OAC NEWS

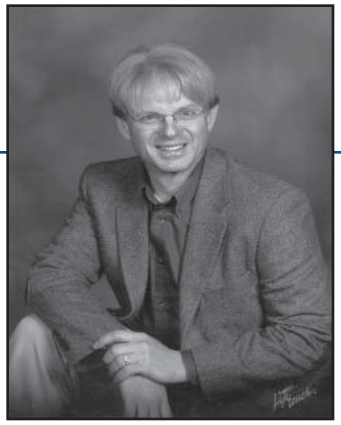
The Obesity Action Coalition's Quarterly Patient Newsletter

April 2008

Inside this Issue

Be Part of this Historic Event in *Washington, DC*

A Message from OAC Chairman, Jim Fivecoat



Welcome to the April issue of *OAC News*. Spring is here and it is a great time of year to get outdoors, exercise and feel great!

The OAC is gearing up for some very exciting events in the near future. I would like to take a moment to announce the upcoming historic awareness event, the *Walk from Obesity– Walk on the Capitol*. This event will take place on June 17, 2008 in Washington, DC.

This event is a first of its kind and will bring together individuals who are affected by obesity to Walk and raise national awareness and attention of obesity and its health and quality of life impact in/on our society. This will be a monumental opportunity for all of us to get together in the heart of DC and spread a powerful message to government for the need for expanded efforts to manage this rising obesity epidemic.

I encourage all those affected by obesity, especially OAC members, to join us and be part of this event. For more information on the Walk on the Capitol, please visit **www.walkonthecapitol.com** or see page 5.

Another exciting project that the OAC had the pleasure to be a part of was the creation of the *Walk from Obesity Cookbook*. The cookbook offers a variety of recipe categories, such as appetizers, beef, seafood, pork, poultry and much more. Some of the recipes from the book include, Herb Rubbed Roasted Beef Tenderloin, Tuscan Shrimp Farfalle, Chicken Linguini Primavera, Poblano Scallops and much more. This cookbook is also one of the only cookbooks available that features the nutrition facts for each recipe so you can easily manage serving size, caloric intake and much more. The proceeds from this cookbook directly benefit the *Walk from Obesity*. Please see the cookbook ad on page 19 for more information.

In this issue of *OAC News*, we address topics such as bariatric surgery and diabetes, the process of weight gain, food portion sizes for children and much more. In addition, be sure to check out the "Advocacy" section where we discuss how the OAC played an instrumental role combating stigma in the state of Mississippi.

As always, we strive to provide you, the reader, with the most up-to-date information in the obesity community and latest news from the OAC. If there are any topics that you would like to see addressed in future issues of *OAC News*, please email them to **info@obesityaction.org** and we will be sure to consider them.

Jim Fivecoat

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The Obesity Action Coalition (OAC) is an independent national non-profit patient organization dedicated to educating and advocating for those affected by obesity.

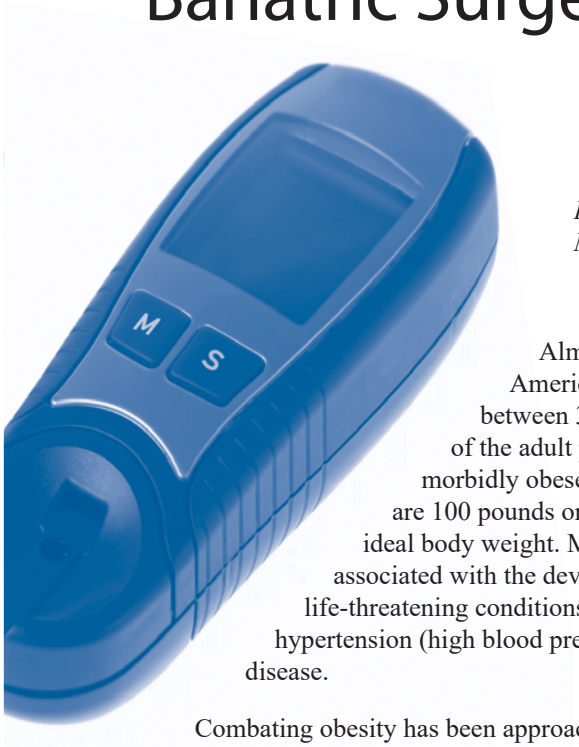
The mission of the OAC is to elevate and empower those affected by obesity through education, advocacy and support.

The OAC is governed under the authority of a National Board of Directors. Members of the OAC Board of Directors include: Jim Fivecoat, *Chairman*, Robin Blackstone, MD, Pam Davis, RN, CCM, Jacqueline Jacques, ND, Julie Janeway, BBA, MSA, JD, ABD/PhD, Georgeann Mallory, RD, Christopher Still, DO, FACN, FACP, and Barbara Thompson, MLS.

OAC News is a quarterly educational and advocacy newsletter. *OAC News* is distributed in January, April, July and October. Subscription to *OAC News* is a membership benefit, however, anyone is welcome to request copies at any time.

Diabetes

Bariatric Surgery as a Treatment for Type 2 Diabetes



By Tomasz Rogula, MD, PhD, Stacy Brethauer, MD, Bipan Chand, MD, and Philip Schauer, MD

Almost 25 percent of Americans are obese, and between 3 and 5 percent of the adult population is morbidly obese, meaning they are 100 pounds or more above their ideal body weight. Morbid obesity is associated with the development of multiple life-threatening conditions, such as diabetes, hypertension (high blood pressure) and heart disease.

Combating obesity has been approached through dieting, medications, behavioral modification and exercise. The only treatment for morbid obesity proven to be effective in the long-run, however, is bariatric surgery.

Diabetes Linked to Obesity

Obesity is a very important factor in the development of type 2 diabetes. This disease is marked by high levels of sugar (glucose) in the blood and occurs when the body does not respond correctly to insulin, a hormone released by the pancreas. A morbidly obese person has double the risk of developing diabetes, and a severely obese person is at a tenfold increased risk.

The risk of developing diabetes also increases with age, family history and obesity localized more in the abdomen (central obesity). Consumption of fatty and high-carbohydrate foods leads not only to obesity, but also to a higher amount of fatty acids in the blood and a buildup of lipids in the liver and skeletal muscles, causing resistance to insulin and consequently diabetes.

Traditional Diabetes Therapy

Diabetes needs to be treated to improve or normalize blood glucose levels, thereby preventing long-term complications like eye and kidney disease and damage to nerves and blood vessels. Normalized blood glucose reduces the risk of death, stroke, heart failure and other complications.

Testing glycosylated hemoglobin (HbA1c) levels in the blood can determine one's risk for long-term complications. The test measures how much glucose has been sticking to red blood cells and other cells. Reduction of HbA1c by even 1 percent can decrease the risk for complications by 25 percent.

The traditional primary treatment for type 2 diabetes is diet and exercise. Appropriate meal planning includes choosing healthy foods and eating the right amount of food. Exercise also is important for effective treatment of diabetes. Regular exercise helps burn excess calories and manages weight, improving control of the amount of glucose in the blood.

When diet and exercise are not sufficient to maintain normal blood glucose levels, medications may be needed. They work by triggering the pancreas to make more insulin, by helping insulin work more efficiently, and by decreasing the absorption of carbohydrates from the gut or decreasing glucose production in the liver. If blood glucose levels are still not controlled through lifestyle changes and taking medication, insulin will need to be taken.

Some people with type 2 diabetes can stop taking their medications after losing weight. However, attempts to lose weight through dieting are frequently ineffective. Inducing weight-loss through bariatric surgery has proven to be the most effective way to lose a substantial amount of weight in the long-term.

Bariatric Surgery and its Impact on Diabetes

Bariatric surgery, including gastric banding, sleeve gastrectomy, Roux-EN-Y gastric bypass, and biliopancreatic diversion *(see illustrations on page 4)* have been shown to improve or resolve type 2 diabetes. Immediately after bariatric surgery, blood sugar levels improve and diabetic medications can be stopped, even before significant weight-loss.

Recent studies show that fat tissues change following bariatric surgery, which leads to improvement of insulin resistance. The most commonly performed type of bariatric surgery, Roux-EN-Y gastric bypass, improves diabetes not only through rapid weight-loss, but also by excluding (bypassing) a portion

***Diabetes Treatment** continued on page 4*

Diabetes Treatment
continued from page 3

of the small intestine from the flow of nutrients. This means that gastric bypass surgery improves diabetes even before weight is lost. The production of various gut hormones is changed following gastric bypass, leading to improvement of insulin secretion.

Almost 90 percent of obese patients who undergo Roux-EN-Y gastric bypass are free from diabetes one year after surgery. These results are typically persistent for the rest of life, as long as a healthy body weight is maintained.

Patients who have a milder form of diabetes (controlled with diet) for less than five years, and who achieve greater weight-loss after surgery, are more likely to also achieve complete resolution of diabetes. Almost 20 percent of severely obese patients develop diabetes. However, weight-loss following gastric bypass in obese non-diabetic patients decreases their likelihood of developing diabetes by 60 percent over four years.

ResearchConfirmstheEffectivenessofBariatricSurgery

In one study of 1,025 morbidly obese patients treated with Roux-EN-Y gastric bypass, 15 percent of the participants had type 2 diabetes. One year after surgery, diabetes had resolved in 83 percent of the patients. At five to seven years, this figure had risen to 86 percent.[1]

In a similar study of 1,160 patients in which 21 percent were pre-diabetic or had type 2 diabetes, surgery decreased their body mass index (BMI – a mathematical formula that factors a person's height and weight in determining obesity) from 50 to 34 for an average weight-loss of 97 pounds and 60 percent loss of excess weight.[2] Blood sugar levels returned to normal for 83 percent of the patients. Following surgery, 80 percent of patients no longer needed oral diabetes medications, and 79 percent were able to stop insulin injections.

Resolution of diabetes is measured by normalized fasting blood sugar and glycosylated hemoglobin (HbA1c) concentrations.

Following surgery, 80 percent of patients do not need to take diabetic pills and are able to stop their insulin. Gastric banding operation carries a lower risk of complications compared to Roux-EN-Y gastric bypass and have also been shown to resolve type 2 diabetes in about 50-70 percent of patients.[3]

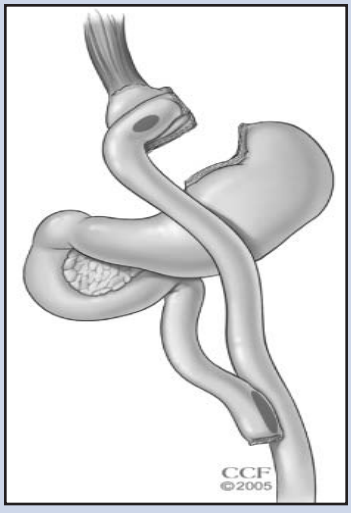
Reduction of Diabetic Complications

Gastric bypass surgery reduces one's risk of death primarily by decreasing the number of deaths from heart failure. Every year, diabetic patients who are treated with medication see their risk of dying from complications of the disease increase by 4.5 percent compared with a 0.5 percent chance of dying from

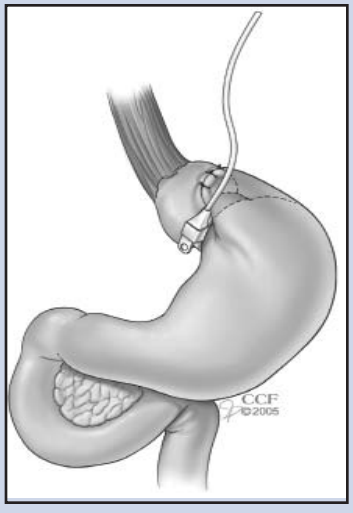
Diabetes Treatment *continued on page 11*

Surgical Treatment Options

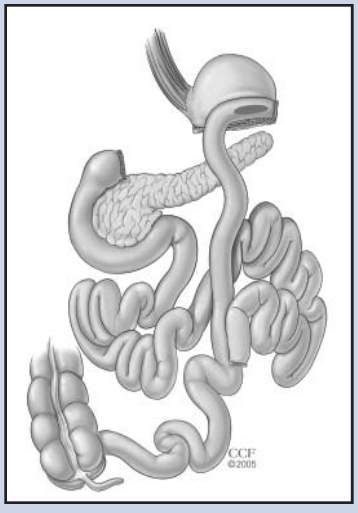
A look at what the bariatric chamber looks like post-surgery



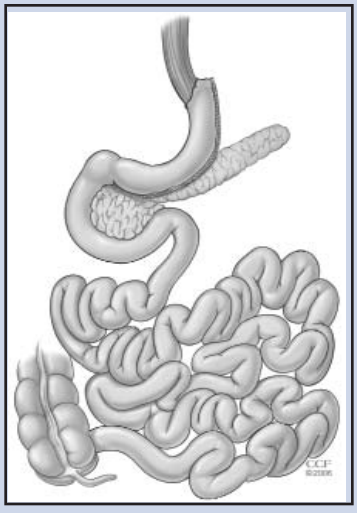
Roux-EN-Y Gastric Bypass



Gastric Banding



Biliopancreatic Diversion with Duodenal Switch

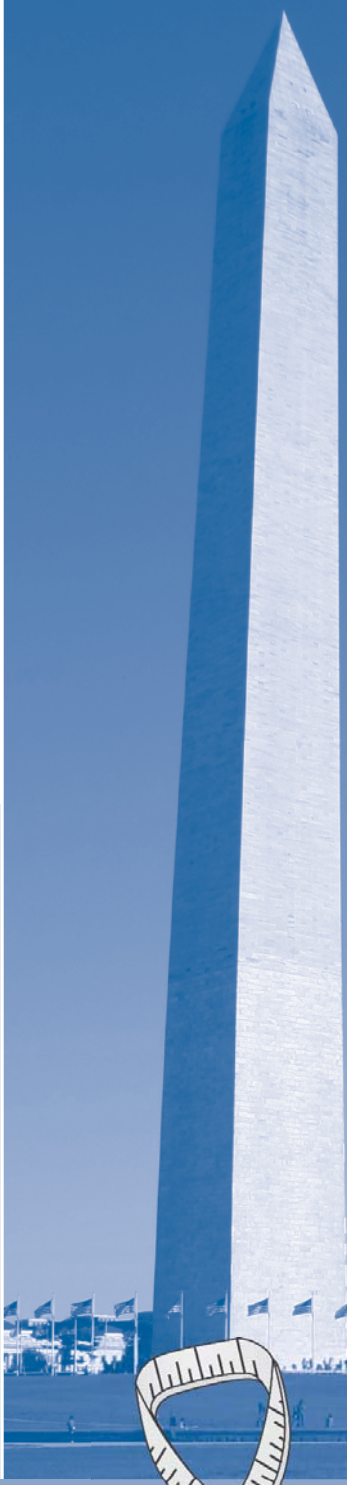


Gastric Sleeve

Photos courtesy of the Cleveland Clinic.

WALK*from*OBESITY℠
Walk on the Capitol

June 17, 2008 ◆ 6:30 pm ◆ National Mall - Washington, DC



Take Action and Make a Difference!
Support this *Historic* Event

The *Walk from Obesity – Walk on the Capitol* is a history-making awareness event that will unite those impacted by obesity to call for change and action. The goal of this National awareness event is to spread an important and powerful message to our government – the need for expanded efforts to manage the rising obesity epidemic.

How You Can Help

We invite you to JOIN US on
June 17, 2008 in Washington, DC

Registration is **FREE** and Open to the Public

If you are unable to attend, you can still get involved by helping to promote this event to other individuals and organizations. To learn more, please visit the "Getting Involved" section of the *Walk on the Capitol* Web site at **www.walkonthecapitol.com**.

Pre-Register today and/or learn how you can support this event by visiting
www.walkonthecapitol.com.

WALK*from*OBESITY℠
WALK ON THE CAPITOL

Presented by:

OAC Obesity Action Coalition

ASMBS FOUNDATION

What is a Bariatrician?

By Nicola Grun

Bariatric physicians are doctors who specialize in helping patients lose weight without surgical intervention. Bariatricians treat obesity and related disorders.

Many people who hear the term bariatrics automatically think of "stomach stapling." Googling the word produces "barometer," or an atmospheric pressure gauge. Bariatric medicine is the art and science of medical weight management. The word "bariatric" is derived from the ancient Greek root "baro," meaning heavy or large.

Bariatric physicians, also known as bariatricians, specialize in the medical treatment of obesity and related disorders. Bariatricians are often confused with bariatric surgeons who perform weight-loss surgeries. Most bariatricians incorporate weight management services into an existing family, internal medicine or OB-GYN practice.

Medical Weight Management: A Two-Step Process

A medically supervised weight-loss treatment program generally consists of changes in diet, physical activity levels and behavioral therapy. Treatment involves a two-step process of assessment and management. Assessment includes determining a patient's degree of obesity and overall health status. Management involves weight-loss, maintenance of body weight, and measures to control other risk factors.

The cost to participate in a medically supervised weight-loss program is comparable to the cost of weight-loss programs that do not have a physician on site, for example *LA Weight-loss*, *Weight Watchers* and others. Health insurance companies may cover some or all of your bariatric treatment if you have heart disease, metabolic syndrome, diabetes or a pre-diabetic condition.

The American Society of Bariatric Physicians (ASBP) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Approximately 1,200 healthcare professionals belong to the ASBP. ASBP developed Bariatric Practice Guidelines to assure quality bariatric care. ASBP member physicians are encouraged to conform to these guidelines.

What to Expect during Your First Visit to a Bariatrician

- Physicians perform an initial patient work-up to determine treatment based on each patient's history, physical examination, laboratory work and electrocardiogram. Co-morbidities are assessed and physicians determine if patients are ready and motivated to lose weight.
- Dietary status, weight history and history of mental status are recorded.
- Height, weight and waist circumference measurements are recorded. These measurements help determine body mass index. Additional exams of the head, neck, thyroid, heart, lungs, abdomen and extremities may be performed.
- Laboratory testing usually includes electrocardiogram, thyroid function and other body composition testing.

Physicians provide counseling and follow-up on proper eating habits, exercise, behavior modification and other aspects of weight-loss. Your physician will recommend a diet and set physical activity goals which must be recorded regularly throughout the duration of treatment.

Physicians will review the potential benefits and risks of any medications that may be used during treatment. In addition to medical journals and ASBP's Anorectic Usage Guidelines, physicians rely on their education, training and experience. Any dispensed medications should be packaged and labeled according to applicable laws.

Physicians develop an individual weight-loss maintenance program for each patient after weight-loss goals are achieved.

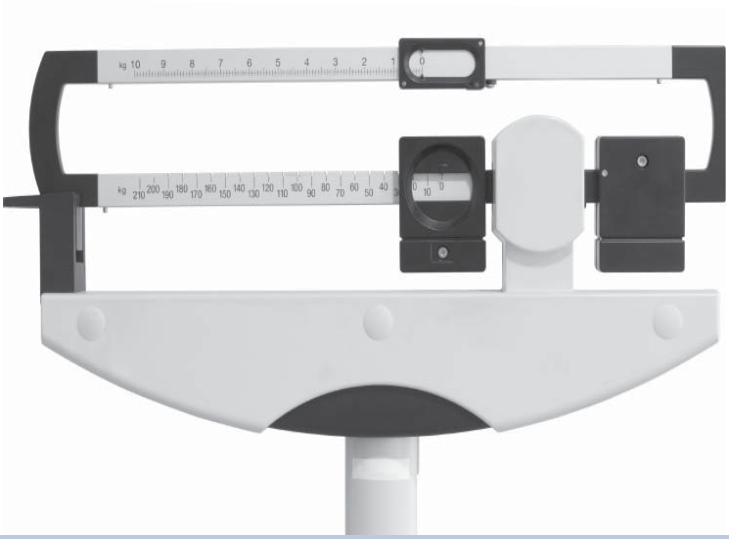
About the Author:

Nicola Grun is Director of Communications & Marketing for the ASBP. Ms. Grun received her undergraduate degree in Speech Communication from Colorado State University. Prior to her current role, Ms. Grun was the Marketing Director for a Denver non-profit providing mentoring, leadership development and outdoor training to underserved youth

Questions to Ask Your **Bariatrician**

Before meeting with a bariatrician for the first time, ask the following questions so that you can feel more comfortable with their level of training and expertise:

- Do you specialize in bariatrics?
- Is your education in this area current?
- What kind of initial patient work-up do you perform?
- What is your policy on the frequency of follow-up visits?
- If you prescribe medication, what potential side effects can I expect?
- Do you prescribe low calorie and very low calorie diets with supplements? If so, have you received special training in monitoring patients on these diets?



About the American Society of Bariatric Physicians (ASBP)

The ASBP is an international non profit medical association with special interest and experience in the comprehensive treatment of overweight, obesity and related disorders. Its mission is to advance and support the physician's role in treating overweight patients.

To locate a bariatrician in your area, please visit the ASBP's Web site at **www.asbp.org** and click "Locate a Physician," or call (303) 770-2526 for more information.

Serving our kids

By Jacqueline Jacques, ND

Childhood Obesity has been steadily increasing in the United States for a variety of reasons. One of the reasons is the amount of food that many children consume in relation to their actual nutrition and energy needs. A challenge currently faced by parents (and others such as schools) involved in feeding children is the issue of portions. How do you know exactly how much food a child should consume?

For most parents, this concern comes from a loving parental desire to make sure that their children are well nourished so they can grow and thrive. Parents do not serve up food and encourage their children to clean their plates in an effort to cause weight gain and harm their child's health – they do it out of love.

While it may seem like our basic instincts should tell us how much food a child needs – or that a child's instincts should tell him when to eat more or less, this is not really the case most of the time.

A Look at How Food Portions have Increased

Since the early 1970s[1], food portions have been on the rise. Twenty years ago, a soda was 6.5 ounces and had 85 calories. Today, they are 20 ounces and have 250 calories. The average muffin has more than tripled in size and increased in calories from 200 to 500, and the average cheeseburger has doubled in both size and caloric load.

This is not just true for packaged foods – restaurant portions have continued to increase as our idea of what constituted a serving continued to grow. This is why when many Americans travel abroad, they complain about small expensive meals – we are used to receiving portions of food much larger that are eaten in many countries around the globe. For almost all Americans today, our idea of a "normal" portion of food is often two to three times what a truly "normal" portion is.

This distorted view of a serving alters both how we feed ourselves and how we feed our children. If you couple a parental concern for creating a well fed child with a lack of knowledge about how much food a child really needs to be healthy, you have a recipe for parents overfeeding their kids.

Looking at Research

Research shows that when fed larger portions, children will eat a lot more than they need to. For example, a 2003 study that

served macaroni and cheese to 4-year-olds at a serving size twice as large as desirable for their age found that on average they ate 25 percent more than kids served an age-appropriate portion[2].

Calories

Most parents are not going to sit down and calculate the calories they are putting on their child's plate, in their lunch box or ordering at a restaurant. Still, it is important to understand what the general needs are of a child to know how that relates to healthy portions.

The basic rule of thumb is that children up to age three need about 1,000 calories per day, and you can then add 100 calories per year up to age 18. If your child is involved in sports of other physical exertion, these needs will increase – but not by a very large amount. The chart below comes from the Institute of Medicine and outlines the recommended caloric intake for children of various ages.

Appropriate Portions for Kids

When you buy most foods at the supermarket, they come with a listed serving size. The serving size does not necessarily reflect the amount of the food you should always eat, but rather tells you a measured portion so that you can learn how much food you need to get the nutrients you want, and so that you can compare foods to each other for calories and nutrient content.

Most of the servings shown on packaged foods are based on a 2,000 calorie per day diet, so these may have to be adjusted down for younger or less active children. Even with servings listed on a food, most of us will not weigh and measure food for every meal – and there are plenty of foods that have no packaging, like a steak and fresh fruits, vegetables and bakery items. Because of this, it is a good idea to know generally what a portion looks like so you can eyeball it.

The American Diabetes Association gives the following guidelines for kids[6]:

- 1/2 cup serving of canned fruit, vegetables or potatoes looks like half a tennis ball sitting on your plate
- 3 ounces of meat, fish or chicken is about the size of a deck of playing cards or the palm of your hand
- 1-ounce serving of cheese is about the size of your thumb
- 1-cup serving of milk, yogurt or fresh greens is about the size of your fist
- 1-teaspoon of oil is about the size of your thumb tip

Additionally:

- A serving of grains, beans or pasta is between 1/3 and 1/2 cup
- A serving of bread is one slice (Be careful – bread loaves have also gotten bigger in many cases. Look for regular sandwich loaves, or check the calories per slice on the package)
- A serving of dry cereal is 3/4 cup

Once you can start to visualize what these servings look like, it becomes easier to know if your child is eating too much or too little food each day.

***Serving Kids** continued on page 10*

Recommended Caloric Intake for Children

Gender	Age	Sedentary[iii]	Moderately Active[iv]	Active[v]
Both	2-3	1,000	1,000 - 1,400	1,000 - 1,400
Female	4-8	1,200	1,400 -1,600	1,400 - 1,800
	9-13	1,600	1,600 - 2,000	1,800 - 2,200
	14-18	1,800	2,000	2,400
Male	4-8	1,400	1,400 - 1,600	1,600 - 2,000
	9-13	1,800	1,800 - 2,200	2,000 - 2,600
	14-18	2,200	2,400 - 2,800	2,800 - 3,200

(Numbers based on Estimated Energy Requirements (EER) from the Institute of Medicine Dietary Reference Intakes macronutrients report, 2002)

Serving Kids *continued from page 9*

The Issue of Seconds (or Thirds)

Another consideration when we talk about servings is the issue of seconds (or thirds). If you feel your child has had enough to eat at a given meal, try having him or her wait 30 minutes before serving a second helping. Often this is enough time for a feeling of fullness to settle in and seconds no longer seem necessary.

If you know in advance that you are serving a food that your child always asks for seconds of, try giving a smaller first portion so that the second portion is not going to be simply excess caloric intake.

The Right Foods

Usually what parents are trying to do in making sure their kids eat enough is to make sure they get the nourishment they need to grow and develop into strong healthy people. To make sure your kids do this, it is not only important to serve the healthy portions, but also to ensure they get the right foods in their diet.

Making Change

If you and your kids are used to eating larger portions, it may not be entirely easy to make this sort of change. An interesting fact: not only have our portions grown throughout the past three decades, so have our plates and utensils.

While you can't control what restaurants do, you can use some tricks at home to make normal food servings look "bigger" – this is a powerful trick for the brain that may see a normal portion as inadequate if it is swimming in a huge bowl or only taking up a corner of a large plate.

- Use your salad plates. The average U.S. salad plate is the size of a normal dinner plate in many countries. You will find that normal portions nicely fill a salad plate giving the impression of more food. Bowls are harder, but if you look you can usually find small ones at a home store – often in great colors, which kids love.

- Use small utensils. Salad forks can be great. Spoons are harder, but you can find small teaspoons if you look. In a pinch, plastic utensils are almost always small. Using smaller utensils leads to smaller bites. Smaller bites equal more bites, which feels like eating more.

- Serve caloric drinks like milk or 100 percent juice in small cups, or single-serving containers.

- Buy or make pre-measured servings of foods for your kids to snack on so that they are not left to guess on their own how much they should eat at one time.

The American Diabetes Association provides the following general guidelines for making healthy food choices:

- Eat at least five servings of fruits and vegetables every day. (Include a variety of colors such as green, yellow, orange and red.)

- Aim for six servings of breads, cereals and starchy vegetables. (Starchy vegetables include peas, corn, potatoes and dried beans such as pinto or kidney beans.)

- Choose two to three servings of low-fat dairy products like skim or 1 percent milk or non-fat yogurt.

- Choose lean meats, chicken and fish. (Pick meats without visible fat and remove skin from chicken and other poultry. Try to include two to three servings of fish per week. Avoid fried meats.)

- Cut back on sweets and desserts. (Most desserts are high in calories and do not contain many vitamins and minerals.)

These are just some basic tips, but together with simple portion control, they form the foundation of a lifetime healthy eating habits.

Another important thing: once you are comfortable with the correct portion sizes for your child, teach them to serve themselves as well. This way they start to learn to control the amount of food they take on their own – an important skill as they get older.

Eating Out

Dining out is often the hardest time to stick with portion control – even kids' meals in restaurants are often enough or more food that most adults need. Still, this is important to consider because Americans eat an average of one in five meals away from home.

Kids may not only dine out with their parents, but may also eat school lunches or other prepared meals. If you are eating out with your kids, be sure to get familiar with the portions of the foods served. It is always OK to ask for half the meal to come out and have half boxed to take home. You can also consider splitting a meal with your child or splitting between two children. If your child is eating regular meals at school, try to make him or her familiar with what a serving of a food is. If you can, review the cafeteria menu and discuss food choices each week.

Making Healthy Habits for Life

It is true that the habits we form as children are the most lasting – and the hardest to break. Creating a healthy idea of food portions for your child now can be a powerful tool in life-long weight control.

About the Author:

Jacqueline Jacques, ND, is a Naturopathic Doctor with more than a decade of expertise in medical nutrition. She is the Chief Science Officer for Catalina Lifesciences LLC, a company dedicated to providing the best of nutritional care to weight-loss surgery patients. Her greatest love is empowering patients to better their own health. Dr. Jacques is a member of the OAC National Board of Directors.

Resources:

1. *USDA MyPyramid for Kids: www.mypyramid.gov/kids/index.html*
2. *USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine: www.bcm.edu/cnrc/resources/kids.html*
3. *National Heart, Lung and Blood Institute WeCan! Program: www.nhlbi.nih.gov/health/public/heart/obesity/wecan/*

(Endnotes)

i. *Nielsen SJ, Popkin BM. Patterns and trends in food portion sizes, 1977–1998. JAMA 2003;289:450–3.*
ii. *Fisher JO, Rolls BJ, Birch LL. Children's bite size and intake of an entrée are greater with large portions than with age-appropriate or self-selected portions. Am J Clin Nutr 2003;77:1164–70.*
iii. *Sedentary - a lifestyle that includes only the light physical activity associated with typical day-to-day life.*
iv. *Moderately Active - a lifestyle that includes physical activity equivalent to walking about 1.5 to 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life*
v. *Active - a lifestyle that includes physical activity equivalent to walking more than 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life.*
vi. *www.diabetes.org/for-parents-and-kids/diabetes-care/portion-control.jsp*

***Diabetes Treatment** continued from page 4*

undergoing bariatric surgery. While the number of diabetic patients needing oral medication or insulin shots reaches almost 90 percent over time, the need for medical management falls to less than 8 percent for those who have gastric bypass surgery.

Controlling blood glucose levels with bariatric surgery may also decrease the risk of blindness and kidney failure associated with diabetes. Some studies show that every 1 percent drop in HbA1c causes a relative risk reduction of 25 percent to 45 percent.

Risks of Surgery vs. the Risks of Diabetes

Bariatric operations do carry some risk, but the risk of having major complications or dying from the surgery is 0.5 percent, a reasonable risk considering the tremendous benefits of minimizing the progression of type 2 diabetes in obese individuals.

Developing an intestinal leak is the most likely cause of death following gastric bypass surgery. Having diabetes does increase the risk of developing a leak; however, the patient's age and BMI as well as the surgeon's experience are more influential in determining the likelihood of developing a leak. Most leaks can be handled without additional surgery and have no major impact on long-term weight-loss or improvement of diabetes.

Those with diabetes are also more likely to develop wound infections. The infection rate, however, is low and strict control of blood glucose significantly decreases wound infections and other complications following bariatric surgery.

Taking into consideration the risks-to-benefits ratio, bariatric surgery is far more beneficial for patients than medical treatment and one is more likely to die from complications from diabetes than from complications from bariatric surgery.

The Earlier the Surgery, the Better the Results

The longer a patient has diabetes the greater the likelihood of irreversible loss of insulin production. A key finding of all studies is that the less time one suffers from diabetes, the more likely he or she will have complete remission of diabetes following surgery.

About the Authors:

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Philip Schauer, MD, is professor of Surgery, Cleveland Clinic Lerner College of Medicine, and director of the Cleveland Bariatric & Metabolic Institute. He is also the past president of the American Society for Metabolic and Bariatric Surgery.

References:

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"How do 'they' get that BIG?"

By Lloyd Stegemann, MD

I was recently returning home on a flight and I was reading one of my bariatric surgery journals. The passenger next to me noticed what I was reading and asked me what I did for a living. I told her I was a surgeon who specialized in weight-loss surgery.

Then came the question that always comes next, "So, you do liposuction?" I smiled and explained that liposuction is not really for weight-loss and that I did operations like gastric bypass and adjustable gastric banding which are used when people are significantly overweight.

"Isn't that the surgery the judge on American Idol had? He looks great!" she exclaimed. Her next comment was one I hear quite frequently. She said,

"You know I've always wondered, how do people get that big?"

The answer to this question is quite complex and given the ever-increasing waistlines seen throughout the world, it is obvious that we do not have the complete answer yet. Is it simply that obese people are "weak-willed?" I have a hard time believing this is the case when almost 70 percent of Americans are overweight or obese. So how does someone get to be 300 lbs or even 400 lbs? Actually for some, it is surprisingly easy.

Genetics

As more and more obesity research is being done, the strong link between genetics and obesity is becoming increasingly clearer. We have all known people who can eat anything they want and still maintain a healthy weight. We have also known people who look at a piece of cake and gain weight. What is the difference between these two types of people?

Very likely it is due to genetic differences in their energy metabolism. At some point in the development of mankind, the ability to store fat efficiently would have given one a survival advantage. In this day of food abundance, however, this same efficiency puts one at risk of developing obesity.

Clearly, genetics alone is not the answer. While an individual may be born with a genetic composition that predisposes them to develop obesity, not all of them will become obese. I have also yet to see the following headline, "Mother Delivers 300 lb Baby!" There is a popular saying in obesity treatment that goes, "When it comes to obesity, genetics loads the gun, but the environment fires it."

Environment

People do not become severely obese overnight. While children born with higher birth weights are at an increased risk of developing obesity in later life, most severely obese people were a normal weight at birth. Children are, however, quickly introduced into our obesegenic environment. Let's take a hypothetical child and see how she might easily get to 300 lbs.

Early on this particular child is a healthy weight for her age. After puberty she notices she is "filling out" a bit. As she enters high school she notices she's "a little chunky" but because she is very involved in athletics, she is able to maintain a healthy weight.

She graduates from high school and enters college. Due to her demanding college schedule, she finds that her meal patterns are disordered and she often just grabs something on the run. Many times what she grabs is not the healthiest choice, but it is fast and easy. Late night study sessions usually involve chips, soda and an occasional pizza.

It becomes increasingly difficult to find time to exercise and by the time freshman year is over, she gained 20 lbs. Over the summer, she is able to drop some weight by getting back to the gym and eating more sensibly. Once school starts up again, however, it's back to the old pattern again. By the time she graduates from college, she has gained 40 lbs.

After graduation, she gets a great job in the city. She has a beautiful desk, which she sits behind for 8-10 hours a day. During her breaks, she will meet her coworkers and they will share a candy bar and soda while discussing their life events. They start different fad diets and see a few pounds come off here and there only to see them come back once the "diet" stops. December 31st, she promises to lose the 10 lbs she has gained that year.

Life continues and she meets a wonderful man whom she marries. Now with her career and a home to take care of, finding time to exercise is almost impossible. Three diets undertaken this year, 15 pounds lost, 20 pounds regained. Soon the wonderful news comes that she is pregnant.

Nine months and 50 lbs later, she and her husband welcome a little one into their lives. She hardly recognizes herself in the mirror and plans to start "dieting for real" to take the baby weight off. She starts with a vengeance and is diligent about cutting her calories and being more active. For some reason though, the weight is not coming off as easy as it used to. Soon, maternity leave is over and it is back to the "real world" of work. She finds herself getting depressed about her weight and feeling helpless to control it.

Over the course of the next several years, the established patterns continue. Diets here and there – take off five or 10 lbs, only to be replaced by 10 or 15 lbs. She wants to exercise, but finds it difficult to find the energy to clean her house, let alone go to the track and walk. She still can't believe that at a recent doctor's visit the scale read 302 lbs. 302 lbs!

As she celebrates her 40th birthday, she politely avoids having her picture taken, always offering to be the photographer instead. She's ashamed of the way she looks and fears for her health. The thought of needing to lose 130 lbs is overwhelming.

Conclusion

The scenario above has been played out by millions of people across the world. So who is responsible? It is very unlikely that we are going to be able to impact the genetic makeup of individuals in the near future; therefore, we as a society need to look at what environmental factors we can impact on to stem the obesity tide.

I believe this starts with individual responsibility as ultimately each of us controls our calorie intake and expenditure. Still, while each individual must take personal responsibility for their weight, we as a society must also take responsibility by implementing public health policies that promote healthy eating and increased physical activity on both the state and national level.

This means, among many other things, providing funding for education initiatives, improving infrastructure such as parks and bike paths, creating tax incentives for businesses that promote a healthy workforce and providing subsidies for fruits and vegetables, which will make them more affordable for the average individual. Basically, it means dramatically changing the way we as a society operate.

Until that time comes, unfortunately, I will need to continue to operate.

About the Author:

Lloyd Stegemann, MD, is a private practice bariatric surgeon with New Dimensions Weight Loss Surgery in San Antonio, TX. He is the driving force behind the Texas Weight Loss Surgery Summit and the formation of the Texas Association of Bariatric Surgeons (TABS) where he currently serves as President. Dr. Stegemann is a member of the American Society for Metabolic and Bariatric Surgery (ASMBS) and the OAC Advisory Board.

Get Up. Get Down. Get Control.

Weight management programs teach participants how to manage their daily calorie balance with something you wear on your arm.

By Bobby Kurian

It is estimated that 50 million Americans attempt to lose weight each year, but only 5 percent are successful at keeping the weight off. With the incidence rate of obesity and overweight more than 65 percent, clearly health practitioners need to develop a better approach to this challenging issue.

Common approaches to weight-loss are usually some combination of the following: diet, exercise, supplements, medication, behavioral modification, professional supervision and surgery. But, there is a new trend in weight-loss on the rise that stresses monitoring your daily calorie balance through personal health monitors.

The goal of this new breed of products is to help you reduce calories consumed and increase calories expended so you can more effectively and safely lose weight and keep it off.

Many hospitals and practices around the country are creating evidence-based weight management programs that incorporate nutrition and exercise counseling, with wearable body monitoring products. There are many on the market.

Participants in our weight-loss program, wear one such body monitoring device called the SenseWear® armband. This device measures calories burned, duration of physical activity and number of steps while also including a display and Web site to quickly see daily results and track nutrition.

We've found that with help of these kinds of devices, participants can more easily budget how many calories they can eat for the day in order to achieve their weight-loss goal. In fact, they are turning out to be a great educational tool by helping our participants manage their daily calorie deficit long after our program has finished.

I want to share with you a great success story. Gail McDaniel enrolled in our weight management program in November 2007 and has lost 47 lbs to date. Her story isn't just about the weight-loss, but about how she did it. It's about what she learned and how the education she received, along with the utilization of a body monitoring device and combined with her determination, became the foundation for a completely new lifestyle.

About the Author:

Bobby Kurian is the Director of Business Development at Baptist Health of South Florida. Mr. Kurian is the former General Manager of Sarasota Memorial Health Plex in Sarasota, Fla. Sarasota Memorial Health Plex is the weight-loss program referred to by Mr. Kurian in this article.

A Day in the Life: Gail McDaniel

By Gail McDaniel

The first thing that was asked of me when getting involved with my weight management program was to make a commitment. I took that request seriously, and made a commitment to participate fully and give this program a chance.

The result was, and continues to be, a synergistic blend of my own determination and the outstanding resources made available to me that finally taught me how to change my lifestyle to create a better life. This program, in every sense, has truly been a life changing experience.

The program that I was involved with is run by an excellent and well educated staff. Their patience and commitment to my success was profound, which helped to quell my initial skepticism about having to wear a device on my arm.

Using My Body-Monitoring Device

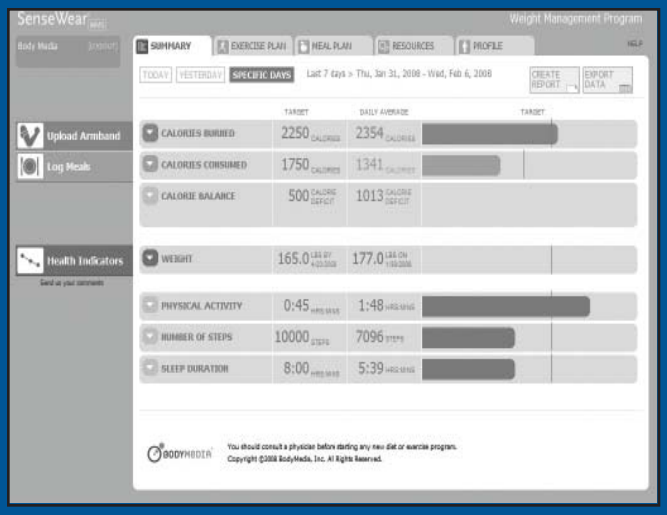
From the beginning, I used SenseWear® WMS (a body-monitoring device). I spent the first week learning how to use it, wear the armband, upload the information to the Web site, use the display device to count my calorie burn during specific activities, change the battery and use the Web site to log my meals and track my calorie balance. At first it seemed overwhelming, but in reality it was all very easy to use.

I soon realized that every night I could check my daily progress and see my calories burned minus my calories consumed, which gave me my daily calorie deficit. It became a numbers game that I loved to play. My goal was to maintain a daily calorie deficit of 1,000, which would result in a two pound per week weight-loss.

My Results

My body responded beautifully to this combination, and I saw a steady two pound per week weight-loss (with occasional five pound drops that my dietitian explained as water weight). My steady weight-loss was motivating; but the way I started feeling was even more motivating.

When I began the program, I had high blood pressure, "bad knees" due to arthritis and virtually no stamina. I would start huffing and puffing just walking across a parking lot. Within a month, I started noticing cardio benefits. I realized I wasn't huffing and puffing any more, except during workouts on the cardio equipment. And within two months, I stopped needing medication for my arthritis. The stiffness was gone. In fact, there are absolutely no signs that I even have arthritis.



The metabolic device used by Gail features an online component where users track their progress on their own Web profile. Here is an example of a Web shot from a profile.

Exercise is excellent medicine. For the first time in years, I can see myself doing any activity, instead of thinking, "Oh, I'm not in shape to do that." It's an amazing feeling to live life with no limitations and to know that physically I can do anything I want to do. Some things, like mountain climbing, might require a little extra training, but anything is doable! Now that's truly life-changing!

Changing My Behavior and Lifestyle

My first job was to arrange my daily schedule so that I could plan a workout at least five days a week. That was a commitment I made to myself – one which I have maintained to this day. The program allowed me to work with a personal trainer once a week. Those workouts were always challenging, since the trainer wanted to make me aware that I could do so much more than I thought I could.

But on the days when I worked out alone, I had my body monitoring device to keep me company. It provided me with the feedback I needed. I made it a personal habit to try to push myself just a little bit more every day, even if I only kept up that pace for 30 more seconds, or tried to burn just 50 more calories, or take those extra 1,000 steps. I did it. That was the important thing, because I was continually proving to myself that I was capable of more than I realized.

My second job was relearning how to eat. Through weekly meetings with the dietitian and frequent interactions with the other members of my program, I learned how to balance carbs, proteins and fats.

Get Control *continued on page 22*

Advocacy News
Advocacy Action

OAC and Patients
Bring National Attention to Discriminatory Mississippi House Bill 282

House Bill 282 at a Glance

On Friday, February 1, the OAC became aware of Mississippi legislation targeting those affected by obesity and morbid obesity.

The legislation, titled "House Bill 282," clearly stated that members of the Mississippi House of Representatives were seeking an act to prohibit certain food establishments from serving food to any person who is obese based on criteria prescribed by the Mississippi State Department of Health.

Reaction to the Bill

Upon reading HB 282, the OAC and patients throughout the country immediately mobilized and issued statements expressing their disappointment with the bill and the legislators.

From an organizational standpoint, the OAC disseminated a news release nationwide calling on the state of Mississippi House of Representatives to withdraw HB 282. This bill clearly discriminated against those affected by obesity by restricting their right to dine in restaurants.

Prior to the Bill being deemed "dead," OAC President/CEO Joseph Nadglowski, Jr., appeared on the CBS Early Show, along with Representative Read, who was a co-author of this Bill. This National appearance brought widespread discussion about the Bill and its effects on the obese population.

The OAC strongly felt that HB 282 was outright discrimination against the obese population and an example of the often misguided attempts proposed to address the obesity epidemic. In fact, studies have demonstrated that discrimination, ridicule and/or stigma against the obese do not lower obesity rates. Instead, the opposite is true. Those that are the victims of stigma and/or discrimination are more likely to engage in unhealthy eating behaviors.

Advocacy at Work

For one of the first times in history, once the obesity community was discriminated against, it immediately responded with passion and dedication. It was the determination of all those affected by this disease, especially Mississippians, that brought this issue to the national media and assisted in illustrating the discriminatory aspects of HB 282.

Looking Ahead

Each and every day examples of discrimination such as that found in HB 282 is perpetuated and proposed in society. It is up to us, the patients and the OAC, to make a difference and stop this type of stigma.

Advocating to your state representative and letting them know the issues in your state regarding access to care and fair treatment for the obese is extremely important. We must demonstrate the need for access to safe and effective treatment options.

Obesity is a serious health epidemic that targets one in three Americans. It is estimated that more than 93 million Americans are obese, with that number predicted to climb to 120 million in the next five years.

For more information on HB 282, please visit the "Advocacy" section on the OAC Web site at **www.obesityaction.org**.

OAC Encourages You to Take Part in the "Walk From Obesity - Walk on the Capitol"

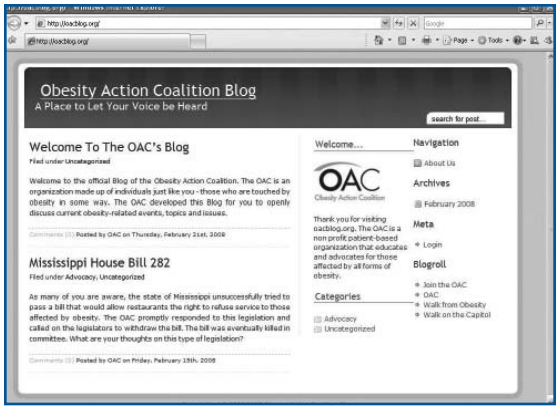
Imagine an event where thousands of individuals impacted by obesity come together to spread a powerful message to government of the need for expanded attention to the obesity epidemic. Well, you do not have to imagine it, because it is going to happen!

On Tuesday, June 17, 2008, the OAC and ASMBS Foundation are hosting a historic awareness event - the ***Walk from Obesity - Walk on the Capitol***. We encourage each and every individual impacted by obesity to join us in Washington, DC as we walk to call National attention to the need for expanded efforts to both prevent and treat obesity. This event will take place on the National Mall in the heart of DC at 6:30 pm.

If you are unable to attend, we encourage you to help us promote this important event to anyone you know who would be interested in taking part. Details may be found on page 5 of this newsletter and you can also find promotional materials on the official *Walk on the Capitol* Web site at **www.walkonthecapitol.com**.

We hope to see you, and every individual impacted by obesity, on June 17 in Washington, DC!

OAC Blog Now Online



The OAC is excited to announce the launch of its newest online resource - the OAC Blog. The OAC developed the Blog for you to openly discuss current obesity-related events, topics and issues. The Blog is a great place to stay up-to-date on the latest obesity stories and share your thoughts and opinions.

The Blog is updated on a weekly basis. Newly updated topics include:

- Celebrities who have lost significant weight and are now facing weight regain: Is it fair to criticize these individuals?
- Florida Marlins Search for Oversized Cheerleaders
- Massachusetts Bill would Ban Discrimination against Height and Weight
- Would you say something? If you saw someone being harassed because of their weight, what would you do?

We encourage you to visit the Blog today at **www.oacblog.org**, and let us know your opinion on these important issues. **Speak up - Visit the Blog Today!**

OAC Web Site Updated

If you haven't visited the OAC Web site lately, you need to check it out. The OAC Web site is one of the best resources for anyone looking for information on obesity, childhood obesity, morbid obesity, treatment options, quality of life issues, advocacy information and much more.

The OAC home page has been completely redesigned. It now offers visitors an easy-to-navigate style and also highlights the most current obesity news topics as well as exciting new items from the OAC, such as the *Walk on the Capitol*, the *Walk from Obesity Cookbook*, the OAC Blog and much more.

Whether you want to learn more about the disease of obesity, view materials in Spanish, comment on the OAC Blog or learn how to start advocating today, it is all just a click away! Visit **www.obesityaction.org** today!

Cooking:
Finding a Healthier Food Substitution

By Chef Dave Fouts

Finding the perfect substitution when it comes to providing a healthier alternative to you or your family's meal plan is a great way to decrease calories, while increasing flavor and nutrition.

It is important to understand that not all substitutions are created equal, and while it may save you calories from fat, it can possibly increase calories in other areas such as sugar and sodium.

Product labels are designed to sell. Understanding how to read the back of the labels where the nutritional information is located will help keep your pantry free of unhealthy substitutions.

The front product label is usually colorful and highlights words such as "natural," "10 percent more," "now with more fiber," "made with less sugar" and "fat-free." Although these claims are true, what they are not telling you is in most cases, they have increased other areas of the formulation to bring back flavor that was lost during the making of the product. Like I mentioned above, generally its sugar and/or sodium increased, especially in fat-free and low-fat products.

Useful Tips

The market is filled with new products on a monthly basis, and in the past few years I have come across a few that are worth mentioning. In general, when it comes to salad dressing, always use vinaigrette dressing instead of cream-based.

However, new products I like even more are the vinegar-based spay salad dressings. These add a ton of flavor with that the added benefit of no calories or fat.

In addition the "I Can't Believe it's not Butter" spray is another alternative and adds almost no calories or fat, but covers your food and adds flavor.

Eggs are healthy, but do contain saturated fat, so another alternative would be just to use the egg whites. In addition, egg substitutes can also be used instead of whole eggs. Egg substitutes are made from real egg whites with the benefits of added vitamins and minerals, the yellow color comes from beta carotene being added.

As for cheese, if a recipe calls for one cup of cheddar cheese, substitute with low-fat cheese, or use a sharper cheese, but only use a ½ cup. I do not, however, recommend fat-free cheese. It will not melt and lacks flavor.

Sour cream and cream cheese are generally used as a garnish or in small amounts. So where above I recommend low-fat items, with these two food products, fat-free works better because you will not be consuming a lot of it.

The next page contains a list of healthy substitutions. And as always, Cook Smart!

Chef Dave Fouts

Chef Dave Fouts is known as the world's premier culinary expert for Weight Loss Surgical Patients. He also wrote the new "Walk from Obesity Cookbook" (see next page). For more information please visit ***www.chefdave.org****.*

Substitutes & Alternatives for Cooking

Sour Cream Substitutes
Plain low-fat yogurt
Fat-free sour cream

Full-fat Cheese Substitutes
Low-fat, skim-milk cheese
Cheese with less than 5 grams of fat per ounce

Ricotta Cheese Substitutes
Low-fat or cottage cheese
Nonfat or low-fat ricotta cheese

Ground Beef Substitutes
Extra lean ground beef
Lean ground turkey or chicken

Sausage Substitutes
Lean ground turkey
95 percent fat-free sausage

Mayonnaise Alternatives
Low-fat mayonnaise

Sugar Alternatives
Sugar substitute

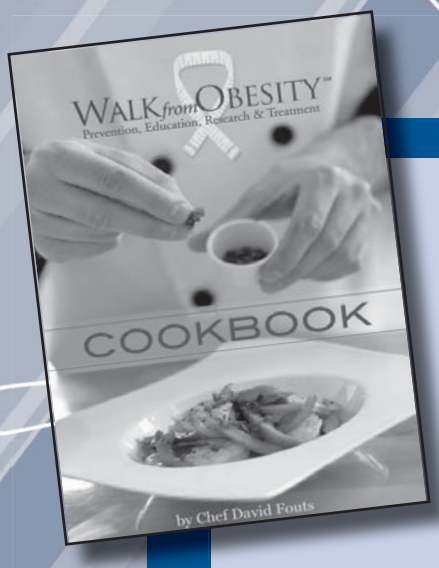
White Rice Alternatives
Brown rice
Whole barley
Bulgur
Kasha
Quinoa
Whole wheat couscous

Milk/Cream Alternatives
2 % or skim milk
Fat-free half and half

Iceberg Lettuce Alternatives
Romaine lettuce
Endive
Fresh spinach
Field Greens

Butter Alternatives
Low-fat margarine
Spray margarine

Oils Alternatives
Olive oil
Canola oil
Vegetable oil



WALK*from*OBESITY™ Cookbook

The *Walk from Obesity* is excited to debut the official *Walk from Obesity Cookbook*. The proceeds from this cookbook directly benefit the Walk from Obesity.

The cookbook contains a variety of recipe categories, such as appetizers, beef, seafood, pork, poultry and much more. This cookbook is also one of the only available featuring the nutrition facts for each recipe so you can easily manage serving size, caloric intake and much more.

Get Your Copy Today!

Cost of Cookbook: $10.00 plus $4.95 for shipping/handling

Yes! I would like to purchase (#) _____ cookbooks.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

❑ Enclosed is my check (payable to the OAC).

Please charge my credit card:

❍Discover® ❍MasterCard® ❍Visa® ❍Amex®

Credit Card Number: _____

Exp.: _____ Billing Zip: _____

(# of cookbooks) _____ x $10.00 + $4.95 (s/h) = _____(amount owed to OAC)

Return to: OAC, 4511 North Himes Ave., Suite 250, Tampa, FL, 33614 or **Fax to:** (813) 873-7838

Patient Profiles

Throughout the past three years, the Obesity Action Coalition (OAC) has had the privilege of working with and servicing hundreds of thousands of individuals affected by the disease of obesity, morbid obesity and childhood obesity. From distributing materials to answering phone calls in the office, the OAC has diligently represented the obesity community with passion and determination.

One of the most enlightening aspects of the OAC is the ability to reach patients on a one-on-one basis through Patient Profiles. Patient Profiles often articulate and elaborate on the stories of those affected by all forms of obesity.

The stories profile a wide range of topics and issues. Most stories discuss the patient's treatment journey and others tell the story of a patient desperately trying to access medical treatment for their disease.

These profiles are the heart and soul of the OAC. They are the reason for the OAC's existence and the reason for its progression in helping all those affected by obesity through educational, advocacy and supportive efforts.

Bringing Patients Together at the *Walk from Obesity - Walk on the Capitol*

On June 17, 2008, the OAC will not only represent the hundreds of thousands of individuals it has helped throughout the past three years, but also the millions of Americans impacted by obesity by hosting the *Walk from Obesity – Walk on the Capitol* in Washington, DC. This will be a history-making event bringing together individuals who are affected by obesity to walk and raise awareness and national attention of obesity and its health and quality of life impact in/on our society.

This event is a first of its kind, as individuals will be gathering in Washington, DC, to walk on the National Mall and spread a powerful message to government of the need for expanded efforts to manage this rising obesity epidemic.

More information on the *Walk on the Capitol* may be found on the official Walk Web site at **www.walkonthecapitol.com,** or you can see page 5 of this newsletter for more details.

It is our pleasure to share with you excerpts from various Patient Profiles that we have had the opportunity to feature in *OAC News*. We hope that these have inspired you and that we can count on you to help us in continuing to spread our important and powerful message.

"A Family Effort" *Eva Samartzis*

For 20 years, Eva said she dieted with little or no results. "I tried Medifast, Weight Watchers, you know all the popular ones, but I never saw any weight come off," said Eva. Here and there she would lose some weight. At times, maybe she would lose 15 pounds, but then she said she would just put 20 back on again.

In 2005, depressed and down on herself, Eva knew she had to do something about the weight. "I felt that inside I was sad. I was depressed. I would go to Europe for a vacation and people would say, 'You live

Please note: These Patient Profiles were written by James Zervios, OAC Director of Communications.

"Ryan's Story"
Ryan

"I feel angry. I am angry at myself," said Ryan. His anger was visible, not only through emotion, but also through expression. His eyes looked to the floor, closely followed by his eyebrows turning inward and down.

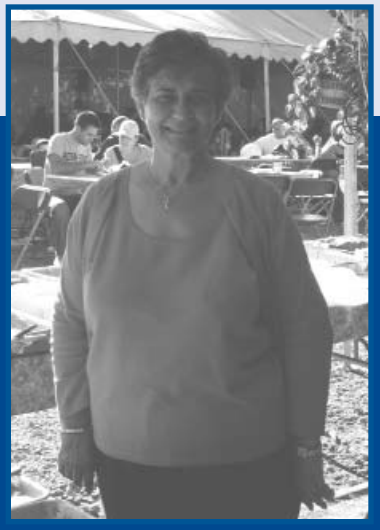
This was something that Ryan was angry at, but also frustrated by the lack of self-control he had over his own weight. He was scared. Scared at what this disease could do to him. Ryan's grandfather was diabetic and obese, and eventually passed away from diabetes. This young man knows firsthand what this disease can do to someone.

"Total Change"
Wayne Bolt

In January of 2006, Wayne's weight skyrocketed to 500 pounds. Mostly due to the original weight Wayne packed on during his football career and a lack of diet and exercise once his playing days ended.

"It was January 23, 2006 and I could barely move. I couldn't walk and everything hurt. I knew I had to do something about my weight," said Wayne.

After reaching this overwhelming realization, Wayne decided to see his doctor about his weight. Wayne eventually consulted with a bariatric surgeon and decided to seek out Roux-EN-Y gastric bypass surgery.



in America. Why are you fat? You have the best doctors and medicine.' They never took the time to realize they were hurting me with the comments," said Eva.

"Turning My Life around"
Tim Liebmann

"I was doing this with only diet and exercise, and boy was it tough. My wife came to me one day and gave me this little ceramic angel, and I put it on my sink. I remember saying to that thing, 'Today is going to be a hard day, but I am going to tell you all about it tomorrow.' It was helpful to me," said Tim.

With Tim's weight decreasing, so was his high blood pressure. He told me of a time when he visited his cardiologist and literally broke down into tears.

"I remember she put me on the scale and for the first time in my life, I didn't max it out. I began to cry. The nurse looked at me like I was crazy until I explained why I cried," laughed Tim. That day Tim also received the great news that his blood pressure was lower than before and could possibly go off of medications completely.

OAC Chairman's Council

The OAC is grateful for the generous support of its Chairman's Council Members:

Platinum

($100,000 and up)

Allergan, Inc.
ASMBS Foundation
Covidien
Ethicon Endo-Surgery

Gold

($50,000)

Silver

($10,000)

American Society for Metabolic & Bariatric Surgery

Bronze

($5,000)

Bariatric Advantage
Carstone Seating
Scottsdale Bariatric

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Jaymee Delaney, MD
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National Association of Bariatric Nurses (NABN)
New Dimensions Weight Loss Surgery
Gregory L. Schroder, MD
Scottsdale Healthcare
SmartForme
Surgical Associates of Marion County
The Wellborn Clinic
WLS Lifestyles Magazine

The Chairman's Council is the OAC's most prestigious membership level. As a Chairman's Council member, you make a commitment to improving education and advocacy efforts for the obese. Most importantly, your membership strengthens the voice of patients in the obesity community.

To add your name to this list, please visit **www.obesityaction.org** or contact us at (800) 717-3117.

Get Control *continued from page 15*

The Web site portion of SenseWear® WMS was a great tool for me and my dietitian to track what I was eating and plan my food for the day. Combined, they taught me so much. I learned that I actually could eat all the foods I love, in reasonable quantities of course, and still lose weight. If I wanted a cinnamon bun for breakfast, no problem.

By using a body monitoring device, I was able to learn how to simply find some extra time during the day to burn up those extra calories.

Fitting in "Workouts"

Wearing a body monitoring device also helped for those days that I just couldn't fit in that planned workout. Unforeseen circumstances arise, and all too easily get in the way of being healthy. Before, I would have said "Oh, well. There's always tomorrow." But you quickly learn that with a thing on your arm that watches your every move, all your activity counts.

You don't have to get on the treadmill and sweat to burn calories. So, every hour while at work, I got up from my desk and simply walked around the block. My device enabled me to measure the number of calories I burned and the number of steps I took on these breaks.

I learned that I walked around 1,000 steps and burned about 100 calories during those 10 minute walks. I learned that four walks around the block came to about 400 calories, about the same I would have burned during one of my planned workouts. I was learning how to make lifestyle choices to reach my goals.

Keeping the Weight off

I wore the armband 24/7, only removing it when I took showers. I wore it all day and uploaded the data every night. It was my trusted companion throughout the eight-week program, during which I lost 22 pounds. But the weight-loss didn't stop there. Since I stopped wearing the armband, I have lost another 25 pounds.

The education that I received during this journey is lifelong. I continue to workout daily and make informed food choices in order to maintain a daily calorie deficit, the way I was taught. I still need to lose another 40 – 50 pounds, but I have no doubt that the weight will continue to come off and six months from now, I will be where I want to be – vibrant, slim, happy and enjoying life!

Gail McDaniel participated in the weight management program at Sarasota Memorial Health Plex in Sarasota, Fla. During the program, Gail used a body-monitoring device called SenseWear®. To learn more about body-monitoring devices, please see the "OAC News" section of the OAC Web site and click on the link for "Past Articles." To learn more about the device used by Gail, please visit **www.sensewear.com**.

OAC Membership

Building a Coalition of those Affected

About OAC Membership

The OAC is a grassroots organization and was created to bring together individuals impacted by the disease of obesity. One of the first steps to getting involved and making a difference is to become a member of the OAC.

Membership allows the OAC to build a Coalition of individuals impacted, bringing a unified voice in obesity. These are the individuals that make up OAC's membership:

- Those who are currently struggling with their weight, whether obese or morbidly obese
- Those who are seeking treatment for their obesity
- Individuals who have successfully and/or unsuccessfully treated their obesity
- Friends, coworkers and family members of patients
- Professionals whose work is dedicated to those affected
- Organizations that support efforts in obesity

You probably find yourself fitting into one of the categories above. This is because obesity affects just about every person in the U.S. and directly impacts more than 93 million Americans. With this number continuing to grow, so must our voice. And that is where **YOU** become an important part in what the OAC strives to do.

Membership Categories and Benefits

The OAC wants **YOU** to be a part of what we do. No matter how you're impacted, having individuals join our efforts who believe in making a difference is essential. That's why the OAC offers various member categories, so you can get involved at your desired level.

Several valuable benefits also accompany your OAC membership, including an annual subscription to *OAC News*. Each membership category offers something different. To learn more about membership benefits, please visit the OAC Web site at **www.obesityaction.org**.

NotreadytojointheOACasapaidmember?

You can become a "Friend of the OAC" and still have your voice be heard. When joining the OAC in this category, you can get involved in our efforts while receiving electronic benefits. There is no charge to become a "Friend of the OAC." To sign-up, check the box below and complete the application.

❑ Sign me up as a "Friend of the OAC"

Membership Application

Yes! I would like to join the OAC's efforts.
I would like to join as a/an:

- ❑ Patient/Family Member: $20
- ❑ Professional Member: $50
- ❑ Physician Member: $100
- ❑ Surgeon Member: $150
- ❑ Institutional Member: $500 *(Surgery centers, doctors' offices, weight-loss centers, etc.)*
- ❑ OAC Chairman's Council: $1,000 and up

Mail to: OAC
4511 North Himes Ave., Ste. 250
Tampa, FL 33614
Or Fax to: (813) 873-7838

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

Enclosed is my check (payable to the OAC) for $ _____.

Please charge my credit card for my membership fee:

❍Discover® ❍MasterCard® ❍Visa® ❍Amex®

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

www.obesityaction.org

About the OAC

The Obesity Action Coalition (OAC) is a non profit patient organization dedicated to educating and advocating on behalf of those affected by obesity, morbid obesity and childhood obesity. The OAC distributes balanced and comprehensive patient educational materials and advocacy tools.

The OAC believes that patients should first be educated about obesity and its treatments and also encourages proactive patient advocacy. The OAC focuses its advocacy efforts on helping patients gain access to the treatments for obesity. As a membership organization, the OAC was formed to bring patients together to have a voice with issues affecting their lives and health. To learn more about the OAC, visit **www.obesityaction.org** or contact us at (800) 717-3117.

OAC Resources

The OAC provides numerous beneficial resources for patients, as well as professionals. All OAC resources are complimentary and may be ordered in bulk. To request materials, please contact the OAC National Office at (800) 717-3117 or send an email to **info@obesityaction.org**.

Newsletters

- *Obesity Action Alert* - the OAC's free monthly electronic newsletter
- *OAC News* - OAC's quarterly education and advocacy newsletter

Brochures/Guides

- BMI Chart
- OAC Insurance Guide
- State-specific Advocacy Guides
- More than 100 obesity-related topics located on the OAC Web site
- *Understanding Obesity* Series
  - *Understanding Obesity* Brochure
  - *Understanding Obesity* Poster
  - *Understanding Morbid Obesity* Brochure
  - *Understanding Childhood Obesity* Brochure
  - *Understanding Childhood Obesity* Poster
  - *Understanding Obesity Stigma* Brochure

OAC NEWS

The Obesity Action Coalition's Quarterly Patient Newsletter

Obesity Action Coalition
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Tampa, FL 33614

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