

# YOUR **WEIGHT** Matters

Fall 2017

MAGAZINE

FOR YOUR HEALTH

**JOIN US** and Change the Way  
**WE** Care about Obesity



**NATIONAL OBESITY CARE WEEK**

**October 29<sup>th</sup> – November 4<sup>th</sup>**

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School  
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**your** **WEIGHT** Matters  
MAGAZINE

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## YOUR WEIGHTMatters

FOR YOUR HEALTH MAGAZINE

Fall 2017 | Volume XIII | Issue I

*Your Weight Matters*<sup>SM</sup> 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.

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

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

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# A Message from the OAC Chairwoman of the Board

Hello OAC Community Members!

It is always hard to know where to start my notes to you. Honestly, my instinct after the 6th Annual *Your Weight Matters* National Convention is to say, "I miss you!" More than once, I have remarked that our Annual meeting is like leaving summer camp, or ending the day spent with a good friend. It feels hard to give up familiarity; the satisfaction and warmth of feeling deeply known is consuming. I hope you have found it in your friends, families and those who surround you at home.

While I always learn new information in our education sessions at Convention, the thing that sticks with me the most is the people and community we have built after more than a decade of growing our membership to nearly 60,000. I get goosebumps when I hear someone say, "I danced for the first time in 15 years" or "I had no idea this is what it would be like. It's awesome here; I'm already saving for Denver."

As I shared in my opening remarks, and in case you missed it, I am extending you an invitation: I am inviting you to create the world you want to live in. What does it look like when you are at your best? What actions did you take (or not take)? How do you go about your day? How did you spend your time (or not spend your time)? Refine and replicate it and show up each day a more engaged community member who is contributing to a bias-free world where we take obesity seriously.

I want to give a special thanks to the Obesity Action Coalition staff, National Board of Directors, our Convention Planning Committee

and all our subcommittees – you rock. Extra love goes out to our newly elected Vice-Chairwoman of the National Board, Michelle Vicari. You're the embodiment of community and compassion and I'm excited to pass the torch. It will undoubtedly shine bright under your leadership.

But, ya'll are not rid of me just yet. I will share my parting words in the Winter Issue about the impact you've had on me, what's next and why I think (know) the OAC is on the brink of massive growth.

With Gratitude,



*Amber Huett-Garcia, MPA*



**We invite you to join us in  
this fight and help **change**  
**the way we care** about  
the disease of obesity.**

**Learn more at [www.ObesityCareWeek.org](http://www.ObesityCareWeek.org)  
October 29<sup>th</sup> – November 4<sup>th</sup>, 2017**





## OAC Announces its Championship of National Obesity Care Week



As a founding champion of National Obesity Care Week (NOCW), the OAC is excited to be a part of this unique National awareness campaign intended to change the way WE CARE about the disease of obesity. NOCW takes place October 29<sup>th</sup> – November 4<sup>th</sup>, and during this

important awareness week, you will have many opportunities to get more involved in helping to achieve the mission of the campaign, which is to advance an evidence-based understanding of obesity and widespread access to respectful, comprehensive and appropriate care.

The OAC, along with the other founding champions – The Obesity Society, American Society for Metabolic and Bariatric Surgery and STOP Obesity Alliance – aim to create a society that cares about obesity and the more than 90 million adult Americans affected by it.

You can be an active part in this effort as we fight to Change the Way We Care about obesity, and please visit [www.ObesityCareWeek.org](http://www.ObesityCareWeek.org).

## OAC Participates in Dietary Supplement Roundtable

In August, OAC President and CEO Joe Nadglowski joined other patient voice representatives to participate in the Dietary Supplement Quality Collaborative (DSQC), with a goal of establishing higher-quality and safety of dietary supplements. The DSQC was attended by people from the supplement industry with consumer advocates, health professionals and scientific organizations. The purpose of this collaboration was to overcome the problem of poor dietary supplements that can harm consumers and the reputation of the industry.

The DSQC is an ambitious collaboration with a goal of ensuring the higher quality and safety of dietary supplements for everyone. To learn more about the DSQC initiative, please visit [www.dsqccollaborative.org](http://www.dsqccollaborative.org).

## OAC Encourages Misguided ‘Real Time’ Host Bill Maher to Recognize Shaming People with Obesity Isn’t Acceptable

The OAC is cautioning comedian Bill Maher to recognize that obesity is a serious health issue and to not leverage weight bias, in any situation, as a tactic to encourage healthy behaviors. During the August 18th episode of “Real Time with Bill Maher” on HBO, Mr. Maher used obesity as a focal point for his show’s ending monologue “New Rules.” In the course of discussing the health issue, he repeatedly made weight biased comments regarding the disease such as, “Obesity is the main reason people wear sweatpants in public” and “Among the shaming police, your body is perfect just the way it is – prone, on a gurney.”

Obesity is a serious disease and a national health crisis. It is also associated with a myriad of obesity-related conditions such as type 2 diabetes, hypertension, sleep apnea, some cancers, GERD, heart disease, arthritis and more. If you think that you have experienced weight bias, report it by visiting: [www.obesityaction.org/weight-bias-and-stigma/report-weight-bias](http://www.obesityaction.org/weight-bias-and-stigma/report-weight-bias).

## OAC Welcomes Michelle Vicari as New Vice-Chairwoman of the Board

The OAC is proud to announce that Michelle Vicari, OAC National Board Member, has been elected to the role of OAC Vice-Chairwoman. Michelle is a long-time OAC member and has served as Secretary of the National Board and Chair of the Convention Planning Committee. Below, please find a special message from Michelle that she wanted to share with all OAC members:



*I’ve been affected by obesity most of my life. At 34 years old, with several obesity-related health issues, I was told by my doctors that many of the painful, debilitating and life-threatening conditions I was suffering with could be potentially relieved – and having bariatric surgery was the best treatment option. Despite my qualifying BMI and multiple*

*obesity-related health issues (all of which were being treated and costing my insurance company and myself thousands of dollars), I was denied surgery and told that nothing related to obesity treatment was covered. I remember receiving my insurance denial and sitting in my car crying.*

*After a few days of tears, I went online to research my options and stumbled upon the Obesity Action Coalition’s Web site. I was thrilled at the amount of information and resources that were provided. I spent about two hours reading that day and signed-up for a membership before I logged-off. I eventually was able to gather the resources to self-pay for bariatric surgery. It was the helping hand I needed to regain my health.*

*I started my blog **The World According to Eggface** to document my journey toward better health and talk about the physical/emotional aspects of weight-loss. I also offer tips and recipes in hopes that it can make the journey of others a little easier, but I wanted to do more. I began following the OAC’s social media posts and learning about the organization’s wonderful work. I volunteered to serve on a committee, traveled with the OAC to Washington, DC, to share my story and help in the fight for access to obesity treatments.*

*I am excited to take on this new role as Vice-Chairwoman and help further the OAC’s mission of improving access to obesity treatment, providing science-based education to our community and the public and fighting to eliminate weight bias that many affected by obesity face. I want to raise awareness of our wonderful community, and I would love to have people in every town in America know about the OAC and join our efforts!*

Education Matters  
Advocacy Matters  
Support Matters

OAC MEMBERS  
**MATTER**

# HOW THE SIGNS LED ME, **MISS SPIRIT** **OF INDIANA,** TO THE OAC



by Lyndsea Burke



This is where I found my voice and a new platform centered on helping those like her.

My platform became Obesity: Let's **CHANGE** the Stigma ”

I believe that every day in your life, there are signs. These signs can be affirmations or signals for danger. Some may say that I just overthink everything. And yes, that may be partially true. But for me, I feel comfort in finding help or advice in life. The hardest part is finding the help when you need it most, and sadly, some may never find it at all.

That is how it went for my aunt Jody. She was a beautiful soul who was eager to help others at the drop of a hat. As irony would have it, she was the one who really needed the help. Jody was affected by obesity, and the complications that came with the disease are what ultimately took her life. My freshman year of college would be forever changed with the news of her passing. She was only 43 years old, and the news didn't seem real. Her passing would prove to be a major turning point in my life.





Pictured: Lyndsea Burke with her class

Depression overtook me after Jody's passing, and other issues slowly made life difficult. I noticed my own weight gain first, which only brought my mental state lower. I was constantly reminded of my weight gain because of the activities I was involved in. I was a college athlete and played softball at Hanover College. It was even harder to deal with my appearance as a contestant in the Miss America Organization.

While pageantry often has a negative connotation for most people, it has treated me oppositely. It was a way to have a special bond with Jody. Every time I put on that evening gown or performed my talent, I was brought back to the girls' weekends with Jody and my mother. I was three years old playing "beauty shop," meaning Jody would do my hair and makeup as we watched any and every televised pageant.

That is where OUR dream began. Jody told me, "That will be you someday, representing Indiana." As I got older, I learned more about how these amazing women were more than just "princesses." I became fascinated with the platform requirement for many pageants and the opportunities to give back to the community. These were the reasons I kept competing, but I was not channeling my energy into the most important and rewarding aspect of our dream – service.

Instead, I was depressed and bitter about never getting to say goodbye to Jody, but then the signs hit me like a brick wall. I will always believe that God had an intervention with me and reminded me that Jody would not have wanted me to live that way. She would have wanted to see me thrive and work to live out our dream together. We were going to pick up the pieces, take control of my health and get the help I needed. This is where I found my voice and a new platform centered on helping those like her.

*OAC Members Matter continued on following page*

## OAC Membership Application

**Why Join the OAC?** The OAC is a more than 58,000 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: \_\_\_\_\_
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Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**JOIN ONLINE!** To join the OAC online, please visit [www.ObesityAction.org](http://www.ObesityAction.org) and click on the "Get Involved" tab.

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Lyndsea Burke

“ Together, the OAC and I are working to let others know their options and resources for help on their journey toward better health. ”

## *OAC Members Matter continued from previous page*

My platform became Obesity: Let's CHANGE the Stigma. The focus is on Creating Hope AND Generating Encouragement. I don't want to think about the weight bias and stigma that Jody faced, but it was often a reality for her. I saw people judge her for the way she looked. They did not know that she had gone to doctors to try to get help, but the solutions were not easy.

They did not know that she worked in an adult day care for individuals with disabilities and had custody of an amazing woman with Down Syndrome. Everyone was so fixated on her outward appearance but did not consider the type of person she was. That is why I used the signs given to me to create a message of positivity, and educate others that hurtful words do not encourage others to get healthy. Instead, those who are affected by obesity need to have a support system that lets them know we are here to cheer them on during their journey toward better health.

This is where the Obesity Action Coalition (OAC) came into my life. After finding my purpose, I wanted to share my message with as many people as possible. I started searching for organizations with a similar mindset and focus as I had. It did not take me long to see the tremendous impact the OAC is making for those affected by obesity. When I saw their movement of ending obesity stigma, I knew this was a community that I needed to be part of. I became a member.

However, I wanted to be more involved than that. After being crowned Miss Spirit of Indiana within the Miss America Organization this past March, everything finally came together. I contacted the OAC because I knew that we could work well together and that I could help further their mission.

Together, the OAC and I are working to let others know their options and resources for help on their journey toward better health.

I've attended numerous speaking events, volunteered my time with the Indiana Medical Weight Loss Center and shared Jody's story. I am also an art teacher who is dedicated to spreading the word about healthy living and obesity stigma to my students. I truly believe that today's youth are tomorrow's leaders, and that is why I work to provide them with tools to be successful in all aspects of their lives. After a lot of trials, the signs have all lined up to give me the best opportunity to help others with an amazing community of people in the OAC. The way I see it, the hardships all came with the biggest reward of helping others every day.

### **About the Author:**

*Lyndsea Burke is the reigning Miss Spirit of Indiana 2017, and has been involved with the OAC for the last three years advocating for her platform "Obesity: Let's CHANGE the Stigma". She is currently an art teacher in a small Indiana public school, and in her spare time, she loves to sing and coach/mentor local youth sports.*

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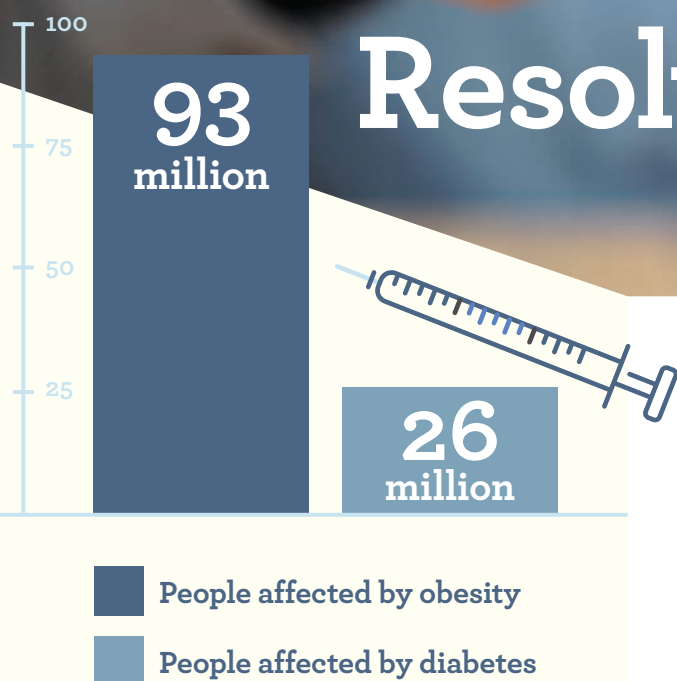
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# How Does BARIATRIC SURGERY Resolve *Diabetes*?

by Stephen G. Boyce, MD, FACS



“Bariatric surgery has the ability to provide complete diabetes remission to the majority of people who suffer from it, and the patient may be able to avoid these complications and stop all diabetes medication!”

**Obesity and diabetes** are among the most concerning health problems that exist today. More than 93 million Americans are affected by obesity, and upwards of 26 million Americans have diabetes. Both are treated with diet, exercise and medications but usually yield poor long-term results. Treatment with lifestyle modification usually results in progressive weight gain and worsening control of diabetes. Medical treatment of diabetes has the goal of delaying the onset of serious complications such as heart attack, blindness, stroke, amputation and kidney failure – just to name a few.

Recent studies and analysis have shown that bariatric surgery can lead to weight-loss in patients who are affected by obesity and have Type 1 diabetes. Bariatric surgery may show significant improvement in insulin requirements and hemoglobin A1c in patients who have Type 1 diabetes. These favorable metabolic improvements from bariatric surgery may help with the medical management of Type 1 diabetes for patients with obesity. How is this possible? Well, it turns out that our gastrointestinal tract (stomach and small intestine) do more than just digest our food.

Current research supports the notion that the gastrointestinal tract is important for controlling blood sugar and that bariatric and metabolic surgery is capable of both preventing and treating diabetes. This improvement in diabetes often occurs before the patient has had any sign of weight-loss. After surgery, changes in intestinal hormones, bile metabolism and gut bacteria all appear to play a role in getting rid of diabetes.

*Diabetes continued on page 12*



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Lomaira™ (phentermine hydrochloride USP) 8 mg tablets, CIV is a prescription medicine used for a short period of time (a few weeks) for weight reduction and should be used together with regular exercise and a reduced-calorie diet. Lomaira is for adults with an initial BMI\* of 30 or more (obese) or 27 or more (overweight) with at least one weight-related medical condition such as controlled high blood pressure, diabetes, or high cholesterol. The limited usefulness of this drug class (anorectics), including Lomaira, should be measured against possible risk factors inherent in their use.

## **IMPORTANT SAFETY INFORMATION**

Don't take Lomaira if you have a history of cardiovascular disease (e.g., coronary artery disease, stroke, arrhythmias, congestive heart failure or uncontrolled high blood pressure); are taking or have taken a monoamine oxidase inhibitor drug (MAOI) within the past 14 days; have overactive thyroid, glaucoma (increased pressure in the eyes), agitation or a history of drug abuse; are pregnant, nursing, or allergic to the sympathomimetic amines such as phentermine or any of the ingredients in Lomaira.

<sup>1</sup> Lomaira package insert, Newtown PA

<sup>2</sup> Ibid

<sup>3</sup> Lomaira B.I.D. compared to Contrave®. Contrave® is a registered trademark of Orexigen Therapeutics, Inc. Medi-Span Price Rx 2016 WAC Price

\*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m<sup>2</sup>.

**Lomaira™ (phentermine hydrochloride USP) 8mg tablets, CIV**

Taking phentermine with other drugs for weight loss is not recommended. Primary pulmonary hypertension (PPH), a rare fatal lung disease, has been reported in patients who had taken a combination of phentermine and fenfluramine or dexfenfluramine for weight loss. The possible association between phentermine use alone and PPH cannot be ruled out. Patients should report immediately if they experience any decrease in the amount of exercise that they can normally tolerate, shortness of breath, chest or heart pain, fainting or swelling in the lower legs.

Serious heart valve problems or disease have been reported in patients taking a combination of phentermine and fenfluramine or dexfenfluramine for weight loss. The possible role of phentermine has not been established, therefore the possibility of an association between heart valve disease and the use of phentermine alone cannot be ruled out.

If your body becomes adjusted to the maximum dose of phentermine so that its effects are experienced less strongly, the maximum dose should not be exceeded in an attempt to increase the effect.

Caution is advised when engaging in potentially hazardous activity such as driving or operating machinery while taking phentermine. Phentermine has the potential to be abused. Keep Lomaira in a safe place to prevent theft, accidental overdose, misuse or abuse. Using alcohol with phentermine may result in an adverse drug reaction.

Phentermine can cause an increase in blood pressure. Tell your doctor if you have high blood pressure, even if it's mild. If you are taking medicines for type 2 diabetes, your doctor may have to adjust these medicines while taking phentermine.

Some side effects of phentermine that have been reported include pulmonary hypertension, valvular heart disease, palpitations, increased heart rate or blood pressure, insomnia, restlessness, dry mouth, diarrhea, constipation and changes in sexual drive. These are not all of the potential side effects of phentermine. For more information, ask your doctor or pharmacist.

To report negative side effects of prescription drugs, contact FDA at 1-800-FDA-1088 or visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

For Full Prescribing Information, visit [www.lomaira.com](http://www.lomaira.com).

\*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m<sup>2</sup>.

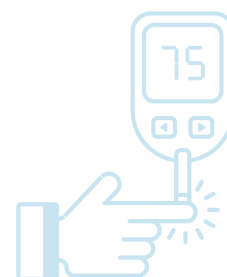
<sup>1</sup>Lomaira Package Insert

*Diabetes continued from page 10*

## Mechanism of Diabetes Remission after Bariatric Surgery

Although we know that the gastrointestinal tract produces more than 100 known hormones, the exact way it resolves diabetes is not fully understood. What we have learned is that there are several mechanisms that come into play, including:

- **Starvation**
- **Stomach**
- **Upper and lower part of the small intestines**



These “parts” of the intestinal tract play a role in resolving diabetes after bariatric surgery by removing hormones that stimulate appetite, bypassing parts of the intestines so that they do not “see food” and by delivering food to the lower part of the intestines rapidly after eating.

### Starvation

After bariatric surgery, patients usually consume about 400-500 calories per day. This is less than the patient’s metabolic rate and is, in effect, starvation. This produces rapid weight-loss and assists with diabetes resolution. Starvation begins the process of reversing insulin resistance. With starvation and weight-loss, the liver and skeletal muscle cells lose fat from inside the cell which makes them more sensitive to insulin.

Weight-loss with starvation takes time, and for 50 years, bariatric surgeons have noticed that their patients’ diabetes often resolves immediately after surgery – before the patient has had any significant weight-loss. Additionally, if starvation were the only cause of diabetes resolution, one would think that gastric banding would have similar rates of diabetes remission as the gastric bypass and duodenal switch. However, diabetes only resolves 48 percent of the time after banding, but resolves 84 percent of the time with gastric bypass and 95 percent of the time with duodenal switch. Clearly there is more to diabetes resolution after bariatric surgery than the effects of starvation alone.

### The Stomach

The stomach produces hormones that are involved in glucose regulation, such as Ghrelin, Gastrin and Glucose-dependent insulinotropic polypeptide (GIP).

- **Ghrelin** is made primarily in the top part of the stomach. It is the only known appetite-stimulating hormone in the body, and it also acts to reduce insulin secretion after a meal. The stomach usually makes Ghrelin in large amounts before a meal, and then after eating, the Ghrelin production is greatly reduced. After bariatric surgeries such as sleeve gastrectomy and gastric bypass, Ghrelin levels drop up to 75 percent – causing patients to have a reduced appetite, secrete more insulin and have lower blood sugar levels.
- **Gastrin** is produced in the lower part of the stomach (but also by the small intestines and pancreas) after eating. Gastrin makes a patient feel full by stimulating the pancreas to make more insulin after a person eats a meal. This also has the effect of improving diabetes.
- **Glucose-dependent insulinotropic polypeptide (GIP)** levels are elevated after gastric bypass and cause the pancreas to release more insulin. This causes the liver and muscle cells to remove glucose from the blood stream and produce lower blood sugar levels.



## The Upper Intestine Theory

The upper intestine theory proposes that by bypassing the upper part of the small intestine, diabetes improves because specialized endocrine cells secrete anti-diabetic compounds in the absence of food. Endocrine cells perform a process in which a group of cells secretes into the blood or lymph circulation a substance (for example, hormone) that has a specific effect on tissues in another part of the body. Anti-diabetic compounds help cells metabolize glucose, as well as lipids and proteins, and combat insulin resistance.

Support for this theory comes from an operation called the duodenojejunal bypass (DJB). DJB involves bypassing the first three feet of the small intestine. After DJB, there isn't any weight-loss, but rapid improvement in diabetes and a reduction in hemoglobin A1c (HbA1c) has been shown, which is a strong marker

of diabetes. If you reverse the DJB, the diabetes returns. This indicates that if you bypass the upper small intestine, you block signals that promote diabetes. These signals or compounds from the upper small intestine have not been identified yet.

Specialized endocrine cells such as glucagon is a hormone that can be used to treat severe low blood sugar. Glucagon-like peptide-1 is a 30-amino acid long peptide hormone deriving from the tissue-specific posttranslational processing of the proglucagon gene. Oxyntomodulin is a naturally occurring 30-amino acid peptide hormone found in the colon, produced by the oxyntic (fundic) cells of the oxyntic (fundic) mucosa. It has been found to suppress appetite. Amino acids serve as the building blocks of polypeptides, and polypeptides serve as the building blocks of proteins.

## The Lower Intestine Theory

The lower intestine theory suggests that by getting food to the lower intestine more quickly (by bypassing the upper intestine), diabetes is improved.

Operations that best improve diabetes are gastric bypass and duodenal switch, which create a shortcut for food to get to the lower intestine. When undigested food gets to the lower intestine, it causes specialized endocrine cells to secrete glucagon like polypeptide 1 (GLP 1), oxyntomodulin (OXM) and polypeptide YY (PYY) among others.

- GLP 1 is elevated after bariatric surgery, causing the pancreas to secrete more insulin. This has been shown to help the pancreas cells which make insulin (beta cells) revive after damage from diabetes.

- OXM improves diabetes by causing intestinal cells to remove sugar from the blood stream, causing people to burn more energy through improved metabolism and reduced appetite due to satiety.
- PYY appears to improve diabetes by stimulating the brain to release a hormone called alpha MSH that decreases appetite. PYY is elevated after bariatric surgery.

## Conclusion

In summary, bariatric surgery has the amazing ability to prevent and treat diabetes! It does so at least in part by altering intestinal "hormones" that cause the pancreas to secrete more insulin and cause the body to be more sensitive to insulin. The anti-diabetic effects are proven to be more effective than the best medicines available.

### About the Author:

*Stephen Boyce, MD, obtained his Bachelor of Science and Masters of Science from Texas A&M University and medical school at the University of Texas Southwestern Medical School. Dr. Boyce has completed more than 4,000 bariatric surgical procedures, special training in advanced laparoscopic surgery and has also completed a Masters Certification in Bariatric Surgery. He started his own practice, the New Life Center for Bariatric Surgery, in Knoxville, Tenn. in 2002, which became one of the Nation's first Centers of Excellence (7th in the Nation) in 2005. His special interest in bariatric nutrition led him to develop Bari Life Bariatric Supplements. Additionally, he is an active educator for Ethicon-Endo Surgery and a two-time recipient of the OAC's Dr. Blackstone Outstanding Membership Recruitment by a Physician award.*



# Yoga: THE THREE A's

by Abby Lentz

Search the web for "benefits of yoga" and you'll find millions of links to thousands of sources — from Harvard Medical to Oprah. Looking over the list, it's hard to believe that there's not a health condition that can benefit from Yoga. Even with all those benefits, yoga continues to suffer from an image of being available only to the "thin" who can turn their bodies into pretzel-like configurations.

My mission for more than 14 years has been to tell the world that yoga can be done by everybody. Does that mean I believe everyone can stand on their heads or touch their nose to their knees? Of course not. What it does mean is that after practicing yoga for more than 45 years, I know elements of yoga can be an appropriate tool for everyone so they can reclaim their health — regardless of size or circumstance.

My yoga technique, HeavyWeight Yoga, is built on the 3 A's: Awareness, Acceptance and Affection. This is a body-positive approach to getting to know yourself and finding the path to loving yourself just as you are today. Yep, just this minute — not 15 pounds from now or when those skinny jeans fit — right now.

## 3 A's OF HEAVYWEIGHT YOGA

### Awareness

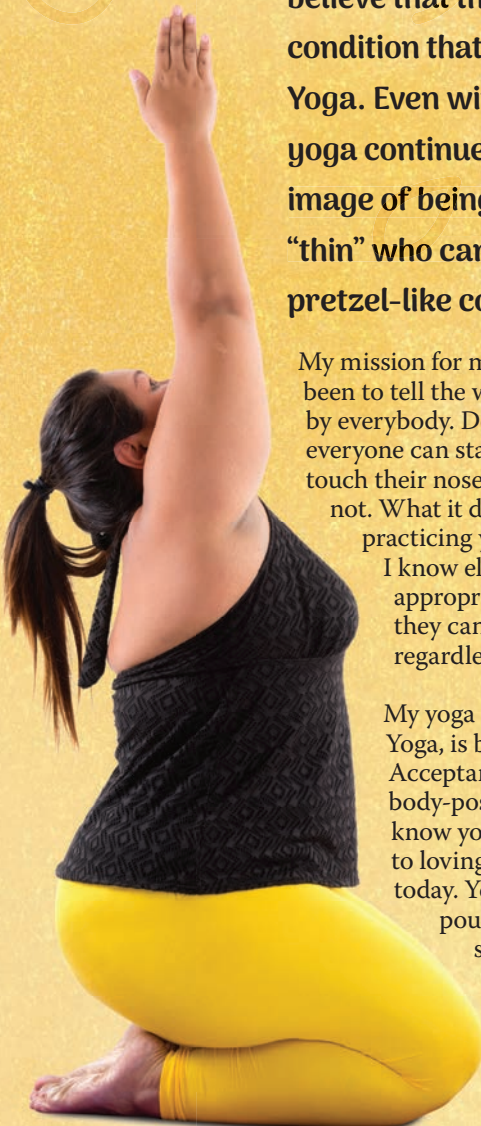
Before you attempt to do even a single yoga pose, awareness begins as you decide to use a mat on the floor or use a chair to do yoga. Discovering your body will be a continuous adventure because change is inevitable. Time on the yoga mat will help you become more aware of your body. Use your time doing yoga as an opportunity to practice observation without judgment. Take note, yet be encouraging — not critical. In time, this awareness will be a part of your life off the mat as well. With more awareness comes continuous range of motion with fewer missteps and injuries.

### Acceptance

Come to accept your body and look for all it can do, not just what it can't do. Everyone is great at something. Being great at a pose on the mat translates to knowing you're also great at something off the mat. As a young mother, I used to be able to stand on my head while listening to Johnny Carson do his monologue. Being fully inverted is unsafe for me now. As a grandmother, I've come to accept the limitations of who I am today while I continue to safely build on what I can do. Practice accepting that which you cannot change.

### Affection

Love your body just as it is in this moment while reading this article — love yourself. Stop reading and tell yourself, "I love you." While some people make short-term shifts through negative incentives — diatribes of body hate and shame — know that permanent, lasting change can only come from love. Say it again, and say it often: "I love you." Off the yoga mat, sing your favorite love song to yourself.





## REDUCING YOUR STRESS

Most people start yoga for improvements to their physical self — flexibility, core strength, better balance, etc. What they soon find is that it's the sense of well-being that brings them back. Relatively new to the list of reasons why people do yoga is a mash-up of the physical and the emotional benefits — to reduce the effects of stress. It's important to realize yoga cannot change a situation that's causing your stress such as traffic, a disagreement or being late.

### *What yoga can do is change your reaction to your stressful situation.*

The best and most efficient way to reduce stress and tame our minds requires no special equipment or ability. It's deep belly breathing, which can be effective on its own or when combined with meditation. No special range of motion is necessary. No body size is too large or too old or too young. You only need to breathe, which is what you're doing anyway. So why not start breathing deeper now?

## TIPS FOR BREATHING DEEPER

- While sitting or even lying down, get as comfortable as you can. On your inhale, soften your diaphragm and fill your lungs from bottom, middle to top. Feel the expansion deep at the base of your lungs, as it widens toward the sides of your rib cage and ends by filling high up to your collarbone.
- On your exhale, empty your lungs from top, middle to bottom. Do a final squeeze of your belly button back towards your spine, but don't hold it there — start your next inhale.
- To visualize this flow, see your lungs as a pair of pitchers. On your inhale, you are filling them from bottom, middle to top. When you pour out from the pitchers on your exhale, they empty from top, middle and then bottom.



This foundational breath of yoga, in addition to stress reduction, will improve your cardio-vascular exchange to make your heart more efficient. If you feel some stinging, just know that you're reaching parts of your lungs that haven't been used in a while. If you feel dizzy, it's important to stop and return to normal breathing. To build a consistent practice, link that deep breathing to another activity you do regularly — like waiting for the coffee to brew or stopping between chapters when reading a book.

## CONCLUSION

By sprinkling yoga throughout your day, you'll find it appear without effort when you need it most. With all the driving I do every day, my favorite place to sprinkle-in yoga is when waiting at a red light. I think of this breath as my invisible net that catches me whenever I falter, which we all do sometimes.

You may want to think of your breath as a wave coming onto the shore and then retreating to the sea, making room for the next wave. I love this image because it reminds me that to inhale, I must exhale. To receive, I must release. This “letting go” technique can apply to old clothes in the closet, but it's more beneficial to let go of the obsolete structures that are no longer relevant to who I am today. I had to silence my former negative thoughts of being “old and ugly” if I am going to hear messages of love and joy that are meaningful to me today.

### *About the Author:*

OAC member and Bias Buster of the Year Award winner, Abby Lentz, is founder of HeavyWeight Yoga — bringing yoga to everybody since 2004. Her yoga was chosen by Fitness Magazine as one of the Fit 50 Best Breakthroughs for Your Health. Her work has been featured nationally on PBS, CNN, US News and other national publications including Prevention, Redbook and More Magazine where her DVDs were awarded Best Yoga and Best Workout DVDs. She participated as an expert panelist on the PBS Civic Summit on Obesity, Weight Loss and Body Acceptance, and was the subject of the “All of Me” documentary short. An avid San Antonio Spurs fan, mother of two and grandmother of four, she lives in Austin, Texas with her writer husband Ron Seybold and their yoga dog Tess Harding.



# OAC Champions National Obesity Care Week

## to Change the Way We Care

*by Mckinzie Step, OAC Creative Content and Outreach Coordinator*

**From October 29<sup>th</sup> – November 4<sup>th</sup>, 2017, the Obesity Action Coalition (OAC) is joining National Obesity Care Week (NOCW) to support its mission of Changing the Way We Care about the disease of obesity.**

As a founding Champion of NOCW – along with The Obesity Society (TOS), American Society for Metabolic and Bariatric Surgery (ASMBS) and STOP Obesity Alliance – the OAC is beyond excited to join ranks with this extraordinary National awareness campaign that aims to re-write the narrative for obesity care and treatment. PLUS – we're also excited to walk alongside NOCW's financial Partners and more than 30 Champion organizations helping to spread the word about this important campaign!

As a patient-centered organization, the OAC is no stranger to the barriers which surround this complex disease. Since our inception in 2005, we've dedicated our work to giving a voice to all individuals affected by obesity and providing help through education, advocacy and support.

Now, we encourage all our members, supporters and followers to help us Take Action and become some of the FIRST to get involved with NOCW2017 and *Change the Way We Care!*

**national  
obesity  
care  
week<sup>SM</sup>**

## National Obesity Care Week: The Mission and Vision

Today, more than 90 million adult Americans are affected by obesity. Furthermore, people with obesity have long faced stigma and discrimination which prevent them from seeking the care they need. In fact, half of people with obesity report they have never had a conversation about weight with a healthcare professional (HCP) – and only one in four patients say they have ever been counseled about their weight by an HCP.

To address these concerns, NOCW seeks to create a society that understands, respects and accepts the complexities of obesity and science-based care by:

- Elevating society-wide awareness of obesity, those affected by it, science-based treatments and the existence of weight bias
- Building a fact-based understanding of obesity among impacted individuals, healthcare professionals, medical societies, policy makers, tax payers and other key influencers
- Facilitating a shift to science-based treatments for those living with obesity

## What it Means to Change the Way We Care

It takes entire communities to make an impact on the way obesity is talked about and cared for in our society. We need patients, family members, healthcare professionals, educators, policy makers and others to elevate the conversation about this disease and encourage care that is grounded upon education and empathy.

Unless a change is made, weight bias will continue to cloud treatment options. Stigma will discourage patients from seeking the help they need. Obesity won't receive the same level of care as other chronic diseases, even though it's associated with more than 30 related health conditions.

With more than 90 million adult Americans affected by obesity, all of us can likely relate to its impacts. Whether it affects our own health or the health of someone we care for, each and every one of us has a role to play in the future of obesity care – a future that we must shape, mold and bring to life ourselves.



# What Can You Do **NOW** to Support National Obesity Care Week?



## Complete the "Take 5" Pledge!

The "Take 5" Pledge is the **MOST IMPORTANT** way that you can help support the mission and vision of **NOCW2017**, and you don't have to wait until October 29<sup>th</sup> to take it – it's available NOW!

### Taking the pledge is easy:

- Visit [www.ObesityCareWeek.org/Take-5](http://www.ObesityCareWeek.org/Take-5) to complete the pledge
- Discover more about these **FIVE important reasons** for why we must *Change the Way We Care*:
  1. Obesity is a serious disease
  2. Weight bias is faced by many
  3. Healthcare providers aren't talking to their patients about their weight
  4. Science-based weight management options are available
  5. We need your help passing legislation

### Once You Have Finished...

- Continue reading to identify one of three ways you're connected to obesity as a cause and select that option for further information
- Learn how you can get ACTIVATED to pass this important message along
- Opt into emails leading up to this awareness week that will provide opportunities for getting involved and spreading the word
- Follow NOCW on Facebook, Twitter and LinkedIn for shareable content by searching "National Obesity Care Week" on each social media platform
- Pass along the "Take 5" Pledge for others to get involved, too!

We ask that all of our members and supporters take the next step in supporting obesity as a cause, and helping us to *Change the Way We Care*.

To learn more about **NOCW2017**, please visit [www.ObesityCareWeek.org](http://www.ObesityCareWeek.org).  
We look forward to **October 29<sup>th</sup> – November 4<sup>th</sup>, 2017**  
when this important awareness week kicks-off!

# Ask your Healthcare Provider about BELVIQ® or BELVIQ XR®

## What is BELVIQ®/BELVIQ XR®?

BELVIQ/BELVIQ XR is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some adults (body mass index [BMI]  $\geq 27$  kg/m<sup>2</sup>) living with extra weight, with a weight-related medical problem, or adults living with obesity (body mass index [BMI]  $\geq 30$  kg/m<sup>2</sup>), lose weight and keep it off.

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

## Important Safety Information

- **Pregnancy:** Do not take if you are pregnant or planning to become pregnant, as weight loss offers no benefit during pregnancy and BELVIQ/BELVIQ XR may harm your unborn baby.
- **Hypersensitivity Reactions:** Do not take if you are allergic to lorcaserin or any of the ingredients in BELVIQ/BELVIQ XR.
- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions:** Before using, tell your Healthcare Provider about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or life-threatening side effects if taken with BELVIQ/BELVIQ XR. Call your Healthcare Provider right away if you experience agitation, hallucinations, confusion, or other changes in mental status; coordination problems; uncontrolled muscle spasms; muscle twitching; restlessness; racing or fast heartbeat; high or low blood pressure; sweating; fever; nausea; vomiting; diarrhea; or stiff muscles.
- **Valvular heart disease:** Some people taking medicines like BELVIQ/BELVIQ XR have had heart valve problems. Call your Healthcare Provider right away if you experience trouble breathing; swelling of the arms, legs, ankles, or feet; dizziness, fatigue, or weakness that will not go away; or fast or irregular heartbeat. Before taking BELVIQ/BELVIQ XR, tell your Healthcare Provider if you have or have had heart problems.
- **Changes in attention or memory:** BELVIQ/BELVIQ XR may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ/BELVIQ XR affects you.
- **Mental problems:** Taking too much BELVIQ/BELVIQ XR may cause hallucinations, a feeling of being high or in a very good mood, or feelings of standing outside your body.
- **Depression or thoughts of suicide:** Call your Healthcare Provider right away if you notice any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.
- **Low blood sugar:** Weight loss can cause low blood sugar in people taking medicines for type 2 diabetes, such as insulin or sulfonylureas. Blood sugar levels should be checked before and while taking BELVIQ/BELVIQ XR. Changes to diabetes medication may be needed if low blood sugar develops.
- **Painful erections:** If you have an erection lasting more than 4 hours while on, stop taking BELVIQ/BELVIQ XR and call your Healthcare Provider or go to the nearest emergency room right away.
- **Slow heartbeat:** BELVIQ/BELVIQ XR may cause your heart to beat slower.
- **Decreases in blood cell count:** BELVIQ/BELVIQ XR may cause your red and white blood cell counts to decrease.
- **Increase in prolactin:** BELVIQ/BELVIQ XR may increase the amount of a hormone called prolactin. Tell your Healthcare Provider if your breasts begin to make milk or a milky fluid, or if you are a male and your breasts increase in size.
- **Most common side effects of BELVIQ®/BELVIQ XR® include:** Headache, dizziness, fatigue, nausea, dry mouth, constipation, cough, low blood sugar (hypoglycemia) in patients with diabetes, and back pain.
- **Nursing:** BELVIQ/BELVIQ XR should not be taken while breastfeeding.
- **Drug interactions:** Before taking BELVIQ/BELVIQ XR, tell your Healthcare Provider if you take medicines for depression, migraines, or other medical conditions, such as: triptans; medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, monoamine oxidase inhibitors, or antipsychotics; cabergoline; linezolid (an antibiotic); tramadol; dextromethorphan (an over-the-counter (OTC) common cold/cough medicine); OTC supplements such as tryptophan or St. John's Wort; or erectile dysfunction medicines.
- BELVIQ/BELVIQ XR is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.

For more information about BELVIQ/BELVIQ XR, talk to your Healthcare Provider and see the Patient Information on the reverse side.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

Get Ongoing Savings

**You've got your goals!**

FDA-approved BELVIQ® twice-daily 10 mg tablets helps you lose weight and keep it off. Also available as BELVIQ XR®, Once-Daily 20 mg extended-release tablets.

FDA approved for *weight loss*

Adding BELVIQ® to your healthy routine may help you take weight loss further and may help lower blood pressure.\* In clinical studies, BELVIQ® helped some people **lose weight and keep it off** more effectively, compared with diet and exercise alone.† **Ask your Healthcare Provider if BELVIQ® is right for you.**

\*Though it is not a blood pressure treatment, BELVIQ may lower blood pressure.

Also Available:

 **BELVIQ®**  
(lorcaserin HCl) CIV

 **BELVIQ XR®**  
(lorcaserin HCl) CIV EXTENDED RELEASE

Approval of BELVIQ XR® (lorcaserin HCl) CIV 20 mg tablet was based on the results of a clinical study that demonstrated bioequivalence (i.e., performs the same manner) to BELVIQ (lorcaserin HCl) CIV 10 mg tablet twice daily.

**Sign up for monthly savings<sup>‡</sup> and free support.**

**Now available to patients who have Medicare Part D.**

**Visit [BeginBELVIQXR.com](https://BeginBELVIQXR.com) or call 1-855-BELVIQ1 (1-855-235-8471)**

**PROMO CODE: OC**

<sup>†</sup>BELVIQ 10 mg twice daily was evaluated in three clinical studies involving overweight adults (with at least 1 weight-related medical condition) and adults living with obesity. All three studies compared people taking BELVIQ plus diet and exercise with people using diet and exercise alone (placebo). The results of the first two studies (involving 7,190 people without diabetes) showed that 47.1% of people taking BELVIQ lost 5% or more of their body weight compared with 22.6% of the placebo group. People taking BELVIQ also had significant improvements in their blood pressure and cholesterol levels. A third clinical study (involving 604 overweight adults with type 2 diabetes) showed that 37.5% of people taking BELVIQ lost 5% or more of their body weight compared with 16.1% of the placebo group. People with type 2 diabetes taking BELVIQ also had significant improvements in their blood sugar levels. Nearly one-half of all participants completed the first two studies; nearly two-thirds of the participants completed the third study.

<sup>‡</sup>Restrictions apply.



**IMPORTANT PATIENT INFORMATION**  
**BELVIQ® (BEL-VEEK) (lorcaserin hydrochloride)**  
**tablets, CIV**

**BELVIQ XR® (BEL-VEEK Eks-Are) (lorcaserin hydrochloride) Extended Release Tablets, CIV**

**What is BELVIQ?**

BELVIQ is a prescription medicine that may help adults with obesity, or some adults who are overweight and have weight related medical problems, lose weight and keep the weight off.

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

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

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

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

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

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

**Who should not take BELVIQ?**

**Do not take BELVIQ if you:**

- are pregnant or planning to become pregnant. BELVIQ may harm your unborn baby.
- are allergic to lorcaserin or any of the ingredients in BELVIQ or BELVIQ XR. See the end of this leaflet for a complete list of ingredients in BELVIQ and BELVIQ XR.

**What should I tell my Healthcare Provider before taking BELVIQ?**

Before you take BELVIQ, tell your Healthcare Provider if you:

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

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

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

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

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

- medicines to treat erectile dysfunction
- Ask your Healthcare Provider or pharmacist for a list of these medicines, if you are not sure.
- Know all the medicines you take. Keep a list of them to show your Healthcare Provider and pharmacist when you get a new medicine.

**How should I take BELVIQ?**

- Take BELVIQ exactly as your doctor tells you to take it.
- Your Healthcare Provider will tell you how much BELVIQ to take and when to take it.
- BELVIQ comes in 2 different dose forms. Your Healthcare Provider will prescribe the form of BELVIQ that is right for you.
  - **BELVIQ:** Take one tablet 2 times each day.
  - **BELVIQ XR:** Take one tablet 1 time each day.
- **Do Not** increase your dose of BELVIQ. BELVIQ can be taken with or without food.
- Take the whole BELVIQ XR extended release tablet. Do not chew, crush, or divide the tablet.
- Your Healthcare Provider should start you on a diet and exercise program when you start taking BELVIQ. Stay on this program while you are taking BELVIQ.
- Your Healthcare Provider should tell you to stop taking BELVIQ if you do not lose a certain amount of weight within the first 12 weeks of treatment.
- If you take too much BELVIQ or overdose, call your Healthcare Provider or go to the nearest emergency room right away.

**What should I avoid while taking BELVIQ?**

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

**What are the possible side effects of BELVIQ?**

**BELVIQ may cause serious side effects, including:**

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

- **Painful erections (priapism).** The medicine in BELVIQ can cause painful erections that last more than 6 hours. If you have an erection lasting more than 4 hours whether it is painful or not, stop using BELVIQ and call your Healthcare Provider or go to the nearest emergency room right away.
- **Slow heart beat.** BELVIQ may cause your heart to beat slower. Tell your Healthcare Provider if you have a history of your heart beating slow or heart block.
- **Decreases in your blood cell count.** BELVIQ may cause your red and white blood cell count to decrease. Your Healthcare Provider may do tests to check your blood cell count while you are taking BELVIQ.
- **Increase in prolactin.** The medicine in BELVIQ may increase the amount of a certain hormone your body makes called prolactin. Tell your Healthcare Provider if your breasts begin to make milk or a milky discharge or if you are a male and your breasts begin to increase in size.
- The most common side effects of BELVIQ include:
  - headache
  - constipation
  - dizziness
  - cough
  - fatigue
  - low blood sugar (hypoglycemia)
  - nausea
  - in patients with diabetes
  - dry mouth
  - back pain

These are not all the possible side effects of BELVIQ. For more information, ask your doctor or pharmacist. Call your Healthcare Provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**How should I store BELVIQ?**

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

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

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

**General information about the safe and effective use of BELVIQ.**

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

You can ask your doctor or pharmacist for information about BELVIQ that is written for health professionals. For more information, go to [www.BELVIQ.com](http://www.BELVIQ.com) Website or call 1-888-274-2378.

**What are the ingredients in BELVIQ and BELVIQ XR? BELVIQ Tablets**

**Active Ingredient:** lorcaserin hydrochloride hemihydrate  
**Inactive Ingredients:** silicified microcrystalline cellulose NF; hydroxypropyl cellulose NF; croscarmellose sodium NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; talc USP; FD&C blue #2/indigo carmine aluminum lake; and magnesium stearate NF

**BELVIQ XR extended-release tablets**

**Active Ingredient:** lorcaserin hydrochloride hemihydrate  
**Inactive Ingredients:** microcrystalline cellulose NF; mannitol USP; hypromellose USP; ethylcellulose dispersion Type B NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; talc USP; FD&C yellow #6/sunset yellow FCF aluminum lake; iron oxide yellow NF; iron oxide red NF; and magnesium stearate NF

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This Patient Information has been approved by the U.S. Food and Drug Administration.  
For more information, go to [www.BELVIQ.com](http://www.BELVIQ.com) or call 1-888-274-2378.

Revision: May 2017



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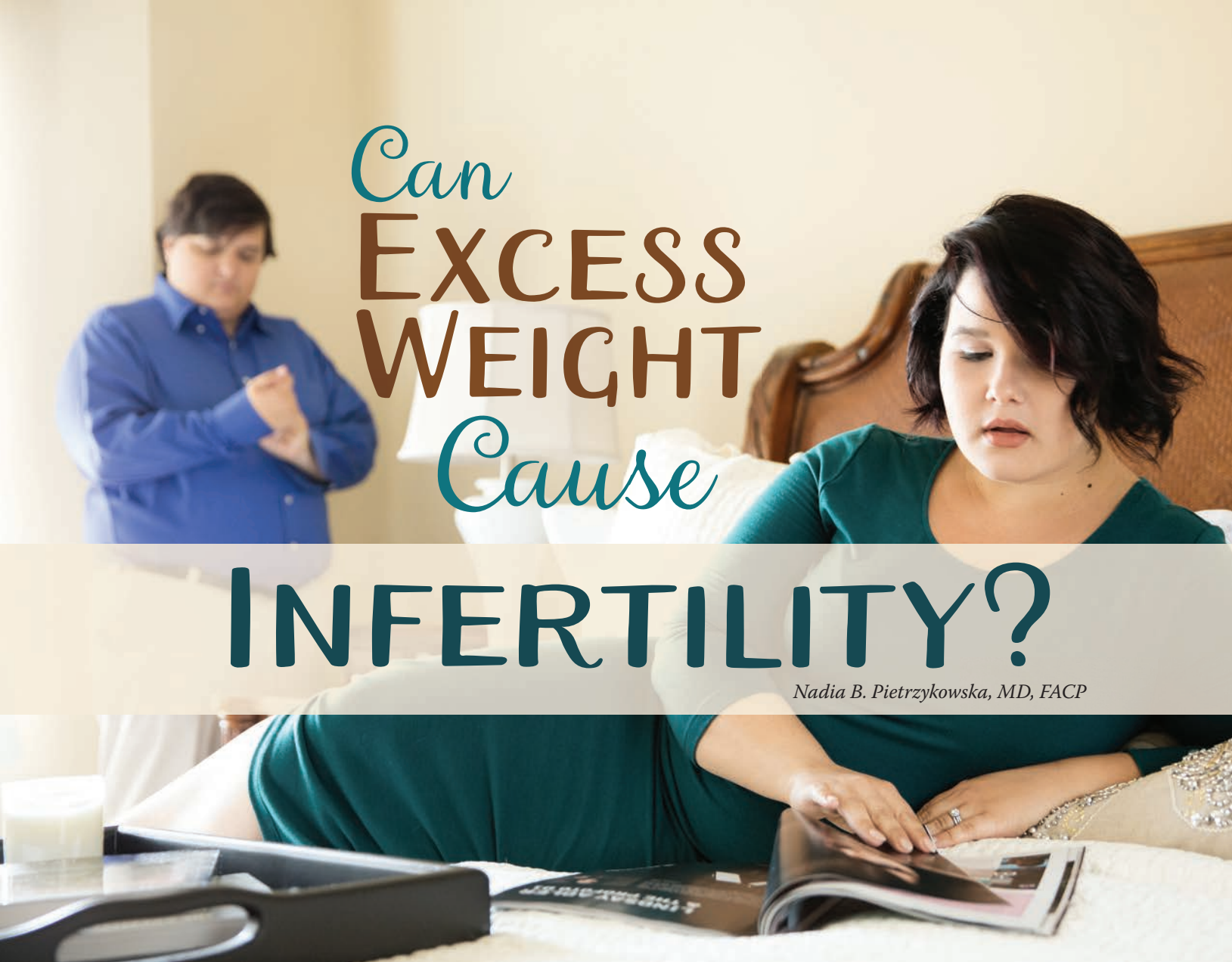
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# Can EXCESS WEIGHT Cause INFERTILITY?

Nadia B. Pietrzykowska, MD, FACP

“Excess weight affects most body systems, including reproduction. Both women and men affected by excess weight or obesity are at risk for problems associated with reproductive health.”

Worldwide, infertility affects 10 to 15 percent of couples and in recent decades, industrialized nations all over the world have experienced a decline in fertility rates.

## HOW DOES EXCESS WEIGHT IMPACT INFERTILITY?

Excess weight affects most body systems, including reproduction. Both women and men affected by excess weight or obesity are at risk for problems associated with reproductive health. Infertility rates increase even more if both partners are considered affected by obesity. Studies show that if both partners have a body mass index (BMI) greater than 35 kg/m<sup>2</sup> (class 2 obesity or higher), the chance of not being able to conceive increases by 60 percent when compared to couples with a BMI under 25 kg/m<sup>2</sup> (considered average/healthy).



## HOW DOES EXCESS WEIGHT AFFECT FERTILITY IN WOMEN?

Decreased fertility, increased miscarriage rates and pregnancy complications have been observed in women with a higher BMI, especially above 30 kg/m<sup>2</sup> (considered as having obesity). In addition, these outcomes are also worse with assisted conception. This includes lower rates of induced ovulation, less productive egg donation cycles and less successful In Vitro Fertilization (IVF). Lastly, when conception is successful (whether natural or assisted), the risks of pregnancy complications are higher for both mother and baby.

The way obesity affects fertility is complex and involves several factors including:

- **Higher Chance of Insulin Resistance** - Muscle, fat and liver cells do not respond properly to insulin and can't easily grab glucose from the bloodstream. As a result, the body needs higher levels of insulin to help glucose enter cells.
- **High Insulin Levels** - When you eat carbohydrates and your blood sugar rises, your pancreas releases insulin to bring blood sugar levels back to normal. Insulin helps glucose enter your cells so your body can use it for fuel. High insulin levels are a sign of insulin resistance and can lead to problems with glucose control.
- **Increased Incidence of Polycystic Ovarian Syndrome** - This is a condition in which a woman's estrogen and progesterone (sex hormones) are out of balance. This leads to the growth of ovarian cysts (benign masses on the ovaries).

These conditions appear with an abnormal sex hormone balance tipping toward a more androgenic (male) profile. Both high insulin levels and high androgen hormone levels disturb ovulation cycles and decrease fertility. Women with these conditions tend to have:

- Irregular periods
- Increased abdominal adiposity (body fat)
- Hirsutism (unwanted male-pattern hair growth on a woman's face, chest and back)
- Skin acne

The hormonal environment allowing for proper ovarian function and successful ovulation is dependent on the balance between several types of hormones. It has been found that leptin, which is a hormone produced by fat tissue, is elevated in women with obesity. This in turn reduces fertility. Studies also show that when ovulation is successful, the egg quality may be poorer and not result in a successful pregnancy.

The next step is successful implantation of the fertilized egg in the endometrium (tissue lining the inner cavity of the uterus or womb). In women with obesity, endometrial development and egg implantation are also poor – even though the exact mechanism is unclear. Finally, when implantation is successful, women with excess weight have a lower chance for successful pregnancy due to higher miscarriage rates.

Women undergoing IVF have poorer outcomes when they are affected by excess fat tissue. They seem to require higher doses of gonadotropins (hormones that stimulate the ovaries to produce oocytes), and IVF results in less eggs available. Some studies also show that the endometrium inside the uterus is not as favorable to embryo implantation as it would be in a woman without excess weight.

## IMPROVING FERTILITY IN WOMEN

Many medical societies, including the American Society for Reproductive Medicine, The American Dietetic Association, The American Society for Nutrition and others, recommend that women with excess weight or obesity be provided with assistance to lose weight prior to conception and later to maintain a healthy weight after pregnancy. The Canadian clinical practice guidelines on the management and prevention of obesity in adults and children recommend 5-10 percent weight-loss through lifestyle changes as a first step in treatment. In cases of unsuccessful medical treatment of obesity, bariatric surgery should be considered. This said, pregnancy in the first years after bariatric surgery is discouraged and this should be discussed thoroughly with a bariatric surgeon to determine goals and expectations.



*Infertility continued on page 24*

## HOW DOES EXCESS WEIGHT AFFECT FERTILITY IN MEN?

In the last 10 years, we've spent more time learning about the impact of a man's weight on couple's fertility. As we learn more, it looks like excess weight in males may decrease fertility and embryo health.

Obesity in men contributes to infertility by decreasing sperm count and quality, increasing erectile dysfunction and increasing other physical conditions like sleep apnea, for example. These effects can be more severe if there are additional risk factors present such as:

- Tobacco smoking
- Excessive alcohol intake

These occurrences are complex and not fully understood. It is known that sperm production is regulated by a process involving hormone regulation by several organs in the body. A delicate balance involving certain parts of the brain (hypothalamus and pituitary) and testicular tissue is needed to ensure reproduction. Some studies conclude that this balance is affected by excess weight.

## HOW DO INSULIN LEVELS AFFECT HORMONES?

Just as with women, increased insulin levels and insulin resistance in men may affect sex hormone levels through complex systems. Fat tissue itself plays a role in some of these hormonal processes since it is linked to a higher production of estrogen. Estrogen is a hormone present in both males and females, but with much lower levels present in males. Fat tissue has the ability to increase the amount of estrogen in the human body regardless of gender. So, excess fat tissue may increase these hormone levels in males causing abnormally elevated levels that result in hormonal imbalance affecting fertility.

In addition, men with excess fat tissue may have decreased testosterone levels and experience more fatigue and decreased libido, which may affect reproductive health. Beyond hormonal regulation of fertility in males, IVF studies have also shown that sperm from males with obesity appear to have a lesser ability to bind to female eggs and can cause lower rates of fertilization.

Another theory attempting to explain decreased male fertility in individuals affected by excess weight is the possibility of increased scrotal temperature due to excess weight and fat tissue. Because sperm production is highly sensitive to temperature, some scientists think that this may be another contributing factor to decreased fertility.



## IMPROVING FERTILITY IN MEN AND COUPLES

Improving fertility in males through lifestyle changes and weight-loss has been demonstrated in studies. This said, proper nutrition is also important as malnutrition and drastic weight-loss in the short term may result in decreased fertility. The timing of weight-loss efforts and conception needs to be discussed with a healthcare professional.

Additionally, a couple's mental health must not be underestimated. Both infertility and obesity are associated with higher rates of depression. Recognizing, diagnosing and treating depression or milder mood disorders help treat both obesity and infertility.

Remember, weight-loss of just 5 to 10 percent can produce incredible results – so don't ever be discouraged!



## CONCLUSION

Fertility in couples affected by excess weight or obesity is a complex process. Both men and women play a significant role in a couple's ability to conceive a child, so it's important to take gradual steps toward a healthier weight and lifestyle. Remember, weight-loss of just 5 to 10 percent can produce incredible results – so don't ever be discouraged! If you and your partner are searching for safe and sound solutions for improving couple fertility, discuss these matters with a health professional. There are different options available to you, so don't be afraid to look for help!

### *About the Author:*

*Nadia B. Pietrzykowska, MD, FACP, is a Board Certified and Fellowship trained Obesity Medicine and Nutrition Physician Specialist. She has a primary specialty in Internal Medicine. She is the Founder and Medical Director of "Weight & Life MD", a Center dedicated to Medical Weight Management and Lifestyle located in New Jersey. Dr. Pietrzykowska has been involved in the Obesity Action Coalition for several years helping to educate both patients and physicians. She strongly believes in personalized as well as long-term approaches to treating the chronic disease of obesity and its comorbid conditions.*



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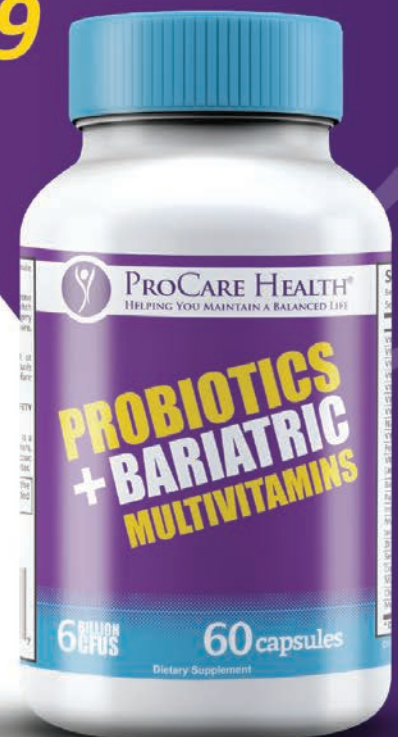
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# Dear Doctor +

## Intermittent Fasting: A Winner for Weight-loss or a Diet Dud?



Answer Provided by  
Jessica Bartfield, MD

*Please consult your physician before starting any diet or exercise program.*

At any given time, nearly half of the adults living in the United States are trying to lose weight. In doing so, most people try to eat less and exercise more. The majority of weight-loss experts agree that changing eating patterns usually leads to greater weight-loss than increasing exercise. Bottom line, calories need to be cut to lose weight. Decreasing calories by about 500 per day can lead to safe and effective weight-loss<sup>1</sup>. But how best to do this?

For at least the past 20 years, the focus has been on what to eat for caloric reduction and weight-loss:

- Low fat
- Low carb
- High protein
- Gluten-free
- Mediterranean
- Vegetarian
- Vegan
- Paleo

All of these have been recommended at one time or another as the best way to drop pounds. This can be very confusing for a person who is trying to lose weight. Interestingly, when these different eating patterns for weight-loss are compared to each other, they tend to all result in the same amount of weight-loss, as long as people keep eating the same way. There lies the greatest difficulty- being able to follow a certain eating pattern over many weeks, months and even years. If and when people return to previous eating behaviors, weight regain occurs.

More recently, the focus has shifted from what to eat for weight-loss, to when to eat for weight-loss. Imagine that instead of having to think constantly about what to eat:

- Choosing which types of foods
- Measuring portions
- Counting calories



All you simply have to change is the timing of meals and snacks to effectively lose weight.

The concept is called intermittent fasting, and it is quickly gaining attention among top scientists and weight-loss experts as an effective way to lose weight. People may find intermittent fasting easier to stick to over the long term. There are different types of intermittent fasting options (listed on the following page).

“More recently, the focus has shifted from what to eat for weight-loss, to when to eat for weight-loss.”

## Intermittent Fasting Options

For example, one plan recommends not eating for 24 hours one or two days per week. You would eat dinner and then:

1

- Skip any nighttime snacks
- Breakfast
- Lunch
- And all other snacks until dinner the following day

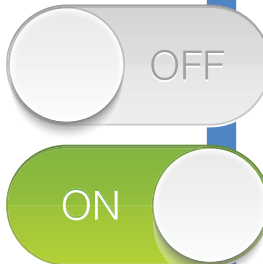


All other days of the week you eat as you normally would.

Another plan recommends alternate day fasting:

2

- Eating only about 400-600 calories total for one day
- Then eating as you normally would the following day
- And repeating this pattern every day



3

Finally, a third option called timed restricted feeding recommends eating as you normally would during a specific period of time (i.e., 8 hours), then fasting during the remaining time (i.e., 16 hours).



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## NEED HELP TAKING OFF EXCESS WEIGHT AND KEEPING IT OFF?

Along with a reduced-calorie meal plan and increased physical activity, **FDA-approved Saxenda® can help you lose weight and keep it off.**

- **Some people lost 2.5 times more weight with Saxenda®** vs placebo (17.3 lb vs 7 lb) in a medical study. Study participants had an average starting weight of 234 lb and an average body mass index (BMI) of 38<sup>a</sup>
- **Weight loss was maintained with Saxenda®** in another 1-year medical study,<sup>b,c</sup> in which 8 out of 10 people were able to lose 5% or more of their weight within 4 to 12 weeks with a low-calorie meal plan and increased physical activity. In addition, at the end of this study, on average, people who were on Saxenda® were able to achieve an additional 6.8% weight loss vs placebo (0.0%)

<sup>a</sup>These 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.

<sup>b</sup>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. 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.

<sup>c</sup>Results may not reflect those expected in the general population.

**Ask your health care professional about Saxenda® and learn more at [Saxenda.com](http://Saxenda.com)**

### What is Saxenda®?

Saxenda® (liraglutide) injection 3mg 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.

- Saxenda® is not for the treatment of type 2 diabetes
- Saxenda® and Victoza® have the same active ingredient, liraglutide, and 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

### 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: **Possible thyroid tumors, including cancer.** 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. In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. Do not use Saxenda® if you or any of your family have ever had MTC, or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

**Who should not use Saxenda®?**  
Do not use Saxenda® if:

- you or any of your family have a history of MTC
- you have 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, and severe rash or itching

Talk with your health care provider if you are not sure if you are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby.

#### Before taking Saxenda®, tell your health care provider about all of your medical conditions, including 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®
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food
- have or have had problems with your pancreas, kidneys or liver
- have or have had depression or suicidal thoughts
- are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby. Tell your health care 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 health care provider should decide if you will take Saxenda® or breastfeed. You should not do both without talking with your healthcare provider first

**Please see brief summary of Information about Saxenda® 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](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.**



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**Saxenda®**  
liraglutide injection 3mg

<div>  <div> <b>Brief Summary of Information about Saxenda® (liraglutide) injection 3 mg</b> </div> </div>	<ul style="list-style-type: none"> <li>• If you take too much Saxenda®, call your healthcare provider right away. Too much Saxenda® may cause severe nausea and vomiting.</li> <li>• Never share your Saxenda® pen or needles with another person. You may give an infection to them, or get an infection from them.</li> </ul>
<b>Rx Only</b> This information is not comprehensive. How to get more information: <ul style="list-style-type: none"> <li>• Talk to your healthcare provider or pharmacist</li> <li>• Visit <a href="http://www.novo-pi.com/saxenda.pdf">www.novo-pi.com/saxenda.pdf</a> to obtain the FDA-approved product labeling</li> <li>• Call 1-844-363-4448</li> </ul>	<b>What are the possible side effects of Saxenda®?</b> <ul style="list-style-type: none"> <li>• <b>Saxenda® may cause serious side effects, including: possible thyroid tumors, including cancer.</b> See “What is the most important information I should know about Saxenda®?”</li> <li>• <b>inflammation of the pancreas (pancreatitis).</b> Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.</li> <li>• <b>gallbladder problems.</b> Saxenda® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:               <ul style="list-style-type: none"> <li>• pain in your upper stomach (abdomen)</li> <li>• yellowing of your skin or eyes (jaundice)</li> <li>• fever</li> <li>• clay-colored stools</li> </ul> </li> <li>• <b>low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus.</b> 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:               <ul style="list-style-type: none"> <li>• shakiness</li> <li>• weakness</li> <li>• hunger</li> <li>• sweating</li> <li>• dizziness</li> <li>• fast heartbeat</li> <li>• headache</li> <li>• confusion</li> <li>• feeling jittery</li> <li>• drowsiness</li> <li>• irritability</li> </ul> </li> </ul>
<b>What is the most important information I should know about Saxenda®?</b> <b>Serious side effects may happen in people who take Saxenda®, including: Possible thyroid tumors, including cancer.</b> 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. In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. Do not use Saxenda® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).	
<b>What is Saxenda®?</b> Saxenda® is an injectable prescription medicine that may help some obese or overweight adults who also have weight related medical problems lose weight and keep the weight off. <ul style="list-style-type: none"> <li>• Saxenda® should be used with a reduced calorie diet and increased physical activity.</li> <li>• Saxenda® is not for the treatment of type 2 diabetes mellitus.</li> <li>• Saxenda® and Victoza® have the same active ingredient, liraglutide.</li> <li>• Saxenda® and Victoza® should not be used together.</li> <li>• Saxenda® should not be used with other GLP-1 receptor agonist medicines.</li> <li>• Saxenda® and insulin should not be used together.</li> <li>• It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.</li> <li>• It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke.</li> <li>• It is not known if Saxenda® can be used safely in people who have had pancreatitis.</li> <li>• 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.</li> </ul>	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®. <ul style="list-style-type: none"> <li>• <b>increased heart rate.</b> 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®.</li> <li>• <b>kidney problems (kidney failure).</b> 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.</li> </ul>
<b>Who should not use Saxenda®?</b> <b>Do not use Saxenda® if:</b> <ul style="list-style-type: none"> <li>• you or any of your family have a history of medullary thyroid carcinoma.</li> <li>• 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.</li> <li>• you are allergic to liraglutide or any of the ingredients in Saxenda®.               <ul style="list-style-type: none"> <li>• Symptoms of a serious allergic reaction may include:                   <ul style="list-style-type: none"> <li>• swelling of your face, lips, tongue, or throat</li> <li>• problems breathing or swallowing</li> <li>• fainting or feeling dizzy</li> <li>• severe rash or itching</li> <li>• very rapid heartbeat</li> </ul> </li> </ul> </li> </ul> Talk with your healthcare provider if you are not sure if you have any of these conditions. <ul style="list-style-type: none"> <li>• are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby.</li> </ul>	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. <ul style="list-style-type: none"> <li>• <b>serious allergic reactions.</b> Serious allergic reactions can happen with Saxenda®, and get medical help right away if you have any symptoms of a serious allergic reaction. See “<b>Who should not use Saxenda®</b>”.</li> <li>• <b>depression or thoughts of suicide.</b> 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.</li> </ul>
<b>Before taking Saxenda®, tell your healthcare provider about all of your medical conditions, including if you:</b> <ul style="list-style-type: none"> <li>• have any of the conditions listed in the section “What is the most important information I should know about Saxenda®?”</li> <li>• are taking certain medications called GLP-1 receptor agonists.</li> <li>• are allergic to liraglutide or any of the other ingredients in Saxenda®.</li> <li>• have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.</li> <li>• have or have had problems with your pancreas, kidneys or liver.</li> <li>• have or have had depression or suicidal thoughts.</li> <li>• 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®.</li> <li>• 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.</li> </ul> Tell your healthcare provider about all the medicines you take including prescription and over-the-counter 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 diabetes medicines, especially sulfonylurea medicines or insulin.	The most common side effects of Saxenda® include: <ul style="list-style-type: none"> <li>• nausea</li> <li>• headache</li> <li>• decreased appetite</li> <li>• dizziness</li> <li>• diarrhea</li> <li>• vomiting</li> <li>• upset stomach</li> <li>• stomach pain</li> <li>• constipation</li> <li>• low blood sugar (hypoglycemia)</li> <li>• tiredness</li> <li>• change in enzyme (lipase) levels in your blood</li> </ul> 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 possible side effects of Saxenda®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. <b>Keep your Saxenda® pen, pen needles, and all medicines out of the reach of children.</b> For more information, go to <a href="http://saxenda.com">saxenda.com</a> or call 1-844-363-4448. Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark <b>More detailed information is available upon request.</b> Available by prescription only. For information about Saxenda® contact: Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536 1-844-363-4448 Saxenda® and Victoza® are registered trademarks of Novo Nordisk A/S. <b>PATENT Information:</b> <a href="http://novonordisk-us.com/patients/products/product-patents.html">http://novonordisk-us.com/patients/products/product-patents.html</a>
<b>How should I use Saxenda®?</b> <ul style="list-style-type: none"> <li>• 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. <b>Do not inject into a vein or muscle.</b></li> </ul>	<b>Revised: SEPTEMBER 2016, VERSION 2</b>  © 2016 Novo Nordisk USA16SAM04984 12/2016 <div>  </div>



## How Long has Intermittent Fasting Been Around?

Although considered a “new” idea for weight-loss, intermittent fasting has been around for hundreds of years, often used for religious or spiritual purposes. Christians often fast during Lent, Jews fast during Yom Kippur and Muslims fast during Ramadan. Many people will find it a familiar practice, possibly easier to understand and follow for weight-loss purposes. But two key questions need to be answered:

- Does it really work for weight-loss?
- What are the risks?

## Does Intermittent Fasting Work? What are the Risks?

Researchers are conducting many studies using intermittent fasting to answer these questions and learn some useful information. Both animal studies and human studies have offered interesting results about not just weight-loss, but these condition as well:

- Changes in blood pressure
- Changes in blood sugar
- Aging process can change

“People who did intermittent fasting for three months lost about 5-7 percent of their starting weight (average 12-14 lbs.)<sup>2,4</sup>”

Looking specifically at weight-loss, some animal studies have shown hopeful results. For example, mice that fasted every other day did not have much greater weight-loss when compared to mice who followed a reduced calorie diet, but did have significantly less visceral fat and smaller fat cell size<sup>2,3</sup>. Visceral fat is the dangerous fat that surrounds internal organs- (i.e., stomach, liver, gallbladder) and can lead to the development of diabetes, high blood pressure, high cholesterol, etc.

Human studies on intermittent fasting have also shown some positive findings specifically for weight-loss. People who did intermittent fasting for 3 months lost about 5-7 percent of their starting weight (average 12-14 lbs.)<sup>2,4</sup>. Although it may not seem like a very high amount of weight-loss, this amount may lower blood pressure, improve cholesterol and diabetes and even lessen joint pain from severe osteoarthritis.

In addition, people who used intermittent fasting for at least 3 months decreased their waist size by 2-3 inches. This is very important as high waist measurements (greater than 35 inches for women and greater than 40 inches for men) indicate high amounts of visceral fat (dangerous fat) and thus higher risk for many different diseases. Therefore, lowering your waist circumference improves health and decreases disease risks. Other studies using intermittent fasting for weight-loss have shown similar results.

## Is Intermittent Fasting Effective?

So to answer the first key question - yes, intermittent fasting does result in significant weight-loss. We still do not know, however, if it is better than other specific eating patterns for weight-loss, or if it is more effective than just overall cutting calories. It may not be. One study found that male veterans who used intermittent fasting for 6 months lost about the same amount of weight as those who just decreased their calories by 500 every day<sup>5</sup>. We also do not know whether it may work better for specific populations, such as people with diabetes, men versus women or certain age groups.

## Problems with Intermittent Fasting

Now, how about potential problems with intermittent fasting? Unfortunately, there are very few studies in animals or humans that have specific safety information. Potential problems with intermittent fasting would likely occur if the fasting is not done correctly. People who fast for too long of a time or too frequently may risk:

- Starvation
- Dehydration
- Vitamin or mineral deficiencies
- Anemia
- Hair loss

Some people may feel fatigue, irritability, difficulty concentrating, increased hunger or all of the above. Not helpful for losing weight and keeping it off over the long-term!



People with a history of:

- Emotional eating
- Binge eating
- Or other disordered eating behaviors

May have a higher risk of overeating on the non-fasting days, and not get any benefits.

So the answer to the second question is also yes, intermittent fasting does carry some risks. We do not, however, know yet if these risks are very low, more concerning or who might be at greatest risk.

## Conclusion

Overall, the last word on intermittent fasting has yet to be written. For now, it offers a different way to change eating patterns for weight-loss. Rather than concentrating on what to eat, concentrate on when to eat. Many people may find this type of change more attractive and less overwhelming than trying to sort through all the different diets reported for weight-loss. If the diet is easier to follow, then it will be easier for people to keep up with it over the long-term and reduce their risk for weight regain. And that is the ultimate goal for successful weight-loss- not only losing weight, but also keeping it off permanently! As with any weight-loss plan, you should always talk with your doctor first. Your doctor can help determine if intermittent fasting is a good option for you, how best to do it and monitor you to ensure that you are experiencing both safe and successful weight-loss.

### About the Author:

*Jessica Bartfield, MD, completed a postdoctoral fellowship in clinical nutrition and obesity at the University of Alabama Birmingham. She is board certified in internal medicine and obesity medicine. She has practiced obesity medicine for the past seven years and recently joined The Weight Management Center at Wake Forest Baptist Medical Center. She is a member of The Obesity Society and the American Society for Metabolic and Bariatric Surgery.*

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## BACK TO SCHOOL

### Lunch Ideas

by Sarah Muntel, RD

#### First, Let's Look at the Basics.

Make sure your lunch has this: Protein/Fruits/Vegetables/Dairy/Whole Grains. That seems like a lot for a kid, but offering all of the food groups can provide maximum nutrition. How about this?

- Ham and cheese on a whole wheat tortilla
- Yogurt, apple slices and carrot sticks
- A small cookie (because who's perfect!)

These options can provide a great lunch and offer protein, complex carbohydrates, vitamins, minerals and fiber. Looking for more ideas? Check these out:

- Peanut butter and banana sandwich on whole wheat bread
- Green peppers and low-fat dip
- String cheese
- Strawberries

There are so many  
choices for a tasty lunch!



Summer has come to an end... bring on school, Fall and fun! It takes a while to get into the fall mindset of homework, schedules and school activities, but once you do, it's a snap! With the thought of back-to-school, many parents struggle with packing lunches every day for their kids. With a little creativity, planning and commitment, you can knock school lunch out of the park!

Let's dust off the old lunch boxes and get creative!

First, it's important to know that a balanced school lunch can set your kids up for success. Multiple studies show that when kids eat a healthy lunch, they will be able to focus and have the energy to get through the day. Some studies even show improved test scores. Additionally, with the rise in childhood obesity rates, a healthy lunch has a big impact on a child's long-term health. Who wouldn't want to take steps to make their kids more successful?



## Additional Tips for Creating Power-packed Lunches



### LIMIT SUGAR:

Sure, a treat can be fine once in a while. There is nothing wrong with a cookie in your lunch box sometimes, but watch for hidden sugars elsewhere. There are many added sugars in drinks, yogurt tubes, apple sauces and fruit snacks. Read the nutrition labels on food packages and limit added sugars!

### PLAN AHEAD:

There is nothing worse than throwing a lunch together two minutes before the bus pulls up. Spend some prep time to get set for the week by chopping and bagging vegetables, slicing fruit in containers and portioning out whole grain crackers. If you prep on Sunday, you can grab and go all week. This can also lead to a less stressful morning! Another option is to pack the entire lunch the night before and put it in the fridge for later. This way, you can completely avoid the morning rush.

### GET THE RIGHT TOOLS:

Remember the days of brown paper bag lunches? Things are so much easier now! Here are a few things you may need:

- **Ice Pack**

Keep your lunch cool and at the right temperature until lunch.

- **Plastic containers**

Containers of all shapes and sizes can make packing fruit, salads, sandwiches and sides super easy. This is also a great way to help the environment!

- **Thermos**

This can completely expand your meal choice options. Soups and chili on a cold day or cool chicken salad can be great choices!

- **Water bottle**

Guess what you put in a water bottle... water! Yes, that's right, the healthiest drink of all! A cool water bottle can go a long way with kids. In January 2017, the Centers for Disease Control (CDC) released a study that showed almost two-thirds of children in the United States consumed at least one sugary beverage on any given day, and roughly 30 percent consumed two or more a day. That is a lot of sugar!

## GET YOUR KIDS INVOLVED:

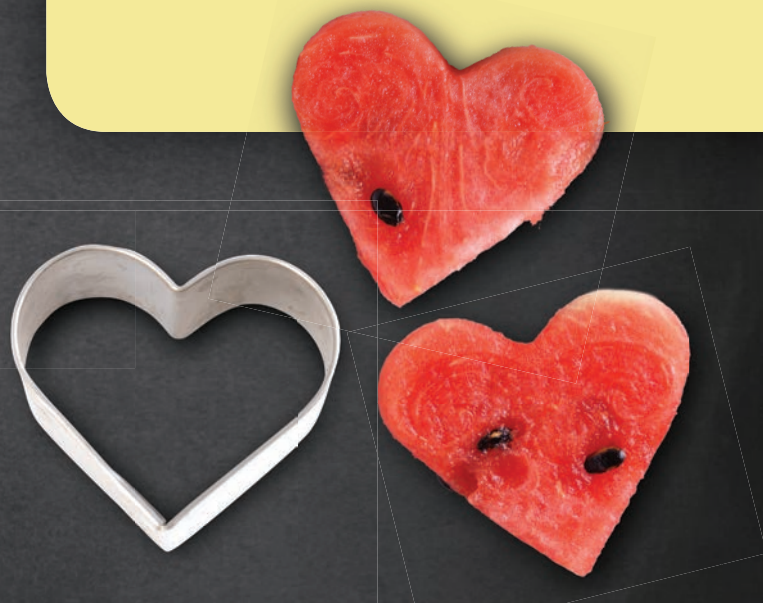
One year, I packed my daughter yogurt every day in her lunch. I learned after four months that she threw it away every single day. That was my fault for packing her what I thought she should have without asking her for ideas. Talk about foods they would like to include and even ask them to come to the grocery store with you! Another idea is to have your kids pack their own lunch.

## GIVE YOUR LUNCH SOME CHARACTER:

Grab some cookie cutters and use them to make fun-shaped sandwiches or heart-shaped watermelon slices. Use lunch box notes as a way to connect with your kids. Write a funny joke, wish them luck on a test or just say hi!

## COOK A LITTLE EXTRA:

Having grilled chicken on Sunday night? Grill up some extra chicken breasts to chop up in a salad or put in a whole grain tortilla. Think of this often. Last night's dinner can be tomorrow's lunch!



*KID'S Corner continued on the following page*



# Helpful Recipes TO ADD TO SCHOOL LUNCHES

Create this recipe the night before for dinner. Make a little extra and serve cold the next day in your child's lunch box!



## Chicken-Veggie Quesadillas with Ranch Yogurt Sauce

[www.sparkrecipes.com](http://www.sparkrecipes.com)

### Ingredients:

- 1/4 cup low-fat plain Greek yogurt
- 2 tsp Ranch seasoning blend
- 12 ounces boneless and skinless chicken breast
- 1 tsp canola oil
- 2 red or orange bell peppers, top and bottom removed, cored and seeded
- 4 whole-wheat tortillas
- 2 tomatoes, diced
- 1/2 cup shredded Monterey or Pepper Jack cheese

### Directions:

1. In a small bowl, make the sauce by combining the yogurt and 1/2 teaspoon of the seasoning blend. Cover and chill in the refrigerator.
2. Place the chicken into a plastic bag. Using a meat mallet or rolling pin, pound out the meat to 1/4-inch thickness. Add oil and remaining seasoning blend to the bag. Marinate meat 10 minutes or up to 8 hours.
3. Place a cast-iron skillet or nonstick skillet over moderate heat. Once warmed, add the peppers. Sear the peppers by pressing down on them for 2 to 3 minutes. Remove from heat, let cool slightly and dice.
4. Place the chicken in the skillet (discard the marinade) and cook over moderate-high heat for 4 to 5 minutes. Turn and continue to cook until internal temperature reaches 165° Fahrenheit, about 5 minutes more. Remove the meat from the skillet, let cool slightly and dice. Wipe out the skillet with paper towels.
5. Reheat the skillet to moderate heat. Build the quesadillas one at a time by placing a tortilla in the pan, then layering on half of the chicken, peppers, tomatoes and cheese. Top with a second tortilla and cook for 2 minutes on each side until the cheese melts. Remove the cooked quesadilla to a cutting board. To serve, cut each quesadilla in half with a pizza wheel if you have one. Serve with the ranch sauce.

## No Bake Energy Bites

[www.allrecipes.com](http://www.allrecipes.com)

### Ingredients:

- 1 cup rolled oats
- 1/2 cup mini semi-sweet chocolate chips
- 1/2 cup ground flax seed
- 1/2 cup crunch peanut butter
- 1/3 cup honey
- 1 tsp vanilla extract

### Directions:

Combine ingredients in a bowl. Mix with your hands and form into balls. Arrange on baking sheet and freeze for one hour.





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## Main Dish Ideas:

### Find a Thermos

This is a great way to use your leftovers!

- Chicken, pork or steak with a side of barbecue sauce
- Soups, chili or mac and cheese
- Last night's dinner – Spaghetti, stir fry or casserole



### Sandwich or Wrap

- Whole-grain bread with lunch meat
- Whole-grain tortilla with peanut butter and banana (or any fruit - try strawberry!)
- Cheese quesadilla (wrap in aluminum foil)

### Salads To-go

- Lettuce, veggies and protein (use last night's protein)
- Cold pasta salad with grilled chicken
- Tuna or chicken salad



### Go Meat-free

- Yogurt, fruit and granola
- Cottage cheese and fruit
- Make your own pizza – English muffin or tortilla, pizza sauce and cheese (Kids assemble!)
- Ants on a log (celery/peanut butter/raisins)
- Apples and nut butter
- Pretzels with cheese



## Sensible Lunchbox Sides:



- ❑ Edamame
- ❑ Baked chips
- ❑ Almonds
- ❑ Peppers and hummus
- ❑ Sliced cucumber and dip
- ❑ Side salad
- ❑ Low-fat yogurt
- ❑ Banana
- ❑ Graham crackers
- ❑ No-sugar-added applesauce
- ❑ Walnuts
- ❑ Strawberries
- ❑ Blueberries
- ❑ Pears
- ❑ Cottage Cheese
- ❑ Whole-grain crackers
- ❑ Pretzels
- ❑ Popcorn
- ❑ Pasta salad
- ❑ Avocado slices
- ❑ Raspberries
- ❑ Dried fruit
- ❑ Animal crackers
- ❑ Last night's veggies
- ❑ Berries and fruit dip
- ❑ Cheese cubes
- ❑ Fresh fruit cup





## SOMETHING SWEET

A sweet treat is great every once in a while as well. Balancing a healthy meal with a small treat is a great plan. Opt for small portions of treats, but don't count out foods with natural sweetness. Fruits and low-fat flavored yogurts can be great ways to add a sweet taste without a lot of added sugar. Give them a try!

## WHAT ABOUT SCHOOL LUNCH?

On a busy day, is a school lunch an option? It can be, and school lunches can be okay. There are certain standards by the National School Lunch Program that set a requirement for serving fruits, vegetables, whole grains and low-fat milk. Is it perfect? No, but on a busy day, it can be a better option than chips, cookies and a juice box. Don't count it out!

## AND AT THE END OF IT ALL...

There are so many options to choose from, and finding the balance between a healthy lunch and something your child may eat can be difficult. Take your time and sneak in a few healthy options here or there. You'll be glad you did in the long run!

### 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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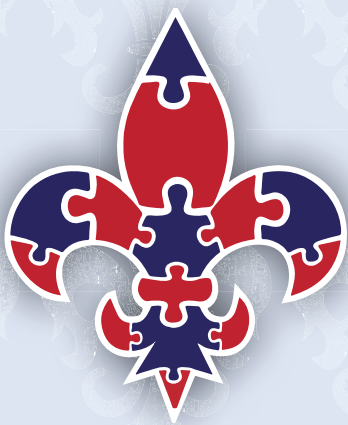
<sup>1</sup>Papas K, Kalbfleisch J, Mohon R. *Dig Dis Sci*. 2007 Feb;52(2):347-52. Epub 2007 Jan. 10.

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# COMING TOGETHER

by Mckinzie Step, OAC Creative Content and Outreach Coordinator



*"Our voices may each sound different, but together they create a powerful and unified action!"*  
— Joe Nadglowski, OAC President/CEO

The OAC is still riding the wave of celebration that took place at this year's 6th Annual *Your Weight Matters* National Convention this past August. **Upwards of 550 individuals joined together in the heart of New Orleans for the nation's best education, tools, resources and support to guide them along their weight management journeys.** And, while the OAC's National meeting has been coined as a premier event for the everyday individual to come and learn science-based strategies to manage their weight and health, there's something else that has been building which becomes more alive each and every year.

This year's attendees left with something remarkably contagious – a passion to engage deeper with their own health journeys, engage with the OAC and engage with one another as part of a powerful community.

Sure, each and every Convention hosted by the OAC has given individuals a place to join together, but this year was special – because never more did we feel the electrifying sense of community than at the 2017 Convention. It truly was a celebration! Through every educational session, exercise demonstration or simple conversation, feelings of unity and acceptance filled the room. And, while our attendees came from all different backgrounds and experiences, our differences did not divide us, but united us in one powerful community of voices!

If you didn't have the opportunity to attend this year's Convention in New Orleans, we wish you could have been there! But, we want you to take a look back with us at an incredible weekend you can still be a part of throughout the year, and hopefully will get to experience with us at our 2018 Convention in **Denver – July 19-22!**





## ENGAGED to Educate

It's not an easy task to find education about weight and health that you can trust, especially when misconceptions about weight and obesity often cloud our ability to do so.

At **YWM2017**, experts from around the country engaged with our community to provide this kind of reliable education. Attendees took away practical, empowering tools and information to guide their weight management journeys now and in the future through popular educational topics and opportunities including:

- The dangers and realities of weight bias
- Medical and surgical treatment options
- Nutrition, exercise and lifestyle tips for a healthier weight management journey
- *Your Weight Matters* Healthy Living EXPO Hall offering beneficial products, services, samples and information
- Chances to engage with experts and address important questions/concerns

### *And so much more!*

When individuals have access to education and resources they can trust, we as a community can do more to inform ourselves and others about health and the understanding that obesity is a complicated disease. Science-based knowledge, free from bias and stigma, is instrumental to finding long-term support and success – and **YWM2017** provided this essential platform.

*Coming Together continued on the next page*





## ENGAGED to Advocate

There's no room for silence when it comes to being proactive about weight, health and access to appropriate care. Advocacy requires a community of individuals who are willing to share their stories, use their voices and make an impact to affect future change for all who are on the journey with weight and health.

Many of our **YWM2017** attendees were inspired to elevate the OAC's mission of reaching local, state and national legislators and advance the future of obesity care. At **YWM2017**, we empowered attendees to recognize and raise their voices with special events such as:

- **OAC's National Advocacy Training** – Offered tools and knowledge for advocating and influencing the legislative process, and hosted mock legislative visits to put newly-learned skills to the test
- **ENGAGE! Discover the Power of Your Voice Training** – Featured information about engaging with the OAC and using powerful stories to impact change, and instructed attendees on all the platforms they can easily use to help us achieve our mission and goals

If we *engage* as a community and unify our message, our advocacy efforts are made stronger and our message is clearer. THANK YOU to our next set of newly-trained and engaged **YWM2017** advocates who are determined to impact the future of health and obesity care!

**“Advocacy requires a community of individuals who are willing to share their stories, use their voices and make an impact to affect future change for all who are on the journey with weight and health.”**



## ENGAGED to CELEBRATE!

There is always strength in numbers and in coming together, and **YWM2017** offered attendees the opportunity to celebrate each other and our health! There's no doubt that great education and hands-on instruction on various types of advocacy is important, but the Convention also allowed us to celebrate ourselves and one another through key events – which all had an element of “fun” attached! Here's a look at the celebrations we got to have throughout the weekend:

- **Convention Attendee and Exhibitor Welcome Reception** – The official “kick-off” event designed to break the ice and let our attendees meet and mingle with one another alongside our fantastic vendors in the EXPO Hall
- **New Orleans-themed Welcoming Ceremonies Dinner** – A true “celebration” of our attendees and unique OAC community – complete with live entertainment that helped us visually hear and see the power in multiple voices coming together for one common purpose
- **OAC Annual Reception and Awards Ceremony** – A celebration of our outstanding OAC members who have gone above and beyond in advancing the OAC's mission and making **YWM2017** come to life
- **ENGAGE! Celebrating the OAC's Community** – The final “Send-off” to the event that empowered attendees to reflect on the weekend and share themselves in an honest way, and reinforced the value in having a strong and vibrant OAC community

Many often describe *Your Weight Matters* National Conventions as an extension of their home and family life, and as an organization dedicated to our community, the ability for attendees to engage with one another and celebrate our journeys is invaluable. **YWM2017** was a place where barriers were broken down, walls were opened and transparency was possible. It was a place where attendees could be honest with each other, share their stories and honor the authentic presence and experiences of others alongside of them.

No matter where we are on our own weight and health journeys, we DO have a reason to celebrate because our community is our foundation! Together, we are empowered and stronger. Together, we can move forward with our journeys one step at a time.

*Coming Together continued on the next page*

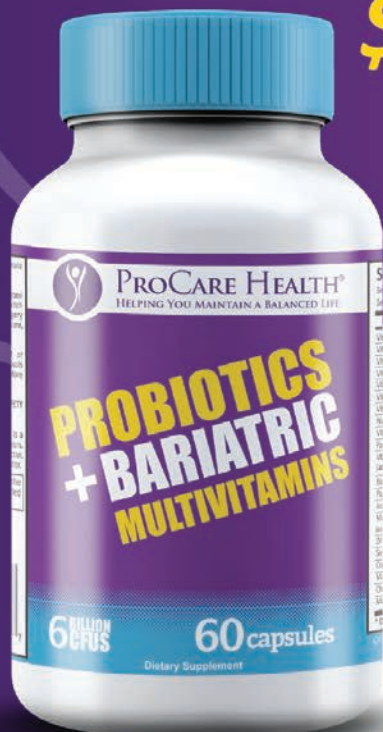


**“YWM2017 was a place where barriers were broken down, walls were opened and transparency was possible.”**

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We also extend our **heartfelt thanks** to each of our YWM2017 sponsors who made it possible to fund, develop and bring the 2017 National Convention to life:



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for supporting the  
OAC's Community  
Building Events at  
**YWM2017!**

For a complete recap of the 2017 *Your Weight Matters* National Convention, including pictures, attendee experiences, educational sessions and more, we encourage you to view our collection of digital memories by visiting: [www.Storify.com/ObesityAction](http://www.Storify.com/ObesityAction).





# SAVE THE DATE!

## July 19-22

# YWM2018

# DENVER

OAC's 7<sup>th</sup> Annual  
*Your Weight Matters*

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# The Dangers OF NOT TAKING Vitamin and Mineral SUPPLEMENTS after Bariatric Surgery

by Cassie I. Story, RDN

## Do you ever think about how you felt on the day you had bariatric surgery?

Most people celebrate the day and may even refer to their “surgeryversary” as their new birthday. But have you ever stepped back and thought of the flood of emotions that came on that day?

**Fear.** Will this surgery work for me?

**Anticipation.** I hope the surgeon is on time, I'm really thirsty!

**Fear.** What if I don't wake up from surgery?

**Disbelief.** I can't believe this day is here. All of that prep work to get to this spot, and now I'm here.

**Fear.** What if I can feel the surgery happening? (My own worst nightmare)

**Hope.** This is it! I will do anything they tell me to do now that I've been given this shot – a new lease on life.

Hit the fast forward button and life is moving along. Your new normal continues to shock you at times, but the initial transition period is over and your day-to-day activities are undoubtedly different than they once were. Perhaps you've acquired a new taste for foods that would have never touched your plate before. Maybe some of your old favorites are now simply distant memories. Relationships may have changed; you may have a new job – a new circle of friends. Whatever has happened in your life since surgery, there's a good chance that things look different!

When pondering the emotions you felt on the day of your surgery and the hope you had, likely one of the things you hoped for was the resolution or improvement of a health condition. Whether it was better blood sugar control, better blood pressure control or an improvement in joint pain – the reasons for having surgery were well beyond a number on the scale. You had surgery to improve your health.

Did you achieve some of those health-related goals following surgery? Has your medication pill count decreased, only to be replaced by a handful of vitamin and mineral supplements? Do you find yourself wondering why you need to take supplements in the first place – surely, the further out from surgery you are the





less of these things you need, right? Actually, you may be surprised to learn that the further out from surgery you are the chances of a nutrition deficiency actually increases!

You had surgery to improve your health. Don't put yourself at risk for a nutrition deficiency. Maybe it's been awhile since you checked in with a healthcare provider – or maybe you haven't purchased supplements in a few months because you're feeling good and didn't realize how important they were to your health. Whatever the case, I hope this article helps to shed some light for you on the critical reasons that you need specialized nutrition supplementation lifelong after surgery.

### What Do the Guidelines Say?

Before we explore the current micronutrient supplementation guidelines, I want to give you a brief history of how we (healthcare professionals who specialize in treating people who have had bariatric

surgery) got these recommendations. In 2008, the first 'guideline' was published regarding nutritional needs of someone who has had bariatric surgery. A guideline or position statement isn't just some document that's been thrown together haphazardly. When a professional society (in this case the American Society for Metabolic and Bariatric Surgery (ASMBS)) publishes a guideline, hundreds, if not thousands, of hours go into its development. Several authors come together and pour over the latest evidence-based publications that are relevant to the particular topic – in this case, the nutritional needs of someone who had bariatric surgery. Once the document is completed, it goes into further review by other healthcare professionals to ensure that the data was analyzed correctly and that it provides sound evidence.

Since 2008, we have had five other position statements or society-endorsed published guidelines pertaining to the specific nutrient needs of someone who has had bariatric surgery.

*Vitamins & Supplements continued on page 48*

*"You had surgery to improve your health, don't put yourself at risk for a nutrition deficiency."*

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CONTRAVE is believed to work on two areas of your brain to reduce hunger and help control cravings.

The exact neurochemical effects of CONTRAVE leading to weight loss are not fully understood.



Across three studies, patients who were overweight or struggling with obesity lost approximately **2-4x** more weight over one year by adding CONTRAVE than with diet and exercise alone.

Nearly half of patients taking CONTRAVE lost 5% or more body weight and kept it off (vs 23% of patients taking placebo). Individual results may vary.

## Ask your doctor about CONTRAVE®

**CONTRAVE (naltrexone HCl/bupropion HCl) is a prescription weight-loss medicine that may help adults with obesity (BMI greater than or equal to 30 kg/m<sup>2</sup>), or are overweight (BMI greater than or equal to 27 kg/m<sup>2</sup>) with at least one weight-related medical condition, lose weight and keep the weight off. CONTRAVE should be used along with diet and exercise.**

### Important Safety Information

One of the ingredients in CONTRAVE, bupropion, may increase the risk of suicidal thinking in children, adolescents, and young adults. CONTRAVE patients should be monitored for suicidal thoughts and behaviors. In patients taking bupropion for smoking cessation, serious neuropsychiatric events have been reported. CONTRAVE is not approved for children under 18.

**Stop taking CONTRAVE and call your healthcare provider right away** if you experience thoughts about suicide or dying; depression, or anxiety; panic attacks; trouble sleeping; irritability; aggression; mania; or other unusual changes in behavior or mood.

**Do not take CONTRAVE if you:** have uncontrolled hypertension; have or have had seizures or an eating disorder; use other medicines that contain bupropion; are dependent on opioid pain medicines, use

medicines to help stop taking opioids, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, or take sedatives, benzodiazepines, or anti-seizure medicines and you abruptly stop using them; or are taking monoamine oxidase inhibitors (MAOIs). **Do not** start CONTRAVE until you have stopped taking your MAOI for at least 14 days. Do not take CONTRAVE if you are allergic to any of the ingredients in CONTRAVE. Do not take CONTRAVE if you are pregnant or planning to become pregnant or are breastfeeding.

**Before you start taking CONTRAVE, tell your healthcare provider about all of the above and any other current or past health conditions.**

**Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider says it is okay.**

**If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away.**

**Additional serious side effects may include:** opioid overdose or sudden opioid withdrawal; severe allergic reactions; increases in blood pressure or heart rate; liver damage or hepatitis; manic episodes; visual problems (glaucoma); and increased risk of low blood sugar

(hypoglycemia) in people with type 2 diabetes mellitus who take certain medicines to treat their diabetes.

The most common side effects of CONTRAVE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

**These are not all the possible side effects of CONTRAVE. Please refer to the Summary of Information about CONTRAVE on the following page or talk to your doctor.**

**You are encouraged to report negative side effects of drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**

  
**Contrave®**  
(naltrexone HCl/bupropion HCl)  
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**Summary of Information about CONTRAVE®  
(naltrexone HCl/bupropion HCl) Extended-Release Tablets**

**What is the most important information I should know about CONTRAVE?**

**CONTRAVE can cause serious side effects, including:**

- **Suicidal thoughts or actions.** CONTRAVE contains bupropion, which has caused some people to have suicidal thoughts or actions, or unusual changes in behavior, especially within the first few months of treatment.

**Stop taking CONTRAVE and call a healthcare provider right away if you, or your family member, have any of the following symptoms, especially if they are new, worse, or worry you:**

- thoughts about suicide or dying, or attempts to commit suicide
- acting aggressive, being angry, or getting violent
- new or worse depression
- acting on dangerous impulses
- new or worse anxiety or irritability
- an extreme increase in activity and talking (mania)
- feeling very agitated or restless
- panic attacks
- other unusual changes in behavior or mood
- trouble sleeping (insomnia)

**While taking CONTRAVE, you or your family members should** pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings.

**What is CONTRAVE?**

CONTRAVE is a prescription medicine for adults 18 or older that contains 2 medicines (naltrexone and bupropion) that may help some obese or overweight adults who also have weight-related medical problems lose weight and keep the weight off. CONTRAVE should be used with a reduced calorie diet and increased physical activity.

**Limitations of Use**

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

**Who should not take CONTRAVE?**

**Do not take CONTRAVE if you:** have uncontrolled hypertension; have or have had seizures; use other medicines that contain bupropion such as WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL, and APLENZIN; have or have had an eating disorder; are dependent on opioid pain medicines, use medicines to help stop taking opioids, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, or use sedatives, benzodiazepines, or anti-seizure medicines and you stop using them all of a sudden; are taking monoamine oxidase inhibitors (MAOIs); are allergic to naltrexone or bupropion or any of the ingredients in CONTRAVE; or are pregnant or planning to become pregnant. Do not start CONTRAVE until you have stopped taking your MAOI for at least 14 days.

**What should I tell my healthcare provider before starting treatment with CONTRAVE?**

**Before you take CONTRAVE, tell your healthcare provider about all of your medical conditions, including if you:** have or have had depression or other mental illnesses; have attempted suicide; have or have had seizures or a head injury; have had a tumor or infection of your brain or spine; have had a problem with low blood sugar or low levels of sodium in your blood; have or have had a heart attack, heart problems, or stroke; have or have had liver or kidney problems; are diabetic taking insulin or other medicines to control your blood sugar; have or have had an eating disorder; abuse prescription medicines or street drugs; are over the age of 65; or are breastfeeding or plan to breastfeed.

CONTRAVE can pass into your breast milk and may harm your baby. You and your healthcare provider should decide if you should take CONTRAVE or breastfeed. You should not do both.

**Tell your healthcare provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements.

**Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider has said it is okay to take them.** CONTRAVE may affect the way other medicines work and other medicines may affect the way CONTRAVE works, causing side effects.

**How should I take CONTRAVE?**

Take CONTRAVE exactly as your healthcare provider tells you to.

**Swallow CONTRAVE tablets whole. Do not cut, chew, or crush CONTRAVE tablets.**

**What should I avoid while taking CONTRAVE?**

Do not drink a lot of alcohol while taking CONTRAVE. If you drink a lot of alcohol, talk with your healthcare provider before suddenly stopping. If you suddenly stop drinking alcohol, you may increase your risk of seizure.

**What are the possible side effects of CONTRAVE?**

**CONTRAVE may cause serious side effects, including:**

• **See “What is the most important information I should know about CONTRAVE?”**

- **Seizures.** There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who: take higher doses of CONTRAVE; have certain medical conditions; or take CONTRAVE with certain other medicines. If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away. You should not take CONTRAVE again if you have a seizure.

- **Risk of opioid overdose.** One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE. You or someone close to you should get emergency medical help right away if you: have trouble breathing or become very drowsy with slowed, shallow breathing; or feel faint, very dizzy, confused, or have unusual symptoms.

- **Sudden opioid withdrawal.** People who take CONTRAVE must not use any type of opioid for at least 7 to 10 days before starting CONTRAVE. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before undergoing a medical procedure or surgery.

- **Severe allergic reactions.** Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms of an allergic reaction:

- rash, itching, hives, or fever
- painful sores in your mouth or around your eyes
- swelling of your lips or tongue
- swollen lymph glands
- chest pain or trouble breathing

- **Increases in blood pressure or heart rate.** Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking and while you take CONTRAVE.

- **Liver damage or hepatitis.** One of the ingredients in CONTRAVE (naltrexone) can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems:

- stomach area pain lasting more than a few days
- dark urine
- yellowing of the whites of your eyes
- tiredness

- **Manic episodes.** One of the ingredients in CONTRAVE (bupropion) can cause some people who were manic or depressed in the past to become manic or depressed again.

- **Visual problems (angle-closure glaucoma).** Signs and symptoms of angle-closure glaucoma may include eye pain, changes in vision, and/or swelling or redness in or around the eye.

- **Increased risk of low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines such as insulin or sulfonylureas to treat their diabetes.** Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus. You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE.

**What are common side effects?**

The most common side effects of CONTRAVE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

Tell your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of CONTRAVE.

**This information is not comprehensive. If you would like more information, talk to your doctor and/or go to [www.contrave.com](http://www.contrave.com) for full Product Information.**

**You may report side effects to the FDA at 1-800-FDA-1088.**

**Keep CONTRAVE and all medicines out of the reach of children.**

This brief summary is based on Contrave Prescribing Information LBL-00022, September 2016.

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*Vitamins & Supplements continued from page 45*

### Current Available Guidelines for Micronutrient Supplementation

1. Aills L, Blankenship J, Buffington C, et al. ASMBS Allied Health Nutritional Guidelines for the Surgical Weight Loss Patient. SOARD. 4 (2008); S73-S108.
2. Mechanick, Jeffrey I. et al. "Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient: Cosponsored by American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic & Bariatric Surgery." Obesity (Silver Spring, Md.)2009;17 Supl 1:S1-70.
3. Heber D, Greenway F, Kaplan L et al. Endocrine and nutritional management of the post-bariatric surgery patient: an endocrine society clinical practice guideline. J Clin Endocrinol Metab. 2010;95(11):4823-4843.
4. Mechanick, Jeffrey I. et al. "Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient—2013 Update: Cosponsored by American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic & Bariatric Surgery." Obesity (Silver Spring, Md.) 21.0 1 (2013): S1-27.
5. Parrot J, Frank L, Dilks R, et al. ASMBS Integrated Health Nutritional Guidelines for The Surgical Weight Loss Patient — 2016 Update: Micronutrients. Surgery for Obesity and Related Diseases, <http://dx.doi.org/10.1016/j.soard.2016.12.018>

#### What Vitamins Were You Told to Take?

It's important to understand that supplements you were instructed to take when you had surgery may no longer be adequate. When I first began seeing patients in 2004, we didn't have any society published guidelines – the vitamin supplement suggestions I gave at that time are vastly different than what I tell my patients to take today. It is important to note that we will continue to have guidelines published as new evidence emerges around the specific nutrients that you need to take life-long after surgery. This is why continued annual follow-up care with a healthcare provider who knows your nutrient deficiency risks is critical to ensure you don't develop one of these devastating, unintended and oftentimes avoidable consequences of surgery and inadequate supplement intake.

#### What Could Happen Without Regular Follow-up Care and not Supplementing at Appropriate Levels?

Before we take a look at specific conditions that can be affected by inadequate vitamin and mineral intake, it's important to note that nutrients work together, not independently. The body relies on a steady supply of these essential nutrients – not just massive amounts of an individual nutrient. Remember that you are also taking in vitamins and minerals when you eat a variety of foods that support your health. Because you've had bariatric surgery, you simply can't eat enough food and potentially can't absorb nutrients the same way you did prior to surgery, which is why you must supplement your daily healthy food intake with vitamin and mineral supplements.



## Anemias

Anemia is the term for a group of different blood disorders and occurs from a lack of different nutrients. It can be caused by several factors including inadequate intake or absorption of: iron, vitamin B12, folate, copper or zinc. It can leave you feeling very tired or weak, or can cause pain from nerve damage in the hands and feet. Iron deficiency anemia has been reported to occur in as many as 1 out of 2 post-operative gastric bypass surgery patients who are more than five years out from surgery.

## Bone Disorders

One of the greatest nutritional consequences of surgery is various bone disorders. Although you may think of the bone as an inactive skeleton, that is hardly the case. Bone is active and is constantly turning over, just like every other cell in our body. In order to maintain a strong bone structure, the body needs a certain amount of: vitamin D, calcium, vitamin K, magnesium, essential fatty acids, b-vitamins, and the list goes on! Without proper nutrition, the bone can become weak, porous (containing holes), or soft, which puts you at risk for a fracture.

## Neurological Disorders

One of the most acute (meaning quickly occurring) nutrition disorders that can occur is an inadequate intake of vitamin B1 (or thiamin). Vitamin B1 isn't stored in the body for very long, so just like all of the other essential nutrients, your body needs

a constant supply of it. Without adequate intake, a serious nutrition complication can occur where you become confused, can't walk straight or unfortunately become paralyzed. If this is caught early enough it can often be reversed. However, I've had the unfortunate experience of counseling patients who are in wheelchairs due to a thiamin deficiency that was not caught in time. (Again – this highlights the importance of annual follow up with your healthcare provider)

## Muscle Health

Oftentimes when we hear the word muscle, we think of protein. This is for good reason. We don't store protein in our bodies in the way that we store fat and carbohydrates. Dietary protein feeds our muscles – it doesn't "build" muscle for us. Only resistance training can do that. Certain conditions put the body at risk for not being able to maintain the appropriate amount of muscle, which can result in weakness or a more unfavorable body composition – meaning more fat mass to muscle mass than is generally considered healthy. Most recommendations for post-operative patients include a minimum of 60 grams of protein daily – which many patients find difficult to achieve. If you are unsure of how much protein you are taking in, spend a few days tracking your intake. If you aren't reaching the minimum level, talk to your dietitian for ideas of how to increase your daily intake.

*Vitamins & Supplements continued on page 50*

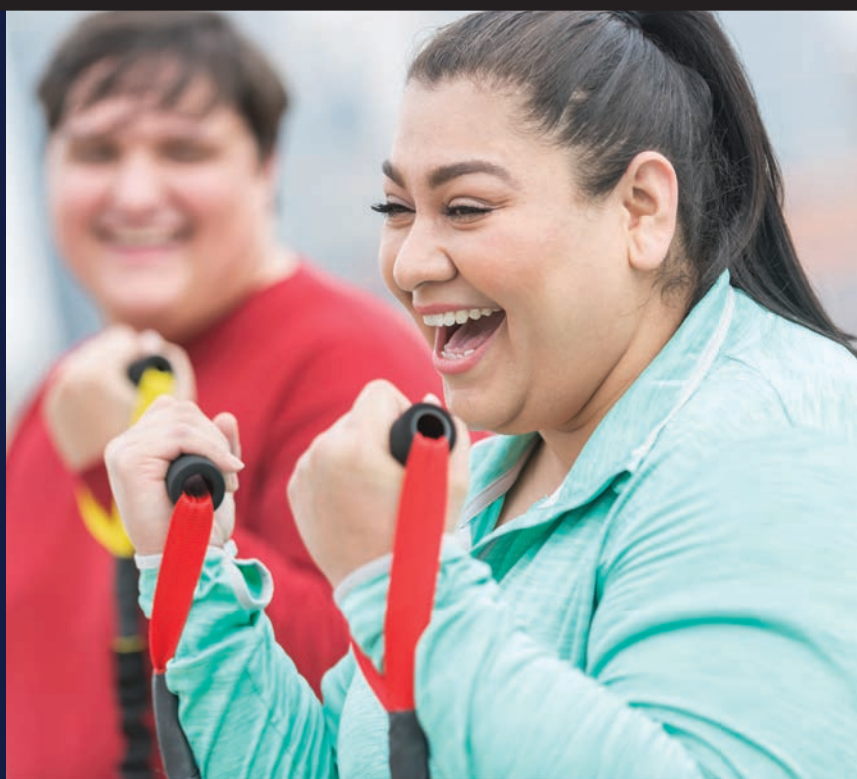
## IF YOU'RE CONSIDERING WEIGHT-LOSS SURGERY, YOU DON'T HAVE TO DO IT ALONE.

Your weight-loss journey might seem overwhelming. With the right team on your side, it doesn't have to be. That's why we've created online tools to provide you with:

- Tips for talking with your doctor about weight-loss surgery
- Guidance for affording — and preparing for — weight-loss surgery
- Materials to help your family support you before, during, and after surgery

To learn more, visit [medtronic.com/us-en/patients/treatments-therapies/bariatric-surgery/patient-support.html](https://medtronic.com/us-en/patients/treatments-therapies/bariatric-surgery/patient-support.html)

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## Why do you need a “bariatric” micronutrient supplementation every day after surgery?

You had bariatric surgery to improve your health. After surgery, your body needs more vitamins and minerals than prior to surgery due to a change in anatomy, decreased intake and potential malabsorption of nutrients. Over the counter multivitamin and mineral supplements often do not provide the specific level of nutrients your body needs to prevent the consequences of a nutritional deficiency. They are designed for the “general population,” not someone who has unique nutritional needs. In fact, to reach bariatric nutrient guideline recommendations using general over-the-counter vitamin supplements, it could take nine (or more) pills each day!

## Current Daily Micronutrient Recommendations

Nutrient	AGB*	LSG*	RYGB*	BDP/DS*
Vitamin B1	At least 12 mg (At risk patients 50-100 mg)			
Vitamin B12	350-500 mcg			
Folate	Males 400-800 mcg Females 800-1000 mcg			
Calcium	1,200-1,500 mg		1,800-2,400 mg	
Vitamin A	5,000 IU		5,000-10,000 IU	10,000 IU
Vitamin E	15 mg			
Vitamin K	90-120 mcg			300 mcg
Vitamin D	At least 3,000 IU			
Iron	18 mg (male and post-menopausal females)	45-60 mg *ASMB guidelines recommend taking iron separately from calcium by at least 2 hours for maximum absorption		
Zinc	8-11 mg		8-22 mg	16-22 mg
Copper	1 mg		1-2 mg	2 mg
Selenium	(Multivitamin must contain)			
Magnesium	(Multivitamin must contain)			
Additional B-vitamins	100%	100-200%	200%	200%
Trace Minerals	(Multivitamin must contain) (Examples: Molybdenum, Manganese, Chromium)			



\*AGB=adjustable gastric bypass  
 \*LSG=sleeve gastrectomy  
 \*RYBG=roux-en-Y gastric bypass  
 \*BDP=biliopancreatic diversion  
 \*DS=duodenal switch

## When's the Last Time you saw your Provider or had Labs Drawn?

It's important to remember that no guideline is a substitute for individualized medical care. If you've moved since you had your surgery, or for any reason fallen out of contact with your bariatric healthcare team, please make sure you follow up with a medical professional who understands your unique nutrition needs and that you have annual labs measured. These need to include specific nutrient labs that are not part of a typical lab panel. Feel free to bring this chart (table 2) with you to your appointment to help your provider order the correct labs!

Although many of us turn to Dr. Google to diagnose our particular ailments, please resist! I am a firm believer that you know your body best and that you know when things feel “off” or not quite right – but please have these feelings confirmed with lab tests. That way you can tell if the hair loss you're experiencing two years after surgery seemingly out of nowhere is due to inadequate zinc, protein, biotin, stress, etc. Getting your labs checked also allows you to correct any potential deficiencies by supplementing at a level that your healthcare provider instructs, and then redrawing labs one to three months later to ensure that this level of supplementation is working for you and your lab values are trending in the right direction.

## Just Remember:

1. Remember why you had surgery – the hope you felt on the day of surgery for improved health has likely been realized! Don't put yourself at risk for a devastating nutritional deficiency.
2. Take vitamin and mineral supplements every day (as recommended by your healthcare provider) lifelong to avoid harmful nutrition consequences.
3. Nutrients work together – mega doses of certain nutrients without appropriate intake of others can do more harm than good.
4. Eat a variety of foods. Include as many vegetables (they contain many vitamins and minerals) as you can while still achieving your protein goal. Talk to your dietitian about whole grains and fruits based on your tolerance, length of time since surgery and personal nutrition goals.
5. Follow up with a healthcare provider every year lifelong after surgery to ensure you are living your healthiest life possible!



## Common Micronutrient Deficiencies after all bariatric surgery procedures

Micronutrient	Post-operative deficiency rates	Example of physical symptoms	Examples of labs to screen every year - lifelong after surgery
Vitamin D	25-80% (all)	Often none until bone fracture occurs	Serum 25(OH)D, iPTH, DEXA (every 2-5 years)
Vitamin A	RYGB 8-11% BPD 61-69%	Loss of nocturnal vision, itching, dry hair	Plasma retinol, serum vitamin A, retinol binding protein
Vitamins E and K	Unreported (currently)	Weakness, gait ataxia, easy bruising	Plasma alpha tocopherol, Plasma vitamin K / DCP
Vitamin B12	4-62% (all)	Tingling extremities, confusion, depression, dementia	Serum B12, MMA, Homocysteine, MCV, H&H
Iron	17-45% (all)	Fatigue, low productivity, iron deficiency anemia	Full iron panel (to include: ferritin, TIBC, Iron, H&H)
Vitamin B1 (Thiamin)	Up to 49% (all)	Mild to severe confusion, temporary to permanent paralysis, coma	Plasma thiamin, TDP, ETKA
Folate	9-38% (all)	Heart palpitations, fatigue, neural tube defects to fetus	RBC folate, MCV, Homocysteine, H&H
Zinc	SG: 12%; RYGB 21-33%; BPD / DS 74-91%	Skin lesions, poor wound healing, hair loss	Plasma Zinc
Copper	10-20% RYGB; 90% BPD/DS	Hypopigmentation of skin, hair, or nails	Serum or plasma copper, ceruloplasmin



### About the Author:

Cassie I. Story, RDN, is a dietitian who has been working with surgical and non-surgical weight-loss patients for the past 12 years. She is the Clinical Science Liaison for Bariatric Advantage where she helps educate other healthcare professionals around the unique nutrition needs of weight-loss surgery patients. She has her own food blog, [www.WLSDailyPlate.com](http://www.WLSDailyPlate.com), which provides recipe inspiration for all members of the family – including those who have had metabolic/bariatric surgery. She enjoys traveling, hiking and spending time outdoors with her two daughters in Arizona.

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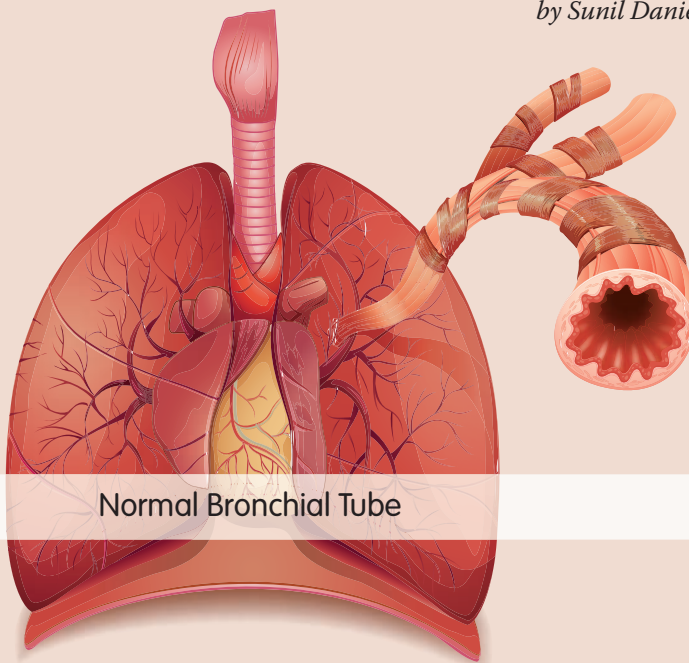
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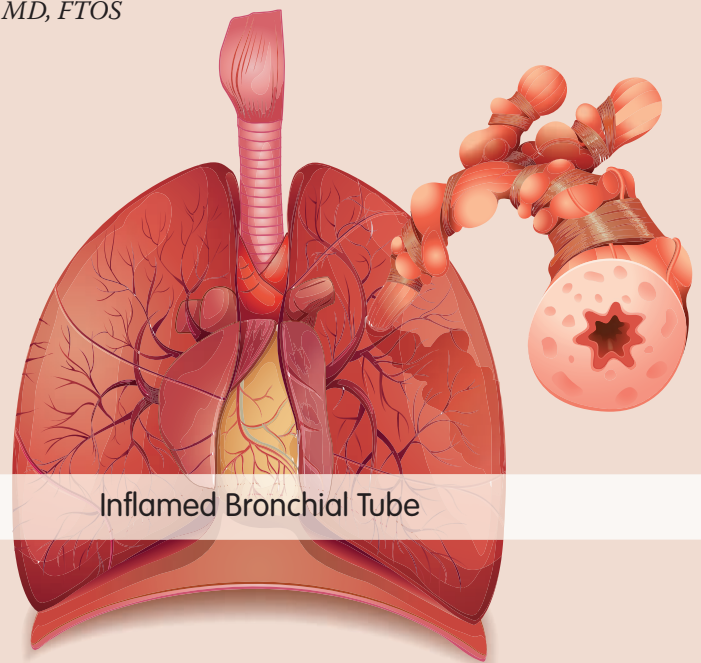


# OBESITY AND ASTHMA: *How are they Related?*

by Sunil Daniel, MD, FTOS



Normal Bronchial Tube



Inflamed Bronchial Tube

Asthma is a chronic, inflammatory condition with many factors that affect our airways. It is characterized by shortness of breath, wheeze, cough and mucus production. The symptoms are brought on by specific triggers such as environmental factors that result in a narrowing of the airways, making it difficult for someone to breathe.



## HOW ARE OBESITY AND ASTHMA RELATED?

There is a strong link between asthma and obesity, with excess weight negatively affecting the respiratory health of individuals with asthma and those who are likely to suffer from asthma. Several studies support this association.

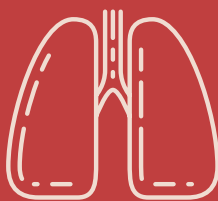
The National Health and Nutrition Examination Survey III (1988-1994) highlighted one in three individuals with asthma (32 percent) are affected by obesity<sup>1</sup>. A meta-analysis of seven studies also found the chance of asthma increased by 50 percent in individuals with excess weight or obesity. As you can see, the relationship between body mass index and asthma is close, where the risk of asthma increases as body weight increases<sup>2</sup>.

In a recent study that included thirty-two thousand adults, excess weight or obesity more than quadrupled the rate of asthma. The degree of obesity was linked to the severity of asthma and its persistence (difficulty to manage)<sup>3</sup>. In some literature, asthma is recognized as one of obesity's associated conditions.

WHILE WE DO NOT FULLY UNDERSTAND THE EXACT PROCESS LINKING OBESITY AND ASTHMA, THERE ARE SOME POSSIBLE THEORIES THAT HAVE BEEN PROPOSED.

## MECHANICS:

Obesity has a negative effect on lung volumes. Tidal volume is the amount of air that enters the lung at the end of inspiration (breathing in) and leaves the lung during expiration (breathing out). Functional residual capacity is the amount of air that remains in the lungs at the end of expiration, maintaining the lung volumes by keeping the small airways open. Having excess weight in the chest wall (making it difficult to expand outward) and abdominal area (pushing up the diaphragm, or the muscle below your lungs), decreases overall lung compliance and makes it difficult for them to expand, thus reducing tidal volume and functional residual capacity.



## INFLAMMATION:

Obesity is considered a state of low-grade inflammation. This is caused by excess adipose tissue (fat cells) that release proteins such as interleukin-6 (IL-6) and Tumor necrosis factor-alpha (TNF- $\alpha$ ) which increases inflammation. Leptin is a hormone secreted from fat cells. This hormone has an influence on energy levels by increasing the metabolism and food intake by decreasing hunger. Leptin also stimulates a specific type of immune cells, T-cells, to multiply and increase the production of pro-inflammatory proteins. It has been suggested that this increased inflammation can impact the airways of individuals with obesity. Some studies have been able to show an increase in neutrophils, a type of white blood cells, in the airways of individuals with obesity and asthma.



*"While we do not fully understand the exact process linking obesity and asthma, there are some possible theories that have been proposed."*

## CAN YOUR DIET AFFECT YOUR ASTHMA?

Diet is a common link between obesity and asthma. Obesity is recognized as a state of excess energy intake due to poor diet quality. Diet quality has an effect on the immune system causing airway inflammation, asthma exacerbation and its management. Fat is one of the major diet compositions. The amount and type of fat in the diet influences airway inflammation.

One randomized clinical study showed activation of the immune system and increased mucus four hours after consuming a high-calorie, high-fat meal. The increase in mucus was significantly higher in diets rich with trans-fat compared to those without. The quality of fat in the diet has a different effect on airway inflammation. The study also showed a decreased response to asthma treatment (bronchodilators) after high-fat meal consumption, highlighting the role of diet quality on asthma management<sup>4</sup>.

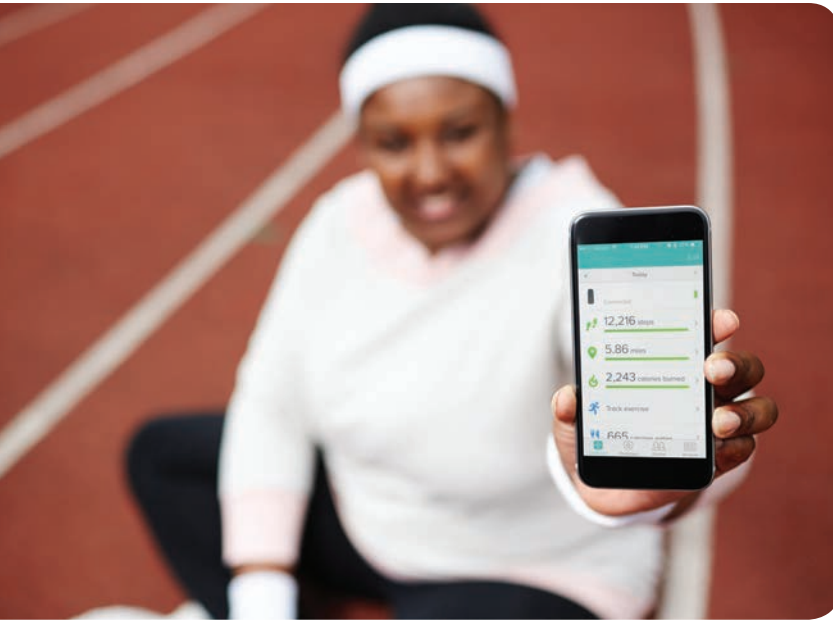
*"Diet is a common link between obesity and asthma."*

Fruits and vegetables are high in fiber and low in energy density. Consuming these foods helps reduce calorie intake and boost weight-loss. In fact, studies have shown that 5-10 percent weight-loss leads to improvement in asthma control and quality of life in asthma patients. Fruits and vegetables are also high in carotenoids. Carotenoids are highly pigmented fat soluble compounds that are naturally present in fruits and vegetables, and also have an anti-oxidant (anti-inflammatory) property.

One clinical study randomized participants with asthma to a high-antioxidant diet (five servings of vegetables and two servings of fruit daily) or a low anti-oxidant diet (two or less servings of vegetables and one serving of fruit daily). Participants randomized to low anti-oxidant diets were two times more likely to experience asthma exacerbation and worsening of lung functions. This study showed that carotenoid supplements did not have the same effect on respiratory inflammation as consuming carotenoid through whole fruits and vegetables. This emphasizes the importance of not substituting supplements for fruits and vegetable intake<sup>5</sup>.

*Obesity and Asthma continued on page 54*





## CAN PHYSICAL ACTIVITY HELP IMPROVE YOUR ASTHMA?

Physical activity is important in weight management and weight maintenance. Other benefits of physical activity include improvement in:

- Cardiovascular disease
- Type-2 diabetes
- Hypertension
- And Inflammation, among others

Most individuals with asthma experience worsening symptoms after exercise (exercise-induced bronchoconstriction) which causes them to avoid physical activity. This can include weight gain, inflammation and decreased fitness levels. Exercise training is important for individuals with asthma. Exercise training is defined as training for 7 days per week, more than two times per week. Five or more training sessions per week have been shown to improve quality of life by 17 percent, lung volume (FEV1) by 3 percent and decrease airway sensitivity by 53 percent<sup>6</sup>.

In a study of 46 Australian females who are affected by obesity and asthma, an exercise routine of one hour per week consisted of:

- Group personal training
- Attending gym three times a week
- Increasing steps per day to goal of 10,000 steps per day



This training resulted in a 50 percent reduction in sputum eosinophils (type of white cells)<sup>7</sup>. This highlights the role of increased physical activity on reducing airway inflammation. Even though weight-loss can be achieved through dietary restriction, it's important to add physical activity. The benefits of dietary restriction and physical activity are:

- Decreases airway inflammation
- Improved lung function
- Better asthma control and quality of life

## CONCLUSION

While there is still more research to be done, there appears to be a link between obesity and asthma. If you are affected by asthma, it's important to consider all of the factors that may be at play (such as having excess weight, consuming a lower-quality diet or not getting adequate physical activity). It is also recommended that you talk to your doctor about ways to improve your asthma and/or the potential conditions associated with it. Reducing your risk for asthma and improving its symptoms will likely help you achieve a higher quality of life and feel your best!

### About the Author:

*Sunil Daniel, MD, FTOS, is a board certified obesity medicine physician with fellowship training in clinical nutrition and obesity management. He is a fellow of The Obesity Society and has authored several scientific papers on obesity and its medical management. He also serves on the OAC Education Committee.*

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