

A Publication of the Obesity Action Coalition

Spring 2011

yourWEIGHT Matters

MAGAZINE

**A Look at
Residential
Weight-loss
Programs**

**Relationship Challenges
before and after
Weight-loss Surgery**

KID'S
Corner

Coming Soon!

**Polycystic Ovarian
Syndrome (PCOS)
and Obesity**

OAC
Obesity Action Coalition



Weight loss surgery was not a “quick fix.” It was the start of my new life.

This was not a fly by night decision. I knew exactly what I was doing. This was the start of being there for my kids; of feeling better as a person; of getting more self-confidence, which was something I had been lacking for quite some time. It's not a quick fix. I still have to work at it every day and for the rest of my life, and I'm okay with that.

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A Message from OAC Chairman of the Board, Barbara Thompson

Welcome to the Spring issue of *Your Weight Matters Magazine*. Spring is a wonderful time of year as winter begins to recede, and the air becomes full of scents and fragrances from blooming flowers. This is the perfect time of year to go for a lovely evening stroll with a loved-one or friend as the sun begins to set.

This year is off to an amazing start for the OAC. Our 50,000 Membership Drive Contest ended on March 31 and through the Drive, we welcome more than 300 new members to the OAC. We welcome each and every one of you to the OAC and look forward to your support for years to come.

I would like to take a moment and thank all of you for your incredible support of the OAC's online poll regarding the Georgia Children's Health Alliance's (GCHA) childhood obesity awareness campaign. Thousands of you expressed your frustration and disappointment with GCHA's imagery and messaging. While the OAC fully supports childhood obesity awareness, we do not support raising awareness through childhood obesity stigmatization or bias. The OAC has issued a letter to GCHA demanding an immediate retraction of the campaign. The OAC has also offered its services to GCHA to cooperatively develop a more appropriate campaign. The OAC received a response from the Chairman of the GCHA, and the letter can be viewed on page 17 of this magazine. We are still working with the GCHA on this issue and will report those details to you as they become available.

In this issue, you will find some excellent articles on relationships after weight-loss surgery. As someone who has been directly affected by obesity and successfully treated it, I can tell you that the landscape of many relationships does change as we change. This issue provides some great insight into these "changes" in many aspects of our lives.

We are also announcing the launch of the OAC's "Kid's Corner" which will be featured in the Summer issue. The OAC recognizes the severe impact childhood obesity is having on society's children. In an effort to engage children, the "Kid's Corner" will offer kid-friendly educational information and invite children to take part in the OAC's Kid's Challenge. For more details, please turn to page 9.

As always, we thank you for your support as a member of the OAC. We hope you enjoy the Spring 2011 issue of *Your Weight Matters Magazine*!



YOUR WEIGHT Matters MAGAZINE

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Joe Nadglowski
OAC President/CEO
Kristy Kuna
Editor

Barbara Thompson
OAC Chairman of the Board
James Zervios
Editor

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Your Weight Matters Magazine - OAC ♦ 4511 North Himes Avenue, Suite 250
Tampa, FL 33614 ♦ (800) 717-3117 ♦ Fax: (813) 873-7838

www.obesityaction.org ♦ info@obesityaction.org

RELATIONSHIP CHALLENGES

before and after Weight-loss Surgery

by Walter Medlin MD, FACS

The weight-loss surgery journey is one of the most profound changes in our lives. Following nutrition, an exercise and follow-up program may be hard work, but the most challenging daily adjustment is, “the way people treat me differently.”



She burst into tears. Why? I had just walked into the hospital room, saying “your nurse tells me you are doing great from surgery yesterday!”

“No – I’m happy!” She manages to sob. “It’s just... a bit... overwhelming.” This patient figured out early, some of us figure out later, that the weight-loss surgery journey is one of the most profound changes in our lives.

Relationships change in many ways, as you change after surgery. Even though life may have been hard in many ways before surgery, leaving familiar old ways behind can be stressful. This stress can be a threat as well as an opportunity. This article will take a look at a few types of relationships that patients have shared that have been impacted by weight-loss surgery.

Self

Why save the most important for last? If your self-care is lacking, nothing can replace it. So many still follow a self-neglectful or self-berating pattern. Take the time to practice internal messages that console, talking back and taking a stand against your internal critic. Life is tough enough; shame, blame and harshness do not add anything to just taking responsibility, which can be empowering if done in a caring, loving way. Just because we talk about “self” doesn’t mean we have to do it alone. Support groups, therapy or a good program team can help.

Spouse/Significant Other

This is the person with the most at stake for change in your life. They love you, but they are also “losing” some version of you. Some spouses have gotten away with taking advantage of power if you have had to rely on them and may fear you will retaliate with increased freedom and power after obesity no longer limits your financial and relationship prospects. Even if they haven’t taken you for granted, they can be afraid. If they are affected by excess weight, it may feel like a rejection.

Spouses can react in many different ways but they usually adjust if you do. Support groups sometimes invite spouses (most are happy for the perspective) and some programs have separate events for spouses. Many programs now even have a consent process before surgery, which can take some pressure off you to get them to understand the basics.

The fact is, somewhere around half of all marriages in the U.S. end in divorce, and weight-loss surgery patients are not immune. Support groups often say, “strong relationships grow under stress, weak relationships grow apart or fail.” Counseling can usually help when there is friction or dysfunctional communication.

Parents

If your mom is alive, she is probably the toughest to convince. Her “baby” is always going to be the center of her world. This can cloud her ability to do a non-emotional assessment of the risks versus the benefits, even with current overwhelming evidence for most patients.

The second issue can be the reflection on her. Often, moms can have hurt feelings if they perceive that they created the

problem (even if you never said such a thing). Don’t give up on parents, because they can really be your “rock” afterwards, even if they never accept the idea fully beforehand.

Dads are so varied, it is difficult to predict. Sometimes they express fear by withdrawing, and that can seem like disapproval. They are often the slowest to share, but can be your most vocal supporter once they see how you are able to use your weight-loss surgery tool functionally.



Children and Siblings

So many different family systems are around today, it is probably hardest to predict how your kids and siblings will react. My mom frosted her hair when I was about 10-years-old, and I didn’t want to talk to her for two days! Why was I upset? I have no idea and probably didn’t then, either. Some get totally focused on the risk of losing you to surgery – be careful to respect their intelligence. If you try to pretend that there is no risk, they won’t respect you, so get them the real information (take them to an info session or support group) and they will come around.

The other issue with kids or grandkids in the home is the grocery shopping and pantry. It may not be fair to ask them to deprive themselves for you, but it is also not fair to you to have to always be tempted. Compromise happens from both sides, and in a loving, functional way. You can likely find some treats for them that don’t appeal as much to you, and they can follow some basic household rules to keep you from temptations.



Work Friends

Watch out for “Frenemies!” There are many types. A very few are truly bigots and should be avoided, but most are simply uninformed, and you can change that by informing them. Some are affected by obesity and feel threatened or jealous. They also admire you, but may not say it. They will greatly respect you if you show reasonable expectations and talk to them about the “tool,” rather than the “cure.”

Relationship Challenges continued on page 6

Old Friends

I know of alcoholics who fell out with all their “drinking buddies” when they went to Alcoholics Anonymous. Luckily, we can still enjoy food with our heavy friends. Sometimes they are surprised to see that you actually eat real food and enjoy it more than before. I have some very caring relatives, however, who honestly feel my health looks worse because I now have more wrinkles and don’t have as much of a “glow.” We do have to acknowledge that many people have mainly been exposed to people getting thin with serious diseases – and that can impact the emotional response early on.

Strangers/New Friends

How do you introduce the issue with people you meet casually? I was on the phone with a physician assistant talking about my practice and he said, “Yeah, we get a lot of fatties here!” It took all my restraint, but I was able to keep my cool. “Well, I had a sleeve gastrectomy myself, and I can tell you it is very effective and safe.” That is certainly not the model start for a great relationship. I will keep working on this guy. Mostly, I have been pleasantly surprised at the acceptance of new acquaintances.

Program Team and Surgeon

Once you are through surgical recovery and the bandages are off, your relationship with the team changes. Our greatest concern is that the patient will become uncomfortable, exposing vulnerability to us, talking candidly about their real issues, or worse yet, be afraid of being judged. We work for you! Don’t forget that most of us went into healthcare to solve problems – you will not disappoint anyone by being honest.



Conclusion

In those post-lottery TV shows (big house, nice car, early retirement), none of those things matter if you don’t have peace with yourself, and even then, it’s pretty lonely without good relationships.

High tech medicine doesn’t have anything to do with this important part of a healthy, rewarding life, so we don’t talk about it much. We share different aspects of our

life with each of these groups, and each of these groups has something special to offer us, as well. Many times in support groups I have heard, “well, I would never tell anyone else this, because they wouldn’t understand, but...” Cherish those connections; they are the essential fabric of our journey.

Boundary issues can sneak into any relationship. There is a time and place for all types of sharing. Learn to recognize and seize the opportunity, but be respectful of the “body language” of others. Leadership books talk about putting the “right amount of heat” into a relationship. If you are too cool, distant and analytical, nothing much happens, but if the heat of aggression causes things to “boil over” you just end up with a mess.

Patience is probably the most useful tool we have. Stay gentle, stay engaged and stay in touch with all your supporters. Time changes everything, and most difficulties will adjust if you give them time. As they say in support group, “after a while, it’s the same life in different sized clothes.” Your good relationships will still be there, stronger for the challenge!

About the Author:

Walter Medlin, MD, FACS, is an OAC Advisory Board Member and has just opened Pacific Diabetes and Weight-loss Surgery in Bellingham, Washington after directing a Center of Excellence in Minnesota for several years. He struggled with his weight since first grade. After performing hundreds of weight-loss operations, he underwent sleeve gastrectomy in 2008, with outstanding results. Dr. Medlin is also a participating practice in the OAC Sponsored Membership Program where he gives each of his patients a one-year membership in the OAC.



LOSING WEIGHT AND RE-ENTERING THE SOCIAL SCENE

by Amber Huett

Losing weight is physically and emotionally difficult, but sometimes adjusting to life after weight-loss is an even bigger challenge. In the profiles of Anthony Reed and Tabitha Meador to follow, despite any interpersonal or psychosocial challenges that took place, they agreed that the social benefits of weight-loss far exceeded any downside. Regardless of the type of treatment option chosen for weight-loss, Reed and Meador agree that you need to build a support team.

“Surround yourself with people who want you to succeed and take the naysayers with a grain of salt,” said Meador.

ANTHONY'S STORY

Anthony Reed's enthusiasm for healthy living radiates in his every word. He spends his time educating children in schools throughout Cincinnati about fitness. He works three nights a week as a certified personal trainer helping weight-loss surgery patients develop exercise plans and often offers free sessions to those needing extra help.

But, Reed hasn't always been a 6-foot-4-inch, 214 pound runner. Five years ago, he weighed nearly 600 pounds.

“I lost my job because I was so heavy I couldn't work anymore,” the 43-year-old Reed said. “Ultimately, I was unable to do the traveling required in my position.”

Reed worked as a top salesman for a large printing company, which had contracts with several major corporations. “I didn't lose my job because of my weight,” he said, “but eventually my company wouldn't pay for the two to three seats I required on an airplane. Sometimes round trip flights would cost as much as \$4,000.”

Eventually, Reed was told he had to pay for excess seats or start driving. It was a 2003 road trip to West Virginia that began his journey to weight-loss; he ended up in a hospital with a blood clot that went from his leg to his lungs. After this, Reed couldn't work.

The clot scared Reed, but it wasn't until 2005 that he realized something had to change; he couldn't fit in the seats at his daughter's middle-school graduation. He couldn't share the milestone event with her. Later that year, Reed underwent weight-loss surgery.

“My purpose in life is to help others.” Reed said his social life has changed dramatically. He's lost friends who didn't accept his new healthy lifestyle. He's also found love, marrying Katrina just more than a year ago.

“I sometimes get frustrated because I believe I'm discredited for my success because I've had weight-loss surgery, but it's just a tool,” Reed said. “You have to re-tool your life and move forward.”

Today, Reed sticks to a specific diet and runs between 6 and 10 miles per day. “When I got to a certain point where I thought I couldn't ever lose the weight, and I thought that I had too much to lose, it was a no-holds-barred situation,” Reed said with a laugh. “I once ate 172 White Castle burgers on a bet, but today dining out just looks completely different, in that I'm careful about what and how much I choose.”

Reed believes people look at him in a different light after losing weight. “I just figured nobody was ever looking at me,” he said. “It took me almost four years to be able to see myself as a regular sized guy.”

Talking to his doctor three years after his surgery, Reed had a revelation about his body image. The doctor did a simple exercise, which illustrated different perceptions and the reality of social interaction. It eased Reed's struggles.

“He showed me a picture with two views; one view was a witch and the other a beautiful woman,” Reed said. “He said that most people can't see the witch and that they have no perception of anything except the beautiful person.” Anthony now uses this exercise as part of his school presentations.

Re-entering the Social Scene continued on page 8

From work, to mobility, loving openly, participating in his two daughters' lives and going out dancing with his wife, Reed attests that life is good. "Some people think you're someone else and have a hard time dealing with change, but you know," he said. "I'm still the same person. I still have the same heart."

THE EXPERTS ON INTERPERSONAL CHANGES

In the article, "Interpersonal Changes and Challenges after Weight-Loss Surgery," Dr. Stephanie Sogg and Dr. Mark J. Gorman, psychologists at the Massachusetts General Hospital Weight Center and instructors in psychology at the Harvard University School of Medicine, recognize the inner dialogue struggle, but say that weight-loss and resulting life changes are "overwhelmingly positive."

In social interactions, Drs. Sogg and Gorman say those who have lost weight assume that positive responses are "directly related to improved appearance," but the reality is that the response is "partly attributable to changes to the way the patients interact with others. As their mood, self-confidence and self-esteem improve, patients may approach others more often and more positively, affecting a change in how others respond to them." In other words, as people lose weight, they approach people more often and with a different attitude as well.

TABITHA'S STORY

Tabitha Meador, a 27-year-old, self-proclaimed "farm girl" was always the "biggest and tallest" growing up in a small town in Illinois.

The single gal has shed 150 pounds and now shops for single-digit sized jeans. "It's been a big change in interacting with the opposite sex," she said. "Before I lost the weight, I didn't want anyone to touch me, but the more confident I was with my body the more I was open to getting close to people."

Meador doesn't make her weight-loss a secret, but has a policy: only discussing it if it comes up in natural conversation. "So many people don't understand how much weight 150 pounds actually is, but at a certain point the number is beyond what most people can grasp," Meador said. "Even I don't recognize myself sometimes."

By beginning with a slow, 30-minute walk, to her recent hobbies of jogging and fitness dance, Meador reached her weight in less than three years. "You really have to be ready to change your life," she said. "Be patient, take small steps and let those little extra things add up."

Socializing in the bar scene has been much easier as a slender version of herself, but Meador said she also feels more comfortable professionally.

"When I'm at an interview or I'm discussing a topic that I'm well-versed in, I no longer worry about whether the person I'm talking to is listening," she said. "Before, I felt like they were paying less attention to what I was saying; in many cases, silently judging me for my size."

Meador said she was surprised by people who befriended her only after she lost weight. "They were people I knew through church," she said, "and people I had never suspected to be shallow."

As someone interested in public policy, Tabitha thinks the best way to combat obesity is through education about labels, portion sizes and stricter regulations on the fast food industry.

New clothing, new confidence and more dates are all great, but Meador is most excited about comfort in travel. "Before I was worried about fitting in an airplane seat or crowding other people, but I actually took a picture of how much room I had on the plane on my last trip," she said. "I can't believe it some days, but it's real."

THE BOTTOM LINE

While weight-loss can sometimes disrupt the social dynamic of your family or friends, be sure that you communicate how you feel. If there are times when socializing creates stress, work on positive self-talk. Accept the good feelings about your health and image and reject the negative. Or as Reed or Meador might say, "I'm still me."

About the Author:

Amber Huett is an OAC Advisory Board Member and a gastric-banding patient. She works for the State of Illinois, with experience in analyzing budgets, legislation and public health services. She is a graduate student at the University of Illinois-Springfield, earning her master's degree in public administration. She has a bachelor's degree in political science and journalism from Bradley University in Peoria, Illinois.

KID'S Corner

Coming Soon!

In the Summer issue of *Your Weight Matters Magazine*, the OAC will be unveiling a brand new section geared directly toward kids - the "Kid's Corner!"

The "Kid's Corner" is designed to allow parents and kids to come together and learn more about ways to promote healthy habits and lifestyles in families. In each issue, we will feature topics of interest to both parents and kids as well as hands-on tools for kids.

Sections of the "Kid's Corner" will include:

- **An educational article written to kids and for kids**
- **Contests that kids and parents can take part in together**
- **Games**
- **Helpful school and after-school snack recipes**
- **and much more!**

The number one goal for the OAC's
"Kid's Corner" is FUN!

We want to make learning about healthy habits and healthy weight fun for kids. So parents, be sure to start sharing this magazine with your kids! There will be lots of FUN in store, so stay tuned!



YOUR WEIGHT
Matters
MAGAZINE

Dear Doctor,

CAN WEIGHT-LOSS SURGERY AFFECT MY VISION?

Answer provided by Lloyd Stegemann, MD, FASMBS

Weight-loss surgery has become an increasingly popular treatment option for individuals affected by morbid obesity. An individual that has weight-loss surgery can see a dramatic reduction in their weight as a result of the surgery mainly because they will be taking in less food (calories).

Depending on the operation that is chosen, some individuals may also have decreased absorption of the food that is consumed. Because most of us get our vitamins and minerals from the foods that we eat, weight-loss surgery patients are at an increased risk of developing vitamin and mineral deficiencies. Although weight-loss surgery patients are susceptible to multiple vitamin and mineral deficiencies, for this question about vision, I will focus on one particular vitamin – Vitamin A.

VITAMIN A – GOOD FOR BONES, IMMUNE SYSTEM AND MORE

Vitamin A was the first of the fat-soluble vitamins to be discovered back in 1913. It comes in three different forms: retinols, betacarotenes and carotenoids. Vitamin A is essential for vision (especially night vision), bone growth, reproduction and maintenance of a strong immune response. Vitamin A deficiencies are uncommon in the U.S. these days and are seen mainly in developing countries. Worldwide, Vitamin A deficiency is the leading cause of blindness.

It is recommended that adult males take in 900 micrograms/day of Vitamin A and females take in 700 micrograms/day.



FOODS THAT ARE RICH IN VITAMIN A INCLUDE:

- Liver
- Beef
- Chicken
- Eggs
- Whole milk
- Carrots
- Mangos
- Oranges
- Sweet potatoes
- Green leafy vegetables



SYMPTOMS OF VITAMIN A DEFICIENCY INCLUDE:

- Decreased night vision
- Blindness
- Dry eyes
- Dry skin
- Dry hair
- Itching
- Broken fingernails
- Recurrent infections

WEIGHT-LOSS SURGERY AND VITAMIN A DEFICIENCY

The incidence of Vitamin A deficiencies after weight-loss surgery is unclear. What is clear is that the incidence of Vitamin A deficiency increases depending on the operation performed. There is very little literature on the incidence of Vitamin A deficiencies with adjustable gastric band patients, but it is thought to be quite low.

The bulk of the literature on Vitamin A deficiencies after weight-loss surgery focuses on the stapled procedures (gastric bypass and biliopancreatic diversion). The reported incidence of Vitamin A deficiencies one year after gastric bypass is 10 to 30 percent and upwards of 50 to 60 percent after biliopancreatic diversion. It is recommended that gastric bypass and biliopancreatic diversion patients take at least 10,000 international units of Vitamin A daily and probably more importantly have their Vitamin A levels checked on a regular basis.

Unlike Vitamin B12, it is possible to take too much Vitamin A. Symptoms of over-supplementation of Vitamin A include gastrointestinal complaints, irritability, altered mental status, blurry vision and weakness. It is

critically important that any female weight-loss surgery patient that is contemplating a pregnancy be assured that their Vitamin A levels are normal before and during the pregnancy. There are several case reports of newborns having vision problems if their mother is Vitamin A deficient during the pregnancy.

Vitamin A deficiencies after weight-loss surgery are not uncommon. These deficiencies can have detrimental effects on vision and the immune system. It is important that any individual that has had weight-loss surgery take the recommended dose of vitamins and minerals and follow-up with their program on a regular basis to prevent long-term complications from vitamin and mineral deficiencies.

Answer Provided by:

Lloyd Stegemann, MD, FASMBS, is a private practice bariatric surgeon in San Antonio. He is the driving force behind the Texas Weight Loss Surgery Summit and the formation of the Texas Association of Bariatric Surgeons. Dr. Stegemann is a member of the American Society for Metabolic and Bariatric Surgery and the OAC National Board of Directors. He also serves as the chair of the OAC Sponsored Membership Program.



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Polycystic Ovarian Syndrome (PCOS) and Obesity

by William Hignett, MPH and Ted Kyle, RPh. MBA



Most individuals are familiar with the common health risks linked to obesity, including type 2 diabetes, sleep apnea, coronary artery disease (CAD), high blood pressure and cancer; however, fewer know that women affected by obesity are also more likely to face reproductive problems like polycystic ovarian syndrome (PCOS).

What is PCOS?

PCOS is one of the most common hormonal disorders in women of reproductive age, affecting 5 to 10 percent. Women with PCOS have irregular menstrual bleeding and often have difficulty getting pregnant. The syndrome occurs when levels of hormones are abnormal. The name “polycystic ovarian syndrome” refers to the appearance of small cysts along the outer edge of the enlarged ovaries of women with this condition.

What Causes PCOS?

The exact cause of PCOS is unknown, but experts believe it is related to the production of an excess amount of androgens, a group of male sex hormones. Although all women produce some androgens, too much of this type of hormone prevents ovulation. Excess androgens also disrupt the normal menstrual cycle. They may cause infertility, acne and abnormal hair growth, such as excess facial hair or male pattern baldness. But, what causes a woman to produce excess androgens?

Many factors may play a role in the production of androgens, and thus the development of PCOS. For instance, excess insulin (the hormone that allows cells to use sugar) may be a factor in developing PCOS. Excess insulin leads to insulin resistance, which in turn

decreases your ability to use insulin effectively. When the body cannot use insulin properly, it secretes more insulin to make glucose available to cells. The resulting excess insulin is thought to additionally boost androgen production by the ovaries.

Low-grade inflammation is another potential factor leading to PCOS. Research has shown that women with this condition often have low-grade inflammation. Heredity is also a factor. If your mother or sister has PCOS, you may have a greater chance of having PCOS.

Finally, even conditions before birth in the mother’s womb can be a factor contributing to PCOS. Excessive exposure to male hormones (androgens) in fetal life may permanently prevent normal genes from working normally. These androgens can promote a male pattern of abdominal fat distribution, which increases the risk of insulin resistance and low-grade inflammation. Because many factors can lead to the development of excess androgens, which is related to the development of PCOS, it is impossible to name a single, exact cause of this condition.

Does being Overweight Cause PCOS or Does PCOS Result in Obesity?

Both are possible. The link between PCOS and obesity is complicated. Signs and symptoms of polycystic ovarian syndrome begin for some females soon after they start having periods. Women with PCOS produce too much insulin, or the insulin they produce does not work as it should. The inability of insulin to function normally is one reason why women with PCOS tend to gain weight or have a hard time losing weight. For others, PCOS develops later on, following substantial weight gain. What is clear is that women affected by obesity have a greater risk for PCOS and women with PCOS have a greater risk for obesity.

What are the Symptoms of PCOS?

Although the symptoms vary from individual to individual, a diagnosis is usually made after two of the

PCOS and Obesity continued on page 14

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three following symptoms are found: menstrual irregularity, excess androgen and polycystic ovaries. Since there is no definitive test for PCOS, a doctor diagnoses this condition by ruling out other possible disorders. The physician's diagnosis is based on findings from your medical history, physical and pelvic exam and pelvic ultrasound. Women diagnosed for PCOS also undergo blood tests that measure levels of several hormones in order to exclude potential causes of menstrual abnormalities or androgen excess.

Addressing Your Overall Health as Part of the Treatment for PCOS

Quitting smoking is generally the most positive action you can take to improve your health, and related to PCOS, it may lower the higher levels of androgens.

Birth control pills and androgen reducing therapies can address the symptoms of PCOS, such as menstrual cycle problems, male-type hair loss and hair growth and acne. For women who wish to get pregnant, fertility drug treatment may also help start ovulation. For some women, a doctor might also prescribe the anti-diabetic drug metformin, or the fertility drug gonadotropins, to address insulin resistance.

And importantly, even modest weight-loss of 5 to 7 percent of body weight throughout six months can lower your insulin and androgen levels. Such a reduction, according to Dr. Huang and associates in the 2007 edition of *Berek and Novak's Gynecology*, restores ovulation and fertility in more than 75 percent of women with PCOS.

Why is Early Diagnosis and Treatment of PCOS Important?

As with any chronic disease, finding it early helps a lot. That's because PCOS makes a number of other diseases more likely. These include high blood pressure, type 2 diabetes, sleep apnea, abnormal uterine bleeding, cholesterol abnormalities, metabolic syndrome, heart disease, cancer of the uterus and complicated pregnancies. With early diagnosis and treatment of PCOS, doctors can reduce risk of these long-term complications.

What Treatments Can Help with PCOS?

No simple cure for PCOS exists. Fortunately, it can be controlled, decreasing the risk of long-term complications. Engaging in regular exercise, keeping a healthy diet, losing excess weight, quitting smoking and using medications to control hormones are all important parts of treatment for PCOS.

Because PCOS is a complicated condition, seeing a knowledgeable physician who has experience treating the condition is essential. A good source for locating a medical endocrinologist with expertise in the field of PCOS is the American Association of Clinical Endocrinologists Physician Finder Web site: www.aace.com/resources/memsearch.php. There you can enter information about your location and select "PCOS" as a specialty from the drop-down list to obtain a list of doctors near you.

Daily exercise improves the body's use of insulin, and many of the symptoms of PCOS may improve with at least 30 minutes of exercise a day. Furthermore, it is important to fuel your body with a healthy diet - one that includes many complex carbohydrates and is low in animal fats. The more fiber in a food, the slower it is digested, which has the advantage of causing your blood sugar levels to rise slower. Examples of high-fiber complex carbohydrates include whole-grain breads and cereals, whole-wheat pasta, brown rice, barley and beans.

Conclusion

PCOS is a common hormonal disorder that affects women of reproductive age. PCOS challenges the quality of life of the women who suffer from it. Yet with proper treatment, PCOS can be managed and symptoms can be relieved. In addition, early diagnosis and treatment of PCOS can help reduce the risk of long-term complications such as type 2 diabetes, heart disease and stroke. For more information on PCOS, visit the Polycystic Ovarian Support Association at www.pcosupport.org.

About the Authors:

Ted Kyle, RPh, MBA, is a pharmacist and health marketing expert. Ted has worked for more than 10 years on programs and products to help people quit smoking and lose weight. Ted is a member of the OAC National Board of Directors.

William Hignett, MPH, is a disease management expert with a master's degree in public health from the University of Pittsburgh. He has years of experience as a health educator for universities, hospitals, Fortune 100 companies and health insurers. He has seen first-hand how obesity contributes to many chronic diseases and how weight bias stands in the way of effective solutions.

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ADVOCACY NEWS ADVOCACY ACTION

The Start of 2011 and OAC Advocacy Initiatives

by Chris Gallagher, OAC Policy Consultant

The OAC continues to be very busy in its advocacy efforts to educate policymakers at both the federal and state level. Since January 1, 2011, Joe Nadglowski, OAC President and CEO, has joined with OAC members and other advocates affected by obesity in visiting the offices of more than 50 legislators on Capitol Hill and participating in three different special events – standing up for the rights of those affected by obesity.

ONE-YEAR ANNIVERSARY OF FIRST LADY MICHELLE OBAMA'S *LET'S MOVE* CAMPAIGN

On February 9, Mr. Nadglowski participated in an invitation-only event held by First Lady Michelle Obama's office to celebrate the one-year anniversary of the *Let's Move!* Campaign.

In a personal speech during the celebration, the First Lady shared how this issue has affected her as a parent. She also highlighted the momentum *Let's Move!* has gained and her view of what needs to be done to reduce childhood obesity in a generation.

Finally, to provide parents and families with information on healthy food and physical activity options for children, the First Lady unveiled a national *Let's Move!* public service awareness campaign, created by the Ad Council, that will reach 33,000 media outlets.

OBAMA ADMINISTRATION HOLDS FORUM ON EMPLOYER-WELLNESS INCENTIVE PROGRAMS

On February 24, OAC leadership spoke at a half-day Incentive-based Worksite Wellness Program Forum sponsored by the U.S. Department of Health and Human Services – the federal agency overseeing Medicare, Medicaid and other public health programs. The forum brought together stakeholders from employers, unions and

patient advocacy groups, including OAC Board member, Ted Kyle, RPh, MBA, to share concerns and discuss ways of implementing worksite wellness regulations related to healthcare reform.

During the forum, Mr. Kyle pointed out that, "Setting arbitrary body mass index (BMI) goals doesn't work in wellness programs relating to obesity. What is needed is access to effective treatment and a focus on longer-term outcomes."

OAC AND OBESITY CARE COMMUNITY URGE FDA TO PRACTICE FAIRNESS IN EVALUATING OBESITY DRUGS

On March 22, OAC joined with representatives from The Obesity Society, the American Society for Metabolic and Bariatric Surgery and the American Dietetic Association in meeting with key staff of the U.S. Food and Drug Administration (FDA) regarding recent FDA activity surrounding review and approval of current and pending drugs to treat obesity.

During the meeting, concerns were expressed to Janet Woodcock, MD, Director of FDA's Center for Drug Evaluation and Research, over the perception by many that in reviewing and approving new obesity treatments, the FDA has set up daunting regulatory hurdles unlike those that face new medications for any other disease. In addition, the groups also offered specific recommendations regarding how the FDA can improve its review process.

NATIONAL HEALTHY WEIGHT MATTERS MONTH

On March 15, OAC members came together to urge members of Congress to support a resolution that will designate the month of March 2012 as National Healthy Weight Matters Month. Modeled after the OAC's *Your Weight Matters Campaign*, individuals across the country

Advocacy News continued on page 26

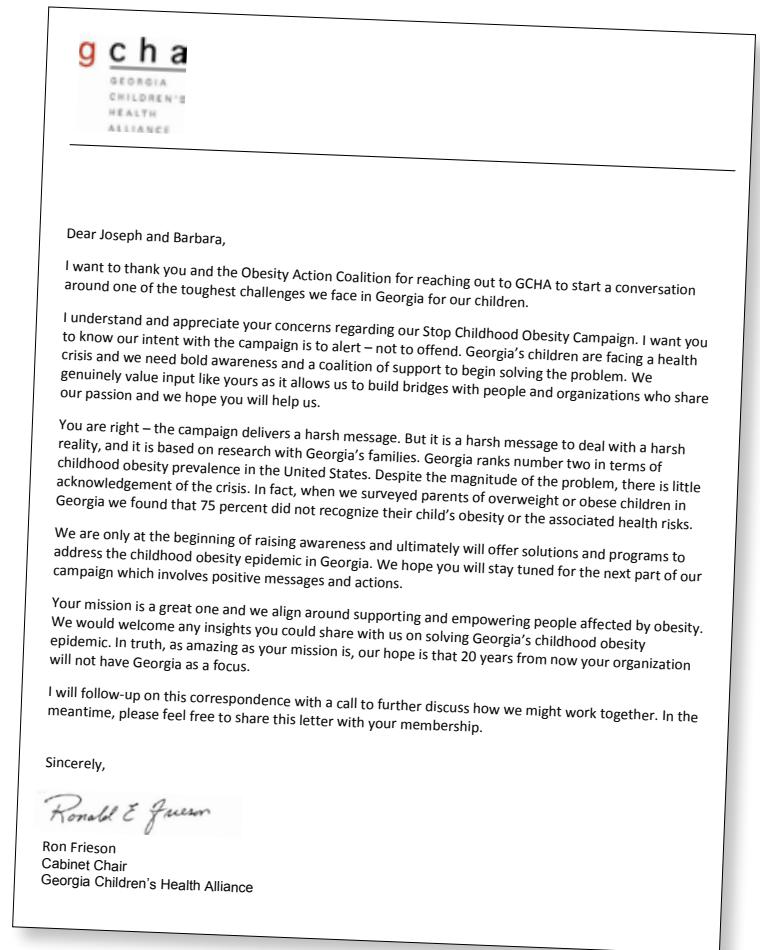
OAC Arms Members to Fight Stigmatizing Childhood Obesity Awareness Campaign

In the beginning of March, a member of the OAC alerted us to an issue in the state of Georgia regarding a childhood obesity awareness campaign produced by the Georgia Children's Health Alliance (GCHA). This member felt the images and phrases used in the campaign were stigmatizing to children affected by obesity. The OAC decided to create a poll to let our members and the public voice their opinions and concerns regarding this campaign. We had a great response, with 82 percent of our members thinking the campaign hurt children affected by obesity and 83 percent finding the campaign to be offensive.

In response to this campaign, the OAC issued a formal letter to Ron Frieson, chairman of the GCHA. We informed Mr. Frieson that our members and the public found the GCHA's campaign hurtful and offensive to children. The OAC requested that the GCHA immediately retract the campaign.

Chairman Frieson sent a response letter to the OAC and asked us to share the letter with our membership. The letter may be found to the right. The OAC views his response as a sign that we still have a lot of work to do to bring an understanding of the negative impact that this campaign has on children. The OAC is still in discussion with the GCHA on this issue and will report the progress we have made to our members.

If you are aware of an issue, such as this one, that needs to be addressed in your state, please email us at info@obesityaction.org with more information.



OAC and ASMBS Foundation Announce PJ Stough as the 2010 *Walk from Obesity* P3 Award Winner

The OAC and ASMBS Foundation are proud to announce the winner of the 2010 *Walk from Obesity* P3 Award - PJ Stough. PJ is from Chicago and works at LifeWeigh Bariatrics. She was in charge of Chicago's 2010 *Walk from Obesity* and has organized the Walk there for the last six years.

The *Walk from Obesity* P3 Award is awarded each year to an outstanding *Walk from Obesity* volunteer who has gone above and beyond in supporting the annual *Walk from*



News from the OAC continued on page 28

Do We Eat to Live or Live to Eat?

by Tammy Beaumont BSN, RN, BC, CBN



Food addiction, mindless eating, living to eat; they're all related. What do they all have in common? The answer is usually a desire to consume foods that are not necessarily the healthiest choices or the best quantities, or at times when our bodies don't really need fuel.

While the focus of this article is the difference between eating to live and living to eat, I think it's important to understand that most of us live to eat, and we need to know why!

When I make a suggestion to my family that we go out to eat, they just look at me and say, "So what commercial did you see on TV today?"

As I sit here trying to get up the nerve to write my first article for this publication, my brain keeps jumping to that commercial I just saw for a new peppermint mocha ice cream and I think to myself, "Am I hungry?" No. "Am I nervous and procrastinating about this article?" Yes!

We've all gone through this. Walking back and forth to the fridge thinking something new has magically popped inside since our last visit. The stress of what we're trying to accomplish distracting us so badly that we not only can't finish the task at hand, but we're trying to comfort ourselves by putting something in our mouths.

What is Hunger?

Are we really hungry? Can you define hunger? Hunger is a feeling, right? It is a feeling that we need to eat something, right? Well, not exactly.

We "think" we're hungry because our brain is telling us we are. Or is it? After 48 years, and some REALLY tough love, I've finally come to realize what hunger is. Hunger is the physical symptoms you feel when your body is trying to tell you it needs more fuel, such as an empty, growling sensation in your belly or maybe a light headedness or even a headachy feeling.

Now, let's be honest. How often do you REALLY experience those symptoms? For most of us, not that

often. Our brains are being tricked into thinking we're hungry because we are literally bombarded with external stimuli that make us think we're hungry.

When I make a suggestion to my family that we go out to eat, they just look at me and say, "So what commercial did you see on TV today?"

Ever wonder why we're drawn to the Cinnabon store at the mall? Do you think it's a coincidence that they're placed separately from the food court and away from other distracting sights and smells? Marketing agencies know it's not a coincidence. They all know what most of us are unable to understand and worse, unable to control. And, they know that many of us are hardwired to react in an almost obsessive manner when taunted with visions, sounds and smells of what our brain perceives will make us happy.

I could go on and on about the science behind what makes us eat, but the bottom line is still our brain. Our body has an automatic mechanism to regulate hunger and fullness. For some reason, in those of us predisposed to weight problems, this system doesn't function properly. We have desires to eat when we're not physically hungry and we continue to eat when we are in reality, full.

Lifelong Learning

Seven years ago I had weight-loss surgery and lost 135 pounds. For a brief period, the time we call the "honeymoon period," I was eating to live. It was a proverbial "light bulb moment." I wasn't hungry and I wasn't tempted to constantly eat. I ate because I was taught to eat five to six small meals a

People think
that eating to live means
giving up all your favorite foods,
that you'll never be able to enjoy a
meal again. This is not true.
You just look at the reason you're
eating differently. You have to
find ways to cut out the
unplanned, overindulgent
eating. You **PLAN** to
enjoy food.

day, each containing 10-15 grams of protein. Thankfully, I spent that time wisely learning for the first time in my life what food actually tasted like. Learning what portion makes me feel comfortably full vs. "Thanksgiving full."

So why, seven years later, do I still struggle with the same demons and temptations? The answer is simple. The external stimuli are still there, and my internal coping mechanisms have never been fully converted to a healthier alternative than food. So what has made a difference? Why am I able to maintain my weight-loss?

Support and Strength in Others

I think the answer lies in self-awareness, planning for situations that put you at risk and surrounding yourself with supportive people you can reach out to. There's a counselor named Merrill Littleberry who works with my patients. I'm privileged to call her my friend. I also call her "Vitamin M" because like vitamins, she's good for you. You need to find that person in your life who can be your vitamin and be your sunshine.

The saying "birds of a feather flock together" couldn't be truer when trying to cope with the unhealthy eating habits most of us have. There has been research showing that when eating with overweight people, we tend to eat more ourselves.



Eat to Live or Live to Eat continued on page 30

STOP, GAIN PERSPECTIVE, AND REFOCUS: *a Look at Residential Weight-loss Programs*

by Michael Cartwright

Doing a full overhaul of someone's life and creating permanent lifestyle changes is the key. But, where and how to begin is always the overwhelming question everyone faces when looking to get on the road to recovery.

The ideal solution for those looking to redirect their lives and get a real grip on what is going on is to attend a comprehensive residential weight-loss facility.

We all know there is not a quick, long-lasting fix for weight-loss. Millions of people with extreme amounts of weight to lose have tried every method available to them (diet, weight-loss pills, fasting, exercise and surgery). Typically, as research shows, most gain the weight back and then some.

With the extensive media coverage that obesity and food addiction are receiving, it is becoming apparent to most that obesity is not just overeating, but an outward showing of internal strain. Nearly a dozen television shows have aired throughout the last

couple of years presenting story lines of those struggling with obesity and food addiction. One common thread is that all have to do a great deal of work internally before they will see lasting change with their weight.

Lasting change will be created when individuals:

- Are taught about their triggers
- Dig into what trauma that may have happened in their life that allowed food to become the coping mechanism
- Learn about the foods they are consuming and why they are so detrimental to their health
- Realize that they have to adopt some sort of exercise program

RESIDENTIAL WEIGHT-LOSS PROGRAMS

Committing to a program in a comprehensive residential weight-loss facility is a great way to remove yourself from your daily life and become immersed in a community that is there 24 hours a day to support you on every level. This is the perfect setting for those wanting to embark on a total wellness journey.

Residential weight-loss facilities are often all inclusive where the client receives guidance in every area of life to help them address their weight. Those who choose this course of action, when looking to make a change, realize the benefits and much-needed support that comes with a program like this, which is critical for someone looking to completely redirect their entire life.



Refocus continued on page 22

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WHAT RESIDENTIAL WEIGHT-LOSS PROGRAMS ENTAIL

The key motivation for most individuals is to go to a place that is equipped to handle their specific need, as food addiction and the recovery process is different than for someone dealing with another type of addictive behavior. Once committed to the program, individuals will have jam-packed days that are filled with therapy sessions, dietary and cooking lessons, exercise training programs, detoxing, meetings with medical staff and various activities, all of which are intended to launch the person into full recovery.

TAKING TIME FOR YOU AND LEARNING NEW THINGS

Some individuals struggling with obesity believe that allowing yourself time to step away, reflect and realize certain key moments that may have caused the issues and behavior patterns they live with, as well as being taught a new way of living, is the key to long-term success. Exhausting all efforts to lose the weight and change your life is important before exploring other options for weight-loss.

By attending a weight-loss retreat, individuals will establish new patterns of living while at the retreat, allowing for real change to take place. Often times there is a full exit strategy and follow-up program designed specifically for the individual that they can adhere to once returning home. Not to mention, the relationships and supportive bonds that are established among those at the retreat are very valuable. Many factors of a program like this will allow the rate of success to be higher than other programs where you are left to do it on your own.

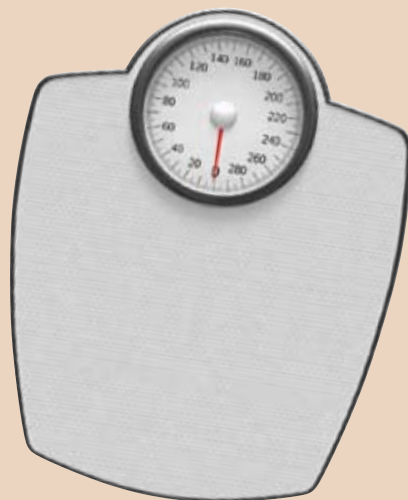
There are several styles of wellness retreats in the marketplace today. The visits can range from a 3-day weekend to a full 30-day program, and sometimes even longer. Some are more focused on behavior modification and direct counseling while others put more of an emphasis on exercise and correcting eating and behavior patterns.

"Some individuals struggling with obesity believe that allowing yourself time to step away, reflect and realize certain key moments that may have caused the issues and behavior patterns they live with, as well as being taught a new way of living, is the key to long-term success."

Whichever style meets the interest of the individual, attending a weight-loss retreat is sure to be a great resource in creating permanent and lasting change.

About the Author:

Michael Cartwright is a noted behavioral health entrepreneur and an avid fitness enthusiast. He has experienced first-hand the dramatic transformation that can be possible through healthy exercise, nutrition and total lifestyle change when he lost 60 pounds in five months. Michael is the founder and former chief executive officer of Foundations Associates, where he oversaw the transformation of thousands of individuals and families who struggled with addiction. As a noted member of the behavioral health care community, Michael has served on the Senate Help Sub-committee on Substance Abuse and Mental Health Services and as a member of Tennessee Department of Mental Health and Developmental Disabilities Planning and Policy Council.



THIS IS THE PERSONAL PERSPECTIVE.

A First-hand Look at Residential Weight-loss Programs

My Journey to Health and Wellness

by Suzanne Sanders

Timing is everything. This is so true when it comes to making a decision to change something in your life. I believe one of the most overwhelming decisions a person can face is to finally decide it is time to get their health in order and do whatever it takes.

As a woman in my early 30's, I have dealt with weight issues most of my life. However, the 20-30 extra pounds recently turned into 80-100 extra pounds. Through the course of a couple major life changes, including the death of my father, a transition with work and the loss of a dear friendship, food became my comfort.



Suzanne Sanders works out with a FitRx trainer during her stay at the residential weight-loss program.

I knew I was not in a good place and needed some time to just work on me, as most of my life I have been doing things for others. A friend referred me to a wellness retreat

Refocus Personal Perspective continued on page 24

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(residential weight-loss program) just outside of Nashville, TN. I had always thought I could do what was needed in the comfort of my own home and city. However, to think that I could get away where no one knew me, go somewhere to completely let all of it go and work to find my joy again seemed just the perfect opportunity.

"Me" Time

I had never before taken time for me, to deal just with me. I was excited about the idea of having a schedule that I did not have to set, but just follow along. All of the meals were taken care of and activities, including behavior therapy, were scheduled. A medical doctor oversaw the entire program. I arranged my schedule and committed to the 28-day program.

It took about three days to get settled in this new routine with people I didn't know. The group was comprised of great people from all throughout the country and we bonded quickly. Every hour of each day was scheduled - exercising, learning about food and learning how the food I was eating could really harm or repair my body. We spent a lot of time learning about our behavior patterns and triggers. We all had to dig deep into some very personal spaces to find out why we turn to food to deal with life, both the good and the bad. I enjoyed this part, as I really wanted to get to the root of why I was making certain decisions regarding food choices and the amount I was consuming.

"To go away, and stop all of the movement around you from your normal daily life allows you to gain a perspective that I believe is hard to find when you are living out your day-to-day routine."

Not Your Same-old Nutrition and Exercise Routine

Through the course of my stay, I learned how to cook in a new way. Some of the food I was eating on a regular basis was fine, but needed to be prepared differently so the caloric and fat intake was less. I was taught about the foods I had to avoid. I was introduced to new foods that I had never heard of, some that would help to heal the body and repair the damage I had caused. Learning what is out there so I can

make an informed decision in my daily living was one of my favorite parts of the program.

Training everyday made me feel so alive. It cleared my mind and I felt strong. We were trained by an Olympic athlete who took the time to teach us. All of the trainers were patient and supportive. I worked out on my own and with trainers through various seasons of my life; however, this time around I learned new methods and basic training. I was introduced to water aerobics and hot yoga – certainly not your standard "go to the gym and lift weights" routine I was accustomed to. To end each week, we all received a full hour-long massage.

Behavioral Breakthroughs

The behavior therapy was essential for me. There were so many enlightening moments through our times of discussion. I was able to think back and see the patterns in my life that had put me in the position I was in. I became aware of myself and the choices I would normally make. I cannot continue to numb feelings with food or for that matter, even celebrate feelings with food. This is still a work in process but getting better.

Finally, the blood work panel that was collected prior to my arrival showed a couple deficiencies in certain areas that were tied to some of my weight gain. The medical director got me started right away on a protocol that within a couple weeks, we could see notable change.

Coming Full-circle

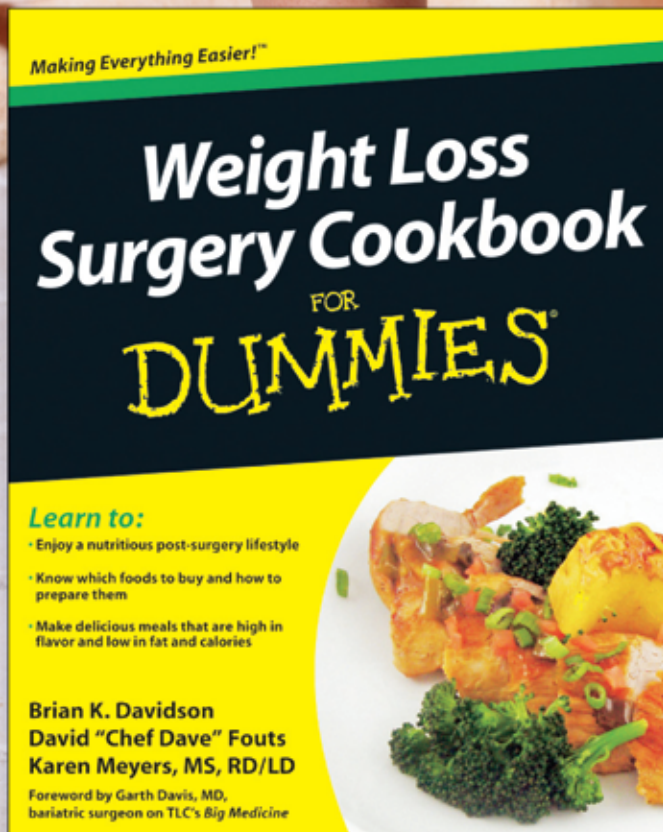
To go away, and stop all of the movement around you from your normal daily life allows you to gain a perspective that I believe is hard to find when you are living out your day-to-day routine. Attending this wellness retreat was the best decision I could have made to help me get on the road to total wellness. I received the tools necessary to make permanent change in my life.

Included in my graduation package were a total fitness assessment, customized diet plan, medical evaluation and personal health dossier. I am so grateful to the team that circled around me and supported me every step of the way. I have plans to go back once a quarter and stay for a week or two, which will help keep me accountable and on track.

About the Author:

Suzanne Sanders is a 33 year old single woman who owns her own business. She enjoys traveling around the world, playing tennis and sailing.

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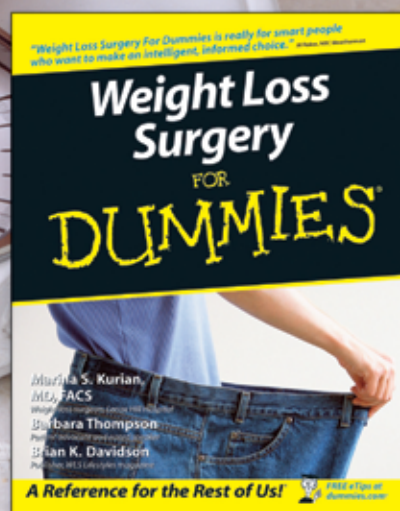
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would be encouraged to initiate a conversation with their healthcare professional about their weight during National Healthy Weight Matters Month.

OAC advocates visited more than 20 congressional offices in search of House and Senate champions to take leadership roles in supporting passage of National Healthy Weight Matters Month. A list of Capitol Hill staff that were visited and their contact information can be found to the right. We encourage all of you that either live in the state of these legislators or have a special connection with these policymakers to email them a personal message along the following lines:

"I understand that you recently met with representatives from the Obesity Action Coalition (OAC) regarding support for a congressional resolution to designate March 2012 as National Healthy Weight Matters Month. As someone who is personally affected by obesity, I urge you to support this important initiative as it will encourage all Americans who struggle with their weight to initiate a conversation with a healthcare professional about how they can best address their excess weight or obesity."

Please let me know if [INSERT REPRESENTATIVE'S NAME] will support this critical effort. I look forward to hearing from you soon.

*Thank you,
[INSERT YOUR FULL NAME]*

CAPITOL HILL STAFF TO SEND A PERSONAL MESSAGE TO:

CALIFORNIA CONGRESSIONAL DELEGATION

Senator Dianne Feinstein (D-CA)
Nora Connors, Health Legislative Assistant
Nora_Connors@feinstein.senate.gov

Representative Lois Capps (D-CA)
Adriane Casalotti, Health Legislative Assistant
Adriane.Casalotti@mail.house.gov

FLORIDA CONGRESSIONAL DELEGATION

Senator Bill Nelson (D-FL)
Susie Ahn, Health Legislative Assistant
susie_ahn@billnelson.senate.gov

Senator Marco Rubio (R-FL)
Sally Canfield, Legislative Director
Sally_Canfield@rubio.senate.gov

Congresswoman Kathy Castor (D-FL)
Elizabeth Brown, Health Legislative Assistant
Elizabeth.Brown@mail.house.gov

ILLINOIS CONGRESSIONAL DELEGATION

Senator Richard Durbin (D-IL)
Binta Beard, Health Legislative Assistant
Binta_Beard@durbin.senate.gov

Senator Mark Kirk (R-IL)
Shauna McCarthy, Health Policy Advisor
shauna_mccarthy@kirk.senate.gov

Representative Aaron Schock (R-IL)
Margie Almanza, Health Legislative Assistant
Margie.Almanza@mail.house.gov

IOWA CONGRESSIONAL DELEGATION

Senator Tom Harkin (D-IA)
Craig Martinez, Health Legislative Assistant
Craig_Martinez@help.senate.gov
&
Andi Lipstein Fristedt, Health Policy Fellow
Andi_LipsteinFristedt@help.senate.gov

MASSACHUSETTS CONGRESSIONAL DELEGATION

Senator John Kerry (D-MA)
Meghan Thompson, Health Legislative Assistant
Megan_Thompson@kerry.senate.gov

MICHIGAN CONGRESSIONAL DELEGATION

Senator Debbie Stabenow (D-MI)
Scott M. Palyo, M.D., Health Care Legislative Fellow
Scott_Palyo@stabenow.senate.gov

NEW JERSEY CONGRESSIONAL DELEGATION

Senator Frank Lautenberg (D-NJ)
Veronica Valdivieso, Health Legislative Assistant
Veronica_Valdivieso@lautenberg.senate.gov

NEW YORK CONGRESSIONAL DELEGATION

Senator Kirsten Gillibrand (D-NY)
Kathryn Tanner, Children & Families Legislative Assistant
Kathryn_Tanner@gillibrand.senate.gov

NORTH DAKOTA CONGRESSIONAL DELEGATION

Senator Kent Conrad (D-ND)
Meeting with Dana Halverson, Health Legislative Assistant
Dana_Halvorson@conrad.senate.gov

OREGON CONGRESSIONAL DELEGATION

Senator Jeff Merkley (D-OR)
Susan Lexer, Health Legislative Assistant
susan_lexer@merkley.senate.gov

PENNSYLVANIA CONGRESSIONAL DELEGATION

Congressman Mark S. Critz (D-PA)
Nathan S. Catanese, Health Legislative Assistant
Nathan.Catanese@mail.house.gov

TENNESSEE CONGRESSIONAL DELEGATION

Senator Lamar Alexander (R-TN)
Mary-Sumpter Lapinski, Health Legislative Assistant
marysumpter_lapinski@alexander.senate.gov

Senator Bob Corker (R-TN)
Anne Oswalt, Health Legislative Assistant
Anne_Oswalt@corker.senate.gov

Representative Marsha Blackburn (R-TN)
Cara Dalmolin, Legislative Director
cara.dalmolin@mail.house.gov

Representative Jim Cooper (D-TN)
Ruth McDonald, Health Legislative Assistant
Ruth.McDonald@mail.house.gov

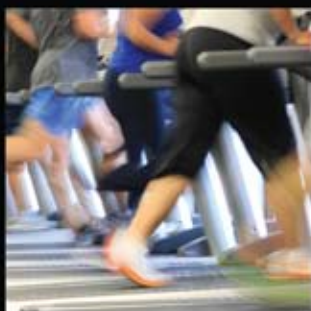
UTAH CONGRESSIONAL DELEGATION

Senator Orrin Hatch (R-UT)
Hayden Rhudy, Health Legislative Assistant
hayden_rhudy@hatch.senate.gov

Representative Jason Chaffetz (R-UT)
Alisia Essig, Children/Families Legislative
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Obesity. Dr. Jeffrey Rosen nominated PJ for the P3 award. He had this to say about PJ, "She is a person that carries a passion to help in raising money for the education of our society in prevention and reversal of obesity."

PJ participates in the *Walk from Obesity* to help bring awareness to the cause. She said, "I understand the stigma that surrounds obesity and it's important to get the message out to as many people as possible that there are ways to help them and get rid of the discrimination. The *Walk from Obesity* supports a great cause and is a great event where everyone can come together and share their stories."

To read the full story about PJ and her participation in the *Walk from Obesity*, visit www.walkfromobesity.com.

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OAC SPONSORED Membership Program

The OAC Sponsored Membership Program

allows physicians to purchase OAC memberships for each of their patients at a discounted rate. Connect your patients to the ONLY non profit organization dedicated to helping individuals affected by obesity. Plus, when signing up to participate, you automatically receive membership in the OAC Chairman's Council, which has a number of valuable benefits.



To learn more,

visit the OAC Web site at
www.obesityaction.org,
or contact Kristy Kuna at
(800) 717-3117 or
kkuna@obesityaction.org.

OAC Chairman's Council

Platinum

(\$100,000 and up)

Allergan, Inc.
ASMBS Foundation
Ethicon Endo-Surgery
Vivus, Inc.

Gold

(\$50,000)

Bariatric Advantage
Boehringer Ingelheim
Potomac Currents

Silver

(\$10,000)

American Society for Metabolic & Bariatric Surgery
New Life Center for Bariatric Surgery

Bronze

(\$5,000)

New Dimensions Weight Loss Surgery
Orexigen Therapeutics, Inc.
Rocky Mountain Associated Physicians
The Davis Clinic
The Wellborn Clinic

Patron

(\$1,000)

Advanced Specialty Care
Advanced Weight Loss Surgery
Alaska Bariatric Center
ALSA Bariatrics
Baptist Metabolic Surgery Center
BMI Surgical & Medical Weight Loss Solutions
Bariatric Support Centers International
Chef Dave
ConscienHealth
Crospon
Pam Davis, RN, CBN, CCM
EnteroMedics Inc.
FitRx
Jim Fivecoat
Gastric Band Institute
Geisinger Health Care System
Marquette General Weight Loss Center
Tracy Martinez, RN
Medi-Weightloss Clinics
Murfreesboro Surgical Specialists
National Association of Bariatric Nurses (NABN)
Obesity Law & Advocacy Center
On-Q PainBuster
Pacific Diabetes and Weight Loss Surgery
Salem Hospital
Sizewise
Lloyd Stegemann, MD
Christopher Still, DO
STOP Obesity Alliance
Scottsdale Healthcare Bariatric Center
Barbara Thompson
University of Florida Weight Loss Surgery Institute
WLS Surgical Associates
Wellstar Comprehensive Bariatric Services

OAC

MEMBERSHIP



Building a Coalition of those Affected

The OAC is the **ONLY** non profit organization whose sole focus is helping those affected by obesity. The OAC is a great place to turn if you are looking for a way to get involved and give back to the cause of obesity.

There are a variety of ways that you can make a difference, but the first-step is to become an OAC Member. The great thing about OAC Membership is that you can be as involved as you would like. Simply being a member contributes to the cause of obesity.

Why YOU Should Become an OAC Member

Quite simply, because the voice of those affected needs to be built! The OAC not only provides valuable public education on obesity, but we also conduct a variety of advocacy efforts. With advocacy, our voice must be strong. And, membership is what gives the OAC its strong voice.



JOIN NOW

Complete the membership application now!
For more information, visit the OAC Web site at
www.obesityaction.org.

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. Each membership category offers something different. Here are some of the core benefits to membership:

- Official welcome letter and membership card
- Annual subscription to the OAC's magazine
- Subscription to the OAC's members-only monthly electronic newsletter
- Periodic member alerts informing you of issues that need action/attention
- Ability to lend your voice to the cause
- Representation through advocacy

Membership Application

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

- ☐ Individual Member: \$20/year
- ☐ Professional Member: \$50/year
- ☐ Physician Member: \$150/year
- ☐ Institutional Member: \$500/year
- ☐ Chairman's Council: \$1,000 and up/year

Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Please indicate areas where you would like to serve the OAC:

- ☐ Serve on an OAC committee
- ☐ Help fundraise
- ☐ Advocacy
- ☐ Educational outreach

Payment Information

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

Please charge my credit card for my
membership fee:

- ☐ Discover®
- ☐ MasterCard®
- ☐ Visa®
- ☐ Amex®
- ☐ Please sign me up for auto-renewal so my membership will automatically renew each year
(only for credit card transactions).

Credit Card Number: _____

Expiration Date: _____

Billing Zip Code: _____

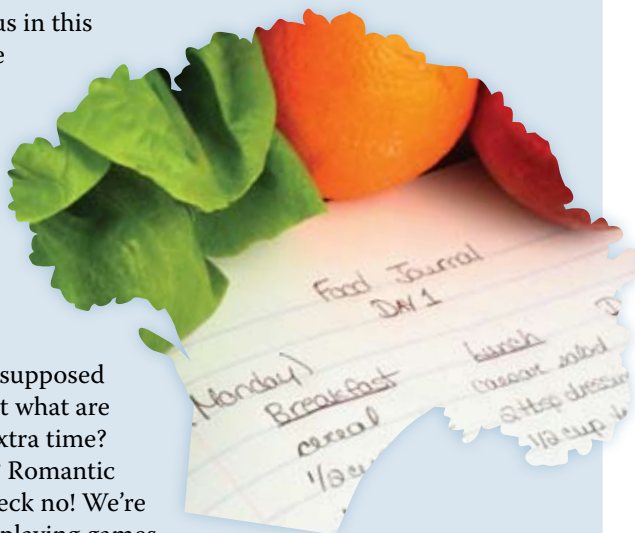


Mail to: OAC
4511 North Himes Ave., Ste. 250
Tampa, FL 33614

Or Fax to: (813) 873-7838

Eat to Live or Live to Eat continued from page 19

Our culture has led us in this direction in the same way it has led to the obesity epidemic. Daily schedules that make your head spin; fast, convenient and cheap food in order to keep up with that lifestyle; electronics and gadgets that are supposed to be time savers. But what are we doing with that extra time? Gardening? Softball? Romantic walks in the park? Heck no! We're surfing the Internet, playing games online or watching the latest episode of our favorite television show.



Answers

So what's the answer? How do we break out of this vicious cycle? The answer is that it's not easy. Finding the self-awareness of what makes us tick usually requires assistance. As I've already said, it takes planning, and most of us need help creating that plan. You need to first figure out why you're eating. To do that, you have to figure out what you're eating and what caused you to eat it. It's called old fashioned journaling, and it's probably the number one reason most people can't even get started on identifying, much less fixing the problem. If you don't commit yourself to writing down every bite of food you put in your mouth, and why you're putting it there, you're never going to find out how to avoid those pot holes on the road to eating only to live.

People think that eating to live means giving up all your favorite foods, that you'll never be able to enjoy a meal again. This is not true. You just look at the reason you're eating differently. You have to find ways to cut out the unplanned, overindulgent eating. You PLAN to enjoy food.

So with that, I head off to work. Of course, I've already planned where I'm going out to dinner tonight – one of my favorite restaurants. My friend and I will share the six ounce filet and I'll have a bite or two of both the loaded baked potato and the salad. Sound like deprivation to you? I don't think so.

About the Author:

Tammy Beaumont, BSN, RN, BC, CBN, is an OAC Advisory Board Member, a registered nurse, a certified bariatric nurse and an obesity survivor who had gastric bypass surgery seven years ago and has maintained a 135 pound weight-loss. Since then she has changed the focus of her nursing career and now works with patients wanting to follow the same journey to a healthy lifestyle.

IMPORTANT LAP-BAND® SYSTEM SAFETY INFORMATION

Indications: The LAP-BAND® System is indicated for use in weight reduction for severely obese patients with a Body Mass Index (BMI) of at least 40 or a BMI of at least 35 with one or more severe comorbid conditions, or those who are 100 lbs. or more over their estimated ideal weight.

Contraindications: The LAP-BAND® System is not recommended for non-adult patients, patients with conditions that may make them poor surgical candidates or increase the risk of poor results (e.g., inflammatory or cardiopulmonary diseases, GI conditions, symptoms or family history of autoimmune disease, cirrhosis), who are unwilling or unable to comply with the required dietary restrictions, who have alcohol or drug addictions, or who currently are or may be pregnant.

Warnings: The LAP-BAND® System is a long-term implant. Explant and replacement surgery may be required. Patients who become pregnant or severely ill, or who require more extensive nutrition may require deflation of their bands. Anti-inflammatory agents, such as aspirin, should be used with caution and may contribute to an increased risk of band erosion.

Adverse Events: Placement of the LAP-BAND® System is major surgery and, as with any surgery, death can occur. Possible complications include the risks associated with the medications and methods used during surgery, the risks associated with any surgical procedure, and the patient's ability to tolerate a foreign object implanted in the body.

Band slippage, erosion and deflation, reflux, obstruction of the stomach, dilation of the esophagus, infection, or nausea and vomiting may occur. Reoperation may be required.

Rapid weight loss may result in complications that may require additional surgery. Deflation of the band may alleviate excessively rapid weight loss or esophageal dilation.

Important: For full safety information please visit www.lapband.com, talk with your doctor, or call Allergan Product Support at 1-800-624-4261.

CAUTION: Rx only.





Michelle
Lost 105 lbs.
Results may vary.

When Michelle weighed 305 lbs, she thought she couldn't afford the LAP-BAND® procedure.

Then she found out insurance covered it and couldn't afford to wait a day longer.

The LAP-BAND® Adjustable Gastric Banding System is an affordable weight-loss procedure that can work.^{1,2}

Being severely obese can be very costly. But getting weight-loss surgery doesn't have to be. Did you know:

- Most cases are covered by insurance
- Following weight loss, health conditions like high blood pressure, type 2 diabetes and joint pain often improve^{3,4}
- There's no stomach stapling¹

So if you want a procedure that's often performed as an outpatient procedure¹—talk to your doctor about LAP-BAND® today.

Please read Important Safety Information adjacent to this page.

LAP-BAND® is not for those who are pregnant, have autoimmune or organ diseases. Reoperations, removal and fatalities are rare. Band slippage, stomach injury, vomiting and heartburn may occur.

1. Directions for Use (DFU). LAP-BAND AP® Adjustable Gastric Banding System with OMNIFORM™ design. Allergan, Inc., Irvine, CA, 05/10. 2. O'Brien P, McPhail T, Chaston T, et al. Systematic review of medium-term weight loss after bariatric operations. *Obes Surg.* 2006;16(11):1032-1040. 3. O'Brien PE, Dixon J. LAP-BAND® Outcomes and Results. *J Laparoendosc Adv Surg Tech A.* 2003;13(4):265-270. 4. Dixon J, O'Brien P, Playfair J, et al. Adjustable gastric banding and conventional therapy for type 2 diabetes: a randomized controlled trial. *JAMA.* 2008;299(3):316-323.

To find a free seminar near you, visit Lapband.com.

 **LAP-BAND AP**
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YOUR **WEIGHT** Matters

MAGAZINE

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Your OAC Membership

OAC Member Number:

Membership Expires on:



About the OAC

The Obesity Action Coalition is an IRS registered 501(c)3 National non profit organization dedicated to giving a voice to those affected by obesity. The OAC was formed to build a nationwide coalition of individuals affected by obesity to become active advocates and spread the important message of the need for obesity education.

To increase obesity education, the OAC offers a wide variety of free educational resources on obesity, morbid obesity and childhood obesity, in addition to consequences and treatments of these diseases. The OAC also conducts a variety of advocacy efforts throughout the U.S. on both the National and state levels and encourages individuals to become proactive advocates. To learn more about the OAC, visit www.obesityaction.org or contact us at (800) 717-3117.



How YOU Can Support the OAC

As a non profit organization, the OAC is always looking for individuals and organizations to support the OAC through a variety of ways. There are many ways that **YOU** can give back to the OAC and our efforts, and there are many ways that **YOU** can get involved in leading the fight against obesity. Here are ways that **YOU** can help make a difference through the OAC.

- **Become an OAC Member** - membership is available at a variety of levels. Any individual impacted by obesity NEEDS to be a member of the OAC.
- **Make a Donation** - as a 501(c)3 charity, donations to the OAC are tax-deductible. Every dollar makes a difference!
- **Advertise in Your Weight Matters Magazine** - our magazine is made possible through the generous support of advertisers. If you have a product that you want our readers to know about, consider advertising today!
- **Write to Your Elected Officials** - help spread the OAC's message to key decision makers and write to your elected officials through the OAC Legislative Action Center. Let them know that these issues matter to you!
- **Help Spread the Word by Encouraging Others to Join** - the OAC relies on our supporters to spread our message and encourage others to become members of the OAC. You can also distribute our educational resources!
- **Join a Local Walk from Obesity** - as a proud partner in the Annual Walk from Obesity, the OAC encourages you to get involved at the local level through this important fundraising event.