

A Publication of the Obesity Action Coalition

Summer 2010

# YOURWEIGHT Matters MAGAZINE

## Obesity and Family

Obesity and  
Periodontal  
Disease

Weight Gain and  
Quitting Smoking

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The Obesity Action Coalition is marking its 5th anniversary, and it is a very proud time for us. We have gone from just the determination that those affected have a voice, to become a thriving and growing organization that is well respected by government officials, the insurance industry, the media, professionals in the field and the public. And while there is always a tendency to look back at all we have done, we are also looking forward to the future.

First and foremost, we are looking forward to the day when we have **50,000 members**. With that size membership, we become a real force for change. There is definitely power in numbers, and with that many people behind us, our voice is strong and our ability to affect change is powerful.

We are often asked, "What can I do to help?" You can sign-up another member. We are all affected by obesity in some way. We may ourselves be obese. We may have a family member who is obese. Or we may understand that no one chooses to suffer from this horrible condition. The same holds true for your family, friends or colleagues. Have the person you are talking to go to [www.obesityaction.org](http://www.obesityaction.org) and toward the top of the Web site click on "Become a Member" and follow the links. If we each found just one person to join, we would be close to our **50,000** membership mark.

We look forward to the day when obesity is viewed as the disease it is, and access to care is never denied. Those affected should never be viewed as weak-willed and failures any more than someone who has any other chronic disease should be viewed. We should not have to justify why we need care. And we should not be automatically excluded from any insurance policy.

We look forward to the day when there is no longer a bias against people because of their weight. Those affected should never be mocked or used as objects of ridicule. We should never hear a joke about someone's size and think it is funny. We should never accept that children can be bullied because of their size and humiliated by their classmates and teachers alike.

This is what we can look forward to in our next five years. It is only with your help that we will get there!



*Barbara Thompson*

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# Weight-loss Surgery and Cross-Addiction: A Look at Binge Eating Disorder

By Carolyn Coker Ross, MD, MPH

Binge eating disorder (BED) is the eating disorder most commonly associated with obesity. Approximately one in three individuals who go to any weight-loss program actually have BED. They may experience repeated episodes of eating large quantities of food in one sitting or in a two-hour period. They may also feel unable to stop themselves when they binge eat.

**Obesity** has been identified as a major public health issue with more than 65 percent of Americans being overweight or obese. Rates of obesity have also tripled in children since the 1970's and diseases that were formerly only

seen in adults, such as non-insulin dependent diabetes, have increased in children. This has created more acceptance of and desire for rapid weight-loss measures such as weight-loss surgery, also called bariatric surgery. What many people are not aware of is that the presence of an eating disorder may make bariatric surgery more risky and less likely to be successful.

## Binge Eating Disorder

Individuals with BED may also eat until they are too full, they may eat more rapidly than normal and eat alone because of embarrassment of how much they are eating. They may also have feelings of disgust, guilt or depression that come about after they binge eat.

Anorexia and bulimia are more publicized, but BED is actually more common than either of these. Another difference is that while anorexia and bulimia overwhelmingly affect women and girls, 40 percent of those with BED are male. BED tends to run in families just as obesity does and it's also associated

The following questions may be of help in identifying whether or not you are at risk for cross addiction:

1. Do you overeat to help deal with emotions that you are uncomfortable with?
2. Do you use food to give you comfort?
3. Do you have a family history of drug or alcohol addiction?
4. If you think about having to change what you eat and how much you eat, do you feel sad, lonely or afraid?
5. Have you ever felt that food is your best friend?
6. Do you have a history of trauma, abuse or neglect?

If you answered yes to one or more of these questions, you should consider addressing your relationship with food before you consider weight-loss surgery. It is important to realize that your relationship with food has developed to serve some need. Even if you feel ready to lose weight and are very motivated to do so, you should make sure that the need food has served is being met in some other way.

with more likelihood of depression, bipolar depression and substance abuse both in the person with BED and in their family members.

Those with BED are more likely to be overweight or obese and to seek bariatric surgery. Individuals with BED who have bariatric surgery may put themselves at risk for the development of complications after surgery if they are unable to stop binge eating.

## Bariatric Surgery and Eating Disorders

Bariatric surgery is recommended only for those who are morbidly obese defined as a body mass index (BMI) of more than 40 or a BMI of 35 along with health problems such as diabetes or heart disease. Research has shown weight-loss surgery to be more effective for weight-loss than conventional methods in those who are morbidly obese. While weight-loss surgery does promote weight-loss, surgery also carries risks and it's important to know these possible risks and complications before proceeding.

## Nutritional Changes with Bariatric Surgery

Nutritional changes after bariatric surgery may contribute to the development of depression, destructive eating behaviors and body image issues. Changes from weight-loss surgery cause difficulty in absorbing vitamins and minerals and can lead to deficiencies in iron, calcium, several B-vitamins, vitamin D and other vitamins and minerals. The surgery can also affect the ability to absorb protein and cause lactose intolerance. Difficulty absorbing protein can affect mood and behavior because the amino acids found in protein are what the body uses to make the "feel good" chemicals in our brains – serotonin, dopamine and epinephrine.

One research study found that giving people who have been on a liquid fasting diet (that also causes some malnutrition) a supplement with amino acids decreased binge eating by 66 percent and reduced food cravings by 70 percent. When compared to a group who were not taking the supplements, they regained only 14 percent of their lost weight compared

with 41 percent. Given that up to two-thirds of those who have weight-loss surgery do not take the prescribed vitamins and minerals, malnutrition is a very real concern and can be worsened by excessive alcohol or drug use.

## Cross Addiction and Weight-loss Surgery

Beyond the complications and risks associated with surgery is the issue that has increasingly been coming to light – cross addiction. Cross addiction is loosely defined as exchanging one drug of abuse (such as food) for another (for example, alcohol). Many individuals who undergo weight-loss surgery develop disordered eating and other addictions, including gambling, drinking, smoking, drug use and may be more prone to shopping or sexual addiction after surgery.

There are more than 140,000 weight-loss surgeries performed every year and it is estimated that from 5 to 30 percent develop another addiction. This makes perfect sense when you think of the purpose that food serves. If an individual is using food for comfort, to hold down their emotions or to cope with stress or traumatic experiences, they will be left with no coping mechanism when they can no longer use food in this way.

Another factor that may contribute to the development of a cross-addiction is a history of childhood trauma or neglect. Often being overweight or obese can serve as a safety factor for a person who has this history. Being obese may make them feel less attractive to the opposite sex and therefore safe from any unwanted overtures or perceived threats to their safety.

Obese people who quickly become thin through surgery may find themselves feeling very vulnerable. Both women and men may find that they feel uncomfortable with the changes in their bodies after surgery. Those individuals who have loose skin folds or scars may feel unattractive and feel that surgery did not accomplish their goals of becoming more accepted socially.

*Eating Disorders continued on page 7*

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#### *Eating Disorders continued from page 5*

As more weight-loss surgeries are performed, the issue of cross-addiction has become more of a problem. Just as an alcoholic may think that they can safely use marijuana in place of alcohol once they get sober, a person with BED or compulsive overeating may substitute alcohol for food without recognizing that this behavior can lead to a full blown addiction to another substance besides food.

The development of a cross addiction can occur with any of the weight-loss surgery procedures including laparoscopic adjustable gastric banding, gastric sleeve and gastric bypass surgeries. To avoid this problem, it is important that individuals considering surgery explore the possibility that they may be at risk for cross-addiction.

If you use food to cope with stress, for example, what are the coping strategies you are using in the place of food? If you have not practiced these coping skills, you should practice them regularly for some time before having surgery. If food is your comfort, how will you comfort yourself after surgery? Finding other ways to soothe yourself when you are anxious or angry, for example, should be in place before surgery.

#### Conclusion

Having surgery without addressing the emotional attachment you may have to food or the important purpose food has served in your life could lead to cross-addiction.

Honor your past. If you've used food for comfort or safety, recognize that perhaps that was the only way you knew at the time to get comfort or feel safe. Don't beat yourself up about this. You are a different person now than you were when you started using food in this way. You may have been much younger when your disordered eating began. Affirm that you are committed to full and complete healing and if you choose to pursue weight-loss surgery, do so with the awareness of what you need to do to avoid cross-addiction.

## Suggestions for helping you prepare yourself for surgery

- If you have a history of trauma, abuse or neglect, make an appointment to see a therapist to begin working on these issues. You don't have to wait years to heal. The healing process begins with your commitment and awareness that you need help.
- Keep a one week journal of stressful times and list next to each one what you did to deal with the stress. Notice how many times you turned to or wanted to turn to food to help you.
- Keep a one-week emotional diary where you list times each day when you felt upset, angry, afraid, sad, guilty or shameful. Then list next to each how you dealt with the feelings. Again, notice if you wanted to or did turn to food to help you through a tough time.
- Make a list of your comfort foods and see if you can go for two weeks without eating any of them. Keep a journal about how you feel when you turn down the cupcakes or cookies at work, for example.

#### About the Author:

Carolyn Coker Ross, MD, MPH, is a nationally known author, speaker and expert in the field of Eating Disorders, Addictions and Integrative Medicine. She is the former head of the eating disorders program at Sierra Tucson. She currently has a private practice specializing in treating eating disorders, addictions and obesity. Her latest book *The Binge Eating and Compulsive Overeating Workbook* has just been released.

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## Healthy Family Tip:

### Add New Family Traditions

If your family is like the typical American family, chances are food is involved at every gathering, but is activity also involved? Consider starting a new tradition by adding some physical activity at your family's social gatherings. On Thanksgiving, sign your family up for an annual "turkey run" race and train together in the months leading up to it. On the fourth of July, put up a volleyball net in your backyard and play until the fireworks start. Before your next Super Bowl party, gather family and friends for a game of touch football before kickoff.

Encourage play and activity at home by participating in activities you enjoy. Let your children choose the activity every once in a while too.



# Obesity: The Link between Your Weight and Your Family

By Sarah Earhart MS, RD, LD, CDE



Your weight is linked to your genes and your family environment, but what are these links exactly? How much do your genes factor into your weight? How much of a factor does your environment play?

You might be tempted to think that the majority of this is due to the family's genetic predisposition, but researchers have shown that the link between your genetics and your weight accounts for only a small part of this 80 percent chance. What seems to matter more is your family environment (2).

#### Family Dynamics and Weight

Family dynamics and home environment is thought to have an even larger affect on weight than genetics. If you inherit genes that put you at a higher risk for obesity, creating a home environment that models good nutrition and fitness practices can overcome the genetic predisposition for obesity. The family environment includes behaviors and habits practiced and modeled by the family. For weight management, focusing on your family's food and eating practices as well as activity and sedentary habits is important.

**Research on families and obesity reveals that children of overweight parents have an 80 percent chance of also being overweight<sup>(1)</sup>.**

#### Start in the Kitchen

Consider doing a healthy kitchen makeover. Start by assessing if fruits and vegetables are easily accessible in your home. Do you keep fruits and vegetables washed, cut and ready to eat in your fridge? The more convenient low-calorie and nutrient-dense foods there are at home, the more likely

your family will be to eat them. And, if you want your children to eat more fruits and vegetables, be sure that mom and dad eat them too.

The next step in your healthy kitchen makeover is to assess your pantry, fridge and cupboards for any high-fat and high-sugar foods that might be available in your home. These foods are low in nutritional value and high in calories. Replace these foods with nutrient-dense snack foods such as fruits,

vegetables, raw nuts and seeds, beans and lentils, whole-grain crackers and cookies, baked snack foods, and reduced-fat dips and spreads.

Once your kitchen has been made over to include more nutrient-dense foods, it is time to plan meals to eat at home. Eating meals at home is a wise decision for weight and health. Diet quality has been shown to have a positive correlation with the frequency of families sitting down to dinner together (3). This means that the family members' diets are richer in many important vitamins and minerals such as calcium, iron and folic acid. In addition, the research on families that eat meals together at home has consistently shown that this practice results in lower child and adolescent body mass indexes.

#### Screen Time

We talked about your family's eating habits, but what about your family's activity habits? Are there ways your family could increase physical activity and reduce sedentary activities? The idea of "screen time" is a relatively new one. It refers to the total amount of time spent at work and at play in front of some sort of screen.

For work, if you use a computer to do your job, it is hard to set a limit on "screen time." This is why you may want to consider setting some recreational "screen time" limits for yourself and your family. Experts recommend limiting "screen time" to 10-15 hours per week. This breaks down to about two hours per day. This includes video or computer games, watching television shows or movies and even texting and emailing.

Trading in "screen time" for time spent outside on a family nature walk, a backyard game of bocce ball or riding the local bike trail emphasizes the importance of being active to your family. Parents are role models for children's eating and activity habits. Just like when they see you eating fruits and vegetables, if your children see you being active and enjoying it, they will be more likely to do the same.

#### Fear of Change

Making changes is a difficult thing to do. It is human nature to resist change and to shy away from the unknown. If you have been trying to make changes to your own behaviors, you may have been surprised to notice a lack of support from other family members. Keep in mind that these unsupportive family members may be fearful that they will need to make changes too, or they may fear that you will not love them once you have achieved your goals.

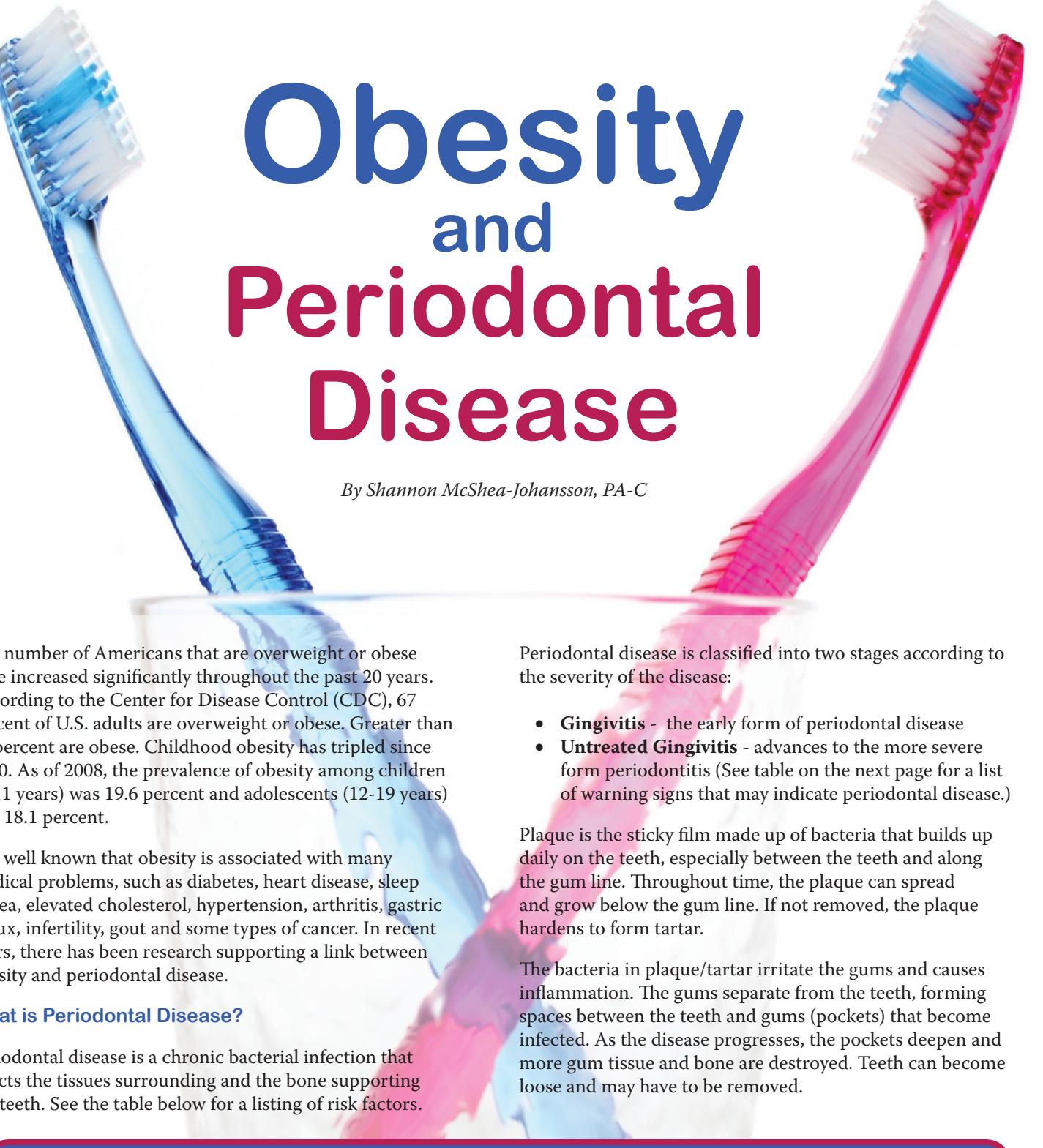
Fear is a big motivator in resisting change. In some cases, it can even lead loved ones to sabotage the person that is trying to change. The person in the family dynamic that is inhibiting change is considered to be a health saboteur. Communicating with your family members about the motivations behind the changes you are making is an important first step in overcoming resistance to change and sabotage.

Does your spouse understand your commitment to your personal health goals? You can alleviate their fears by explaining why you want to make the changes and reassuring them that while you want them to improve their health and make changes too, you understand how important it is for them to come to the decision to change in their own time.

Also discuss with your spouse and children the ways they can help in your efforts to make changes. This might be a request to no longer bring high-fat, high-sugar and high-calorie treats home from the grocery store. It might be a request of your spouse to begin to eat dinner at the kitchen table instead of in front of the television. It might be a request to take a walk together after dinner. Communicating your wishes and desires clearly helps reduce some of the fears and anxieties involved in making changes.

The idea of advocating for a healthier family and home environment may seem daunting. Set small goals and monitor

*Family continued on page 21*



# Obesity and Periodontal Disease

By Shannon McShea-Johansson, PA-C

The number of Americans that are overweight or obese have increased significantly throughout the past 20 years. According to the Center for Disease Control (CDC), 67 percent of U.S. adults are overweight or obese. Greater than 34 percent are obese. Childhood obesity has tripled since 1980. As of 2008, the prevalence of obesity among children (6-11 years) was 19.6 percent and adolescents (12-19 years) was 18.1 percent.

It is well known that obesity is associated with many medical problems, such as diabetes, heart disease, sleep apnea, elevated cholesterol, hypertension, arthritis, gastric reflux, infertility, gout and some types of cancer. In recent years, there has been research supporting a link between obesity and periodontal disease.

## What is Periodontal Disease?

Periodontal disease is a chronic bacterial infection that affects the tissues surrounding and the bone supporting the teeth. See the table below for a listing of risk factors.

## Risk Factors for Developing Periodontal Disease

- Smoking tobacco
- Chewing tobacco
- Poor oral hygiene and lack of dental care
- Sugar intake and other foods that increase acid level in mouth
- Broken teeth
- Increasing age
- Diabetes
- Some medications (steroids, cancer therapy drugs, some calcium channel blockers and oral contraceptives)
- Improper fitting dental appliances
- Pregnancy

## Warning Signs of Periodontal Disease:

- Gums that bleed easily
- Red, swollen, tender gums
- Persistent bad breath or bad taste in mouth
- Gums that have pulled away from the teeth
- Changes in the way teeth fit together when biting
- Changes in the fit of partial dentures
- Permanent teeth that are loose or separating

## Prevention of Periodontal Disease

Correct tooth brushing, mouth cleansing and flossing are the best defenses against periodontal disease. The American Dental Association recommends brushing teeth twice daily, in the morning and before bedtime, using fluoride toothpaste and a soft bristled toothbrush. It is important to clean all sides of the teeth and also brush the tongue. Replacing the toothbrush every one to three months is recommended. Flossing daily is important to remove bacteria and particles of food stuck between teeth.

Quitting smoking and chewing tobacco is one of the best ways to decrease risk of developing periodontal disease. Tobacco users are six times more likely to develop gum disease.

Diet is very important for overall health, including dental health. Eating a low-fat, reduced sodium balanced diet of whole grains, vegetables and fruits is recommended. Limiting the time sugar is in contact with the teeth is advised. Avoiding sugary beverages ( sodas, fruit juices, sweetened tea) and candies (especially ones that stick to the teeth like taffy) is helpful. Eating sugary foods in between meals and before bed is also discouraged. Regular dental visits are recommended for teeth cleaning and inspection.

## Summary

Both obesity and periodontal disease significantly impact an individual's overall health. Periodontal disease (early gingivitis to advanced periodontitis) affects up to 50 percent of the U.S. adult population (age 30-70) and 90 percent of adults older than 70 years old.

Understanding the relationship between obesity and the risk factors that lead to periodontal disease is very important. With the increasing rate of child and adolescent obesity, the prevalence of periodontal disease will follow. Keys to prevention of periodontal disease are through proper oral hygiene, a balanced diet and routine dental visits.

## About the Author:

Shannon McShea-Johansson, PA-C, is a physician assistant at the Center for Nutrition and Weight Management at Geisinger Medical Center in Danville, Pa. She received her masters of physician assistant studies at DeSales University, Center Valley, Pa., and her bachelors of science in nutrition from Pennsylvania State University.

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# Weighing in on Quitting Smoking

By Gwyn Cready, MBA, and Ted Kyle, RPh, MBA

You've just stopped smoking and you're biting your nails. Is it because you're about to succumb to a cigarette? No, in many cases, it's because you're about to **step on a scale**.

If this sounds like you, you're not alone.

A 2007 University of Michigan Health System study reported that 75 percent of women smokers say they would be unwilling to gain more than five pounds while quitting and nearly half said they would not tolerate any weight gain at all. In fact, many women stated that the reason they had started smoking in the first place was because they thought it might help them stay thin.

If you've ever struggled to lose or control your weight, the idea of gaining even a little can be daunting. But, exactly how much weight are we talking about? Experts generally agree that a four to 10 pound weight gain is what a smoker can expect when he/she quits.

For some people, that's no more than a happy, relaxing Thanksgiving weekend. For others, those four to 10 pounds represent a major defeat in a long and hard fought battle.

Is quitting bad news for your goal of a healthy weight? The short answer is no, and the long answer is "Absolutely, positively, no, no, no!"

Here are five important things you need to know if you've quit smoking and are worried about your weight.

## 1 Don't Think Twice

You've made the right decision. Smoking offers far greater risk than the risks associated with gaining a few extra pounds. Smoking is the number one preventable cause of death in the United States. More than 400,000 people die from it each year. In addition, smokers are anywhere from 12 times more likely (women) to 22 times more likely (men) to get lung cancer and they're twice as likely to have a heart attack.

One estimate suggests you would have to gain 100 to 150 pounds to make your health risks as high as when you smoked. The U.S. Surgeon General has said, "Smoking cessation represents the single most important step that smokers can take to enhance the length and quality of their lives." So, congratulate yourself and don't look back!

## 2 Being Active Makes a Difference

Swim, play tennis, walk the dog, rearrange the garage or make your next phone call a walking one. Whatever your current activity level, turn it up a notch or two. Studies show that not only is being active a good way to control your weight, it's also a great way to distract yourself from cravings while you quit. One study showed that people who exercised while quitting were twice as likely to be successful.

Some people worry that tackling two efforts at once (quitting smoking and getting more active) is too much to try at once. Don't think of it as two efforts. Think of it as one effort: quitting smoking. And think of staying active as a helpful way to keep yourself smoke-free.

## 3 Change Your Routine

When you're trying to quit, the old familiar places are not your friends, especially if those old familiar places involve eating or drinking or any other signals that make you think about smoking. Cravings for cigarettes can be triggered simply by being in a place that was once a regular smoking place for you, such as a bar, the sidewalk outside the lunch room at work, your car, etc. Stay away from bars (and save the alcohol calories) and take a walk instead of lighting up after you eat.

Other routine-changers that can help include dumping out that bowl of candy and replacing it with packs of sugar-free gum and keeping crunchy snacks like carrots and celery in sight. Try new fruits and vegetables, too. Remember, your senses of smell and taste have improved, and nothing is better than the burst of flavor from a mango or some kohlrabi.

One estimate suggests you would have to gain 100 to 150 pounds to make your health risks as high as when you smoked.

## 4 There's No "I" in Team

Be open with your friends and family about your quitting and your concerns about gaining weight. Your friends and family will be happy to know you're doing something so good for yourself. They may even have some good suggestions about how to overcome the hurdles you face. Ask for their help as you work toward your goals.

Another good reason to be open is because one person's quit attempt or diet often triggers the same action in others. Your struggle becomes a beacon for someone else. And you never know, you may find a partner with whom you can share quitting stories or to accompany you to the gym or on a daily walk.

You could also consider joining an online quitting support group like Quitnet ([quitnet.com](http://quitnet.com)) or the Smoking Cessation Forum at About.com ([quitsmoking.about.com](http://quitsmoking.about.com)) to discuss different approaches to controlling weight when quitting. Let the support of others help buoy you along.

## 5 Double Your Chances

Why do so many smokers go through their quit attempt without the help of treatments that are proven to double one's chances of success? It might be because some don't understand how stop-smoking drugs work.

Years of smoking increase the receptors in the brain that respond to nicotine. Take that nicotine away, like you do when you quit, and those receptors call out for it, something you feel as a craving. Step-down, over-the-counter nicotine replacement products like Nicorette gum, NicoDerm patch and Commit lozenge provide lower and lower doses of nicotine throughout the course of several weeks to slowly wean your receptors off nicotine. That way you can focus your willpower on trying to do the rest. And, Nicorette has been shown to help reduce weight gain while quitting. Prescription product Chantix works by blocking the receptors that bind to nicotine and has also been shown to double your chances of success.

Follow these suggestions and it may not be easy, but you'll have certainly given yourself a better outlook on quitting. But, what if it's been more than a year since you quit and that "freshman quitter ten" seems to have become a permanent part of you? Don't fret, the same approach that can work when you're quitting can work even if you're a year out.

First, give yourself a major pat on the back for overcoming a real challenge. Quitting smoking is hard, and you've done it. You breathe easier, your sense of smell has improved, your chance of heart attack has decreased, your excess risk of heart disease has dropped to half that of a smoker's. You're a whole new person (even though you happen to be a whole new person with a few extra pounds on him).

*Smoking continued on page 21*

# ADVOCACY NEWS

## ADVOCACY ACTION

### Can Prevention Alone Solve the Obesity Epidemic?

By Joe Nadglowski

The obesity epidemic in the United States has been headline news throughout the past several months. First, it was First Lady Michelle Obama's "Let's Move" campaign focusing on childhood obesity and more recently the "F as in Fat" report by the Trust for America's Health (TFAH) highlighting the continued growth of obesity rates in many states.

The proposed solutions in both of these efforts are that we need more obesity prevention initiatives in the U.S. In fact, there is no mention of treatment or weight-loss in the First Lady's efforts and only minor references in the TFAH report.

#### SO MY QUESTION IS: CAN PREVENTION ALONE SOLVE THE OBESITY EPIDEMIC?

In my opinion, the answer is clearly no. Why?

1. Prevention and treatment are not the same thing. Think about obesity as any other chronic condition. Once you are diagnosed with heart disease or cancer, your care adds a new set of tools that are specific to treatment. Do prevention efforts stop? No, of course not, you are still likely encouraged to quit smoking to help your heart and use sunscreen to protect your skin. But, that is not the sole solution, other treatments are offered. With obesity, this is often not the case.
2. We are simply running out of people to whom we can prevent obesity. More than 2/3 of Americans are already overweight or obese. If we really want to solve the obesity epidemic, don't we need to encourage improved health through weight-loss not just preventing future additional weight gain?
3. Despite its difficulty, obesity does get better when you treat it. Individuals affected by obesity do get healthier after receiving treatment. Modest weight-loss can, and often does, make a significant health difference. A greater focus on treatment would hopefully encourage more people to seek assistance and encourage scientists/physicians and others to develop new and more effective treatments.

#### PREVENTION AND TREATMENT GO HAND-IN-HAND

Does this mean we should scale back prevention efforts to encourage more treatment? No, not at all. Clearly, prevention and treatment go hand-in-hand when it comes to

addressing obesity. The often life-long struggle with weight requires both. You may seek treatment, successfully lose weight and now need access to preventative efforts to maintain your successful weight-loss. Without both, the chance for long-term success is limited.

#### THE REAL PROBLEM: WEIGHT BIAS

So why isn't treatment receiving the attention it deserves? I previously stated obesity is difficult to treat, but my fear is the real reason lies in weight bias.

Weight bias enables people to ignore the disease of obesity and the need for treatment. Too many blame the individual affected by excess weight solely for their struggles. They ignore the significant scientific evidence showing that obesity is a complex issue involving social, environmental, genetic and behavioral issues.

Moving forward, we need more individuals advocating on behalf of treatment, not at the expense of prevention, but as a supporting factor to it. I advocate for this type of balance everyday and encourage you to do the same.

The First Lady has stepped forward as a tremendous advocate for prevention, but we now need a public official brave enough to advocate for treatment with the same passion. Help us find that person by writing your elected officials and encouraging them to take the lead. If you're not sure how to write your legislators, I encourage you to visit the OAC's Legislative Action Center on our Web site at [www.obesityaction.org](http://www.obesityaction.org) for some helpful tips.

If you feel differently or have an alternate view on the topic of "Prevention Versus Treatment," feel free to share your thoughts by writing the OAC at [info@obesityaction.org](mailto:info@obesityaction.org).

Prevention is important, but in the absence of intervention (or treatment), we are dooming ourselves to failure in addressing the obesity epidemic. For either prevention or treatment to be successful, you need the other. Why? Well, simply think about it.

#### About the Author:

*Joe Nadglowski is the President/CEO of the Obesity Action Coalition.*

**NOTE:** Opinions expressed by the authors are their own and do not necessarily reflect those of the OAC.

# NEWS from the OAC

## OAC Now Accepting Combined Federal Campaign (CFC) Donations

The OAC has been officially listed as an approved non-profit eligible for CFC donations. What this means is that federal employees can now designate the OAC as their charity when making charitable contributions. Supporting the OAC through the CFC is very simple.

Pledges made by Federal civilian, postal and military donors during the campaign season (September 1st to December 15th) support eligible non-profit organizations that provide

health and human service benefits throughout the world.

We kindly ask that you consider the OAC when making your annual contribution. If you would like to designate the OAC as your non-profit of choice, please use code 45364.

To learn more, please visit the "How to Donate" section on the OAC Web site at [www.obesityaction.org](http://www.obesityaction.org).

## OAC Recognizes Chairman's Council Members for Outstanding Support

During the American Society for Metabolic and Bariatric Surgery (ASMBS) Annual Meeting, the OAC recognized select Chairman's Council members for their outstanding support in helping the OAC grow its membership. These companies have gone above and beyond in supporting the OAC and recruiting new members.

During the OAC's reception held during the ASMBS Annual Meeting, the OAC honored Bariatric Advantage, Ethicon Endo-Surgery (EES) and New Life Center for Bariatric Surgery. Each of these companies have contributed to growing OAC membership in different ways. Here is why these companies were honored:

#### Bariatric Advantage

Bariatric Advantage has generously supported the OAC as a Chairman's Council member for more than three years and recently stepped up to help patients as well as join members in the OAC. In 2009, Bariatric Advantage, in conjunction with the OAC, launched a national program, the "Recover® Program," which provides vitamins to post weight-loss surgery patients who cannot afford them. To date, more than 1,200 individuals have benefited from the Recover® Program. In addition, Bariatric Advantage has also made it easy for their

customers to join the OAC by offering membership as an item available for purchase in their online shopping cart.

#### Ethicon Endo Surgery

As a founding Chairman's Council member, EES has supported the OAC on many initiatives. The latest initiative supported by EES is the OAC's goal to have 50,000 members by June 2011. With EES' support, the OAC is now offering FREE DVD membership kits which explain the importance of membership in the OAC. To learn more about this membership campaign, please visit [www.obesityaction.org/multimedia/oacmembershipvideo.php](http://www.obesityaction.org/multimedia/oacmembershipvideo.php).

#### New Life Center for Bariatric Surgery

The OAC's voice is only as strong as its membership. Stephen Boyce, MD, from the New Life Center for Bariatric Surgery in Knoxville, Tenn., has taken part in building the OAC's voice by joining more than 1,000 of his patients in the OAC through the OAC's Sponsored Member Program.

If you would like to learn more about becoming a Chairman's Council member, please visit the "Membership" section of the OAC Web site at [www.obesityaction.org](http://www.obesityaction.org).

## OAC Releases FREE DVD Membership Kit

Every voice counts and the OAC needs voices to continue making a difference. The OAC has set a goal to reach 50,000 members by June 2011. To help the OAC reach this goal, the OAC has developed a special DVD Membership Kit.

Included in this kit, you'll find a DVD which introduces the OAC and the stresses the importance of membership as well as OAC membership applications.

This DVD is designed to be shown in support group meetings, physician waiting rooms and patient seminars. After the video is shown, our goal is to have every viewer become an OAC member.

To order your copy of the OAC's DVD Membership Kit, visit the "Multimedia" section on the OAC Web site at [www.obesityaction.org](http://www.obesityaction.org).

# CELEBRATING 5 YEARS AND REACHING FOR 50,000 MEMBERS



## The OAC Celebrates 5 Years of Helping those Affected by Obesity

The OAC has 16,000 members and our goal is to grow our membership to **50,000**. So, we need **YOUR** help to make this possible!

### Why Do We Need 50,000 Members?

- To have **50,000 VOICES** ready to be raised and **50,000 VOICES** making a difference.
- To have the **POLITICAL POWER** needed to impact positive change.
- To **RAISE MORE THAN \$1,000,000** to continue our education and advocacy efforts.



### How YOU Can Help

- Request the OAC's FREE DVD Membership Kit (see page 17 for details)
- Request and distribute the OAC's membership brochure
- Renew your membership in the OAC

We helped your  
sister-in-law lose weight.

And your child's teacher, your accountant, your best friend from high school and that nosy neighbor on the next block.

So why haven't you heard of Robard Corporation? For more than 30 years, we've provided weight control solutions to hundreds of thousands of dieters through weight loss clinics, doctor's offices, and hospitals throughout the country.

Find out if one of our weight loss programs may be right for you. Take our dieter survey at [www.robard.com/dieter](http://www.robard.com/dieter) to find a program near you to suit your individual needs.

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CORPORATION  
[www.robard.com](http://www.robard.com)



# OAC Membership

## Building a Coalition of those Affected

### Membership Categories and Benefits

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

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

### Why YOU Should Become an OAC Member

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

### JOIN NOW

Complete the below application now!  
For more information, visit the OAC Web site at [www.obesityaction.org](http://www.obesityaction.org).

Several valuable benefits also accompany your OAC membership. Each membership category offers something different. Here are some of the core benefits to membership:

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

## Membership Application

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

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

#### Mail to:

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

#### Or Fax to:

(813) 873-7838

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Payment Information

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

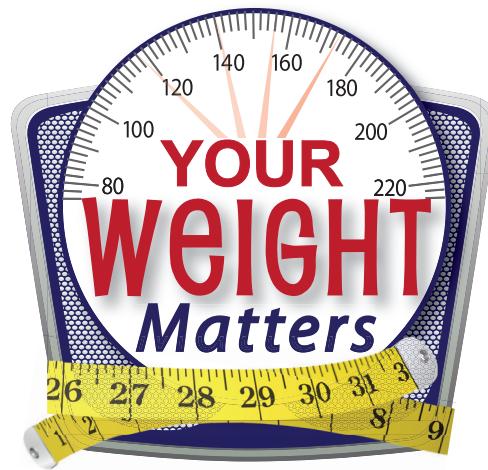
Please charge my credit card for my membership fee:

Discover®  MasterCard®  Visa®  Amex®

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

# Be Part of the OAC's National Campaign!



Take the Your Weight Matters  
Challenge Today!  
[www.yourweightmatters.org](http://www.yourweightmatters.org)

YOUR  
WEIGHT  
Matters because it's  
YOUR  
HEALTH!



Follow the Campaign  
on Facebook!



*"to be there for them...  
to be healthy and happy"*

Dana (Episode 1)

Watch Dana's real life journey on:  
**Bariatrics4Diabetes.com**

*Family* continued from page 9

your progress along the way. You will notice this progress results in larger sustainable and healthful changes. Your family's first goal might be to begin eating dinner together. Once you accomplish that goal, consider adding a family walk after dinner. These small, progressive accomplishments will improve your family's health, nutrition and weight.

## Conclusion

The family bond is a powerful one when it comes to weight and health. Increasing nutrition through healthy meals, planning activities for fun and movement, and supporting one another in your efforts is a family affair! Take action today and decide on the first change you all will make for better health!

*Smoking* continued from page 15

Next, get active. Whatever you're doing, do more. A brisk walk around your neighborhood will be a lot easier now than it was when you were a smoker.

Also, eat less and eat healthier. Replace your calorie-laden snacks with fruits and vegetables. Ask for support from your friends and family and look to online support groups to give you their real-world suggestions for losing the weight.

But most of all, remember you're the same person who tackled one of the hardest habits to break and succeeded. How are a few measly pounds going to intimidate you? Go get 'em, tiger!

*About the Author:*

Sarah Earhart MS, RD, LD, CDE, is a Licensed, Registered Dietitian and Certified Diabetes Educator in Columbus, Ohio. Sarah presents nutrition and weight management seminars for corporate and community groups and regularly counsels clients in diabetes education and weight management.

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*About the Authors:*

Gwyn Cready, MBA, is a communications consultant with more than 20 years of healthcare policy and brand marketing expertise as well as an award-winning romance novelist. You can visit her at [www.gwyncready.com](http://www.gwyncready.com).

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

Meet Dana. A mother of two energetic kids, she has struggled with her weight most of her adult life. But it was her type 2 diabetes, as well as her weight, that really motivated her need to make a change. From speaking with her doctor, Dana knew that bariatric or weight-loss surgery has the potential to immediately resolve her diabetes.

Dana has decided to start on the path to lose the weight and resolve her diabetes. Join her on her journey, watch videos of her real life experience on [Bariatrics4Diabetes.com](http://Bariatrics4Diabetes.com).

**BARIATRICS** 4 DIABETES

 **COVIDIEN**  
*positive results for life*



# Can You Eat Healthy Fast Food?



By Vicki Bovee, MS, RD, LD, and Chef Dave Fouts

## Speed and Convenience - The top two reasons people drive-thru fast food restaurants. So, how do you keep your busy schedule and not sacrifice healthy food choices?

We've all done it. We run to a drive-thru to pick up a quick meal. What else can you do that requires so little calorie expenditure in return for high calorie consumption? It's no mystery why people use the drive-thru. All that is needed is to push a button to lower the window, hand over a couple of dollars for a value meal, and in return you get a tasty meal to fill you up and it requires no preparation or clean-up.

food expenditure on meals away from home from 34 percent in 1972 to almost half in 2006. In those dollars spent on food away from home, fast food dollars have increased from 21 percent to 38 percent. It is estimated that one in four Americans visit a fast food restaurant daily.

### Why Fast Food?

Why are so many of us eating fast food even though most of us know that the meals are high in calories, fat and

DRIVE-THRU  
OPEN  
24 HOURS



foods to choose from. Bottom line, we know we're not making healthy food choices, but time and convenience are more important to us.

### Menu Labeling

Several U.S. states and cities have passed menu labeling policies that require nutrition information to be provided to consumers that is easy to find and easy to read. When calorie content is posted on the menu rather than in a nutrition pamphlet that may not be easily accessible, many consumers are making lower calorie choices.

The problem is for most of the country, consumers have to ask for the information and it may or may not be available. The fast food chains have nutrition information listed on their Web sites, but that requires the consumer to search out the site for information. If the number one reason we are eating fast food is because it is quick, how many people will take to the Internet to find the numbers they are looking for?

### Resources to Help You

There are several Web sites that can help you select a restaurant in your area that will offer healthier choices. [Healthydiningfinder.com](http://Healthydiningfinder.com) and [Goodfoodnearyou.com](http://Goodfoodnearyou.com) allow you to select restaurants in your area displaying their suggested menu items, with or without special requests. You can make healthier choices and enjoy your occasional fast food meal.

### About the Authors:

Chef Dave Fouts is known as the world's premier culinary expert for weight-loss surgery patients. Chef Dave can be found speaking around the country. Chef Dave is a member of the OAC Advisory Board.

Vicki Bovee, MS, RD, LD, has been working in the field of weight management for more than 20 years. She is a consulting clinical dietitian specializing in bariatric nutrition. Vicki is a member of the OAC Advisory Board.

To view the references used in this article, please see the Web version located on the OAC Web site.

## Tips for Eating Healthier at Fast Food Restaurants

\*Note: All nutrition information was obtained from the various companies' Web site nutrition facts.

**Read the Menu Carefully before Ordering.** Avoid deep fried or breaded items. Crispy means extra fat so look for grilled items.

McDonald's®	Calories	Fat (g)	Protein (g)	Carbohydrate (g)	Sodium (mg)
Crispy Chicken Sandwich	470	18	23	53	1160
Grilled Chicken Sandwich	380	11	27	44	1040
Chicken Fajita	109	5	14	24	560

**Choose a Smaller Size Portion.** No more super sizing! Even though it may cost less for foods on the dollar menu, they come with a higher calorie price tag. Even restaurant chains that advertise healthier foods still offer portions that are large enough to provide 600 to 800 calories per item.

Burger King	Calories	Fat (g)	Protein (g)	Carbohydrate (g)	Sodium (mg)
Double Whopper®	920	58	48	51	1090
Whopper Junior®	340	20	14	28	530
Hamburger	260	11	14	27	520

### Jack in the Box

Large French Fry	639	27	9	89	1190
Small French Fry	300	13	4	42	561

### Taco Bell

Ranchero Chicken Soft Taco	270	14	14	21	840
Fresco Ranchero Chicken Soft Taco	170	4	12	22	740

**Eliminate the High Calorie Add-ons.** Cheese, bacon, mayo, regular fat salad dressings and dipping sauces add a lot of extra calories because they are high in fat. Ask for sandwiches without the mayo or sauce and add catsup or mustard to replace it. Salads with grilled meats are usually a good choice but make sure to ask for reduced fat or light dressing.

Wendy's®	Calories	Fat (g)	Protein (g)	Carbohydrate (g)	Sodium (mg)
Mandarin Chicken® Salad with Oriental Sesame Dressing	550	25.5	31	49	1250
Mandarin Chicken® Salad with Fat Free French Dressing	450	15.5	30	47	1060

*Tips continued on page 27*



# Weight-loss Surgery and Fitness

## The Do's and Don'ts for a Successful Exercise Program

By Julia Karlstad, MEd, CSCS

If you're considering weight-loss surgery or have already had weight-loss surgery, your commitment to adopting a physically active lifestyle along with sustaining healthy eating habits are critical to your long-term success.

Having worked with hundreds of weight-loss surgery clientele, I have seen some phenomenal success stories and I can say without hesitation that the successful weight-loss surgery patient has incorporated regular exercise into their daily lives. The important thing for you to recognize is how to exercise in order to compliment your weight-loss efforts and in turn sustain your fitness regimen injury free!

### Combating Excess Body Weight

Excess body weight often restricts your ability to be physically active and it is important for you to understand how to work around these mobility limitations. The excess body weight as a whole is the biggest obstacle when determining an appropriate exercise program. Weight-loss will always be your number one objective initially since decreasing weight allows more mobility

and puts less stress on your joints. Not to mention, the number one reason you had weight-loss surgery was to lose weight and increase your health, thus your exercise program should complement the effects of the surgery.

If you are an obese person or a fitness professional working with an obese client (body mass index greater than 30) follow these physical activity recommendations:

- Increase daily activity. For example, wash the dishes by hand, clean the house, park further away, try using the stairs, etc
- Start slow and gradually progress until you're exercising 60 minutes a day, six days/week.
- If your BMI is greater than 35, make every effort to avoid exercises that would create greater stress on your joints. Avoid activities such as jogging, jumping and competitive contact sports.
- Do aerobic exercise that is low to moderate in intensity. This is best for weight-loss.
- Emphasize duration over intensity in your exercise.
- Select a modality of exercise that works around any physical or medical limitation.

- Strength training should consist of two to three sets of 12-15 repetitions. Use light to moderately heavy weights. The goal is to maintain your lean muscle through the weight-loss phase, not to bulk up.
- Focus on doing a total body strength training workout. Strength train anywhere from one to three times per week (a minimum of once per week), and be sure to leave at least 48 hours between strength training sessions.
- Always remember that joint pain is not healthy pain. If the exercise causes pain, modify the exercise to alleviate then pain.
- If you have major joint limitations in your lower extremities, try to perform most of your strength exercises from a seated position.
- Always change up your exercise routine (i.e., flexibility, cardio and strength training) every four to six weeks.

### Exercise Guidelines for Each Stage of Weight-loss Surgery

The best thing a weight-loss surgery candidate can do to prepare themselves for both before and after surgery is to increase their level of fitness. The better cardiovascular condition before surgery, the fewer complications they'll experience during and after surgery. The following guidelines should prove helpful:

#### Preoperative Stage

- Make weight-loss a primary goal of your exercise program. Excess fat can make the weight-loss surgery operation itself more challenging. In fact, most surgeons require that their patient lose a certain amount of weight before they will operate.
- Focus on cardiovascular exercise to improve heart health, decrease body weight and help lose body fat before surgery.
- Follow the exercise guidelines discussed above.

#### Post-operative Stage

If there are any postoperative complications, that is physical problems following the weight-loss surgery, schedule an appointment with your bariatric surgeon and follow the surgeon's recommendations for an

*Fitness after WLS continued on page 26*



## Emergence of the "Bariathlete"

By Lea Crosetti, RD

**Bariathlete:** people who have lost weight via bariatric surgery and are now competing in endurance events such as marathons, Ironmans, ultramans, Xterra races, centuries and much more.

A new population is emerging, known as "bariathletes." Because bariatric surgery provides access to moving more freely without weight-bearing pain, it allows people to act on the opportunities to make vital lifestyle changes. It's like having a clean slate to work with (so to say).

Bariathletes get to choose to live into a life that may not have been possible without getting the weight off. Being thin isn't necessarily the objective of the surgery; it is being healthy and active and taking care of our bodies, so we can have vitality and zest for life.

Most new post-ops can't even begin to imagine running a marathon or competing in a triathlon right after surgery. Obviously, it takes time for anyone to train for such events and it all has to start somewhere. First and foremost, you need to participate in physical activities you truly enjoy. How are you suppose to do something life long if you hate it? You won't do it. For many, exercise has become a form of punishment, whether it's for eating a little extra or if the scale read slightly higher than the previous day.

Although exercise can be used to help manage our weight, weight-loss should not be the sole purpose of exercise. When people participate in activities they like, they are more inclined to continue with them and as a result improve their fitness levels and athletic abilities.

Having goals set up around fitness can help people stay motivated and enjoy a sense of accomplishment about reaching those goals. Racing or competing is not everyone's passion, but people often want to contribute to others or support greater causes. Many bariathletes have chosen not to become competitive, but rather they take part in walks, such as the Susan G. Komen 3 Day Walk or the ASMBS Foundation and OAC's *Walk from Obesity*, and raise money for organizations to fight cancer, diabetes, obesity, arthritis and other disease states, and that always feels good!

#### Bariathlete Nutrition

Sport specific training occurs on a whole new level when advancing into the realm of competition. Choosing a race and working with a coach or trainer to design a program is highly recommended. Training requires sports specificity

*Bariathletes continued on page 27*

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

exercise program. For the first four weeks after surgery, focus on flexibility exercises, deep breathing and getting back into performing normal daily activities.

- Gradually incorporate low-intensity aerobic exercise (i.e. walking, biking or swimming). If the surgery was laparoscopic, it is generally safe to start exercising up to your pain threshold two weeks after surgery, but it is best to consult with your surgeon before starting any exercise program. If the surgery was "open," it may take a few more weeks to recover. Here are some tips for those that underwent "open" procedures:
- During the first six weeks after surgery, do not lift any more than 15 lbs; otherwise, exercise up to pain threshold.
- Avoid abdominal exercises for the first eight to 12 weeks (allow the incision to heal). This helps alleviate abdominal hernias near or around the incision.
- Significantly reduce caloric intake. During the first few weeks to months after surgery, patients should consume less than 500 calories a day (the surgeon will give specific instructions). This significant decrease in calories may initially cause some fatigue. Therefore, do not perform high-intensity exercise. As weight is lost and the level of fitness is improved, you will be able to take in a few more calories as well as exercise at higher levels of intensity. Follow the surgeon's dietary recommendations.

## Modification of Exercise

Several exercises may need to be modified in order to work around the excess weight and any other physical or medical limitations. Here are just a few ideas of how to modify an exercise:



Modified Quadriceps Stretch



Seated Leg Lift



Knee Taps



Modified Push-up



Seated Hamstrings Stretch

Photos provided by the author

## Caloric Intake

The bariatric surgeon may increase the caloric intake to 1,200-1,400 calories six to 12 months after surgery, particularly if their patient has lost a large percentage of their excess weight. Follow the surgeon's and/or dietitian's recommendations on food intake. Regularly monitor and assess your exercise program to ensure continued compliance and continued weight-loss which ultimately leads to weight maintenance.

## Conclusion

A lifelong exercise program is critical to a weight-loss surgery patient's long-term success. Bariatric surgery is a valuable tool for rapid weight-loss; however, in two to three years, if a physically active lifestyle has not been adopted, the weight returns.

Exercise is insurance for long-term weight-loss. If you can stick to this advice, you'll be at a healthy weight and in good physical condition for years after your weight-loss surgery.

## About the Author:

*Julia Karlstad, M.Ed., CSCS, is the president of JKFITNESS, LLC. Julia has worked in the fitness industry and specifically the medical wellness community for several years. Previous to owning her own business, Julia personally developed and directed an exercise physiology program that consisted of two bariatric hospitals and three medically supervised weight-loss clinics. For more information on Julia, visit [www.juliakarlstad.com](http://www.juliakarlstad.com) or [www.jk-fit.com](http://www.jk-fit.com).*

and periodized workouts to prevent injury and maximize performance. In addition, this transition poses a challenge when fueling a bariathlete's new body.

Which guidelines should a bariathlete follow; bariatric or sports nutrition? The answer is neither. How can you "eat like an athlete" when you have a one ounce stomach? As you can see, running out of energy and dealing with gastrointestinal distress can be a major concern. This population who is competing in endurance events has an entirely different set of nutritional guidelines. For this group of athletes, it is highly recommended to work with a dietitian who specializes in bariathlete nutrition.

Using bariatric surgery as a tool to get the weight off can open up the doors to a whole new life. Creating a life full of adventures, and participating in activities you love to do on

a daily basis will be the key to long-term success. With the weight off, it allows for people to dream of possibilities they couldn't even consider before. If those dreams or endeavors have you inspired to register for a race, then I recommend creating a support team of a coach and bariathlete dietitian. Remember to gradually build your endurance and strength as well as to vary your activities to establish your fitness foundation. Good luck, have fun and play!

## About the Author:

*Lea Crosetti is a triathlete, registered dietitian and the founder of BariAthletes and Food Coach For You. She received her bachelor's degree in dietetics from the University of Hawaii at Manoa and is currently working on her master's degree in exercise physiology at California State University Northridge. Combining her bariatric expertise with her sports nutrition background, Lea has an in depth understanding of how to fuel the body for endurance events after bariatric surgery.*

**Choose Healthier Side Dishes.** Most fast food restaurants offer side salads, fruit or yogurt. Pick these instead of the high fat fried sides.

McDonald's®	Calories	Fat (g)	Protein (g)	Carbohydrate (g)	Sodium (mg)
Medium French Fries	380	19	4	48	270
Fruit 'n Yogurt Parfait	160	2	4	31	85

**Choose Low Calorie Beverages.** Avoid the shakes, blended drinks, soda, or designer coffee drinks. All are high in calories from added fat and/or sugar. Choose water, low-fat milk, iced tea or diet soda instead.

	Calories	Fat (g)	Protein (g)	Carbohydrate (g)	Sodium (mg)
1 cup 1% Milk	100	2.5	8	12	125
Small Vanilla Shake	420	10	13	72	140
Medium Cola	200	0	0	56	5
Small Lemonade	200	0	0	54	21

**Pay Attention to What You are Eating.** You may be in a hurry, but resist the temptation to eat in your car. For one, it's not safe to be eating and driving with one hand. Take your meal back home, to the office, or make it a picnic. Slow down your eating and taste your food.

**Limit Your Fast Food Meals.** These are not places for frequent dining. The average amount of calories for a fast food meal ranges from 1500 to 1800 calories. This amount of calories is more than half of

most people's caloric needs for the entire day, not to mention the excessive sodium found in these foods.

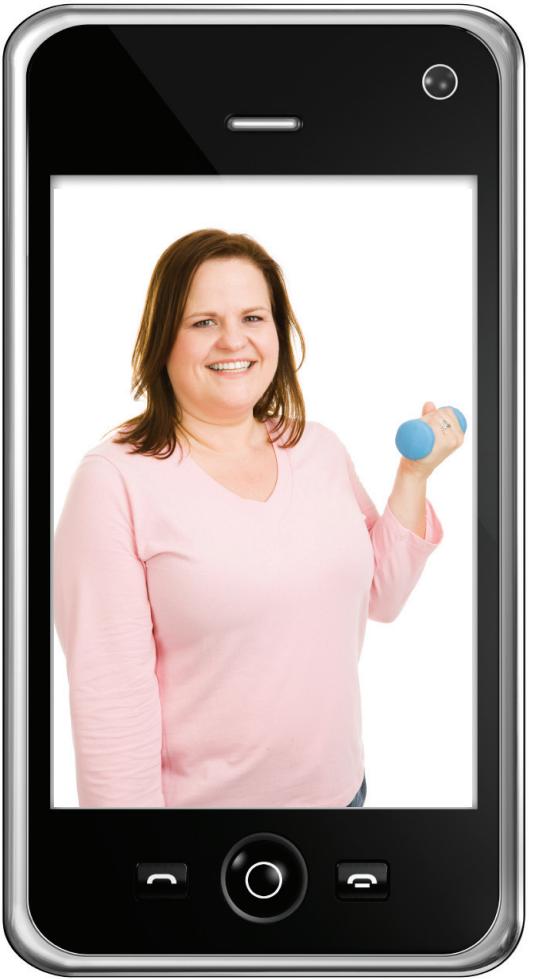
Do some planning ahead. This may mean packing your lunch or taking a snack with you. If you are able to do so, look up the nutrition information on the company's Web site. Some of them are easier to read and navigate than others, but the information is available. Some of them give you the option to personalize your menu item or build your meal.

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# Mobile Fitness & Weight-loss Applications

By Julie DeJean Marks, MEd, LCES

It seems everywhere you go, you see people using their Smartphones in a variety of ways. The saying is true, **"There's an 'App' for that!"** And, this holds true for exercise and fitness as well!

## Where to begin?

I've explored so many Smartphone applications (commonly called "apps") that it made my head spin, only to find that I had not even put a dent in the number of apps that are available today!

There are applications for keeping food diaries and calorie counting, as well as exercise apps that act as personal trainers. These apps function as tools that allow you to set goals and track your progress, instruct you and monitor your activity. And, if that isn't enough, there are actual people that you can connect with for support and motivation, either through a network of others with the same goals, or through the application organization.

Ranging from very simple to extremely detailed and costing anywhere from nothing (yes, there are free apps) to \$20 for a one time download or \$10/month, the old adage "you get what you pay for" definitely applies to these apps. Apps that do everything except lose the weight for you!

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

## Useful Fitness Apps

The September 2009 issue of *Oprah Magazine* featured two fitness applications, one for the iPhone called *FitnessBuilder*, and one for the Blackberry phone called *FitDeck Mobile*. *FitnessBuilder* includes more than 2,000 exercises and custom routines just for women, like "Yoga for Weight-loss," or for men, like "The Dark Knight," if you want to look like Batman! You will find workouts tailored to your current location (i.e. the hotel you are staying in, a gym, an outdoor location or your own home) and also have the ability to create your own custom workout.

Because I often challenge my clients to purchase an inexpensive pedometer and build upon their average number of steps per day, I recently purchased a pedometer app for my iPhone called *iSteps Pedometer*. When I first tried it, I was delighted with it, as it seemed to accurately monitor my steps; however, I was quickly dissatisfied as soon as I put it in my pocket and it stopped working for no reason.

Once I went back and read the reviews, I began to trust the ratings. Now I don't buy anything without checking the

ratings and comments. Even when the product has a five star rating, I still read the reviews to see if it sounds like it would be useful for me.

Also in my search, I came across *Walkmeter GPS Walking Stopwatch for Fitness and Weight-loss*. This app can map and store walking/exercise routes that you use regularly through the use of a GPS (your phone must have GPS feature) for use whenever you need it. The ability to track the time, location, distance, elevation and speed of your workouts really sounds interesting. You can see your progress on charts and graphs, as well as hear about your progress through the use of announcements which are heard automatically at certain times.

Another app that claims to be "the best" is *CalorieTracker* by [www.livestrong.com](http://www.livestrong.com). This app has all the features and appears to be very good. It claims to have 625,000 food and fitness items in its database. You can keep a food diary which provides not only the number of calories per item, but also the total fat, carbohydrates and proteins you consumed. This is very important if you had weight-loss surgery, but also important in other weight-loss programs, as not getting the right amount of nutrients can slow your metabolism and your progress. It allows you to enter your personal measurements to provide more accurate calorie expenditure during your exercise sessions, set goals and track your progress. You even get free access to an online program called *The Daily Plate* which is a Livestrong product. This app will cost you \$2.99 and with a four star rating, promises to be a good value.

Among the free apps, I found *Body Fitness – ULTIMATE Exercise Journal*, which boasts more than 320 exercises with detailed pictures and instructions and animated videos to guide you through each exercise. It is very user friendly and has every exercise you may need to reach your goal. You can track your weight by adding it into the calendar and you may add it several times a day if you like; however, it does not track any other measurements.

It will let you create and store your own exercise routines from the exercises provided, as well as log your exercise sessions. You may choose pre-designed programs based on your preferences and goals, such as stability ball exercises, abs with weights or abs with no weights, cardio or sculpted butt exercises. For all of its simplicity, it is still a very efficient app for its purpose.

## About the Author:

Julie DeJean Marks, MEd, LCES, is a Clinical Exercise Physiologist, licensed by the State of Louisiana. She received her master's degree in exercise physiology from the University of Houston in 1991 and has been certified by the American College of Sports Medicine as an Exercise Test Technologist and a Clinical Exercise Specialist. Julie is currently counseling Bariatric patients on exercise at Lafayette General Medical Center in Lafayette, LA.

## What to Look for in a Fitness/Weight-loss App

Exploring all of the apps available today for the iPhone or Blackberry would take forever. The best way to find what you are looking for is to follow a few simple steps:

- Determine what features you want and will realistically keep track of during your weight-loss program.
- Perform a search with a couple of key words that describe what you are looking for, such as weight-loss, calorie counting or health and fitness.
- Select an app that looks interesting.
- Review the description, cost and rating.
- Read the reviews and consider how many reviews the rating is based on.

When checking out the rating, it is wise to consider how many reviews have been used in producing that rating. If only 35 ratings were used, the app may be new and not really tried and tested enough. On the other hand, 3,421 reviews may indicate a more accurate depiction of the app. Still, read some of the reviews, especially the low-rated reviews to find out if the complaints are things you can live with or without.

Measure what you are getting against the price you will pay as some apps may have more than you really want and come with a high price tag. You may even benefit from trying the free apps first to see if you find what you are looking for and get some experience using this type of app.

In most cases, you really do get what you pay for; however, that really depends on what you are looking for!

# You made the choice to lose weight, now make the choice to make a difference and help others!

Join the fight against obesity by taking part in the **C.H.O.I.C.E.** (**Choosing Health over Obesity Inspiring Change through Empowerment**) Campaign – an educational initiative sponsored by Allergan, Inc., makers of the LAP-BAND® Adjustable Gastric Banding System – **which seeks to change society's inaccurate view that obesity is a choice.** The campaign also aims to urge Congress to focus on prevention and treatment, and accept all treatments, including weight-loss surgery for those 100 pounds or more overweight, to help overcome the obesity epidemic.



## Three Ways to Get Involved:



### 1. Enter the Voice My C.H.O.I.C.E. Contest Program

This contest is for LAP-BAND® System patients. To enter the contest, which runs from May 12 through July 27, simply submit a short essay or video at [www.LapbandChoiceContest.com](http://www.LapbandChoiceContest.com) about your weight-loss journey and how your choice to overcome your struggle with weight has changed your life.

**Twelve winners will be given the opportunity to go on a 3-day/2-night trip to Washington, D.C. in September to share their personal stories with legislators and media.** Allergan, Inc. will cover travel-related expenses for winners and a guest. More information regarding the contest, including rules and eligibility, can be accessed at [www.LapbandChoiceContest.com](http://www.LapbandChoiceContest.com).

### 2. Sign our Petition to Congress

Sign the online petition to Congress at [www.mychoicecampaign.com](http://www.mychoicecampaign.com) to tell Congress it's time to recognize obesity as a disease, **NOT a choice**, and focus on prevention and treatment, and accept all treatments, including weight-loss surgery for those 100 pounds or more overweight. The petition will be delivered to legislators in September by the winners of our contest. **We need your support to reach our goal of 250,000 signatures** – that's one signature for every dollar that Allergan, Inc. will donate to The George Washington University School of Public Health and Health Services' Department of Health to support research on obesity through the Strategies to Overcome and Prevent (STOP) Obesity Alliance. The STOP Obesity Alliance is helping to change how we perceive and approach the problem of obesity, overweight, and weight-related health risks, including heart disease and diabetes.

### 3. Join our Facebook Cause Page and Follow us on Twitter

Join the campaign Cause page on Facebook – [www.mychoicecampaign.com/facebook](http://www.mychoicecampaign.com/facebook) – and follow updates on the campaign on Twitter @CHOICEcampaign. Social media tools – including banners, icons, wallpapers, links to the campaign and contest Web sites, Facebook Cause page and Twitter page, and messages for social media sites – are available at [www.mychoicecampaign.com](http://www.mychoicecampaign.com) to help you spread the word about the campaign and encourage your friends to join our movement!

## Coming Soon!

In August, check for campaign updates at [www.mychoicecampaign.com](http://www.mychoicecampaign.com). There will be new and exciting ways to get involved in C.H.O.I.C.E.!

The LAP-BAND® System is indicated for use in weight reduction for severely obese patients with a Body Mass Index (BMI) of at least 40 or a BMI of at least 35 with one or more severe comorbid conditions, or those who are 100 lbs. or more over their estimated ideal weight. **Please see important product information on the following page.**



APC75PH10

A BRIEF DESCRIPTION OF RELEVANT INDICATIONS FOR USE, CONTRAINDICATIONS, WARNINGS, AND ADVERSE EVENTS OF THE LAP-BAND® SYSTEM.

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

**Contraindications:** The LAP-BAND® System is not recommended for non-adult patients, patients with conditions that may make them poor surgical candidates or increase the risk of poor results, who are unwilling or unable to comply with the required dietary restrictions, or who currently are or may become pregnant.

**Warnings:** The LAP-BAND® System is a long-term implant. Explant and replacement surgery may be required at some time. Patients who become pregnant or severely ill, or who require more extensive nutrition may require deflation of their bands. Patients should not expect to lose weight as fast as gastric bypass patients, and band inflation should proceed in small increments. Anti-inflammatory agents, such as aspirin, should be used with caution and may contribute to an increased risk of band erosion.

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

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

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

Not all contraindications, warnings, or adverse events are included in this brief description. More detailed risk information is available at [www.lapband.com](http://www.lapband.com) or 1-800-LAP-BAND.

**Important:** This is a brief introduction. Please contact your physician or surgeon regarding the possible risks and benefits of obesity surgery.

**CAUTION:** This device is restricted to sale by or on the order of a physician.



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STOP Obesity Alliance

The Weight-Loss Surgery Connection  
Wellstar Comprehensive Bariatric Services  
Barbara Thompson

List as of 7/12/2010

To join this distinguished group or for more information on the OAC Chairman's Council, please visit [www.obesityaction.org](http://www.obesityaction.org) or contact us at (800) 717-3117.

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## Your OAC Membership

OAC Member Number:

Membership Expires on:



## About the OAC

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

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



## How **YOU** Can Support the OAC

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

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