

YOUR **WEIGHT**Matters

Fall 2016
MAGAZINE

FOR YOUR HEALTH

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Family Fun Activities p. 38

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YOUR WEIGHTMatters

FOR YOUR HEALTH

MAGAZINE

Fall 2016

Volume XII

Issue I

*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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A Message from the OAC Chairwoman of the Board

To our community,

I find myself sitting in a local restaurant after what turned into one of those long days that wouldn't quit wearing on me. To tell the truth, I've been looking forward to writing this all day, but now I find myself looking for the right words to share all the things I want to say to you in just a few short paragraphs. I'm currently oscillating between a few big thoughts right now.

First, I miss "my people." Following the most successful *Your Weight Matters* National Convention to date (more than 600 registrants!), it's hard not to long for those connections, conversations, and being with folks who understand you. They've not been on your particular journey, but they've been on one, helped someone with theirs, or at a minimum, want to help you on yours. The moments we find ourselves in a room where we are completely understood are few and far between – at least they are for me. Leaving Washington, DC, after four days of that, well, was hard.

The second thing on my mind is the responsibility and privilege that I carry in being a leader in this work of representing persons affected by obesity. When I walk into a room to do an OAC presentation, step to the podium as Chairwoman, provide my thoughts during one of our committee meetings, lead a national board call, or listen to a question or story from

a member of the community – I feel it. I feel the responsibility of delivering for our team. It's with me deep in my chest when I get to speak FOR you. I take that seriously. It's never lost on me that my voice often represents a great deal of perspectives and that, no matter how badly I want to represent them all – I can't. But, I will continue to try.



Amber Huett-Garcia, MPA

This brings me to my final thoughts. I want to hear from you. I can't wait until the *Your Weight Matters* National Convention in New Orleans next year (mark your calendars for August 10-13 if you haven't already). Let's talk. What's on your mind? Send me an email at AHG@obesityaction.org. I'm going to be announcing some other ways to engage in a listening tour of sorts and hopefully taking this show on the road (either virtually, in-person, or both). We can talk about the OAC's five year goals, suggestions for our structures and programs, your own experiences as someone affected by obesity, or we can talk about ourselves and our hobbies. My goal: get to know you and what matters to you. I've got your back.

With gratitude,

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DONATE NOW by visiting www.ObesityAction.org/EndWeightBias OR by calling (800) 717-3117.

OAC Announces Public Image Gallery to Reduce Weight Bias



The OAC Image Gallery was created with one simple goal in mind: providing the public with a set of images free of weight bias or stigma. Visual depictions of weight bias are far too common in today's mass media. The OAC Image Gallery aims to reduce and eradicate the negative portrayal of individuals with obesity by providing better imagery showing individuals with obesity in a variety of settings and activities.

"We are so excited to launch this gallery with 500 bias-free images. In 2017, we will expand the gallery to more than 4,000 images, making it the largest non-commercial bias-free online stock image gallery," said James Zervios, OAC Vice President of Marketing and Communications.

Whether you're a member of the media or a healthcare professional in need of imagery representing individuals with obesity, the OAC encourages you to use these images as a bias-free alternative to help change the way the world sees individuals affected by this disease. Visit www.ObesityAction.org/oac-image-gallery to view the gallery.



Lynn Sha, Senator Carper's legislative assistant (left), and Amber Huett-Garcia, MPA, OAC Chairwoman (right), pose for a picture outside of Senator Carper's Office.

OAC Recognizes U.S. Senator Tom Carper (D-Del.) for His Efforts on the Treat and Reduce Obesity Act

During the 2016 *Your Weight Matters* National Convention, the OAC recognized U.S. Senator Tom Carper (D-Del.) and his staff for their continual efforts as an obesity champion on Capitol Hill. Senator Carper has been instrumental in assisting the OAC in our efforts to pass the Treat and Reduce Obesity Act (TROA).

"The OAC is extremely honored to work with Senator Carper and his staff on a daily basis on the Treat and Reduce Obesity Act. Medicare recipients impacted by the disease of obesity need access to evidence-based treatment options," Joe Nadglowski, OAC President and CEO.

Specifically, TROA would provide CMS with the authority to expand the Medicare benefit for intensive behavioral counseling by allowing additional types of qualified healthcare providers to offer these services.

Joseph Nadglowski, OAC President and CEO, Awarded The Obesity Society's Presidential Medal



OAC President and CEO, Joseph Nadglowski, has been awarded the Presidential Medal from The Obesity Society (TOS) for his

contributions to the field of obesity. "We congratulate Joe for his continued efforts in obesity advocacy. He has been such a tremendous force in transforming the landscape by bringing patients into the advocacy realm and providing a voice to those affected by obesity," said Penny Gordon-Larsen, PhD, The Obesity Society President.

The Obesity Society Presidential Medal is given to an individual who has made an impact on the care of individuals with obesity through:

- outstanding and enduring scientific achievement;
- public service with the aim of improving the health of the public;
- advocacy for persons with obesity, or;
- having made a tenacious and/or bold effort to spotlight obesity-related issues.

Joseph will receive the Presidential Medal at the Society's Annual Scientific Meeting at ObesityWeek in November.



Treat and Reduce Obesity Act (TROA) Surpasses 150 Members in Congress

The OAC is excited to share that the Treat and Reduce Obesity Act (TROA) has exceeded 150 supporters from the U.S. House of Representatives and 12 co-sponsors in the Senate! This news illustrates the importance of fair coverage for those living with and looking to treat their obesity, and the successes that have been achieved as we unite to make obesity awareness a nationwide conversation.

Among the bill's recent co-sponsorship were Senator Richard Burr (R-NC) and Senator Kirsten Gillibrand (D-NY), two extremely influential leaders in the fields of healthcare and obesity. The OAC gives Senators Burr and Gillibrand special thanks for supporting this legislation, and to the more than 170 other supporters throughout Congress! Furthermore, this recent success is great news for supporters of the legislation as the bill's first introduction to Congress in 2013 was met with only 121 co-sponsors and did not go beyond the committee level.

To keep this success going, we encourage you to reach out to your elected officials and urge them to sign-on and co-sponsor the Treat and Reduce Obesity Act. Visit www.troa2015.com and take action TODAY!

Education Matters Advocacy Matters Support Matters

OAC MEMBERS MATTER

Changing **ONE** **MIND** at a Time

by Patty Nece, JD



Photo courtesy of
Lee Halvorsen Photography

Back in December 2012, I was meeting friends at a swanky Washington, DC, restaurant for a holiday dinner. I arrived before them and was seated. The restaurant was busy; most tables were occupied. I felt conspicuous sitting there alone because everyone else had dining companions. As I waited, a little voice in my head started chanting familiar refrains. *“Everyone is looking at you and thinking you’re alone because you’re so fat. They think you’re ugly and no one wants to be with you. They think you’re disgusting.”* These thoughts were pretty common in my life. But then came the surprise. A still smaller voice was saying to me: *“I’m worthless. I’m a joke. I’m a failure.”*

Hearing that smaller voice was an important breakthrough for me. After talking to myself like this for decades, I had simply stopped listening. That doesn’t mean I stopped saying deeply negative things to myself. I hadn’t. But I was finally able to hear them again. That was one of the best Christmas presents I had ever received.

You see, I’ve suffered from obesity my entire life. I don’t remember a time when I wasn’t overweight. I was a very active kid. I swam, did gymnastics and rode my bike every day. Yet I was always overweight. My obesity worsened as I moved through adolescence and into adulthood, when it became very severe. Along with the

“By using the power of my voice, I’ve learned that a lot of good, well-meaning people simply don’t recognize weight bias or the damage it does to those of us with obesity.”

obesity came a lifetime of teasing, bullying and ridicule, all because of my weight.

Like many of us, I tried diet after diet, and all of them failed in the long run. None of them worked for more than a nanosecond. I always regained everything I lost, and added more to boot. And every time I failed, I felt more and more ashamed of myself for not being able to manage my weight. I call it my “spiral of shame” that sent me out of control when it came to eating.

Friends and family—even when well meaning—medical professionals, the media, and society in general reinforced my feelings of shame and failure. I bought into the hype: Losing weight was all about willpower and entirely in my control. And it was OK to make jokes about people with obesity because, well, we deserved it.

I gave up on losing weight—and myself—for many years. I was defeated. Continuing to carry an extra 200 pounds was somehow easier than facing the shame of failing again.

But then a cousin of mine who had suffered from obesity for most of her life lost over 100 pounds and kept it off. She encouraged me to try again. So I started looking for a science-based treatment program in the Washington, DC, area.

That's when I met Dr. Scott Kahan and his team at the National Center for Weight and Wellness (NCWW). Little did I know then how much that meeting would change my health and my life.

For the first time in my life, I wasn't being judged for my weight. Instead, Scott taught me about obesity's complexities, like how your body fights against weight-loss and the many hormones involved in that fight. He also began showing me the negative impact of our food environment, and how difficult the environment makes weight management.

Slowly, I realized that my weight wasn't a result of some personality flaw or a lack of willpower. That dealing with my condition involved much more than simply eating less and exercising more. I finally

OAC Members Matter continued on following page



Patty poses for a picture with OAC Chairwoman, Amber Huett-Garcia, MPA

OAC Membership Application

Why Join the OAC? The OAC is a more than 52,000 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: \$10/year
- ☐ 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)*.

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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Patty and her friend, Jamie Bazen, pose for a picture near the Chicago waterfront.

understood that I didn't choose to have obesity any more than someone chooses to have cancer.

For me, figuring out *why* I eat has been just as important as any changes I've made to what I eat. By the time of that fateful December dinner, Dr. Robyn Osborn had taught me the importance of uncovering my negative self-talk. The deep stuff. The stuff you don't talk about with anyone. She also taught me how to challenge those thoughts. Was I *really* worthless or a failure just because I was overweight? Of course not!

With the NCWW team's help and support, and some hard, soul-searching work, I've lost 110 pounds and maintained it for a couple of years now. I'd like to lose more and continue to work at it; I still haven't figured it all out! But I've experienced an even more important outcome than a lower weight. My outlook on life and my self-esteem have soared now that I've shed most of the shame I've felt about my weight throughout my life.

My weight management journey served as a call to action for me. I recognized the toll years of fat-shaming and weight bias had taken on me. I had no idea how accustomed I had gotten to it, even to the point of accepting offensive comments and ridicule as par for the course. I also began seeing stigma displayed by medical professionals, often blaming patients with obesity for their weight instead of treating it constructively.

So when Scott asked me to participate in a roundtable with the STOP Obesity Alliance at the George Washington University School of Public Health, I decided it was time for my voice to be heard. A few weeks later, I found myself testifying with OAC's President and CEO Joe Nadglowski and others before the U.S. Food and Drug Administration about the need for more evidence-based obesity treatments.

From there I allowed my voice to grow. I've shared my story with policy makers, legislators, doctors, medical students, nutritionists, food-industry representatives and others. I speak out against weight bias because I believe debunking the myths about people with obesity is the first step toward understanding. I've also spoken about the need for more treatments and broad insurance coverage for valid ones. And I serve as a member of OAC's Weight Bias Committee.

By using the power of my voice, I've learned that a lot of good, well-meaning people simply don't recognize weight bias or the damage it does to those of us with obesity. I can't blame them. Weight bias is ubiquitous in our society; it passes without notice. These folks gasp when I tell them about being called any one of a number of different mammals. Or they stare in disbelief when I talk about a physician who failed to examine me because he was so certain my pain was solely caused by my weight. (He was wrong, by the way.) It's these people we need to educate and ask to take a stand with us in challenging weight bias wherever it exists.

Raising my voice has also empowered me in my own weight management journey. I finally feel in control of my own health and my own life. I no longer slip into that spiral of shame I constructed over decades.

Has the advocacy work I've done made a difference? I hope so. It's important that we continue sending the message that weight bias is plain wrong to media outlets, government officials, medical professionals, business interests and to friends and family members. I know I'm in it for the long run, even if it means changing one mind at a time.

“I know I'm in it for the long run, even if it means changing one mind at a time.”



SAVE THE DATE!

**OAC's 6th Annual
Your Weight Matters
National Convention**
AUGUST 10-13, 2017
NEW ORLEANS, LA



Sheraton New Orleans Hotel
www.YWMConvention.com



EATING IN: MANAGING YOUR WEIGHT AND DIABETES

by Sarah Muntel, RD

Today, diabetes and obesity are major health concerns for so many people. Despite improvements in health education and medicine, more help is needed to assist the growing number of people who are diagnosed with diabetes and obesity every day.



A 2014 report from the Center for Disease Control (CDC) stated that 29.1 million people (9.3 percent of the population) have diabetes. This number doesn't include the people who have diabetes and are not diagnosed, and this is just part of the problem. Obesity is also a major health concern today as well, and these numbers are skyrocketing in our country. The National Institutes of Health reports that 35.7 percent of the adult population is considered affected by obesity and 68.8 percent of the population is considered "overweight" or affected by obesity.

Why are diabetes and obesity problematic?

Here's some background:

Diabetes is a metabolic disease where the body cannot produce any or enough insulin – or, in some people – the body is unable to use the insulin it produces. Without insulin working effectively in the body, people can have elevated levels of glucose in their blood. Long term, high glucose levels in the body can lead to health concerns such as heart disease, kidney damage or eye problems – just to name a few.

Obesity is a medical condition where excess fat is stored in the body. This excess fat causes stress on the body and can lead to additional health problems like diabetes, sleep apnea or heart disease. Diabetes and obesity go hand in hand, and obesity is a big risk factor for Type 2 Diabetes. Keeping your weight at a healthy level will reduce your risk for developing diabetes.



Manage Your Health with a Lifestyle Makeover

Here's the good news...the lifestyle changes you make can greatly affect your weight, your blood sugar and your health. One very simple strategy to take while managing both your weight and diabetes is to eat in instead of eating out. You may not think this has a big impact on your weight and health, but it does! Did you know that a recent study from scientists at Harvard University showed that eating at home at least five nights per week can reduce your chance of developing Type 2 Diabetes? People in the study who ate at home five to seven nights per week had a 15 percent lower chance of developing diabetes than those who ate in only zero to two days per week. Additionally, the study looked at lunches and found that those who chose to eat in for lunches five days per week had a nine percent lower chance of developing diabetes. Also, these same people who ate at home gained less weight on average than others.

“Did you know that a recent study from scientists at Harvard University showed that eating at home at least five nights per week can reduce your chance of developing Type 2 Diabetes?”

Eating In continued on page 12

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Mango Chicken Salad

Ingredients:

- 4 (4-ounce) boneless, skinless chicken breast cutlets (1 pound total)
- 2 tablespoons mango chutney or mango salsa
- 2 tablespoons fresh lime juice
- 2 teaspoons grated fresh ginger, or ½ teaspoon ground ginger
- 1 tablespoon olive oil
- ¼ cup orange juice
- 1 teaspoon minced fresh oregano or ¼ to ½ teaspoon dried oregano
- ½ teaspoon hot pepper sauce
- 2 garlic cloves, minced



Instructions:

1. In a large re-sealable plastic storage bag, combine chicken with remaining ingredients. Place in refrigerator and marinate for eight hours overnight, turning halfway during marinating time.
2. Preheat grill to medium-high heat. Place chicken on grill, discarding excess marinade. Grill chicken 4 to 6 minutes per side, or until cooked through.

Mealtime tip: Double the recipe and slice the leftover chicken to serve on salads for tomorrow night's dinner, or use it in whole grain tortillas for a taco night.

Source: www.diabetes.org

Cauliflower "Rice" Salad

Ingredients:

Salad:

- 12 ounces cauliflower "rice" – see step 1 below
- 1 cup cucumber, diced
- 1 cup grape tomatoes, cut in half
- 2 green onions, sliced
- 3 tablespoons sliced Kalamata olives



Dressing:

- ¼ cup red wine vinegar
- 2 tablespoons olive oil
- ½ cup tablespoon Dijon mustard

Instructions:

1. Cauliflower "rice" can be purchased frozen at some stores, or you can make your own by following this instruction: place cauliflower florets in a food processor and process until it they reach a rice-like consistency (be careful not to over-process).
2. In a salad bowl, combine all salad ingredients.
3. In a small bowl, whisk together dressing ingredients.
4. Pour dressing over salad and serve with reduced-fat feta cheese if desired.

Source: www.diabetes.org

Let's take a closer look at food choices when eating out and you will quickly see why eating in can be a quick and easy step toward improved health.

1. Portions: It's a known fact that if you eat from a large plate, you will eat more. It's pretty simple. How big are the plates at most restaurants? They aren't plates; they're platters! Giant platters! Now let's talk about portion sizes. The typical portion size of pasta is a ½ cup. At a restaurant, you aren't given a ½ cup of pasta – you are typically given two cups. With quadruple the portions, the calories, carbohydrates and fats add up quickly. Both fast food and sit down meals can cost you around 1,000 – 1,200 calories per meal. Just for reference, most men and women need around 1,500 – 1,800 calories per day. It's easy to blow your calorie budget in one meal, and that can greatly impact your weight.

2. Extras: At many restaurants, you don't just get the meal – you get the chips, bread and drinks that are added on to your meal. Take the 1,000 calorie meal and add around 600 calories to it...YIKES! Now you've completely blown your calorie count for that day.

3. Carbohydrates: They add up quickly! With diabetes and weight management, carbohydrates can be an issue. With the increased portion sizes you are given, it is easy to overdo it on the carbohydrates, and that can increase your weight and blood sugar levels. An extra roll or a sugary sauce on a piece of meat can greatly increase your carbohydrate consumption, and we may not even realize it!

Now we understand that it's best to try to eat in most of the time. However, we can be tired, busy, and we usually have a lot going on! For many, it's easier to run through a fast food joint or take the family out for pizza than it is to prepare a meal. Below are a few strategies to help you along:

✓ **Make a menu** – Yes, I said it. The old saying goes – failing to plan is planning to fail. This is true for dinners, too! If you don't have a plan in mind for dinner, you will be tempted to run out for burgers. At least by the night before, know what you are making for the next day's meal. Some people find it easier to shop and plan for a week ahead, but that might not work for everyone. At minimum, work a day ahead.

✓ **Prep ahead** – This makes preparing meals a lot easier. If you have time the night before, chop veggies, whip up a fruit salad or even brown some ground beef to make dinner preparation quicker. Just completing a couple of steps can make the entire process a lot simpler! Prepping lunches the evening before can also make bringing a brown bag lunch easier, too.

- ✓ **Freeze leftovers or make double** – Instead of making one pan of chicken casserole, make two. Why not? Freeze the extras and put it away for a night when you need something super easy to make. Even if it's just a portion of leftovers, make it tomorrow's lunch!
- ✓ **Stock up on staples** – Frozen fruits and veggies, beans and canned meats can be a quick side dish to any meal.
- ✓ **Don't be boring** – If you have to compete with restaurant food, make your meals look lively. Boring chicken and green beans may not cut it. Try new, tasty recipes that will fit into your nutrition plan. If you plan to try one new recipe per week, you will quickly come up with many new options!
- ✓ **Get your family involved** – To avoid family resistance, ask for opinions. What kinds of foods do they like? Browse recipe websites and look at cookbooks together.
- ✓ **Don't strive for perfection** – You shouldn't feel like you have to be perfect. Don't go cold turkey! Allow yourself to eat out occasionally – just view the menu ahead of time to ensure you're making good choices.

Now the ball is in YOUR court! Start changing your lifestyle slowly, and begin eating an additional meal at home each week.

Once you get the hang of it, it can become easy to add one more meal in each week. Before you know it, you'll be a home-cooking pro! Happy planning!

Citation: Zong G, Eisenbberg DM, HuFb, Sun Q (2016) Consumption of Meals Prepared at Home and Risk of Type 2 Diabetes: Analysis of Two Prospective Cohort Studies. PLoS Med 13(7): e1002052.

About the Author:

Sarah Muntel, RD, is a Registered Dietitian and Bariatric Coordinator at Community Bariatric Surgeons in Indianapolis, IN. She has worked with bariatric surgery patients for 17 years and especially enjoys leading support groups. In her free time, she enjoys spending time with her husband and three children.



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MYTH-BUSTING

THE CAUSES OF OBESITY

by Ted Kyle, RPh, MBA



The eternal question about obesity seems to be: what causes it? It's an important question. Without understanding the roots of a problem, the odds of solving it are pretty small. But this question doesn't have a single, simple answer. That's because it's really a bunch of questions rolled up into one.

So let's break that question down into smaller questions that have more satisfying answers.

WHY DO WE HAVE SO MUCH MORE OBESITY THAN WE HAD IN 1980?

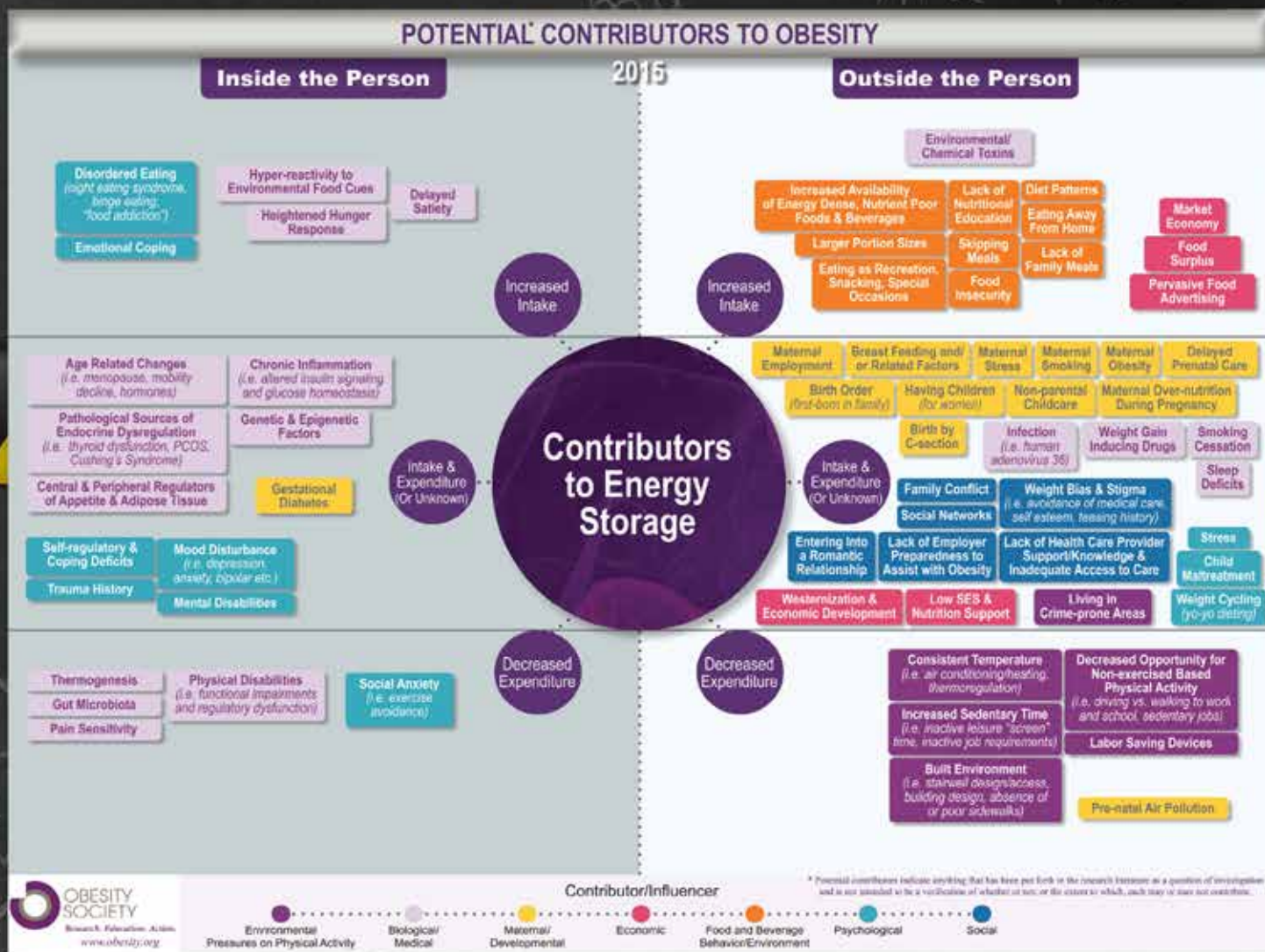
The short answer to this question is that many things have changed in the world around us that combine to make everybody gain weight.

Some people think sugar is the villain – especially in sugary sodas. That's probably part of it. Some people say it's all about days spent sitting in front of our glowing rectangles. That's part of it. But the truth is those are just a few possibilities from a long list of suspects.

The Obesity Society tells us that many factors are contributing to the prevalence of obesity. Their infographic (right) gives you a glimpse of some of those factors. If you dig deeper you can find even more.

These factors are simply suspects. Any one of them may play a small role. Some of them may play a large role. Definitive proof is lacking to distinguish one from the other. Much remains to be learned. And anyone who tells you that it's a simple matter of diet and physical activity just doesn't understand the science of obesity.

“But the bottom line is that genes play the largest role in determining how much fat an individual's body stores.”



WHY DOES THIS PERSON HAVE OBESITY?

The short answer to that question is that the main reason is in his genes. The stock answer – because he made bad choices or lives a bad lifestyle – is simply wrong. Plenty of people make bad choices or live a bad lifestyle and never develop obesity. Plenty of people are very careful about their lifestyle choices and yet cannot shake their obesity.

Overwhelmingly, a person's individual risk of obesity is inherited. A 2008 study and commentary found "heritability estimated at 77 percent and a total (i.e., shared and non-shared) environmental effect of <25 percent." Estimates of the overall heritability of obesity vary – some as low as 50 percent. Some range much higher. But the bottom line is that genes play the largest role in determining how much fat an individual's body stores.

WHY IS IT SO HARD TO OVERCOME OBESITY?

The short answer to this question is that obesity is more than just one single disease. Back in 1971, the American government declared war on cancer and set out to find a cure. Tremendous progress means we've come to understand that cancer is a collection of many diseases divided into many different subtypes. Some are curable, some are manageable and some are really hard to deal with.

The smartest scientists working on obesity are learning that the same thing is true for obesity.

Opening the Blackburn Course in Obesity Medicine in Boston this year, Doctor Lee Kaplan presented a compelling rationale for moving past thinking that one size fits all in

Myth-Busting continued on page 16

57 Varieties of Obesity

Leptin deficiency	Prader-Willi syndrome	Inflammatory
LepR deficiency	Bardet-Biedl syndrome	Diet-dependent
POMC deficiency	Alstrom syndrome	Exercise-sensitive
MC4R deficiency	BFL syndrome	Sleep-sensitive
aMSH deficiency	Hypothalamic	Insulin-induced
Sim-1 deficiency	Hyperphagic	Steroid-induced
PC-1 deficiency	Thermogenesis deficient	Progesterone-induced
KSR2 deficiency	Circadian-disrupted	Psychotropic-induced
MRAP2 deficiency	Stress-induced	Antibiotic-induced
SH2B1 deficiency	Viral	Endocrine disruptor
BDNF deficiency	Central	Phentermine-responsive
trkB deficiency	Peripheral	Lorcaserin-responsive
Carpenter syndrome	Diffuse	Topiramate-responsive
Cohen syndrome	Neonatal	Metformin-responsive
Ayazi syndrome	Early childhood	Bupropion-responsive
MOMO syndrome	Peripubertal	GLP-1 responsive
Rubenstein-Taybi syndrome	Gestational	Bypass-responsive
Fragile X syndrome	Menopausal	Bypass-resistant
Albright osteodystrophy	"Healthy"	Gastric band-responsive
	Metabolic	



Adapted from Kaplan L, presentation at the 29th Blackburn Course in Obesity Medicine, June 2, 2016.

Myth-Busting continued from page 15

obesity prevention, diagnosis, or treatment. Kaplan started with a simple definition of obesity – excessive fat accumulation that presents a risk to health – and presented an expansive overview of the wide variety of ways that an unhealthy fat mass can become the set point for different individuals.

To make his point, Kaplan listed 57 potential varieties of obesity (pictured above) and then explored distinguishing characteristics of some of them.

Different pathologies mean that different people respond to different therapies very differently. In bariatric surgery, for example, the average response might be losing about 30 percent of body weight in a given population. But some patients will lose as much as half of their initial body weight. A few will lose very little and eventually regain it.

For every obesity treatment, we see a wide variety of responses. Medical nutrition therapy can bring dramatic responses in some people, alongside minimal responses in other people who initially seem very similar. A drug like liraglutide, which typically causes a loss of 5-10 percent of body weight, produces a loss of up to 30 percent in a few outliers.

The reasons for this diversity are only partially understood. Genetics, epigenetics, environmental factors, and behavioral factors all play a role. The one thing that is clear is that thinking one-size-fits-all in obesity is simply wrong.

CONCLUSION

No one treatment works for everyone. No one prevention strategy will be adequate to prevent obesity in the next generation. Dogged pursuit of understanding the complexity of this disease is the key. It's key for developing targeted strategies that will actually work for preventing obesity's diverse causes. It's key for developing targeted treatments to relieve the suffering obesity causes in so many forms.

About the Author:

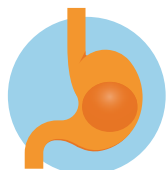
Ted Kyle, RPh, MBA, is a pharmacist and health marketing expert and is also Immediate-Past Chairman of the OAC National Board of Directors



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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.

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

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MKT-00837-00R01

UNITING A POWERFUL COMMUNITY



by Joe Nadglowski, OAC President and CEO

“Our passions for our health, our future and each other unite us. When we embrace our goals, there is no limit to what we can achieve – and by standing together as a community, our passions ignite and turn into action!”

“**U**nited we stand...inspiring health” was the theme of the OAC’s 5th Annual *Your Weight Matters* National Convention in Washington, DC. Attendees joined together from all across the globe for the best tools, resources and support to guide them on their journeys with weight and health, but they left with something so much bigger – a passion born to unite, connect and challenge their commitment to the OAC.

At this year’s National Convention, an unmistakable fire was kindled throughout the course of the weekend. Individuals from multiple generations, locations and demographics gathered together and formed an incredible sense of community where there was no such thing as a “stranger.” Rather, each attendee – new and old – became part of a diverse, welcoming family where their triumphs, challenges and journeys were not only accepted, but embraced.



YWM 2016 Convention Snapshot

Registrants: **635**

Exhibitors: **32**

Sponsors: **12**

Speakers: **42**

Number of Countries Represented: **4**

Number of States Represented: **36**

Newly-trained OAC volunteers: **46**

Number of Congressional offices visited: **34**

Newly trained legislative advocates: **27**

New and Renewed OAC Members: **156**



Although individuals arrived at YWM2016 for a variety of different reasons and motivations, there was something for everyone to gain and bring back home with them. New friendships, education and inspirations fueled these powerful three days at



Convention, and attendees learned how to unite their own personal goals with the goals of the OAC. With more than 600 registrants in attendance

at YWM2016, the weekend was an unforgettable success where lives were changed, passions were ignited and new visions were created!

INSPIRED THROUGH EDUCATION



It's often difficult to find unbiased, evidence-based education on weight and health, but that was exactly what YWM2016 delivered! With more than 50 topics on the

Program Agenda, attendees had the unique opportunity to learn from leading physicians, dietitians, researchers and scientists from across the industry. All of the diverse education offered at YWM2016 gave individuals the *right* kind of information to guide them on their journeys. This year, topics ranged from the basics of nutrition and available treatment options for weight to behavioral health issues such as food addiction and the science behind willpower. Our guest speakers and experts shared real facts and honest answers that attendees could connect with, and gave them the tools they were seeking to transform their goals and shape their journeys with weight and health!

INSPIRED BY SUPPORT

It goes without saying that having a strong support system is an important part of any journey, and a key component



to managing weight and health. The OAC's National Convention is a unique landing point along this journey because the environment created is not only supportive and empowering, but joins attendees together to support and uplift one another along the way. Even after the

weekend comes to a close, we continue to see attendees connect and inspire each other throughout the year! For many attendees, the environment fostered through Convention even feels like home. We strive to provide a safe and welcoming place for anyone to come – no matter who you are or where you come from. It is only through support that we can truly open up our minds to learning new information, accept ourselves for who we are and help one another along the journey toward improved health. At YWM2016, attendees learned together, laughed together and truly supported one another. More than just a gathering of people, it became a family and a community of individuals who empowered each other and paved the



way for a healthier and stronger future – amongst themselves and with the OAC!

INSPIRED BY HEALTH

At Convention, health is the central part of all that we do, which is what inspired the creation of this annual event! Everything that YWM2016 provided – from nutrition information, exercise demonstrations, health screenings and more – was done with health in mind. The OAC recognizes that the struggle with weight exists, and understands the importance of having access to reliable healthcare, education, support and resources to improve health one step at a time.

Nutrition – From carefully crafted meals offered throughout the weekend to discussions about the “balance” between food and energy, attendees learned about nutrition in a variety of ways at YWM2016. Understanding the importance of food for our bodies, and learning how to make smart choices that benefit our overall health, was a fundamental takeaway from the Convention.



YWM2016 continued on page 20



Exercise – The OAC knows that exercise is a core component of our attendees' health plan. That's why we offered a variety of fitness activities that they could engage with at YWM2016! From organized walks, runs and dance classes to aquafit, Tai Chi and even yoga, our attendees had plenty of opportunities to stay active and try something completely new.



Community Health Outreach Day – On the Saturday of the Convention, we opened the doors of our *Your Weight Matters* Healthy Living EXPO Hall to the local

DC community in celebration of our Community Health Outreach Day! In partnership with the YMCA of Metropolitan Washington and B'More Fit for Healthy Babies, our Community Health Outreach Day offered the general public a chance to explore



a variety of health-focused exhibitors from across the industry. Featuring more than 30 hand-selected vendor booths, the EXPO offered attendees many different products, services and even a free health screening to help individuals along their journeys toward improved health. This was an excellent opportunity for the OAC to engage the community with our belief in health awareness and education, and we were more than excited to meet and connect with brand new faces!

THANK YOU

to Our 2016 National Convention Sponsors

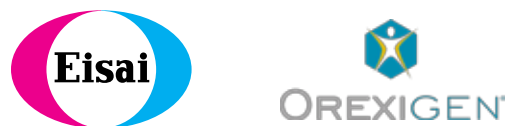
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INSPIRED THROUGH ADVOCACY

Weight and health aren't always easy subjects to talk about, and that can often lead to silence. Those who struggle along their own journeys toward improved health may not feel that they can open up about their personal stories and challenges or seek help – and those who have the tools and resources to help may not understand how important their actions and activism really are for those individuals who struggle with weight on a daily basis.

That's why the *Your Weight Matters* National Convention made advocacy one of many core focuses throughout the weekend. AT YWM2016, attendees learned a variety of ways to raise their voices and advocate for a stronger, healthier future – whether it be through specialized educational training sessions, a visit to Capitol Hill where the legislative process takes place or a community march around the Convention site to learn more about how to engage with the OAC. The weekend made sure to stress that no matter where you are or what resources are available to you, there's always a way for you to raise your voice and make a difference on behalf of what you're passionate about!

At YWM2016, those inspirations caught on fire. Attendees, OAC staff and board members alike felt the passion to do more and be more for our futures. Although our journeys may take us through triumphs, roadblocks and hurdles, we have to stand together and look ahead.

WE HAVE TO THINK BIG!

INSPIRED BY A NEW WAY OF THINKING

In order for our dreams to grow into reality, they require commitment. Every step forward that we take brings us closer to our goals, so it's important that we keep striving for progress – one opportunity at a time! In fact, commitment takes us beyond our hopes – beyond our interests – and molds our visions into our future. We can't reach our dreams without it!



This larger vision became a brand new way of thinking at YWM2016. How hard were we willing to work to do more and to be more? What steps could we take to grow as individuals and to grow together? Throughout the weekend, these were the kinds of questions that our passions inspired – and it led us to one revelation: we were inspired to be ENGAGED!

Engaged with our health – YWM2016 showed us that we have the power to transform our lives by improving our health. By deciding to manage our weight and to make health a priority, we've already taken a very important first step! Now, how can we keep improving? What can we do to gradually become the best version of ourselves?

Engaged as a community – There is strength in numbers and power in the act of coming together. The Convention showed us that no obstacle is too big if we have the support of a community! How could we continue to encourage and uplift one another when Convention was over? In what ways can we stay connected, stay accountable and stay united?

Engaged with the OAC – A strong foundation is important for success – both individually and collectively – and that is exactly what the OAC aims to provide. We strive to educate, support and advocate for individuals affected by obesity. We want to elevate the conversation about weight and health and fight the discrimination that makes that conversation difficult. How can we grow stronger and increase our visibility? What more can we do to involve our members, volunteers and supporters with the work that we are a part of?



Our time together at the OAC's National Convention was nothing short of powerful. It is our hope that you felt inspired by this weekend of community in Washington, DC even if you weren't there, because the impact of Convention stretches beyond our attendees – it is meant to showcase our passion for anyone who wants to be involved with the OAC in some way. We encourage you to stamp your commitment by joining us in becoming ENGAGED!

Will you mark your attendance for next year's Convention? Will you be a part of your vision? We want YOU!

ENGAGE! WITH OAC

Whether or not you were able to join us for our 2016 Convention, **YOU** are an integral part of our future! Our members and supporters are the key to bringing the OAC's work to even more people. Creating an **ENGAGED** community is a priority for the OAC.

We want to give you the opportunity to become more involved in our work, and show you that there are many ways you can **ENGAGE with OAC!** Here are just a few ways YOU can be part of OAC's efforts:

JOIN THE FIGHT in combating weight bias

JOIN OUR COMMUNITY of Smart Patients at www.SmartPatients.com/OAC

HELP PROMOTE OAC events and educational opportunities

SPREAD THE WORD about OAC education

For more details on how **YOU** can **ENGAGE WITH OAC** and to make your commitment, visit www.ObesityAction.org/engage!

OAC Honors Members with **OAC Annual Awards** at the 2016 *Your Weight Matters* National Convention

Each year, the OAC proudly recognizes the outstanding members, supporters and volunteers 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 our 5th Annual *Your Weight Matters* National Convention in Washington, DC, the OAC presented a total of seven awards to deserving supporters of our organization.

These powerful individuals truly drive the successes of the OAC and lay the foundation for growth and change to happen. The OAC Annual Awards Ceremony is our opportunity to say “thank you” for making a direct impact on our goals – to give a voice to the individual affected by obesity and help others on their journey with weight and health.

OAC Member of the Year Award

Nikki Massie



The 2016 OAC Member of the Year is Nikki Massie, a long-time OAC member who has worked tirelessly in her efforts to spread the message of our organization in her community and across the Nation. Nikki Massie has continually spread the word about the OAC on her blog “Bariatric Foodie,” social media accounts and more, and assisted the OAC greatly with our promotional efforts for the 2016 *Your Weight Matters* National Convention.

Earlier this year, Nikki also hosted her own “Bariatric Foodie OAC Membership Drive” and “OAC Convention Sweepstakes” to grow the voice of the OAC through membership. Her drive recruited more than 235 new members to the coalition in just one month, and helped one lucky new OAC member experience our National Convention for the first time. As a blogger, health advocate and dedicated OAC member, Nikki understands just how important it is for individuals to have access to the right education, community and support for their journey. She is a truly deserving member who has stood out as a fighter, educator and champion and is always willing to put the OAC first.



Annual Awards

OAC Healthcare Provider Advocate of the Year Award

Deborah Horn, DO, MPH, FOMA



The 2016 Healthcare Provider Advocate of the Year is Deborah Horn, DO, MPH, FOMA. Dr. Horn is the Medical Director for the Center of Obesity Medicine and Metabolic Performance at the University of Texas Medical School in Houston, and serves as the President of the Obesity Medicine Association as well as a diplomat of the American Board of Obesity Medicine. Additionally, she is an ex-officio member of the OAC Board of Directors.

Dr. Horn is a tireless advocate for patients, the OAC, the cause of obesity and those affected by this disease. She has helped forge a strong partnership between the OAC and the Obesity Medicine Association and ensures that all OMA members are also members of the OAC. Additionally, Dr. Horn has openly expressed the value that healthcare providers can find in OAC educational materials when talking with patients about their weight and health. She continually advocates for the OAC on Capitol Hill, and supports each and every one of our efforts as our organization continues to grow. The OAC is proud to recognize Dr. Horn for her efforts on behalf of the 93 million Americans affected by obesity.

Chairman's Award

Michelle Vicari



This year's winner of the OAC Chairman's Award is Michelle Vicari. As the Secretary for the OAC National Board of Directors and Chair of the Convention Committee, she paves the way for our future successes on a daily basis. Michelle Vicari was elected to the Board of Directors in 2013 and has been a key voice in influencing change and growth from the very beginning.

As a blogger, influencer, change-maker and supporter of the OAC, Michelle devotes a vast majority of her time to advocating on our behalf. To the OAC staff, members of the organization, volunteers and her own social media followers, she is a voice for support, hope, positivity and courage. Her forward-thinking strategies for expanding the OAC and making a valuable difference in the lives of those living with obesity through education, advocacy and support is unparalleled, and we can attribute many of our accomplishments to her outstanding efforts.

Annual Awards continued on page 26

Barbara Thompson Award for Advocacy



Ava Zebrick



The winner of the 2016 Barbara Thompson Award for Advocacy is Ava Zebrick. She is a determined and tireless advocate for the OAC who joined us this year on Capitol Hill to defend and support the passage of the Treat and Reduce Obesity Act. She also educated her very own state legislators on the importance of passing the National Obesity Care Week Congressional Resolution, and even served as a mock legislator at this year's *Your Weight Matters* National Convention advocacy training session.

Ava is an OAC member who has been involved with the organization since the 3rd Annual *Your Weight Matters* National Convention in Orlando, Fla, when she discovered the cause through a friend in a support group. Now, she has returned to her alma mater at the University of New Orleans to pursue a Master's degree in healthcare management. She also serves on the project management committee for a study on obesity at Pennington Biomedical Research Center and works as a patient engagement consultant for the Louisiana Public Health Institute (LPHI). It's clear to see that she has turned her passions into purpose and has become an incredible advocate for change!

Bias Buster of the Year Award



Reeger Cortell, FNP-C



The 2016 Bias Buster of the Year is Reeger Cortell, FNP-C, who has gone above and beyond in the fight to eradicate weight bias and to educate the population about weight bias's harmful effects. In 2015, she produced a video titled, "I have a disease -It's called obesity," which won first prize in the American Society for Metabolic and Bariatric Surgery's "It Starts Now" video contest. After winning the contest, she donated all of the prize money to the OAC and continued her efforts to support our fight.

Reeger is also very renowned in the bariatric surgery community with her "Weight Loss Surgery Podcast" that tells the stories of obesity and bariatric surgery one episode at a time. She continually assists the OAC in combatting weight bias and has remained at the forefront of this battle for many years. The OAC is proud to honor Reeger Cortell with this award for all of her efforts.



Community Leader of the Year Award

Natalie Heidrich, MS



The recipient of the 2016 Community Leader of the Year Award is Natalie Heidrich, MS, who has made an incredible difference in her community by promoting health and obesity awareness. Natalie actively engages and encourages the community to become involved in activities that support and further the mission of the OAC, and she works endlessly to advance obesity initiatives at the national, state and local level. Her impact in the work that she does every day is parallel to the OAC's mission of education, advocacy and support.

Natalie has been involved in Health Economics & Market Access for more than 12 years, fighting for the rights of coverage for bariatric patients. As a health policy manager for Ethicon, she has helped millions of individuals gain access to care and has been a role model for this cause and for the OAC since our inception in 2005.



Dr. Robin Blackstone Outstanding Membership Recruitment by a Physician

New Life Center for Bariatric Surgery



The winner of the 2016 Dr. Robin Blackstone Outstanding Membership Recruitment by a Physician award is the New Life Center for Bariatric Surgery, who has recruited the most new OAC members in the twelve months prior to the OAC's National Convention.

The New Life Center for Bariatric Surgery has been a long-time participant in the OAC Sponsored Membership Program and joined thousands of new members to 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 present them with the recruitment award.

The OAC congratulates all of the winners and thanks all of our members, supporters and volunteers 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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^aThese results were from a 56-week trial of adults with excess weight (BMI ≥27) with at least 1 weight-related condition, or obesity (BMI ≥30), not including patients with type 2 diabetes. On average, there were 27% of people on Saxenda® and 34% on placebo who did not complete the studies. In the study, 62% of patients on Saxenda® lost ≥5% body weight (34%, placebo) and 34% lost ≥10% body weight (15%, placebo). Significant weight loss was evaluated only at 56 weeks, as per study design.

^bA 56-week trial of adults with excess weight (BMI ≥27) with at least 1 weight-related condition, or obesity (BMI ≥30), not including patients with type 2 diabetes. This study was designed to measure weight loss (beginning to end of trial), ability to keep weight off (didn't gain >0.5%), and those who achieved ≥5% weight loss.

^cResults may not reflect those expected in the general population.

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What is Saxenda®?

Saxenda® is an injectable prescription medicine that may help some adults with excess weight (BMI ≥27) who also have weight-related medical problems or obesity (BMI ≥30), lose weight and keep the weight off. Saxenda® should be used with a reduced-calorie meal plan and increased physical activity.

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- Saxenda® and insulin should not be used together
- It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight-loss products
- It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke
- It is not known if Saxenda® can be used safely in people who have had pancreatitis
- It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children

Important Safety Information

What is the most important information I should know about Saxenda®?

Serious side effects may happen in people who take Saxenda®, including:

1. Possible thyroid tumors, including cancer. During the drug testing process, the medicine in Saxenda® caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer in people. If medullary thyroid cancer occurs, it may lead to death if not detected and treated early. If you develop tumors or cancer of the thyroid, your thyroid may have to be surgically removed.

- Before you start taking Saxenda®, tell your health care professional if you or any of your family members have had thyroid cancer, especially medullary thyroid cancer, or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Do not take Saxenda® if you or any of your family members have medullary

thyroid cancer, or if you have MEN 2. People with these conditions already have a higher chance of developing medullary thyroid cancer in general and should not take Saxenda®

- While taking Saxenda®, tell your health care professional if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer

2. Inflammation of the pancreas (pancreatitis), which may be severe and lead to death.

Before taking Saxenda®, tell your health care professional if you have had:

- pancreatitis, stones in your gallbladder (gallstones), a history of alcoholism, high blood triglyceride levels

While taking Saxenda®:

Stop taking Saxenda® and call your health care professional right away if you have pain in your stomach area (abdomen) that is severe and will not go away. The pain may happen with or without vomiting. The pain may be felt going from your abdomen through to your back. This type of pain may be a symptom of pancreatitis.

Who should not use Saxenda®?

Do not use Saxenda® if:

- you or any of your family members have a history of medullary thyroid cancer
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body
- you are allergic to liraglutide or any of the ingredients in Saxenda®

Symptoms of a serious allergic reaction may include:

- swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very rapid heartbeat, problems breathing or swallowing, severe rash or itching

Talk with your health care professional if you are not sure if you have any of these conditions.

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

Please see brief summary of Prescribing Information on adjacent page.

If you would like more information, please speak to your health care professional. 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.



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Saxenda®
liraglutide (rDNA origin) injection

Saxenda®

liraglutide (rDNA origin) injection

Brief Summary of Information about Saxenda® (liraglutide [rDNA origin] injection)

Rx Only

This information is not comprehensive. How to get more information:

- Talk to your healthcare provider or pharmacist
- Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling
- Call 1-877-484-2869

What is the most important information I should know about Saxenda®?

Serious side effects may happen in people who take Saxenda®, including:

- 1. Possible thyroid tumors, including cancer.** During the drug testing process, the medicine in Saxenda® caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer in people. If medullary thyroid cancer occurs, it may lead to death if not detected and treated early. If you develop tumors or cancer of the thyroid, your thyroid may have to be surgically removed.

- Before you start taking Saxenda®, tell your healthcare provider if you or any of your family members have had thyroid cancer, especially medullary thyroid cancer, or Multiple Endocrine Neoplasia syndrome type 2. Do not take Saxenda® if you or any of your family members have medullary thyroid cancer, or if you have Multiple Endocrine Neoplasia syndrome type 2. People with these conditions already have a higher chance of developing medullary thyroid cancer in general and should not take Saxenda®.
- While taking Saxenda®, tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer.

- 2. Inflammation of the pancreas (pancreatitis),** which may be severe and lead to death.

Before taking Saxenda®, tell your healthcare provider if you have had:

- pancreatitis
- stones in your gallbladder (gallstones)
- a history of alcoholism
- high blood triglyceride levels

These medical conditions can make you more likely to get pancreatitis in general. It is not known if having these conditions will lead to a higher chance of getting pancreatitis while taking Saxenda®.

While taking Saxenda®:

Stop taking Saxenda® and call your healthcare provider right away if you have pain in your stomach area (abdomen) that is severe and will not go away. The pain may happen with or without vomiting. The pain may be felt going from your abdomen through to your back. This type of pain may be a symptom of pancreatitis.

What is Saxenda®?

- Saxenda® is an injectable 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.
- Saxenda® should be used with a reduced calorie diet and increased physical activity.
- Saxenda® is not for the treatment of type 2 diabetes mellitus.
- Saxenda® and Victoza® have the same active ingredient, liraglutide. Saxenda® and Victoza® should not be used together.
- Saxenda® should not be used with other GLP-1 receptor agonist medicines.
- Saxenda® and insulin should not be used together.
- It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.
- It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke.
- It is not known if Saxenda® can be used safely in people who have had pancreatitis.
- It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children.

Who should not use Saxenda®?

Do not use Saxenda® if:

- you or any of your family members have a history of medullary thyroid cancer.
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body.

- you are allergic to liraglutide or any of the ingredients in Saxenda®. See the end of this Medication Guide for a complete list of ingredients in Saxenda®.

Symptoms of a serious allergic reaction may include:

- swelling of your face, lips, tongue, or throat
- fainting or feeling dizzy
- very rapid heartbeat
- problems breathing or swallowing
- severe rash or itching

Talk with your healthcare provider if you are not sure if you have any of these conditions.

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

What should I tell my healthcare provider before using Saxenda®?

Before taking Saxenda®, tell your healthcare provider if you:

- have any of the conditions listed in the section "What is the most important information I should know about Saxenda®?"
- are taking certain medications called GLP-1 receptor agonists.
- are allergic to liraglutide or any of the other ingredients in Saxenda®. See the end of this Medication Guide for a list of ingredients in Saxenda®.
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
- have or have had kidney or liver problems.
- have or have had depression or suicidal thoughts.
- have any other medical conditions.
- are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby. Tell your healthcare provider if you become pregnant while taking Saxenda®. If you are pregnant you should stop using Saxenda®.
- are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into your breast milk. You and your healthcare provider should decide if you will take Saxenda® or breastfeed. You should not do both without talking with your healthcare provider first.

Tell your healthcare provider about all the medicines you take including prescription and non-prescription medicines, vitamins, and herbal supplements. Saxenda® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda® may affect the way some medicines work and some other medicines may affect the way Saxenda® works. Tell your healthcare provider if you take other diabetes medicines, especially sulfonylurea medicines or insulin.

Know the medicines you take. Keep a list of them with you to show your healthcare provider and pharmacist each time you get a new medicine.

How should I use Saxenda®?

- Inject your dose of Saxenda® under the skin (subcutaneous injection) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider.
- Do not inject into a vein or muscle.**
- If you take too much Saxenda®, call your healthcare provider right away. Too much Saxenda® may cause severe nausea and vomiting.
- Never share your Saxenda® pen or needles with another person. You may give an infection to them, or get an infection from them.

What are the possible side effects of Saxenda®?

Saxenda® may cause serious side effects, including:

- **possible thyroid tumors, including cancer.** See "What is the most important information I should know about Saxenda®?"
- **inflammation of the pancreas (pancreatitis).** See "What is the most important information I should know about Saxenda®?"
- **gallbladder problems.** Saxenda® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
 - pain in your upper stomach (abdomen)
 - fever
 - yellowing of your skin or eyes (jaundice)
 - clay-colored stools

- **low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus.** Saxenda® 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 sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda®. Signs and symptoms of low blood sugar may include:

- shakiness
- sweating
- headache
- drowsiness
- weakness
- dizziness
- confusion
- irritability
- hunger
- fast heartbeat
- feeling jittery

Talk to your healthcare provider about how to recognize and treat low blood sugar. Make sure that your family and other people who are around you a lot know how to recognize and treat low blood sugar. You should check your blood sugar before you start taking Saxenda® and while you take Saxenda®.

- **increased heart rate.** Saxenda® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take Saxenda®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes when taking Saxenda®.

- **kidney problems (kidney failure).** Saxenda® may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.

Call your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth.

- **serious allergic reactions.** Serious allergic reactions can happen with Saxenda®. Stop using Saxenda®, and get medical help right away if you have any symptoms of a serious allergic reaction. See "Who should not use Saxenda®?"
- **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.

Common side effects of Saxenda® include:

- nausea
- constipation
- vomiting
- decreased appetite
- tiredness
- stomach pain
- changes in enzyme (lipase) levels in your blood
- diarrhea
- low blood sugar (hypoglycemia)
- headache
- upset stomach
- dizziness

Nausea is most common when first starting Saxenda®, but decreases over time in most people as their body gets used to the medicine.

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

These are not all the side effects with Saxenda®. For more information, ask your healthcare provider or pharmacist.

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

Keep your Saxenda® pen, pen needles, and all medicines out of the reach of children.

Manufactured by:
Novo Nordisk A/S
DK-2880 Bagsvaerd, Denmark

More detailed information is available upon request.

Available by prescription only.

For information about Saxenda® contact:

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I HAVE A CHILD WITH OBESITY, NOW WHAT?

by Suzanne E. Cuda, MD, ABOM certified

Many parents are facing the dilemma of deciding what to do once they realize, or are told, that their child's weight is too high. As a parent, you consider this news in the context of your own life experience, your family's situation and the welfare of your child. If you decide that your child's weight is indeed a problem, and you are ready to address it, you may be wondering where to begin.

Prepare yourself for the loving grandparents who try to insist that the grandchild is just like her parent(s) and will "outgrow it," or the doting aunt who doesn't believe that children should be on "diets." The facts are that children with obesity at age five have a high likelihood of becoming an adolescent with obesity, and then an adult with obesity as well. Few children outgrow their obesity, and the earlier the child is treated – the better the outcome.

Treatment requires a commitment by the family to be supportive of the dietary and lifestyle modifications that will be made, regardless of what path is chosen to make those changes. Children don't shop for groceries or prepare meals – they are the world's best imitators. What you do, they do. In other words, don't expect to be the armchair director of your child's metamorphosis toward a healthier weight and lifestyle. You've got to participate! Furthermore, the changes you make must be life-long. If you and your family return to old habits, expect your child to regain any weight that he or she may have lost.

“Children don't shop for groceries or prepare meals – they are the world's best imitators. What you do, they do.”



WHAT CAN PARENTS DO TO HELP?

A discussion with your child's primary care provider is a good place to start. If your child's body mass index (BMI) is in the overweight range, defined as a BMI between the 85th and 95th percentile, it may be appropriate to receive treatment in the primary care setting with the help of a registered dietitian. Periodic follow-up is necessary to see if the changes you start to make at home are producing results.

Create a Healthier Home Environment

Helping your child to manage their weight and health can begin right in your home. Just make sure that you change the diet and exercise plan for everyone at home, too – not just the target child or children.

To do this, follow some of these tips:

- Make it easier on yourself by going through your pantry and refrigerator and getting rid of snack foods, desserts and any beverages other than milk or water.
- Keep driving when you pass a fast food restaurant.

- Plan your meals and your exercise schedule, and have a fallback plan as well. For example, keep some healthy go-to foods in the refrigerator or freezer just in case you run out of time to cook. Try to cook ahead so you can heat up healthy dishes for those busy days.



- Keep a jump rope at home or have an electronic exercise plan (found on CDs, phones, YouTube, etc.) for those days when you oversleep or can't make it to the gym.



- Take the power cords to the TV, video games and tablets, and don't allow anyone in the house to spend countless hours of time in front of the screen. Don't expect your child to limit themselves from their electronic addiction – there are few adults who can do this and fewer children.

I Have A Child With Obesity continued on page 32

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Find a Healthy Commercial Weight-loss Program

Commercial weight-loss systems are mostly marketed and structured for adults. Some systems offer pre-prepared foods which have the benefit of controlling portion sizes. Unfortunately, those portion sizes may not be appropriate for younger children. Children also have higher requirements for calcium and other nutrients than adults do, so if you decide to try one of these systems for your child, you should consult their primary care provider first.

Seek Out a Weight Management Center

If you think you need more help, ask your primary care provider for a referral to a pediatric weight management center. There are more than 40 weight management clinics in the U.S., and 30 of these clinics collaborate as part of the Pediatric Obesity Weight Enrollment Registry. These clinics offer multidisciplinary care – usually a medical provider, dietitian, exercise specialist and/or behavioral health provider.

Your child will also be seen more frequently – initially, it may be weekly to monthly, and then it may be every few months. A specific dietary and lifestyle plan will be recommended. If your child has medical or behavioral complications secondary to obesity, these will also be addressed. Even medications and supplements may be used, if necessary. Care in this type of setting is covered by Medicaid and more insurance providers.

Allow Your Child to Attend a Wellness Camp

Don't live near enough to a pediatric weight management center? You may want to consider a wellness camp. There are multiple camps treating children with overweight and obesity in the U.S., and the length of stay is chosen by the parents. Four to nine weeks is the average range, as they are overnight camps that require separation from the family. Usually, there are weekends that parents and/or siblings can spend at the camp. These camps can offer total immersion – from nutrition education, multiple daily activities, a coach assigned to each camper, cognitive behavioral therapy, a structured diet and more. They are a great opportunity, but with some caveats: it can be difficult to replicate the camp experience once back home, and expenses can also be an issue for some families. The cost of these camps can range from approximately \$8,000 - \$14,000, and this is mostly out-of-pocket.

Consider an Inpatient Program

There are also a few inpatient programs at locations throughout the U.S. These are residential programs where the child stays at the facility for six weeks to three months. The child receives a lot of individual attention and monitoring, and is placed on a specific diet and exercise plan. Schooling is usually provided in the facility as well. These programs can have dramatic results, but the challenge is learning how to continue the changes made once the child returns home. The programs can also be expensive, but may be covered by some insurance plans.

Determine if Surgery is Necessary

How about surgery? Bariatric surgery is commonly done in adults with obesity, and the results are generally good – especially right after the procedure. Long-term results are dependent upon maintaining a restricted diet and appropriate activity level. In the U.S., bariatric surgery is being done in adolescents with severe obesity who have completed or nearly completed their growth. Although the number of adolescents receiving procedures is small, it is increasing every year. The most common procedure being done is called gastric sleeve, which involves reducing the size of the stomach but preserving the anatomy of the intestinal tract. Short-term outcomes in adolescents are as good (or better) than those of adults, but it is too soon to say much about the long-term outcomes. However, they seem to be similar to long-term outcomes in adults – in other words, dependent on compliance with diet and exercise. The amount of weight-loss to be expected is half of the excess weight. For example, if the child is 100 pounds overweight, then you could expect a weight-loss of 50 pounds from surgery.

Conclusion

The good news for our children with obesity is that the treatment options are slowly increasing, and more insurance plans are covering these treatments. Regardless of what treatment plan is chosen, the success of the plan is largely dependent on the family's commitment to making lifelong changes. Helping a child with obesity to achieve a healthier weight can be the single most important health intervention in the life of that child. A decreased weight is directly associated with a decrease in diseases due to obesity such as diabetes, cardiovascular disease, sleep apnea, fatty liver disease, behavioral issues and more.

About the Author:

Dr. Suzanne Cuda runs a multidisciplinary pediatric weight management clinic at The Children's Hospital of San Antonio. She is actively involved in research and a full time clinician. She is an Associate Professor of Pediatrics at Baylor College of Medicine and Board certified in General Pediatrics, Adolescent Medicine and Obesity Medicine.

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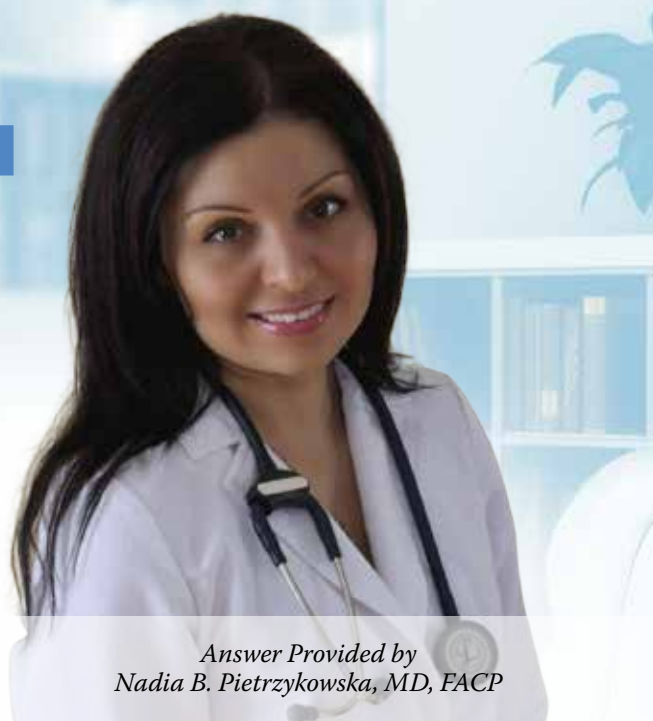


1 cup $\frac{3}{4}$ cup $\frac{1}{2}$ cup $\frac{1}{8}$ cup



Dear Doctor +

“My Body-Mass-Index (BMI) is still high, but I’ve lost weight already. How do I know when I’m healthy?”



Answer Provided by
Nadia B. Pietrzykowska, MD, FACP

To answer this question, let’s first explain what BMI is:

The BMI is a formula expressed as a person’s weight in kilograms divided by the square of a person’s height in meters. It is used to classify individuals as having normal weight, less weight than normal or excessive weight. The BMI is a formula that was first invented in the early 1800s by Lambert Adolphe Jacques Quetelet (1796-1874), a Belgian mathematician, statistician, astronomer and sociologist. Later on, it was used by the Metropolitan Life Insurance Company to analyze and classify their policyholder population according to medical risk.



Is BMI always a good tool to determine healthy weight goals?

It certainly is a good starting point. Providers can use this easy calculator to assess their patients’ weight without any equipment other than a scale and a height rod. Unfortunately, it does have limitations and this “one size fits all” approach can be flawed. This is because BMI does not take into account body composition and does not give a good estimate of body fat, muscle mass and other tissues.

Why do these proportions matter?

Here are some examples showing why relying on BMI alone may result in inaccurate conclusions:

- Individuals with high musculature may have a high BMI despite having an appropriate weight: Let’s imagine two individuals with the same height and weight standing next to each other. One of them is a professional football player with prominent musculature, and the other is someone with low muscle mass. Their BMI will be the same, but the first individual’s body will be high in muscle and low in fat tissue whereas the second individual’s body will be low in muscle and high in fat tissue. Although they both may have the same high BMI that shows excessive weight, the football player does not have to lose any weight. His “excess weight” is composed of muscle tissue while the second individual may have to lose weight due to excessive fat tissue.

- When individuals that are “thin built” gain weight, they reach unhealthy amounts of fat tissue faster than their BMI can reflect it: These individuals have a naturally low muscle mass. As they gain weight and fat tissue, their BMI may still be in the normal range while their fat tissue proportion is growing to a less-desirable range. These individuals would need weight-loss interventions earlier than expected from the BMI scale.
- Individuals above the age of 65 are a special group to whom the BMI classification may not always apply: As adults age, they tend to follow the model of the “thin built” individuals described above. In fact, older adults lose muscle mass as they age while gaining fat tissue. They may be reaching high fat tissue amounts faster than their BMI can increase.
- This said, some studies show that a BMI slightly above normal may be a better and healthier goal for adults in this age range. More research is needed to determine optimal weight goals for this special population.
- Individuals with weight-related conditions need more aggressive weight-loss interventions: The presence of diseases like Type 2 Diabetes, hypertension and high cholesterol should supersede information provided by the BMI. This means that if an individual has one or more of these diseases, it is crucial to work on losing weight – especially if these conditions appear or worsen with weight gain. While it may be reasonable for someone with obesity who has no other medical conditions to remain at “an overweight BMI of 27,” further weight-loss should be recommended to individuals with weight-related medical conditions. In addition, the presence of pre-disease, specifically prediabetes, should also prompt weight-loss to attempt reversing it. Prediabetes is a condition where certain blood glucose parameters are above the normal range but not quite yet in the “diabetic range.” Prediabetes can often be reversed with weight-loss and lifestyle changes.
- Commonly referred to BMI thresholds do not apply to certain ethnic groups. For individuals of Asian descent, for example, the risk of cardiometabolic diseases increases with lower BMIs when compared to Caucasian individuals. This means that a BMI considered “normal” according to the standard chart is in fact “overweight” for these patients. Relying on BMI alone may underestimate weight excess.

Since BMI is not always accurate, what other tools could be helpful?

Waist circumference:

While it is a very simple measurement, waist circumference can provide useful information. In general, excessive fat tissue located in the abdomen is considered to be harmful. To decrease cardiometabolic risk (the risk of developing certain diseases

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List as of 8/10/16

such as heart disease, stroke, diabetes, high cholesterol, etc.), an optimal waist circumference should be below 35 inches in women and 40 inches in men. When it's higher than these values, waist circumference can contribute to Metabolic Syndrome. This is a constellation of physical and laboratory findings that increases one's risk of developing cardiometabolic diseases like the ones mentioned earlier. Measuring weight circumference can supply valuable information that will help healthcare providers treat their patients appropriately.



Hip to waist ratio:

In addition to a waist measurement, a hip width measurement should be made. When the circumference of the waist is divided by the circumference of the hips, a ratio will result. A ratio of less than 0.9 for men and less than 0.8 for women is considered healthy. Higher ratios predispose to many cardiometabolic diseases as described earlier. For example, an “apple-shaped” woman (higher waist/hip ratio and more fat tissue in the abdomen) with a BMI of 40 may be at a higher risk of developing diabetes than a “pear-shaped” woman (lower waist/hip ratio and more fat tissue in the hip area) with the same BMI.

As a result, a person with excessive weight and an “apple-shaped” body may have to be more concerned about their weight than someone with a “pear-shaped” body, despite them both having the same BMI.

Body fat and body composition measurements:

There are several ways to estimate or measure body fat. Skin calipers that measure skin folds can help determine body fat content and provide helpful information regarding the need for weight-loss. More complex measures can also be achieved by machines that determine body composition. Some of them may be available in your health provider's office, and others are mostly used by scientists for research. These machines can, with varying accuracy, estimate and measure body composition and the proportion of tissues: fat tissue, musculature, other lean tissues and water. They can be helpful during weight-loss to guide treatment and build a program with an adequate diet and exercise regimen.

These additional tools provide useful information that helps determine whether an individual is at a healthy weight or if weight-loss is needed.

Other Factors to Consider When Determining Weight-loss Goals

In addition to these factors, two more should be taken into consideration when trying to determine weight-loss goals:

- **Basal metabolic rate** (metabolism) and its fluctuations that affect weight-loss and weight maintenance: Metabolism varies from one individual to another and is affected by many internal and external factors. It is also affected by the process of weight-loss itself. Although much is to be investigated further in this field, being cognizant of variations in the metabolic rate of individuals during and after weight-loss is important because it affects both weight-loss and weight maintenance.
- **Quality of life improves with weight-loss.** Although more subtle than and not as obvious as some of the disease states we mentioned earlier in this article, having obesity and excess weight should not be underestimated. Fatigue, chronic pain and quality of life in general can improve with weight-loss and act as goals to encourage individuals to live life to its fullest potential.

Conclusion

In summary, it is important to understand that weight-loss goals should not be exclusively determined by a number on a scale. In this article, several different factors were described that can affect and guide one's weight-loss goals.

It's also important to add that several other factors will determine how much weight someone cannot only lose, but maintain as well. Complex processes involving the brain, several body systems, hormones and behavioral factors will determine the extent of weight-loss and long-term weight maintenance. Although much is still to be researched and understood, this information should not go underestimated.

About the Author:

Nadia B. Pietrzykowska, MD, FACP, is a Board Certified Obesity Medicine Specialist, Nutrition Physician Specialist and Health Coach with a primary specialty in Internal Medicine. She is the Founder and Medical Director of “Weight & Life MD,” a Center for medical weight management located in Ewing, NJ. She promotes the use of evidence-based methods for obesity treatment as well as cutting edge science intertwined with a holistic approach. She contributes to the Education Committee of the OAC and writes for its publications.

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TOP 10 FALL ACTIVITIES

Family

by Cassie I. Story, RDN

Fall has arrived, bringing cool, crisp air and sweet crunchy apples as fire lit shadows dance on the walls and meals turn savory. It's also a perfect time to get outside and explore! Take advantage of the ever shortening days with full knowledge that winter is just around the corner.

In my family, we are starting a new tradition this fall. We've decided to carry one of our favorite summer activities over to the fall season. Each year, on the first day of summer, we get out a big poster board and buy new markers. Then, we go to town while making a list of all the things we want to do during those precious weeks of no school and more play! It's called our "Summer Lovin' List." Each of us takes turns writing something we want to accomplish, and each time we complete a new task, we cross it off our list.

It can be an individual goal or a group activity. There are no limits, just fun! This year, my seven-year-old wrote down that she wanted to "go to China and visit the pandas." Obviously, she doesn't understand the planning, saving and organizing that a trip like that entails, but I didn't stop her from adding it to the list. Making a "bucket list" for each season can bring excitement and attention to the changing weather and daily activities. Below, I share some of our ideas that will hopefully inspire you and your family to get out of the house and enjoy the last few months of 2016.

1. GO APPLE PICKING

Hardy and sweet apples are one of the easiest fruits to pick, and once they are picked – they stop ripening. It's also relatively easy to spot ones that are ready to be removed from their branches and placed in your basket. They don't bruise easily and they store well. Apples can be eaten fresh, cooked or canned, and they make a nice addition to fall meals (see recipes on page 42).



How to Remove Apples from the Tree:

1. First, select firm, bruise-free apples. They will come in a wide range of colors depending on the variety.
2. Gently twist the apple from the tree, attempting to leave the stem intact (don't pull forcefully).
3. Place in your basket until you have reached desired amount.
4. Wash just before use to extend the shelf life.

2. TAILGATE AT A LOCAL FOOTBALL GAME

If you can't make a live game, just use your driveway as a parking lot. Invite the neighbors and put a television in the garage – you're all set! Regardless of your feelings for football, you can enjoy the social activity of tailgating. It's a fun way to bond with friends, family and neighbors! Have everyone bring a favorite side dish and "meat" to grill. That way, you're not in charge of all of the food and you can enjoy more time socializing.



3. WALK OR RUN A RACE TOGETHER

It seems like family-focused races happen every weekend during the fall. Do a quick Google search or look in your local papers for a race that every member of your family would enjoy participating in. Whether you walk, jog or run, getting outside with your family during the fall season is a cherished time!



4. VISIT A PUMPKIN PATCH



Touring a local pumpkin patch is a must!

Nothing is guaranteed to put you in a seasonal mood faster than touring a pumpkin patch.

Whether my family chooses one from a family farm or a single roadside stand, it's not quite fall until we choose our first pumpkin of the season.

While using a fresh pumpkin in recipes is possible (depending on the pumpkin

variety), I prefer to use the canned stuff – it's much easier, and I'm all about ease. See pages 40 and 42 for pumpkin recipe ideas.

5. BREATHE

As the lazy days of summer come to an end and the hustle and bustle of the fall season gets underway, don't forget to take moments for yourself to just sit and breathe. A typical rush of fall activities can bring stress to our lives as we start to make plans for the upcoming holiday season. Remember, you can't be your best self if you are running on fumes. Take time out of each day to sit and be still.



6. COLLECT

Go pick out pinecones, fall-colored leaves and branches for crafts.

Do-it-yourself (DIY) crafts during the fall couldn't be more fun!

Nature provides the perfect artwork for us. Collect items that have fallen to the ground and get creative with repurposing them.



Fall Family Activities continued on page 40

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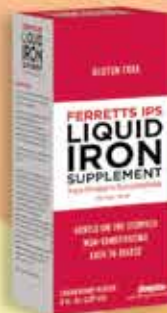
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BACON-WRAPPED DATES

Ingredients:

- 10 pitted dates
- 1/3 cup ricotta or cream cheese
- 1/3 cup peeled and diced apples
- 5 slices of bacon

Directions:

1. Preheat oven to 425 degrees Fahrenheit.
2. In a small bowl, combine cheese and apples.
3. Stuff each date with one 1 ½ tsp. cheese and apple mixture.
4. Wrap each date with ½ slice of bacon and secure with a toothpick.
5. Bake on a parchment-lined baking sheet, with cooling rack placed on top (allowing heat to circulate around each date) for 20 minutes or until bacon is crisp.

PUMPKIN HUMMUS

Ingredients:

- 15 oz. can of garbanzo beans
- 15 oz. can of pumpkin puree
- ½ cup of lemon juice
- 1/3 cup extra virgin olive oil
- ½ cup tahini paste
- 3 cloves minced garlic
- ½ tsp. each of cinnamon, nutmeg, allspice and salt to taste



Directions:

1. Drain and rinse garbanzo beans.
2. Place all ingredients (except olive oil) in blender or food processor, and pulse until well combined.
3. Slowly drizzle in olive oil and blend until smooth and creamy.

Fall Family Activities continued from page 39

7. ATTEND A FALL FESTIVAL

Festivals are sure to bring out the feelings of fall as they are typically adorned with images that denote the crisp season. Scarecrows, tractor pulls, bobbing for apples – you never know exactly what you're going to find, but it's sure to be a good time for everyone in the family!



8. BE THANKFUL

Make a "Thanksgiving tree."

1. Collect a few fallen branches from a tree (leave as is, or spray paint).
2. Purchase tags or make some using construction paper.
3. Give every member of your family three tags and have them write one thing they are thankful for on each tag.
4. Punch a hole in the top of the tag and insert string, twine, or rope through the hole. Tie the ends together to make a loop.
5. Hang the tags on the branches and display in a vase.

Fall Family Activities continued on page 42



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After visiting your local apple orchard or pumpkin patch, get your family into the kitchen to try some of these easy and delicious recipes. Young children can help wash and stuff fruit, t'weens can help dice and season foods and teenagers can do it all (or at least they think they can!).

DRIED APPLES

Ingredients:

- 1-3 small apples
- 1 tbsp. coconut oil
- Fresh lemon juice
- ¼ tsp. cinnamon or nutmeg

Directions:

1. Preheat oven to 200 degrees Fahrenheit.
2. Wash and dry 1-3 small apples, (depending on how many members of your family you have).
3. Using a mandolin or sharp chef's knife, slice into small, thick rounds (less than 1/8 inch).
4. In a small mixing bowl, mix together apple slices, lemon juice and spices.
5. Arrange sliced apples on a baking sheet with cooling rack placed on top (this allows heat to circulate around the entire apple slice). To prevent sticking, coat the cooling rack with coconut oil or spray prior to placing the apples on it.
6. Bake until dry, but soft – about 2 ½ hours, depending on your oven.

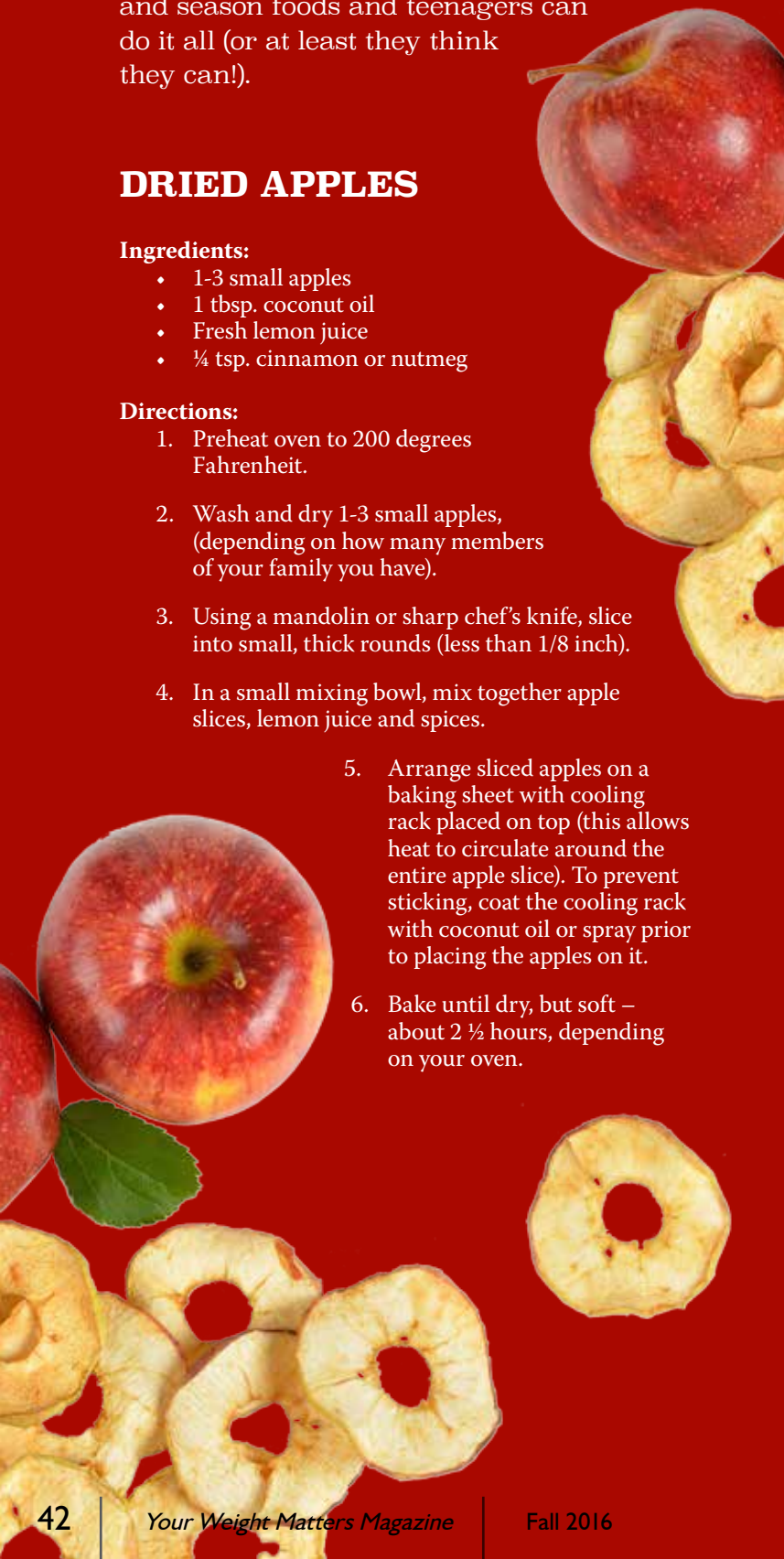
ROASTED PUMPKIN SEEDS

Ingredients:

- 1 ½ cup raw, whole pumpkin seeds
- 2 tsp. of (choose one) melted butter, ghee, coconut oil or olive oil
- 1 pinch of salt
- Optional – any spice you can think of! We use (1) red pepper flakes and cayenne (2) cinnamon and nutmeg (3) pumpkin pie seasoning and ginger...the possibilities are endless!

Directions:

1. Preheat oven to 300 degrees Fahrenheit.
2. Toss seeds in bowl with choice of fat and seasoning.
3. Spread on baking sheet and bake for 45 minutes, or until golden brown. Spread one to two times during baking so they cook evenly.





9. FEED THE DUCKS

My children are constantly asking for a pet at home, but I don't have the time or energy to take care of another living being. So, during the cooler months we get out as often as we can and feed the ducks. It's fun to go early in the morning and bring a warm beverage to enjoy as we take in the beautiful scenery that nature provides for us. We get pretty creative in our adventures! Prior to feeding the ducks, we guess how many we will see, what colors they will be, if they will eat from our hands, etc. Making games out of daily activities injects fun and creativity into our brains.

10. GO BACKYARD CAMPING

While summertime is typically thought of as the time to go camping, fall can be a great time as well. Change up the typical camping routine and go out in your back yard.



We actually have a tradition where the night after Thanksgiving, we bring the television in the backyard with blankets, fire-pits and food. Then, we watch our favorite Christmas movie – it's an event that we look forward to all year!

Enjoy this seasonal change, get outside, bond in the kitchen and above all else – remember what you're thankful for. Happy fall!

About the Author:

Cassie I. Story, RDN, is a dietitian who has been working with bariatric patients for the past 11 years. She also has her own food blog, www.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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Recently Approved Weight-loss Device: AspireAssist™

by Shelby Sullivan, MD



Endoscopic Bariatric Therapies (EBT) are emerging as new treatment options for patients who have not been able to lose weight with lifestyle therapy, and either don't qualify for – or don't want – bariatric surgery. These therapies come in the form of devices or procedures that are placed or performed endoscopically, which means that they are done through the mouth using an endoscope. In general, these procedures have significantly less risk than bariatric surgery and don't require an overnight stay in a hospital. Two EBT's (both intragastric balloons) were approved by the Food and Drug Administration (FDA) last year. And, earlier this year, the FDA approved the new AspireAssist™ (Aspire Bariatrics, King of Prussia, PA) – a brand new class of EBT.



Photos Courtesy of Aspire Bariatrics

What is the AspireAssist™?

The AspireAssist™ is a new device allowing the patient to perform aspiration therapy that removes a portion of the calories consumed after a meal. The AspireAssist™ device is comprised of two sets of components:

- One set that is implanted in the patient
- The other set which is attached to implanted components only during aspiration

The set of components that is implanted in the patient is comprised of (1) the A-Tube™ - a soft, flexible silicon tube that is placed in the stomach and crosses the abdominal wall to the surface of the skin, and (2) the Skin-Port™ - a plastic disc that attaches to the A-Tube™ and keeps it closed between aspiration sessions.

The components used only during aspiration include:

- The Connector, which attaches to the skin sport and allows the skin port to open
- The Companion™, which is a siphon containing a two-way valve that allows for both the flow of stomach contents out of the stomach and the infusion of water into the stomach
- The Reservoir, which is a 600 ml soft water bottle that attaches to the Companion™ so that can patients can flush the system during aspiration
- The Patient line, which is a flexible silicone tube which connects the Connector to the Companion
- The Drain line, which connects to the bottom of the companion and allows stomach contents to flow into the toilet

How is the A-Tube™ placed?

The A-Tube™ is placed during an upper endoscopy – a non-surgical procedure. Patients are given mild to moderate sedatives where they are still breathing on their own. An endoscope is inserted into the patient's mouth and passed into the esophagus (swallowing tube) and then into the stomach. A full exam is performed to make sure that there are no reasons to prevent safe placement of the A-Tube™. The location of placement is then verified by light shining from the endoscope through the abdominal wall, and from indentation into the stomach seen with the endoscope as the finger is pushed into the abdomen from the A-Tube™ placement location. The skin at the A-Tube™ placement location is then cleaned, and a needle is used to inject a local numbing medication (like lidocaine).

Once that is complete, a small half-inch cut is made on the skin and a needle is placed through it that cuts into the stomach. Then, a guidewire is placed into the stomach which is grabbed by the endoscope and pulled out through the mouth. Once the guidewire is out, the A-Tube™ is attached and the guidewire is pulled from the skin side until the A-Tube™ is in place in the stomach, with a portion extending out through the skin cut. One week after the A-Tube™ placement, the Skin-Port is attached and is ready for use by the patient for aspiration therapy.

What is aspiration therapy?

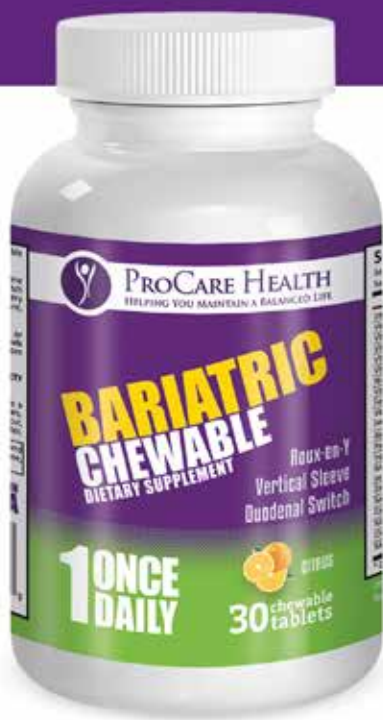
Aspiration therapy is the process of removing up to 30 percent of the calories eaten in a meal, combined with a lifestyle therapy weight-loss program. Twenty minutes after a meal, patients with the AspireAssist™ perform aspiration therapy through the following steps:

1. Go to the restroom.
2. Fill the Reservoir with tap water.
3. Attach the Connector to the Skin-Port, thus opening the Skin-Port.
4. Open the valve on the Companion to allow stomach contents to flow out.
5. Close the valve and flush with water from the reservoir into the stomach.
6. Detach the connector from the skin-port after aspiration therapy is complete. Steps four and five can be repeated to ensure aspiration therapy has been adequate.

Aspire Assist continued on page 46

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How does aspiration therapy cause weight-loss?

Aspiration therapy helps people to lose weight through two mechanisms:

1. Patients remove up to 30 percent of the calories consumed at a meal when they aspirate.
2. Patients eat less during a meal in order to facilitate aspiration.

Previous studies have shown that aspirating calories alone does not account for all of the weight-loss. In addition, patients must change meal-time behaviors in order to successfully aspirate and to avoid getting food stuck in the A-tube. These behaviors include:

1. Chewing food slowly until it falls apart in the mouth before swallowing
2. Cutting food into very small pieces
3. Avoiding foods that get stuck in the tube such as red meat
4. Drinking a lot of water with meals

Patients report that they eat less food at meals because of these behavior changes. They can also see what comes out of the drain tube, and often report that unhealthy foods such as hamburgers or French fries have an unappealing appearance during aspiration. Healthier foods, on the other hand, do not. This is an additional way in which the AspireAssist™ supports healthy food choices.

What are the results of this therapy?

In the United States multi-center trial called the PATHWAY study, which featured 171 patients, the patients who completed one year of aspiration with the AspireAssist™ and lifestyle therapy lost 14 percent of their total body weight. However, those patients who received lifestyle therapy alone only lost five percent of their total body weight. The most common side effects of the AspireAssist™ are pain immediately following placement (which usually resolves in one to four weeks), and granulation tissue (an irritation) that can develop in the tract of the A-Tube™.

Q&A with AspireAssist™ Patient, Anna Lotta Frisk Bosnyak

*Anna poses
for the
camera
in her
hometown
of Malmö in
Sweden.*

What other treatments have you tried before AspireAssist™?

I've tried almost all methods on the market to lose weight: commercial programs, shakes and soups, Atkins, banana-diet, fasting, etc. You name it – I've tried it! I also had a dialogue with my primary doctor for years, and he really tried to help me.

What made you decide to choose the AspireAssist™?

I knew that I couldn't do it with any other method, but I wanted to try anything that could help me lose weight. Aspire Assist was new, so there wasn't really anybody I could ask about it. I listened to my friend, who is the one who started the study in Sweden. He said "I am going to be patient number one. If you like, you can be patient number two." It was not a hard decision to make. It seemed pretty easy to handle and, as I understood, it did not have any side effects.

What would you tell someone else who is considering this device?

When you struggle with weight issues and surgery seems like one of your last options, I think most people will find AspireAssist to be a pretty simple method. I myself lost 150 pounds during my first year after getting it. You're still getting all of your normal nutrition the way you usually would, and you may not have to stay on medication for the rest of your life. The procedure is also reversible, so you can remove it. Your social life is not going to change because of the device. Having the device helps you to eat slower because you have to take the extra precaution to chew your food thoroughly, and that will also help you boost your metabolism. And, if you need support, you have access to it all the time. You are able to see a nurse regularly, and there are people with experience to answer any question you might have.

Photo Credit: Karin Odhner

Who qualifies for the AspireAssist™?

The AspireAssist™ is approved for patients 22 years and older with a Body Mass Index (BMI) of 35-55 kg/m², who have tried to lose weight through lifestyle therapy programs but were unable to either lose weight or maintain their weight-loss. This therapy is not approved for patients who have bulimia, binge eating disorder or night eating syndrome. It is also not approved for patients who have had previous Roux-en-Y Gastric Bypass or Sleeve Gastrectomy.

Conclusion

Aspiration therapy using the AspireAssist™, in conjunction with a lifestyle therapy program, can be a suitable long-term solution for weight-loss in people who have tried other methods that haven't worked or who don't want bariatric surgery. Continuing with lifestyle therapy and making behavior changes at meal times are both keys to successful weight-loss with this therapy.

About the Author:

Shelby Sullivan, MD, is an Associate Professor of Medicine at the University of Colorado School of Medicine and is the Director of the Gastroenterology Metabolic and Bariatric Program in the Division of Gastroenterology.

What has life been like with the device implanted?

The device itself does not bother me at all. I don't go to the beach wearing a bikini though, but that's not something I'll miss because I didn't do that before. Sometimes, there can be a little leakage from the hole where the tube comes out, but all I have to do is wrap a facial tissue around it about twice a day. If I go away overnight, I carry a small overnight bag with me that has all of the tools I need. During the "weight-loss period," I flushed 20 minutes after every meal. Now, during my weight maintenance period, I only use it before bedtime.

In addition, I've learned how to eat properly. I really need to chew my food very carefully, so it takes longer for me to eat now. It's not fun to chew on junk food, so the quality of my food has also improved. Because it takes longer for me to eat, my brain has a chance to alert me when I'm full. Before, I used to shuffle my food in very fast. Now, I realize when I've had enough to eat and I'm ready to stop. I will also say that I've gained my life back. Due to being overweight, I didn't have much of a life before. I was so sick, depressed and affected deeply by my weight. I was diagnosed with and medicated for hypertension, depression, Type 2 Diabetes and chronic pain. After a while during my weight-loss period, I was able to get off of my pills, and today I don't need anything! That's such a relief! The energy and strength in my body is so much greater. I also don't need to hide anymore because of the shame I used to feel. I can shop for clothes in ordinary shops!

What was the procedure like to get the device?

The procedure was very easy – an ordinary endoscopy that takes about 15 minutes. You aren't sleeping through it, but you're given a drug that helps you to relax and take your mind off of what's going on. When you "wake up," you can go home. Some patients have more pain afterward in the area where the procedure was done, but your doctor may prescribe medication to help with the pain.

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EXERCISING ON A BUDGET:

How to Exercise Using Items in Your Home

by Jacy Mullins, MSED, NASM-FNS

Disclaimer: To develop an exercise program that best suits your needs, please consult with your physician.

Scratch the old thought of exercising as lifting weights and walking on a treadmill from your mind – it may change the way you think of working out forever. Exercising isn't only about lifting dumbbells or any fancy equipment. It's about the action you take to invigorate your muscles to stimulate growth, and it can be done in any atmosphere! You can get a good workout without equipment by focusing on specific muscles, tightening them and performing simple movements. The purpose of this article is to demonstrate ways in which training on a budget can be easy and achievable.

Exercising can be as easy or hard as we make it, and it can be done in your living room, office or even outside – making “gym” membership a breeze! Calisthenics or exercises that use little to no equipment – even just body weight – can have incredible results. Exercising with household items provides an alternative to traditional gyms and dumbbells.



UPPER BODY

When you normally think of a push-up, do you automatically think of ground push-ups? Well, put that thought to the side. Body weight is a great natural piece of equipment that you don't have to buy! For example, a great place to begin your push-up journey is the wall.

The All for One, One for All Push-Up:

The push-up has two points of contact – hands and feet. Begin by standing close to a wall, placing your hands on the wall at shoulder height. Your body should be parallel to the wall and arms parallel to the floor. Take a small step back and place your feet hips-width apart. Keeping your stomach tight, lower your upper body toward the wall, bending at the elbow until you're close to touching the wall with your face. Push yourself up while keeping your stomach tight and body in a straight line.



Once this angle becomes too easy, take a step backwards and adjust the angle of the push-up – as demonstrated in the picture to the left. This modification allows you to use more of your body weight. So, you've mastered the wall push-up and can't step back anymore? It's time to progress to the chair push-up!



Chair Push-Up:

Find a stable chair in your home, like a kitchen chair or bench. Place the chair against a wall so it doesn't slide during the exercise. Using the same form as the wall push-up, place your hands at the edge of the chair, shoulder-width apart. Your legs should be away from the chair and arms shoulder-width apart, directly in line with the shoulders. ***The angle of an exercise equals its intensity!*** If the angle you are at is too challenging and you're unable to keep your body in a straight line while performing the exercise, place your knees on the ground as pictured. Finding that the chair push-up isn't as challenging anymore? Time to make the move to the ground push-up!

Ground Push-Up:

Using the same form as the chair push-up, relocate to the floor. This transition to the floor continues to increase the difficulty of the exercise. Similar to the chair push-up, if a full plank position on the ground is too difficult, bring your knees down to the floor. **Remember, you are the equipment and every piece of equipment can be adjusted!**

Now that we've discussed the push-up and a few of its variations, consider how you could modify other exercises such as the chest press.

Chest Press:

Find a comfortable spot on the ground. Place your feet flat on the ground with your knees bent and back flat on the ground. If you're new to the chest press or haven't done it in a while, start by using canned goods in place of dumbbells. Begin the exercise with a 90-degree angle at the elbows and press your hands and arms upwards until your arms are fully extended, lightly locking the elbows. Slowly lower your arms towards your body. Once your elbows are in a 90-degree angle, repeat the exercise. What do you do when the canned goods become too light? It's time to step it up.

Not Your Average Chest Press:

Depending on your strength and stability, you can either use gallon jugs or a PVC pipe filled with water or sand. A PVC pipe is one solid item that provides additional muscular stability as opposed to using two items such as gallon jugs. Starting off, use a PVC pipe. If you're feeling stable and ready to go to the next level, take two empty gallon milk jugs and fill them with water, and perform the chest press as described above. If you are having difficulty balancing the gallon jugs while completing the exercise, switch to the PVC pipe. As previously mentioned, a single item will allow you to be more stable while pushing the weight up and controlling it on the way down. **Stability is the key to protecting your joints in any exercise – strength will come in time.**

LOWER BODY

The best way to start any lower body exercise is with body weight. Since the lower body is the area where we bear most of our weight, it is important to maintain proper form for your structure. Keeping added pressure off any joint allows the muscle to work at its maximal capacity. Squats, deadlifts and hamstring curls are a few lower body exercises that require little to no equipment.

Air Squats:

When performing both a squat and a deadlift, concentrate on elongating your spine – ridding your lower back from its natural arch, which can be done by tucking in your rear. Also, tighten your abdominal muscles and begin the squat movement by pushing your pelvis or hips out, as if you were about to sit down. Once you have initiated the pelvic hip-tilt backwards, go into squat position. By beginning a squat with the pelvic-hip tilt backwards, added pressure is taken off the hip and knee joint – allowing for proper joint stability and for the muscles to work at their maximal capacity. The knees should not move in front of the toes, and your weight should be shifted into your heels.



Important – A squat doesn't always mean "go as low as you can go," since everyone has a different skeletal and muscular build. Some builds can actually hinder the angle of the squat, but if you move within your physical limits, an effective squat can be achieved. A good way to gauge the depth of your squat is to use a chair. Lower your body into the squat position and only tap your rear to the chair and come up. After you have progressed into deeper angles of a body weight squat for one month, change it up by adding weight. Start off with canned goods in each hand and progress to a PVC pipe with reusable grocery bags filled with household items, placed on each side.

Hamstring Curls:

Here's where the Frisbee comes in! Laying down with your feet and back flat on the ground with your knees bent, place two Frisbees or a hand towel underneath your feet. This exercise is best performed on a slick surface (i.e. tile or hardwood floors). Tightening your glutes and hamstrings, slide your feet against the surface, drawing your feet closer to your rear. Then extend your legs outward, pushing your feet away from your body. It's amazing how simple and effective this move is!

Exercising On A Budget continued on page 50

Household Items	Upper Body Exercises	Lower Body Exercises
Gallon Milk/Water Jug	Chest Press Single Arm Rows Front and Side Raises Tricep Extensions Crunches Bicep Curls Overhead Shoulder Press	Squats Bridges Calf Raises
Canned Goods	Chest Press Single Arm Rows Front and Side Raises Tricep Extensions Crunches Overhead Shoulder Press Bicep Curls	Squats Hamstring Curls (if canned goods are placed in reusable bag) Bridges Calf Raises
Reusable Grocery Bag	Chest press Single Arm Rows Overhead Shoulder Press Bicep Curls	Squats Hamstring Curls Bridges Calf Raises
PVC Pipe	Chest Press	Squats Calf Raises
Resistance Bands	Chest Push-Outs Single Arm Rows Chest Press Front and Side Raises Tricep Extensions	Squats Hamstring Curls
Inflated Bouncy Ball	Front Raises Tricep Extensions Crunches	Squats
Basketball	Chest Press Front Raises Tricep Extensions Crunches	Squats Bridges Calf Raises
Chair or Bench	Single Arm Rows (for support) Push-Up	Squats
Books	Front and Side Raises Tricep Extensions	Squats (use to add height to the chair or bench)
Towel or Frisbee		Hamstring Curls

A milk or water jug full of liquid weighs approximately 8 lbs. Canned goods roughly weigh 2-5 lbs. depending on their contents. You can find the weight of each canned good on the bottom right portion of the label. Depending on the thickness of the book, some can weigh up to 10 lbs! When your kids are finished with their homework, grab a textbook and use it for your workout.

Household Items and Exercises for Your Workout

In the chart on page 50, you'll find general exercises listed with non-traditional, but effective and inexpensive home equipment. These exercises are broken down into two separate categories: upper and lower body:

In gyms, these exercises are usually performed with machines, dumbbells, barbells, weighted plates, and/or kettlebells. If you aren't sure how to do any of these exercises, be sure to contact an *educated* fitness professional. One session with a good exercise physiologist or trainer can be within budget and give you the opportunity to learn how to do these exercises in the best form for your body.

Progressing through the Exercise

Any exercise can be modified to match your current strength. Throughout this article you will have found examples of modifications and progressions for exercises mentioned in the chart on page 50. Each description describes how you can incorporate inexpensive household 'equipment' into the specific exercise.

Conclusion

The main reason to exercise is to continuously stimulate your muscles for a prolonged period of time, which results in increased strength as well as numerous health benefits. You don't need any equipment – the best piece of equipment you may ever use is yourself! Bodyweight alone is the best place to begin any exercise, and all exercises can be modified to match your exact level of strength – thus working with any limitations and meeting your personal goals. Working out doesn't have to be expensive or hard. Think outside the box and make exercise fun!

About the Author:

Jacy Mullins, MEd, NASM-FNS, earned her Master's in Exercise Physiology from the University of Mary Hardin-Baylor in Texas. She is an Exercise Physiologist and Health Fitness Professional with a fitness nutrition certification. Jacy works with all populations, specializing in helping others strive to increase their overall wellbeing through life-style modifications. Most notably, Jacy has been published in well-known educational journals for her contribution to exercise testing and supplementation research studies. Her passion for overall wellness is driven by her own fitness journey and love for nutrition. For more information on the author, visit www.fitnessbeyondtraining.com.

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Managing Seasonal Stress:

AN UNWELCOME HOLIDAY GUEST

by Kelly Broadwater, LPA, LPC, CEDS

The holiday season is upon us! THE END OF THE YEAR CAN BE A TIME OF MUCH JOY AND CELEBRATION. OR IT CAN BE A TIME OF INCREASED STRESS AND UNWANTED BEHAVIOR. SOME OF THE MAIN CONTRIBUTORS TO HOLIDAY STRESS INCLUDE:

- **EXCESS DEMANDS ON YOUR SCHEDULE** – The hustle and bustle of the season includes extra time being devoted to activities such as shopping, travel, holiday parties, family get-togethers, etc. These seasonal priorities can easily detract from your usual routine, quality time with family and friends, exercise and even sleep! In addition, taking time off from work for the holidays may cause your job demands to become compressed into a smaller timeframe, which in turn increases stress levels and feelings of burnout.
- **DIFFICULT FAMILY DYNAMICS** – Not everyone enjoys the blessings of family peace and harmony. Holidays are oftentimes the only time of year that extended families gather together, and with that can come unrealistic expectations regarding family behaviors and roles. Family members that are in conflict with each other may feel obligated to “make nice.” However, holding in negative feelings only leads to increased stress and anxiety. In contrast, family conflict may erupt and create chaos, leaving family members feeling hurt and angry.
- **FINANCIAL WOES** – Travel, gift giving, party planning and lost wages due to time off from work can all bust one’s budget. Being in debt and anticipating how to bail yourself out in the new year can leave you feeling financially and emotionally frazzled!
- **THE PRESSURE OF CREATING PICTURE-PERFECT HOLIDAYS** – In what I refer to as the “Martha Stewart Syndrome,” holidays can create a competitive drive to go above and beyond – thus fulfilling all of the seasonal expectations placed upon us. The desire to have the best and brightest light display, perfectly set table, handmade gifts with carefully selected wrapping paper and matching bows, Norman Rockwell-esque photo card and exquisitely decorated home can zap you out of your time and energy, causing you to neglect your own needs.
- **END OF THE YEAR BLUES** – An estimated 10 to 20 percent of recurrent depression cases follow a seasonal pattern with fall/winter depression being the most prominent. A variety of biological factors may contribute to this, but if you are already prone to depression, the shorter days, cold temperatures and stress of the holidays can leave you feeling totally depleted.
- **PHYSICAL HEALTH SUFFERS DURING THIS TIME OF YEAR AS WELL!** – Not only is the flu more common in fall and winter months, but so are heart attacks, strokes, high cholesterol, psoriasis and weight gain. According to a study in the *New England Journal of Medicine*, people gain a small but significant amount of weight throughout the holiday season, which is then maintained throughout the course of the year.



THERE ARE ALSO SPECIFIC STRATEGIES TO EMPLOY TO HELP COMBAT HOLIDAY-RELATED OVEREATING, EMOTIONAL EATING AND WEIGHT GAIN:

- **BEWARE OF BITES, LICKS AND TASTES (BLTs)** – It can be tempting to grab a treat sitting out in the break room, take a piece of candy off a coworker's desk, help yourself to a pinch here or there when baking, etc. However, all of those "BLTs" can add up with a cumulative effect that is harmful to your waistline.
- **PREPARE FOR PARTIES** – Don't go to events hungry – this can set you up to overindulge. If it's a potluck, take something healthy. Have one small plate versus going back over and over again or continuously grazing throughout the course of the event.
- **DON'T SKIP MEALS** – Trying to "save up" your calories for a big meal or party can lead to overeating or even binging.
- **MONITOR YOUR INTAKE** – Use MyFitnessPal or one of the many other apps available to help you track what you eat and drink. This can keep you mindful of your nutritional needs and goals. It may also be a tool for helping you plan in advance so that you enjoy the festivities without exceeding your calorie budget.
- **ENGAGE IN ACTIVITY** – Set aside time for working out rather than abandoning your exercise regimen with the attitude of "I'll get back to it in the new year." Sign the family up for a Turkey Trot or Jingle Jog. Enjoy fall and wintertime outdoor activities such as ice skating or skiing.
- **FIND NON-FOOD RELATED WAYS TO CELEBRATE** – Be creative in how you spread holiday cheer. For example, instead of a cookie exchange, get together with neighbors to decorate ornaments or wreaths. Go caroling with your family. Have a game night where everyone brings their favorite game instead of a potluck where everyone brings their favorite dish.
- **SEEK HEALTHY OUTLETS FOR YOUR EMOTIONS** – If you find stress or negative emotions causing you to reach for food, ask yourself "What am I really needing right now?" Maybe it's a nap, a hug or time to connect with a friend. Engage in creative or energizing activities. Journal or talk to a trusted confidante or counselor.



Seasonal Stress continued on page 54

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“Research has shown that Americans eat an average of 619 extra calories per day from Thanksgiving to New Year’s Day.”

Research has shown that Americans eat an average of 619 extra calories per day from Thanksgiving to New Year’s Day. Increased access to food during the holiday season, coupled with stress, can be a recipe for emotional eating. Overindulging in food and alcohol can further perpetuate stress levels by creating body image dissatisfaction, disrupting sleep patterns and causing feelings of guilt and shame.

Take a Stand Against Stress

The good news is that there are things you can do to inoculate yourself against the physical and emotional tolls that stress can take during this time of year.

- **LEARN TO SAY NO** – Setting limits is important. Don’t stretch yourself too thin by overcommitting to too many holiday events! Make sure that you’re checking in with yourself about your actual desire to accept invitations and consulting your schedule before taking on more projects, parties or other obligations. It’s better to devote more time and energy to something you are really looking forward to than to be half-heartedly showing up for a multitude of commitments you aren’t truly excited about.
- **SPEND QUALITY TIME WITH THE PEOPLE WHO MATTER MOST** – Just because you are biologically related to someone doesn’t mean you have to spend time around chaotic or toxic family members. It is okay to politely decline invites to large gatherings or let your loved ones know you want to keep holiday events low-key this year.

- **STICK TO A BUDGET** – Again, planning is key. Look at what you have to spend on holiday expenses and don’t feel pressured to go beyond your means. One idea is for family members to draw names for gift exchanging rather than for everyone to feel obligated to provide presents for everyone else, which can really add up.
- **MAKE TIME FOR SELF-CARE** – Prioritize yourself and don’t let things you normally do to take care of yourself fall by the wayside. Pencil in time for self-care (including exercise) like it is an appointment that can’t be broken!
- **DON’T TRY TO DO IT ALL** – Make choices about what is really important to you and let go of Pinterest-fueled perfectionism in regards to planning, decorating, shopping and so forth. Focus on your meaning for the season and be mindful of a few things that make it special. Remind yourself that it’s okay to keep it simple!
- **SEEK EXTRA SUPPORT** – If you battle with the end-of-the-year blues, consult with a professional and assess whether you need counseling. Low vitamin D can also be a culprit to a seasonally low mood, so make sure you get your levels checked. If you already take an antidepressant medication, talk to your doctor about whether it needs to be adjusted.

Following through with self-care, stress management and healthy habits during this busy time of year will set you up to start your new year off on the right foot. Cheers to a joyous holiday season!

About the Author:

Kelly Broadwater, LPA, LPC, CEDS, is the founding co-executive director of The Chrysalis Center for Counseling & Eating Disorder Treatment. As a psychologist and certified eating disorders specialist who is an expert in bariatric psychology, Ms. Broadwater developed the comprehensive aftercare program for bariatric surgery patients offered at her outpatient practice. Her clinical experience includes conducting pre-operative psychological evaluations, providing pre- and post-operative individual counseling and facilitating group therapy for post-surgery patients. Ms. Broadwater frequently speaks on topics related to bariatrics, including co-presenting at the 2015 International Association of Eating Disorder Professionals conference on effective bariatric aftercare. She is an integrated health associate member of the American Society for Metabolic & Bariatric Surgery.



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