JOIN US!
for YWM 2015
August 13-16
San Antonio, TX

WALKING
The Simple Exercise You Need to Do

SNACK ATTACK!
Learn How to Snack Healthy and How Your Taste Buds Affect Your Cravings

ALSO IN THIS ISSUE:

IS YOUR CHILD part of the team?

KID’S Corner

OUR JOURNEY
RESTORE. REFRESH. RENEW.

YWM 2015

FOR YOUR HEALTH

Your Weight Matters™ Magazine is the Official Publication of the Obesity Action Coalition

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News from the OAC
05
OAC debuts new poster for healthcare professionals, updates one of its most popular resources with the latest information on obesity treatments, and much more!

Type 2 Diabetes and Obesity – Can we treat diabetes through obesity treatments?
by Stephen Boyce, MD

Diabetes is often present in individuals affected by obesity or severe obesity. How can treating obesity also help individuals affected by diabetes?

Walk into Weight-loss and Health
by Mira Rasmussen BS, ACSM-HFS

Is walking a beneficial exercise? Can it get your heart rate in the zone? Mira Rasmussen shares with us how walking is an important exercise – maybe even more valuable than running.

Dear Doctor, I’ve had bariatric surgery and my bones are achy. Do I need more calcium?
Answer provided by Jacqueline Jacques, ND, FTOS

There may be more to achy bones than just calcium deficiency. Dr. Jacques helps us understand why our bones may ache and what we can do to help the pain.

All Taste Buds Are Created Equal, RIGHT?
by Jennifer Franceschelli Hosterman, DO

Dr. Franceschelli examines how we develop our taste buds and what impacts our taste for food as we age.

Significant Weight-loss and Plastic Surgery
by J. Timothy Katzen, MD, FACS, FICS, FABMS

Plastic surgeon Dr. Timothy Katzen shares with us an in-depth look at plastic surgery after bariatric surgery and what factors impact an individual having plastic surgery after weight-loss.

Saxenda® – A New Treatment for Obesity
by Nadia B. Pietrzykowska, MD, FACP

Dr. Nadia Pietrzykowska provides us with an overview of a new obesity medication, Saxenda®, and shares with us more information on how this new option can help individuals affected by obesity.

OAC Members Matter - A Dose of Vitamin M on Shaming & Bias. Is it simply black and white?
by Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT

OAC member and beloved Convention speaker Merrill Littleberry gives us an in-depth look at how she has dealt with bias throughout her life and how the OAC has impacted her outlook on advocating for change.

FDA’s New Menu Labeling Laws – Will they help you in your weight-loss journey?
by Pam Helmlinger, RD, LDN, CDE

Food labeling – will it make a difference? Registered dietitian Pam Helmlinger helps us better understand this new law and educates us on how we can utilize this new change to help us in our weight-loss journey.

Set for San Antonio, August 13-16, the OAC’s Your Weight Matters National Convention promises to once again deliver the latest evidence-based information on weight and health. Learn more about all the details for YWM2015 and get ready to start your journey.

Snack Attack!
by Lea Crosetti Andes, RD, CSSD

Everyone loves to snack, but is it a bad thing? Are you grazing and not snacking? Registered dietitian Lea Crosetti Andes breaks down snacking and teaches us healthy ways to snack.

KID’S Corner – Good Sport: Health Benefits of Recreational Team Sports
by Kulaa Bacheyie, MS, CSCS

Team sports are an excellent way for your child to be more physically active, make new friends and learn the value of working on a team toward a common goal.

The Gotta Do Ems for Healthy Weight Management
by Connie Stapleton, PhD, (The Doc) and Cari De La Cruz (The Post Op)

The road to weight-loss is paved with many ups and downs. Dr. Connie Stapleton and Cari De La Cruz share with us the “Gotta Do Ems” for weight management.
It’s hard to believe that a year has nearly passed since the OAC National Convention in Orlando, but it’s true. An amazing agenda is coming together for YWM2015 in San Antonio, August 13-16.

When we come together, it gives us a time like no other to share our journey. It will be a time to restore, refresh, and renew.

Ten years ago, 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 plans cover obesity. More and more plans are offering coverage for surgery. Today, health plans are required by law to pay for support programs for obesity treatment. And now we have four new drug treatments for obesity, with more treatment options coming from renewed research investment. Coverage for these treatments, previously almost non-existent, is now edging up into more than half of all prescription drug plans.

But 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 our National Convention, where we find a vibrant community with the power to restore, refresh, and renew us for the journey ahead.

YWM2015 will bring together the world’s biggest experts, most inspiring speakers, and talented advocates for people affected by obesity for four days that can be life-changing.

Block these dates -- August 13-16 -- on your calendar and reserve your space for the Convention now if you haven’t already. More than half of the rooms have already been reserved and we expect record attendance that will even surpass the remarkable success of our first three Conventions.

We have a fantastic network all over the country in the Obesity Action Coalition. But when hundreds of extraordinary people, like you, come together in San Antonio for YWM2015, you will find that we can soar.
OAC Debuts New FREE Your Weight Matters Campaign Poster for Healthcare Professionals

The OAC is excited to debut a brand new FREE resource for healthcare professionals – the Your Weight Matters Campaign Poster. The poster poses the question of “Is your weight impacting your health?” to patients, features a body mass index (BMI) chart and, most importantly, encourages individuals to take the Your Weight Matters Campaign challenge and have the conversation of weight with their healthcare provider.

This 18×24, full color poster is perfect for healthcare professionals to display in waiting areas and exam rooms. “The poster is a great resource for healthcare professionals to display in their offices because it evokes the topic of weight with the patient. Patients can easily and quickly calculate their BMI and see if they’re affected by obesity or severe obesity. If the individual is affected by obesity, they can either choose to talk to their healthcare provider at that time or if they’re a little uncomfortable having that talk, they can take the Campaign challenge and prepare themselves for the conversation of weight,” said Joe Nadglowski, OAC President and CEO.

The Your Weight Matters Campaign Poster is replacing the OAC’s long-standing Understanding Obesity Poster. To learn more about this NEW poster and order a FREE copy today, please visit the OAC Web site.

OAC Releases New Donation and Fundraising Policies

Many OAC members choose to give back to the organization through conducting a fundraiser that directly benefits the OAC, or by donating a portion of proceeds from revenue or individual fundraisers. The OAC is grateful for this generosity and has established new guidelines to help our members who plan to raise funds on behalf of the OAC.

Whether you are planning to organize and host your own fundraiser, or have an existing fundraiser and want to designate the proceeds to benefit the OAC, the OAC is happy to assist you in your efforts to give back to the cause. We have two great resources to help you get started: the OAC’s Donation Policy and the OAC’s Shared Revenue Request for Information form. Both of these documents can be found in the “About Us” section of the OAC Web site under “OAC Policies.”

The OAC thanks all those who have generously supported the organization throughout the past 10 years. Without the support of our members, the OAC would not be able to accomplish all that we do on a daily basis. We welcome all those who are interested in fundraising for the OAC to contact us with any questions, and submit a form to the OAC National office.

OAC Debuts New Design for the Obesity Action Alert E-newsletter

In January 2014, the OAC debuted a brand new design for the OAC’s FREE monthly e-newsletter, the Obesity Action Alert. The new format provides readers with a user-friendly design featuring the latest information on obesity in the news, fast facts, the OAC and much more.

Obesity Action Alert is a completely free e-newsletter, and individuals interested in signing-up to receive the newsletter can do so by visiting www.ObesityAction.org.

Understanding Your Weight-loss Options Brochure Updated

With the emergence of new treatment options for the disease of obesity, the OAC has completely updated its Understanding Your Weight-loss Options Brochure. Brochure updates include information on new obesity medications Contrave® and Saxenda® and a brand new section in the brochure, titled “Community-based Programs,” which covers different health and wellness programs such as the YMCA’s Diabetes Prevention Program.

One of the OAC’s most popular brochures, the Options Brochure provides readers with an in-depth look at obesity and severe obesity treatments, such as bariatric surgery, a body-mass-index chart and much more. The brochure is perfect for individuals wanting to learn more about the different evidence-based treatments available. If you would like to order a free copy of the brochure, please visit the OAC’s Web site. The OAC also encourages healthcare professionals to order the brochure, as it is perfect for waiting rooms and weight/health-related patient office visits.
A Dose of Vitamin M on Shaming & Bias.
Is it simply black and white?

by Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT

How does one begin to inspire others while battling self-doubt within? Can one truly empathize with a griever if you have not experienced loss? Is it wise only to seek a cardiologist who had heart issues? How is it possible for a person to make, “emotional deposits” when they are penniless.

Multiple times I have been asked similar questions, in one form or another. I thought these to be bizarre questions when directed my way. Ever since the day I graduated with my masters in social work, displaying the desire to make a difference in the world and truly believing it was possible, I have been met with haters and naysayers. Today, I still believe and have witnessed change in the lives of those who can visualize it, desire it and seek it out. Still, different versions of these same questions continue to find a way into a variety of my conversations. These questions come in the form of concern, contempt, compassion, criticism and maybe most of all — curiosity. If you didn’t live it, how can you understand it?

As a psychotherapist in the world of obesity, depression, public speaking etc., I oftentimes feel the need to justify these questions. Especially when asked the, “why questions.” Such as why bariatrics, why you, why addicts, why the county hospital, why do you think you can make a difference? It goes on and on. I guess the simplest answer would be because it’s where I was needed the most at the time. Now of course I don’t know that for sure, but I do believe so. Which leads me to this article asking the questions:

• What is my experience with shaming and weight bias?
• Who am I?
• What about me helps others?
• Why am I involved with the OAC?
• And why do I do what I do?

I’ll show you glimpses into my life and let you decide. That seems fair because in the end that’s what we do. We decide if it fits into our molds of reality we shaped throughout our lifetime.

I am Merrill, a biracial female raised by a single mother. I lived about half of my life below the poverty line. I was born and raised in Milwaukee where I experienced bias as many others did for one reason or another. Those unnecessary, unprovoked, shaming recollections, a result of the insecure and immature bullies of the world. I have experienced the disgusted looks, the exclusion, the cruel comments, blatant rudeness and continuous teasing — things that were so cruel I won’t even write it in this article! The mere writing of it would be offensive.
As a result, deep inside my core a seed of inadequacy was fertilized. Bring on the weeds of confusion, the deep unrealistic desire to fit in and the negative thoughts about those who hurt me. I didn’t like those feelings. However, the world at large continued to feed that seed. I never had my own check box that indicated I belonged anywhere. I didn’t matter. I didn’t even exist. That lasted quite a while in my psyche, until I realized my own truth. That is what I went through, that is not who I am! This is a very important lesson to remember. If you don’t take away anything else you read in this article, keep this. Just because you went through it, doesn’t mean you are it! Hopefully we learn from it, maybe it doesn’t make us stronger, but I hope that it makes us wiser.

I’m now 45 years old, a psychotherapist in private practice and a divorced mother of two adolescent boys. My heart has been injured and dreams altered. I’m a certified personal trainer as well as a licensed chemical dependency counselor. I’m a believer. I’m resilient and very silly at times and on occasions been told I’m hilarious. I stand 5’5 1/2” and today I weigh 127 pounds and unfortunately have not completed a full workout this year. Now, even in the kindest of souls in reading this felt some sort of way. Reading this information about me will make you feel a certain way ranging from bothersome, irritated, relevantly relatable or discarded as petty. You felt a certain way immediately about me and/or my situation. You may not even realize you felt a certain way, until I asked. Was it a choice to feel that way after thinking about it?

Because of yesterday’s experiences, those preprogrammed situations create nearly immediate reactions, emotions and thoughts. However, if your thoughts are negative, then your behavior will follow.

OAC Members Matter continued on page 13
Diabetes and obesity are the biggest public health problems we are facing in the 21st century according to the International Diabetes Foundation.

The American Diabetes Association estimates that in 2020, the annual cost of caring for persons with diabetes will approach $192 billion annually.

The incidence of diabetes has increased 40 percent throughout the past 10 years according to the Center for Disease Control and fully one third of American adults are affected by excess weight or obesity. There is an obvious, although poorly understood, link between the epidemics of obesity and Type-2 diabetes.

Diabetes
There are two basic types of diabetes:

**Type 1 Diabetes**
People with Type 1 diabetes do not make insulin (a protein hormone involved in the regulation of blood glucose).

**Type 2 Diabetes**
More than 90 percent of the people affected with diabetes have what is called Type 2 diabetes. They actually make insulin, but their bodies do not utilize the insulin effectively. They are insulin resistant causing them to have high blood sugar, which damages other organs (eyes, heart, brain, and extremities) by damaging the blood vessels that supply oxygen and nutrients to the organs.

Not all people with Type 2 diabetes are the same and the cause of Type-2 diabetes has not been fully explained, but obesity is considered the primary risk factor. More than 90 percent of individuals with Type 2 diabetes are affected by obesity. Also, being affected by obesity increases the risk of developing diabetes 93-fold in women and 42-fold in men! Data suggest that there is a genetic link between diabetes and obesity particularly in families with an early onset of obesity (most of my patients state that their battle with obesity has been life-long). Not to get too technical, but a genetic link between obesity and diabetes has been found on chromosome 6, which led to the identification of an insulin receptor “inhibitor” called ENPP1. This may represent a possible molecular mechanism behind the link between obesity and Type 2 diabetes.
Type-2 diabetes is a progressive disease (like severe obesity) and the natural history is one of progressive loss of insulin secretion throughout time due to the loss of cells in the pancreas (beta cells) that make and secrete insulin. This leads to the need for more intense therapy with multiple medications. The human toll of diabetes and severe obesity are truly frightening. It is estimated that the combination of the two diseases results in a loss of healthy life of 12-24 years for women and 16-32 years for men.

**Treatment**

A number of treatment regimens exist for diabetes and as with all chronic diseases, the most appropriate treatment depends on the severity of the disease. There are many effective medications that are commonly used; unfortunately, they may cause obesity to worsen. A number of these medications used to treat diabetes actually cause people to gain weight, worsening their diabetes, sleep apnea, hypertension and cholesterol. Medicines that are known to be associated with weight gain include:

- Insulin
- Glyburide
- Glimepiride
- Glipizide
- Pioglitazone
- Rosiglitazone

These drugs are commonly used to treat Type 2 diabetes because they are so effective. It can feel like a no-win situation.

**There is Good News, Though!**

First, modest weight-loss improves the sensitivity to insulin, thus improving diabetes. Of course, we know that obesity is also a chronic progressive disease and that maintaining significant weight-loss throughout time is rare, especially for the person who suffers from severe obesity.

Second, metabolic and bariatric surgery (sleeve gastrectomy, Roux-en-Y gastric bypass [RNYGB], and biliopancreatic diversion with duodenal switch [BPD/DS]) has been shown to be better than maximal medical therapy for treating diabetes in people who suffer from obesity of all classes (mild, moderate and severe obesity).

The mechanism for Type 2 diabetes resolution after metabolic surgery is interesting. After metabolic surgery, there is an increase in the production of compounds (called incretins) that increase the number of cells in the pancreas that secrete insulin. Incretins have also been shown to restore the body’s response or sensitivity to insulin. These powerful compounds result in diabetes improvement and even complete resolution even before the benefits of weight-loss have been realized. Studies have shown that metabolic surgery is more effective than maximal medical therapy even in people who suffer from mild to moderate obesity (BMI 30-35). This is truly a radical finding!

Unfortunately, the results are not always permanent. People with longstanding diabetes (on insulin more than 10 years), and those with poorly controlled diabetes before bariatric surgery seem to be at risk for recurrence of their diabetes after RNYGB. BPD/DS is generally accepted to have the most durable effect on resolution of diabetes in people affected by the disease.

Perhaps as important, metabolic surgery has been shown to prevent the development of diabetes in people with impaired glucose tolerance. Impaired glucose tolerance is a precursor to Type 2 diabetes.

As a bariatric surgeon, I love helping patients resolve their life-threatening obesity-related diseases like Type 2 diabetes, but, whether it is through metabolic bariatric surgery or through lifestyle and behavioral modification, it doesn’t matter. Weight-loss resolves Type 2 diabetes for a happier, longer, healthier life.

**About the Author:**

Stephen Boyce, MD, obtained his Bachelor of Science and Masters of Science from Texas A&M University, College Station, before beginning medical school in Dallas, Texas at the University of Texas Southwestern Medical School where he received his medical degree. Surgical Residency was performed at Parkland Memorial Hospital in Dallas where he completed his general surgery training. With more than 24 years of experience performing bariatric surgeries, Dr. Boyce has completed more than 4,000 bariatric surgical procedures, has special training in advanced laparoscopic surgery and has also completed a Masters Certification in Bariatric Surgery. He started his own practice, the New Life Center for Bariatric Surgery, in Knoxville, Tenn. in 2002, which shortly after became one of the Nation’s first Centers of Excellence (7th in the Nation) in 2005. His special interest in bariatric nutrition led him to develop Bari Life Bariatric Supplements, specializing in custom multivitamin formulas for the bariatric surgery patient. Additionally, he is an active educator for Ethicon-Endo Surgery and a two-time recipient of the OAC’s “Dr. Blackstone Outstanding Membership Recruitment by a Physician” award.

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**With respect to diabetes resolution, not all treatment options are equal.**

**Diabetes resolution rates for:**

- Medical therapy: 0%
- Sleeve Gastrectomy: 70%
- RNYGB: 80%
- BPD/DS: 95%
EVERY DAY SOMEONE STARTS A DIET THAT MAY NOT WORK

WE HAVE 2 REASONS WHY THAT COULD CHANGE

Qsymia® is for adults with a BMI* of 30 or more† and should be used with a reduced-calorie diet and increased physical activity.
Qsymia (Kyoo sim ee’ uh) is the only once-daily FDA-approved weight-loss medicine that contains 2 ingredients that can help you 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 can 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.

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.
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 to access the Qsymia Medication Guide.
In hopes to inspire, encourage and educate people, I would not be able to otherwise, I started a public Facebook page with my newly coined name. I found I was far more encouraged and energized by the personal messages, the public posts and the blogs of the people who were inspired by me. It was like an emotional deposit that never stopped generating revenue. These are the things propelling me to take the next steps and stop sitting on my own book Stink’N Think’N. It seems like there’s always something else that needs to go in it or something that needs to come out of it. Then my own stinking thinking starts. What makes me “That Person?” A person who writes a book impactful enough to be something that people want to read, something people need to read, something that will help them if they choose to read it. What if they don’t like it? Then I remember, “It’s not about you, Merrill!” If I do nothing, nothing could be worse than that.

How can you be the example, set an example and lead by example? Aim for progress, not perfection. If you feel like you’re always screwing up, then reassess your values, your ethics, your morals, your character and your company. We can spend our energy being depressed about the things we cannot change, or we can maximize the time we have to improve on it. Maximize your capabilities, don’t doubt them. Our health is something we have the option to improve every day. With the biases of the world today, someone will always find a way to degrade or discredit what they can’t figure out. If someone’s choices, appearances or situation is different than ours, it is labeled as bad, wrong, sick or unsightly, when in reality, it just makes us uncomfortable. If you’re going to exert energy in these types of situations, use it to help, not hurt, to heal and not hinder. Why would anyone choose pain for themselves or others?

I get asked, not as often as in the past, “Have you ever struggled with your weight or did you have bariatric surgery?” I say, “I believe it’s the same war just a different battle. My battle came from a different army with the same intent, destroy. With an ally such as the OAC fighting with you and standing behind you, soon the war will be won.”

Since being introduced to the healthcare side of bariatrics in 2005, I have grown in knowledge, comprehension, sensitivity and understanding. Heading up one of the 1st support groups in the city, which still holds strong today, is something I am very proud of. It wasn’t until I became an active member of the OAC in 2010 that I became enlightened on a much larger scale. My passion grew stronger, and my focus more specialized. In 2015, I plan to exceed what I believed were my limits.

Being an advocate means you prevent your past pains from injuring others. You inspire through your healing and support others while standing on faith. You inspire change by pushing through life’s pressures, and you persevere with passion. It wasn’t until my 20’s I discovered a beauty deeper than anything eyes could see. I had more than I ever realized. I wasn’t either; I was both. I wasn’t half of anything; I was the best of both things. I was Merrill...the uniquely ordinary, complicatedly simple, me. I realized I had been blessed with so much love. I created a Christmas program that for 10 years with the help of like-minded, spirited, passionate individuals collected and delivered more than 100,000 gifts. We created a Christmas for hundreds of individuals who thought they were forgotten. We went to the homes of the shut in, shut out and children, like myself (the ones who lived below the poverty line). I remember as a child, wondering and asking, “Who is that person bringing bags of food and other cool stuff to our home?” I was humbled when I recognized I had become, “That Person.”

Being coined the name “Vitamin M” was an unforgettable moment. An amazing woman was up there talking about what sounded like another amazing woman. She went on to say, “You need a little dose of her every day because she makes you feel better. You may know her as Merrill Littleberry, I call her ‘Vitamin M.’” I truly think my heart stopped for a moment when I realized, I was “that person.”

OAC Members Matter continued from previous page

I believe in who I am. I believe in what I do. I believe in you, and I believe in what the OAC can do.
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Since Americans eat and drink approximately one-third of their total calorie intake away from home, making this information available on restaurant menus helps consumers make informed choices when dining out if they pay attention to the posted calorie information. Without nutrition information easily accessible, it is difficult for most people to compare options and make the best decisions.

How did menu labeling become a requirement for restaurants?

A national law was passed in March 2010 as part of the Affordable Care Act, which mandates menu labeling rules that will apply to restaurant-type establishments (that are part of a chain with 20 or more locations) fitting into the following categories:

- Restaurants
- Movie theaters
- Amusement parks
- Convenience stores
- Take-out food
- Ice cream shops
Calorie information will be required for some alcoholic beverages, and vending machine operators with at least 20 locations will also be required to post calorie counts.

Covered establishments will be required to post calorie counts and a statement on menus and menu boards about the availability of additional written nutrition information as well. Establishments will list calorie information for standard menu items and a statement regarding suggested calorie intake. Note that calorie recommendations should be specific to your activity level and based on your individual needs, which you can calculate with the help of a registered dietitian who is familiar with your medical background, so the suggested intake is very generalized versus the recommendation for someone who is trying to lose a significant amount of weight.

How does eating away from home impact my calorie intake?

Studies link eating away from home with higher calorie intake as well as obesity. Children eat almost twice as many calories when they eat at a restaurant compared to a meal prepared at home. The average American eats out about six times per week, which easily causes one to exceed their calorie needs throughout the course of an entire week. When eating out, people eat less nutrient dense foods that tend to be higher in saturated fat and much lower in nutrients such as calcium or fiber, than when eating at home. Meanwhile, providing nutrition information is one step that has been shown to help people make lower calorie choices.

A key benefit of menu labeling in chain restaurants has been the reformulation of menu items and the introduction of healthier alternatives. In addition, many popular chains have initiated smaller portions on their menus in an effort to offer some lower calorie menu options. Emerging evidence indicates that menu labeling does not impact revenue and could have positive effects in promoting better food choices. In today’s world, with diet apps to track calorie

A 2011 report on the impact of menu labeling in suburban Maryland as well as one in Philadelphia found that it had very little effect on the consumer food choices.

Labeling Laws continued on next page
intake and the average American’s on-the-go lifestyle, it is important for people to pay attention and see what they are taking in. Having food establishments provide nutrition information at the point of purchase increases awareness and has been shown to help consumers make healthier choices.

Will menu labeling work?

Implementation of this law has been delayed for several years. In some cities such as New York City, calorie labeling on menus has already been required. Numerous studies have taken a look at the effectiveness this labeling has on consumers’ choices. In general, between 30 to 60 percent of consumers actually take notice of the calorie information posted on menu boards. However, key findings from the Healthy Eating Research (H.E.R.) review show that there is a high degree of public support for providing nutrition information at the points of purchase.

In 2009, the H.E.R. research synthesis also found that people underestimate the calories they consume when eating away from home and menu labeling in fact shows a reduction in the intention to order high fat, high calorie items. A 2011 report on the impact of menu labeling in suburban Maryland as well as one in Philadelphia found that it had very little effect on the consumer food choices. Apparently, people were already well aware of the high calorie and fat content of the items they order, but were not that interested-either because it was not a personal priority or they were just splurging on foods they otherwise would not eat at home. Limited data suggests that recently calorie content of menu items in some restaurants may be decreasing, though not clear whether this can be directly attributed to menu labeling or not. Many chains have reported introducing lower-calorie options, including:

- Starbucks
- Applebee’s
- Burger King
- Kentucky Fried Chicken
- McDonald’s
- Taco Bell
- and Subway

Some improvements have been found in Kirs County, Washington, including entrées that have been reduced in calories, saturated fats, and sodium at chain restaurants between 6 and 18 months following implementation of the regulation.

What about the extras?

Besides the tendency for many consumers to overlook nutrition information posted on a menu, some other negative aspects are the fact that they may not take into account the stated serving size or additional toppings, flavors, sides, or varieties, such as on a salad or pizza.

For example, if the calories posted are per slice of pizza and one eats three slices, they may not be likely to figure the total calories after they have eaten or consider how many slices they would eat before ordering a whole pie.

The same goes for combination meals where the calorie counts are listed separately and then must be added together for the total of the whole meal. Consumers must therefore be educated on the presence and use of menu labeling, including tailored messages for non-English speakers. From a business standpoint, the costs are extremely high for establishing these labels, which will especially affect smaller businesses for whom operating on margins is much more critical than for larger national restaurant chains. Lastly, applying the guidelines to prepared foods sold in grocery stores is likely to influence the offering of prepared fresh foods for sale in favor of packaged foods that are higher in sodium, unhealthy fats, and preservatives.

Conclusion

Labeling on menus is a relatively new intervention for reducing calorie consumption as well as potentially other less healthy nutrients such as certain types of fat and sodium. Regardless of whether it has an immediate effect on caloric intake, health conscious consumers want to have easy and clear access to nutritional information of foods and beverages. Decades of exposure to advertising on television and special pricing will continue to influence choices to
create brand and product loyalties. The impact over several years of menu labeling must be measured in the context of the persuasive measures shaping consumers’ decisions present long before ordering at a food establishment.

Customers who report using labels order substantially fewer calories, at least 100 calories less per meal among those who report using the information, likely because those who read labels are more inclined to seek the healthier choices anyway, and the nutrition label enables them to do so. Given the millions of Americans who regularly eat out, there is a great potential for benefiting a broad reach. Yet factors such as taste, price, and convenience may very well affect choices to a greater extent than health concerns, which would limit the impact of menu labeling.

Advocates of menu labeling feel that consumers, ultimately, should have the opportunity to be aware of the nutrition facts of the food they are contemplating eating. As a registered dietitian, I personally feel that it has the potential to benefit my patients who are already making great strides in reducing their overall calorie intake and making healthier food choices. While I would like to see a shift in America to preparing more foods at home and more mindful eating overall, I am aware that a large number of people eat out on a daily basis. And for those who are going to continue to rely on others to prepare their meals, they should at least take into consideration what they are eating. I feel the best educational campaigns in improving food choices start at home and in the classroom, where children can be impacted to grow up making healthy choices and learning to assemble meals long before they reach adulthood. But it is never too late to start making small changes, even as little as ordering a 100-calorie reduction in menu choice, in order to make lasting changes throughout time and improvements in your health. You have to start somewhere and be intentional about those goals and lifestyle changes, and when you achieve your goals, the small sacrifices are well worth the results.

About the Author:
Pam Helmlinger, RD, LDN, CDE, is a registered dietitian and diabetes educator at Centennial Center for the Treatment of Obesity. She provides nutrition counseling to pre- and post-op bariatric patients along with a medical weight-loss program. She earned her Bachelor of Science in Dietetics from Harding University in 2001 and has worked with the program since 2006.

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Light to moderate exertion enables our thoughts to run more creatively since oxygen flows readily to the brain. This type of exercise boosts chemicals in our brain such as endorphins that reduce pain and serotonin, which enhances mood. Generation of brain cells is also stimulated supporting memory, learning and protection against cognitive decline. A walk can provide just the right intensity to improve blood pressure and cholesterol among other benefits. We usually respond to this form of lower-impact exercise with less achy joints and muscle pain, allowing longer adherence exercise. Heart rate zones associated with walking can train your body to be efficient at burning fat, especially compared to high-intensity exercises.

Your weight-loss and get healthy objective is simple: walk before you run. Start a walking program you can ease into; use handy feedback devices like activity monitors to keep motivated and structure your routine to stay consistent.

Our Bodies Will Adapt

Our bodies have a remarkable way of adapting to whatever stimuli we give them. Not only do we adapt, but we become very efficient at producing results. So, if the stress we expose our bodies to is sitting on the couch and watching TV, we become very efficient at storing fat and losing muscle. But, if we stand up and move, even for small bits at a time, we adapt and become a stronger, healthier version than we were before. This is how to literally take the first few steps into health. Start small, adapt, and when you are ready move to the next level and do it again.

• Getting started can be as easy as standing up and walking during every commercial break while watching TV for 30 minutes, every day for one week.
• After a week, make progress by walking during the show and resting during the commercials.
• After you develop the stamina to walk for 15 minutes without rests, challenge yourself by taking a longer walk outside.

Time, however, isn’t the only factor. Exercise intensity will either help you achieve your goal or lead you further from it. But instead of guesstimating a walking pace or continuously extending your exercise duration, use the science behind exercise to determine the intensity that will use more fat for fuel or the intensity that will increase your cardiovascular health by knowing your individual heart rate zones.
Important LAP-BAND® System Safety Information

Indications: The LAP-BAND® System is indicated for weight reduction for patients with obesity, with a Body Mass Index (BMI) of at least 40 kg/m² or a BMI of at least 30 kg/m² with one or more obesity-related comorbid conditions.

It is indicated for use only in adult patients who have failed more conservative weight reduction alternatives, such as supervised diet, exercise and behavior modification programs. Patients who elect to have this surgery must make the commitment to accept significant changes in their eating habits for the rest of their lives.

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

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

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

Band slippage, erosion and deflation, reflux, obstruction of the stomach, dilation of the esophagus, infection, or nausea and vomiting may occur. Reoperation may be required. Rapid weight loss may result in complications that may require additional surgery. Deflation of the band may alleviate excessively rapid weight loss or esophageal dilation.

Important: For full safety information please visit LAPBAND.com, talk with your doctor, or call Apollo Customer Support at 1-855-551-3123.

CAUTION: Rx only.

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Heart rate zones can be utilized either by knowing your maximal heart rate or by doing a VO2max exercise assessment. Your maximal heart rate number (in beats per minute) is a specific number to you and cannot change. This number identifies how fast your heart can beat in one minute and not one beat faster. Knowing this number allows you to identify work-out zones that match your specific goals. For example:

### Maximal Heart Rate

**50–60 Percent**
Training at 50–60 percent of your maximal heart rate is the first point on the wellness continuum where health benefits are realized. Blood pressure lowers, cholesterol levels improve, muscle mass is stimulated, and the majority of calories burned come from fat.

**60–70 Percent**
Training at 60–70 percent of your maximal heart rate increases the amount of calories burned from fat per minute of exercise and doubles your health rewards. You’ll burn more fat in this zone than the lowest zone and gain more endurance strength.

**70–80 Percent**
Training at 70–80 percent of your maximal heart rate is where you will begin to realize more substantial cardiovascular benefits, but this zone can also be quite strenuous for the beginner exerciser. This is also the zone where more calories come from stored carbohydrates instead of fat.

**80–90 or 90–100 Percent**
Training at 80–90 percent or 90–100 percent of your maximal heart rate is not recommended for the beginner exerciser. Although higher zones can produce greater heart health, these zones can be deceiving in regards to fat loss. Training at these intensities may produce a higher amount of calories burned in a short amount of time, but these calories come from carbohydrates instead of fat, ultimately working against weight-loss goals.

It’s best to determine your maximal heart rate with a qualified exercise professional. Sub-maximal testing isn’t quite as accurate as testing with an exercise professional, but it’s a good place to start. One such sub-maximal test is called the “talk test” which is to exercise until you feel talking is slightly uncomfortable and then add 30–40 bpm to the number. This will give you a rough estimate of your maximal heart rate. The old method commonly found in gyms of \((220 - \text{Age} = \text{Max Heart Rate})\) formula was developed for males under the age of 55 and was not meant for use by the entire population. Furthermore, if you’re using this method, you could be exercising in zones that are way too high or low for your health and fitness goals. As you know from the zone definitions in this article, working out in zones too high can be dangerous while working out in zones too low make goals difficult to accomplish. Charts and formulas set aside, the safest and most recommended method to determine your exercise zones is through a metabolic test called VO2max testing.

### VO2max

A VO2max test (also known as indirect calorimetry) is a metabolic test, administered by a fitness professional, that can determine exactly how many calories and what type of calories you are burning in relation to your heart rate during exercise. This test is similar to a stress test but instead of testing for blood flow imbalances, this exercise assessment determines how your body utilizes oxygen to metabolize fat and carbohydrates for energy. From this test, the exercise professional will be able to provide zones that match your goals based on your current fitness level and heart health. Knowing your zones takes the guesswork out of exercise and gives you the confidence that your time exercising is spent achieving your goals.

### Start a Program and Monitor Your Activity

Starting a walking program has never been easier than with today’s popular activity monitors and their ability to track things like:

- **Your steps**
- **Hours of sleep**
- **Overall daily activity**
- **Calories burned**

But the best activity tracker is the one that doubles as a heart rate monitor, truly tracking the intensity of your movements and exercise versus steps alone. I also recommend an activity monitor that tracks your hourly progress via a detailed screen instead of LEDs. Knowing your status gives you the advantage of changing your activity outcome throughout the day instead of realizing too late that you can’t meet your goal. These little feedback devices can make your daily dose of exercise seem manageable since it tracks all of your activity. Those five-minute walks at lunch, taking the scenic route to your car, or pacing while talking on the phone add up to the amount of activity that will help you be and feel healthy. This can be just the right amount of encouragement on a low-energy day. I highly recommend taking a closer look at activity monitors and finding one—preferably with a heart rate monitor—that works best for you.
Now that you understand heart rate zones and have set your fitness goals accordingly, it’s time to make a walking structure that you can stick with. A few things to consider are:

- **Environment** - Are you an outdoors person who craves the type of subtle stimulation that eases your mind and restores creativity? If so, a walk around the park or through your front door and around your neighborhood may give you more benefit than walking inside. Or are you just starting and would rather build up stamina in your living room? This is a great way to start! I’ve found myself just short of the ideal 10,000 steps (four miles) at the end of a day and completed it while talking on the phone or watching my favorite show.

- **Inspiration** - One of the best motivations is to have a buddy or friend make a walking goal with you. Meet up with them when possible to walk together, or set a step challenge between the two of you and check in with each other. It’s easy to walk a little farther when lost in conversation or in friendly competition.

- **Schedule** - Consider things like work deadlines, travel plans, events, or time with the family. We all have to balance our demands with our goals. If walking twice per week for 15 minutes is the only feasible starting point, start there! Make a workout schedule that you can accomplish. When it comes to family time, walking together is a great way to achieve it. Walks can be just the time away you need from the daily distractions we all face.

**Conclusion**

Conditioning yourself into a healthy lifestyle is as simple as stepping into it, little bits at a time, throughout the day. Understanding exercise intensity and heart-rate zones provides you the confidence knowing that the time you spend exercising is achieving a specific goal. Feedback devices like activity monitors are a fun, motivating way to track your exercise and challenge your steps. Success is best achieved managing your goals by measuring and monitoring progress. Lastly, taking note of your environment—what, or who inspires you—and balancing your workout schedule with your daily demand will take your walking program and your health to the next level.

**About the Author:**

An exercise physiologist and health professional for the last eight years and soon-to-be owner of a specialized personal training and wellness studio in Georgetown, Texas, Mira Rasmussen BS, ACSM-HFS, 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.
Why does your weight matter to you? Is it because of your health? Do you want to stay healthy for your family? Are you already experiencing the effects of excess weight, such as type 2 diabetes, hypertension or sleep apnea? Weight matters to people for many different reasons, but the most important one is – FOR YOUR HEALTH! As a member of the Obesity Action Coalition (OAC), you know first-hand how difficult the journey of weight-loss and weight maintenance can be. You’ve faced the struggles, the misinformation, the gimmicks, the empty promises, the ups and downs. We know that on your journey, you need access to the latest evidence-based strategies to help them in their journey.

Register for YWM2015 Today!

Registration for YWM2015 is NOW OPEN! You can join us for three full days of evidence-based information on weight and health. Registration pricing starts at just $30! Visit www.YWMConvention.com today to register!
What Can You Expect at YWM2015?

Unprecedented Education Presented by the Country’s Leading Experts

Offering information on more than 45 topics, the Your Weight Matters Convention will help you understand a wide variety of topics that directly relate to your weight and health. YWM2015 Convention speakers will offer you the latest evidence-based information on topics such as:

- Get Off the Yo-Yo Diet Roller Coaster
- Learning to Enjoy Your Journey through the Progress, Pit Stops, and Potholes
- Team Approach to Professional Weight Management
- Understanding the Brain’s Role in Weight and Your Behaviors

The Your Weight Matters National Convention is YOUR place to learn the tools necessary to manage your weight and improve your health. We know you want access to the leading experts in the field of obesity, and this is why we’ve secured some of the most sought-after speakers for the 2015 Convention. YWM2015 will offer attendees access to speakers such as:

- Donna Ryan, MD
  Leading Obesity Medicine Specialist
- Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT
  Licensed Psychotherapist and Acclaimed Motivational Speaker
- Robert Kushner, MD
  Renowned Obesity Physician
- Randy Seeley, PhD
  Expert Obesity Researcher
- Lloyd Stegemann, MD, FASMBS
  Prominent Bariatric Surgeon and Dedicated Advocate for Patients

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 dealing with excess weight, and that’s why we want YOU to join us for this one-of-a-kind 3-day event. The Convention Program Agenda Subcommittee has spent countless hours developing topics that you care about most. For the Full YWM2015 Convention Program Agenda, please turn to page 32.

YWM2015 Exercise Program

The OAC knows you want to stay engaged in your exercise routine when you’re away from home. To help you do so, we’ve designed a comprehensive exercise program consisting of:

- Morning Walks or Runs
- Afternoon Walks or Runs
- Group Exercise Classes
- And Much More!

The Convention exercise program typically consists of classes focusing on different and exciting exercises such as Yoga, T’ai Chi, and more! Exercise classes are open to all registered Convention attendees. To view the latest exercise program agenda for YWM2015, please visit www.YWMConvention.com and click on “Program Agenda.”

YWM Healthy Living EXPO

Launched just last year, the YWM Healthy Living EXPO will feature a diverse array of vendors offering proven devices, products and services in the health and wellness industry. All registered Convention attendees receive access to the YWM Healthy Living EXPO as part of their event registration. The EXPO will feature:

- Vendor Booths displaying products and services that can best help you along your journey toward improved health
- FREE Samples/Giveaways from vendors
- Opportunity to interact and connect with like-minded individuals who are along the same path toward improved health
- And Much More!

YWM2015 continued on next page
Convention Special Events

Lunch with the Experts (Friday and Saturday)

Since the Inaugural Convention in 2012, the Lunch with the Experts session has remained one of the most popular Convention components. 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 takes place on Friday and Saturday, and each day 16 different table topics are available, with eight seats for attendees at each table. Because of the popularity of this event, seating is limited and is on a first-come, first-served basis, so we highly recommend you register early to get your preferred topic selection. To view all of the topics presented at the Lunch with the Experts session, please see the full Program Agenda found on page 32.

Thursday Training Sessions

One of the OAC’s core organizational components is advocacy. This year the OAC will offer two advocacy training sessions on the Thursday of Convention that give you the opportunity to experience the many ways you can be an advocate and also influence the legislative process. Both sessions are FREE to registered Convention attendees.

National Advocacy Training

The OAC hosts a National Advocacy Training Session each year to train our next set of advocates with a desire to influence the legislative process on Capitol Hill. During this training session, you will learn from the OAC’s Policy Consultant and other OAC leaders about how to be an effective advocate for change. And before it’s over, you will have the opportunity to put your newly-learned advocacy skills to use during mock legislative visits and experience advocating for obesity awareness, access to obesity treatments and much more!

This session is available to all registered OAC Convention attendees and pre-registration is required. Space is limited to the first 40 attendees who sign-up in advance. Attendees can sign-up for this session when registering for the Convention.

Social Evening Events

The Convention social events are a great time to get to know each other and enjoy your time at Convention. YWM2015 will feature two exciting evening events:

Friday Night Welcoming Ceremonies

Always a time to have some fun, the Friday Night Welcoming Ceremonies is a fun-filled event with music, dancing, and even a costume contest! The theme for this year’s Friday Night Welcoming Ceremonies Dinner is “OAC’s Wild, Wild, West!” Come join your fellow western-themed attendees for a buffet dinner, dancing and maybe a few surprises along the way! There will be a prize for best costume, so we hope you have something fun and exciting planned! Please note that while participation in the costume contest is encouraged, it is not required.
OAC Annual Awards Dinner

On Saturday evening, the OAC will host its 4th Annual Awards Dinner where we will honor our dedicated members, advocates and volunteers who exemplify excellence in championing the cause of obesity. This will be a more formal night to come together and celebrate the successes of those that have made a significant impact in the lives of individuals affected by obesity. After the plated sit-down dinner and the awards presentation, we will hit the dance floor once again to conclude the OAC Convention events and get ready for the OAC’s Advocacy March to Washington, DC, the next morning.

OAC’s Advocacy March to Washington, DC – Sunday, August 16

During the 2015 Your Weight Matters National Convention, we are giving all registered Convention attendees the chance to help us March to Washington, DC – virtually and symbolically. This event consists of both a Virtual March using a pedometer and culminates with the Walk Event on Sunday morning.

The Sunday Walk invites all registered Convention attendees to take part. This interactive event will take place throughout the Marriott Rivercenter and will include a variety of stations that showcase the power of advocacy in its many forms. Whether it’s signing a simple petition, taking a stand against weight bias, or sharing yourself with others, this inspiring event is designed to be the ultimate send-off to a weekend of education, community and fun!

This event is included with Convention Registration and we encourage all who plan to attend to RSVP when registering for the Convention.

EVENT PRICING

Register During Our Early-bird Registration and SAVE!

The OAC strives to keep the cost of attending the Convention low. We know that individuals prioritize their spending, and we know you want access to the quality education offered at YWM2015.

Full Event Registration – $95

Full Convention Registration is the best value and designed for attendees who want to take full advantage of ALL aspects of the Convention. Full Convention Registration Includes: Access to all educational sessions, access to group fitness classes, access to the YWM Healthy Living Expo, official Convention T-shirt, souvenir tote bag, Convention Program Book, ability to pre-register for an OAC Training Session (Thurs), breakfast on Friday and Saturday morning, one ticket to Event Welcoming Ceremonies Dinner (Frt.), one ticket to OAC’s 4th Annual Awards Dinner (Sat.), and one ticket to the OAC’s Advocacy March to Washington, DC (Sun.). Lunch is NOT included.

One-day Registration – $30/day

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: One-day Registration Includes: Access to all educational sessions, access to group fitness classes, access to the YWM Healthy Living Expo, official Convention T-shirt, souvenir tote bag, Convention Program Book, ability to pre-register for an OAC Training Session (Thurs), and one ticket to the OAC’s Advocacy March to Washington, DC (Sun.). Meals, Lunch with the Experts and social events are NOT included.

Nurses and Health Professionals Can Earn up to 16.5 CE Credits

The Your Weight Matters National Convention is a great place for nurses and healthcare professionals to learn what their patients are learning and receive CE credits at the same time! Each year, the OAC’s National Convention is excited to offer continuing education and attendees can earn up to 16.5 CE credits at YWM2015.

Full Registration w/CE Credits - $135

One-day Registration w/CE Credits - $50/day

Early-bird savings ends June 5th.

YWM2015 continued on page 31
What is BELVIQ®?

BELVIQ® is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some overweight (BMI ≥27 kg/m²) adults with a weight-related medical problem, or obese (BMI ≥30 kg/m²) adults, lose weight and keep it off.

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

Important Safety Information

• **Pregnancy:** Do not take BELVIQ if you are pregnant or planning to become pregnant, as weight loss offers no potential benefit during pregnancy and BELVIQ may harm your unborn baby.

• **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 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

*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 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.

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 triptocyclines, lithium, selective serotonin reuptake inhibitors (SSRIs), selective serotonin-norepinephrine reuptake inhibitors (SNRIs), monoamine oxidase inhibitors (MAOIs), or antipsychotics
• cefuroxime
• l-norexizole, 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.
  – Do not take BELVIQ 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 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 being next to yourself or out of your body (dissociation)

• 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 or 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
• nausea
• dry mouth
• 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 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; lactose monohydrate NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; sodium starch glycolate NF; croscarmellose sodium NF; magnesium stearate NF; povidone NF; 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 a registered trademark of Arena Pharmaceuticals GmbH, Zofingen, Switzerland
Manufactured by Arena Pharmaceuticals GmbH, Untere Brühlstrasse 4, CH-4800, Zofingen, Switzerland
Distributed by Eisai Inc., Woodcliff Lake, NJ 07677
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Reserve Your Room Today!

The OAC has secured a competitive room rate of $125/night (single/double occupancy) at the San Antonio Marriott Rivercenter! The San Antonio Marriott Rivercenter is a magnificent 38 story hotel just steps away from the world famous San Antonio Riverwalk, premier shopping, dining and entertainment destination. Featuring luxurious rooms and suites, guests will enjoy supreme comfort conveniently located near many area attractions, including Six Flags Fiesta Texas and the San Antonio Zoo. The Alamo, one of the nation’s most storied and revered landmarks, is within easy walking distance from the hotel.

Your Room Rate of $125/night Includes:

- Complimentary Internet in guest rooms
- Discounted parking to OAC Convention attendees at $7 daily/overnight self-parking
- Complimentary access to fitness facilities

Reserve Your Room Online

To Reserve your room online for the 2015 Your Weight Matters National Convention, please visit www.YWMConvention.com and click on the “Travel Details” section in the top menu bar.

Call to Make Your Reservation

To make your reservation by phone, please call (800) 228-9290, and use promotional code “OAC” to receive the preferred rate of $125/night.

Regardless of where you are in your journey with weight and health, the Your Weight Matters National Convention is a great opportunity to:

**Restore Your Health.**

**Refresh Your Goals.**

**Renew Your Commitment.**

We promise to provide you with a one-of-a-kind experience featuring education, fun, companionship and much more!
**Thursday, August 13**

10:30 am - 5:00 pm  
**Registration Open**

**Special Sessions**

12:00 pm - 4:00 pm  
OAC Thursday Training Sessions  
You are the OAC: Discover the Power of Your Voice  
OR  
OAC National Advocacy Training

**Special Event**

7:00 pm - 9:00 pm  
Convention Attendee and Exhibitor Welcome Reception

**Friday, August 14**

7:00 am  
**Group Exercise Classes**

7:00 am  
**Registration Open**

8:00 am  
**Breakfast**

8:00 am  
**Exhibit Hall Open**

**Friday General Sessions**

9:00 am  
**Event Welcome - Our Journey: Taking a Stand Together**  
Presented by: Michelle Vicari and Lloyd Stegemann, MD, FASMBS

9:50 am  
**Think on this: Understanding the Brain’s Role in Weight and Your Behaviors**  
Presented by: Randy Seeley, PhD

10:30 am  
**Break – Visit Expo Hall**

11:10 am  
**5-Minute Exercise Demo**

11:15 am  
**Learning to Enjoy Your Journey through the Progress, Pit Stops and Potholes**  
Presented by: Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT

12:15 pm  
**Lunch with the Experts (ticketed event)**

**Friday Breakout Sessions**

1:30 pm - 3:00 pm  
**Friday Breakout Session 1 (2 Offered)**

**BREAKOUT ROOM 1**  
It Takes a Village: The Importance of a Team Approach in Tackling Post-surgery Weight Regain  
Moderated by: Lloyd Stegemann, MD, FASMBS

- Let’s Look at the Medical Approach – Speaker TBD
- Breaking down the Behavioral Components – Robert Kushner, MD
- Understanding the Psychological Approach – Speaker TBD

**OR**

**BREAKOUT ROOM 2**  
Identifying Emotions: Overcoming Factors that Sabotage Your Behaviors  
Moderated by: TBD

- Understanding Your Self-motivation – Connie Stapleton, PhD
- Identifying Environmental Factors that Impact Behavior – Speaker TBD
- Building a Support System to Stay on Track – Pam Davis, RN, BSN, CBN

3:00 pm  
**Break - Visit Expo Hall**

3:40 pm  
**5-Minute Exercise Demo**

3:45 pm - 5:15 pm  
**Friday Breakout Session 2 (2 Offered)**

**BREAKOUT ROOM 1**  
Me, You, Us: The Team Approach to Medical Weight Management  
Moderated by: Robert Kushner, MD

- A Look at the Medical Approach – Speaker TBD
- The Role of Diet and Activity - Speaker TBD
- Let’s Talk about the Psychological Component - Speaker TBD

**OR**

**BREAKOUT ROOM 2**  
An In-depth Discussion on Post-surgical “Rules” and Recommendations  
Moderated by: Lloyd Stegemann, MD, FASMBS

- He Said, She Said – A Look at Post-surgical Rules/Recommendations – Walter Medlin, MD
- Navigating Post-op Nutrition - Speaker TBD
- Breaking down Vitamin and Nutritional Supplement Recommendations – Jacqueline Jacques, ND

5:45 pm  
**Afternoon Group Exercise Classes**

**Special Event**

7:30 pm - 11:30 pm  
Fri. Night Welcoming Ceremonies Dinner
Saturday, August 15

7:00 am  Group Exercise Classes
7:00 am  Registration Open
8:00 am  Breakfast
8:00 am  Exhibit Hall Open

Saturday General Sessions

9:00 am  Science of Weight: Finding “Healthy” Along Your Weight-loss Journey
         Presented by: Donna Ryan, MD

9:50 am  Get Off the Yo-Yo Diet Roller Coaster
         Presented by: Dawn Jackson-Blatner, RDN, CSSD, LDN

10:30 am  Break – Visit Expo Hall

11:10 am  5-Minute Exercise Demo

11:15 am  Target Your Traits – Overcome Your Weight-loss Challenges
         Presented by: Robert Kushner, MD

12:15 pm  Lunch with the Experts (ticketed event)

Saturday Breakout Sessions

1:30 pm - 3:00 pm  Saturday Breakout Session 1 (2 Offered)
         BREAKOUT ROOM 1
         The Treatment Continuum: From Pharmaceuticals to Surgery
         Moderated by: Robert Kushner, MD
         • Pharmaceuticals from A to Z – Donna Ryan, MD
         • Navigating Medications: Choosing the Option Best for You – Christopher D. Still, DO
         • Understanding My Surgical Options – Walter Medlin, MD
         OR
         BREAKOUT ROOM 2
         The Journey of Movement: Integrating Activity into Your Daily Life
         Moderated by: Holly F. Lofton, MD
         • Yoga for All Fitness Levels – Abby Lentz
         • All Movement Counts: Activities to Work into Your Day – Speaker TBD
         • Fitness Trends: What’s Safe and What’s Effective? – Speaker TBD

3:00 pm  Break - Visit Expo Hall

3:40 pm  5-Minute Exercise Demo

3:45 pm - 5:15 pm  Saturday Breakout Session 2 (2 Offered)
         BREAKOUT ROOM 1
         Read it. Buy it. Cook it. – Ins and Outs of Nutrition
         Dawn Jackson-Blatner, RDN, CSSD, LDN
         • Eating Healthy Without Breaking the Bank – Speaker TBD
         • Healthy Cooking: A “How to” – Cassie Story, RD
         • Making Sense of Food Labels – Speaker TBD
         OR
         BREAKOUT ROOM 2
         Outside Influences: The Power of Media and Weight Bias on Your Self-perception
         Moderated by: TBD
         • Media and its Role in Body Image and Self Confidence – Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT
         • Is Weight Bias Affecting Your Self-perception? – Ted Kyle, RPh, MBA
         • Defeating Outside Influences with Your Support Network – Speaker TBD

3:45 pm  Break - Visit Expo Hall

3:45 pm - 5:15 pm  Saturday Breakout Session 3 (2 Offered)
         BREAKOUT ROOM 1
         How Do I Recognize Food Addiction? - Jaime Fivescoat, MBA
         2. A Look to the Future: Emerging Treatments for Obesity - Walter Medlin, MD
         3. It’s Not Right: Combating Childhood Bullying
         4. Body Contouring Procedures after Weight-loss – Ask the Doc
         5. Stop Chasing the Number on the Scale: Setting Realistic Weight Goals – Tammy Beaumont, RN, BSN, CBN
         6. Take the First Step: Getting Started with Exercise
         7. The Swap: Cooking Tips and Recipes – Cassie Story, RD
         8. Stopping Self-sabotage in its Tracks - Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT
         9. You are Your Best Advocate – From Insurance to Your Care - Sarah Bramblette
         10. Living a Low Carb Life in a High Carb World
         11. What’s on Your Mind? The Mindful Approach to Eating - Dawn Jackson-Blatner, RDN, CSSD, LDN
         12. Think Ahead, Plan Ahead: Simple Tips for Meal Planning
         13. Creating a Plan to Tackle Weight Regain – Christopher D. Still, DO
         14. Refreshing Your Surgical Journey – Getting Back on Track – Lloyd Stegemann, MD, FASMBS
         15. Living Healthy in an Unhealthy World - Robert Kushner, MD
         16. On the Road Again… Keeping Your Health on Track While Traveling - Michelle Viscari

Special Event

7:00 pm  4th Annual OAC Awards Dinner Pre-Reception
7:30 pm - 10:30 pm  4th Annual OAC Awards Dinner

Sunday, August 16

Special Event

7:00 am - 9:00 am  OAC’s March to Washington, DC
Dear Doctor, I’ve had bariatric surgery and my bones are achy. Do I need more calcium?

Answer provided by Jacqueline Jacques, ND, FTOS

The important point is: If you have persistent pain, you need to see a doctor to find out why. Simply assuming that taking more calcium (or more of anything for that matter) will be the solution, might allow a serious issue to get worse.

One lesson from this question is that while it’s very easy after bariatric surgery to assume all future health issues are somehow related to surgery, it’s good to remember that they don’t have to be. That said, calcium is a very important mineral.

After any type of bariatric surgery, there is an increased risk for bone loss, so paying attention to calcium intake is important.

The most common recommendation is to take 1200-1500 mg of calcium as calcium citrate daily to help protect your bones. If you don’t know how much calcium you should be taking, it’s a good idea to ask your surgeon or dietitian what is specifically recommended based on your bariatric surgery procedure.

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DID YOU KNOW?

Did you know the OAC provides FREE resources on arthritis and obesity? The OAC and the Osteoarthritis Alliance have produced two valuable educational guides on arthritis and obesity:

- **Can My Weight Make My Joint Pain Worse?**
- **Weight Gain and Joint Pain**

To view and/or download these FREE resources, please visit the OAC Web site and click on the “Educational Resources” section and then on the “Brochures and Guides” link.

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**About the Author:**

Dr. Jacques, a frequent author in the OAC’s quarterly publication, Your Weight Matters Magazine, is a Naturopathic Doctor, medical nutrition expert, and Fellow of the Obesity Society. Dr. Jacques is currently the Vice President of Research and Development for Thorne Research, a company dedicated to enhancing health by providing the highest standards in quality and purity in therapeutic supplements for three decades. Her greatest love is empowering patients to better their own health.
Our Perception of Snacks

When you think of a snack food, what comes to mind? Many people jump to the pre-packaged foods like chips, crackers and granola bars. Perceiving these foods as the primary source of a snack, it’s no wonder why there is such a debate on whether snacking is ok or not. The intention is not to have these overly processed, pre-packaged foods as the sole snack options. It is important to shift our perceptions of snacks toward foods that are found in their most natural form, for example:

• Fruits
• Vegetables
• Nuts

These are whole foods that are loaded with vitamins, minerals, fiber, and phytonutrients.

Fail to Plan, Plan to Fail

One of the major problematic areas with snacks is the lack of planning. When a snack goes unplanned, it can quickly turn into an unhealthy choice. Grabbing whatever is in sight to feed the intense hunger can lead many people to consume empty calories excessively. Planning snacks can help to assure that there is some nutritional value being consumed. Some celery with almond butter and raisins (“Ants on a Log”) can be a nutritious addition to a healthy diet. Even planning the “unplanned snacks” can be helpful. For example, keeping a minimally processed energy bar (i.e. Lara Bar or Kind Bar) around for the days that you didn’t plan a more whole food-based snack.

Planning healthy meals and snacks over the weekend is the key for many people to have a successful, healthy week. I am a huge advocate of making foods from scratch. A granola bar coming out of your kitchen will likely be more nutritious and wholesome than the “stuff” coming out of a processing plant. It obviously takes more time to prepare a granola bar from scratch than it does to rip open a ready-made bar; however, you will see the benefits, not just nutritionally, but also financially and environmentally. It can be way more inexpensive to make foods from scratch than buying the ready-made options.
In addition, you are paying for packaging, which can be wasteful and harmful to our environment. Again, it is a time investment, but it’s well worth it. Try to plan this type of food prep on the weekends or any day that you have more time.

**MINDFUL EATING VS. SNACKING/GRAZING**

Another point that needs to be made is the difference between having a snack and snacking. Continuously grazing and snacking is not the same as having a well-balanced planned snack. Grabbing a few handfuls of this and that throughout the day can add up and still leave you feeling unsatisfied. This style of eating is also considered “mindless eating.”

**FRUIT OR CARB**

<table>
<thead>
<tr>
<th>1 CUP BERRIES</th>
<th>1 CUP GREEK YOGURT</th>
<th>CARROTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MEDIUM APPLE</td>
<td>1-2 TABLESPOONS NATURAL PEANUT BUTTER</td>
<td>CELERY</td>
</tr>
<tr>
<td>1-2 TANGERINES</td>
<td>1 OUNCE ALMONDS</td>
<td>KALE CHIPS</td>
</tr>
<tr>
<td>1 OUNCE WHOLE GRAIN CRACKERS</td>
<td>2 TABLESPOONS HUMMUS</td>
<td>PEPPERS</td>
</tr>
<tr>
<td>1 WHOLE GRAIN BREAD</td>
<td>1/2 AVOCADO BOTANICALLY IS CONSIDERED A FRUIT BUT ALSO HAS THE NUTRITIONAL PROFILE OF A HEALTHY FAT</td>
<td>CUCUMBER</td>
</tr>
</tbody>
</table>

**WRAPPING IT UP**

Remember to plan. Take advantage of the days you have more time to get some healthy foods prepped for the week. Remember to incorporate balance. Having a carbohydrate with protein or healthy fat along with a vegetable is key to satiety and nutrition. Remember to plate it for the visual reminder. And always remember to sit and appreciate and enjoy your snack.

Make a plate – a small one. We are visual creatures. For many, the brain won’t register they are done eating until the plate is empty. Snacking out of the box can be a very dangerous event. Sometimes, our brain won’t often register we have had enough until we are either halfway through the box or until it’s completely empty. Making a plate not only establishes the “permission” aspect of it being ok to eat, but it also helps with the visual signals of being done, which can help manage our portions.

**IT’S ALL ABOUT THE BALANCE**

Balance is always key to a healthy snack. You want to treat it like you would your meals, just a smaller one. I often hear people say that they can’t have crackers for a snack because they will eat the whole box. A large part of this is because of the volume needed for satiety. However, if you were to have a few crackers along with some hummus and carrots, that can help prevent the whole box being consumed because you now have fiber and water from the veggies, and the protein and fat from the hummus.

The idea of balance is to promote satiety while providing more nutritional value. Having just veggies can leave people wanting more and having just starchy carbohydrates can lead to overconsumption. Yet when paring them together and adding a protein or healthy fat – that can be the ultimate balanced snack.

Below are some sample snacks. Again, the idea is to incorporate balance with having some type of carbohydrate for energy, protein or healthy fat for lasting satiety, and vegetables for fiber to help with filling power and a nutritional punch.

**About the Author:**

Lea Crosetti Andes, RD, CSSD, is a registered dietitian and board certified specialist in sports dietetics. With a strong background in both sports and bariatric nutrition, Lea coined the term and founded BariAthletes*. Her mission is to not only help bariatric athletes meet their specific nutritional needs but also help them embrace their inner athlete.
M aybe not, says a German study that was published in *Archives of Disease in Childhood* in the fall of 2012. Astonishingly, the average adult has about 10,000 taste buds and children have even more. Taste buds are the little bumps on your tongue that help you to decide how something tastes.

In this study, they challenged the taste buds of close to 200 children with an average age of 13. About half of the group was categorized as “affected by obesity” with a body mass index (BMI) greater than 97th percentile on the growth chart. The other half were considered normal weight with a BMI less than 90th percentile on the growth chart. The study found that:

- **Teens affected by obesity were less likely to detect tastes like salty, umami, and bitter.**
- **Normal weight teens were able to decipher between these tastes more accurately.**
- **The teens were also asked to rate how sweet a taste was by putting a number to its intensity. The teens that were affected by obesity rated the items as less sweet compared to their normal weight peers.**

**WHAT COULD THIS MEAN?**

Well, this study leads us to believe that weight might have something to do with our taste buds. If our taste buds aren’t good at picking up tastes like salty or sweet then how will we be satisfied or know when we’ve had enough of salt or sugar? We could be eating more food to get that full or satisfied feeling which could be causing us to consume extra calories and put us at risk for obesity. In fact, a study in the *Pediatrics Journal*, also in 2012, showed that consuming more salt is associated with consuming more sugar sweetened beverages. Drinking more sugar sweetened beverages alone puts you at higher risk for obesity. Sugar sweetened beverages are drinks like soda and juice. One 20 ounce bottle of Coca-Cola is 239 calories and the same size fruit punch juice is 299 calories. Just one of these drinks per day for 2 weeks is equal to one whole pound of extra weight. You can see that the calories add up quickly.

Some experts believe that a poor diet can lead to taste buds that just aren’t as sensitive or good at picking up tastes. Our taste buds get used to eating foods that are rich in sugar or salt, and foods that are lower in sugar or salt become less desirable – your whole perception of taste changes. Think of how our taste buds change as we age. Babies are able to drink formula and eat baby food as their main source of calories. These are very bland, yet, as a baby, this is what you cried out for and helped you grow. However, many of us have now experienced food with much more flavor and would have a very hard time going back to that bland food. **Can we change our taste buds?**

Other experts say that we have the ability to modify our taste buds by changing our perceptions of food and by changing what we put in our mouths. This is because our taste buds are not the only thing responsible for what foods we like or dislike. Think about it. If you had a batch of bitter broccoli that you were forced to eat as a kid, then you may not be jumping up and down for broccoli as an adult. That is, of course, unless you give it another chance. It’s the whole package – the presentation, aroma, past experience - in addition to our taste buds that can make or break whether or not we like something.

As for obesity and taste buds, the jury is still out. Less sensitive taste buds could be part of the reason our body doesn’t stop us from eating a whole bag of chips. Or, getting used to eating that whole bag of salty chips could be the reason why our taste buds forget how much salt is normal and safe for our bodies. Either way, we do know for sure that what we put into our bodies matters.

**ONE 20 OUNCE BOTTLE OF COCA-COLA IS 239 CALORIES AND THE SAME SIZE FRUIT PUNCH JUICE IS 299 CALORIES. JUST ONE OF THESE DRINKS PER DAY FOR 2 WEEKS IS EQUAL TO ONE WHOLE POUND OF EXTRA WEIGHT.**
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HAVE A PICKY EATER AT HOME?

Here is some advice about how to diversify and retrain your child’s taste buds:

Dress up those boring vegetables. Don’t judge a book by its cover... That’s what we teach our children, but it’s not always the easiest way to get them to try something new. Instead, make vegetables more fun. Add a little bit of ranch dressing, butter, or cheese sauce to make them more appealing to your kids. Or, hide it in one of their favorite meals.

Offer new foods at the beginning of the meal. This is when your child is the hungriest. If your child is hungry then he or she may be more likely to try a new food.

Get your children involved in their meals. Bring your kids to the grocery store to pick out what they’d like to try. Then, bring them into the kitchen to help with the preparation. Children who help to prepare their food are more likely to sample that same food. You can even promote vegetables or herbs by planting a garden and caring for it together.

Make food fun. Use cookie cutters to make fun shapes out of their food. Play a game to see which family member can try the most new foods in one week. You can even have your child pick a color for the week. For instance, if his or her favorite color is red then you can pick foods like strawberries, watermelon, red peppers, tomatoes, cranberries, or apples to try that week. Be creative.

If at first you don’t succeed, try, try, and try again. Even the attempt at something new is valuable. It’s okay if they don’t like the new food. It can take up to 15 times for children to decide if they like something. That can seem like a long time, so be patient with your child and praise the attempts.

Be a good role model by eating healthy yourself. After all, our kids learn how to talk by mimicking the way we talk. They learn how to eat and what to eat in the same way. Eat a variety of healthy foods on a regular basis. Even announce when you are trying something new at mealtime. Get the whole family enthusiastic by it. After all, enthusiasm is contagious!

About the Author:
Jennifer Franceschelli Hosterman, DO, is a board certified internal medicine and pediatric physician who specializes in nutrition and obesity medicine at Geisinger Medical Center. She is also the Medical Director of Camp ENERGY, which is a healthy lifestyle camp for adolescents. She earned her bachelor’s degree in cellular and molecular biology at West Chester University and completed medical school at Philadelphia College of Osteopathic Medicine. She is a strong proponent of the multi-disciplinary and family approach in the prevention and treatment of obesity.

© istockphoto.com/ Kesu01Article Photos: 38    Your Weight Matters Magazine            Spring 2015
Parents are fighting a losing battle with video games, cell phones and tablets, which are distracting our youth from a more active lifestyle: the lifestyle we once had as kids when we had the luxury of playing outdoors with our friends in neighborhoods and foliage. It was a lifestyle where we used our imaginations and minds to create, play and socialize with our peers. Children learn best through play. Sports were created for our recreation and enjoyment. This article looks at how team sports can help kids live a healthy lifestyle despite an environment that is leading kids to a life of obesity and inactivity.

The Role Sports Can Play Later in Life

Our children spend most of their days in school where they are taught mainly to learn and study individually, but when our kids eventually graduate college and hit the work force, they need to learn to work as a team. Team sports and athletics are a great way for kids to learn the social skills to work along others with the same goal in mind. Sport is a great metaphor for life; it teaches us how to handle life’s ups...
and downs, politics and wins and losses. Despite all these dynamics, we have to learn to work together, each having our different roles on the team. Socially, sports are a great introduction for kids into play. Kids enjoy play best with others. It is very important early-on that children associate exercise with fun. Exercise is uncomfortable, so it is very important that both parents and kids find activities they enjoy doing. This will better ensure that our children will adopt a healthier lifestyle doing activities they love.

**TEAM SPORTS & INDIVIDUAL SPORTS**

**TEAM SPORTS**

Generally, team sports are a great introduction for kids into activity. Team sports are an excellent way for your child to make new friends and learn to work with others. The following team sports are great for kids who want to play on a team:

- **BASEBALL**
- **FOOTBALL**
- **HOCKEY**
- **BASKETBALL**
- **SOCCER**

**INDIVIDUAL SPORTS**

If a team sport is not the best fit for your child, an individual sport may be to their liking or benefit. Individual sports can help with independent and focused thinking. The following Individual sports are great for kids who do better on their own:

- **TENNIS**
- **GYMNASTIC**
- **DANCE**
- **GOLF**
- **SWINGING**

Overall, an athletic experience that involves participation in both team and individual sports is best in developing athleticism, character and competition. Finding the balance between behavior that benefits both the team and individual is an important skill set that kids learn best through sports that involve both dynamics. A sport like baseball is the perfect union of individual performances like hitting and pitching but team dynamic of still working together to get an out or a score.

**COMPETITION & MULTI-SPORT PARTICIPATION**

It’s important for kids to be competitive. We live in a competitive culture where the strongest survive. The success of the better athletes can cause the less athletic kids to be discouraged or left out. It is important to teach our youth joy in participating in forms of exercise that isn't competition and sports-based. The following are examples:

- **ZUMBA**
- **YOGA**
- **WEIGHT TRAINING**
- **RUNNING**
- **MARTIAL ARTS**

Kid's Corner continued on next page
These activities are proficiency or effort based. Success is found in execution and technique, as opposed to winning and ability. It is important for parents and children to feel rewarded and overjoyed in giving their best. Our society praises the winners despite their path to victory, whereas more emphasis needs to be acknowledged to those individuals who do their best to be a winner.

Healthy development of our children is a holistic approach; it involves both their mind and body. Variety is the spice of life! Allowing our children to experience a variety of exercise options is best at developing athleticism and their search for activities they enjoy sweating out. Making kids a one-sport athlete actually hurts them athletically and could burn them out. Participating in multiple sports and activities helps build strength and coordination of the entire muscular system. It also helps kids while they grow to adapt better to their ever-growing bodies. Partaking in multiple sports mentally helps keep children engaged and excited for the new challenges each sport or activity brings.

Partaking in multiple sports mentally helps keep children engaged and excited for the new challenges each sport or activity brings.

Dangers of Too Much Technology

In my experience training all demographics, I am finding a growing epidemic associated to our new technology-based society. We have too many gadgets that force us into a forward, usually slouched position with hands on something. This position puts stress on the spine and negatively affects posture. Also, since we all sit too much, our buttocks have become weaker and less responsive. It is imperative that we instill healthy lifestyle habits like exercise, nutrition and sleep quality to our youth.
“According to the Center of Disease Control and Prevention, in 2012, more than one third of children and adolescents were affected by excess weight or obesity.”

Due to our participation of youth in team and individual sports, most adolescents stay particularly active. Once they hit teenage years, participation in recreational activities decrease due to competition in team sports at the high school level. These once active adolescents become less active, especially the females once they attend high school. This is why it is so important for our youth to enjoy non sport-based physical activity options. Most children only learn through experiencing many fitness options.

Parents, coaches and teachers all play roles in influencing our youth to healthy lifestyle habits. The confidence instilled through physical fitness is effective to our social media-influenced youth. The mind and body relationship is so strong that when children participate in physical activities, it builds strength and endurance. Kids will naturally think more confidently since they physically feel so strong. This positive way of thinking helps kids socially and academically. The best way to teach our kids how to incorporate fitness into their lifestyle is for them to learn by the examples we set as adults. Kids learn best from doing. Your children will more easily adopt the importance and enjoyment of fitness by viewing our fitness. Also, participating in activities that can be enjoyed by the entire family reinforces importance and improves family unity.

CONCLUSION

In closing, the real competition lies between technology versus activity. If the advancements in technology and healthcare can be teamed up with the ever-growing science of exercise, what true reform and actual healthcare our nation would receive, instead of our current crisis care system. It is vital that we take the physical toll our new technological age is taking on our minds and bodies seriously. We now think less and move less. Sports are a great avenue to develop kids physically and socially, and to instill healthy lifestyle habits they can carry on into adulthood.

About the Author:
Kulaa Bacheyie, MS, CSCS, is a Strength and Conditioning Specialist and Personal Trainer for Gold’s Gym of Liverpool, NY. He is also a fitness consultant for the Medical Weight-loss Clinic of Central New York and lecturer for the World Instructor Training School at Onondaga Community College. He also played football at University of Buffalo where he obtained a master’s degree in exercise science.
As patients shed pounds every day during their weight-loss journey, many people wonder if they will "need" reconstructive plastic surgery to restore their body shape. The question seems straightforward, however, the answer is quite complex.

There is no magical age, perfect bariatric surgery, nor exact number of pounds lost throughout an exact period of time, which can guarantee whether you will or will not “need” reconstructive plastic surgery. The true answer to who will “need” reconstructive plastic surgery involves many variables.

Understanding the Skin

The ability for skin to recoil at all is truly amazing. This incredible ability is due in part to the elastic fibers within skin. During childhood, this skin stretching ability allows us to grow without having to "shed" our outer skin. The contractile forces of skin also allow skin to bounce back after such natural things as childbirth.

Skin possesses naturally occurring elastic fibers which act similar to the elastic fibers in a rubber band. The effect of weight gain on skin is similar to the effect of pulling a rubber band. With enough constant stretch applied, the fibers in the rubber band become disrupted or break.

With weight gain, the skin is similarly stretched and the elastic fibers are disrupted. After weight-loss or after removing the load from the rubber band, the elastic fibers contract, but only so much. In either case, the result is a reflection of the ability of the elastic fibers to completely contract. The amount of skin recoil is multi-factorial. There are major and minor factors involved. The two major factors influencing skin recoil are the amount of skin stretch and skin’s age.
With weight gain, there is stretching of the skin. With weight-loss, the skin tries to recoil. Unfortunately, the elastic qualities of the skin are not perfect and the skin does not completely recoil.

### Factors Impacting the Inability of Skin to Recoil:

- **Age significantly influences skin recoil. Younger skin has better elastic qualities and thus, has more inherent ability to “spring” back.**
- **Other factors include genetics, age, the rapidity of weight-loss, and the amount of stretch.**

Unfortunately, most of these factors cannot be influenced.

### Factors that can positively influence skin recoil include:

- Avoiding sun exposure
- Quitting smoking
- Losing weight throughout a “longer” period of time

Typically, the more significant the stretch on the skin, the less likely the skin will shrink completely. Thus, the more weight you lose, the more likely you will “need” reconstructive plastic surgery.

With massive weight-loss, skin folds develop. These skin folds can harbor bacteria and cause chronic skin infections. In turn, these chronic skin infections can cause severe skin problems including odors, boils, skin breakdown and even bleeding. Typically, these patients “need” reconstructive plastic surgery.

### Financial Factors

For some, reconstructive plastic surgery can be very expensive. If finances are an issue, please seek a Board-certified plastic surgeon who is willing to submit to your medical insurance for reconstructive plastic surgery. Since every state is different and every insurance policy is different, it is worth attempting to get your reconstructive surgery covered by your medical insurance. Fortunately, many medical insurance companies cover reconstructive plastic surgery after massive weight-loss. If your medical insurance can cover your surgery, this can influence your “need” of reconstructive plastic surgery.

### Psychiatric Factors

After massive weight-loss, some patients feel worse. They see all the rolls of excess skin and question why they lost all the weight. For these patients, reconstructive plastic surgery may be even more important than the bariatric surgery. These patients “need” reconstructive plastic surgery to feel complete and whole.

### Conclusion

Only you will know if you “need” reconstructive plastic surgery. No one else should make the decision for you. Everyone has their own personal reasons for undergoing reconstructive plastic surgery. Some patients do not know they will “need” reconstructive plastic surgery until they have lost all their weight. Some patients do not know until years later, when their skin fails to retract. Some patients “need” reconstructive plastic surgery to eliminate skin rashes. Some patients “need” reconstructive plastic surgery to remove excessive skin to exercise effectively. Some patients are content with their appearance, whereas others feel the “need” to have the excess skin and fat removed to feel “normal.”

After massive weight-loss, due to the remaining skin and fat, some patients feel incomplete and “need” reconstructive plastic surgery to “complete” their weight-loss journey. Whatever the reason, reconstructive plastic surgery after massive weight-loss is a very personal decision. Only you will know if you “need” reconstructive plastic surgery.

### About the Author:

J. Timothy Katzen, MD, FACS, FICS, FABMS, is a Board Certified plastic surgeon who practices in Beverly Hills, CA and Las Vegas, NV. One of Dr. Katzen’s specialties is reconstructive plastic surgery after weight-loss. He has performed thousands of procedures on weight-loss patients from around the world. Dr. Katzen is published widely, lectures frequently, and has taught many plastic surgeons his unique techniques. Due to his expertise in reconstructive surgery after massive weight-loss, Dr. Katzen has been featured on many television and radio shows. To learn more about Dr. Katzen, please visit [www.360bodylift.com](http://www.360bodylift.com).
The Gotta’ Do ‘Ems for Healthy Weight Management

by Connie Stapleton, Ph.D., (The Doc) and Cari De La Cruz (The Post Op)

The Doc: Weight-loss. Weight maintenance. Words we hear every day from nearly every media source. Weight-loss is obviously the process of losing pounds. Weight maintenance is the “upkeep” or “care” of your weight. We typically refer to weight maintenance when we talk about keeping weight off and at a stable number. The Post Op (Cari) and I like to speak about managing your weight. Managing implies more ownership of the process and implies personal accountability. Managing our own weight means we are the ones to handle (be accountable for) and direct (make decisions about) those things we deal with as part of the weight management process.

The Post Op: I think I figured out why I (and so many others) hate the whole concept of “WEIGHT MANAGEMENT” (or maintenance): It’s BORING. There is nothing exciting about it at all. The thrill of “losing weight” wears off pretty quickly and then what? You’re just expected to keep doing the same thing without all the fanfare, and what fun is that?

The way I see it, starting a new diet is like the beginning of a football game. There’s this crowded stadium of people cheering you on, and you’re running through a gauntlet of cheerleaders waving pom-poms while fellow players slap you on the back as you’re breaking through the big long sign and onto the field. Before you know it, you’re pumped and ready to start the big game. You’re IN IT TO WIN IT and, for the first quarter, you maintain this attitude and pace. You score touchdowns and people cheer you on and tell you how wonderful you look and encourage you to keep it up… so you do. Until the second quarter, when you’re a little tired of running the same plays (over and over), the sports drink stops refreshing you the way it did before and you’re losing momentum – and ground. Next thing you know, it’s halftime, you’re in the locker room and the score is not in your favor. Maybe you’ve regained some weight or the scale hasn’t budged. What is the coach telling you? “Oh… you’re down. I’m sorry you feel bad. What a shame you’re bored with the game. You got roughed up? That’s too bad; you don’t have to do this anymore…”
Are you kidding? No! If he’s a good coach, he’s going to be firm and fair and say things like: “C’mon! You know what to do! Dig deeper! Keep going!” Your job is to get back on that field, win that game so you can play another game, and keep winning.

It’s the same thing with dieting. In the beginning, you get fun new tote bags and journals, colorful posters, maybe a t-shirt, exciting snack foods and a shaker bottle. You’ve got a whole team of people cheering you on, telling you how great you’ll do – just stick to the game plan, follow the rules, don’t give up, and keep coming back. But…do you? Once the novelty of losing weight wears off and maybe you stop losing (or begin to regain), what happens? Do you go back to the “locker room?” No! Why not? Because the coach is going to tell you the same thing The Doc is gonna tell you: You’re not following the rules you promised you’d follow. You said you were in it to win it and you’d do whatever it takes. Well…are you? What rules?

The Doc: Before we get into the list of well-researched ways (the “rules”) to healthfully manage your weight, let’s note some ways you successfully manage many other areas of your life. If you have children and are able to get them where they need to be at the times they need to be there, then you successfully manage time and schedules. Whether you work outside the home or inside the home, keeping up with laundry, groceries, and “work” demands, deems you successful as a manager of life. Many people participate in personal hobbies, book clubs or support groups, which also shows proof of your ability to manage multiple areas of life. However, when it comes to managing weight, people sometimes feel “incapable” of doing so based on past attempts to keep their weight at a healthy level (meaning a weight where your health is not negatively impacted and where you can do many of the things you want to do).
The Post Op: It’s weird. We are really good at successfully managing many other areas in the game of life. We can do lots of things well (and win), so what is it that makes us believe we can’t manage our weight? Well, I’ve learned from experience (and from The Doc), that what I, as a successful post-op, did to manage my own weight and health (without even knowing it), was to build my self-efficacy. Heck, I’d only ever heard of self-esteem and self-image (two things that weren’t great for me at the beginning of my weight-loss journey, either). So, you can imagine what my self-efficacy (my belief that I could successfully do something) was like... I’d never managed my weight in the past, so what made me think I could do it now? Fortunately, as I lost weight, I gained courage to try new things. I started going to the gym and doing the elliptical – first 5 minutes, then 10, then an hour. I started doing machines and taking aerobics classes. Some things I liked, some things I didn’t, but I began to believe that I was actually capable of doing a lot more than I’d ever thought. How? Because... I was proving it - every day. Positive experience builds stronger self-efficacy, which means greater likelihood for long term weight management. As it turns out, the things I do to successfully manage a healthy weight are not so different from the things other successful people do.

The Doc: In reviewing the research on weight-loss and weight management, there are a number of proven methods that help in the healthy management of weight. A Post Op & A Doc have compiled these into a list of behaviors we refer to as the “Gotta Do Ems for Healthy Weight Management.” Remember, you are the one who is responsible for managing your weight. You are the one who is accountable for the behaviors you choose and you are the one responsible for directing, or making decisions about when and how often you choose to do the things necessary to manage a healthy weight.

The Post-Op: I know it can be boring and lonely sometimes, which is why you need a good support system consisting of healthy people doing healthy things. I didn’t say they were doing things FOR you, because they can’t workout for you, and they can’t eat your vegetables for you – but they can join you on your walk and show you yummy ways to prepare your veggies. You’ve GOTTA do certain things...but you don’t have to do them alone. Even if you have to do the physical work alone, you can always have that healthy support system encouraging you in the background. That’s why we always say: You can’t do it alone, and no one can do it for you! Here are the tried and true things you’ve GOTTA do to live fully and manage a healthy weight:

Make Healthy Food Choices

The Doc: If you aren’t sure what healthy food choices are, then it is your responsibility to learn. That may mean you start reading or make an appointment with a nutritionist. I always say, My Health = My Responsibility!

The Post Op: I’m no nutritionist, but I can sure talk to one, or find out what other healthy people are doing that works.
Maintain Portion Control

**The Doc:** Portion sizes are definitely something we all need to learn or be reminded of. It seems “portion distortion” is quite a problem for most of us! Finding out the actual healthy portion size of some foods is often shocking to people.

**The Post Op:** I use those little mason jars with the screw on tops for ½ cup servings because then I don’t have to measure. I just have to fill them up and put ’em in the fridge or cabinet. You can do this at the beginning of the week and even have your salad fixings ready to go so you don’t have to spend time chopping things up. Measuring doesn’t have to weigh you down if you find ways to manage it.

Exercise Regularly

**The Doc:** My personal trick for exercising regularly without having a debate in my head about being too busy to exercise or too tired to exercise or too whatever in an attempt to talk myself out of doing so, is to tell myself my mantra about exercise, “It’s what I do.” Oh – and you don’t have to like to exercise to do exercise.

**The Post Op:** Even though you don’t HAVE to like exercise to do it, you may find yourself more willing to engage in activities you enjoy. I’m not a fan of walking around and around a loop, but I don’t mind hiking (because it’s interesting and the scenery changes). I also like hula hooping and riding my bike. Find fun things you like and have handy go-to routines you can do when time is limited.

Drink Water

**The Doc:** I definitely had to train myself to form the habit of drinking water. That meant telling myself I had to drink two bottles of water in the morning and two in the afternoon. Now I usually drink even more than that because I love water!

**The Post Op:** Trust me on this one: if you’re getting enough water in, you’ll become good friends with the bathroom (ha ha)! A really good way to make sure you’re drinking plenty of water is to take your vitamins!

Gotta’ Do ‘Ems continued on next page

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### Eat Breakfast

**The Doc:** Drop the excuses and do this! It doesn’t have to be an ordeal to have breakfast. Eat high-protein 100-calorie Greek yogurt on your way to work. Prepare eggs in advance and heat them up or peel a hard-boiled one. Try natural peanut butter on half of a whole wheat English muffin.

**The Post Op:** Nobody said you had to eat the instant your feet touch the ground; you can putter around and work your way up to it, or eat (or drink) your breakfast in the car on the way to work. Just do it. Your body will thank you and you won’t be so darned hungry by lunch.

### Plan Your Meals and Follow Your Plan

**The Doc:** Do this one your way. If you need complete structure, then write it all out and follow it. If you hate structure and are constantly on the go, then make a list of 20 quick, healthy things that are your “meals” and make sure you have a few of them at work, in a cooler in the car, or in your purse. Another of my favorite sayings is “work smarter.” Do what you need to do in this area, but definitely do it.

**The Post Op:** I have a lot of things I “just do” that are easy, and I don’t have to think about it. Be prepared – even when you’re going to a restaurant, you can look at menus online before you get there.

### Keep a Food Diary

**The Doc:** No excuses here, either! There is so much research on the power of this behavior to help in weight management that some suggest if you were to do only one of these behaviors, this is the one to do. You get “just the facts” if you honestly input what you eat and you can easily figure out problem areas and can correct them. With the smart phone apps, there’s really no excuse for not doing this!

**The Post Op:** This isn’t fun, but it doesn’t have to be a big deal. You can use your smart phone (there’s an app for that) and just pick and choose (or even scan the barcode) for things you eat.
Keep an Exercise Diary

The Doc: Those smart phone apps? They’re perfect for keeping track of your exercise and give you gobs of information about calories burned, etc. Many of the apps track both your food input and exercise on the same app. It doesn’t get much easier than that! If you like old-fashioned, tried and true, paper and pencil, then use those! Just keep track of your exercise.

The Post Op: My co-worker has shown me some super fun smart phone apps for all kinds of work out routines, but if that’s not your speed, just do what I do and “memo” your phone after your work out. I just dictate what I did and how long I did it. Done.

Use a Healthy Support System

The Doc: I can’t say enough about the importance of this. Having people to encourage and support you, which may mean giving you some of the Post Op & the Doc’s “firm and fair” brand of feedback now and then, is a proven way to help successfully manage your weight. It’s difficult to break bad habits, develop healthy new habits and stay motivated. Having others to participate with you, to celebrate with you and to encourage you makes staying on track much easier.

The Post Op: Notice we said HEALTHY support system? That means people who will hold you accountable and not let you off the hook because they “feel bad” for you. Find someone whose schedule and personality matches yours, then pair up. Find someone who is doing what you want and ask to join. Stick with the winners because the winners stick with it. I didn’t make that up, but it’s good.

Gotta’ Do ‘Ems continued on page 54

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Obesity is a serious public health issue. While obesity rates are on the rise, tools to counteract this trend are few. Bariatric surgery has been shown to be very successful in obesity management but medical weight management solutions are needed for those individuals that either are not candidates for surgery or are seeking non-surgical alternatives.

Lifestyle changes including nutritional guidance, behavior modification and exercise regimens are always the first step in weight management; however, when medically appropriate, obesity medications can help individuals achieve and maintain a healthier weight.

For a long time, the arsenal of medications used for weight management was very limited. In addition, some were removed from the market due to harmful side effects. Overall, only phentermine and its derivatives as well as orlistat were available and used for weight management. Of these two drugs, only orlistat was approved for long term use.

The last two and a half years, however, have been promising for medical weight management. Some of the newer medications available for weight-loss and weight maintenance are:

- Qsymia® (phentermine-topiramate ER)
- BELVIQ® (lorcaserin HCI)
- and CONTRAVE® (naltrexone HCI and bupropion HCI)

These medications now offer additional options for the pharmacological treatment of obesity. While results vary depending on the drug choice and between individuals using them, an average of 5-15 percent weight-loss can be expected when these medications are used in conjunction with diet and exercise.

Saxenda® (liraglutide) is the latest drug to obtain FDA approval for chronic obesity management. In December 2014, it was deemed a suitable option for chronic weight management in addition to a calorie reduced diet and physical activity. Saxenda® may be the new kid on the block for obesity management but it’s not a new medication. In fact, it has been approved for the management of diabetes under the brand name Victoza® at a lower dose since 2010.

**What is Saxenda®?**

Chemically-speaking, Saxenda® is a glucagon-like peptide-1 agonist (GLP-1). This jargon just means that it is an agent that acts just like a substance that our body produces, called GLP-1. The latter is a hormone released by the gut within minutes of the ingestion of food. This gut hormone’s role is to help regulate blood sugar after a meal.

Saxenda® is a synthetic protein that acts just like GLP-1. Although, it is now engineered in laboratories, this GLP-1 like substance was initially discovered in the saliva of a venomous reptile, the Gila monster.

It was observed to have a multifunctional role. Indeed, it increases our natural production of insulin which is needed to regulate the levels of sugar in the blood. It decreases the production of a hormone that opposes insulin called glucagon. It also slows down the emptying of the stomach. Lastly, it was observed to reduce the amount of food consumed. As such, it has been used for the management of diabetes for the last few years under the trade name Victoza®.
Since its approval for the treatment of diabetes, it has caught the attention of scientists and clinicians alike, as it was noted that patients using this drug for diabetes management also lost weight.

**Effect of Saxenda® on Body Weight**

To examine this effect, four trials were designed to evaluate Saxenda®’s efficacy in obesity management. These trials involved more than 5,000 individuals that were either affected by obesity or classified as “overweight” based on their body mass index (BMI) with co-existing medical conditions resulting from their excessive weight. More than 3,000 of these individuals received 3mg of Saxenda® daily. The recent outcomes of these studies showed that significant weight-loss was achieved when using Saxenda®.

- 63.5 percent of the study subjects lost at least 5 percent of their body weight.
- 32.8 percent lost at least 10 percent of their body weight.

This weight-loss was maintained by study subjects during the 52 weeks of use. In addition, these results were significantly better when compared to the weight-loss achieved using orlistat (Xenical® or alli®). The latter has been used for the long term management of obesity since its FDA approval several years ago. These are very exciting facts as tools for the management of obesity are desperately needed.

**When should Saxenda® be used?**

This drug would be indicated for the chronic management of obesity. It would be used by individuals with a BMI of 30 or above. In the case that one has at least one medical condition resulting from obesity, like hypertension, diabetes, sleep apnea, etc., this drug could be used starting at a BMI of 27, which would be equivalent to a lower weight compared to “healthier” individuals.

**How is this drug administered?**

Saxenda® is an injectable drug that is administered by daily self-injections. For patients interested in this drug, you would need to be comfortable with giving yourself a daily injection.

**Saxenda®’s Side Effects**

The most common side effects observed were gastrointestinal. These included nausea, diarrhea and vomiting. Saxenda® was also noted to cause hypoglycemia (low blood sugar) when used with some other anti-diabetic drugs (sulfonylureas).

**Concerns about Saxenda®**

Some concerns were expressed by the deciding FDA panel regarding the safety of this drug in the long term, including its potential role in gallbladder disease, pancreatitis, increasing heart rate as well as concerns regarding thyroid and breast cancer. It was decided that at the moment, the benefits demonstrated by Saxenda® outweigh its risks. Nevertheless, these presented concerns would be analyzed in studies looking at Saxenda® and its effects after the drug’s release on the market.

**Conclusion**

In the long term, the benefits of treating obesity and preventing other diseases should outweigh the costs of treating diseases resulting from obesity. The more tools and choices we have to treat obesity, the better the perspective for satisfactory outcomes should be.

**About the Author:**

Nadia B. Pietrzykowska, MD, FACP, is a Board Certified Obesity Medicine Specialist, Physician Nutrition Specialist and Health Coach. Her primary specialty is in Internal Medicine. She is the Founder and Medical Director of “Weight & Life MD,” a Center for Healthy Weight, Nutrition, Fitness and Lifestyle located in Ewing, NJ. She promotes the use of evidence based methods for obesity management as well as cutting edge science intertwined with a holistic approach. She is a member of the OAC Education Committee and is also a Board Member of the Advisory Board for chronic diseases at the NJ YMCA.
The bottom line is:

Weight management is accepting personal responsibility and being accountable for making healthy decisions to do what it takes to live at a weight that is healthy for you. You have the information about what is proven to work. The 10 things we listed above are the things you said you’d do when you agreed to have bariatric surgery. You nodded affirmatively when the nutritionist told you how and what to eat for the rest of your life. You gave your doctor the thumbs up when he said you’d have to be active and exercise forever. You pinky-promised the psychologist you’d religiously attend support group forevermore (because successful people do). You swore to your family that this was your last chance, so of course you’d follow all of the rules. After all, surgery is a serious decision. So, as a simple “firm and fair” reminder, these 10 things are nothing more than the things you signed up to do!

About the Authors:

Connie Stapleton, PhD, is a licensed psychologist working in the field of addiction and recovery. For more than two decades, Dr. Stapleton has assisted people in improving their physical and psychological health in order to live life more fully.

Cari De La Cruz is a wife, mother, favorite daughter and little sister who hails from a long line of natural redheads and drama queens. In 2007, she had bariatric surgery, lost half her body weight and began writing about her journey online. These days, she spends her spare time writing and speaking about bariatric surgery to a “growing community of shrinking people.” In 2010, she formed APOD with Connie Stapleton, happily becoming the “Post-Op” to her “Doc.”

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