**
- **Do not drink alcohol while taking Qsymia.** Qsymia and alcohol can affect each other causing side effects such as sleepiness or dizziness.
- **Do not drive a car or operate heavy machinery, or do other dangerous activities until you know how Qsymia affects you.** Qsymia can slow your thinking and motor skills, and may affect vision.

What are the possible side effects of Qsymia?

- **Mood changes and trouble sleeping.** Qsymia may cause depression or mood problems, and trouble sleeping. Tell your healthcare provider if symptoms occur.
- **Concentration, memory, and speech difficulties.** Qsymia® (phentermine and topiramate extended-release capsules) CIV may affect how you think and cause confusion, problems with concentration, attention, memory or speech. Tell your healthcare provider if symptoms occur.
- **Increases of acid in bloodstream (metabolic acidosis).** If left untreated, metabolic acidosis can cause brittle or soft bones (osteoporosis, osteomalacia, osteopenia), kidney stones, can slow the rate of growth in children, and may possibly harm your baby if you are pregnant. Metabolic acidosis can happen with or without symptoms. Sometimes people with metabolic acidosis will: feel tired; not feel hungry (loss of appetite); feel changes in heartbeat; or have trouble thinking clearly. Your healthcare provider should do a blood test to measure the level of acid in your blood before and during your treatment with Qsymia.
- **Low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus.** Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as insulin or sulfonylureas). You should check your blood sugar before you start taking Qsymia and while you take Qsymia.
- **Possible seizures if you stop taking Qsymia too fast.** Seizures may happen in people who may or may not have had seizures in the past if you stop Qsymia too fast. Your healthcare provider will tell you how to stop taking Qsymia slowly.
- **Kidney stones.** Drink plenty of fluids when taking Qsymia to help decrease your chances of getting kidney stones. If you get severe side or back pain, and/or blood in your urine, call your healthcare provider.
- **Decreased sweating and increased body temperature (fever).** People should be watched for signs of decreased sweating and fever, especially in hot temperatures. Some people may need to be hospitalized for this condition.

Common side effects of Qsymia include numbness or tingling in the hands, arms, feet, or face (paraesthesia), dizziness, change in the way foods taste or loss of taste (dysgeusia), trouble sleeping (insomnia), constipation, and dry mouth. Tell your healthcare provider if you have any side effect that bothers you or does not go away. These are not all of the possible side effects of Qsymia. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to VIVUS at 1-888-998-4887. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit MedWatch or call 1-800-FDA-1088.

Need more information?

Read the Qsymia Medication Guide before you start taking it and each time you get a refill. There may be new information. This information does not take the place of talking with your doctor about your condition or treatment. Visit www.Qsymia.com to access the Qsymia Medication Guide.

Qsymia[®]
(phentermine and topiramate
extended-release) capsules

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I am determined to defy obesity, be it by doing the things society says I can't do or by losing weight to become a survivor — and a better me.

I pride myself on how far I've come, and through social media, I've become an inspiration and mentor for others that are in a similar situation to where I was. Having people behind me keeps me accountable, and keeps me aware of the issues that people with obesity go through in their lives, and it reminds me that the fight isn't over. We have to stop weight bias and advocate for the health and well-being of millions of others like me. It's time to give obesity stigma the "kick in the teeth" it deserves.



Jeff Newell shows the world he's more than one word during YWM2015.

Want to help give obesity stigma a "kick in the teeth?" Help us end fat-shaming – learn more about the OAC's new movement on page 26.



MULTIVITAMINS

ARE THEY WORTH IT?

by Laura Andromalos, MS, RD, LDN

A multivitamin a day keeps the doctor away, right? Millions of American consumers seem to think that's the case. Nearly half of us take multivitamins, and in 2014 we spent more than \$14 billion on vitamin and mineral supplements. But do we all really need multivitamins?

WHAT DOES THE RESEARCH SAY?

When we look at the research, we get mixed messages. One of the best studies on multivitamins is the Physicians Health Study II. Nearly 15,000 male doctors were randomly assigned to take either a multivitamin or a placebo pill. Their outcomes were followed for more than 10 years.

What did the researchers find? The doctors taking a multivitamin had a slightly lower chance of developing cancer, but the multivitamins didn't prevent heart disease. However, since the participants were all men, we don't know if we would see the same results in women.

On the other hand, a commentary published in 2012 caught the attention of the media and led to alarming headlines about vitamin and mineral supplements causing cancer. What actually happened? The authors of this article reviewed many research studies and found that some supplements, especially in mega-doses, were connected with an increased risk of cancer. Other supplements were connected with a decreased risk of cancer — and some didn't have any connection to cancer at all.

UNDERSTANDING THE RESEARCH

Why aren't we getting a clear answer from the research? First of all, it depends on how the study was designed. Not all studies prove that one thing causes another thing to happen. We might see a connection between a behavior — like taking a multivitamin — and a disease — like cancer — but that doesn't tell us whether or not one caused the other. That's why understanding the design of the study is so important before we make broad conclusions from the outcome of the study.

Second of all, our bodies only need certain amounts of each nutrient. Nutrients can interact with each other when they are not taken in the right proportions. Many studies do show that fruits and vegetables can help to prevent some kinds of cancer. However, when we isolate single nutrients from fruits and vegetables, we are taking those nutrients out of their natural context and proportion.

For that reason, we shouldn't expect vitamin and mineral supplements to have the same effects in our bodies as when we eat them in whole foods.

THE SUPPLEMENT INDUSTRY

It's also helpful to know a bit about the supplement industry. Supplements are not regulated as strictly as medications. The makers of the supplements are responsible for guaranteeing that their products are safe and that they contain everything that is stated on the label.

Unfortunately, the U.S. Food and Drug Administration (FDA) isn't able to check the claims on every single label, and there have been cases where the labels of supplements have been inaccurate. For example, a company might claim that their multivitamin has a certain amount of vitamin A when it could actually contain much higher amounts of vitamin A. Some nutrients, like vitamin A, can be toxic in high amounts, so the inaccurate label could be harmful to consumers. If the FDA does learn about a supplement that is having harmful effects, they will investigate the product.

With this in mind, you want to pick a supplement from a company that you trust. You can read about supplements from reliable sources like the Web sites of The National Center for Complementary and Alternative Medicine (NCCAM) and the National Institutes of Health Office of Dietary Supplements. The NCCAM Web site has an 'alerts and advisories' page to keep you updated on any concerning supplements.

BENEFITS OF WHOLE FOODS

We discussed how fruits and vegetables have been shown to prevent diseases more consistently than vitamin and mineral supplements. It's ideal to get all of your vitamins and minerals from real food whenever possible. Supplements shouldn't be used to make up for poor food choices. Whole foods offer several benefits that we can't get from supplements.

ONLINE RESOURCES

National Center for Complementary and Alternative Medicine:
www.nccih.nih.gov

National Institutes of Health Office of Dietary Supplements:
www.ods.od.nih.gov



BENEFITS FROM WHOLE FOODS:



A COMPLEX COMBINATION OF VITAMINS AND MINERALS: While we think of oranges as a great source of vitamin C and bananas as a great source of potassium, the truth is that every whole food has a variety of vitamins and minerals that work in combination to provide health benefits.



FIBER: Fruits, vegetables and whole grains provide us with fiber that keeps our digestive system healthy and can prevent some diseases such as type 2 diabetes and heart disease.



PHYTOCHEMICALS AND ANTIOXIDANTS: Beyond vitamins and minerals, plants contain special compounds that can protect our bodies from some diseases and can slow the aging process.

When we reduce foods to just the vitamins, minerals, phytochemicals and antioxidants that they contain, we are missing the big picture. Whole foods contain all of these compounds in unique proportions that we can't replicate with supplements. However, we also need to remember that not everyone can get all of their vitamins and minerals from their diet alone.

WHO NEEDS SUPPLEMENTS?

If you are a healthy person who eats a balanced diet, there probably isn't much to gain from taking a multivitamin. However there are some groups of people who do benefit from supplements:



Pregnant and breastfeeding women



People who have had surgery on their digestive tract, such as bariatric surgery patients



People with medical conditions that affect their body's ability to absorb vitamins and minerals



People who eat a limited variety of foods or have eliminated entire food groups, such as people with vegetarian or vegan diets



Adults over the age of 50 may need additional vitamin B12

If you fall into one of those groups, discuss your supplement needs with your healthcare provider.

HOW TO SELECT A SUPPLEMENT



If you do need a supplement, how do you choose one? Scanning the shelves at the drug store feels like being in the wild west of supplements. Here are some guidelines to keep in mind:



Check with your healthcare provider. They should be able to give you guidance on a dose and even a brand to help you pick the right supplement. At our bariatric surgery program, we provide patients with a shopping guide to help them make the best choices.



More is not always better. Our bodies only need so much of each vitamin and mineral and we can overdose on some nutrients. In addition, some nutrients block others from being absorbed. Taking mega-doses is not a good idea unless you are being treated by your healthcare provider for a vitamin or mineral deficiency.



Be specific. If you have just one deficiency, such as an iron deficiency, supplement just that nutrient. You don't need to treat a single nutrient deficiency with a multivitamin.



Pick a brand you trust. Since the supplement manufacturers are responsible for ensuring their products are safe and their labels are accurate, you should pick a company that you trust.

Summary

While a multivitamin can't replace healthy habits and good food choices, some people do benefit from taking a multivitamin or supplementing certain vitamins and minerals. If you think you might benefit from a supplement, discuss your needs with your healthcare provider. But if you are a healthy adult, it's probably an apple a day — not a multivitamin a day — that keeps the doctor away.

About the Author:

Laura Andromalos, MS, RD, LDN, has been helping bariatric patients achieve their health goals for more than six years. She is the Bariatric Nutrition Coordinator at Brigham and Women's Hospital in Boston. She has degrees from Cornell University and Boston University and completed her dietetic internship at the Mayo Clinic in Florida. She enjoys keeping updated with the latest research and helping patients understand the science behind the headlines.



Together we stand...



YWM2015

OUR JOURNEY

RESTORE. REFRESH. RENEW.

YWM2015 by the Numbers:

Registrants: **575**

Participants in the OAC's National Advocacy Training: **55**

Attendees Who Discovered the "Power of Your Voice:" **56**

Advocacy March Participants: **100**

Speakers: **38**

Sponsors: **13**

Exhibitors: **31**

New OAC Members: **74**

"Our Journey – Restore. Refresh. Renew," was the theme of the OAC's 4th Annual *Your Weight Matters* National Convention in San Antonio, Texas. Attendees were not only motivated to progress in their individual journeys with weight and health, but they also felt empowered to share their journey with others — and to stand together.

There's no gathering quite like the *Your Weight Matters* National Convention. There's a sense of

community, an abundance of information and a variety of exhibitors all working to provide attendees with evidence-based tips and resources. There was something for everyone at YWM2015, and our 575 registrants walked out at the end of the weekend with new friends, useful information and a highly-fueled passion for the work of the OAC.

Restoring Our Strength and Empowerment

There's strength in numbers, and with record-breaking attendance at this year's convention, it's not surprising that attendees enjoyed coming together to mingle and meet new people. Despite the different backgrounds and locations that everyone came from, attendees connected with one another while discussing their hobbies, interests and their personal journeys with their weight and health.

YWM2015 attendee Kathleen Roberts has made many friends throughout the years through her time at numerous *Your Weight Matters* Conventions. She said it's a place where she can come to and not feel judged, and every year, she feels inspired to take that feeling home with her and share it with her friends and family.

Our journey isn't always easy. There are going to be twists and turns, setbacks and roadblocks. Sometimes we need a way to restore ourselves, to refresh our bodies and our minds and to renew ourselves, so we can continue ahead on our path.

"You can come here and it's like coming back home," Roberts said. "You see people who you met last year, and you meet people who you look forward to seeing again next year. It's like a family reunion."

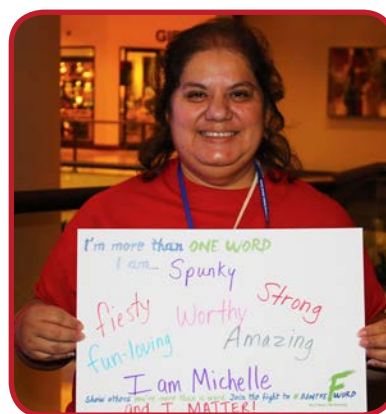
YWM2015 also provided an opportunity for attendees to have some fun and relax. On Friday night, the OAC hosted its annual Welcoming Ceremonies Party, an event where attendees embraced the theme of, "the OAC's Wild, Wild West!" and entered the party decked out in western gear, such as cowboy hats, saloon outfits and even as some of the wildlife found in the west, like horses and armadillos.



The winners of our annual costume contest, Chris Baily and Corinna Virgona, who dressed up as cacti to represent the dry desert of the West.

Michelle Mata, a convention attendee who has been at every *Your Weight Matters* National Convention since the inaugural meeting in Dallas, said she really enjoys herself

at the Friday night dance because the community of people who surround her is incredibly accepting.



YWM Convention Attendee Michelle Mata holding her "Ban the F Word" banner at the OAC's Advocacy March.

"I come here because the OAC is my second family," Mata said. "It's where I don't have to hide, and I don't have to worry about pretending and watching where I go and what I do. It's a safe place, a place where I don't have to worry about anything at all."

Our Journey at YWM2015

Refreshing Our Minds and Our Bodies

One of the key highlights of the *Your Weight Matters* National Convention is the evidence-based education and informational sessions that are provided to attendees throughout the weekend. This year we learned about everything from how to integrate activity into our daily lives to the science of obesity, and how to change our thinking.

"In what other disease, do we tolerate the abuse of people with a chronic condition? Health plans must stop it," said YWM2015 Convention Co-chair Lloyd Stegemann, MD, FASMBS, during his session on taking a stand together on our journey.

Attendees learned the facts, but they were also given motivating messages to help push them forward on their entire journey – not just during their time at YWM2015.

"Get back up. Make sure you try again, and if sometimes we fall so hard that we need somebody to pick us back up, make sure your team is strong enough to do that, because you'll need to do it for them," encouraged speaker Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT, during her talk about learning to enjoy your journey through the progress, pit stops and potholes.



Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT, gives a motivating talk about how to enjoy your journey through the progress, pit stops and potholes.

On Saturday, we opened the doors to the YWM Healthy Living EXPO Hall to the local San Antonio community, in a partnership with the YMCA of Greater San Antonio. The local community was able to get a free health screening provided by BMI of Texas, and learn more about the variety of exhibitors in the EXPO hall. Community members walked out of the convention saying they learned a great deal of information about the options available to them while taking care of their health.

Melanie Geraci, a first-time attendee of the Convention, said she learned so much from the speakers, the EXPO hall and the Lunch with the Experts session that she attended. Geraci



YWM2015 attendees got active early in the morning during a Bokwa H2O group exercise session at the pool with YMCA of Greater San Antonio fitness instructor Sonya Reyna.

said she has a goal to continue her success into the future and to stay healthy, and that YWM2015 helped her with staying on track.

"They said your surgery's a tool," she said. "I don't want my tool to go to waste. I don't want to put my tool in the garage, and leave it there to get rusty. I want to use it."

It isn't just about the information at YWM2015. Attendees also participated in group exercise sessions held throughout the weekend, with a variety of activities offered, such as Bokwa H2O, Tai Chi, Laughter Yoga and Hip-hop Fitness. The sessions offered at YWM2015 were new for many attendees, but after their experiences, they said they had a great time and planned to look into finding similar classes in their local communities.

Geraci, in the spirit of trying new things, joined in the Hip-hop Fitness group exercise session; a workout session presented by certified hip-hop instructor Robanne Robin, RN, BSN.

"It was different from what I'm used to because I've done a lot of bootcamp (fitness)," Geraci said. "I'm doing a lot of regular exercises and getting back into working out, but the hip-hop (fitness) gave me a new turn to the exercise world. So I'm learning a lot of new things."

Renewing Our Commitment to Stand with the OAC

At the OAC, we've committed to providing education, advocacy and support for the individuals affected by the disease of obesity. We've made this commitment — and stood by it for the past 10 years. It will take more than just us fighting for these individuals, however. We'll need all of our members and supporters standing with us in our fight as well.

YWM2015 continued on next page



OAC President and CEO Joe Nadglowski coaches advocacy trainees on how to prepare for their mock-legislative visits during the OAC's National Advocacy Training session.

To stay true to our mission, the OAC hosts National Advocacy Training sessions for individuals who are interested in taking the next step toward learning how to be a voice for individuals affected by obesity. In the session, led by OAC President and CEO Joe Nadglowski and OAC Policy Consultant Chris Gallagher, trainees are provided with information and guidance on how to discuss access to care for obesity with their legislators, through understanding the lobbying process and learning about what to expect when they only have a brief meeting to make their case to their representatives.

At the end of the training session, trainees were given the opportunity to try out their skills on OAC volunteers, who acted as legislators possessing a variety of backgrounds

and understanding on obesity. Not every mock-legislator was as receptive to the idea of covering treatment options for obesity, and attendees learned a valuable lesson —that it's the power of your voice that will make all the difference.

"Teaching activism, especially legislative advocacy, is a cornerstone of the OAC," Nadglowski said. "Like most things, people get better at advocacy with practice, and the OAC's Legislative Advocacy Training was designed to help teach not only the fundamentals of legislative advocacy but also to help build confidence in the advocacy process. Nearly 60 trained advocates left with the skills to raise their voice and advocate on behalf of those with obesity."

For our newest advocates, the OAC offered a session on Discovering the Power of Your Voice, hosted by OAC staff members James Zervios and Lindsay McGhay. In this session, participants met with OAC staff and volunteers to discuss a variety of topics on how they can become more involved with the work of the OAC.



OAC Board Member Tammy Beaumont BSN, RN, CBN, discusses with OAC members how to discover the power of their voice.



OAC President and CEO Joe Nadglowski (left) shows attendee John Ortegea (right) how to write to his legislators during the OAC's Advocacy March to Washington, DC.



OAC Board Members pose for a picture during the OAC's 4th Annual Awards Program.

Presenting the OAC Annual Awards

Each year at the *Your Weight Matters* National Convention, the OAC recognizes outstanding members and supporters who have contributed to our success. Award winners are recognized at the OAC's Annual Awards Program on Saturday evening of the Convention.

Our award winners have worked tirelessly for individuals affected by obesity, and the OAC wouldn't be where we are today if it wasn't for their work and support. Through their work with the OAC, they've not only given back to the organization, but learned for themselves that their voice is strong enough to make a difference.



The OAC presented 13 awards during our 4th Annual OAC Award Program.

"It's been a driving thing for me, especially as I get more and more involved with the OAC, to realize that I have power, we all have power," said Rob Portinga, recipient of the OAC Member of the Year Award. "It might be as simple as people at the tables we're at right now, or it grows. We all have that responsibility to use that power for something positive, and the OAC has given me that chance."

YWM2015 continued on next page



The OAC had more than 100 advocates join in our Advocacy March to Washington, DC.

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One of the activities at the Advocacy March to Washington, DC was participants charting where they're from, showing the OAC's voice is nationwide!

YWM2015 continued from previous page

To wrap-up the weekend and empower our attendees one last time, the OAC held its virtual March to Washington, DC, an event consisting of a variety of stations that attendees march to that provide activities they can do to support the OAC.

Stations varied from emailing legislators to signing petitions to designing banners in support of the OAC's Ban the F Word movement. At the end, our Advocacy March participants were inspired to take everything they've learned throughout the weekend back into their communities, spreading the word about the OAC in ways such as passing out materials, responding to weight bias alerts and sharing their story with others.

"The OAC is valuable, it gives people hope and the connection that we need," Mata said. "It gives people the chance to start living a life and it gives people the chance to know that somebody cares about them and that somebody is fighting for them, for their challenges and for the things that they need when they can't get them in their own community. The OAC is here — for us."

The OAC thanks all of the attendees, exhibitors, sponsors and other supporters who helped make the 4th Annual *Your Weight Matters* National Convention a roaring success. We hope to see you next year at our 5th Annual Convention in Washington, DC!

THANK YOU

to our 2015 National Convention Sponsors

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Save the Date



OAC's 5th Annual
Your Weight Matters
National Convention

August 25-28, 2016
Washington, DC

**Gaylord National Resort
and Convention Center**

www.YWMConvention.com



I thought my weight was just my doing. Turns out it's also science.



Science now shows what many
of us have long suspected:

- After losing weight, your body's response is to try to put it back on
- One study showed that a body's response to weight loss may turn up signals that trigger appetite for at least 12 months, which can potentially cause overeating
- Healthy eating and physical activity may not be enough to maintain your weight



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REPORT



OAC Honors Members with Annual Awards at the 2015 *Your Weight Matters* National Convention



Each year, the OAC proudly recognizes the outstanding individuals and groups who go above and beyond in their efforts to support the OAC's mission of education, advocacy and support for individuals affected by obesity. During the OAC's 4th Annual *Your Weight Matters* National Convention in San Antonio, the OAC presented 13 awards to deserving members of our organization.

In honor of our 10 year anniversary, the OAC also presented milestone awards to the hardworking and dedicated individuals who have been with the OAC since the very beginning. We are excited to announce all of the winners of this year's OAC Annual Awards:



OAC Member of the
Year Award



Rob Portinga



The 2015 OAC Member of the Year is Rob Portinga, a member who has dedicated himself to raising awareness of the OAC, advocating for access to care, combating weight bias and much more. Since joining the OAC, Rob Portinga has continually proved himself as an exemplary member time and time again. He's been featured in *Your Weight Matters* Magazine, where he provided readers with an in-depth look at how he is making a difference in the world of obesity through the power of his voice.

Rob Portinga currently serves on the Convention Planning Committee, the Convention Welcoming Committee, and the Weight Bias Committee. He's joined the OAC on Capitol Hill to advocate for the Treat and Reduce Obesity Act and was also the recipient of the 2014 Barbara Thompson Award for Advocacy. As a health coach, blogger and host of a local integrative wellness show, Mr. Portinga knows how important it is for individuals to have access to the right education and support for their journey. He is truly a deserving member who has stood out as an advocate, educator and supporter of individuals affected by excess weight and obesity.

OAC Annual Awards

OAC Healthcare Provider Advocate of the Year Award

Scott Kahan, MD, MPH



The 2015 Healthcare Provider Advocate of the Year is Scott Kahan MD, MPH. As the former director of the STOP Obesity Alliance, as well as the director of the National Center for Weight and Wellness and a faculty member at The George Washington University's School of Public Health & Health Services, Scott Kahan is a leading voice in the fight for access to care. He is a tireless advocate for patients, the OAC and the cause of obesity.

Dr. Kahan has joined the OAC multiple times on Capitol Hill to advocate for access to care, and he has championed many initiatives calling for improved patient/physician communication regarding obesity. His personal compassion for the cause is remarkable. Not only do his patients speak highly of him, but so do policy makers on the Hill. The OAC is proud to recognize Dr. Kahan for his efforts on behalf of the 93 million Americans affected by obesity.

Chairman's Award

Jaime Fivecoat, MBA



This year's winner of the OAC Chairman's Award is Jaime Fivecoat, MBA. As the first Chair of the OAC's National Board, she paved the way for many of the OAC's future successes. Much of the OAC's success is due to her invaluable leadership in the early days of the organization and her continued service as part of the OAC's National Board of Directors. The OAC simply would not be where we are today without her efforts and dedication to this organization.

Jaime Fivecoat has devoted 10 years of service to the OAC, speaking nationally to advocate for our cause, helping educate policy makers on Capitol Hill, providing support and guidance about employee insurance benefits and much more. She currently serves as part of the Executive Committee, Convention Committee and the Nominating Committee.

Barbara Thompson Award for Advocacy



Patty Nece, JD



The winner of the 2015 Barbara Thompson Award for Advocacy is Patty Nece, JD. She is a tireless advocate for the OAC and has testified many times before the U.S. Food and Drug Administration, advocating for approval of new obesity treatments. She has also joined the OAC many times on Capitol Hill where she provided a compelling story about the impact of obesity in her life and influences policy to fit the needs of people living with obesity.

Patty Nece, JD, is also a part of the STOP Obesity Alliance and was instrumental in helping to develop a new guide for physicians to talk to their patients about weight with sensitivity and understanding. She is also an active voice speaking out against weight bias and has shared her personal story before thousands of individuals to help the OAC educate about weight bias and its impacts. Her dedication to advocacy is truly unmatched.

Bias Buster of the Year Award



Justin Puckett, DO, FAAP



The 2015 Bias Buster of the Year is Justin Puckett, DO, FAAP, who has led the charge in raising awareness of issues of weight bias. He has continually worked with the OAC staff on identifying a wide variety of bias issues, and has been a true bias buster. Dr. Puckett has tirelessly identified and championed the fight against weight bias, stigma and discrimination.

By personally speaking out on many different issues and by identifying problems for the OAC to tackle together, Dr. Puckett has been an invaluable ally in the mission to change the public perception of obesity. He has gone above and beyond in the fight to eradicate weight bias, and the OAC is proud to honor him with this award for his continuous efforts.

Community Leader of the Year Award



The recipient of the 2015 Community Leader of the Year Award is Bariatric Medical Institute (BMI) of Texas. This dedicated group of individuals raised more than \$2,300 for the OAC during their Thanksgiving fundraiser for the OAC. At the 4th Annual *Your Weight Matters* National Convention, they provided resources to offer health screenings for attendees and members of their local community in San Antonio.

BMI of Texas and their physician leadership make a difference in promoting health and obesity awareness in their community and in helping further the mission of the OAC. Through their dedicated efforts, they have raised awareness of the OAC, recruited new members, funded our organization and played a crucial role in the success of this year's National Convention.

Dr. Robin Blackstone
Outstanding Membership
Recruitment by a Physician



The winner of the 2015 Dr. Robin Blackstone Outstanding Membership Recruitment by a Physician award, for the third year, is **Rocky Mountain Associated Physicians - Doctors Sherman C. Smith MD, FACS; Steven C. Simper, MD, FACS; Rodrick McKinlay, MD, FACS; and Sarah Christensen, PA.** These outstanding physicians introduced more than 500 new members to the OAC just in a one-year time span, helping support their journey with weight and health.

The Rocky Mountain Associated Physicians have been long-time participants in the OAC Sponsored Membership Program and joined thousands of new members in the OAC to benefit from the education, advocacy and support offered to all individuals. We thank them for their continued support of our organization and are pleased to once again present them with the recruitment award.

OAC Milestone Awards



With the recent celebration of the OAC's 10 Year Anniversary, we honored six vital individuals who helped in the founding of our organization and made it possible to reach every milestone since. Robin Blackstone, MD; Christopher D. Still, DO, FACN, FACP; and Georgeann Mallory, RD, began the OAC nearly a decade ago to create an organization representing individuals with obesity. When they founded the OAC, they hired our very first staff members — Joe Nadglowski, OAC President and CEO; Kristy Kuna, OAC Vice President of Programs and Operations; and James Zervios, OAC Vice President of Marketing and Communications. Through their hard work and dedication to the cause of obesity, these six remarkable individuals have created meaningful change in the lives of people with obesity, and we are proud to honor them with OAC Milestone Awards.

The OAC congratulates all of the 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.

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by James Zervios, OAC Vice President of Marketing and Communications

The fight to end fat-shaming always seems to be instantly met with resistance. Just last week, the Obesity Action Coalition (OAC) took on a high-profile issue with the “Dr. Ken” show, starring real life doctor Ken Jeong. Within minutes of TMZ reporting the story, comments such as this began popping up online:

“I do not understand why people get offended enough to feel censorship is warranted. I understand some cannot help weight issues due to certain medical conditions, but there is no reason for them to be offended by comedy.” – Karvey Kardashian (screenname)

“If fat people don’t want to be fat-shamed they should go on a diet and go to the gym. It’s that simple. Obesity should not be accepted.” – Denvermommy (screenname)

“So a joke is what is pushing all these fat people into depression? How about their mirror, their hand to mouth habit, sweets, overeating, lazy- You look at a bus and say ‘It is a bus’ – You look at a fat person and say ‘That is a fat person’- it is what it is- donut get your pants in a wad!” – Shata (screenname)

It seems that the general public has three main areas of concentration when it comes to the majority response to fat-shaming: censorship, personal responsibility and the idea that approaching the subject comically helps people lose weight. Let’s take a moment and examine each one of these areas and see if we can provide some justification for any of them.

Censorship

As far as we’ve progressed in this country with acceptance and respect, obesity is most certainly last in line for that dose of tolerance. We are so quick as a society to throw the word “censorship” around when it pertains to something that “we” do not approve of, but if you’re on the other side of that coin, you may have a different opinion. Everyone has the right to hateful speech, but people should not be surprised when they become marginalized because of it. As a result, they might find that businesses do not want to give them a stage from which to broadcast their hateful views.

Is what we asked for “censorship” by definition? Sure, it sounds like it to me. And we can still ask for it because what was being said was wrong and unacceptable. Just as the writers of “Dr. Ken” had the freedom of speech to say what they did, we (the OAC) have the same right to say “it’s wrong.” To me, the most obscene form of censorship is when individuals DO NOT speak up for what they believe. To me, that is censorship in its ugliest form.

For decades, other disease groups fought for their rights to be heard, accepted and treated with respect. One comment about the “Dr. Ken” issue said, “If you don’t like what’s on TV, then change the channel.” My response to that is, “If you don’t like what the OAC is asking for, take a moment to educate yourself about obesity and weight bias. You just might change your mind.”

Personal Responsibility

This is one of my favorite arguments that I've heard throughout the past decade in reaction to obesity.

"You did it to yourself. You ate too much."

Wow, such a profound statement. Except, it's not THAT simple. I will be the first to say that there definitely is personal responsibility in obesity. However, guess what? There's personal responsibility in everything you do in life. We are responsible for ourselves, and we all have actions that may not be the most responsible thing.

- Did you drive one mile per hour over the speed limit to work today? Maybe your car insurance provider should drop you.
- Did you smoke a cigarette today? Well, maybe your health insurer should deny you respiratory treatment seeing as how you did the damage to yourself.
- Are you reading this at work? Hmmm, I wonder if your employer should fire you for not doing your job.
- Did you apply sunscreen before going outside today? I really feel you should pay out-of-pocket for any skin-related health issues you have. It really is your fault.

What do you think of these statements? You know what I think of them? They're all idiotic. They're all just as idiotic as the argument of someone with obesity has done it ALL to themselves. That's right; they may have never gone through an emotional time (divorce, death of a loved-one, loss of employment). They may have never been diagnosed with any other disease that can impact their weight or have taken a medication that caused weight gain. Nope, it never happens. Right, keep telling yourself that.

The cold, hard truth is that I've never met someone who denied all personal responsibility for their weight and health. I know, It's shocking right? Your "personal responsibility" argument is invalid. Want to know why? I'll tell you why. Because people with obesity are personally responsible for their weight. Nobody has ever denied that. They're personally responsible for their weight, health, kids, pets, spouses, employment, car, what they eat, who they talk to, where they go and so on. Guess what? Personal responsibility is one of life's natural occurrences, so if you're going to use it as an argument against our cause, it won't make a difference.

"Approaching the Subject Comically Helps People Lose Weight"

YES! I love this one. I am going to respond to this one very clearly. Ready? Fat-shaming does not (and never did) help anyone lose weight. While most people think shaming encourages someone to make a change, it actually just causes them to feel worse about themselves and not make a change.

According to the Rudd Center for Food Policy and Obesity: Obesity-related campaigns that were rated to be stigmatizing were no more likely to instill motivation for improving lifestyle behaviors than campaigns rated as more neutral. In addition, stigmatizing campaigns were also rated as inducing less self-confidence to engage in health behaviors

promoted by campaigns, and viewed to have less appropriate visual content compared to neutral campaigns.

Fat-shaming, whether it's on TV, in a song or said in-person, does absolutely no good in helping someone make a change in their life – period. In fact, studies have shown that it can actually cause people to gain weight.

No other disease is the target of humor in today's pop culture. Throughout time, various topics have become off-limits, for perfectly good reasons, to joke about as comedy. Make no mistake about it; obesity is a serious condition affecting more than 93 million Americans. Heart disease, diabetes, sleep apnea, some cancers, GERD and arthritis are all just some of the diseases related to obesity.

I think it's safe to say that the arguments frequently voiced by the public in regards to obesity and fat-shaming are completely invalid and based on absolutely zero scientific evidence. Some of you may be reading this and think, "He seems angry." Well, I am. I'm angry that I didn't write this sooner. I am frustrated with the comments regarding obesity and fat-shaming. Fat-shaming is wrong, and it needs to stop.

To think that we live in a society where it's okay to make fun of someone because of their size is simply ridiculous. Fat jokes aren't funny. Do we joke about HIV or AIDS? Do we joke about cancer? Do we joke about diabetes? We don't joke about these things because we know that people affected by them wouldn't appreciate it, and it's simply not right.

Some people emailed me asking if "we're serious." The answer is yes, we're very serious, and we're going to keep tackling bias issues until we finally see a day where weight bias and fat-shaming are no more. Now, if you have a problem with that, well, I suggest you not censor yourself, take some personal responsibility and learn more about obesity and weight bias.

About the Author:

James Zervios is the Vice President of Marketing and Communications for the Obesity Action Coalition. He has worked for the OAC for more than a decade and is the staff liaison for the OAC Weight Bias and Education Committees.

TAKE ACTION!

Raising awareness of this issue on a National level is extremely important. As an OAC member, there are a variety of things you can do RIGHT NOW to help us end fat-shaming:

- **Sign the OAC's Petition to Ban the F Word**
- **Donate to the Ban the F Word Movement**
- **Share Your Story with Us**
- **Spread the Word**

You can take part in any of these action items by simply visiting www.BantheFWord.com today. The reality is that we cannot end fat-shaming alone. We need your voice to help us raise awareness of this important issue.

Team USA Olympian Amanda Bingson Helps Ban the F Word : Fat-shaming



As Vice President of Marketing and Communications for the OAC, I often have the pleasure of meeting incredible and inspirational people from all over the country. This past month, I had the pleasure of interviewing Olympian Amanda Bingson (pictured left), as she helps the OAC Ban the F Word!

For those of you who are not familiar with Amanda, she is an Olympic Hammer Thrower and was recently catapulted into the light of the media when she was featured in the 2015 Body

issue of ESPN Magazine. It was truly a pleasure speaking with Amanda.

Amanda, good morning, please tell the readers a little more about yourself.

Sure! My name is Amanda Bingson, I was born in Victorville, Calif., and my family moved to Las Vegas in 1995. I then moved to Texas to work more with my track and field coach.

How did you get involved in hammer throwing?

In high school, my friend got me involved. I just went out and tried track and field. The first day I really wasn't sure if I liked it. At the University of Las Vegas, Nevada, my coach pushed for me to do hammer throwing. I found that I liked it a lot and stuck with it. I competed in the 2012 Olympics and am hoping to compete in the 2016 Olympics.

What has life been like as you've recently received a lot of media attention following the ESPN body issue?

It's been insane. You don't become a track athlete to be famous in America. I've gotten a lot of marriage proposals.

How does weight bias impact you?

In high school, my weight did not allow me to be on varsity volleyball. I ended up quitting because I felt it was unfair. I think weight bias is very obvious. Nobody tries to hide it. Fat-shaming is rampant, and it's very sad.

What would you say to someone who's been a victim of weight bias?

I would tell them to change things. Get rid of the people in your life who are targeting you for weight bias. Who is anyone to tell someone to feel bad about themselves?

Why do you think weight bias is so damaging for a child?

It's sad that kids in elementary school are worried about how they look in a pair of pants. Children should worry about being children. They should be worried about what they're doing after school and not how they look. Some of these kids haven't even gone through puberty. Look to your parents for support. My parents supported me in teaching me how to care about myself. You're worth more than what the scale says!

How have sports helped you with weight bias?

I think it all depends on the sport. In my sport, people are very diverse. We don't focus on their bodies. We focus on their performance. Natural size can bring natural power. I've always used my size to my advantage.

Do you think female athletes face more weight bias than males, and if so, why?

In America, we're so progressive on so many things (religion, etc.) but yet, we're still fighting body image. There is a social ideal of how a woman should look. It's sad that we dictate our femininity by what we do for our occupation or how we look.

What drew your interest to the Ban the F Word Campaign?

It's archaic that we cannot get over the fact that we all don't have the same body type. People can make a change for their health. Adults can get stuck in a rut, but you can make changes. For someone who is going through that change, confidence is slowly taught. Nobody develops confidence in an instant. You are not doing it alone. There are so many people that you can talk to and work with. There is support out there.

What would you tell other athletes who might want to do something about stopping weight bias?

Learn about it. I would tell them to read the OAC's Web site. You all are doing phenomenal work. I would also tell them to talk about it. Nobody wants to talk about anything. Speak up, stand up. You're the only person that can determine what you are.

ANYTHING YOU WANT TO DO, YOU CAN DO.



To follow Amanda on her road to the 2016 Summer Olympics in Rio de Janeiro Brazil, please visit:



www.facebook.com/bingson
twitter.com/AmandaBingson

BAN THE F WORD in Action!

The F Word : Fat-shaming

**BIAS
BUSTED!**

Stigmatizing Video promoted on KevinMD.com

In July, the OAC was alerted to an online video that perpetuated fat-shaming in the healthcare setting. The OAC alerted all of our Ban the F Word petition signers, and in less than 24 hours, the video was taken down – VICTORY!!! To read more about this issue, please see the OAC in the News section on page 5.

**BIAS
BUSTED!**

The Project Harpoon/ Thinner Beauty Movement

In August, the OAC was alerted to a new online movement called "Thinner Beauty," a campaign that digitally edits photos of individuals to make them appear more thin, and later posts the photos online to show a side-by-side comparison. The campaign's Facebook pages were reported online and were later removed from the social media site.

**Want to help the OAC put
an end to fat-shaming
and weight bias?**

**Join the fight.
Sign the petition.**

**Visit www.BantheFWord.com
to learn more.**

**ACTION
NEEDED!**

Carnival Cruise Line's "Fat Jimmy's C-Side BBQ"

In September the OAC tackled another weight bias issue by reaching out to Carnival Cruise Line and calling for the company to remove the word "fat" from the name of a restaurant on two of their ships, "Fat Jimmy's C-Side BBQ." By using the word "fat" in the restaurant's name they're only further promoting weight bias and stigma in society. Visit biy.ly/OACBias2 to take action!

**BIAS
BUSTED!**

ABC Network's "Dr. Ken" Television Show

In September, the OAC spoke out against the pilot for an newly created television series on the ABC Television Network, "Dr. Ken." In the promotional trailer, Dr. Ken (played by real-life doctor Ken Jeong) stigmatizes one of his patients affected by obesity. Ken Jeong informed the OAC via Twitter that the content has been removed from the show, and the promotional trailer was set to private on ABC's YouTube account.

TAKE STEPS WITH BELVIQ®

What is BELVIQ®?

BELVIQ is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some overweight (BMI ≥ 27 kg/m²) adults with a weight-related medical problem, or obese (BMI ≥ 30 kg/m²) adults, lose weight and keep it off.

It is not known if BELVIQ when taken with other prescription, over-the-counter, or herbal weight-loss products is safe and effective. It is not known if BELVIQ changes your risk of heart problems, stroke, or death due to heart problems or stroke.

Important Safety Information

- **Pregnancy:** Do not take BELVIQ if you are pregnant or planning to become pregnant, as weight loss offers no potential benefit during pregnancy and BELVIQ may harm your unborn baby.
 - **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions:** Before using BELVIQ, tell your doctor about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or life-threatening side effects if taken with BELVIQ. Call your doctor right away if you experience agitation, hallucinations, confusion, or other changes in mental status; coordination problems; uncontrolled muscle spasms; muscle twitching; restlessness; racing or fast heartbeat; high or low blood pressure; sweating; fever; nausea; vomiting; diarrhea; or stiff muscles.
 - **Valvular heart disease:** Some people taking medicines like BELVIQ have had heart valve problems. Call your doctor right away if you experience trouble breathing; swelling of the arms, legs, ankles, or feet; dizziness, fatigue, or weakness that will not go away; or fast or irregular heartbeat. Before taking BELVIQ, tell your doctor if you have or have had heart problems.
 - **Changes in attention or memory:** BELVIQ may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ affects you.
 - **Mental problems:** Taking too much BELVIQ may cause hallucinations, a feeling of being high or in a very good mood, or feelings of standing outside your body.
 - **Depression or thoughts of suicide:** Call your doctor right away if you notice any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.
 - **Low blood sugar:** Weight loss can cause low blood sugar in people taking medicines for type 2 diabetes, such as insulin or sulfonylureas. Blood sugar levels should be checked before and while taking BELVIQ. Changes to diabetes medication may be needed if low blood sugar develops.
 - **Painful erections:** If you have an erection lasting more than 4 hours while on BELVIQ, stop taking BELVIQ and call your doctor or go to the nearest emergency room right away.
 - **Slow heartbeat:** BELVIQ may cause your heart to beat slower.
 - **Decreases in blood cell count:** BELVIQ may cause your red and white blood cell counts to decrease.
 - **Increase in prolactin:** BELVIQ may increase the amount of a hormone called prolactin. Tell your doctor if your breasts begin to make milk or a milky fluid, or if you are a male and your breasts increase in size.
 - **Most common side effects in patients without diabetes:** Headache, dizziness, fatigue, nausea, dry mouth, and constipation.
 - **Most common side effects in patients with diabetes:** Low blood sugar, headache, back pain, cough, and fatigue.
 - **Nursing:** BELVIQ should not be taken while breastfeeding.
 - **Drug interactions:** Before taking BELVIQ, tell your doctor if you take medicines for depression, migraines, or other medical conditions, such as: triptans; medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, monoamine oxidase inhibitors, or antipsychotics; cabergoline; linezolid (an antibiotic); tramadol; dextromethorphan (an over-the-counter (OTC) common cold/cough medicine); OTC supplements such as tryptophan or St. John's Wort; or erectile dysfunction medicines.
 - BELVIQ is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.
- For more information about BELVIQ®, talk to your doctor and see the Patient Information on the reverse side.**
- You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.**



You could be carrying more than just extra weight.

In FDA clinical trials, people who added BELVIQ® to diet and exercise were able to **lose weight as well as improve certain health risk factors**,* such as high blood pressure, high blood sugar, and high cholesterol levels.

FDA-APPROVED FOR WEIGHT LOSS

BELVIQ®
(lorcaserin HCl) ©

Power Over Portion™

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OR CALL 1-855-BELVIQ1 (1-855-235-8471) TO GET A

15-DAY FREE† TRIAL

PROMO CODE: **OC**

*BELVIQ was evaluated in three clinical studies involving overweight adults (with at least one weight-related medical condition) and obese adults. All three studies compared people taking BELVIQ plus diet and exercise to people using diet and exercise alone (placebo). The results of the first two studies (involving 7,190 people without diabetes) showed that 47.1% of people taking BELVIQ lost 5% or more of their body weight, compared with 22.6% of the placebo group. People taking BELVIQ also had significant improvements in their blood pressure and cholesterol levels. A third clinical study (involving 604 overweight people with type 2 diabetes) showed that 37.5% of people taking BELVIQ lost 5% or more of their body weight, compared with 16.1% of the placebo group. People taking BELVIQ also had significant improvements in their blood sugar levels. Nearly half of all participants completed the first two studies; nearly two-thirds of the participants completed the third study.

†Restrictions apply.

IMPORTANT PATIENT INFORMATION

Read the Patient Information that comes with BELVIQ® (BEL-VEEQ) (lorcaserin hydrochloride) tablets before you start taking it and each time you get a refill. There may be new information. This page does not take the place of talking with your doctor about your medical condition or treatment. If you have any questions about BELVIQ, talk to your doctor or pharmacist.

What is BELVIQ?

BELVIQ is a prescription medicine that may help some obese adults or overweight adults who also have weight related medical problems lose weight and keep the weight off. BELVIQ should be used with a reduced calorie diet and increased physical activity.

It is not known if BELVIQ is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.

It is not known if BELVIQ changes your risk of heart problems or stroke or of death due to heart problems or stroke.

It is not known if BELVIQ is safe when taken with some other medicines that treat depression, migraines, mental problems, or the common cold (serotonergic or antidopaminergic agents).

It is not known if BELVIQ is safe and effective in children under 18 years old.

BELVIQ is a federally controlled substance (CIV) because it contains lorcaserin hydrochloride and may be abused or lead to drug dependence. Keep your BELVIQ in a safe place, to protect it from theft. Never give your BELVIQ to anyone else, because it may cause harm to them. Selling or giving away this medicine is against the law.

Who should not take BELVIQ?

Do not take BELVIQ if you:

- are pregnant or planning to become pregnant. BELVIQ may harm your unborn baby.

What should I tell my healthcare provider before taking BELVIQ?

Before you take BELVIQ, tell your doctor if you:

- have or have had heart problems including:
 - congestive heart failure
 - heart valve problems
 - slow heartbeat or heart block
- have diabetes
- have a condition such as sickle cell anemia, multiple myeloma, or leukemia
- have a deformed penis, Peyronie's disease, or ever had an erection that lasted more than 4 hours
- have kidney problems
- have liver problems
- are pregnant or plan to become pregnant
- are breastfeeding or plan to breastfeed. It is not known if BELVIQ passes into your breastmilk. You and your doctor should decide if you will take BELVIQ or breastfeed. You should not do both.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

BELVIQ may affect the way other medicines work, and other medicines may affect how BELVIQ works.

Especially tell your doctor if you take medicines for depression, migraines or other medical conditions such as:

- triptans, used to treat migraine headache
- medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors (SSRIs), selective serotonin-norepinephrine reuptake inhibitors (SNRIs), monoamine oxidase inhibitors (MAOIs), or antipsychotics
- cabergoline
- linezolid, an antibiotic
- tramadol
- dextromethorphan, an over-the-counter medicine used to treat the common cold or cough

- over-the-counter supplements such as tryptophan or St. John's Wort
- medicines to treat erectile dysfunction

Ask your doctor or pharmacist for a list of these medicines, if you are not sure.

Know all the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

How should I take BELVIQ?

- Take BELVIQ exactly as your doctor tells you to take it.
- Your doctor will tell you how much BELVIQ to take and when to take it.
 - Take 1 tablet 2 times each day.
 - **Do not** increase your dose of BELVIQ.
 - BELVIQ can be taken with or without food.
- Your doctor should start you on a diet and exercise program when you start taking BELVIQ. Stay on this program while you are taking BELVIQ.
- Your doctor should tell you to stop taking BELVIQ if you do not lose a certain amount of weight within the first 12 weeks of treatment.
- If you take too much BELVIQ or overdose, call your doctor or go to the nearest emergency room right away.

What should I avoid while taking BELVIQ?

- **Do not** drive a car or operate heavy machinery until you know how BELVIQ affects you. BELVIQ can slow your thinking.

What are the possible side effects of BELVIQ?

BELVIQ may cause serious side effects, including:

- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions.** BELVIQ and certain medicines for depression, migraine, the common cold, or other medical problems may affect each other causing serious or life-threatening side effects. Call your doctor right away if you start to have any of the following symptoms while taking BELVIQ:
 - mental changes such as agitation, hallucinations, confusion, or other changes in mental status
 - coordination problems, uncontrolled muscle spasms, or muscle twitching (overactive reflexes)
 - restlessness
 - racing or fast heartbeat, high or low blood pressure
 - sweating or fever
 - nausea, vomiting, or diarrhea
 - muscle rigidity (stiff muscles)
- **Valvular heart disease.** Some people taking medicines like BELVIQ have had problems with the valves in their heart. Call your doctor right away if you have any of the following symptoms while taking BELVIQ:
 - trouble breathing
 - swelling of the arms, legs, ankles, or feet
 - dizziness, fatigue, or weakness that will not go away
 - fast or irregular heartbeat
- **Changes in your attention or memory.**
- **Mental problems.** Taking BELVIQ in high doses may cause psychiatric problems such as:
 - hallucinations
 - feeling high or in a very good mood (euphoria)
 - feelings of standing next to yourself or out of your body (dissociation)
- **Depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.
- **Low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus.** Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as insulin or sulfonylureas). You should check your blood sugar before you start taking BELVIQ and while you take BELVIQ.
- **Painful erections (priapism).** The medicine in BELVIQ

can cause painful erections that last more than 6 hours. If you have an erection lasting more than 4 hours whether it is painful or not, stop using BELVIQ and call your doctor or go to the nearest emergency room right away.

- **Slow heartbeat.** BELVIQ may cause your heart to beat slower. Tell your doctor if you have a history of your heart beating slow or heart block.
- **Decreases in your blood cell count.** BELVIQ may cause your red and white blood cell count to decrease. Your doctor may do tests to check your blood cell count while you are taking BELVIQ.
- **Increase in prolactin.** The medicine in BELVIQ may increase the amount of a certain hormone your body makes called prolactin. Tell your doctor if your breasts begin to make milk or a milky discharge or if you are a male and your breasts begin to increase in size.

The most common side effects of BELVIQ include:

- headache
- dizziness
- fatigue
- nausea
- dry mouth
- constipation
- cough
- low blood sugar (hypoglycemia) in patients with diabetes
- back pain

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of BELVIQ. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How do I store BELVIQ?

Store BELVIQ at room temperature between 59°F to 86°F (15°C to 30°C).

Safely throw away medicine that is out of date or no longer needed.

Keep BELVIQ and all medicines out of the reach of children.

General information about the safe and effective use of BELVIQ.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use BELVIQ for a condition for which it was not prescribed. Do not give BELVIQ to other people, even if they have the same symptoms you have. It may harm them.

This Patient Information summarizes the most important information about BELVIQ. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about BELVIQ that is written for health professionals.

For more information, go to www.BELVIQ.com Website or call 1-888-274-2378.

What are the ingredients in BELVIQ?

Active Ingredient: lorcaserin hydrochloride

Inactive Ingredients: silicified microcrystalline cellulose; hydroxypropyl cellulose NF; croscarmellose sodium NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; talc USP; FD&C Blue #2 aluminum lake; and magnesium stearate NF.

This Patient Information has been approved by the U.S. Food and Drug Administration.

Rx Only

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OAC Members: Join Us for YWMLocal – Los Angeles 2015 on November 7!



This FREE half-day event offers attendees the right information on weight and health – join in to experience:

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- **How to choose the best weight management option for you**
- **Helpful nutrition tips, dietary tips and guidelines**
- **Exercise information and demonstrations**
- **Motivational and inspirational messages**
- **And much more!**

Saturday, November 7

Los Angeles Convention Center 8:00 AM - 12:00 PM
1201 South Figueroa Street
Parking Available for \$15

Cost: FREE

REGISTER TODAY for this **FREE** Event at
www.YWMLocal.com



YWMLocal – Los Angeles 2015 is a Local Community Educational Event Proudly Brought to You by the Obesity Action Coalition (OAC) and Hosted in Conjunction with ObesityWeek 2015 in Partnership with The Obesity Society and the American Society for Metabolic and Bariatric Surgery



HOLIDAY WEIGHT

AND HOW TO AVOID IT

by Doreen Lerner, PhD

WHEN WE THINK ABOUT THE HOLIDAYS MANY THINGS COME TO MIND – GIFTS, SHOPPING, PARTIES, FAMILY, DECORATING, LONG TO-DO LISTS AND DELICIOUS HOLIDAY TREATS.

STRATEGIES FOR AVOIDING HOLIDAY WEIGHT GAIN

The holiday season is a busy time, and there are eating opportunities everywhere we go, such as family gatherings, office parties with trays of home-baked treats in the

lunchroom, holiday and end-of-semester programs at our kids' schools, treat samples being given away as we make our way through the stores to do our holiday shopping and catalogs in our mailboxes with mouth-watering photo spreads on every page. We're really busy, perhaps too busy to prepare the healthy meals we might otherwise prepare.

Here are a few tips that will help you negotiate this joyful time with minimum risk to your weight management goals:

- **Focus on maintaining your current weight.** Challenging yourself to lose weight over the holidays is setting yourself up for failure.
- **Don't gorge on any special holiday food** because you only get to eat it once a year. With luck, you'll still be around to enjoy it next year. On the other hand, don't deprive yourself of anything you want to taste. Instead, take a mindful bite, savoring the sight, taste, aroma, mouth feel and sound of each special holiday treat. Eating like this leads to increased pleasure, quicker satisfaction and decreased risk for weight gain.
- **Avoid the trap of thinking you can eat what you want** because you can just start over in the New Year. It doesn't get any easier just because it's January – there are always other reasons to indulge and to celebrate.
- **Keep up your exercise routine.** This will also help reduce holiday stress.
- **Keep tabs on yourself.** Write down what you eat, weigh yourself if you want to or try on your favorite clothes to make sure they still fit.
- **Create meaning beyond the food** by creating new traditions that have nothing to do with food. For example, change "in our family we always have chocolate cinnamon bread with whipped cream on Christmas morning" into "in our family we always play in the snow (or on the beach), or go for a long walk/take food and gifts to the homeless shelter on Christmas morning."
- **Sometimes, eating a particular food is our way of remembering a lost loved one.** If that applies to you, find another way to remember them, like sharing memories with family members.
- **Remember all the reasons why reaching and maintaining a healthy weight is important to you.**
- **Remember, unless you're an elite athlete, you're unlikely to be able to "exercise off" weeks of overindulgence.**

A New Weight-loss Option: INTRAGASTRIC BALLOONS

by Jaime Ponce, MD, FACS, FASMB; and Rachel Moore, MD

For individuals seeking to improve their health, the weight-loss journey may provide too few options in the gap between diet and exercise and bariatric surgery. Now, patients in the U.S. have a new Food and Drug Administration (FDA) approved treatment option requiring no incisions and no overnight stay at a medical facility — intragastric balloons.

What are Intra gastric Balloons?

Intra gastric balloons are soft, yet durable, silicone spheres that take up space in a patient's stomach and help reinforce proper portion control by providing a feeling of being full with less food consumption. Combined with support programs for exercise, diet, nutrition and emotional support, an intra gastric balloon can kick-start a weight-loss program.

How is the Procedure Performed?

In a non-surgical procedure, typically done under a mild sedative, an un-inflated intra gastric balloon is placed into the stomach using an endoscope that is fed into the patient's mouth and down the esophagus. It is then filled with saline (salt water) until it is about the size of a grapefruit. The procedure normally takes about 20 minutes and patients can usually go home the same day. Once the balloon (or balloons) is in place, a 12-month coaching and support program supervised by healthcare experts begins. This team may include dietitians, psychologists and exercise physiologists, among others, to help keep patients motivated and working through weight-loss barriers to meet long-term goals.

How Does an Intra gastric Balloon Work?

Intra gastric balloons occupy existing space in your stomach for six months, serving as built-in portion control so you may feel full and satisfied with less food. They do not change or alter the anatomy of the stomach in any way. After six months, the balloon is removed in the same way it was placed, endoscopically. Through a procedure done under a mild sedative, it is deflated and then removed through the esophagus and mouth.

Who qualifies for an Intra gastric Balloon?

Intra gastric balloons are intended for adult patients who have a Body Mass Index (BMI) of 30-40 kg/m², and who have tried other weight-loss programs but were unable to lose the weight or keep it off. Intra gastric balloons are also an option for individuals who do not want or do not qualify for bariatric surgery.

Weighing Your Options

There are two intra gastric balloons currently approved by the FDA: the ReShape™ Dual Balloon and the ORBERA™ Intra gastric Balloon. Both devices have a similar procedure for insertion and removal, as well as for consultation.

Conclusion

Using an intra gastric balloon is not a cure for obesity, but can be a suitable option for individuals who have tried other weight-loss options that have not shown results, or who either do not qualify or are not interested in bariatric surgery. The procedure, coupled with the 12 months of counseling, provides the support needed to help you change your eating habits and maintain weight-loss long-term. Working hard on these new habits will give you the best chance of losing weight.

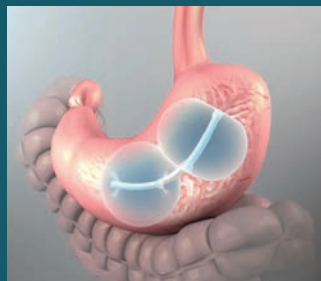
“Combined with support programs for exercise, diet, nutrition and emotional support, an intra gastric balloon can kick-start a weight-loss program.”

Intragastric Balloon Options

The ORBERA™ Intragastric Balloon is a single balloon that is inserted into the stomach using an endoscope, and is then filled with saline (salt water) until it is about the size of a grapefruit.



The Reshape™ Dual Balloon is two separate silicone balloons with a silicone tube in the middle. The dual balloon device is inserted into the stomach using an endoscope and filled with saline.



While both intragastric balloons are FDA-approved, you should consult with your doctor about any risks or complications, along with the option that is best for you.

How Effective are Intragastric Balloons?

Both the ORBERA™ Intragastric Balloon and ReShape™ Dual Balloons have run clinical trials to demonstrate their effectiveness in bariatric patients and to determine any possible side effects present from using the device.

A clinical study, called the REDUCE Pivotal Trial, was performed at eight hospitals in the United States. In the study, patients who had the ReShape™ procedure lost 2.3 times as much weight as patients who only received diet and exercise coaching. In a study of the ReShape™ procedure in commercial use in Europe, ReShape™ patients on average lost 32 pounds and maintained 98 percent of their weight-loss within the first year. In the clinical study of 265 patients, the most common side effects of the ReShape™ procedure were vomiting, nausea and abdominal pain. These conditions are to be expected as the stomach gets used to the presence of the balloon, and generally go away after three to five days.

U.S. clinical trial data on ORBERA™ showed that within six months, the average person lost 3.1 times the amount of weight as compared with diet and exercise alone. In real numbers, that means patients with ORBERA™ lost an average of 21.8 pounds (10.2 percent of their body weight) after the device had been in place for six months. The clinical trial for ORBERA™ also demonstrated that three months after the device was removed (nine months after device placement), ORBERA™ patients maintained an average weight-loss of 19.4 pounds. During the trial, those patients who participated in a behavior modification program, including diet, exercise and emotional coaching, but did not receive the ORBERA™ balloon, only lost an average of 7 pounds (3.3 percent of their body weight).

About the Authors:

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Rachel Moore, MD, is in her 13th year of high-volume bariatric surgery practice with a group of six surgeons in New Orleans. She is also the Chief of the Section of Metabolic Surgery at Louisiana State University (LSU) and works at the University Medical Center teaching students and residents.

BROWN BAGGIN' IT OR BUYING IT SCHOOL LUNCHTIME

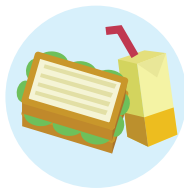
by Cassie I. Story, RD



Sunbeams peak through gingham curtains as an assembly line of food items lay on the kitchen counter. Ten slices of Wonder Bread wait patiently to be filled with bologna, American cheese and a dollop of mayo. Once the sandwiches are ready, they make their way into a brown bag alongside baggies filled with crinkled salty chips, and an apple. Five children pile out of the house and are bid farewell with a kiss as they begin their hike to school, uphill, both ways, knee-high in the snow (even in September). On Fridays, they are given a quarter to purchase milk, but other than that, their lunches were the same every single day.

This is how my mom describes her school lunch routine growing up in the 1960s. When I think of my own school lunch during the 1980s, images of punch card cafeteria tickets, hairnet-wearing lunch ladies and Strawberry Shortcake tins with matching thermoses come to mind. Oh, and let's not forget trading cookies for soft yellow cakes with cream filling.

Walk around any school cafeteria now and you will see some classic elements from years past. Wonder Bread still exists, bags of chips are now already packaged for you and trading food seems to be unacceptable due to the rise in food allergies — although my daughters still mention giving and accepting food just as I had 25 years ago.



You will also notice a rise in a more health conscience approach to packing school lunch. A quick search on Pinterest and you can find thousands of ways to pack a Bento Box, ideas on how to turn vegetables into animals and sandwiches into monsters, 206 unique inspirational quotes to write to your child each day and 37 lunch ideas beyond the peanut butter and jelly sandwich.

With so many inspirational lunch ideas that can be found online, I still struggle with what to put in my daughters' lunch boxes. Do they really need food that resembles origami in order to eat healthy? Would it be easier to place money in their school account and have them buy hot lunch every day, or would that mean they are being served unhealthy meals five days a week?



There is a vast range of foods offered at schools throughout the country. Some schools purchase mostly fresh and local foods, have garden clubs where they use the harvest to feed their students and employ chefs to prepare new cuisine each day. On the other hand, some schools depend on fast food companies to bring in pizza, tacos and various sandwiches for their students to eat.

Do you know what is offered to your children at school? What can be done to improve the nutritional quality of the food provided? To answer those questions, let's take a step back and look at how the school lunch program began.

The History of School Lunches

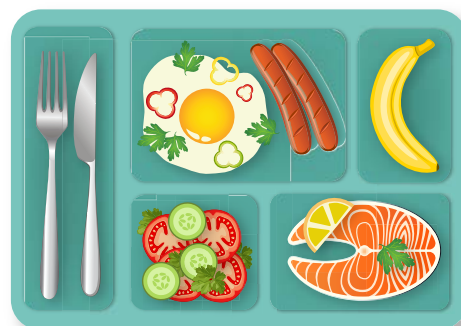
The National School Lunch Program, funded by the U.S. Department of Agriculture (USDA), was established in 1946 with a goal to provide students access to meals at school. It began with each school providing balanced meals, cooked on school property. Throughout the next several decades, the National population increased and we needed to continue to feed our children. Funding for the school lunch program decreased and big food companies came on the market, making it cheaper and easier for schools to purchase frozen prepared products and simply reheat them on-site. We lost our school cooks, and in exchange gained heavily processed food products.

Recognizing that change needed to happen to improve the nutritional quality of food offered in schools, in 2010 congress passed the "Healthy, Hunger Free Kids Act." Some key changes included ensuring that children had a fruit and vegetable serving on their tray, eliminating trans fats (except naturally occurring ones), reducing sodium levels, increasing whole grains and a new set of guidelines on the frequency of offering desserts.

Other new programs were introduced, such as Team Nutrition, an initiative from the USDA Food and Nutrition

Service to support the Child Nutrition Programs. Within this new initiative is a voluntary certification called "The Healthier U.S. School Challenge: Smarter Lunchrooms," which allows schools to apply for certification once they have created healthier school environments through promoting nutrition and physical activity.

Another exciting initiative is the 'Farm to School' program. Students gain access to healthy, local foods, as well as education in their curriculum about cooking, school gardens and farms, which they visit on field trips. The program differs by location. Examples of program actions include planting school gardens and the promotion of purchasing local foods to be served in the cafeteria.



Get Involved

If you're not sure where your children's school falls on the wide spectrum of foods offered, it's time to get involved! Visit the school and see what's being served at lunch, review the lunch menu sent home with your child or look online at your school's Web site. Talk to your kids about what's being served

at school, and help them come up with ways to eat healthy while they're away from home.

Personally, my daughters' preference is to take their lunch the majority of the time. After several stressful mornings of my attempts to increase the variety of their packed lunch and present it in a way that would earn me 'Pinterest Mother of the Year,' I realized we needed a new plan. One that was quick, easy and healthy.

We sat down and came up with a system, a chart of food groups with portion sizes and serving suggestions — the dietitian in me couldn't help it. This chart hangs on our refrigerator and each morning they pack their own lunch, with smiles and ease. Okay, maybe I'm dreaming that last part, but a mother can hope right?

Kid's Corner continued on next page

FOR A LIST OF SCHOOLS IN YOUR AREA WHO HAVE RECEIVED THE CERTIFICATION VISIT:

www.fns.usda.gov/hussc/award-winning-schools

FOR A LIST OF RESOURCES AND WAYS TO HELP YOUR SCHOOL DISTRICT GET INVOLVED VISIT:

www.farmtoschool.org



SERVING SIZES BASED ON CHILD'S AGE, GENDER AND ACTIVITY LEVEL



WHOLE GRAIN [CHOOSE 2-4]

Whole wheat bread (1 slice), whole wheat english muffin (1/2), whole wheat tortilla (6"), whole wheat cereal (1/2 cup), whole wheat pita bread (1/2), whole wheat crackers (6), whole wheat mini-bagel (1), whole wheat frozen waffle, whole wheat pasta (1/2 cup), brown or black rice (1/2 cup), quinoa (1/2 cup)



PROTEIN/HEALTHY FATS [CHOOSE 2-3]

Minimally processed deli meat/poultry (2 oz.), hard-boiled egg (1), tuna/salmon/ chicken salad (2 oz.), grilled chicken (2 oz.), beans (1/2 cup), cheese stick (1 oz.), yogurt (3-4 oz.), tofu (2 oz.), veggie burger (2 oz.), nuts/seeds (almonds, peanuts, walnuts, pistachios, etc.) (1 oz.), avocado (1/4), natural nut butter (2 Tbsp.), minimally processed salad dressing (1 Tbsp.)



VEGETABLE [CHOOSE 2-3, RAW OR COOKED, 1/4 CUP - 1/2 CUP]

Sliced bell peppers, broccoli, carrots, cauliflower, cherry tomatoes, celery, corn, cucumber slices, mixed greens, green beans, potatoes (leftovers), snap peas



FRUIT [CHOOSE 2-3, 1/4 CUP - 1/2 CUP]

Apple slices, applesauce (no sugar added), apricots, berries, cherries, grapes, kiwi, mandarin oranges (packed in water), nectarines, peaches, pineapple, plums, tangerines, melon



TREAT [ON PE DAYS OR SPORTS ACTIVITY DAYS] [CHOOSE 0-1]

Look for the healthiest options possible (least amount of added sugar, sodium, saturated and trans fats)

Fruit snacks, baked chips, bite sized packages of candy, animal crackers



DRINKS

Water - flavored naturally with fruit (lemon, lime, berries), sparkling water without added sugar

COMPLETE MEAL IDEAS:

- **YOGURT PARFAIT:** Yogurt, topped with mixed berries and whole grain cereal or granola. Serve with whole wheat English muffin topped with natural nut butter and sliced cucumbers.
- **QUESADILLA:** Melt cheese on a whole wheat tortilla in the microwave, then wrap in tin foil and place in an insulated container. Serve with tortilla chips and salsa, carrot sticks and sliced apples.
- **HOMEMADE "LUNCH-ABLE":** Whole wheat crackers with slices of ham and cheese, cherry tomatoes, almonds, chocolate covered raisins.
- **SKEWERS:** Thread non-sharp wooden skewers with sliced melons, cheese, grapes and grilled chicken, serve with a small mixed green salad and whole wheat pita bread.
- **BAKED POTATO:** Top with grilled chicken, slightly steamed broccoli, salsa (can be enjoyed cold), with a side of berries and animal crackers.
- **BREAKFAST FOR LUNCH:** Toast a whole wheat English muffin, add cheese and a sliced hard-boiled egg. Serve with orange slices and cherry tomatoes.



Conclusion

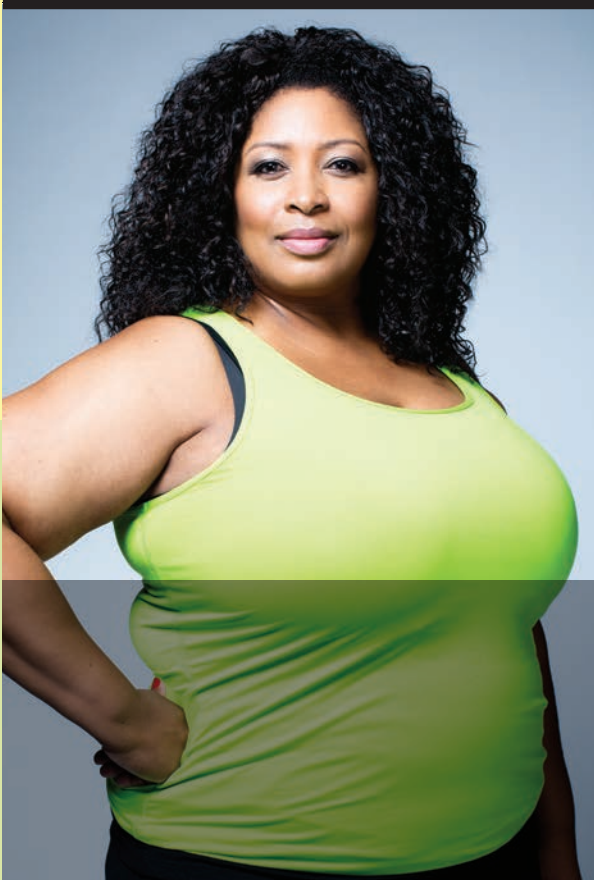
Healthy choices can be possible whether your child packs their lunch or buys lunch at school. It will take continued effort to improve what's being served to our children at school, as well as what foods we can purchase to send with them in their lunch boxes. We may not have all the answers on the best ways to improve school lunch, but we must continue to put an effort into making sure our children are served healthy and nutritious options.

About the Author:

Cassie I. Story, RD, is a dietitian who has been working with bariatric patients for the past 11 years. She recently started a food blog, **WLSDailyPlate.com**, to help inspire healthy eating following bariatric surgery. She enjoys cooking, hiking and spending time with her two daughters in Arizona.



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Dear Doctor



Dear Doctor: Is Dark Chocolate Healthy for Me?

by Jennifer Franceschelli Hosterman, DO

Yes, a small piece of dark chocolate can be good for you. It turns out that dark chocolate is high in antioxidants called flavonoids. Before you run to the grocery store to stock up however, read on to find out which kind of chocolate is best and how much may be beneficial to you.

How Chocolate is Made

Chocolate begins with the cacao fruit tree. The cacao tree's botanical name is *Theobroma Cacao*, which translates to "food of the Gods" in Greek. Cacao is the purest form of chocolate that you can consume. It's bitter by itself and usually undergoes processing before it reaches the grocery aisle. It is called cocoa when it is roasted at higher temperatures, and sometimes the words are used interchangeably.

The cacao tree produces fruits that are called pods. The pods have cacao seeds that are scooped out, dried and fermented before being shipped to chocolate factories. At the factories, they are roasted and their shells are removed. The remaining center is ground into a smooth paste called a chocolate liquor. Varying amounts of sugar, cocoa butter and other ingredients are added depending on what type of chocolate is being made. For example, milk products are added to chocolate liquor, cocoa butter and sugar to make the popular milk chocolate bar. White chocolate is made with milk solids, cocoa butter and a large percentage of added sugar. Dark chocolate, otherwise known as semi-sweet chocolate, is made with chocolate liquor, cocoa butter, and some sugar. It generally has fewer additives compared to other types of chocolate.

What Makes Dark Chocolate Healthy?

The antioxidants in dark chocolate are responsible for its health benefits. Antioxidants are nutrients that are found in

foods, and they protect our body from free radicals – unstable and highly reactive molecules in the body. An imbalance of free radicals is thought to be the cause of damage to our body's cells in many diseases such as cancer, diabetes, heart disease and even aging. Although the body has developed many ways to neutralize these substances, it is not 100 percent effective. Antioxidants can help to stop or at least reduce their damage. Flavonoids are a group of antioxidants that are found primarily in plants that we consume. Remember that the cacao/cocoa beans come from a fruit tree. They are among the foods highest in flavonoids. This is one of the properties thought to be responsible for the health benefits of dark chocolate.



Dark chocolate is in good company. Fruits, vegetables, nuts, beans, spices, teas and even red wine are among those commonly consumed foods that are high in antioxidants.

An advantage to these foods is that they are nutrient-dense and not calorie-dense like chocolate. This means that they are packed with nutrients and don't have a whole lot of calories. Whereas a calorie-dense food like dark chocolate has a lot of calories in just a small quantity.

It's also important to mention cocoa powder. Remember, this is raw cacao that's been roasted at high temperatures. Unsweetened "natural" cocoa powder has a lot of the antioxidant power with vitamins and minerals but is in a lower calorie form. It can be added to baking recipes or fruit smoothies to enhance taste and increase antioxidants.

Many of these health benefits come from dark chocolate and the chocolate liquor within it. White chocolate is made

Other Good Sources of Antioxidants:

| | |
|-------------------|------------------------------------|
| Beans | Tea |
| Vegetables | Fruits (especially berries) |
| Allspice | Nuts |
| Cinnamon | Mint |
| Chocolate* | Clove |
| Red Wine* | Oregano |

* Should be consumed in moderation in conjunction with a healthy and active lifestyle.

of cocoa butter but not cocoa solids, and it's loaded with sugar. White chocolate has no chocolate liquor in it, and therefore, lacks the antioxidant content. Milk chocolate does have some chocolate liquor in it, but dark chocolate has more than twice the amount. More chocolate liquor means more antioxidants, making dark chocolate the healthier pick.

What Should I Look for on the Label?

You may see the percent of cacao on the label of your favorite chocolate bar. This refers to the total percentage of ingredients that come from the cacao or cocoa bean. Higher percentage of cacao in a chocolate bar means there is less room for milk, sugar and other additives. This leads to a taste that can be more astringent or bitter, but also means that you are getting a less processed chocolate. Less processing protects the antioxidant potential. Dark chocolate generally has a higher percent of cacao compared to other chocolates. Look for a package that has the highest percentage of cacao to get the most benefit.

You may be worried about the fat content in chocolate. It is true that chocolate is high in saturated fat but there is some good news too — about one-third of the total fat is from stearic acid. This type of saturated fat does not raise your cholesterol levels. However, there are nine calories for every one gram of fat. This is compared to carbohydrates and proteins, which have about half of the calories per gram. So, it is still important to be mindful of your total calories for the day.

Indulgers Beware.

After reading about all the health benefits of dark chocolate, you may think it's okay to go to the store now to stock up. However, moderation is still the key here. Dark chocolate is likely to have many health benefits, but it can lead to extra calories and weight gain if it is eaten in excess. Dark chocolate is quite calorie-dense.

Dear Doctor continued on next page

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Platinum: \$100,000 and up Bronze: \$5,000 - \$9,999
Gold: \$50,000 - \$99,999 Patron: \$1,000 - \$4,999
Silver: \$10,000 - \$49,999

List as of 9/23/15

What are some of the health benefits?

You can imagine that many people are excited to hear that chocolate could be healthy for them. Because of this, there have been many studies to try to figure out if this is really true and to see how it all works. Although the exact mechanisms are still unclear, there has been evidence to show that cacao/cocoa products may have the following effects, when combined with a balanced diet and active lifestyle:

- **Lower blood pressure**
- **Lower LDL or “bad” cholesterol and increase HDL or “good” cholesterol**
- **Reduced risk of cardiovascular disease and improved cardiovascular function**
- **Reduced risk of stroke**
- **Reduced risk of blood clots by improving platelet reactivity**
- **Improved cognitive function and prevention of memory decline**
- **Improved mood through boosting serotonin levels**
- **Protection from obesity and type 2 diabetes**

On average, one regular-sized chocolate bar is about 200 calories. It would take about 55 minutes of brisk walking to burn off those calories. Weight gain can lead to obesity and increase your risk of cardiovascular disease, diabetes, high blood pressure and high cholesterol, and this would negate any of the health advantages from eating chocolate. Therefore, you'll want to limit chocolate intake to a small portion to get the health effects without the increase in pants size.



Tips to Avoid Overindulging:

- **Enjoy the experience of eating — avoid interruptions of televisions or cellphones**
- **Savor the taste**
- **Plan ahead — buy individually wrapped pieces of chocolate**
- **Know yourself — limit the amount of chocolate that is readily available to you**
- **Keep track of calories — If you bite it, write it down**

Conclusion

To get the greatest benefit of chocolate without the added calories, limit consumption to one ounce a few times per week. Supplement your diet with nutrient-dense foods like berries or a glass of unsweetened tea to add even more antioxidant power. Combine this with a healthy diet and exercise to achieve a healthier you.

About the Author:

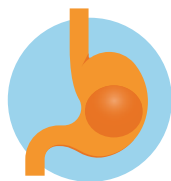
Jennifer Franceschelli Hosterman, DO, is a board certified internal medicine and pediatric physician who specializes in nutrition and obesity medicine at Geisinger Medical Center. She is also the Medical Director of Camp ENERGY, which is a healthy lifestyle camp for adolescents. She earned her bachelor's degree in cellular and molecular biology at West Chester University and completed medical school at Philadelphia College of Osteopathic Medicine. She is a strong proponent of the multi-disciplinary and family approach in the prevention and treatment of obesity.



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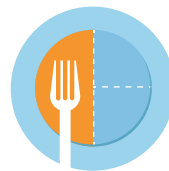
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Important ORBERA™ IntraGastric Balloon System Safety Information

The ORBERA™ IntraGastric Balloon System is a weight loss aid for adults 22 years and older and suffering from obesity, with a body mass index (BMI) ≥ 30 and ≤ 40 kg/m², who have tried other weight loss programs, such as following supervised diet, exercise, and behavior modification programs, but who were unable to lose weight and keep it off. To receive ORBERA™ you must be willing to also follow a 12-month program, beginning with the placement of ORBERA™ and continuing for 6 months after, that includes a healthy diet and exercise plan. If the diet and exercise program is not followed, you will not experience significant weight loss results; in fact, you may not experience any weight loss. Losing weight and keeping it off is not easy, so you will be supervised throughout this program by a team of physicians, physiologists, and nutritionists. This team will help you make and maintain major changes in your eating and exercise habits. ORBERA™ is placed for no more than six months. Any time that the balloon is in the stomach for longer than six months puts you at risk for complications, such as bowel obstruction, which can be fatal. Some patients are ineligible to receive ORBERA™. Your doctor will ask you about your medical history and will also perform a physical examination to determine your eligibility for the device. Additionally, at the time of placement, the doctor may identify internal factors, such as stomach irritation or ulcers, which may prevent you from receiving ORBERA™. You must not receive ORBERA™ if you are pregnant, a woman planning to become pregnant within six months' time, or breast-feeding. Complications that may result from the use of ORBERA™ include the risks associated with any endoscopic procedure and those associated with the medications and methods used in this procedure, as well as your ability to tolerate a foreign object placed in your stomach. Possible complications include: partial or complete blockage of the bowel by the balloon, insufficient or no weight loss, adverse health consequences resulting from weight loss, stomach discomfort, continuing nausea and vomiting, abdominal or back pain, acid reflux, influence on digestion of food, blockage of food entering the stomach, bacterial growth in the fluid filling the balloon which can lead to infection, injury to the lining of the digestive tract, stomach or esophagus, and balloon deflation. Important: For full safety information please visit orbera.com/dfu, talk with your doctor, or call Apollo Customer Support at 1-855-MYORBERA.

CAUTION: Rx only.

References: 1. Directions For Use (DFU). ORBERA™ IntraGastric Balloon System (ORBERA™). Austin, TX: Apollo Endosurgery, Inc.

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MKT-00837-00R01

STRETCH



Many individuals who participate in aerobic activity do so to improve their cardiovascular endurance and to burn calories. Many also train to develop strength and build lean muscle tissue. Unfortunately, flexibility training is the one element of the fitness routine that's often neglected, despite its important contributions to overall function, health and performance. It helps provide greater freedom of movement and improved posture, increases physical and mental relaxation, releases muscle tension and soreness and reduces the risk of injury.

Some individuals are naturally more flexible. Flexibility is strongly influenced by a person's gender, age, body shape and level of physical activity. As individuals grow older, they tend to lose flexibility, usually as a result of physical

inactivity, but also partially because of the aging process itself. The less active you are, the less flexible you are likely to be. As with other components of physical fitness, flexibility improves with regular training.

A SAFE, SIMPLE APPROACH TO EFFECTIVE STRETCHING

Before stretching, take a few minutes to warm up, as stretching cold muscles may increase your chances for injury. Begin with a simple, low-intensity warm-up such as walking while swinging your arms in a wide circle. Spend at least 5- 10 minutes warming up prior to stretching. The general recommendation for people starting an exercise program is to perform gentle dynamic-type stretches before a workout, and static stretches afterwards.

HING

AN INTEGRAL PART OF YOUR FITNESS ROUTINE

by Cedric X. Bryant, PhD, FACSM

WHEN PERFORMING A STATIC STRETCH:

- TAKE A DEEP BREATH AND SLOWLY EXHALE AS YOU GENTLY STRETCH THE MUSCLE TO A POINT OF TENSION.
- HOLD THE STRETCH FOR 15-30 SECONDS, RELAX AND THEN REPEAT THE STRETCH TWO TO FOUR MORE TIMES.
- DON'T BOUNCE A STRETCH. HOLDING A STRETCH IS MORE EFFECTIVE AND THERE IS LESS RISK OF INJURY.
- DON'T STRETCH A MUSCLE THAT IS NOT WARMED UP.
- DON'T STRAIN OR PUSH A MUSCLE TOO FAR. IF A STRETCH HURTS, EASE UP.
- DON'T HOLD YOUR BREATH DURING THE STRETCH; CONTINUE TO BREATHE NORMALLY.

FERRETTS

Gentle Iron Supplements Feel the Difference!

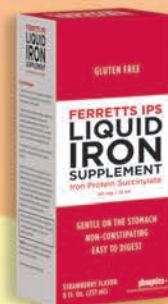
Iron is an essential mineral which plays a key role in the making of red blood cells. Without healthy red blood cells, your body doesn't get enough oxygen. When you don't get sufficient oxygen throughout your body, you're going to be exhausted, which can affect everything from athletic performance, to your brain function and your immune system's ability to fight off infections.



Ferretts Tablets

(325 mg Ferrous Fumarate)

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- Dye Free
- Sugar Free
- Small Easy to Swallow Tablet



Ferretts IPS Liquid Iron

- Gentle
- Non Constipating
- Gluten Free
- Ideal for those who have difficulty absorbing iron



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SIDE NECK STRETCH

BENEFIT: Helps relieve tension in the muscles of the neck and jaw.

HOW TO PERFORM: Slowly tilt your left ear toward your shoulder. Place the top of your right hand on the lower part of your back, and roll your right shoulder down and away from your ear. Place your left hand with slight pressure on the top of your head. Slightly lift your chin and keep your jaw open. Hold for five deep breaths, release and repeat on the opposite side.



SEATED FIGURE FOUR STRETCH

BENEFIT: Helps relieve tension in the muscles of the hips and buttocks.

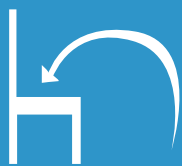
HOW TO PERFORM: Sit upright with a neutral spine. Cross your right leg over your left and rest your hands on your shins. For a deeper stretch, lean your torso slightly forward. Hold for five deep breaths, release and repeat on your left leg.



SEATED LATERAL STRETCH

BENEFIT: Helps relieve tension in the muscles of the upper and mid-back region.

HOW TO PERFORM: Sit upright with your feet firmly planted on the ground. Keep your spine neutral and place hands interlocked behind your head. Hold and allow your chest to open for three breaths while your elbows open to the side. Exhale, and laterally flex the spine on your left side (imagine the left side of your rib cage moves closer to your hip bone). Hold for five deep breaths, return to center and repeat on the opposite side.



DOWNWARD FACING DOG WITH CHAIR

BENEFIT: Helps relieve tension in the muscles of the chest and back of the legs.

HOW TO PERFORM: Stand upright and walk your feet slightly in front of your hips. Hinge at your hips and place your hands on your chair or door handle. Push your hips back as you bring your chest parallel to the floor. Hold for five deep breaths.



SEATED SPINAL TWIST

BENEFIT: Helps relieve tension in the spinal extensor muscles to contribute to improved posture and reduced back pain.

HOW TO PERFORM: Sit upright with feet flat on the floor. Cross your right leg over your left (if this is too deep, keep feet on the floor). Inhale, lift your arms overhead and exhale. Rotate to your right and place your hands on the outside of your chair or thigh. Hold for five breaths. Inhale, rotate to your center, switch your crossed legs and exhale, then complete the stretch on your left.

About the Author:

As Chief Science Officer at the American Council on Exercise, Cedric X. Bryant, PhD, FACSM, is a National and international lecturer, writer and member of the National Academy of Medicine's Obesity Solutions Roundtable. Bryant is also a subject-matter expert and stays at the forefront of applied physiological research, exercise training methods and health and fitness trends.

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Fall in Love...

with

Vegetables!



by Sarah Muntel, RD

When thinking of fall, many think of cool air, crunchy leaves and football. It's also time to think of the variety of fall vegetables available, such as carrots, pumpkin, squash, sweet potatoes and kale. When fall comes around, a whole new crop of seasonal vegetables are available to you. It's time to take advantage of these delicious veggies. When you combine the health benefits of vegetables with their fantastic taste, fall vegetables are a clear cut winner!

Why Vegetables?

What makes vegetables so special? Actually, there are many reasons. Besides their great taste, there are many great health benefits. Vegetables provide a variety of vitamins and minerals to your diet, as well as fiber. Studies show a balanced diet rich in fruits and vegetables can reduce your risk of developing heart disease as well as some cancers. By choosing a variety of vegetables every day, you will get a variety of nutrients, with each vegetable providing different nutrients.

The vegetable group is one of the major food groups and provides countless benefits to your body. Health professionals recommend you eat lots of them; in fact, it is recommended adults take in between 2-3 cups per day depending on their age and activity level. Typically, a cup of vegetables is equal to one cup of cooked vegetables or juice, or 2 cups of raw leafy greens. Another easy way to balance is by using the Choose My Plate method from the U.S. Department of Agriculture (USDA). They recommend filling half of your plate at every meal with fruits and vegetables, which is an easy portion size to remember!

Another great benefit of vegetables is the low caloric content. The calorie content of vegetables can vary based on what you choose. Some leafy greens contain less than 20 calories per cup, and others may contain around 50 calories per cup. Just know, it's easy to pile your plate with veggies without breaking your calorie bank. Where do the calories come from? Vegetables contain some carbohydrates to provide your body with energy, and a small amount of protein.



What's in Season this Fall

With the thousands of vegetables out there each season, different types of vegetables are growing. Each spring, summer, fall and even winter will provide a new crop of fresh vegetables. Even though fall vegetables can be found year-long, when you buy them in season, you are getting them at peak nutritional value and taste.

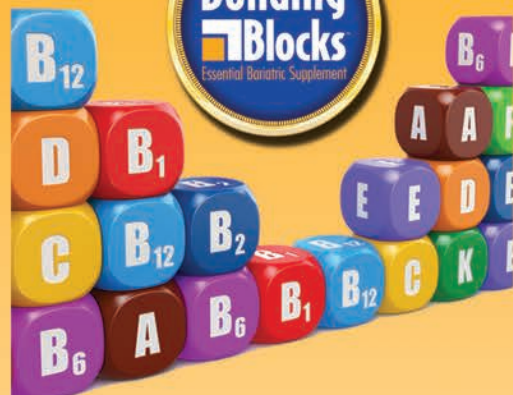
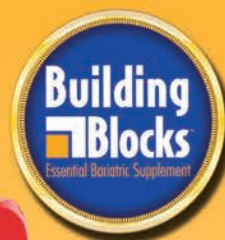
On the next page, we'll take a look at different vegetables available to try this fall.

Fall in Love... continued on next page



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Try These



Pumpkin:

One of the most popular of fall vegetables, it harvests in the fall and provides your body with tons of vitamin A. Instead of pumpkin pie and pumpkin cake, think about making pumpkin chili and roasted pumpkin.



Sweet Potatoes:

Sweet potatoes are available year round but are seasonal in the fall. They are packed with vitamins A and B.



Kale:

This cruciferous vegetable grows best in cooler weather, which makes this dark green leafy vegetable sweeter. Kale is full of vitamin A, vitamin C and vitamin K.



Winter Squash:

Acorn squash, spaghetti squash and butternut squash all fall into this category. They are high in vitamins A and C and can be cooked in a variety of ways. Slice and bake butternut squash for an alternative to French fries. Serve spaghetti squash instead of pasta, and acorn squash can be deliciously baked.



Belgian Endive:

This low calorie vegetable is rich in vitamins A and C, and peaks in late fall. Steam them or put them in a salad. Did you know they have only eight calories per cup?



Broccoli:

Even though you can purchase this year round, broccoli taste sweeter and less bitter when purchased in season. Broccoli is a vitamin C Powerhouse! It's also rich in vitamins K and A. You can either cook it or eat it raw with a dip.



Carrots:

Carrots can be harvested year round, but are best in the late summer and early fall. These veggies are full of vitamin A.



Brussels Sprouts:

Steam them or sauté them; this vegetable is high in fiber and peaks in the fall.



Cabbage:

Even though you see this year round in the store, it peaks in the fall as well. This vegetable can sweeten as you cook it.

Fall Veggies



Cauliflower:

This veggie is a member of the cabbage family. It can be used as a potato substitute to lower the carbohydrate content. Mash it, boil it, or use it as the main ingredient in a low carb pizza crust.



Onion:

You find onions all year, but they are in peak season in the fall and winter. Onions can be used to flavor almost anything, and they are rich in chromium, an element that helps you breathe, while providing anti-inflammatory agents.



Spinach:

This dark green leafy veggie is full of folate, vitamin K, vitamin A and iron. These dark green vegetables can be used in salads or cooked.



Zucchini:

This fall vegetable is full of vitamin C, vitamin A and lutein. Sautee zucchini, spiralize it or put it in bread.

Fall in Love... continued on next page

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Eat What's In Season and Shop Local:

You may wonder — what's the benefit from eating foods in season? We have the luxury to go to most supermarkets and find a variety of fruits or vegetables at any point in the year. Buying in season has benefits for sure, as well as shopping at your local farmer's market or vegetable stand for produce.

Peak Nutrition: When you choose your foods at the farmer's market, you know it is in season and at its peak nutritional value. Typically, when you purchase foods from a farmer's market, it has been picked within the last day or two. If you purchase the same food from a grocery store, that vegetable could have been shipped from 1,000 miles away and have been picked seven or more days ago. These local veggies are lacking in preservatives and pesticides as well.

Cost: Choosing foods in season can be easy on the pocketbook. When there is an abundance of produce, the price goes down. It is amazing how far a few dollars can go at a farmer's market.

Taste the difference: Think of the taste difference of strawberries at your grocery store in January and the berries you pick at the local strawberry patch in June! The berries in January are grown far away, refrigerated, shipped to the store and along the way lose their flavor.

Get out of your comfort zone: If you always choose the same few vegetables at the store, you don't experience the beauty of what is in season. Eating seasonal veggies will expose you to new tastes, and new nutrients.

Support Local Farmers: Support healthy alternatives to processed foods. Farm fresh food that's rich in nutrients is a benefit to everyone's health.

Preparation

Vegetables can be prepared in a variety of ways. Many people just think of boiling or steaming, which work just great, but there are so many other options. Here are a few:

- **Spiralize:** These great tools will turn your squash or zucchini to spaghetti-like strands. Cook them and serve them with spaghetti sauce or use them raw as a "pasta salad."
- **Grill them:** Kabobs, anyone? At your next fall barbecue, kabob your vegetables. Place onion, squash, and zucchini on a skewer. You'll be amazed at the flavor.
- **Roast them:** Roast your favorite vegetables (brussels sprouts, carrots or broccoli) by quartering vegetables. Toss vegetables in a small amount of olive oil with some seasonings like garlic, rosemary or thyme. Roast for 30 minutes or until browned, stirring every 10 minutes or so.
- **Eat your veggies fresh:** Veggies and dip, veggies and peanut butter or veggies and hummus can be a great way to serve veggies at a social event or at home! Fall veggies such as kale can make a wonderful salad!
- **Make them into a puree:** Pumpkin puree can be used to boost the nutritional value of many food items! Add it to your chili, your smoothie or your latte. Make puree by roasting fresh pumpkin and then pureeing it.



Fall Recipe:

Butternut Squash, Kale and Black Bean Quesadillas

Ingredients:

- 2 cups pre-chopped peeled butternut squash
- 6 tablespoons water
- 2 cups baby kale
- 1 teaspoon canola oil
- 1/4 teaspoon salt
- 1 cup canned unsalted black beans; rinsed and drained
- 4 (8-inch) whole-wheat flour tortillas
- 6 ounces shredded part-skim mozzarella cheese (about 1 1/2 cups)
- Cooking spray

Directions:

1. Heat a skillet over medium heat. Add squash and 6 tablespoons water; cover and cook for 6 minutes. Uncover and stir in kale, oil, and salt; cook for 2 minutes. Remove from heat.
2. Place 1/2 cup beans in a bowl; mash. Add remaining 1/2 cup beans and squash; toss. Divide mixture among tortillas; top evenly with cheese. Fold each in half over filling. Coat tortillas with cooking spray.
3. Wipe skillet clean; return to medium heat. Add two quesadillas; cook for 2 minutes on each side. Repeat with remaining quesadillas.

Source: www.CookingLight.com

Just Remember

Fall will come and go and there will soon be snow on the ground. Take advantage of cool temperatures, evening walks and delicious fall vegetables. You'll be amazed how much you will enjoy them. Trying one or two different vegetables this fall can really change your meals!

About the Author:

Sarah Muntel, RD, is the Bariatric Coordinator at Community Bariatric Surgeons in Indianapolis, IN. She has 15 years of experience working with bariatric patients and loves to work with people as they change their lives and improve their health. Her favorite part of her job is her weekly support group. In her free time, Sarah enjoys spending time with her husband and three children.



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