

# YOUR **WEIGHT**Matters

Summer 2014

## MAGAZINE

FOR YOUR HEALTH

## Dear Doctor

My child is gaining weight,  
and I don't know  
what to do.

### KID'S Corner

Staying Fit this Summer...  
Everyone Can Do It

**SPECIAL  
OFFER**  
for YWM2014!



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

## A PICTURE IS WORTH A THOUSAND WORDS

AN INTERVIEW WITH  
SHARI BELAFONTE

p20

## MEN:

Is Obesity  
Affecting  
Your  
Sex Life?

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

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## A Message from the OAC Chairman of the Board

Let's Shine Together in Orlando!

I'm looking forward to seeing the people who make the Obesity Action Coalition such an amazing organization very soon in Orlando, Fla. The program is set, registrations are setting new records, and the rooms are rapidly filling up. If you haven't finalized your plans to come, now is the time to register, get a room, and book your travel to join us for YWM2014!



Three things have me especially excited about this year's Convention: *Ted Kyle, RPh, MBA*

1. **The Speakers.** You're used to reading content from the world's most renowned experts in obesity and health right here in *Your Weight Matters Magazine*, but there's nothing like meeting these experts and hearing from them in person. The list of great speakers is long, but I'll take this opportunity to call out Arya Sharma, MD, PhD, FRCPC, who will be presenting the Keynote on Friday morning and another session on Friday afternoon. Just the opportunity to hear Dr. Sharma twice would be a real highlight. But the program is crammed with many other speakers who are just as fascinating, famous and motivating to hear.
2. **The Community.** Nowhere else will you find such a community of passionate, smart and caring advocates for people affected by the disease of obesity. Last year, more than 370 people from 32 states participated, and registrations for the coming year are telling us that we will be setting a new record. Online social networks are great, but YWM2014 will give us all the unique opportunity to connect in person for support, health, inspiration, networking and education.
3. **The Sponsors.** None of this would be possible without our sponsors, whose support makes it possible for the OAC to hold such an incredible Convention and recruit the very best speakers in one of the best meeting locations in the U.S. We are fortunate to have the support of these organizations who are invested in meeting the needs of people affected by obesity and excess weight.

So get out your checklist, block your calendar, and finalize your plans to spend an amazing weekend with the best community of support there is for people who are personally concerned with obesity and health.

I look forward to seeing you in Florida, on September 25-28!

# NEWS from the OAC

Obesity Action Coalition

## Join Us for YWM2014

In less than three months, the OAC will host the 3rd Annual *Your Weight Matters* National Convention on September 25-28 in Orlando, FL. No matter where you are in your weight-loss journey, the OAC's National Convention has something to offer you.



From topics like "Food Addiction: Finding a Manageable Approach" to "Fun in Fitness – New Trends in Exercise," YWM2014 promises to offer you the latest evidence-based educational information presented by the country's leading experts in weight, health, nutrition, exercise, treatment and more.

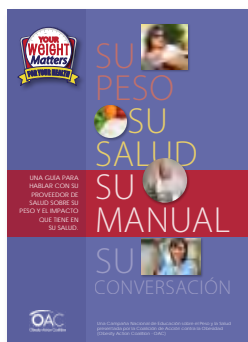
To view the Program Agenda, pricing information and more, please visit [www.YWMConvention.com](http://www.YWMConvention.com) today!

## OAC Now on Amazon Smile

Are you a frequent shopper on Amazon? The OAC has proudly joined Amazon's charitable initiative, AmazonSmile, as an eligible organization for Amazon users to support in their shopping. When an Amazon user shops through AmazonSmile, [smile.amazon.com](http://smile.amazon.com), Amazon donates 0.5 percent of the price of eligible AmazonSmile purchases to the charitable organization of your choice.

AmazonSmile is the same Amazon you know with the same products, same prices and same service, but when you shop through AmazonSmile and select Obesity Action Coalition as the charitable organization of your choice, Amazon will donate 0.5 percent of every dollar spent on eligible purchases to the OAC. With no additional cost to you, this is a fantastic opportunity for OAC members, friends and followers to support the organization and help us continue our work in education, advocacy and support.

To begin supporting the OAC through AmazonSmile today, visit [smile.amazon.com](http://smile.amazon.com) and select Obesity Action Coalition as your preferred charity!



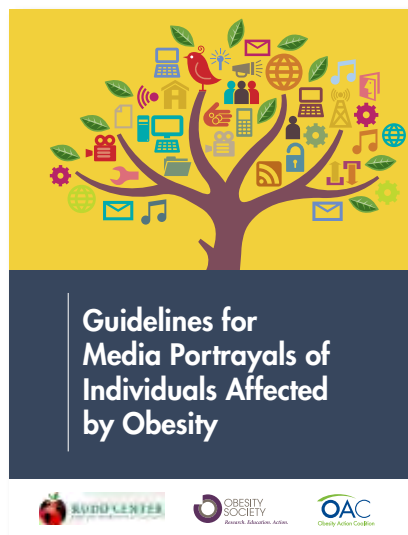
## Your Weight Matters Campaign in Español

The OAC is excited to announce that the *Your Weight Matters* Campaign is now available in Spanish! With more than 42 percent of the U.S. Hispanic population impacted by the disease of obesity, the OAC felt it was imperative to offer the Campaign to non-English speaking Hispanics.

"We are very happy to be able to offer this FREE resource to the Hispanic population. To date, thousands of individuals have taken the *Your Weight Matters* Campaign Challenge. The Campaign toolkit is an excellent resource to help you prepare to talk to your doctor about your weight," said Ted Kyle, RPh, MBA, Chairman of the OAC National Board of Directors.

The Spanish version of the toolkit is available for **FREE** by visiting [www.YourWeightMatters.org/en-espanol](http://www.YourWeightMatters.org/en-espanol). The toolkit is available in both hard copy and online.

## Obesity Media Guidelines Released



In May, the OAC, the Rudd Center for Food Policy and Obesity, and The Obesity Society released the "Guidelines for Media Portrayals of Individuals Affected by Obesity" in an effort to educate media representatives on how to appropriately discuss the disease of obesity in the media.

The media is an influential source of information about obesity, and shapes public understanding and attitudes about this important health issue. From network news to daily newspapers, obesity has become a fixture of daily headlines throughout the United States, and while this certainly raises the profile of obesity and its serious health implications, media representatives often unknowingly depict obesity, and those affected by it, in a negative light.

The guidelines focus on areas of journalistic reporting such as:

- Respect Diversity and Avoid Stereotypes
- Use Appropriate Language and Terminology (People-First Language for Obesity)
- Conduct Balanced and Accurate Coverage of Obesity
- Select Appropriate Picture and Images of Individuals Affected by Obesity

To view the Guidelines, please visit [www.ObesityAction.org](http://www.ObesityAction.org).



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MATTER

# A Web of Challenges and Triumphs

by Rob Portinga

**I**t can be odd how our memories work, and how outside forces can have an influence on how we perceive and feel about ourselves. As a young adult, I remember feeling teased a lot when I was a kid, and since I was larger than most of my peers, I think I grew up associating all of that primarily with my weight. Looking back at childhood photos, I don't look as heavy as I remember feeling. But it felt very real at the time. And despite doing things like little league sports and such, I never truly felt a part of the "team" and would often spend hours alone, escaping into the world of comic books. My favorite by far was always Spider-Man, and little did I know the impact this would actually have on me later in life.

Soon my reality did catch up to my perception. I was 300 pounds by the time I was 30-years-old, and spent my early 30s riding that diet rollercoaster up and down. During this time, I was somewhat active; playing paintball, going camping, hiking or even just crawling around on the floor with my young niece and nephew. I maybe wasn't the fastest one on the field or the trail, but I was out there, doing things I enjoyed. However, after a particularly painful time in my life, I soon ended up at my heaviest weight somewhere between 380 and 390 pounds, and the additional weight started putting a damper on those things. It was also having more and more of an impact on my health. I had been on hypertension medication for more than 15 years, but with those additional pounds, medication was having less and less of an effect. I was also diagnosed with sleep apnea, where I was stopping breathing nearly 70 times an hour.



While the effort of just getting out on the field had been keeping me from playing paintball for a bit, I was still going out there with my friends, socializing and taking photos. And it was on the paintball field that it finally hit me. My friend Larry had always been able to run circles around me on the field, and here he was still playing, and he was in his early 60s, nearly 20 years older than me. It dawned on me, if I didn't do something, not only was I not going to be out there playing paintball when I was Larry's age, there was a very real chance I wouldn't make it to Larry's age.

I had known about bariatric surgery, but I had not considered it an option. It seemed drastic, and after all, I "knew" what I needed to do. I just had to do it. And as a guy, no way was I going to ask for help, I should be able to do it on my own, right? Well, I came to the realization that I couldn't. A family member and a couple other people I knew were having success after bariatric surgery, so I made the decision to ask my doctor what he thought about it, and after years of trying to get me to do something about my weight, he was all for it.

I had my first appointment in October of 2008, and I was ready and raring to go. Of course, I had the usual pre-op requirements to meet, including losing some weight. I followed the plan given to me by my nutritionist, and I lost the 21 pounds they were asking for in the weeks between

Thanksgiving and Christmas and kept going. By the end of January, I was down about 40 pounds and was starting to re-think my decision to have surgery. But like so many others, I had been down this road too many times before, and moving ahead to gain the additional help surgery would provide just seemed like the right thing to do.

I had gastric bypass surgery on April 8, 2009, and it is a decision that changed nearly every aspect of my life. Whether real or self-imposed, I had let my weight keep me on the sidelines during much of my life. As the weight came off, I started finding a new purpose. Recognizing that there were so few guys out there that were willing to reach out for the help bariatric surgery provides, I decided to start blogging about my experience. And as things progressed for me, I became more and more involved in various online bariatric communities, doing bariatric-friendly cooking videos, participating in online forums and attending bariatric events across the country.

**I had gastric bypass surgery on April 8, 2009, and it is a decision that changed nearly every aspect of my life.**

It was at one of these events in 2010 that I met a couple of board members from the Obesity Action Coalition (OAC) and the organization's President and CEO, Joe Nadglowski. The ideals behind the OAC seemed solid, so I became a member. In late 2010, I was laid off from my job in construction management. In trying to decide what I was going to do next, a friend suggested taking the things I did in the bariatric community and find a way to do some work in helping others get healthier. The idea was very appealing, and I found some online nutrition-related classes and made the decision to try and become a health coach.



*Rob poses for a picture while bike riding.*

While I'm still working on turning that part of things into an actual business for myself, it has led to so many other opportunities. The following spring I was asked to join some other homeopathic practitioners as one of the hosts for The Wake Up Call, a health and wellness radio program we developed and have been doing on AM Radio in the Minneapolis area for nearly three years now. I was not at all sure I had what it took to be a part of something like this, but the "new" me was determined to find out and not look back later and wonder, "What if?" It was through that radio show that I started increasing my relationship with the OAC. One of my early shows was on weight bias, with Ted Kyle, RPh, MBA, OAC Chairman, as my guest.

The more I learned about the work the OAC was doing, the more I knew I wanted to be a part of it. It's an organization I have really come to feel is doing good, and one where I really feel like I can make a positive impact.

*Members Make a Difference continued on page 13*

## Join the Only Coalition of Individuals Affected by Obesity

### OAC Membership Categories

(select one)

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

### OAC Membership Add-ons

#### Add-on 1: Educational Resources

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

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

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

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

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

### Membership/Add-on Totals:

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# The Truth about

# meno pause

## and Weight Gain

by Jennifer Franceschelli Hosterman, DO

**T**here are many transitions that a body goes through during life that make us susceptible to weight gain. Some are shared by both genders: arriving at adolescence, entering your elder years, or undergoing a stressful life event. Others are exclusive to women: having a baby, then having a second or third baby, and going through menopause.

The National Health and Nutrition Examination Survey (NHANES) data found that:

- 51.7 percent of women ages 20-39 were classified as “overweight” or “affected by obesity”
- 68.1 percent of women ages 40-59 were classified as “overweight” or “affected by obesity”

The 40-59 age range also happens to correlate with the same time that most women are perimenopausal. As we age, we start losing our muscle mass, and fat storage tends to increase. This change in body composition puts us at higher risk for metabolic disease, such as heart disease and diabetes.

So, you may be thinking – I’m destined for failure! But this isn’t true. There are many things that go into weight gain during this phase. Many of these can be modifiable. In this article, we’ll describe what menopause means for you and your body. We’ll look at how menopause and other contributing factors can affect your weight and what we CAN do to minimize the potential health threats.

### So, what exactly is Menopause?

Menopause is a normal stage in a woman’s life. It occurs when a woman stops getting her periods altogether. It marks the end of the reproductive years. This happens because the ovaries stop making the hormones estrogen and progesterone. It gradually happens naturally in three stages in most women, but happens more suddenly in women who undergo surgical removal of their ovaries.

### Menopausal Transition or Perimenopause

The years leading up to a woman’s last period is called the menopausal transition or perimenopause. During this time, periods can stop and then start again. There is no way of telling how long this stage will last but can be anywhere from two to eight years long with the average being four years. It usually begins when women are in their late 40s. Some medications, stressful times in your life, excess weight, and pregnancy may all cause interruptions in your regular cycle. These are not considered perimenopausal or menopausal symptoms since they are generally reversible or temporary.



During this stage, you may experience symptoms such as:

- Hot flashes
- Change in sexual drive
- Trouble sleeping
- Urge to urinate more frequently
- Night sweats
- Mood changes
- Weight gain

Since these symptoms can also be caused by other medical issues, you should see your doctor for any new symptoms.

## Menopause

This occurs when a woman has gone 12 consecutive months in a row without a period. By this time, the ovaries have stopped releasing eggs and stopped producing most of their estrogen. Many of the same symptoms that start in the transitional period may still be present at this time.

## Postmenopause

Postmenopause are the years that come after menopause occurs. You no longer get the big up and down surge of hormones like when you had your period. As a result, many of the perimenopausal and menopausal symptoms improve by this point.

## Health Risks around Menopause

You may be relieved to hear that some of these changes are temporary, but unfortunately, there are changes that affect other organ systems that we need to be concerned about. The dramatic reduction in estrogen plays a significant role in this.



- For example, estrogen helps keep your HDL (aka your “good” cholesterol) elevated and your LDL (aka your “bad” cholesterol) low. However, after menopause, studies have shown that your HDL increases and your LDL decreases. They believe that this may be the link causing an increase in heart disease in women after menopause.
- Bone loss begins during the menopausal transition period. This can lead to osteoporosis as we age, which puts us at higher risk for fractures with even a simple fall.
- As weight increases with menopause, glucose and insulin levels can also increase leading to increased risk of diabetes.
- There is also a belief that estrogen may be protective of your cognition and against degenerative arthritis, but the evidence is limited.

## Weight Gain and Menopause

According to the Healthy Women Study, the average weight gain in perimenopausal women was about five pounds; however, 20 percent of the population they studied gained 10 pounds *or more*. Not only is the weight increase from a drop in estrogen, but it's also due to a decrease in energy expenditure. Some women may notice an overall weight gain while others may not see a difference on the scale but may notice that their pants aren't buttoning as easily. Both are surprising to many women since they may not notice a difference in their dietary intake or activity.

Estrogen plays a vital role in fat storage and distribution. Prior to perimenopause, estrogen deposits fat in your thighs, hips and buttocks. During and after menopause, the drop in estrogen leads to an overall increase in total body fat, but now, more so in your mid-section. Studies have consistently shown that this waistline increase is different from when you were younger. It is the visceral abdominal fat that

increases as we enter menopause. Visceral fat is inside your abdomen and surrounds your organs. This is more dangerous than an increase in subcutaneous fat, which is found in places

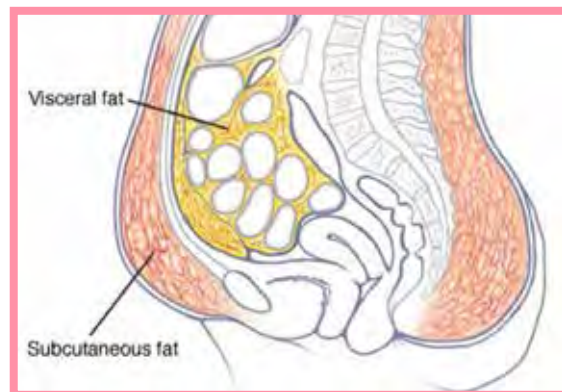


photo: ©Mayo Clinic

like your thighs, buttocks and outer abdomen. Visceral fat is thought to be more metabolically active and this has a negative effect on the body. An increase in visceral fat is linked to an increase in insulin resistance, diabetes, heart disease and inflammatory diseases.

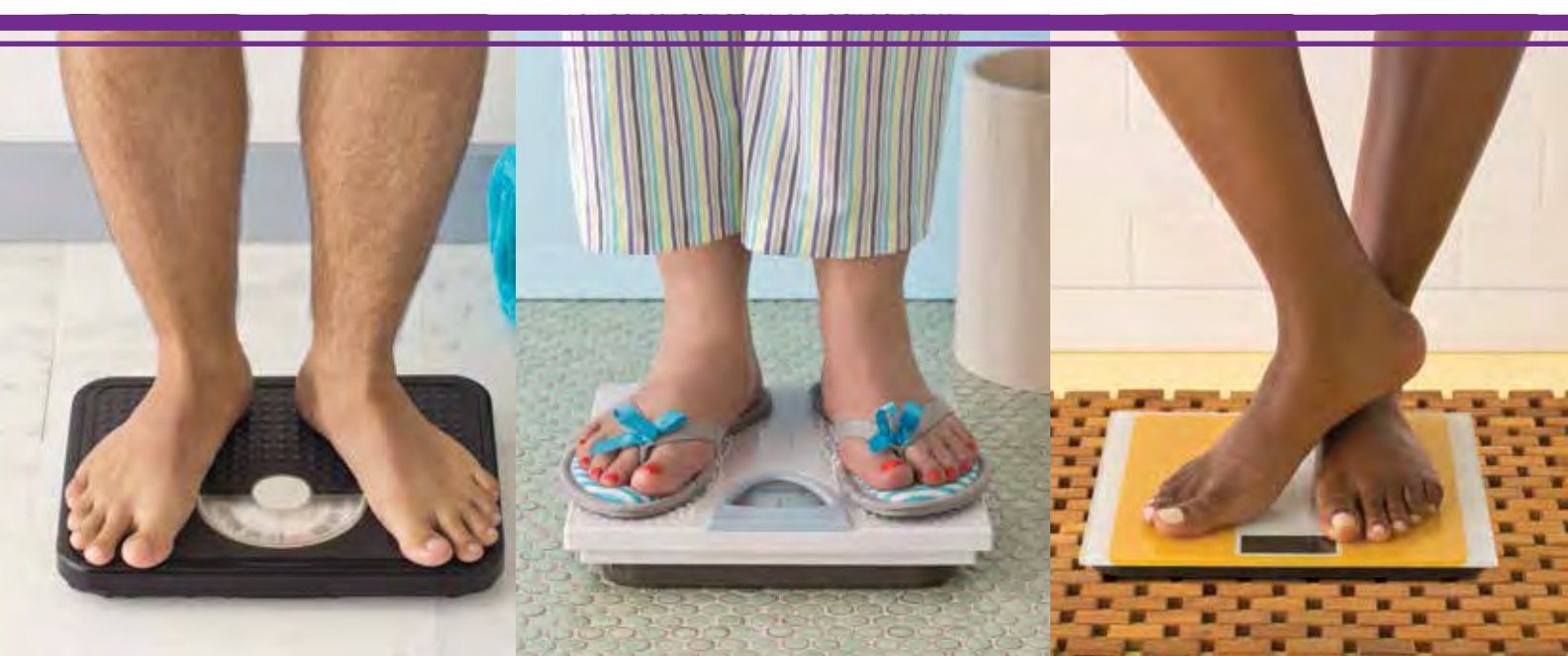
## Make Weight Gain a Modifiable Risk Factor

Although the risk of weight gain as a middle-aged woman is higher, this does *NOT* mean that it is required. It *DOES* mean that we may have to work a little harder to prevent this from happening. It is important to keep in mind that many of the health risks found in the menopausal transition are also affected by weight. If we are able to keep a healthy weight, or at least minimize any weight gain, then we are likely to minimize these additional health risks. Now that you know the risks, here are some ways to stay healthy during this mid-life transition and avoid the mid-life crisis!

## Get Support - Learn to Cope without Food

Many women (and men) admit to eating under stress. And, let's face it, middle age can bring some tough times. Children are often departing from the home, and some are returning. Your parents now need more help and guidance. This can be disruptive to our everyday lives. Focus on using

*The Truth about Menopause* continued on page 17



Qsymia® is for adults with a BMI\* of 30 or more† and should be used with a reduced-calorie diet and increased physical activity.

# EVERY DAY SOMEONE STARTS A DIET THAT MAY NOT WORK

---

## WE HAVE 2 REASONS WHY THAT COULD CHANGE





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

## 2 IN 1 WEIGHT LOSS

One ingredient likely reduces appetite and decreases food consumption



The other ingredient may make you feel full throughout the day

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

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

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

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

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

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

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

### IMPORTANT SAFETY INFORMATION

#### Who should not take Qsymia?

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

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

Qsymia can cause serious side effects including:

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

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

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

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

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

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

#### What are the possible side effects?

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

#### Some common side effects include:

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

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

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

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

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

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

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

#### ASK YOUR DOCTOR IF QSYMIA IS RIGHT FOR YOU.

Learn more about Qsymia and money-saving offers at [www.Qsymia.com](http://www.Qsymia.com).



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



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

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

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

Qsymia can cause serious side effects, including:

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

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

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

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

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

### **What is Qsymia?**

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

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

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

### **Who should not take Qsymia® CIV?**

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

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

Tell your healthcare provider if you:

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

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

Especially tell your healthcare provider if you take:

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

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

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

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

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

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

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

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

### Need more information?

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

**Qsymia**®  
(phentermine and topiramate  
extended-release) capsules



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And this is where the influence reading those comic books throughout my life really started to come to fruition. There is an iconic line from the Spider-Man comics that essentially says, "With great power, comes great responsibility." Throughout his history, this is a point that comes to bear on Spider-Man over and over. And it's one I have taken to heart in my own life.



*Rob talking to his listeners on his radio show.*

I don't have super strength, I can't cling to walls, but that doesn't mean I don't have great power. I have a voice, and a story to share. These various venues provide me a sort of power and way to reach others, and I have come to realize it is my responsibility to make use of them in a positive manner that will potentially help others. First it was through blogging and online videos, then through my radio show and public speaking, and now I continue to try and find more ways to help spread a message of health.

James Zervios, OAC Director of Communications, has been a part of that as we use tools like Google Hangouts and YouTube to discuss obesity-related topics. And of course, I use the radio show as much as possible to plug the OAC, including running their *Your Weight Matters* Campaign PSAs and doing a radio show on advocacy with Joe Nadglowski, OAC President and CEO.

**There is an iconic line from the Spider-Man comics that essentially says, "With great power, comes great responsibility."**

Working with the OAC these last couple of years, I've realized how I can increase my powers to reach folks with a message that benefits many. Since attending my first *Your Weight Matters* Convention last year in Phoenix, I was honored to be invited to go to Washington, DC, with the OAC last fall to take my story to our legislators in the hopes of making changes to the way obesity is viewed. Then I was invited to join the planning committee for this year's YWM2014 Convention and also asked to be a part of the OAC's Weight Bias Committee.

I truly feel that I have been fortunate to have had the opportunities I've been given, and the power that's been placed in my hands because of them. And I feel fortunate that I've found ways to use that power to make a difference. But even more so, I continue to be in awe of and inspired by the ways I see others involved with the OAC make use of the power they have, from the staff and Board, on down to other members. It makes for an organization, a movement and a community that I am proud to be a part of.

**MAKE A DIFFERENCE.**

# OBESITY MEDICATIONS AND BARIATRIC SURGERY

## BARIATRIC SURGERY AND OBESITY MEDICATIONS

# CAN THEY WORK TOGETHER?

by John M. Morton, MD, MPH, FASMBS, FACS

*Note: Please talk with your doctor before taking any medications.*

**T**he past decade has seen remarkable achievements in bariatric surgery for both safety and effectiveness. With more than 18 million patients qualifying for bariatric surgery, there are many patients who could potentially benefit from surgery with its powerful remission of obesity-related comorbidities like diabetes. Along with this benefit, we have also seen bariatric surgery safety become equal to the safety of removal of a gallbladder. As the field of bariatric surgery progresses, we also have increasing recognition of the chronic disease process of obesity. Given that surgery is a limited resource, all efforts to maximize and safeguard the benefits of bariatric surgery must be pursued. Medications play a large role in healthcare. In this article, I review how the medications can cause and treat obesity especially in relationship to bariatric surgery.

Like all chronic diseases, obesity has multiple causes. One cause for obesity may be self-inflicted. Obesity may be caused and worsened by medications. "Iatrogenic" (relating to illness caused by medical examination or treatment) obesity is a real occurrence.

There are many drugs that increase your potential to gain weight. Every time your physician prescribes you a medication, you should ask the following three questions:

1. DOES THIS MEDICATION MAKE ME GAIN WEIGHT?
2. IS THERE A SIMILAR MEDICATION THAT IS WEIGHT NEUTRAL?
3. HOW LONG DO I HAVE TO BE ON THIS MEDICATION?

The following medications can all cause weight gain:

**STEROIDS** that are used to treat diseases like lupus or asthma, can slow down metabolism and lead to extra fat deposits. Make sure you have an expiration date for this powerful medication.

**ANTIDEPRESSANTS** can cause weight gain by affecting your appetite. Try to choose a weight neutral medication like Welbutrin if appropriate.





**INSULIN**, while it can treat diabetes, also increases hunger and weight gain in diabetic patients, which could further increase their need for even more insulin and more weight gain. It is important to maximize weight-loss promoting anti-diabetic medications like Metformin and Victoza.

**BETA BLOCKERS** can decrease your energy and limit your exercise. Also important to know is that many patients start eating a poor diet once on these medications because they no longer feel the need to work on their diet to improve their cardiac risk. Medications cannot nor should not take care of everything.

**ANTIBIOTICS** can potentially lead to weight gain throughout time. In the farming industry, antibiotic use has always been known to lead to weight gain. More research in this area needs to be done, but the type of bacteria in our intestine could change our weight.

## MEDICATION IMPACT ON OBESITY

We are very aware that bariatric surgery has a powerful benefit for medical problems like diabetes and high blood pressure to the point that the medications for those diseases may no longer be required. However, it is important to realize that some medications may increase after bariatric surgery, specifically pain medications. Unfortunately, pain medications can lead to weight gain because these pain medications cause intestines to slow down. When intestines slow down, patients will turn to comfort foods like mashed potatoes or ice cream. It is important that pain medications be short term and that causes of pain be investigated and treated.



Another aspect of bariatric surgery and medications is that after surgery, particularly gastric bypass, medication absorption may change. Antidepressants may not have the same effect and it is important to check with your physician regarding your mood and dosage.

## MEDICATIONS FOR OBESITY

While surgery can provide tremendous benefit, we are realizing that medications may add to this benefit. Many insurers require pre-operative weight-loss, and medications may aid in this effort. There are currently three FDA-approved medications for weight-loss (Belviiq®, Orlistat, and Qsymia®). It should be noted that all the medications may have potential side-effects and it is essential you talk with your doctor about your weight-loss options.

In addition to utilizing medications preoperatively, there may be a use for obesity medications after surgery. While surgery is very effective, there may be patients who regain some weight. The amount of weight regain is dependent on the type of surgery, follow-up and many different patient factors like length of prior disease, such as diabetes. As the American Medical Association has declared obesity is a disease, then obesity is most certainly a chronic disease. Like any chronic disease, obesity may have partial or complete treatment effect through surgery alone. Obesity may be compared to heart disease where coronary artery bypass grafting (open heart surgery) can provide great benefit, but there may be a need for additional medications or interventions later.

A recent article reviewed revisional bariatric surgery and noted that the number of patients needing additional surgery after the original bariatric surgery may increase as more procedures are being performed. In addition to revisional surgery for weight regain, obesity medications may also provide a further benefit. In cancer surgery, surgeons often use chemotherapy or adjuvant therapy to enhance their results. In the future, we may find that bariatric surgery may also see its already sterling results further increase.

In conclusion, be careful with weight-promoting medications, know that bariatric surgery can decrease overall medication use post-operatively and realize that new obesity medications can be used to further enhance bariatric surgery outcomes.

### About the Author:

*John M. Morton, MD, MPH, FASMB, FACS, Chief, Bariatric and Minimally Invasive Surgery, Stanford School of Medicine, President-Elect, American Society of Metabolic and Bariatric Surgery*

*Editor's Note: Imagery of medications used in this article are for illustration purposes only. Imagery used in this article does not represent actual obesity medications.*

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# SUGAR

## IT'S NOT AS SWEET AS YOU THINK

by Tracy Martinez, RN, BSN, CBN

WE LIVE IN A SOCIETY WHERE SUGAR IS COMMONLY ACCEPTED AND EATEN IN VERY LARGE QUANTITIES. NOW MORE THAN EVER, SUGAR CONSUMPTION IS HIGHER THAN IN ANY OTHER TIME IN HISTORY.

**A**ccording to the United States Department of Agriculture (USDA), dietary trends from 1970-2005, sugar consumption increased by 19 percent since 1970. Today, the average American consumes 20 teaspoons or 100 pounds of sugar each year! That amounts to 300 calories a day from sugar alone. And to make matters worse (you will read why later in this article), corn syrup consumption is on the rise, increasing by 387 percent in the same period of time. The largest amount of sugar is not being consumed in ingested fruits or other natural sugars. The largest amounts

**TODAY, THE AVERAGE AMERICAN CONSUMES 20 TEASPOONS OR 100 POUNDS OF SUGAR EACH YEAR!**

### WHAT IS SUGAR?

Sugar is a simple carbohydrate, which can either be a monosaccharide or disaccharide. Monosaccharides include glucose, fructose, and galactose. These three monosaccharides can join together to make the disaccharides maltose, sucrose, and lactose. These compounds are found in the foods we eat and are collectively called "sugar."

of consumed sugars are in the form of High Fructose Corn Syrup (HFCS) and brown sugar. Neither occurs naturally, and both are highly processed and in nearly every processed package food you will find in your local grocery store. Many of these foods you most likely would not suspect having sugar as an additive (see [quiz on page 37](#)).

The following are types of sugar and their natural source:

GLUCOSE SUGAR IN THE BLOOD	FRUCTOSE FRUIT SUGAR	GALACTOSE SUGAR BEETS
SUCROSE TABLE SUGAR	LACTOSE MILK SUGAR	MALTOSE MALTED (BARLEY) BEER

Most people associate the term "sugar" with the white sugar we put in coffee or iced tea. The human body uses glucose, the simplest unit of carbohydrate, as its primary fuel. Without adequate carbohydrate intake, our bodies will obtain glucose, or fuel, from another source. The possibilities include a breakdown of proteins we eat or proteins stored in our body, which may ultimately lead to muscle loss and affecting one's metabolic rate or even malnutrition. However, our need is far below the current daily consumption.

### IS SUGAR ADDICTIVE? YOU BE THE JUDGE.

When high doses of sugar are consumed, it stimulates the release of dopamine in our brains. This response makes us feel pleasure (now you know why when you feel down or depressed you may want to overindulge in sweets). The drug morphine, cocaine and sugar all stimulate the same brain receptors. This study has been proven many times in lab rat studies.

*Sugar continued on page 18*



non-food stress relievers. Try going for a walk, deep breathing, or scheduling some “me” time with your favorite book to unwind. Seek out support from friends and loved ones who may have gone through a similar situation.

## Get Moving and Eat Less

During menopause, our energy expenditure decreases even if our activity level and nutrient intake stays the same. This is secondary to the hormonal changes with menopause as well as the natural muscle loss that is occurring. We need about 200 calories less in our 50s than we did in our 30s and 40s. This means that we’ve got to move more and eat less to keep our healthy weight. To help decrease portion sizes, try splitting your meals with a friend, ordering the lighter portion when available, or put half in the takeout box right away. Swap out dessert for fruit or yogurt.

The American Heart Association recommends 150 minutes of moderate exercise per week. This can be accomplished as 30 minutes 5 times per week. Can’t do 30 minutes? Then try dividing your time into two or three segments of 10 to 15 minutes per day. Add ANY activity to your day. Park farther away from the door, use the elevator instead of the stairs, or take the dog for a walk instead

of letting him run out in the yard. Be sure to add at least two days of strength or resistance training to your workout. Remember that bone loss begins in the perimenopausal stage. Strength and resistance training help maintain bone mass. This will help to prevent osteoporosis, which is bone loss that can lead to easy fractures.

## Talk with Your Doctor

With all the changes that happen during the transition to menopause, it’s understandable that you may be uncertain if the symptoms you are experiencing are normal. Instead of worrying, or worse yet, delaying treatment for something abnormal, talk with your doctor. While friends or family and some reputable Internet sites may be helpful, every person is different. A symptom may be normal for one person but not for you. Your

doctor has the most reliable information that is tailored to *you*. They can be a vital component of your support system and help make this transition as smooth as possible.

### About the Author:

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



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In his new and fascinating book, *Salt Sugar Fat: How the Food Giants Hooked Us*, Pulitzer Prize-winning journalist Michael Moss (I highly recommend this book) goes inside

## ACCORDING TO THE YALE RUDD CENTER FOR FOOD POLICY AND OBESITY, THE AVERAGE CHILD SEES 5,500 FOOD COMMERCIALS A YEAR THAT ADVERTISE HIGH SUGAR BREAKFAST CEREALS, FAST FOOD, SOFT DRINKS, CANDY AND SNACKS.

fat to make it more addictive and pleasurable. You see now why so many continue to buy their products?

According to the Yale Rudd Center for Food Policy and Obesity, the average child sees 5,500 food commercials a year that advertise high sugar breakfast cereals, fast food, soft drinks, candy and snacks. According to the Federal Trade Commission, the food industry spends \$1.6 billion

annually to reach children through the media, including the Internet.

## WHAT IS HIGH FRUCTOSE CORN SYRUP?

High fructose corn syrup (HFCS) is an industrial food product and not "natural" or a naturally occurring substance. It is extracted from corn

stalks through a secret process. The sugars are extracted through a chemical enzymatic process resulting in HFCS.

Regular cane sugar (sucrose) is made of two-sugar molecules bound tightly together – glucose and fructose in equal amounts. The enzymes in your digestive tract must break down the sucrose into glucose and fructose, which are then absorbed into the body.

HFCS also consists of glucose and fructose, not in a 50-50 ratio, but a 55-45 fructose to glucose ratio in an unbound form. Fructose is sweeter than glucose. And HFCS is cheaper than sugar. One of the reasons is because of the government farm bill corn subsidies. Products with HFCS are much sweeter and much cheaper than products made with cane sugar.

## SUGAR AND HFCS' EFFECT ON THE BODY

Eating sugar has a systemic effect on your entire body including increased risk for diabetes, increased appetite, weight gain, heart and liver problems, decreased immune system, certain cancers and even your brain function to name a few.

### TYPE 2 DIABETES

Type 1 Diabetes is when one's pancreas does not make insulin. Type 2 Diabetes is when one's body does not utilize insulin effectively. Type 1 Diabetes is usually diagnosed at a young age. Type 2 Diabetes used to occur in adulthood and was called "Adult Onset Diabetes," however; it has since been renamed to Type 2 Diabetes because the onset is commonly seen at a much earlier age as the obesity epidemic increases. It has been estimated that just fewer than 2,000,000 individuals were diagnosed with Type 2 diabetes in 2010.

IT HAS BEEN ESTIMATED THAT JUST FEWER THAN 2,000,000 INDIVIDUALS WERE DIAGNOSED WITH TYPE 2 DIABETES IN 2010.

The pancreas acts on ingested sugar by secreting insulin. Insulin is a hormone that regulates the amount of sugar in the blood. If blood sugar gets too high or too low, it could be life-threatening. An increased amount of sugar in one's diet causes the pancreas to secrete insulin. In some individuals, this leads to an overload on the pancreas and the development of Type 2 diabetes.

### SUGAR, APPETITE & WEIGHT GAIN

Eating less sugar is linked with weight-loss, and eating more is linked with weight gain, according to a new review of published studies. The review lends support to the idea that advising people to limit the sugar in their diets may help lessen excess weight and obesity, the researchers conclude. "The really interesting finding is that increasing and decreasing sugar had virtually identical results (on weight), in the opposite direction of course," says researcher Jim Mann, DM, PhD, professor of human nutrition and medicine at the University of Otago in New Zealand.

According to leading nutritional expert, Walter Willett, MD, PhD, MPH, chair of nutrition at Harvard School of Public Health and author of *Eat, Drink and Be Healthy*, "Sugar increases body weight mainly by encouraging overeating."

*Sugar continued on page 36*



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. . . not in the pouch."

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-Chris in FL

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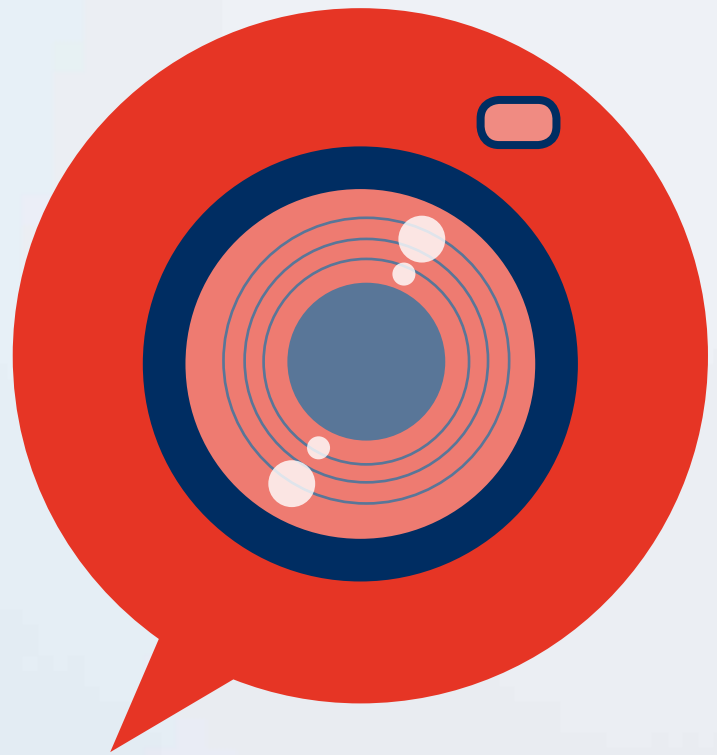


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# A PICTURE IS WORTH A THOUSAND WORDS



## AN INTERVIEW WITH SHARI BELAFONTE

by James Zervios

**I**n this article, I had the privilege to interview American photographer, actress, writer, singer and former model – Shari Belafonte. Widely-known as the daughter of Harry Belafonte, famed musician and actor, Shari is best known for her role as Julie Gilette on the popular television series, “Hotel.” While her onscreen accomplishments are many, Shari has spent just as much time behind the camera. She is an accomplished photographer, commissioned by various magazines including *Discovery Channel* and *National Geographic Magazine*, and has staged photograph exhibitions in major cities throughout the United States.

*Worth a Thousand Words* continued on page 22





# “I KNOW I AM MAKING THIS DIFFERENCE FOR MY HEALTH!”



photo: ©Mark Andrew Gonzales

*Worth a Thousand Words* continued from page 20

One thing that many folks do not know about Shari is that she's recently taken charge of her weight and health, and it all started with her talking to her doctor about her weight. As you will see in this interview, Shari, like many Americans, realized her weight was impacting her health and made the decision to do something about it.

## **WHEN DID YOU REALIZE THAT YOU NEEDED TO DO SOMETHING ABOUT YOUR WEIGHT?**

It was a combination of things. When I was younger, I was a bit of a jock; however, diabetes and weight issues ran rampant throughout my family. I never really worried about weight when I was younger, but as my life became more sedentary; my weight crept up little by little. I realized I had to do something at my last physical. My doctor weighed me, and we both decided that I needed to do something. We had the conversation of weight, which is very important.

## **YOU SAID YOUR FAMILY BATTLED WEIGHT. CAN YOU TELL ME MORE ABOUT THAT?**

My mother, who passed away, had diabetes, although she did not die from it. My older sister is heavier and has diabetes.

I have numerous family members that have died from heart attacks. Everyone in my family, including me, has high cholesterol.

For me, my weight was never a big problem. Although, after a couple physicals where my weight increased, and my concern with my cholesterol, both my doctor and I agreed that I needed to start a medical weight management program and utilize obesity medications to improve my overall health. I can proudly say that I've done very well on the program.

## **WHAT ARE YOUR MOTIVATIONS TO STICK WITH THE PROGRAM?**

For me, I was experiencing such joint pain due to the excess weight. Being able to reduce my weight and lessening the pain really has been quite motivating. I also feel better.

I know I am making this difference for my HEALTH, and that is important to me, as I will turn the big 60 in September. I know my motivation for managing my weight, and that's what's important.

*Worth a Thousand Words* continued on page 24





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*Ted Kyle, RPh, MBA*

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*Michelle May, MD*

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**FOR MY NEXT QUESTION, I AM VERY INTERESTED IN YOUR OPINION NOT ONLY AS SOMEONE BATTLING EXCESS WEIGHT, BUT ALSO AS A CELEBRITY. WHAT ARE YOUR THOUGHTS ON THE WAY OBESITY IS PORTRAYED IN POP CULTURE (MOVIES, TELEVISION, ETC.)?**

I have mixed feelings on this topic. I've never been asked this question before. When I first started in this business (entertainment), I had directors tell me that when you're making a statement in a film, "a picture is worth a thousand words." The entertainment world is interesting because it plays in to stereotypes, which can be hurtful; however, it makes the point in the story. Unfortunately, we still rely on stereotypes to get that message across to the audience.

I remember working with John Candy, and he was this jovial guy that everyone just loved to be around. Jonah Hill is my godson, and he's battled weight his entire life. I've always supported him in any role he played – as long as it didn't impact his health. It's hard because the big guy is the lovable guy.

I have friends who've utilized their weight (obesity) to make a living off of it, but yet, I have friends who have died from complications of obesity, like John Candy.

**WHAT HAS BEEN THE MOST DIFFICULT PART OF YOUR WEIGHT-LOSS?**

Well, the one thing that I've cut back on drastically is my gluten intake. My doctor and I were both concerned that could've been contributing to my joint pain. Being on medication for obesity, I just noticed that I am not as hungry as I used to be.

**WHAT WOULD YOU TELL SOMEONE WHO WANTS TO DO SOMETHING ABOUT THEIR WEIGHT?**

I would say that you need to have the conversation with your doctor. My doctor and I had the talk, and he prescribed me an obesity medication. Thankfully, it has worked well for me. The best thing someone can do is educate themselves on what's



out there for treatment. You want to go in to the doctor's office armed with information needed for you to make an informed choice.

## IS THERE ANYTHING THAT YOU WOULD LIKE TO TELL OUR READERS?

Get a physical. Go to your doctor and find out your weight, your blood values, etc. It's important to have this information to start your weight-loss journey. It's also the small steps that count. Don't expect to lose 20 pounds in one week. Lose one to two pounds per week, safely.

The topic of weight is not an easy one. Individuals battling this disease often find themselves struggling not only with the weight itself, but where to start as well. The OAC is a firm believer that the most important thing you can do is have the conversation of weight with your healthcare provider. To learn more about the disease of obesity, please visit [www.ObesityAction.org](http://www.ObesityAction.org) today.

### *About the Author:*

*James Zervios is the Director of Communications for the Obesity Action Coalition (OAC). He has more than 10 years of experience working in patient advocacy and is a graduate of the University of South Florida.*

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# WORKING TECHNOLOGY INTO YOUR EXERCISE ROUTINE

by Jillian McAfee

TECHNOLOGY CAN BE A GOOD THING OR A BAD THING DEPENDING ON HOW IT IS USED. WHILE IT IS FREQUENTLY BLAMED FOR THE INCREASINGLY SEDENTARY LIVES MANY PEOPLE ARE LEADING, TECHNOLOGY DOES NOT HAVE TO BE A REASON TO SIT STILL. IT CAN ACTUALLY BE USED AS A MOTIVATOR TO GET FIT AND AID IN BEHAVIOR CHANGE. EXERCISERS WHO USE TECHNOLOGY TO SUPPORT THEIR GOALS ARE OFTENTIMES MORE SUCCESSFUL.

## HEART RATE

Heart rate is one of the best indicators of exercise intensity, and a heart rate monitor can be a great tool for monitoring workouts. The heart rate monitor is a strap worn around the chest that measures heart rate to show how hard you are working during your exercise sessions. The watch included with the monitor will display your maximum heart rate, your target training range, and how many calories you burned. It is a great tool for beginners to make sure they are training at the right intensity - burning enough calories but not over-training to risk injury. It teaches you a lot about your cardiovascular fitness and how your body reacts to increased intensity levels.

The heart rate monitor can also be used for heart rate specific training including steady state cardio or interval training. It allows you to precisely monitor the

intensity of your training. With the concrete numbers on your watch, you can then create specific intervals using the training zones based off of your maximum heart rate.

$$\text{MAX HEART RATE} = 220 - \text{YOUR AGE}$$

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## WEARABLE FITNESS TECHNOLOGY

As humans, we do not always think about the future. We are wired to do what makes us feel good right now, often leading to indulgences or inactivity. We are unlikely to know how many calories we are accurately burning, the quality of our sleep, or just how much we move throughout the day.

*Working Technology continued on page 30*





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

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

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

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

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

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

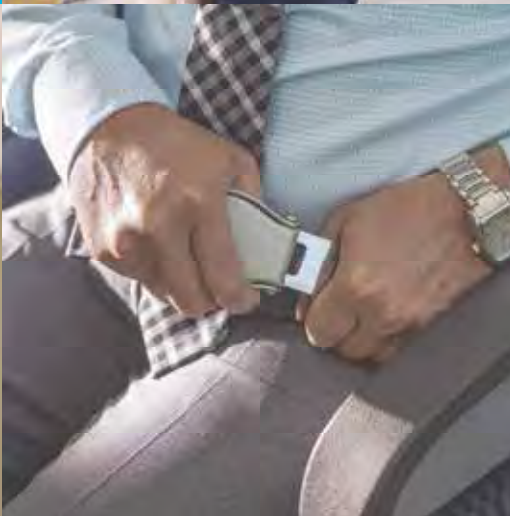
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8 mg
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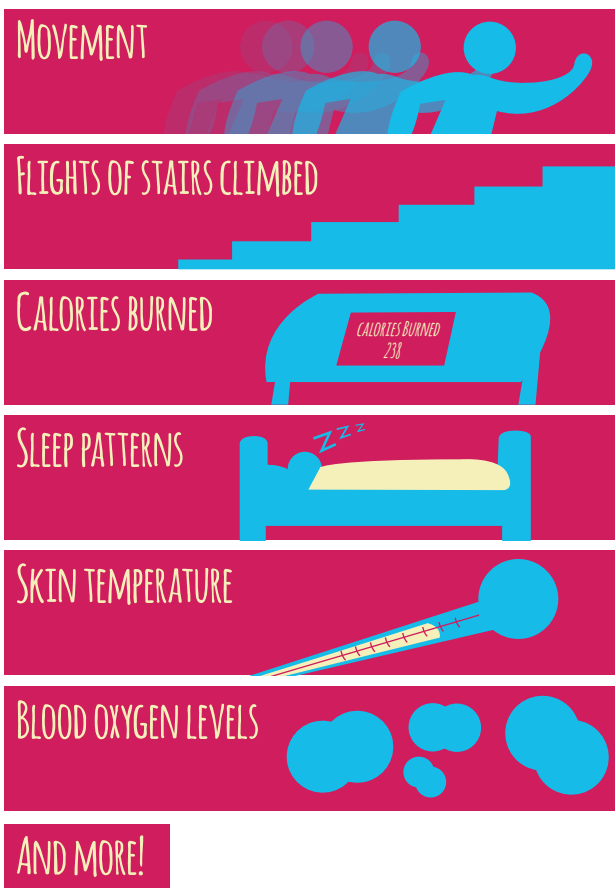




"ONE OF THE BIGGEST TRENDS IN FITNESS TECHNOLOGY IS WEARABLE MONITORING DEVICES."

*Working Technology* continued from page 26

One of the biggest trends in fitness technology is wearable monitoring devices. They come in the form of bracelets or clips, and are meant to be worn at all times. In addition to heart rate, they can measure:



They provide an all-encompassing image of wellness. You are now able to see proof of your efforts in real-time, which can be highly motivating. Just turning the device on can promote self-awareness!

Most wearable technology can also sync with mobile apps to help you track your statistics over time in graph form. If you are a visual person this may motivate you to stay on track with your daily goals. Check your activity levels midway through the day to gauge what you need to accomplish before the day is finished! Some of the most popular wearable fitness devices include:



## FITNESS APPS

If wearable fitness technology does not seem interesting to you, you might try an app like Argus for extra accountability. Rather than purchasing a device, it tracks your activity directly through your iPhone. As long as you carry your phone with you, Argus will watch your movements. You can also log other workouts, keep an eye on how much water you drink, and take photos of your food to inspire others.

*Working Technology* continued on page 32

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If you are an avid outdoor exerciser and just need more structure, apps like MapMyRide, RunKeeper Pro, or Nike+ Running may be a great addition. With GPS technology, you can record routes, speed, and search for routes done by other exercisers in your area.

## ONLINE TRAINING

Many gyms and trainers are now offering online personal training or small group classes. This type of technology allows you to workout in the privacy of your own home using your computer or tablet. You do not have to do this on your own! Companies like FitOrbit and Downsize Fitness bring the trainers to you through your computer. Personalized workout routines are created for your individual needs and instructors are there to motivate, educate, and correct your form when needed. This type of training is highly effective, pairing technology with personal connection.



## HEALTHY EATING MOBILE APPS

Food journaling is an invaluable weight-loss tool, and now there are apps that make it quite a bit easier. With our increasingly

busy lives, it is encouraging to know there are numerous apps that support meal planning, nutrition tracking and calorie counting.

Meal tracking is made easier with apps like MyFitnessPal and Lose It! These apps feature an abundant database of foods to help you count calories with an easy-to-use barcode scanner, and they even sync with your wearable technology.

Apps like Fooducate go a little further, giving users information on the quality of nutritional content in the foods they are buying and eating. Fooducate assigns each food a nutritional rating, which in turn helps users create healthy grocery lists with quality food.

## SOCIAL ACCOUNTABILITY

One of the greatest fitness benefits technology can provide comes through social accountability. Accountability is one of the most powerful incentives for behavior change. Devices and applications that have a social element are very effective when it comes to long-term success.

With the click of a mouse, you can join an online community like Spark People to connect with others trying to improve their health. Apps like Fitocracy add a sense of competition with friends to increase your dedication to exercise. Post a status about success or barriers and you will receive support from the community.

With GymPact, monetary incentives are used to encourage you to exercise. It is an app that charges you real cash every

**"ONE OF THE GREATEST FITNESS BENEFITS TECHNOLOGY CAN PROVIDE COMES THROUGH SOCIAL ACCOUNTABILITY."**





time you miss a scheduled workout. At the beginning of each week, you make a “pact” of how many days you plan to workout and how much you are willing to pay if you do not workout. Every week, the money paid by those who did not workout is divided between those who did. The more days you exercise, the more money you make. Talk about motivation!



Social media is also a great tool to help you stay motivated and find support. Join a weight-loss community on Facebook that posts content of interest to you. Create

a vision board using Pinterest with healthy recipes and sample workouts to complete on the days that you are not able to get to the gym. If we are left to our own devices, we often come up with excuses. Allow people to show support through social media, and do not hesitate reaching out to others who are going through a similar journey.

## CONCLUSION

Although an app can never replace personalized, face-to-face coaching, the technology available to aid in your weight-loss journey is pretty incredible. Fitness and wellness technology adds awareness, accountability, and consistency to your journey. Instead of letting it contribute to a sedentary lifestyle, try out a new form of technology that can greatly benefit your health. A new heart rate monitor or the latest app might be a great tool if you are struggling in your weight-loss battle, but those are just two examples. Fitness technology is constantly evolving, and the possibilities are endless!

### About the Author:

*Jillian McAfee is a Personal Trainer and General Manager for Downsize Fitness in Illinois. Jillian also coaches individuals all across the country in an online program called Downsize@Home, powered through Helpouts by Google. She received her Bachelor of Science in Kinesiology from Indiana University and is a Certified Personal Trainer through The American College of Sports Medicine. She has played a large role in many individuals' weight loss journeys and hopes to do so for many years to come.*

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# Dear Doctor



## My child is gaining weight, and I don't know what to do.

Answer provided by Wendy Scinta, MD, MS

**F**ew things are more difficult to address than weight gain—especially when it affects your child. For children, weight gain is a normal part of development. But when too much is gained too quickly, there is definitely cause for concern.

How do you know when your child has gained too much? When your child sees his doctor, his height and weight are usually recorded along with other measurements. You are probably familiar with the CDC height and weight graphs, where your child's measurements are graphed in relation to other children their age in the U.S. We usually like to see the height and weight proportional, so if your child is in the 50 percent for height, but 90 percent for weight, there may be a problem.

Most physicians are now also measuring body mass index (BMI)-for-age-percentile – an additional graph that determines if your child's weight is out of proportion to his height. A child with a BMI-for-age-percentile:

- Less than 50 percent is considered “underweight”
- 50-84.99 percent is considered “normal”
- 85-94.99 percent is considered “overweight”
- and 95 percent or above is considered “obesity”

Although BMI-for-age-percentile isn't a perfect measurement, it gives healthcare providers a place to start, so we can determine which kids we need to focus on the most.

### Sometimes, there are medical causes for weight gain.

If your child's BMI-for-age-percentile is in the overweight or obesity range (greater than 85 percent), your physician may want to initiate a workup to rule out medical causes of the

weight gain, which includes a history, physical, and possibly blood work. For the history, you may be asked whether anyone in the family has had a thyroid issue, diabetes, high blood pressure, or Cushing's syndrome (a disorder that occurs when your body is exposed to high levels of the hormone cortisol). Birth and pregnancy history are also important to understand.

- What was the weight of the mother and father of the child when mom became pregnant?
- Were there any complications, such as gestational diabetes, or pregnancy-induced hypertension?
- What was the child's birth weight?
- Did mom smoke during pregnancy?
- Was the child breast or formula fed?

All of these play a role in the future weight of that child.

There are important (however very rare) genetic causes of obesity that your healthcare provider may want to rule out, particularly if that child is very young. These include:

- Prader-Willi Syndrome
- Bardet-Biedl Syndrome
- Cohen Syndrome
- Alstrom Syndrome
- and Congenital hypothyroidism

Most of these are diagnosed shortly after birth, and again, are very rare, but are important for healthcare providers to consider.

Sometimes, medications the child is taking can be the cause of weight gain. Medications used for depression, anxiety, or mood disorders, steroids (such as prednisone) and hormones (like some birth control pills) are major culprits and may be changed to more weight-favorable options.

## What if there is no medical cause of the weight gain?

As an obesity medicine specialist, I can tell you that finding a true medical cause of obesity is quite rare. By and large, weight gain is the result of our “obesigenic” environment. That is: what we eat, when we eat, where we eat and how much. To a lesser extent, it is also related to how much we move in relationship to our intake.

A shocking 1/3 of children in America struggle with a weight issue, and 2/3 of their parents fight the same battle. These numbers have tripled in the last 30 years, exploding when the “low-fat” diets came into play in the early 1980s. During this time, we decreased fat but increased carbohydrates in our diet - particularly sugar. Simultaneously, processed foods took over the grocery stores, and fast food chains started to pop up on every street corner. For busy parents, these foods were affordable, convenient and tasty. Eventually, the homemade, sit-down family meal became a thing of the past. Today the average American family cooks and eats together at the dinner table only once per week.

When I am evaluating a child with a weight issue, I ask the child and caregiver some questions:

- **Is the child eating breakfast?**
- **Do they bring their lunch or buy at school?**
- **Is dinner in the car, out at a restaurant or at home?**
- **Does the family prepare meals together and eat at the table?**

Going without breakfast, frequent meals in the car or away from home and recurrent fast food intake all increase the chances that child will struggle with a weight problem.

*Dear Doctor continued on page 47*



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## HEART AND LIVER DAMAGE

A study published in the journal Hepatology in late 2012 found that consumption of fructose appears to affect the availability of the energy-transferring chemical ATP in the liver, thereby increasing the risk of liver cell malfunction and death.

In another review of HFCS, The American Journal of Clinical Nutrition, Barry Popkin, PhD, Department of Nutrition, University of North Carolina Chapel Hill explains that HFCS is absorbed more rapidly than regular sugar, and that it doesn't stimulate insulin or leptin production. This prevents you from triggering the body's signals for being full and may lead to overconsumption of total calories.

A 2012 paper in the journal Nature, brought forward the idea that limitations and warnings should be placed on sugar similar to warnings we see on alcohol. The authors showed evidence that fructose and glucose in excess can have a toxic effect on the liver as the metabolism of ethanol (the alcohol contained in alcoholic beverages) had similarities to the metabolic pathways of fructose.

Another published study in the Journal of Nutrition in 2012, found that children who consumed high levels of fructose had lower blood levels of cardiovascular protective compounds, such as HDL cholesterol and adiponectin. Higher consumption of fructose led to higher levels of fat around the midsection, a significant risk factor for diabetes and cardiovascular disease.

## IMMUNE SYSTEM

Eliminating all sugar from a cancer patient's diet would harm healthy cells that need energy to function. For example, many fruits contain high levels of antioxidants which are known to be effective in fighting cancer; however, sugars that come from whole fruits are low in sugar. Plant-based nutrition is a benefit to our overall health including fighting or preventing cancers. These important antioxidants, phytochemicals, fiber, vitamins and minerals are found in these plant-based whole foods.

However, diets high in sugar and refined carbohydrates can lead to overweight and obesity, which indirectly increases cancer risk throughout time. Certain cancers including breast, prostate, colorectal and pancreatic are associated with obesity.

## HOW CAN YOU AVOID THESE UNHEALTHY CONSEQUENCES OF (OFTEN HIDDEN) SUGAR?

The best way to avoid sugar is to not consume obvious foods that are loaded with sugar. However, as discussed in this article, there are many packaged foods that surprisingly have added sugar and the more health-damaging high fructose corn syrup.

## THEREFORE...

- Eat nature's foods
- Avoid processed food (I call these factory foods, not real foods.)
- Don't eat foods in packages (or dramatically decrease consumption)
- Eat foods that rot
- Eat foods that walked the earth, flew in the sky, swam in the ocean or grew in the soil

## BUYER BEWARE!

Typically, the first ingredient on a label is the most prevalent in the food product; however, beware because there may be small amounts of many types of sugars, so none of them end up being in the first few ingredients of the label. Sugar is disguised as a "healthy" ingredient, such as honey, rice syrup, or even "organic dehydrated cane juice."

Here is a list of some of the possible "sugar" code words:



- Corn sweetener
- Corn syrup, or corn syrup solids
- Dehydrated Cane Juice
- Dextrin
- Dextrose
- Fructose
- Fruit juice concentrate
- Glucose
- High-fructose corn syrup
- Honey
- Invert sugar
- Lactose
- Maltodextrin
- Malt syrup
- Maltose
- Maple syrup
- Molasses
- Raw sugar
- Rice syrup
- Saccharose
- Sorghum or sorghum syrup
- Sucrose
- Syrup
- Treacle
- Turbinado sugar
- Xylose

# HFCS QUIZ

WHICH OF THE BELOW LISTED FOODS  
CONTAIN HIGH FRUCTOSE CORN SYRUP?

- A. Kraft Macaroni and Cheese
- B. Stove Top Stuffing – Home style Herb
- C. Capri Sun Iced Tea
- D. Ocean Spray Cranberry Juice
- E. Wild Cherry Lifesavers
- F. Robitussin Cough and Congestion
- G. Wonderbread – White Bread
- H. Smuckers Grape Jelly
- I. Campbell's Vegetable Soup
- J. Mr & Mrs T Bloody Mary Mix
- K. Nabisco Fig Newtons – Whole Grain
- L. Nabisco Fig Newtons – Fat Free
- M. Wishbone Classic Caesars' Dressing
- N. Chicken of the Sea White Tuna, Spring Water

Answer: All but "N" contain high fructose corn syrup.

## About the Author:

Tracy Martinez, RN, BSN, CBN, is a certified bariatric nurse and Program Director at Wittgrove Bariatric Center in La Jolla, Calif. She is the past-president of the Integrated Health section of the American Society for Metabolic and Bariatric Surgery. Ms. Martinez is a member of the OAC National Board of Directors and an avid animal lover and advocate.

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# It's Time to Plan... Your Menu

by Sarah Muntel, RD

MENU PLANNING IS AN IMPORTANT PART OF ANY WEIGHT MANAGEMENT PROGRAM AND IS ALSO NECESSARY FOR YOUR OVERALL HEALTH AND WELLBEING.

**W**e live fast-paced lives, trying to balance work, family and activities. Without planning ahead for meals, we often end up making poor choices, grabbing fast food, or skipping meals. Day after day, we fill our bodies with high calorie, high fat and processed junk food. This food lacks the nutrients we need for optimum health. It's time to make a change for your health. The way to do this is by planning nutritious healthy meals to give your body what it needs.

When you mention planning meals ahead, you get a lot of blank stares, shrugged shoulders and looks of confusion. The norm for many is to heat up a frozen pizza or run through fast food for a quick dinner. Planning meals can seem overwhelming at first, but there are so many positive ways your life can change for the better when you do.

## COST

First, let's think of the cost. A family of four can quickly spend \$25-\$30 at a fast food restaurant and more than \$50 for a sit-down restaurant. Now take that number and multiply it times the number of times you eat out per week. Many people eat out multiple times per week. I recently counseled a patient who didn't even own a refrigerator! You can whip up a healthy meal for far less than you would ever spend in a restaurant.

## SAVE TIME

Another plus is meal planning saves time. It may not seem that way, but time yourself! How long does it take to get in the car, wait in line, eat and return home? This can add up quickly.

## NUTRITION

Lastly and most importantly, let's think of nutrition. Most restaurants aren't using the leanest meats, low calorie sauces, and fresh produce, like you would at home, and processed frozen foods and boxed meals are full of sodium, fat and preservatives. You deserve the best nutrition for your health. By preparing meals at home, you guarantee this! It's time to change for you, your family and your long term health.





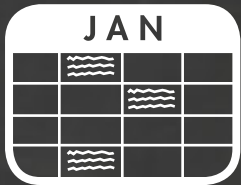
## 1. FIRST, YOU HAVE TO DECIDE THE LENGTH OF TIME YOU'RE PLANNING YOUR MEALS FOR.

For many, they plan a week in advance, but for others, this is too overwhelming. You may want to start with just planning a few days ahead or just a few meals ahead.



## 2. DO YOUR RESEARCH.

Check the sale advertisements and build your meals around them. For example, if chicken breasts are on sale, plan a meal or two using chicken this week. If you are really ambitious, try to match your coupons with the sale ads to save extra money. Next, take a quick look around your pantry. You may have some items stored away you can incorporate into a meal this week. For example, if you find frozen lean ground beef, consider using it for "Taco Tuesday" or "Meatloaf Monday."



## 3. ONCE YOU KNOW WHAT ITEMS ARE ON SALE AND WHAT'S IN YOUR PANTRY, LOOK AT YOUR SCHEDULE.

If you are planning for your evening meals, consider your evening activities. Many will require different kinds of meals. For example, on a soccer night, you may want to prepare a meal in a crock pot. On a lazy Sunday afternoon, you may choose a homemade soup. Also, think of lunches that need to be packed and breakfast options.



## 4. MAKE YOUR LIST AND START SHOPPING.

By starting with a list, you are more likely to buy what you need. If you shop without a list, people tend to buy more unnecessary items. This will also ensure you get what you need, and you don't have to make several trips to the store this week. What a time saver!



## 5. NOTIFY YOUR FAMILY OF THE PLAN.

In my kitchen, I have a dry erase board that shows what we are eating every night. I also list our family activities each day; therefore, we know what we are doing each evening. Make it a priority to eat together as well. Studies show that there are multiple benefits to eating as a family, such as decreased risk of obesity and even improved grades!

## PLAN VARIETY FOR YOUR MEALS

The plan can work, but people often complain they can't think of meal ideas or their family eats the same food every week. Getting out of the food rut your family is in can be a challenge but very important. If you prepare foods that are nutritious and tasty, there is less of a temptation to eat out. It's time to develop an arsenal of healthy, tasty menus! Don't get discouraged, it can take time. There are many Web sites you can visit to find new ideas such as:

- [www.cookinglight.com](http://www.cookinglight.com)
- [www.sparkrecipes.com](http://www.sparkrecipes.com)
- [www.eatingwell.com](http://www.eatingwell.com)
- [www.skinnytaste.com](http://www.skinnytaste.com)

Make it a vow to try one new main dish, salad or grain per week. If you find one you like, great! Have a three ring binder, computer file or even a recipe box to store all of your "go to" recipes. As you add more and more each week, you will develop a long list of possible entrees. Be brave and adventurous. This is a great way to expose your family to new foods and have them try new things. What a great way to develop healthy eaters.

*Plan... Your Menu continued on page 43*

# TAKE STEPS WITH BELVIQ®

## What is BELVIQ®?

BELVIQ is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some overweight (BMI  $\geq 27$  kg/m<sup>2</sup>) adults with a weight-related medical problem, or obese (BMI  $\geq 30$  kg/m<sup>2</sup>) adults, lose weight and keep it off.

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

## Important Safety Information

- **Pregnancy:** Do not take BELVIQ if you are pregnant or planning to become pregnant, as weight loss offers no potential benefit during pregnancy and BELVIQ may harm your unborn baby.
  - **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions:** Before using BELVIQ, tell your doctor about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or life-threatening side effects if taken with BELVIQ. Call your doctor right away if you experience agitation, hallucinations, confusion, or other changes in mental status; coordination problems; uncontrolled muscle spasms; muscle twitching; restlessness; racing or fast heartbeat; high or low blood pressure; sweating; fever; nausea; vomiting; diarrhea; or stiff muscles.
  - **Valvular heart disease:** Some people taking medicines like BELVIQ have had heart valve problems. Call your doctor right away if you experience trouble breathing; swelling of the arms, legs, ankles, or feet; dizziness, fatigue, or weakness that will not go away; or fast or irregular heartbeat. Before taking BELVIQ, tell your doctor if you have or have had heart problems.
  - **Changes in attention or memory:** BELVIQ may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ affects you.
  - **Mental problems:** Taking too much BELVIQ may cause hallucinations, a feeling of being high or in a very good mood, or feelings of standing outside your body.
  - **Depression or thoughts of suicide:** Call your doctor right away if you notice any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.
  - **Low blood sugar:** Weight loss can cause low blood sugar in people taking medicines for type 2 diabetes, such as insulin or sulfonylureas. Blood sugar levels should be checked before and while taking BELVIQ. Changes to diabetes medication may be needed if low blood sugar develops.
  - **Painful erections:** If you have an erection lasting more than 4 hours while on BELVIQ, stop taking BELVIQ and call your doctor or go to the nearest emergency room right away.
  - **Slow heartbeat:** BELVIQ may cause your heart to beat slower.
  - **Decreases in blood cell count:** BELVIQ may cause your red and white blood cell counts to decrease.
  - **Increase in prolactin:** BELVIQ may increase the amount of a hormone called prolactin. Tell your doctor if your breasts begin to make milk or a milky fluid, or if you are a male and your breasts increase in size.
  - **Most common side effects in patients without diabetes:** Headache, dizziness, fatigue, nausea, dry mouth, and constipation.
  - **Most common side effects in patients with diabetes:** Low blood sugar, headache, back pain, cough, and fatigue.
  - **Nursing:** BELVIQ should not be taken while breastfeeding.
  - **Drug interactions:** Before taking BELVIQ, tell your doctor if you take medicines for depression, migraines, or other medical conditions, such as: triptans; medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, monoamine oxidase inhibitors, or antipsychotics; cabergoline; linezolid (an antibiotic); tramadol; dextromethorphan (an over-the-counter (OTC) common cold/cough medicine); OTC supplements such as tryptophan or St. John's Wort; or erectile dysfunction medicines.
  - BELVIQ is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.
- For more information about BELVIQ®, talk to your doctor and see the Patient Information on the reverse side.**
- You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**





# You could be carrying more than just extra weight.

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

†Restrictions apply.

## IMPORTANT PATIENT INFORMATION

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

### What is BELVIQ?

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

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

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

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

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

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

### Who should not take BELVIQ?

#### Do not take BELVIQ if you:

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

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

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

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

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

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

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

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

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

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

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

### How should I take BELVIQ?

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

### What should I avoid while taking BELVIQ?

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

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

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

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

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

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

The most common side effects of BELVIQ include:

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

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

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

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

### How do I store BELVIQ?

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

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

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

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

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

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

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

### What are the ingredients in BELVIQ?

**Active Ingredient:** lorcaserin hydrochloride

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

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

Rx Only

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Distributed by Eisai Inc., Woodcliff Lake, NJ 07677  
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## TIPS AND TRICKS

### USE FOODS TWICE

I'm not kidding. This can be a really efficient way to meal plan. First, let's talk about chicken. You may have two meals planned this week that use chicken, chicken and veggie stir fry and chicken noodle soup. Both of these calls for chicken, so when you prepare your chicken for the first meal, prepare it for the other meal as well. This seems crazy and takes a little planning, but it can be a huge time saver on a busy work night.

### PLAN AHEAD

Chop, prep and store when you have time. We all have busy nights and not so busy nights. On the slow nights, or the weekends, chop-up veggies for your lunch, prepare a fruit salad for the week, make sandwiches for your kids' lunches, and prepare tuna salad for the next night's dinner.

### DOUBLE PORTIONS

It doesn't take that much longer to make extra meals when you have the chance. For example, instead of making one lasagna, make two. Freeze this and use it on one of your busy days when you are pressed for time.

### FREEZE LEFTOVERS FOR QUICK LUNCHES

If you have just a little of your dinner left, freeze it and save it for a lunch. This can be your own personal frozen entrée and can be so much healthier! A serving of chili or a piece of lasagna can be a great lunch!

### FIND SUBSTITUTES FOR YOUR OLD FAVORITES

We all like greasy pizza, French fries and burgers. You certainly don't have to give them up. Look for ways to give your old favorites a make-over. Make a homemade pizza topped with lean ham and veggies or cut sweet potatoes into strips and bake!

Now, it's time to get started. Get out your pen, paper, and your laptop and start planning. Remember, progress is the key. You may only get one or two meals planned this week, but it's a start and one step closer to better health!

#### About the Author:

*Sarah Muntel, RD, is the Bariatric Coordinator at Community Bariatric Surgeons in Indianapolis, IN. She has 15 years of experience working with bariatric patients and loves to work with people as they change their lives and improve their health. Her favorite part of her job is her weekly Support Group. In her free time, Sarah enjoys spending time with her husband and three children.*

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## STAYING FIT THIS SUMMER... EVERYONE CAN DO IT

by Travis Broome and Mari W. Broome, MSW, LCSW

**ONE OF MY WORST FEARS AS A PHYSICAL EDUCATION TEACHER IS THAT MY STUDENTS WILL SPEND MOST OF THEIR SUMMER IN FRONT OF THE TELEVISION.**

I'm all about playing video games, watching movies, or getting into a good television show, but physical fitness plays a huge role in our overall well-being. Exercise is an easy way to make our minds and bodies feel better. It helps with the following:

- **DIGESTION**
- **RESTFUL SLEEP**
- **RELEASING ENDORPHINS (FEEL GOOD RECEPTORS) IN OUR BODIES**
- **STAVING OFF ILLNESS**

It also promotes a healthier diet, which promotes healthy brain function, helping you to have more clarity and motivation.

**"ENGAGING IN PHYSICAL ACTIVITY CAN ALSO LEAD TO HIGHER SELF-ESTEEM AND MAY LEAD TO DEVELOPING FRIENDSHIPS."**

Engaging in physical activity can also lead to higher self-esteem and may lead to developing friendships. Some of my best friends are the ones I met playing youth sports or in summer camp.

There are many resources that discuss the amount of time a child/adolescent should spend engaged in physical activity. These resources also discuss the various levels of activity one should partake in (moderate or vigorous). An easy rule of thumb, try your best to be physically active for at least one hour per day. So what can you do to make sure you are physically active for at least one hour per day? That's the easy part!

*Staying Fit this Summer continued on page 46*







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## ACTIVITIES FOR SUMMER

One of the best ways to remain physically active over the summer is to participate in some form of summer camp.

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89 PERCENT OF  
CHILDREN AGED  
BETWEEN FOUR AND  
FIVE YEARS SPEND  
MORE THAN TWO  
HOURS WATCHING  
TV, VIDEOS OR DVDS  
EVERY DAY.**

Summer camps provide young people, like you, with all sorts of opportunities to remain active. I personally remember going to a teen camp for two summers; it is one of my best memories of being a teenager. You can find out about summer camps offered in your area by visiting a local recreation center, city hall, or even your school.

Now, summer camp isn't a possibility for everyone, but that doesn't mean you can't remain active. There are so many things you can do that are right at your fingertips. Here is a list of some activities you may want to engage in this summer:



- **SWIMMING IS ONE OF THE BEST FORMS OF EXERCISE.** If you love to swim but don't have a pool, visit a friend's house or try and go to a local public pool. Public pools are inexpensive and usually have many fun things to play on, such as diving boards and waterslides. Remember, ALWAYS make sure a lifeguard is present at all times!
- **ANY FORM OF THE GAME "TAG" IS A GREAT WAY TO EXERCISE.** My next door neighbors play tag for hours. They have a great time playing, and they don't even realize they're exercising.
- **LIKE GOING TO THE MALL?** Before shopping, walk around the mall for 20-30 minutes. If you are moving constantly for an extended period of time, you're exercising!
- **TAKE A DECK OF CARDS AND PULL OUT THE JACKS, QUEENS AND KINGS.** Shuffle the cards you pulled out and draw a card from the deck. If you pull a Jack, do 10 jumping jacks. If you pull a Queen, do 10 push-ups. If you pull a King, do 10 sit-ups. You can create any exercise for any card. For an extra workout, take the cards with you on a walk and pull a card every 2-3 minutes.
- **CHECK OUT YOUTUBE FOR EXERCISE VIDEOS.** There are great videos for stretching, aerobics, yoga, and more. The best thing about these videos is that many range from five minutes to more than an hour, so you can find something that best fits your needs.
- **JUMPING ROPE IS A GREAT CARDIOVASCULAR EXERCISE.** You can create games such as seeing how many times you can jump without stopping or timing how long you can jump. Taking a jump rope on a walk is also a good idea. Just like the deck of cards, jump rope 10 times every two to three minutes during your walk.
- **HAVE YOUR FRIENDS WRITE DOWN GAMES ON PIECES OF PAPER.** This game is similar to the deck of cards. Crumble up the pieces of paper and put them in a hat. Have one of your friends draw a piece of paper, then play that activity. This is fun because you never know what you're going to do. Maybe you'll ride bikes or maybe you'll shoot basketball. Be creative when thinking of activities.
- **WALKING AND BIKE RIDING CAN NOT ONLY BE FUN, BUT BENEFICIAL.** Go riding with friends or find a cool nature trail to walk.



## How do you know if the extra weight is affecting your child's health?

Unfortunately, it doesn't take long for extra weight to affect other organs in the body. Sometimes, it is obvious, especially when the mass of the weight causes issues like pain in the knees, hips and even back. Children are vulnerable to some bone and joint issues that are unique for this age group: namely Slipped Capital Femoral Epiphysis (when the ball at the upper end of the femur or thigh bone slips backwards and causes pain in the hip or knee with an intermittent limp) and Blount's disease (bowing of the tibia or shinbone). Severe headaches, particularly in the morning, can be due to a condition called Pseudotumor Cerebri or Idiopathic



Intracranial Hypertension. Heavy snoring with witnessed apnea (cessation of breathing) can be signs of sleep apnea. A formal sleep study is often needed to confirm this diagnosis.

Other times, additional testing is needed to determine if unhealthy fat cells are causing metabolic changes in the body. These weight-related illnesses include:

- high blood pressure
- high cholesterol
- insulin resistance
- metabolic syndrome
- pre-diabetes
- diabetes
- gallstones
- kidney stones
- fatty-liver disease
- gastro-esophageal reflux
- nutritional deficiencies (such as vitamin D deficiency)

It is important to understand that the majority of these issues are not only treatable, but completely reversible with weight-loss.

Dear Doctor continued on page 49

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*Staying Fit this Summer continued from page 46*

Okay, I'm going to say something that may make your parents cringe. Playing video games can be good for you. If you like video games, try to mix in games that involve physical activity. Most of the new game systems have a great variety of games that expose gamers to many forms of physical fitness. These games may include aerobics, dancing, boxing, bowling, tennis and many other activities. Now, one shouldn't always use video games as their form of physical activity, but it can definitely be an option every once in a while.

### "EXPERT LEVEL NOT REQUIRED"

You don't have to be an expert in physical activity to develop awesome games. I get a lot of great ideas for games and activities from various Web sites. When you have a free moment, check out Fuel Up to Play 60, Project Healthy Schools, and Let's Move! These Web sites are great resources if you'd like to find something enjoyable and healthy to do.

## IS BEING PHYSICALLY ACTIVE REALLY THAT IMPORTANT? YES!

Research has shown that being sedentary can lead to unhealthy habits. Watching television, playing on our phones, etc. takes away from the time we could be active. Plus, while watching TV or engaging in other sedentary activities, we are more likely to snack on foods that are high in sugar, salt and fat. Approximately 89 percent of children aged between four and five years spend more than two hours watching TV, videos or DVDs every day. These habits that are set in childhood can follow us into adulthood.

If we could give up just 30 minutes of that time to do something active, it would make a huge impact in our overall health. I'm not saying to completely give up on TV, but find balance between sedentary time and active time.

## CONCLUSION

The advice I give my students when it comes to physical activity is this: Find something active you enjoy doing, and go do it. It's that simple. If you don't like to run, then walk or ride a bike. If it's too hot for you outside, go swimming or find an indoor activity. Physical activity should be fun; get creative when developing your own ideas. If you'd like to discuss some ideas for you and your friends, email me at [travisbroome@hotmail.com](mailto:travisbroome@hotmail.com), and I'll be more than happy to work with you in creating some fun activities. Enjoy your summer, and while you enjoy the time away from school, make sure you stay active.

### About the Authors:

*Travis Broome is an Elementary School Physical Education teacher. He holds a bachelor's degree in family and child sciences, a master's degree in adapted physical activity, and a specialists degree in educational leadership. He attended both the University of Florida and Florida State University.*

*Mari Broome, MSW, LCSW, is a psychotherapist providing counseling to children, adolescents and adults. She specializes in the areas of body image, eating disorders/obesity, and overall health and wellness. She graduated from the University of Florida with a degree in exercise and sports sciences: fitness/wellness prior to obtaining her license so that she could provide a more holistic approach to treatment. She is also an Integrative Yoga therapy teacher and children's Yoga teacher and incorporates these practices within her practice.*



## Where do you go from here?

If the information in this article gives you cause for concern, visit your child's pediatrician or family physician for a thorough workup. Your provider may decide to treat some issues immediately, or refer your child to an obesity medicine specialist or pediatric endocrinologist for further evaluation and treatment. In the meantime, there are changes you can make to immediately create a healthier environment for your family. Consider the following:

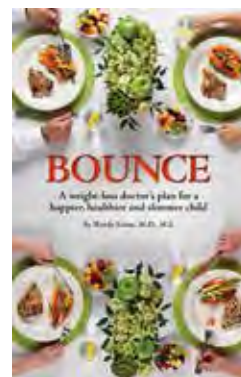
1. **Limit electronics time (Have them exercise for it!)**
2. **Limit eating out to no more than once/week**
3. **No electronics of any kind while eating (cell phones, computers, and television)**
4. **Sit down to dinner as a family at least once/week**
5. **Model good behavior (They are watching you!)**
6. **Remove negative food queues (such as bowls of candy or bags of chips) and present positive ones (such as a big bowl of fruit)**

7. **Downsize plates and bowls (our brain likes to fill space)**
8. **Eat breakfast - that means everyone!**
9. **Eliminate or strictly limit sugar sweetened beverages**
10. **Don't give up on fruits and vegetables**

For more information on my BOUNCE approach to treating childhood obesity, visit my site on the web at [www.drwendydiet.com](http://www.drwendydiet.com).

### About the Author:

Dr. Wendy Scinta is an expert on adult and childhood obesity, and has successfully treated thousands of patients at her practice, Medical Weight Loss of New York, PLLC. She is the author of BOUNCE®, and has been featured by AMA News, CNN, MD News, the New York Times, Web MD, Women's Health Magazine, Steve Harvey Show and more. Dr. Scinta is Vice President of the American Society of Bariatric Physicians, and was awarded their prestigious "Bariatrician of the Year" award at the Fall 2012 ASBP Obesity Conference. She is also a past member of the White House Task Force on Childhood Obesity.



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# MEN:

## Is Obesity Affecting Your Sex Life?

by Stephen Boyce, MD



**W**hen discussing obesity, it is common to focus on the well-known diseases often brought on by excess weight. Typically we hear about patients affected by severe obesity suffering from diabetes, hypertension/cardiovascular disease, sleep apnea or high cholesterol. Another side effect of obesity that is rarely openly discussed is sexual dysfunction for both men and women, which can originate from emotional distress and hormonal disturbances.

### Risk Factors

Many men suffering from obesity also suffer from erectile dysfunction (E.D.). According to Ira Sharlip, MD, spokesperson for the American Urological Association, "Fifty-three percent of men between the ages of 40-70 have some degree of erectile dysfunction." There are many risk factors for erectile dysfunction including:

- Age
- Cardiovascular disease
- High blood pressure
- Low testosterone
- Smoking and diabetes, along with a poor diet and sedentary lifestyle

With many conflicting studies, it is unclear whether a high body mass index (BMI) and obesity cause erectile dysfunction or are just tied to the associated risk factors, however, it is clear that obesity is a contributing factor. With significant health and lifestyle changes, erectile dysfunction can be significantly improved.

Simply with increased age alone, there is an associated natural decline in erectile function. If there are other diseases present, there is a greater risk. E.D. and sexual performance are great sources of anxiety and concern for all men. Poorly perceived performance leads to worsening performance and depression for even the most confident of men! Obesity can bring on these diseases and also magnify these psychological concerns.

### How does an erection work?

Let's first take a look at how erectile function normally works. An erection occurs when the blood vessels leading to the penis dilate, causing it to fill with blood. The process is dependent on the lining of the blood vessels (the endothelium) releasing nitric oxide (E.D. medications increase the amount of Nitric Oxide in the endothelial cells). Nitric Oxide causes the smooth muscles to relax and the penis becomes engorged.

*Men continued on page 52*



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Anything that damages the blood vessels can potentially interfere with this process resulting in E.D. So the same things that cause heart disease and stroke, can cause E.D.

## Obesity and E.D.

Overweight/obesity can cause E.D. by damaging the blood vessels, decreasing testosterone and causing a state of generalized inflammation in the body. Obesity can cause damage to blood vessels due to the associated hypertension, diabetes mellitus, hypercholesterolemia, hypertriglyceridemia and inflammation.

It is proposed that the increased state of inflammation may cause free radicals in the body that cause oxidative damage to tissues. The harmful effects of hypertension, diabetes and hyperlipidemia are well studied, published and accepted. Men who are affected by obesity may have elevated cholesterol, hypertension and high blood pressure and diabetes, all of which contribute to erectile dysfunction. "If you are affected by obesity, the risk of developing diabetes is two to three times more likely than for someone who is not affected by obesity," says Elizabeth Selvin, PhD, MPH, assistant professor and epidemiologist at John Hopkins Bloomberg School of Public Health. Additionally, she says, "More than 50 percent of men with diabetes suffer from erectile dysfunction."

**"If you are affected by obesity, the risk of developing diabetes is two to three times more likely than for someone who is not affected by obesity," says Elizabeth Selvin, PhD, MPH, assistant professor and epidemiologist at John Hopkins Bloomberg School of Public Health."**

It is well studied and accepted that obesity often leads to diabetes as well as atherosclerosis-related hypertension and cardiovascular disease, which can cause E.D. We do not know exactly why, but obesity appears to damage the inner lining of the vessels (the endothelium) and when this lining is damaged the penis cannot get enough blood flow to produce and sustain an erection. "An erection is basically a cardiovascular event, and if blood flow cannot increase because the

blood vessels can't dilate normally, then there is a decrease in erectile function," says Robert A Kloner, MD, a cardiologist and professor of medicine at the University of Southern California's Keck School of Medicine. A fatty diet and lack of exercise that contribute to obesity and cardiovascular disease can cause narrowing and hardening of the arteries (atherosclerosis), which can slow blood flow as well.

Another common risk factor for E.D. is low levels of testosterone, which is also linked to obesity. Appropriate levels of this hormone are necessary to achieve erections and maintain a healthy sex drive. When the patient has a large amount of belly fat, there is a greater affect on the testosterone levels. In males, abdominal fat will convert testosterone to estrogen interfering with proper hormonal balance. Testosterone levels may not be affected quickly and directly by weight-loss, so there may be a need for additional testosterone to be prescribed in the form of a gel, injections or patches.

Men continued on page 54

**"Simply with increased age alone, there is an associated natural decline in erectile function. If there are other diseases present, there is a greater risk. E.D. and sexual performance are great sources of anxiety and concern for all men."**





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**“Eating healthy, exercising and not smoking can absolutely correct E.D. in many cases!”**



*Men continued from page 52*

## **The Good News**

Research tells us that erectile function can be improved by making specific lifestyle changes! If you are affected by obesity, a BMI greater than 30, you are allowing yourself to be at greater risk for diabetes, high blood pressure, hypertension, cardiovascular disease and for men, erectile dysfunction. Eating healthy, exercising and not smoking can absolutely correct E.D. in many cases!

Men who lose weight have improved erectile function and improved sexual experiences along with improved overall health. Becoming more active and implementing exercise daily will reduce your risk and can prevent E.D. Research tells us that losing only 10 percent of body weight throughout a two month period will improve erectile function.

## **“Nobody said that it would be easy. They just promised it would be worth it!”**

Now, I know that losing weight is not an easy thing to do. Many of you have struggled with your weight for your entire life. You may have tried every diet known to man and still suffer from obesity. You have to start where you are and seek help. Reach out to an accredited medically supervised weight-loss program and utilize their multidisciplinary team to create a program designed for you.

Perhaps it is time to consider consulting a physician or a surgeon to go over all your obesity treatment options. There are so many more surgical and non-surgical options available today than ever before that can help you begin your weight-loss journey.

One thing that is for sure, being sexually active and fulfilled is necessary for a happy, healthy life. If you are suffering from erectile dysfunction, seek help from a medical professional. Find out if you have any of the diseases that are associated with causing E.D. and seek treatment. If you are suffering from obesity and E.D., make a decision today to treat your disease of obesity with a plan of action. Get your mojo back! Begin to eat right and commit to move more each day. I challenge you to begin the journey to your New Life!

### **About the Author:**

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

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

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