

# YOUR WEIGHTMatters

Spring 2014

FOR YOUR HEALTH

MAGAZINE

## Dear Doctor

I do not have dumping syndrome.  
**IS THIS NORMAL?**

## FEATURE

## Common Foods

People Develop Addictions to  
(and Why)

**KID'S**  
Corner  
Bullying and  
Childhood Obesity

## Lipedema and Obesity

What's the Link?



Your Weight Matters<sup>SM</sup> Magazine is the Official  
Publication of the Obesity Action Coalition

# JOIN US!

for the OAC's 3<sup>rd</sup> Annual  
*Your Weight Matters*  
National Convention



TOGETHER WE  
**S.H.I.N.E.**

September 25-28  
Orlando, Fla.

Details **14**  
on pg

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

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

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

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## A Message from the OAC Chairman of the Board

We've hardly had time to blink since our incredible experience at the OAC National Convention in Phoenix, and already the OAC is finalizing plans for the 2014 *Your Weight Matters* National Convention, Together We S.H.I.N.E., set for September 25-28 in Orlando, Fla.



*Ted Kyle, RPh, MBA*

When we come together, great things happen and we SHINE! Nine years ago the OAC started because people affected by obesity had no voice in decisions that profoundly affected our health. A policymaker told us then that he could wipe out coverage for obesity treatment -- as meager as it was then -- and he would face no criticism.

Today, we see signs of change all around us. When we came together, we started making a difference in the way health insurance plans cover obesity treatment. More and more plans are offering coverage for bariatric surgery and are required by law to pay for support programs for obesity treatment. And now we have two new drug treatments for obesity, with more on the way. Coverage for these treatments, previously almost non-existent, is now edging up into more than half of all prescription drug plans.

However, the most important impact of us coming together is the empowerment that comes from us speaking with a strong, well-informed voice. The place that happens more than any other is at the OAC National Convention, where together we S.H.I.N.E. with Support, Health, Inspiration, Networking and Education.

YWM2014 will bring together the world's most renowned experts, most inspiring speakers, and talented advocates for people affected by the disease of obesity for three life-changing days. I hope you will join me on September 25-28 for YWM2014. With the hotel room block more than half sold, we are expecting a record attendance that will surpass the remarkable success of our first two Conventions.

The OAC has built a phenomenal network throughout the United States, but when more than 400 extraordinary people, like you, come together in Orlando this September for YWM2014, we will truly SHINE TOGETHER! For more information on YWM2014, please turn to page 14 or visit [www.YWMConvention.com](http://www.YWMConvention.com).

*Ted Kyle*

# NEWS from the OAC

Obesity Action Coalition



TOGETHER WE  
**S.H.I.N.E.**

## Registration NOW OPEN!

The OAC is excited to announce that registration for the 2014 *Your Weight Matters* National Convention is NOW OPEN! Full Convention registration starts at just \$95 and includes a host of benefits.

YWM2014 will be held at the Renaissance Orlando at SeaWorld on **September 25-28**. The OAC invites attendees to benefit from the Support, Health, Inspiration, Networking and Education that can only be found at the *Your Weight Matters* National Convention, as Together We S.H.I.N.E. This year's theme encompasses just a portion of the amazing education and experiences that attendees can expect from YWM2014.

In its third year of existence, the 2014 *Your Weight Matters* National Convention is expected to nearly double in size to more than 400 attendees from its Inaugural meeting in 2012. With the most up-to-date topics on weight, health, nutrition, exercise, weight bias, advocacy and more presented by leaders in the healthcare field, the *Your Weight Matters* Convention has quickly risen as the premier event for joining together individuals from across the country to learn evidence-based strategies for weight management.

For more information on YWM2014 or to register, please visit [www.YWMConvention.com](http://www.YWMConvention.com) or turn to page 14.



## OAC Bias Busters Tackles “Fat Old Fred” Issue

In February, an OAC member alerted the OAC to an issue regarding a CPR mannequin named, “Fat Old Fred,” marketed by a healthcare device company named Nasco. This CPR mannequin is designed to teach individuals the proper procedure for someone affected by obesity. While the OAC fully supports this, we find the name, “Fat Old Fred,” to be very biased.

In an effort to educate the manufacturers and eradicate weight bias, the OAC immediately alerted the membership, via a Bias Busters alert, and asked for their help in contacting Nasco. In less than one hour, the OAC received a response from Nasco stating that they would be changing the name of the mannequin online and in their print catalogs.

This is another exciting win for Bias Busters, but more importantly, this is a great step forward in combating weight bias. The OAC thanks all of YOU, our members, for acting quickly and raising your voice on this important issue. To learn more about this issue, please visit the “Weight Bias and Stigma” section on the OAC Web site at [www.ObesityAction.org](http://www.ObesityAction.org).



## OAC Blog Continues to Offer Valuable Information

The OAC Blog continues to offer valuable educational information in 2014. From long term bariatric surgery care issues to weight bias, the OAC Blog proves to be an exciting place for individuals to learn more information about a variety of topics, such as:

- CrossFit: Is Sport-like Fitness for You?, *Mira Rasmussen, BS, ACSM*
- Bariatric Surgery and Emergency Rooms – What You Need to Know, *Nikki Massie*
- Weight Bias – It's Not Trendy, *James Zervios, OAC Director of Communications*

Located on the OAC Blog, you will not only find great information, but you also have the ability to interact directly with the authors! That's right, you can visit the OAC Blog today and comment on any of the posts, share your opinions and more. If you have not visited the OAC Blog in a while, we strongly encourage you to do so today ([www.ObesityAction.org/blog](http://www.ObesityAction.org/blog))!



Education Matters  
Advocacy Matters  
Support Matters

OAC MEMBERS  
**MATTER**

# My Story:

## Leading an OAC-Inspired Life

by Tammy Farrell, CPA, CGMA, CFE, ELI-MP

I knew the day would come. It's one all parents both celebrate and fear – the first day of kindergarten. I first became a mom after 40, so my oldest going to kindergarten was a huge deal for me. Besides the normal flood of emotions and the excitement of my baby starting school, kindergarten had another major significance for me. It was my line in the sand.

I knew even when my boys were babies that I needed to conquer my weight problem by the time they were in kindergarten. I imagined sitting at the tiny little desks during meetings with the teacher. I wanted to be healthy enough to go on field trips without a care, run after my kids with forgotten backpacks, and to have lunch at the tables in the cafeteria without worry about how I looked or if I would even fit.

For me, my son Cole starting kindergarten was the point where I knew that it was time to savor life and all the fun times ahead. I didn't want to deal with my excess weight any longer, let alone deal with all the problems it caused or would cause in the future.

In 2011, I was feeling fine when I got some kind of bug that turned my insides out. I had an exhausting afternoon, but I noticed that despite the illness, I felt really good. I felt light, and it seemed easier to breathe. For the first time in a very long time, I experienced what it was like to feel relieved of my excess weight and the fullness that accompanied it. It was time to talk with my doctor about managing my weight.

As an admittedly obsessive researcher, I first went to the Obesity Action Coalition (OAC) Web site when learning about surgeries. Frankly, I had been shocked that it was an option for me. My body mass index was just below 40, and I knew that I wouldn't likely lose 100 pounds, which I had thought was the criteria for bariatric surgery. As I learned

more through all the nutrition, emotional, and educational support I received from the Mayo Clinic Hospital in Scottsdale, Ariz., I evolved into being an advocate for spreading the word about what a healthier life could mean to people.

On the OAC's Web site, I began reading articles about personal struggles with obesity, statistics that were nerve-racking to me as a mother, and the many things that OAC members were doing. Stories like the one about an insurance company requiring IQ tests before approving bariatric surgeries and that of another advocacy organization posting blatantly offensive billboards were shocking to me. I'm rarely one to sit on my hands, so I wasn't surprised when various ideas began rolling through my head.

In May 2012, I had a vertical sleeve gastrectomy (VSG), and I was on the honeymoon

high of achieving goal after goal. I began to work on the career transition that I had been putting off for years. I felt the freedom from my weight challenge starting to lift, and it

**"Stories like the one about an insurance company requiring IQ tests before approving bariatric surgeries and that of another advocacy organization posting blatantly offensive billboards were shocking to me."**



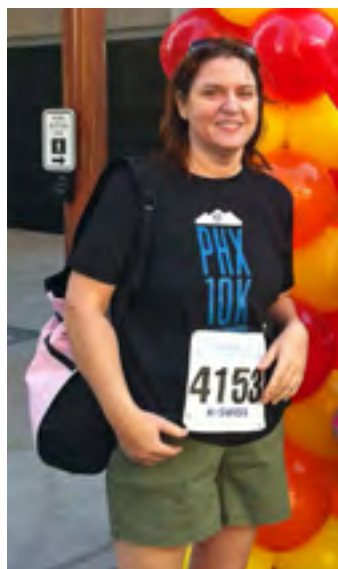
was time for me to start addressing some of the things I had put into the "If I were thin, I'd [take on the world]." category.



*Tammy, her sons and her mother try ostrich fishing in Tucson, Ariz.*

My VSG honeymoon had many great points, but I faced challenges along the way. With the encouragement and support of Lisa Galper, PsyD; the Mayo Clinic Bariatric Support group run by Tonya Benjamin, RN, CNP; and continuing to get support through the OAC articles, it all kept me strong and determined. I began my transition from being a Fortune 500 CPA to becoming an entrepreneur and getting certified as a professional coach through the Institute of Professional Excellence in Coaching (iPEC). I could do anything now, right?

In August 2013, I had the good fortune of having the *Your Weight Matters* National Convention hosted locally in Phoenix. I was so impressed! The speakers were amazing. My fellow participants were open and welcoming, and the *Walk from Obesity* on Sunday morning was refreshing and uplifting. Attending the Convention truly motivated me to continue on the path I was taking.



*Tammy poses for a picture while participating in the Phoenix 10k.*

bariatrics. My own post-surgery stress appeared when I was being recognized continually for my weight-loss instead of for the cost savings initiatives I spearheaded. While I certainly appreciated the weight-loss support, it was an unexpected blow to me to have that eclipse my professional contributions.

It was great to be among so many people at the Convention who cared deeply about obesity sensitivity and its associated health concerns. I had the pleasure of being able to attend one of the Lunch with the Experts sessions and enjoyed researcher and registered dietician Molly Gee, MEd, RD, LD, sharing her tips and wisdom on living healthy with diabetes and excess weight. She was relaxed, approachable and definitely an expert!

The inspiration I received from attending the Convention cemented my decision to specialize my coaching practice in

## Join the Only Coalition of Individuals Affected by Obesity

### OAC Membership Categories

(select one)

- ☐ Individual Membership: \$20/year
- ☐ Institutional Membership: \$500/year
- ☐ Chairman's Council Membership: \$1,000+/year

### OAC Membership Add-ons

#### Add-on 1: Educational Resources

To order bulk copies of OAC resources, members can purchase educational packages. If you'd like to order resources, select one of the below packages.

- ☐ **Standard Package**  
10-50 pieces/quarter \$50
- ☐ **Deluxe Package**  
51-100 pieces/quarter \$100
- ☐ **Premium Package**  
101-250 pieces/quarter \$150

#### Add-on 2: Make a General Donation

Make a tax-deductible donation to the OAC when joining as a member. Your donation helps the OAC's educational and advocacy efforts.

- ☐ \$5
- ☐ \$10
- ☐ \$25
- ☐ \$50
- ☐ \$100
- ☐ Other \_\_\_\_\_

### Membership/Add-on Totals:

Membership Category: \$ \_\_\_\_\_  
 Add-on 1 (if applicable): +\$ \_\_\_\_\_  
 Add-on 2 (if applicable): +\$ \_\_\_\_\_  
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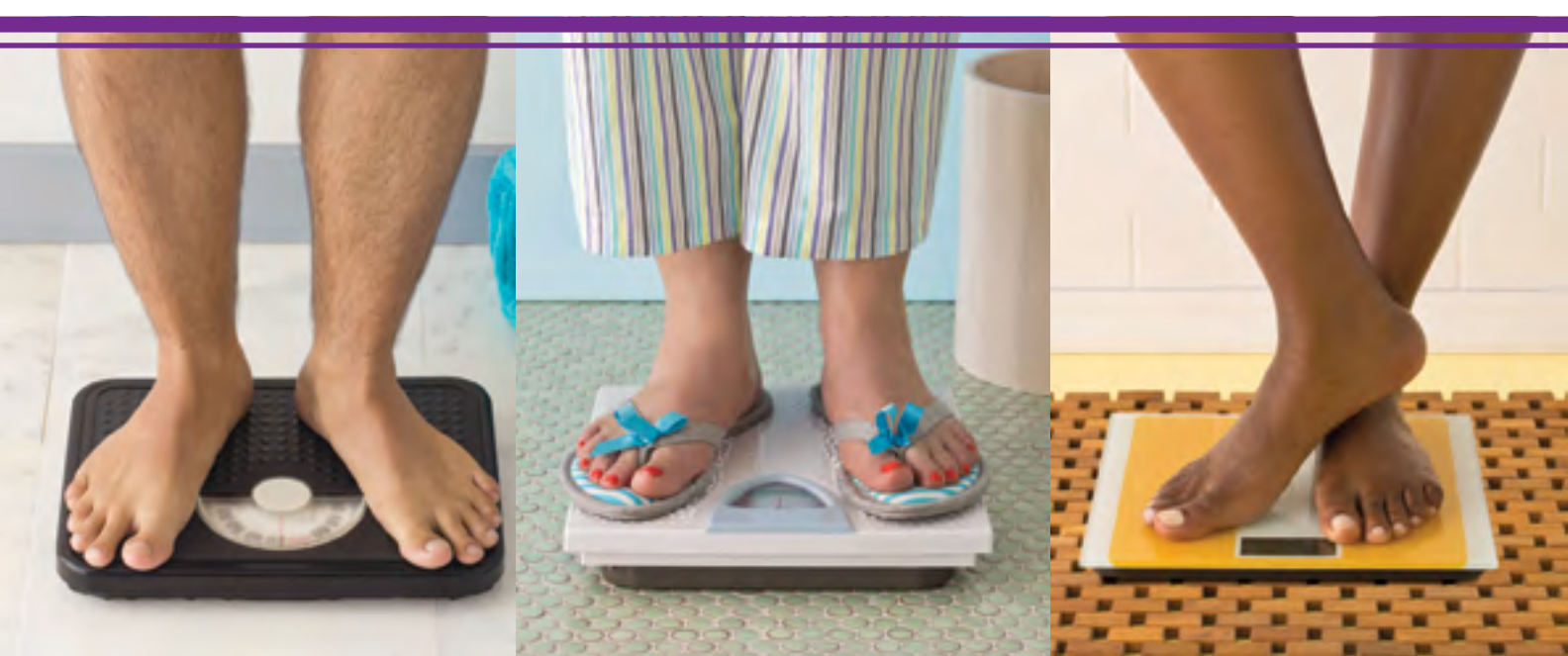
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Qsymia® is for adults with a BMI\* of 30 or more† and should be used with a reduced-calorie diet and increased physical activity.

# EVERY DAY SOMEONE STARTS A DIET THAT MAY NOT WORK

---

## WE HAVE 2 REASONS WHY THAT COULD CHANGE





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

## 2 IN 1 WEIGHT LOSS

One ingredient likely reduces appetite and decreases food consumption



The other ingredient may make you feel full throughout the day

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

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

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

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

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

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

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

### IMPORTANT SAFETY INFORMATION

#### Who should not take Qsymia?

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

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

Qsymia can cause serious side effects including:

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

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

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

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

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

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

#### What are the possible side effects?

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

#### Some common side effects include:

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

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

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

**Please see Important Facts for Qsymia on following page.**

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

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

**Qsymia**<sup>®</sup>  
(phentermine and topiramate  
extended-release) capsules   
**Imagine the feeling**

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Qsymia (Kyoo sim ee' uh)—text "Qsymia" to 99000.  
Standard text messaging rates may apply.

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

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

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

Qsymia can cause serious side effects, including:

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

**Women who are pregnant must not take Qsymia.**

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

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

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

**What is Qsymia?**

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

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

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

**Who should not take Qsymia® CIV?**

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

**What should I tell my healthcare provider before taking Qsymia?**

Tell your healthcare provider if you:

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

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

Especially tell your healthcare provider if you take:

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

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

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

## What are the possible side effects of Qsymia?

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

**Common side effects of Qsymia include** numbness or tingling in the hands, arms, feet, or face (paraesthesia), dizziness, change in the way foods taste or loss of taste (dysgeusia), trouble sleeping (insomnia), constipation, and dry mouth.

Tell your healthcare provider if you have any side effect that bothers you or does not go away. These are not all of the possible side effects of Qsymia. For more information, ask your healthcare provider or pharmacist.

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

## Need more information?

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

**Qsymia**<sup>®</sup>  
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The OAC models many of the things I've integrated into my coaching practice, Believe In Action Coaching. My personal philosophy of being passionately behind a cause involves doing my P.A.R.T. in advocating for obesity awareness.

## Prevention

With having two young children, childhood obesity is of particular concern to me. In conjunction with offering healthy food and activity choices in my own home, I also support and encourage the work of the Mollen Foundation and am working to get their program implemented into my children's elementary school.

## Awareness

Publishing articles is a way that I integrate public education on obesity into my life. My latest article, "Childhood Obesity: Kids Need SPACE", can be found on [www.GreatCoachingTips.com](http://www.GreatCoachingTips.com). I also keep in touch with iPEC's 7th Level Wellbeing Division", which brings health and wellness programs into the corporate and non-profit workplace. They also promote spreading information to the public on obesity and other health related issues.

## Research

While I've always been an advocate of research on the subject of obesity, I'm excited to have been recently accepted as a study participant! My study is being conducted by ASU researcher and doctoral student Lisa L. Smith on the effect of meditative movement on bariatric patients who have experienced weight regain. I'm not thrilled to be in the weight regain category (12 pounds), but I am glad that there are studies like this going on to support bariatric patients a year or more after their surgeries.

## Treatment

I host free community workshops to help de-mystify and de-stigmatize bariatric surgery and to provide a forum for people to feel comfortable having their questions and concerns addressed by someone who's been there (see the "Events" section of my Web site, [BelieveInAction.com](http://BelieveInAction.com)). I allow for space where people can contemplate surgery aloud without there being any judgment about their choices, any facilities or doctors they choose to use, or whether the timing is right for them.

My youngest son Casen is now in kindergarten, and I'm thrilled that I crossed that line in the sand two years ago. I have the energy, excitement and health that I had only dreamed of, and I'm grateful for the support and guidance that I've received from the OAC, members of my community and my health teams. When you want the best for yourself, your kids and your community, taking steps toward it can become a natural part of life.

**What one step can you take to do your PART?**





# Obesity in the Elderly

by Nadia B. Pietrzykowska, MD, FACP

Obesity may affect anyone, young or old. Yet, as we grow older, both the characteristics of obesity and the way it affects individuals are sometimes different compared to younger adults. This is very important to know as it may determine if and how obesity should be treated in older adults.

## Screening for Overweight and Obesity in Older Adults

The body mass index (BMI) is commonly used to determine whether someone is affected by excess weight or obesity. This is a measurement that is calculated using a person's weight and height. As the BMI increases, the likelihood of being affected by obesity increases as well. Physicians are required to calculate and record this number in their patient's chart. As a screening tool, it helps them identify weight issues that need to be addressed. Nevertheless, there are instances where this marker is not completely accurate. This can happen in the young and old alike but

**“Elderly patients with some diseases seem to survive longer when they are affected by excess weight or obesity.”**

for different reasons. As it doesn't differentiate between the type of excess body weight, it cannot determine if the excess weight consists of muscle or fat.

When we grow older, especially if ill and not really physically active, we tend to lose our

muscle mass. It gets replaced with fat. Our BMI may not change, but in reality, our fat-stores increase and so does the chance of being affected by obesity and its related diseases. BMI can also be inaccurate in the elderly for another common reason. As we grow old, we often get shorter. This is due to osteoporosis and spinal vertebral issues that take away inches in older age. If you remember that the BMI is a measure calculated from height and weight, you will understand that a change in height will change BMI as well. In fact, if one weighs the same, and their height is less, then the BMI will be falsely higher and one might be classified as “overweight” while in reality, he/she is not.

Scientists and physicians still debate about a better measure for weight classification, but for now, BMI is the accepted one and physicians need to use it while understanding its limitations.

In many instances, determining waist circumference seems to be a valuable measurement that may give physicians guidance in weight matters for their patients. It is, and should be, used as an additional tool although this is not always standard of care at this time.

## Hurdles Evaluating Weight in Elderly

The points in this article clearly show that in the elderly population, weight classification may not always be accurate, which is one of the difficulties encountered in older adults. This is the first hurdle encountered when trying to evaluate and treat this disease in the elderly.

It's important to know where one stands with their weight, as it is extremely relevant not only for the treatment, but also for the prevention of many chronic diseases. As we discussed so far, just screening for overweight or obesity isn't a simple task, and obesity can be missed or overestimated in the elderly population even more so than in younger adults.

## How Does Obesity Affect the Elderly?

It's commonly known and scientifically proven that obesity predisposes to many diseases. In fact, the majority of organs and body systems are negatively affected by obesity. Most commonly, diabetes, hypertension, high cholesterol, heart disease and certain cancers are encountered in patients affected by obesity. As we age, physical disability is also a major problem due to the effect of weight on joints. Nevertheless, scientists have described a phenomenon called “the obesity paradox.” Although at younger age,

overweight and obesity are clearly associated with a shorter lifespan, it seems that at older age, this is not always true. Some studies have shown that the “ideal” protective weight might be higher in the older population.

Elderly patients with some diseases seem to survive longer when they are affected by excess weight or obesity. The debate is ongoing in the scientific world about whether this is a real phenomenon and if so, what could explain it. Some suggest that the statistics are such only due to the fact that as adults age, those “susceptible” to the harmful effects of obesity may have already succumbed to diseases. Therefore, the elderly population affected by obesity is represented by people that are “resistant” to the negative effects of obesity. To better understand this, let’s make an analogy with smoking and lung cancer.

## Smoking and Lung Cancer

You may sometime hear about grandpa that smoked all his life and is still doing just fine. It doesn’t mean that smoking does not affect people’s health. While everybody else has died from cancer or other lung diseases at a younger age, grandpa is now older and doing well while still smoking like a chimney, as he may just happen to have a sort of resistance to the harmful effects of smoking. This may explain the “obesity paradox” and why some older adults affected by obesity seem to do better than their normal weight counterparts. This said, there is no final word on whether overweight and obesity are protective in the older population and more studies are needed. Nevertheless, reluctance is sometimes seen in implementing weight-loss regimens in the elderly, and it may be due at least in part to these uncertainties.

Obesity also affects cognition, which includes the way we process information, memory, comprehension, problem solving and decisions. These functions are known to deteriorate with age and studies show that they deteriorate more rapidly in the population affected by obesity. Since proper cognition help the elderly live fuller and more independent lives, this effect of obesity is more relevant than ever with older age.

Obesity has also been clearly linked to a lesser quality of life. This becomes even more relevant in the aging adult. Generally, the elderly are already burdened by multiple predicaments that decrease their quality of life. Obesity only adds an additional burden.

## Is Weight-loss Beneficial in the Older Population?

Well, it depends. Weight-loss that is not planned is not uncommon. The elderly are often sicker and need longer periods of time to recover from illness than younger adults. This often results in weight-loss. This type of weight-loss is not healthy. A significant portion of weight lost during illness is muscle loss.

A critically ill person that has to stay in the Intensive Care Unit would burn muscle during the disease process much more than expected regardless of the degree of obesity. This is a very interesting study area for many scientists interested in nutrition. In addition, even if not very severe, any illness resulting in unplanned weight-loss will decrease muscle mass. Therefore, it is important to pay close attention to rehabilitation and proper nutrition during and after an illness, especially in the elderly that already have lesser muscle reserves.

## What about Planned Weight-loss?

Any intentional weight-loss results not only in the loss of fat, but also muscle. This is especially relevant in the elderly as they have less muscle

*Obesity in the Elderly continued on page 43*

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# SHINE WITH THE OAC

TOGETHER WE  
**S.H.I.N.E.**

**September 25-28, 2014  
Orlando, Fla.**

**A**s a member of the Obesity Action Coalition (OAC), you know first-hand how difficult the journey of weight-loss and weight maintenance can be. The struggles, the misinformation, the gimmicks, the empty promises, the ups and downs, etc. – you get the picture. Two years ago the OAC made the decision to do something about this. We saw a need for a national convention that would provide evidence-based educational information on weight and health, obesity, weight stigma, obesity treatments, exercise, nutrition and more.

In two very short years, the OAC's *Your Weight Matters* National Convention has quickly risen as the **PREMIER** educational event bringing together hundreds of individuals from throughout the United States wanting to learn more about their weight and health, connect with others and experience all that Convention has to offer.

This year, the *Your Weight Matters* National Convention, "**Together We S.H.I.N.E.** (*Support, Health, Inspiration, Networking and Education*)," will be held **September 25th - 28th in Orlando, Fla.**, at the Renaissance Orlando at SeaWorld, and we invite you to experience this life-changing event for yourself.



**YWM2014 Registration  
Now Open!**

**The *Your Weight Matters* Convention is your time to learn, connect and SHINE! Registration for YWM2014 is NOW OPEN! Visit [www.YWMConvention.com](http://www.YWMConvention.com) to REGISTER TODAY! Prices start at just \$30!**

## What is the OAC's *Your Weight Matters* Convention?



**The *Your Weight Matters* National Convention is YOUR place to learn the tools necessary to manage your weight and improve your health. But we're not just talking about "tips and tools" here. YWM2014 will offer you the latest evidence-based information from leaders in the healthcare field.**

YWM2014 will feature some of the most notable names in the industry, including:

- Arya Sharma, MD, PhD, FRCPC
- James O. Hill, PhD
- James Levine, MD, PhD
- Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT
- Domenica Rubino, MD
- Michelle May, MD

The OAC has secured the most sought-after thought-leaders in the healthcare field to present the most up-to-date information. The Convention Program Agenda Subcommittee spends countless hours developing topics that you care about most. **For the Full 2014 Convention Program Agenda, please turn to page 16.**

Convention educational sessions have been described as "Eye-Opening," "Invaluable," and "Amazing." Our speakers will help you understand some of the most complex issues when it comes to weight. We know there's no one-size-fits-all approach to weight-loss and weight management, and that's why the OAC wants YOU to join us for this one-of-a-kind 3 day event.



# AC AT THE 2014 **YOUR WEIGHT MATTERS** NATIONAL CONVENTION

But Convention is more than just the education. Convention is a place for you to:



## See the Latest Products and Services at the YWM Healthy Living Expo

YWM2014 will feature a 10,000 square foot exhibit hall with more than 35 exhibitors showcasing their products and services. All Convention exhibitors are vetted through the OAC to ensure that their products and services are of the highest quality, evidence-based and respect you. Having respectful exhibits is extremely important to the OAC. In our Exhibit Hall, you will feel comfortable and not preyed upon by aggressive sales techniques. The Exhibit Hall is a place for you learn more about a wide variety of companies and organizations that exist to help you achieve your health goals. The OAC wants every aspect of Convention to be a welcoming educational resource for you — especially the Healthy Living Expo.



## Sit One-on-One with the Experts

YWM2014 will offer you the opportunity to sit one-on-one with the experts you've listened to throughout the meeting. Lunch with the Experts, a ticketed event, offers you the chance to sit with experts and enjoy a nutritious lunch while you discuss a certain topic in a small group setting. Lunch with the Experts has quickly become a Convention-favorite among past attendees. Never before have individuals had the chance to talk directly with these experts and ask questions. Since this event is ticketed, seats fill-up fast, so don't waste any time signing-up for this unique experience.

## Connect with Others

Ask any past-Convention attendee or join the Convention Facebook Event Page, and you will quickly see that Convention is a place to connect with like-minded individuals. Connecting with one another is easy, and the OAC encourages it with our Convention Welcoming Committee. The Convention Welcoming Committee exists to help all attendees, especially first-timers, understand Convention, learn more about all that Convention has to offer and much more! To contact any of the YWM2014 Convention Welcoming Committee members and ask questions, visit [www.YWMConvention.com](http://www.YWMConvention.com). YWM2014 will be a place where you have the chance to identify with folks who share your struggles, triumphs and questions. From the free exercise classes to the special events, there are so many unique opportunities for you to make new friends and catch-up with old ones too!

## What's the Cost?

The OAC takes the cost of attending Convention very seriously. We know that individuals prioritize their spending, and we know you want access to the quality education offered at YWM2014. We're going to do whatever it takes to make that happen; therefore, we've kept the cost low to attend this one-of-a-kind event:

## 2014 Your Weight Matters National Convention Pricing

### Full Event Registration — BEST VALUE!

Full Convention Registration is the best value and designed for attendees who want to take advantage of ALL aspects of the Convention. *Full Convention Registration includes: Access to all educational sessions, group fitness classes and the YWM Healthy Living Expo; Convention T-shirt; tote bag; ability to pre-register for an OAC Training Session (Thurs); breakfast on Friday and Saturday; and tickets to Friday night dinner and Saturday night OAC Annual Awards Dinner. Lunch is NOT included.*

#### Early Bird - Ends June 4th

\$95 Full Convention Registration

\$135 Full Convention Registration with CE Credits

#### After June 4th

\$125 Full Convention Registration

\$165 Full Convention Registration with CE Credits



## WHY IT'S UNIQUE

The OAC's Annual Convention is Unique because...

- We offer **MORE THAN 50 EDUCATIONAL TOPICS.**
- **COMPLIMENTARY GROUP FITNESS CLASSES** are offered each day.
- **ALL MEALS ARE LABELED WITH NUTRITION CONTENT** to help you stay on track.
- We give you the rare opportunity to **SIT ONE-ON-ONE WITH THE LEADING HEALTHCARE EXPERTS.**
- We offer an **AFFORDABLE REGISTRATION FEE**, making it easy for you to attend.
- The entire meeting is a **WEIGHT BIAS-FREE ZONE**, so you feel comfortable.

### One-day Registration

One-day Registration is designed for attendees who want to access the educational sessions but do not wish to take part in meal functions or social events. *One-day Registration includes: Access to all educational sessions, group fitness classes and the YWM Healthy Living Expo; Convention T-shirt; tote bag; and the ability to pre-register for an OAC Training Session (Thurs). Meals, Lunch with the Experts and social events are NOT included.*

#### Early Bird - Ends June 4th

\$30/day Friday and Saturday

\$50/day Friday and Saturday with CE Credits

#### After June 4th

\$40/day Friday and Saturday

\$60/day Friday and Saturday with CE Credits

# 2014 OAC Your Weight Matters National Convention Program Agenda



## Thursday, September 25

10:30 am – 5:00 pm Registration Open  
 12:00 pm – 4:00 pm **NEW SESSION! – Everyday Advocacy**  
 OR  
**OAC National Advocacy Training Session**  
 Convention Attendee and Exhibitor Welcome Reception

## Friday, September 26

7:00 am – 7:45 am Group Exercise Classes  
 7:00 am – 5:00 pm Registration Open  
 8:00 am – 9:15 am Breakfast (served in Expo Hall)  
 8:00 am – 5:00 pm Expo Hall Open  
 9:15 am – 9:55 am **KEYNOTE – Health is Not Measured in Pounds**  
 Arya Sharma, MD, PhD, FRCPC  
 10:00 am – 10:40 am **National Weight Control Registry: Common Behaviors in Weight Maintenance**  
 James O. Hill, PhD  
 10:40 am – 11:15 am Break – Visit Expo Hall  
 11:15 am – 12:00 pm **Vision is Vital: Challenging Falsely Acquired Thoughts**  
 Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT  
 12:15 pm – 1:15 pm Lunch with the Experts (ticketed event)

## Friday Lunch Topics

1. Flying Solo? Connecting with Fellow First-time Attendees
2. Breaking Bias: Sharing Your Experiences and Ways to Make a Difference
3. Children and Weight Bullying – Recognizing Signs and How to Help
4. Steps and Reps – Finding the Right “Fit” for My Fitness Plan
5. A to Zen – Yoga, Meditation and Stretching
6. Low Effort, High Impact: Prioritizing Personal Changes to Tackle Your Health
7. Strategies for Maintaining Your Weight and Gaining Your Health
8. Nutrition Labels are Black and White... but Need to be Read All Over
9. Linking With Others: Finding Your Support System and Tools Online
10. It's Not Just about Obesity: Living with Chronic Conditions that Impact Weight
11. Workin' 9-5... On YOUR Health! Creating a Healthy Workplace
12. Vitamins and Supplements after Bariatric Surgery – How Do I Know What I Need?
13. Am I My Own Worst Enemy? Breaking-free from Self-sabotage
14. In it for the Long Haul: Tips for Success in Your Bariatric Surgery Journey
15. The Frustration of Post-Surgery Regain: Restarting Your Weight-loss
16. It's a Guy Thing – A Conversation about Men's Weight and Health
17. Romance and Love after Weight-loss: The Fears and Excitement of Intimacy
18. Understanding the Family Dynamic and its Role in Weight and Health

## Start of Friday Breakout Sessions

1:30 pm – 2:10 pm **Frauds and Fads – Detecting Weight-loss Gimmicks**  
 Ted Kyle, RPh, MBA  
 OR  
**A Look at the Complex World of Childhood Obesity**  
 Stephen Cook, MD  
 2:20 pm – 3:00 pm **Contradictions, Complexities and Confusion: The Ever-Changing World of Nutrition**  
 Holly Herrington, MS, RD, CDE  
 OR  
**Maximizing Health and Avoiding Regain — Success Strategies for Your Bariatric Surgery Journey**  
 Lloyd Stegemann, MD, FASMBS  
 Break – Visit Expo Hall  
 3:00 pm – 3:45 pm **Why Diets May Not Work: The Complexity of Weight Management**  
 Arya Sharma, MD, PhD, FRCPC  
 OR  
**Fun in Fitness – New Trends in Exercise**  
 Speaker Announced Soon  
 3:45 pm – 4:30 pm Afternoon Group Exercise Classes  
 5:00 pm – 5:45 pm Friday Night Welcoming Ceremonies Dinner  
 7:00 pm (Themed Costume Party)

## Saturday, September 27

7:00 am – 7:45 am Group Exercise Classes  
 7:00 am – 5:00 pm Registration Open  
 8:00 am – 9:15 am Breakfast (served in Expo Hall)  
 8:00 am – 5:00 pm Expo Hall Open  
 9:15 am – 9:55 am **Get up! Non-exercise Activity Thermogenesis - the N.E.A.T. Energy of Life**  
 James Levine, MD, PhD  
 10:00 am – 10:40 am **Mindful Eating: Eat What You Love, Love What You Eat**  
 Michelle May, MD  
 10:40 am – 11:15 am Break – Visit Expo Hall  
 11:15 am – 12:00 pm **Food Addiction: Finding a Manageable Approach**  
 Mark S. Gold, MD  
 12:15 pm – 1:15 pm Lunch with the Experts (ticketed event)

## Saturday Lunch Topics

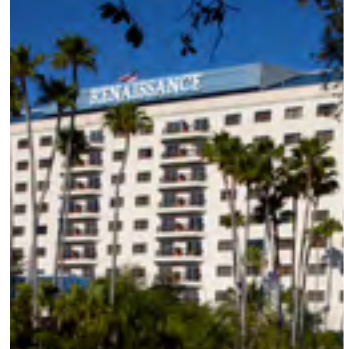
1. Binge Eating Disorder: Understand it. Control it. Manage it.
2. You are Your Best Advocate: Leading Your Healthcare Team
3. Low Effort, High Impact: Prioritizing Personal Changes to Tackle Your Health
4. Embracing “The Change” – Menopause and Your Weight
5. Business or Pleasure: How to “Carry-on” Your Health Goals on the Road
6. “What’s up, Doc?” – Your Medical Questions Answered
7. Sad, Mad, Glad – Overcoming Emotional Eating
8. The Emotional Rollercoaster: Highs and Lows after Weight-loss
9. Voices about My Choices – Helping Others Understand My Decision to Have Bariatric Surgery
10. The Race to Improved Health – Working toward Your First 5k
11. Depression and Your Weight: Tools to Battling these Intertwined Issues
12. Transfer Addiction – The Science. The Reality. The Truth.
13. Grocery Shopping and Meal Planning: Keeping You and Your Wallet Healthy
14. Plastic Surgery after Weight-loss: Exploring the Procedures
15. Making Your Practice a Bias Free Zone: Tools for Healthcare Providers
16. Questions about Bariatric Surgery Revisions? Let's Talk.
17. The Expanded Toolbox of Options: Obesity Drugs and Weight Management
18. Bypass, Band, Sleeve, DS? Which Bariatric Surgery Option is Best for Me?

## Start of Saturday Breakout Sessions

1:30 pm – 2:10 pm **GET UP! Chair-escape Solutions for Work, School and Self**  
 James Levine, MD, PhD  
 OR  
**The Mind, Body, Soul Approach to Stress Management**  
 Janet Konefal, PhD, MPH, AP  
 2:20 pm – 3:00 pm **Tools in the Toolbox: Finding the Weight-loss Option that is Best for You**  
 Domenica Rubino, MD  
 OR  
**Addressing Medical Concerns of the Long-term Bariatric Patient**  
 Stephen G. Boyce, MD  
 Break – Visit Expo Hall  
 3:00 pm – 3:45 pm **How to Break Your Eat-Repent-Repeat Cycle**  
 Michelle May, MD  
 OR  
**All Aboard! Getting Your Family on Track with Health Changes**  
 Speaker Announced Soon  
 3:45 pm – 4:30 pm Afternoon Group Exercise Classes  
 5:00 pm – 5:45 pm Pre-Reception  
 7:00 pm – 7:30 pm 3<sup>rd</sup> Annual OAC Awards Dinner  
 7:30 pm – 11:00 pm

## Sunday, September 28

7:30 am OAC Special Send-off Event



## Reserve Your Room Today!

Located in the heart of Orlando, Fla. and the number one tourist destination, the Renaissance Orlando at SeaWorld will offer you luxurious accommodations with an incredible room rate of \$109/night. And what better destination to have your family or friends tag along for an unbelievable Convention and access to all Orlando-area attractions.

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- Complimentary use of onsite fitness facility

## Make Your Reservation by Phone:

To reserve your room by phone, please call (800) 468-3571 and use code "OAC" to receive the preferred rate of \$109/night.



## Make Your Reservation Online:

Visit [www.YWMConvention.com](http://www.YWMConvention.com) and click the "Travel Details" link to make your reservation online. The preferred room rate of \$109/night is for single/double occupancy. These rates are effective until the room block closes (or sells out, whichever comes first). Room rates are subject to applicable taxes.

# Join Us!

# It's Your Turn to SHINE!

Whether you've just taken the first step in managing your weight or you're a post-bariatric surgery patient looking to learn more about how your weight and health go hand-in-hand and get back on track, YWM2014 is the perfect three-day event to arm you with the evidence-based educational information you need.

We hope you will join us in Orlando, Fla., on September 25-28 for the 2014 *Your Weight Matters* National Convention – because **ONLY TOGETHER, WILL WE SHINE.**



# THANK YOU

## TO ALL OUR NATIONAL SPONSORS

### PLATINUM



### GOLD



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National sponsorships are still being secured and a variety of unique support opportunities are still available. Sponsorship of the Convention comes with a host of benefits to ensure maximum exposure for your company. For more information on Convention Sponsorship, please email Kristy Kuna, OAC Director of Programs and Membership at [kkuna@obesityaction.org](mailto:kkuna@obesityaction.org).

# See You in Orlando!

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



# Lipedema and Obesity

## What's the Link?

by Karen Herbst, PhD, MD

**L**ipedema is thought to affect at least 11 percent or more of the female population in the U.S. and elsewhere, which translates to more than 16 million women in the U.S. alone that may have lipedema and not know it.

### Why Can't I Lose Weight in My Legs?

Female, or *gynoid*, fat under the navel, on the buttocks, hips, and thighs gives women their attractive curves. Gynoid fat increases during puberty and is smooth and soft in texture. But not all gynoid fat is the same. For example, what if you could not lose gynoid fat with strict eating and an intensive exercise regimen and instead, the fat continued to grow no matter what lifestyle changes you tried. What if the gynoid fat was painful, felt like heavy weights, and you bruised easily? This type of fat is called “lipedema,” meaning fluid in the fat, and is well-known to remain unresponsive to lifestyle changes.

Lipedema was first reported in the literature by Drs. Allen and Hines at the Mayo clinic in 1940. Since that time, knowledge in the area of lipedema spread across Europe, especially in Germany and Austria, and is now slowly advancing in the U.S., albeit 74 years after the initial published description.

As an example of recent progress, an application to the U.S. National Library of Medicine (NLM) was accepted and lipedema received a Medical Subject Heading (MeSH) code meaning that the term “lipedema” is now part of a comprehensive and controlled vocabulary that will facilitate searches for articles on lipedema in the NLM free database, *PubMed*, and confirms lipedema as a valid

evidence-based entity. An application for an International Classification of Disease (ICD) code has also been submitted. The ICD code will allow healthcare providers who see and treat patients with lipedema to document clinical visits with a recognized code, which can pave the way for research, including prevalence studies to determine how common lipedema is amongst various groups, and will allow billing and payment through insurance providers.

### What is Lipedema?

Lipedema is generally described as a symmetric and circumferential increase in fat of the buttocks, hips and legs, affecting the arms in most, sparing the upper abdomen, trunk, feet and hands. A cuff of fat can be present on the wrist or ankles where the lipedema fat ends and normal fat begins (Figure 1).

In later stages, lipedema fat can spread to the rest of the body. The lipedema fat itself is not smooth but feels like gelatin with small pea-sized nodules like foam balls in a bag. The excess fat growth on the buttocks, hips and legs gives a distorted pear shape to the body where the lower body is clearly out of proportion to the upper body (Figure 2 - *on opposite page*). Healthcare providers have not had ample opportunity to be educated on the texture of normal fat; therefore, it is usually a physical or occupational therapist with experience in manual lymph drainage or a

compression garment fitter who may notice the lipedema fat tissue and mention it to the patient. Many women find information on lipedema by searching the Internet for “painful fat legs.” Both mothers and fathers can pass lipedema to their daughters and various groups are currently searching for the genetic information that allows this to happen.

## What is Going on under the Skin in Lipedema?

Normal fat cells are organized into groups called “fat lobules” that slide past one another under the skin along thin fibrils, so fat feels soft and smooth when the skin is pressed down. Investigators in Europe hypothesize that lipedema results from the accumulation of fat cells that have become very large in size (hypertrophied). These large fat cells stimulate production and recruitment of a molecule that can be several thousands of sugars (carbohydrates) long called “hyaluronic acid.” This long sugar structure is found naturally in all living organisms and binds water. The increase in hyaluronic acid and water gives the lipedema fat a stiff quality similar to gelatin, and the legs begin to feel heavy. The fat lobules that normally slide past each other on thin fibrils round-up in their geloid environment.

Hyaluronic acid and other molecules attract inflammatory white blood cells to the fat that produce damaging substances that injure the fat lobules, blood and lymphatic vessels, and other structures. As a result, the blood vessels break easily causing bruising. The lymphatic vessels, which initially pump more frequently in lipedema, start to fail and can swell. This process can eventually lead to the lymphatic vessels leaking, which allows more water to collect around the fat cells – causing the lipedema tissue to become heavy.

The body tries to repair, filling in inflamed areas with a scar around the outside of the rounded fat lobules allowing them to be felt as small beads through the skin. The pain of lipedema most likely results from nerves being damaged in the tissue as well as pressure on the nerves from excess trapped water.

*Lipedema and Obesity continued on page 40*

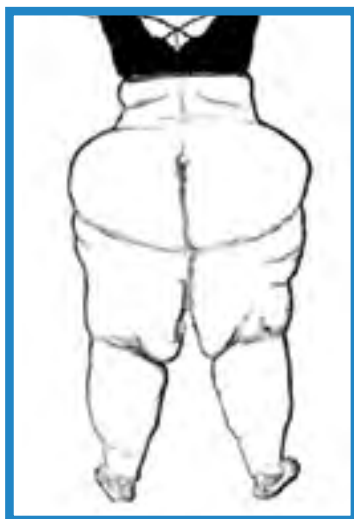


Figure 2



Figure 1

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# Staying lean and Healthy



## When Living on the GO!

by Veronica Tomor, PharmD, BCPS

### The Facts

We all live hectic lifestyles these days. Everything is fast paced, on-demand and electronic, which underscores the speed at which we expect everything. According to recent statistics, there is an increasing reliance on foods prepared away from home. Americans dine out three to five times a week away from home and fast food accounts for 1/3 of all calories consumed. Nearly 50 percent of food dollars are spent on away-from-home foods and meals. These have higher levels of calories, fat, sugar and salt.

### The Consequences

Unfortunately, this trend is strongly associated with overweight and obesity. How could eating out, which was originally designed to be an occasional enjoyable activity, turn into something so lethal? How does this become an unhealthy habit and what is the mindset that leads us into gaining the pounds? In a survey published in American Demographics, eating out was a last minute decision for 51 percent of Americans, 64 percent of young adults, 52 percent of adults over the age of 60, accounting for 75 percent of trips to fast-food outlets and 42 percent of full-service restaurants.

### The Science

When we are hungry and rushed, we typically do not think nutrition and health, even if we have a pre-existing condition such as diabetes, hypertension or high cholesterol. Our physiologic need to calm the “hunger demons” takes over, and we are driven by impulse as opposed to rational thought. Our “eat and repeat” behaviors from habits typically kick in and next thing we know we are ingesting 2,000 calories in one meal merely by impulse. As consumers, we can choose between two snacks in less than 1/3 second and choices for “vice” foods are faster than choices for “virtue” foods (574 milliseconds vs. 619 milliseconds).

### The Travel Factor

If you are one of the unfortunate souls that travel (gets on a plane) or drives several hours to get to work, the problem is usually much more difficult and becomes your work commute as opposed to occasional leisure trip. It is the

norm for many Americans today – including me. Traveling and eating out usually go hand-in-hand. Not only is the nutritional component of your food badly affected, but also the stress on your body is increased. If you have an exercise routine, it typically goes out the wayside. For some reason, any excuse to leave it behind at home becomes a pattern and then a habit, a bad habit.

**“Nearly 50 percent of food dollars are spent on away from home foods and meals.”**

The solution to the problem is not as easy as it seems. It involves a combination of many things including time constraints, behavioral and emotional factors.

Living on the road has many emotional triggers

that drive eating such as loneliness, guilt from being away so much from family and more. Be mindful about what you are eating and make the right choices by reading labels and hydrating even more than at home (airplanes are very dehydrating).

### The Solution

#### General Guidelines:

- Plan ahead – being proactive and “guarded against the hunger demons” is essential.
- Carry smart snacks with you at all times and pack them in all your bags.
- Hydrate all day (surprising how water is so beneficial and holds off hunger), hotels have buffets with tons of fresh fruit and usually apples and bananas you can carry with you and snack during the day.
- Fill your plate in colors and prioritize the selection on your plate by starting with protein first, then fiber and carbs.

Legislation has forced many restaurants and food chains to post calorie content on the menu rather than in a nutrition pamphlet. When that is available, many consumers are making lower calorie and fat choices. It is a very proactive approach to educate the public on understanding the nutritional content of their foods, thereby enhancing positive behavior changes.



# Eating and Exercise Tips for Traveling



## Exercise

- My first rule of thumb is packing your gym clothes in your suitcase first, before the rest of your clothes. If you are a walker or jogger, ask the front desk for routes when you check-in.
- Pack exercise bands. They're small and easy to fit in the suitcase.



## Hotel Room

- If there is a mini fridge in your room, when offered the key to the fridge, say no!
- Careful with room service, look for lean choices first.
- Order water with your meal. Sodas and juices can add up to empty calories.



## Restaurants

- Meats – Try to stay lean (sirloin or filet). Ask for it to be cooked with no oil or butter. You can always add a little salt or pepper.
- Carbs – Order a dry sweet potato, baked potato (without the extras) or rice.
- Veggies – Be sure to ask for them "steamed with no butter."
- Emphasize "no sauce" on anything!
- Have fun and plan ahead!

## Resources for the Road



### Calorie Counter & Diet Tracker

Ranking first on our list again for 2014, this nutrition and health app from MyFitnessPal provides calorie counts for more than 3.5 million foods and 300 exercises, a goal and calorie tracking tool, and a barcode scanner. Unlike other diet apps, all the features are free and built-in.

### FITOCRACY

This new entry on the list earns a spot for its unique approach to weight-loss. Fitocracy treats weight-loss almost like a game: Start at level 1 and move up by completing certain activities, training, and interacting with other "Fitocrats." Along the way you also earn badges; so-called "heroes" can "duel" a fellow Fitocrat.



These two diet apps tie for third place. Both feature a barcode scanner, a food and exercise tracking function and exercises. Lose It! includes a "budgeting" feature for calories and Fooducate's app grades foods you've eaten according to their ingredients and nutritional content.

Remember, the most important part of staying healthy while traveling is sticking to your routine. Most hotels offer 24-hour fitness centers. You can also always pack your walking/running shoes for a nice morning or evening stroll. Thanks to modern technology, you can also download a variety of apps, such as those mentioned in this article, to help you make smart food choices.

### About the Author:

Veronica Tomor, PharmD, BCPS, has more than 20 years of experience in clinical practice. She transformed her career to serve others from a treatment approach to that of prevention and education through nutrition and physical activity. She is a certified health coach, speaker and the author of the L.E.A.N. (Living Educated About Nutrition on the GO!) Guide for the Business Traveler. She is also a Florida site leader for WeCan! (Ways to Enhance Children's Activity and Nutrition) by the NIH/ NHLBI.

Article Photos: © istockphoto.com/samxmeg

# Body Weight “Set Point”

## What We Know and What We Don't Know

by Stephen C. Woods, PhD

**T**he amount of fat in the body, also known as total body adiposity, is a major component of body weight. Although it may go up and down from time to time, the amount of body fat (and hence body weight) most people carry is relatively stable and appears to be controlled or maintained at a level that is sometimes called a “set point.”

### Evidence of Set Point in Action

The best evidence for this is that when people go on a diet and voluntarily eat less food, most are able to lose at least some weight. However, throughout time, as attention to maintaining the lost weight decreases, body weight creeps back up, generally to about the same level as occurred before the dieting began. This discouraging outcome may occur several times for some individuals throughout their lifetime as they keep attempting to lose weight; i.e., they try one or another diet that is popular at the time, lose some weight, and then regain it throughout a period of weeks or months.

If body fat tissue is removed by means other than dieting, for example when someone undergoes lipectomy or liposuction to reduce body fat, the typical result is that while body weight is initially lowered, the person increases the amount of food eaten, allowing body fat to return to its former, pre-operation level.

The factors influencing body weight are symmetrical, working in both directions. That is, when weight-stable individuals are paid to eat more food and gain weight, they are able to do it; but throughout time, the process becomes harder and harder and they typically fail at some point and fall back to the lower weight they were carrying before the

period of overeating occurred, and they accomplish this by eating less food than normal.

All of these findings imply that the brain areas that control food intake and energy usage are able to monitor how much fat is present in the body, and to respond to changes in body fat by making offsetting changes in food intake. In this regard, the control of body weight and food intake is somewhat like the system that keeps your house at the appropriate temperature. You determine the set point for the room temperature you want to experience by adjusting the thermostat. When room temperature decreases below that set point, the furnace turns on and room temperature is increased. If the room temperature rises above the set point, the furnace shuts off; and in some home-temperature systems an air conditioner might come on. Unless there is a major problem (such as a furnace breakdown or a door left open), this kind of regulatory system maintains the temperature inside your house at near the set point most of the time.

**“The control of body weight and food intake is somewhat like the system that keeps your house at the appropriate temperature.”**

*Body Weight continued on page 24*





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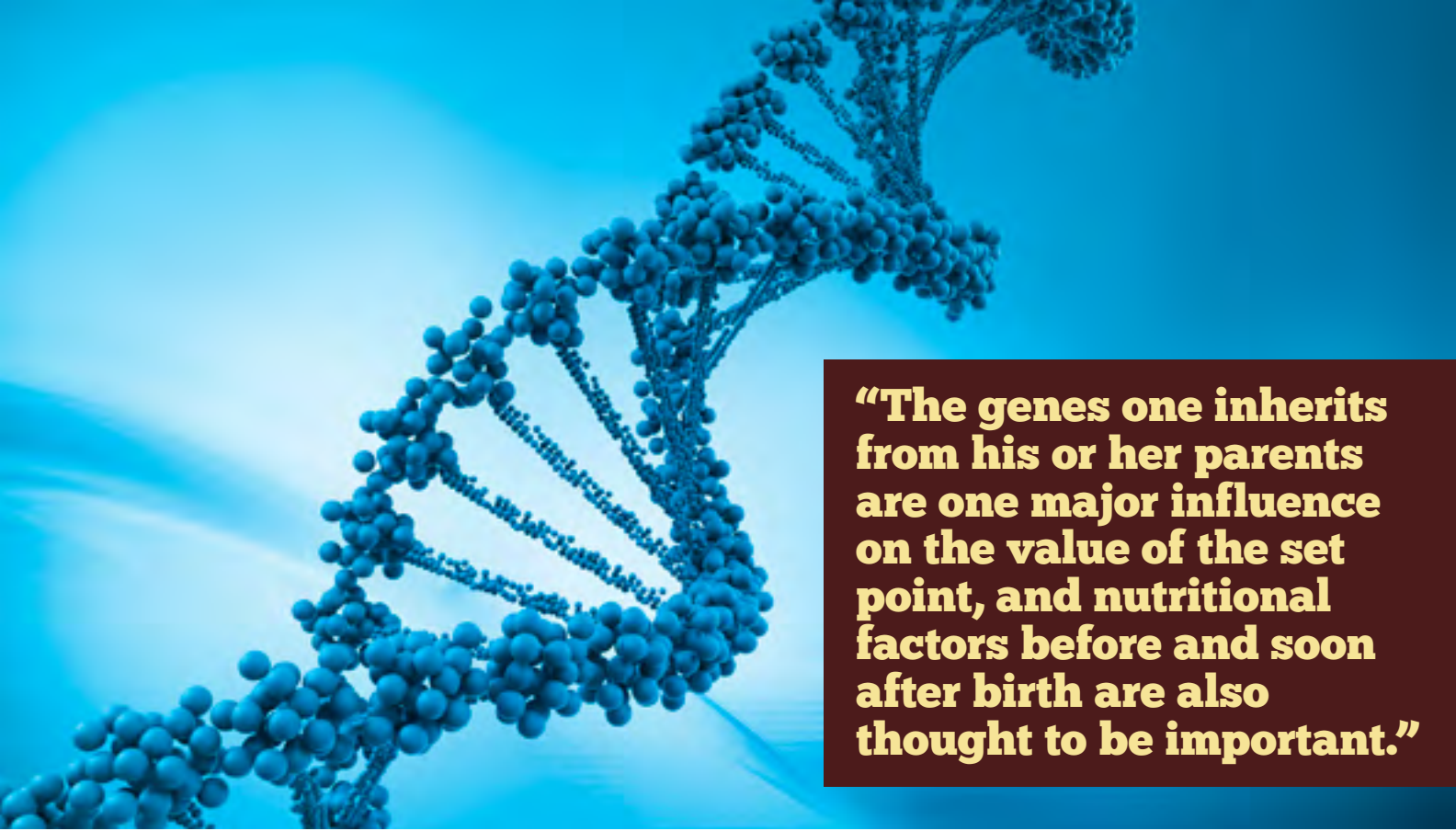


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**“The genes one inherits from his or her parents are one major influence on the value of the set point, and nutritional factors before and soon after birth are also thought to be important.”**

*Body Weight continued from page 22*

## **Body Weight Regulation**

Body weight regulation (or control) appears to be similar to set point, relying upon an internal body fat thermostat that is sensitive to total body fat and has the ability to influence a range of responses to increase (eating more food, reducing metabolic rate) or decrease total body fat (eating less food, increasing metabolic rate). While the nature of the body fat thermostat is not completely understood, it relies in part upon hormones (such as leptin and insulin) that are released into the blood in proportion to body fat and that enter the brain in areas including the hypothalamus where they influence specific brain centers controlling food intake.

If a person's weight starts creeping up, the body secretes more leptin and insulin, and these in turn act on the brain to reduce food intake; similarly, when weight is reduced by dieting or other means, the reduced hormone levels signal the brain to increase appetite. Because of these processes, it is difficult for most people to maintain a weight that is different from their set point for long periods of time.

## **Specifics of the Set Point**

The set point for body weight varies among people, with some remaining lean throughout their lives while others remain at a normal weight or in the obesity range. There is also evidence for a genetically determined weight trajectory in some people, for example that keeps weight low until middle age and then allows it to increase. The genes one inherits from his or her parents are one major influence on the value of the set point, and nutritional factors before and soon after birth are also thought to be important. Rather than being permanently fixed, the weight set point

is influenced by several environmental factors and can change. For example, the average palatability or desirability of one's food is important, with chronic consumption of more palatable food generally resulting in a higher weight set point. Because of this, people tend to change weight when the food environment changes, for example when students go off to college. Stress is also an important factor, with most people maintaining lower body weights when faced with chronic stress. In contrast, some individuals tend to eat more food and gain weight in certain stressful situations, and this is often known as the comfort food phenomenon in which certain foods provide relief from stress. Excessive exercise can also lower the average amount of body fat carried.

An important question is whether an individual is stuck with whatever set point they happen to have; i.e., Are individuals affected by obesity doomed to remain affected by it in spite of their best efforts at dieting and healthy living? The answers are important for several reasons:

- The concern over excess body fat, of course, is that more body fat is associated with poorer health and increased risk for cardiovascular disorders, diabetes mellitus, some cancers and many other health problems.
- Obesity is also associated with numerous negative psychological and social factors.
- The United States and many other countries are experiencing an obesity epidemic, making it more critical to find ways to lose weight and keep it off.

## Brain Activity and Weight

It has been recognized for decades that brain activity is a major factor affecting the body fat set point. When certain parts of the brain's hypothalamus are destroyed in experimental animals, this can lead to a permanent change in the level of body fat that is maintained throughout time. Brain injuries in some parts of the hypothalamus result in elevated set points, while injuries in other areas result in greatly reduced set points. Likewise, tumors or strokes in those same areas of the brain in humans can also permanently change the set point.

Causing brain injuries in order to treat obesity is not a viable option, for in addition to the safety and ethical issues, any such injury also impacts brain circuits controlling other behaviors, such as mood. However, simply recognizing that there are brain circuits that can be manipulated and that have selective effects on the body fat thermostat is a major step forward.

The important point is that activity in certain specific areas of the brain is capable of changing the body weight set point, and while creating injuries in the brain is not a realistic treatment option, there may be other ways to tap into the system and reset the thermostat. Historically, the two options open to individuals affected by obesity in their attempts to lose weight have been lifestyle changes (chronic dieting and exercise) or medication. While both

can be effective in producing some weight-loss, most people find it difficult to follow these treatments for the long term. More recently, a third option has become available, bariatric surgery.



## Bariatric Surgery - Can it change your set point?

Although several different such procedures that have been developed in recent years result in successful weight-loss, they all share the property of interfering with the passage through the gastrointestinal tract of food that has been eaten. By far, the two procedures that are most effective in this regard are roux-en-y gastric bypass (RYGB) and vertical sleeve gastrectomy (VSG). Both result in reduced food intake and long-term meaningful weight-loss as well as improved metabolic and health parameters; and both result in longer lives and an improved quality of life.

*Body Weight continued on next page*

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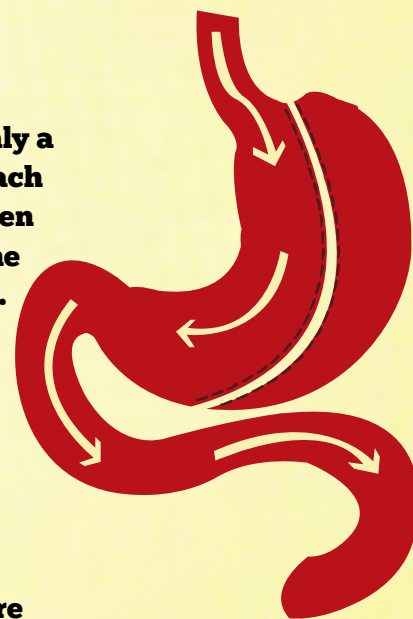


# RYGB and VSG

**In RYGB, the gastrointestinal tract is altered such that as swallowed food exits the esophagus, rather than passing into the stomach and then on to the intestines as would normally occur, it bypasses the stomach altogether and directly enters a midpoint of the intestine.**



**In VSG, most of the stomach is surgically removed such that only a thin cylinder of stomach tissue remains between the esophagus and the start of the intestines. Thus in RYGB there is no contact of food with the stomach or the first half of the intestine, whereas in VSG the food passes through a smaller stomach and the entire length of the intestine.**



While it was initially thought that the weight-loss was due either to a restricted stomach size and/or poor absorption of food, neither is now known to be the case.

What is particularly striking is that in spite of quite different ways of rerouting swallowed food, the two procedures result in comparable improvements in body weight, diabetes and other metabolic symptoms. Body fat in particular settles at a new, considerably lower weight and acts as if there has been a lowering of the body fat thermostat. The question many laboratories are trying to answer is how does it work? Do RYGB or VSG somehow fool the weight-regulatory process in the brain?

While this is currently a hot area of research and exact mechanisms are not yet known, the best evidence is that the body fat set point is indeed lowered. In both humans and animal models, the events that occur after RYGB or VSG are similar. Appetite is initially reduced and body weight/fat declines throughout time. However, body weight does

not keep going down indefinitely. Rather, as less food is eaten, body weight keeps declining until it settles at a new, much lower and much healthier level, and once that lower plateau is attained, food intake returns to near normal. Interestingly, symptoms of diabetes mellitus also start improving soon after the surgery, with many individuals seeing normal blood sugar levels long before significant weight is lost.

Recent research with animals has shown that some process common to VSG and RYGB likely results in changed information reaching the brain's body fat thermostat, and individuals respond to this new information by eating less and attaining a new and healthier weight. While it is not known exactly how signals related to body fat content that reach the brain are altered after bariatric surgery, considerable research is currently aimed at this question. Nonetheless, the process takes advantage of the natural weight control system that already exists.

## Conclusion

The overall take-away point is that, unlike what happens with dieting or taking weight-loss medications in an effort to lose weight, some types of bariatric surgery seem to change the body fat set point such that it is permanently set at a lower level. What is especially exciting is that people undergoing bariatric surgery have been found to maintain their new, lower body weight for 20 years or more and to live longer on the average than individuals not receiving surgery, presumably due to reduced health risks.

### About the Author:

Stephen C. Woods, PhD, is a Professor of Psychiatry and Behavioral Neuroscience, and Director of the Obesity Research Center at the University of Cincinnati.

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# COMMON FOODS



# PEOPLE DEVELOP ADDICTIONS TO (AND WHY)

*by Nicole Avena, PhD*



Imagine you are walking by a pastry shop, and you catch a whiff of warm, sweet cinnamon rolls. Your mouth begins to salivate and your senses heighten; you are in a state of arousal and expectation, and something urges you to open the door and step inside. You scan the delicacies in the display case: breads, muffins, croissants, scones and...there it is...the cinnamon roll you were so highly anticipating. You hear yourself order TWO cinnamon rolls, then find a corner table to enjoy the sweet richness in peace. Only when your fork scrapes the empty plate, do you snap out of it, wondering how you got there. You weren't planning to stop at the bakery today — you had many errands to run — and you certainly hadn't been hungry. As your full stomach stretches in protest, you scold yourself for being so indulgent...and vow never to go into a bakery again.



Does this scenario sound familiar? If so, you may be wondering what leads to these feelings of helplessness and powerlessness when it comes to controlling our food intake. Studies have shown that certain foods (*dubbed highly palatable foods*) can produce similar addictive behaviors and brain patterns in some people as drugs and alcohol. If this scenario was completely foreign to you, you're not off the hook yet. Due to the prevalence of highly palatable foods in our society, it is possible to develop an addiction to them.

*Highly-Palatable Food = Food that repeatedly triggers pleasure in the brain. Includes processed (high-salt), high-fat, high-sugar foods.*

## What is Food Addiction?

"I'm addicted to watching football!"

"I'm addicted to shopping!"

These (and other) pleasure-inducing past-times are sometimes referred to as "addictions" in the sense that they bring joy and excitement to our life, and are things we participate in repeatedly. However, there's a difference between an activity being pleasurable versus addictive. This difference lies in the brain's reaction to the activity.

## This is Your Brain on Drugs... and Sugar

In simplified terms, different parts of our brains work together to sense stimuli, control our actions, and tell us when we need something. They communicate via messengers called neurotransmitters. Dopamine is a neurotransmitter that is released in response to pleasurable stimuli (having sex, eating certain foods, consuming drugs or alcohol). The pleasurable feelings that result from the release of dopamine also serve to reinforce the behavior. In other words, consuming drugs produces a "high" (dopamine release), which causes the user to seek more drugs to experience even more of the "high" (more dopamine release).

Addiction is commonly associated with substance abuse, but people can be addicted to sex, gambling, video games, and even sugar. From the brain's perspective, the difference between drugs and sugar (or sex, gambling, and video games) is strikingly similar. Namely, for some people, eating sugar produces surges in dopamine release, giving them the compulsion to eat more and more sugar.

However, just because a person craves sugar does not mean they are addicted; it is when the person feels "out of control" with the substance that it is likely that their brain has been hijacked by the over-production of dopamine.

*Common Foods continued on page 35*



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\* Overweight (body mass index [BMI] of 27 kg/m<sup>2</sup> or greater) with at least one weight-related medical condition, such as high blood pressure, high cholesterol, or type 2 diabetes; Obese (BMI of 30 kg/m<sup>2</sup> or greater).

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- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions:** Before using BELVIQ, tell your doctor about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or life-threatening side effects if taken with BELVIQ. Call your doctor right away if you experience agitation, hallucinations, confusion, or other changes in mental status; coordination problems; uncontrolled muscle spasms; muscle twitching; restlessness; racing or fast heartbeat; high or low blood pressure; sweating; fever; nausea; vomiting; diarrhea; or stiff muscles.
- **Valvular heart disease:** Some people taking medicines like BELVIQ have had heart valve problems. Call your doctor right away if you experience trouble breathing; swelling of the arms, legs, ankles, or feet; dizziness, fatigue, or weakness that will not go away; or fast or irregular heartbeat. Before taking BELVIQ, tell your doctor if you have or have had heart problems.
- **Changes in attention or memory:** BELVIQ may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ affects you.
- **Mental problems:** Taking too much BELVIQ may cause hallucinations, a feeling of being high or in a very good mood, or feelings of standing outside your body.
- **Depression or thoughts of suicide:** Call your doctor right away if you notice any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.
- **Low blood sugar:** Weight loss can cause low blood sugar in people taking medicines for type 2 diabetes, such as insulin or sulfonylureas. Blood sugar levels should be checked before and while taking BELVIQ. Changes to diabetes medication may be needed if low blood sugar develops.
- **Painful erections:** If you have an erection lasting more than 4 hours while on BELVIQ, stop taking BELVIQ and call your doctor or go to the nearest emergency room right away.
- **Slow heartbeat:** BELVIQ may cause your heart to beat slower.
- **Decreases in blood cell count:** BELVIQ may cause your red and white blood cell counts to decrease.
- **Increase in prolactin:** BELVIQ may increase the amount of a hormone called prolactin. Tell your doctor if your breasts begin to make milk or a milky fluid, or if you are a male and your breasts increase in size.
- **Most common side effects in patients without diabetes:** Headache, dizziness, fatigue, nausea, dry mouth, and constipation.
- **Most common side effects in patients with diabetes:** Low blood sugar, headache, back pain, cough, and fatigue.
- **Nursing:** BELVIQ should not be taken while breastfeeding.
- **Drug interactions:** Before taking BELVIQ, tell your doctor if you take medicines for depression, migraines, or other medical conditions, such as: triptans; medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, monoamine oxidase inhibitors, or antipsychotics; cabergoline; linezolid (an antibiotic); tramadol; dextromethorphan (an over-the-counter (OTC) common cold/cough medicine); OTC supplements such as tryptophan or St. John's Wort; or erectile dysfunction medicines.
- BELVIQ is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.

**For more information about BELVIQ, talk to your doctor and see the Patient Information on the reverse side.**

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





# You could be carrying more than just extra weight.

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

## FDA-APPROVED FOR WEIGHT LOSS



Power Over Portion™

**VISIT [BeginBELVIQFree.com](http://BeginBELVIQFree.com)**

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

**15-DAY FREE‡ TRIAL**

PROMO CODE: **OC**

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

‡Restrictions apply.

## IMPORTANT PATIENT INFORMATION

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

### What is BELVIQ?

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

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

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

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

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

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

### Who should not take BELVIQ?

#### Do not take BELVIQ if you:

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

### What should I tell my healthcare provider before taking BELVIQ?

#### Before you take BELVIQ, tell your doctor if you:

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

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

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

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

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

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

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

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

### How should I take BELVIQ?

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

### What should I avoid while taking BELVIQ?

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

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

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

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

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

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

The most common side effects of BELVIQ include:

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

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

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

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

### How do I store BELVIQ?

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

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

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

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

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

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

For more information, go to [www.BELVIQ.com](http://www.BELVIQ.com) Website or call 1-888-274-2378.

### What are the ingredients in BELVIQ?

**Active Ingredient:** lorcaserin hydrochloride

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

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

Rx Only

BELVIQ® is manufactured by Arena Pharmaceuticals GmbH, Untere Brühlstrasse 4, CH-4800, Zofingen, Switzerland  
Distributed by Eisai Inc., Woodcliff Lake, NJ 07677

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Doctors use the following measurement to determine whether a person has a drug addiction, and these criteria can be applied to food addictions as well:  
Symptoms of Addiction: (Must meet three of the seven criteria in the last 12 months)

1. Tolerance

2. Addiction

3. Using more, or using for a longer time, than intended

4. Intention to, or failed attempts to, limit or quit

5. Excessive time dedicated to getting, using, or recovering from use

6. Social or work consequences due to use

7. Use regardless of consequences

(source: DSM-IV; *Why Diets Fail*, p60)

When a person becomes addicted to a substance (including food), they ingest large quantities of the substance in order to obtain the desired feeling of pleasure, or experience a high. This large consumption is referred to as a binge. With continued use, the brain and body become accustomed to the substance, so larger and larger quantities need to be consumed in order to receive the same "high."

## Are You at Risk for Food Addiction?

It may not be obvious to determine who has a food addiction because it does not just affect individuals with excess weight or obesity. People with disrupted eating patterns, such as binge eating disorder, may meet the criteria for a food addiction.

While genetics may play a role in whether a person has a propensity for developing a food addiction, the environment is likely more influential. Repeated exposure to, and use of, one's particular drug of abuse promotes addiction.

People who are repeatedly exposed to heroin or cocaine are likely to develop an addiction to those substances. Imagine how many more drug addicts there would be if drugs were advertised on billboards and TV – and if they were more socially acceptable.

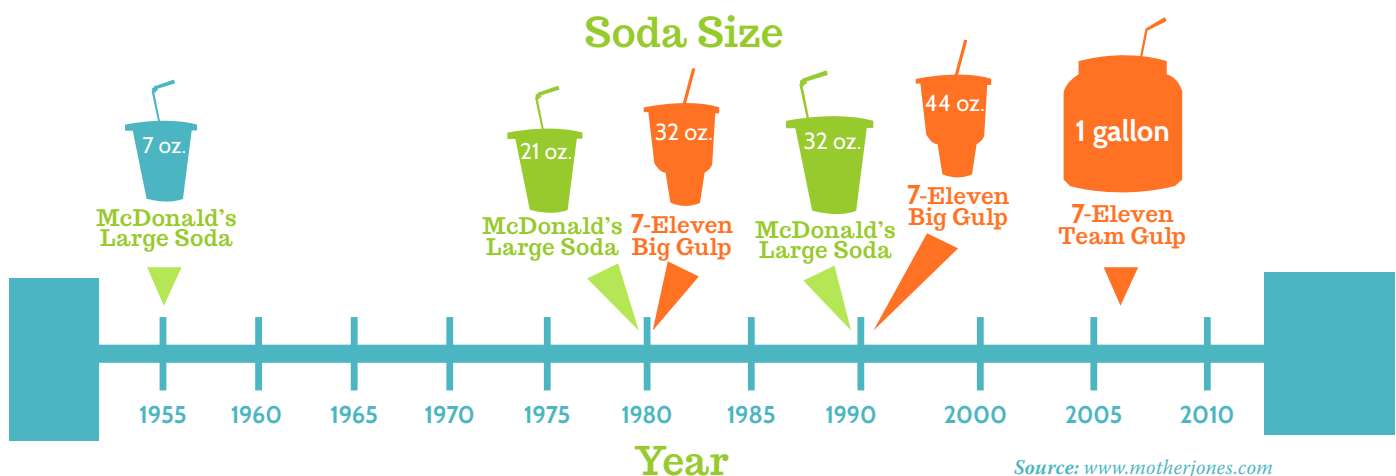
Due to the constant, excessive exposure to high-sugar, high-carbohydrate foods (whose logos and advertising dominate pop culture), ALL people are at risk for developing a food addiction. Many of us experience significant food cravings for these, usually "convenient," high-sugar, high-carbohydrate foods. As we build up a tolerance throughout time, it takes larger and larger amounts of those ice cream cones, candy bars and soft drinks to satisfy our cravings.

In addition to intense sugar cravings, some of us experience withdrawal symptoms in between sugar fixes, or when we try to quit consuming sugars for a period of time. Withdrawal symptoms include: headaches, sluggishness, irritability, shakiness, nervousness, or even having a cold sweat.

Common Foods continued on next page

## SUGAR CREEP

(The standard soda size has increased dramatically throughout the last 50 years and so have American's waistlines.)

Source: [www.motherjones.com](http://www.motherjones.com)



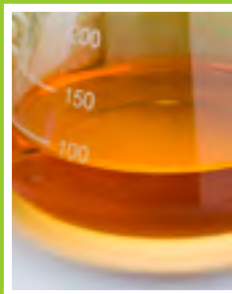
# Addictive Foods You Should Avoid

Experiments in animals and humans show that, for some people, the same reward and pleasure centers of the brain that are triggered by addictive drugs are also activated by highly palatable foods, or foods rich in sugar and fat.

## Hidden Sugars

Many of us eat more sugar than we think we are consuming. Products that purport to be healthy with labels such as "low-fat" or "fat-free" replace the fat with added sugar. Other forms of sugar that you should be aware of in a label include:

- "Syrup"
- Corn syrup
- High-fructose corn syrup
- Maple syrup
- Agave syrup
- Foods ending in "ose"
- Fructose
- Glucose
- Sucrose
- Dextrose
- Compare an unsweetened version of the product (such as plain, unsweetened yogurt) with the sweetened version (fruit-flavored yogurt) to estimate the amount of added sugars.
- "Healthy" Sugars: brown rice syrup and agave may sound like healthy alternatives, but sugar is sugar, and the brain does not differentiate between the "healthy" ones and table sugar.



## Carbohydrates

Carbohydrates act like sugar on the brain because, like sugar, they are broken down into glucose in the body. Excessive carb intake may lead to food addiction, so complex carbs should be replaced with fruits, vegetables, protein and healthy fats.

- Cereals
- Breads
- Pastas
- Rice
- Other complex carbohydrates



## Sugary Beverages

Sugary beverages have become commonplace in recent years in the American diet. (See Sugar Creep box on page 35)

- Soft drinks
- Coffee
- Energy drinks
- Fruit drinks and juices
- Sports drinks
- Iced teas



(source: DSM-IV; Why Diets Fail p.60)

## Junk Foods

"Junk Food" is food that is processed, high in sugar, and usually high in fat and salt as well. Junk food is the epitome of "highly palatable food."

- Cakes
- Cookies
- Candy bars
- Ice cream
- Foods found in vending machines

Read the ingredients. If a third grader couldn't pronounce them, then you're probably looking at "junk food."



## A Word of Caution

If this article has achieved its purpose, you have been moved upon to examine your food choices and eating patterns, and are beginning to identify areas that need improvement. However, before you vow to cut out ALL excess sugar, carbohydrates, fat and salt, please consider the fact that slow, consistent progress yields sustained changes, while quick-fix approaches invariably backfire.

Psychologically and behaviorally, it is easier to enact small changes throughout time than to try to change everything all at once. If you want to change your eating for the better and for good, select ONE thing to change, (such as reducing the number of sweets you eat per week by half; or eliminating processed foods), and sustain that change for two to four weeks, and then move on to another goal.

Common Foods continued on page 54



## BARIATRIC SUPPORT

- Comprehensive Supplementation Program
- Nutrient Dense
- Convenient Delivery Forms for Optimal Absorption:

> QUICK-DISSOLVE MICRO TABLETS  
> LIQUIDS > CHEWS > POWDERS

> **Bariatric Support** is a comprehensive supplementation program designed by Twinlab to provide high quality nutritional solutions to help address the specific needs of bariatric patients. The goal of bariatric surgery is to limit the body's supply and absorption of calorie-laden macronutrients. However, this also results in a decreased intake of micronutrients and other essential dietary components including vitamins, minerals and protein that are key to overall good health.\* Our products utilize nutrient-dense, convenient delivery forms that are easily digested and absorbed by the body to help meet the unique needs of bariatric patients and support optimum assimilation and utilization of nutrients.\*

## PRODUCTS

### CORE NUTRIENT SUPPLEMENTATION

- **Core Nutrition**  
Basic Essentials (Vanilla and Chocolate with no artificial flavors and sweeteners)
- **Multi-Vitamin**  
Chewable Multi
- **B Vitamins**  
Super B Complex
- **Calcium**  
Calcium Wafers
- **Iron**  
Chewable Iron

### SUPPORT PRODUCTS

- **Vitamin D**  
D+K Dots
- **B Vitamins**  
B-12 Dots
- **Joint Support\***  
Joint Dots

Available at  
specialty retailers and  
health and natural food  
stores everywhere.



# Dear Doctor



## I had gastric bypass, but I do not dump. Is this normal?

Answer provided by Walter Medlin, MD, FACS

Yes, it is normal. Many of my patients rarely or never complain of dumping so you're not alone. Many may experience it occasionally, but it is very rarely a problem.

On the other hand, I DO have a lot of patients who wish they would have a bit more dumping in response to some of the “naughty” foods!

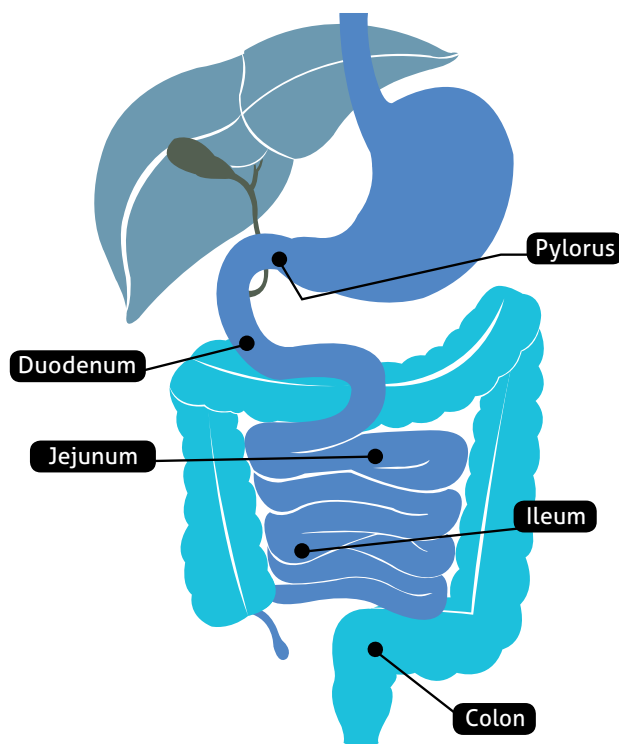
Bowel function and irritability adapt throughout time, so it is very common for patients to tolerate more foods without dumping in later months or years. There are other possibilities though, for why many patients stop dumping. Many of us unconsciously adapt behavior without even realizing it – going slower, not finishing the serving, or changing the timing of eating certain foods that may cause dumping. Some medications may (intentionally or not) relieve symptoms, like acid blockers, anti-motility agents and also fiber.

## What are we talking about when we use the term dumping? Do all patients experience the same effects?

The stomach is mostly a “holding tank” and not much gets absorbed there. Part of the digestive process happens there as food is broken down and mixed with acid and digestive enzymes, but this is really preparation for absorption downstream.

The duodenum, jejunum and ileum (pictured right) are all parts of the small bowel where most nutrients are actually absorbed. Because of the very velvety folding and micro folding (villi) of the innermost cell layer, the surface of the small bowel is actually about the size of a tennis court!

Part of the process of absorbing nutrients involves diluting the fluid and then fairly quickly reabsorbing both fluid and nutrients. If a huge amount of fluid is secreted (by the mucosal lining of the small bowel) at once, it can cause



problems; therefore, the stomach only lets a small amount of predigested food into the small bowel every few minutes.

This is the main function of your pylorus at the outlet of the stomach. The pylorus is a ring-like sphincter muscle that closes off the outlet of the stomach to hold fluid in or relaxes to let it out.

The pylorus is the little indentation on the stomach just beyond the red arrowhead, and before the green common bile duct goes behind the duodenum. The duodenum is the C shaped part of the upper small bowel. The jejunum is the upper half of the small bowel, starting just as it comes from behind the colon. The ileum is the lower half of that big squiggly section that ends at the colon, just before the appendix.



If a larger than usual amount of mixed and broken down food is released (dumped) from the stomach, the system can be overwhelmed. Below, this is a simple description of what occurs when you dump:

1. The secretion of a large volume of fluid into your bowel has to come from somewhere, and that decreases the circulating plasma volume in your blood. This may cause your blood pressure to drop and increase your heart rate. As our body responds to this change we feel sweaty, lightheaded, with pounding heart and sometimes anxiety.
2. All that fluid in the small bowel creates stretching which is painful. Hyperactive squeezing (peristalsis) causes cramping sensation.
3. If your nutrient load gets absorbed more rapidly than usual, then blood sugar levels climb more rapidly than the system can respond.
4. As our body reacts to this spike in blood sugar level, insulin is secreted more rapidly than usual – trying to force sugar to be absorbed into the tissues that normally either use or store glucose (muscle, fat, liver cells). But high insulin can overshoot, and then rebound low blood sugar (hypoglycemia) occurs making you feel even more lightheaded, weak, foggy. Maybe even like you may pass out.

That all happened in 10 to 30 minutes. An hour later, if all this fluid reaches the large bowel (colon) fast enough, the colon now may be overwhelmed in its ability to reabsorb that water and form solid stool. This fluid then reaches the rectum as liquid diarrhea, the main feature of late dumping.

## Causes of Dumping

The most common cause of occasional dumping is a fast ingestion of highly concentrated sugar-containing liquid or soft food. This includes juices, alcohol drinks, fruit or yogurt smoothies, and of course ice cream or milkshakes. Be cautious of the well-meaning emergency room giving you a slug of orange juice for your hypoglycemia!

Most patients can take either a smaller amount of these foods or go more slowly and avoid the dumping symptoms. Gastric sleeve patients are not immune, but it is much less common and usually takes a larger amount or faster intake.

## Conclusion

Some imaging tests can show fast gastric emptying that may correspond to symptoms of dumping, but the symptoms are as important as the studies. Other problems that can be confused with dumping include ulcer, gallbladder problems, bowel obstruction, intussusception, or hernia. Most commonly though – is simply eating too fast with packing and spasm of the pouch. Sometimes people have a sensation of plugging, excessive salivation (“sliming”) and then vomiting.

If you feel that you are experiencing dumping too often, and it's impacting your quality of health and life, contact your bariatric surgeon and let them know your symptoms. It's always good to keep your bariatric team in the loop.

### About the Author:

*Walter Medlin, MD, FACS, is a bariatric surgeon and sleeve gastrectomy patient now five years post-op. He tweets @bonuslife, and rarely takes a third gulp of a milkshake! He hopes to see you all at the YWM2014 Convention in Orlando, Fla.*

# OAC chairman's council

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Silver: \$10,000 - \$49,999

List as of 03/28/14

## Development of Lipedema

Lipedema fat develops in stages, though many women stay within stage 1 or 2 and do not progress to stage 3.

### Stage 1

In Stage 1, the skin looks normal, but the amount of lipedema fat is increased.

### Stage 2

In stage 2, there are indentations of the skin and underlying fat similar to a mattress. The fat contains larger mounds of fat that can be lipomas or in some cases, lipomas filled with blood vessels called angioliipomas.

### Stage 3

In stage 3, bulky extrusions of skin and fat cause large deformations especially on the thighs and around the knees (Figure 2 - Page 19). Lymphedema, where lymph fluid leaks from lymphatic vessels, can develop during stage 2 or 3 lipedema, called lipo-lymphedema. Lipedema therefore is a pre-lymphedema condition, although not everyone with lipedema will develop lymphedema.

Lipedema is often confused with lymphedema but there are clear differences. Lymphedema results from a failure to pump lymph fluid out of the limb (in lipedema, lymph pumping can be slowed but not stopped) or damaged lymphatic vessels that leak an abundance of lymph fluid resulting in pooling in the hand or foot, eventually spreading up the arm or leg, respectively.

When one pinches the skin of the foot, a large hump of fluid-rich tissue is found in lymphedema (Stemmer's sign positive) but in lipedema, the skin does not have fluid in it and can be easily lifted from the underlying fat tissue (Stemmer's sign negative). Lymphedema often affects only one arm or leg whereas lipedema is symmetric.

# Living with Lipedema

by Sarah Bramblette

## A Patient Perspective

The last time my body mass index was in a normal range was when I was born. In second grade, I weighed 125 pounds, and I remember that because it was when the school nurse pulled me out of class to tell me I was fat. Honestly, until that moment, I did not know I was any different than my classmates. From that point on, I gained an average of 25 pounds a year, weighing more than 400 pounds when I graduated high school, and eventually reaching my highest known weight of 502 pounds.

I have a congenital condition called lipedema that causes my body to produce excess adipose tissue, also known as fat. Not all lipedema patients are affected by obesity. I suffer from a progressed stage with the additional complication of lymphedema. Throughout my life, doctors often blamed my weight for any medical issue I suffered, yet no doctor ever diagnosed the cause of my excess weight. My overall health was normal, and as a child, I never had metabolic co-morbidities. I believe that had I been diagnosed with lipedema earlier in my life, it may not have progressed to such an irreversible state. I became an advocate to share my story and spread awareness of lipedema so that other patients are properly diagnosed and receive the treatment needed to manage the condition.

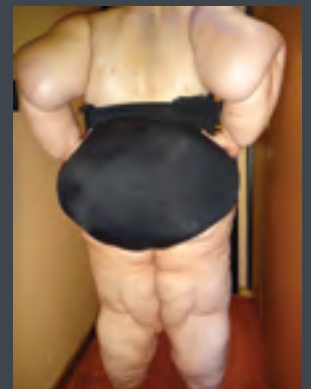


*Sarah enjoying an amusement park ride.*

At a young age, I sensed there was something wrong with me, as I never felt fat. For whatever that means, I remember telling my sister once that I'm not fat on the inside. I was a relatively active child, and in college, I questioned why my weight had never plateaued. Even if I had some bad habits, they were the same habits I had for years, so why did my body not level off at a certain weight like others? Then there was the abnormal size of my legs, grossly abnormal. I would compare my legs to others my size that had normal legs and wonder what was wrong with me, while my doctor told me it was "just my weight."

## My Diagnosis

The most difficult part of a lipedema diagnosis is actually getting a doctor to diagnosis it. I was initially diagnosed with lymphedema in 2001, a diagnosis took two years to receive, and I began compression therapy. In 2003, I had gastric bypass surgery. My weight-loss after surgery was slower than expected and occurred mostly above the waist. In 2004, I moved to Miami and saw an actual lymphedema specialist. During my initial visit, he diagnosed my lipedema, in addition to lymphedema. By a simple visual exam, he saw that my feet were not affected by the lymphedema. I had the "ankle ring" and a negative Stemmer's sign. The frustrating part of the diagnosis process is that all it took was a doctor knowledgeable of the condition to look at me. Both diagnoses were done visually, with no complicated or invasive tests needed.



*Sarah shows how lipedema has affected her body.*

My lipedema diagnosis was a relief and a concern. A relief that my weight was "not my fault," and it was a concern as "if the weight was not my fault, then what control did I have to change it?"

By this time, however, I was already making changes. I had lost nearly 200 pounds from the compression therapy and bariatric surgery. I had my health back. Yes, although I had no major metabolic health issues related to my weight, my legs did cause many health complications. I suffered recurrent cellulitis (a skin infection caused by bacteria) that often required hospitalization for IV antibiotics. I have very poor IV access, so twice I had to have a central line inserted, and at one time, had a medi-port placed, all high risk procedures with possible complications.

My medi-port had to be removed due to a MRSA infection. The recurrent infections damaged the blood vessels in my legs, which lead to the formation of a deep vein thrombosis. As strong as I am, it is upsetting to think that much of these health complications could have been prevented had I received an earlier diagnosis of my lipedema, and had not developed the additional lymphedema.

## Bias in Healthcare

The biggest health risk I face due to my weight is the bias I experience in accessing healthcare. Many doctors blame weight for all other health issues. My lymphedema was initially blamed on my weight. Whenever I failed to lose weight, doctors assumed I was not trying. After I had bariatric surgery and did not reach my goal as expected, I was deemed non-compliant. When I would show my food journals, I would often be called a liar. When doctors deem you non-compliant, it impacts the overall care they provide to you.

Maintaining my health is a constant battle against bias, otherwise my current health is good. I am concerned with the progression of my lipedema, as I have regained weight since reaching my lowest loss after surgery. The affected areas are the last place weight is lost, but the first place weight is regained. I also had two brachioplasty surgeries to remove excess skin, but my arms are now bigger than before surgery.

While the prospect of having a condition to which I have little control is daunting, I do at least have the knowledge of why I am not able to lose weight normally. Long ago I made the decision to move forward with life, gather up my fight and go full speed ahead. I might not know where I am going, or how my lipedema will progress, but nothing is going to deter me from being me or living my life to the fullest. I had never let my weight hold me back, and I am surely not going to let lipedema, despite the challenges, keep me from living the life I want to live.

One of the reasons I became a member of the Obesity Action Coalition was the mission to end weight bias and encourage advocacy efforts. I am currently advocating for both the Treat and Reduce Obesity Act and the Lymphedema Treatment Act. My story is a powerful illustration of the need for both pieces of legislation.



*Sarah while attending YWM2013.*

### **About the Author:**

*Sarah Bramblette has been a member of Obesity Action Coalition since June 2012. She is a lipedema, lymphedema, obesity, and health insurance advocate and blogs about her life experiences at [www.born2lbfat.com](http://www.born2lbfat.com). Sarah is currently working toward a master's degree in health law.*

## TAKE ACTION WITH ME

Join me and visit the OAC's Legislative Action Center to urge Congress to support the Treat and Reduce Obesity Act (<http://capwiz.com/obesityaction/home/>).

Join me and visit the Lymphedema Treatment Act Legislative Action Center to urge Congress to support the Lymphedema Treatment Act (<http://www.capwiz.com/lymphedematreatmentact/home/>).

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Lipedema spares the hands and feet until later stages when lymphedema may occur, therefore the lymphedema that occurs with lipedema is a secondary condition rather than a primary lymphedema.

Lipedema is confused most times with lifestyle-induced obesity, which can create problems for the patient with lipedema as they and their providers become frustrated with their inability to lose the lipedema fat.

## How Can Lipedema Fat be Managed?

The question of, “Why lipedema fat is hard to lose with lifestyle changes while non-lipedema fat can be lost?” remains unanswered. One theory is that size of the fat cells and the geloid layer of hyaluronic acid and water move the fat cells farther away from blood vessels and therefore slow the release of fat. The sheer number of fat cells in the gynoid area is much higher in women than men, just as the number of fat cells in the abdomen is higher in men than in women. The fat cell load in the gynoid area in women compared to the hands, feet and trunk equates to more fat needed to lose. Inhibiting the release of fat molecules from fat cells can make fat cells very large. Further research into this area may help explain the origin of large fat cells in lipedema.

Treatment of lipedema is focused primarily on decreasing fluid in the tissue by:

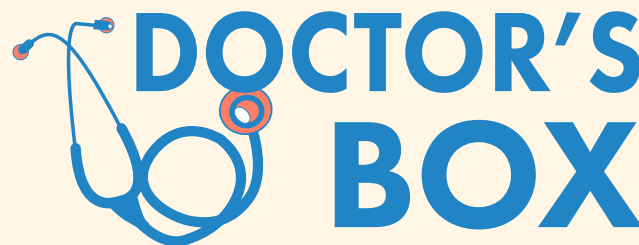
- manual lymph drainage therapists who gently open lymphatic channels and move the lymphatic fluid using hands-on techniques
- exercise including whole body vibration and swimming, exercises that have been proven to move lymphatic fluid
- some supplements and medications that help with lymphatic pumping
- compression garments that keep the fluid at bay and assist the sluggish lymphatic flow

Anecdotally, patients have not shown loss of lipedemic fat after extreme caloric restrictive diets. However, healthy eating is very important for people with lipedema as the growth of normal fat is thought to promote lipedema fat growth. Lymph sparing tumescent liposuction and water jet assisted liposuction are the only methods that are known to reduce the number of lipedema fat cells at this time. Having refined these techniques throughout the last 20 years, many German surgeons are proficient and actively training surgeons in the U.S. in liposuction methods specific for lipedema fat. Research into resolving lipedema in the absence of surgical measures is needed.

## Evolution and Lipedema

Why would so many women have lipedema fat? Gynoid fat is well known to be healthy fat that protects against heart disease. Gynoid and lipedema fat take up fat and sugar from the blood and lymphatic vessels after meals quickly and efficiently so that blood vessels remain clean of fatty plaque and the risk for diabetes remains low. The development of

large fat cells and hyaluronic acid in people with lipedema and or diabetes may serve a protective function to reduce blood fats and sugars. Lipedema fat is however dangerous when it progresses onto the abdomen and trunk especially resulting in a risk or development of high blood pressure, high cholesterol, and diabetes. Lipedema fat is therefore not benign or simply a cosmetic nuisance, but deserves serious study and development of interventions.



As an Endocrinologist that helps patients manage weight, I see many women interested in surgical weight-loss who have undiagnosed lipedema. Women with lipedema who want to and are eligible to undergo bariatric surgery, in addition to maintaining a healthy diet and exercise, must be under the care of a manual lymph drainage therapist before and after the surgery to avoid failure of the procedure to promote weight-loss, and risk of development of lymphedema.

- Karen Herbst, PhD, MD

## Summary

Lipedema is a condition of excess gynoid fat that while cardio-protective early-on, can result in deformations of the body, disability and development of diabetes. The underlying pathophysiology of large fat cells and surrounding hyaluronic acid and water can also be found in diabetes, therefore studying the fat in either condition is crucial. Current treatment of lipedema includes liposuction of the fat cells, healthy diet and exercise, and manual treatments to keep the fluid to a minimum. More research is needed in the area of lipedema to help the millions of women affected by this condition.

### About the Author:

*Karen Herbst, PhD, MD, is an Associate Professor at the University of Arizona where she practices Clinical Endocrinology and sees patients with fat disorders. She is a board member of the Fat Disorders Research Society whose goal is to educate the public and healthcare providers about fat disorders.*

and more fat as a result of normal aging and often deconditioning. Nevertheless, there seems to be a consensus that a moderate weight-loss of 5-10 percent results in significant health benefits. Moreover, some studies show that even a weight loss of 3 percent in older adults significantly improves inflammation, blood pressure, cholesterol and blood sugar.

Taking into account the mentioned benefits, planned and supervised weight-loss should be considered in older adults.

## How Can an Older Adult Lose Weight Safely?

The guidelines are not really different whether weight-loss concerns younger or older adults. First, lifestyle changes are advised, including diet and exercise. In practice, not only calorie restriction but paying close attention to diet composition and an adequate amount of protein in the diet is recommended by many experts. This should always be done under the supervision of experienced physicians to ensure that no harm is done. Also, to counteract muscle loss due to aging, the American College of Sport Medicine guidelines recommend resistance training with muscle-strengthening exercise twice a week. In addition flexibility and balance exercises may be helpful in those at risk for falls. But keep in mind that any exercise regimen needs to be prescribed by a physician to ensure patient safety. In addition, older adults are commonly taking multiple medications. It's important that physicians take a close look and replace any medications that are known to cause weight gain with other alternatives whenever possible.

Weight-loss medication choices are more limited in older adults. This shortens the list of available medications for weight-loss. Side effects, existing medical conditions and interactions with other medications are the major barriers in prescribing weight-loss medications in the elderly. Bariatric surgery is being increasingly considered in older adults as well. The existing medical problems, surgical risk and benefits from the surgery need to be closely analyzed by the medical team and discussed with the patient to ensure an optimal decision and a satisfactory outcome.

## Conclusion

As adults age, it is important to ensure that they not only live longer, but that their lives are fulfilling and lived in dignity with as much independence as possible.

While excess weight affects individuals at all stages of life, we should acknowledge its increasing impact as we age and shouldn't ignore the significant benefits of its treatment later in life.

### About the Author:

*Nadia B. Pietrzykowska, MD, FACP, is a Board Certified and fellowship trained Obesity Medicine Specialist, Physician Nutrition Specialist and Health Coach. She is the Founder and Medical Director of "Weight & Life MD," a Center for Healthy Weight, Nutrition and Lifestyle opening soon in New Jersey.*



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# KID'S Corner

## CHILDREN AND WEIGHT-BASED BULLYING

by Eliza Kingsford, MA, LPC



### WHAT IS BULLYING?

Bullying is unwanted, aggressive, forceful, coercive or threatening behavior that involves a real or perceived power imbalance. Bullying is NOT a “normal part of growing up,” these behaviors are deliberate and **repeated**, with the intent to harm the recipient.

Studies report that 86 percent of children between the ages of 12-15 report being bullied or teased at school. This can lead to serious consequences for children who fear coming to school because they don't want to face their bully. A drop in grades, withdrawal from social activities and even acting out are just some of the results often seen from a bullied child. Sometimes bullying can lead to the child being so terrified of the bully that they don't tell anyone what is happening for fear of retribution or ‘payback’ from the bully.

If you are being bullied, it's important to understand the ways to get help. If you are the parent of a bullied child, it's just as important for you to watch for the signs of your child being bullied and understand the ways to help.

*Weight-based Bullying continued on page 46*



**"STUDIES REPORT THAT 86 PERCENT OF CHILDREN BETWEEN THE AGES OF 12-15 REPORT BEING BULLIED OR TEASED AT SCHOOL."**

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# WHAT KINDS OF BULLYING ARE THERE?

There are several different kinds of bullying; **PHYSICAL, RELATIONAL OR SOCIAL, VERBAL AND CYBER**



## PHYSICAL BULLYING

**INVOLVES HURTING A PERSON'S BODY OR POSSESSIONS.**

Examples of physical bullying are:

- Hitting/kicking/pinching
- Spitting
- Tripping/pushing
- Taking or breaking someone's things
- Making mean or rude hand gestures



## SOCIAL BULLYING

**SOMETIMES REFERRED TO AS RELATIONAL BULLYING, INVOLVES HURTING SOMEONE'S REPUTATION OR RELATIONSHIPS.**

Social bullying includes:

- Leaving someone out on purpose
- Telling other children not to be friends with someone
- Spreading rumors about someone
- Embarrassing someone in public



## VERBAL BULLYING

**SAYING OR WRITING MEAN THINGS. VERBAL BULLYING IS THE MOST COMMON FORM OF BULLYING FOR BOTH BOYS AND GIRLS.**

Verbal bullying includes:

- Teasing
- Name-calling
- Inappropriate sexual comments
- Taunting
- Threatening to cause harm
- Racial slurs
- Excessive criticism



## CYBER BULLYING

**TAKES PLACE USING ELECTRONIC TECHNOLOGY.**

Electronic technology includes devices and equipment such as cell phones, computers, and tablets as well as communication tools including social media sites, text messages, chat, and Web sites. Cyberbullying is often most feared because it can reach a child 24 hours a day, seven days a week, even when that child is alone and not in school.

Examples of cyberbullying include:

- Mean text messages or emails
- Rumors sent by email or posted on social networking sites
- Embarrassing pictures, videos, websites, or fake profiles



## HOW CAN I TELL IF MY CHILD IS BEING BULLIED?

If you are a parent of a child who is being bullied, don't expect that your child is going to outright tell you what is happening. Younger children are more likely to tell their parents, but as a child gets older there are many reasons they feel telling a parent won't do any good:

1. They are ashamed of being bullied. Boys, more so than girls, have gotten the message they "should" be able to handle it. "Toughen up," "Be strong," these are all harmful messages children have heard that can get in the way of telling you what is happening.
2. They are afraid of retaliation if they "tell" on their bully. Bullies will often threaten their victims for telling on them.
3. They don't feel like there is anything you can do to help. Often the child sees the bully as too smart, manipulative and sneaky. If they tell someone, no one will be able to help and it will make the situation worse.
4. They have been told to "just get along" with the bully and don't feel like anyone will help them.

Your child may not outright tell you they are being bullied, but they will likely give you some clues. The best thing you can do is pay attention. If your gut tells you something is wrong, it likely is. Here are some other warning signs:

1. Shows a sudden resistance to going to school or riding the bus
2. Sudden drop in grades
3. Withdraws from social or family activities and wants to be left alone
4. Starts doing things out of character (skipping school, acting out)
5. Begins talking about peers in a derogatory or negative manner (reflecting the anger your child is holding inside)
6. Has stomach aches, headaches or panic attacks, or can't sleep (anxiety manifesting in somatic issues)





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## MY CHILD IS BEING BULLIED, WHAT SHOULD I DO?

If you are worried your child is being bullied, the best thing you can do is create a relationship with them that promotes open communication. If your children know they can come to you when they are struggling with something (good or bad), and that you will actively listen to them and offer your support and guidance, they are more likely to give you the clues you need to be aware of what's going on. The more you know your children and their friends, the more likely it is that you'll be aware of the signs. Here are some Do's and Don'ts:

### ✓ DO:

- Allow your child to talk to you about it. Ask a simple question such as "Tell me about it?" and let your child have the time to respond. Ask your child to talk about it without asking a lot of questions.
- Tell the child, "It is not your fault." No matter what quirks or differences a child has, no child *deserves* to be bullied, and they need to hear that from their parents.
- Let your child know you will help them. You can come up with a plan together and you can help your child strategize ways to handle the situation. Don't do it *for* them, be a guide for your child to come up with ways to confront the bully, avoid dangerous situations and take her power back. Let them know they have an ally in you.
- Report the bullying to school personnel and *follow-up* to make sure it is being addressed. More and more schools are creating bullying policies and plans. Parents and school administrators need to work together to make sure these are being implemented.

### ✗ DON'T:

- Minimize, rationalize or explain away the bully's behavior. *Validate* your child's experience with the bully. You may not understand what your child is going through, but invalidating your child's feelings about the experience will make it much worse.
- Don't rush to solve the problem for your child. Unless your child is in physical danger, of course. It is better to *help* your child develop the tools necessary to advocate for themselves in the situation. Help them to understand their strengths and their options. Then follow through with the necessary avenues for you to help them.
- Don't tell your child to just avoid the bully. You are inadvertently telling your child he/she is helpless, or that it's not that big a deal. Help your child *work through scenarios* and situations that might remove them from being at risk, but validate their vulnerable feelings.

## I AM BEING BULLIED. WHAT DO I DO?

- **SPEAK UP** – It can be hard to feel like you want to tell someone what is going on, especially if you've told someone in the past and nothing has happened. But the truth is, silence only makes the bully stronger. And no one can help you if you don't tell someone (even if it's over and over again) how you feel. It's very important that you DON'T keep quiet. Talking takes the power away from the bully and starts to put it back in you.
- **FOCUS ON THE POSITIVE** – When a few, or even one person, is being mean, it's easy to start to feel like no one cares about us. It's easy to start to focus on the negative and start to believe all of the mean words people are using to bring us down. Take a moment each day to think about the people you love and care about, and who love and care about you. Think about a nice thing someone said to you or the things that you are thankful for.
- **ROLE MODEL BEING A GOOD FRIEND AND CLASSMATE** – Just because a bully is acting inappropriately and hurting other people doesn't mean you have to act that way as well. It feels good to be nice to others. Try giving someone a compliment or being nice to someone in class today. It will make you feel better about yourself and others.

## CONCLUSION

Remember, **NO ONE** deserves to be bullied. Nothing you did makes it ok for someone to treat you like a bully treats you. If you are feeling sad and have ever thought about hurting yourself or someone else, **SPEAK UP!** There are people here to help you.

### **About the Author:**

*Eliza Kingsford, MA, LPC, is Clinical Director of Wellspring. She is a Licensed Psychotherapist specializing in weight management, eating disorders and body image. An experienced speaker and presenter, Eliza has appeared on various television shows (Dr. Phil, Dr. Drew and Dr. Oz), at national conferences and workshops, and in various publications. A member of the Obesity Action Coalition, Eliza is passionate about changing health reform to include better treatment options for obesity and serves on various OAC committees.*



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# FROM WEIGHT-LOSS TO FITNESS

by Mira Rasmussen, BS, ACSM

**DISCLAIMER:** To develop an exercise program that best suits your needs, please consult with your physician. It is important to talk with your doctor before beginning any exercise program.



## RESISTANCE TRAINING CAN TRANSFORM TEMPORARY WEIGHT-LOSS INTO SUSTAINABLE WEIGHT-LOSS WITH BENEFITS FAR BEYOND PHYSIQUE.

### WHERE TO START?

Many weight-loss attempts start with some type of diet restriction and a form of cardiorespiratory exercise: walking, swimming, dancing, cycling, and other activities that increase heart rate through repetitive movements of the body's largest muscles. These two pillars of health are incredibly important, but alone they won't provide all the benefits of a functionally fit, healthy body.

Diet restriction and aerobic exercise allows the body to use stored fat as energy, which can result in weight-loss. Although these methods are productive in the beginning, they often result in a plateau effect; this is why strength training is so important for long term weight-loss. Increasing fat-free mass provides health benefits beyond traditional methods of weight-loss, and ultimately allows you to lose more fat per pound than any other method of weight-loss.

Fat-free mass refers to all of the body's non-fat tissue including bone, muscle, organs and connective tissue. Muscle is the only tissue from this group you have the ability to change. The more muscle mass your body has, the more energy it will demand. In other words, having more muscle requires a higher calorie burn while engaging in activity or at rest. Fat, on the other hand, is mostly energy storage. Body composition (fat-free mass vs. fat mass) is an important part of maintaining a healthy metabolism, the rate of energy used to sustain the body. For weight-loss, you want to maintain the body's ability to target fat for energy and resist losing muscle along with it.

### RESISTANCE TRAINING — HOW IT IMPACTS YOUR BODY

The body is very efficient at getting rid of anything it doesn't need to survive. Resistance training stimulates

communication to the central nervous system, signaling the body to maintain muscle mass. Without this stimulation, muscle is broken down and used for energy. This process is amplified during times of energy deficit, such as cardio and diet restriction.

When weight-loss is achieved by breaking down muscle, your metabolism is negatively affected and a struggle for weight begins. However, resistance training at least twice a week signals the body to maintain muscle mass. This makes weight-loss easier because lean muscle increases total calorie burn. This is just one of many benefits of resistance training.

Lean muscle mass improves metabolic function, increases balance, coordination, and ultimately improves communication throughout the nervous system. Resistance training reduces feelings of stress, depression, fatigue and weakness, which affect most people who struggle to lose weight. Weight training strengthens bones and promotes improved skin elasticity. Better yet, strength training as part of a health and fitness regimen further reduces chronic disease factors. Lean muscle mass is associated with a lower risk of death from disease. These benefits accumulate with regular, repetitive muscular training—training that starts with an internal commitment.

**IT TAKES  
30 DAYS OF  
BEHAVIOR  
REPETITION  
TO CHANGE  
YOUR HABITS  
OR LIFESTYLE.**

It takes 30 days of behavior repetition to change your habits or lifestyle. The action of repetition is important, but recognizing your current mindset when starting a fitness intervention is paramount.

- Are you starting your journey with failure in mind?
- Or are you starting with the idea that you will succeed and have the ability to overcome challenges?

Once you decide on success, picture it. Picture what success looks and feels like, beyond your physique. Think of the actual feelings you will experience of joy and accomplishment. Then, practice seeing and feeling that outcome. You may have to intervene discouraging thoughts one hundred times a day, or maybe just a few, *but this is the most important exercise you will do to create success in life-long fitness.* This mental exercise will serve as a great tool to overcome any barriers or challenges you encounter. And, like any exercise, you will get better at it with each set, repetition and workout.

## TIME TO START

When starting a strength training routine, consider what factors will produce a positive response and encourage future behavior.

IF YOU HATE THE GYM ATMOSPHERE, GO TO A PERSONAL TRAINING STUDIO OR WORKOUT AT HOME WITH A FEW BANDS, DUMBBELLS, OR SIMPLY USE YOUR OWN BODYWEIGHT.

If you are unsure of how to perform an exercise, use machines that guide your movement or review exercises using reputable sources and videos online.

Limitations of any kind can be accommodated during workouts, especially if you meet with a degreed and certified exercise physiologist who will know how to design the best workout for you. Whether you are starting a routine for the first time or starting again after some time off, a routine that produces a positive response will encourage regular workouts.

In making the transition from weight-loss to fitness, it's important to use a routine that is structured to fit your goal. Even though high intensity exercise programs have gained popularity, they have also produced a high rate of injury. Resistance training develops your central nervous system as well as your muscle tissue. These physiological adaptations must take place before introducing complex exercises with high intensity. Start training with a total body workout for the first three months. Gain confidence by practicing good form with light to medium weights. Then allow intensity to build by increasing sets, reps and resistance. These concepts will keep your body healthy while training so you reap the benefits without injury.

*Weight-loss to Fitness continued on next page*

## Goldilocks would approve.

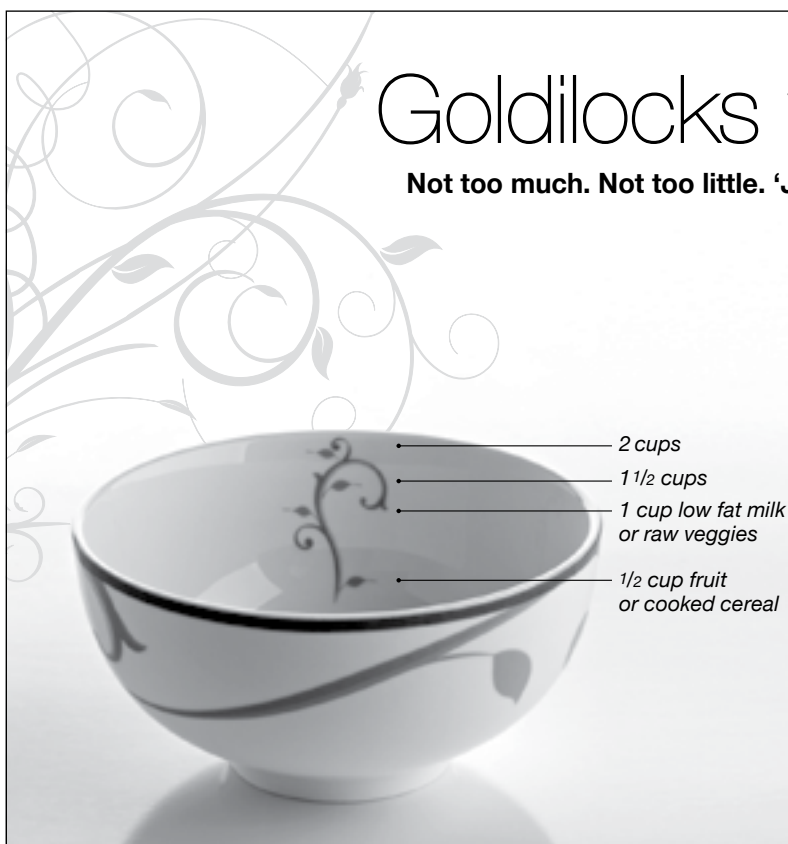
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## CONSIDER THESE POINTS WHEN STARTING A RESISTANCE TRAINING PROGRAM:

### LARGE MUSCLE GROUPS FIRST

Your body is a machine that works together, not in individual parts. By targeting large muscles first, you allow smaller muscles to do their job in assisting larger muscles, instead of exhausting them prematurely and reducing the effectiveness of your workout. Start your workout with exercises that work the chest, back, quadriceps, hamstrings and shoulders. Then, do exercises that focus on the abdominals, biceps, triceps, forearms and calf muscles.

### CONTROL/SAFETY

Faster is not better. Exercises should be performed deliberately and in a controlled manner. This helps build muscle and keep your body free from injury.

### FULL RANGE

Make sure to move through the full range of motion of the exercise, and avoid small jerky movements.

### BREATH

Exhale when you are shortening/tightening your muscles and inhale when you are releasing/relaxing your muscle. Make sure to breathe; do not hold your breath.

### NUMBER OF EXERCISES

Choose between eight to twelve exercises, at least a single exercise for each muscle, creating a total body workout.

### SETS

For larger muscles, do between two to four sets. For smaller muscles, do two to three sets.

### STRENGTH/WEIGHT AND REPS

Start with a weight that feels light to moderate. The selected resistance should allow you to complete eight to twelve repetitions per set. The amount of reps should produce muscle fatigue, but not exhaustion. Increase weight as the reps become easier. Use caution, increase weight in small increments. *Always practice good form before increasing resistance.*

### FREQUENCY AND REST

Improved muscle function is best gained by training two to three times per week. Make sure to include rest periods of 36 to 48 hours between working the same muscle groups. Example: For a total body workout, train every other day or every two days.

## EXAMPLE OF A TOTAL BODY MUSCULAR FITNESS ROUTINE FOR THE BEGINNER

- Train 2-3 times per week
- At least a 36-48 hour rest period between workouts
- 2-3 sets of each exercise, 8-12 repetitions per set
- Moderate resistance

## EXERCISE EQUIPMENT OPTIONS

CHEST PRESS	Machine, dumbbells, tubing
LOW ROW	Machine, tubing
LAT PULL-DOWN	Machine, tubing
WALL SQUATS	Bodyweight, stability ball
BRIDGES	Floor
SHOULDER PRESS	Dumbbells, tubing
ABDOMINAL CRUNCH	Machine, stability ball, bodyweight lying face-up
LOW-BACK EXTENSION	Machine, bodyweight lying face-down
BICEPS HAMMER CURL	Dumbbells, tubing
TRICEPS KICK-BACK	Dumbbells, tubing
CALF RAISES	Machine, Standing with bodyweight

## CONCLUSION

Strength training essentially halts the roller-coaster of weight-loss and weight gain in its tracks, allowing you to become more than just a person who weighs less, but a person that can maintain their weight and take the next step into fitness. Maintaining or increasing muscle mass is the key to a healthy body composition and will affect your health in ways cardiorespiratory exercise and diet alone cannot.

A true fitness intervention includes visualizing your success mentally as well as exercising physically. Choosing an exercise atmosphere and routine that you can derive some enjoyment will help you exercise with confidence and ensure future workouts. A well-structured training program should allow for physical adaptations to occur before increasing intensity. Start with a total body routine that will allow the body to work better as a whole. When you combine the power of lean muscle mass to a healthy diet and cardiorespiratory exercise, you will see the transformation from temporary weight-loss to improved fitness and long term weight-loss.

### About the Author:

*An exercise physiologist and health professional for the last eight years, Mira Rasmussen BS, ACSM, is passionate about personalizing the path to wellness and being a guide through that life-changing process. She has worked with all populations and has utilized her psycho-physiological skills in eating disorder recovery, addiction, corporate wellness, personal training, and nutrition. Mira has worked side by side with renowned dietitians, doctors and psycho-therapists using physical fitness as a vital tool for clients to reach and sustain a well-balanced life.*

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# Sugar Content in Popular Foods (in grams):

Bertoli Vineyard Marinara Sauce (1/2 cup) 12 g	Chobani Greek Yogurt, Nonfat, Raspberry (1 cup) 19 g	Coca-Cola (12 fl ounces) 39 g
Craisins (1/4 cup) 29 g	Frosted Cherry Pop-Tart (1 pastry) 16 g	Glaceau Vitamin Water Power-C, Dragonfruit (20 fl ounces) 32 g
Go-Gurt (1 tube) 10 g	Jell-O Fat-free 100-Calorie Pudding Snack, Chocolate Vanilla Swirl (110g) 16 g	POM Pomegranate Juice (8 fl oz) 28 g
Power Bar, Peanut Butter (1 bar) 26 g	Snapple Peach Iced Tea (16 fl oz) 30 g	Sweet Baby Ray's Honey BBQ Sauce (2 Tablespoons) 15 g
V8 Fusion Vegetable Fruit, Peach Mango (8 fl oz) 26 g	Weight Watchers Mint Chocolate Chip Ice Cream Cup (1 cup) 19 g	Yoplait Yogurt, Strawberry (6 oz) 26 g

(source: *Why Diets Fail*, p49)

This approach to learning (known in psychology as shaping), involves changing slowly so that the individual can thoroughly learn each step without becoming confused or overwhelmed. Slow, consistent progress will help you not only make changes, but be changed for life.

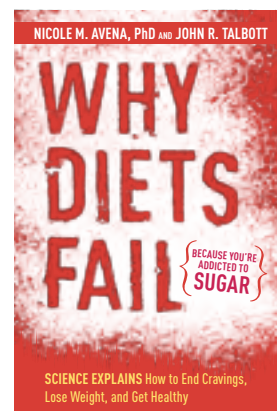
## About the Author:

Nicole Avena, PhD, is a research neuroscientist/psychologist and expert in the fields of nutrition, diet and addiction. She has published over 60 scholarly journal articles, as well as several book chapters on topics related to food, addiction, obesity and eating disorders. Her book *Why Diets Fail (Ten Speed/Crown)* (pictured right), released in January, addresses the concept of sugar addiction. She also recently edited the book, *Animal Models of Eating Disorders* (Springer/Humana Press, 2013). Her research achievements have been honored by awards from several

groups including the New York Academy of Sciences, the American Psychological Association, the National Institute on Drug Abuse, and her research has been funded by the National Institutes of Health (NIH) and National Eating Disorders Association. You can learn more about her research at her website ([www.DrNicoleAvena.com](http://www.DrNicoleAvena.com)), or follow her on Facebook and Twitter.

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**References:** 1. Wadden TA et al. A multicenter evaluation of a proprietary weight loss program for the treatment of marked obesity: a five-year follow-up. *Int J Eat Disord.* 1997;22:203-212.

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