

YOUR WEIGHT Matters

Spring 2018

FOR YOUR HEALTH

MAGAZINE

Join Us
for the

2018 Your Weight Matters
NATIONAL CONVENTION!

JULY 19-22
DENVER

Full Convention Details on Page 32



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Calories
Created Equal?**

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OAC
Obesity Action Coalition

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1. Ard JD, Schroeder MC, Kivildad K, et al. Practical application of a comprehensive weight management program in patients with and without metabolic syndrome. *J Obes Weight Loss Ther.* 2014;S4:007. doi:10.4172/2165-7904.S4-007. 2. Wadden TA, Foster GD, Letizia KA, et al. A multicenter evaluation of a proprietary weight reduction program for the treatment of marked obesity. *Arch Intern Med.* 1992;152(5):961-966. 3. Drawert S, Bedford K, Largent D. Change in glucose, blood pressure, and cholesterol with weight loss in medically obese patients. *Obesity Res.* 1996;4(S1):675.

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OPTIFAST 800

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FOR YOUR HEALTH
MAGAZINE

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

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Message from the



**Chairwoman
of the Board**

Hello Everyone,

In early January 2018, the Obesity Action Coalition (OAC) Board of Directors and staff gathered together for our annual in-person planning meeting. One thing I love about this weekend is that all of us share a common passion for making the world a better place for those affected by obesity, raising our voices to dispel myths, challenging damaging bias, fighting for access to treatment and calling for obesity to be treated in the same manner as any other chronic disease.

I am proud and honored to serve with that room full of passionate advocates, but making the world a better place for those affected by obesity is no small feat. To create that change, we need to have all the members of our OAC Community taking action in every way they are able to. One of my favorite quotes that demonstrates the type of action the OAC needs is this:

*"Start where you are. Use what you have.
Do what you can." - Arthur Ashe*

If you are wondering, "How can I help?" be sure to check-out the hashtag **#OACAction** on our OAC social media channels. You'll find easy ways every Community member can take action in their own backyard. You can do this by leaving OAC materials in your favorite neighborhood haunts, sharing about a positive or negative experience you had accessing healthcare, calling out weight bias when you see or hear it and many more ways. Then... we hope you'll share your actions with us! Simply use our hashtag **#OACAction** online so that we can easily track it, or email us what you've done so we have more opportunities to share your advocacy. We can't wait to see all the ways our Community takes ACTION!

Prior to my assuming the role as Chairwoman of the OAC Board of Directors, I had the honor of serving as the Chairwoman of the *Your Weight Matters* National Convention – our annual in-person Community event. If you haven't attended this event yet, consider this your invitation. It's an opportunity to learn from experts who share science-based education about health, weight, nutrition, fitness, emotional health, wellness and more – all while in a fun and social atmosphere. But most of all, it's a chance for our awesome Community to come together and support each other. This year we'll be in Denver from July 19-22. Please add the *Your Weight Matters* National Convention to your summer to-do list!

P.S. If you spotted this magazine somewhere in America, in one of those neighborhood haunts our members have left their copy at, and you're wondering what the OAC is all about, I encourage you to come check us out at **ObesityAction.org** and add your voice to this awesome Community.

Looking forward to a year of amazing ACTION!

Michelle Vicare

NEWS from the OAC

Obesity Action Coalition

New Details on the OAC's Convention Scholarship Program Now Available!

Plans for the 7th Annual *Your Weight Matters* National Convention are in full swing, with **YWM2018** taking place **July 19-22!** The OAC is pleased to announce that alongside registration and housing opportunities which are now available, the application process for the Convention Scholarship Program will open **Monday, April 2**. All individuals unable to afford the cost of registration and/or travel are encouraged to apply for a full or partial scholarship to help make attending **YWM2018** possible. Key dates in the application process are as follows:



- **Application Process Opens:** Monday, April 2
- **Application Deadline:** Monday, April 30
- **Application Third-party Review:** Week of May 7
- **Application Status/Award Notifications Sent:** No later than Monday, May 14

The OAC believes in the high-quality education presented at the Convention each year, and the powerful impact that connecting in a community like ours can have on an individual's life. That's why we are honored to offer the Convention Scholarship Program and award grants to fund or offset the associated expenses of attending. The Program has been tremendously successful and to date, has awarded more than 50 scholarships.

However, as funds are limited each year and the OAC is unable to afford monies to all who apply, we are currently seeking the generous support of individuals to step forward and make a donation to the OAC Convention Scholarship Fund. You can help someone take their health to new heights! To donate, please visit **YWMConvention.com** and search "Scholarship Program" under the "Register" tab.

OAC on the Hill: Advocating for the Treat and Reduce Obesity Act (TROA)

On Tuesday, February 27, OAC leadership joined the rest of the Obesity Care Advocacy Network (OCAN) for a day on Capitol Hill in Washington, DC, to advocate for the passage of the Treat and Reduce Obesity Act (TROA). This piece of legislation would address two major issues in obesity treatment:



OAC members stand together for a picture on Capitol Hill.

- the expansion of healthcare professionals who could provide intensive behavioral therapy beyond primary care,
- and the removal of the Medicare Part D prohibition on coverage for FDA-approved obesity drugs.

"Special thanks to those who joined us on Capitol Hill as well as all of those who advocated from home, whether through social media using the **#OACAction** hashtag or by letters, emails and phone calls to elected officials. Our message about the importance of comprehensive care for obesity is beginning to resonate due to the work of our dedicated volunteers and advocates," said Joe Nadglowski, OAC President and CEO.

The OAC is pleased to share that 88 advocates performed 103 legislative visits to members of the U.S. Congress – including 15 OAC members! The success of the OCAN Advocacy day is a true testament to the level of support gathered for such key obesity legislation, and even more so of the need for expanded access to healthcare that TROA would provide.

To continue supporting TROA alongside the OAC, contact your Senators and your House of Representatives member and urge them to support this key legislation by visiting the OAC's Legislative Action Center at: **ObesityAction.org/advocacy/legislative-action-center**.

Are You Following the OAC on Social Media?

Are you looking to stay up-to-date on all the exciting news and updates from the OAC? We encourage you to like us on each of our social media platforms to stay connected with the latest information!

To connect with us on social media, simply "like" or "follow" the OAC, tune-in to our daily updates and reach out to us through comments or messages. We would love to hear from you!



- **Facebook:** Obesity Action Coalition (OAC)
- **Twitter:** @ObesityAction
- **Instagram:** @ObesityAction
- **Pinterest:** Obesity Action Coalition (OAC)
- **YouTube:** Obesity Action Coalition (OAC)
- **LinkedIn:** Obesity Action Coalition

We look forward to connecting and sharing with you as the year continues!

Education Matters
Advocacy Matters
Support Matters

OAC MEMBERS
MATTER

LEARNING TO DISCOVER MY VOICE



by Debera Gau



I decided in that moment not to take my health for granted and take control. And my journey began. ”

When asked to share why and how I became involved with the Obesity Action Coalition (OAC) and why this organization is important to me, I really had to take time to reflect on that.

On the surface, it seemed simple enough – the OAC’s values and mission reflect my own. As a person affected by obesity, I am passionate about providing education, support, acceptance and advocacy for this disease. It’s important to me that this information comes from reputable sources and has the best interests of its members at heart. In my opinion, OAC achieves that – but is it really that simple?

I thought about my journey that led me to the OAC – a journey that began innocently enough with a routine medical examination. The results, however, would change my life. When my provider told me they were recommending bariatric surgery as a treatment for my obesity, I was stunned. I had always been full-figured, and it never occurred to me that it was a negative thing. When the doctor told me she was recommending surgery, all I heard was, “You are so fat that you need to have surgery to get control over it.” Wow! I actually cried. I felt so alone, so out of control and so ashamed of myself. I decided in that moment not to take my health for granted and take control. And my journey began.



Debera sits with Michelle Vicari, OAC Chairwoman, at the OAC's National Convention.

After attending the mandatory education session, I felt a bit better about the idea of surgery – but I still wasn't certain. I met with the surgeon my primary care physician recommended to me, and my fears were partially laid to rest. It still took a couple months of soul searching, reflection and prayer to come to the decision to go ahead with surgery.

During this time, I questioned if it was appropriate for me to change the body designed for me by God. How dare I and for what purpose? My husband suggested that I may have been placed on this path as a way to help others. I didn't know how I could achieve that, but it did help me come closer to my decision. The day I met with the surgeon and care team after leaving the office, my husband told me that even if I chose not to have surgery, he could see me working in this field one day. Little did I know that only 18 months later, I would be working in my surgeon's office as a patient advocate – serving as a voice of the patient within the healthcare team.

In 2012, a postcard was placed on my desk from an organization called the Obesity Action Coalition, inviting me to their *Your Weight Matters* National Convention in Dallas. The conference was to be held the following week, so it was a bit late for me to attend. I was curious enough to do some research into the OAC, who they were and what this conference was about. I was impressed and thought I might attend the next year.

The following year, I had forgotten about the conference until a friend and fellow bariatric surgery patient asked me if I was planning to attend. I thought, "why not?" I needed the continuing education (CE) credits that the American Society for Metabolic and Bariatric Surgery (ASMBS) required for ongoing staff so they could achieve accreditation as a Center of Excellence. My manager agreed that I could cover the conference registration fees with my education allotment.

OAC Members Matter continued on following page

OAC Membership Application

Why Join the OAC? The OAC is a more than 58,000 member-strong 501(c)(3) National non-profit organization dedicated to giving a voice to the individual affected by the disease of obesity and helping individuals along their journey toward better health through education, advocacy and support. Our core focuses are to raise awareness and improve access to the prevention and treatment of obesity, provide evidence-based education on obesity and its treatments, fight to eliminate weight bias and discrimination, elevate the conversation of weight and its impact on health and offer a community of support for the individual affected.

1. OAC Membership Categories *(select one)*

- ☐ Individual Membership: \$10/year
- ☐ Institutional Membership: \$500/year
- ☐ Chairman's Council Membership: \$1000+/year

Are you joining for the first time, or are you renewing your OAC Membership?

- ☐ I am joining for the first time *(never been an OAC member)*.
- ☐ I am renewing my membership *(have joined the OAC in the past)*.

2. Donation Add-on

Add-on Donation: Make a General Donation

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

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

3. Membership/Donation Add-on Totals:

Membership Fee: +\$ _____

Donation Add-on *(optional)*: +\$ _____

TOTAL PAYMENT: \$ _____

Payment Information

- ☐ Check (payable to the OAC) for \$_____.
- ☐ Credit card for my TOTAL, including add-ons, of \$_____.
- ☐ Discover® Credit Card Number: _____
- ☐ MasterCard® Expiration Date: _____
- ☐ Visa® Billing Zip Code: _____
- ☐ Amex® CV Code: _____

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

JOIN ONLINE! To join the OAC online, please visit www.ObesityAction.org and click on the "Get Involved" tab.

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Debera Gau stands with OAC President/CEO Joe Nadglowski at the *Your Weight Matters* National Convention.

“ I’ve learned that obesity is a disease and not something to be ashamed of. It’s a disease, not a lifestyle. ”

OAC Members Matter continued from previous page

I immediately called the hotel and even though the room block was full, they agreed to offer me a room at the OAC’s secured rate. Airfare dropped as well, making attending this conference a possibility. Everything seemed to be falling into place, so I decided this was a message from somewhere that I should attend.

A session was offered regarding advocacy training, and I signed-up thinking that it would be useful in my job role. When I walked into that session, I truly felt welcomed – but more importantly, valued. I attended that conference expecting to receive education, but I left with so much more. I left with a sense of community and value. I had been the voice of the patient for 10 years, but never really took the time to discover *my* voice. That advocacy session, as well as the entire conference, taught me that my voice mattered. I mattered.

After looking at a number of ways in which I could use my new-found skills to share my story, I realized that I wanted to be more closely involved with the OAC. So I filled out an application to volunteer in any way that I could.

With the skills and support that I’ve developed by attending the *Your Weight Matters* National Convention, I have been able to share my story. I’ve had the honor of serving on patient panels at medical conferences, presented seminars for people exploring bariatric surgery as a treatment option and given presentations at local conferences.

I’ve learned that obesity is a disease and not something to be ashamed of. It’s a disease, not a lifestyle. By choosing surgical treatment and adopting a healthier lifestyle, I’ve been successful at treating it.

As a member of the *Your Weight Matters* National Convention Welcoming Committee, I am able to interact with and welcome attendees to the meeting. My goal is to make each and every person feel that same sense of welcome and belonging that I felt in 2013.

YWM2018 will be held in Denver, and this will be my first time serving as Chair of the Welcoming Committee. I think that I speak for the entire team when I say we can’t wait to see you all there. It’s a time for making new friendships, renewing past friendships and receiving education. Maybe like me, you’ll find your voice. That’s the reason I support the OAC – they helped me discover my voice.

“ That’s the reason I support the OAC – they helped me discover my voice. ”

Whey Delicious!

As a post-procedure weight loss patient, you are advised by the American Society for Metabolic and Bariatric Surgery to consume at least 60 g of protein a day for the rest of your life.[†] New, improved High Protein Supplement Mix from Bariatric Advantage® provides whey protein to help maintain muscle mass. Each serving contains **20 g of protein from 100% whey protein isolate**. Whey protein contains essential and branched-chain amino acids to help build and maintain muscle tissue.*

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†Many patients require even higher levels of daily protein.
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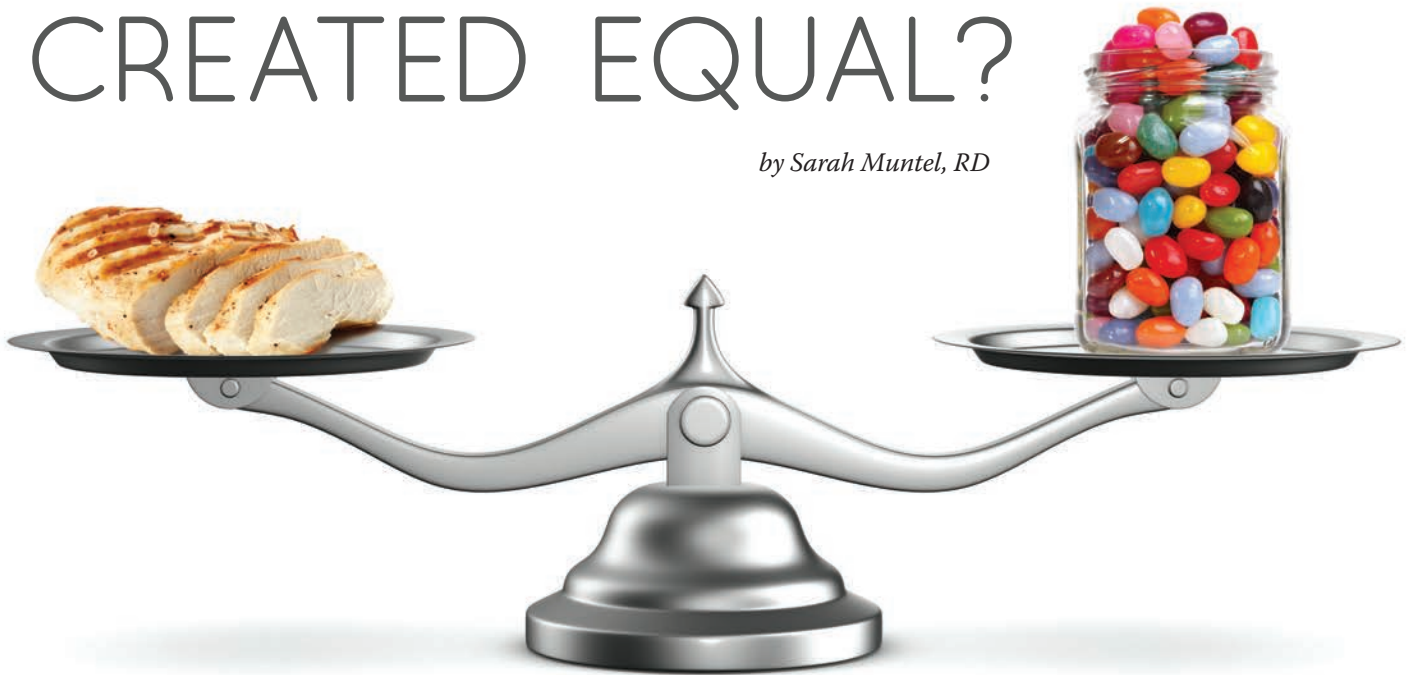
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ARE ALL CALORIES CREATED EQUAL?

by Sarah Muntel, RD



TWO HUNDRED CALORIES OF GRILLED CHICKEN AND 200 CALORIES OF JELLY BEANS... ARE THOSE 200 CALORIES THE SAME? THERE HAS BEEN MUCH DEBATE THROUGHOUT THE YEARS ON THIS TOPIC, BUT AS MORE AND MORE RESEARCH ARISES, WE ARE FINDING IT'S NOT JUST ABOUT THE CALORIES. THERE ARE MANY MORE FACTORS TO CONSIDER.



"THE COMPOSITION OF YOUR DIET IMPACTS YOUR HEALTH."

Let's start with the basics. First things first, a calorie is a unit of energy, and one calorie contains 4,184 Joules of energy. Another fun fact: 3,500 calories is equivalent to a pound of fat. Your body needs that energy in the form of calories to function every day. The foods you choose provide the energy your body needs. When managing weight, it seems quite simple. Everyone needs a certain amount of calories to maintain their weight. If you eat more than you need, you gain weight and if you eat less than you need, you lose weight. If you want to lose weight, just cut your calories. The question is: is it that simple, or is there more to it?

This is where things get a little more complex and go beyond basic math. Beyond actual calories, foods are made up of the macronutrients carbohydrates, fat and protein. Your body processes these all a little differently. The composition of what is in each of these 200 calories can differ by what food you are choosing. The food composition will make more of a difference than you think.

Calories Created Equal continued on page 12

#1 Lowest Cost Weight-Loss Brand¹




Lomaira™^{IV}
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8 mg tablets

*Ask your doctor if
LOMAIRA is right for you.*

LOMAIRA may help you to eat less and lose weight.²

LOMAIRA™ (phentermine hydrochloride USP) 8 mg tablets, CIV is an appetite suppressant used for a short period of time (a few weeks) for weight loss and should be used together with regular exercise and a reduced-calorie diet.

- LOMAIRA is for adults with an initial BMI* of 30 or more (obesity) or 27 or more (overweight) with at least one weight-related medical condition such as controlled high blood pressure, diabetes, or high cholesterol.
- The limited usefulness of this drug class (anorectics), including LOMAIRA, should be measured against possible risk factors inherent in their use.

Dosage should be individualized to obtain an adequate response with the lowest effective dose. The usual adult dose is one tablet three times a day 30 minutes before meals. The LOMAIRA tablet is scored to facilitate administering one half of the usual dosage for patients not requiring the full dose. Phentermine HCl is not recommended for use in pediatric patients 16 years of age or younger. Late evening medication should be avoided because of the possibility of resulting insomnia.



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IMPORTANT SAFETY INFORMATION

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

¹ Medi-Span Pricing Rx 2016 WAC price

² LOMAIRA package insert

*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m².

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

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

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

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

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

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

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

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

For Full Prescribing Information, visit www.lomaira.com.

*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m².

¹Lomaira Package Insert

Calories Created Equal continued from page 10

So, when you are looking for your next latest and greatest plan, think about the few things below as you choose foods and build your healthy plate:

1. CALORIE BREAKDOWN

Let's go back to those 200 calories of chicken and jelly beans. It sure doesn't take a rocket scientist to determine these foods are different. The chicken has 22 grams of protein, two grams of fat and one gram of carbohydrate. Those jelly beans have 25 grams of carbohydrates and almost 20 grams of sugar. That paints a very different picture of what's on your plate.

The macronutrients (*carbohydrates, fat and protein*) in the foods you eat can make quite an impact on your body. Carbohydrates are your body's preferred source of energy. Complex carbohydrates are a good source of fiber. Protein is important for building and repairing muscles and tissues. Fat helps your body to absorb nutrients and produce hormones. All of these are important to your body, and they all impact your body differently.

PROTEIN



CARBOHYDRATES



FAT

" THE MACRONUTRIENTS (CARBOHYDRATES, FAT AND PROTEIN) IN THE FOODS YOU EAT CAN MAKE QUITE AN IMPACT ON YOUR BODY. "

2. YOUR BODY PROCESSES FOODS DIFFERENTLY

The Thermic Effect of Food (TEF) is the extra energy your body needs to break down and absorb components of food. Carbohydrates and fat are broken down easier than protein. This means your body must work harder when protein-based foods are chosen. The TEF for protein is 20-35 percent vs. carbohydrate and fat, which is 3 to 15 percent.

3. SATIETY MATTERS

Some foods will make you feel more satisfied than others, which can be a big issue when managing your weight. We already determined your body has to work harder to process protein vs. carbohydrate and fat. Choosing foods higher in protein can make you feel satisfied for a longer period of time. Think of your latest snack break. If you choose processed carbohydrates for a snack such as crackers, chips and cookies, they will not provide the same effect as cottage cheese, deli meat or cheese for the same amount of calories. Your body breaks carbohydrates down more quickly, which will lead to hunger earlier.



4. WHOLE FOODS

Carbohydrates, protein and fat aside, choosing whole food calories also provides satiety. Choosing 100 calories of a fresh apple may provide more satiety than 100 calories of apple sauce. Why is that? They are both fruit. The fresh apple has increased fiber to help with long-term satiety. The applesauce is lacking in that area. Additionally, 150 calories of a sugar-filled soda will not have the same level of satiety as 150 calories of a handful of nuts which provides protein, good fat and fiber.



5. METABOLIC RESULTS MAY DIFFER

The composition of your diet impacts your health. As low-carbohydrate diets have become more popular, we see other benefits aside from weight-loss. Metabolic effects are the game changer. Low-carb diets tend to show improvements in Hemoglobin A1C (reducing the need for diabetic medications) and increased body fat-loss.

6. WEIGHT MANAGEMENT

Short-term studies show that when you choose a higher protein diet, short-term weight-loss is higher than for those who choose a high-carbohydrate diet. This is when calories are consistent. Although long-term data is not as conclusive, there is more to be learned about the best plan to follow long-term. Low-carb dieters report decreased hunger and decreased cravings when following the low-carbohydrate plan.

Note that plans do differ between individuals, so find a plan that works for you. There is no “magic diet” for weight-loss. The best plan is the one you can follow long-term.

7. MAINTAIN LEAN BODY MASS

Long-term maintenance of muscle mass is important. It ensures your body is getting the protein it needs to maintain your current muscle mass. If you do not take in the protein your body needs, your body will break down your muscle mass to get the protein it needs. Choosing 1,500 calories without adequate protein could lead to this if the food choices aren't monitored.

8. HEALTH CONDITIONS

Certain health conditions rely on the composition of the food, not the calories. For example, diabetes, heart disease and kidney disease all require specific macronutrient amounts – not just calories. Patients with heart disease must follow a low-fat diet, patients with diabetes must follow a lower carbohydrate diet, and patients with kidney disease may be following a low-protein diet. All of these disease states would worsen if only calories were counted.

CONCLUSION

In the end, what's really important? A nutrition plan that works for you which you can follow long-term. Not every plan works for every person. If you need extra help, connect to a dietitian or healthcare provider to make adjustments for long-term success. Here's to a healthy you!

About the Author:

Sarah Muntel, RD is a Registered Dietitian from Indianapolis, IN. She has worked in the field of bariatrics for the past 18 years. She has worked with both bariatric and metabolic surgery patients and medical weight-loss patients. Throughout her career, she has worked in several bariatric centers in Indianapolis. She is currently the Bariatric Coordinator with Community Health Network. Sarah is an active member of the Obesity Action Coalition, serves on the OAC Education Committee and frequently contributes to the Your Weight Matters Magazine and Blog. She also plays an active role in the Indiana State Chapter of the American Society for Metabolic and Bariatric Surgery (ASMBS). In her free time, Sarah enjoys spending time with her husband and watching her three kids play sports.

Managing Obesity AS A CHRONIC DISEASE

by Nadia B. Pietrzykowska, MD, FACP

What Makes Obesity a Disease?

Obesity was officially classified as a disease by the American Medical Association (AMA) in 2013. By defining it as a serious medical condition, the hope was that it would be recognized, diagnosed and treated as such.

Obesity is defined as excess adipose tissue (*fat tissue*). Fat tissue is a collection of fat cells that have multiple functions, including producing hormones and substances that cause inflammation. This may lead to many disease states like diabetes, fatty liver disease, high blood pressure, high cholesterol, sleep apnea, heart disease and some cancers. When left untreated, obesity can result in disability, decreased quality of life and a shorter lifespan.

What Makes Obesity a “Chronic” Disease?

Abnormalities observed in obesity are complex and involve biological, behavioral, genetic and environmental factors. Some of them may be reversible but others are not, which makes obesity a chronic disease state.

Individuals affected by obesity, as well as healthcare providers specializing in obesity management, know that excess weight is a medical condition that can be controlled but is difficult to “cure.” When successfully losing weight, whether through lifestyle changes, medical management or a surgical procedure, challenges may arise. The biggest of all is successfully maintaining weight that was lost.

“ In my practice, I notice that if patients understand obesity is a chronic medical condition, they find a sense of relief. ”

During and after weight-loss, many regulatory processes are triggered that can sabotage weight-loss and induce weight regain. Knowledge regarding these mechanisms is growing, but much has yet to be learned. By acknowledging these challenges, both patients and healthcare providers set the path for a more successful weight-loss journey.

In my practice, I notice that if patients understand obesity is a chronic medical condition, they find a sense of relief. They stop blaming themselves. As they accept it, they feel empowered and engage in solutions and treatment options.

How Should this Chronic Disease Be Treated?

As this is a complex condition, there is no “one size fits all” treatment solution. In addition, as challenges may evolve throughout time, treatment solutions should adapt as well. The currently accepted treatment options for obesity are lifestyle modification (*nutrition, behavior modification and exercise*), weight-loss medications, gastric devices and bariatric surgery.

Here are some of the ongoing challenges that can be faced throughout time:

• Evolving Nutritional Needs:

As individuals affected by obesity lose weight, their nutritional needs change. Caloric goals and food composition (*Percent of protein, fats and carbohydrates*) need to reflect the body's needs at different stages of the weight-loss journey.

% PROTEIN
FATS
CARBS

Building a “good relationship” with food benefits both the body and mind. Unlike with smoking tobacco or drinking alcohol, one cannot “quit” eating. It's important to keep food interesting, pleasurable and healthy. This way, food consumption will ultimately become a lifestyle and not a “diet.” This will help control weight in the longer term.

Patients that undergo bariatric surgery have very specific nutritional needs as well. Long-term established medical care is important for success in preventing complications and addressing challenges.



Obesity as a Chronic Disease continued on page 16

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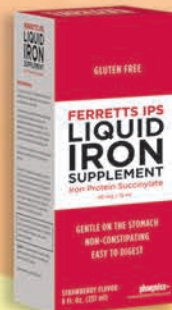
Iron is a mineral that is necessary for life. Iron plays a key role in the making of red blood cells, which carry oxygen. Typical symptoms of iron deficiency are fatigue, irritability, weakness, and pale skin color. Ask your physician if you are iron deficient. When you need iron* choose Ferretts gentle iron supplements and Feel the Difference



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- Behavioral Challenges:

Biological processes that occur during weight-loss are connected with behavioral responses. Food may be perceived as a reward and can sometimes be used to compensate for an emotional void or to cover-up trauma. In these instances, changes in eating can cause significant distress and hinder weight-loss efforts. In addition, decreasing calories or changing the composition of food can trigger uncontrollable feelings of hunger and/or cravings. This results from changing levels of various hunger and satiety hormones.

Sometimes, patients report that they feel ashamed because they can't stop eating. Little do they know that this hunger is well beyond their control because it is triggered by very powerful biological processes.

- Effects on Energy Metabolism:

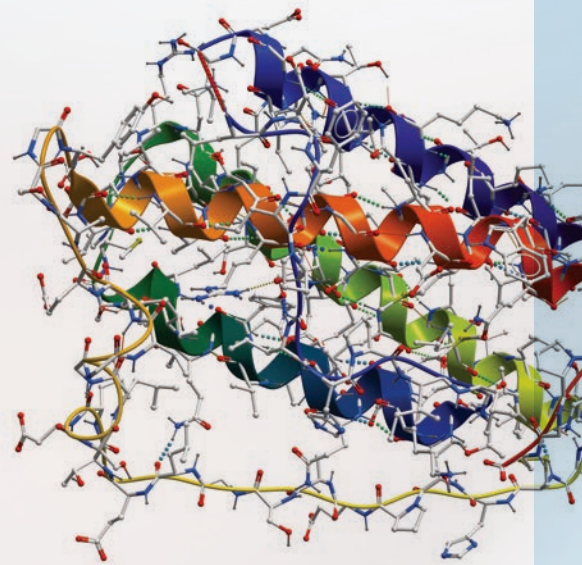
Virtually all processes involved in weight-loss can affect energy metabolism, including:

- Amount of calories consumed
- Food composition
- Length of time someone has been attempting weight-loss
- Aggressiveness of the weight-loss plan
- Individual and genetic variability

These processes are still poorly understood and are also extremely variable from one person to the next. Monitoring the body's response to weight-loss throughout time is very important. This may cause changes in physical activity and exercise to compensate for variations in energy metabolism.

- Obesity Pharmacotherapy:

Adaptive mechanisms that occur during weight-loss have been identified and studied. This has allowed for the creation of obesity medications that target specific and common problems such as hunger and cravings. Throughout time, responses to these medications may change. A vigilant healthcare provider treating obesity will adjust or change medications to continue to target problems and help patients achieve their goals. This is chronic management of a chronic disease.



“Managing obesity as a chronic disease is crucial for the lifelong success of affected individuals.”

● The Benefits and Implications of Bariatric Surgery:

In instances where bariatric surgery is the best treatment option, it's important to understand that it does not "cure" obesity. To avoid weight regain, lifelong obesity treatment is still warranted. Lifestyle changes have to become permanent to ensure success.

In some cases, obesity medications may also be needed to overcome the adaptive mechanisms of the human body. Managing obesity as a chronic disease is crucial for the lifelong success of affected individuals. Using available treatment tools can result in successful "remission" of this chronic disease.

Obesity as a Chronic Disease continued on page 21

Editors Note: To see if bariatric surgery is the right weight management option for you, and to see what kinds of bariatric procedures are available, please visit page 26.

The Perfect Pair

Most bariatric specialty multivitamins look good, but don't typically taste good. And it's tough to continue taking what you don't like!

To help you stay on track, Bariatric Advantage® offers the perfect pair—yummy Multi Chewy Bites and our Iron 45 mg capsule with vitamin C, thiamin, and copper.

Our Multi Chewy Bites are now available in Dark Cherry, Strawberry Watermelon, and new Tropical Orange. Together with our Iron 45 mg capsule, you have the perfect pair for specialized nutritional support that tastes great.

Bariatric Advantage makes it easy to get the nutrients you need.
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800.898.6888

BariatricAdvantage.com

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Ask your Healthcare Provider about BELVIQ® or BELVIQ XR®

What is BELVIQ®/BELVIQ XR®?

BELVIQ/BELVIQ XR is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some adults (body mass index [BMI] ≥ 27 kg/m²) living with extra weight, with a weight-related medical problem, or adults living with obesity (body mass index [BMI] ≥ 30 kg/m²), lose weight and keep it off.

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

Important Safety Information

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

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

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

Get Ongoing Savings

You've got your goals!

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

FDA approved for *weight loss*

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

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

Also Available:

 **BELVIQ®**
(lorcaserin HCl) CIV

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

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

Sign up for monthly savings[‡] and free support.
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Visit BeginBELVIQXR.com or call 1-855-BELVIQ1 (1-855-235-8471)

PROMO CODE: OC

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

[‡]Restrictions apply.

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

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

What is BELVIQ?

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

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

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

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

It is not known if BELVIQ is safe when taken with some other medicines that treat depression, migraines, mental problems, or the common cold (serotonergic or 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.
- are allergic to lorcaserin or any of the ingredients in BELVIQ or BELVIQ XR. See the end of this leaflet for a complete list of ingredients in BELVIQ and BELVIQ XR.

What should I tell my Healthcare Provider before taking BELVIQ?

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

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

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

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

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

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

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

How should I take BELVIQ?

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

What should I avoid while taking BELVIQ?

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

What are the possible side effects of BELVIQ?

BELVIQ may cause serious side effects, including:

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

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

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

How should I store BELVIQ?

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

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

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

General information about the safe and effective use of BELVIQ.

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

You can ask your doctor or pharmacist for information about BELVIQ that is written for health professionals.

For more information, go to www.BELVIQ.com Website or call 1-888-274-2378.

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

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

BELVIQ XR extended-release tablets

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

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For more information, go to www.BELVIQ.com or call 1-888-274-2378.

Revision: May 2017

What Are the Barriers to Managing Obesity as a Chronic Disease?

- **Weight Bias:**

Weight bias commonly results from not perceiving obesity as a medical condition. Efforts are made by organizations like the Obesity Action Coalition (OAC) to educate everyone regarding this unfair treatment of individuals affected by obesity.

- **Lack of Diagnosis:**

Despite being a medical condition, obesity is often omitted in a patient's medical records. If it is not diagnosed, it will most likely not be treated. Healthcare providers need to make a conscious effort to remedy this.

- **Not Discussing Weight Concerns with Patients:**

In some instances, this may result from time constraints during medical visits. In others, lack of knowledge regarding obesity treatment prevents providers from starting this conversation. Dedicated obesity management visits by trained professionals are most appropriate to effectively treat obesity.

- **Not Utilizing Treatment Tools:**

This may be due to a lack of knowledge as well as misconceptions regarding safety of treatment options for obesity. Physician education regarding obesity treatment options is necessary.

- **Lack of Training:**

The number of providers seeking training in obesity management is increasing.

- **Lack of a Multidisciplinary Approach to Weight Management:**

As a complex medical condition, obesity requires a multidisciplinary approach. Nutritionists, behaviorists, exercise physiologists, bariatricians and surgeons all play a crucial role in providing individualized and comprehensive treatments of this complex and chronic medical condition.

- **Limited Access to Care:**

Fair access to obesity treatment options is necessary to allow for treatment – just like any other chronic medical condition. Efforts need to continue to improve our healthcare system.

“As a complex medical condition, obesity requires a multidisciplinary approach.”

Conclusion:

In recent years, significant efforts have been made to understand obesity. It is now recognized as a medical condition. The next challenge is to successfully treat this complex, chronic and relapsing disease by identifying obstacles, improving treatment and improving access to care for anyone affected.

About the Author:

Nadia B. Pietrzykowska, MD, FACP, is a Board Certified and Fellowship trained Obesity Medicine and Nutrition Physician Specialist. She has a primary specialty in Internal Medicine. She is the Founder and Medical Director of “Weight & Life MD,” a Center dedicated to Medical Weight Management, Nutrition, Fitness and Lifestyle located in New Jersey. She strongly believes in a personalized as well as long-term approach to treating the chronic disease of obesity and its co-morbid conditions.

Bringing Together **Our People** ... A Glimpse into the **Emerging**



**COMING
SOON!**



OAC Community

by Mckinzie Step, OAC Community Outreach Engagement Specialist

Imagine a place where you can be completely yourself. A place free of judgement and bias but rich with information, momentum and connectivity. Imagine a place where obesity isn't seen as a character flaw, but is instead treated the way any other disease should be – with understanding, respect and support.



When dealing with the disease of obesity, that kind of place is hard to come across. We exist in a world where weight bias and stigma are all too common. Education surrounding obesity is desperately needed. Individuals struggle to find the empathy, support and treatment they deserve. Now, let's circle back to the place we described above. What if that place existed?

**That place *can* exist and
will exist through the
OAC's Community!**



Since our inception in 2005, OAC has had the privilege of providing education, advocacy and support to millions of Americans affected by obesity. But, more importantly, we've also witnessed an increasing number of individuals who want to be connected, get more involved and make an impact. We've learned a lot from our membership in the past 13 years, and our members have truly paved the way for the excitement that is just beyond the horizon!

Honoring Our Past and Building Our Future

Since our founding, OAC has built a sustainable membership of more than 58,000 members from all across the country (*and some parts of the world*). Our membership is diverse – from those who walk the journey each day, healthcare providers who are on the front lines caring for those with obesity, loved ones who act as support systems and policy makers. Throughout the years, we've experienced a vibrant community naturally come to life. So the question is – how do we harness this powerful force?

“ Throughout the years,
we've experienced a
vibrant community
naturally come to life. ”

While we've achieved tremendous growth, we recognize a greater need for our members and supporters to have the right platforms that foster continuing education, opportunities to get involved and ultimately connect with one another. An old African proverb that speaks directly to this truth goes like this:

“If you want to go quickly, go alone. If you want to go far, go together.”

And that's exactly what we're after – going farther together. As such, we've taken a great deal of time to reflect on our long-term goals to effect change in obesity, along with what supporters really need. We've reflected on past OAC Conventions where our vibrant community has organically come to life. What we've discovered is that in order to continue growing, we need to invest more into the people than ever before.

This is why we have recently shifted our energies to developing a member experience designed to empower, support and encourage one another. We're cultivating that place where awareness, education, advocacy and support come alive and have a permanent home.

So... What Excitement is on the Horizon?

OAC is excited to announce that many groundbreaking developments are in motion to help us serve our membership and reach more individuals. The vibrant community that has naturally formed will soon come to life – OAC's Membership COMMUNITY! As members, you will be the first to know the complete details of what this entails in the weeks to come – but what we can tell you is that you are in for the experience you've been waiting for!

Along with the launch of OAC's Community and the many components that go along with it, we're also excited to unveil even more excitement that will only amplify your experience as an OAC member. Here's a sneak peek:

✓ **A Brand New OAC Web site** – OAC's new and emerging Web site is designed to give users an immersive and seamless experience as they navigate our mission, vision, resources, tools and action items. As a member, you will be the first to tour this work of art!

✓ **A Place to Share Your Personal Stories** – We're continuously inspired by the personal stories and experiences that our members share with us. So, we are building a place where these stories can easily be shared and also provide support to let individuals know they are not alone in their journey.

✓ **Resources to Help You Find the Right Healthcare Provider** – Finding the right provider has been reported as a major challenge among our members seeking care, which is why we've set out to help our members and the public easily find a qualified healthcare provider. This new resource, launching soon, is designed for individuals to take the next step on their weight management journey by discovering and working with healthcare providers who can meet their individual needs in an evidence-based, judgement-free way.

✓ **More Education** – The needs for education are endless, which is why we're committed to creating stronger programming that will allow us to unveil new and improved educational resources to facilitate greater understanding about weight and health, as well as outreach opportunities.

OAC Community continued on page 24

How Can I Be a Part of Building the Future of OAC?

With all the excitement to come, it goes without saying that our members will remain the foundation of it all. We've traveled great distances together, and will continue to do so until we reach our goals. Together, we will continue to:

- Stand-up to weight bias and demand greater respect for individuals of all sizes
- Advocate for expanded access to obesity healthcare
- Educate the world about all the different complexions of obesity
- Increase the recognition of obesity as a disease
- Encourage, support and assist individuals who are affected by obesity
- And so much more!

With continued growth, however, comes increased opportunity. There is still a need to work tirelessly in all of the above areas and strengthen our efforts. To do so, OAC requires a strong army of individuals who are willing to help us grow our presence and reach more people.

Conclusion

Rest assured – OAC is working diligently and passionately to continue growing, thriving and giving a voice to the more than 93 million Americans affected by obesity. We have some promising changes and opportunities on the way that mean great things for our organization and our entire community, so make sure you stay tuned to all that's in store!

Do you want to join us in building this future? Will you help move the OAC forward?

Here's what you can do:



Reflect – Take a moment to think about your interests, passions and strengths. What are you good at? What makes you happy, motivated and empowered? What can you contribute to help move our efforts forward?



Brainstorm – Spend some time thinking about how your strengths and passions can benefit the OAC and help us reach our long-term goals.



Reach Out to Us – Send an email to Membership@obesityaction.org and connect with us! We want to get to know you more and find the perfect place for you within our organization. We're building an arsenal of individuals to depend on as we unveil the new OAC Community, and you can be on the frontlines!



Start Taking #OACAction and Share Your Activities –

Spread the word about the OAC; distribute our tools and resources; help us advocate for individuals with obesity when opportunities arise; help us fight weight bias; attend our events; donate to the OAC to make a change in other individuals' lives. Our new developments will provide even more opportunities to engage with us, but there's no harm in getting started now! Use the **#OACAction** hashtag to publicize your actions and encourage others to do the same!

REFRESHING PROTEIN



Clear™ Protein Drink



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Dear Doctor +

How Do I Choose the Right Bariatric Surgery Procedure for Me?



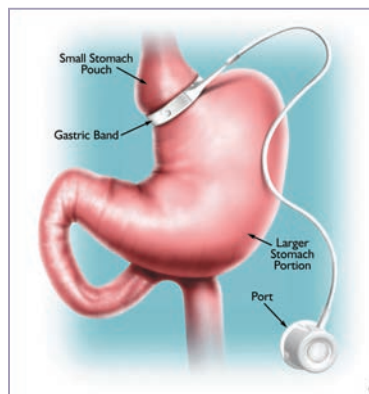
Answer Provided by
Lloyd Stegemann, MD, FASMB

TYPES OF BARIATRIC SURGERY

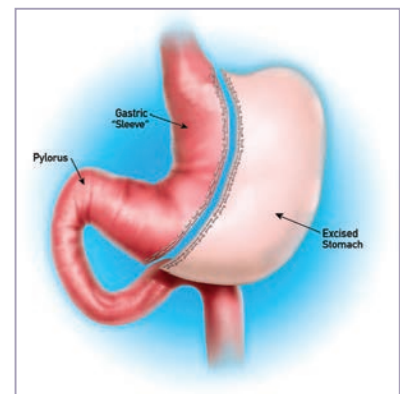
Throughout the last decade, America's obesity epidemic has continued to get worse. Recent U.S. data shows nearly 40 percent of Americans have severe obesity, with even higher rates in women and minorities. Along with this weight, significant medical problems arise such as high blood pressure, diabetes, sleep apnea, heart disease and several types of cancer.

For those with severe forms of obesity (BMI >40), bariatric surgery has been shown to be the most reliable method for achieving long-term weight-loss and improvement in weight-related medical problems. Throughout the past 10 years, the risk of having these procedures has continued to decrease due to improvements in care before, during and after surgery. Today, the average risk patient having a bariatric operation is at no greater risk than if they were having their gallbladder removed! For these reasons, more and more individuals with obesity are looking to bariatric surgery as a treatment option.

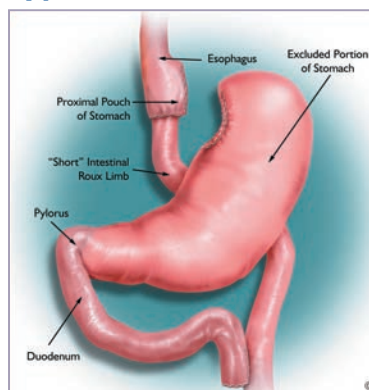
Adjustable Gastric Banding



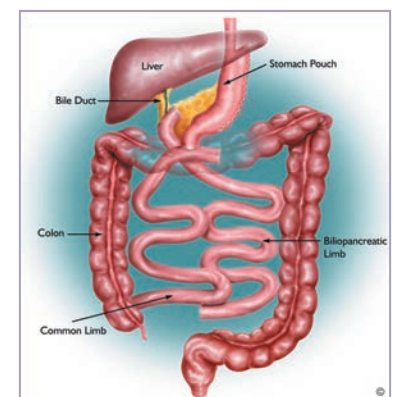
Sleeve Gastrectomy



Roux-en-Y Gastric Bypass



Biliopancreatic Diversion with Duodenal Switch



Photos courtesy of Ethicon

Before You Choose to Have Bariatric Surgery

To save you time and possible disappointment, there are a number of considerations and some legwork that should be done before you make an appointment with a bariatric surgery program. Here are a few things to consider:

1. Are you at a place in your life where you have the time and ability to dedicate the required effort after surgery to be successful? Because of safety improvements, actual surgery is the easy part for most patients. The real work starts after surgery as you begin creating the healthy habits necessary for maximizing the results of your operation. This means making significant changes in your life that can bring about stress and turmoil if not handled properly.

I recently saw a patient who was a mother of three school-age kids, worked a full-time job and went to school at night – all while trying to maintain her home and family life. It was clearly not a good time for her to consider bariatric surgery.

“The real work starts after surgery as you begin creating the healthy habits necessary for maximizing the results of your operation.”

2. Does your health insurance cover bariatric surgery? While the bariatric surgery program you choose will check this for you, it is helpful to know this information before you call the program. The easiest way to get this information is to call your insurance company, but there are other ways as well. Do you have a Human Resources Department at your job? Do you have the same plan as co-workers that have had bariatric surgery?

If your insurance plan does not cover bariatric surgery, you will have to decide if you have the ability to pay cash for your operation. There are a number of options for getting the money to pay for surgery, including getting a loan from a medical financing company, taking out a home equity loan, borrowing from a 401K or borrowing from a family member.

3. Do you have the finances to cover out-of-pocket costs before bariatric surgery? Most patients can expect to pay somewhere between \$2,000-4,000 before their operation to cover costs of pre-operative tests, labs, surgeon fees, anesthesia fees and hospital fees.
4. Do you have paid time off available at your job? In general, people will miss two weeks of work after bariatric surgery – but this is variable.

Dear Doctor continued on page 30

Platinum

Novo Nordisk

Gold

American Society for Metabolic & Bariatric Surgery
Bariatric Advantage
Orexigen Therapeutics, Inc.
Potomac Currents

Silver

Eisai Inc.
Ethicon
New Life Center for Bariatric Surgery

Bronze

Celebrate Vitamins
Geisinger Healthcare System
KVK-Tech, Inc.
Medi-Weightloss®
Nestle Health Sciences/OPTIFAST
Rhythm Pharmaceuticals
Rocky Mountain Associated Physicians

Patron

Alaska Bariatric Center
Allurion Technologies
Aspire Bariatrics/Aspire Assist
Baronova
Billings Clinic
BMI of Texas
Bronson Bariatric & Metabolic Specialists
ConscienHealth
Erlanger Surgery Center
Jaime Fivecoat
GI Dynamics
IU Health Bariatric & Medical Weight Loss
Livliga/Elegant Portion Control
Mercy Bariatric Center
Murfreesboro Surgical Specialists
NYU Langone Weight Management Program
Naturally Slim®
Pack Health
Pennington Biomedical Research
Lloyd Stegemann, MD
Christopher D. Still, DO
Southern Surgical Hospital
The Obesity Society
Trinity Bariatric Surgery:
Weight & Life MD/Nadia B. Pietrzykowska, MD

Platinum: \$100,000 and up Bronze: \$5,000 - \$9,999
Gold: \$50,000 - \$99,999 Patron: \$1,000 - \$4,999
Silver: \$10,000 - \$49,999

List as of 3/30/18



NEED HELP TAKING OFF EXCESS WEIGHT AND KEEPING IT OFF?

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

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

^aThese results were from a 56-week trial of adults with excess weight (BMI ≥27) with at least 1 weight-related condition, or obesity (BMI ≥30), not including patients with type 2 diabetes. On average, there were 27% of people on Saxenda® and 34% on placebo who did not complete the studies. In the study, 62% of patients on Saxenda® lost ≥5% body weight (34%, placebo) and 34% lost ≥10% body weight (15%, placebo). Significant weight loss was evaluated only at 56 weeks, as per study design.

^bA 56-week trial of adults with excess weight (BMI ≥27) with at least 1 weight-related condition, or obesity (BMI ≥30), not including patients with type 2 diabetes. This study was designed to measure weight loss (beginning to end of trial), ability to keep weight off (didn't gain >0.5%), and those who achieved ≥5% weight loss.

^cResults may not reflect those expected in the general population.

Ask your health care professional about Saxenda® and learn more at Saxenda.com

What is Saxenda®?

Saxenda® (liraglutide) injection 3mg is an injectable prescription medicine that may help some adults with excess weight (BMI ≥27) who also have weight-related medical problems or obesity (BMI ≥30) lose weight and keep the weight off. Saxenda® should be used with a reduced-calorie meal plan and increased physical activity.

- Saxenda® is not for the treatment of type 2 diabetes
- Saxenda® and Victoza® have the same active ingredient, liraglutide, and should not be used together
- Saxenda® should not be used with other GLP-1 receptor agonist medicines
- Saxenda® and insulin should not be used together
- It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight-loss products
- It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke
- It is not known if Saxenda® can be used safely in people who have had pancreatitis
- It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children

Important Safety Information

What is the most important information I should know about Saxenda®?

Serious side effects may happen in people who take Saxenda®, including: **Possible thyroid tumors, including cancer.** Tell your health care professional if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. Do not use Saxenda® if you or any of your family have ever had MTC, or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

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

- you or any of your family have a history of MTC
- you have MEN 2. This is a disease where people have tumors in more than one gland in their body
- you are allergic to liraglutide or any of the ingredients in Saxenda®. Symptoms of a serious allergic reaction may include: swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very rapid heartbeat, problems breathing or swallowing, and severe rash or itching

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

Before taking Saxenda®, tell your health care provider about all of your medical conditions, including if you:

- have any of the conditions listed in the section "What is the most important information I should know about Saxenda®?"
- are taking certain medications called GLP-1 receptor agonists
- are allergic to liraglutide or any of the other ingredients in Saxenda®
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food
- have or have had problems with your pancreas, kidneys or liver
- have or have had depression or suicidal thoughts
- are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby. Tell your health care provider if you become pregnant while taking Saxenda®. If you are pregnant you should stop using Saxenda®
- are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into your breast milk. You and your health care provider should decide if you will take Saxenda® or breastfeed. You should not do both without talking with your healthcare provider first

Please see brief summary of Information about Saxenda® on adjacent page.


If you would like more information, please speak to your health care professional. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.



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Saxenda®
liraglutide injection 3mg

<div>  <div> Brief Summary of Information about Saxenda® (liraglutide) injection 3 mg </div> </div>	<ul style="list-style-type: none"> • If you take too much Saxenda®, call your healthcare provider right away. Too much Saxenda® may cause severe nausea and vomiting. • Never share your Saxenda® pen or needles with another person. You may give an infection to them, or get an infection from them.
Rx Only This information is not comprehensive. How to get more information: <ul style="list-style-type: none"> • Talk to your healthcare provider or pharmacist • Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling • Call 1-844-363-4448 	What are the possible side effects of Saxenda®? <ul style="list-style-type: none"> • Saxenda® may cause serious side effects, including: possible thyroid tumors, including cancer. See “What is the most important information I should know about Saxenda®?” • inflammation of the pancreas (pancreatitis). Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back. • gallbladder problems. Saxenda® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms: <ul style="list-style-type: none"> • pain in your upper stomach (abdomen) • yellowing of your skin or eyes (jaundice) • fever • clay-colored stools • low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus. Saxenda® can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda®. Signs and symptoms of low blood sugar may include: <ul style="list-style-type: none"> • shakiness • weakness • hunger • sweating • dizziness • fast heartbeat • headache • confusion • feeling jittery • drowsiness • irritability
What is the most important information I should know about Saxenda®? Serious side effects may happen in people who take Saxenda®, including: Possible thyroid tumors, including cancer. Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. Do not use Saxenda® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).	
What is Saxenda®? Saxenda® is an injectable prescription medicine that may help some obese or overweight adults who also have weight related medical problems lose weight and keep the weight off. <ul style="list-style-type: none"> • Saxenda® should be used with a reduced calorie diet and increased physical activity. • Saxenda® is not for the treatment of type 2 diabetes mellitus. • Saxenda® and Victoza® have the same active ingredient, liraglutide. • Saxenda® and Victoza® should not be used together. • Saxenda® should not be used with other GLP-1 receptor agonist medicines. • Saxenda® and insulin should not be used together. • It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products. • It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke. • It is not known if Saxenda® can be used safely in people who have had pancreatitis. • It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children. 	Talk to your healthcare provider about how to recognize and treat low blood sugar. Make sure that your family and other people who are around you a lot know how to recognize and treat low blood sugar. You should check your blood sugar before you start taking Saxenda® and while you take Saxenda®. <ul style="list-style-type: none"> • increased heart rate. Saxenda® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take Saxenda®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes when taking Saxenda®. • kidney problems (kidney failure). Saxenda® may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.
Who should not use Saxenda®? Do not use Saxenda® if: <ul style="list-style-type: none"> • you or any of your family have a history of medullary thyroid carcinoma. • you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body. • you are allergic to liraglutide or any of the ingredients in Saxenda®. <ul style="list-style-type: none"> • Symptoms of a serious allergic reaction may include: <ul style="list-style-type: none"> • swelling of your face, lips, tongue, or throat • problems breathing or swallowing • fainting or feeling dizzy • severe rash or itching • very rapid heartbeat Talk with your healthcare provider if you are not sure if you have any of these conditions. <ul style="list-style-type: none"> • are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby. 	Call your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth. <ul style="list-style-type: none"> • serious allergic reactions. Serious allergic reactions can happen with Saxenda®, and get medical help right away if you have any symptoms of a serious allergic reaction. See “Who should not use Saxenda®”. • 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.
Before taking Saxenda®, tell your healthcare provider about all of your medical conditions, including if you: <ul style="list-style-type: none"> • have any of the conditions listed in the section “What is the most important information I should know about Saxenda®?” • are taking certain medications called GLP-1 receptor agonists. • are allergic to liraglutide or any of the other ingredients in Saxenda®. • have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food. • have or have had problems with your pancreas, kidneys or liver. • have or have had depression or suicidal thoughts. • are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby. Tell your healthcare provider if you become pregnant while taking Saxenda®. If you are pregnant you should stop using Saxenda®. • are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into your breast milk. You and your healthcare provider should decide if you will take Saxenda® or breastfeed. You should not do both without talking with your healthcare provider first. Tell your healthcare provider about all the medicines you take including prescription and over-the-counter medicines, vitamins, and herbal supplements. Saxenda® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda® may affect the way some medicines work and some other medicines may affect the way Saxenda® works. Tell your healthcare provider if you take diabetes medicines, especially sulfonylurea medicines or insulin.	The most common side effects of Saxenda® include: <ul style="list-style-type: none"> • nausea • headache • decreased appetite • dizziness • diarrhea • vomiting • upset stomach • stomach pain • constipation • low blood sugar (hypoglycemia) • tiredness • change in enzyme (lipase) levels in your blood Nausea is most common when first starting Saxenda®, but decreases over time in most people as their body gets used to the medicine. Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of Saxenda®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. Keep your Saxenda® pen, pen needles, and all medicines out of the reach of children.
How should I use Saxenda®? <ul style="list-style-type: none"> • Inject your dose of Saxenda® under the skin (subcutaneous injection) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider. Do not inject into a vein or muscle. 	For more information, go to saxenda.com or call 1-844-363-4448. Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark More detailed information is available upon request. Available by prescription only. For information about Saxenda® contact: Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536 1-844-363-4448 Saxenda® and Victoza® are registered trademarks of Novo Nordisk A/S. PATENT Information: http://novonordisk-us.com/patients/products/product-patents.html Revised: SEPTEMBER 2016, VERSION 2



Finding Your Bariatric Surgeon/Program

Once you have answered these questions, it's time to look for a bariatric surgery center in your area. The easiest way to do this is to visit the American Society for Metabolic and Bariatric Surgery (ASMBS) website at ASMBS.com and use the "Find a Provider" feature. After entering your zip code, you will see all of the bariatric surgeons in your area along with their contact information.



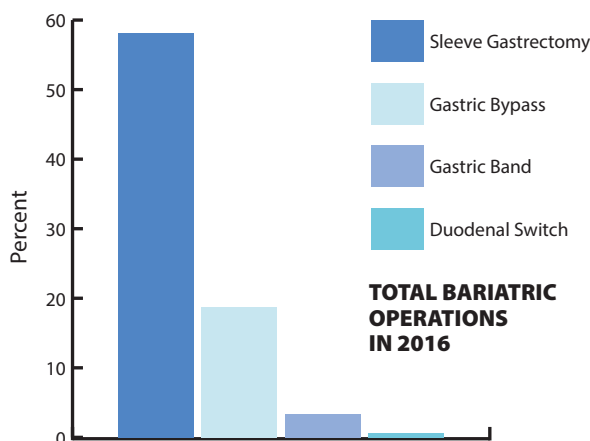
Once you get this information, I would encourage you to do the following:

1. Research the surgeon's website, Facebook page, Twitter profile, etc. to learn more about them and the program they offer. Do they offer all bariatric surgery options, or do they just do one type of surgery? How long have they been performing bariatric surgery? Do they operate at a hospital that is accredited in bariatric surgery? Who covers for them when they are unavailable? Do they offer an aftercare program?
2. Research online to see what other patients are saying about the surgeon or their program.
3. Talk to other patients who used that surgeon and ask about their experience before, during and after surgery. How is the surgeon's bedside manner? Is the office easy to work with? Are calls returned promptly?
4. Consider going to a support group meeting to meet others who used that program.

Choosing Your Procedure

Here are the most common bariatric operations and the percentage they make up of the total bariatric operations performed in 2016:

- Sleeve Gastrectomy – 58.1 percent
- Gastric Bypass – 18.7 percent
- Gastric Band – 3.4 percent
- Duodenal Switch – 0.6 percent



Most patients "know" which surgery they want to have when they come to their first appointment. This is usually based on the fact that they have a friend, colleague or family member who has had success with a particular bariatric procedure. Other times, they've heard "bad things" about another procedure.

It's important to keep an open mind when considering the different options available to you, because there is a lot of misinformation out there that can sway you toward an operation which might not be in your best interest. There is no "right" operation for everybody. All of the available bariatric operations are effective, but there are certainly differences between them.

Here are some things that should be considered when choosing the "right" procedure for you:

Risk Tolerance

While every operation has risk of complication and the possibility of death, some operations carry more risk than others. For bariatric surgery, the risk of complication and death in the first 30 days after surgery from least risky to riskiest is:

- Gastric Band
- Sleeve gastrectomy
- Gastric bypass
- Duodenal switch

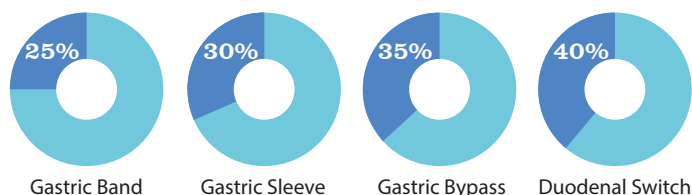
The risk of complication or death often depends on a number of factors, including the medical condition of the patient prior to surgery and surgeon experience with different procedures. When you meet with your surgeon, they can give you a better idea of your individual risk.

Amount of Weight You Want to Lose

Each of the bariatric operations has a different amount of total body weight that a patient can expect to lose within 12-18 months after surgery.

- 25 percent with gastric band
- 30 percent with a gastric sleeve
- 35 percent with gastric bypass
- 40 percent with duodenal switch

TOTAL BODY WEIGHT EXPECTED TO LOSE



It's important to keep in mind that these are averages, so some patients will lose more and some will lose less than the predicted amount. In my experience, gastric bypass and duodenal switch patients almost always lose the predicted amount of weight – but sleeve and band patient results are much less predictable. This is likely because gastric bypass and duodenal switch operations create a stronger “metabolic effect” in the body when compared to the sleeve gastrectomy and band. If a patient would like to lose more weight than the amount predicted with their chosen procedure, they should strongly consider medical weight management before bariatric surgery.

Ability to Follow-up

While follow-up is important for success after every bariatric surgery, it's especially true for the band and duodenal switch. If the band is not adjusted on a regular basis during the first two years after surgery, the patient will see minimal success. This means the patient will need to come in for regular visits (*usually monthly for the first year*). If the patient lives a long distance from the center, has difficulty getting time off work, can't afford copays or their band fills, then the band is very unlikely to produce the results they are looking to achieve.

Of the stapled procedures (*sleeve, bypass, duodenal switch*), the duodenal switch patient has the greatest chance of developing life-altering vitamin and mineral deficiencies or malnutrition. Therefore, they need their labs checked regularly – especially during the first year after surgery.

Eating Habits and Lifestyle

To be successful after surgery, patients must work on changing their eating habits. This means focusing more on proteins and vegetables and less on carbohydrates, sweets and liquid calories.

All bariatric operations help reduce hunger and improve portion control. With the gastric bypass and duodenal switch, the operation also helps reinforce healthier eating habits by creating negative effects (*nausea, abdominal pain or diarrhea*) when the patient eats too much sugar or fat. This negative feedback often helps patients adapt to a healthier diet if they've previously struggled controlling their sweet and fat intake.

The gastric bypass operation also seems to decrease sweet cravings more than other operations. Duodenal switch patients will often have five to seven watery bowel movements a day in the early months after surgery, but this will ultimately shift to four to five formed bowel movements. This does not occur with the band, sleeve or gastric bypass.

Medical Conditions

There are certain medical conditions that, when present, would favor one operation over another. A full discussion of this topic is out of the scope of this article, but examples include diabetes, hiatal hernia, gastroesophageal reflux disease (GERD), Crohn's Disease, kidney failure, smoking, arthritis, steroid dependence and multiple abdominal operations.

Reversibility/Revise Ability

While every bariatric operation should be considered “permanent” and there are very few reasons why one would be reversed, it is possible to take out a band and reverse a gastric bypass (*put the pieces back together*).

Because a large portion of the stomach is removed with a gastric sleeve and a duodenal switch, it is not possible to reverse these operations. On the other hand, if a band patient or a sleeve patient doesn't achieve the desired weight-loss and improvement in weight-related medical problems, these operations can be revised to a different bariatric operation. It would be quite unusual to see a gastric bypass or duodenal switch patient revised to a different bariatric operation.

Conclusion

Bariatric surgery is a safe, effective way to achieve sustained weight-loss, improvement in weight-related medical problems and improved quality of life. However, there is no way to predict with any certainty what the “right” bariatric operation for any particular patient is. Doing your homework before seeing your surgeon and choosing the operation that best fits your weight-loss goals, risk tolerance and lifestyle will guarantee you get the “right” bariatric operation for you.

About the Author:

Lloyd Stegemann, MD, FASMBS, is a bariatric surgeon in Corpus Christi, Texas. Dr. Stegemann is a passionate advocate for universal access to bariatric surgery and is a former National Board Member of the OAC.



Take Your HEALTH to New Heights

at the OAC's 7th Annual *Your Weight Matters* NATIONAL CONVENTION!

by Mckinzie Step, OAC's Creative Outreach Engagement Specialist



Sometimes, the journey with weight can feel like you're navigating through a rocky landscape. It's filled with uphill climbs, downward slopes, challenges and victories. It's not always easy to find your way around, but reaching new heights is certainly worth the effort.

At this year's 7th Annual *Your Weight Matters* National Convention, the Obesity Action Coalition (OAC) wants to help you reach those new heights. Since our inception in 2005, we've devoted our work to providing a unique community where the everyday individual can find a welcoming and supportive place to move forward on their weight management journey. We are honored to host such a special Convention each year and offer an environment rich with science-based education, leading experts presenting world-class information, practical tips, tools, guidance and more.

This summer, we're bringing more individuals than ever before to the Mile High City for a weekend filled with unparalleled weight and health information, genuine support, an open community and brand new opportunities. With great excitement, it is our pleasure to invite you to join us at **YWM2018** and help you **Take Your Health to New Heights!**

What You'll Experience at **YWM2018**

Premier Weight and Health Education

You won't find education of this quality anywhere else! Experience our world-class Program Agenda and take advantage of the following highlights:

- More than 50 unique topics presented by the nation's leading experts
- Tips, tricks and tools to take home with you
- Chances to connect with experts one-on-one
- Advocacy training to help you stand-up for and represent individuals with obesity (*Thursday training session*)
- Engagement training to help you take action with the OAC! (*Thursday training session*)



Your Weight Matters Healthy Living EXPO

Between educational sessions and special events, we invite you to explore our EXPO Hall and experience all the diverse information and education it has to offer! The **YWM Healthy Living EXPO Hall** features a variety of highlights, including:

- More than 30 unique vendors in the weight/health industry
- Products, services, samples and more
- Chances to mingle and connect with other attendees
- Opportunities to engage further with the OAC



A Diverse and Energizing Exercise Program

Come move and groove with us at **YWM2018**! Our Convention offers a safe space for individuals of all skill levels to participate in the following classes and sessions:

- Morning walks and runs
- Aqua Fitness
- Group Fitness
- And more!

Engage with the Experts One-on-One

Don't just listen to the experts talk about weight and health – take the time to dive-in and connect with them on a deeper level! The following **YWM2018** special events truly provide you with the opportunities to take your health to new heights:

- Breakfast with the Experts (*ticketed event - \$18/day*)
- Lunch with the Experts (*ticketed event - \$18/day*)
- Saturday Afternoon Workshop – 50 Shades of Obesity (*ticketed event - \$15*)



Opportunities to Connect with Like-minded People

The Convention is a place where all individuals are welcome – no matter their stage in the weight management journey. We want you to have a place where you can connect with individuals with shared experiences and build relationships to last a lifetime. The following special events offer connection opportunities you can look forward to:

- Convention Attendee and Exhibitor Welcome Reception
- Friday Night Welcoming Ceremonies Dinner – “The Great Outdoors”
- OAC Reception and Awards Ceremony
- Reaching the Summit - OAC's final Send-off Event



Healthcare Professionals – Earn up to 20 CE Credits!

At **YWM2018**, nurses and some healthcare professionals have the opportunity to learn what their patients learn about weight, health, nutrition, exercise, obesity and more – all while earning up to 20 CE Credits! Early-bird CE Credit rates include:

- \$145 for Full Registration w/ CE Credits
- \$65 for Single-day Registration w/ CE Credits

YWM2018 PROGRAM AGENDA

Thursday, July 19

- 10:30 am – 5:00 pm** Registration Open
- 1:00 pm – 4:30 pm** OAC's National, State and Local Advocacy Training Session
- OR**
- Taking #OACAction - Get ENGAGED to Make a Difference**
- 7:00 pm – 8:30 pm** Convention Attendee and Exhibitor Welcome Reception
(included with all registration options)

Friday, July 20

- 7:00 am – 7:45 am** Group Exercise Classes and Morning Walks/Runs
- 7:00 am – 5:00 pm** Registration Open
- 7:30 am – 5:15 pm** EXPO Hall Open
- 7:30 am – 9:00 am** Breakfast in the EXPO Hall
- 7:45 am – 8:45 am** Breakfast with the Experts
(Special Event-ticketed)
1. We are Family: Approaching Obesity Management Together
– Nancy F. Krebs, MD, MS
 2. I'm new... me too!" Connecting with Fellow First-time Attendees
– Debe Gau
 3. Choosing the Right Surgical Procedure for Me
– Walter Medlin, MD
 4. An Honest Conversation about Transfer Addiction
– David Creel, PhD
 5. Relationships: Who's Changing - Me or them?
– Pam Davis, RN, CBN, MBA
 6. Practical Tips for Breaking Food Cravings
– Holly Herrington, MS, RD, LDN, CDE
 7. Vitamins from A to Z: Knowing What I Need after Bariatric Surgery
– Christopher D. Still, DO, FACN, FACP, FTOS
 8. Mind and Body: Why Does My Brain Zig While My Actions Zag?
– Tammy Beaumont, BSN, RN, CBN
- 9:00 am – 9:45 am** Opening Keynote – Stronger Together:
Taking #OACAction to New Heights
Event Leaders,
Jeanne Blankenship, MS, RDN;
and Ethan Lazarus, MD
- 9:50 am – 10:30 am** Why is it So Hard to Lose Weight and Keep it off?
Kevin Hall, PhD
- 10:30 am – 11:15 am** Break – Visit EXPO Hall Vendors
- 11:05 am – 11:15 am** Pre-session Exercise Demo
- 11:15 am – 12:00 pm** The More You Know: Lessons Learned from Childhood Obesity Prevention and Treatment
Thomas Inge, MD, PhD; and
Nancy F. Krebs, MD, MS

12:15 pm – 1:30 pm Lunch with the Experts (Special Event-ticketed)

1. Treating Obesity and Teens: Where to Start?
– Thomas Inge, MD, PhD
2. Finding the Fun in Celebrations... beyond the Food
– Christine Russel, MS, RDN
3. From Pre-op to Post-op – Preparing for the Journey ahead
– Tammy Beaumont, BSN, RN, CBN
4. The Mechanics of Your Metabolism: Set-point, Biology, Hormones and More
– Nadia B. Pietrzykowska, MD, FACP, Dipl. ABOM
5. When the Number Goes Up, Don't Give up: Dealing with Weight Regain
– Walter Medlin, MD
6. Hands-on Nutrition: Meal Planning and Prepping
– Holly Herrington, MS, RD, LDN, CDE
7. Learning to Love Exercise: Simple Tips to Getting Started
– Yelena Kibasova
8. Silencing Your Inner Critic: Nixing Negative Self-talk
– Paul B. Davidson, PhD

12:45 pm – 1:30 pm Peer Led Support Group

1:45 pm – 3:00 pm Breakout Sessions (2 offered)

Asking for Help: Facing Post-surgery Weight Regain Head-on

Robert Kushner, MD; Paul B. Davidson, PhD; and
Holly Herrington, MS, RD, LDN, CDE

OR

Weighing the Impact: Understanding Obesity's Related Conditions

Scott Kahan, MD, MPH; and
Christopher D. Still, DO, FACN, FACP, FTOS

Subtopic 1: Examining the Most Common Obesity-related Conditions

Subtopic 2: Balancing Your Related Conditions and Staying on Course

3:00 pm – 3:45 pm

Break – Visit EXPO Hall Vendors

3:35 pm – 3:45 pm

Pre-session Exercise Demos

3:45 pm – 5:00 pm

Breakout Sessions (2 offered)

A Piece of the Puzzle: Obesity Medications for Weight-loss and Long-term Weight Maintenance

Scott Kahan, MD, MPH; and
Ted Kyle, RPh, MBA

Subtopic 1: Perception Versus Reality: The New Landscape of Obesity Medications

Subtopic 2: A Practical Look: Partnering with Your Provider to Discuss Medications

OR

Beyond Surgery: Prioritizing Post-op Annual Visits and Long-term Care

Pam Davis, RN, CBN, MBA;
David Creel, PhD;
Walter Medlin, MD; and
Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT

Subtopic 1: Let's Talk: The Medical Side

Subtopic 2: Let's Talk: Nutrition and Exercise

Subtopic 3: Let's Talk: Mental Health and Your Wellbeing

5:00 pm – 5:15 pm

Break – Visit EXPO Hall Vendors

5:30 pm – 6:15 pm

Afternoon Group Exercise Classes

7:30 pm – 10:30 pm

Friday Night Welcoming Ceremonies Dinner (ticketed event – included with Full Convention Registration)

Take Your Health to New Heights!

Saturday, July 21

7:00 am – 7:45 am **Group Exercise Classes**

7:00 am – 5:00 pm **Registration Open**

7:30 am – 5:15 pm **EXPO Hall Open**

7:30 am – 9:00 am **Breakfast in the EXPO Hall**

7:45 am – 8:45 am **Breakfast with the Experts**
(Special Event-ticketed)

1. Taking **#OACAction**: Let's Get Social to Make a Difference!
– Michelle Vicari
2. Fighting for Coverage: Steps to Appealing a Denial
– Sarah Bramblette, MSHL
3. Medications for Chronic Weight Management: Let's Explore!
– Robert Kushner, MD
4. Extreme Makeover: Pantry Edition
– Pam Davis, RN, CBN, MBA
5. What the Health? Exploring the Vegetarian Lifestyle
– Speaker TBA
6. Sleep, Stress and Your Health: Creating a Life of Self-care
– Rachel Goldman, PhD, FTOS
7. Taking Control: Chronic Pain Management and its Impact on Your Journey
– Speaker TBA
8. PCOS and Obesity: Let's Talk about it
– Speaker TBA

9:00 am – 9:45 am **Can Exercise Remodel Your Metabolism?**
Jim Hill, PhD

9:50 am – 10:30 am **On the Horizon: The Science behind a Personalized Approach to Obesity Care**
Paul MacLean, PhD

10:30 am – 11:15 am **Break – Visit EXPO Hall Vendors**

11:05 am – 11:15 am **Pre-session Exercise Demo**

11:15 am – 12:00 pm **Impact of Weight Bias on Your Health: Steps to Rejecting Self-stigma**
Rebecca Pearl, PhD

12:15 pm – 1:30 pm **Lunch with the Experts**
(Special Event-ticketed)

1. The ABCs of Working with Your PCP: Starting the Conversation
– Adam Tsai, MD
2. Post-Op Wisdom: Lessons Learned from the Great Outdoors
– Rob Portinga
3. Why is My Weight-loss Stalling? Pushing through a Plateau
– Nadia B. Pietrzykowska, MD, FACP, Dipl. ABOM
4. Self-sabotage: Battling Your Worst Enemy... Yourself
– Paul B. Davidson, PhD
5. Ask a Plastic Surgeon: What to Know about Body Contouring
– Speaker TBA
6. Understanding Revisions: Looking at the Factors at Play
– Walter Medlin, MD
7. Get on Your Way to Training for a 5K
– Pandora Williams, CPT
8. Exiting the Emotional Eating Rollercoaster
– Rachel Goldman, PhD, FTOS
9. Fighting the Battle against Food Addiction
– David Creel, PhD

12:45 pm – 1:30 pm

1:45 pm – 3:00 pm

Peer Led Support Group

Breakout Sessions (2 offered)

Finding Your "Sweet Spot" in Nutrition
Cassie Story, RDN

Subtopic 1: Hot Topics: Current Diet and Nutrition Trends

Subtopic 2: Let's Digest: Comparing the Most Popular Nutrition Plans and Consumer Diet Trends

Subtopic 3: Setting the Table: Maximizing Your Nutrition Strategy

OR

Self Image and Acceptance following Bariatric Surgery

Paul B. Davidson, PhD; Rachel Goldman, PhD, FTOS; and patient

3:00 pm – 3:45 pm

Break – Visit EXPO Hall Vendors

3:35 pm – 3:45 pm

Pre-session Exercise Demos

3:45 pm – 5:00 pm

Breakout Sessions (2 offered)

A Partnership to a Healthier You: The Role of Your PCP in Managing the Chronic Disease of Obesity

Adam Tsai, MD

Subtopic 1: Being Proactive: The Value of Primary Care in Your Health Journey

Subtopic 2: Bridging the Conversation: Prioritizing Weight Management in Primary Care

OR

Meeting in the Middle: A Discussion about Body Positivity and Health

Scott Kahan, MD, MPH

5:00 pm – 5:15 pm

Break – Visit EXPO Hall Vendors

5:15 pm – 6:15 pm

Saturday Afternoon Workshop: 50 Shades of Obesity
(Special Event-ticketed)

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

5:30 pm – 6:15 pm

Afternoon Group Exercise Classes

7:30 pm – 9:00 pm

OAC Reception and Awards Ceremony

Sunday, July 22

8:00 am - 9:30 pm

Reaching the Summit - OAC's Final Send-off Event
(included with all registration options)



Make Your Plans to Attend!

Affordable Pricing Options for Everyone

Each year, we strive to make the cost of attending our Convention as affordable as possible. Whether you're seeking the right education, tools and support for your weight management journey, are a loved one to someone else on this journey or you're a healthcare provider, **YWM2018** is an event you don't want to miss! Our spectacular Convention Registration rates include:

Single-day Registration

- Access to all educational sessions and group fitness classes
- YWM Healthy Living EXPO
- Convention T-shirt, souvenir tote bag and Program Book
- Opportunity to pre-register for OAC's Training Sessions
- One ticket to OAC's final send-off event

Meals, Breakfast/Lunch with the Experts, social events and workshops are NOT included with Single-day Registration.

Starting at
\$40
per day

Full Convention Registration

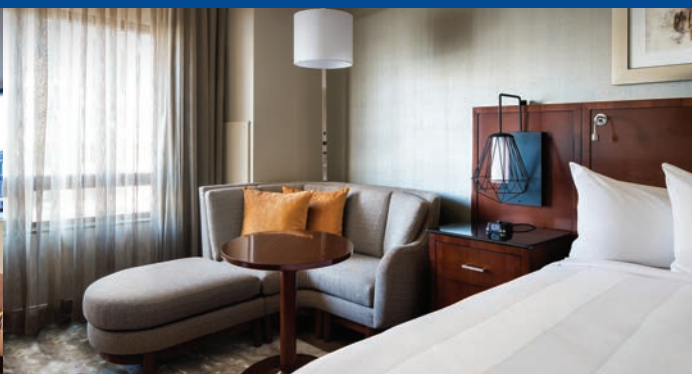
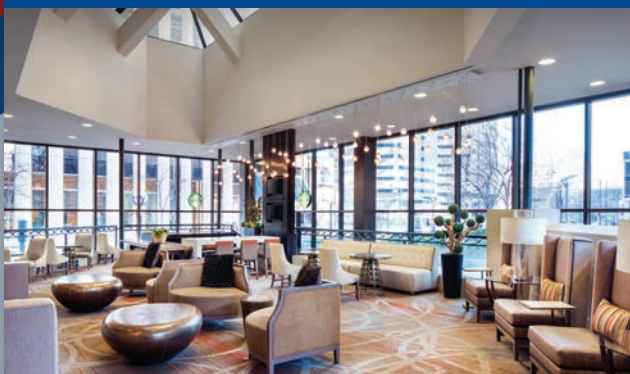
- Access to all educational sessions and group fitness classes
- YWM Healthy Living EXPO
- Convention T-shirt, souvenir tote bag and Program Book
- Opportunity to pre-register for OAC's Training Sessions
- Breakfast on Friday and Saturday morning
- One ticket to the Event Welcoming Ceremonies Dinner, Annual Awards Ceremony and OAC's final send-off event

Breakfast/Lunch with the Experts and workshops are NOT included with Full Convention Registration.

\$95

Register Today! Visit YWMConvention.com

Please note: Prices listed above are part of our Early-bird Registration promotion and will last until May 15.



Reserve Your Room in Denver!

We're excited to host **YWM2018** at the beautiful and accommodating Hilton Denver City Center – located right in the action of downtown!
Reserve your room for just **\$159/night** (Single/Double Occupancy) – a special discounted rate we've reserved just for our attendees!



Reserve Your Room Online

To reserve your room online for **YWM2018**, please visit **YWMConvention.com** and click on the "Hotel/Site Information" section in the top menu bar.



Call to Make a Reservation

To make your reservation by phone, please call **(303) 297-1300** and mention the reference code "**YWM2018**" to receive our preferred rate! The Convention Room Block is filling up quickly and will close on June 26... so reserve your room as soon as possible!

THANK YOU to Our Early Convention National Sponsors

See First-hand What Others Are Saying!



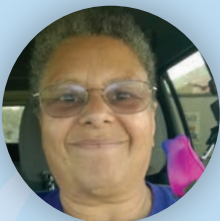
"I came away from the weekend having met great people and learned a lot of valuable information to help me continue on my weight-loss odyssey. I truly enjoyed myself and all the wonderful people I encountered."

– Sal Paradiso, Past Attendee



"Many people suggest, request and boast about 'Making it Happen.' OAC just does it. There is no other conference that can match the high standard of professionalism and kindness from registration to the closing ceremony."

– Vitamin M, aka Merrill Littleberry,
LCSW, LCDC, CCM, CI-CPT,
Past Convention Speaker



"I enjoy this Convention because it's a chance for me to learn and grow from several amazing experiences. I can meet people from not just other states, but from other countries who are being challenged by obesity – and I can learn from them about how they meet this challenge."

– Nancee Nichols, Past Attendee

PLATINUM



SILVER

weightwatchers

BRONZE



Geisinger



KVK | TECH



We'll see you in Denver as we
Take Our HEALTH to New Heights!

A young boy with light brown hair, wearing an orange t-shirt and denim shorts, is standing in front of a rustic wooden fence. He is looking down at a black tablet computer he is holding with both hands.

FROM SCREEN TIME

A young boy with light brown hair, wearing an orange t-shirt and denim shorts, is jumping joyfully in the air. His arms are raised high, and he is smiling. The background is a bright blue sky with a large yellow sun and white clouds.

TO SUN SHINE

by Cassie I. Story, RD and Nick Mendez, CF-L1

From the time my children were born, I've relied on electronic babysitters. I remember placing my infant in front of our big screen television to serve as a distraction while I made a much-needed pot of coffee every morning. As she grew, my electronic babysitter options grew as well. By the time she was a toddler, running around getting into toddler things, I could always rely on an iPad to give me at least five to seven minutes of uninterrupted shower time. Long drive ahead of us? No problem – cars come with televisions built into seats! Or, in our case, a portable option for her viewing pleasure.

There is no doubt that our current societal norm is to plop our children in front of a screen as soon as possible. And who can blame us? Between work obligations, cooking and the housework that goes into managing a family, what other options do we have?

I recall being in my pediatrician's office and seeing the American Academy of Pediatrics' (AAP) recommendations for child media use. One of the recommendations was for children less than two years of age to have zero screen time, at which I laughed. For additional AAP recommendations, please see below.

American Academy of Pediatrics' (AAP) Screen Time Recommendations for Children

Children ages
two to five:



Children
six and older:



In what world could that be possible? Was the AAP going to provide a nanny and chef for me? Those recommendations have been echoing in the back of my mind for years, though I never heeded much thought to actually following the advice.

Well, my first child is now 11 years old, and as life would have it, I now belong to a beautiful blended family of five young ladies. Their ages range from nine to 14, and true to form, they are all unique individuals with different interests and needs. Our household can be loud, fun, dramatic, chaotic, disorganized and loud (*yes, I know I stated that already*). One of the most frequent offenders to the volume in our home comes from screens.

The other day, as I was in the kitchen, I noticed something. One child (*whose name will remain anonymous to protect the innocent*) was performing an act I'd never seen before and wouldn't have imagined was possible. She had not one, not two, but three screens in front of her at the same time. She was sitting on the couch binge watching a show on Netflix, while playing a YouTube clip from one of her favorite YouTube stars and texting.

It made me pause and think. Do we need to finally abide by the screen time rules? Do those rules need to be expanded to include no more than one screen at a time? Where will this end? Later that day, Nick and I discussed my screen time concerns and decided to make some changes.

Health and wellness are important to both of us, as I am a dietitian and he has a background in personal training and coaching. We talked to the girls about mindfulness – about being present each moment of every day and the importance of doing one thing at a time. We also went beyond this and had a discussion about increasing our activity levels as a family.

We had a family meeting and came up with some ideas to put down our screens (*we are just as guilty of it as they are*) and get outside! We placed a chart on our fridge and started tracking our screen time as well as outside time. We came up with a list of ideas of things to do outside as a family, or individually. Nick even designed a fun circuit workout we could do at the park together (See page 42). Each member of the family set their own personal goal for limiting screens and changing habits.

What I've found that works best for us is making a game out of things. It adds an element of fun to any task we are trying to accomplish. Here are some other ideas from the WeCan® (Ways to Enhance Children's Activity & Nutrition) program which is a collaboration between the National Heart, Lung, and Blood Institute (NHLBI), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) and the National Cancer Institute (NCI) – all aimed to help improve the health of children and families in the United States.



KID'S Corner continued on page 40

Here are some of their ideas:

1. Log Screen Time vs. Active Time

By logging a weeks' worth of screen time and active time, you will have a better understanding of how much time is being spent on each activity. Then, you can make changes according to your goals.



2. Make Screen Time Active Time

During commercial breaks, perform some type of physical movement. You can write down ideas on index cards and place them in a bucket or bowl to keep near the television. Every time a commercial comes on, pull out one of the cards and perform the activity listed. Samples include squats, lunges, push-ups, stretching, balancing on one leg, jumping jacks, etc.



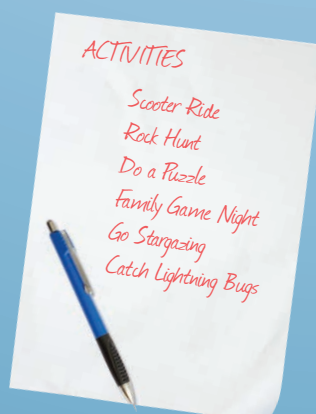
3. Create Screen-free Bedrooms

Research has shown that children who have televisions in their bedroom watch an average of 90 minutes more of it per day than those who do not.



4. Provide Other Options

Have a list of activities ready to go in plain sight for your children. When they ask if they can have screen time (*and you've decided it's not time for that*), point to the list and have them choose another activity instead. Ideas include going on a scooter ride, going on a rock hunt outside, playing with playdoh, etc.



5. Understand Television Ads

Unfortunately, commercial ads affect all of us. When we see snacks or beverages on the television, it turns on signals in our brain that stimulate appetite or the desire to eat. Combine this with targeted ads to children by having a cartoon or sports character acting as a mascot, and you can have a strong desire to want whatever product is being advertised. Out of sight, out of mind can be true for many things, including the drive to eat. Limiting commercial viewing may help with decreasing the desire to snack in front of the television.

If you would like additional resources including free print-outs of screen time charts, parent tips and handbooks and many other beneficial tools, please visit:

www.nhlbi.nih.gov/health/educational/wecan/tools-resources/tools-reduce-screen-time.htm



Here are Some Other Thoughts to Consider:

What is Screen Time?

This is a term used for activities done in front of a screen, including: watching television, working on a computer, playing a video game or playing on a smart phone or tablet.

What's the Big Deal about Screen Time?

Screen time increases sedentary time. This means that when you sit in front of a screen, you are physically inactive. For children and adults, this can contribute to poorer health. Too much screen time has also been linked to:

- Poor sleeping habits
- Raising the risk for attention problems
- Anxiety
- Depression
- Increased risk for obesity

KID'S Corner continued on page 42



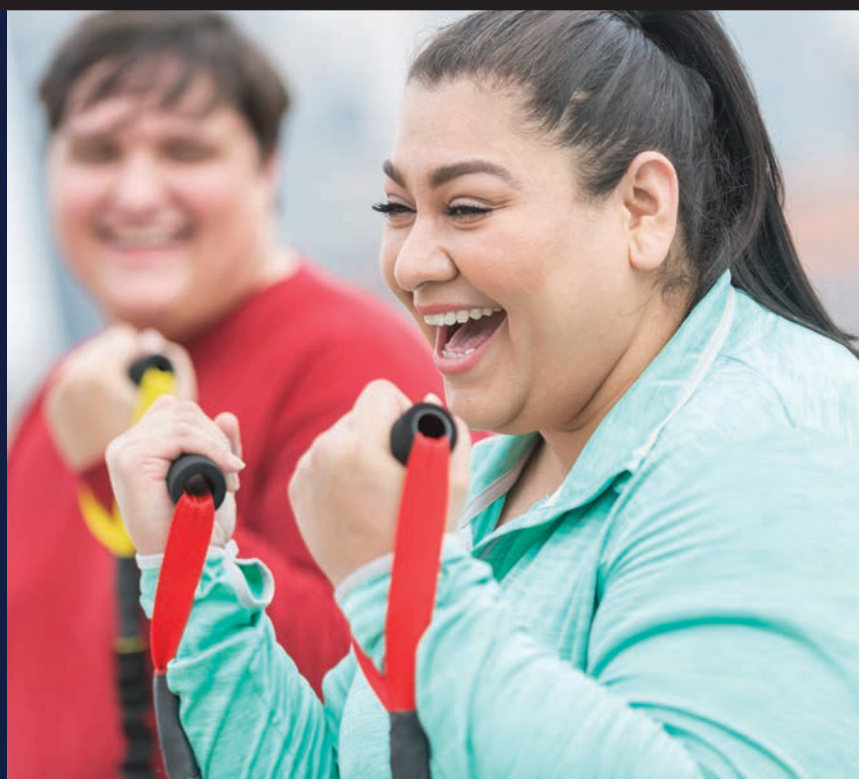
IF YOU'RE CONSIDERING WEIGHT-LOSS SURGERY, YOU DON'T HAVE TO DO IT ALONE.

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

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

To learn more, visit medtronic.com/us-en/patients/treatments-therapies/bariatric-surgery/patient-support.html

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FAMILY WORKOUT

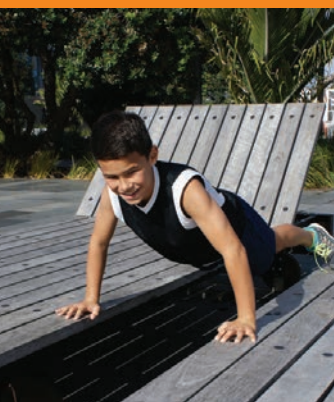
by Nick Mendez, CF-L1

Taking the whole family outside offers us quality time away from digital distractions. The nearby park provides endless opportunities for outdoor activities and creative workouts. It's hard not to have fun when you combine sunshine, high fives and exercise, right? Bring a watch or smartphone to use as a timer for this 15-minute workout:



Station 1 – Lower body

Spend one minute doing as many repetitions as possible of your favorite leg exercise. Options include stepping up to the seat of a park bench, then back down with alternating legs; doing lunges in the grass to a depth your knees allow; or simply sitting down on the park bench and then standing back up quickly. Maintain safe positions at all times while giving yourself a personal challenge for one minute. Then switch to the next station.



Station 2 – Upper body

Spend one minute doing as many repetitions as possible of your favorite chest movement. One option is the push-up, which you can do in the traditional position on the sidewalk if strength allows. Or adjust to your comfort level by placing your hands (a) on the seat of a park bench or (b) against a wall while standing a couple feet away. Putting your body in a more vertical position allows you to adjust the push-up resistance to your comfort level.



Station 3 – Move

Spend two minutes simply moving your body. This could be a run around the park, a brisk walk to the light pole and back or a scooter ride around the basketball court. Let each family member be creative.

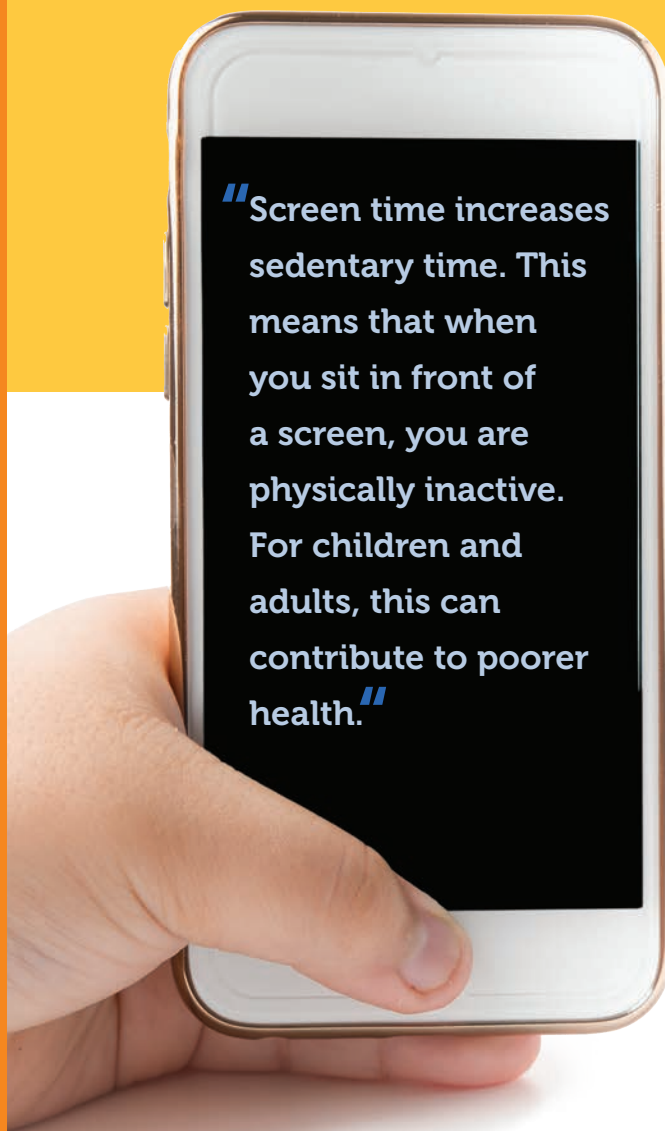
Rest for one minute, and then repeat these three stations for a total of three rounds.

KID'S Corner continued from page 41

Current Screen Time Statistics:

Research estimates that children ages eight to 18 spend the following amount of time on screens each day:

- 7.5 hours using entertainment media
- 4.5 hours watching television
- 1.5 hours on the computer
- > 1 hour playing video games
- < 25 minutes reading a book



"Screen time increases sedentary time. This means that when you sit in front of a screen, you are physically inactive. For children and adults, this can contribute to poorer health."

Ways to Decrease Screen Time:

- Remove televisions from the bedroom
- Do not allow television-watching during meal time or homework
- Do not allow children to eat while watching television or using the computer (*this encourages mindless eating which can lead to consuming more food than needed*)
- Do not leave the television on for background noise; play the radio instead
- Be a good role model; decrease all family members' screen time to two hours or less per day
- Create a family challenge (*make it a game!*): See if you can go one day or one week without watching television



About the Authors:

Cassie I. Story, RD, is a registered dietitian nutritionist with 14 years of experience in treating metabolic and bariatric surgery patients. She spent the first decade of her career as the lead dietitian for Doctors: Blackstone, Swain and Reynoso in Scottsdale, Arizona. For the past several years, she has been working with industry partners in order to improve nutrition education within the field, and maintains a private practice counseling pre and post-surgical patients. She currently serves as: Director of Nutrition for Bariatric Advantage, Scientific Advisor for Apollo Endosurgery, Network Director of the Weight Management Dietetic Practice Group of the Academy of Nutrition and Dietetics, Peer Reviewer for Obesity Surgery, and is also active within the Obesity Action Coalition. She is a national speaker and published author, and enjoys spending time hiking and creating new recipes in the kitchen!

Nick Mendez, CF-L1, has coached kids, teens and adults of all abilities for the past five years from a gym he's owned and operated in Gilbert, Arizona. He combines his certifications in functional fitness, weightlifting and rowing to create diverse workouts for himself and others, while promoting a balance in nutrition and exercise. He enjoys spending his free time running, reading and creating fun family activities for all to enjoy.



Do Genes Play a Role in Your Hunger and Weight Management?

Genes associated with POMC, LEPR, and PCSK1 deficiencies, when not working properly, may lead to severe obesity.

Learn about a study to identify people with these genetic causes of obesity

GO-ID
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A Holistic Approach to Cardio Exercise

by Angelie Juaneza, MS, NASM-CES

Please note: Before starting any exercise program, please consult with your primary care physician.



Cardio: to some, this word means excitement and joy. But to many people, the word cardio means dread. Rather than thinking about cardio as running for long periods of time and feeling like your body is going to give out, think about what the word means in its raw form. Cardio, in its basic form, is a physical activity that increases your heart rate and the demand on our body's energy processes. It is an activity for people of all ages and fitness levels. Changing the way you approach cardio exercise could be the first step in starting physical activity and working toward your health and fitness goals.

Aerobic vs Anaerobic Cardio

Our bodies require two forms of exercise: cardio, or anaerobic exercise (*short bursts*), and aerobic exercise, which burns more fat and can be sustained for longer periods of time. For our bodies to run efficiently, we must perform both types of exercise.

Cardio is performed for heart health. The heart is a muscle in our body, and we must use it to make it stronger. Aerobic exercise is used to make our bodies more efficient at burning fat for fuel. However, most people do not perform this type of exercise because it can be long and boring. Both heart health and fat-burning workouts can be performed by walking, jogging, biking, swimming or using an elliptical.

It's important to do both cardio and aerobic exercise. For example, if you're doing high intensity training all the time, you may lose weight but you could hit a plateau. This is because you are only working on heart health and not working on making your body more efficient at burning fat for fuel. Therefore, by doing both forms of exercise, you will be working toward a healthier heart and body.

Cardio and Metabolism

There are two main fuel sources our bodies rely on: fat and carbohydrates.

- Fat is a slow-burning fuel source and carbohydrates are a fast-burning fuel source. We naturally have more fat stores in our bodies than carbohydrate stores.
- Carbohydrates only store in two places in our bodies, while fat stores are abundant no matter what your body type is.

Cardio Exercise continued on page 48



"Giving your body a source of stimulus every day will allow it to create gradual changes toward your health and fitness goals."



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

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

Ask your doctor about CONTRAVE®

CONTRAVE (naltrexone HCl/bupropion HCl) is a prescription weight-loss medicine that may help adults with obesity (BMI greater than or equal to 30 kg/m²), or are overweight (BMI greater than or equal to 27 kg/m²) with at least one weight-related medical condition, lose weight and keep the weight off. CONTRAVE should be used along with diet and exercise.

Important Safety Information

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

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

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

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

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

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

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

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

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

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

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

You are encouraged to report negative side effects of drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.


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

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

CONTRAVE can cause serious side effects, including:

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

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

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

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

What is CONTRAVE?

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

Limitations of Use

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

Who should not take CONTRAVE?

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

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

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

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

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

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

How should I take CONTRAVE?

Take CONTRAVE exactly as your healthcare provider tells you to.

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

What should I avoid while taking CONTRAVE?

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

What are the possible side effects of CONTRAVE?

CONTRAVE may cause serious side effects, including:

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

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

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

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

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

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

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

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

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

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

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

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

What are common side effects?

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

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

This information is not comprehensive. If you would like more information, talk to your doctor and/or go to www.contrave.com for full Product Information.

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

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

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

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Physical & Mental Health Benefits from Cardio

(The following lists are not inclusive)

Decrease:

- Body fat percentage
- High blood pressure
- Weight
- Stress levels
- Risk of heart disease

Increase:

- Heart health
- Lung capacity and health
- Quality of sleep
- Mental clarity
- Overall wellbeing

So, if we have more fat stores, why not use it for fuel? A way to utilize fat for fuel is to perform physical activity at moderately elevated heart rates for a long duration of time. Most people think cardio must last an hour in order to be effective. However, that is not the case. According to the American College of Sports Medicine, “adults should get at least 150 minutes of moderate-intensity cardiorespiratory exercise per week.” That sounds like a long time, but when broken down, that is roughly 20 minutes a day. Giving your body a source of stimulus every day will allow it to create gradual changes toward your health and fitness goals. Progression of exercise time, frequency and intensity should happen for best results. Those who are unable to meet these recommended minimums are still able to take advantage of some intentional movement.

Cardio isn't Just Running

There are several ways to change the frequency and intensity of cardio. For example, you can begin to implement the incline option on a treadmill. This allows the body to work a little harder due to the amount of force your legs are required to work. Do you take a straight and level path around the neighborhood? Find an area that has a gradual incline or decline. Not ready for the elevation change? See if you can finish your lap in a faster time.

If you have a pair of light weights, bring those with you on your walk to get your arms working as well. If you know your week is going to be busy toward the end and you're unable to fit in a bout of cardio, choose a day earlier in the week to either double up in time or increase the challenge.

One common grumble from people who are looking for ways to incorporate cardio into their routine is that it gets boring. The easiest way to change that is to mix it up! Do you walk most days of the week and need to give your feet a bit of rest? Go swimming. Are you a swimmer that needs a break from the smell of chlorine? Take a spin class!

Exercising in different methods than your body is accustomed to is commonly called cross-training. The body is still able to perform in an aerobic capacity (*if you are keeping track of your heart rate*) and your mind can get out of a mental rut. This is great not just for your mind, but also for your joints. Greatly repeated exercise can result in overuse or even injury. Taking the time to do something different will allow those overworked muscles and joints to take a break and recover.

Cardio for Heart Health

Your heart is a muscle. Just like your glutes, biceps and rhomboid muscles need to be worked, so does your heart. How do you work a muscle that is unable to hold a dumbbell? Cardio! More specifically, anaerobic cardio which is performed in short bursts with higher intensity. This type of cardio can be executed as jumping jacks, step-ups and even hops.

Every exercise can be modified. If you are uneasy about applying added pressure to your knees when performing jumping jacks, start with taking steps side to side at a faster pace than usual. Duration of anaerobic exercise should be limited to 15 to 60 seconds at a time, with rest in between, starting at the low end and progressing in duration over the course of your fitness journey.

One of the best things about cardio is that it requires no special piece of equipment. Do not let weather or time stop you. Here are some ways you can do cardio at work or at home:

- Take the stairs instead of the elevator or escalator
- Walk sideways up and down if stairs bother your knees
- Jumping jacks
- Step-ups
- Chase your kids around the house
- See how fast you can clean the house

As important as training is for physical health, it is also important to check on your mental and emotional health too. Cardio has limitless benefits for physical, mental/emotional and social health.

Conclusion

Cardio is an important factor in getting and staying healthy. It does not have to always be walking outside or on the treadmill, spending hours on a bike or exhausting yourself until your joints ache. Depending on your goals, cardio can benefit your body in so many ways.

If your goals are to utilize fat for fuel, performing aerobic cardio for at least 20 minutes a day is a good first step. If you want to decrease high blood pressure, exercising anaerobically can help with heart health. Do not let yourself get into a rut doing cardio. Mix up your routine and you may find something you like doing! The benefits of cardio far outweigh the risks of inactivity. All it takes is putting one foot in front of another.

About the Author:

Angelie Juaneza, MS, NASM-CES, earned her Masters of Science in Exercise Physiology from the University of Mary Hardin-Baylor in Texas. She is an Exercise Physiologist and Health Fitness Professional with a Corrective Exercise Specialist certification. Angelie specializes in functional training for the general population, athletes, those handling diseases or any other physical limitations. She has a background in exercise testing and supplement research studies which has fueled her passion for educating others through their health and fitness journey.

"Cardio is an important factor in getting and staying healthy. It does not have to always be walking outside or on the treadmill, spending hours on a bike or exhausting yourself until your joints ache."

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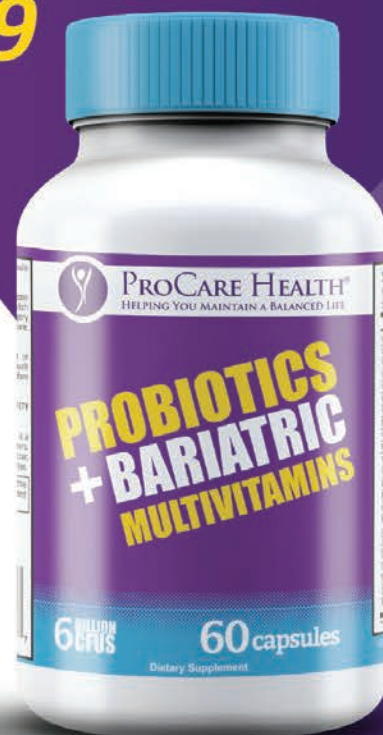
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How “HIGH” IS High Blood Pressure?

by Deborah Horn, DO, MPH, MFOMA

The answers to this question are more complicated than they were a year ago. In November 2017, the American College of Cardiology (ACC) and the American Heart Association (AHA) published new guidelines on “hypertension,” or high blood pressure, including changes to the cutoff number for “how high” is high. If you apply these guidelines to the U.S., the number of people with high blood pressure increased overnight from 32 percent to 46 percent based on the new definitions. Also, some individuals were more affected by the new guidelines than others. The number of men between 20 and 44 years of age with high blood pressure tripled, increasing from 11 percent to 30 percent. Are you one of these individuals diagnosed with high blood pressure overnight?

If you followed the media chatter after the release of these guidelines, you probably already know that there is disagreement even among physicians about the proposed changes. Let's take a look together at the changes in these guidelines and what they mean for you.

Changes in Blood Pressure Guidelines

Blood pressure is evaluated by taking two numbers. The top number, also called your systolic blood pressure, is the pressure in your arteries when your heart is contracting. The bottom number, also called your diastolic blood pressure, is the pressure in your arteries when your heart is relaxed. Both numbers are equally important and looked at separately.



How Did the Guidelines Change?

Based on previous guidelines, “normal” blood pressure is considered less than 120 mmHg of systolic pressure and less than 80mmHg of diastolic pressure. Your doctor may have referred to this as a blood pressure less than 120/80. If your blood pressure falls between 120-139 mmHg systolic or 80-89 mmHg diastolic, you are diagnosed with “prehypertension.” Finally, a blood pressure of greater than or equal to 140 systolic, 90 diastolic is considered high blood pressure or hypertension.

Under the newly-proposed guidelines, a normal blood pressure is still less than 120/80. However, there is no longer a category of “prehypertension.” In fact, this category was broken into two parts:

- Elevated blood pressure
- A new earlier diagnosis of Stage 1 hypertension

A blood pressure of 120-129 systolic and a normal diastolic blood pressure of less than 80 is considered “elevated blood pressure.” Stage 1 hypertension was redefined as any blood pressure greater than 130 systolic or greater than 80 diastolic. Previously, both of these numbers would have been considered “prehypertension.” This explains why with these new cutoffs, so many more people have a diagnosis of hypertension instead of prehypertension.

High Blood Pressure continued on page 52

STAGE 1 HYPERTENSION

130–139 mmHg

80–89 mmHg

ELEVATED BLOOD PRESSURE

120–129 mmHg

<80 mmHg

NORMAL BLOOD PRESSURE

<120 mmHg

<80 mmHg

“First and most importantly, if your blood pressure is regularly above 120/80, start a conversation with your healthcare provider.”



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“This explains why with these new cutoffs, so many more people have a diagnosis of hypertension instead of prehypertension.”

In summary, the diagnosis of hypertension was essentially lowered by 10 points for both of your blood pressure numbers. The authors of the proposed changes cite studies that demonstrate increased risk of cardiovascular disease at these lower blood pressures as the reason for lowering the threshold for diagnosis.

Confused About What to Do? You Aren't Alone.

Even though many major medical organizations have endorsed these new guidelines, there is no consistent agreement among all of your physicians. The American Academy of Family Physicians (AAFP) has not endorsed the new guidelines. They have recommended that family physicians and their patients stick to the last-updated guidelines of the Joint National Committee (JNC) from 2014 called JNC8, which we covered in the beginning of this article.

They indicated their reasons for not endorsing the new guidelines were that they were:

- Heavily based on the new SPRINT study
- Lacked enough evidence and discussion of risks to justify intensifying treatment

Additionally, the family medicine and internal medicine societies jointly published their own guidelines in January 2017, which are specific to adults older than 60 and conflict with the newly-proposed guidelines.

So What Should You Do?

First and most importantly, if your blood pressure is regularly above 120/80, start a conversation with your healthcare provider. If you choose to follow the new guidelines with your healthcare provider, it may change how early you decide to use medications to control your blood pressure.

Here are the basics to understand and discuss with your physician based on the newly-proposed guidelines:

1. If you fall in the elevated blood pressure category, you should begin lifestyle changes to lower your blood pressure. Make sure to get it re-checked in three to six months.
2. If you fall in the Stage 1 hypertension category, it becomes a little more complicated. Remember, this is blood pressure between 130-139 systolic or 80-89 diastolic. It only requires one of these numbers to be diagnosed with hypertension. If one number is elevated, then you must assess your risk for heart disease to make a decision about treatment.
 - a. If your 10-year risk of heart disease or stroke is less than 10 percent, you should also begin to make lifestyle changes to improve your numbers.
 - b. If your 10-year risk is more than 10 percent, or you have known heart disease, diabetes or chronic kidney disease, you might consider both lifestyle changes and a medication to lower your blood pressure. You should also have it re-checked in one month.
3. Finally, if your blood pressure is 140+ systolic or 90+ diastolic, the new guidelines recommend:
 - a. Healthy lifestyle changes
 - b. Beginning two medications to lower your blood pressure
 - c. Having your blood pressure re-checked in one month

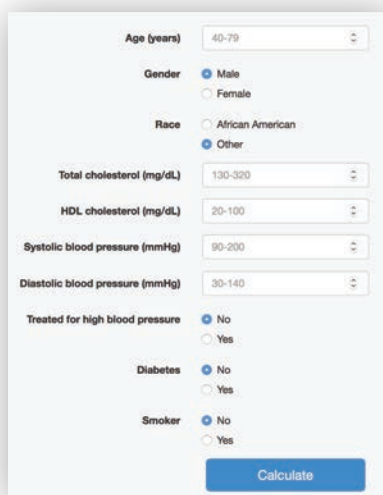
This is a major change from previous guidelines, where a single medication would have been started first. In addition to medication, what other important actions should you consider taking? In other words, what falls under healthy lifestyle changes?

Measuring Your Risk

So how do you calculate your 10-year risk? You use the Atherosclerotic Cardiovascular Disease (ASCVD) Risk Calculator. Go to cvriskcalculator.com.

Answer the questions and the program will give you your risk score. You will need your most recent cholesterol lab results as well as a recent systolic blood pressure number.

This is where most guidelines and healthcare providers can agree. Consider the Top 10 Healthy Lifestyle Changes List on page 54 for ways to tackle increased blood pressure head on!



A screenshot of the ASCVD Risk Calculator form. It includes fields for Age (years), Gender (Male/Female), Race (African American/Other), Total cholesterol (mg/dL), HDL cholesterol (mg/dL), Systolic blood pressure (mmHg), Diastolic blood pressure (mmHg), Treated for high blood pressure (Yes/No), Diabetes (Yes/No), and Smoker (Yes/No). A blue 'Calculate' button is at the bottom right.

High Blood Pressure continued on page 54

“The most important thing is to be an educated patient, ask questions and make decisions with your healthcare provider.”



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TOP 10 HEALTHY Lifestyle Changes



1. Evaluate your blood pressure yearly.
2. Get an accurate reading. This means no smoking, caffeine or exercise within 30 minutes of checking your blood pressure.
3. Make sure the blood pressure cuffs at the clinic and at home are the correct size. A cuff that is too small will give artificially high readings, and a cuff that is too large will give artificially low readings.
4. Check your blood pressure at home. Home readings are more accurate than clinic readings.
5. Look for a cause. Most diagnoses of hypertension are what we call “essential hypertension.” In other words, the cause is unknown. However, there are some secondary causes of high blood pressure such as kidney disease, abnormal thyroid function, drugs and alcohol – just to name a few.
6. Lower your salt intake.
7. Reduce your weight. For every 2.2 lbs. you lose, your blood pressure will decrease 1mmHg. This means with a 20 lb. weight-loss, you could lower your blood pressure by 10 points. This change could be enough to keep you off of anti-hypertensive medication.
8. Reduce your alcohol intake.
9. Get active! Try to squeeze-in at least 150 minutes of cardiovascular activity per week, plus three bouts of strength training.
10. Make a plan with your healthcare provider and follow through.



Conclusion

It will take several years to see how clinicians respond to these guidelines, to see if they are widely adopted and to eventually change how hypertension is treated. The most important thing is to be an educated patient, ask questions and make decisions together with your healthcare provider. It's your health, and you need to have a plan that you can agree on and commit to long-term.

About the Author:

Deborah Horn, DO, MPH, MFOMA, is the President of the Obesity Medicine Association and Clinical Assistant Professor in the Department of Surgery at The University of Texas McGovern Medical School at Houston. She is the Medical Director for the UTHealth Center for Obesity Medicine and Metabolic Performance. Dr. Horn was also the recipient of the OAC's Healthcare Provider Advocate of the Year award – an award given to a healthcare provider who is a tireless advocate for patients, the OAC and the cause of obesity.



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1. Parrot J, Frank L, Dilks R, et al. ASMBS integrated health nutritional guides for the surgical weight loss patient – 2016 update: micronutrients. Surg Obe Relat Dis. <http://dx.doi.org/10.1016/j.soard.2016.12.018>.

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