INaugural Convention Issue: YWM2012

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Your Weight Matters
National Convention
Oct. 25-28, 2012 – Dallas, TX

“Band over Bypass”

Vitamin D – Why You Need It

Dear Doctor – Can bariatric surgery treat type 2 diabetes?

Kid’s Corner – Healthy Food and Fun in the Summertime
Weight loss surgery was not a “quick fix.” It was the start of my new life.

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

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Welcome to the Summer 2012 issue of Your Weight Matters Magazine! This is a very special edition of the magazine as I am excited to share with you ALL the latest information on the OAC’s Your Weight Matters Inaugural Convention, titled Explore. Discover. Empower., set for October 25-28, 2012 in Dallas.

For the past seven years, the OAC has continually represented individuals affected by the disease of obesity, their family members, friends and those caring for individuals affected. From national advocacy issues to instances of weight bias, the OAC has stood strong as the largest nonprofit organization fighting for the rights of those affected. Now, the OAC has the pleasure of bringing this same passion, quality, unbiased education and advocacy experience directly to YOU during our three-day Inaugural Convention.

The Convention is all about helping you seek-out the information you need, finding the answers you have been looking for when it comes to weight-loss and management, defying the status quo by discovering your voice through advocacy, and surrounding yourself not only with like-minded individuals, but the leading experts on weight and health. From those who are newly energized to take charge of their weight and health, to the post-bariatric surgery patient on a quest for more answers, our Convention promises to give you what you’ve been looking for in education, action and empowerment. I strongly urge each and every one of you reading this magazine to join us in Dallas for this historic OAC event. Bring your friends, bring your family, bring your colleagues... you won’t want to miss this ground-breaking educational opportunity to Explore and Discover more than you can imagine about YOUR weight and YOUR health! You can view all the details for the Convention on page 24 or visit www.YWMConvention.com.

I look forward to seeing each and every one of you in Dallas at the end of October!

Pamela E. Davis
After the announcement that singer Carnie Wilson had undergone the “band over bypass” procedure in January 2012, a lot of attention has been directed at the operation and what kind of patient would be appropriate to consider “band over bypass.” The proper selection of potential patients and establishment of expectations is essential if an individual is going to have any level of success with this procedure.

Gastric bypass surgery may still be the most reliable and predictable bariatric operation available when it comes to significant weight-loss, treatment of type 2 diabetes, hypertension and sleep apnea. Individuals undergoing this procedure are amazed at the ease with which their weight drops and health improves. With a stomach little bigger than the size of a thumb, it seems almost impossible that anyone could regain any of the weight that the gastric bypass helped them lose.

Unfortunately, sometimes years after a successful gastric bypass, as they see the scale increasing, some post-surgery patients are left wondering, “Why isn’t my surgery working anymore?” Even the most successful gastric bypass patients have seen their body mass index (BMI), once again, reach the point where they become affected by severe obesity.

Weight Regain

Obesity is a chronic, relapsing disease and long-term success is intimately linked to long-term changes in behavior. In many post-surgery patients, even subtle behaviors, which if they return, can lead to eating habits that overpower even the most successful gastric bypass operation. This can lead to weight regain and feelings of disappointment and frustration. Some individuals who experience weight gain following gastric bypass have not been seen by a bariatric surgeon for years following their operation. If weight regain comes full circle, surgeons performing gastric bypass surgery have only a few options to try to get their patients “back on track.”

“Band over Bypass”

“Band over bypass” (pictured above right) refers to one of the tools surgeons have available to assist patients who gained weight after what was initially a successful gastric bypass operation. The concept is fairly simple. If after a thorough evaluation, a patient who experienced significant weight regain and who has already undergone gastric bypass might have the option of placing a laparoscopic adjustable gastric band (LAGB) to assist them in feeling fuller and eating less.

Weight regain after gastric bypass surgery is a fear every individual has tucked away in the back of their mind. If weight regain occurs, there are only a few options physicians have available:

1. Do nothing more surgically - focus on diet, exercise and behavior.
2. Evaluate the patient for a possible second gastric bypass or other stapled bariatric operation.
3. Evaluate the patient for possible placement of a LAGB.
Re-doing Gastric Bypass and Safety

Initially, our focus as physicians centers on diet, exercise and behavioral changes. When these changes do not help, surgeons start examining the gastric bypass more closely. Patients often ask, “Did my pouch stretch?” and in some cases, surgeons can identify large stomachs which could be made smaller by “re-doing” the gastric bypass. Unfortunately, doing a gastric bypass a second time, stapling, trimming the stomach down to a thumb-sized stomach and redoing the connection between the stomach and the small intestine is a high-risk procedure, one that many surgeons would rather avoid.

Re-doing a gastric bypass a second time also does not address the reason why the patient regained weight, basically poor eating and exercise behaviors that may have eroded away what was once a successful operation. Because of the risks involved with attempting a second gastric bypass, many surgeons and patients began looking at a safer alternative.

Candidates for “Band over Bypass”

“Band over bypass” is simply placing a LAGB in a patient who has already undergone a gastric bypass. A LAGB is an inflatable ring placed around the very top of the stomach to help create fullness and satisfaction when eating. It is adjustable and the tightness of the band can be set at different levels for the specific needs of each patient. Placing a LAGB on a patient who has already undergone a gastric bypass is considered a revision operation and as such, a complete evaluation is essential before any surgery is performed.

In our practice, patients who were initially successful with their gastric bypass, but throughout the course of five to 10 years experienced significant weight regain, can undergo evaluation to see if they are appropriate candidates to consider “band over bypass.” The evaluation includes endoscopic examination of the gastric bypass, radiology studies to see what the gastric bypass looks like and if it is the proper size to consider placing a LAGB.

In addition, it is important to identify the eating and lifestyle behaviors which led to weight regain. We spend considerable time with dietary consultations and behavior analysis, including psychological assessment, as they are important in evaluating each patient in order to focus on the behaviors and lifestyles which led to weight regain. Even patients who state that, “I’m eating healthy,” or “I think I’m eating too much,” usually overlook simple behaviors which lead to mindless eating and excessive calories.

The ideal patient to consider for “band over bypass” has a small gastric pouch, one that was not dilated from chronic overeating and has identifiable eating habits and behaviors that led to weight regain.

“Band over Bypass” continued on next page

Four Essential Behaviors that Improve the Ability of Bariatric Patients to Decrease Calorie Consumption and Enhance Weight Maintenance.

1. **Drink water.**
   Consumption of drinks with artificial sweeteners can stimulate hunger and lead to snacking. It is actually not that difficult if each day my patients have a goal to drink water instead of diet drinks or those with artificial sweeteners. Drinking water is never a mistake.

2. **Don’t eat with your fingers.**
   If you think about all the things we eat using our fingers, almost all of them are foods we should avoid. Snack foods, chips, candy, crackers, cookies, string cheese and breads are all foods that we mindlessly access. Vegetables are the ONLY exception. My patients can snack on all the vegetables they want, just don’t dip them in ranch dressing. The concept of avoiding eating with your fingers will eliminate eating in your car, in front of the television, at the movie theater or standing in your kitchen.

3. **Stay out of fast food restaurants.**
   Make your own lunch. When you take the time to make your own lunch, you pay more attention to the types of foods you are packing to eat.

4. **Start exercising.**
   Start taking a 10 minute walk every day. The key here is every day. Almost everyone has time for a 10 minute walk outside. Doing this every day is easy to accomplish and starts the process of establishing an exercise program. Do not mislead yourself with the answer, “I don’t have time.”
Benefits of “Band over Bypass”

“Band over bypass” has the benefit of focusing on combining a surgical approach with a behavioral focus to assist the patient in eating less while eliminating the habits and behaviors which can sabotage or damage an effective gastric bypass. The benefits of being able to place a LAGB rather than using staples or having a second attempt at gastric bypass is one of patient safety. It has been well established that the LAGB has an excellent safety record and is a relatively low-risk procedure when placed by experienced surgeons in credentialed facilities.

Importance of Pre-operative Evaluation

Pre-operative evaluation is important. If the gastric pouch created by gastric bypass is the right size and shape, then placing a LAGB on those patients can be as straightforward as placing a LAGB on an individual who has never had bariatric surgery.

One of the benefits of using a LAGB is that success with a LAGB is dependent on the patient returning regularly to their surgeon, focusing on eliminating behaviors which can cause overeating, snacking, grazing and poor food choices. Patients who are not committed to follow-up, lifestyle changes and behavioral changes tend not to do well with any revision surgery. Patients who are looking to “fix my gastric bypass” do not do well with “band over bypass.” Success for a patient considering placement of a LAGB over their gastric bypass is dependent on identifying those behaviors which can lead to weight regain and doing a surgical procedure which can enhance fullness, satiety and eating less.

Conclusion

After performing “band over bypass,” I expect the patient to come back to our office every four to six weeks for follow-up where our nursing staff, dietitian and psychologist can assist in solidifying post-operative behavioral changes which enhances the effectiveness of the procedure.

The LAGB procedure is a safer alternative to stapling or re-doing a gastric bypass, but it is not without its own set of risks. The device can erode into the gastric pouch requiring subsequent removal. The device can become infected or could move out of position requiring re-operation or removal. These risks are uncommon; however, it is important to consider all these risks before proceeding with any operation. “Band over bypass” is a revision operation and as such has risks that are different than those of people having bariatric surgery for the first time.

We have found “band over bypass” to be useful for assisting patients who gained significant weight following gastric bypass when combined with an intensive program of follow-up and implementation of new behaviors, such as those listed in this article. “Band over bypass” is not a new idea and results have been published in medical journals with varying degrees of success of the past few years.

Weight regain after gastric bypass happens to some of the most successful patients. Placing a LAGB over a gastric bypass can give back a feeling of restriction similar to what patients experience when their gastric bypass was new. This feeling of satiety can enhance a patient’s ability to limit their food intake. The LAGB can help control the outlet of the gastric bypass and by altering the tightness of the band, many patients can benefit from a feeling of restriction which was lost throughout time. In properly selected patients, we see improved ability for weight-loss and regain of the original effectiveness of their gastric bypass.

Insurance Coverage

We have had many of our patients have the placement of their LAGB procedure covered by their insurance, even though they have had a previous gastric bypass operation. Insurance companies each have their own criteria regarding revision surgery and LAGB placement.

“Band over bypass” is considered a revision operation and as such, each insurance company might have specific criteria regarding how their plan members would qualify for this procedure or any other proposed revision operation. It is best to check with your respective health insurance company regarding benefits of coverage for revisional bariatric surgery before proceeding with any evaluation.

About the Author:

Helmuth T. Billy, MD, graduated from the University of California Berkeley and attended medical school at the University of California Davis. He has been in private practice since 1997 and performed his first LAP-BAND® procedure in September 2001, shortly after the LAP-BAND® was approved by the FDA. He currently practices in Ventura California and offers gastric bypass, sleeve gastrectomy, LAP-BAND® as well as revision of previous bariatric operations. He is a member of the American Society for Metabolic and Bariatric Surgery (ASMBS) and participates in the Centers of Excellence program.
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BLUEBERRY SMOOTHIE

PREPARATION
Prep Time: 2 minutes
Cook Time: 0 minutes
Serves: 2
Serving Size: ½ of yield

INGREDIENTS
1 scoop Medi-Weightloss Clinics® Whey Protein Shake (vanilla)
4 oz Dannon® Light & Fit® Carb & Sugar Control™ vanilla yogurt
1 cup water
⅔ cup blueberries

DIRECTIONS
In a blender, combine all the ingredients and blend until smooth.

ADDITIONAL NOTES
Add ice for a thicker shake.
Oil – The Facts

Fat has many functions in food. One of which is to provide flavor. When it comes to cooking with oils, a little goes a long way. Often times you can eliminate, substitute or reduce the amount of oils used in recipes without altering the flavor or quality of the food. By doing this, you can decrease the amount of fat and calories consumed at a meal.

Did you know that one tablespoon of cooking oil contains 120 calories? That is roughly 6 percent of your daily calorie intake if you consume a 2,000 calorie diet. Overall, your best choices for oils are those that contain polyunsaturated or monounsaturated fats.”

Importance of Fats

The overall goal for healthy eating is not to be completely fat-free but to decrease the amount consumed. Keep in mind that fat is one of the six essential nutrients, which are:

- water
- protein
- fat
- carbohydrates
- minerals
- vitamins
Let’s take a look at some common fats and their effect on the body and the oils that contain these fats.

Polyunsaturated Fats

Polyunsaturated fats are considered one of the “good” fats in the diet. They can be found in safflower, sunflower, soybean corn and cottonseed oil. They are thought to be “good” fats because they can help to lower total cholesterol levels and bad (LDL) cholesterol levels. These types of oils would be a good choice for cooking.

Monounsaturated Fats

Monounsaturated fats are also considered “good” fats and can help lower total and bad cholesterol levels along with helping to increase the good cholesterol levels. Common sources of monounsaturated fats are olive oil, canola oil, peanut oil sunflower oil and sesame oil. These are also a good choice for cooking.

Saturated Fats

Saturated fats are usually solid at room temperature. Saturated fats should be limited in the diet because they can raise your cholesterol levels which can increase your risk for heart attack or stroke. The American Heart Association recommends limiting your saturated fat intake to 7 percent or less of total calories for the day. For example, if you consume a 2,000 calorie diet you would be allowed about 16 grams of saturated fat for the day. Common sources of saturated fat include hard margarine, butter, palm oil, palm kernel oil and coconut oil. These should be used very sparingly, if at all, in the diet as they can raise cholesterol levels.

Trans Fats

Trans fats (also known as partially hydrogenated oils) are fats that are created as a result of food processing. Oil that was once liquid at room temperature is now made solid at room temperature. During the process of going from a liquid to a solid, trans fats are created. Trans fats, like saturated fats, can affect your cholesterol levels much like saturated fats do – they can raise your bad cholesterol levels and they can also lower your good cholesterol levels.

The American Heart Association recommends that only 20 percent of your daily calorie intake go toward trans fats. This equates to about two grams of trans fats per day. Sources of trans fats include any processed food such as cookies, pies, frozen meals and fried foods from restaurants. You can monitor your intake of trans fats by reading food labels since food manufacturers have been required to list trans fats on food labels since 2006.

Cooking with Oils continued on next page
Fat is needed by the body for normal functioning and health. Certain vitamins (A, D, E, and K) are what we call “fat soluble” vitamins and can only be metabolized with fats. Fats also provide essential fatty acids which are fats that are required by the body for health, but cannot be made by the body. Fat is also important in body temperature regulation, as a storage form of energy in a time of fasting or decreased intake and it helps to maintain healthy hair and skin.

Knowing this, how can we incorporate fats into our diet with the goal to improve health, not to produce weight gain or increased cholesterol levels? It is important for you to know the different types of fat and how they affect the body when trying to choose cooking oil.

Conclusion

Overall, your best choices for oils are those that contain polyunsaturated or monounsaturated fats. Regardless of the fat used, it is wise to use them in small amounts as fats provide a concentrated source of calories.

Many times an alternative can be used that could save fat and calories. Alternatives to oils include using applesauce or yogurt in place of oil when baking muffins or cakes. If a recipe calls for oil, try using half of the amount or eliminating it all together. Often times a little experimenting can help. In time, you will find which substitutions work in a recipe and which do not. Many times you cannot even tell a difference that a substitution was made, but your heart and your waistline can!

About the Author:

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Dear Americans -

Obesity is a serious medical condition and your weight matters. Numerous other conditions, both physical and psychosocial, are being linked to excess weight on a daily basis. Simply put, weight and health go hand-in-hand. Therefore, let’s treat obesity with the respect, urgency and action it deserves!

Obesity Action Coalition (OAC) spearheaded a coalition of more than 45 healthcare groups to call on Capitol Hill and urge them to “address weight as a matter of HEALTH!”

When you next discuss how to improve our nation’s health, please consider the following evidence-based recommendations from the STOP Obesity Alliance to change the national conversation about weight and pledge to remember that:

- Weight is about health, not appearance.
- Weight status does not necessarily reflect health status.
- It takes more than willpower to maintain a healthy weight - a strong support system is necessary.
- Body size and shape are influenced by inherited and environmental factors.
- Body mass index is one of many factors in determining a person’s weight status as it relates to health.
- Incremental and sustained weight-loss advised by a healthcare provider is safe and healthy - whereas crash diets are dangerous and can contribute to negative health outcomes.

Supporting groups on the call-to-action included the leading groups in the obesity community (American Society for Metabolic and Bariatric Surgery, Academy of Nutrition and Dietetics, The Obesity Society and American Society of Bariatric Physicians) as well as other major healthcare provider and patient groups such as the Arthritis Foundation, American Academy of Pediatrics, American Cancer Society Cancer Action Network, Trust for America’s Health, American College of Cardiology, Mental Health America and the National Women’s Health Resource Center.

Take Action Today! Contact Your Legislator by Visiting www.obesityaction.org/takeaction.
OAC and Orexigen Therapeutics Team up for Take Five to Live Light Campaign

The OAC and Orexigen Therapeutics have partnered on a national awareness campaign, called Take Five to Live Light. The campaign aims to educate the more than 93 million Americans affected by the disease of obesity to take five minutes to learn more about the health improvements from losing just 5 percent of their weight. Addressing obesity is a matter of health, so it is important for individuals to learn about the positive results that they can see from even a 5 percent weight-loss, which can benefit their cardiovascular health and reduce the risk of complications from type 2 diabetes.

The OAC is committed to the research and development of new obesity treatments, and with this commitment, we are proud to partner on this important campaign that also gives individuals the opportunity to participate in the Light Study. For more information on the Take Five to Live Light campaign and the Light Study, please visit www.obesityaction.org/lightcampaign.

“Bias Busters” Tackles the Media

In May, the Centers for Disease Control and Prevention (CDC) released a new report on obesity in the U.S. As a result of this report, thousands of obesity-related news articles were published online and in print. The majority of these articles use stigmatizing photos of individuals affected by obesity, usually photos of an individual taken from behind or headless images. The OAC wants YOU to speak out, and help “Bias Busters” put a stop to this stigmatizing behavior!

When you see stigmatizing photos of individuals affected by obesity accompanying news articles, the best way to take action is to contact the publication by writing a letter to the editor. On most news publication Web sites, you can send a letter to the editor by visiting the “Contact Us” page, which can be found toward the top or bottom of their Web page.

We have to put a stop to the use of stigmatizing images in the media. Help fight weight bias today by contacting the publications perpetuating weight stigma. Together, we DO make a difference!

For a template letter to use when contacting the media and to learn more about this important “Bias Busters” issue, please visit www.obesityaction.org/weight-bias-and-stigma/bias-busters.

OAC and Obesity PPM Host Webinar Three – “Health Policy and Obesity”

On May 24, the OAC and Obesity PPM hosted webinar three in the 14-part webinar series on the complexity of obesity. “Health Policy and Obesity” was the topic of focus for webinar three, which covered topics such as the FDA’s approval of drugs and devices for the treatment of obesity, weight bias, ways to become an effective advocate for change and much more!

To view the “Health Policy and Obesity” webinar, please visit the “Educational Resources” section on www.obesityaction.org and click on “Educational Webinars.” The next webinar in the series, webinar four, is set for July 19, 2012 and will focus on “Obesity, Hormones & Metabolism: Everything You Ever Wanted to Know but were Afraid to Ask.” If you have not yet registered for this FREE online educational series, please visit the OAC’s Web site today and sign-up!
If you are affected by excess weight or obesity, you have an increased risk of developing vitamin D deficiency. A deficiency in vitamin D can lead to weak bones, while impairing other aspects of your health as well. Many people throughout the country are falling short on their vitamin D needs, so it may be time to reconsider your own intake.

In this day and age with an overabundance of food in our country and a good supply of vitamin supplements, you may be wondering how anyone could be deficient in any nutrient. And, vitamin D, in particular, is unique because our bodies can actually make it when our skin is exposed to sunshine. However, a number of factors limit our body’s production of vitamin D including darker skin color, obesity, less sun exposure in Northern states and skin-protecting sunscreen. Though you could go outside without skin-protecting sunscreen, harmful UV rays damage skin and can lead to skin cancer.

The questions remain, “What’s the best way to get the right amount of vitamin D and why is it important?”

Vitamin D Deficiency

Where we live, what we eat, and how we choose to protect ourselves from the sun have all contributed to a recent increase in vitamin D insufficiency and deficiency across the U.S. Insufficiency means our vitamin D levels are not in the range that is best for our health. Deficiency means our vitamin D levels are too low! It is becoming more apparent that diet and sunlight alone are not fulfilling the need for vitamin D in many population groups.

Current data shows that vitamin D insufficiency impacts millions. The Archives of Internal Medicine reported that more than 75 percent of Americans have insufficient levels of vitamin D and...
The American Public Health Association called vitamin D deficiency/insufficiency, “A major public health concern for both children and adults in the U.S.” Vitamin D levels are now checked more often as part of regular medical checkups, and medical professionals are recommending using a vitamin D supplement to ensure vitamin D levels are in a healthy range (normal vitamin D range is 30 to 74 nanograms per milliliter - ng/mL).

Geography Increases/Decreases Vitamin D Risks

If you live in the Northern portion of the United States, (see map) you will only get enough UV rays in the summer months to produce enough vitamin D to meet your needs. The rest of the year the sun’s rays are not strong enough to help your body produce enough vitamin D. And, even if you live in a climate that is warm and sunny year-round, you may be using skin-protecting sunscreen or covering your body with clothing to protect your skin from damage and the potential development of skin cancer. While taking these precautions is wise, you may decrease your body’s production of vitamin D.

At latitudes above 37 degrees north in the U.S. (shaded region in the above map) or below 37 degrees south of the equator, the sun is only strong enough to produce adequate UV rays in the summertime. The rest of the year your skin will not be able to produce enough vitamin D from sunlight exposure to meet your vitamin D needs. People who live in these areas have a greater risk for vitamin D deficiency.2

Obesity’s Impact on Vitamin D

In addition to diet and exposure to sunlight, obesity has an effect on the body’s vitamin D levels. Individuals affected by obesity have an increased risk of low vitamin D levels. As a fat soluble vitamin, vitamin D is stored in fat tissue. When a person has too much fat tissue, their vitamin D is not as available for use throughout the body.

Vitamin D continued on the next page
While it may seem like bariatric surgery may improve vitamin D levels once a person loses weight, vitamin D deficiency is common after bariatric surgery as well. Low vitamin D levels are difficult to treat in bariatric surgery patients because some bariatric surgeries, such as roux-en-y gastric bypass and biliopancreatic diversion with duodenal switch (BPD/DS), decrease the absorption of some vitamins and minerals, including vitamin D. Making matters worse, many people do not get enough vitamin D from their diet. Even with a good diet, adults 19-50 years of age would need to consume 27 ounces of milk or other fortified dairy products daily to meet the recommended dietary allowance.

Why You Need to Care

Vitamin D plays an important role in many body functions and systems. The most well known reason to keep your vitamin D within a healthy range is its important role in bone health. As we age, we gradually lose bone mass, a process that speeds up for women during their postmenopausal years. Without enough Vitamin D levels in our body, calcium cannot be absorbed properly, nor can proper blood levels of calcium or phosphorus be maintained.

As an example of just how important vitamin D is, the following study, presented at the 2010 American Heart Association’s annual meeting, examined how low vitamin D levels affect the heart:

Researchers followed 27,686 people, aged 50 and older, with no history of cardiovascular disease. The participants were divided into three groups based on their vitamin D levels: normal, low or very low. After one year of follow-up, those with very low levels of vitamin D were 77 percent more likely to die, 45 percent more likely to develop coronary artery disease and 78 percent more likely to have a stroke, and twice as likely to develop heart failure compared to people with normal vitamin D levels.

“We concluded that among patients 50 years of age or older, even moderate vitamin D deficiency was associated with developing coronary artery disease, heart failure, stroke and death,” said study co-author Heidi May, PhD, MS, an epidemiologist with the Intermountain Medical Center in Murray, Utah.

In the past 20 years, vitamin D receptors have been found on up to 40 different tissues, including the heart, pancreas, muscles, immune-system cells and brain. From its crucial role in bone health to roles in the proper functioning of nervous and immune systems, breast and colon health, it is clear that vitamin D plays a critical role in our overall health and well being.
Conclusion

Limited access to sunshine and use of skin-protecting sunscreen significantly decreases our ability to make vitamin D naturally – even in summertime. Skin color (the melanin that makes skin dark also protects skin from UV light), smog, cloud cover, season and age (elderly individuals do not make vitamin D as well as younger adults do) also affect this process. In addition, many people do not want to risk skin damage and aging, as well as the potential for skin cancer from cumulative UV exposure.

The simplest and most effective path to make sure your body is getting the vitamin D it needs is to have your doctor check your vitamin D level, and if you are one of the many in need of additional vitamin D, take a supplement every day. Your doctor may tell you to take higher doses than the Recommended Daily Value (RDV) to bring your vitamin D up to a healthy level, then switch to a lower daily dose to keep your vitamin D levels healthy throughout a lifetime.

About the Author:

Marie A. Spano, MS, RD, CSCS, CSSD, is a nutrition communications expert and one of the country’s leading sports nutritionists. Ms. Spano has appeared on NBC, ABC, Fox and CBS affiliates, and authored hundreds of magazine and trade publication articles, book chapters, marketing materials and web copy on a variety of nutrition topics. She is co-editor of the National Strength and Conditioning Association’s Guide to Exercise and Sport Nutrition (Human Kinetics Publishers) and currently working on a second book.

References:

You’re on your way to losing weight by sticking to your diet and adapting to new lifestyle changes. Now, it is time to add exercise to the plan, but joining a gym can be intimidating. You may be thinking...

“Just thinking of going to the gym terrifies me; I think I will do some push-ups at home, that will be enough.”

“People at the gym are so fit and will judge.”

“I can’t go to a gym until I lose more weight.”

by Madalyn Rivera, BS
These thoughts and words are some I have had myself and also heard from some of my clients. The gym can be a scary place, especially if you have no idea where to begin. Well, I am writing to help you.

Let’s Start with “Why?”

Why are you thinking of joining a gym/health club? Is it because you feel like you have to or because you really want to make exercise part of your life? Joining a gym has many benefits, here are a few:

- There is a wide variety of equipment to choose from to create a well-balanced exercise program.
- You will find resourceful staff members there to help you.
- You can meet people who are just like you—they also want to change their life for the better!
- It’s a great place to go to release stress away from home and work.
- It’s like health insurance except you know what you are paying for and there is no deductible if you do not lose weight!

I hope this short list helps with the “why.” Let’s talk about what type of gym next.

Type of Gym

There are many types of gyms that fit any individual. There are women-only, medical fitness facilities, 24-hour gyms, sport-specific, functional training, Yoga and Pilates studios, pole dance studios (yes), large commercial gyms, small gyms, personal training studios, and I am sure many more.

Feeling overwhelmed, let’s take a look at your SMART goals – S-specific, M-measurable, A-attainable, R-realistic and T-timely. If you just want a gym to get started, the small gyms and large commercial gyms are a great place to start. Most of the large commercial gyms have group fitness classes that you can start with. These classes will help you stay on a schedule and you know what you are doing once you walk through the doors. If group fitness classes are not for you, most of these gyms offer a free personal training session in the beginning (take advantage of this).

It’s a great place to go to release stress away from home and work.

Type of Gym

There are many types of gyms that fit any individual. There are women-only, medical fitness facilities, 24-hour gyms, sport-specific, functional training, Yoga and Pilates studios, pole dance studios (yes), large commercial gyms, small gyms, personal training studios, and I am sure many more.

Feeling overwhelmed, let’s take a look at your SMART goals – S-specific, M-measurable, A-attainable, R-realistic and T-timely. If you just want a gym to get started, the small gyms and large commercial gyms are a great place to start. Most of the large commercial gyms have group fitness classes that you can start with. These classes will help you stay on a schedule and you know what you are doing once you walk through the doors. If group fitness classes are not for you, most of these gyms offer a free personal training session in the beginning (take advantage of this).

Hitting the Gym continued on the next page
Setting Your Plan

Now you're on a roll to get going! You figured out why you want to join the gym and what you want to get out of your investment to health. You may be thinking, “So how do I get started if I did not meet with a trainer and just want to get going?” Well, now you are a member and you put your first “workout” in your calendar.

Before I move on, I want to express how important and helpful it is to schedule workouts or just call it “me time.” Make an appointment with yourself. You are the most important person in your day, so make an appointment first thing before you get booked up!

Getting Started

First, start out with a warm up. Get those fit juices flowing by walking or doing some light calisthenics such as jumping jacks, push-ups, etc. Do a warm-up for about five minutes. You are all warmed up and ready to begin, but you are wondering, “Should I strength train or do cardio first?” This question is a whole article in itself, so let’s start basic.

What is your specific goal? If you’re trying to increase muscle, then strength train first. Or, if you’re trying to increase your cardio fitness, do your cardio first. To just lose those pounds, just start exercising! If you are new to strength training, my suggestion is to do weights first, due to the fact that increasing muscle is very important to start and sustain weight-loss. After strength training, you can finish with cardio or whatever your schedule allows. Work large muscles first such as chest, back and legs. You can also start with abdominal exercises. Finish with small muscles such as biceps and triceps, shoulders and calves. You can do a full body workout three days a week or you can do an upper and lower split four days a week. Here is an example full body workout:

- Abdominal crunches
- Chest press
- Lat pull down
- Squats
- Lunges
- Shoulder press
- Bicep curl
- Triceps curl
- Calf raises

You can use dumbbells, a barbell or machines for any of these exercises. You can also just start with no weight to make sure you are using correct form to prevent injury and really get a smart workout. If you are not sure how to do these, a fitness professional at the gym will be able to show you correct form.

Incorporate cardio four to five days per week from 30-60 minutes. If you are just starting, you can begin with 15-20 minutes and increase your time each week.

You Can Do It

I hope you feel less intimated. Just thinking about walking into the gym is intimidating, but gyms are for people like you, me and everybody – to workout and get healthy. Everyone there has the same intentions you do. Fitness comes in many shapes and sizes, so feel proud that you are taking the steps to be as fit as you can be!

About the Author:

Madalyn Rivera, BS, is a Wellness Coordinator at the Westview Healthplex Sportsclub in Indianapolis, Indiana, which is a medical fitness facility. She has been involved with fitness for more than 10 years and has just recently focused on wellness.
Most of you probably know that cardiovascular exercise is one of the best things you can do for your health, but maybe you are dealing with achy knees, an injured back or weak ankles. There is always a way to exercise. We just have to work around your limitations and figure out what you can do.

Cardiovascular exercise is any rhythmic motion using large muscle groups that increase the heart rate. As you increase the heart rate, your body temperature will also increase causing your body to burn calories. Examples of cardiovascular exercise include:

- walking
- jogging
- biking
- elliptical
- swimming

According to the American College of Sports Medicine’s Guidelines for Exercise Prescription, the recommendation for sustained weight-loss is 60-90 minutes of daily moderate to vigorous physical activity/exercise. At first, 60-90 minutes of exercise seems like a lot. You should start out committing to do about 30 minutes each day and gradually increase up to the recommendation. Remember, your exercise does not have to be 60 minutes all at once. It is fine to do shorter bouts of exercise. For example, you could do 30 minutes two to three times each day to equal the recommended 60-90 minutes total.

In the article you just read, titled “Hitting the Gym,” the author provided you with some great motivational tips to get you active and into a gym/health club. Many fitness facilities offer swimming pools as a fitness resource. Swimming is an excellent cardiovascular exercise that’s easy on your joints and more. Let’s take a look at how swimming can help you increase your fitness level and lose weight.

Swimming for Weight-loss continued on next page
Swimming as Cardiovascular Exercise

Have you thought about becoming a swimmer? Swimming is probably the most fun, low impact and healthy way to exercise. Regardless of your size and experience, people of all ages can use water aerobics as cardiovascular exercise.

Combined with a healthy diet, swimming is an ideal exercise for individuals who have excess body weight and cannot do weight-bearing exercise such as walking, jogging or running. Since swimming combines both your lower body and upper body at the same time, it equals a total body workout. While in the water, you not only get a good cardio workout, but you will also gain benefits from the resistance of the water to help target those problem areas.

Swimming is a good way to increase your core strength and balance. Swimming just 30-60 minutes three to four times per week can notably reduce your risks of stroke, heart disease, type 2 diabetes and some cancers as well as lower your resting heart rate, lower your bad cholesterol (LDL), increase you good cholesterol (HDL) and lower your blood pressure. Swimming is a true full-body workout and a great way to keep the whole body in shape.

Because swimming is non to very-low-impact and a non-weight bearing form of cardiovascular exercise, it makes it very valuable to people who may be struggling with limitations that go along with obesity, range of motion issues and injuries. While in the water, you will also be stretching your muscles and increasing your mobility and you have 80-90 percent less weight pulling and pressing at your bones and joints.

With 80 percent less weight, you are more likely to exercise with less pain; therefore, allowing your workouts to be longer and burning more calories to aid in your weight-loss. Swimming does not cause pressure on your joints and muscles and should not cause the aches and pains that some other types of exercise can cause. This makes swimming a great exercise to help in weight-loss.

Tips for Your Swimming Routine

When designing your swimming routine, remember these important tips:

- Consult with a physician before starting any type of aerobic routine.
- Warm-up and stretch first. You can do this by walking in place, doing arm circles and arm stretches. Warm-up for at least five minutes.
- Start out slow and at your level of fitness. Gradually increase the time to obtain the recommended 60-90 minutes of physical activity/exercise each day.
- Use the pool equipment (noodles, water float weights and float belts) to do water aerobics. This is where you could add a little resistance training into your routine.
**Interval Training**

Doing intervals is an excellent way to keep your metabolism up long after you finish your exercise. Interval training is when you start out at a slow speed for one to two minutes, then go faster for one to two minutes. Continue to do this routine until you are finished and then do a five minute cool down lap. If you are unable to do the faster pace for a whole minute, just increase the speed for 20-30 seconds and then slow down letting your heart rate come down. Then repeat the intervals.

**Swim Regularly**

To lose or maintain weight, you must be consistent with your exercise. Exercising once a week isn’t going to cut it. Remember the guidelines mentioned earlier. For sustained weight-loss, you should aim for 60-90 minutes of cardiovascular exercise five to six days per week. Indoor swimming is a modality of exercise that you can be consistent with and do year-round. The most important thing to remember about exercise is to be consistent with whatever type you choose. Start moving and improve your health today!

**About the Author:**

Audrey Turner is an exercise physiologist at both The Centennial Center for the Treatment of Obesity in Nashville, TN, and Centennial Medical Center Cardiac Rehab where she coaches patients pre and post bariatric surgery, evaluates and educates patients post cardiac stent and surgery, and designs personalized exercise routines.
If any of these questions have ever crossed your mind, the OAC’s Your Weight Matters Inaugural Convention has you covered. We’ve thought of everything and now want YOU to experience ALL the OAC has to offer.

The OAC is excited to embark on this endeavor, because this is our chance to let you experience the OAC for yourself and show you what we are about – solid and unbiased education, useful and hands-on tools, and empowerment that goes beyond what you’ve experienced before.

Whether you have been following us since we opened our doors seven years ago or are reading your first issue of Your Weight Matters Magazine, the OAC invites you to join us in our Inaugural Convention!

To kick-off our Inaugural year, we’ve titled the Convention “Explore. Discover. Empower.” This theme perfectly captures the essence of this annual event and sets the tone for what is to come not only this year, but the many years to follow. Our Convention is all about helping you seek-out the information you need, finding the answers you have been looking for when it comes to weight-loss and management, defying the status quo through discovering your voice through advocacy, and surrounding yourself not only with like-minded individuals, but renowned health professionals whose sole focus is to help you in your journey.
What you also will find different about the OAC’s Convention is that we literally have something for every individual who is struggling with their weight. Our overall message is to let individuals know that weight and health go hand-in-hand, and our goal is to cover fascinating general topics on weight issues for individuals at all stages. From those who are newly energized to take charge of their weight and health, to the post-bariatric surgery patient on a quest for more answers, our Convention promises to give you what you’ve been looking for in education, action and empowerment.

CONVENTION STRUCTURE

The first-day of the Convention, Thursday, October 25, will serve as our Advocacy training day. The educational sessions will kick-off the morning of Friday, October 26 and run through Saturday, October 27. These two days will be jam-packed with a wide variety of educational topics, complete with general sessions in the morning and breakout sessions in the afternoon. What’s great about our breakout sessions is that we will offer two tracks – one specifically for the individual looking for in-depth health, wellness and weight management information, and the second for those interested in topics relating specifically to bariatric surgery. Both evenings will also include social events that you won’t want to miss – it promises to be a memorable time!

The Convention will also include a “Lunch with the Experts” session where you can sit one-on-one with an “expert” to learn about a specific topic of interest. There will be more than 10 topics each day to choose from, so there is bound to be something of interest to you.
REGISTRATION

Registration for the OAC’s Inaugural Your Weight Matters National Convention is NOW OPEN! Be sure to take advantage of the early-bird discount savings where you can enjoy a significant savings by registering early (up to 25%). Registering early not only saves you money, but if you are one of the first 100 Convention registrants, you will automatically be entered to win a FREE 3-night stay at the Hilton Anatole during the OAC’s Inaugural Convention! Once the OAC receives the first 100 registrants, we will randomly draw one lucky winner to receive our grand prize complimentary hotel stay. Once you register, the OAC will send you a confirmation email, letting you know if you are among the first 100 to sign-up. Don’t delay, signing-up early has ALL the perks to enjoy – Register Today!

Convention pricing is as follows:

Full Event Registration – BEST VALUE!
Includes: Access to all Educational sessions, official Convention T-shirt, souvenir canvas tote bag, Convention Program Book, ability to pre-register for the OAC’s Advocacy Training Session (Thurs.), two breakfasts (Fri. and Sat.), ticket to Event Welcoming Ceremonies Dinner (Fri.), and ticket to OAC’s 1st Annual Awards Dinner (Sat.). Lunch NOT included.

OAC Members
$95 – Full Event Registration (before Aug. 31)
$125 – Full Event Registration (Sept. 1 - Oct. 12)
$135 – Onsite Registrants

Non-OAC Members
$115 – Full Event Registration (includes a one-year OAC membership) – before Aug. 31
$145 – Full Event Registration (includes a one-year OAC membership) – Sept. 1 - Oct. 12
$155 – Onsite Registrants (includes a one-year OAC membership)

One-day Registration:
Includes: Access to educational sessions, souvenir canvas tote bag, and Convention Program Book. Meals, social events and official event T-shirt NOT included.

One-Day Registration Fee
$25/day – before Aug. 31
$35/day – Sept. 1 - Oct. 12
$50/day – Onsite Registrants

Lunch with the Experts Sessions ($15/day):
If you have ever wanted to have some one-on-one time with an expert in a field/topic you are interested in, then you will definitely want to consider registering for one of our Lunch with the Experts sessions. On Friday and Saturday, the OAC will feature Lunch with the Experts, a session where attendees will have the opportunity to interact in a small group with an expert on the topic of their choice. This is a great opportunity to ask some specific questions you’ve always wanted to ask and learn from others interested in the same topic. There are 14 different lunch table topics (see Program Agenda for topics), with spots for eight attendees at each table. The Lunch with the Experts sections is a separate fee from Convention registration ($15/day).

Lunches are reserved on a first-come first-served basis, and you will have the ability to select your top three choices of lunch topics on each day. We anticipate the lunch topics to fill quickly, and onsite registrations for Lunch with the Experts are not available. This session includes lunch and access to the expert of your choice.
Convention Exhibit Hall

The OAC’s Convention will be complete with a professional Exhibit Hall open during the two days of educational sessions. The Exhibit Hall will be host to more than 30 companies displaying products and services of value to Convention attendees. The OAC is taking great pride in selecting only the companies and organizations whose missions are in line with the OAC and our Convention.

If you are a company or organization interested in exhibiting at the OAC’s Your Weight Matters National Convention, please contact Kristy Kuna, OAC Director of Programs and Membership, at kkuna@obesityaction.org or (800) 717-3117.

SPECIAL EVENTS

Advocacy Training – Thursday, October 25, 2012

On Thursday, October 25, the OAC invites you to take part in our Advocacy Training Session, “Spend a Day on Capitol Hill.” This eye-opening session takes place from 12 pm – 5 pm and will help you understand just exactly what government policymakers do during their time in Congress or the State Legislature by teaching you the basics of policy development. More importantly, beyond understanding the nuts and bolts of a how a bill becomes a law, this training seminar will immerse you in four hours of in-depth advocacy training to help you educate policymakers about the vision and mission of the OAC and why Washington, DC and State Legislatures across the country need to start treating obesity with the urgency, action and respect it deserves!

This session is limited to the first 100 convention attendees with a desire to become formally trained advocates and learn how to talk to elected officials and effectively fight critical advocacy issues. There is no charge to participate in the OAC’s Advocacy Training. Annual Convention registration is required to participate in this session. Pre-registration is on a first-come, first-served basis. Lunch will be served.

Dallas Walk from Obesity

Sunday, October 28, will mark the culmination of the Convention, giving our attendees the opportunity to join in the Dallas Walk from Obesity that will be hosted directly on the hotel grounds. If you haven’t attended a Walk, this will be the perfect time for you to experience this movement and see power in numbers truly in action.

Attendees can register for the Dallas Walk when registering for the OAC Convention. You can also register for the Dallas Walk from Obesity on the official Walk Web site at www.walkfromobesity.com. The Walk will begin at 8 am on Sunday, October 28 and will be held in the park at the Hilton Anatole. For complete details on the Dallas Walk from Obesity, please visit the Dallas event page on the Walk Web site.
The Lone Star State is playing host to the OAC’s *Your Weight Matters* Inaugural Convention. No other Texas city can offer the experience of elegance, warmth and Americana as Dallas.

**LODGING**

The Hilton Anatole spares no expense in offering its guests the highest level of accommodations. Guests will find they have been swept into the ultimate in luxury without paying the high price tag. From a legendary art collection featuring one of the last remaining pieces of the Berlin Wall, to a state-of-the-art exercise facility and relaxation and rejuvenation spa, the Hilton Anatole promises to offer you everything you could ask for and much more. All educational sessions and social events will take place at the Hilton Anatole. Overnight guests booking in the OAC room block will receive complimentary onsite self-parking.

**Make Your Hotel Reservations Early**

The OAC encourages you to make your room reservations early as the hotel block is already more than 75 percent sold. The room block is filling quickly, so don’t delay – make your reservations today! If you have any issues when making your hotel reservations, please contact the OAC.

**Reserve Your Room by Phone:**

To make your reservations by phone, please call (800) HILTONS (800-445-8667) and use the code “OAC” to receive the preferred rate of $129.

**Reserve Your Room Online:**

To make your hotel reservations online, please visit the “Travel Details” section at [www.YWMConvention.com](http://www.YWMConvention.com) and follow the direct online link. *This rate is for single/double occupancy. These rates are effective until the room block closes (or sells out, whichever comes first). Rates are subject to applicable taxes.*
TRAVEL

Airline Discounts

The OAC has partnered with American Airlines to offer OAC Convention attendees a 5 percent discount off regular airfare when traveling to the Convention. To take advantage of the discount, visit www.aa.com and complete the flight information on the homepage. Before advancing, you must click “More Flight Search Options” and you will then be prompted on the next page to enter in your Promotion Code. Please use the designated Promotion Code, “24H2BW,” to receive the discounted rate. To make flight reservations by phone, please contact American Airlines at (800) 433-7300 and be sure to give them the above listed Promotion Code when booking.

Car Rental Discounts

For those with car rental needs, the OAC has negotiated a discounted rate with Avis for all OAC Convention attendees. Discounts range from 5 percent – 25 percent. To make your car rental reservations and take advantage of the discount, please contact Avis at (800) 331-1600 and provide the Avis Worldwide Discount (AWD) Number: D510868. You may also use the discount when making your reservations online by visiting www.YWMConvention.com.

Stay Up-to-Date on the Latest Convention News

Since this is the OAC’s first-ever National Convention, we will have many exciting announcements along the way! If you want to receive breaking new alerts about the OAC’s Inaugural Convention, we would be happy to add you to our Convention e-mail list so you are the first to know! By signing up for these alerts, you will only receive information about the OAC’s Inaugural Convention and your information will not be added to any other OAC list or shared with any third party. To sign-up for the alerts, visit www.YWMConvention.com.

OAC Thanks Our Early Sponsors of the Your Weight Matters National Convention

National Sponsorship opportunities are still available and sponsors are entitled to a variety of benefits to give your company exposure. To add your name to this list, contact Kristy Kuna, OAC Director of Programs and Membership, at kkuna@obesityaction.org or (800) 717-3117.

View Your Personal Convention Video Invitation

REGISTER TODAY!

Visit www.YWMConvention.com or Scan the QR Code for Complete Event Details, How to Register and to View our Official Convention Video!
THERE ARE MANY WAYS YOU CAN HELP IN THE FIGHT AGAINST OBESITY


ASK US HOW TO GET INVOLVED
www.walkfromobesity.com
886.471.2727 or info@asmbsfoundation.org

The Walk from Obesity is the only event of its kind that brings together those affected by obesity to spread one powerful message.

Since its inception, the Walk has raised over $5 million for obesity research, treatment, prevention, advocacy and awareness for the American Society for Metabolic and Bariatric Surgery (ASMBS) Foundation and the Obesity Action Coalition (OAC).

HELPING TO SPREAD A POWERFUL MESSAGE

The Walk from Obesity

Recruit Your Family, Friends and Colleagues

Benefiting:

@WalkfromObesity
Like us on FaceBook

ASMBS
Obesity Action Coalition
**Membership Application**

**OAC Membership Categories**  
(select one)  
- Individual Membership: $20/year  
- Institutional Membership: $500/year  
- Chairman’s Council Membership: $1,000+/year  

**OAC Membership Add-ons**  
(optional, but only accessible by OAC members)  

**Add-on 1: Educational Resources**  
To order bulk copies of OAC resources, members can purchase educational packages. If you’d like to order resources, select one of the below packages.  
- **Standard Package**  
  10-50 pieces/quarter $50  
- **Deluxe Package**  
  51-100 pieces/quarter $100  
- **Premium Package**  
  101-250 pieces/quarter $150  

**Add-on 2: Make a General Donation**  
Make a tax-deductible donation to the OAC when joining as a member. Your donation helps the OAC’s educational and advocacy efforts.  
- $5  
- $10  
- $25  
- $50  
- $100  
- Other ________  

**Membership/Add-on Totals:**  
Membership Category: $_____  
Add-on 1 (if applicable): +$_____  
Add-on 2 (if applicable): +$_____  
**TOTAL MEMBERSHIP PAYMENT:** $_____  

**Contact Information**  
Name: ____________________________________________  
Address: ____________________________________________  
City: __________ State: ____ Zip: __________  
Phone: __________ Email: ________________________________  

**Payment Information**  
- Check (payable to the OAC) for $_____.  
- Credit card for my TOTAL membership payment of $_____.  
  - Discover®  
  - Visa®  
  - MasterCard®  
  - Amex®  

Credit Card Number: _____________________________________  
Expiration Date: ________ Billing Zip Code: ____________  

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**Benefits to Individual Membership**  
- Official welcome letter and membership card  
- Annual subscription to the OAC’s publication, *Your Weight Matters Magazine*  
- Subscriptions to the OAC Members Make a Difference and *Obesity Action Alert* monthly e-newsletters  
- “Bias Buster” Alerts, alerting specifically to issues of weight bias  
- Immediate Advocacy Alerts on urgent advocacy issues and access to the OAC’s expert advocacy team  
- Ability to lend your voice to the cause  

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

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

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

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**Ask Us How To Get Involved**  
www.walkfromobesity.com  
888.471.2727 or info@asmbsfoundation.org  

The **Walk from Obesity** is the only event of its kind that brings together those affected by obesity to spread one powerful message. Since its inception, the Walk has raised over $5 million for obesity research, treatment, prevention, advocacy and awareness for the American Society for Metabolic and Bariatric Surgery (ASMBS) Foundation and the Obesity Action Coalition (OAC).  

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**OAC Membership**  
MEMBERSHIP  

**RETURN TO:**  
Mail: OAC  
4511 North Himes Ave., Ste. 250  
Tampa, FL 33614  
Fax: (813) 873-7838
It’s summertime! Kids are home from school and looking for things to do. This can be a great time to get active with your kids, try some new healthy foods and have fun!

During the summer, things slow down a bit. This is a great time to get kids involved in cooking, shopping and learning about food.

Summertime Foods

Fruits

Fresh fruit is in season during the summer. Fruits are sweet and packed with NUTRITION. They can be part of a meal, a sweet treat for after meal for dessert or a cool refreshing snack. Strawberries, watermelon, BLUEBERRIES and more are all great options!

Ways to add fruit to your diet:

• **Fruit Kabobs:** Alternate different pieces of fresh fruit on a kabob stick for a colorful treat!
• **Yogurt Parfaits:** Top low-fat yogurt with berries, bananas or apples for a great mix of protein, CALCIUM and VITAMINS!
• **Fruit Smoothies:** Skip the ice cream. Instead try a fruit smoothie! With your parent’s supervision, in a blender, add milk, yogurt, a handful of fruit and a few ice cubes for a treat!
• **Fruit Salsa:** Have your children help dice and chop various types of fruit and mix with a little Splenda. Serve on low-fat graham crackers.

Veggies

Veggies are full of nutrients and great for a summer treat!

Fun ways to add in veggies:

• **Try some dip:** Hummus or low-fat dip makes veggies better! Always serve vegetables with a fun dip!
• **Mix vegetables in:** Add vegetables in spaghetti sauce, in a sandwich or a casserole.
• **Marinate them:** Marinate veggies in light Italian dressing for great flavor.
and Fun in the Summertime

by Sarah Muntel, RD

Drinks
Stay HYDRATED this summer. It’s hot, so don’t forget to drink. Water is the best choice for sure. Aim for 64 ounces of fluid each day. Kids get thirsty in the summer and tend to grab juice boxes, sugared drinks and soda. Sugar-free beverages like Crystal Light and other sugar-free drinks are the better choice. Sometimes kids like water more when they drink it from a fun cup or with a new straw! Give it a try.

If you want to get creative, try these:

• **Raspberry Lemonade**: Make a pitcher of sugar-free lemonade (any kind) and add some color and flavor with flavored ice cubes! Pour sugar free raspberry drink in an ice cube container and freeze. As the ice melts, the raspberry flavor comes out for a tasty treat!

• **Avocado Smoothie**: Here’s a great nutrition packed smoothie! Blend 1 avocado, 1 cup milk, 1 cup ice cubes, 2 tablespoons Splenda, and ½ tsp vanilla.

Snacks
Stock your kitchen with healthy SNACKS for the summer. As kids play hard, they get hungry. It’s easy to grab a handful of chips, so make sure you have other options on hand.

• **Mini Rice Cakes Snack**: Top mini apple cinnamon rice cakes with peanut or almond butter and a banana.

• **Cheesy Popcorn**: Sprinkle Parmesan cheese on air popped popcorn.

• **Cereal Trail Mix**: Mix a variety of cereal with nuts and dried fruit for a tasty nutritious snack.

• **Strawberry Delight**: Top low-fat graham crackers with reduced-fat cream cheese and add fresh strawberries (or any fruit).
As summer rolls in, sometimes kids forget to stay moving. Motivate your kids to stay ACTIVE this summer by finding fun activities to do. Limit time in front of the TELEVISION and video games.

Get Moving

- **Get in the water**: Join a pool or get out the sprinkler. This is a great way to stay cool and be active as well.
- **Try new sports**: Buy a soccer ball, basketball or volleyball. It’s fun to try a new sport and you can get some great activity!
- **Go on a hike**: Explore parks in your area. Give your kids a list of things to find on your hike to make it fun!

Play a Game

- **Hopscotch**, tag and “Duck, Duck Goose” are fun ways to add activity without even noticing it!
- **Have a bike race** or a scooter race.
- **Make an obstacle course**: Hula hoops, jump ropes and pogo sticks can make a fun obstacle course.

Just Have Fun

Summer is a great time to get moving, have fun with your FAMILY and enjoy the weather. Don’t worry about changing everything at once. Just a few changes to your family’s daily routine can make a big difference in everyone’s HEALTH. Have fun!

About the Author:

Sarah Muntel, RD, is a registered dietitian with IU Health Bariatric & Medical Weight-loss. She has worked in bariatrics for the past 12 years and enjoys helping people get to a healthy weight so they can improve their health, feel better about themselves and become more active.
Double PUZZLE

In the story you just read, you may have noticed certain words in all caps and bolded. These words are important terms for eating healthy this summer and having fun. Below, you will see a double puzzle with a secret message at the end. See if you can unscramble the words and figure out the secret message!

SECRET MESSAGE

Answer: Eat healthy this summer and have fun.

Platinum:
Allergan, Inc.
ASMBS Foundation
Ethicon Endo-Surgery

Gold:
American Society for Metabolic & Bariatric Surgery
Bariatric Advantage
Potomac Currents

Silver:
American Society of Bariatric Physicians
Arena Pharmaceuticals
Boehringer Ingelheim
Eisai
New Life Center for Bariatric Surgery
Orexigen Therapeutics, Inc.
Vivus, Inc.

Bronze:
New Dimensions Weight Loss Surgery
Rocky Mountain Associated Physicians
The Davis Clinic
The Wellborn Clinic

Patron:
Adjustable Advantage
Advanced Specialty Care
Advanced Weight Loss Surgery
Alaska Bariatric Center
Baptist Metabolic Surgery Center
BMI Surgical & Medical Weight Loss Solutions
Bariatric Support Centers International
Body Media, Inc.
Centennial Center for the Treatment of Obesity
ConscienHealth
CRC Health Group
Pam Davis, RN, CBN
Elkhart Clinic
Enteromedics Inc.
Erlanger Health System
FitRx
Jim Fivecoat
Mathias A.L. Fobi, MD
Gastric Band Institute
Geisinger Health Care System
Health Management Resources®
IU Health Bariatric & Medical Weight Loss
Marquette General Weight Loss Center
Tracy Martinez, RN
Medi-Weightloss Clinics
Minimally Invasive Surgery Center
Murfreesboro Surgical Specialists
National Association of Bariatric Nurses
Obesity Law & Advocacy Center
Pacific Diabetes and Weight Loss Surgery
Provost Bariatrics
RéShape Medical
Salem Hospital
Lloyd Stegemann, MD
Christopher Still, DO
STOP Obesity Alliance
Scottsdale Healthcare Bariatric Center
St. Vincent Bariatric Center of Excellence
Southern Surgical Hospital
Surgical Weight Loss Solutions at Tempe St. Luke’s
Barbara Thompson
Wellesse Premium Liquid Supplements
WLS Surgical Associates

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

List as of 7/10/12
Plateaus are one of the most common frustrations in weight-loss. Despite all of your hard work, this plateau is both inevitable and explainable.

Basal Metabolic Rate

One of the biggest contributors is the shift in your basal metabolic rate (BMR). The BMR is the rate at which your body burns the calories needed to survive each day. These calories are used as energy for your blood to circulate, your food to digest, lungs to expand and all other vital bodily functions. This typically constitutes 60-70 percent of the calories that you consume each day, and the remainder of the calories must be expended through physical activity and exercise.

When weight-loss occurs, body mass decreases and very commonly your BMR decreases. At this point, your caloric needs changed. You have lost weight, so there is now less of you to move around, resulting in fewer calories expended during your old workout. Your body has created an aggravating equilibrium and it is now time to shake it up!

As you progress through your weight-loss journey, your body is adapting to a stricter diet and exercise program. Unless you continually update your program to reflect the changes your body has already experienced, you will plateau because of the adaptation that has taken place. Evaluate each component of your weight-loss program. Could you be eating more calories than you think? Is your exercise program not challenging enough anymore? Chances are one of those two components may be lacking.
Calorie Counts

Let’s take a look at your consumption of calories. Calories are hidden into foods such as dressings, sauces and condiments. Portion sizes are much smaller than what you would think. Are you snacking throughout the day resulting in an extra 500 calories consumed?

Now let’s look at your caloric burn. Cardio machines at the gym tend to overestimate the number of calories that you expend during a workout. Think about it, if you had a product that you wanted to sell to promote weight-loss, wouldn’t you do anything to make the consumer believe that they are using the very best product?

A common mistake is to underestimate the calories eaten and overestimate the calories burned. It would be a good idea to begin food journaling and logging your exercise. By recording your consumption, it creates both accountability and awareness of what you are putting in your body. To lose a pound of weight, you have to create a caloric deficit of 3,500 calories each week by consuming fewer calories and burning more.

The Shock Factor

A change in both your diet and workout can kick-start the weight-loss again. To avoid plateaus, try modifying one of the following factors of your workout program:

- Frequency of Exercise
- Intensity
- Type of Exercise
- Duration of Workout

In some cases, a small adjustment may be all you need, but variety is the key. Not only does variety keep you interested, but it keeps your body intrigued as well.

For example, change things up by alternating strength training days with cardio days, try a whole new mode of exercise such as water aerobics, or spice up your cardio with interval training.

Weight Plateaus continued on next page
Interval training is known to be the most efficient form of cardio because you are able to burn calories and fat at a faster rate than you would during a longer workout at a sustained intensity.

Don’t be Afraid of the Weights

If you haven’t started strength training, do so! Strength training has been shown to help patients manage their weight by offsetting the decrease in their metabolic rate. Muscle is metabolically active tissue; therefore, the more of it you have, the more efficient your metabolism will be. If you were to gain a pound of muscle, it can be estimated that this would increase your BMR by 50 calories!

You can choose from many different modes of strength training such as strength machines, free weights, medicine balls, kettle bells and resistance bands. If you do not have access to such equipment, you can do simple body weight exercises and use household objects such as soup cans or milk jugs to add extra resistance. Try to incorporate strength exercises into your program three to four times each week.

Increase your Physical Activity

Increasing your activity level is one of the best things you can do for yourself. Wear a pedometer to track your steps each day. You can create small changes such as taking the stairs, parking at the back of the lot when going to
the grocery store, pacing while you are talking on the phone or using a push lawn mower instead of a riding mower. Your ultimate goal is to accumulate 10,000 steps each day, but if this seems extreme right now, you can reevaluate that goal. Track your steps for a day and try to increase the number of steps each day after that. Sometimes it takes extra effort to increase your physical activity due to society’s sedentary habits.

Everyone is Motivated

Lack of motivation is not an excuse. If you are reading this article, you have motivation! Reassess the reasons that you want to lose weight. They may have changed since you initially started this journey and realizing this may help you stay focused! Set small realistic goals and reward yourself once each goal is achieved.

Plateaus aren’t Always Bad

That’s right! There comes a point where a plateau is a good thing. A plateau in weight-loss is an opportunity to reevaluate your progress. Talk with your physician about whether or not you have reached a healthy goal weight. If this is the case, refocus your efforts to maintaining what you’ve achieved and be proud of yourself for your hard work.

Remember that reaching your goal weight does not translate into reaching the end of your weight-loss journey. This is a lifestyle that you have chosen and it is normal to have ups and downs. Be thankful for your body and don’t take it for granted!

About the Author:

Jillian McAfee is a Fitness and Health Specialist at IU Health Bariatric & Medical Weight-loss. She received her bachelor of science degree in kinesiology from Indiana University, and is a certified personal trainer through The American College of Sports Medicine. Jillian is passionate about inspiring individuals to live a healthy and active lifestyle.

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Emotional Impact of Obesity

Both obesity and depression can be isolating. Each condition can be stigmatizing and have serious health effects beyond its immediate impact. Interestingly, when one health problem occurs, the other often develops.

People affected by obesity are often self-conscious about their appearance or their physical abilities. They withdraw or are excluded from social activities. They find themselves feeling more isolated from friends, co-workers and loved ones. All the while, their feelings of self-worth continue to fall. At the same time, obesity is affecting other organ systems, causing shortness of breath, aches, sleep troubles, chest pains and digestive problems—all of which can trigger feelings of sadness and despair, hallmarks of depression.

Similarly, depression is debilitating, and someone suffering from it may be less motivated to exercise, less able to follow a diet closely, less able to take the time to prepare healthy foods versus grabbing something fast, and less convinced that taking care of their health is a good use of time.
What’s the Link?

But what explains the coexistence of these two diseases? An analysis of previous studies looking at depression and overweight - body mass index (BMI) between 25 and 29 - and obesity (BMI more than 30) published in the Archives of General Psychiatry in 2010 (Luppino et al.) re-confirmed the link between the two and showed that being affected by obesity at the start of the studies significantly increased the chance of having depression later among people more than 20 years old, but not for teens or children. And, having depression at the start significantly increased the chances of developing obesity later, but not of developing overweight. In this case, neither gender, age nor severity of depression seemed to make study participants more or less likely to be affected by obesity.

In another study (Vogelzangs et al.) published in 2010, this time in the Journal of Clinical Psychology, researchers looked at adults aged 70 to 79 throughout a period of time. Throughout the course of five years, depressive symptoms emerged in 23.7 percent of originally non-depressive participants. In men, obesity in the form of visceral (stomach) fat was significantly associated with depression onset, meaning men with more fat in their stomach areas were more likely to develop depression than men with less fat there. No similar association between depression and obesity in the form of visceral fat was found in women. This suggests that something specific to visceral fat is related to the mechanics of depression.

A 2009 study (Beydoun et al.) in the Journal of Affective Disorders of NHANES data on health and lifestyle, looked at associations between depression, BMI, physical activity and dietary intake. The researchers found that the presence of depression in women was connected to higher BMI and reduced physical activity, but not in men. In addition, special equation models led the authors to conclude that in both sexes the main pathway link from Major Depressive Disorder (MDD) to higher BMI is through lower level of physical activity, and in women the additional pathway link from socioeconomic status to higher BMI is through food insecurity, which leads to MDD, which leads to lower levels of physical activity.

Still another study (Remiglio-Baker et al.), presented at an American Heart Association conference and summarized in a 2009 issue of Endocrinology, which followed 5,031 adults for five years, found that women with depression were 54 percent more likely to be affected by excess weight or obesity at the end of the study than those who were not depressed, and those with excess weight or obesity were 27 percent more likely than normal-weight women to develop depression. No such association was found in men. The lead investigator stated, “Treating depression should be considered a public health initiative to prevent development of overweight/obesity, especially in women.”

HPA Axis Impacts Depression and Obesity

The answer is complex with many factors in play, yet some biological factors offer significant clues. Notably, the hormones known as the HPA axis is thought by many scientists to be the key to understanding the biology of both depression and obesity.

HPA is a complex set of direction influences and feedback interactions involving the hypothalamus, the pituitary gland and the adrenal glands – parts of the nervous system which secrete a variety of hormones. The three parts of this HPA axis work together to keep the body chemicals balanced when a person is under stress. The HPA axis is responsible for the release of cortisol, called “the stress hormone,” which is released to counteract the effects of stress. Cortisol has a number of effects, one of which is the build up of fat around the abdomen. Sustained stress can also lead to depression.

“Treating depression should be considered a public health initiative to prevent development of overweight/obesity, especially in women.”

Obesity and Depression continued on next page
Treatments

For people facing the challenges associated with obesity and depression, what treatment options are available and effective? In a 2008 review of study outcomes in the Journal of Clinical Psychology (Markowitz et al.), the authors urged clinicians to integrate the treatment of these two diseases and cautioned that dieting, which can worsen mood, and anti-depressants, which can cause weight gain, should be minimized. The authors also recommended that exercise and stress reduction, which have been shown to be effective treatments for both diseases, should be considered a first-line defense.

While we still have much to learn about the association between obesity and depression, this much is clear: the link between the two conditions is clear. Considering the devastation either of them alone can cause, research to gain an even better understanding of how and why the two are connected and then identify any additional treatments could benefit many millions of people.

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.

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Diabetes is a devastating problem worldwide. It has been estimated that as much as 8.3 percent of the world’s population has diabetes and this number is on the rise. As your weight goes up, so does your risk of developing type 2 diabetes (T2D). In fact, almost 25 percent of individuals who are affected by severe obesity (body mass index greater than 35) will carry a diagnosis of T2D. Uncontrolled diabetes leads to a host of long-term problems including heart attacks, strokes, kidney failure, blindness and the need for amputations.

In the first study, known as the STAMPEDE trial, 150 poorly controlled diabetic patients were divided randomly and equally into three groups. All of the patients in the study received intensive medical therapy including lifestyle counseling, weight management, frequent blood sugar monitoring, and diabetic medications. Fifty of the patients then continued with this intense medical therapy, 50 underwent a roux-en-y gastric bypass surgery, and the other 50 patients underwent a sleeve gastrectomy. All of the patients were then followed for the next year to see what happened to their diabetes.

Bariatric Surgery for T2D
For many years, bariatric surgeons have known that bariatric surgery has a profound effect on T2D. It is not uncommon for our T2D patients to come off of all of their diabetic medications after bariatric surgery. Many primary care physicians (PCP), however, have been reluctant to advise bariatric surgery as the first line of treatment for their patients affected by severe obesity with T2D because of the lack of quality studies comparing the effectiveness of medical therapy versus surgical therapy for the treatment of T2D. Two recent studies that appeared in the New England Journal of Medicine were designed to help answer this question.

Dear Doctor

Can Bariatric Surgery Treat Type 2 Diabetes?

Answer provided by Lloyd Stegemann, MD, FASMBS
Roux-en-Y Gastric Bypass

The roux-en-y gastric bypass operation has been used since the late 1960's to achieve significant weight-loss in people affected by severe obesity. A gastric bypass can be done through a series of small incisions (laparoscopic). The surgery involves three basic steps:

- Creation of a small pouch (Proximal Pouch of Stomach)
- Bypassing part of the small intestine (creating the “Short” Intestinal Roux Limb)
- Attaching the bypassed intestine (Roux Limb) to the pouch

Sleeve Gastrectomy

During the sleeve gastrectomy, about 75 percent of the stomach is removed leaving a narrow gastric tube or “sleeve.” No intestines are removed or bypassed during the procedure. When compared to the gastric bypass, the sleeve can offer a shorter operative time that can be an advantage for patients with severe heart or lung disease.
In the group that underwent intensive medical therapy for an entire year, 12 percent of the patients were able to achieve excellent control of their T2D (HgbA1C less than 6.0). This was achieved, however, by increasing the number of medications they were taking to control their T2D.

In the bariatric surgery groups, 42 percent of gastric bypass patients and 37 percent of sleeve gastrectomy patients were able to obtain excellent control of their T2D. Importantly, in the bariatric surgery patients, this excellent control was obtained while decreasing the number of medications they were taking for T2D. In fact, in the gastric bypass group, 78 percent of the patients were able to come off ALL of their T2D medications!

In the second study, which came out of Italy, 60 patients who had T2D for at least five years and were poorly controlled were randomized into one of three groups. Twenty patients received intense medical therapy alone, 20 had intense medical therapy and a gastric bypass, and the last 20 had intense medical therapy and a biliopancreatic diversion (a less common bariatric surgery in the U.S.). The patients were then followed for the next two years to see what happened to their T2D.

In the medical therapy group 0.0 percent of patients achieved T2D remission after two years, while 78 percent of the gastric bypass patients and 98 percent of the biliopancreatic diversion patients achieved complete remission of their T2D!

**Conclusion**

These two well designed, well executed studies add to the mounting evidence showing bariatric surgery is effective in the treatment of T2D. While it is slowly gaining ground in the U.S., most PCPs do not recommend bariatric surgery for the treatment of T2D. If you or someone you know has T2D and is severely overweight, you owe it to yourself to look into bariatric surgery. At the end of the day, bariatric surgery is not right for everyone, but you won't know until you learn more and become an informed patient. Remember, YOU are the leader of your healthcare team!

**Answer provided by:**

Lloyd Stegemann, MD, FASMBS, is a private practice bariatric surgeon in Corpus Christi, TX. He is the driving force behind the Texas Weight-loss Surgery Summit and the formation of the Texas Association of Bariatric Surgeons. Dr. Stegemann is a member of the American Society for Metabolic and Bariatric Surgery, OAC National Board of Directors and is Chair of the OAC Sponsored Membership Program.
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